



CONNECT

AMD Connect | Volume 1 | Issue 18 | 14 August 2020

Pharmaceutical Services

Vision:



United in providing equitable, caring and quality pharmaceutical services



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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Dear Pharmaceutical Services team,

Welcome to our latest issue of the AMD newsletter. We hope that you find the content relevant and valuable. The purpose of this newsletter is to provide you with an update on developments at AMD concerning COVID-19, as well as other non-COVID related work.

As always, we start by showing you a snapshot of our COVID-19 priority list and the status of the availability of medicine and PPE across the country. As more information on this virus becomes known, our priority list is adjusted accordingly to help ensure that patients have access to the medicines needed. We are pleased to report that medicine availability throughout the country continues to show a steady improvement. We owe this change to our people in the depots and health establishments, who work tirelessly to make sure that the supply chain of medicines remains uninterrupted during this time. We would also like to thank the MAC sub-committee on COVID-19 for the work done on rapid reviews of medicines thought to be useful in the management of COVID-19.

As mentioned above, the COVID-19 priority list is a living document that is adjusted as the situation evolves. In this issue, we feature a new addition to the priority list - therapeutic alternatives. The priority list now includes medicines that can be used as alternatives if the primary medicine suggested is not available. Therapeutic alternatives are determined by the National Essential Medicines List Committee and are communicated to stakeholders via circulars available on the NDoH website.

As part of AMD's commitment to continuous stakeholder engagement across the various sectors, the AMD team delivered several presentations to students of the Sefako Makgatho Health Sciences University. The presentations were aimed at improving the students' understanding of different units within the AMD and the work that they do. The Essential Drugs Programme (EDP) team met with the KwaZulu-Natal Provincial Pharmaceutical and Therapeutics Committee (PTC). The purpose was to highlight the critical role of provincial PTCs and the support that is available to these committees, as part of our collective effort to strengthen the rational selection and use of medicines. This issue also provides an update on the National Formulary Guidelines and the Formulary Tool.

Please note that on 22 June 2020, the Minister of Health gazetted for comment, proposals to amend three sets of regulations published in terms of the Pharmacy Act, 1974 (Act No. 53 of 1974). These amendments provide for changes to the practice, education and training and registration of pharmacy support personnel. Links to the documents have been provided in the article. The comment period ends on 21 September 2020, and you are encouraged to submit your views on these important changes.

It is always good to hear from the provinces about the excellent work that is being done on the ground in the fight against COVID-19. In this issue, we hear from one of the districts in the Northern Cape with the district pharmacist painting a picture of reality in his district. We will continue to feature stories from the other provinces in future publications.

Nobody is immune to the psychological impact of this pandemic. May I encourage you to be emotionally connected – with yourself – as well as the team, friends and family members in need. The Stress- APGAR can assist you in identifying those who are struggling. Empathy and compassion is sometimes all one needs in these difficult times of trying to cope and adapt to the ongoing changes and stress that has become part of our daily lives. Reach out – together we are stronger.

Yours in gratitude,

Khadija Jamaloodien

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COVID-19 Update

COVID-19 Snapshot



Rapid reviews conducted

- Lopinavir-ritonavir
- Tocilizumab
- Chloroquine and Hydroxychloroquine
- Intravenous Immunoglobulin
- Interferon update
- Remdesivir update
- Azithromycin
- BCG vaccine (for prophylaxis)
- Convalescent plasma
- Heparin (dosing for VTE prophylaxis)
- Chloroquine (for prophylaxis)
- Corticosteroids update
- Favipiravir
- Colchicine

On 30 July 2020, members of the NEMLC Subcommittee for COVID19 and the Secretariat presented on the rapid review process to the Medical Research Council Universal Health Access/ National Health Insurance forum. The process allows for speedy and transparent decision making for the COVID-19 Guidelines in South Africa.

