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## HOW dRPC-PAS IS CREATING AN ENABLING ENVIRONMENT FOR TASK SHIFTING TASK SHARING (TSTS) POLICY IMPLEMENTATION FOR FAMILY PLANNING 2020

### INTRODUCTION

The PAS project is working on Task Shifting Task Sharing (TSTS) advocacy for FP in Nigeria to allow Community pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMVs) to be included in the provision of expanded FP services. The policy revision and validation to enable CPs and Patent and PPMVs in Nigeria provide long acting reversible contraceptive (LARC) commodities through the private sector was done in November 2018 and launched by the FMOH in April 2019. At state level (Anambra, Enugu and Taraba), PAS partners are working to domesticate and facilitate the implementation of the TSTS policy. The following in this update are a highlight of how PAS has and is creating an enabling environment for the TSTS policy implementation for family planning.

### BACKGROUND JUSTIFICATION AND CONTEXTUAL ISSUES

The Task-Shifting and Task-Sharing (TSTS) for Essential Health Care Services policy in Nigeria was approved in 2014. Its goal was to meet universal health coverage and health needs of the Nigerian population through the mobilization of available human resources to ensure equity, accessibility and effectiveness in the delivery of essential health services thereby reducing Nigeria's high mortality ratio/rates. The TSTS policy presented an opportunity to increase access to FP commodities and services through the lower cadre of workers especially in underserved populations.

However, to achieve this vision for full coverage will require revision to the TSTS policy to enable Community pharmacists and Patent and Proprietary Medicine Vendors in Nigeria provide long acting reversible contraceptive (LARC) commodities through the private sector, the LARC also needs to be listed in the country's treatment guidelines to enable the commodities to be stocked by CPs and PPMVs. Other challenges with implementation of the 2014 National TSTS Policy for improving FP access and reach prior to PAS involvement identified were:

- Delay in the initiation of the Operational Plan: As at January 2018, the standard operating procedure (SOP) developed for the approved 2014 Task-Shifting and Task-Sharing (TSTS) for Essential Health Care Services in Nigeria Policy was just validated by the Federal Ministry of Health in November 2018, yet to be launched and utilized despite development of the draft SOP since 2016.
- Slow pace of domestication by States: Federal health policies require adoption at the State level before they can be implemented. Less than twelve (12) States in Nigeria have adopted this policy while most of the other twenty-four (24) States of the Federation are yet to operationalize the policy.
- Poor monitoring of TSTS policy implementation: Government-led regulation of the level of implementation of the TSTS policy across the Federation is required to instil confidence in lower level cadre offering expanded FP services under the TSTS.

Inadequate training of lower cadre of health workers: Inadequate training by pre service institution for lower level of health workers to offer expanded FP services.

### PAS TSTS PARTNERS

LOCATION	SUB GRANTEE
TARABA	WOMEN AND CHILDREN HEALTH EMPOWERMENT FOUNDATION (WACHEF-PAS)
ENUGU	SOUTH SAHARAN DEVELOPMENT ORGANIZATION (SSDO-PAS)
ANAMBRA	SOUTH SAHARAN DEVELOPMENT ORGANIZATION (SSDO-PAS)
NATIONAL/LAGOS/KADUNA	PHARMACEUTICAL SOCIETY OF NIGERIA (PSN-PAS)



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## HIGHLIGHTING THE ROLE OF PAS PARTNERS IN THE CREATION OF ENABLING ENVIRONMENT

### ✚ THE REVIEW AND LAUNCH OF THE UPDATED TSTS POLICY BY THE FMOH

To facilitate the initiation of the Operational Plan, the standard operating procedure (SOP) development from the approved 2014 Task-Shifting and Task-Sharing (TSTS) for Essential Health Care Services in Nigeria Policy, PAS partner PSN-PAS supported the process of reviewing the TSTS policy document in collaboration with other partners under the supervision of the FMOH. PAS also supported the printing process of the TSTS policy document and Standard Operating Procedure guidelines. The updated TSTS policy has now been revised, reviewed, validated (19<sup>th</sup> November, 2018) and launched nationally (April 2019) for adoption in Anambra, Enugu, Rivers and Taraba states. PAS partners supported the FP and/or RH coordinators from Taraba, Anambra, Enugu and Lagos states to attend the policy launch by the FMOH in Abuja. This created an enabling environment and was the first step to mobilizing the states to domesticate.

