

## **SPS Multi-Country Associate Award: Activity and Product Status Report**

A report on quarterly progress achieved towards activities, products, and results

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Project Year 2 Quarter 1

October – December 2011



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Strengthening Pharmaceutical Systems Program  
Center for Pharmaceutical Management  
Management Sciences for Health  
4301 North Fairfax Drive, Suite 400  
Arlington, VA 22203-1627 USA  
Phone: 703.524.6575  
Fax: 703.524.7898  
E-mail: [sps@msh.org](mailto:sps@msh.org)

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## **About SPS**

SPS works in more than 20 developing and transitional countries to provide technical assistance to strengthen pharmaceutical and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

## **Recommended Citation**

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Strengthening Pharmaceutical Systems Program  
Center for Pharmaceutical Management  
Management Sciences for Health  
4301 North Fairfax Drive, Suite 400  
Arlington, VA 22203-1627 USA  
Phone: 703.524.6575  
Fax: 703.524.7898  
E-mail: [sps@msh.org](mailto:sps@msh.org)

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## ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ADR	adverse drug reaction
ADT	ARV Dispensing Tool [MSH]
AIDS	acquired immunodeficiency syndrome
AQ	amodiaquine
ART	antiretroviral therapy
AS	artesunate
CBO	community-based organization
CMS	Central Medical Store
COP	chief of party
DTC	Drug and Therapeutics Committee
EML	essential medicines list
FDC	fixed-dose combination
FY	fiscal year
GDF	Global Drug Facility
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoB	Government of Bangladesh
HIV	human immunodeficiency virus
IC	infection control
ICAT	Infection Control Assessment Tool
IEC	information, education, and communication
INRUD	International Network for Rational Use of Drugs
IPT	intermittent prevention treatment
M&E	monitoring and evaluation
MDR	multidrug resistant
MIS	management information system
MoH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare (Swaziland)
MoPH	Ministry of Public Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NDTC	National Drug and Therapeutics Committee
NGO	nongovernmental organization
NMCP	National Malaria Control Program (Senegal)
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PMI	President's Malaria Initiative
PMIS	pharmaceutical management information system
PMTCT	prevention of mother-to-child transmission
PV	pharmacovigilance
QA	quality assurance
RBM	Roll Back Malaria
RDT	rapid diagnostic test
RH	reproductive health

RMU	rational medicine use
RPM Plus	Rational Pharmaceutical Management Plus
SCMS	Supply Chain Management System
SOW	statement of work
SPS	Strengthening Pharmaceutical Systems (Program)
STG	standard treatment guideline
TA	technical assistance
TB	tuberculosis
TOR	terms of reference
TOT	training of trainers
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
USG	United States Government
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis



## FINANCIAL INFORMATION

### **Multi-Country Strengthening Pharmaceutical Systems Associate Award**

**Fiscal Data: October 1, 2011 – December 31, 2011**

**Associate Award Number: AID-OAA-LA-10-00002**

On July 22, 2010, Management Sciences for Health was awarded the SPS Multi-Country Associate Award under the Leader with Associate cooperative agreement GHN-A-00-07-00002-00. The cumulative obligation for the SPS multi-country associate award currently stands at US\$ 19,591,091.

MSH tracks and reports expenditures by source of funding (each country's field support source). MSH further subdivides each source funding by the various Program Elements designated by USAID when funding is received (e.g., PEPFAR/HIV/AIDS, PMI/Malaria, TB, Maternal and Child Health, and Reproductive Health, etc.)

The Fiscal Data chart shows the Year 1 through Year 2 obligations, cumulative funds obligated, FY 12 quarter one (October to December 2011) expenditures, in addition to the cumulative to-date (July 22, 2010 to December 31, 2011) expenditures of US \$15,263,598 by funding source.

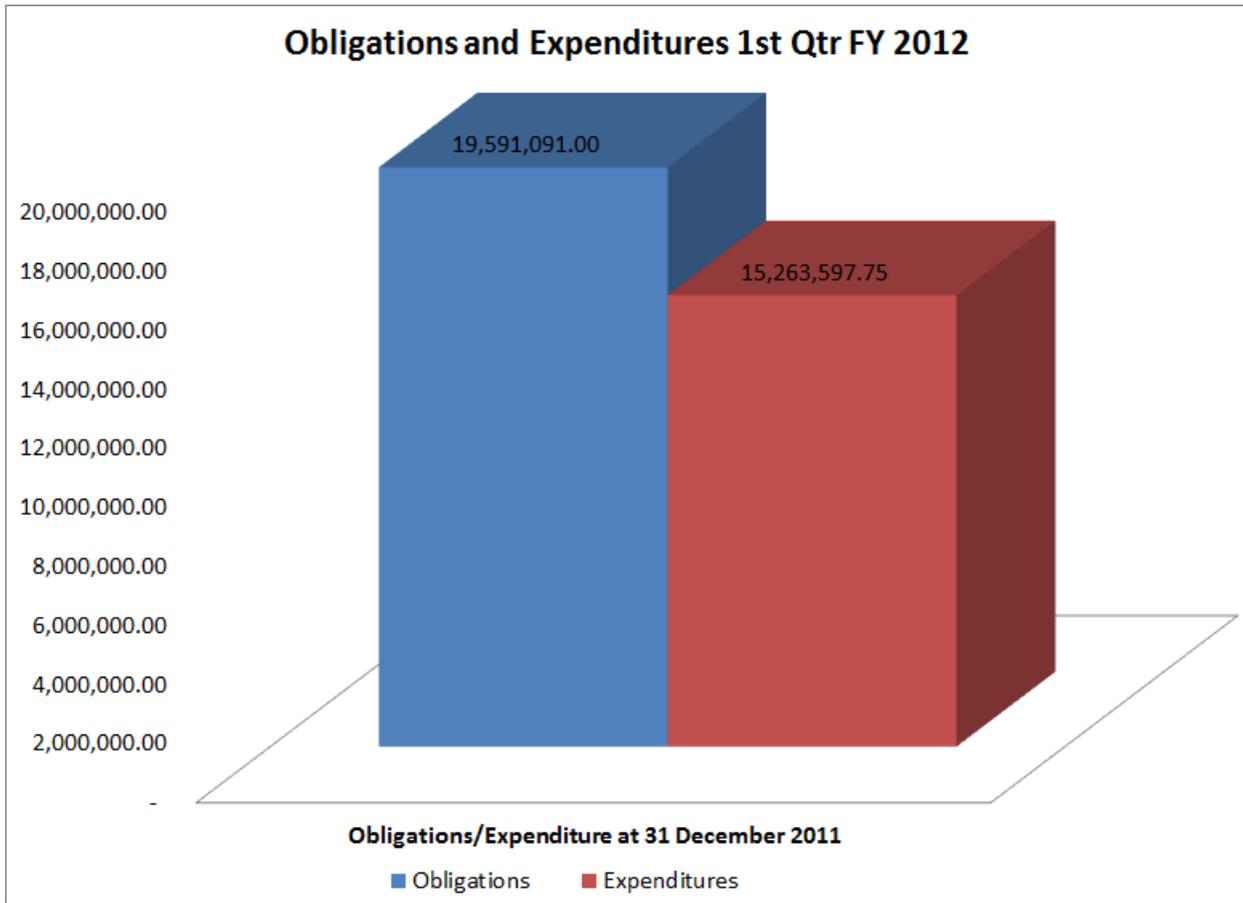
*SPS Multi-Country Associate Award: Activity and Product Status Report  
Year 2 Quarter 1*

**Multi-Country Strengthening Pharmaceutical Systems Associate Award  
Pipeline by Funding Source  
Fiscal Data: Fiscal Year 12, Quarter 1  
AID-OAA-LA-10-00002**

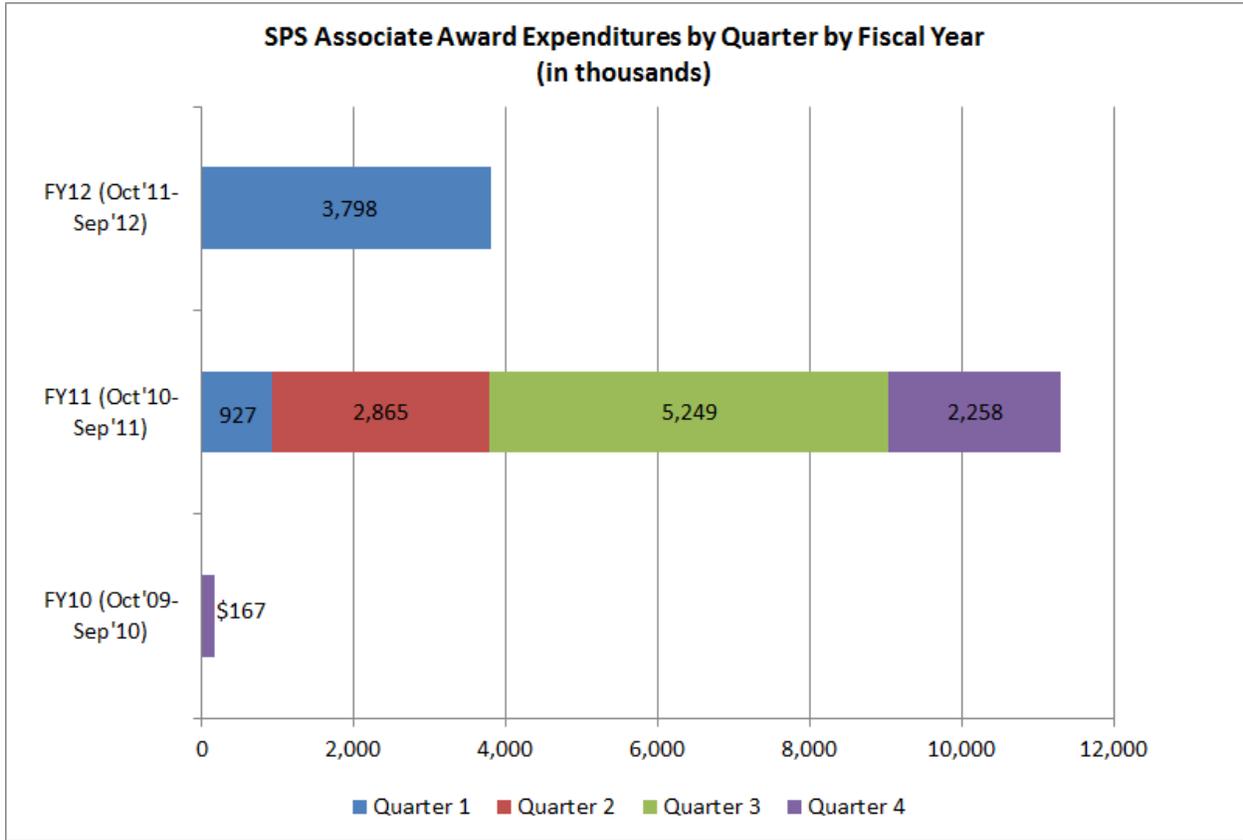
Funding Source	Funding Type	Grand Total Funded	Q1 Expenditures Oct - Dec 2011	Grand Total Spent	Grand Total Remaining
	Bangladesh-POP	\$ 1,300,000	\$ 80,230	\$ 1,231,781	\$ 68,219
	Bangladesh-MCH	\$ 400,000	\$ 13,937	\$ 286,657	\$ 113,343
<i>Bangladesh Subtotal</i>		\$ 1,700,000	\$ 94,168	\$ 1,518,437	\$ 181,563
	Brazil-TB	\$ 1,673,000	\$ 211,869	\$ 1,584,664	\$ 88,336
	Ethiopia - PEPFAR	\$ 3,000,000	\$ 738,951	\$ 3,000,000	\$ -
	Ethiopia - PMI	\$ 800,000	\$ 198,480	\$ 800,000	\$ -
<i>Ethiopia Subtotal</i>		\$ 3,800,000	\$ 937,431	\$ 3,800,000	\$ -
	Namibia - PEPFAR	\$ 2,869,216	\$ 1,163	\$ 2,867,754	\$ 1,462
	Philippines-TB	\$ 1,440,000	\$ 213,880	\$ 719,182	\$ 720,818
	South Africa, Republic Of - PEPFAR	\$ 8,108,875	\$ 2,366,621	\$ 4,699,722	\$ 3,409,153
		<b>\$ 19,591,091</b>	<b>\$ 3,825,132</b>	<b>\$ 15,189,759</b>	<b>\$ 4,401,332</b>
ACF Surplus/(Deficit)			\$27,021	(\$73,838)	(\$73,838)
<b>Grand Total</b>		<b>\$ 19,591,091</b>	<b>\$ 3,798,111</b>	<b>\$ 15,263,598</b>	<b>\$ 4,327,493</b>

**Multi-Country Strengthening Pharmaceutical Systems Associate Award  
Cumulative Expenditure activity through December 31, 2011**

Total Funding Received to Date:	\$19,591,091
Total Amount Spent to Date:	\$15,263,598
Pipeline	\$4,327,593
Percent of Funds Spent	77.91%



**SPS Associate Award Expenditures by Quarter by Fiscal Year (in 1,000 \$)**



## COUNTRY PROGRAMS

### Brazil

**Work plan:** Brazil Associate Award    **Year** 2010

**Funding Level:** \$1,673,000.00

#### Work plan Background

Brazil continues to be ranked as one of the 22 highest TB-burdened countries in the world. In the recent WHO TB Report 2009 (updated), there are an estimated 89,210 new cases of TB recorded annually and 7,284 TB patient deaths a year. In 1999, Brazil adopted the DOTS strategy to combat TB, and in 2009, 80% of government primary health care facilities were offering DOTS. Although the last several years have seen considerable progress and the introduction of innovative strategies for TB control, Brazil is still below United Nations Millennium Development Goal targets for TB control. Since 2004, USAID/Brazil has funded the RPM Plus and SPS Programs to strengthen pharmaceutical management in Brazil's TB program. Initial work focused on collaborations with key TB partners, including the National Tuberculosis Program (NTP) and Secretary of Health Surveillance, the Oswaldo Cruz Foundation (Fiocruz/MoH), the TB Reference Center Prof. Helio Fraga (CRPHF/Fiocruz), the National Institute of Quality Control (INCQS/Fiocruz), Farmanguinhos/Fiocruz, the Network of Public Pharmaceutical Manufacturers, the National Coordination of Laboratory Network, the Public Health Laboratory Network (Lacens), and TB state and municipal groups. Since 2007, SPS has helped strengthen the nationwide diagnosis and treatment of multidrug resistant (MDR)-TB patients, the management of second-line medicines, and the surveillance of drug-resistant (DR)-TB. For example, the number of DR-TB treatment centers has expanded from 62 to 132, which has increased geographic accessibility to treatment. SPS developed the web-based e-TB Manager© information management tool, which was implemented in all TB centers. SPS supported the adoption of new evidence-based guidelines for TB and DR-TB control and developed MDR-TB guidelines and training of trainers materials. In addition, SPS conducted national capacity building programs in all 132 reference centers, focusing on case management, diagnostic capacity, monitoring of MDR-TB cases, and information sharing at all levels. These interventions contributed to a 12 percent increase in the DR-TB cure rate between 2004 and 2010. SPS strengthened DOTS and overall TB drug management by institutionalizing a permanent product quality assurance-testing program for first- and second-line drugs. As a result, Brazil has been recognized by international organizations, including the Green Light Committee/Global Drug Facility at the WHO, for promoting the use of quality assured medicines. SPS supported the transition to FDC TB products by training providers in all 27 states in their rational use and by providing technical assistance to the public manufacturer of the new FDCs. In addition, SPS supported the national public health laboratory network to achieve international standards, implement quality systems according to ISO norms, and promote accreditation processes through innovative methodologies in five public health laboratories. As a result of these achievements, SPS is recognized for its expertise among local TB partners and has been nominated to the MoH TB advisory committee to provide input on national TB policies. SPS has been able to leverage substantial human and financial resources: the Government of Brazil is committed to supporting all proposed activities in this plan on a cost-share basis of around 50 percent.

