VillageReach

PROBLEM
Malawi is experiencing an acute crisis in drug procurement and distribution and a shortage of pharmaceutical staff. This means that stock-outs of essential medicines are common, particularly in rural areas. As a result of lack of access to medicine and other health system challenges, the mortality rate for children under five in Malawi is 112 per 1,000. This is 10 times higher than in the United States and other developed nations.

OPPORTUNITY
In resource-limited settings like Malawi, improving access to medicines can directly result in saved lives. One approach that has a measurable impact is to train and place dedicated staff to assist medical officers in rural public health facilities. Training a cadre of Pharmacy Assistants with the skills to manage medical logistics will ensure that pharmaceutical supplies are properly inventoried, stocked, and requested from district health teams. In addition, having qualified pharmacy personnel dispensing medications will ensure that patients receive the appropriate medications and counseling.

OUR PARTNER
Barr’s lead partner in this work is VillageReach, which is coordinating efforts with the Malawian Ministry of Health, the Malawi College of Health Science, and the University of Washington Global Medicines Program to launch a Pharmacy Assistant program. Established in 2001, VillageReach develops and improves logistics systems that optimize performance at the point of service. This is also known as the “last mile” of medical care, where infrastructure and resource constraints typically present the greatest barriers. VillageReach systems are now measurably improving outcomes for women and children in sub-Saharan Africa.

BARR ENGAGEMENT
In 2012, Barr provided $1.5 million over three years for VillageReach to develop and launch an innovative certificate-level training program for 150 Pharmacy Assistants with the Malawi College of Health Sciences. At the conclusion of their training, these Pharmacy Assistants will be deployed to rural public health clinics in districts throughout Malawi, where they will improve access to and availability of essential medicines. This represents 25% of rural public health posts in the country.

EXPECTED OUTCOMES
• 1,200 lives saved
• Improved pharmaceutical human resource capacity in Malawi’s public health sector (150 Pharmacy Assistants trained and deployed to 150 rural health facilities)
• Improved functioning of health facility drug distribution (reduction in incidents of stock-outs of essential medicines)
• Serves as a model for roll-out to complete training of 450 additional Pharmacy Assistants

VILLAGEREACH GRANT FACTS
- Award date: June 2012
- Amount: $1.5 Million
- Project Budget: $2.2 Million
- Term: 3 Years
- Area covered: Mzimba South, Karonga, Rhumpi, Nkhata Bay, Nkhotakota, Dowa, Ntchisi, Salima, Machinga, Thyolo, Mulanje, and Lilongwe District in the country of Malawi
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MALAWI
PROGRESS TO DATE

In the first year, our partners have

• Enhanced the Pharmacy Assistant curriculum in collaboration with Malawi College of Health Science and University of Washington’s Global Medicines Program to emphasize practical learning

• Identified 12 districts and sites for Pharmacy Assistant placements and developed practical training support tools

• Recruited and selected the first cohort of 50 Pharmacy Assistants, who began their training in March, 2013

• Deployed 25 Pharmacy Assistants in 12 practicum sites at district hospitals to undergo five months of practical training

• Secured new donor investments for 60 additional Pharmacy Assistant trainees

• Designed an evaluation to determine potential impact of this supply chain strengthening program on morbidity and mortality due to malaria, pneumonia, and diarrhea among children under five years of age

“We have 640 health centers in the country with no trained pharmacy staff to handle issues of drugs and medical supplies management.”

— MR. GODFREY KADEWELE, DEPUTY DIRECTOR, PHARMACEUTICAL SERVICES AT THE MINISTRY OF HEALTH, GOVERNMENT OF MALAWI