Case Study of the Pfizer Global Health Fellows Work with PharmAccess to Improve Access to Quality Medicines in Tanzania; Achieving Universal Coverage Through Corporate Volunteering

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Introduction
The World Health Organization (WHO) defines universal health coverage (UHC) as “access to key promotive, preventive, curative and rehabilitative health interventions for all at an affordable cost, thereby achieving equity in access.” Beyond the provision of affordable services, UHC also requires the delivery of adequately regulated quality and effective health services. The Forum for Universal Health Care Coverage held in Mexico City identifies access to affordable, quality, safe and effective medicines as an important element of achieving UHC. This is in concord with Millennium Development Goal (MDG) 8E that seeks to provide access to affordable essential medicines in developing countries in cooperation with pharmaceutical companies.

This case study documents the technical assistance provided by corporate volunteers from the Pfizer Global Health Fellows (GHF) Program to PharmAccess, an international not-for-profit organization, in improving access to quality and affordable medicines in Tanzania. The purpose of this case study is to understand the role of corporate volunteers toward achieving UHC. This case also aims to harness lessons from the GHF-PharmAccess partnership to guide similar partnerships and stakeholders working to improve health systems.

The Pfizer Global Health Fellows Program
The GHF Program sends Pfizer employees on three- to six-month fellowships with international organizations working in the health sector. Pfizer pays Fellows their normal salary and benefits while on assignment. The local partners provide the Fellows with a scope of work and help them to integrate into the local team as well as adjust to life in a new place and culture, e.g., arranging for housing, etc. The goal of the GHF is to improve the delivery of health services among populations in need. To achieve this, Fellows work with Partner institutions in strengthening supply chains, developing business functions and scaling up effective health care interventions. Fellows transfer their professional medical and business expertise in ways that promote access to quality and effective health services for people in greatest need. More than 300 Pfizer Fellows from approximately 25 Pfizer sites around the world have worked in about 45 countries within the past 10 years.

PharmAccess Foundation
PharmAccess works with private and public partners to establish and improve financing mechanisms and quality standards for health facilities to strengthen health systems in sub-Saharan Africa. PharmAccess also supports the development of insurance schemes, private investments in health and operational research. One of PharmAccess’s programs is the Medical Credit Fund (MCF) that works with private healthcare facilities to strengthen their business planning skills and administrative capacity and improve the quality of medical services. The MCF cooperates with local banks to lend to these small and medium scale health facilities to invest in their quality. In addition to the MCF, PharmAccess, in collaboration with the Council for Health Services Accreditation in Southern Africa and the Joint Commission International USA, established the SafeCare initiative that aims to improve the quality standards and support the certification of primary and community health facilities, district hospitals, mobile health facilities and health posts. The Association of Private Health Facilities in Tanzania (APHFTA) has a Quality Improvement Program that uses the grading standards of SafeCare. The MCF and SafeCare programs complement each other; while the MCF only works with private providers, SafeCare works with both public and private health care providers.

To make quality services available to patients at affordable cost, PharmAccess collaborated with private-sector corporations and the Dutch government to found the Health Insurance Fund (HIF). The HIF works with local partners to implement voluntary private health insurance schemes to protect low-income families from health-related risks and high out-of-pocket expenditure on health care. By the end of 2012 the HIF had established community-based health insurance schemes covering over 100,000 people in Kenya, Mozambique, Namibia, Nigeria and Tanzania. Facilities providing health insurance under the HIF program are enrolled in the quality improvement program of SafeCare. This is to ensure that patients covered by the HIF schemes receive not only affordable services but quality care as well.

Furthermore, PharmAccess, together with a number of investors, established a private equity fund to support small and medium-size equity investments in private healthcare companies in Africa. Pfizer is one of the eight investors in this 50 million Euro fund that is called the Investment Fund for Health in Africa (IFHA).

