

SPS Activity and Product Status Report

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

Project Year 5 Quarter 2

January - March 2012



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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.

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ADDO	accredited drug dispensing outlet
ADR	adverse drug reaction
ADT	ARV Dispensing Tool [MSH]
AHSEP	Afghanistan Health Services Enhancement Project
AIDS	acquired immunodeficiency syndrome
ALCO	Abidjan to Lagos Corridor Organizations
APR	annual progress report
AQ	amodiaquine
APR	annual progress report
ART	antiretroviral therapy
AS	artesunate
CAMERWA	Centrale d'Achat des Médicaments Essentiels du Rwanda (CMS of Rwanda)
CBO	community-based organization
CMS	Central Medical Store
COP	chief of party
CPDS	Coordinated Procurement and Distribution System
DTC	Drug and Therapeutics Committee
EML	essential medicines list
EU	European Union
FDC	fixed-dose combination
FEFO	first expiry, first out
FHI	Family Health International
FY	fiscal year
GDF	Global Drug Facility
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoB	Government of Bangladesh
GoK	Government of Kenya
HBC	home-based care
HIV	human immunodeficiency virus
HMM	home management of malaria
HSSP	Health Systems and Services Strengthening system
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
IRS	indoor residual spraying
JSI	John Snow, Inc.
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
MTP	Monitoring, training, planning (methodology)
NASCOP	National AIDS and STD Control Program
NDTC	National Drug and Therapeutics Committee
NGO	nongovernmental organization
NMCP	National Malaria Control Program (Senegal)
NSP	National Strategic Plan (South Africa)
PCI	Pharmaceutical Control and Inspection [Namibia]
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PM	pharmaceutical management
PMI	President's Malaria Initiative
PMIS	pharmaceutical management information system
PMTCT	prevention of mother-to-child transmission
PSI	Population Services, International
PV	pharmacovigilance
QA	quality assurance
RBM	Roll Back Malaria
RDT	rapid diagnostic test
REACH	Rural Expansion of Afghanistan's Community-based Healthcare
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
STI	sexually transmitted infections
TA	technical assistance
TB	tuberculosis
TBCAP	TB Control Assistance Program
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
UNION	International Union Against Tuberculosis and Lung Disease
URC	University Research Co.
USAID	U.S. Agency for International Development
USG	United States Government
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis

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FINANCIAL INFORMATION

Strengthening Pharmaceutical Systems Program

Fiscal Data: January 1- March 31, 2012

GHN-A-00-07-00002-00

On June 29, 2007, Management Sciences for Health was awarded the SPS leader with associate cooperative agreement. The cumulative obligation for SPS currently stands at US\$147,499,644.

MSH tracks and reports program expenditures by source of funding (Global or Core and Field Support, by Bureau, Region, and Country). MSH further subdivides Global or Core expenditures based on the various Program Elements designated by USAID when funding is received (e.g., Maternal Child Health (MCH) [and sub-elements Antimicrobial Resistance (AMR), Child Survival and Reproductive Health], HIV/AIDS, Tuberculosis (TB), Malaria and Other Public Health Threats (OPHT)).

The Fiscal Data chart shows the Year 1 through Year 4 obligations, cumulative funds obligated, quarter two (January to March 2012) expenditures, in addition to the cumulative to-date (June 29, 2007 to March 31, 2012) expenditures of US \$ 142,937,624 by funding source.

The SPS leader with associate cooperative agreement stipulates that MSH should cost-share an amount not less than US\$7,375,000 over the life of the program (5% of actual total activity costs). As of June 30, 2011, SPS had already exceeded this cost-share requirement, generating US \$7,415,828 in non-Federal funding, within the technical scope of work for SPS.

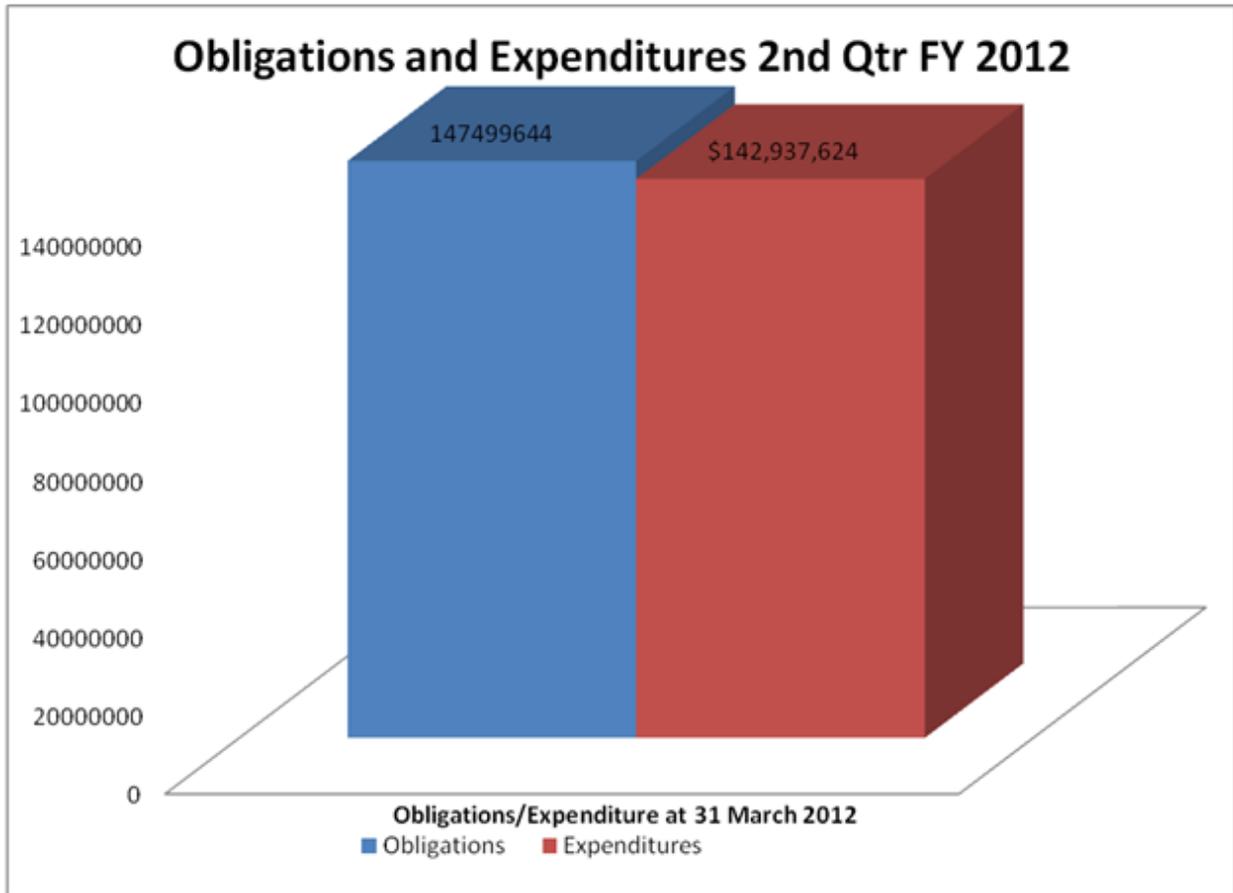
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Year 5 Quarter 2*

Strengthening Pharmaceutical Systems Program | GHN-A-00-07-00002-00
Fiscal Data: January-March, 2012

Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Total Obligated Year 3	Total Obligated Year 4	Grand Total Funded	Q2 Expenditures Jan-Mar 2012	Grand Total Spent	Grand Total Remaining
Worldwide/Core									
MCH (Child & Reproductive Health) Core	AMR Core	\$ 998,000	\$ 800,000	\$ 617,484	\$ 1,000,000	\$ 2,415,484	\$ 55,145	\$ 2,289,983	\$125,501
Common Agenda Core	Core	\$ 1,010,000	\$ 1,110,400	\$ 1,100,000	\$ 664,609	\$ 4,220,400	\$ 81,155	\$ 4,199,410	\$20,990
Malaria Core	Core	\$ 861,262	\$ 664,609	\$ 714,609	\$ 400,000	\$ 2,905,089	\$ 166,287	\$ 2,865,993	\$39,096
TB Core	Core	\$ 200,000	\$ 400,000	\$ 400,000	\$ 400,000	\$ 1,400,000	\$ (15,405)	\$ 1,400,000	\$0
POP Core	Core	\$ 1,217,000	\$ 1,300,000	\$ 1,500,000	\$ 1,800,000	\$ 5,817,000	\$ 220,982	\$ 5,737,217	\$79,783
NTD Core	Core			\$ 50,000	\$ 40,000	\$ 90,000	\$ -	\$ 85,299	\$4,701
	Core			\$ 500,000	\$ 500,000	\$ 500,000	\$ 55,262	\$ 281,528	\$218,472
Worldwide/Core Subtotal		\$ 4,285,262	\$ 4,275,009	\$ 4,382,093	\$ 4,404,609	\$ 17,347,973	\$ 563,427	\$ 16,859,429	\$ 488,544
Core		\$ 4,285,262	\$ 4,275,009	\$ 4,382,093	\$ 4,404,609	\$ 17,347,973	\$ 563,427	\$ 16,859,429	\$ 488,544
Angola									
			\$ 2,500,000	\$ 2,000,000	\$ 776,000	\$ 5,276,000	\$ 10,905	\$ 5,149,034	\$126,966
			\$ 500,000	\$ 529,000	\$ 700,000	\$ 1,729,000	\$ 99,838	\$ 1,400,906	\$328,094
				\$ 200,000	\$ 280,000	\$ 480,000	\$ 42,882	\$ 350,204	\$129,796
				\$ 100,000	\$ 100,000	\$ 200,000	\$ 3,790	\$ 35,589	\$64,411
Angola Subtotal		\$ -	\$ 500,000	\$ 729,000	\$ 1,080,000	\$ 2,309,000	\$ 148,500	\$ 1,780,670	\$ 528,330
Bangladesh									
				\$ 600,001		\$ 600,001	\$ -	\$ 698,962	(\$98,961)
				\$ 100,000		\$ 100,000	\$ -	\$ 1,039	\$98,961
Bangladesh Subtotal		\$ -	\$ -	\$ 700,001	\$ -	\$ 700,001	\$ -	\$ 700,001	(\$80)
Brazil									
			\$ 700,000	\$ 675,000	\$ 440,000	\$ 1,815,000	\$ 2,488	\$ 1,805,574	\$9,426
		\$ 400,000	\$ 978,000	\$ 1,620,000	\$ 750,000	\$ 3,748,000	\$ 280,722	\$ 3,363,840	\$384,160
				\$ 900,000	\$ 775,500	\$ 1,675,500	\$ 192,991	\$ 1,559,442	\$116,058
		\$ 100,000				\$ 100,000	\$ 3,294	\$ 11,940	\$88,060
		\$ 350,000	\$ 2,200,000	\$ 1,730,000	\$ 1,540,000	\$ 5,820,000	\$ 47,764	\$ 5,818,909	\$1,091
		\$ 300,000	\$ 250,000	\$ 450,000		\$ 1,000,000	\$ -	\$ 1,110,072	(\$110,072)
					\$ 750,000	\$ 750,000	\$ 228,970	\$ 596,878	\$153,122
Dominican Republic Subtotal		\$ 300,000	\$ 250,000	\$ 450,000	\$ 750,000	\$ 1,750,000	\$ 228,970	\$ 1,709,050	\$43,050
East Africa Regional									
		\$ 75,000	\$ 50,000	\$ 56,000		\$ 181,000	\$ -	\$ 181,000	(\$0)
		\$ 2,950,000	\$ 4,130,000	\$ 2,503,120		\$ 9,583,120	\$ (92)	\$ 9,533,316	\$49,804
			\$ 715,000	\$ 600,000		\$ 1,315,000	\$ -	\$ 1,256,589	\$58,411
Ethiopia Subtotal		\$ 2,950,000	\$ 4,845,000	\$ 3,103,120	\$ -	\$ 10,898,120	\$ (92)	\$ 10,789,005	\$ 108,215
Europe and Eurasia									
			\$ 616,600			\$ 616,600	\$ 64,355	\$ 569,913	\$46,687
			\$ 600,000	\$ 300,000		\$ 900,000	\$ -	\$ 900,000	(\$0)
			\$ 200,000	\$ 150,000	\$ 75,000	\$ 425,000	\$ 10,557	\$ 434,437	(\$9,437)
		\$ 150,000			\$ 250,000	\$ 400,000	\$ 35,143	\$ 399,294	\$706
					\$ 500,000	\$ 500,000	\$ 76,672	\$ 424,831	\$75,169
			\$ 81,000	\$ 190,000	\$ 80,000	\$ 351,000	\$ 35,188	\$ 330,695	\$20,305
		\$ 725,000	\$ 800,000	\$ 800,000	\$ 720,000	\$ 3,045,000	\$ 85,748	\$ 2,966,286	\$78,714
		\$ 150,000	\$ 300,000	\$ 250,000	\$ 830,000	\$ 1,530,000	\$ 39,165	\$ 1,544,276	(\$14,276)
			\$ 400,000			\$ 400,000	\$ 36,964	\$ 255,133	\$144,867
		\$ 400,000	\$ 550,000	\$ 820,000		\$ 1,770,000	\$ -	\$ 1,715,636	\$54,364
		\$ 230,993	\$ 500,000		\$ 100,000	\$ 830,993	\$ -	\$ 870,043	(\$39,050)
Malawi Subtotal		\$ 630,993	\$ 1,050,000	\$ 820,000	\$ 100,000	\$ 2,600,993	\$ -	\$ 2,585,679	\$ 15,314
			\$ 100,000	\$ 100,000	\$ 100,000	\$ 300,000	\$ -	\$ 283,980	\$16,020
		\$ 299,999	\$ 450,000	\$ 600,000	\$ 600,000	\$ 1,749,999	\$ 4,312	\$ 1,650,540	\$99,459
		\$ 516,794	\$ 233,386	\$ 145,000	\$ 45,000	\$ 940,180	\$ 3	\$ 959,604	(\$19,424)
Malawi Subtotal		\$ 816,793	\$ 783,386	\$ 845,000	\$ 745,000	\$ 2,990,179	\$ 4,315	\$ 2,894,124	\$ 106,055
Regional Development Mission/Asia									
		\$ 463,280	\$ 300,000	\$ 400,111	\$ 295,000	\$ 1,458,391	\$ 39,392	\$ 1,350,995	\$107,396
West Africa Regional (WARP)									
		\$ 500,000	\$ 100,000			\$ 600,000	\$ -	\$ 565,316	\$34,684
		\$ 6,150,000	\$ 5,500,000	\$ 3,370,000		\$ 15,020,000	\$ -	\$ 15,004,465	\$15,535
			\$ 1,300,000	\$ 1,000,000		\$ 2,300,000	\$ -	\$ 2,302,248	(\$2,248)
		\$ 1,950,000				\$ 1,950,000	\$ -	\$ 1,897,206	\$52,794
		\$ 1,250,000	\$ 1,622,500	\$ 1,731,000		\$ 4,603,500	\$ -	\$ 4,712,991	(\$109,491)
		\$ 2,000,000	\$ 2,275,000			\$ 4,275,000	\$ -	\$ 4,231,589	\$43,411
Kenya Subtotal		\$ 11,350,000	\$ 10,697,500	\$ 6,101,000	\$ -	\$ 28,148,500	\$ -	\$ 28,148,500	\$ -
				\$ 500,000		\$ 500,000	\$ -	\$ -	\$0
				\$ 500,000		\$ 500,000	\$ 32,317	\$ 488,456	\$11,544
Mozambique Subtotal		\$ -	\$ -	\$ -	\$ 500,000	\$ 500,000	\$ 32,317	\$ 488,456	\$ 11,544
Namibia									
		\$ 3,497,446	\$ 3,924,426	\$ 3,713,775		\$ 11,135,647	\$ 40,780	\$ 11,085,184	\$50,463
				\$ 100,000		\$ 100,000	\$ -	\$ 100,000	\$0
Rwanda									
		\$ 2,300,000	\$ 760,000	\$ 760,000	\$ 686,000	\$ 4,506,000	\$ 283	\$ 4,505,159	\$841
		\$ 987,000	\$ 100,000	\$ 150,000	\$ 775,000	\$ 2,012,000	\$ 59,533	\$ 1,954,455	\$47,545
Rwanda Subtotal		\$ 3,287,000	\$ 860,000	\$ 910,000	\$ 1,461,000	\$ 6,518,000	\$ 59,816	\$ 6,459,614	\$ 48,386
Senegal									
		\$ 175,000	\$ 250,000	\$ 230,000	\$ 500,000	\$ 1,155,000	\$ 51,769	\$ 1,094,295	\$60,705
		\$ 50,000	\$ 50,000	\$ 50,000		\$ 150,000	\$ -	\$ 138,564	\$11,436
Senegal Subtotal		\$ 225,000	\$ 300,000	\$ 280,000	\$ 500,000	\$ 1,305,000	\$ 51,769	\$ 1,232,859	\$ 72,141
South Africa, Republic Of - PEPFAR									
		\$ 3,600,000	\$ 5,412,600	\$ 5,503,922		\$ 14,516,522	\$ 45,942	\$ 14,343,714	\$172,808
		\$ 300,000	\$ 538,378	\$ 461,575	\$ 1,000,000	\$ 2,299,953	\$ 88,051	\$ 2,299,953	\$0
		\$ 525,000	\$ 600,000	\$ 490,000	\$ 2,560,000	\$ 4,175,000	\$ 197,291	\$ 3,397,323	\$777,677
		\$ 800,000	\$ 1,000,000	\$ 1,000,000	\$ 2,250,000	\$ 5,050,000	\$ 231,143	\$ 5,102,875	(\$52,875)
				\$ 400,000	\$ 750,000	\$ 1,150,000	\$ 71,332	\$ 966,253	\$183,747
Southern Sudan Subtotal		\$ 800,000	\$ 1,000,000	\$ 1,400,000	\$ 3,000,000	\$ 6,200,000	\$ 302,475	\$ 6,069,129	\$ 130,871
Tanzania									
		\$ 550,000	\$ 413,417	\$ 699,999	\$ 699,999	\$ 2,363,415	\$ (680)	\$ 2,110,203	\$253,212
					\$ 200,000	\$ 200,000	\$ -	\$ 289,406	(\$89,406)
		\$ 100,000	\$ 200,000			\$ 300,000	\$ -	\$ 310,245	(\$10,245)
Tanzania Subtotal		\$ 650,000	\$ 613,417	\$ 699,999	\$ 899,999	\$ 2,863,415	\$ (680)	\$ 2,709,854	\$ 153,567
Uganda									
		\$ 320,000	\$ 380,000			\$ 700,000	\$ -	\$ 687,792	\$12,208
Ukraine									
				\$ 512,350		\$ 512,350	\$ -	\$ 512,106	\$244
Vietnam									
				\$ 250,000	\$ 837,500	\$ 1,087,500	\$ 237,352	\$ 928,707	\$158,793
Worldwide/Core Subtotal		\$ 32,165,512	\$ 41,580,307	\$ 35,340,853	\$ 20,464,395	\$ 130,151,671	\$ 2,396,161	\$ 126,567,434	\$ 3,584,236
ACF Surplus/(Deficit)		\$ 36,451,774	\$ 45,855,316	\$ 40,322,946	\$ 24,869,608	\$ 147,499,644	\$ 2,822,480	\$ 142,937,624	\$ 489,240
Grand Total		\$ 36,451,774	\$ 45,855,316	\$ 40,322,946	\$ 24,869,608	\$ 147,499,644	\$ 2,822,480	\$ 142,937,624	\$ 4,562,020

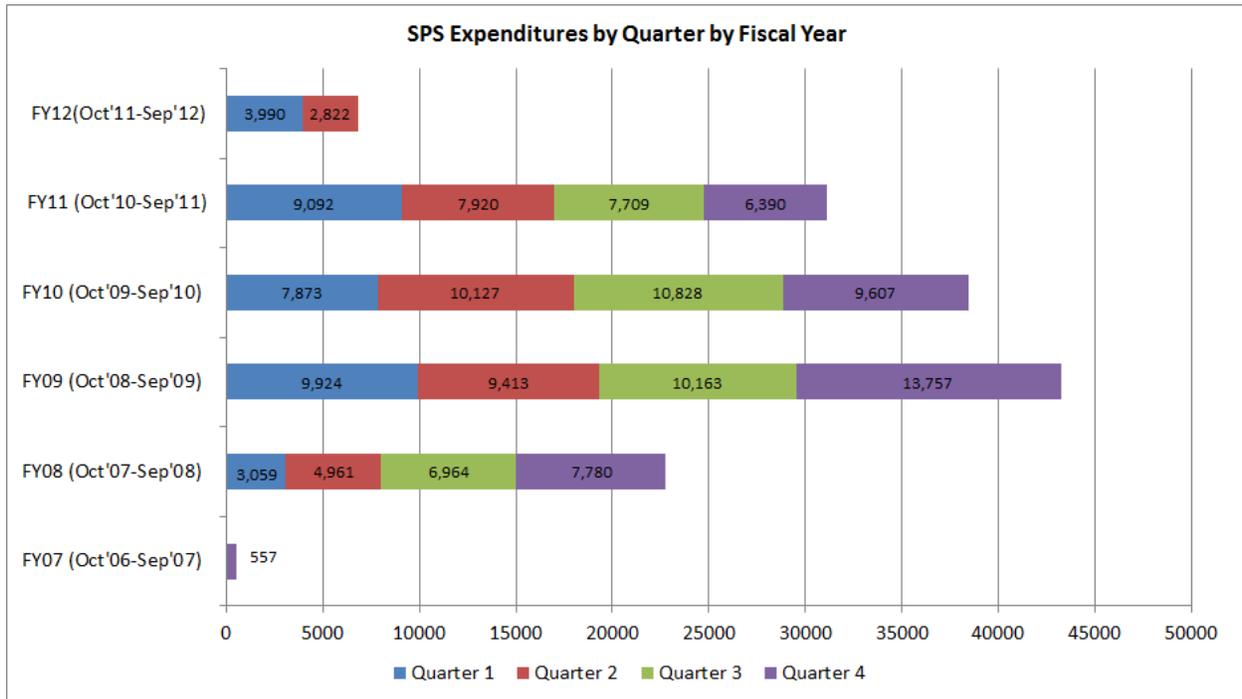
Strengthening Pharmaceutical Systems Financial Status Overview
Cumulative Expenditure activity through March 31, 2012

Total Funding Received to Date:	\$147,499,644
Total Amount Spent to Date:	\$142,937,624
Pipeline	\$4,562,020
Percent of Funds Spent	99.91%



Cost Share Earned to Date:	\$7,412,197
Target Cost Share Amount	\$7,375,000
Percent of Cost Share Realized	100.50%

SPS Program Expenditures by Quarter through March, 2012 (in 1,000s \$)



GLOBAL PROGRAMS

Maternal and Child Health

Work plan: MCH (RH + CHS) Core **Year** 2010

Funding Level: \$1,000,000.00

Work plan Background

Through the Global Health Initiative (GHI), the United States is investing \$63 billion over six years to help partner countries improve health outcomes through strengthened health systems with a particular focus on bolstering the health of women, newborns and children by combating infectious diseases and providing quality health services. The goals and targets of this initiative in the countries receiving USAID assistance include: Reducing maternal mortality by 30 percent, reducing under-five child mortality by 35 percent, and decreasing child under-nutrition by 30 percent. The GHI approach emphasizes the importance of collaboration with country governments and other partners, scaling-up of proven interventions, building on existing platforms to strengthen systems and sustainability of the interventions, and introducing and evaluating new interventions and approaches. Pharmaceuticals and related health supplies are essential components of any successful maternal and child health program. The RPM Plus Program and the follow-on SPS Program developed a variety of technical approaches, materials, tools and guidelines to assess the strengths and weaknesses of pharmaceutical management systems for maternal health programs and to guide the development of interventions to address the gaps identified in the access to key maternal, newborn and child health (MNCH) pharmaceutical products. Beginning in FY07, SPS used these technical approaches and tools to support the introduction and implementation of programs to scale-up the community case management of childhood illnesses (CCM) with a focus on developing strategies to incorporate private sector pharmacies and drug retail outlets into the national CCM programs; programs to scale-up the use of zinc salts and low-osmolality ORS for the case management of diarrhea in children; and programs to scale-up the prevention and management of obstetric emergencies with a focus on the prevention of post-partum hemorrhage and the prevention and management of pre-eclampsia/eclampsia. Achievements from these interventions have included: (1) the introduction of CCM and Zinc treatment programs into the Accredited Drug Dispensing Outlet (ADDO) program in Tanzania. (2) The identification of bottlenecks in the procurement of Zinc by the central medical stores in Senegal and the acquisition and distribution of an emergency supply of Zinc salts through UNICEF pending the resolution of the procurement challenges. (3) The development and distribution in Ghana, Mali and Benin of job aids to improve the storage of uterotonic medicines in the health facility pharmacies and delivery rooms. (4) Development of training materials for obstetricians, pharmacists and midwives on the management of uterotonic medicines and supplies SPS activities in FY10 will continue to build on these approaches, tools and achievements.

Activity Title:	Scaling up the use of CCM strategies and Zinc through the ADDO program in Tanzania
Activity Lead:	Mwansasu, Activity #: 2 Task: A040 Subtask: MHWW1001 Andwele
Activity Description:	In FY10, SPS plans three key sub-activities: • To continue the collaboration with its partners to complete the training of members of CHMT and trainers in two additional districts that are scheduled to rollout ADDO's. • Conduct an evaluation of the management of pneumonia, and the availability and costs of pneumonia medicines in the ADDOs and a review of the referral system for children diagnosed with severe pneumonia. This assessment will complement an evaluation of ADDOs being

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conducted by the EADSI program that has collected similar data on the management of diarrhea and malaria. • Finalize the adaptation of the ADDO training materials for the continuing medical education program for private pharmacists.

