This document covers a 15-month period in order to align future annual reports with the overall CPDS reporting cycle.
# TABLE OF CONTENTS

**Acronyms** ........................................................................................................................................... 3

**Executive Summary** ............................................................................................................................ 4

**Introduction** ...................................................................................................................................... 5
  - About the Coordinated Procurement and Distribution System .......................................................... 5

**Key Accomplishments and Milestones** .............................................................................................. 5
  - **Overall CPDS Achievements** ............................................................................................................ 5
    - Strategic Road Map and Committee Action Plans Complete ............................................................. 5
    - CPDS Work Presented at International Conferences ................................................................. 5
    - CPDS Technical Sessions .................................................................................................................... 6
    - CPDS Participates in Several Conferences and Workshops ...................................................... 7
    - CPDS Strategic Communications Plan ....................................................................................... 7
  - **Data and Information Committee** .................................................................................................. 7
    - Pharmaceutical Logistic Information System ................................................................................. 7
  - **Advisory Committee for System Strengthening** .......................................................................... 9
    - Public Sector Pharmaceutical Services Directory: Data Collection .......................................... 9
    - Defining and Assessing Supplier Performance ............................................................................ 10
    - Procurement Guidelines for Essential Medicine ......................................................................... 11
  - **Commodity Security Committee** ............................................................................................... 11
    - Quantification Guidelines for Essential Medicine ...................................................................... 11
  - **Routine CPDS Meetings and Reports** ......................................................................................... 12
  - **Other Meetings and Reports** ..................................................................................................... 13
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACSS</td>
<td>Advisory Committee for System Strengthening</td>
</tr>
<tr>
<td>BPHS</td>
<td>Basic Package of Health Services</td>
</tr>
<tr>
<td>CMS</td>
<td>Central Medical Stores</td>
</tr>
<tr>
<td>CSC</td>
<td>Commodity Security Committee</td>
</tr>
<tr>
<td>CPDS</td>
<td>Coordinated Procurement and Distribution System</td>
</tr>
<tr>
<td>DIC</td>
<td>Data and Information Committee</td>
</tr>
<tr>
<td>EPHS</td>
<td>Essential Package of Hospital Services</td>
</tr>
<tr>
<td>FIP</td>
<td>International Pharmaceutical Federation</td>
</tr>
<tr>
<td>FMIC</td>
<td>French Medical Institute for Children</td>
</tr>
<tr>
<td>GCMU</td>
<td>Grants Contracts Management Unit</td>
</tr>
<tr>
<td>GDPA</td>
<td>General Directorate of Pharmaceutical Affairs</td>
</tr>
<tr>
<td>HNTPO</td>
<td>HealthNet Trans-cultural Psychosocial Organization</td>
</tr>
<tr>
<td>MoD</td>
<td>Ministry of Defense</td>
</tr>
<tr>
<td>MoPH</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>NGO</td>
<td>Nongovernmental organization</td>
</tr>
<tr>
<td>NMC</td>
<td>National Management Commission</td>
</tr>
<tr>
<td>NMP</td>
<td>National Medicine Policy</td>
</tr>
<tr>
<td>PDQ</td>
<td>Procurement, distribution, and quantification</td>
</tr>
<tr>
<td>PLIS</td>
<td>Pharmaceutical logistic information system</td>
</tr>
<tr>
<td>PSD</td>
<td>Pharmaceutical Services Directory</td>
</tr>
<tr>
<td>PSM</td>
<td>Pharmaceutical supply management</td>
</tr>
<tr>
<td>RHCS CC</td>
<td>Reproductive Health Commodity Security Coordination Committee</td>
</tr>
<tr>
<td>SPS</td>
<td>Strengthening Pharmaceutical Systems</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WG</td>
<td>Working group</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

Afghanistan’s Coordinated Procurement and Distribution System (CPDS) was established by the Ministry of Public Health (MoPH) through the General Directorate of Pharmaceutical Affairs (GDPA) and with technical assistance from national and international partners in 2010. CPDS endeavors to ensure availability of essential medicines that are affordable, efficacious, of assured quality, and available at the right time in the right quantities to support the implementation of Afghanistan’s Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS). In addition to routine meetings, management, and reporting, and participation in key facilitations and trainings, CPDS progressed during this reporting period on several activities that support Afghanistan’s public pharmaceutical sector. CPDS members and committees also participated in other coordination activities as needed. Both routine and responsive efforts will continue. CPDS milestones from this reporting period include—

• The CPDS strategic road map (2013–2015) was developed, shared with all committee members, and finalized accordingly. Each committee developed an action plan based on the road map, and finalized it with input from members and technical leaders and focal points.