**Activity Title:** Provide technical assistance to key government agencies and partners to promote the appropriate use of TB medications in accordance with the new guidelines and to transition to FDC regimens nationwide

**Activity Lead:** Keravec, Joel    **Activity #:** 2    **Task:** A077    **Subtask:** XXBR1002

**Activity Description:** SPS will: (1) Continue to provide technical assistance to the MoH TB Steering Committee working groups to develop specific guidance and procedures for transitioning to FDCs, including quantification of drug needs, monitoring prescriptions and treatment adherence, drug handling, dispensing, and placing drug orders. (2) Collaborate with partners to conduct operational studies of FDC effectiveness, the results of which will be published to benefit other countries that are transitioning to FDCs. (3) Provide support to DOTS Expansion and Supervision program for Rio de Janeiro State, including community DOTS strengthening, transport logistics for supervision and regular data collection, on the job capacity building of health professionals in FDC management and rational use, and suspect investigation and active finding for defaulters.

**Budget:** \$228,133.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Trip reports. Technical documents and recommendations. Assessments/activity reports. Reports on TB Municipalities programs and community activities. FDCs implementation interim assessments. Final results/case study. State TB program documents.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** This quarter, activities included (note: numbers are cumulative): 340 home visits for strengthening the DOT and treatment adherence, 154 home visits for active pursuit of treatment defaulters, 243 visits to the health units for monitoring, 19 basic-needs grocery packages delivered, 19 municipal program supervision meetings at the Health State Secretariat, 202 supervisions of the Family Health Program team, 87 PCT's meetings with the Health Unit team, 137 medicine transports, 270 laboratory activities (sample collection, receipt, and delivery of results), 100 trainings for the Family Health Program team, 13 trainings for high school students, 32 activities for disseminating TB information for the Health Units, 2 activities for disseminating TB information in the communities, one integration planning meeting between PCT and HIV/AIDS, 2 integration meetings between PCT and the schools, 9 training for professionals in hospitals, 7 trainings of professionals in Tuberculin test, 5 PCT's meetings with NGOs, 10 meetings with ESF for decentralization of the PCT (DOT), 19 active searches for patients with respiratory symptoms, 3 meetings for planning integration between PC and Tobacco control, and 1 activity to contact control. The Vila Rosário and Transformarte Projects were closed with all activities performed and reported.

**Barriers to Progress:** None.

**Next Steps:** Continue supporting the activity, monitoring and consolidating the activities performed by nine municipalities TB programs. In Vila Rosario and Transformarte: The activities with the two or only one NGO will be evaluated by coordinator team and will be managed by SIAPS Project.

**Activity Title:** Provide support to increase DR-TB detection rate

**Activity Lead:** Keravec, Joel **Activity #:** 5 **Task:** A077 **Subtask:** XXBR1005

**Activity Description:** To increase the DR-TB detection rate, SPS will: (1) Work with the NTP and state TB

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boards to increase the geographic coverage of DR-TB diagnosis and treatment by reorganizing the current reference network and increasing the number of TB reference centers. This will require us to facilitate a dialogue among all levels of Brazil's health system. (2) Provide assistance to the NTP and partners in conducting cost-effectiveness and clinical studies according to Commission of Technology Incorporation requirements, and developing guidelines and operational plans to introduce new rapid diagnostic tests for DR-TB. SPS will establish public-private partnerships to evaluate use of GeneXpert as an early DR detection tool at the TB facility-level and the Hain Life Science Line Probe Assay for MDR-TB/XDR-TB detection at higher levels of the health system.

**Budget:** \$100,496.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Brazilian Strategic DR-TB Control Plan (2011-2015). Final PPP model. SINAN data entry sheet updated. Final study protocol. Meeting minutes. Interim/final analyses and study reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Continued support to SITETB users from Espirito Santo, Bahia, Santa Catarina, Pará and Rio de Janeiro States, in a pilot phase of SITETB. Attended four study coordination board meetings for regular activities monitoring, tasks review, and planning. Meeting conducted with COPPE/UFRJ to assess the electronic study system/database and evaluate the contracted IT trainee's performance. She completed planned activities and deliverables for the period, and her contract was renewed 3 months (total of 6 months). COPPE/UFRJ requested to change the type of contract intended for new trainees to be done through COPPETEC, instead of current CIEE mechanism. Required logistic arrangements performed with the distributors for transfer of lab equipment and supplies to specific study sites based on the randomization done as part of efforts to start phase 2. Phase 2 (intervention) started at four study sites during the quarter. Baseline assessment concluded at Parthenon Institute (Rio Grande do Sul State). In order to increase patient enrollment for phase 2, the sixth study site at Octávio Mangabeira Hospital (Bahia State) was included and will start the baseline assessment. Brazil team had conversations with MSH HQ contracts team and reviewed different documents, in order to partially define the best terms of cooperation for the partnership. At the end of this quarter, 50 eligible patients were enrolled for phase 2 in the four study sites.

**Barriers to Progress:** Hiring of new IT trainees was not performed due to needs of exploring with MSH HQ transition on the type of contracts. Due to needed contacts with contract officers and required adaptations in the terms of cooperation for partnership to fit MSH standards and rules, the final document is still pending approval and signature among the partners. The interim data analyses of samples included in phase 1 were not performed due to pending exams results.

**Next Steps:** Evaluate customizations performed by the hired trainee. Define the best type of contract for hiring additional IT trainees. Perform required logistic arrangements for transferring lab equipment and supplies to Parthenon Institute and start phase 2 (intervention) at this site. Start baseline assessment at Octávio Mangabeira Hospital

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(Bahia State). Monitor patient enrollment pace in the study sites, to compare with the sample size initially estimated for phase 2. Finalize the terms of cooperation for the partnership and have the document finalized for partners' approval and signature. Release and register missing exams results from phase 1, and perform interim data analyzes to define whether new samples would need to be included for further analysis.

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## Ethiopia

### *Ethiopia PEPFAR*

**Work plan:** Ethiopia PEPFAR Associate Award    **Year** 2010

**Funding Level:** \$3,000,000.00

#### **Work plan Background**

The SPS Program in Ethiopia contributes to U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and President's Malaria Initiative (PMI) program targets by providing system strengthening technical support to implement effective HIV/AIDS and malaria treatment program through providing support for improved pharmaceutical management systems at national, regional and health facility levels.

USAID Ethiopia, through RPM Plus and SPS, has provided support in the area of pharmaceutical information system strengthening which has resulted in the introduction of patient medication records at the dispensary level for the first time in Ethiopia's history that facilitates the monitoring of the uninterrupted and safe use of medicines, and patient attendance. The program also introduced automated record keeping and inventory control tools to about 170 health facilities. As a result, over 110 public hospitals, 425 health centers, and 25 private health institutions all over the country benefit from a common patient recording system and efficient reporting covering about 180,000 ART patients. Over 180 facilities have been provided with computers, telephones and internet connectivity to respond to documentation and information demands. Over 6,000 health care workers have received training in pharmaceutical management making them better equipped to provide highly needed and specialized pharmaceutical services to clients. To improve drug storage and handling, about 150 health facilities have been renovated and supplied with basic storage and office equipment such as shelves, pallets, filing cabinets, and confidential dispensing booths. To promote rational drug selection and use, promote adherence, ensure medicines safety and contain AMR, over 100 drug and therapeutic committees (DTCs), with broad membership of the health facility personnel, have been established in hospitals and health centers, at the same time ensuring transparency and inclusiveness. DTC training has been provided to over 500 professionals and initial activities such as drug list and formulary development, disposal of expired drugs and drug use reviews are already initiated in more than half of the established DTCs. SPS support to DACA in ADR reporting has made Ethiopia the newest member of the WHO Collaborating Centre for International Drug Monitoring based in Sweden and assisting in also preventing ADR at patient level. In the area of promoting good governance, SPS support has included revision and printing of various pharmaceutical guidelines, and the establishment of five inspection/regulatory branches for DACA to control the circulation of substandard and counterfeit drugs.

Current SPS support to PMI focuses on the Oromia regional state's 17 zones and 64 districts. Based on baseline assessment findings from 2008, SPS has trained about 300 staff in the zones/districts and in 135 health facilities in malaria and malaria products management. Work in the areas of PMIS and infrastructure improvements are also being addressed to improve dispensing practices and create better storage conditions at health facilities.

<b>Activity Title:</b>	Promote rational drug use.
<b>Activity Lead:</b>	Daniel, Gabriel <b>Activity #:</b> 2 <b>Task:</b> A077 <b>Subtask:</b> PEET1002
<b>Activity Description:</b>	SPS will provide support for the development and implementation of appropriate strategies to contain AMR at all levels of the health care system and will promote the

rational use of medicines in the private sector in collaboration with the EPA and the EDA.

**Budget:** \$142,989.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** National framework. Workshop proceedings. Yellow reporting form. A national ADR/Pharmacovigilance framework. Workshop proceedings. IEC materials.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** In collaboration with FMHACA and ORHB, MSH/SPS facilitated training for one year to improve services provided by RDVs. To further improve the licensing or accreditation system for the RDTs, an experience sharing visit to a similar program in Tanzania was organized November 27 and December 03, 2011. The main objective of the study tour was to acquaint senior experts/officials of FMHACA, ORHB and MSH/SPS in the process of accreditation procedures of the drug stores/ADDOS and discuss detailed implementation process with TFDA, MoHSW and other stakeholders involved in the accreditation procedures. The MoHSW, Food and Drug Authority of Tanzania, Pharmacy Council, ADDOS and the National NMCP were visited and discussed with those involved in the accreditation process.

The group observed the following key points based on the explanations given and site visits: (1) the accreditation system has motivated professionals working at the drug stores and increased the availability of essential medicines. (2) The program has influences professionals to strictly following regulations. (3) The scope of ADDOS has expanded to work on family planning, child care, diarrhea, malaria and HIV/AIDS. (4) The ADDOS have become potential distributors of subsidized ACTs to the rural population and a source of family planning products. The financial status of the ADDO owners has been strengthened. (5) Gender equity, as 95% of dispensers are women. (6) The ADDOS now demand the training and can pay for the training program, (7) The ADDOS have played a role in poverty reduction, reduction of mortality rate, and improving maternal health. (8) The ADDO program has created a sense of competition between regions. Members of Parliaments (MPs) are requesting ADDOS in their respective region. (9) DLDBs/ADDOS are smaller in capacity than our RDVs.

**Barriers to Progress:** None.

**Next Steps:** Provide TA in the implementation of good dispensing practices. Support FMHACA to print and distribute prescribing aids. Support regular meetings of the AMR National Advisory Committee. Support printing and distribution of ADE reporting forms to health facilities. Carry-out face-to-face discussions on ADE monitoring/pharmacovigilance to health providers from public and private hospitals. Provide support in the development of the pharmacovigilance database. TA in the use of the information generated from the pharmacovigilance database to solve drug-related problems. Conduct assessment to examine RDVs training outcome in Oromia Region. Revise/update RDV training materials and provide training to RDVs in Oromia and other regions.

**Activity Title:** Establish and strengthen DTCs.

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**Activity Lead:** Daniel, Gabriel **Activity #:** 3 **Task:** A077 **Subtask:** PEET1003

**Activity Description:** SPS supported several initiatives to strengthen about 110 DTCs in hospitals through trainings, sharing experiences, and providing computers, printers, and updated reference books. The government now requires DTCs in health facility settings, and as a result, MSH has helped establish over 90 DTCs in the last 3 years. SPS will: (1) Support the establishment of 50 new DTCs by providing terms of reference, standard operating procedures, checklists, information technology equipment, and DTC on-the-job management training for members. (2) Provide on-the-job and refresher training to strengthen the capacity of approximately 500 existing DTC members. (3) Support FMoH and PFSA to design a national framework to expand the role of DTCs with the aim of institutionalizing ownership of pharmaceutical interventions in facilities.

