Technology Strategy for BPMI: Brief Report on Interviews

Management Sciences for Health, Inc. (MSH) awarded HK consulting ltd (HKCL) a contract to develop a technology strategy that will enhance DGDA and PCB's ability to introduce, regulate and sustain the BPMI program. The contract came into effect on 6 April 2016.

One of the deliverables of the contract is to provide report on key informant interviews by May 18, 2016. HKCL conducted series of interviews with key informants. The Managing Director was also present in a number of meetings held with BCDS and BAPI at their office. He also participated at the Standard Finalization Workshop held on 17 May 2016 at DGDA Headquarters.

Meeting with DGDA

Met with the following officials in the DGDA headquarters on 4 May 2016:

1. Mr. Golam Kibria Director, DGDA (functioning as Acting DG as DG is abroad)
2. Mr. Ruhul Amin, Director, DGDA
3. Mr. Sukorno Ahmed, Assistant Director, DGDA

Dr. Ifthakar Hassan Khan, Consultant, MSH accompanied me.

The objective of the meeting was to understand the DGDA's readiness to employ computerized solutions. These solutions would be used for providing specialized services to the pharmacies brought under Standard I or II of proposed Bangladesh Pharmacy Model Initiative (BPMI). A draft document on proposed model (Level II) was made available to the consultant. The meeting was exploratory in nature.

The meeting focused on relevant infrastructural issues and organizational or technical capacities of the DGDA. We sought to explore the availability of human resources with ICT background/skills. It was revealed that there is no Management Information System (MIS) in place in DGDA. There is no dedicated manpower for performing such jobs. However, DGDA generates daily and monthly data on some key performance areas. It emerged from the discussions that:

- The DGDA have been making lots of information available to the public through its website (www.dgda.gov.bd). Databases could be accessed from the site to know about registered drugs, registered pharmacies, pharmaceutical companies etc. It is accessible to public and open to all stakeholders. Annual Reports and information on applications procedures are also available. The website received hits over 2000 a day
- Human Resources: The DGDA has only one position of Assistant Programmer. This position has not yet been filled up. The Public Service Commission (which handles all government recruitments) has been requested to fill the position.
- DGDA headquarters collect reports of daily activities of field offices (districts). District offices send data by email. The emails are used to produce a daily report which is done manually and very time consuming. One officer of DGDA is responsible for this. As is evident, it is a mixture of both electronic and manual system.

Award

DGDA has been awarded an amount of Taka 15 lakhs (about US$20,000/-) for a project of innovative nature by the Access to Information (a2i) project of Prime Minister's Office. The award money would be utilized to develop a computerized solution. The solution would allow anyone to report about counterfeit drugs and also if drugs are sold above the approved retail market price.

Another ongoing initiative is to improve services. They are working on SPS which means Service Process Simplification - an initiative of a2I of Prime Minister's Office. The process of registration could be brought under this system. It will result in savings in time, cost and visit (TCV seeks improvement in terms of these three parameters). The service seeker would be able to apply for registration or renewal online and also submit particulars of payment (Treasury Challans which are used for depositing money against such services are now possible to verify online). This could bring significant improvement in the processing of registration of pharmacies.

Other Forward looking strategies

Other ideas that emerged from the meeting were:

- Use the DGDA website for creating awareness about rational use of drugs in order to tackle the issue of anti microbial resistance. Content could be developed for such initiative in both English and Bengali language (like FAQs). Most of the contents of the DGDA website are in English.
- DGDA would need support for managing Common Technical Documents (CTD) and Pharmadex which rely on online data entry.
- DGDA is going to participate in the NSW (national Single Window). The NSW is an initiative of National Board of Revenue (NBR) and is being implemented under a project supported by the World Bank. It would allow the DGDA to monitor raw materials import. Usually, the DGDA approves import proposal in bulk. The importers may import those in separate installments which becomes difficult for the DGDA to monitor. Some seepage might occur. NSW would allow the DGDA to keep tab on actual volume of imports against a specific approval letter. Such monitoring is useful for ensuring that such raw materials are used by the authorized users and not enter the wholesale market.

Pharmacy Council of Bangladesh (PCB)

The Interview took place in the office of PCB. Mr. Khokan Kumar Saha, Secretary, Pharmacy Council of Bangladesh (PCB) was present. Dr. Ifthakar Hassan Khan, Senior Technical Advisor -DGDA, MSH was also present along with Technical Advisors of ADS.

PCB is responsible for maintaining standards of pharmacy education and practice in the country. It is an autonomous organization under the Ministry of Health and Family Welfare. Its principal policy making body is the Council which is headed by the Secretary, MOHFW. It emerged from the meeting that

- There are 12 government and 22 private universities (altogether 34) that are providing degree education to about 3000 pharmacy graduates. For B category pharmacist, the maximum could be 500. Prospects of jobs for the B category pharmacist are low in market.