• A CPDS poster (“Practical Methodology for Coordinated Procurement and Distribution of Essential Medicines in Afghanistan, a Complex Donor-Dependent Country”) appeared at the 2012 Second Global Symposium on Health Systems Research in Beijing, China.¹

• A CPDS-developed poster (“Assessing Pharmaceutical Supply Management for a Coordinated Procurement and Distribution System in Afghanistan”) appeared in Dublin, Ireland, at the International Pharmaceutical Federation (FIP) 2013 Congress.

• To increase knowledge and expertise sharing among stakeholders, CPDS hosted three technical sessions between May and December 2013 at joint committees meetings. Members of CPDS committees outlined key content for presentations, developed a roster plan and feedback sheet, and identified organizations that could present sessions.

• CPDS began implementation of its approved strategic communications plan to help increase awareness of CPDS, its functions, and its value to the public pharmaceutical system.

• CPDS presented findings from a procurement, distribution, and quantification (PDQ) assessment at MoPH health results conference, and then developed and presented minimum PDQ requirements to CPDS committee members and MoPH representatives. CPDS committees are now developing guidelines to complement those requirements.

• Data and Information Committee (DIC) developed, tested, and revised a pharmaceutical logistics information system (PLIS) quarterly reporting form and user manual. DIC facilitated orientation workshops for more than 70 pharmacy officers.

• The Advisory Committee for System Strengthening (ACSS) established a Pharmaceutical Services Directory (PSD) taskforce that—with GDPA assistance and stakeholder feedback—collected and validated data, compiling it into the country’s first public-sector PSD

¹ The poster is available online at: http://www.msh.org/projects/sps/SPS-Documents/upload/HSR-poster-AfghanistanPRESS.pdf.
INTRODUCTION

About the Coordinated Procurement and Distribution System

Ensuring availability of and access to safe, effective, and quality essential medicines for the people of Afghanistan is one of the main responsibilities and priorities of the Ministry of Public Health (MoPH) of the Islamic Republic of Afghanistan. Availability of essential medicines not only improves the health of patients, but also increases the peoples’ trust in health facilities and promotes their further participation in MoPH programs.

To responsibly provide an uninterrupted supply of quality medicines to its health facilities, the MoPH still needs the assistance of its national and international partners. By bringing those partners together in a Coordinated Procurement and Distribution System (CPDS), the MoPH—through the General Directorate of Pharmaceutical Affairs (GDPA) and with technical assistance from its partners—endeavors to ensure access to essential medicines that are affordable, efficacious, of assured quality, and available at the right time in the right quantities to support the implementation of Afghanistan’s Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS).

CPDS currently receives financial and technical support from the USAID-funded Strengthening Pharmaceutical Systems project. The project and its support to CPDS are scheduled to end in August 2015, thus the forum’s financial sustainability is a pressing concern for the MoPH and GDPA.

KEY ACCOMPLISHMENTS AND MILESTONES

Overall CPDS Achievements

In addition to regular reporting and information sharing meetings of joint technical committees, each CPDS committee finalized its action plan (based on the CPDS Strategic Road Map) during this reporting period. Highlights from the implementation of those plans follow.

**Strategic Road Map and Committee Action Plans Complete**

CPDS developed its strategic road map (2013–2015), shared the document with members of all CPDS committees, and finalized the road map accordingly. From that road map, each CPDS committee developed its action plan and shared it with members of CPDS committees, technical leaders, and technical focal points for finalization.