**Budget:** \$405,867.00 **Start Date:** Sep 2010 **End Date:** Sep 2011

**Products Planned:** TORs. SOPs. Checklists. Training report. Facility specific drug lists. Workshop proceedings.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A series of six regional workshops on pharmaceuticals list development and quantification for hospitals and health centers were conducted in Bahirdar, Adama, Hawassa, Dire Dawa and Mekele from October 6 - November 25, 2011. The events were organized by Pharmaceuticals Fund and Supply Agency (PFSA) and Regional Health Bureaus of Amhara, Addis Ababa, Oromia, SNNPR, Benshangul Gumuz, Gambella, Tigray, Harari, Afar, Somali and Diredawa, in collaboration with Management MSH/SPS, with the financial support from USAID. The main purposes of the workshop were to identify gaps and challenges in pharmaceutical supply and service, create awareness on pharmaceuticals selection and quantification, and identify next steps on how to improve pharmaceutical supply and services in each region. The workshops also dealt with the principles and process of pharmaceutical list development and quantification, DTC overview, joint capacity building plan for each region, and facility specific work plan development. A total of 1696 health providers (physicians, health officers, pharmacists, druggists, nurses, and laboratory technologists) drawn from 655 hospitals and health centers attended the workshops. Woreda health office heads, management and staff from the respective Regional Health Bureaus, PFSA, MSH/SPS and other development partners also participated. In addition, the workshops helped stakeholders reach consensus on how to revitalize pharmaceutical supply and services through pharmaceutical selection and quantification. It has also sensitized participants to establish and strengthen DTCs at their health facility and developed action plan on: (1) Facility-specific pharmaceuticals list (drugs, medical supplies, medical equipments, laboratory reagents and chemicals) development. (2) Strengthening inventory control system at health facility level. (3) Quantification for 2004 and 2005. (4) Establishing/strengthening DTCs.

**Barriers to Progress:** None.

**Next Steps:** Support PFSA to finalize a national DTC framework document and establish framework at regional and national levels. Conduct joint supportive supervision and

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mentoring to improve the work of facility DTCs. Provide TA to facilities in the preparation of health facility (specific drug lists and support printing of the drug lists). Design and develop follow-up scheme with established DIS' and provide support.

**Activity Title:** Support DACA.

**Activity Lead:** Daniel, Gabriel **Activity #:** 5 **Task:** A077 **Subtask:** PEET1005

**Activity Description:** In collaboration with other U.S. government supply chain management partners providing management support, SPS will provide technical assistance and support to DACA, PFSA, and the RHBs to develop appropriate management and organizational support systems for the provision of pharmaceutical services. SPS will also provide technical assistance and support for the review, updating (as required), and implementation of policies, laws, and regulations governing the pharmaceutical sector. Lastly, SPS will support the development of national standards and guidelines to help ensure improved governance in the pharmaceutical sector.

**Budget:** \$103,719.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Proceeding report. Performance reports. MOU. Pharmacy chapter of the EHRIG. Workshop proceedings. Guidelines. Meeting proceedings/minutes.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** All priority standards were approved by the TWG, Standard Setting Team of FMHACA, senior management of FMHACA, and the Executive Committee of FMoH, and submitted to the Ethiopian Standards Agency (ESA), for approval as national standards. A number of national and regional workshops, consultative meetings, experience sharing visit from Jordan, and visits to health facilities have been made and relevant documents from different countries have been reviewed. Thousands of health professionals are being trained in collaboration with partners, but the quality and safety of health service is still poor. The standards are soon expected to be endorsed as national standards. They include (36 types): comprehensive specialized hospital, general hospital, primary hospital, health center, health post, specialty center (ten types of specialty center standards), specialty clinic (sixteen types of specialty clinic standards), medium clinic, primary clinic, nursing home, basic medical laboratory, and advanced medical laboratory. In the reporting quarter, FMHACA with the technical support of SPS finalized the medicines waste management and disposal directives and the national strategic framework on medicines waste management and disposal system. Consequently, a popularization workshop has been organized to 52 relevant professionals drawn from the FMoH, EPA, the Pharmaceutical Fund and Supply Agency, RHBs, FMHACA branches, private and public health facilities, private pharmaceutical importers and whole sellers, pharmaceutical manufacturers, retail medicine outlets, and development partners.

**Barriers to Progress:** None.

**Next Steps:** Support consultative meetings on implementation of pharmaceutical policies, legislation, standards and directives between FMHACA and private pharmacies, medicines manufacturers, importers and distributors. Support FMHACA to update the Standard Treatment Guidelines (STGs) and national drug list (NDL). Assist health

bureaus to hold consultative meeting with relevant bureaus on APTS. Assist RHB to organize a familiarization workshop of the approved APTS proclamation. Organize workshop to popularize the waste disposal framework and directives. Provide training to healthcare providers and other relevant stakeholders.

**Activity Title:** Strengthen human resources.

**Activity Lead:** Daniel, Gabriel **Activity #:** 9 **Task:** A077 **Subtask:** PEET1009

**Activity Description:** SPS will work to improve the organizational capacity of health facilities to support the provision of professional pharmaceutical care services. SPS will also support the development and implementation of standard operating procedures for pharmaceutical management to strengthen institutional and human resource capacity for sustained health systems development. Staff will develop training materials based on the national treatment policies and guidelines and provide training in pharmaceutical management for ART and malaria at different levels. SPS will also provide technical assistance to the schools of pharmacy for the incorporation of modern pharmaceutical management concepts in their curricula. Lastly, SPS will support the provision of in-service training and continuing professional development activities.

**Budget:** \$363,594.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Mentoring reports.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** As part of its capacity building activities, SPS has been supporting the USG and other partners in facilitating workshops and trainings. In the reporting quarter, SPS supported facilitation of DTC and ART trainings organized by WHO, EPA and ICAP. A total of 127 professionals attended the training events.

**Barriers to Progress:** None.

**Next Steps:** Conduct in-service training on clinical pharmacy/pharmaceutical care to EHRIG-implementing sites, in collaboration with schools of pharmacy. Provide “gap-filling” trainings to mid-level pharmacy personnel to improve quality of service on ART, DSM, dispensing/counseling, malaria, and TB.

**Activity Title:** Strengthen MIS (EDT).

**Activity Lead:** Daniel, Gabriel **Activity #:** 10 **Task:** A077 **Subtask:** PEET1010

**Activity Description:** In collaboration with other relevant U.S. government partners and Government of Ethiopia counterparts involved in both supply chain and health management information systems, SPS will support the development of a comprehensive PMIS for the recording, reporting, analysis, and presentation of patient- and product-related data to support decision making. In addition, SPS will provide support for upgrading and rolling out the EDT to relevant ART sites and to selected malaria sites (in the PMI-supported Oromia State) and provide on-the-job training and mentoring to ensure rational dispensing. At the same time, SPS will provide continued support to the paper-based PMIS systems in ART and malaria sites as required. Lastly, staff will ensure collation of information related to medicine use outcomes (such as adherence indicators, adverse drug reactions) for pharmaceutical policy and medicine selection

decisions, including individualized treatment options.

**Budget:** \$371,986.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Training reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The data managers in Addis Ababa, SNNPR, Oromia and Tigray conducted supportive supervision at 20 ART sites. The support provided to the facilities included: updating of antivirus programs, maintenance of computers, support on EDT, fixing database problems and providing TA to improve data quality, on-site demonstration of data recording, documentation and reporting on PMIS formats for new data clerks, and collection of monthly pharmacy ART patient up-take reports. EDT implementation support was also given to 7 health facilities in Addis Ababa and SNNPR. Patient uptake data have been collected, compiled and cumulative regimen reports produced. The information generated was shared with SPS Management, USAID, SCMS, Regional Logistic Associates (RLAs), RHB, I-TECH Ethiopia, Clinton Health Access Initiative (CHAI) and regional HAPCO and Johns Hopkins-Ethiopia.

**Barriers to Progress:** None.

**Next Steps:** Conduct assessment and identify the health facilities to roll-out EDT. Onsite training for dispensers on real-time dispensing. Upgrade ADT with EDT for health facilities. Provide continuous onsite support until the tool is properly utilized by the dispensing staff. Review and update the existing PMIS formats to meet current information needs and print and distribute to all ART sites.

**Activity Title:** Office management.

**Activity Lead:** Daniel, Gabriel **Activity #:** 11 **Task:** A077 **Subtask:** PEET100M

**Activity Description:** SPS through its office established in Ethiopia is responsible for the day-to-day implementation of programs. It collaborates with other implementing partners and maintains close communication with USAID. The office is responsible for interfacing with partners and beneficiary organizations and represents SPS at country level. It manages funds, monitors staff and consultants and produces reports. SPS will coordinate its activities related to pharmaceutical and related products management and use with activities of the national pharmaceutical logistics master plan, national pharmaceutical master plan, programs of MSH and with relevant PEPFAR partners such as the Clinton Foundation, Deliver, UNICEF, etc.

**Budget:** \$690,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A two-day sensitization, “strategy shift” and planning meeting has been organized to SIAPS-Ethiopia staff. The meeting was also aimed to instill the idea that there is a change in the rule of the game that we are going to play. Staff was sensitized about the objectives and implementation modalities of the project. This was followed by

preparation of detailed implementation work plan. Prior to the introduction of the new project, COP11 of SPS was prepared and discussed with the CTO and submitted to USAID-E. In the reporting quarter, the annual statistical bulletin and the 2011 annual report of MSH/SPS activities were been produced and submitted to MSH/SPS headquarters for printing and binding. Four SPS staff attended the 16th International Conference on AIDS and STI in Africa (ICASA 2011) that was held in Addis Ababa for five days.

**Barriers to Progress:** None.

**Next Steps:** None.

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### ***Ethiopia PMI***

**Work plan:** Ethiopia PMI Associate Award    **Year** 2010

**Funding Level:** \$800,000.00

#### **Work plan Background**

The Strengthening Pharmaceutical Systems (SPS/MSH) Program in Ethiopia contributes to U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and President's Malaria Initiative (PMI) program targets by providing system strengthening support to implement effective HIV/AIDS and malaria treatment programs at national, regional and health facility levels.

The Presidents Malaria Initiative (PMI)/Antimalaria drugs management (AMDM) program started operation in October 1, 2008. Oromia Regional State is the target region for the program. It is the largest region in the country, covering 27 million people, of which 68% are at risk for malaria, accounting for over 17 million persons at risk of infection. Current SPS support to PMI focuses on the Oromia regional state's 17 zones and 64 districts and 135 health facilities and health posts. SPS technical assistance includes support to all the aspects of the pharmaceutical supply management system more inclined to facility-level intervention including selection, quantification, procurement, warehousing, distribution, dispensing, inventory control, pharmaceutical information system, training and infrastructure improvement for safety and security of products. Under SPS, the program expanded its scope to focus on improving good governance, pharmaceutical policy and practice reform, promoting and implementing rational medicines use, containing the emergence and spread of Antimicrobial resistance (AMR), rational medicines use, promoting treatment adherence, promoting pharmacovigilance & medicine safety, improving patient and product related data, and reporting to improve treatment outcomes, aspects of the service that were lagging behind availability of products. To assure sustainability of interventions and systems, SPS supports institutional capacity-building in all aspects of pharmaceutical management systems through training, mentoring, and embedding technical staff to mentor counterparts for organizations such as the Drug Administration and Control Authority (DACA), the Pharmaceutical Fund and Supply Agency (PFSA), schools of pharmacy, the Ethiopian Pharmaceutical Association (EPA), and the regional health bureaus (RHBs) and health facilities. In the first two years, activities focused on conducting a baseline assessment, conducting a micro-planning workshop with stakeholders and partners, identifying implementation districts and health facilities, developing and distributing PMIS tools,

implementing a continuous results monitoring system (CRMS), training and assigning SPS technical staff to target sites. SPS has trained about 300 staff, provided support in the area of pharmaceutical information system strengthening which has resulted in the introduction of patient medication records, and inventory control tools that facilitates the monitoring of the uninterrupted supply and safe use of medicines, and patient attendance. To improve drug storage and handling over 50 health facilities are supported with minor renovations and provided with storage accessories such as shelves and pallets and inventory control tools including computers and printers.

The challenges identified by the operational baseline assessment and subsequent findings from the CRMS still show poor storage condition; poor record keeping and reporting; absence of a system for ensuring uninterrupted supply; lack of storage accessories; shortage of manpower; lack of supervision and clear guideline in managing malaria products; poor consumption data to base quantification on; poor tracking of expiry and delayed disposal of obsolete products as challenges that will require more resources and collaboration with partners. SPS will continue to build on experiences and best practices to date, consolidate accomplishments and respond to the changing environment as appropriate.

<b>Activity Title:</b>	Technical activity coordination and monitoring.		
<b>Activity Lead:</b>	Daniel, Gabriel	<b>Activity #:</b> 1	<b>Task:</b> A077 <b>Subtask:</b> PMET10TC
<b>Activity Description:</b>	This activity includes technical activity coordination with headquarters, work plan development, budget monitoring, program oversight, progress monitoring, reporting, meetings, communication with partners and collaborators, and managing country-support. Another major element of the activity will be to strengthen the documentation of SPS activities and success stories. There will be continuous interaction with PMI/Washington to ensure sharing of experiences from other PMI country programs. The portfolio manager will provide on-going technical and managerial support to field operations, including facilitation of off-shore procurement, short-term technical assistance (STTA) management, and quarterly visits for site monitoring and supportive supervision.		
<b>Budget:</b> \$75,000.00	<b>Start Date:</b> Oct 2010	<b>End Date:</b> Sep 2011	
<b>Products Planned:</b>	Reports.		

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<b>Reporting Period:</b>	1 October 2011-31 December 2011		
<b>Activity Progress:</b>	Technical Assistance was provided from the Washington HQ by Gabriel Daniel, who was in country from November 21- December 9, 2011. The technical support provided included: (1) Reviewing program progress with USAID PMI-E, and other partner organizations. (2) Visit to Amhara Regional Health Bureau and discussion with the Deputy Bureau Head and other program managers on SPS/AMDM program expansion in HFs in the region. (3) Supporting the drafting of the MOP 11 work plan, based on the new SIAPS work plan template for final submission to USAID. (4) Review of the Continuous Results Monitoring System (CRMS), the drafted AMDS monthly stock summary report, and other periodic reports.		
<b>Barriers to Progress:</b>	None.		
<b>Next Steps:</b>	Similar technical assistance is expected throughout the MOP 11 program year.		