### ✚ THE ACQUISITION OF WAIVERS FROM THE STATES TO TRAIN PILOT GROUPS

PAS partner PSN-PAS moved to acquire waivers from the regulators to support the IntegratE pilot group. Strategic advocacy visit was conducted to the Director, Food & Drugs Services, Thursday 10<sup>th</sup> May 2018 in Abuja. It was strategic because the F&DS department oversees the activities of NAFDAC and PCN. The meeting led to F&DS directive for PCN to issue the CPs & PPMVs pilot project waivers to Lagos & Kaduna SMOH.

The Pharmacists Council of Nigeria (PCN) issued the waiver/approval letters on Friday 29<sup>th</sup> June 2018 and Tuesday 9<sup>th</sup> October 2018; The Kaduna State Pharmaceutical Inspectorate Committee (PIC) of the Kaduna State Ministry of Health (KSMOH) meeting where the PCN waiver/approval letter was reviewed and approval was given for the commencement of the project was held on Monday 23<sup>rd</sup> July 2018; and The Lagos State Ministry of Health (LSMOH) issued the waiver/approval letter on Wednesday 03<sup>rd</sup> October 2018. Please find images below. The MOUs (with waivers for training and programming) were signed with PCN and Task Shifting and Sharing Committees of SMOH of Kaduna and Lagos States (PSN and NNNGO).

In Anambra and Enugu states, PAS partner SSDO-PAS conducted advocacy to both SMOH to obtain waiver from government and regulatory agency to allow selected CPs and PPMVs to provide expanded FP services (25<sup>th</sup> October, 2018). This was granted. Whilst in Taraba state, PAS partner WACHEF-PAS also obtained waivers as well. (Please find images of the waivers below)

### ✚ THE STRENGTHENING OF THE NATIONAL TREATMENT GUIDELINES TO EXPAND FP SERVICES TO THE CPS AND PPMVS

The PSN-PAS project supported the National treatment guidelines review committee of FMOH which is domiciled in the Food & Drugs Services Department to convene review meetings in 2018. The first meeting and most important was held on Thursday 8<sup>th</sup> March 2018 and Friday 9<sup>th</sup> March 2018 at Airport Hotel, Ikeja Lagos State. Following which an Approval for the re-representation of DMPA-SC (Sayana Press) during the next meeting of the NDF/EML review committee was granted. The PSN-PAS project was recognized as a strategic supporting partner of the NDF/EML review committee's programs and activities; and the NDF/EML review committee committed to support the goals and objectives of the PSN-PAS project. The DMPA-SC has now been included in the NSTG and NEML guidelines enabling expansion of services for the CPs and PPMVs.

### ✚ THE EVIDENCE GENERATION AND SUPPORT FOR PHARMACY COUNCIL OF NIGERIA (PCN) TO SERVE AS REGULATORS

PAS supported the baseline assessment of PCN's capacity as regulators of the CPs and PPMVs, identifying challenges for remedying. This evidence informed our support for PCN in the development of their strategic plan. The inaugural meeting for the development of the PCN Strategic Plan was held on Friday 19<sup>th</sup> October 2018 at Bolton White Hotel, Area 11, Garki Abuja with the PCN Registrar Pharm. N. A. E. Mohammed in attendance to flag the strategic plan development process. The finalization meeting of the draft PCN Strategic Plan was held on Thursday 29<sup>th</sup> November 2018 at Bolton White Hotel, Area 11, Garki Abuja. The validation meeting of the finalized PCN Strategic Plan was held on Friday 7<sup>th</sup> December 2018 at Bolton White Hotel, Area 11, Garki, Abuja. The launching and dissemination of the validated PCN FP Strategic Plan will hold in the coming weeks.



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## **THE COLLABORATIONS AND SUPPORT FOR THE INTEGRATE PROJECT**

Due to the existing FP policy barrier that prevents CPs and PPMVs from providing expanded FP services, training workshop for selected PCN Staff to be master trainers could not be done, because PCN Staff CANNOT and are not allowed by law to step down, if trained, expanded FP provision for CPs and PPMVs. Faced with this policy barrier that won't allow PCN Staff to be trained as Master Trainers, the PSN-PAS and IntegratE projects agreed with the IntegratE taking the lead, leveraged on the FP Master Trainers trained by MSI (one of the partners in the IntegratE consortium) to train the selected CPs and PPMVs in Lagos and Kaduna States. PSN-PAS has supported the IntegratE project through acquisition of waivers to enable them train the pilot group and run the pilot program. The training workshop for PCN Staff on FP to be master trainers was to be conducted when the policy was revised. Following the policy revision, PSN-PAS is on hand to support PCN and the IntegratE project.