**CPDS Work Presented at International Conferences**

A poster prepared by CPDS (“Practical Methodology for Coordinated procurement and Distribution of Essential Medicines in Afghanistan, a Complex Donor-Dependent Country”) appeared at the Second Global Symposium on Health Systems Research. CPDS members were unable to attend the conference (held October 31 to November 3, 2012 in Beijing, China). The poster is available online at: [http://www.msh.org/projects/sps/SPS-Documents/upload/HSR-poster-Afghanistan_PRESS.pdf](http://www.msh.org/projects/sps/SPS-Documents/upload/HSR-poster-Afghanistan_PRESS.pdf).
The CPDS team developed an abstract based on the 2012 CPDS Procurement, Distribution, and Quantification (PDQ) Assessment, and submitted it to the International Pharmaceutical Federation (FIP) 2013 Congress, held in Dublin, Ireland. The abstract (“Assessing Pharmaceutical Supply Management for a Coordinated Procurement and Distribution System in Afghanistan”) was accepted and is available at http://projects.msh.org/projects/sps/Global-Focus/Afghanistan.cfm. GDPA Director and CPDS Vice President Abdul Hafiz Quraishi and Chief of Party Zafar Omari from the Strengthening Pharmaceutical Systems (SPS) project presented the poster on behalf of CPDS.

CPDS’s presence at international conferences helps to increase awareness of the challenges—and progress—in Afghanistan’s pharmaceutical sector.

**CPDS Technical Sessions**

CPDS technical sessions are held periodically in order to encourage CPDS stakeholders to share technical expertise and to increase their technical knowledge. The CPDS team supports presenters in developing their sessions.

The CPDS team developed the plan for these sessions in December 2012 and January 2013, outlined key content for presentations in January 2013, and finalized content in February 2013. March 2013 saw the development of a roster plan and feedback sheet for the sessions, and identification of organizations that could present technical sessions. Three technical sessions were held during this reporting period—

- The Reproductive Health Commodity Security Coordination Committee (RHCS CC) presented the Channel software (May 2013). Channel is in pilot phase and is used for logistics reporting on reproductive health commodities. The presentation included general information about the software; its development principles, success, and challenges; and recommendations for the future.

- HealthNet Transcultural Psychosocial Organization (HNTPO) shared their experiences in developing performance criteria for their pharmaceutical suppliers (September 2013). The HNTPO presentation described the HNTPO context, the purpose and process of prequalifying suppliers, performance criteria for suppliers, and preliminary results from HNTPO’s supplier prequalification experience.

- The SPS Supply Chain Operations unit shared their experiences with, challenges in, and approaches to different pharmaceutical quantification methods (December 2013). The presentation

Dr. Najia Dehzad, head of pharmacy from HNTPO presents in a technical session.
included background on the medicine supply management cycle and how it manifests in Afghanistan (including the roles of different actors), the detailed process for using quantification to develop medicine orders, and the overwhelming importance of good data to accurate quantification.

**CPDS Participates in Several Conferences and Workshops**

In addition to attending routine meetings, the CPDS coordinator represented the forum in the following conferences and workshops in Afghanistan. Such participation is essential to fulfilling CPDS’s coordination function.

- French Medical Institute for Children (FMIC) Third International Conference (held in Kabul) on child health care in Afghanistan (October 2013)
- Orientation workshop for new essential medicines list and licensed medicines list (October 2013)
- Ministry of Defense (MoD) national health conference (November 2013)
- National pharmaceutical conference (December 2013)
- Met with the United Nations Children’s Fund (UNICEF) regarding CPDS and the forum’s role in procurement and distribution of essential medicine in the public sector (December 2013)

**CPDS Strategic Communications Plan**

In order to increase awareness of CPDS, its functions, and its value to Afghanistan’s pharmaceutical system, CPDS developed a strategic communications plan for the body. The plan was drafted and presented to CPDS membership in a joint committees meeting in December 2013. Members agreed to the plan at the same meeting. The communications approach and implementation plan were finalized in February 2013 and implementation began immediately. Activities conducted during this reporting period include—

- Format for monthly reports from CPDS technical coordinator to CPDS president updated to include responsible persons and key accomplishments of each activity.
- General CPDS PowerPoint presentation, fact sheet, and “talking points” developed and shared with committee members for review and feedback; the GDPA director also approved these documents.
- CPDS semiannual report template designed; first two semiannual reports (in English and Dari) completed and shared with CPDS membership.
- Executive summary of each semiannual report completed (in English and Dari) and shared with a broader group of CPDS stakeholders.

