

THE dRPC's ROLE IN CREATING AN ENABLING ENVIRONMENT FOR TASK SHIFTING TASK SHARING (TSTS) POLICY IMPLEMENTATION FOR FAMILY PLANNING



PSN-PAS Supports PCN To Review The Approved Patent Medicines List to support TSTS implementation 27th March 2019

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Introduction

Through the PACFAH¹ and PAS² project, which the Bill & Melinda Gates Foundation funded, the development Research and Projects Center (dRPC) focused on advocating for the Task Shifting Task Sharing (TSTS) policy in Nigeria, which allowed Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMVVs) to provide expanded Family Planning (FP) services. The revision and validation of policies to enable CPs and PPMVVs in Nigeria to offer long-acting reversible contraceptive (LARC) commodities through the private sector were completed in November 2018. The Federal Ministry of Health (FMOH) launched the policy in April 2019³. At the state level, in Anambra, Enugu, and Taraba, dRPC-PAS partners worked to domesticate and facilitate the implementation of the FMOH's TSTS policy. dRPC-PAS from 2015 to 2022 created an enabling environment for the TSTS policy implementation for family planning by working to achieve these goals—the following highlights how dRPC-PAS has created an enabling environment for the TSTS policy implementation for family planning.

Contextual issues before the dRPC-PAS intervention

The TSTS policy for Essential Health Care Services in Nigeria was an omnibus policy endorsed in 2014 to achieve universal health coverage and meet Nigerians' health needs. The policy aimed to leverage available human resources to ensure equitable, accessible, and effective delivery of essential health services, thus reducing Nigeria's high mortality rates. The TSTS policy presented an opportunity to improve access to FP commodities and services, especially in underserved areas, through the lower cadre of workers.

However, the omnibus TSTS policy required revision to allow CPs and PPMVVs in Nigeria to offer LARC through the private sector to achieve full coverage⁴. The LARC also needed to be included in the country's treatment guidelines for stocking by CPs and PPMVVs. Several challenges with implementing the 2014 National TSTS Policy for improving FP access and reach were identified by the dRPC-commissioned landscaping report before PAS involvement in 2015. These challenges included:

- Delay in the initiation of the Operational Plan: As of 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

- Slow pace of domestication by States: Federal health policies must be adopted at the State level before they can be implemented. Yet, less than twelve (12) states in Nigeria have adopted this policy, while most of the

¹ <https://drpcngr.org/project/pacfah/>

² <https://drpcngr.org/project/pacfahscale/>

³ <https://dailytrust.com/fg-launches-eleven-policies-on-reproductive-health-others/>

⁴ [Nurses, midwives, NGO partner on reduction of maternal, child mortality - Vanguard News \(vanguardngr.com\)](#)

Health in November 2018. Despite the draft SOP being developed since 2016, it is yet to be launched and utilized.

other twenty-four (24) states have yet to operationalize the policy⁵.

- Inadequate training of lower cadre of health workers: Pre-service institutions provide inadequate training for lower-level health workers to offer expanded FP services.

- Poor monitoring of TSTS policy implementation: Government-led regulation of the level of implementation of the TSTS policy across the Federation is required to instill confidence in lower-level cadre offering expanded FP services under the TSTS.

Overall, the TSTS policy in Nigeria presented an opportunity to improve access to essential health services, including FP commodities and services, through the lower cadre of workers. However, addressing the challenges identified was crucial to achieving the policy's objectives effectively and efficiently.

Introducing the dRPC-PAS TSTS partners

The dRPC-PAS partners (see table below), including the Women and Children Health Empowerment Foundation (WACHEF-PAS), the South Saharan Development Organization (SSDO-PAS), Society Of Gynaecology And Obstetrics Of Nigeria (SOGON-PAS) and the Pharmaceutical Society of Nigeria (PSN-PAS), were well-known authorities in the reproductive health field in Nigeria. They are respected leaders in civil society and professional associations who have combined their extensive knowledge and expertise to tackle some of the challenges in the field. The partnership between these groups was expected to result in a successful outcome for the project and offer significant contributions to the field.

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

⁵ [Healthcare personnel shortage: Task Shifting, Task Sharing policy to the rescue – Daily Nigerian](#)

How the dRPC created an enabling environment

Creating an environment that is conducive to success is crucial for the implementation of policies and interventions. Furthermore, the sustainability of these policies and interventions depends heavily on the continuity of that enabling environment. The dRPC has earned a reputation for itself by creating an environment enabling sustainable development in Nigeria. The following section will explore how dRPC has achieved this remarkable feat in the TSTS policy landscape.

Channeling support for the review and launch of the updated TSTS policy by the FMoH

Policy support is crucial for the successful implementation of any program or initiative. Policies provide a framework for action and guide decision-making processes. Regarding the TSTS policy for Family Planning in Nigeria, having policy support was



Stakeholders Meeting For The Review Of The 2014 Task Shifting & Task Sharing Policy Of Essential Health Care Services In Nigeria 27th August 2018

critical to expanding access to essential health services through the lower cadre of workers, including FP commodities and services. Without policy support, it would have been challenging for the government to revise and validate policies and develop an operational plan to enable CPs and PPMVs in Nigeria to offer LARC.