To ensure adequate data triangulation from the CPs and PPMVs, for the national database, PSN-PAS conducted advocacy visit/meeting with the Director, Department of Health Planning, Research and Statistics, Federal Ministry of Health was conducted on Monday 14<sup>th</sup> May 2018. Key outcome was the commitment of the Director, DHPRS, FMOH for the inclusion of data generated by CPs and PPMVs into the various Health Management Information Systems (HMIS) such as the NHMIS.

## **THE SUPPORT FOR STATES TO DOMESTICATE THE TSTS POLICY**

PAS through her partners SSDO-PAS and WACHEF-PAS is supporting Anambra and Taraba state to domesticate the TSTS policy. Through advocacy and policy dialogues with the various State MOH, PAS partner WACHEF-PAS has successfully supported Taraba state to domesticate the TSTS policy in December 2019. PAS partner is current on hand to successfully launch the TSTS policy in Anambra state on the 25<sup>th</sup> of February, 2020.

## **ONGOING SUPPORT FOR THE PCN TIERED ACCREDITATION SYSTEM**

The Approved Patent Medicines List (APML) utilizes the tiered accreditation system to manage a rather heterogeneous group of PPMVs. Hence by classifying the PPMVs into 3 tiers, the type of drugs the different groups were allowed to stock could be drafted. The PPMVs as a subset of health providers are constituted by a mix of different health professionals and otherwise, hence the assumption of all PPMVs having the same capacity may be flawed, this provided a basis for the tiered accreditation system. Tier 1 is for those who have some form of certification but no knowledge on health, tier 2 is for those who have knowledge of health (e.g. nurses) and tier 3 are for pharmacy technicians trained by Pharmacists in a pharmacy institution.

PSN-PAS provided support for the PCN (Pharmacists Council of Nigeria) via organisation of the draft and review workshops on the 27<sup>th</sup> March, 2019 and 8<sup>th</sup> April, 2019 at the Bolton White Hotel, Abuja with relevant stakeholders (including FMOH, PCN, Association of Community Pharmacists of Nigeria (ACPN), National Association of Medicines Dealers (NAPMED) and Partners) to produce a draft of the drug list for the APML.

The PCN presented the resulting APML draft to the EML review committee (this committee was constituted by the Minister of Health). The EML review committee in turn approved and adopted this draft. The next phase will be to send the draft to the Minister of Health to sign off on it, after which it can then be printed and launched. This is yet to be done. The APML draft adopted by the EML review committee is a big win for the PAS project and this draft and review process was timely done. Pending the approval of the Minister, the PCN is piloting the process via the IntegratE project in select states (Kaduna and Lagos states) as evidence for eventual scale up if/when approved.

The NDF/EDL Review Committee unanimously approved the inclusion of this medicine following presentations made to the expert committee. Presentations to include DMPA-SC had been made previously to the expert committee but was turned down on the grounds of insufficient evidence. Another document which was reviewed to include this critical sector is the National Guidelines for the Introduction and Scale-up of DMPA-SC Self-Injection. These and other documents were launched and disseminated by the Honourable Minister of Health in April 2019, with exception of the EML which will be launched later in the year (2019).

Similarly, in 2019 the Pharmacists Council Approved Patent Medicines List was the policy document to be reviewed to reflect current trends in PHC services, especially the inclusion of DMPA-SC in the list. Following the presentation of the reviewed



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APML to the NDF/EDL Review Committee in April 2019, there was a unanimous approval for the medicines and commodities listed within. This APML is also contained in the EML which has a section for the PPMVs. The revised APML will be presented to the Registrar Pharmacists Council of Nigeria (PCN).

#### **✚ PAS PARTNERS AS ARBITRARY FOCUS FOR MAINTAINING THE STAKEHOLDERS ECOSYSTEM**

The tiered accreditation has been met with acrimony from the different interest groups from its intention to roll out. PSN-PAS has positioned itself as the arbiter to resolution of issues and provide clarity as to why the tiered accreditation system will solve the problem of access and reach for the underserved areas of Nigeria.