In summary, PharmAccess contributes to the achievement of UHC through a number of collaborations with public and private sectors in Tanzania and other African countries. These collaborations have yielded instruments including the MCF and IFHA that provide technical assistance and financial capital for the expansion of health facilities; SafeCare to improve the quality of services provided by health facilities; and HIF to ensure that the quality and reliable services provided by these facilities are affordable to low income families.
The Supply Chain of Medicines in Tanzania
The delivery of pharmaceutical services in Tanzania is carried out mainly by hospitals, clinics and dispensaries, stand-alone pharmacies (SAPs) and accredited drug-dispensing outlets (ADDOs). Further up the ladder of the pharmaceutical supply chain are pharmaceutical manufacturers, importers, distributors and wholesalers. ADDOs sell over-the-counter (OTC) medicines and a limited number of prescription drugs and do not require a pharmacist to be on the premises. SAPs can serve both OTC medicines and all prescription medicines and require a pharmacist to be on their premises. SAPs are concentrated in urban areas whereas ADDOs serve areas that have limited or no pharmacies, mostly in rural areas. In addition to inadequate capital, SAPs and ADDOs (especially the latter) also lack technical and administrative skills such as stock management, inventory control, quality control and financial management that are needed to deliver quality services. The lack of these skills results in frequent stock-outs, inability to access loans, and the provision of low-quality pharmaceutical care. The Tanzanian Food and Drugs Administration (TFDA) and the Pharmacy Council regulate these ADDOs and SAPs and the provision of pharmaceutical services in the country. These regulatory institutions have worked with stakeholders such as PharmAccess and Management Sciences for Health (MSH), a US based nongovernmental organization, to improve the quality of pharmaceutical services delivered in the country.

Methodology for Developing the Case Study
We collected data by reviewing the responsibilities assigned to the Fellows, Fellows’ blog posts and online essays, program deliverables, and postassignment evaluation survey responses from the Fellows and PharmAccess. We also reviewed the reports submitted by the Fellows and had follow-up telephone interviews with all the three Fellows and the Product Development Manager of PharmAccess. Data from these sources was analyzed using qualitative research software NVivo 10 QSR.

The Work of the Fellows and the GHF-PharmAccess Partnership
In 2012 three Pfizer employees, were posted to Tanzania for six months, each to work with PharmAccess to strengthen the medicines supply chain in the country. The Fellows worked mainly in Dar es Salam and the rural regions of Moshi, Pwani, Ruvuma, and Songea. These areas were selected in consultation with PharmAccess’s partner APHFTA. Preference was given to rural areas and areas in which PharmAccess operates.

The goal of the GHF-PharmAccess partnership was for the Pfizer Fellows to offer their expertise in developing quality assurance and financing systems for ADDOs, SAPs and clinic pharmacies to strengthen the medicines supply chain and improve access to quality pharmaceutical care.

The responsibilities of each Fellow and their area of expertise are summarized in Table 1.

