# APPENDIX 1, Interview Guide

The interview guide contains closed questions related to the pharmacists’ functions in humanitarian aid, where replies are recorded by circling a pre-coded response category, Yes, No, NA, and if the reply is No or NA, the open verbatim response is expected. The guide contains open-ended questions too, about the competencies related to personal and organizational skills.

Data collection tool 1:

Interviewee: Pharmacist

Experience: at least 2 year and at least two different MSF missions/programs.

Professional data

The country a pharmacist degree is obtained from:

The highest degree obtained: .

Years of experience as a pharmacist: .

Years of experience as pharmacist working for a humanitarian organization:

Years of experience working with MFS: .

Number of missions/programs with MSF: .

List of programs for each country of humanitarian action in the table bellow

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| --- | --- | --- | --- | --- |
| Mission/program (list the projects/programs within each mission)  | Country of mission/program | The position held (field or coordination) | Type of program (emergency or long term) | Length of the assignment in the mission/program |
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Part A.

The bellow questionnaire is developed to clarify the main functions of pharmacist working in two different contexts: complex emergency and HIV/AIDS/TB

The questionnaire contains closed questions. The answers No and N/A will be further clarified by following open-ended questions:

Describe the barriers? What was the reason? What could be done to change? Tell more about it, etc.

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| Questionnaire common for both programs complex emergencies and HIV/AIDS and/or TB |
| 1. Did you implement systems for forecasting patient needs and demands, and contingency plans for shortages and discontinuations?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 2. Did you use epidemiological data on forecasting specialized needs?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 3. Did you ensure safe storage of medicines in an organized, systematic and secure manner and work with documented policies and procedures to implement an effective stock management and rotation system?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 4. Did you demonstrate an understanding of the legislative framework and requirements that govern the distribution of medicinal products including Good Distribution Practice (GDP)?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 5. Did you follow the WHO guidelines for Donations?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 6. Did you ensure that the preparation and administration of medicines are done respecting the international standard norms?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 7. Did you participate in directly observed therapy (DOT) programs in areas such as the management of drug addiction, HIV/AIDS, tuberculosis and sexually transmitted diseases?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 8. Did you ensure that appropriate facilities, trained personnel, standard dispensing practices and documentation procedures were in place in the pharmacy for the supply and dispensing of prescribed medicines and other health-care products?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 9. Did you ensure patient confidentiality at the point of dispensing medical products?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 10. Did you ensure that the patient receives and understands sufficient written and oral information to derive maximum benefit for the treatment?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 11. Did you ensure that recalled medical products, including medicines samples, are immediately stored separately for subsequent disposal and prevented from being available for further dispensing or distribution?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 12. Did you establish a safe way of medicines waste disposal at the hospital and/or community pharmacy so that patients and the public can be encouraged to return their expired or unwanted medicines and medical devices?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 13. Did you ensure the health management, disease prevention and healthy lifestyle behavior are incorporated into the patient assessment and care process?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 14. Did you acknowledge unique patient considerations such as education level, cultural beliefs, literacy, native language and physical and mental capacity in all individual patient assessments?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 15. Did you maintain access to an appropriate evidence base relating to the safe, rational and cost-effective use of medicines such as reference books on medicines, journals, national and WHO essential medicines lists and standard treatment guidelines?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 16. Did you educate prescribers on the access to and evidence for optimal and appropriate use of medicines including the required monitoring parameters and prescribing adjustments?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 17. Did you consider patient diagnosis and patient-specific needs when assessing patient response to medicine therapy and intervene if necessary?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 18.Did you document necessary clinical and patient data to assess and monitor medication therapy and to track patients’ therapeutic outcomes?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA  |
| 19. Did you perform point-of-care testing for patients in order to monitor and adjust therapy, when needed?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 20. Did you ensure that in every pharmacy there is a suitable place for discussing confidential information with the customers and patients?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 21. Did you provide sufficient health, disease and medicine specific information to patients for their participation in their decision-making process regarding a comprehensive care management plan. This information should aim at supporting adherence to treatment and empowerment of the patient?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 22. Did you ensure provision of information about the appropriate use of antimicrobials to consumers and prescribers?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 23. Have you perceived continuing education as being lifelong and were you able to demonstrate evidence of continuing education or continuing professional development to improve clinical knowledge, skills and performance?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 24. Did you perform a periodical evaluation of the performance of pharmacy staff to identify the training needs?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 25. Did you provide continuing training to pharmacy staff?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 26. Did you participate in the organization’s and national/ regional health strategy planning meetings?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |

Part B.

Part B Questionnaire is designed to clarify the personal and organizational skills, that interviewees considered important for pharmacist, working in humanitarian field.

 If complex emergency program with armed conflict than

1. What are the main 3 competencies that are important for a pharmacist working in armed conflict?

If HIV/AIDS and/or TB

What are the main 3 competencies that are important for a pharmacist working in HIV/AIDS and/or TB program

Data collection tool 2:

Interviewee: Medical Coordinator

Professional data

Years of professional experience : .

Years of experience as “medical coordinator type” working for a humanitarian organization: .

Years of experience working with MFS as medical coordinator: .

Number of missions with MSF as a medical coordinator:

The highest degree obtained:

Country the highest degree is obtained from:

List of programs for each country of humanitarian action

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| --- | --- | --- | --- | --- |
| Mission/program (list the projects/programs within each mission)  | Country of mission/program | The position held (field or coordination) | Type of program (emergency or long term) | Length of the assignment in the mission/program |
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The bellow questionnaire is developed to clarify the main functions of pharmacist working in two different contexts: complex emergency and HIV/AIDS/TB

The questionnaire contains closed questions. The answers No and N/A will be further clarified by following open-ended questions:

Describe the barriers? What was the reason? What could be done to change? Tell more about it, etc.