The rapid reviews are available on the [National Department of Health website](#) or on the [knowledge hub e-library](#)



Priority List

Number of Priority Items

107

COVID-19 Items

90

Chronic Disease Items

267

As at 31 July 2020



Medicine Monitoring

Number of Facilities Reporting to the NSC

3305

Overall Reporting Compliance



Overall Medicine Availability



As at 11 August 2020



PPE

Number of Facilities Reporting PPE to the NSC

2846

Hospitals Reporting on PPE via SVS

217

Overall PPE Availability



As at 11 August 2020





COVID-19 Update

Medicines for use in COVID-19 - therapeutic alternatives

The priority list was developed to identify medicines that may be used in managing patients with COVID-19 and linking these medicines with the expected number of patients who will need them. A demand forecast is then developed with a potential 'lift' in the quantity required. The AMD COVID-19 Response Team works closely with provinces and suppliers to make sure that sufficient amounts of the identified stock are available in the supply chain. If, however, a particular medicine is not available in sufficient quantities, **the priority list includes medicines that can be used as alternatives if the primary medicine's pipeline runs dry.** The therapeutic alternatives are determined by the National Essential Medicines List Committee and are communicated to all stakeholders via circulars ([available online](#)).

Therapeutic alternatives

The table below (an extract of the Priority List spreadsheet) shows the corticosteroids as an example. The alternatives, which have been a part of this list almost since inception, have now been more clearly

highlighted to assist provinces in their procurement planning.

The first column 'Medicine Pack Short Description' indicates the medicine specifications, as per the Master Procurement Catalogue. These are classified as either 'Priority', 'COVID-19', or 'Chronic' (not shown here) items. The 'COVID-19 indication' column indicates the expected use of the medicines in patients with COVID-19, and if there is an alternative.

To identify all the agents on the priority list that have alternatives, the column may be filtered to indicate the primary medicine (in this case dexamethasone injection), and the alternative options, should the primary medicine be unavailable. The 'COVID-19 dosing' column contains proposed dose of the medicine, from either the Standard Treatment Guidelines and Essential Medicines List, or from advice provided by the Critical Care Team. This column assists in estimating medicine usage, by linking it to pack size and the number of patients who may require the medicine.

Medicine Pack short Description	Proposed PRIORITY items	Covid-19	Covid-19 Indication CIRCULARS http://www.health.gov.za/index.php/circulars	Covid-19 Dosing
Betamethasone 0,5mg tablet, 20 tablets	NO	YES	[Alternative to dexamethasone] See circular 2020/07/01/EDP/01	Steroid: 6mg per day (i.e. 12 tablets per day)
Betamethasone 0.5mg tablet, 100 tablets	NO	YES	[Alternative to dexamethasone] See circular 2020/07/01/EDP/01	Steroid: 6mg per day (i.e. 12 tablets per day)
Betamethasone Disodium Phosphate; 4.00mg/ml; injection; 1 ml	NO	YES	[Alternative to dexamethasone] See circular 2020/07/01/EDP/01	6mg daily for 10 days (i.e. 20 injection per course)
Dexamethasone; 4.00mg/ml; injection; 1 ml	NO	YES	As per RESERVE trial [Primary drug; alternatives - betamethasone; prednisone] See circular 2020/07/01/EDP/01	2 vials per day for 10 days

Extract from the Priority List





Essential Drugs Programme

Update - National Formulary Guideline and the Formulary Tool

Following the meeting of the National Essential Medicines List Committee (NEMLC) held on 11 June 2020, it was decided to amend the EML statuses and remove the “named patient” terminology which appeared on the Tertiary/Quaternary Essential Medicines List (EML). The purpose of this change is to clarify ambiguous terminology. **The National Guideline for the Development, Management and Use of Formularies has also been updated** to include the following EML Statuses:

EML Status	EML Sub-Category
EML	Approved
	Special Access
Non-EML	Not approved
	For review
	Not yet reviewed
	Under review
	Other

Medicines allocated as **not approved (named patient)** or **approved (named patient)** on the Tertiary/Quaternary EML will be reallocated as either **EML** –

approved for special access or **Non-EML – not approved** by the NEMLC. Review indicators will be included as a separate column to indicate clearly what the trigger for a review will be. These updated statuses will also inform changes to the *Decision-Making Criteria for the Inclusion of Medicines in National Tenders* (November 2017).

A meeting to communicate these changes and demonstrate the Formulary Tool of the Medicine Master Data System was held with the Provincial Heads of Pharmaceutical Services and other formulary management personnel on Friday 24 July 2020.