**Data and Information Committee**

**Pharmaceutical Logistic Information System**

The CPDS Data and Information Committee (DIC) was specifically tasked to develop the pharmaceutical logistic information system (PLIS) as a critical part of a broader pharmaceutical management information system.
As the first step, the DIC developed a PLIS data collection format and user manual. Beginning in September 2012, nine select BPHS/EPHS implementing nongovernmental organizations (NGOs) participated in a two-day orientation to become familiar with the format and manual, and began testing the tools. The NGOs collected and entered data using the format and manual, providing feedback to the DIC through a problems recording sheet. Through the testing period, the DIC working group considered feedback and followed-up with NGOs that required clarification or were slow to complete the tests. The DIC working group (WG) also met periodically with the Grants Contracts Management Unit (GCMU)—which contracts BPHS and EPHS implementers—to share information related to the data collection format and user manual.

Working with each NGO through December 2012 and January 2013, DIC WG members discussed feedback and determined the root causes of problems NGOs encountered during testing. DIC WG members prepared a summary report analyzing the findings for CPDS in April 2013, and began the process of modifying the data collection format and user manual accordingly.

Next, the DIC WG finalized PLIS micro and macro indicators, and collected medicine lists, reporting forms, and reports from all BPHS and EPHS implementing NGOs. The information informed DIC WG modifications to the PLIS quarterly reporting form and user manual, testing of which was expanded to all BPHS and EPHS implementers in September 2013. During the expansion testing phase, an assigned reviewer team visited all BPHS/EPHS implementing NGOs to follow up and provide data entry technical assistance as needed. Additionally, reviewer teams gave NGOs a recording sheet to document any problems or challenges they faced during the data entry process.

The DIC WG planned and subsequently held three orientation workshops on the PLIS quarterly reporting form and accompanying user manual in August. Participants included more than 70 pharmacy officers from the central and provincial offices of NGOs that implement BPHS and EPHS in Afghanistan. Active collaboration between colleagues at CPDS and at the GCMU of the MoPH helped ensure that all BPHS/EPHS implementers were invited to the PLIS orientation workshop.

The DIC finalized a feedback form and mechanism (via email, phone and face-to-face meetings) that allows the team of reviewers to examine quarterly submissions from NGOs and help those NGOs improve the quality of the data they provide. This feedback is an important part of the
ongoing follow-up with implementing NGOs and data quality improvement. In December 2013, DIC working group members met with individual organizations that did not submit their quarterly data on time. During the meetings, the DIC working group members impressed upon NGOs the importance of participating, answered questions, and offered support to improve submission rates. As of January 2014, all 20 implementers had submitted data for PLIS compilation. Additionally, the CPDS DIC developed a success story about the PLIS development process.

The DIC working group met biweekly in order to update members; develop the feedback form and mechanism; review and provide multiple rounds of feedback on the PLIS quarterly reporting forms; and compile, review, and analyze PLIS data. DIC working group meetings will return to their normal monthly schedule, with additional meetings convened as needed.

Advisory Committee for System Strengthening

Public Sector Pharmaceutical Services Directory: Data Collection

A great number of organizations (such as governmental entities, donors, United Nations (UN) agencies, international organizations, and BPHS/EPHS NGOs) contribute to pharmaceutical supply management (PSM) activities and health service delivery in Afghanistan. Much information is available about these stakeholders and their clients, services, and experience with regard to procurement and distribution of medicine and other pharmaceutical supplies. Unfortunately that information is often incomplete or poorly documented, making it difficult for the MoPH to make informed decisions and to coordinate stakeholders’ activities with regard to pharmaceutical services. In response, the CPDS Advisory Committee for System Strengthening (ACSS)—with the full support of its stakeholders—convened a taskforce that methodically developed a directory of stakeholders that provide pharmaceutical services in the public sector throughout the country. This Public Sector Pharmaceutical Services Directory (PSD) includes key information such as the location and type of services provided by different organizations.