- The PCB maintains registers of A, B and C grade pharmacists.
- PCB website (www.pcb.gov.bd) hosts a searchable database of pharmacy professionals based of A, B and C categories.
- A total of 62,473 C grade pharmacists are working in the pharmacies. 10,239 B-grade pharmacists are employed in public and private hospitals. Grade pharmacists are serving in the pharmaceutical companies.
- C grade pharmacists are trained by jointly by BCDS and BPS. The examination is taken by PCB. Question papers are set by university teachers. The PCB is losing a significant amount of revenue because of organizational crisis in the BCDS (discussed separately later).

Though the PCB is responsible for pharmacy education, it has no linkage with a major stream of educational institutions offering diploma pharmacy courses under the Bangladesh Technical Education Board (BTEB) under the Ministry of Education. It is therefore appropriate that this issue be resolved. But there seems to be no signs of compromise between the organizations. The MOHFW was working on a proposal of creating a Paramedical Board that would provide diplomas. But no progress has been made on this subject. The main opposition of the PCB against the coursed approved by BTEB is that students without any science background at the secondary or higher secondary level could get admission into their courses. PCB wants that only students with science background should be enrolled in such courses.

Bangladesh Chemist and Druggists Samity (BCDS)

This meeting was organized by MSH to interact with the leaders of Bangladesh Chemist and Druggists Samity (BCDS) (Samity means Association) on 10 May 2016. Actually, the tenure of the last elected body of the BCDS expired long 2 years ago. There was as injunction on election from the Court which was initially imposed for 6 months. The case was not disposed and the committee continued to work on the strength of that injunction. However, it went to the Ministry of Commerce which looks after the trade bodied. The Ministry of Commerce appointed an Administrator, whose main task was to conduct election of this trade body. An administrator is a government employee and could only remain in the position for 6 months. Two successive Administrators were appointed who could not complete the election. So there is no central body of BCDS. For designing the ADS strategy, both the factions were consulted. However, it was learned that district level committees of the BCDS were working.

In the meeting, Dr. Romuald Mbwasi, Consultant, ADS program and Mr. Jafary Hasan Liana, Pharmaceutical Specialist, Consultant ADS Program presented the proposed standards.

In the meeting the following persons were present:

1. Mohammed Abdul Hai.
2. Mr. Golam Sarwar, Proprietor, Ramna Pharmacy, Moghbazar, Dhaka
3. Mr. Shafiuddin Ahmed.
4. Anwar Hossain Mridha, Managing Pharmacy, Tamanna Pharmacy
5. Golam Mostafa Farajee, Managing Partner, Lavendar Pharmacy

The BCDS representatives observed that

- Drug shops are everywhere in Bangladesh and some of those do not have proper licenses.

- There are infrastructural weaknesses in the pharmacies. Some do not have any refrigerator, though they are selling drugs that should be put in refrigerator.
- There is a lack of regulation or its failure. Inspections are hardly carried out.
- BCDS is involved in training of C grade pharmacists.
- For obtaining license the certificate of a pharmacist is required. But such pharmacists may leave the pharmacy and join a new place. So there should be some discipline in order to ensure the continuity of the pharmacist.
- One registration certificate could be used for obtaining the licenses of 10 pharmacies (sometimes using photocopies)
- Law allows the shop-owner or his/her son/daughter with a license to set up a pharmacy.
- There are differences in the standards of pharmacies located in different areas even within the same city. In many countries standards are similar across the country.
- There is lack of awareness as well as guidelines.
- It is necessary to look at the role of the doctors and manufacturers in selling of drugs. It has been observed that Medical Representatives (MR) of the pharmaceutical companies follow sales as well as order/inventories of the pharmacies. They also visit doctors to promote their products.
- The hospital pharmacies are adding service charges to the retail price of the medicines, which is not proper.
- They are agreeable to reforms, but reforms should be carried out in stages by enlisting the support of the traders.
- The BCDS has always taken strong position for discipline in the pharmaceutical market. In 2013 urged the government
  - to ensure that drugs are sold ad market retail price (MRP).
  - to take against counterfeit drugs.
  - to stop selling unregistered product in the pharmacies.
  - to shut down unlicensed pharmacies.