The Formulary Tool will provide the capability to manage formularies at all levels of care, based on the *National Guideline for the Development, Management and Use of Formularies*. The tool will be tested in the Free State as part of the informed push proof of concept work underway. In addition, the Essential Drugs Programme team will be supporting with the updating of the Free State Provincial Formulary, working closely with the Provincial Department of Health.



The guideline can be downloaded from the NDoH website using the following link



For more information, please contact Dr. Janine Jugathpul at Janine.Jugathpul@health.gov.za



Stakeholder Relations

AMD engages with stakeholders

KwaZulu-Natal Provincial Pharmaceutical and Therapeutics Committee



health

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Health
PROVINCE OF KWAZULU-NATAL

The Essential Drugs Programme (EDP) gave a presentation to the KwaZulu-Natal (KZN) Pharmaceutical and Therapeutics Committee (PTC) at its meeting held on 6 July. The purpose of the presentation was to highlight the important role of PTCs and discuss EDP processes. Ongoing support will be provided to the PTC with formulary review and implementation of the recently released [PTC guideline](#). The aim of this support is to improve

communication and engagement between the KZN provincial PTC and EDP, in efforts to strengthen the rational selection and use of medicines in the province.

Provincial Pharmaceutical and Therapeutics Committees (PTCs) are key structures that select the medicines available for use in a province and work to promote the rational use of this medicine at all levels of care. They work to promote reliable access to medicines and quality care while making the best use of available resources.

PTCs also play an important role in the education of patients and staff as well as providing a communication channel between the National Department of Health, and districts and facilities in a province.

For more information on provincial PTC support, please contact Shereen Govender at Shereen.Govender@health.gov.za

Sefako Makgatho Health Sciences University

On 17 July 2020, students at the Sefako Makgatho Health Sciences University learnt more about the work done by the AMD. This included a presentation on the role of EDP, the National Essential Medicines List committee (NEMLC) and the processes used to select medicines onto the EML. The Contract Management Unit presented on tender processes, supplier performance management, medicine availability and the National Surveillance Centre. A presentation was also given by the Licensing Unit of AMD on pharmacy legislation and the permits and licences issued. The presentations made by the AMD team aimed at improving the understanding of students of the EML and its use, the processes followed in the awarding and management of contracts for medicine and application of the legislation relating to pharmacy practice.



For more information, please contact Khadija Jamaloodien at Khadija.Jamaloodien@health.gov.za



Licensing and Permits

Regulations relating to Pharmacy Technicians out for comment

On 22 June 2020, the Minister of Health published for comment, three sets of amendment regulations to the

Pharmacy Act, 1974 (Act No. 53 of 1974). The comment period ends on 21 September 2020.

The three sets of amendment regulations published were:

Click on the icons below for the links to the documents

1

Amendment Regulations relating to the Practice of Pharmacy



2

Amendment Regulations relating to Education and Training



3

Amendment Regulations relating to Registration of persons and Maintenance of registers



Comments may be submitted to regulationcomments@health.gov.za

Background to the amendment of the Regulations

The journey to the amendment of the Regulations started over 13 years ago when the National Department of Health requested the South African Pharmacy Council to review the provisions in place for pharmacy mid-level workers, in order to align the scope

of practice of pharmacy support personnel to the qualification. Part of the aim was to create a generalist, the aim was to create a generalist who was not bound to sector specific training, and who would be suited for the needs of primary health care.





Licensing and Permits

Regulations relating to Pharmacy Technicians out for comment...continued

Background to the amendment of the Regulations...continued

Initially, three qualifications were drafted for approval, namely Pharmacy General Assistant, Pharmacy Technical Assistant and Pharmacy Technician. The proposed categories and qualifications were presented at the National Health Council Technical Advisory Committee (NHC-TAC) in July 2015. The NHC-TAC resolved that the Pharmacy General Assistant and Pharmacy Technical Assistant categories be removed, and that only the new Pharmacy Technician category be pursued. It was also resolved that the focus for the production of pharmacy mid-level workers would be Pharmacist's Assistants (Basic) and Pharmacist's Assistants (Post Basic). Provision would, however, also be made for the introduction of Pharmacy Technicians. This would not, however, be at the expense of the established Basic Pharmacist's

Assistant and Post Basic Pharmacist's Assistant programmes. The Pharmacy Technician qualification would be offered as a full-time qualification at university level, and as a part-time qualification approved by the Quality Council for Trades and Occupation (QCTO).