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<tr>
<th>Fellow</th>
<th>Area of expertise</th>
<th>Responsibilities</th>
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<tr>
<td>Fellow A</td>
<td>Over nine years experience working with Pfizer in business planning and quality and performance management</td>
<td>Perform a stakeholder analysis and develop an information resource on the regulatory framework of SAPs and ADDOs.</td>
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<td>Determine a cost-effective system for monitoring quality improvement indicators for ADDOs and SAPs.</td>
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<td>Fellow B</td>
<td>Over 16 years experience (seven years with Pfizer and Wyeth Pharmaceuticals) in finance with the pharmaceutical industry</td>
<td>Assess the financial situation and financial needs of medicine outlets in Tanzania and develop a tool kit for performing this needs assessment in other countries.</td>
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<td>Develop a suitable financing model (which can be replicated in different regions of Tanzania and similar countries) to address the financial needs of ADDOs and SAPs.</td>
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<td>Fellow C</td>
<td>Over 15 years experience (12 years with Pfizer) in quality assurance in a variety of countries including China, Japan, Korea, India, European Union, etc.</td>
<td>Assess the local capacity of institutions in Tanzania to determine the quality of drugs (eg, laboratories, point-of-care testing and availability of expertise). Develop quality standards for medicine outlets and pharmacies in alignment with PharmAccess SafeCare standards for clinical settings.</td>
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The Fellows conducted desk and field research on existing medicine supply chain regulations, practices, and stakeholders. The field research involved interviews and observation of ADDOs, SAPs and clinics, focusing on their administrative and financial capacity, stock management and quality control systems. They also had informational interviews with other important stakeholders such as MSH, TFDA, and financial institutions (which used to fund ADDOs but no longer do), the Ministry of Health and Social Welfare, Muhimbili University, (which hosts the laboratory for testing drugs in the country), and William Davidson Institute (a US-based research institution focused on pharmaceutical supply chains). Based on their findings, the Fellows developed recommendations and tools for financing and improving the quality of medicines in drug outlets:

1. Toolkits for assessing the needs (financial and administrative) of the medicines supply chain;
2. A business model for a loan program for ADDOs and SAPs in collaboration with APHFTA and MCF;
3. Quality standards for drug outlets and pharmacies in alignment with existing SafeCare standards for clinical settings;
4. A tool for monitoring and improving quality standards within the existing regulatory framework in the country. This monitoring system has over 100 indicators covering leadership; management of human resources, information, risk, medication and facilities; and access to care and patient rights;
5. A model to monitor remotely the performance of facilities using mobile phone technology (using frontline SMS, a free and open source mobile technology software);

Impact of the partnership on PharmAccess as reported by Partner and Fellows

The research findings of the Fellows were disseminated to MCF and SafeCare programs of PharmAccess as well as other stakeholders such as MSH, pharmacies and the Amsterdam Institute for Global Health (University of Amsterdam). According to the Product Development Manager of PharmAccess, this information sharing resulted in an increased awareness of the challenges in ensuring universal access to medicines in Tanzania, and the perspective of the Fellows helped shape some of PharmAccess’s expectations. For example, PharmAccess was considering supporting quality testing of medicines in drug outlets. However, based on their situation analysis, the Fellows recommended that the quality testing at drug outlets was not feasible. This analysis corroborated some doubts PharmAccess staff also had. As noted by the Product Development Manager:

“The viewpoint of a company like Pfizer on the supply chain complements the scientific view we might have. Testing drug quality at drug outlets is not going to be an easy task.”

In the long term, PharmAccess explained the findings and tools developed by Fellows will guide the development of new programs to improve access to quality medicines. These new programs will include extending the Medical Credit Fund facility to SAPs.

Fellows described similar potential; the following is from Fellow A:

“There will be long term impacts … once a new round of Fellows implements the proposals. The ultimate goal would be for the communities to develop trust in the drug outlets serving them. Trust includes not just the quality of products but also the quality of care provided.”

PharmAccess also acknowledged the Fellows have contributed toward the delivery of quality universal health care and the Health Insurance Fund program by developing tools to assess and improve the quality of services delivered by health facilities:

“They work has helped us to further improve healthcare delivery. Medicines are an important component of healthcare and pharmacies and drug sellers play a crucial role in providing medicines. Designing a program to assess the quality of these facilities and helping them improve this quality contributes toward universal health care.”—PharmAccess Product Development Manager.