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**Activity Title:** Strengthen partnerships and coordination.

**Activity Lead:** Daniel, Gabriel **Activity #:** 2 **Task:** A077 **Subtask:** PMET1002

**Activity Description:** Collaboration and coordination among stakeholders, partners and other counterparts is critical for optimizing technical assistance and advocacy. Effective partnerships are essential to leverage resources, share experiences, avoid duplication, and ensure optimal delivery of services. SPS will collaborate with and strengthen the capacity of its partners and key stakeholders to improve pharmaceutical services. Joint plans of action and micro-planning workshops for defining operational partnerships and collaborations with key beneficiary partners including the Ministry of Health (MoH), Oromia Regional Health Bureau (ORHB), Pharmaceutical Fund and Supply Agency (PFSA), Drug Administration and Control Authority (DACA), Regional Health Bureaus (RHB), Ethiopian Pharmaceutical Association (EPA), Ethiopian Druggists' Association (EDA), and four Schools of Pharmacy will be developed to ensure synergy and avoid duplication.

**Budget:** \$80,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Report. Meeting minutes.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS held the regular monthly meeting between the SPS/AMDM and USAID-E PMI Teams on December 7, 2011. The discussion focused on the updating of program progresses. A meeting of the USAID-E Logistic partners called by USAID-E and chaired by Elena Sverdlova, Senior Commodities and Logistics Advisor was held at Deliver HQ on November 3, 2011. The meeting was attended by DELIVER, SPS, and SCMS and focused on the harmonization of PMIS. A meeting was conducted between the SPS management, and USAID-E team consisting of Dr. Richard Reithinger, Elena Sverdlova and Tsion Demissie at the SPS HQ on November 4, 2011. The discussion focused on the final reviewing of the COP 11/MOP 11 joint work plan matrix earlier submitted. A PFSA Logistic Partners meeting was conducted on October 13, 2011 at the PFSA head office. The purpose of the meeting was to discuss the partner's support of the PFSA in the FY 2004. A two-day "Stakeholder Meeting on Improving and Expanding Surveillance for Malaria in Low Transmission settings" organized by Addis Continental Institute of Public Health (ACIPH), a USAID-E PMI implementing partner, was conducted from December 19-20, 2011 at the Ghion Hotel.

**Barriers to Progress:** None.

**Next Steps:** Partnership and coordination with all stakeholders and partners will continue and further improvements in promoting of the activities will be made.

**Activity Title:** Strengthen HR/secondment.

**Activity Lead:** Daniel, Gabriel **Activity #:** 4 **Task:** A077 **Subtask:** PMET1004

**Activity Description:** Continue linking SPS pharmaceutical staff to NMCP, PFSA, ORHB, zonal and health facilities transfer skills to assist in coordination, planning and mentoring. This includes: Second professionals to work in ORHB and zones to provide the PMI/AMDM support operations, second a professional at national level to the

FMOH/PFSA to support the national level quantification, procurement, distribution and product distribution tracking systems, support zones, districts and health facilities through the existing 9 SPS RPMA's working in ORHB to provide technical assistance in all aspects of AMDM, and provide mentoring support to health facilities.

**Budget:** \$120,000.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS/AMDM has given technical and financial support to ORHB to enable them establish proper storage of pharmaceuticals at Dukem central warehouses and made stock management easier and more effective. The support took 7 days (October 26-November 2, 2011) during which two professionals from ORHB (the store manager and regional SCMS expert), Mr. Fekadu Deme, the ORHB seconded RPMA, and 10 laborers participated. After the support provided, all pharmaceutical and other supplies in all stores were well organized on the shelves and pallets available, according to their program usage: TB, family planning, malaria, HIV/AIDS, other emergency products and medical equipment. Expired, damaged, and unusable products were also segregated from other active products and made ready for disposal. Even though the store is now well organized and easier to manage, the majority of the drugs have been placed directly on the floor because of the shortage of pallets. To this effect, the Regional Health Bureau has made a request of 150-200 heavy duty pallets to solve this problem. The seconded Advisor to the FMOH provided the following technical support in both malaria-related and other activities. (1) Considerable contribution was made in the introduction of a new vaccine, Pneumococcal Conjugate Vaccine (PCV), in the country's immunization program, distribution of vaccines for the routine immunization (pentavalent vaccine, measles vaccine, OPV, TT, and BCG) and accessories to the all the regions. (2) Contributions were made to the supplementary immunization activity (SIA) which the country has conducted in collaboration with WHO and UNICEF. (3) Measles and polio SIA has been provided to vulnerable areas of in Afar, Tigray, Amhara, Oromia, Somali, SNNPR, and Gambella regions. (4) Technical support was also provided for the improvement of the cold chain capacity of the country for the appropriate storage and timely availability of the vaccines and to the national ICCM (integrated community- based case management) pharmaceuticals quantification exercise including malaria commodities.

**Barriers to Progress:** None.

**Next Steps:** Provide the necessary technical support to the FMOH, ORHB and Zonal/District. Collect and compile AMDs stock status and other information from each of the program health facilities and disseminate report to the concerned stakeholders and partners for immediate interventions. Identify the current situation of AMDs Quantification, Procurement, Distribution and Tracking system and provide technical support to develop national quantification guidelines.es in the zones

**Activity Title:** Promote rational drug use.

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**Activity Lead:** Daniel, Gabriel **Activity #:** 5 **Task:** A077 **Subtask:** PMET1005  
**Activity Description:** Support DTCs in target health facilities to give special attention to AMDM including CRMS implementation, PMIS functionality, stock status and storage monitoring and promoting rational drug use. Support the implementation of appropriate strategies to contain AMR. Provide technical assistance to strengthen pharmacovigilance and adverse drug reaction prevention, reporting and monitoring. Promote the rational use of medicines in target health facilities including health posts and the private sector by improving prescription, dispensing and counseling practices. Provide SOPs, STGs, manuals and other reference materials to support implementation of AMDM.

**Budget:** \$155,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Workshop proceeding. Drug study reviews. Formularies. Guidelines. IEC materials. SOPs. Reference materials. Workshop proceedings. Handbook.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Procurement of 20 computers, printers and UPS units for distribution to DTCs in 20 HFs in Oromia, through local purchase. Actual handing over to facilities will soon follow. The drafting of the Drug Reference Handbook for HEWs was completed and sent to Gabriel Daniel in Arlington for review.

**Barriers to Progress:** None.

**Next Steps:** Work on the RDU activities will continue for the MOP 11 budget, as well.

**Activity Title:** Strengthen MIS (EDT).

**Activity Lead:** Daniel, Gabriel **Activity #:** 7 **Task:** A077 **Subtask:** PMET1007

**Activity Description:** Support availability and effective use of paper-based PMIS forms and tools for inventory control, reporting, and analysis of patient- and product-related data to support decision making in all malaria sites. Support the rolling out EDT to relevant malaria sites and provide on-the-job training to staff managing information. Ensure collation of information related to medicine use outcomes (such as adherence indicators, adverse drug reactions).

**Budget:** \$65,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Data capturing and reporting forms. Training and mentoring reports. Patient uptake and stock reports. EDT Training and mentoring reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The RPMAs assigned in the zones visited the health facilities in their respective catchment areas and ensured the continuous availability of the necessary PMIS tools and followed that they are used and updated. The RPMAs also collected the monthly pharmacy activity reports and collected information using the quarterly CRMS checklists from each facility and submitted to the SPS/AMDM Office for compilation and reporting. The quarterly monitoring checklist that is submitted by RPMAs was aggregated. The baseline assessment questionnaire for collecting information from HFs in the new program expansion regions was designed. SPS compiled criteria for the distribution of computer support to DTC sites. Staff also worked on the CRMS

report and the selection of sentinel sites for future collection of information on AMDM monitoring checklists.

**Barriers to Progress:** Some health facilities fail to regularly update the forms for reasons they say are due to shortage of pharmacy staff in the dispensing area and lack of clerical staff support.

**Next Steps:** As of the start of MOP 11 budget year, we are planning to compile information on the monthly and quarterly AMDs stock level, excess stocks, and near expiring drugs from zonal, district, and health facility stores and distribute to health managers at different levels for decision making.

**Activity Title:** Infrastructure improvement.

**Activity Lead:** Daniel, Gabriel **Activity #:** 8 **Task:** A077 **Subtask:** PMET1008

**Activity Description:** Improve storage infrastructure and organization capacity of health facilities and zones/districts for safe and secure handling of AMDs and assist in timely disposal of expired and obsolete products.

**Budget:** \$85,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Minor store renovation works of all sites for the fiscal year 2011 was completed and supplies were distributed.

**Barriers to Progress:** Due to poor storage conditions at many sites, the request for supplies and minor renovations is very high and much beyond the financial capability of the program.

**Next Steps:** All supplies planned for procurement and distribution for MOP 10 have reached the facilities but follow-up of proper installation/renovation and utilization will continue.

**Activity Title:** Office management.

**Activity Lead:** Daniel, Gabriel **Activity #:** 9 **Task:** A077 **Subtask:** PMET100M

**Activity Description:** This activity includes provisions for local office rental, running and management costs. Highlight major procurements like vehicles, office space, huge inventories, etc.

**Budget:** \$105,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** None

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Major activity for the quarter focused on the preparation of the draft MOP 11 (FY2012) detailed work plan and budget allocation for each activity using the new SIAPS work plan template. The draft was finalized and submitted to HQ for final review and submission to USAID-W. The SIAPS-E FY 2012 Annual Plan Review meeting was conducted from December 29-30, 2011 in Adama Town. During the meeting, the MOP 11 work plan and the program expansion beyond the Oromia region was presented and discussed. Finally the meeting discussed on the COP 11/MOP 11 detailed plans for final preparation of individual DIPs. The routine office activities and support to field RPMA were provided throughout the quarter. Different

reports were prepared and submitted to different stakeholders and partners. These included the MOP 10 4th quarter activity report, SMS 4th quarter report and the April, 2011 CRMS Update. SPS held several meetings with Gabriel Daniel, who was here from the Arlington HQ to provide TS to the field office. Main focuses were: the MOP11 work plan, reviewing earlier CRMS reports and points for improvement, the HEWs drug information handbook, and baseline assessment toll for assessing AMDM situation in new AMDM expansion regions.

**Barriers to Progress:** None.

**Next Steps:** The draft MOP 11 work plan was finalized and once approved the routine office management operation and compilation of reports will be carried-out.

**Activity Title:** AMDM framework implementation/DSM.

**Activity Lead:** Daniel, Gabriel **Activity #:** 6 **Task:** A077 **Subtask:** PMET1006

**Activity Description:** Strengthen capacity in quantification/forecasting, procurement/ordering, distribution and inventory management to ensure uninterrupted supply of malaria products at all levels.

**Budget:** \$40,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A trip was made to Bahardar to discuss on the new expansion of the SIAPS/AMDM program in the Amhara regional state. The trip was conducted from November 23- 25, 2011. In Bahardar, SPS was joined by Getahun Sisay and met with officials of the regional health bureau consisting of Sr. Zebederu Zewde, Deputy Regional Bureau Head, and heads of Pharmacy, Communicable Diseases, and advisor to the regional health bureau. The SPS team briefed the group on: MSH International and the MSH-E program, PEPFAR Initiatives, RPM plus, SPS and then SIAPS, the PMI/AMDM program and activities and the scale-up from Oromia to the other regions, and pharmaceutical data/information systems, aggregation, and reviewing schemes. Visits were also made to Bahardar hospital and Baharda and Durbete health centers.

The routine follow-up of the planned PMI/AMDM activities were carried-out by the Pharmacy Advisor seconded to the ORHB and all RPMAs deployed in Oromia zones. These included providing TS in different pharmaceutical activities, conducting review meetings and joint support supervisions, and receiving and compiling the monthly monitoring of stock status at HFs and zonal and district stores. Other important areas of technical support and mentoring provided included store arrangement and stock control, use and update of management information tools (ex. patient diagnosis and drug treatment tools), and segregation of expired and obsolete products for ultimate disposal.

**Barriers to Progress:** None.

**Next Steps:** Conduct series of joint supervisions and review meetings in collaboration with regional, zonal and district health managers to supported sites for joint identification

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of problems and recommendations for improvement of services for facility level staffs. Strengthen the continuous mentoring supports. Compile and distribute the CRMS reports. Continue the program expansion activities in the other regions beyond Oromia and collection of AMDM baseline data from the new expansion sites and implement the MOP 11 activities.

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## Philippines

**Work plan:** Philippines Associate Award    **Year** 2010

**Funding Level:** \$1,440,000.00

### Work plan Background

Since 2007, the Strengthening Pharmaceutical Systems (SPS) cooperative agreement has worked with the Philippine Department of Health (DOH) and associated partners and stakeholders to promote pharmaceutical management best practices. Through country-based initiatives and extended support to partner countries in regional development initiatives, SPS has supported innovative approaches to building requisite competencies to ensure improved access to quality care, support and treatment. Philippines-based Regional Activities In November 2007, SPS conducted a regional Pharmaceutical Management for TB and MDR-TB workshop in Manila that included a rapid assessment of drug management practices for MDR-TB and the development of country-specific improvement plans. The following year, SPS conducted a Pharmaceutical Management for TB and MDR-TB Workshop in the Philippines as part of a five-country workshop series to review country-specific progress in implementing activities to achieve improvement plan objectives and develop a revised action plan. Beginning in 2008, the USAID Regional Development Mission for Asia (RDMA) asked SPS to participate in the formation of a regional model center for multi-drug resistant tuberculosis (MDR-TB) at the Tropical Disease Foundation in the Philippines; in collaboration with the WHO Western Pacific Regional Office (WPRO), the U.S. Center for Disease Control (CDC), the Philippine DOH and the USAID/Philippines mission. SPS participated in meetings with partners to develop the model and determine the plan of action for establishing a regional center in the Philippines as a model for other potential centers throughout the region. In preparation for a proposed seven- country assessment to review participating model center country needs, SPS assisted in developing the assessment tool and conducted an analysis of country strengths, weaknesses, obstacles and threats (SWOT) to evaluate pharmaceutical management competencies and identify gaps in capacity. Forward progress on the model centers initiative was postponed indefinitely with the withdrawal of TDF from the partnership. Country-Specific Activities Since 2007 SPS has participated in both the Global Drug Facility (GDF) and Green Light Committee (GLC) monitoring missions to the Philippines as well as the expedited Green Light Committee technical assessment of the MDR-TB treatment and management component of the Global Fund grant. Recommendations from the GLC demonstrated a need for the National TB Reference Laboratory (NTRL) to increase its leadership and management and human resources capacities to effectively perform its role as manager of the laboratory network. Also in 2008, SPS began developing a Philippine-specific version of e-TB Manager for programmatic management of drug-resistant TB (PMDT). The adaptation of e-TB Manager also required technical assistance to the Tropical Disease Foundation (TDF) — the Global Fund Principle Recipient at the time responsible for the care and management of drug-resistant TB patients —to strengthen drug management practices and reporting for MDR-TB. Subsequent to the transfer of the Global Fund grant from TDF to the Philippine Business for Social Progress (PBSP), oversight of and technical responsibility for the e-TB Manager in the Philippines also transferred to the DOH. Despite the potential for significant barriers to progress, implementation of the e-TB Manager continues to move forward. MSH and the NEC negotiated and signed a memorandum of understanding (MOU) in May 2010 relating to the technology transfer of the tool in time to pilot the Philippine version of the program at the end of June. Most recently, SPS has worked with stakeholders within the DOH, NTRL, WHO/WPRO and USAID/Philippines to facilitate the transfer of PMDT activities from TDF to the DOH. To expedite the transfer, SPS has been requested to develop a set of interventions and capacity building measures in the areas of management of TB-related medicines and supplies, diagnostic laboratory system strengthening, and management information systems (MIS) for the NTP.