The pharmacy technician qualification using the QCTO route will offer the following exit options:

- **After year 1** – as a Basic Pharmacist Assistant (NQF level 4);
- **After year 2** – as a Post Basic Pharmacist Assistant (NQF level 5);
- **After year 3** – as a Pharmacy Technician (NQF level 6).

Intention of the proposed amendments

The proposed amendments to the three sets of Regulations will enable:

1. The establishment of a new category of pharmacy support personnel – pharmacy technician – with a new scope of practice.
2. The categorisation of pharmacy technicians as a type of pharmacist's assistant to enable these persons to handle medicines in accordance with the provisions of the Medicines and Related Substances Act, 1965, (Act 101 of 1965).
3. The retention of the categories of pharmacy support personnel - pharmacist's assistants (basic) and pharmacist's assistants (post-basic) - with amendments to the scope of practice.
4. Two routes for the education and training and subsequent registration of pharmacy technicians – one via the Occupational Qualifications Sub-framework (OQSF), and the other via the Higher Education Qualifications Sub-framework (HEQSF).
5. Registration of persons undertaking a pharmacy technician qualification which falls under the HEQSF, as a pharmacy technician (student) and completion of a traineeship whilst registered as a pharmacy technician (trainee).
6. Registration of persons undertaking a pharmacy technician qualification which falls under the OQSF as a pharmacy technician (learner) and the option to exit as a pharmacist's assistant (basic) or pharmacist's assistant (post-basic) after completion of part qualifications. NOTE: There is no traineeship or internship required after completing these part-qualifications or the whole qualification.
7. Upskilling of current pharmacist's assistants, whilst enabling those who are unable to undergo further education and training to continue to practise in the category in which they are registered.

For more information, please contact Ms. Mandi Bhembe at Mandi.Bhembe@health.gov.za



Provincial Update

Pharmacists in the Northern Cape continue to provide services with a smile | Konrad Markus



DEPARTMENT OF HEALTH

PROVINCIAL GOVERNMENT OF THE NORTHERN CAPE

According to Konrad Markus, District Pharmacist in the ZF Mgqawu District in the Northern Cape, one of the challenges facing his team is the removal of some of the human element in caring for patients and the customary exchange of warm smiles. In this edition we learn a little about the face of pharmaceutical services in the largest province in the country and how this district team is weathering the COVID-19 storm. This is the picture that Konrad painted for us.

"I am Konrad Markus, Assistant Manager Pharmaceuticals (District Pharmacist) in the ZF Mgqawu District. I have been with the Department of Health for 20 years and was appointed Assistant Manager in 2009.

ZF Mgqawu District has a total population of 269,163 (Source: DHIS April 2020). The main economic activities include, agriculture (livestock, grapes and wine processing), mining of iron ore and salt, and tourism. The district has one regional hospital, Dr Harry Surtie Hospital (which doesn't report to the District Management Structure), two district hospitals (Kakamas and Postmasburg), six community health centres (CHCs), 15 fixed primary health care (PHC) facilities, and 15 satellite facilities. There are a total of 38 facilities. Our staff complement is made up of **eight permanently appointed pharmacists** (two based at district hospitals, one at a CHC, and five based at the District Pharmaceutical Unit), **four community service pharmacists** (2 x based at the district hospitals and 2 at the District Pharmaceutical Unit), **two post-basic pharmacist's assistants** (based at primary health care service facilities), **one basic pharmacist's assistant**, and **14 learner-basic pharmacist's assistants** currently undergoing training.

The current COVID-19 situation in our district is of concern, as the number of positive cases has been gradually increasing. As at 09 August 2020, there were 591 positive cases reported in the district with 2 deaths.

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Front: Dustin Van Staden, Alrietta Beukes, Sydney Louw, **Middle:** Pieter Husselman, Edwardine Vries, **Back:** Kim Du Plessis, Lee-ann Cronje and Konrad Markus.

and 389 recoveries. Currently the district is performing well in managing the number of cases, and the team is coping. As far as the Pharmaceutical Services Unit is concerned, we are very alert to ensure that all staff are vigilant, especially on disinfectant protocols and keeping a safe distance.