USG Sub-element: Maternal and Child Health
Budget: \$198,985.00 **Start Date:** Sep 2010 **End Date:** Aug 2011
Products Planned: Training report.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: The report was finalized and is currently being edited by the editorial team.
Barriers to Progress: None.
Next Steps: Once the report has been edited, it will be shared with national stakeholders and USAID in Washington and Tanzania.

Activity Title: Analysis of medicine use for the Community Case Management program in Rwanda

Activity Lead: Briggs, Jane **Activity #:** 3 **Task:** A040 **Subtask:** MHWW1003

Activity Description: SPS will complete the analysis of medicine use initiated in FY09 and disseminate the results. The additional activities to strengthen the supply chain management system for the CCM program have now been included in the Rwanda FY10 PMI MOP.

USG Sub-element: Maternal and Child Health: Treatment of Child Illness
Budget: \$46,883.00 **Start Date:** Oct 2010 **End Date:** Sep 2011
Products Planned: Job aids.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: This quarter a draft version of the district pharmacy and facility level SOPs was developed and the job aids for health center use to train CHWs were sent for printing. SPS is also finalizing the indicators on utilization of medicines (consumption and cases treated) and preparing the orientation meeting with district pharmacists.
Barriers to Progress: Preparation for the maternal survey has delayed finalizing and validating the SOPs.
Next Steps: The draft of the SOPs is being revised and will be validated in April. Once validated, the MoH will cover the printing of the SOPs. The job aids will be ready in April and will be distributed through CAMERWA to the health centers. The report on the indicators will be completed for the following indicators from the LMIS data- percent of CHWs with stock outs, percent of health centers/PhD with stock outs and stock level at PhD, CDS and CHW levels- and from SIScom data to produce indicators on utilization of medicines (consumption and cases treated). The district supervisors and district pharmacists will be oriented to conduct this analysis in a meeting called by CHD on April 4-5, 2012.

Activity Title: Scaling up the CCM through the use of drug sellers in DRC

Activity Lead: Diarra, Suzanne **Activity #:** 4 **Task:** A040 **Subtask:** MHWW1004

Activity Description: SPS plans to continue with this pilot program by providing support for the supervision of these drug sellers and evaluating the impact of this pilot. SPS also developed a tool for monitoring the availability of CCM medicines and plans to continue providing

support for its implementation.

USG Sub-element: Maternal and Child Health: Treatment of Child Illness

Budget: \$69,551.00 **Start Date:** Dec 2010 **End Date:** Aug 2011

Products Planned: Evaluation report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: This quarter's activities focused on finalizing the evaluation report and supporting the MOH to disseminate the results of the evaluation of the pilot introduction of the IMCI approach in the private pharmacy sector. The results of the evaluation were disseminated during a workshop which included the MOH and partners involved in IMCI and CCM. The MOH agreed to disseminate the findings of the evaluation to all the provinces and use them to inform stakeholders' decision making regarding the scale-up of this approach to other health zones.

Barriers to Progress: None.

Next Steps: This activity is completed.

Activity Title: Technical support for the scale-up of PPH and eclampsia prevention programs in Kenya

Activity Lead: Patel, Sheena **Activity #:** 6 **Task:** A040 **Subtask:** MHWW1006

Activity Description: SPS plans to conduct an assessment of the availability, management and use of the PPH and eclampsia medicines in Kenya. This assessment will complement the quality of services survey that is being done by MCHIP. The results of this assessment will be used to identify specific areas of intervention for future TA for SPS, MCHIP and the MOH.

SPS also plans to quantify the requirements of the medicines and supplies needed for the management of PPH and eclampsia and to use this data to map out the potential gap required for scale-up of the programs.

USG Sub-element: Maternal and Child Health: Treatment of Obstetric Complications and Disabilities

Budget: \$170,316.00 **Start Date:** Nov 2010 **End Date:** Sep 2011

Products Planned: Report: Preparations for the Rapid Assessment of the Availability and Use of Pharmaceuticals Managing Emergency Obstetric Conditions and Newborn Health in Kenya.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: A local consultant was hired in mid-February to analyze and write the final report on the maternal health assessment (MHA). The data were analyzed by county, sector (public verses private) and by health facility type (health center, hospital, and dispensary). The data analysis was completed and reviewed at the end of March.

Barriers to Progress: Prior to analysis, the data had to be cleaned up. Additionally, in order to analyze the information at the three levels mentioned above, the data had to be converted from Epidata to Stata. This took more time than anticipated and has delayed the completion of the report.

Next Steps: The first draft of the report will be completed by the beginning of April and expected

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to be finalized by the end of April.

Activity Title: Technical support for the scale-up of PPH and eclampsia prevention programs in Rwanda

Activity Lead: Briggs, Jane **Activity #:** 8 **Task:** A040 **Subtask:** MHWW1008

Activity Description: SPS plans to conduct an assessment of the availability, management and use of PPH and eclampsia medicines. This assessment will complement the quality of services survey that is being done by MCHIP. The results of the assessment will be used to identify specific areas of intervention for future TA for SPS, MCHIP and the MOH. SPS also plans to quantify the requirements of the medicines and supplies needed for the management of PPH and eclampsia and to use this data to map out the potential gap required for scale-up of the programs.

USG Sub-element: Maternal and Child Health: Treatment of Obstetric Complications and Disabilities

Budget: \$62,145.00 **Start Date:** Dec 2010 **End Date:** Aug 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Under this quarter the data collection instruments and sample were finalized and the ethics committee approval was obtained.

Barriers to Progress: None.

Next Steps: It was determined that there would be no quality testing component to the survey due to lack of funds of MCHIP. The field work for the survey will be conducted under SIAPS.

Activity Title: Develop pharmaceutical management toolkit for management of Vitamin A and other micronutrients

Activity Lead: Yeager, Beth **Activity #:** 10 **Task:** A040 **Subtask:** MH1010

Activity Description: In FY10, SPS plans to complete the development of the toolkit.

USG Sub-element: Maternal and Child Health: Treatment of Child Illness

Budget: \$88,025.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Presentation. Evaluation report. Lessons learned report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS identified a staff member to work on the finalization of this report.

Barriers to Progress: Due to limited LOE, this activity has been delayed.

Next Steps: We hope to finalize this report next quarter.

Tuberculosis

Work plan: TB Core **Year** 2010

Funding Level: \$1,800,000.00

Work plan Background

In the past years the focus of the SPS response to the Global Plan to Stop TB 2006 – 2015 had been mainly on addressing its strategic components related to increasing the availability of, and ensuring access to quality assured first- and second-line TB medicines. This was done through the ongoing technical leadership to the Global Drug Facility, the Green Light Committee and STOP TB partners, capacity building exercises, and development and promotion of frameworks and approaches for strengthening pharmaceutical systems in the anticipation of new TB tools and technologies. SPS also responded to the threat of MDR/XDR TB and TB/HIV co-infection. In 2008 – 2010 SPS achieved a major breakthrough in improving and promoting its comprehensive web-based TB case-centered tool for managing TB programs, e-TB Manager. The significance of this tool for TB control is in the integration of all aspects of TB control in one database, including diagnosis, treatment, medicines, and outcomes. This allows for a holistic approach to TB control management and avoids common disconnects between activities focused on treatment of susceptible TB, drug resistant TB, TB/HIV co-infection, inventory management for first- and second-line TB medicines, and reporting outcomes by levels of a health system and types of TB cases. These properties of e-TB Manager have been noticed and recognized by WHO and STOP TB partners resulting in a growing number of requests for the implementation of the tool. SPS has established several partnerships in the field for such implementation (the Philippines, Indonesia, Ukraine), and responded to a proposal from the WHO STOP TB Department (TB/HIV and DR TB Electronic Recording and Reporting Group) to collaborate on the implementation of e-TB Manager in several priority countries, including Bangladesh, Kenya, and Vietnam. SPS has also been successful in extrapolating its experience and tools developed in the field or through non-TB funding to strengthen TB program management. These important tools and experience include a framework for building local coalitions for containing drug resistance, a methodology for indicator-based drug utilization review, and a tool for strengthening drug quality laboratories through step-by-step process leading to laboratory certification according to international ISO norms. These tools could play an important role in addressing drug resistant tuberculosis. In 2011 SPS will focus on adaptation and field testing these tools in selected high-burden countries. The establishment of global initiatives aimed at ensuring an uninterrupted supply of quality assured medicines, has significantly improved the availability of TB medicines for countries. The international community also responded to the threat of DR TB by boosting the research activities aimed at the development of new TB tools, including faster and more reliable diagnostic methods, new medicines, and potentially new TB vaccines. All these efforts, however, fail to produce adequate impact in the settings with weak health and pharmaceutical management systems, and the threat of multi-drug resistant tuberculosis is growing globally. Thus, another important set of SPS activities in 2011 will strive to identify the underlying pharmaceutical management reasons for continuous misuse of TB medications and failure to achieve adequate treatment outcomes by many TB programs, especially in Africa. SPS will address the task by analyzing the GDF annual monitoring reports from selected countries for trends and pharmaceutical management gaps that have not been addressed, and will conduct an Africa regional pharmaceutical management conference. The goal of such conference will be to develop an understanding and consensus on the region-specific gaps in pharmaceutical management for TB that threaten the success of TB control through misuse (irrational use) of existing tools, and that may jeopardize future uptake and implementation of news tools currently in the development.

Activity Title: Provide support to GDF operations.

Activity Lead: Zagorski, Andre **Activity #:** 2 **Task:** A040 **Subtask:** TBWW1002

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Activity Description: With FY10 funding, SPS will provide technical leadership to the GDF as requested (e.g. update quality assurance database, and develop concept papers and strategies), and continue to provide TB drug management expertise to the GDF Technical Review Committee through membership (two SPS consultants are members of the TRC).

USG Sub-element: Tuberculosis: Directly Observed Therapy, Short-Course (DOTS) Expansion and Enhancement
Tuberculosis: Drugs for the Treatment of TB
Tuberculosis: Multi-Drug Resistant TB (MDR TB)

Budget: \$44,620.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Reports on TRC sessions.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS participated in the 26th TRC meeting at WHO-Geneva (February 6-10, 2012). The TRC meeting was merged with the BAC meeting and a trip report was completed with all details on countries reviewed/technical discussions held. A presentation was given by Joel Keravec at the TRC on the evaluation of GDF contribution to countries, 2001-2011.

Barriers to Progress: None.

Next Steps: Assist GDF in revising MM reports templates with Aziz/Andrea.

Activity Title: Conduct analytical study of GDF reports.

Activity Lead: Zagorski, Andre **Activity #:** 4 **Task:** A040 **Subtask:** TBWW1004

Activity Description: With FY2010 funding, SPS will design a protocol and conduct an analytical study of the GDF monitoring reports, with a focus on HBC and countries with failing TB programs (those not likely to reach Global targets for TB). It is expected that the study will provide the international community with information on trends and practices in pharmaceutical management for TB and their implications for the success of TB programs (e.g. general availability of TB medicines vs. actual access, drug utilization and rational use, in-country quality assurance, government contributions, and political commitment). The study will also provide hard evidence on GDF impacts during the decade of its activities. The study results will be reported at the UNION TB conference.

USG Sub-element: Tuberculosis: Directly Observed Therapy, Short-Course (DOTS) Expansion and Enhancement
Tuberculosis: Host Country Strategic Information Capacity (TB)

Budget: \$109,688.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Study results. UNION presentation.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS presented at TRC. Reports were distributed to all gGLC members by Joel Keravec.

Barriers to Progress: None.

Next Steps: The presentations led to interest from GLC members to apply the same

strategy/method for GLC MM reports. SPS is currently discussing this with gGLC secretariat.

Activity Title: Conduct monitoring visits and short-term technical assistance to the GLC-approved DR TB programs.

Activity Lead: Zagorski, Andre **Activity #:** 6 **Task:** A040 **Subtask:** TBWW1006

Activity Description: SPS will (1) participate in the GDF/GLC monitoring missions to selected DOTS Plus projects to evaluate drug management practices and capacity strengthening needs to ensure their integration in NTP. (2) In conjunction with the GDF/GLC Secretariats and the TB TEAM, provide emergency TA and capacity building to selected countries that experience difficulties managing MDR TB medicines and where TA from other sources is not available.

USG Sub-element: Tuberculosis: Multi-Drug Resistant TB (MDR TB)

Budget: \$137,225.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: GLC TB survey. Monitoring reports. Trip reports.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS TB Core funding is providing technical leadership to WHO and Green Light Committee in assessing the performance and strengthening pharmaceutical management component of MDRTB programs worldwide. In January 2012, SPS responded to a request from WHO/EURO and regional Green Light Committee to assess the performance of a MDRTB project in Donetsk Oblast, Ukraine, and provide recommendations for its further development. The objectives of the review team were: (1) To assess: (a) political commitment of the local authorities to realization of Oblast MDR TB Project. (b) MDR TB cases diagnostics, including bacteriological tests reliability, and external/internal quality control. (c) MDR TB case management (directly observed treatment on intensive and continuation treatment phases, accuracy of treatment schemes and TB drugs prescription, including 2nd line drugs, treatment results, etc. (d) Recording & reporting system in the framework of MDR TB Project. (e) TB drug management (availability of all necessary TB drugs for treatment of susceptible and MDR TB patients). (f) Infection control. (2) To prepare a comprehensive WHO report of the review. SPS contributed a chapter MDRTB Pharmaceutical Management to the Joint Report: MDR TB Project 2007-2011. Donetsk Oblast, Ukraine. Assessment Report, January 29- February 6, 2012. Report submitted to WHO and USAID. In Zambia, SPS collected information on Zambia DR TB stocks and cases, in the process of providing TA on completion of data analysis.

Barriers to Progress: None.

Next Steps: Provide additional consultancy, if needed. Advise the MSH/SPS field project in Ukraine on actions required for improving of its efficiency.

Activity Title: Provide technical leadership in pharmaceutical management to Stop TB Partnership.

Activity Lead: Zagorski, Andre **Activity #:** 7 **Task:** A040 **Subtask:** TBWW1007

Activity Description: In 2011, SPS will (1) continue to provide support to DEWG and participate in its meetings and discussions. (2) Provide technical leadership to Stop TB DOTS Plus Drug Management Sub-Committee (DMSC), as means to improve supplier base for 1st and 2nd line drugs procured by the GDF/GLC, including pre-qualification,

especially for second-line TB medicines. (3) Participate and contribute technical expertise to other Stop TB working groups and regional Technical Advisory Groups (TAG), as requested.

USG Sub-element: Tuberculosis: Directly Observed Therapy, Short-Course (DOTS) Expansion and Enhancement

Budget: \$62,394.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Trip report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Geneva, TGF Euro meeting: At the request of StopTB Secretariat and the Global Drug Facility, SPS contributed technical expertise on TB pharmaceutical management to 2012 Planning and Coordination Meeting for TB Programs in the East Europe/Central Asia region, January 11-12, 2012, in Geneva. The scope of the meeting was as follows: (1) Ensure collaboration and coordination in providing adequate support to the GF funded TB programs in the Eastern Europe and Central Asia region. Objectives were the following: (i) To discuss TB program portfolios in the EECA countries (several grants) and their status in 2012 (closing grants, moving to phase 2, graduating and discuss options for necessary interventions to support them such as through applying under the Transitional Funding Mechanism, re-programming and/or re-allocations. (ii) To develop an outline of the activities and key events planned for the year by the Stop TB Partnership and TB TEAM, and those planned under the GF grants for 2012 and align our plans in order to avoid duplication. (ii) Proactively identify potential efficiencies (either for the Stop TB Partnership, TB TEAM or for the GF grants) and plan for re-allocations/re-programming of TA as necessary. (iii) Identify any critical technical and grant management points for the TB programs in the GF portfolio where the Stop TB Partnership and TB TEAM and the FPMs need to act jointly in 2012. Recommendations were provided to the Global Fund country portfolio managers during the meeting.

Barriers to Progress: None.

Next Steps: None.

Activity Title: Roll-out the SPS methodology for building advocacy coalitions for prevention of drug-resistant TB.

Activity Lead: Zagorski, Andre **Activity #:** 8 **Task:** A040 **Subtask:** TBWW1008

Activity Description: SPS will initiate a regional-level advocacy program in Asia for the prevention of MDR and XDR TB based on the civil society coalition-building framework developed and field-tested at country-level during 2010. The program will allow to understand the specific country public-private situation through a rapid appraisal of the stakeholders and practices, quickly bring the stakeholders together to a common table, and then help form a “local champion group” which will lead further processes, including advocacy and awareness of the MDR/XDR TB issue, and identification and support for specific and locally suitable rational use-related interventions.

USG Sub-element: Tuberculosis: Multi-Drug Resistant TB (MDR TB)

Budget: \$53,440.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Trip reports. Workshop minutes.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Kenya: Developed MOU for KAPTLTD SIAPS collaboration currently under review by contracts and developed draft MDR baseline assessment tool for the private hospitals. Tanzania: Completed engaging pharmacies in TB draft manuscript for publication awaiting NTP review and inputs. Pakistan: Meeting of MSH consultant and NTP and agreed on the date for 1st coalition meeting.

Barriers to Progress: None.

Next Steps: Although experienced delay in implementation in all countries, implementation expected to pick up next quarter.

Activity Title: Adapt the SPS tool for drug utilization review (DUR) for use by TB programs.

Activity Lead: Zagorski, Andre **Activity #:** 9 **Task:** A040 **Subtask:** TBWW1009

Activity Description: SPS will revise and adapt for TB context the existing MSH-developed tool and implementation approach for promoting and ensuring rational use of medicines and prevention of the development of anti-microbial resistance. This is an indicator-based drug utilization review (DUR) methodology. The tool and implementation approaches have been successfully used in many countries to ensure rational use of medicines. The tool will enable NTPs to rapidly evaluate TB drug use patterns (and collect baseline), evaluate risks of MDR/XDR development, develop interventions and promote indicator-based monitoring and evaluation. The tool will be adapted and field-tested in conjunction with a selected MDR TB program in the field, and the results will be reported at the UNION TB Conference.

USG Sub-element: Tuberculosis: Multi-Drug Resistant TB (MDR TB)

Budget: \$80,301.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: DUR for TB tool. Presentation at the UNION conference.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Draft DUR documents were sent out for translation to Russian. The Drug Utilization Review guidelines were adapted for use of the second-line anti-TB drugs and draft version of the tool was developed: the text of the tool was adopted to make the guidelines useful for the National TB Programs (NTPs), the appropriate indicators for use of the second line drugs were developed, the data collection forms were adopted accordingly. Also, field testing of the tool was negotiated with the different countries.

Barriers to Progress: None.

Next Steps: The next step will be field testing the guidelines in Kenya. After that, the tool will be finalized.

Activity Title: Adapt the SPS tool for Drug Quality Control laboratory accreditation and field test in a country.

Activity Lead: Zagorski, Andre **Activity #:** 16 **Task:** A040 **Subtask:** TBWW1016

Activity Description: In 2011, SPS will adapt the tool developed by SPS/Brazil for the international context and field test it in a country, in conjunction with other donor-funded drug quality assurance program (TBD). This tool is used for strengthening drug quality laboratories

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through a step-by-step process leading to laboratory accreditation and certification according to international ISO norms.

USG Sub-element: Tuberculosis: Drugs for the Treatment of TB
Budget: \$41,737.00 **Start Date:** Oct 2010 **End Date:** Sep 2011
Products Planned: Adapted tool for accreditation and ISO certification.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: Under final revision –first translation completed.
Next Steps: Joel Keravec and Tom Moore to work on the English version to finalize revision and then go to technical edition.

Activity Title: Disseminate SPS tools, guidelines, and methodologies.

Activity Lead: Zagorski, Andre **Activity #:** 18 **Task:** A040 **Subtask:** TBWW1018

Activity Description: In 2011 SPS will maintain the Pharmaceutical Management for TB website and a demonstration version of e-TB Manager, respond to requests from partners in the field for SPS tools and materials, and translate SPS materials into foreign languages.

USG Sub-element: Tuberculosis: Directly Observed Therapy, Short-Course (DOTS) Expansion and Enhancement
Tuberculosis: Host Country Strategic Information Capacity (TB)

Budget: \$20,144.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: SPS PM for TB website. e-TB Manager demo version. SPS materials.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: Several changes/upgrades done on the forecasting tool platform. SPS has fully validated the changes done to date.

Barriers to Progress: None.

Next Steps: None.

REGIONAL PROGRAMS

Latin America and Caribbean (LAC)

Latin America and Caribbean AMI

Work plan: LAC-AMI **Year** 2010

Funding Level: \$720,000.00

Work plan Background

The Amazon Malaria Initiative (AMI) was launched in March 2002, through USAID LAC/RSD-PHN, to address malaria in the Amazon countries (Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, and Suriname). This region began to experience a re-emergence of malaria in the early 1990s, including the appearance of *Plasmodium falciparum* and resistance to inexpensive, first-line antimalarial drugs. With technical and financial support from AMI, the seven participating countries conducted in vivo efficacy studies of antimalarials and changed their drug policies for malaria to include new, more efficacious combination therapies. Strengthening the core elements of pharmaceutical management—including the policy and legal framework, selection, procurement, distribution, use and management—is essential to the effective implementation of these new policies.

Rational Pharmaceutical Management Plus (RPM Plus), the predecessor to Strengthening Pharmaceutical Systems (SPS), was invited to participate in AMI in 2002 as the technical partner for pharmaceutical management. The other partners in the initiative include the Pan American Health Organization (PAHO) Infectious Disease Division, the Center for Disease Control and Prevention (CDC), the United States Pharmacopoeia Drug Quality Information (USP-DQI) Program, National Malaria Control Programs in the Amazon region, and the local USAID Missions. Between 2003 and 2007, RPM Plus collaborated with these partners to develop and implement strategies to strengthen pharmaceutical management for malaria in the region, particularly related to the new treatment policies. RPM Plus developed training materials, conducted regional workshops on pharmaceutical management issues to professionals representing all eight of the Initiative countries, developed and disseminated tools, provided country-specific technical assistance to five countries to assess and improve their pharmaceutical supply systems for malaria, contributed to the initiative's technical documents and study protocols, participated in annual meetings, regional workshops and dissemination activities, and served on the steering committee. These activities have resulted in a solid foundation upon which SPS can further strengthen pharmaceutical management systems in the region.

With FY09 funds SPS supported the elaboration and publication of standard operational procedures for malaria pharmaceutical management, the scale-up and monitoring of the supervision system for malaria diagnostic and treatment posts, regional studies on the commercialization of antimalarials and the impact of the introduction of ACTs, regional and national workshops to strengthen good programming and procurement practices in low incidence settings, support to the pharmaceutical management information systems, and practices that promote adherence to treatment in selected countries.

Activity Title:	Participate in the annual steering committee and other regional meetings with initiative countries and technical partners
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Activity Lead: Barillas, Edgar **Activity #:** 3 **Task:** A040 **Subtask:** MARELL1003
Activity Description: SPS will participate in the annual and semi-annual steering committee meetings. Additional funds have been allocated to support SPS' attendance at any other AMI meetings, as needed.
Budget: \$25,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011
Products Planned: Trip report.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: SPS participated in the XI Annual AMI Technical Meeting (Guatemala March 19-22) and the Steering Committee Meeting (March 23). The activities and commitments were included in a trip report.

Barriers to Progress: None.

Next Steps: Follow-on activities will be financed by SIAPS. No activities are planned for next quarter (MARELL1003 has been closed).

Activity Title: Performance evaluation of the supervision systems of malaria pharmaceutical management

Activity Lead: Barillas, Edgar **Activity #:** 4 **Task:** A040 **Subtask:** MARELL1004
Activity Description: MSH/SPS will complete assessments of the supervision systems in Guyana and Bolivia. Based on the national and regional results, MSH/SPS will provide technical assistance to improve the performance and sustainability of the systems.
Budget: \$140,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011
Products Planned: Trip report. Technical report. Policy brief.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: With SPS technical assistance, Colombia, Brazil, Bolivia and Guyana have implemented malaria supervision systems and assess the results of the intervention. During this quarter, SPS consolidated this information in a policy brief for decision making. The results were discussed during the XI Regional AMI meeting (March 2012). Based on the agreements and commitments reached during this meeting, SIAPS will selectively support critical areas in countries willing to sustain this intervention with national resources.

Barriers to Progress: None.

Next Steps: Continuous technical assistance to the Brazil NMP on this area will be discussed during a national workshop in Brasilia in April 2012.

Activity Title: Strengthening of malaria pharmaceutical management information systems (PMIS)

Activity Lead: Barillas, Edgar **Activity #:** 5 **Task:** A040 **Subtask:** MARELL1005
Activity Description: MSH/SPS will continue supporting the integration of malaria PMIS to national systems in Bolivia and Ecuador, and will document successful experiences in both countries. To ensure an uninterrupted supply of medicines, MSH/SPS will continue supporting the collection of indicators for strategic decision making and sharing this

information with AMI partners and counterparts. Wherever feasible, MSH/SPS will promote the introduction of the strategic information system in routine monitoring of the malaria programs.

Budget: \$70,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: Trip Report. Technical Report. Success Story.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS/SIAPS consultants supported the monitoring of the stock of antimalarials in central warehouses at the end of December 2011. A consolidated report for AMI countries was completed and distributed to all counterparts and partners. This was the first report consolidated by the Peruvian Pharmaceutical Directorate (DIGEMID), as the initial step to transfer these skills and information to country counterparts. SPS/SIAPS also supported the analysis of the discrepancies between medicine distribution data, and malaria case reports in Colombia. The results of this analysis were discussed with national authorities during a visit to Colombia in January 2012.

Barriers to Progress: None.