The work of the 2012 Global Health Fellows will not benefit Tanzania alone. The business model and quality improvement tools they developed will be used to design a loan product for health facilities in Kenya in 2013 and to implement the Africa Health Markets for Equity (AHME) program. PharmAccess is one of the implementing partners of AHME that was established in 2010 with the mission of increasing coverage of important health care interventions, including access to capital and quality improvement, among the poor. The AHME program is currently operating in Ghana, Kenya and Nigeria. Some of the standards developed by the Fellows were sent to these countries for feedback and possible adaptation and implementation in these countries. As one Fellow noted:
“The AHME program was rolled out as we were concluding our work. Our work would also hopefully form the basis of PharmAccess’ contribution to this program.”—Fellow A

Benefits to Pfizer and the Fellows
Fellow’s described their work with PharmAccess as a rare opportunity for corporate workers that had a great impact on their professional and personal lives. They reported the fellowship developed their leadership skills, broadened their knowledge of health services delivery in resource constrained countries, and enabled them to discover potentially new career portfolios. For example, Fellow C stated: “Post fellowship] I realized I would like a job where I will be based in the US but travel to work in Africa. I most definitely think if I had gone with my family, it would have been difficult for me to come back. It impacted not only my career but my personality.” Other quotes from Fellows reflecting on the professional impact participating in the GHF program had on them follow:

“I was responsible for developing a quality model to support a $60 million program funded by the Bill and Melinda Gates Foundation and Department for International Development for improving access to healthcare in Ghana, Kenya and Nigeria. From a leadership standpoint, this is by far the greatest leadership experience I’ve had.”—Fellow A

“Professionally, the assignment was demanding; no real market data to work with. This increased my capacity doing business analysis based on limited data.”—Fellow B

The work of the Fellows benefited Pfizer as well, especially in building the reputation of the company as illustrated in the following quotes:

“This program gives me an opportunity to talk about Pfizer as a community leader and not just a profit maker.”—Fellow A

“I served as a Pfizer ambassador during my Fellowship by building relationships and trust with key stakeholders, and otherwise promoting Pfizer's brand and reputation.”—Fellow A

Factors responsible for the success of the partnership
Preparation: Prior to leaving for Tanzania, the Fellows received an extensive orientation from Pfizer through a combination of live and online training, which included cultural sensitivity to prepare them for cultural differences they were likely to experience. In addition, the Fellows had orientation at PharmAccess’ headquarters in Amsterdam. While these opportunities were helpful, the Fellows agreed they would have also benefited from a more specific training on the in-country activities of PharmAccess. The Pfizer GHF program includes a mentoring component in which new Fellows can consult with former Fellows prior to their deployment. Some of the GHF partnerships have existed for as long as ten years, meaning that new Fellows can draw on the direct experience of alumni who worked with their organization and in some cases whose work they are continuing. The 2012 GHF PharmAccess Fellows were the first generation assigned to this new partnership. While their work set a foundation for 2013 and other possible future Fellows, they were not able to benefit from direct mentorship from previous PharmAccess Fellows; however, the two 2013 PharmAccess Fellows have been able to look to their predecessors for advice on what to expect and how best to prepare for their assignments.

Flexibility: Both the Fellows and their partner organization were flexible and willing to adjust their responsibilities and expectations during the fellowship. One of the Fellows was initially asked to develop a system for drug quality testing in ADDOs. When there was enough evidence from situational analysis that this would not be feasible, both PharmAccess and the Fellow adjusted their expectations and reoriented the assignment to focus on drug management by healthcare providers, something more immediately feasible and useful to PharmAccess.

Cooperation from stakeholders: As there are many stakeholders involved in the pharmaceutical supply chain, any program to be implemented requires the cooperation of parties and sectors to be successful. TFDA, MSH, APHFTA, Muhimbili University, the Ministry of Health and Social Welfare and providers were interested in benefiting from the expertise of the Fellows and willing to collaborate with them:

“The TFDA, local regional offices and district Medical Officers and ADDOs cooperated very well.”—Fellow B

“The stakeholders were extremely cooperative, because our counterparts appreciate our subject area and our ideas of improving quality in health systems and pharmaceutical supply chain.”—Fellow B
The role of these collaborating stakeholders, the support they provided to the Fellows and the benefit they received from their work are summarized here in Figure 1.