Interaction with DGHS

I met Professor Abul Kalam Azad, Additional Director General (Administration) and Director (MIS), DGHS on 12 May 2016. The following issues emerged:

- There is no approved eHealth Strategy for Bangladesh. A consultant prepared a document which was supposed to be finalized after stakeholder consultation. The Stakeholder consultation could not be done due to situation beyond the control of the consultant. It is possible to finalize the document by giving some extra input, especially by holding stakeholders participation.
- The DGHS is assisting the DGDA to use DHIS2 platform. The programmers are working to generate monthly reporting formats used by the DGDA, especially daily reporting and monthly MIS data (Actually, I collected formats they were using for designing dataset for the DGDA).
- The DGHS should be able to support the DGDA in some MIS functions and would also make its resources available to the DGDA (data center etc).

It was felt that further meeting would have to be carried out to understand the activities under DHIS2.

I also held a separate session with Mr. Jafary Hasan Liana, Pharmaceutical Specialist, Consultant ADS Program on the Met Jafary Liana at MSH to discuss about the ongoing

Meeting with BAPI

The meeting with Bangladesh Association of Pharmaceutical Industries (BAPI) was organized on 12 May at BAPI office, Gulshan, Dhaka. The following were present:

1. Mr. S M Shafiuzzaman, Secretary General, BAPI
2. Mr. Md. Harunur Rashid, Chairman, Globe Pharmaceuticals Ltd.
3. Mr. Mojibul Islam Panna, Managing Director, Amico Laboratories Ltd.
4. Mr. Mohibuzzaman, Managing Director and COO, ACI Pharmaceuticals Ltd.
5. Dr. Anwarul Azim, Managing Director, Biopharma
6. Dr. Zakir Hossain, Managing Director, Delta Pharma

Mr. Abu Taher, General Manager of BAPI was also present.

Mr. S. M. Shafiuzzaman made initial remarks and it transpired that:

- 251 licenses have been issued, against which only 73 are in operation.
- Local pharmaceutical industries are meeting almost entire local demand of the country.
- Pharmaceuticals produced in Bangladesh are being exported to 117 countries.
- 2 companies have been recognized by USFDA and would start export to USA shortly. This entry to developed country markets is very important for the Bangladesh pharmaceutical sector.
- In terms of medical devices manufacturing, one industry is now operating. 5 more are likely to start operation.
- The industry has good pool of human resources; all Multinational Companies are headed by Bangladeshi nationals.
- There was shortage of pharmacist in the past, but not now. Country educational systems are producing graduates in abundant number.

During discussion other members of BAPI also took part. It was opined that some caution should be exercised while introducing new pilots. It must be ensured that availability of drugs is not compromised and services must continue. It was also recognized that the preference of customers are heeded to in many cases. In rural areas, situation may not be good.

However, overall the tone of the meeting was positive and the members of the strong industry body involved in manufacturing of medicine voiced support for the BPMI initiative.

Participation in the Standard Finalization Workshop

On 17 May, 2016 a meeting was organized in the DGDA conference Room to finalize the BPMI standards. It was a large group meeting and representatives of all stakeholders were present. The meeting learned about the proposed standards. There was wide agreement on going ahead with the
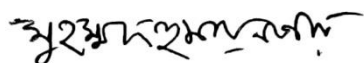
introduction of proposed standards in Bangladesh. The DGDA seemed confident of implementing the recommendations and agreed to begin with pilots first and showed some urgency to start the pilot.

Skype Call with Jacob Mtalitinya of ITIDO

The Skype call took place on 17 May 2016. The purpose was to get ideas about the extent of coverage of technology and mobile money systems in Tanzania. ITIDO (stands for Invention and Technological Ideas Development Organization) has implemented technological solutions in one region on pilot basis. It emerged that

- Before starting the pilot, the ITIDO aimed at exploratory studies. They looked at mobile penetration of the country especially in the ADDOs.
- They also did willingness studies to understand the likelihood of participation by the drug shop owners in mobile money platform.
- It was decided that no new purchase of hardware would be imposed on the owners. Accordingly, solutions were developed for basic or feature phones. Smart phones were not considered because owners had no access to them.
- They designed a strategy on introducing the solutions that included a web based database, mobile payment through m-Pesa and a window for providing information to the dispensers.
- They put priority on mobile payment as collection of revenues for the Pharmacy Council seemed of utmost importance.
- The pilot was conducted in one region having 6 districts with about 600-900 shops.
- Information was made available through mobile platforms.
- Registration database was created from an excel file. No input was sought from the users.
- They also used geo code to identify the locations of the ADDOs. The shops are also given unique registration numbers.
- The system includes a web database accessible to the Pharmacy Council of Tanzania. Actually this is now managed by the PCT.
- The sustainability of the system has been ensured. Relevant personnel have been trained for using the system. ITIDO only provide support, if needed.
- Java, PHP and MYSQL were used to develop the system.
- Rolling out the technology to other areas require resources for training, travel etc. The training can now be carried out by local officials.

In this report, the results of key informant interviews have been described. It may be necessary to have further interviews as well as meeting with other informants for completing the study.

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