Next Steps: For the next quarter, SIAPS will facilitate, if requested, the elaboration and dissemination of the next bulletin. (MARELL1004 has been closed)

Activity Title: Provide technical assistance to AMI countries to conduct assessments on their pharmaceutical management systems

Activity Lead: Barillas, Edgar **Activity #:** 6 **Task:** A040 **Subtask:** MARELL1006

Activity Description: MSH/SPS will organize regional meetings to present and discuss the results of the system studies and design, with local counterparts, the appropriate interventions to confront possible problems. As a follow-up to the meeting to improve programming and procurement practices (Cartagena, April 2010), and to assess the extent to which interventions have prevented stock-outs, MSH/SPS will complete a rapid assessment in AMI countries. MSH/SPS will also assess the impact of previous workshops on the performance of the malaria pharmaceutical supply system.

Budget: \$130,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: Trip Report. Policy Brief.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: During this quarter, SPS/SIAPS collected information in Panama for a study on the "Adequacy of malaria control strategies in Central America". The information collected in 4 Central American countries was initially processed, for the identification of information gaps. Additional information to complete the data collection phase of this study was collected during the XI AMI meeting (March 2012, Guatemala). SPS/SIAPS elaborated the first draft of the study on "Adequacy of malaria control strategies in Brazil". The document was sent to Brazilian authorities for review. During this quarter SPS/SIAPS elaborated the final version of a technical report based on the findings and conclusions of the regional meeting held in Lima, Peru (August 09-11, 2011). This technical report was distributed electronically and

physically during the XI AMI technical meeting (Guatemala, March 2012). SPS/SIAPS also elaborated the first draft of the “bottle neck” analysis for the procurement of antimalarials through the PAHO Strategic Fund and local providers. The major findings and implications were discussed with the participants in the XI AMI regional meeting. During the previous quarter SPS and PAHO finalized the report on "Pharmaceutical management of antimalarials in Honduras". The results were planned to be presented to national authorities and technicians on March 2012. The meeting had to be canceled because of administrative changes in the coordination of the program. The results were, however, presented during the XI AMI meeting (Antigua Guatemala, March 2012). During this quarter, SPS/SIAPS collected information to assess the results/impact of the "Malaria pharmaceutical management SOPs for health facilities" in Madre de Dios, Peru. SPS/SIAPS also supported the elaboration of a technical report for the study on adherence to malaria treatment in Bolivia.

Barriers to Progress: None.

Next Steps: For the next quarter, SIAPS will complete the collection of information in Central American countries, finalize the adequacy studies and start the implementation of a regional study on the capabilities of personnel in low incidence areas to diagnose and treat malaria. For the next quarter, SIAPS will finalize a technical report of the “bottle neck analysis”. SIAPS will also propose to the new malaria coordination a meeting for the presentation and discussion of study. During this quarter the study impact of the introduction of ACTs in countries sharing the Amazon Basin, was published by the Malaria Journal. SIAPS submitted an abstract on the monitoring of antimalarial stocks in Amazon countries, for its presentation on the next Global Health Council Meeting (July 2012). If proven effective to improve baseline pharmaceutical management indicators, SIAPS will discuss with the malaria program, a plan to scale up the intervention in the rest of malaria endemic areas. SIAPS will also support the introduction of a similar guide in Bolivia and Guatemala. SPS will also support the agency leading this activity (PAHO) in the elaboration and dissemination of the publication.

Activity Title: Communication of research results and dissemination of best practices and illustrative interventions to national and international audiences

Activity Lead: Barillas, Edgar **Activity #:** 7 **Task:** A040 **Subtask:** MARELL1007

Activity Description: In collaboration with Links Media, MSH/SPS will update and edit publications (in AMI templates developed by Links Media) to reach a wider audience. A few studies and publications will be reviewed and edited to consider its publication in peer review journals. MSH/SPS will also support (first among partners, and then among counterparts) the analysis and discussion of the study on the impact of the introduction of ACTs, the impact evaluation of the interventions to promote adherence to malaria treatment in Brazil, and the guidelines for malaria pharmaceutical management in primary health facilities.

Budget: \$60,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: Report on the impact of the introduction of ACT's in countries that make up the

Amazon Basin.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: During this quarter, SPS supported the elaboration of a technical report for the study on adherence to malaria treatment in Bolivia.
Barriers to Progress: None.
Next Steps: For the next quarter, SPS will support the agency leading this activity (PAHO) in the elaboration and dissemination of the publication.
Activity Title: Elaboration of pharmaceutical management guidelines for health facilities
Activity Lead: Barillas, Edgar **Activity #:** 8 **Task:** A040 **Subtask:** MARELL1008
Activity Description: MSH/SPS will support the implementation of pharmaceutical management SOPs, including dissemination of the document, training in its use, and assessment to document results and impact. This document will consider differentiated strategies for high and low incidence settings.
Budget: \$110,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011
Products Planned: Report.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: During previous quarters, SPS organized workshops to determine the criteria for programming of antimalarials in low incidence areas (Ecuador in May 2011, and Nicaragua in June 2011). During this quarter, Ecuador continued institutionalizing these agreements.
Barriers to Progress: None.
Next Steps: For the next quarter, SIAPS proposed a similar workshop in Bolivia and Colombia and will follow-up on the implications of these procedures for the stock management and the disease epidemiology. A technical report documenting this experience and its implications will be completed by August 2012.

Latin America and Caribbean AMR/SAIDI

Work plan: LAC-AMR/SAIDI **Year** 2010

Funding Level: \$80,000.00

Work plan Background

The growing problem of antimicrobial resistance is threatening to undermine advances achieved in priority health programs including tuberculosis, malaria, acute respiratory infections, sexually transmitted infections and HIV/AIDS, by rendering currently available treatments ineffective. Antimicrobial resistance (AMR) is the result of an increased exposure of microorganisms to antimicrobial medicines and the subsequent development of

survival mechanisms in these microorganisms. The consequences of AMR include an increase in mortality, morbidity and in the cost of health care worldwide. An example of AMR of particular concern is multi-drug resistant tuberculosis (MDR-TB). The emergence and spread of MDR-TB has serious implications for a national TB control program: treatment is longer and less effective than treatment of non-resistant tuberculosis and is significantly more costly.

In response to this growing challenge, the USAID Bureau for the Latin America and Caribbean Region (USAID/LAC/SD) has proposed a sub-regional strategy for the Andean countries and Paraguay, called the South American Infectious Disease Initiative or SAIDI. The general objective of this initiative is to contain the emergence and spread of AMR by improving the availability and the use of antimicrobials of assured quality. Thus, the central focus of SAIDI is rational use of antimicrobials and AMR control, with a special emphasis on preventing the emergence of MDR-TB.

Since FY04, the Rational Pharmaceutical Management (RPM) Plus program — predecessor to MSH's Strengthening Pharmaceutical Systems program — and the other SAIDI international partners, including the Alliance for Prudent Use of Antibiotics (APUA), the Drug Quality Information Program from the US Pharmacopeia (DQI USP), Links Media, the US Center for Disease Control and Prevention (CDC), and the Infectious Disease Division of the Pan-American Health Organization (PAHO) have been working with national counterparts in Bolivia, Peru and Paraguay to create a new, evidence-based and stepwise approach to local solutions for containing AMR. This approach considers the factors contributing to AMR within the context of existing systems, thereby taking advantage of the interaction among stakeholders. Over the past three years, national AMR working groups have been formed in Peru and Paraguay and, in conjunction with SAIDI international partners, have conducted various assessment activities which led to a holistic local view of the factors contributing to AMR in each country. Based on these results, MSH/SPS and national partners have implemented multiple activities to address the problem areas. In FY09, SPS supported the continuation of these activities, documented the impact of others, and worked to transfer the capacities necessary for long-term sustainability to national institutions and organizations.

Activity Title:	Technical activity coordination and monitoring
Activity Lead:	Barillas, Edgar Activity #: 1 Task: A040 Subtask: AMRELL10TC
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.
Budget: \$8,000.00	Start Date: Jan 2011 End Date: Sep 2011
Products Planned:	The report will highlight activities completed while in Madre de Dios, Peru.

Reporting Period:	1 January 2012-31 March 2012
Activity Progress:	SAIDI partners and counterparts decided to concentrate all SAIDI activities in the control of TB/MDR-TB in Madre de Dios (MdD), Peru. During this quarter, SPS finalized a proposal for the implementation of an alternative model to provide TB services to underserved population, particularly artisanal miners. The proposal was presented and discussed on a meeting held in MdD on February 29, 2012. The participants (local counterparts and cooperation agencies) validated the proposal and agreed on an implementation plan.

SPS is finalizing its technical assistance in Callao, Peru with two interventions: the collection and analysis of aggregated indicators (antibiotics daily defined doses) to assess the impact of SAIDI interventions in Callao, and the design of a periodic bulletin to promote awareness on antimicrobial resistance. During the previous quarter MSH/SPS completed the collection of information for the antibiotic study and elaborated the template for the bulletin.

Barriers to Progress: None of the interventions in Callao, Peru could be completed due to conflicting agendas of SPS consultants and national counterparts.

Next Steps: For the next quarter, and taking the validated health provision model as a framework, SIAPS will support the implementation of a pharmaceutical guideline for health care providers, and will support the improvement of warehousing conditions in health facilities.

For the next quarter, SPS will elaborate a technical report based on the findings of the aggregated indicators analysis and will support the dissemination for the first AMR bulletin. With these interventions, SAIDI will complete its technical assistance in Callao.

Activity Title: Provide support to document the impact of previous interventions and institutionalize improved pharmaceutical management practices

Activity Lead: Barillas, Edgar **Activity #:** 2 **Task:** A040 **Subtask:** AMRELL1002

Activity Description: MSH/SPS will document the impact interventions and support the institutionalization of those proven to be effective.

Budget: \$50,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: During this quarter, the SPS short-term consultant in Paraguay completed the collection of information for an active pharmacovigilance study on second-line TB medicines.

Barriers to Progress: None.

Next Steps: For the next quarter, SPS will organize and analyze the information. A final report will be completed in the next quarter.

Regional Development Mission for Asia (RDMA)

Work plan: RDMA Asia **Year** 2010

Funding Level: \$195,000.00

Work plan Background

Since 2007, the Strengthening Pharmaceutical Systems (SPS) Program implemented by Management Sciences for Health has been receiving support from USAID's Regional Development Mission Asia (RDMA) to strengthen the pharmaceutical management systems for malaria, tuberculosis and HIV/AIDS of countries in the region. The following outlines recent work that MSH/SPS has engaged in for each of the key disease areas: malaria, TB and HIV/AIDS. Malaria SPS collaborates with Mekong Malaria Partners (MMP) semi-annually to discuss issues related to malaria control in the region and develop compatible work plans to address those issues. The elimination of malaria has also emerged as a primary goal for national malaria programs and donors throughout the Mekong sub-region. Elimination activities are already underway in Phuket, Thailand and are expected to be replicated in other areas of Thailand with funding from GF R10 (pending award) over the next five years. One of the SPS projects in Thailand was to conduct a rapid assessment of the systems in place to manage antimalarials as well as develop and facilitate a workshop for provincial health personnel on pharmaceutical management. In Laos, SPS has worked closely with the Office of the Principal Recipient of the Global Fund, the national malaria program and WHO/Laos to implement recommendations based on findings of an assessment of pharmaceutical management practices and provide assistance on quantification for the annual procurement and in the development of distribution plans. Tuberculosis SPS participates in regional and country-based efforts--primarily in the People's Republic of China--to improve the technical and human resource capacity to execute tuberculosis (TB) control activities and address emerging multidrug-resistant TB issues. SPS provides technical expertise to improve pharmaceutical management practices related to selection, procurement, distribution, and use of medicines for TB through providing curriculum and sharing experiences. HIV/AIDS SPS has been working closely with WHO/China and the CDC in Guangxi Zhang Autonomous Region to strengthen pharmaceutical management for HIV/AIDS. In 2009, SPS drafted standard operating procedures for each level of the ARV management system, held a validation workshop with key stakeholders to review the draft, conducted a training of trainers and provided technical assistance for their implementation in Guangxi. FY10 activities and budgets related to PEPFAR funded HIV/AIDS work in China are described in a separate work plan.

Activity Title: Provide support for desk reviews of stakeholder country MDR-TB programs relevant to pharmaceutical management systems

Activity Lead: Doumbia, **Activity #:** 2 **Task:** A040 **Subtask:** IDRE1002
Seydou

Activity Description: SPS will collaborate with key stakeholders in the RMC initiative to identify target country strengths, weaknesses, opportunities and threats, with a focus on pharmaceutical management for MDR-TB. As part of the review, SPS will:
(1) Participate in a key strategic planning meeting with RMC partners and stakeholders. (2) Collaborate with stakeholders to conduct a field visit to at least one target country. (3) Develop a questionnaire for PATH field staff to use during country visits, where SPS is not present, to address gaps in the information and analysis.

Budget: \$41,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Analysis report. Trip report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: This activity has been completed.

Barriers to Progress: None.

Next Steps: None.

Activity Title: Continue support to the malaria program in Laos to improve pharmaceutical management related to quantification and information systems

Activity Lead: Doumbia, **Activity #:** 4 **Task:** A040 **Subtask:** IDRE1007
Seydou

Activity Description: In response to the overstocking and subsequent expiry of malaria medicines in 2008 followed by widespread stock-outs in 2009, WHO/Laos and CMPE have requested technical assistance from SPS to build the capacity of key personnel in CMPE and the GF PR office in quantification and to develop an appropriate methodology for forecasting. To address their needs, SPS will: (1) Conduct quantification training for key personnel in CMPE and the GF PR office. (2) Review existing data and assumptions, and modify assumptions as needed based on the available data, in collaboration with partners in CMPE and the GF PR office. (3) Develop a plan for improving the information system for malaria medicines, including the implementation of a rapid reporting strategy, to improve the quality of data used to calculate requirements in future years.

Budget: \$27,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: SOPs. Trip report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: A conference call was held with PMI team to discuss how to re-program the pipeline. Following RDMA recommendation, it was decided to conduct only to conduct pharmaceutical assessment in Cambodia, rather than Vietnam. RDMA is not interested in the malaria quantification manual. Therefore, the assessment concept paper was adapted to Cambodia context and was shared with RDMA mission.

Barriers to Progress: None.

Next Steps: A senior technical staff from SPS will conduct an initial trip to Cambodia early in April to prepare the assessment which is planned for end of April 2012.

Activity Title: Participate in regional meetings, conferences and trainings to promote the inclusion of pharmaceutical management in regional and country-specific plans for malaria control, containment of resistance and elimination

Activity Lead: Doumbia, **Activity #:** 6 **Task:** A040 **Subtask:** IDRE1009
Seydou

Activity Description: SPS is the core technical partner for pharmaceutical management for malaria in the Mekong sub-region. To ensure that pharmaceutical management priorities are identified, promoted and addressed in regional and country-specific strategies, SPS

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will: (1) Participate in the semi-annual MMP core partners' meetings to report on activity progress, solicit feedback and define priorities. (2) Develop training materials for the Procurement and Supply Management module at the Management of Malaria Field Operations (MMFO) course and facilitate the session in October 2010. (3) Present on "Key Capacities in Pharmaceutical Management for Malaria" at the International Malaria Colloquium to be held in Bangkok, Thailand in December 2010. (4) Participate in regional meetings organized by other MMP core partners with relevance to pharmaceutical management, as needed.

Budget: \$28,300.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Presentation. Trip report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: This activity has been completed for the work plan year.

Barriers to Progress: None.

Next Steps: None.

COUNTRY PROGRAMS

Angola

Angola HIV/AIDS

Work plan: Angola HIV/AIDS **Year** 2010

Funding Level: \$280,000.00

Work plan Background

USAID/Angola provided SPS with PEPFAR funding since FY09 and with POP funding starting in FY10 in an effort to provide integrated technical assistance to key MOH programs. SPS funding from these three USAID sources under FY10 will enable SPS to provide TA to the MoH to implement pharmaceutical management interventions to improve the supply chain management of essential medicines and commodities across key MoH programs, including PNCM, INLS, National Tuberculosis Program (NTP), and Family Planning/Reproductive Health (FP/RH) Program. This is in line with the Global Health Initiative, USAID/Angola and MoH DNME/PNME integrated health systems strengthening goal and approach. With FY10 funding, SPS will build upon and will continue implementing all last year's activities to achieve higher targets. Meanwhile the program will expand and initiate new activities to improve HIV/AIDS supply chain management, assess laboratory supply chain systems and to promote rational use of medicines. The training and capacity-building activity will be adapted to not only impart knowledge, but to also apply the Monitoring-Training-Planning (MTP) approach that ensures the translation of such knowledge into improved practices. The program will support the implementation of strategic monitoring tools such as the End Use Verification (EUV), the Procurement Planning, Monitoring and Reporting for malaria (PPMRm), the Coordinated Procurement Planning for HIV/AIDS, and the Pharmaceutical Management System Strengthening (PMSS) tool. Data collected through these tools will be disseminated to inform decision-making by the MOH, USAID and other relevant local partners to close any gaps in procurement and/or in supply chain management systems for essential public health commodities. Assessment activities planned for this year will be instrumental in identifying gaps and in the development of appropriate future interventions aimed at improving availability and use of laboratory supplies.

Activity Title:	Conduct an assessment of laboratory supply chain management.
Activity Lead:	Goredema, Activity #: 2 Task: A040 Subtask: PMAO1002 Wonder
Activity Description:	SPS will assess the laboratory supply chain system for laboratory commodities, in order to identify gaps and recommend interventions to strengthen the national capacity to implement various elements of laboratory commodity management, from selection, procurement, storage and distribution of commodities. Structured questionnaires will be used to collect data at central-level institutions and service delivery points. Qualitative interviews will also be conducted with key informants from MoH program directorates, medical warehouses and the Department of Customs. In-depth interviews will also be conducted with national and provincial public health laboratories, national, provincial, municipal laboratories, and health centers in Luanda and Kwanza Sul provinces.

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

Products Planned: Laboratory supply chain management system assessment report with recommendations. Report of the laboratory supply chain management system assessment meeting.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Following completion of the laboratory supply chain assessment, the MOH has not yet requested the program to provide any follow on TA for lab systems strengthening.

Barriers to Progress: None.

Next Steps: Use any leftover funds from the SPS FY10 lab assessment to provide follow on TA for lab systems strengthening, if requested.

Activity Title: Technical activity coordination and monitoring.

Activity Lead: Goredema, **Activity #:** 1 **Task:** A040 **Subtask:** HIAO10TC
Wonder

Activity Description: This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications among local and US-based SPS staff, USAID/Angola Mission, MoH representatives and local partners and collaborators. Key expenses include: weekly and ad hoc communication with the Country Program Manager and administration staff at SPS HQ, country visits by the Country Program Manager, biweekly office technical activity coordination meetings, quarterly and annual progress reports, and participation in SPS global meeting by one SPA

Budget: \$12,200.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: The Portfolio Manager and US-based technical support staff remotely followed-up and coordinated implementation of work plan activities with the in-country team and local partners via phone, e-mail and Skype.

Barriers to Progress: Continued lack of MSH in-country registration in Angola and lack of corporate bank account.

Next Steps: Continue following, coordinating and supporting implementation of technical activities on the ground remotely and through STTA.

Activity Title: Support the MoH to conduct capacity-building trainings

Activity Lead: Goredema, **Activity #:** 3 **Task:** A040 **Subtask:** HIAO1003
Wonder

Activity Description: Remaining FY09 and FY10 PMI, HIV/AIDS and POP funds will contribute to the printing of forms, and the scale up of pharmaceutical management trainings and supportive supervision. SPS will print and disseminate stock cards as a priority, as well as prescription registers and prescription pads later.

USG Sub-element: HIV/AIDS
Budget: \$10,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011
Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Printing of the pharmaceutical management materials was finalized (150,000 stock cards, 100,000 monthly balance sheets, 100,000 prescription pads and 5,500 patient registers). The program handed the materials over to the MOH/CECOMA warehouse for distribution, along with other essential medicines, to prioritized health units in 8 provinces. The PNME prepared the distribution list for the printed materials. A new order was placed to print additional same quantities of the materials. There were no essential medicines management capacity building trainings this quarter.

Barriers to Progress: Lack of in-country registration and corporate bank account.

Next Steps: Support the MoH PNME to conduct the next provincial pharmaceutical management training, in collaboration with other MoH programs and local partners. Reproduce additional forms and distribute them to prioritized provinces.

Activity Title: Support MoH supervisions.

Activity Lead: Goredema, **Activity #:** 4 **Task:** A040 **Subtask:** HIAO1004
Wonder

Activity Description: The goal will be to visit seven of the nine provinces with USAID PMI or RH/FP Implementing Partner support at least twice per year (and the remaining two provinces at least once per year). SPS' role would be to provide TA to the MOH and USAID Implementing Partners to ensure the integrated supervision tool and approach are implemented correctly, and to provide financial and coordinating support as needed. A half-day supervision progress review meeting will be held at least biannually in Luanda with MOH, PMI NGO and other key local stakeholders. FY09 PMI and FY10 PMI, PEPFAR and POP funds will be used to fund this activity.

USG Sub-element: HIV/AIDS
Budget: \$20,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011
Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: No provincial supervision was conducted in this reporting period.

Barriers to Progress: Lack of in-country registration and corporate bank account.

Next Steps: Assist the DNME to coordinate and facilitate the review and approval of the current draft of the integrated supervision tool by key local partners and stakeholders. Support the MoH to conduct provincial supervisions in additional provinces.

Activity Title: Implement the End Use Verification (EUV) tool

Activity Lead: Goredema, **Activity #:** 5 **Task:** A040 **Subtask:** HIAO1005
Wonder

Activity Description: Remaining FY09 PMI funds will be used to finalize translation and customization of the EUV tool and EpiSurveyor application to local language and context and pilot the customized Portuguese tools during the first quarter of FY10. The paper tool and electronic EpiSurveyor questionnaires will be revised and updated based on the recommendations of the pilot. SPS will then provide ongoing technical assistance to the MoH to collect and share EUV data on availability of key public health commodities (malaria, HIV/AIDS, FP/RH, and TB) with local stakeholders at least twice a year. Updates on red flags, such as stock-outs at health facilities, are sent out to local counterparts immediately following data collection and analysis, so they can take immediate action to address the issues. Use and programmatic impact of the tool will be monitored in coordination with local counterparts. SPS will continue to collaborate with the MoH and relevant partners in applying appropriate tools to collect and disseminate data on availability, use, supply chain logistics and pharmaceutical management for public health commodities, and to take appropriate action based on the findings. EUV surveys will be conducted at 3-4 times per year and the reports disseminated to PMI and local stakeholders. This activity will be funded with FY09 PMI funds and FY10 PMI, PEPFAR and POP funds.

USG Sub-element: HIV/AIDS

Budget: \$24,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: The report of the August/September 2011 EUV survey was finalized and disseminated. Preparations for the next round of data collection data were initiated. This included reaching out to the Directorate of Essential Medicines and Equipment (DNME) to explore removing non-malaria commodities from the EUV tool and monitoring the commodities as part of on-going integrated supervision (using an appropriately adapted version of the EUV tool). This approach would significantly streamline the list of survey commodities from 77 items to a much shorter list. A new and shorter EUV report template was received from PMI. The program started working on revising and adapting the data collection and analysis tools to incorporate the shortened list of commodities and indicators on the new report template.

Barriers to Progress: Progress was delayed a bit by the need to wait to streamline the list of EUV survey commodities, until the return of the DNME Head from vacation in early May.

Next Steps: Finalize revision of EUV list, revise and adapt the data collection and analysis tools to incorporate the shortened list of commodities and indicators in the new report template. Conduct next round of EUV data collection in 9 provinces.

Activity Title: Implement additional monitoring tools

Activity Lead: Goredema, **Activity #:** 6 **Task:** A040 **Subtask:** HIAO1006
Wonder

Activity Description: In addition to the EUV tool, SPS will collaborate with the MoH and relevant partners to implement additional appropriate tools to collect and disseminate data on availability and use of public health commodities, and general status of the

pharmaceutical supply chain system and take appropriate action based on the findings. Quarterly PPMRm reports will be compiled in collaboration with the Malaria Program and submitted via SPS HQ to USAID/DELIVER for analysis and consolidation into one quarterly PPMRm report for PMI. The report will be disseminated back to local counterparts in Angola (MoH and USAID/PMI) and relevant malaria stakeholders. Red flags and critical recommended actions are also highlighted where appropriate. This information enables informed decision-making on procurement and redistribution of supplies, and better coordination among the MOH and partners involved in procurement and supply chain management of malaria commodities. The Pharmaceutical Management Systems Strengthening tool will be completed in coordination with the MoH DNME/Essential Medicines Program and NMCP and submitted to PMI before the annual Malaria Operational Planning team visit to Angola. The PMSS tool assesses the prevailing status of the country's pharmaceutical management systems with respect to policy, law and regulation, quantification and procurement, storage, inventory management and transportation, prescribing and dispensing practices, and financing. The results, along with results of other PMI tools, inform programming decisions during development of the annual Malaria Operational Plan (MOP). All results will also be disseminated and updates on any pertinent findings and recommendations discussed with counterparts and partners as part of general coordination with pharmaceutical management stakeholders at the central-level. Stock-outs and or any urgent red flags will be brought to the attention of relevant authorities immediately as they are identified, in order to facilitate speedy action. This activity will be funded with FY10 PMI, PEPFAR and POP funds.

USG Sub-element: HIV/AIDS
Budget: \$5,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011
Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: The PPMRm report for the first quarter was compiled and submitted along with the annual WHO ACT needs estimate in mid-January 2012. The quarterly ACT needs estimate was also compiled and submitted in mid-January 2012. The ACT gap analysis was developed and submitted to PMI in March 2012. All reports were compiled in consultation with the NMCP. Preparations for CPP data collection were initiated.
Barriers to Progress: None.
Next Steps: Compile and submit the PPMRm and ACT reports for Q2 by April 16, 2012. Collect CPP data and compile and submit report.