The pharmacist has a key role in the fight against the COVID-19 pandemic. The pharmacist's main role is to ensure the uninterrupted supply of essential medicines, particularly those identified as critical in the symptomatic management of the disease and avoid the indiscriminate use of medicines.

The biggest challenge the COVID-19 pandemic has brought is that it becomes increasingly difficult not to neglect other disease conditions in the face of fighting this pandemic. Recently, with the shortage of TEE, it took a lot of effort to manage this situation, as almost everyone had their eyes on the Covid-ball. This situation also exposed the slow uptake of TLD in our district, as patients were not switched in time. Reporting compliance in terms of Stock Visibility System (SVS) from facility level was also compromised, due to the focus on COVID-19 and the administrative and operational challenges it brought to facilities.



COVID-19 Impact

Pharmacists in the Northern Cape continue to provide services with a smile ...continued

The sub-optimal uptake of Central Chronic Medicines Dispensing and Distribution (CCMDD) in the district was also exposed, as many chronic patients still had to queue at facilities to receive medicines. However generally, medicine supply challenges were very moderate, with only a few items posing challenges.

The impact of COVID-19 has been felt in a big way by pharmacists in our district. Pharmacists are, and ought to be very socially involved professionals, because we care for our patients, so the wearing of masks has taken away the warm, human smile and the contact element. On an operational level, a number of activities have been affected. These include facility visits to assess medicine management compliance, prescribing adherence to EML guidelines and general pharmaceutical support to facilities, as well as governance meetings, such as District Pharmaceutical and Therapeutics Committee (PTC) Meetings, and Clinical Governance Meetings.

There are a number of ingredients that can make a pharmacist's work more effective.

- **Pharmaceutical support personnel** in the district and the province are crucial to lighten the load on nursing staff and help improve efficiencies.
- **Support from Management** cannot be overstated allowing the implementation and roll-out of initiatives and programs without many obstacles. ZF Mgcawu District is fortunate to have strong support here.
- **Fellow professionals** also need to be committed to platforms such as the District PTC, to promote optimal use of medicines. The ZF Mgcawu PTC has been synchronized with the quarterly Clinical Governance meetings to ensure maximum participation, and avoid inundating prescribers with frequent meetings.
- **Stakeholder support** is just as important. ZF Mgcawu District has memoranda of understanding with the mining houses in Tsantsebane and Kgatelopele sub-

districts, and with farming groups in the Kai !Garib sub-district. Through these the department supports these partners with medicines and supplies, laboratory services and technical support, while they ensure the appointment of staff and the rendering of services to miners and vulnerable farm workers.

- **Support from within the Pharmaceutical Unit** is last, but definitely not least. Regular staff meetings and unit meetings to discuss in-house issues, are crucial. Information sharing, training and coaching, have been proved very valuable, especially in the COVID-19 environment. Team building events, focusing on the well-being of staff, have been somewhat dampened by the social distancing measures, but should remain an important activity to boost staff morale and productivity.

In ZF Mgcawu District, and generally in the Northern Cape, we are faced with many challenges, such as resource constraints, bed limitations, long distances, and low levels of staff. This reality, however, allows for opportunities of co-operation and collaboration in ways that are not conventional. It is very rewarding, when you see the appreciation on farmworker's faces when services are brought to them.

"Being able to solve something that other pharmacists accept as the norm or not being successful every time, makes one appreciate the small things more. I lead a very committed and dedicated Pharmaceutical Team in ZF Mgcawu District, the kind that I know will not back down when things get tougher (because it is already tough). I am very proud of them and this is the ultimate reward!"

Konrad Markus



For more information, please contact Mr Gerald Mentoor at gmentoora@ncpg.gov.za



Personal Resilience

Join the Personal Resilience workshops ...

PLEASE JOIN US!

Our central goal is to help you to take responsibility for how you react and respond to this changing COVID-19 world by giving you tools of self-awareness and assessment—instruments to light the curves and bumps on your change road. It’s all about getting through the change emotion and commotion with minimal damage to your blood pressure, career, relationships, productivity, and confidence—whatever your role in Pharmaceutical Services or at home.

Be in contact with us for more information and to secure your virtual seat!

Jolanda Pretorius | jolanda@africaresourcecentre.org | 0834601175

“So many aspects of this course resonates with me. I have become more reflective and look at how I deal with people and how they receive my message. I also apply what I have learnt here in my personal life.”