PSN-PAS has conducted advocacy visit/meetings with the National President, National Association of Nigeria Nurses and Midwives (NANNM) Mr. Abdrafu Alani Adeniji in Tuesday 20<sup>th</sup> November 2018. The NANNM National President committed to support the inclusion of CPs and PPMVs into the TSTS policy. This is a critical achievement because, at the commencement of the review of the TSTS document, NANNM (i.e. Nurses and Midwives) were the major opponent to the inclusion of CPs and PPMVs into the TSTS policy.

The Association of Community Pharmacists of Nigeria (ACPN) has continuously faulted the proposal of the federal ministry of health to tier the PPMVs, citing that this was move was originally a temporary approach to increasing availability of drugs and professional services to areas of shortage. Even with the awareness of the PCN's efforts to control PPMVs, the ACPN isn't convinced they will comply with the laws. They also query the decision and motive of the FMOH declaring the classification of PPMVs.

Community pharmacists through the National chairman and secretary (Samuel Adekola and Bose Idowu) rejected federal government's proposal on the tiered accreditation and drug distribution, threaten to seek legal action. This is if their appeals for dialogue were not taken seriously. They maintain the position that pharmacists are experts in drug and must superintend the sales, use and dispensing of drugs through licensure.

PSN-PAS has convened multi stakeholder's engagements with ACPN, PCN and others to provide clarity on the tiered accreditation system. PSN-PAS is bridging the gap between the groups to reduce conflict and dissenting voices in the space.

#### **CONCLUSION**

PACFaH@Scale partners through advocacies to policy makers and stakeholders, partnerships with media and civil society organisations and integration of the relevant groups are changing the narrative having managed to create enabling environment for the implementation of the TSTS policy.

#### **APPENDICES**

<https://www.dailytrust.com.ng/psn-want-more-family-planning-roles-for-community-pharmacists-chemists-250222.html>

<https://www.vanguardngr.com/2018/10/council-promises-to-review-curriculum-for-pharmacists-others/>

<https://www.vanguardngr.com/2018/12/pcn-strategises-on-maternal-child-mortality-rates-reduction/>

<https://www.nan.ng/health/pcn-strategises-on-maternal-child-mortality-rates-reduction/>

<https://kapital929.fm/psn-pacfaHscale-advocates-improved-data-source-information-sharing-for-family-planning/>

<https://newtelegraphonline.com/2018/05/psn-pacfaHscale-seeks-improved-data-for-family-planning/>

<https://www.vanguardngr.com/2018/11/nurses-midwives-ngo-partner-on-reduction-of-maternal-child-mortality/>

<https://www.vanguardngr.com/2019/06/community-pharmacists-fault-fg-on-approval-of-3-tier-sales-of-otc-drugs/>

<https://www.dailytrust.com.ng/community-pharmacists-reject-fgs-proposal-on-drug-distribution-to-seek-legal-action.html>



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Many Advocates, One Voice

ENUGU STATE MINISTRY OF HEALTH  
DEPARTMENT OF PUBLIC HEALTH

Fax: 042/255051



Ref No:...../2018/PH/06/126  
Date:..... 25<sup>th</sup> October, 2018

**Nkechinyere Igwe**  
South Saharan Social Development Organization  
13 Link Road, Independence Layout, Enugu

**RE: APPLICATION FOR ETHICAL CLEARANCE  
SUSTAINABLE CAPACITY BUILDING ON EXTENDED FAMILY  
PLANNING SERVICE DELIVERY**

I refer to your application to carry out a study on the above topic and to inform you that approval has been granted to you.

**Ethical Guidelines:**

1. Conduct the project strictly in accordance with the proposal submitted and granted ethical approval.
2. Inform the committee immediately of any complaint or issues in relation to the project which may require review of the approval.
3. Make submission for approval any amendment to the approval project before implementing changes.
4. You are to deposit a copy of the result of your study with the ethical committee of the State Ministry of Health.

Dr.   
For the Ethical Committee on Research

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LAGOS STATE GOVERNMENT

LSMH 3758 / IV / 90

3<sup>rd</sup> October, 2018.

Ayuba Tanko Ibrahim FPSM, FNIM  
The Program Director  
PSN-PACFaH@Scale and SFH/IntegratE,  
Abuja.