Intervention objectives, achievements to date and associated activities are outlined in the sections that follow.

<b>Activity Title:</b>	Provide support to an e-TB Manager users training in pilot facilities
<b>Activity Lead:</b>	Doumbia, Seydou <b>Activity #:</b> 2 <b>Task:</b> A077 <b>Subtask:</b> TBPH1002
<b>Activity Description:</b>	In accordance with additional commitments associated with this activity, SPS will: (1) Complete all feature adaptations and adjust minor program errors in preparation for finalizing and validating the pilot version of the e-TB Manager tool. (2) Provide support to an e-TB Manager users training at three pilot treatment facilities and make any subsequent required minor adjustments. (3) Provide e-TB Manager training materials to the NEC for adaptation and pre-training modification. Materials include a user manual, trainers manual and training modules.
<b>Budget:</b> \$92,321.00	<b>Start Date:</b> Oct 2010 <b>End Date:</b> Sep 2011
<b>Products Planned:</b>	Training materials.
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<b>Reporting Period:</b>	1 October 2011-31 December 2011
<b>Activity Progress:</b>	SPS conducted several conference calls with MSH/SPS eTBM team. The eTBM Developers Manual was updated and training of MSH Philippines Java developer with the developers of eTBM in Brazil was completed. SPS supported NEC with an eTBM bug fix and to integrate customizations. SPS performed several maintenance support activities on the eTBM and met IMS staff and attended workshop on IT IS and IT IS v1 presentation. Staff attended and provided inputs on updates and customizations in the eTB Project Implementation Review 2011. SPS trained end users (training ongoing, however not full-scale until further notice from DOH). LCP laboratory: As temporary solution agreed with PMDT PMO and PBSP to provide an internet modem for access to the eTB account and training for eTB Manager. The ITIS TB patient treatment form, initially developed by IMS, was revised based on inputs and recommendations of NTP. The revised design of the form is envisioned to make this user friendly at the RHU level, at the same time provides the information relevant to the NTP and other DOH offices. The revised patient form has been submitted to NTP for final disposition.
<b>Barriers to Progress:</b>	Staff has to revise the terms and SOW of this activity, as expansion of eTBM to more sites is on hold. Test server of eTB Manager was not connected to internet during the close out of NEC.
<b>Next Steps:</b>	Continue collaboration with eTBM developers in Arlington, Ukraine, Indonesia, and Brazil. Continue site-specific and remote support for corrections and improvements of eTB Manager. Discuss next steps and plans with IMS for 2012 and continue providing support to DOH NTP staff. Improve data integrity and continue supporting PMDT program and NTP during transition period to new software. Provide technical support to IMS in transition of data sets and development of ITIS. Discuss with PMO hiring of short-term encoders to support the LCP Treatment Center to catch encoding patient data. For long term solution, suggest discussing this issue with PMDT and PBSP. Support LCP Laboratory in migration of data from their Microsoft access database to eTBM.

**Activity Title:** Conduct a national level TOT using adapted training material.

**Activity Lead:** Doumbia, Seydou      **Activity #:** 3    **Task:** A077    **Subtask:** TBPH1003

**Activity Description:** During the pilot phase of e-TB Manager’s implementation, SPS will continue to provide programmatic and IT technical support remotely to country counterparts to ensure potential barriers to scale-up are addressed in a timely manner. In addition, SPS will regularly monitor the case and drug management modules to ensure operations are being conducted according to protocol and effectively troubleshoot challenges that might arise from misapplication of tool capabilities. Following the completion of the pilot, SPS will conduct a national level training-of-trainers (TOT) to support the countrywide implementation of e-TB Manager.

**Budget:** \$193,195.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Meeting and workshop proceedings. Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** User training of three LCP Laboratory encoders was done by the trained encoder of LCP PHDU. The User Manual for eTBM in the Philippines will no longer be finalized.

**Barriers to Progress:** With the transition of eTBM to ITIS, no more trainings are to be conducted for new eTBM users.

**Next Steps:** Continue to provide technical support to facilities.

**Activity Title:** Develop an M&E tool for treatment centers and warehouses where e-TB Manager is implemented.

**Activity Lead:** Doumbia, Seydou      **Activity #:** 4    **Task:** A077    **Subtask:** TBPH1004

**Activity Description:** To strengthen country capacity to track program processes and outputs and measure intervention results, SPS will assist the DOH to develop an M&E tool for TB treatment centers and central warehouses where e-TB Manager is implemented, beginning with the pilot facilities.

**Budget:** \$65,925.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** M&E tool.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS monitored the accuracy and completion of encoded data. Staff also evaluated the frequency of login of eTBM users by reviewing the transaction logs.

**Barriers to Progress:** M&E of eTB manager will no longer be financed by the PBSP anymore, with the transition of eTBM to ITIS. The eTB coordinators under GF will move to another position with PBSP/IMS after the close-out of NEC in December 2011.

**Next Steps:** Technical assistance on data accuracy and completion prior to the transition of eTBM to ITIS. Conduct a survey of eTBM users to identify problems and areas for improvement.

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**Activity Title:** Work with the NTP to collect accurate assumptions, select tools and methodologies, and quantify and validate the forecast.

**Activity Lead:** Doumbia, Seydou      **Activity #:** 5    **Task:** A077    **Subtask:** TBPH1005

**Activity Description:** Although participants in the Pharmaceutical Management for TB and MDR-TB course were mostly successful in completing their task to forecast the annual order for medicines from the GLC, the complexities of forecasting in the short-term will make accuracy a continuous challenge. To assist the country in navigating probable obstacles as well as strengthening local capacity through on-the-job training in quantification and forecasting of second-line medicines, SPS will: (1) Work with the NTP to collect accurate and timely forecasting assumptions for the new and existing patient projections including integration of new standard treatment regimens, numbers of new patient cohorts and existing individual regimens. (2) Use tested tools and methodologies to quantify the medicines based on the assumptions and projections. (3) Validate the assumptions and calculations with the NTP, LCP and central medical stores in preparation for placing the order with the GLC. (4) Implement adjustment recommendations from the validation session as appropriate. (5) In accordance with the order schedule provide some assistance with the procurement of second-line medicines from the GLC.

**Budget:** \$80,166.00      **Start Date:** Oct 2010      **End Date:** Aug 2011

**Products Planned:** Forecast. Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS participated in regular DSM meeting with NCR treatment centers, where overall drug status was discussed. Issues regarding central and peripheral drug supply, drug distribution up to the treatment site level, monitoring visit results, and approaches in avoiding stock out especially with Cm were also discussed. SPS checked proposed delivery schedule of drugs for 2012 and assisted in the quantification of ancillary drugs for 2012. SOS participated in a discussion with partners (LCP PMO, WHO, NTRL, etc) regarding Standardized Treatment Regimens. D Staff also discussed with GF/LFA (Simona Chorliet) the procedures in drug quantification, verification and analysis of data at the PMO central-level.

**Barriers to Progress:** Difficulty in getting prompt, complete and accurate reports from the treatment centers and warehouses.

**Next Steps:** Continue reviewing the LCP PMO drug forecast. MSH will conduct a field visit to better understand the situation and practices at the peripheral sites.

**Activity Title:** Coordinate with the DOH working groups to develop or update policies for incorporation into a draft MOP

**Activity Lead:** Doumbia, Seydou      **Activity #:** 6    **Task:** A077    **Subtask:** TBPH1006

**Activity Description:** SPS will facilitate the development of a MOP for pharmaceutical management of TB and MDR-TB medicines in collaboration with the DOH, WHO/WPRO and PBSP.

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The objective of the manual is to strengthen the technical and/or management capacity to select, procure, distribute or rationally use second-line medicines within the DOH. Accordingly, SPS will conduct the following activities this year: (1) Develop an action plan and timeline in which to complete the activity. (2) Work with the DOH and partners to establish working groups to develop policies or address policy conflicts as needed — relative to areas of pharmaceutical operations including selection, procurement, distribution and rational use. (3) Develop a draft framework for the pharmaceutical management MOP, to address current and projected issues. (4) Conduct a validation workshop to collect stakeholder inputs and finalize the manual in preparation for roll-out. (5) Conduct a TOT to begin implementation of the MOP. (6) Monitor the progress of implementation and provide TA as necessary and requested.

**Budget:** \$159,928.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** MOP.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** DOH NTP decided that PSM MOP will not be used for roll-out. Instead, the developed PSM MOP will be used as a reference during drug management trainings

**Barriers to Progress:** None.

**Next Steps:** MSH SIAPS will develop job aids for use in trainings.

**Activity Title:** Conduct a validation workshop to finalize the draft and a TOT for product roll-out.

**Activity Lead:** Morley, Sharri    **Activity #:** 7    **Task:** A077    **Subtask:** TBPH1007

**Activity Description:** SPS will facilitate the development of a MOP for pharmaceutical management of TB and MDR-TB medicines in collaboration with the DoH, WHO/WPRO and PBSP. The objective of the manual is to strengthen the technical and/or management capacity to select, procure, distribute or rationally use second-line medicines within the DoH. Accordingly, SPS will: (1) Conduct a validation workshop to collect stakeholder inputs and finalize the manual in preparation for roll-out. (2) Conduct a TOT to begin implementation of the MOP. (3) Monitor the progress of implementation and provide TA as necessary and requested.

**Budget:** \$194,202.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** MOP. Workshop proceedings.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The NTP decided not to use MOP for roll-out. SPS/SIAPS will conduct drug management training courses for treatment center pharmacists, instead.

**Barriers to Progress:** Due to the decision of the NTP regarding the MOP, a roll-out will not push through.

**Next Steps:** SPS is planning on conducting drug management training for the treatment center pharmacists to update them, especially the newly hired, on the proper practices of drug management.

**Activity Title:** Build leadership and management capacity though conducting a leadership and

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management training program.

**Activity Lead:** Doumbia, Seydou **Activity #:** 8 **Task:** A077 **Subtask:** TBPH1008

**Activity Description:** Based on findings from a May 2010 assessment of the NTRL's organizational structure and capacity with respect to their mandate, SPS will build management and leadership capacity by conducting a Leadership and Management Development program for lab managers and their teams from central and intermediate levels. The program will assist managers in developing organizational capacity and enabling them to address operational challenges, improve TB laboratory performance and achieve measurable results. The program includes: (1) Four workshops (three-days each)--conducted in a concepts building series and offered to the selected laboratory management teams over a 9-12 month period. (2) In each of the workshops, teams will be introduced to the field-validated leading and managing practices. (3) In the period between each workshop, teams apply these practices, to address and make progress on their selected operational challenge.

**Budget:** \$352,548.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Workshop proceedings. Technical report. Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Final reviews of the draft document (Finance Report) by the NCDPC director and NTP manager was postponed because of scheduling problems, and also because of the recent replacement of a new NCDPC director. The first draft of HR report was not finished on time and is expected by end of February 2012.

**Barriers to Progress:** Difficulties in arranging schedules of meetings with key stakeholders in DOH. Turn-over of bureau heads at DOH delayed activities. Delays in setting up meetings between consultants and DOH interviewees because of tight schedules.

**Next Steps:** Schedule a small group briefing in Q2 with key persons from NTP/DOH and USAID initially to present the major findings from the reports. Conduct a briefing with a bigger group after NTP and USAID has commented on the findings.

**Activity Title:** Review NTRL's human resources needs and develop a plan to strengthen human resources capacity.

**Activity Lead:** Doumbia, Seydou **Activity #:** 9 **Task:** A077 **Subtask:** TBPH1009

**Activity Description:** MSH will assist the NTRL in reviewing, identifying gaps and strengthening capacity to manage human resources within the laboratory network, which will include the following activities: (1) Conducting a review of the NTRL human resource needs required to carry out its mandate for national TB lab services. Determine the number of positions and their respective functions. (2) Use the findings of the review to assist the NTRL to develop a human resource plan including a revised organizational chart and to provide justification for new positions and associated budget.

