Strengthening while Implementing: Improving Management Systems to Support Scale-Up and Expansion of ART in Mombasa, Kenya

C. Omumbi, K. Anya, J. M. Bigo, and H. Walkowiak
Coast Provincial General Hospital, Kenya Ministry of Health
Kenya Ports Authority
Management Sciences for Health

1. Background
In the developing world are scaling up access to antiretroviral therapy (ART). The challenge for them is to improve ART access quickly while strengthening systems to support long-term quality care. One of the key components of a successful ART program is a pharmaceutical management system able to ensure availability and rational use of quality-assured antiretrovirals (ARVs). The government of Kenya initiated a program at four sites in Coast Province, and technical assistance was requested from RPM Plus and partners, with funding from the U.S. Agency for International Development. The four sites are—

• Coast Provincial General Hospital (CPGH), with 250 beds and 800 outpatients per day; ART program introduced June 2003
• Port Reitz District Hospital, with 118 beds and 150 outpatients per day; ART program introduced June 2004
• Bomu Medical Centre, with 230 outpatients per day; ART program introduced May 2004
• Magongo Municipal Clinic, with 80–100 outpatients per day; ART program started in September 2004

2. Program Management and Linkages
In September 2002, RPM Plus conducted an assessment of the capacity of the pharmaceutical management systems of the four sites to support the ART program.

Baseline at Assessment
Vertical channels of communication and management were found unsatisfactory in all four sites, and the site pharmacy had no direct medical authority.

Actions
• Multidisciplinary, participatory meetings were conducted to identify site staff on assessment findings and jointly identify strategies.
• An implementation plan for pharmacy was developed to set priorities on what needed to be addressed immediately, early in the program, and long term.
• The ART program was integrated into existing pharmacy systems.
• A forum for cross-departmental communication was created to address management issues.

Monitoring and Supervision
A pharmacy activity report was developed covering staff workload, availability of ARVs, and ART program outcomes.

3. Human Resources
Baseline at Assessment
Site-level staffing levels varied; pharmacists were not available at all sites. Linkages between site pharmacy and community were weak. High-quality trained pharmacists were undersized and overworked. Prerogatives were minimized to provide ART; as they had seen how HIV/AIDS was affecting their communities.

Actions
• Existing staff at three sites who were dispensing ART were on-site and available on-site; training and support was provided.
• An integrated approach to staffing needs was identified.
• An internal audit team makes quarterly observations on the quality of medication handling.
• Training in rational drug use was conducted.

Training and counseling training were provided, enabling pharmacists to provide drug information to prescribers.

Lessons Learned and Recommendations
1. Developing a formal mechanism of “clustering” sites to maximize pharmacy staff’s ability to support ART programs should be further investigated, as pharmacists are few in the public sector in sub-Saharan Africa.
2. Despite initial opposition, the pharmacists’ role in monitoring prescriptions, counseling patients, and providing drug information to prescribers is strongly appreciated and supported. Essential inputs include training, adequate staffing levels, and access to up-to-date information.
3. Integrating the ART program strengthened existing systems by improving confidentiality and medication counseling for all patients and improving the quality of pharmaceutical management for all drugs.
4. Incorporating stock management and ARV dispensing into existing pharmacy systems and schedules supports ART programs.
5. Program implementations should understand the existing pharmaceutical management system and work with staff to build on strengths and set priorities to address weaknesses in order to build capacity during program development.

For more information please contact—
Web: www.msh.org/rpmlu E-mail: rpmlu@msf.org

1. Coast Provincial General Hospital
2. Port Reitz District Hospital
3. Bomu Medical Centre
4. Magongo Municipal Clinic

Population Council, Horizonts