**RE: FOLLOW-UP LETTER ON APPROVAL FOR THE COMMENCEMENT OF THE COMMUNITY PHARMACISTS (CPs) AND PATENT & PROPRIETARY MEDICINES VENDORS (PPMVs) PILOT PROJECT IN LAGOS STATE.**

The Ministry hereby acknowledges the receipt of your correspondence dated 30<sup>th</sup> September, 2018 on the above captioned.

Considering the approval of the National Health Research Ethics Committee (NHREC): NHREC/01/01/2007-16/04/2018 and the Pharmacists Council of Nigeria (PCN): PCN/C-4178/VOL.1759 received by the State Ministry of Health, I am directed to convey the Ministry's approval for the commencement of your pilot project tagged 'Working with Community Pharmacists and Patent and Proprietary Medicine Vendors for Increased Service Delivery for Contraceptive Mix and Primary Healthcare Delivery in Lagos State'. However, the validity of this approval is attached to the following conditions:

- a. The trained and licensed Nurses will ONLY provide injectables and implants to clients.
- b. The trained Community Pharmacists will ONLY be allowed to provide family planning injectables and referral services to clients.
- c. The trained Community Health Extension Workers (CHEWs) who practice as PPMVs will ONLY be allowed to provide family planning injectables and referral services to clients.
- d. The non-health trained PPMVs will ONLY provide family planning information, condoms, emergency contraceptives, refill of oral contraceptive pills and referral to Primary Health Care Facilities for initiation of contraceptives.
- e. Quarterly progress report of the pilot project MUST be submitted to the Lagos State Ministry of Health on or before the 5<sup>th</sup> day of the following quarter.

MINISTRY OF HEALTH



**WOMEN AND CHILDREN HEALTH EMPOWERMENT FOUNDATION**  
Through  
Partnership for Advocacy in Child & Family Health in Nigeria (PACFaH@Scale)  
WITH SUPPORT FROM  
development Research and Project Center (DRPC)  
24<sup>th</sup> October, 2018

The Permanent Secretary,  
Ministry of Health,  
Jalingo.

Sir,

**REQUEST FOR WAIVER TO TRAIN COMMUNITY PHARMACISTS AND PATENT AND PROPRIETARY MEDICINE VENDORS ON EXPANDED FAMILY PLANNING SERVICES**

As you may be aware, the Infant Mortality Rate of 64 per 1000 live births in Taraba State and the percentage of women who do not use contraceptive methods at all that is given as 93% are unacceptably high (MICS 2016-2017).

In order to bring down both the Infant Mortality Rate and the Maternal Mortality Ratio of Taraba State, there is the urgent need to commence the implementation of the expanded Family Planning Services in the State. To be able to do this effectively, Patent and Proprietary Medicine Vendors and Community Pharmacists will need to be trained and brought on board to provide Family Planning Services in line with the provisions of the National Task Shifting and Task Sharing Policy.

Desirous of assisting the State to achieve this laudable goal, the Women and Children Health Empowerment Foundation (WACHPEF) under the auspices of PACFaH@Scale and with support from DRPC (development Research and Project Center) is requesting your good offices to grant us a waiver to train Community

*Original collected by me.*  
*[Signature]*  
*[Signature]*

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GOVERNMENT OF RIVERS STATE OF NIGERIA  
Administrative Headquarters, Ministry of Health

Ref: MH/DPS/3/VOL I/117

7<sup>th</sup> November, 2018

Dear, RAHI Medical Outreach.

**RE: REQUEST FOR PERMISSION TO CONDUCT A BASELINE STUDY TO DETERMINE THE CAPACITY OF COMMUNITY PHARMACISTS AND PROPRIETARY PATENT MEDICINE VENDORS TO BE TRAINED ON EXPANDED FAMILY PLANNING SERVICE DELIVERY**

Sequel to your letter seeking an approval to conduct a baseline study to assess the capacity of the CPs and PPMVs to be trained on expanded family planning service delivery, I the Director of Pharmaceutical Services having considered the importance of the intended training and its role in improving maternal and child health outcome in the State, I therefore permit RAHI Medical Outreach to commence and conduct the study.

This letter serves as a consent.

All concerned parties should take note and comply with RAHI please.

Thank you.

*[Signature]*  
Pharm. (Mrs) Uneh C. Peters  
Director of Pharmaceutical Services  
Rivers State Ministry of Health

Block A, 2nd Floor, Rivers State Secretariat Complex, Port Harcourt, Rivers State.  
www.riversstate.gov.ng