**Budget:** \$75,858.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Human resources strengthening plan.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Meetings and field mentoring sessions were held with the LMDP teams to review their action plans and assess their progress. The following results were observed: (1) The Quezon City Team revisited their action plan and implemented new strategies to achieve their targets. The team mobilized community partners and grassroots level government officials (Barangay) to obtain their support for the TB program particularly the team's activities. The mobilization effort resulted in the participation of the community partners in managing the TB program. Program management is now the joint responsibility of the Quezon City Health Department, a "community management group", and the Barangay TB Management Council (BTBMC). BTBMC is now functioning as a management team under the guidance of the QC Team and SPS. Meetings are held regularly to discuss program activities and address problems. The Barangay officials in BTBMC committed to allocate cash incentives (Php 1,500.00 per month) for each of the active community volunteers. The Quezon City Health Department, through BTBMC, committed to establish another microscopy laboratory in the Payatas community, and will support the establishment of smearing stations and the training of community volunteers who will man these stations. (2) With SPS guidance, the Manila LMDP team recruited additional team members who are working in the target area of District 1 (Tondo District) of Manila. The three new members include the District Health Officer, one health center physician from the district, and the district NTP nurse coordinator. SPS oriented the new members on the LMDP initiative. Upon SPS advice, the Manila team will revisit their plan and assess why the strategies that they implemented did not work. (3) NTRL applied some of the L/M practices within their workplace. However, these did not seem to help them in the achievement of their planned targets. (4) LCP has developed a lab information system that has shortened encoding and turnaround time. However, the team was unable to sustain the initial gains. SPS participated as a technical resource in the NTP regional and national laboratory consultative conferences to assist NTRL and regional managers identify the gaps in the provision of lab services. Among the key issues identified were: (1) Participation of LGU labs in QA activities is irregular. (2) Inadequate logistical support for regional and provincial and city lab managers to perform supervision and monitoring of labs. Skills in lab supervision are also inadequate. (3) Reporting processes need improvement at all levels, in terms of timely submission, data analysis and utilization, and feedback. (4) Shortage of human resources in peripheral and intermediate (provincial) level labs. Support to NTP was also provided through: (1) Development of the patient data collection form for the new integrated TB information system (ITIS). (2) Acting as resource person for NTP in discussions related to ITIS development, and development of new NTP guidelines and procedures. (3) Assistance to the DOH (CHD/NCR) and Metro Manila LGUs in development of regional plan to implement PhilPACT. (4) Provision of technical advice in the implementation of the second ant-TB drug-resistance survey (DRS) particularly in addressing implementation problems. (5) Technical advice to PMDT management team in terms of designing workshop and analysis of program issues.

**Barriers to Progress:** Difficulty in organizing mentoring sessions and other related activities with LMDP

teams due to their tight schedules. The large volume of work, including backlogs, prevented progress in activities at the NRTL. Lack of team members who can work with the current team at LCP.

**Next Steps:**

SPS will continue mentoring activities for the LMDP Teams and efforts will be exerted in harmonizing schedules. Assist training of BTBMC core team members in leadership and management practices (April 2012). SPS will assist the Manila team to implement field activities to refine their plan's strategies (March 2012). SPS will assist the BTBMC and QC Team in advocacy activities to city health officials. SPS to help LCP expand its current team. SPS will assist NTRL review their action plan for enhancements. Assist NTRL in developing strategies to address regional lab network issues. Continue assistance to NTP in other program-related activities.

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## South Africa

**Work plan:** South Africa Associate Award    Year 2010

**Funding Level:** \$8,108,875.00

### Work plan Background

Since 2003, the RPM Plus Program, and then the SPS Program have provided technical assistance in pharmaceutical management to the Government of South Africa at the national, provincial and local levels. The goal of this assistance has been to strengthen the capacity of pharmaceutical services to improve access to and use of health commodities for the treatment and care of those affected by HIV/AIDS. The goal of the SPS South Africa program is to strengthen the capacity of policy makers, health care providers, and institutions for improved pharmaceutical systems and services through improving pharmaceutical sector governance, improving pharmaceutical services, strengthening supply chain management, and by ensuring appropriate use of medicines for improved health outcomes.

<b>Activity Title:</b>	Technical Activity Coordination		
<b>Activity Lead:</b>	Sallet, Jean-Pierre	<b>Activity #:</b> 1	<b>Task:</b> A077 <b>Subtask:</b> PEZA10TC
<b>Activity Description:</b>	MSH/SPS will provide TA in the key areas of prevention (PMTCT), care (TB/HIV) and HIV and AIDS treatment/ARV services. Technical activity coordination includes the coordination and holding of meetings, the preparation of minutes, and communications with partners and collaborators. Implementation of the work plan activities will require that the SPS South Africa team work closely and coordinate with the USAID/South Africa mission, PEPFAR partners, and the South African NDOH, PDOHs, Metros, Medicine Control Council (MCC), and other structures by means of meetings and direct field support.		
<b>Budget:</b> \$459,799.00	<b>Start Date:</b> Oct 2011	<b>End Date:</b> Sep 2012	
<b>Products Planned:</b>	None.		

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** During this period, two cluster meetings of both the clinical programs and MSM clusters were held. A general staff meeting was held in December. Orientation sessions were held for the two new SPAs for Gauteng and Limpopo provinces. Interviews were conducted for the ARV monitor posts in these two provinces. Mid-year PPRD reviews were completed and reports submitted to management. Areas for improvement were identified and corrective measures suggested. Strategic management work planning sessions and a series of meetings were held for the preparation of the SIAPS work plan. The work plan was completed and submitted to the Arlington office. A literature review was undertaken in preparation for the development of the MSH South Africa work place policy. A decision was taken by management to include TB in the policy. A draft policy will be presented to management for comment in January 2012 before being finalized.

In the Free State (FS), a presentation on an update on SPS activities in the province

was prepared and presented to a meeting of FS DoH/PEPFAR Partners held in October. In Limpopo (LP), support was provided to facilitate and conduct the development of the provincial pharmaceutical services skills development plan for 2012. The provincial wish list was also drafted and submitted. In the Eastern Cape (EC), a meeting was held with the acting HOPS and his team to identify areas of technical support for 2012. A draft training schedule was compiled and will be circulated. The training issues were also discussed in a separate meeting organized by the Qaukeni Sub-District management. Plans to address the issues identified will be presented at the February meeting. In the Northern Cape (NC), the training calendar for the upcoming year is being drafted. Training flyers was sent to all the relevant stakeholders in the province.

A strategic planning session was attended at the School of Pharmacy at the Nelson Mandela Metropolitan University (NMMU) in the EC in October and input was provided. The Pharmacy Service Conference in the Western Cape (WC) was attended and input provided as necessary. Some members of staff participated in the MSH Strategic Roadmap Renewal for 2012-2016.

**Barriers to Progress:** Lack of transport for DOH staff in the Northern Cape (NC) affected activities in the province. In LP, the acting HOPS are rotating every 3 months making it difficult to establish a relationship. In Mpumalanga the HOPS and depot manager have been suspended. In the EC, there is an acting HOPS.

**Next Steps:** Continue as outlined in the work plan.

**Activity Title:** Provide support to the PMTCT program.

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 21    **Task:** A077    **Subtask:** PEZA1022

**Activity Description:** In FY 2010 SPS will focus on supporting the implementation of the new prevention of mother-to-child transmission (PMTCT) guidelines, through strengthening the integration within pharmaceutical services in the provinces and metropolitan areas. Specific activities include training of pharmacy and nursing personnel at sites, as well as support for logistics systems for PMTCT commodities.

**Budget:** \$248,350.00    **Start Date:** Oct 2011    **End Date:** Sep 2012

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Training on PMTCT was conducted in the Northern Cape (NC) (14 pharmacist's assistants were trained). The SPA, who was the technical lead on PMTCT, resigned. A new SPA was appointed for Gauteng Province in October and will in future be responsible for PMTCT. Initial activities have involved the review and updating of PMTCT training materials.

Posters on the new PMTCT guidelines were developed during this quarter. The posters were shared with members of the Clinical Cluster for comment and have been sent to the National Department of Health (NDoH) for final review before printing. It

is planned to hold a series of workshops to disseminate the posters.

**Barriers to Progress:** None.

**Next Steps:** There is need to develop a new strategy on how PMTCT support will be provided. Meetings with the relevant authorities at national and provincial level are planned for early 2012. Follow-up with NDoH on the draft PMTCT posters.

**Activity Title:** Provide technical assistance for the establishment of appropriate pharmaceutical systems to support specialized programs such as PMTCT and TB at the provincial and national levels.

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 9    **Task:** A077    **Subtask:** PEZA1009

**Activity Description:** MSH/SPS will continue to provide support to the NDoH TB sub-directorate to strengthen medicine supply management for TB and the management of TB patients on ARVs, by training health care workers supporting the TB program at both provincial and local levels. MSH/SPS will also train pharmacists on estimating requirements for TB medicines. The main area of emphasis includes training and capacity building at the PHC level.

**Budget:** \$ 255,444.00    **Start Date:** Oct 2011    **End Date:** Sep 2012

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** TB DSM Training  
Two TB DSM trainings were conducted during this quarter in Gauteng (City of Tshwane) (52 people were trained) and one in the Northern Cape (NC) (12 people were trained). The trainings provided an opportunity to pilot the new tool developed to assess TB pharmaceutical management at facility level. In the training conducted in Tshwane, the policy on procurement which is implemented by all facilities was taken into account.

National TB Quarterly meeting

A National TB Quarterly Review meeting was attended on November 23-24, 2011. An update on the roll out of GeneXpert was presented. Phases 1 and 11a (capacitating of existing laboratories) were completed. It was expected that capacitating of the high-burden districts would be complete by the end of 2011. Concerns were raised with funding for the project. A new National Strategic Plan for HIV, AIDS, STIs and TB would be launched in December 2011. The TB part was not yet completed. A working group would be constituted in early 2012 to assist. The process needed to be completed by February 24, for the launch. The launch of the policy for decentralized and de-institutionalized MDR TB care took place in Gauteng in November. This new approach presents a number of opportunities to assist with supply management for second line TB medicines.

Pharmaceutical Management for TB Assessment

Following discussions held at the National TB DSM training held in August 2011, and

a meeting with the NDoH TB Directorate in October, it was agreed that a National TB pharmaceutical assessment would be conducted. Further, a meeting was held with USAID in November which confirmed that an extra USD 500,000 had been allocated for TB. A separate work plan is to be developed for TB activities under this funding. USAID requested that a rapid assessment of the TB pharmaceutical situation be conducted in the country and that the findings would then inform future activities under TB. It was also requested that the results be made available by February 2012. A teleconference was held with Chinwe Owunna on the assessment, where after data collection tools were shared. These tools will need to be adapted for South Africa. Because of a lack of capacity in the office to undertake a national assessment within the needed time frames, it was agreed that the study be outsourced. Terms of reference for the appointment of a consultant will be developed and shared with USAID and NDoH for input/comment. A separate TB work plan will be developed in January 2012.

A TB DSM Brochure was developed and was to be shared at a TB Indaba planned in the Free State (FS). A poster using FS Depot data looking at availability of first line TB medicines at the FS Depot was also prepared. The TB Indaba was unfortunately cancelled at the last minute by the province. The Medicine Supply Management for TB brochure was finalized. A summit on TB/HIV integration indicators was held by the NDoH in Pretoria. SPS/MSH was represented at this meeting. The activity could not be completed and it was agreed that a working group would be constituted to finalize the indicators.

**Barriers to Progress:** None.

**Next Steps:** The data from the pilot of the assessment tool is being analyzed and a report will be produced in due course. A data capturer was employed in December to capture the data for analysis in January 2012.

**Activity Title:** Implement drug supply and patient management computerized systems at facility level and strengthen capacity for the use of pharmaceutical information

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 16    **Task:** A077    **Subtask:** PEZA1016

**Activity Description:** The RxSolution© system is currently used in five provinces (Eastern Cape, Mpumalanga, Gauteng, North West and Free State) and two Metros (Tshwane and City of Johannesburg). RxSolution© is currently used in over 90 sites throughout South Africa with MSH/SPS support. Some of the ARV sites using RxSolution© have shown great improvement in the management of their supplies for ART and non-ART medicines. As a result, more sites (hospitals and wellness centers) have requested to use this system. At some hospital sites RxSolution© is used to support the down-referral of patients to a primary healthcare institution, typically patients on chronic medication or stabilized ARV patients. The main objectives are to reduce the burden on the hospital and decrease the cost for the patient. SPS works through the provinces and the local governments/Metros, and as such follows their guidelines and supports their policies. SPS is also ensuring that all systems are reflecting the national standard treatment guidelines and/or comply with the current legislative requirements

and treasury regulations. Sites using RxSolution are able to provide reports on national and PEPFAR indicators. All the activities are in line with the NSP objective to increase the proportion of healthcare facilities providing ART, and that of streamlining medicine procurement to decrease the number of facilities experiencing stock-outs. The National Drug Policy (NDP) also provides a strong basis for the medicine supply management activities. Overall the system can provide a mix of logistic (availability, consumption, expenditures) and clinical (treatment, treatment outcomes, use, and disease and prescribing patterns) data SPS has already developed and test interface between RxSolution and SITA approved systems like the Patient Administration and Billing system (PAAB) or the Remote Demander Module (RDM). Integration with other systems is under development.

**Budget:** \$817,420.00    **Start Date:** Oct 2011    **End Date:** Sep 2012

**Products Planned:** Assessment form for installation of RxSolution.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** System development  
Maintenance of the OVC database application continued during this quarter. Integration with Therapy Edge at Right to Care (RTC) facilities also continued with five local service providers working together to integrate systems. The data warehousing project is ongoing.

In North West, RxSolution has been successfully implemented in hospitals in the province. RxSolution training is done continuously during site visits. Project meetings, where users' issues are addressed continued to be held every second month. A post implementation assessment is needed to document the improvement in stock management in these hospitals.

In the Free State, upgrading to the newest version of RxSolution is complete. Training and support is ongoing. Advanced sites have been identified as champions for RxSolution. A decision was taken that RxSolution will be used in a pilot system for chronic dispensing in the province. Meetings are still underway to determine which facilities will be chosen as pilot sites. Formal training was conducted for 13 people.

In the Eastern Cape, planning for the upgrade to the new version of RxSolution is complete. A project to deploy RxSolution to other districts is underway. A meeting was held with a representative of the Donald Woods Foundation and the pharmacist from Madwaleni Hospital. The purpose was to better understand the Foundation's patient management system and share available reports. TA was provided to stores personnel at Cecilia Makiwane Hospital in East London. A route cause analysis was done to identify and analyze challenges experienced. An improvement project plan is under development. TA was provided to Elizabeth Donkin Hospital (EDH) for the implementation of RxSolution. The baseline data obtained will be used in the post implementation phase. Formal training was conducted for 12 people.