Implementing the Operational Plan required the development of a standard operating procedure (SOP) based on the 2014 Task-Shifting and Task-Sharing (TSTS) for Essential Health Care Services in Nigeria Policy. To support this process, PAS partner PSN-PAS collaborated with other partners under the supervision of the Department of Reproductive Health of the Federal Ministry of Health (FMoH) to review the TSTS policy document. Additionally, dRPC-PAS supported the printing process of the TSTS policy document and Standard Operating Procedure guidelines, which were available for subnational dissemination and policy diffusion.

The TSTS policy was updated, revised, reviewed, and validated on November 19, 2018, and launched nationally in April 2019 for subnational-level adoption. To ensure a smooth adoption process at the state level, PAS partners supported the FP and RH coordinators from the focal states of PAS (Anambra, Enugu, Rivers, and Taraba states) to attend the policy launch by the FMoH in Abuja. This enabled them to understand the process and

create an enabling environment, which was the first step to mobilizing the states to domesticate the policy.



The official launch of the Task Shifting, Task Sharing Policy by the Hon. Minister of Health, Prof Isaac Adewole, 23rd April 2019

Supporting the adoption and scale-up of the subcutaneous depot medroxyprogesterone acetate self-injection (DMPA-SC-SI) (aka Sayana Press)

DMPA-SC self-injection was introduced in 2015 by DKT (a nonprofit organization specializing in contraceptive social marketing) to the contraceptive method mix in Nigeria – first through private sector providers via social marketing and later through public sector providers in late 2016⁶. DMPA-SC provided a more accessible alternative for CPs and PPMVs with minimal training to administer expanded contraceptive services. It was essential to integrate into the medicines list and scale up DMPA SC SI in Nigeria because it was a highly effective and convenient contraceptive method that could help reduce unintended pregnancies and maternal mortality rates. DMPA SC SI, or Depo-Provera, is a long-acting and reversible contraceptive that is administered through injection and can protect against pregnancy for up to three months. This method is particularly beneficial for women who may have difficulty accessing other forms of contraception or who may have trouble remembering to take a daily pill. Additionally, scaling up DMPA SC SI had the potential to help address the unmet need for family planning services in Nigeria, where many women lack access to reproductive healthcare. By expanding access to this method, the government and healthcare providers can empower women to make informed decisions about their reproductive health and improve maternal and child health outcomes in the country.

This scale-up program was part of the IntegratE consortium process with the dRPC-PAS supported. Through the facilitation of PSN-PAS, the National Drug Formulary (NDF/EDL) Review Committee unanimously approved the inclusion of this medicine following presentations made by PSN-PAS to the expert committee. Presentations to include

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6197840/>

DMPA-SC had been made to the expert committee but were turned down on insufficient evidence in the previous year by other partners. Making this achievement even more outstanding. Another document that was reviewed to include this critical sector is the National Guidelines for the Introduction and Scale-up of DMPA-SC Self-Injection. The Honourable Minister of Health launched and disseminated these and other documents in April 2019.

The Strengthening Of The National Treatment Guidelines To Expand FP Services To The CPs And PPMVs

The treatment guidelines (National Drug Formulary and Essential Medicines List) provide the approved list of medicines different cadre of health workers can and should handle in different health settings. LARC was not part of the PPMV list. Hence, strengthening treatment guidelines to enable CPs and PPMVs to stock LARC was crucial for successfully implementing the TSTS policy for family planning in Nigeria. This is because the availability of LARC commodities in the private sector, particularly in underserved areas, will increase access to FP services and reduce the high mortality rates in the country. It is also important to note that including LARC in the treatment guidelines will ensure the lower cadre of workers is properly trained and equipped to provide expanded FP services. Overall, strengthening treatment guidelines will provide a framework for action and guide decision-making processes, contributing to the successful implementation of the TSTS policy.



***The PSN-PAS making presentations to the NDF/EDL Review Committee justifying DMPA-SC at their Quarterly Meeting
18th September 2018***

The PSN-PAS project supported the National Treatment Guidelines Review Committee of FMOH, domiciled in the Food & Drugs Services Department, to convene two review meetings in 2018. The first and most important meeting was held on Thursday, 8th March 2018, and Friday, 9th March 2018, at the Airport Hotel, Ikeja Lagos State. Following this, Approval for the re-presentation 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 supporting this process. The DMPA-SC was successfully included in the NSTG and NEML guidelines, enabling the expansion of services for the CPs and PPMVs.