“In the beginning I thought this was going to be psycho-babble. But I now realise how much I have changed over the past weeks. People get sent to us for a reason at the right time. Thank you so much...”

“This touched on so many things I experienced earlier on; I wish I knew about the skills to use then. But going forward I have recognised the things I did which did not serve me and can avoid repeating it and replace with strategies and tools which will.”

“I come into these sessions feeling overwhelmed and exhausted. I leave the sessions with my cup filled – thank you for the support in this very difficult time.”

“I feel less anxious, insecure and overwhelmed.”

“This session meant so much to me. I know now and understand why I have at times in the past behaved in the manner I did.”



PERSONAL CHANGE RESILIENCE SESSIONS FEEDBACK RECEIVED



For more information, please contact Jolanda Pretorius at jolanda@africaresourcecente.org



Change Chat

COVID-19 stress is a reality – Be emotionally connected



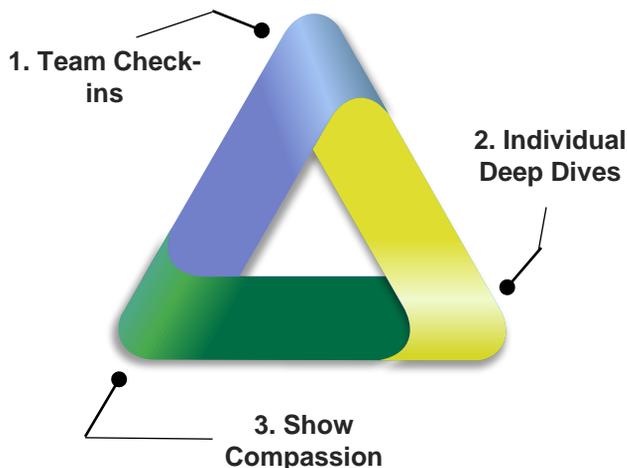
The COVID-19 world has introduced uncertainty and fear, a lack of social interaction, a lack of physical activity and an obsessive focus on hygiene and social distancing. For healthcare workers, it amounts to an uncomfortable reality of raised stress levels and increased workloads and real fear, due to affected team members and risk contracting the COVID-19 virus or suffering from “COVID-fatigue”.

Nobody is immune to the economic, social, and psychological impacts of this pandemic.

However, few of us have formal training in this area, which make it challenging to identify when an employee or team-mate is seriously struggling. This is a complex and delicate matter. Especially during the early stages of burn-out, people are reluctant to be emotionally open with each other, for fear of being labelled. To approach the issue head-on with blunt questions may backfire and cause even greater anxiety.

Emotional Triaging

An “emotional triaging” technique can help to identify early warning signs of COVID-19 burn-out and or fatigue:





Change Chat

COVID-19 stress is a reality – Be emotionally connected...continued

Emotional Triaging Framework

1. Regular Team Check-ins

Several studies indicate that group emotions have a direct effect on group behaviour teamwork and performance. Checking-in is an intentional practice for a team to start a meeting. Checking-in increases self-awareness and solidarity as team members become less judgmental and more supportive. Some team members might struggle more in sharing, but hearing that others are experiencing similar emotions, already creates a sense of belonging, and not being alone.

We suggest a pragmatic approach for emotional checking-in that can work even in the virtual space. Ask team members to share by asking questions such as:

- “What is happening in your space?”
- “What is your energy level?”
- “How is your team coping?”

By adding one or two explorative questions based on the responses can give further insights into the emotional well-being of the team. Listen with empathy and ask how you can support them.

2. Individual Deep Dives

However, some employees might still prefer not to talk in open forums. Connecting with them will require individual attention and sensitivity. Hence, we suggest including deep dives as part of regular conversations. The objective is to explore further for early signs of stress. Make time to for one-on-one follow up engagements (either directly or telephonically) if you notice someone is becoming increasingly quiet, withdrawn, or even irritable or unproductive.

Avoid asking direct questions such as “Are you stressed?” as this might trigger a denial or defensive behaviour. Instead share and be open about how stress is affecting you, demonstrating that talking about emotions is okay. This shows vulnerability and makes it safe for other people to open up and be real about how they are feeling and what is happening in their lives. Remember that everybody has a life beyond work, and we all have our own stories.