CPDS conducted the first meeting of the PSD taskforce in December 2012 in order to gain a common understanding of, develop terms of reference for, identify objectives of, and draft an action plan for the PSD taskforce. In January 2013, the taskforce members met again and selected a chairperson (Pharm. Omar Mansoory, GDPA) and secretary (Pharm. Sara Habibyar, European Commission); agreed to PSD background, rationale, objective, terms of reference, and action plan; and identified stakeholders and the information needed from them for the directory.
The PSD taskforce also developed two data collection tools (one for government and one for donors, United Nations agencies, international organizations, and BPHS/EPHS implementing NGOs) and shared them with all taskforce members for comment in February 2013. The taskforce finalized the tools, the list of organizations, and the method for data collection (face-to-face interviews) in its March 2013 meeting, and shared the tools with GDPA managers for comment that same month.

The PSD taskforce agreed on the PSD outline and the design of the PSD database (in Microsoft Access), and identified three data collectors and six organizations to test the data collection and compilation tools. Testing took place in April 2013; based on testing results, taskforce members modified and finalized tools for collecting and compiling PSD data.

The PSD taskforce identified ten PSD data collectors and two alternates (all GDPA staff), and conducted an orientation workshop for them in May 2013. The workshop helped data collectors become familiar with PSD data collection tools and methodology. Working in five teams of two, data collectors gathered agreed-upon information from 43 of the 46 selected organizations the following week (June 2013).

The PSD taskforce went on to finalize the Microsoft Access database in English (October 2013), with a Dari version planned for March 2014. The database houses the information and will allow for efficient PSD updates.

The taskforce also validated the data and circulated a draft PSD with information on 43 participating organizations (November 2013). Comments/corrections, and organizational visions, mission statements, and logos were incorporated into the final draft PSD beginning in December 2013. The final Dari and English versions will be submitted to the GDPA for approval and then made available on the MoPH website and in hard copy.

**Defining and Assessing Supplier Performance**

ACSS developed a concept note providing background on the important role of pharmaceutical suppliers in the procurement of pharmaceutical, and outlining CPDS objectives for establishing common criteria for evaluating the performance of suppliers. The committee also created a survey questionnaire to collect information from internal stakeholders about their experiences with pharmaceutical suppliers and to begin development of common criteria for supplier performance.

To this end, ACSS shared the concept note and questionnaire with 45 CPDS stakeholder organizations in October 2013. After receipt of the completed questionnaires, the ACSS will compile and analyze the data, and draft a report on the findings and recommendations.
International technical advisors, CPDS committee members, and technical leaders of the ACSS will provide feedback on the report as well. This feedback and the survey results will help MoPH stakeholders to monitor and manage supplier performance, develop realistic and common criteria for supplier performance, map current suppliers against those criteria, and make informed decisions about those suppliers. Eventually, the data will inform a system for prequalifying suppliers used by MoPH stakeholders.

**Procurement Guidelines for Essential Medicine**

A previous PDQ assessment found that Afghanistan’s existing systems of BPHS and EPHS implementers do not operate uniformly enough to serve as a base for future coordinated system development. The assessment recommended the development of minimum requirements that could be standardized and that BPHS and EPHS implementers could follow-up on. These minimum requirements and subsequent guidelines will help to minimize waste, duplication of efforts, and stock-outs; to concretize continuous availability of good quality medicines at BPHS and EPHS outlets; and to harmonize operating systems among CPDS members and stakeholders.

CPDS finalized Minimum Requirements for Procurement, Distribution, and Quantification of Essential Medicine (in English and Dari), and began to develop guidelines based on those minimum requirements. The ACSS will begin to develop procurement and distribution guidelines for essential medicines in early 2014. (See next section for similar efforts from the Commodity Security Committee, or CSC, with regard to quantification.)

**Commodity Security Committee**

**Quantification Guidelines for Essential Medicine**

A previous PDQ assessment found that Afghanistan’s existing systems of BPHS and EPHS implementers do not operate uniformly enough to serve as a base for future coordinated system development. The assessment recommended the development of minimum requirements that could be standardized and that BPHS and EPHS implementers could follow-up on. These minimum requirements and subsequent guidelines will help to minimize waste, duplication of efforts, and stock-outs; to concretize continuous availability of good quality medicines at BPHS and EPHS outlets; and to harmonize operating systems among CPDS members and stakeholders.