In Gauteng, no further progress was made with the installation of RxSolution at provincial sites. The pilot in partnership with RTC and Therapy Edge at Helen Joseph Hospital continued. Work is also being done with the Aurum Institute to deploy RxSolution to their facilities. Work with Tshwane Metro on a backup plan is ongoing.

#### General

A national RxSolution super users' group is being setup to allow users to share experiences and knowledge between provinces. The users have been identified and will help with the improvement of RxSolution by offering advice on which direction the system should take. There are currently 188 Sites with RxSolution/RxStore installed within SA. Of these 124 are fully functional. 29 are managed by the City of Tshwane and are completely self-sustainable i.e. little or no input from SPS/MSH. 41 sites are partially functional or in the process of being installed. 23 sites are in the process of follow up and reactivation.

**Barriers to Progress:** Personnel constraints are the major challenge in facilities where RxSolution is deployed. At some institutions there are no permanent staffs or there is a high rate of staff turnover. Computer hardware not adequately protected with anti-virus applications meaning that RxSolution may fail. Third party developers are delaying progress of integration with other health systems.

**Next Steps:** Continue supporting RxSolution.

**Activity Title:** Update quantification model, tools, and approaches for HIV/AIDS, PMTCT, STIs, TB, OIs, and PEP in accordance with new guidelines and train national and provincial pharmacy and procurement staff in routine quantification and supply planning.

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 5    **Task:** A077    **Subtask:** PEZA1006

**Activity Description:** MSH/SPS is constantly improving and developing new models to estimate and monitor medicine needs using morbidity and consumption data. These models are specifically tailored to the South African National STGs for HIV and AIDS, STIs, OIs, other priority diseases and post-exposure prophylaxis (PEP). In previous years, provincial staff responsible for the submission of provincial estimates, provincial pharmaceutical warehouse managers and pharmacists responsible for the procurement of ARVs and medicines used for the treatment of OIs and STIs at the institutional level (hospital, community health center and district) were trained. Training in quantification needs to be an ongoing function, especially in the public sector in South Africa where community service pharmacists are often in charge of pharmacies during their year of service, then leave the public sector for the private sector without plans for succession. The quantification models will be shared with other partners that are supporting the NDoH (e.g. SCMS and Clinton Foundation) and joint training workshops will be conducted.

**Budget:** \$ 153,266.00    **Start Date:** Oct 2011    **End Date:** Sep 2012

**Products Planned:** Quantification study.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The quantification tool was finalized and updated. At the national-level, estimates on the remaining 15 months of the current tender contract were done using the updated tool.

The quarterly quantification meeting was replaced during this quarter by team visits to each of the nine provinces in order to agree on quantification assumptions for the remainder of the ARV contract period (up to December 2012). A team from SPS/MSH and CHAI along with NDoH managers held 1-2 day meetings with key role players in each province during the period mid-September to end October 2011. The latest version of the quantification tool was used. Some areas for improvement were discovered during the use of the tool. Information from the bi-weekly monitoring reports for the period January through August (issue figures for each province) were used to prepare a provincial working document, wherein conclusions with regard to patient numbers and regimen splits were suggested. This document was used as the point of departure for each provincial meeting. Consensus was reached with provincial teams on these assumptions, and details used to feed into the tool. Resulting calculated requirements were compared with actual and assumptions. Adjustments were made where necessary.

Final results were consolidated into quarterly requirement projections per province for the remaining contract period. Briefing meetings were arranged at the NDoH with contracted suppliers to communicate the results of this quantification exercise, including current stock status and outstanding USG-donation (ARV bridging program) stock. Outcomes of this exercise were: (1) Revised contract estimates per item determined through this process showed variances of between 30% and 1000% of original awards. (2) Suppliers expressed appreciation for the process followed and requested similar follow-up meetings with NDoH. (3) Provincial and national counterparts demonstrated better understanding of the use of the tools, as well as the impact and importance of the various assumptions. (4) The credibility of the tool with provincial managers was also considerably improved.

In addition, training and TA was provided in Limpopo (LP) (6 pharmacists were trained) and Northern Cape (NC) (14 pharmacists and nurses were trained).

**Barriers to Progress:** Challenges identified in most of the provinces are lack of data, inconsistent data inputs and lack of basic Excel skills.

**Next Steps:** Monitoring use against estimates per province and further fine-tuning of the tool. Follow-up meeting with provinces and monitoring supplier performance and off-take. Completion of the quantification user manual and further TA at national, provincial and facility-level.

**Activity Title:** Provide support to national and provincial pharmacy staff on monitoring and evaluation of pharmaceutical services

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 17    **Task:** A077    **Subtask:** PEZA1018

**Activity Description:** SPS will continue to provide TA in emerging areas such as monitoring and evaluation

of pharmaceutical service delivery. These activities will build South Africa's capacity and support the improvement of health services. This will also provide an opportunity to strengthen the working relationship between pharmacists and other program managers. MSH/SPS will also continue the training of pharmacy personnel in using their data for decision making to ensure that the increasing demand for medicines required for the care and treatment of HIV and AIDS and other related programs is met, and monitored.

**Budget:** \$153,266.00    **Start Date:** Oct 2011    **End Date:** Sep 2012

**Products Planned:** Indicators developed to monitor performance of chronic dispensing unit. Outline for the 4th session of a workshop on M&E. Standards for the provision of services by the Cape Medical Depot (CMD) of the provincial government of the Western Cape (PGWC).

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A meeting was attended at the National Department of Health to review the risk rating of the measures in the National Core Standards (NCS). This followed a decision by the NDOH to include vital measures where there is reputational or medico-legal risk to the Department of Health. Input was provided in collaboration with the Director: Affordable Medicines on Domain 3 including the Sub-domain: Pharmaceutical Services. The guideline document for the measures relating to Pharmaceutical Services was finalized. In Gauteng, NCS facility assessments were conducted at Chiawelo, Sizwe and G. Mukhari Hospitals. Training on the NCS was provided in the Western Cape (WC).

A meeting was held with representatives of the NDOH regarding the National Core Standards database. It was found that it is possible to get aggregated data at the level of the individual or number of facilities, sub-districts, districts, provinces or nationally off the NCS module of the DHIS. It is thus possible to base indicators for pharmaceutical services on the National Core Standards. It is also helpful that one can load the NCS module on a standalone computer and export and import data captured. It is thus possible to base program indicators on the NCS measures.

Two small changes were made to the national medicine availability indicators. Data elements were identified and data collection tools for the national medicine availability indicators were prepared in collaboration with the National ARV Monitor.

In the Eastern Cape (EC), the Port Elizabeth Health Complex (PEHC) interns' presentations were attended and a representative of SPS was a member of the adjudication panel. Two interns were selected to present their research proposals at the EC in-service training. Also in the WC, a workshop was facilitated to assist pharmacists and pharmacist's assistants with entries for the National Healthcare Excellence Awards. Following the workshop, two of the three awards for pharmacists and all three of the pharmacist's assistant's awards were won by entrants from the WC. In WC, work continued on the draft results framework and indicators. The

results framework was used to set up a template for the job descriptions (JDs) of District Managers, supervisors, responsible pharmacists and production pharmacists. The JDs are in line with the outcomes in the results framework.

A meeting was attended at the CSIR regarding the Infrastructure Unit Support Systems (IUSS) project. The aim of the project which is a joint project of the NDOH, CSIR and the Development Bank of South Africa is to develop norms and standards for the infrastructure of all aspects of health care establishments. This work will continue in collaboration with the Directorate: Affordable Medicine of the NDOH in 2012.

**Barriers to Progress:** None.

**Next Steps:** Continue with M&E efforts, especially in the transition to SIAPS.

**Activity Title:** Support measures to improve governance with regard to compliance with standards for pharmaceutical services

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 3      **Task:** A077      **Subtask:** PEZA1002

**Activity Description:** Since 2004, assistance has been provided to all provinces in monitoring progress towards compliance with the SAG legislative requirements that relate to the delivery of pharmaceutical services, as well as the applicable standards for the accreditation of health institutions (hospitals, community health centers) to provide ART. After the first SPS national meeting in August 2008, most of the provinces and metros requested additional support in new areas to support governance (e.g. management and leadership, strategic planning, and project and financial management). SPS will provide assistance with the development of policies and procedures at all levels, development and implementation of models of service delivery to support the provision of quality service to patients with HIV and AIDS, TB and other diseases, capacity building in the areas of governance, pharmaceutical care, and monitoring and evaluation of pharmaceutical service delivery. SPS will continue to provide assistance to all provinces in monitoring progress towards compliance with the Pharmacy Act and Medicines Act legislative requirements that relate to the delivery of pharmaceutical services. SPS will explore opportunities to work with the Joint Commission International (JCI), a SPS sub partner, on some of these issues. SPS will continue to provide technical assistance to non-governmental organizational structures (SA Pharmacy Council (SAPC)) in a wide range of services, such as the development of staffing norms for pharmacies, accreditation of facilities, and revision of legislation relating to pharmaceutical services.

**Budget:** \$102,177.00      **Start Date:** Oct 2011      **End Date:** Sep 2012

**Products Planned:** Presentation.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** In the North West (NW), SOPs for the depot and hospitals are under review and should be finalized by March 2012. SOPs for disposal of unusable stock, borrowing and buyouts were developed and finalized. A challenge has been a delay in the

submission of completed Board of Survey forms and approval at provincial level. The service level agreement (SLA) for pharmaceutical services, depot, hospitals and clinics and the depot master file (a requirement for MCC licensing) have been drafted.

In Gauteng (GP), TA was provided as part of the review committee for SOPS. A protocol for safe administration of medicines (in wards) was developed. Health care workers were trained on this protocol in November.

In the Eastern Cape (EC), district facility reports are being compiled using the 2010/11 South African Pharmacy Council (SAPC) inspection reports. This will assist in identifying shortcomings so that interventions can be made. TA was provided to EC Pharmaceutical Services to organize an in-service training (annual conference) for pharmacists and pharmacist's assistants. Presentations made by SPS at the training included: scope of practice of pharmacists, quantification, report on stock holding at Xhora CHC, overview on the medicine supply management (MSM ) assessment tool, National Core Standards and a report on the South African Pharmacy Council (SAPC) inspection questionnaire. TA was also provided in documenting lessons learned. At the request of the Acting Director of Pharmaceutical Services in the EC, a one day brainstorming session was organized and facilitated to provide an understanding of the situation in the province. Available resources and expectations were identified. A task team was constituted to consolidate a document for further discussion. Work continued on the review of the SOPS for Buffalo City prior to printing.

Lectures as well as three practical sessions on pharmacy law and ethics were provided at Nelson Mandela Metropolitan University (NMMU). The September semester test was marked. An assignment was set and marked. The November and January examination papers were set and marked.

The SAPC inspectors' Bosberaad was attended. New developments including National Core Standards, the new inspection questionnaire and the development of a guidance document for inspectors were discussed. Three Laws Compendia were ordered for the EC, Limpopo and the Northern Cape SPS offices. Various queries relating to legislation were addressed on an ongoing basis.

**Barriers to Progress:** None.

**Next Steps:** Continue support of governance activities.

**Activity Title:** Strengthen Leadership and Management Skills for Pharmacy Personnel

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 20    **Task:** A077    **Subtask:** PEZA1021

**Activity Description:** Drug supply management training has been provided to pharmacists, pharmacist's assistants, nurses, facility managers, training coordinators and clinic supervisors on basic skills in medicine supply management required to manage the medicine supply chain. Workshops and training will continue to be conducted at provincial and district levels in collaboration with local counterparts.

**Budget:** \$43,595.00    **Start Date:** Oct 2011    **End Date:** Sep 2012

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The PLDP training for Northern Cape (NC) and Free State (FS) continued in Bloemfontein with Workshops 2 and 3 held on October 24–28 and November 21–25, 2011. PLDP coaching visits were conducted for the three FS Teams in Bloemfontein, Kroonstad and Bethlehem on October 18–19 and November 15–16, 2011. During Workshop 2, projects for the participants teams were selected as follows: Strengthening the FS Down Referral System (Team Motheo); ARVs in PHCs (TM Trio); Improving Rational Use of Antibiotics (Bona Bona); and Strengthening Pharmacovigilance in the NC and Sustainable Inventory Management in a PHC clinic in De Aar in the NC (Three Musketeers). Work was done on the Finance Module of the PLDP. The module was linked to the module on legislation and participants were required to study the Public Finance Management Act and the Treasury Regulations and prepare a presentation on the most important provisions of the act/regulations for pharmacy managers. The inventory management section of the module was strengthened. The Human Resources module was also reworked with the assistance of a consultant and will be piloted in Workshop 4 in January in the FS. A training-of-trainers' session on Pharmaceutical Leadership Development Plan (PLDP) was conducted in October in the Eastern Cape (EC). At least 21 participants have been selected to attend the course which is planned to commence in January 2012.

In Gauteng (GP), an overstock database and ARV and TB medicines availability monitoring and dues out tools were developed. TA was provided with the National Tertiary Services Grant. A list of medicines was compiled from the Gauteng formulary filtered by level of prescription and the list of departments entitled to the NTSG. The list was then compared with the tender price, tender number when applicable as well as SEP (if not on tender). Once finalized, it will be submitted to the six tertiary hospitals for review, addition, and approval. Once approved, the list will be communicated to Medical Supplies Depot. A request was also received to look at the CCMT: 2012/2013 Conditional Grant Business Plan. The cost of ARVs for 2012/13 financial year based on program target was reviewed. A breakdown per regimen based on quantification workshop results was then worked out.

**Barriers to Progress:** In the FS there were challenges with the venue used for the PLDP workshops at the Depot. A new venue was found for subsequent workshops.