Activity Title: Assess medicines use and safety

Activity Lead: Goredema, **Activity #:** 8 **Task:** A040 **Subtask:** HIAO1008
 Wonder

Activity Description: Medicines use is an important element of pharmaceutical management. Irrational medicines use appears to be a problem but there is inadequate data to inform the development of appropriate interventions. This year SPS will conduct an assessment

of medicines use and pharmacovigilance in public health facilities. The study will complement what we already know about availability and pharmaceutical management of HIV/AIDS and other essential medicines from the results of periodic monitoring surveys such as the quarterly EUV survey, and the assessment of HIV/AIDS commodity supply chain system that was done in FY09. It will help determine the changes in medicines use since the MOH/WHO study of 2007, and to identify gaps and recommend appropriate interventions. A meeting will be held with stakeholders to present the results of the assessment and obtain stakeholders' feedback, and consensus on priority medicines use interventions that could be implemented to address the identified gaps in the future. SPS will also support one MOH representative and one SPS technical staff to attend the 2011 International Conference on Improving Use of Medicines (ICIUM). SPS will provide funding to support one DNME/Essential Medicines Program representative and one SPS technical staff to attend the 2011 International Conference on Improving Use of Medicines (ICIUM) conference and share and learn from the experiences of numerous policy makers, program managers, researchers, clinicians, and other experts on improving medicines use from around the world that will attend the conference. They will come back and combine and apply the knowledge, experiences and tools acquired from the ICIUM conference, and the findings of the medicines use and safety assessment to develop and implement appropriate interventions to improve the use of medicines in Angola. This activity will be funded with FY10, PMI, PEPFAR and POP funds.

USG Sub-element: HIV/AIDS
Budget: \$51,000.00 **Start Date:** Sep 2010 **End Date:** Sep 2011
Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: Feedback on the draft report of the medicines use and safety assessment has not yet been received from local counterparts.
Barriers to Progress: Unprecedented delays in obtaining counterparts' feedback on the draft report of the medicines use and safety assessment has delayed progress.
Next Steps: Continue to follow-up on and incorporate MoH feedback and then finalize and disseminate the technical report of the rapid assessment of medicines use and safety.

Activity Title: Provide TA to MoH and partners at the national-level

Activity Lead: Goredema, **Activity #:** 9 **Task:** A040 **Subtask:** HIAO1009
Wonder

Activity Description: To streamline the work plan activities with MoH partners, a planning session will be conducted to generate an implementation plan for the SPS-supported integrated MoH activities, including training, supervision, EUV, and private sector activities. The plan will help guide and coordinate the actions and timelines of different stakeholders. The plan would help synchronize budget forecasting by program partners. Sub-activities will include: (1) Participate in different technical meetings to coordinate and share best practices with MoH DNME/Essential Medicines Program, HIV/AIDS Program,

RH/FP Program, USAID, ESD/Pathfinder and other relevant local partners. (2) Participate in ad hoc meetings with the MoH, USAID and relevant local partners, to disseminate strategic monitoring tools data. (3) Harmonize and implement pharmaceutical management training and supervision materials with MoH programs, starting with RH/FP and HIV/AIDS. (4) Members of the Contraceptives Management Technical Group will potentially meet regularly and discuss and address pertinent RH/FP matters with the MoH RH/FP Department and local RH/FP partners. SPS staff will coordinate and work as needed with UNFPA and the MoH RH Department and central and provincial warehouse staff to ensure that RH/FP commodities move well along the supply chain from the central level to health units countrywide. In USAID-selected provinces (Luanda and Huambo) SPS will work with the USAID RH/FP Implementing Partners ESD/Pathfinder and SES. (5) Work with MOH RH/FP and relevant RH/FP partners to help the DNME to ensure commodities are quantified rationally, distributed equitably and securely, and tracked well in USAID-selected provinces (Luanda and Huambo) and the rest of the country. (6) Hold regular national pharmaceutical supply chain coordination meetings to facilitate communication and problem-solving among provincial and national-level representatives from the key MoH programs and medical warehouses. (6) The Country Program Manager will register for American Public Health Association (APHA) membership and may attend the 2011 APHA conference in Washington DC, and any other relevant pharmaceutical supply chain management or public health meetings or conferences that may be relevant to the Angola Country Program's malaria, HIV/AIDS and RH/FP work, to share key experiences and lessons learned from the program. This activity will be funded with FY10 PMI, PEPFAR and POP funds.

USG Sub-element: HIV/AIDS
Budget: \$6,800.00 **Start Date:** Oct 2010 **End Date:** Sep 2011
Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS held the quarterly technical coordination and update meeting with the DNME/PNME. Upon return from the SIAPS regional launch in South Africa, SPS/SIAPS in-country technical staff met and briefed the DNME, USAID and USAID IPs on the new SIAPS project. SPS continued to collaborate and support MoH programs (DNME, PNME, NMCP, INLS, TB, and RH/FP) and local partners (PMI NGOs, UN Agencies, NEOPHARMA) in the implementation of pharmaceutical management strengthening activities in the country. SPS also continued ongoing collaboration and coordination with the Reproductive Health Technical Group (RHTG) members (including MOH DNME/PNME, USAID/Mission and the USAID implementing partners SASH and Pathfinder), to improve supply chain management of RH commodities in Angola. SPS participated in DNME-led Inter Agency Coordination Committee (ICC) for Revitalization meetings with USAID/Mission and key local partners, including local donors and USAID IPs (January and March 2012). SPS initiated planning for the first pharmaceutical supply chain coordination meeting, to be held in Luanda.

Barriers to Progress: None.

Next Steps: Prepare and conduct pharmaceutical supply chain coordination meeting in Luanda. Support and facilitate ongoing DNME-led ICC meeting (April, May, and June). Continue the same level of coordination and partnership with local counterparts and partners.

Activity Title: Improve distribution and management of HIV/AIDS condoms and test kits

Activity Lead: Goredema, **Activity #:** 7 **Task:** A040 **Subtask:** HIAO1007
Wonder

Activity Description: Specific sub-activities will include: (1) Work with USAID/Angola, NEOPHARMA to ensure condoms and HIV/AIDS test kits are received and stored well at the NEOPHARMA transit warehouse at the national-level. Follow-up and provide TA to NEOPHARMA, INLS and USAID IPs to ensure condoms and test kits are distributed well and expeditiously to the partners, following the USAID distribution plan. (2) Provide TA to the INLS to prepare appropriate distribution plans for the condoms and test kits. (3) Follow-up and provide TA to the INLS to ensure the supplies are distributed expeditiously from NEOPHARMA warehouse to provincial warehouses, following the distribution plans. (4) Provide TA and funding support to the INLS to conduct follow-up monitoring visits to sampled provinces and facilities to ensure target facilities have received the assigned quantities of condoms and test kits. Monitoring will also include developing and implementing an appropriate tool to track availability and facilitate redistribution of supplies among health facilities. Monitoring will also be done as part of ongoing supportive supervision by MoH provincial and national supervisors, supported by SPS. SPS will encourage the MoH to have consignees sign and send consignment notes (“guia de remessa”) back to INLS/NEOPHARMA to confirm receipt of supplies. (5) Support the MoH to hold regular national pharmaceutical supply chain coordination meetings at the central-level. (6) Work with HIV/AIDS and RH/FP program representatives and the Pathfinder Logistics Adviser to the MoH to revise and edit the training materials and co-facilitate the ongoing essential medicines management trainings, as needed, to address specific matters related to managing condoms and other program commodities. (7) Supervise management of condoms and related program commodities as part of on-going integrated supervision. All activities will be implemented in close coordination with the Pathfinder Logistics Advisor.

USG Sub-element: HIV/AIDS

Budget: \$58,000.00 **Start Date:** Oct 2010 **End Date:** Oct 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: The program continues to coordinate and support the MoH RH/FP Department, key RH/FP stakeholders, and other members of the RHTG to improve availability and management of RH commodities. This includes adapting and implementing the RH/FP program forms in conjunction with the PNME approved pharmaceutical management forms, continuing to provide TA and share lessons learned with partners,

and continuing to remotely track the distribution of USAID-funded condoms in additional provinces.

Barriers to Progress: The main constraint to progress continued to be limitations in the amount of funds that could be wired to in-country consultants in the absence of a project bank account, pending MSH in-country registration. This presents a challenge in implementing multiple high-budget field activities during the same quarter.

Next Steps: Continue tracking distribution of USAID-funded condoms as part of ongoing MoH-led provincial pharmaceutical management supervision.

Activity Title: Office management

Activity Lead: Goredema, **Activity #:** 10 **Task:** A040 **Subtask:** HIAO100M
Wonder

Activity Description: This activity involves administrative tasks to facilitate office operations and field logistics. The office management budget includes expenses related to applying for MSH registration in Angola, hiring and orienting new staff and setting up office requirements in Luanda, day-to-day local operational costs: office spaces, utilities and maintenance, office equipment and supplies, phone and internet costs, Portuguese language learning materials, vehicle rental and fuel, bank fees and other related costs. This activity will be implemented with FY10 PMI, PEPFAR and POP funds. In the future, when MSH is fully registered, additional funding will be needed to sustain a budget for operating and managing an office outside the Essential Medicines Program premises in Luanda. Significant additional expenses will include office rental and insurance, and the cost of procuring and running a project vehicle.

USG Sub-element: HIV/AIDS

Budget: \$13,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: The portfolio team worked with the administration and operations support teams to complete and legalize the outstanding registration documents. An outside company, Passport and Visa Online, was hired to facilitate the legalization process, which included translating all documents from English to Portuguese, notarizing and certifying the documents at the Circuit Court in Washington, D.C., certifying the documents at the office of the Secretary of State, authenticating the documents at the Department of State, and legalizing the documents at the Angolan Embassy. The Portfolio Manager prepared to travel to Angola in April and work with USAID/Angola Mission to submit the registration documents to the Technical Coordination Unit of Humanitarian Aid (Unidade Técnica de Coordenação da Ajuda Humanitária-UTCAH), request authorization to conduct business pending registration, open new office space and open a corporate bank account. Meanwhile, candidates were interviewed for the Country Project Director position and preparations for interviews for Senior Technical Advisor and driver/office assistant were initiated. Office space was identified in Luanda and lease negotiations started.

Barriers to Progress: Activity progress continued to be slow due to continued lack of MSH in-country registration and lack of a corporate bank account.

Next Steps: Portfolio Manager to travel to Angola during April and work with USAID/Angola Mission and UTCAH, open new office space and open a corporate bank account. Continue interviews for Country Project Director, Senior Technical Advisor and support staff.

Angola PMI

Work plan: Angola PMI **Year** 2010

Funding Level: \$700,000.00

Work plan Background

Malaria is a major cause of morbidity and mortality in Angola, accounting for an estimated 60% of hospital admissions and 35% of the overall mortality in children under five, and 25% of maternal mortality. Malaria control is therefore a top priority of the Government of the Republic of Angola. In 2004, the Ministry of Health (MOH) (Ministério da Saúde-MINSA) introduced Artemisinin-based combination therapies (ACT) to improve malaria case management, because of a high resistance to standard antimalarial medicines. The first-line treatment of malaria is Artemether-lumefantrine (AL- Coartem®).

The United States Agency for International Development (USAID) is working to improve Angola's health care service delivery and to expand access to health care through various programs in collaboration with the MOH and local partners. The MOH's National Malaria Control Program (Programa Nacional de Controlo da Malaria-PNCM), the INLS and the RH/FP programs are responsible for the implementation of malaria, HIV/AIDS and RH/FP activities respectively. USAID HIV/AIDS activities in Angola are supported through the US President's Emergency Plan for AIDS Relief (PEPFAR), malaria activities are supported through the USG President's Malaria Initiative (PMI), and RH/FP activities through population (POP) funds. The MOH's National Directorate of Medicines and Equipment (Direcção Nacional de Medicamentos e Equipamentos-DNME) and the National Essential Medicines Program (Programa Nacional de Medicamentos Essenciais-PNME) oversee and coordinate all activities related to procurement, management and use of essential medicines and related public health commodities in Angola.

With USAID/ PMI support, Management Sciences for Health's Rational Pharmaceutical Management (RPM) Plus program and its follow-on the Strengthening Pharmaceutical Systems (SPS) program have collaborated with PMI-funded non-governmental organizations (NGOs) and other local partners to provide technical assistance to improve the availability and use of ACTs, rapid diagnostic test kits (RDTs) and other public health commodities in Angola since 2005. With FY09 funding, SPS provided technical assistance (TA) to the MOH to strengthen pharmaceutical management activities at different levels of the supply chain and to conduct trainings to build pharmaceutical management skills and personal capacity of medical warehouse and health facility staff. These funds were also used to implement monitoring tools to inform decisions related to procurement, distribution and use of public health commodities and to strengthen the capacity of the national Pharmacovigilance (PV) System to improve safety of medicines in the public sector. In addition to PMI funds,

USAID/Angola provided SPS with PEPFAR funding since FY09 and with POP funding starting in FY10, in an effort to provide integrated technical assistance to key MOH programs. SPS funding from these three USAID sources under FY10 will enable SPS to provide technical and funding support to continue integrated implementation of MOH-led interventions to strengthen the supply chain management of essential medicines and commodities across key MOH programs. This is in line with the Global Health Initiative, USAID/Angola and MOH DNME/Essential Medicines Program integrated health systems strengthening goal and approach.

In FY10 SPS will build upon and will continue implementing all last year's activities to achieve higher targets. Meanwhile the program will expand and initiate new activities to improve supply chain management and to promote rational use of medicines. The training and capacity-building activity will be adapted to not only impart knowledge, but to also apply the Monitoring-Training-Planning (MTP) approach that ensures the translation of such knowledge into improved practices. The program will support the implementation of strategic monitoring tools such as the End Use Verification (EUV), the Procurement Planning, Monitoring and Reporting for malaria (PPMRm) and the Pharmaceutical Management System Strengthening (PMSS) tool. Data collected through these tools will be disseminated to inform decision-making by the MoH, USAID and other relevant local partners to close any gaps in procurement and/or in supply chain management systems for essential public health commodities. Assessment activities planned for this year will be instrumental in identifying gaps and in the development of appropriate future interventions aimed at improving availability and use of laboratory supplies.

Activity Title:	Technical activity coordination and monitoring.		
Activity Lead:	Goredema, Wonder	Activity #: 1	Task: A040 Subtask: PMAO10TC
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications among local and US-based SPS staff, USAID/Angola Mission, MoH representatives and local partners and collaborators. Key expenses include: weekly and ad hoc communication with the Country Program Manager and administration staff at SPS HQ, country visits by the Country Program Manager, biweekly office technical activity coordination meetings, quarterly and annual progress reports, and participation in SPS global meeting by one SPA		
Budget: \$59,800.00	Start Date: Oct 2010	End Date: Sep 2011	
Products Planned:	None.		
Reporting Period:	1 January 2012-31 March 2012		
Activity Progress:	The Portfolio Manager and US-based technical support staff remotely followed-up and coordinated implementation of work plan activities with the in-country team and local partners via phone, e-mail and Skype. The FY11 SIAPS work plan was reviewed and approved by the USAID/Angola Mission.		
Barriers to Progress:	Continued lack of MSH in-country registration in Angola and lack of corporate bank account.		
Next Steps:	Continue following, coordinating and supporting implementation of technical activities on the ground remotely and through STTA.		
Activity Title:	Support the MoH to receive and manage PMI commodities		

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Activity Lead: Goredema, Wonder **Activity #:** 2 **Task:** A040 **Subtask:** PMAO1002

Activity Description: SPS will continue to provide TA to local partners to ensure PMI commodities move safely and efficiently across all levels of the supply chain. As before, SPS will collaborate with USAID/DELIVER to provide joint TA to help the MoH ensure that PMI commodities are received in Luanda, distributed and appropriately received at the 18 provincial warehouses, and to minimize losses along the supply chain. This involves physically checking to ensure PMI shipments of ACTs, RDTs and microscopes are properly received and safely shipped from the Luanda Airport and appropriately received and documented at the PSI transit warehouse in Luanda. SPS will also work with the Essential Medicines Program and Malaria Program to develop and implement effective morbidity-based provincial distribution plans for the commodities. SPS will also support activities to follow up and monitor distribution and receipt of the commodities by the end users by applying the end user verification tool. This activity will be funded with FY10 PMI funds

Budget: \$48,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: ACTs distribution table.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS continued to collaborate with USAID/DELIVER to provide ongoing TA support to help the MoH to receive and distribute USAID-funded shipments of ACTs and RDTs to the countrywide. However, no shipments were received this quarter. The MOH exemption letter for the next shipment of ACTs and RDTs that is expected in May/June 2012 was signed by the DNME Director and submitted to the Minister of Health for his signature.

Barriers to Progress: None.

Next Steps: Assist the new MoH/PNME logistician to facilitate the signing of the exemption documents from the MoH, MoF/Customs and MOT in preparation for the arrival and distribution of the PMI commodities. Assist the PNME/NMCP to develop and implement distribution plans to ensure proper distribution of the commodities.

Activity Title: Support the MoH to conduct capacity-building trainings

Activity Lead: Goredema, Wonder **Activity #:** 3 **Task:** A040 **Subtask:** PMAO1003

Activity Description: Remaining FY09 and FY10 PMI, HIV/AIDS and POP funds will contribute to the printing of forms, and the scale up of pharmaceutical management trainings and supportive supervision. SPS will print and disseminate stock cards as a priority, as well as prescription registers and prescription pads later.

Budget: \$153,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Training reports.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Printing of the pharmaceutical management materials was finalized (150,000 stock cards; 100,000 monthly balance sheets; 100,000 prescription pads and 5,500 patient registers). The program handed the materials over to the MoH/CECOMA warehouse for distribution, along with other essential medicines, to prioritized health units in 8 provinces. The PNME prepared the distribution list for the printed materials. A new order was placed to print additional same quantities of the materials. There were no essential medicines management capacity building training this quarter.

Barriers to Progress: Lack of in-country registration and corporate bank account.

Next Steps: Support the MoH PNME to conduct next provincial pharmaceutical management training, in collaboration with other MoH programs and local partners. Reproduce additional forms and distribute them to prioritized provinces.

Activity Title: Support MoH supervisions.

Activity Lead: Goredema, Wonder **Activity #:** 4 **Task:** A040 **Subtask:** PMAO1004

Activity Description: The goal will be to visit seven of the nine provinces with USAID PMI or RH/FP Implementing Partner support at least twice per year (and the remaining two provinces at least once per year). SPS' role would be to provide TA to the MOH and USAID Implementing Partners to ensure the integrated supervision tool and approach are implemented correctly, and to provide financial and coordinating support as needed. A half-day supervision progress review meeting will be held at least biannually in Luanda with MOH, PMI NGO and other key local stakeholders. FY09 PMI and FY10 PMI, PEPFAR and POP funds will be used to fund this activity.

Budget: \$67,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Supervision reports.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: No provincial supervision was conducted in this reporting period.

Barriers to Progress: Lack of in-country registration and corporate bank account.

Next Steps: Assist the DNME to coordinate and facilitate the review and approval of the current draft of the integrated supervision tool by key local partners and stakeholders. Support the MoH to conduct provincial supervisions in additional provinces.

Activity Title: Implement the End Use Verification (EUV) tool.

Activity Lead: Goredema, Wonder **Activity #:** 5 **Task:** A040 **Subtask:** PMAO1005

Activity Description: Remaining FY09 PMI funds will be used to finalize translation and customization of the EUV tool and EpiSurveyor application to local language and context and pilot the customized Portuguese tools during the first quarter of FY10. The paper tool and electronic EpiSurveyor questionnaires will be revised and updated, based on the recommendations of the pilot. SPS will then provide ongoing technical assistance to the MoH to collect and share EUV data on availability of key public health commodities (malaria, HIV/AIDS, FP/RH, and TB) with local stakeholders at least

twice a year. Updates on red flags, such as stock-outs at health facilities, are sent out to local counterparts immediately following data collection and analysis, so they can take immediate action to address the issues. Use and programmatic impact of the tool will be monitored in coordination with local counterparts. SPS will continue to collaborate with the MoH and relevant partners in applying appropriate tools to collect and disseminate data on availability, use, supply chain logistics and pharmaceutical management for public health commodities, and to take appropriate action based on the findings. EUV surveys will be conducted at 3-4 times per year and the reports disseminated to PMI and local stakeholders. This activity will be funded with FY09 PMI funds and FY10 PMI, PEPFAR and POP funds.

Budget: \$44,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011
Products Planned: EUV report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: The report of the August/September 2011 EUV survey was finalized and disseminated. Preparations for the next round of data collection were initiated. This included reaching out to the Directorate of Essential Medicines and Equipment (DNME) to explore removing non-malaria commodities from the EUV tool and monitoring the commodities as part of on-going integrated supervision (using an appropriately adapted version of the EUV tool). This approach would streamline the list of survey commodities from 77 to a shorter list. A new and shorter EUV report template was received from PMI. The program started working on revising and adapting the data collection and analysis tools to incorporate the shortened list of commodities and indicators on the new report template.

Barriers to Progress: Progress on streamlining the list of commodities was delayed a bit by the need to wait until the return of the DNME Head from vacation in early May.

Next Steps: Finalize revision of EUV list, revise and adapt the data collection and analysis tools to incorporate the shortened list of commodities and indicators on the new report template. Conduct next round of EUV data collection in 9 provinces.

Activity Title: Implement additional monitoring tools.

Activity Lead: Goredema, **Activity #:** 6 **Task:** A040 **Subtask:** PMAO1006
Wonder

Activity Description: In addition to the EUV tool, SPS will collaborate with the MoH and relevant partners to implement additional appropriate tools to collect and disseminate data on availability and use of public health commodities, and general status of the pharmaceutical supply chain system and take appropriate action based on the findings. Quarterly PPMRm reports will be compiled in collaboration with the Malaria Program and submitted via SPS HQ to USAID/DELIVER for analysis and consolidation into one quarterly PPMRm report for PMI. The report will be disseminated back to local counterparts in Angola (MoH and USAID/PMI) and relevant malaria stakeholders. Red flags and critical recommended actions are also highlighted where appropriate. This information enables informed decision-making on procurement and redistribution of supplies, and better coordination among the MOH and partners involved in

procurement and supply chain management of malaria commodities. The Pharmaceutical Management Systems Strengthening tool will be completed in coordination with the MoH DNME/Essential Medicines Program and NMCP and submitted to PMI before the annual Malaria Operational Planning team visit to Angola. The PMSS tool assesses the prevailing status of the country's pharmaceutical management systems with respect to policy, law and regulation, quantification and procurement, storage, inventory management and transportation, prescribing and dispensing practices, and financing. The results, along with results of other PMI tools, inform programming decisions during development of the annual Malaria Operational Plan (MOP). All results will also be disseminated and updates on any pertinent findings and recommendations discussed with counterparts and partners as part of general coordination with pharmaceutical management stakeholders at the central-level. Stock-outs and or any urgent red flags will be brought to the attention of relevant authorities immediately as they are identified, in order to facilitate speedy action. This activity will be funded with FY10 PMI, PEPFAR and POP funds.

Budget: \$20,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: PPMRm report. PMSS report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: The PPMRm report for the first quarter was compiled and submitted along with the annual WHO ACT needs estimate in mid-January 2012. The quarterly ACT needs estimate was also compiled and submitted in mid-January 2012. The ACT gap analysis was developed and submitted to PMI in March 2012. All reports were compiled in consultation with the NMCP. Preparations for CPP data collection were initiated.

Barriers to Progress: None.

Next Steps: Compile and submit the PPMRm and ACT reports for Q2 by April 16. Collect CPP data and compile and submit report.

Activity Title: Assess medicines use safety.

Activity Lead: Goredema, **Activity #:** 7 **Task:** A040 **Subtask:** PMAO1009
Wonder

Activity Description: Medicines use is an important element of pharmaceutical management. Irrational medicines use appears to be a problem but there is inadequate data to inform the development of appropriate interventions. This year SPS will conduct an assessment of medicines use and pharmacovigilance in public health facilities. The study will complement what we already know about availability and pharmaceutical management of HIV/AIDS and other essential medicines from the results of periodic monitoring surveys such as the quarterly EUV survey, and the assessment of HIV/AIDS commodity supply chain system that was done in FY09. It will help determine the changes in medicines use since the MOH/WHO study of 2007, and to identify gaps and recommend appropriate interventions. A meeting will be held with stakeholders to present the results of the assessment and obtain stakeholders' feedback, and consensus on priority medicines use interventions that could be

implemented to address the identified gaps in the future. SPS will also support one MOH representative and one SPS technical staff to attend the 2011 International Conference on Improving Use of Medicines (ICIUM). SPS will provide funding to support one DNME/Essential Medicines Program representative and one SPS technical staff to attend the 2011 International Conference on Improving Use of Medicines (ICIUM) conference and share and learn from the experiences of numerous policy makers, program managers, researchers, clinicians, and other experts on improving medicines use from around the world that will attend the conference. They will come back and combine and apply the knowledge, experiences and tools acquired from the ICIUM conference, and the findings of the medicines use and safety assessment to develop and implement appropriate interventions to improve the use of medicines in Angola. This activity will be funded with FY10, PMI, PEPFAR and POP funds.

Budget: \$115,100.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Medicines use and safety assessment report. National plan for implementing interventions to promote medicines use and safety. MoH DNME representative's ICIUM trip report. MoH PV Unit representative's report of PV study tour to third country.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Feedback on the draft report of the medicines use and safety assessment has not yet been received from local counterparts.

Barriers to Progress: Delays in obtaining counterparts' feedback on the draft report of the medicines use and safety assessment.

Next Steps: Continue to follow-up to obtain and incorporate MoH feedback, and then finalize and disseminate the technical report of the rapid assessment of medicines use and safety.

Activity Title: Support the MoH Pharmacovigilance Unit.