Emotional Triaging

3. Show Compassion and empathy and know your limits

The last step of emotional triaging, you need to consider appropriate actions. Some team or family members may have a robust coping mechanism in place. Look out for others who are having a tougher time. Stress sufferers can be separated into two categories based on your perceptions, using the Stress APGAR framework.

1. People who satisfy at least two of the five criteria need more of your time and attention. You should especially be concerned if you recognise some with unhelpful coping mechanisms such as:
 - **DENIAL:** Ignoring individual issues
 - **HEROISM:** Inability to ask for and accept help
 - **HELPER SYNDROME:** The tendency to protect others at their own expenseTry to remain in closer contact with these colleagues or family members, and strongly encourage them to access resources for help, such as mental health professionals.
2. People who meet only one or none of the Stress APGAR conditions may be regarded as minor cases, whose stress management can perhaps be sufficiently improved by the compassion, empathy and support you can provide. They are still at risk, however, especially if they are either unaware or unable to seek support.



For more information, please contact Jolanda Pretorius at jolanda@africasourcecente.org



Change Chat

COVID-19 stress is a reality – Be emotionally connected...continued

The “Stress APGAR” barometer*:

Try to use the Stress APGAR as a guideline to identify potential stressors to start a real conversation with people who are showing signs of struggling with the ongoing stress that is becoming a reality of this pandemic.

* Adapted from APGAR assessment developed by Dr Virginia Apgar (1952) a well-known health scoring method from neonatal medicine

	A	APPEARANCE (Physical)	Visibly evidence of tiredness, sad posture, lethargic and physical symptoms, e.g. headaches
	P	PERFORMANCE (Mental)	Unproductive, working slower, prone to making mistakes
	G	GROWTH (Spiritual)	Loss of a sense of purpose, direction, and hope for a better future
	A	AFFECT CONTROL (Emotional)	Uncontrolled outbursts and irritability, e.g. crying, anger, withdrawn
	R	RELATIONSHIPS (Social)	Deterioration of relationships and social isolation

This stress APGAR is not an assessment tool but rather a guide to asking the right questions. For example:

- **Appearance** – How do you keep your energy up? How are your sleeping patterns? How do you maintain your physical and mental fitness?
- **Performance** – How do you cope with the workload at the moment? How do you manage the performance pressures we face?
- **Growth** – What gives you purpose and meaning at the moment? What are your and your team’s

development objectives?

- **Affect control** – How do you cope with frustration? Do you get easily upset/incensed when discussing work issues or personal topics?
- **Relationships** – How do you experience your critical relationships at work? Do you ask for and accept help from others?

This Stress APGAR framework can be incorporated into your usual one-on-one conversations, especially with colleagues you are already concerned about.



For more information, please contact Jolanda Pretorius at jolanda@africaresourcecente.org



Health Procurement Africa

CIPS South Africa

Health Procurement Africa: A community and learning network for Public Health Procurement Professionals



The COVID-19 pandemic has brought multiple challenges that the public healthcare sector must evaluate and solve to ensure effective service delivery and sustainability.

One of these areas is ethical practices in procurement. Ethical practice in public procurement ensure proper use of public resources towards better service delivery to the public. A good ethical procurement system that features transparency, accountability, and stakeholder participation can be a practical tool for carrying out effective governance reforms.

Coming Soon...

The Health Procurement Africa is in the process of developing more assets around Risk Management as well as Sourcing, including Responsible Sourcing, which will be released by mid-August. Look out for the material and learning content by navigating the Health Procurement Africa [Learn Page](#).

Procurement including but not limited to:

1. [Introduction to Ethical Considerations](#)
2. [Position on Practice: Sustainable Procurement](#)
3. [Position on Practice: Separation of Duties](#)
4. [Transparency in Public Procurement](#)
5. [Sustainable Procurement Planning](#)

Upcoming Events:

Have your say and let us know of the one procurement topic that is most important to you today and we will endeavour to provide more information through our features such as Ask the Expert and Apply the Model.

Our next Ask the Expert webinar focusing on **Ethical Sourcing** will take place on **18 August 2020**. To find out more and to register as a member, click on [Health Procurement Africa](#).



Contact person: Sannah Sibaya | Sannah.Sibaya@cips.org.za