**Next Steps:** Continue providing TA and capacity building.

**Activity Title:** Dissemination of lessons learned and results.

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 18    **Task:** A077    **Subtask:** PEZA1019

**Activity Description:** SPS will update and implement the Monitoring, Evaluation and Results Plan (MERP) plan in line with COP 09. This activity also aims at the regular reporting on program implementation and documenting the different lessons learned from the implementation of the Emergency Plan interventions as applied to the pharmaceutical sector. It will document workable solutions and strategies. The program will work

with the USG Team, SPS Washington, and other partners to identify success stories and ensure their documentation. The program will work with the USG team and other partners to identify opportunities for the presentation and dissemination of lessons learned locally, regionally and internationally, as well as to contribute to publications of global interest. This activity also includes work plan development, budget monitoring, progress monitoring, quarterly and semi-annual reports, and pipeline reports. Indicators developed and agreed on with partners will be used for monitoring activities and will serve as a basis for reports provided to the USAID mission, as well as for revising targets in order to contribute to reaching PEPFAR goals in South Africa.

**Budget:** \$204,355.00    **Start Date:** Oct 2011    **End Date:** Sep 2012

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The 3rd International Conference for Improving Use of Medicines (ICIUM) was held in Antalya, Turkey, from November 14 – 18 and was attended by representatives of SPS SA. The conference takes place every seven years. Key partners included INRUD, MSH, WHO, different ministries of health, universities and UN international organizations. Key themes revolved around informed strategies, effective policies, lasting solutions, etc. About 600 participants including 50 from MSH attended. One paper and six posters were presented, and two sessions were moderated.

The International HIV Vaccine Conference held in Bangkok was attended and two papers on novel clinical trial regulatory considerations and regulatory lessons learnt from SA were presented. The AWACC held in KZN was attended.

MSH's 40th Anniversary was celebrated at a reception held at the MSH offices in Hatfield, Pretoria. The occasion also marked the official opening of the building. Dr Jonathan Quick was taken on a visit to Rustenburg Hospital in North West (NW) to see improvements resulting from implementation of RxSolution.

With BLC colleagues, a number of meetings were held to prepare for the screening of the AIDS film "Inside Story". MSH, particularly through BLC, played a leading role in the production of the movie and the organizing of the premiere which was held at the Killarney Mall in Johannesburg and attended by many MSHers.

The SPS South Africa Newsletter (September to December 2011) was finalized and distributed to SPS worldwide and USAID. The Q4 report was finalized and loaded on the Data Warehouse. Eight success stories were submitted to USAID. The Q4 SMS reports were prepared and the SPS common indicator survey was completed. Work continued on the SPS progress report.

The prestigious National Healthcare Excellence Awards for 2011 were awarded by Deputy Minister of Health at a ceremony held on November 21, 2011. The winner of

the award in the category Medicines Availability (which is a priority area for fast track improvement), was RK Khan Hospital in KwaZulu-Natal (KZN). The hospital's achievement was linked to the Centralized Chronic Medicine Dispensing Unit (CCDMU) project. This project involved the development of a model for the centralized dispensing of chronic prescriptions thus increasing access to medicines and reducing patient waiting times. TA was provided by SPS to the Pharmaceutical System Development unit of the Department of Health in KZN in the development and implementation of the model.

**Barriers to Progress:** None.

**Next Steps:** Continue to document and disseminate results and lessons learned.

**Activity Title:** Strengthen pharmacovigilance at the national and provincial levels.

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 14    **Task:** A077    **Subtask:** PEZA1015

**Activity Description:** The CCMT program recognizes the importance of strengthening pharmacovigilance measures to ensure the safe and effective use of ARVs and other medicines used in HIV/AIDS patients. Improving the ability of healthcare workers to identify, diagnose, manage and report HIV medication related adverse effects that are critical to managing safety and minimizing patient harm.

**Budget:** \$408,710.00    **Start Date:** Oct 2011    **End Date:** Sep 2012

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A meeting was held with the National Pharmacovigilance (PhV) Officer at the National Department of Health (NDoH) and the SPS Project Director to discuss SPS/MSH support to the PHV Unit. A request had previously been made to support staff for the unit. It was agreed that three staff including a part time consultant/trainer and two full time staff (office admin and data capture) would be supported for a six month period. Other activities for support would then be considered. At this point the PhV unit was very understaffed and unable to process reports received due to a lack of capacity.

A meeting was also held between the Head of Pharmaceutical Services (HOPs) in Kwazulu-Natal (KZN) and the Project Director to discuss PhV support to the province as well as some of the challenges experienced with the Academic project. A Biostatistician was in the process of being contracted. He will conduct an initial analysis of the data and advise a way forward with regard to data quality issues and results from the project. In the meantime, field support visits and data cleaning exercises are ongoing. A new ethics clearance for the study was obtained for 2011/2012. Progress reports were prepared on the Academic project.

The final draft report of the IPAT assessment of the Pharmaceutical Industry, which is currently being edited, is awaited. Data collection for the IPAT assessment in the public sector continued with data collection in most provinces having been completed.

Mpumalanga (MP), North West (NW) and Limpopo provinces (LP), however, remain a challenge. IPAT interviews have been completed for 8 of 15 facilities in KZN. The balance is expected to be completed by December 2011. A meeting was held with the Masters student, faculty supervisor and statistician in November at NMMU. The data capture templates have been prepared and the plan for analysis was discussed. The study is expected to be completed with a final report to be submitted in April.

With regard to the ACADEMIK study taking place in KZN, approximately 1800 patients have been enrolled on the study thus far with the following breakdown: 396 from GJ Crookes, 197 from Madadeni, 384 from Murchison, 294 from Northdale, and 500 from Greys. The situation at the sites may be summarized as follows: (1) Greys is progressing well. Data is more complete. (2) Madadeni was visited by the Study Coordinating Officer (SCO) in October to undertake data cleaning. The majority of the patient records have been transferred from the patient notes to the visit summary sheet, and the data capturer has commenced capturing on the data base. Good progress is being made. (3) Murchison is progressing well. There are, however, challenges with the referral of patients hence actual number of patients for analysis will be determined after the data cleaning process. This site will be visited by the SCO in December for data cleaning. (4) GJC was visited by the SCO for data cleaning as there is a lot of missing visits for patients enrolled. Many have also been transferred out hence actual final numbers will be determined post data cleaning. (5) Northdale is in the progress of data cleaning. Of the 294 patients enrolled, 150 patients have been reviewed and captured on the database. The data capturer's performance at this site is very poor (as per coordinators report) and is said to be hampering the progress at this site. The VVPS contract ended on October 25, 2011. A request was made to the SCO for a report on how VVPS met its contractual obligations. A meeting is planned with the KZN HOPS on the way forward on the contract. A new data manager for the Akademik study was appointed in November. In the Northern Cape (NC), a pharmacovigilance SOP has been developed by four district PTCs. The provincial SOP has been developed but is still to be adopted.

With regard to sentinel site surveillance in KZN, only 6 of the 14 sites have submitted reports since the workshop held in September. The remaining 8 sites did not submit reports and strengthening of sites needs to be intensified. The quarterly reports were not compiled as the SCO indicated that she does not have time in view of priority given to the ACADEMIK study. The SPA has approached the unit for permission to access the data and undertake the analysis and report writing. Permission has not been granted as yet.

**Barriers to Progress:** With regard to the Akademik project, a number of staff resigned from the project. This included the Data Manager and field staff. The challenges with data quality and non commitment of staff continued but are being addressed with the employment of a new Data Manager. Provincial approval for the IPAT assessment in the public sector is still outstanding. Facility permissions and interview scheduling also caused delays in KZN. Some MP and NW facility permissions are still outstanding. The student had to make an urgent trip to Zimbabwe for an extended period due to personal reasons,

which resulted in delays. There is still no feedback from the National PhV unit on the request to conduct interviews at NDoH.

**Next Steps:** Continue as outlined in the work plan.

**Activity Title:** TA for appropriate pharmaceutical systems to support HIV/AIDS

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 19    **Task:** A077    **Subtask:** PEZA1020

**Activity Description:** In the light of plans to scale-up treatment with ARVs and introduce treatment initiation by nurses at PHC level, there is an urgent need to strengthen capacity among pharmacy and nursing personnel to manage patients on ARVs. The SPS HIV/AIDS Pharmaceutical Management and PMTCT training courses intended for pharmacy and nursing personnel, address this need. Course materials include the National HIV/AIDS Treatment Guidelines for the treatment and care of adults and children, prevention of mother to child transmission, follow-up care and testing of exposed infants, management of adverse drug reactions, medicine interactions, management of TB/HIV co-infection, patient education on HIV/AIDS and ART, provider education on HIV, AIDS and ART, psychological and social screening of patients to assess readiness for treatment, and support services to facilitate resolution of barriers to adherence. These efforts will also contribute to the overall strengthening of the health system, as medication adherence monitoring and support measures are generic tools that may be applied to settings providing treatment for other chronic diseases.

**Budget:** \$357,621.00    **Start Date:** Oct 2011    **End Date:** Sep 2012

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Training on HIV pharmaceutical management was conducted in the Western Cape (WC) (2 workshops where 50 doctors, pharmacists and pharmacist's assistants were trained) and North West (NW) (28 health care workers were trained). An online HIV training course was developed. It was piloted among members of the Clinical Cluster. The suggested approach is that the course would be taken over 1-2 months with 2 one-day contact workshops to clarify any issues from the training. This would have major cost savings and would shorten the time participants are away from their posts. There are registration costs to use the program online. Preparatory work was done on an MUE for Tenofovir and Amoxicillin in the WC.

**Barriers to Progress:** Final decision still to be taken on whether the course pilot will proceed, as well as the details on payment of registration costs.

**Next Steps:** Continue providing TA for HIV/AIDS medicines use. Finalize details for the pilot course.

**Activity Title:** Strengthen the role of pharmaceutical and therapeutics committees and monitor their performance to ensure appropriate selection and use of medicines

**Activity Lead:** Sallet, Jean- Pierre      **Activity #:** 10    **Task:** A077    **Subtask:** PEZA1011

**Activity Description:** In previous years training materials to assist with the implementation and

strengthening of PTCs at both provincial and institutional levels were developed. These committees play a key role in promoting STGs (e.g. HIV and AIDS regimen), reviewing drug use practices, developing provincial medicine formularies, and assigning prescriber levels. SPS will further build the capacity by training new PTCs at the provincial and institutional level and carry out trainings as requested by provinces for their individual districts and institutions.

**Budget:** \$153,266.00 **Start Date:** Oct 2011 **End Date:** Sep 2012

**Products Planned:** Guidance document. TOR. Medication review summary. Drug utilization evaluation criteria.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Two PTC training workshops were conducted: one in Upington in the Northern Cape (NC) (14 people were trained) and one in Mpumalanga (MP) (28 people were trained). Assignments from training conducted in Gauteng (GP) in the previous quarter were moderated. The training in Mpumalanga was shortened to two days, which presented major challenges in ensuring that all the course materials were covered. The review of the code list at KwamHlanga hospital in MP has been initiated. Activities and timelines will be discussed at the next meeting.

TA continued to be provided to the North West (NW) Provincial PTC, including attendance of monthly meetings. It is planned to review the formulary by April 2012. Some of the challenges faced include non adherence to the terms of reference of the committee.

In the Eastern Cape (EC), support is being provided to the provincial office to draft a formulary which will be tabled for discussion and/or adoption by the provincial PTC (still to be formed). A comprehensive list of products based on current usage trends/has been drafted. Next steps include assigning prescriber levels and alignment with STGs. TA continued to be provided to the PTC of the Port Elizabeth Hospital Complex. The terms of reference of the committee were finalized and comments of the committee incorporated. The TOR will serve at the first meeting of the PTC planned for January 2012.

A 4th district PTC has been established in the John Taolo Gaetsewe district in the NC. Data collection for the PTC close out report continued. The first draft of the report was shared internally for comment.

**Barriers to Progress:** Challenges with data collection and verification from some provinces. Some provinces were reluctant to release information, as they were not sure how it would be used.

**Next Steps:** Finalize close-out report.

**Activity Title:** Help NDoH expand its infection control program with interventions at the national and provincial levels

**Activity Lead:** Sallet, Jean- **Activity #:** 12 **Task:** A077 **Subtask:** PEZA1013

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Pierre

**Activity Description:** Infection control helps slow the spread of AMR by decreasing the volume of antimicrobial medicines used. Under RPM Plus, MSH collaborated with Harvard University to develop a self-assessment and quality improvement approach suitable for strengthening IC in hospitals in resource-constrained countries. RPM Plus in South Africa then adapted the tool to the local setting. The tool was piloted and the results were discussed and adopted in a review workshop with local stakeholders. The tool has now been introduced in all the provinces.

**Budget:** \$153,266.00 **Start Date:** Oct 2011 **End Date:** Sep 2012

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** In the Western Cape (WC), TA was provided to the Clinical Programme Coordinator for infection prevention and control (IPC) and health services at Khayelitsha Hospital. The ICAT tool and other training materials were provided for in-service training of staff at the hospital. TA was also provided to the IPC team at Tygerberg Academic Hospital in preparation for a poster presentation (ICAT activities) for the IPCAN conference held in Windhoek in November 2011.

Hand hygiene posters were reproduced following a request from the Northern Cape (NC) TB Directorate. These posters will be distributed to TB and other facilities in the province.

A presentation on Pharmaceutical Waste Management was made during the HOPS meeting held at National Department of Health (NDoH) in November. The need for support was identified and the HOPS will present a summary of the current situation in the provinces and metros early in 2012. At the request of USAID and the TB directorate in the NDoH, a meeting was held with representatives of the Cluster: Tuberculosis Control & Management within the NDoH. The purpose of the meeting was to discuss technical assistance for the NDoH in the review of the 2007 National TB Infection Control guidelines. It was agreed that the TB cluster would first meet with the Quality Assurance Directorate, which is leading infection control activities within the NDoH, where after another meeting would be called by the TB Cluster.

Following an outbreak of meningitis in the Oliewenhoutsbos area technical support was provided to Tshwane Metro in the immunization campaign conducted. Hands-on support was provided, as well as assistance with the capturing and analysis of data relating to the campaign.

**Barriers to Progress:** At the national-level, the key challenge remains lack of capacity. The post for an IPC expert was advertised but has not yet been filled. This is delaying implementation of the national IPC plan.

**Next Steps:** Continue ICAT support.