Activity Lead: Goredema, **Activity #:** 8 **Task:** A040 **Subtask:** PMAO1010
Wonder

Activity Description: Specific activities will include: (1) Orient and train two key PV Unit staff on PV—walk them through the SPS and WHO materials on systematic PV approach (including functions of a PV center, minimum requirements for a PV Center, how to set up a PV Center, signal generation in PV). Revise/update the PV training materials and resources as needed. (2) Provide TA the PV Unit to conduct the pre-planned PV orientations with staff in 5 hospitals in Luanda and with municipal health facility staff in 2 additional provinces to be identified. The objective of the hospital trainings will be to (i) orient and build the awareness of key health facility/hospital staff about medicines safety issues in general and the rationale for reporting (ii) set up hospital PV committees (iii) familiarize the committee with the adverse medicines-related events notification form and standard operating procedure for reporting the adverse medicines reactions in a timely manner, and (iv) develop and initiate implementation of hospital PV plans. The training will be facilitated by PV Unit staff, Essential Medicines Program staff and SPS technical staff. (3) Conduct additional trainings with

additional municipal health facility staff in Luanda or Huambo and Bie provinces, outside Luanda. To achieve broader coverage, SPS will include a short session on PV in the on-going essential medicines management trainings. (4) Provide funding and TA, support to enable the head of the PV Unit and one additional key staff member to conduct a one-week visit to another African country (such as Kenya, Namibia or a Portuguese-speaking country that meets WHO minimum requirements for a functional PV system and that is successfully implementing medicines safety programs). The visitors will tour and learn from that country's PV program experiences, and then adapt and apply the knowledge and experiences gained to strengthen their own PV system in Angola. This activity will be funded with FY09 and FY10 PMI funds.

Budget: \$58,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Technical report of provincial PV orientation and system building and start-up activities. Minutes of meetings with DNME PV Unit representatives and relevant stakeholders.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS provided TA and funding support to the MoH DNME PV Unit to conduct PV awareness training at Huambo Provincial Hospital in January 2012. The MoH also conducted PV awareness orientations in Namibe, Benguela, Kwanza Sul and Bengo. The PV Unit drafted and has not yet finalized the training report. The program also assisted the MoH PV Unit to develop a medicines quality reporting form. SPS worked on preparations for the Head of the MoH/DNME PV Unit and 1 SIAPS technical staff member to travel to Nairobi, Kenya in April to participate in the African Regional PV meeting.

Barriers to Progress: The PV Unit is taking long to finalize the training report and data in the draft report are incomplete.

Next Steps: Support the DNME PV Unit to continue conducting PV awareness trainings in provincial hospitals in additional provinces. Support the Head of the MoH/DNME PV Unit and 1 SIAPS technical staff member to travel to Nairobi, Kenya in April to participate in the African Regional PV meeting. Work on preparations for a PV situation analysis.

Activity Title: Provide TA to MoH and partners at the national-level.

Activity Lead: Goredema, **Activity #:** 9 **Task:** A040 **Subtask:** PMAO1011
Wonder

Activity Description: To streamline the work plan activities with MoH partners, a planning session will be conducted to generate an implementation plan for the SPS-supported integrated MoH activities, including training, supervision, EUV, and private sector activities. The plan will help guide and coordinate the actions and timelines of different stakeholders. The plan would help synchronize budget forecasting by program partners. Sub-activities will include: (1) Participate in different technical meetings to coordinate and share best practices with MoH DNME/Essential Medicines Program, HIV/AIDS Program,

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RH/FP Program, USAID, ESD/Pathfinder and other relevant local partners. (2) Participate in ad hoc meetings with the MoH, USAID and relevant local partners, to disseminate strategic monitoring tools data. (3) Harmonize and implement pharmaceutical management training and supervision materials with MoH programs, starting with RH/FP and HIV/AIDS. (4) Members of the Contraceptives Management Technical Group will potentially meet regularly and discuss and address pertinent RH/FP matters with the MoH RH/FP Department and local RH/FP partners. SPS staff will coordinate and work as needed with UNFPA and the MoH RH Department and central and provincial warehouse staff to ensure that RH/FP commodities move well along the supply chain from the central level to health units countrywide. In USAID-selected provinces (Luanda and Huambo) SPS will work with the USAID RH/FP Implementing Partners ESD/Pathfinder and SES. (5) Work with MOH RH/FP and relevant RH/FP partners to help the DNME to ensure commodities are quantified rationally, distributed equitably and securely, and tracked well in USAID-selected provinces (Luanda and Huambo) and the rest of the country. (6) Hold regular national pharmaceutical supply chain coordination meetings to facilitate communication and problem-solving among provincial and national-level representatives from the key MoH programs and medical warehouses. (6) The Country Program Manager will register for American Public Health Association (APHA) membership and may attend the 2011 APHA conference in Washington DC, and any other relevant pharmaceutical supply chain management or public health meetings or conferences that may be relevant to the Angola Country Program's malaria, HIV/AIDS and RH/FP work, to share key experiences and lessons learned from the program. This activity will be funded with FY10 PMI, PEPFAR and POP funds.

Budget: \$25,400.00

Start Date: Oct 2010 **End Date:** Sep 2011

Products Planned:

Minutes of central-level coordination meetings with MOH and relevant local partners.

Reporting Period:

1 January 2012-31 March 2012

Activity Progress:

SPS held quarterly technical coordination and update meeting with the DNME/PNME. Upon return from the SIAPS regional launch in South Africa, SPS/SIAPS in-country technical staff met and briefed the DNME, USAID and USAID IPs on the new SIAPS project. SPS continued to collaborate and support the MoH programs (DNME, PNME, NMCP, INLS, TB, and RH/FP) and local partners (PMI NGOs, UN Agencies, and NEOPHARMA) in the implementation of pharmaceutical management strengthening activities in the country. SPS continued ongoing collaboration and coordination with the Reproductive Health Technical Group (RHTG) members (including MoH DNME/PNME, USAID/Mission and USAID IPs SASH and Pathfinder), to improve supply chain management of RH commodities in Angola. SPS participated in the DNME-led Inter Agency Coordination Committee (ICC) for Revitalization meetings with USAID/Mission and key local partners, including local donors and USAID IPs (January and March 2012). SPS initiated planning for the first pharmaceutical supply chain coordination meeting, to be held in Luanda.

Barriers to Progress:

None.

Next Steps: Prepare and conduct pharmaceutical supply chain coordination meeting in Luanda. Support and facilitate ongoing DNME-led ICC meeting (April, May, and June). Continue the same level of coordination and partnership with local counterparts and partners.

Activity Title: Office management.

Activity Lead: Goredema, **Activity #:** 10 **Task:** A040 **Subtask:** PMAO100M
Wonder

Activity Description: This activity involves administrative tasks to facilitate office operations and field logistics. The office management budget includes expenses related to applying for MSH registration in Angola, hiring and orienting new staff and setting up office requirements in Luanda, day-to-day local operational costs: office space, utilities and maintenance, office equipment and supplies, phone and internet costs, Portuguese language learning materials, vehicle rental and fuel, bank fees and other related costs. This activity will be implemented with FY10 PMI, PEPFAR and POP funds. In the future, when MSH is fully registered, additional funding will be needed to sustain a budget for operating and managing an office outside the Essential Medicines Program premises in Luanda. Significant additional expenses will include office rental and insurance, and the cost of procuring and running a project vehicle

Budget: \$108,700.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: The portfolio team worked with the administration and operations support teams to complete and legalize the outstanding registration documents. An outside company, Passport and Visa Online, was hired to facilitate the legalization process, which included translating all documents from English to Portuguese, notarizing and certifying the documents at the Circuit Court in Washington, D.C., certifying the documents at the office of the Secretary of State, authenticating the documents at the Department of State, and legalizing the documents at the Angolan Embassy. The Portfolio Manager prepared to travel to Angola in April and work with USAID/Angola Mission to submit the registration documents to the Technical Coordination Unit of Humanitarian Aid (Unidade Técnica de Coordenação da Ajuda Humanitária-UTCAH), request authorization to conduct business pending registration, open new office space and open a corporate bank account. Meanwhile, candidates were interviewed for the Country Project Director position and preparations for interviews for a Senior Technical Advisor and driver/office assistant were initiated. Office space was identified in Luanda and lease negotiations started.

Barriers to Progress: Activity progress continued to be slow due to continued lack of MSH in-country registration and lack of a corporate bank account.

Next Steps: Portfolio Manager to travel to Angola mid-end April and work with USAID/Angola Mission and UTCAH to open new office space and open a corporate bank account. Continue interviews for Country Project Director, Senior technical Advisor and support staff.

Angola POP

Work plan: Angola POP **Year** 2010

Funding Level: \$100,000.00

Work plan Background

The SPS Angola strategy for FY10 is to improve the availability and use of safe essential medicines and related commodities, and thereby provide quality pharmaceutical care to Angolans. The key components of last year’s approach will be continued this year: (1) provide TA to strengthen pharmaceutical management activities at different levels of the supply chain. (2) Conduct trainings to build pharmaceutical management skills and personal capacity of pharmacy and other relevant health facility staff at health facilities. (3) Implement PMI tools — end-use-verification (EUV), pharmaceutical management systems strengthening (PMSS), and Procurement Planning, Monitoring and Reporting for Malaria (PPMRm)— to improve staff capability to procure, manage and verify availability and end use of essential medicines and commodities at health facilities. (4) Provide support to conduct supportive supervision to monitor availability, management and use of medicines at health facilities and medical warehouses. (5) Strengthen laboratory supply chain systems. (6) Strengthen medicines safety systems and use — pharmacovigilance (PV). Efforts will be made to adapt and use simple approaches (such as the Monitoring-Training-Planning (MTP) approach) and tools (such as EpiSurveyor mobile phone technology) to collect, analyze and transmit health facility medicines availability and use data. Support will continue to be provided to advance DNME medication safety monitoring, as part of a broader activity to improve the safety and use of essential medicines that is expected to continue well into the future. A national rapid assessment of use and safety of essential medicines in health facilities will be conducted as a follow-up to the MINSA/WHO study of 2007, and to help identify gaps and develop and prioritize interventions to address the gaps. A laboratory supply chain assessment will also be conducted to determine gaps that could be addressed in the future. These activities will contribute to SPS overall result areas: strengthen pharmaceutical management systems to support public health services and contain the emergence and spread of antimicrobial resistance.

Activity Title:	Technical Activity Coordination		
Activity Lead:	Goredema, Wonder	Activity #: 1	Task: A040 Subtask: POAO10TC
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications among local and US-based SPS staff, USAID/Angola Mission, MoH representatives and local partners and collaborators		
Budget: \$10,000.00	Start Date: Oct 2010	End Date: Sep 2011	
Products Planned:	None.		

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: The Portfolio Manager and US-based technical support staff remotely followed-up

and coordinated implementation of work plan activities with the in-country team and local partners via phone, e-mail and Skype. The FY11 SIAPS work plan was reviewed and approved by the USAID/Angola Mission.

Barriers to Progress: Continued lack of MSH in-country registration in Angola and lack of corporate bank account.

Next Steps: Continue following, coordinating and supporting implementation of technical activities on the ground remotely and through STTA.

Activity Title: Support the MoH to conduct capacity-building training.

Activity Lead: Goredema, **Activity #:** 2 **Task:** A040 **Subtask:** POAO1002
Wonder

Activity Description: Remaining FY09 and FY10 PMI, HIV/AIDS and POP funds will contribute to the printing of forms, and the scale up of pharmaceutical management trainings and supportive supervision. SPS will print and disseminate stock cards as a priority, as well as prescription registers and prescription pads later

Budget: \$11,500.00 **Start Date:** Sep 2010 **End Date:** Aug 2011

Products Planned: Training reports. Participants/attendance lists.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Printing of the pharmaceutical management materials was finalized (150,000 stock cards; 100,000 monthly balance sheets; 100,000 prescription pads and 5,500 patient registers). The program handed the materials over to the MoH/CECOMA warehouse for distribution, along with other essential medicines, to prioritized health units in 8 provinces. The PNME prepared the distribution list to be applied in the distribution of the printed materials. A new order was placed to print additional quantities of the materials. There were no essential medicines management capacity building training this quarter.

Barriers to Progress: Lack of in-country registration and corporate bank account.

Next Steps: Support the MoH PNME to conduct next provincial pharmaceutical management training, in collaboration with other MoH programs and local partners. Reproduce additional forms and distribute them to prioritized provinces.

Activity Title: Support MoH supervision.

Activity Lead: Goredema, **Activity #:** 3 **Task:** A040 **Subtask:** POAO1003
Wonder

Activity Description: The goal will be to visit seven of the nine provinces with USAID PMI or RH/FP Implementing Partner support at least twice per year (and the remaining two provinces at least once per year). SPS' role would be to provide TA to the MOH and USAID Implementing Partners to ensure the integrated supervision tool and approach are implemented correctly, and to provide financial and coordinating support as needed. A half-day supervision progress review meeting will be held at least biannually in Luanda with MOH, PMI NGO and other key local stakeholders. FY09 PMI and FY10 PMI, PEPFAR and POP funds will be used to fund this activity.

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Budget: \$10,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Supervision report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: No provincial supervision was conducted in this reporting period.

Barriers to Progress: Lack of in-country registration and corporate bank account.

Next Steps: Assist the DNME to coordinate and facilitate the review and approval of the current draft of the integrated supervision tool by key local partners and stakeholders. Support the MoH to conduct provincial supervisions in additional provinces.

Activity Title: Implement the End Use Verification (EUV) tool.

Activity Lead: Goredema, **Activity #:** 4 **Task:** A040 **Subtask:** POAO1004
Wonder

Activity Description: Remaining FY09 PMI funds will be used to finalize translation and customization of the EUV tool and EpiSurveyor application to local language and context and pilot the customized Portuguese tools during the first quarter of FY10. The paper tool and electronic EpiSurveyor questionnaires will be revised and updated, based on the recommendations of the pilot. SPS will then provide ongoing technical assistance to the MoH to collect and share EUV data on availability of key public health commodities (malaria, HIV/AIDS, FP/RH, and TB) with local stakeholders at least twice a year. Updates on red flags such as stock outs at health facilities are sent out to local counterparts immediately following data collection and analysis, so they can take immediate action to address the stock outs or important gaps identified. Use and programmatic impact of the tool will be monitored in coordination with local counterparts. This activity will be funded with FY09 PMI funds and FY10 PMI, PEPFAR and POP funds.

Budget: \$10,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: EUV report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: The report of the August/September 2011 EUV survey was finalized and disseminated. Preparations for the next round of data collection data were initiated. This included reaching out to the Directorate of Essential Medicines and Equipment (DNME) to explore removing non-malaria commodities from the EUV tool and monitoring the commodities as part of on-going integrated supervision (using an appropriately adapted version of the EUV tool). This approach would significantly streamline the list of survey commodities from 77 to a shorter list. A new and shorter EUV report template was received from PMI. The program started working on revising and adapting the data collection and analysis tools to incorporate the shortened list of commodities and indicators on the new report template.

Barriers to Progress: Progress on streamlining the list was delayed a bit by the need to wait until the return of the DNME Head from vacation in early May.

Next Steps: Finalize revision of EUV list, revise and adapt the data collection and analysis tools to incorporate the shortened list of commodities and indicators on the new report template. Conduct next round of EUV data collection in 9 provinces.

Activity Title: Implement additional monitoring tools.

Activity Lead: Goredema, Wonder **Activity #:** 5 **Task:** A040 **Subtask:** POAO1005

Activity Description: In addition to the EUV tool, SPS will collaborate with the MoH and relevant partners to implement additional tools to collect and disseminate data on availability and use of public health commodities, and general status of the pharmaceutical supply chain system and take appropriate action based on the findings. Quarterly PPMRm reports will be compiled in collaboration with the Malaria Program and submitted via SPS HQ to USAID/DELIVER for analysis and consolidation into one quarterly PPMRm report for PMI. It will be disseminated back to local counterparts in Angola: the MoH, USAID/PMI and relevant malaria stakeholders. Red flags and critical recommended actions are also highlighted where appropriate. This information enables informed decision-making on procurement and redistribution of supplies, and better coordination among the MoH and partners involved in procurement and supply chain management of malaria commodities. The Pharmaceutical Management Systems Strengthening tool will be completed in coordination with the MoH DNME/Essential Medicines Program and NMCP and submitted to PMI before the annual Malaria Operational Planning team visit to Angola. The PMSS, along with results of other PMI tools, inform programming decisions during development of the annual Malaria Operational Plan (MOP). Results from all tools will be disseminated and updates on any pertinent findings and recommendations will be discussed with counterparts and partners, as part of general coordination with pharmaceutical management stakeholders at the central-level. Stock-outs and or any urgent red flags will be brought to the attention of relevant authorities immediately, in order to facilitate speedy action. This activity will be funded with FY10 PMI, PEPFAR and POP funds.

Budget: \$5,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: PPMRm report. Annual PMSS report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: The PPMRm report for the first quarter was compiled and submitted along with the annual WHO ACT needs estimate in mid-January 2012. The quarterly ACT needs estimate was also compiled and submitted in mid-January 2012. The ACT gap analysis was developed and submitted to PMI in March 2012. All these reports were compiled in consultation with the NMCP. Preparations for CPP data collection were initiated.

Barriers to Progress: None.

Next Steps: Compile and submit the PPMRm and ACT reports for Q2 by April 16, 2012. Collect CPP data and compile and submit report.

Activity Title: Improve management of HIV/AIDS, RH/FP commodities.

Activity Lead: Goredema, Wonder **Activity #:** 6 **Task:** A040 **Subtask:** POAO1006

Activity Description: Specific sub-activities will include: (1) Work with USAID/Angola, NEOPHARMA to ensure condoms and HIV/AIDS test kits are received and stored well at the NEOPHARMA transit warehouse at the national-level. Follow-up and provide TA to NEOPHARMA, INLS and USAID IPs to ensure condoms and test kits are distributed well and expeditiously to the partners, following the USAID distribution plan. (2) Provide TA to the INLS to prepare appropriate distribution plans for the condoms and test kits. (3) Follow-up and provide TA to the INLS to ensure the supplies are distributed expeditiously from NEOPHARMA warehouse to provincial warehouses, following the distribution plans. (4) Provide TA and funding support to the INLS to conduct follow-up monitoring visits to sampled provinces and facilities to ensure target facilities have received the assigned quantities of condoms and test kits. Monitoring will also include developing and implementing an appropriate tool to track availability and facilitate redistribution of supplies among health facilities. Monitoring will also be done as part of ongoing supportive supervision by MoH provincial and national supervisors, supported by SPS. SPS will encourage the MoH to have consignees sign and send consignment notes (“guia de remessa”) back to INLS/NEOPHARMA to confirm receipt of supplies. (5) Support the MoH to hold regular national pharmaceutical supply chain coordination meetings at the central-level. (6) Work with HIV/AIDS and RH/FP program representatives and the Pathfinder Logistics Adviser to the MoH to revise and edit the training materials and co-facilitate the ongoing essential medicines management trainings, as needed, to address specific matters related to managing condoms and other program commodities. (7) Supervise management of condoms and related program commodities as part of on-going integrated supervision. All activities will be implemented in close coordination with the Pathfinder Logistics Advisor.

Budget: \$10,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Trip report. Job aid/flow chart.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: The program continues to coordinate and support the MoH RH/FP Department and key RH/FP stakeholders and other members of the RHTG to improve availability and management of RH commodities. This includes adapting and implementing the RH/FP program forms in conjunction with the PNME approved pharmaceutical management forms, and continuing to provide TA and share lessons learned with partners, and continuing to track the distribution of USAID-funded condoms in additional provinces remotely.

Barriers to Progress: The main constraint to progress continued to be limitations in the amount of funds that could be wired to in-country consultants in the absence of a project bank account pending MSH in-country registration. This presents a challenge in implementing multiple high-budget field activities during the same quarter.

Next Steps: Continue tracking distribution of USAID-funded condoms as part of ongoing MoH-led provincial pharmaceutical management supervision.

Activity Title: Provide TA to MoH and partners at the national-level.

Activity Lead: Goredema, **Activity #:** 7 **Task:** A040 **Subtask:** POAO1007
Wonder

Activity Description: To streamline the work plan activities with MoH partners, a planning session will be conducted to generate an implementation plan for the SPS-supported integrated MoH activities, including training, supervision, EUV, and private sector activities. The plan will help guide and coordinate the actions and timelines of different stakeholders. The plan would help synchronize budget forecasting by program partners. SPS will work to establish a national database, to include collection of monthly or quarterly provincial essential medicines reports as a basis to gauge the number and types of essential medicines and/or health kits distributed vs. received by the facilities/province including the total number of diseases and deaths recorded. This will assist the MoH partners collect data as a basis for quantification of essential medicines. The MoH should leverage the installation of the data bank by providing equipment, e.g. computers, supplies and training.

Budget: \$15,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Minutes of central-level coordination meetings.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS held quarterly technical coordination and update meeting with the DNME/PNME. Upon return from the SIAPS regional launch in South Africa, SPS/SIAPS in-country technical staff met and briefed the DNME, USAID and USAID IPs on the new SIAPS project. SPS continued to collaborate and support the MoH programs (DNME, PNME, NMCP, INLS, TB, and RH/FP) and local partners (PMI NGOs, UN Agencies, and NEOPHARMA) in the implementation of pharmaceutical management strengthening activities in the country. SPS continued ongoing collaboration and coordination with the Reproductive Health Technical Group (RHTG) members (including MoH DNME/PNME, USAID/Mission and the USAID IPs SASH and Pathfinder), to improve supply chain management of RH commodities in Angola. SPS participated in the DNME-led Inter Agency Coordination Committee (ICC) for Revitalization meetings with USAID/Mission and key local partners, including local donors and USAID IPs (January and March 2011). SPS initiated planning for the first pharmaceutical supply chain coordination meeting, to be held in Luanda.

Barriers to Progress: None.

Next Steps: Prepare and conduct pharmaceutical supply chain coordination meeting in Luanda. Support and facilitate ongoing DNME-led ICC meeting (April, May, and June). Continue the same level of coordination and partnership with local counterparts and partners.

Activity Title: Assess medicines use and safety.

Activity Lead: Goredema, **Activity #:** 8 **Task:** A040 **Subtask:** POAO1008
Wonder

Activity Description: This year SPS will conduct an assessment of medicines use and pharmacovigilance in public health facilities. The study will complement what we already know about availability and pharmaceutical management of HIV/AIDS and other essential medicines from the results of periodic monitoring surveys and the assessment of HIV/AIDS commodity supply chain system that was done in FY09. It will help determine changes in medicines use since the MoH/WHO study of 2007, and to identify gaps and recommend appropriate interventions. A meeting will be held with stakeholders to present the results of the assessment and obtain stakeholders' feedback, and consensus on priority medicines use interventions. SPS will also support one MoH representative and one SPS technical staff to attend the 2011 International Conference on Improving Use of Medicines (ICIUM). This activity will be funded with FY10, PMI, PEPFAR and POP funds.

Budget: \$10,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Medicines use and safety assessment report with recommendations. National plan for implementing interventions to promote medicines use and safety. MoH DNME representative's ICIUM trip report. MoH PV Unit representative's report of PV study tour to third country.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Feedback on the draft report of the medicines use and safety assessment has not yet been received from local counterparts.

Barriers to Progress: Unprecedented delays in obtaining counterparts' feedback on the draft report of the medicines use and safety assessment.

Next Steps: Continue to follow-up to obtain and incorporate MoH feedback, and then finalize and disseminate the technical report of the rapid assessment of medicines use and safety.

Brazil

Work plan: Brazil TB **Year** 2010

Funding Level: \$750,000.00

Work plan Background

Currently, the HIV/AIDS pandemic represents the most important challenge for tuberculosis (TB) control around the world. TB is also the main cause of morbidity and the leading cause of mortality in people living with HIV or AIDS (PLWHA). In developing countries TB continues to be the infectious disease that kills more youth and adult men. Brazil continues to be ranked as one of the 22 highest TB-burdened countries in the world. In the recently updated World Health Organization (WHO) TB Report, 89,210 new cases of TB are estimated annually and there have been 7,284 TB patient deaths. Brazil adopted the Directly Observed Treatment Short-Course (DOTS) strategy in 1999, and in 2009, 80% of government health primary care facilities were offering DOTS. Although considerable progress has been achieved over the last several years and innovative strategies have been introduced for better TB control, Brazil is still below United Nations Millennium Development Goal targets for TB control. Brazil has a concentrated HIV/AIDS epidemic, according to WHO criteria, with prevalence rates of HIV infection of 0.6% for the 15 to 49 age range. In 2005 and 2006, 35,965 and 32,628 cases of the TB were reported, respectively, representing an incidence rate of 19.5 AIDS cases/100,000 inhabitants. From 1980 to 2007, 474,273 AIDS cases were reported in the country (289,074 in the Southeast, 89,250 in the South, 53,089 in the Northeast, 26,757 in the Midwest and 16,103 in the Northern regions). Around 600,000 PLWHA in Brazil, and about 200,000 are receiving antiretroviral therapy (ART). The lethality of the TB/HIV co-infection context is 30%. A Brazilian cohort of PLWHA who had access to HIV diagnosis during 1998-1999 demonstrated a survival rate of 108 months. Among the factors negatively associated with survival rate was TB. The AIDS incidence rate in Brazil is increasing in all regions, mainly in the South Region, where the incidence rate increased from 5.8 in 1997 to 14.1 in 2007, the largest increase in Brazil. The South Region also showed the highest increase in the mortality rate caused by AIDS in years. Additionally, Porto Alegre, the city with the biggest population in Rio Grande do Sul State, presents the highest TB mortality rate in Brazil. A recent cohort study showed the importance of TB as cause of early mortality in PLWHA, after the first year of antiretroviral use. In this context, the South Region represents the priority region for implementing interventions to control the AIDS epidemic in Brazil. The current Ministry of Health's (MoH) guidelines on TB/HIV co-infection are based on scientific evidences (a retrospective cohort in Rio de Janeiro showed a reduction risk to development of TB in PLWHA in 76% with antiretroviral treatment and isoniazid chemoprophylaxis; the annual risk of contracting tuberculosis in PLWHA with a positive Tuberculin Skin Test (TST) is 3 to 10%) and currently recommend: (1) a preventive therapy for PLWHA with TST (5 mm, or contact with a TB case, or with radiological findings suggestive of TB infection). (2) An ART in the first 30 days after beginning TB treatment, once late ART is associated with increased mortality rate. However, these guidelines for TB/HIV co-infection are not yet widely followed and applied within the health system and are still facing many challenges in their implementation process. Additionally, MoH strategy proposes AIDS health care units (SAE) as reference services to treat PLWHA co-infected with TB. However, TST, Isoniazid chemoprophylaxis for latent tuberculosis infection (LTBI) treatment, and first line drugs for TB are not yet available in all SAEs. Moreover, the TB diagnosis in PLWHA is not always available in SAE, particularly on the invasive procedures and imaging exams. In addition to this unfavorable scenario, challenges like social inequalities, lack of diagnostic resources, and a limited availability of drugs for both diseases therapy courses simultaneously need to be tackled. The participation of the civil society in facing HIV/AIDS is considered internationally one of the strengths of the Brazilian response to the epidemic. However, for TB/HIV co-infection, these actions are still

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very modest and need to be strengthened. There is no specific surveillance system in place and routine data on treatment and monitoring of TB/HIV co-infection are needed to know the trends of co-infection epidemic and for better strategic decision making to improve TB/HIV care. In order to face these challenges, the following work plan was developed by the National TB/AIDS Program in partnerships with the National Tuberculosis Control Program (NTP). The MSH/SPS Brazil office was requested by USAID to act as the implementing partner to facilitate and co-ordinate with all partners this work plan execution, building on its previous experience in collaborating with NTP for TB and Drug Resistant Tuberculosis (DR-TB) control since 2004.