One-Day Sensitization And Dissemination Workshop Of The Nigeria Standard Treatment Guidelines And Nigeria Essential Medicines List To The Hon Minister of Health, Dr Osagie Ehanire, and the Top Management Of The Federal Ministry Of Health And Agencies 20th January 2020

The acquisition of waivers from the states to train pilot groups.

Given that PPMVs didn't have the required training and skills to administer LARC before the policy adoption that allowed them to deliver these expanded FP services, providing them with the necessary skills was essential. For this process, the IntegratE project implemented by the Society for Family Health (SFH) commenced as proof that CPs and PPMVs can safely deliver LARC if trained. For this purpose, a cohort of CPs and PPMVs were identified as pilots in Lagos and Kaduna.

The dRPC-PAS recognized the importance of acquiring waivers to train CPs and PPMVs on LARC. As part of its efforts to create an enabling environment for the implementation of the TSTS policy for family planning and the proof of concept for the SFH IntegratE project, the dRPC-PAS worked to address the challenge. By acquiring waivers from the Kaduna and Lagos state Ministries of Health, the dRPC-PAS was able to enable the SFH IntegratE project to commence the training of the pilot CPs and PPMVs on LARC, which improved their capacity to offer expanded FP services. This training was crucial to successfully implementing the TSTS policy and increasing access to essential health services through the lower cadre of workers, including FP commodities and services.

PSN-PAS conducted a strategic advocacy visit to the Director of Food & Drugs Services (F&DS) in Abuja on Thursday, 10th May 2018, to secure buy-in. It was strategic because the F&DS department oversees the activities of NAFDAC and PCN. The meeting led to the F&DS directive for the Pharmacy Council of Nigeria (PCN) to support the CPs & PPMVs pilot project waivers to Lagos & Kaduna SMOH.

The PCN issued the waiver/approval letters on Friday, 29th June 2018, and Tuesday, 9th October 2018⁷. The Kaduna State Pharmaceutical Inspectorate Committee 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, 23rd July 2018. The Lagos State Ministry of Health (LSMOH) issued the waiver/approval letter on Wednesday, 03rd October 2018.

In Anambra and Enugu states, PAS partner SSDO-PAS conducted advocacy to the state's Ministry of Health to obtain a waiver from the government and regulatory agencies to allow selected CPs and PPMVs to provide expanded FP services (25 October 2018). This was granted. In Taraba state, PAS partner WACHEF-PAS also obtained waivers.

Supporting 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 three 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 hence, the assumption that all PPMVs have the same capacity may be flawed; this provided a basis for the tiered accreditation system. Tier 1 is for those with some form of certification but no knowledge of health, tier 2 is for those who know about health (e.g., nurses), and tier 3 is for pharmacy technicians trained by Pharmacists in a pharmacy institution.

PSN-PAS provided support for the PCN by organizing the “draft and review” workshops on the 27th of March 2019 and 8th of 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 APML⁸.

The PCN presented the resulting APML draft to the EML review committee (the Minister of Health constituted this committee). The EML review committee, in turn, approved and adopted this draft. The Minister of Health launched this document on the 20th of January 2020.

The support for states to domesticate the TSTS policy.

dRPC-PAS, through her partners SSDO-PAS and WACHEF-PAS, supported Anambra and Taraba states in domesticating the TSTS policy. Through advocacy, four technical meetings, and policy dialogues with the various state Ministries of Health, PAS partner WACHEF-PAS successfully supported Taraba state in domesticating the TSTS policy in

⁷ [Council promises to review curriculum for Pharmacists, others - Vanguard News \(vanguardngr.com\)](#)

⁸ [PSN reverses self, endorses proposed TASI The Guardian Nigeria News - Nigeria and World News – Nigeria – The Guardian Nigeria News - Nigeria and World News](#)

December 2019⁹. SSDO-PAS, on the other hand, successfully supported Anambra state in launching the TSTS policy on the 25th of February, 2020¹⁰.



Domestication of the Task Shifting and Task Sharing policy in Taraba state (R) 12/2019 and Anambra state (L) 25/02/2020.

Conclusion

In Nigeria, implementing the TSTS policy for FP has provided a crucial opportunity to enhance access to essential healthcare services through lower-level healthcare workers, including FP commodities and services. The dRPC-PAS partners, by advocating for the TSTS policy and creating an enabling environment for policy implementation, have played a significant role in improving access to FP commodities as essential health services to reduce Nigeria's high mortality rates. The partnership between dRPC and PAS partners will continue to contribute significantly to Nigeria's reproductive health field.

⁹ [Taraba to domesticate TSTS policy to bridge manpower shortage in health sector - Vanguard News \(vanguardngr.com\)](https://www.vanguardngr.com/2019/12/taraba-to-domesticate-tsts-policy-to-bridge-manpower-shortage-in-health-sector/)

¹⁰ <https://www.anambra.gov.ng/news?r=health-ministry-partners-south-saharan-development-organisation-launches-tsts-policy-document&hs=ef745a4c4131467fb14d6a3d8739976d>