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| Medical coordinator. Questionnaire common for both projects complex emergencies and HIV/AIDS and/or TB |
| 1. Did the pharmacist (or the other health professional performing pharmaceutical services) implement systems for forecasting patient needs and demands and contingency plans for shortages and discontinuationsIn complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 2. Did the pharmacist (or the other health professional performing pharmaceutical services) use epidemiological data on forecasting specialized needs?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 3. Did the pharmacist (or the other health professional performing pharmaceutical services) ensure safe storage of medicines in an organized, systematic and secure manner and work with documented policies and procedures to implement an effective stock management and rotation system?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 4. Did the pharmacist (or the other health professional performing pharmaceutical services) demonstrate an understanding of the legislative framework and requirements that govern the distribution of medicinal products including Good Distribution Practice (GDP)?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 5. Did the pharmacist (or the other health professional performing pharmaceutical services) follow the WHO guidelines for Donations?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 6. Did the pharmacist (or the other health professional performing pharmaceutical services) ensure that the preparation and administration of medicines are done respecting the international standard norms?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 7. Did the pharmacist (or the other health professional performing pharmaceutical services) participate in directly observed therapy (DOT) programs in areas such as the management of drug addiction, HIV/AIDS, tuberculosis and sexually transmitted diseases?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 8. Did the pharmacist (or the other health professional performing pharmaceutical services) ensure that appropriate facilities, trained personnel, standard dispensing practices and documentation procedures were in place in the pharmacy for the supply and dispensing of prescribed medicines and other health-care products?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 9. Did the pharmacist (or the other health professional performing pharmaceutical services) ensure patient confidentiality at the point of dispensing medical products?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 10. Did the pharmacist (or the other health professional performing pharmaceutical services) ensure that the patient receives and understands sufficient written and oral information to derive maximum benefit for the treatment?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 11. Did the pharmacist (or the other health professional performing pharmaceutical services) ensure that recalled medical products, including medicines samples, are immediately stored separately for subsequent disposal and prevented from being available for further dispensing or distribution?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 12. Did the pharmacist (or the other health professional performing pharmaceutical services) establish a safe way of medicines waste disposal at the hospital and/or community pharmacy so that patients and the public can be encouraged to return their expired or unwanted medicines and medical devices?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 13. Did the pharmacist (or the other health professional performing pharmaceutical services) ensure the health management, disease prevention and healthy lifestyle behavior are incorporated into the patient assessment and care process?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 14. Did the pharmacist (or the other health professional performing pharmaceutical services) acknowledge unique patient considerations such as education level, cultural beliefs, literacy, native language and physical and mental capacity in all individual patient assessments?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 15. Did the pharmacist maintain access to an appropriate evidence base relating to the safe, rational and cost-effective use of medicines such as reference books on medicines, journals, national and WHO essential medicines lists and standard treatment guidelines?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 16. Did the pharmacist (or the other health professional performing pharmaceutical services) educate prescribers on the access to and evidence for optimal and appropriate use of medicines including the required monitoring parameters and prescribing adjustments?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 17. Did the pharmacist (or the other health professional performing pharmaceutical services) consider patient diagnosis and patient-specific needs when assessing patient response to medicine therapy and intervene if necessary?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 18. Did the pharmacist (or the other health professional performing pharmaceutical services) document necessary clinical and patient data to assess and monitor medication therapy and to track patients’ therapeutic outcomes?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA  |
| 19. Did the pharmacist (or the other health professional performing pharmaceutical services) perform point-of-care testing for patients in order to monitor and adjust therapy, when needed?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 20. Did the pharmacist (or the other health professional performing pharmaceutical services) ensure that in every pharmacy there is a suitable place for discussing confidential information with the customers and patients?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 21. Did the pharmacist (or the other health professional performing pharmaceutical services) provide sufficient health, disease and medicine specific information to patients for their participation in their decision-making process regarding a comprehensive care management plan. This information should aim at supporting adherence to treatment and empowerment of the patient?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 22. Did the pharmacist (or the other health professional performing pharmaceutical services) ensure provision of information about the appropriate use of antimicrobials to consumers and prescribers?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 23. Have the pharmacist (or the other health professional performing pharmaceutical services) perceived continuing education as being lifelong and were he/she able to demonstrate evidence of continuing education or continuing professional development to improve clinical knowledge, skills and performance?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 24. Did the pharmacist (or the other health professional performing pharmaceutical services) perform a periodical evaluation of the performance of pharmacy staff to identify the training needs?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 25. Did the pharmacist (or the other health professional performing pharmaceutical services) provide continuing training to pharmacy staff?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |
| 26. Did the pharmacist (or the other health professional performing pharmaceutical services) participate in the organization’s and national/ regional health strategy planning meetings?In complex emergencies with armed conflict Y N NAIn HIV/AIDS and/or TB Y N NA |

If, complex emergency with armed conflict project than

Did you have a pharmacist position in the mission with complex emergencies and armed conflict? Y/N

if Yes,

What are the main 3 competencies that are important for a pharmacist working in complex emergencies with armed conflict

if, HIV/AIDS project then

Did you have a pharmacist working in the mission with you? Y/N

if yes,

What are the main 3 competencies that are important for a pharmacist working in HIV/AIDS and/or TB program?