Activity Title: Develop a TB clinical screening framework

Activity Lead: Keravec, Joel **Activity #:** 1 **Task:** A040 **Subtask:** XXBR1002

Activity Description: Develop a tool for clinical screening based on a selection of relevant indicators and symptoms for TB identification in PLWHA. This tool will be developed after extensive review of literature and results of international studies, since there is limited evidence in Brazil and few studies available specific to the country. After its endorsement by the TB/HIV Steering Committee, this tool will be disseminated to 100% of SAE and used for promoting trainings for the health professional community.

Budget: \$18,820.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Workshop report. Finalized guidelines.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: A supervisory visit was conducted in RS, SC and PR. Workshop conducted with physicians in São Leopoldo for reviewing all clinical aspects for the co-infected patients care and follow-up.

Barriers to Progress: None.

Next Steps: Final evaluation with the multidisciplinary teams.

Activity Title: Conduct trainings of health professionals to disseminate the use of the new tool for TB clinical screening

Activity Lead: Keravec, Joel **Activity #:** 2 **Task:** A040 **Subtask:** XXBR1002

Activity Description: All SAE will receive the new tool, and at least 60% of doctors and nurses working in SAE will be trained on using the TB clinical screening for identification of suspected TB and LTBI cases among PLWHA. SPS will conduct follow-up visits to assess use of the TB screening tool at SAEs.

Budget: \$39,986.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Training materials. Supervision reports. Training reports. Participant's evaluations results. Supervision check-lists and reports.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Supervisory visit conducted in RS and workshop conducted with physicians in São Leopoldo for reviewing the clinical aspects for co-infected patient care and follow-up.

Barriers to Progress: Due to scheduling problems, no supervisory visits were conducted in SC and PR.

Next Steps: Supervisory visits in 3 states (RS, SC and PR).

Activity Title: Ensure access to the 4-in-1 and 2-in-1 FDCs for TB treatment at all SAE

Activity Lead: Keravec, Joel **Activity #:** 4 **Task:** A040 **Subtask:** XXBR1002

Activity Description: Integrated activities for coordination of information flow and particular procedures between the MoH Department of Pharmacy (DAF), the TB and the HIV/AIDS Programs will be needed to ensure an uninterrupted supply of quality assured 4-in-1 and 2-in-1 FDCs available in 100% of SAE.

Budget: \$1.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: 3 video conferences were conducted with the 3 services from the metropolitan regions to inform SICLOM's changes and the availability of tuberculostatics within the HIV services. Video conferences were conducted jointly with the DST/Aids department and the NTP team.

Barriers to Progress: Some services are still resistant to changes.

Next Steps: Availability of tuberculostatics placed within the services planned to happen in May. First SICLOM monthly report should be released in June.

Activity Title: Implement DOT for PLWHA under TB treatment

Activity Lead: Keravec, Joel **Activity #:** 5 **Task:** A040 **Subtask:** XXBR1002

Activity Description: Integrated capacity building activities between the TB and the HIV/AIDS Programs will be needed to ensure that all PLWHA diagnosed for active TB at the three SAEs in Porto Alegre city should be submitted to DOT, in order to improve adherence to TB treatment leading to increased cure rates, reduced mortality, reduced default, and better monitoring and management of adverse reactions related to combined antiretroviral and TB therapies. Regular supervisory and monitoring activities will be conducted to strengthen and sustain DOT implementation assuring at least 80% of TB/HIV patients receiving TB treatment under DOT in the 3 SAEs. The training materials will be validated and available to be used in further trainings to other SAE countrywide after this project's completion.

Budget: \$106,418.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Training materials. Supervision check-lists and reports. Training report. Participant's evaluations results.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: 2 professionals for improving adherence were hired, 1 for São Leopoldo and 1 for Paranaguá. Consultant activity supervision was conducted, as well as follow-up of the services. Material review done for the adherence evaluation.

Barriers to Progress: No consultant was hired for Santa Catarina.

Next Steps: Follow-up of the consultant's activities. Creation/publication of a report based on the experiences regarding the strategies for the service adherence.

Activity Title: Establish the TB diagnosis network for PLWHA (laboratory, radiology, and surgery).

Activity Lead: Keravec, Joel **Activity #:** 6 **Task:** A040 **Subtask:** XXBR1002

Activity Description: A model to integrate TB diagnosis activities with the current laboratory network for PLWHA needs will be developed. SPS and partners will promote strategic meetings between the STD/AIDS and TB local programs to define a plan to organize a fully-functional reference and counter reference diagnosis network, assuring that at least 70% of SAEs with TB diagnostic activities will be fully-functional and guidelines implemented for all PLWHA suspected to also have TB/DR-TB. Monitoring and supervisory visits will take place to strengthen the new model's implementation and increase the TB diagnosis activities in PLWHA.

Budget: \$26,787.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Supervision check-lists and reports. Technical documents. TB/HIV diagnosis network plan.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Workshop conducted with physicians in São Leopoldo to review the clinical aspects for the care and follow-up of co-infected patients and treatment of latent TB infection.

Barriers to Progress: None.

Next Steps: Conduct new workshops for physicians, according to the STD/AIDS department.

Activity Title: Ensure Isoniazid access at all levels

Activity Lead: Keravec, Joel **Activity #:** 8 **Task:** A040 **Subtask:** XXBR1003

Activity Description: SPS will be working with the NTP, the DST/AIDS Department and DAF to ensure a systematic supply of Isoniazid for all SAEs. Potential barriers and challenges will be identified through focal group meetings with partners and solutions implemented at all levels to ensure all TB/HIV patients have regular access to quality assured Isoniazid for IPT in all SAE.

Budget: \$12,787.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Reports on barriers and potential solutions to IPT implementation. IPT implementation plan.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Video conference was conducted with the SDT/AIDS Department for Isoniazid availability within the SAEs for the 3 states (RS, SC and PR) and SICLOM's changes. A consultant was selected and the hiring process on-going.

Barriers to Progress: Some states are still resistant to accept the proposed changes.

Next Steps: Isoniazid will be available at all services until May and the first report should be released by SICLOM in June. Finalize the consultant hiring process and conduct focal groups.

Activity Title: Increase awareness of SAE professionals on IPT for PLWHA

Activity Lead: Keravec, Joel **Activity #:** 9 **Task:** A040 **Subtask:** XXBR1003

Activity Description: SPS will work with partners in developing a methodology, training materials and implementing one-day trainings on IPT for 40 medical doctors, in order to increase the IPT prescription for PLWHA in all SAEs. Meetings with SAE managers will also be promoted, to ensure that adequate patient flows defined for LTBI care will be in place in all SAE.

Budget: \$15,014.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Training materials. Workshop proceedings. Participant's evaluation results. Patient flow for PLWHA considering the LTBI care in SAE.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: 3 video conferences conducted with the 3 services from the metropolitan regions to inform SICLOM's changes and the availability of tuberculostatics within HIV services. Video conferences were conducted jointly with the DST/AIDS department and the NTP team. A workshop was conducted with physicians in São Leopoldo to review the clinical aspects for co-infected patients' care and follow-up. Isoniazid is already available at some services.

Barriers to Progress: Some services are still resistant to changes.

Next Steps: Isoniazid availability at the remaining services is planned for May. The first SICLOM's monthly report should be released in June.

Activity Title: Define guidance for TB infection control in SAE

Activity Lead: Keravec, Joel **Activity #:** 11 **Task:** A040 **Subtask:** XXBR1004

Activity Description: SPS will work with partners and one consultant will be hired to propose guidelines for TB infection control in SAE according to current standard regulations and international recommendations. These guidelines will be endorsed by the TB/HIV Steering Committee and disseminated to all SAE.

Budget: \$19,033.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: TB infection control guidelines.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Review of the biosafety document for further publishing.

Barriers to Progress: None.

Next Steps: Launch bidding process for hiring the company responsible for editing and publishing the TB infection control guideline for the SAEs.

Activity Title: Train multidisciplinary teams on infection control in SAE

Activity Lead: Keravec, Joel **Activity #:** 12 **Task:** A040 **Subtask:** XXBR1004

Activity Description: SPS will work with partners to develop a methodology and training materials based on the proposed TB infection control guidelines, and to implement a two-day training for all SAE multidisciplinary teams focusing on reducing the risk of transmission and stigma in TB patients.

Budget: \$17,482.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

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Products Planned:	Training materials. Training reports. Participant's evaluations results.
Reporting Period:	1 January 2012-31 March 2012
Activity Progress:	Discussions with the state TB coordinators from RS, SC and PR and the STD/AIDS department, regarding the services situation, STD/AIDS department presentation and use of the Municipal Medical Service Post (PAM) for minor changes infection control services.
Barriers to Progress:	Delay in hiring a consultant to visit services.
Next Steps:	Hire the consultant and conduct visits to the SAEs for evaluating infrastructure available for infection control.
Activity Title:	Support the team to implement infection control activities in SAE
Activity Lead:	Keravec, Joel Activity #: 13 Task: A040 Subtask: XXBR1004
Activity Description:	SPS and partners will monitor these actions and support SAE team in identifying, implementing and managing appropriate administrative measures for TB infection control in all SAE.
Budget: \$32,961.00	Start Date: Oct 2010 End Date: Sep 2011
Products Planned:	Administrative measures for TB infection control.
Reporting Period:	1 January 2012-31 March 2012
Activity Progress:	Vacancy open and contract finalized, technical consultant identified.
Barriers to Progress:	Delay in hiring the consultant.
Next Steps:	Visit the services and provide technical support for infection control.
Activity Title:	Develop a campaign based on the 3 Is
Activity Lead:	Keravec, Joel Activity #: 14 Task: A040 Subtask: XXBR1005
Activity Description:	SPS will work with partners, PLWHA and TB patients to conduct four focal group meetings with identification of relevant information to assist the preparation of educational campaigns based on the demands of PLWHA and TB/HIV co-infected cases. SPS will also support partners to develop, print and disseminate educational campaign materials (folders, DVDs, patient's card) planned to be used in waiting rooms, support groups, with peer educators and health care workers leading to 100% of SAE and target communities using the educational materials.
Budget: \$95,269.00	Start Date: Oct 2010 End Date: Sep 2011
Products Planned:	Meetings conducted; - Educational campaign strategy based on 3 Is compiled from the demands of PLWHA and TB/HIV people elaborated and disseminated; Target partners present; Meetings minutes and reports containing survey information for educational campaign elaborated and disseminated. Educational campaign materials elaborated, printed and disseminated.
Reporting Period:	1 January 2012-31 March 2012
Activity Progress:	The campaign was finalized in Porto Alegre, including the remake of some important

scenes. Closure of parts of the campaign and identification of new parts/materials to be produced was also realized. Meeting with the TB and the STD coordinators for organizing the event to launch the campaign and workshop for discussion with the services regarding the activities status were held. The campaign was released in Porto Alegre, with the participation of local authorities, state and municipal TB and STD Coordinators, services, and civil society representatives.

Barriers to Progress: The campaign production was not completely finalized. Budget for the second stage of the campaign not yet prepared and approved.

Next Steps: Finalize the campaign's products and distribute them to the services.

Activity Title: Train PLWHA and community leaders on TB/HIV co-infection and social mobilization on the 3 Is

Activity Lead: Keravec, Joel **Activity #:** 15 **Task:** A040 **Subtask:** XXBR1005

Activity Description: Conduct 2 TOTs workshops for 25 people, including PLWHA and community leaders on TB/HIV co-infection and 3Is assuring 100% of participants qualified as trainers to multiply appropriate information among their peers.

Budget: \$76,787.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Workshop report. Participant's evaluation results.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Competition finalized and the consultant selected for participating in workshops with the civil society for the use of campaign materials. SPS finalized and disseminated the campaign. A workshop with the services and the TB/STD coordinations for presentation and discussion regarding the activities status within the services was held.

Barriers to Progress: Delay in hiring a consultant.

Next Steps: 6 workshops expected to be performed for publishing the campaign material (4 with civil society and 2 with health professionals).

Activity Title: Coordinate the development and implementation of the surveillance system project

Activity Lead: Keravec, Joel **Activity #:** 16 **Task:** A040 **Subtask:** XXBR1006

Activity Description: Develop a tool for collecting, registering and managing TB/HIV information. The tool is aiming to follow-up and collects regular data on TB/HIV collaborative activities and routine surveillance through the use of standardized data and sources of information. A workshop including the participation of various actors will be organized to define data and information sources to be collected. This information will be worked on by a specialized consultant to define with NTP and DST/Aids Department the adequate format, relevant information and structure for modeling the tool. The tool will be pilot in selected SAE for prior evaluation and testing assuring the TB/HIV system refined to fit SAE routine services requirements. The overall system will provide adequate surveillance and data management for better diagnosed, treated and monitored TB and LTBI cases in PLWHA.

Budget: \$93,549.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Workshop report. Pilot phase report. TB/HIV system implementation plan. Interim

pilot report. Final version of the tool.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: Regular use of the data collection tool by the services was reported this quarter. Activities were monitored in the 3 states of the project through supervisory visits.
Barriers to Progress: Workshops not conducted and consultant not hired.
Next Steps: Hire consultant for performing the project's final evaluation.
Activity Title: Implement the TB/HIV surveillance system in all SAE
Activity Lead: Keravec, Joel **Activity #:** 17 **Task:** A040 **Subtask:** XXBR1006
Activity Description: Roll-out the tool in 100% of SAE and develop methodology and educational materials to conduct HCW trainings on TB/HIV surveillance system operation.
Budget: \$9,545.00 **Start Date:** Oct 2010 **End Date:** Sep 2011
Products Planned: User's guide and educational materials elaborated. Participant's evaluations.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: Supervisory visit conducted in the 3 states of the project.
Barriers to Progress: Difficulties in hiring a consultant due to the lack of candidates.
Next Steps: Hire consultant for performing the project's final evaluation, using the rounds of conversation as a technique for the team.
Activity Title: Monitor the TB/HIV surveillance system implementation
Activity Lead: Keravec, Joel **Activity #:** 18 **Task:** A040 **Subtask:** XXBR1006
Activity Description: Conduct regular supervisory visits in all SAE to monitor data collection and feedback from users with at least 70% of the SAE supervised, ensuring that information on TB/HIV continues to be routinely collected and the system answers the demands of all SAE for data management.
Budget: \$1.00 **Start Date:** Oct 2010 **End Date:** Sep 2011
Products Planned: Supervision check-lists and reports.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: Data collection tool applied in project SAEs. Supervisory visits conducted in SAEs of all 3 states.
Barriers to Progress: Due to the impossibility of using the data numbers, the rounds of conversation will be used for the project's final evaluation.
Next Steps: Hire consultant for conducting the project's final evaluation.
Activity Title: Technical activity coordination and monitoring
Activity Lead: Keravec, Joel **Activity #:** 19 **Task:** A040 **Subtask:** XXBR10TC
Activity Description: This activity includes technical activity coordination by a key consultant in liaison with SPS office and the TB/HIV Steering Committee, work plan development, budget

monitoring, progress monitoring, reporting, meetings of the TB/HIV Steering Committee, communications with partners and collaborators, and in site supervisory visits. The TB/HIV Steering Committee will be in charge of strategic and technical guidance, with regular monitoring of results and progress in liaison with MSH/SPS to ensure this work plan completion and activities execution.

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

Products Planned: Meetings minutes of the TB/HIV Steering Committee and reports.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Supervisory meeting conducted with NTP's and SPS/MSH participation.

Barriers to Progress: None.

Next Steps: Maintain meetings on regular basis.

Burundi

Work plan: Burundi **Year** 2010

Funding Level: \$775,000.00

Work plan Background

Malaria is considered a major public health problem in Burundi and places a heavy burden on the health system. According to Ministry of Public Health (MOPH) statistics, malaria is responsible for up to 60% of all outpatient visits and up to 50% of deaths occurring in health facilities among children under five years of age. Almost the entire population of Burundi lives in areas at risk of malaria. *Plasmodium falciparum* accounts for more than 90% of all infections.

In March 2009 the MOPH created a National Malaria Control Program or the *Programme National Intégré pour la Lutte contre le Paludisme* (PNILP), which earlier had been part of the Department of Infectious Diseases and Nutrition. The goal of creating a separate program was to give more attention to strategic planning and management of the interventions necessary for the prevention and control of malaria.

The malaria control strategy in Burundi includes: Improving accessibility to effective antimalarial drugs; prevention of malaria through the use of insecticide-treated nets (ITNs) and indoor residual spraying and; early detection and control of epidemics.

Therapeutic efficacy studies carried out in 2000-2001 showed a failure rate of 49% with sulfadoxine-pyrimethamine (SP) when used for the treatment of uncomplicated malaria. As a result Burundi withdrew the use of SP and began implementing a policy of ACT on November 10, 2003. Artesunate-amodiaquine is the first line treatment for malaria. The fixed-dose combination of AS/AQ is currently being used in the public health facilities. For pregnant women with uncomplicated malaria, AS/AQ is used only in the second and third trimesters. Pregnant women with uncomplicated malaria in the first trimester are treated with quinine. As a result of the high level of resistance to SP in the treatment of malaria, Burundi also did not introduce the use of SP in intermittent preventive treatment (IPTp) to prevent malaria during pregnancy. In Burundi, there have been several recent discussions about the rationale for the decision to withdraw IPTp and the potential of introducing SP for IPTp.

In 2005, WHO convened a technical discussion that reviewed the efficacy of IPTp in the context of decreasing SP therapeutic efficacy for the treatment of children less than 5 years of age with clinical malaria. The consultation concluded that SP remained reasonably effective for IPTp despite only 50% efficacy for the treatment of uncomplicated malaria in children.

Burundi received a Round 9 Global Fund grant and is planning a mass LLIN campaign in February 2011 focusing on reaching universal coverage with LLINs by 2013.

The *Central d'Achat de Médicaments du Burundi* (CAMEBU) is responsible for the procurement and distribution of essential medicines and commodities. ACTs purchased using Global Fund resources are procured by UNICEF and the role of CAMEBU is to store and distribute. The institution responsible for the regulation of medicines in Burundi is the *Departement de la Pharmacie, Médicaments et Laboratoires* (DPML). A separate Inspectorate is responsible for enforcing pharmaceutical laws and regulations. The Ministry department

responsible for the Health Management Information System in Burundi is EPISTAT. EPISTAT was established in 1992 and was re-established in 1998. It adopted WHO AFRO's Integrated Diseases Surveillance Response Strategy (IDSR) as part of an early warning system for nine diseases including malaria. Currently it collects data on number of malaria episodes and deaths as well as limited data on medicine consumption.

In addition to the PNILP, several other organizations and institutions are involved in malaria control including UNICEF, DFID and PSI. DFID has been supporting CAMEBU in various aspects of capacity building while PSI has been involved in the distribution of LLINs as well as social marketing and communication strategies for ACTs.

The Strengthening Pharmaceutical Systems (SPS) Program received field funding from USAID/Burundi in 2009 to address pharmaceutical management challenges in malaria control in Burundi, build capacity of the PNILP, provide assistance to develop strategic and policy documents as well as play a coordination role for all USAID short-term assisted technical assistance in Burundi.

Ensuring prompt, effective, and safe ACT treatment to a high proportion of patients with confirmed or suspected malaria in Burundi continues to represent one of the greatest challenges for the PNILP given the weaknesses in the country's pharmaceutical management system, poor access to health services, and the lack of accurate laboratory diagnostic capabilities. SPS conducted an assessment of the pharmaceutical system in April 2010. The findings concluded that there was a need for better dissemination of the malaria treatment guidelines, to make RDTs available in health centers, to develop a standard operating procedure for the management of pharmaceuticals, train health workers in pharmaceutical management and revise supervision guides. These findings form the basis for the activities in pharmaceutical management for SPS/Burundi in FY10.

SPS conducted a literature review to compile the evidence for SP efficacy when used for IPTp in areas of high levels of SP resistance when used for treatment. This report was published and disseminated. In collaboration with the PNILP, SPS conducted a workshop to disseminate the findings of the review on November 3, 2010 in Bujumbura. The purpose of this was to assist the Ministry of Health of Burundi in reviewing the evidence to making policy decisions on the role of IPTp in reducing mortality and morbidity due to malaria in Burundi. The meeting resulted in a consensus amongst participants to move forward with a note to the Minister advising her to convene a meeting to adopt a policy of IPTp with SP. MSH/SPS contributed to the development of this note which is currently being finalized by the PNILP. MSH/SPS has also begun the development of a draft IPTp implementation plan which has been shared with the PNILP for their input and will be finalized during FY10.

Activity Title: Support the PNILP to adopt and implement Intermittent Preventive Treatment for Malaria in Pregnancy (IPTp)

Activity Lead: Shretta, Rima **Activity #:** 2 **Task:** A040 **Subtask:** PMBI1002

Activity Description: SPS will support the PNILP to transition to IPTp with SP, including ensuring availability of SP at facility-level. Specifically, SPS will: (1) Follow-up with the PNILP to ensure that steps towards adoption of an IPTp policy are implemented. (2) Complete the implementation plan for transition to IPTp with SP. (3) Quantify for SP needs for use in IPTp. (4) Validate the implementation plan at a workshop and determine roles and responsibilities as well as timing for activities. (5) Provide technical assistance to develop tools to manage IPTp with SP. (6) Provide technical assistance to train trainers to train health workers in facilities in the management of IPTp with SP. (7) Support the PNILP to develop an addendum incorporating IPTp in

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the national malaria strategy.
USG Sub-element: Malaria: Intermittent Preventive Treatment of Pregnant Women
Budget: \$94,349.00 **Start Date:** Apr 2011 **End Date:** Dec 2011
Products Planned: Quantification report for SP.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: The PNILP has decided to postpone the adoption of the IPT policy till after the Malaria Indicator Survey is finished (planned for November 2012). Therefore SPS reallocated these funds to the activity on pharmaceutical management, specifically the strengthening of the PMIS system.
Barriers to Progress: None.
Next Steps: None.

Activity Title: Provide technical assistance in the area of pharmaceutical management for malaria

Activity Lead: Shretta, Rima **Activity #:** 4 **Task:** A040 **Subtask:** PMBI1004

Activity Description: SPS will continue to support on pharmaceutical management to PNILP and CAMEBU. SPS will: (1) Conduct a training of pharmacists and store-keepers in pharmaceutical management at the district and facility levels in April 2011. (2) Develop a supportive supervision guide for the appropriate management of antimalarials at the facility-level. (3) Develop/revise tools for the appropriate management of antimalarials.

USG Sub-element: Malaria: Treatment with Artemisinin-Based Combination Therapies
Budget: \$105,875.00 **Start Date:** Apr 2011 **End Date:** Apr 2011
Products Planned: Training report/trip reports.

Reporting Period: 1 January 2012-31 March 2012
Activity Progress: Pharmaceutical Management Information System (PMIS):
An assessment was carried out in September 2011 to evaluate the information management systems for data on antimalarial stocks. The purpose of the assessment was to provide data to strengthen the stock management and Pharmaceutical Management Information System (PMIS) to ensure the appropriate and timely availability of data on ACT and quinine consumption triangulated with the malaria cases from health facilities. Information was obtained from various national institutions (PNILP, EPIDSTAT, DPML, and CAMEBU), staff in 3 districts (Kayanza, Rumonge, and Bujumbura center), 3 Health centers (Murima, Buruhukiro, Bwiza-Jabe) and partners such as the Global Fund/PR and USAID. The initial findings of the assessment which were shared with USAID confirmed that the information system exists but is fragmented. Data reported are not accurate, is of poor quality and is not reported on time. The main recommendation made was to establish a data sharing mechanism among CAMEBU, EPIDSTAT and PNILP on regular basis. A comparison and analysis of data on consumption, stocks and treated cases should be done and appropriate decisions taken to address identified issues. Supervision at all levels needs

to be improved and more structured with the use of a harmonized checklist as recommended in the SOP developed by SPS. The central level should conduct periodic onsite data audits to validate data reported.

In November 2011 the assessment findings were disseminated to DPML and PNSR staff. On January 25, 2012, SPS assisted the DPML to organize a larger dissemination meeting of the PMIS assessment report to the members of the “Groupe thematique medicament”. The “Groupe thematique medicament” includes representatives of various departments within the Ministry of Health, all vertical programs (malaria, HIV, TB, Immunization, Reproductive Health, ProNianut, etc) and all stakeholders involved in pharmaceutical sector (USAID, Belgian Cooperation, AMAGARA MEZA financed by European Community, MSH, MSF-Belgium, Global Fund, etc). The plan recommended by the MSH consultant (Hare Ram Battharai) was adopted.