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<tr>
<th>Stakeholder</th>
<th>Support Provided</th>
<th>Benefit Received from Work</th>
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<tr>
<td><strong>TFDA</strong></td>
<td>• Regulates pharmaceuticals and pharmaceutical premises</td>
<td>• The quality standards and monitoring tools developed by Fellows will complement the work of the TFDA</td>
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<tr>
<td><strong>MOHSW</strong></td>
<td>• Government umbrella that oversees delivery of health services</td>
<td>• The work of the Fellows will complement their efforts</td>
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<tr>
<td><strong>Muhimbili University</strong></td>
<td>• Hosts the quality testing laboratory of the TFDA</td>
<td>• Interested in the delivery of quality pharmaceutical services</td>
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<tr>
<td><strong>APHFTA</strong></td>
<td>• Partner of MCF and SafeCare</td>
<td>• Want to extend loans to pharmacies using Fellows' business model</td>
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<tr>
<td><strong>MSH</strong></td>
<td>• Provides technical assistance to TFDA, eg, in setting up of ADDOs</td>
<td>• Fellows' work will complement MSH's support for ADDOs and SAPs</td>
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<td><strong>SAPs, ADDOs &amp; Clinics</strong></td>
<td>• Responded to surveys and granted interviews to Fellows</td>
<td>• Will benefit from quality standards and financing models developed by the Fellows</td>
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Integration with existing services and facilities: The Fellows designed their tools around already existing systems such as the SafeCare clinical standards, MCF, and the regulatory framework of the TFDA. This will encourage local ownership and ensure sustainability.

Long term commitment from partners: In 2013, Pfizer Global Health Fellows selected to partner with PharmAccess are continuing the work started by the 2012 Fellows. This continuity will ensure the partnership achieves the maximum impact possible. One Fellow, when asked about the role of future Fellows in the GHF-PharmAccess partnership, elaborated:

“Yes, absolutely. Six months was hardly enough time to develop and implement a program. Future Pfizer Fellows should be able to work on testing, modifying as needed and implementing the programs we developed.”—Fellow A

The Product Development Manager of PharmAccess also indicated the importance of this continuity: “This year's [2013] program will build on results of last year [2012].”
Challenges and Lessons Learned from the Partnership

Managing the partnership presented extra administrative responsibilities for the PharmAccess offices in Tanzania and Amsterdam to coordinate the activities of Fellows. For example, the local PharmAccess office had limited time to assist a Fellow who had little experience with pharmacy practice to get started with his responsibilities. Additionally, the Fellows initially received conflicting information from multiple contacts at PharmAccess head office. PharmAccess later addressed this problem by designating one point of contact for the Fellows.

The assignments of the Fellows were structured as consulting exercises, something that the Fellows had to learn while doing their job. Furthermore it was later realized the assignment of one of the Fellows was not feasible and the scope of the assignment of this Fellow had to be changed.

Finally, the Fellows also faced the challenge of getting accurate data. Real-time data on the pharmaceutical market was unavailable. Though ADDOs and SAPs were willing to provide data, their information was incomplete.

“For example data reported for one week, one month and one year sales do not match. We had to engage respondents in a dialogue to determine exact figures as they do not have any records of sales.”—Fellow B.

Conclusion

Corporate volunteers can play valuable roles in strengthening health systems to achieve universal health care. The role of the pharmaceutical industry in achieving MDG 8E and UHC is not only limited to competitive pricing and the manufacture of quality medicines. Sharing their rich human resource capabilities with health care providers is another way to do this. Pfizer Global Health Fellows and PharmAccess overcame challenges and worked together to develop tools that have the potential to improve access to quality medicines in Tanzania and other African countries. The flexibility of these partners to adjust and adapt to new demands, cooperation from local and international stakeholders, adequate preparation and planning, and the foundation of already existing initiatives contributed to the successful first year of the GHF-PharmAccess partnership.

References