CPDS finalized Minimum Requirements for Procurement, Distribution, and Quantification of Essential Medicine (in English and Dari), and began to develop guidelines based on those minimum requirements. The CSC is developing quantification guidelines. (See previous section for similar efforts from the ACSS with regard to procurement.)

The CSC convened the committee that will review the drafted quantification guidelines for essential medicine in July, September, November, and December 2013. The early committee meetings served to harmonize expectations and understandings of the guidelines’ objective, terms of reference for reviewers, mechanism and process for reviewing the guidelines. During

---

2 The English version of the PDQ assessment report was translated to Dari, then presented in the MoPH’s health results conference and approved by the MoPH in February 2013.

3 The English version of the PDQ assessment report was translated to Dari, then presented in the MoPH’s health results conference and approved by the MoPH in February 2013.
subsequent sessions, the committee reviewed sections of the guidelines in English, discussing issues and coming to consensus on necessary changes. In the coming months, the group will determine a revision process for the Dari translation, identify indicators to monitor quantification, and finalize draft guidelines for GDPA approval.

**Routine CPDS Meetings and Reports**

In accordance with the CPDS Governance Framework, members conducted several regularly scheduled meetings and submitted periodic reports on activities. This work, while routine, is critical to efficiently conducting CPDS business.

- CPDS technical coordinator and GDPA director met at least monthly, as scheduled.
- National Management Commission (NMC) report was completed and distributed to CPDS members (November 2012).
- CPDS technical coordinator participated in the GCMU quarterly coordination meetings of BPHS and EPHS implementers in February, July, and September 2013. In July, the coordinator presented the findings of the PLIS quarterly reporting form testing, and related next steps.
- CPDS technical coordinator participated in the National Medicine Policy (NMP) revision.
- CPDS technical coordinator participated in the consensus workshop of National Medicine Law.

Additionally, CPDS joint committees meetings took place in December 2012, and February, May, September, and December 2013. Members worked on and agreed to the activities and deliverables discussed throughout this report (see related sections for detail). Attendees also participated in three Technical Sessions and discussed feedback on the first two sessions; received and approved CPDS semiannual reports; shared updates on activities related to PLIS data collection and reporting, and PSD data collection and database development; and agreed to basic performance criteria for pharmaceutical suppliers.
Other Meetings and Reports

Different CPDS members conducted other meetings and prepared other reports as needed throughout this reporting period. Those not mentioned in other sections of this report follow. CPDS representatives—

- Met with the RHCS CC consultant and United Nations Population Fund (UNFPA) to share information about CPDS activities and plans, and to improve overall coordination (October 2012)
- Shared the CPDS implementation plan with the GDPA Medicine Planning Affairs and License Issuing department in order to identify the appropriate individuals to involve in relevant CPDS activities (November 2012)
- Met with the Central Medical Stores (CMS) director to share the CPDS implementation plan and to introduce the person responsible for follow up (CMS database manager) (November 2012)
- Participated in the CMS stakeholders meeting (topic: development of CMS database) and Afghan National Standards Authority to improve coordination with both bodies (December 2012)
- Participated in a one-day consultative workshop for the revision of medicine law, providing comments on procurement in particular (December 2012)
- Shared PSD objectives with GCMU and obtained list of stakeholders to be included in PSD (see previous section on PSD taskforce activities) (January 2013)
- Reviewed the procurement section of NMP in finalization workshop (February 2013)
- Participated in the GDPA functional analysis workshop (May 2013)
- Facilitated a session of the GDPA Medicine Planning Department, in order to identify internal challenges and make recommendations for improvement (May 2013)
- Met with Deputy Minister of Public Health (the CPDS president) to provide updates on DIC working group activities (May 2013)
- At the invitation of Afghanistan’s MoD, the CPDS coordinator participated in the tenth annual Medical Logistics Coordination conference in June 2013. The coordinator shared information about the rationale behind and purpose of the country’s CPDS, updated attendees on CPDS accomplishments and recent activities, and advocated for improved coordination among stakeholders.