As a result of this dissemination and upon recommendations made, SPS worked closely with DPML, PNSR (Reproductive Health Program), PNILP and the SEP/CNLS- Malaria /Global Fund PR to organize refresher trainings on the software “Channel” used at district level to manage pharmaceuticals. 25 stock managers at district level, 17 supervisors at provincial level and 6 supervisors from DPML were trained on the use of “Channel” in December 2012.

During this reporting period, SPS assisted the DPML, PNILP and PNSR to complete the refresher trainings for the 20 remaining districts. As of February 2012, all the 45 stock managers were trained on the use of “Channel”. Currently, “Channel” is used to track the stock of all essential medicines including malaria commodities.

Pharmaceutical management training:

SPS provided for cascade training in pharmaceutical management conducted from July 4-22, 2011 in the nine districts. Oversight and supervision of training was provided by SPS and DPML. SPS continued to develop a facilitator guide that will provide training material to BDS while organizing refresher trainings of stock managers at health facility level.

During the reporting period, SPS assessed the need to organize additional trainings in pharmaceutical management for some staff newly recruited or those trained before 2011. SPS found that mainly the staff to be trained were in the provinces previously supported by the EU project/Santé-Plus. SPS negotiated with the follow-on EU project/Amagara meza to organize those trainings in 8 provinces. The trainings will be conducted during April-May 2012.

SOPs:

SPS developed SOPs for pharmaceutical management for district and peripheral levels under the leadership of the DPML. A draft was shared with all partners and comments were incorporated into the draft. A validation workshop of the SOPs was organized for October 11, 2011. 29 participants attended the validation workshop and represented 17 BDS, 4 BPS, CAMEBU, DPML, various departments within the Ministry of Health, and HERA. All the comments of the SOPs were included and a

final draft was reviewed by a committee composed of DPML, HERA, CAMEBU, PNILP, GFATM and SPS. During the reporting period, the draft was finalized and signed by the Minister of Health on March 22, 2012.

Other pharmaceutical management activities:

During the reporting period, SPS together with PNILP, CAMEBU and Global Fund PR, received USAID procured ACTs. Quantities delivered were checked to ensure safety of the ACTs at CAMEBU in January 2012; a definitive reception report was signed and shared with USAID.

During the reporting period, SPS provided data to WHO and PMI on ACT forecasts, ACT supply plans, and the ACTs and RDTs gap analysis table. The information was shared with USAID and SEP/CNLS-Malaria (GF/PR). The stock available and pipeline were analyzed together. For some formulations of ACTs, there is a need to delay some orders to respect the minimum- maximum level stock (6-18 months). There is no need to procure additional quantities of ACTs in 2012. In addition, SPS maintained a monthly inventory of ACT stock at the CAMEBU and district levels. Findings were discussed with district teams during the orientation sessions on the SOPs: only 1 district has consistently reported on a monthly basis to PNILP, reports are not accurate or coherent, and data reported on EPSTAT on PNILP are different. As a recommendation, districts teams will be strengthened to analyze reports and do data reconciliation before submission to central level.

Barriers to Progress: None.

Next Steps: Dissemination of the SOPs to stakeholder and district teams through orientation sessions and refresher trainings. Training on basic computer skills to all 45 stock managers at the district level in order to improve the optimal use of “Channel”. Support to district teams to organize the on-the-job orientations of health facility teams on the SOPs in 9 provinces. SPS will leverage funds with the new EU project/AMAGARA MEZA in the 8 provinces to cover the whole country.

These series of trainings will be conducted to complete the trainings required to increase the capacity of the stock managers. Supervision activities will be continued through the SIAPS program. Organize a management meeting with all BDS to discuss the current circuit of ACTs and the requisition process, reporting mechanisms, monitoring of stock, accuracy and reliability of data reported specifically for anti malaria commodities.

Activity Title:	Support priority recommendations on diagnostics and case management
Activity Lead:	Shretta, Rima Activity #: 7 Task: A040 Subtask: PMBI1007
Activity Description:	MSH/SPS will: (1) Contribute to the IMAD strategy review workshop. (2) Review the training materials and provide assistance to the PNILP to train providers to improve case management and use of RDTs and ACTs at the district and facility levels. (3) Provide TA for a supportive supervision system for case management of malaria.
USG Sub-element:	Malaria: Treatment with Artemisinin-Based Combination Therapies

Budget: \$91,652.00 **Start Date:** Apr 2011 **End Date:** Dec 2011

Products Planned: Training and trip reports.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS provided input into the malaria case management strategy and treatment algorithms and participated in the development of the new malaria treatment strategy and protocol. In December 2011, SPS participated in the workshop organized for the appointed technical committee to finalize the treatment protocols of malaria in Burundi as per WHO recommendations.

During the reporting period, SPS facilitated the writing of the new treatment protocol as per the recommendations made by the appointed technical committee by the MSPLS. Six meetings were organized to finalize the Treatment protocol document. The national validation meeting of the new document was held on March 22, 2012 with 81 participants coming from PNILP, DPML, various MSPLS (GDSS, DPSS, SNIS, DOP, DODSS), CAMEBU, PNSR, INSP, BDS Hospitals, SEP-CNLS/Malaria (GF-PR), Ordre des Pharmaciens, USAID,OMS, MSH, Pathfinder, Concern, MSF-Belgique and Caritas. Dissemination and trainings of healthcare providers on the new protocol are planned to start June 2012. As an immediate next step a quantification meeting to estimate needs of the new molecules to be introduced as per the new protocol (artesunate injectable, Clindamycine, etc) will happen in June 2012.

Barriers to Progress: None.

Next Steps: None.

Activity Title: Develop a costed M&E strategy

Activity Lead: Shretta, Rima **Activity #:** 5 **Task:** A040 **Subtask:** PMBI1005

Activity Description: This plan will help direct and guide future resources towards the top M&E priorities in malaria control efforts in Burundi. SPS will provide support to develop a written and costed M&E strategy for malaria in Burundi.

USG Sub-element: Malaria

Budget: \$119,814.00 **Start Date:** Apr 2011 **End Date:** Dec 2011

Products Planned: M&E strategy.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: This will help direct and guide future resources towards the top M&E priorities in malaria control efforts in Burundi. The PNILP is in the process of developing the national strategic plan for malaria (2011-2015). This will be completed once the MSPLS strategic plan will be developed and the Malaria Indicator Survey will be implanted. Therefore, the M&E plan cannot be developed until after this is completed. During the reporting period, SPS negotiated with the USAID Burundi to re-allocate funds for this activity to Pharmaceutical management/Technical Assistance in order to better conduct the dissemination of SOPs and complete trainings of stock managers with other relevant topics (basic computer skills, quantification/ordering/requisition

process).

Barriers to Progress: None.

Next Steps: None.

Activity Title: Support the review and planning of RBM evaluation and the MIS

Activity Lead: Shretta, Rima **Activity #:** 6 **Task:** A040 **Subtask:** PMBI1005

Activity Description: SPS will support the Roll Back Malaria Initiative's review of the malaria program in Burundi.

USG Sub-element: Malaria

Budget: \$0.00 **Start Date:** Sep 2011 **End Date:** Apr 2012

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS participated in the first meeting of the evaluation in July/August 2011 and subsequent meetings in August and September 2011. The aide-memoire was signed in September 2011 between the Government and keys partners supporting the Malaria Program.

During the reporting period, SPS assisted the PNILP to organize a dissemination meeting of the malaria review programs with all stakeholders where recommendations made were discussed and priority interventions were defined to be implemented in 2012. SPS assisted the PNILP in the organization of a 3-day retreat to develop a joint operational work plan for 2012 as per the priorities defined with all stakeholders. The work plan will be evaluated on quarterly basis. The first evaluation meeting will be held in early April 2012.

SPS implemented the End-Use Verification (EUV) tool in August 2011 with a larger sample size (50 facilities) on August 16, 2011. In November 2011, a data analyst was recruited to analyze data collected. The first draft of the report is available and will be disseminated in April 2012 through a validation workshop of the EUV reports (2010 and 2011).

As a result of The Procurement, Planning, and Monitoring Reports for malaria (PPMRm) completed in January 2012 for the period of October to December 2011; SPS worked closely with PNILP, CAMEBU and the SEP/CNLS- Malaria (GF/PR) to distribute the ACT 2-11 months that was going to expire in June-July 2012 instead of the ACT 1-5 years as there is currently, there is no risk of expiries for this formulation.

During the reporting period, SPS completed the PPMRm for January-March 2012. There is no gap in ACTs needs for 2012.

Barriers to Progress: None.

Next Steps: None.

Activity Title: Support PNILP to develop its organizational and functional capacity

Activity Lead: Shretta, Rima **Activity #:** 6 **Task:** A040 **Subtask:** PNBI1006

Activity Description: Using remaining FY09 and new FY10 funds, SPS will: (1) Carry-out an assessment of the capacity of the PNILP. This will focus on the performance, personnel, workload, facility, supervision, support service, structure, system, and role capacity. The MSH Management Organizational Sustainability Tool (MOST) will be used to carry-out this assessment. The findings of this assessment will be presented at a workshop and will be used by USAID, PNILP and other donors to prioritize their support for the immediate- and medium-term. (2) Provide PNILP with support for organization of their new program office, including internet connection, office supplies, and equipment as needed. (3) Provide support for any regional professional development opportunities, as appropriate. (4) Provide support for equipping an office for implementing partners/donors, as appropriate.

USG Sub-element: Malaria: Host Country Strategic Information Capacity (Malaria)

Budget: \$34,560.00 **Start Date:** Apr 2011 **End Date:** Dec 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS and USAID have identified equipment and material to improve the organizational capacity of the new PNILP office. The procurement process was completed and the PNILP office renovated. During the reporting period, SPS officially transferred the PNILP the IT equipment and material purchased to equip the office (laptops, desktops, internet modems, etc).

The MOST assessment is an assessment of performance, personnel, workload, facility, supervisory, support service, structural, system and role capacity. The self-assessment workshop was conducted in Kayanza on July 20-22, 2011. The exercise was very successful and a draft report with recommendations is available which included assistance for the development of an organogram and job descriptions as well as the redefinition of PNIP statute, the mission, values and visions statements. The report has been shared with the PNILP and recommendations integrated in the malaria review document.

SPS develop drafts of different documents and shared with PNILP for comments: The new organogram and related job descriptions for the PNILP, as well as the “Reglement d’Ordre Interieur” (ROI).

During the reporting period, the PNILP used the developed documents to advocate to the Ministry of Health for more staff to strengthen its structure.

Barriers to Progress: None.

Next Steps: None.

Dominican Republic

Work plan: Dominican Republic TB **Year** 2010

Funding Level: \$750,000.00

Work plan Background

The Dominican Republic (DR) Ministry of Health (MoH) is currently receiving support from the USAID Mission in Santo Domingo to expand the implementation of the WHO-supported strategy Directly Observed Treatment, Short-Course (DOTS), for tuberculosis control, and the coverage and performance of the HIV/AIDS program. The strategies in both programs require a continuous supply of quality medicines and laboratory commodities, and appropriate use of the medication, based on standardized treatment regimens. SPS activities for FY08 and FY09 included technical assistance to strengthen the management of TB laboratory supplies, assessment of the pharmaceutical management of HIV/AIDS medicines and commodities, and technical assistance for the organization of a national pharmaceutical management system (SUGEMI, by the Spanish acronym), incorporating all Ministry of Health programs. SPS has received USD 750,000 from the USAID mission in Dominican Republic in FY10 funds to follow-up on the aforementioned activities and strengthen the selection and procurement of HIV/AIDS medicines and diagnostic products and the pharmaceutical supply system of the MoH.

Activity Title:	Support good programming and procurement practices of TB and HIV/AIDS medicines and diagnostic materials
Activity Lead:	Barillas, Edgar Activity #: 2 Task: A040 Subtask: XXDO1002
Activity Description:	For FY10, and within the project for the implementation of a national pharmaceutical management system (SUGEMI), MSH/SPS will support the implementation of a strategic pharmaceutical management information system, to improve the programming of HIV/AIDS and TB medicines and diagnostic materials and, ultimately, the programming of all medicines procured by the MoH. MSH/SPS will also work with PAHO and national counterparts, including PROMESE/CAL, to improve and consolidate current procurement practices in a single institution, as proposed in the SUGEMI. This integrated system will shorten procurement times and reduce the price of all medicines currently procured by the MoH. This mechanism will also facilitate procurement through cooperation agencies and the use of external financial sources.
Budget: \$80,000.00	Start Date: Jan 2011 End Date: Sep 2011
Products Planned:	Technical Report.
Reporting Period:	1 January 2012-31 March 2012
Activity Progress:	During this quarter, and following the national inventory, SPS and SIAPS provided technical assistance to the TB and HIV programs for its full incorporation to the National Pharmaceutical Supply System (SUGEMI). SPS also supported the elaboration of distribution plan from the Regional Health Services to health facilities, based on the new SUGEMI procedures.
Barriers to Progress:	None.

Next Steps: For the next quarter (ending June 2012), SPS will support (with SIAPS funds) the estimation of needs for the 2013 procurement.

Activity Title: Participate in national and international conferences and internal and external evaluations of the TB and HIV/AIDS Program

Activity Lead: Barillas, Edgar **Activity #:** 3 **Task:** A040 **Subtask:** XXDO1003

Activity Description: For FY10, MSH/SPS and national counterparts will participate in national and international conferences to present study results. MSH/SPS will also participate in internal and external evaluations of the TB and HIV/AIDS program, GDF external evaluations, and intermediate reviews of the SUGEMI implementation.

Budget: \$50,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: Trip report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: During this quarter, SPS submitted an abstract to present the Dominican Republic pharmaceutical management activities in the Global Health Council Conference (July 2012).

Barriers to Progress: None.

Next Steps: For the next quarter, and using SIAPS resources, this newly awarded program will participate in a regional conference on ARV resistance, to be held in Dominican Republic (April 2012). SIAPS will present the public health perspective for the prevention of ARV resistance.

Activity Title: Technical assistance for the implementation of a national pharmaceutical management information system (PMIS)

Activity Lead: Barillas, Edgar **Activity #:** 4 **Task:** A040 **Subtask:** CCDO1004

Activity Description: For FY10, and within the proposal for the creation of the SUGEMI, MSH/SPS will support a rapid assessment of the various PMIS used at the DR MoH. Based on the analysis, and in collaboration with national counterparts and cooperation agencies, MSH/SPS will collaborate in the design of a national PMIS to be used by all MoH special programs.

Budget: \$150,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: Trip report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: During this quarter, the consulting firm hired for the elaboration of the electronic application supported the processing of the data originated by the national inventory conducted in February 2012. The consulting firm completed the user's manual and installation guideline. SPS also supported the elaboration and dissemination of the quarterly bulletin of the strategic information system.

Barriers to Progress: None.

Next Steps: For the next quarter, SIAPS funding will support the implementation of the first round

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of periodic pharmaceutical management information based on the SUGEMI methodology.

Activity Title: Support the institutional development of the national pharmaceutical management unit

Activity Lead: Barillas, Edgar **Activity #:** 5 **Task:** A040 **Subtask:** XXDO1005

Activity Description: For FY10, MSH/SPS will strengthen the capacity of PMU staff through ad-hoc courses and in-service training.

Budget: \$70,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS has kept the contract of two local professionals that are supporting day to day activities of that department.

Barriers to Progress: None.

Next Steps: For the next quarter, SIAPS funding will renew the contract of these consultants for a short-term period, and hire a short-term consultant to support the implementation of SUGEMI in four regions. MSH/SPS will discuss with MoH authorities the possibility of incorporating MSH/SPS short-term consultants in the payroll of the MoH.

Activity Title: Technical assistance for the implementation of a national pharmaceutical management system (SUGEMI)

Activity Lead: Barillas, Edgar **Activity #:** 6 **Task:** A040 **Subtask:** XXDO1006

Activity Description: For FY10 MSH/SPS will participate in coordinating meetings and provide direct technical assistance for the implementation of other components, such as: the pharmaceutical information system, procurement, storage, and inventory control. For each of these components, MSH/SPS plans to support the elaboration of standard operational procedures and the training of personnel.

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

Products Planned: Trip report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: During this quarter, SPS supported the implementation of national inventory of all MoH medicines and supplies to be consolidated in the SUGEMI. This activity was preceded by training workshops to implementers, and followed by reinforcing interventions to regions/facilities that did not complete the inventory as proposed. SPS also presented and validated with national authorities and technicians a proposal for the organization of a price tender that will regulate the decentralized procurement.

Barriers to Progress: None.

Next Steps: For the next quarter, SIAPS funding will elaborate the inventory reports and support the first round of requisition/delivery based on the SUGEMI methodology. SIAPS will also support the elaboration of two additional SOPs: pharmaceutical management of medicines used for public health activities and supervision to pharmaceutical

management services. SIAPS will present and discuss the proposal with other interested parties and support the elaboration of the tender invitation documents.

Activity Title: Technical assistance for the elaboration of a proposal to consolidate the MoH storage and distribution system of medicines and medical supplies

Activity Lead: Barillas, Edgar **Activity #:** 7 **Task:** A040 **Subtask:** XXDO1007

Activity Description: For FY10, and within the framework of the SUGEMI, MSH/SPS will support a study to analyze the current situation, addressing the legal, financial, and institutional feasibility of any alternative solution to the storage and distribution problem. The goal is to propose the organization of an integrated storage and distribution system.

Budget: \$140,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: During this quarter SPS visited (again) the regional warehouse in Region VIII to assess the progress in the remodeling/construction. A technical report, including findings and recommendations, and necessary investments for the final conditioning was completed and shared with national and regional authorities.

Barriers to Progress: None.

Next Steps: For the next quarter, SIAPS will follow-up on the financial commitments made by national and international agencies to improve the MoH warehousing and distribution systems. USAID investment in the conditioning of the Region VIII warehouse (to be used as a training center) will be discussed with USAID officials.

Activity Title: Support the training of personnel in all the SUGEMI components and the organization of a certified course on pharmaceutical supply management

Activity Lead: Barillas, Edgar **Activity #:** 8 **Task:** A040 **Subtask:** XXDO1008

Activity Description: For FY10, MSH/SPS will provide technical assistance in the design of educational materials and training of personal at the central-level and health regions. MSH/SPS, with USAID resources will sponsor the tuition fees of the first class of students to use these materials. This certified course will feed the NPMS with the necessary human resources for its sustainability.

Budget: \$90,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: The proposal for a Certified Training on Pharmaceutical Management was submitted to the National University authorities during this quarter. SPS presented and discussed the organization and contents of one of the training modules.

Barriers to Progress: None.

Next Steps: For the next quarter, SIAPS will support the finalization of all training modules and the training of the facilitators. The start up of the training is planned for the second

semester 2012.

India

Work plan: India **Year** 2010

Funding Level: \$250,000.00

Work plan Background

According to India's National AIDS Control Organization (NACO), provisional estimates indicate that approximately 2.27 million people were living with HIV at the end of 2008, with an adult prevalence rate of 0.29%. Karnataka (population 52.73 million) is among the states with the highest HIV prevalence. Expanding access to antiretroviral therapy (ART) is a priority for the Karnataka State AIDS Prevention Society (KSAPS) — as of March 2010 there were 33 ART Centers functioning (an increase from 24 in 2008), a total of 124,354 patients in HIV care, and a total of 41,515 patients on ART in Karnataka.

The United States Agency for International Development (USAID) funds the Samastha project in Karnataka, a comprehensive HIV project that supports prevention, care and treatment activities in 3 cities and 12 districts. In addition to reducing risk of HIV transmission among vulnerable populations, the project aims to build the capacity of existing health care institutions to provide quality HIV and AIDS care, support, and treatment services. Samastha is led by the Karnataka Health Promotion Trust (KHPT) in partnership with EngenderHealth and Population Services International. The project is implemented through a consortium of nongovernmental partners including St John's Medical College and Kempe Gowda Institute of Medical Sciences (KIMS) and works in close collaboration with KSAPS.

The Strengthening Pharmaceutical Systems (SPS) Program has been working in India since December 2009, using field support funding received from the USAID India Mission to assist KSAPS and other local partners to address pharmaceutical management issues related to the management of antiretroviral medicines (ARVs) and other ART-related medicines and commodities. In the first year, SPS focused its activities on supporting the scale up of the ART program in Karnataka through strengthening the capacity of pharmacists to appropriately manage medicines to avoid stock outs and expiries, and also to enhance the appropriate use of ARVs and other ART-related pharmaceuticals. SPS worked with KSAPS, the Samastha project, and other local partners to adapt SPS' generic HIV/AIDS pharmaceutical management training materials to the local context, conduct a Training-of-Trainers (ToT) workshop, and support the trained trainers to conduct two workshops in April and August 2010. At the end of the previous work plan period, 33 of the 34 pharmacists stationed at ART Centers in the state had attended one of the two workshops. To encourage pharmacists to apply the skills and knowledge acquired at their workplace, SPS worked with KSAPS and partners to incorporate pharmaceutical management into their ongoing performance improvement approaches and monitoring activities at ART centers. Baseline data on ART pharmaceutical management practices was collected prior to each workshop and SPS helped partners draft an ART pharmaceutical management monitoring checklist for use by district officers who provide oversight to the ART centers on behalf of KSAPS and also a more detailed tool for inclusion as an annex to Client-Oriented, Provider-Efficient Services (COPE) a self assessment tool developed by EngenderHealth.

In this work plan period, SPS will build on work done in the first year to enhance the knowledge, skills and competencies of pharmacists working at Karnataka's ART Centers and continue efforts to support KSAPS and partners to implement performance improvement and monitoring activities at ART pharmacies. In addition, SPS will work with the USAID India Mission to identify opportunities and potential activities to help NACO in strengthening pharmaceutical management in support of India's ART program. New activities this year include

assisting KSAPS to identify and initiate strategies for strengthening ART program pharmacovigilance activities in the State of Karnataka. Also, if the need is determined, SPS will assist KSAPS and KHPT to identify options for enhancing the functionality of the Logistics Management Information System (LMIS), the software developed by KHPT to support inventory management reporting to NACO and KSAPS by Karnataka's ART Centers. These activities have been identified in conjunction with KSAPS and KHPT based on an analysis of gaps and opportunities to improve the current situation, and the priorities of KSAPS and other partners.

Activity Title: Continue support for capacity building and performance improvement for ART pharmaceutical management

Activity Lead: Walkowiak, Helena **Activity #:** 2 **Task:** A040 **Subtask:** HIIN1003

Activity Description: Following the training workshops held in the previous work plan period, SPS will continue to support partners in Karnataka to incorporate pharmaceutical management into their ongoing performance improvement approaches and monitoring activities at ART centers. SPS will assist KSAPS, EngenderHealth, and KHPT to field test and finalize the ART pharmaceutical management monitoring checklist developed in the previous year for district officers who provide oversight to the ART centers on behalf of KSAPS and to refine the detailed tool developed for inclusion as an annex to the COPE tool. In addition, SPS will work with KSAPS to set up a process for routinely generating key indicators from the completed checklists to enable KSAPS to track changes in managing medicines and adherence to good practices. Depending on the progress made in implementing these initiatives, activities in this year could also include evaluating progress in achieving results in advancing improvements in pharmacy practices at ART centers. In addition to rolling out the training to pharmacists based at ART Link Centers in this year, the Samastha project also plans to adapt the HIV/AIDS training materials for training pharmacists at the primary health care level who dispense cotrimoxazole preventative therapy (CPT). KIMS have been nominated to take the lead on this activity and, in response to a request from KHPT and KSAPS, SPS will provide support in reviewing the adapted materials as requested. In addition, SPS will work with USAID India Mission to identify opportunities and explore potential activities to support NACO in strengthening pharmaceutical management in support of India's ART program.

Budget: \$35,412.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: Trip report March/April 2011. Updated checklist with indicators. Trip report July/August 2011. Final drafts of training materials. ART Pharmaceutical Management Checklist for COPE tool. Excel spreadsheets.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: In this quarter, SPS worked with KSAPS to develop tools for routinely generating key indicators from the ART pharmaceutical checklist for supervisors to enable KSAPS to track changes in managing medicines and adherence to good practices. As KSAPS did not field-test the supervisory checklist itself in February as planned, the indicator tracking tools were developed based on the draft checklist for field-testing (with the agreement of partners). KSAPS plan to test and revise both the checklist and indicator

tracking tools themselves at a later date. The Samastha project was unable to pilot the checklist for the COPE tool before closeout and have handed the tool over to KSAPS for future field testing.

Barriers to Progress: Due to preparation for the Samastha project closeout, KSAPS and Samastha project staff have not been able to pilot the checklists. KSAPS plan to pilot both checklists later this year and will update the checklists and indicator tracking tools as needed.

Next Steps: This activity is complete.

Activity Title: Technical activity coordination and monitoring

Activity Lead: Walkowiak, Helena **Activity #:** 4 **Task:** A040 **Subtask:** HIIN10TC

Activity Description: This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

Budget: \$10,639.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: In this quarter, SPS prepared slides on SPS-supported activities for inclusion in the presentation delivered by Dr. Shastri from KSAPS at the Samastha project closeout meeting. SPS had previously submitted copies of key documents for dissemination at the closeout meeting.

Barriers to Progress: None.

Next Steps: The activity has been completed.

Jordan

Work plan: Jordan **Year** 2010

Funding Level: \$500,000.00

Work plan Background

About one-third to one-half of all the antibiotics used in Jordan's hospitals is for surgical prophylaxis — however, 30 to 90% of this use is inappropriate. Key problems include antibiotic selection, timing and duration of use. Studies have shown that inappropriate use occurs for a variety of procedures, including cesarean section (c-section). The Jordan Food and Drug Administration (JFDA 2009) recently conducted a study in three hospitals that collected data on surgical antibiotic prophylaxis practices in Jordan, including for c-sections. The study findings indicate that practices have room for improvement. In the context of the JFDA's study findings and recommendations, USAID/Jordan has asked SPS to provide technical assistance to help strengthen practices for antibiotic prophylaxis for c-sections at selected hospitals in Jordan. SPS will collaborate with hospital leadership teams and other key staff in the participating hospitals to: (1) develop locally suitable protocols and procedures for administering antibiotic prophylaxis for c-sections, and (2) monitor implementation of the protocols and procedures. This activity will support all the four IRs of SPS, particularly IR2, and IR3. It will contribute to Element 1.6 (MCH) of the U.S. Government's FAR Framework for Health (Investing in People), which represents a priority area for USAID/Jordan. It also supports the Millennium Development Goal #5 which is to improve maternal health. Further, this activity will contribute to the 2007 World Health Assembly (WHA) Resolution (A60.24) which urges member states to implement rational medicine use activities to help contain antimicrobial resistance.

Activity Title: Support and Monitor Implementation of the Agreed Protocol and Procedures for Surgical Antibiotic Prophylaxis in Cesarean Section

Activity Lead: Joshi, Mohan **Activity #:** 3 **Task:** A040 **Subtask:** XXJO1003

Activity Description: This activity will complement activities to concerning prophylaxis and Cesarean section and is a part of the overall package of successfully using a clinical protocol in the practice environment. Work will focus on guideline implementation and integration of an effective monitoring system to assess progress. This will be iterative, with plans to revisit compliance to the protocol and procedures, followed by group discussion and self-identification of contextually appropriate and feasible ways to address any existing issues/barriers and enhance performance. Such locally-led iterative cycles support incremental progress and generate motivation, self-confidence, and sustainability.

Budget: \$220,391.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SIAPS conducted an implementation review and training on ICAT in Amman at the end of March, with leveraged funds from the remaining pipeline of SPS.

Barriers to Progress: None.

Next Steps: Continue TA for CQI.

Lesotho

Work plan: Lesotho **Year** 2010

Funding Level: \$1,000,000.00

Work plan Background

AIDS constitutes an alarming threat to Lesotho and its people. Findings of the 2004 Lesotho Demographic and Health Survey confirmed that Lesotho has a severe, generalized HIV epidemic. According to the Joint United Nations Program on HIV/AIDS (UNAIDS) 2009 report update, the overall adult prevalence is estimated to be 23.6%. The Government of Lesotho (GOL) is committed to mitigating the effects of HIV and AIDS by providing universal access to quality prevention, treatment, care and support services to its citizens by 2010. Since the national scale-up of a comprehensive care and treatment program began in 2004, which complemented ongoing efforts for prevention, behavior change, care and support programs, remarkable progress has been made in turning the tide of the HIV and AIDS epidemic in Lesotho.

GOL's current HIV/AIDS National Strategic Plan (NSP) 2006-2011 recognizes the need to provide treatment, care, and support services for the large number of individuals testing for HIV and AIDS. The plan makes provision for the scale-up of care and treatment by increasing access to ART services, ensuring quality of services, and expanding the capacity and efficiency of service provision in both the public and the private sectors. One of the interventions to achieve this is the decentralization of services to health center level. The government aimed to provide access to ART to more than 80% of individuals who are in need of therapy by 2010. In 2009, 51% of people in need of treatment were receiving ART at hospitals, health centers and private practitioners' clinics across the country. As a result, they are able to live healthy, productive lives and contribute to the development of their families, communities and the nation. The GOL and its multi-sectoral partners regard this progress as one of the most significant achievements of the national HIV & AIDS response, to date.

In 2009, the USG and GOL achieved a momentous milestone in the development and adoption of the Partnership Framework to Support Implementation of the Lesotho National HIV and AIDS Response. This framework forms a roadmap for improved collaboration and increased alignment of the PEPFAR program to Lesotho's national HIV and AIDS response. The framework has four goals to mitigate the HIV and AIDS pandemic. An implementation plan for the Framework, the Partnership Framework Implementation Plan (PFIP), has subsequently been developed.

There has been excellent progress in expanding the DOTS strategy throughout the country over the last few years, thereby achieving 100% coverage by district within a short period of time. This has provided affordable, quality-assured diagnosis and effective case management to estimated 80% of the Basotho population. The treatment outcomes for TB patients have also improved, while the target for case detection rate has been exceeded. This demonstrates the success of the NTP in achieving the set objectives in the 2004-2007 plan. However, there is need to step-up efforts to achieve the overall goal of halving the prevalence the incidence of TB — beginning to reverse the epidemic trend by 2015 (NTP DOTS Expansion Strategic Plan 2008 - 2012).

Support from the United States Government (USG) to the Government of Lesotho is provided through its USAID Mission in Lesotho. In FY06 and FY07, and with funding from USAID, the Rational Pharmaceutical Management (RPM) Plus program managed by MSH provided technical assistance support to the Government of Lesotho in the area of pharmaceutical management. Since FY08, technical assistance has been provided

through the MSH Strengthening Pharmaceutical Systems (SPS) program, the follow-on to RPM Plus.

One of the key challenges of the scale up of HIV and AIDS prevention, care, treatment and support services is the need to ensure that adequate human, technical, infrastructural resources and effective commodity procurement and distribution systems are put in place. Under FY10 plan, SPS will to support PFIP Goals 2, 3 and 4: to reduce morbidity and mortality and provide essential services to Basotho residents living with or affected by HIV and AIDS through expanded access to high quality treatment, care and OVC services by the year 2014; to increase and improve the human resource capacity for HIV and AIDS service delivery in three key areas (retention, training and quality improvement); and to strengthen health systems in four key areas (HMIS, laboratory, organizational capacity and supply chain) to support the prevention, care, treatment and support goals by the year 2014. SPS will also support the Lesotho National Strategic Plan (NSP) Strategic Focus #3: Treatment, care and support. In addition to addressing pharmaceutical system gaps in support of the scale-up of HIV/AIDS programs, SPS will continue to strengthen laboratory services through implementing an inventory management system for laboratory commodities.

This work plan defines the activities that have been planned for Lesotho under COP10 in consultation with key partners, the focus being on health system strengthening, laboratory infrastructure, policy and strategic information support.

Activity Title:	Technical Activity Coordination
Activity Lead:	Hoohlo-Khotle, Activity #: 1 Task: A040 Subtask: XXLS10TC Nomaphuthi
Activity Description:	This activity includes technical activity coordination, work plan development, meetings, and communications with partners and collaborators.
Budget: \$87,804.00	Start Date: Oct 2010 End Date: Sep 2011
Products Planned:	Trip report.

Reporting Period:	1 January 2012-31 March 2012
Activity Progress:	The portfolio manager, Dinah Tjipura, visited Lesotho SPS program between February 9 -26 to provide regular program implementation monitoring, as well as supportive supervision and mentoring for the Country Project Director. During her visit, she met with the local program staff and the MOHSW counterparts within the Disease Control Directorate. She also met with the MOHSW's Drug Regulatory Unit. She, the CPD, and the SPA also attended the USAID partners' meeting convened by the Director General of Health Services. She and the CPD and the SPA, together with the Laboratory Services Directorate staff and the Lab STTA, Charles Kagoma, visited NDSO where they met with the General Manager and his key managers to discuss laboratory activities under SPS. Dinah Tjipura also attended the SPS furniture handover to CHAL ceremony with the CPD, SPA, PA (MIS) and the Finance and Administration Manager. A number of critical areas of support requirements were discussed and follow-up actions identified.
Barriers to Progress:	The Activity Manager was not available to meet with Dinah Tjipura during this visit, as he was out of Maseru.
Next Steps:	The following were the agreed upon critical follow-up action points: monitor progress

with STG and EML consultancy, mobilize appropriate TA to assist NDSO with markup study and warehousing, provide support for release of the results of the ART data verification exercise, and provide support for strengthening pharmaceutical data collection and analysis.

Activity Title:	Review STG and EML
Activity Lead:	Hoohlo-Khotle, Activity #: 2 Task: A040 Subtask: XXLS1002 Nomaphuthi
Activity Description:	Provide technical assistance in the review of the current national Standard Treatment Guidelines and Essential Medicines List (STGs and EML).
Budget: \$82,759.00	Start Date: Oct 2010 End Date: Dec 2010
Products Planned:	Guidelines. Framework. Trip report.

Reporting Period:	1 January 2012-31 March 2012
Activity Progress:	The consultant engaged by SPS to draft the Standard Treatment Guidelines (STGs) and Essential Medicines List (EML), Professor Jasper Ogwal Okeng, was in the country to conduct a second stakeholder consultative process. It was done to further ensure that all relevant stakeholder comments are incorporated in the documents and to promote stakeholder acceptance of the documents. Following his visit, a third draft of the documents was printed for piloting at a number of health centers, district hospitals and the referral hospital. The piloting activity was planned in close collaboration with the Director Pharmaceutical Services.

Barriers to Progress: None.

Next Steps: Conduct piloting of the documents and a stakeholder consensus workshop on the documents, facilitate adoption of the documents by the MoHSW, print the documents, facilitate official launching of the document, provide support for training of users on the document, and provide support for the dissemination of the documents to facilities and HCW.

Activity Title:	Support HPTCS
Activity Lead:	Hoohlo-Khotle, Activity #: 3 Task: A040 Subtask: XXLS1003 Nomaphuthi
Activity Description:	Provide support to HPTCs at the facility-level in adherence to antibiotic prescribing protocols at six GOL hospitals (HPTC support sites) in the northern, central and southern regions. Specific focus will be placed on adherence to antibiotic prescribing protocols, monitoring antibiotic use, and assisting the six HPTC support sites to develop antibiotic policies.
Budget: \$44,066.00	Start Date: Jan 2011 End Date: Aug 2011
Products Planned:	Trip Reports. Technical Report.

Reporting Period:	1 January 2012-31 March 2012
Activity Progress:	The MOHSW Clinical Services Directorate still has not resumed supportive supervision visits. The antibiotic use study report was edited, approved and printed.

The report was disseminated to all the hospitals and to all the stakeholders who had attended the symposium to report on the findings.

Barriers to Progress: None.

Next Steps: Follow-up on implementation of the study recommendations. Continue to encourage the MOHSW to use and adhere to the SSM manual.

Activity Title: TA to improve medicine use

Activity Lead: Hoohlo-Khotle, **Activity #:** 5 **Task:** A040 **Subtask:** XXLS1005
Nomaphuthi

Activity Description: Provide technical assistance to the PD for improvement of medicine use behaviors. Support will be provided to the Drug Regulation Unit's medicine information section on development of IEC materials and implementation of campaigns to the public on appropriate use of medicines, especially ARVs, anti-TBs and antibiotics.

Budget: \$8,108.00 **Start Date:** Feb 2011 **End Date:** Sep 2011

Products Planned: IEC Pamphlet. Trip Report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS presented on cancer chemotherapy at the Medicine Information Symposium on Cancer, March 30, 2012 at Queen Mamohato Memorial Hospital in Maseru. SPS was a co-sponsor for the event, together with Lesotho Boston Health Alliance, Lesotho Medical Association, Lesotho Nursing Council, and Lesotho Nurses Association.

Barriers to Progress: None.

Next Steps: Continue to support medicine information activities in the country.

Activity Title: Support implementation of APMR

Activity Lead: Hoohlo-Khotle, **Activity #:** 7 **Task:** A040 **Subtask:** XXLS1007
Nomaphuthi

Activity Description: Implement APMR in seventeen ART sites and provide ongoing technical support.

Budget: \$62,946.00 **Start Date:** Nov 2010 **End Date:** Sep 2011

Products Planned: Trip reports.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Continuous site support on the upgraded RxSolution dispensing module was provided to facilities. The report for the rapid survey to verify ART data, which was undertaken with the Disease Control Directorate (DCD)'s ART department at every public sector hospital, was sent to the DCD for approval and dissemination. The report formed the basis for the development of the MOHSW's response to the GF's condition precedent, as the GF's sub-recipient.

Barriers to Progress: The major constraint for this activity is the ongoing facility refurbishment that is being undertaken through the MCA-L health project. This is delaying the roll-out and disrupting RxSolution use at some of the implementation sites. This jeopardizes data quality as it leads to inconsistent use of the system.

Next Steps: Continue to provide close support for use of RxSolution at facilities, liaise closely with MOHSW and MCA-L regarding the refurbishment schedule, and continue the roll-out process.

Activity Title: Strengthen procurement practices at NDSO and Facilities

Activity Lead: Hoohlo-Khotle, **Activity #:** 9 **Task:** A040 **Subtask:** XXLS1009
Nomaphuthi

Activity Description: SPS will provide mentoring and supportive supervision assistance to 8 hospitals and 8 DHMTs. Monthly stock status reports will be produced with RxSolution and analyzed to monitor inventory management. Supervisory reports will be produced for each trip. SPS will implement the RxSolution tender module at NDSO, which will ensure that the tendering process complies with international standards and enables monitoring of supplier performance. SPS will purchase 1 Minilab for NDSO for quality assurance of pharmaceuticals during the procurement process. Training for two NDSO staff will be conducted on the use of the Minilab. SPS will also provide training for NDSO staff, focusing on logistics management, quality assurance systems, and procurement practices.

Budget: \$155,202.00 **Start Date:** Jan 2011 **End Date:** June 2011

Products Planned: Trip reports. Bulletin.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: The report from the NDSO staff trained in warehouse and logistics management in South Africa was received. Progress was made on development of the tender module and the requisition module development was completed. the Minilab was officially handed over to the NDSO.

Barriers to Progress: Challenges still exist at hospitals with inconsistent use of RxSolution, leading to unreliable data. Although the MOHSW requested that the SSM manual should be revised to incorporate the other clinical service areas inputs expected from the MOHSW on this have still not been received.

Next Steps: Continue to support implementation of RxSolution at hospitals and at the central-level. Continue to retrieve back-up data from RxSolution at hospitals for preparation of PMIS reports and continue to advocate for the MoHSW to take the lead in information management and implementation of RxSolution, through the Pharmaceuticals Directorate.

Activity Title: Strengthen HMIS at national level

Activity Lead: Hoohlo-Khotle, **Activity #:** 13 **Task:** A040 **Subtask:** XXLS1013
Nomaphuthi

Activity Description: Engage a management information systems program associate and second the staff to the HMIS department in the MoHSW to provide technical assistance to the ministry in data management and production of PMIS reports using RxSolution data.

Budget: \$13,643.00 **Start Date:** Dec 2010 **End Date:** Sep 2011

Products Planned: Trip reports.

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Reporting Period: 1 January 2012-31 March 2012
Activity Progress: Advocacy for improving use of RxSolution continued.
Barriers to Progress: Slow uptake by the MOHSW, especially the Directorate of Pharmaceutical Services (DP), of the intervention.
Next Steps: Continue to provide close support to the ministry's health management information systems (HMIS) unit. This will improve response time to queries related to use of RxSolution at facilities and improve consistency in use the system. Also continue to provide support to PD on the use of the system, and also intensify advocacy within the DCD for use of the tool at ART sites.

Activity Title: Provide TA to SHAD

Activity Lead: Hoohlo-Khotle, **Activity #:** 14 **Task:** A040 **Subtask:** XXLS1014
Nomaphuthi

Activity Description: Provide technical support to the Ministry's STI/HIV & AIDS Directorate by funding two pharmacist posts to be placed at the SHAD headquarters. These two pharmacists will be responsible for logistics management of ARVs and monitoring and evaluation of the ART program nationally. They will provide support to all the ART sites in the country. The funds for these positions will be channeled through the Health Planning and Statistics Unit.

Budget: \$53,589.00 **Start Date:** Nov 2010 **End Date:** Sep 2011

Products Planned: Reports.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS continued to provide support o the DCD for data management.

Barriers to Progress: Lack of clarity as to how to implement the activity (i.e. financing the two posts).

Next Steps: Continue to provide TA for ART data management under SIAPS.

Activity Title: Monitoring program results and documentation

Activity Lead: Hoohlo-Khotle, **Activity #:** 15 **Task:** A040 **Subtask:** XXLS1015
Nomaphuthi

Activity Description: Activities include: a work planning workshop, weekly office meetings, quarterly bulletins for the Pharmaceuticals Directorate, monthly reporting to the MoHSW, monthly activity coordination meetings with USAID, progress reports, participation in different technical working groups within the country for enhancement of coordination amongst development partners and implementing partners of the MOHSW, and a team building camp.

Budget: \$8,548.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Trip Report. Ad hoc technical meeting minutes.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS continued to record and report on activities.

Barriers to Progress: None.

Next Steps: This code has been closed.

Activity Title: Office Management

Activity Lead: Hoohlo-Khotle, **Activity #:** 18 **Task:** A040 **Subtask:** XXLS100M
Nomaphuthi

Activity Description: This activity includes provisions for local office rental, running and management costs.

Budget: \$148,093.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Paid vouchers with supporting documents were filed. Petty cash reconciliations and bank reconciliations were done. Queries were attended and a draft report was issued. Minutes of technical update meetings were written and filed. Vehicles were registered locally. Bookings for workshops, STTAs and country program manager's visits were made and payments were done. PPRD trainings were attended.

Barriers to Progress: Bank's internal problem with issuing garage cards took longer than anticipated to be resolved. This caused MSH to use petty cash to fill-up and service project vehicles.

Next Steps: Continue to provide administrative support to project activities.

Mozambique

Work plan: Mozambique **Year** 2010

Funding Level: \$500,000.00

Work plan Background

The Mozambique pharmaceutical sector is in the midst of substantial reform. Under the leadership of the Pharmacy Department—which is responsible for defining medicine policies, licensing pharmaceutical professionals and outlets, inspecting pharmacies, suppliers and manufacturers, registering pharmaceutical products, monitoring drug quality and safety and promoting rational use—the sector is in the process of reviewing and defining its organizational structure, defining its staffing and technical capacity needs and articulating its strategic plans. In order to effectively manage this process, the management, leadership and strategic planning capabilities of the institutions involved, including the Pharmacy Department, the National Drug Quality Control Laboratory and the Pharmaceutical Unit of the National Directorate for Medical Assistance, must be strengthened. Stronger institutional capacity in these areas will facilitate the adequate planning, coordination and implementation of activities across the sector to improve pharmaceutical policies and the delivery of quality pharmaceutical services.

Establishing an effective and sustainable regulatory system is a high priority for the pharmaceutical sector. The Pharmacy Department has initiated the implementation of significant changes as delineated in the new Law on Medicines, Vaccines and Biological Products (currently being revised and discussed internally at MoH for further approval). The ultimate goal of this reform is to include a comprehensive National Drugs Regulatory Authority (NDRA) into the PD in order to reform all medicines regulations in Mozambique, including medicines and health related products registration, regulatory framework for medicines importation and donations, local manufacturing sector and industry inspection, pharmaceutical distribution channels and price control, adequate policies for QA and QC of medicines and pharmacovigilance. However, before investing in the creation of an NDRA, all options for strengthening the regulatory system should be assessed and analyzed.

Improving drug quality is also a priority with support from the Minister of Health, who has signed into law several policies related to improving drug quality in the country. Concerned with the quality of drugs that are available in Mozambique, in 2009 the Pharmaceutical Department drafted the National Medicines Policy and Strategic Plan (2010 – 2014) for the National Drug Quality Control Laboratory (NDQCL). The Minister of Health also appointed the National Quality Assurance Board (Comissão Nacional de Garantia da Qualidade dos Medicamentos). Implementation of the strategic plan will require significant investment not only in infrastructure but also in technical capacity building. The Promoting Quality of Medicines Program (PQM) of the United States Pharmacopoeia (USP) has been enlisted to address the quality control functions of the NDQCL; however, the wider issues of a quality assurance program must also be addressed.

The pharmaceutical sector plays an essential role in promoting the rational selection and use of medicines throughout the system. The existing essential medicines list, the standard treatment guidelines and the national medicines formulary, all of which help promote rational use, are out of date and need to be systematically reviewed and revised based on current information. In addition, targeted interventions based on medicine use studies are needed but not regularly implemented.

In recognition of the importance of the pharmaceutical sector to the overall functioning of an integrated health

system and the quality of services—in particular, for priority health conditions, such as HIV/AIDS—USAID/Mozambique has enlisted MSH/SPS to strengthen the sector’s institutional and technical capacity with PEPFAR funds for FY10. Based on the gaps that have been initially identified in the pharmaceutical system, SPS will focus on supporting the Mozambique pharmaceutical sector in the areas of policy, regulation, quality assurance, pharmacovigilance, and rational use. Activities implemented in FY10 will lay the groundwork for the implementation of follow-on capacity building and system strengthening activities in subsequent years.

Activity Title: Support the implementation of priority recommendations to enhance regulation, legislation and registration, and related system(s), for medicines and health-related products.

Activity Lead: Thumm, Melissa **Activity #:** 6 **Task:** A040 **Subtask:** PEMZ1006

Activity Description: Implementation of the key recommendations identified during the review of regulations, legislation and registration (under Activity 2.2) will require a coordinated effort among multiple partners, including SPS, for immediate action as well as long-term reforms. SPS will provide technical support for the implementation of immediate activities and assist the Pharmacy Department with defining the institutional, structural and staffing needs to establish sustainable, long-term regulation systems and reforms. The specific tasks involved with the implementation of this activity will depend on the outcomes of the review and options analysis described above.

Budget: \$32,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Technical assistance reports.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: In February, SPS conducted a follow-up training with the registration team at the Pharmacy Department, in the evaluation of medicine dossiers for product registration to ensure participants' understanding of the information presented during the training in October, present more detailed information on those topics and address additional topics. The training also helped participants apply their acquired knowledge to the development and use of new guidelines and tools for registration, which were produced in collaboration with SPS (and SIAPS, the follow on project to SPS).

Barriers to Progress: None.

Next Steps: None. Training in the evaluation of medicine dossiers for registration is complete.

Swaziland

Work plan: Swaziland PEPFAR **Year** 2010

Funding Level: \$1,210,000.00

Work plan Background

According to the Demographic Health Survey (2007), the largest share of the Swazi burden of disease remains communicable diseases, with HIV/AIDS and TB rates the highest in the world. HIV has a high impact on the health of the population with 26% prevalence among the adult population (15-49 years), with higher prevalence rates among females (31%) compared to males (20%) infected. Some 70,500 people in Swaziland are estimated to be in need of ART treatment. At the end of 2009, about 48,000 people received treatment (68%) in 70 health facilities (out of the total 223 facilities). For TB, the case detection rate and the treatment success rate are both below the WHO targets, but are gradually approaching the targets set. According to the Service Availability Mapping study (SAM, November 2008), the majority of the Swazi population (85%) is within a 8 km range of a health facility. However, there are a variety of reasons to suggest that coverage may be lower than generally assumed. Low coverage may also be attributable to the type of health facility — there are only 5 health centers in the whole country and most clinics provide only out-patient care, with few maternity units or labs. The functionality of these facilities can also limit access, through lack of medicines, staff or maternity beds. With only 45% of health facilities under the public sector (and 23% operated by the private-for-profit sector), equity and accessibility for the (rural) population remain important issues on the policy agenda. The health sector is faced with a severe shortage of human resources across all cadres at all levels of the health system. This shortage in the public sector is further aggravated by competition for qualified health professionals from the private sector and more developed economies such as South Africa, Europe and the United States. In terms of human capacity development for health, there are 3 local training institutions for health professionals mainly nurses and nursing assistants. There are no training facilities for pharmacists or pharmacy technicians. (National Health Sector Strategic Plan, 2008 – 2013).

It was from this background that MSH/SPS support to the government of Swaziland was established. The focus of the support was to strengthen supply chain management of ARV medicines in the country. MSH/SPS has been working with the National Emergency Response Council on HIV&AIDS (NERCHA) to support the procurement, supply and distribution of ARV and TB medicines through Global Fund grant. The support to the government of Swaziland was initiated through the RPM plus project in 2006. Following this initial support to supply chain management, MSH/SPS was further requested by the Ministry of Health (MoH) to provide support on pharmaceutical policy and governance issues in the country. At this time, SPS began supporting the MoH in the development of the country's essential medicines list, pharmacy and medicine control legislation, standard operating procedures and tools for supporting the supply chain management system from facility to the central medical stores. In addition to addressing pharmaceutical systems gaps to the HIV/AIDS program, MSH/SPS addresses key laboratory commodity priority areas. Under FY10 funding, MSH/SPS will work to support the implementation of the five year goal for care and treatment of the PEPFAR/Government of the Kingdom of Swaziland Partnership Framework: decentralize and improve the quality of HIV care and treatment services to increase access and improve outcomes for PLWHA. This plan delineates the activities that have been planned for Swaziland, in consultation with key partners.

Activity Title:	Implement a treatment adherence program for patients on TB and HIV medicines at 22 facilities.
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Activity Lead: Matshotyana, Kidwell **Activity #:** 6 **Task:** A040 **Subtask:** XXSZ1006

Activity Description: MSH/SPS will implement the adherence monitoring tool that was developed by MSH/SPS in the four regions of the country. Currently the ARV program is only using the pill count method to monitor adherence to therapy. The adherence monitoring tool is using four different methods to monitor adherence (pill recognition and pill count, visual analogue scale, self reporting, and refill dates).

Budget: \$83,095.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: Technical report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS provided mentorship support at Mbabane government hospital on ART dispensing and continued to support the IPT program at hospitals and health centers. Staff drafted a training curriculum for TB/HIV adherence officers and treatment supporters.

Barriers to Progress: None.

Next Steps: Training of adherence officers and treatment supporters.

Activity Title: Develop and implement good dispensing practice standards for the ART satellite sites

Activity Lead: Matshotyana, Kidwell **Activity #:** 7 **Task:** A040 **Subtask:** XXSZ1007

Activity Description: SPS will develop training material for good dispensing practices and patient counseling skills at satellite facilities for ART decentralization. Once the material is complete, SPS will conduct trainings of 180 pharmacy personnel at satellite sites and continue to ensure satellite sites comply with good dispensing standards. MSH/SPS will continue to strengthen routine monitoring and supervision of facilities through supportive supervisory activities. SPS will conduct training for the 4 regional pharmacists on medicines management to capacitate them with mentorship and supervisory skills. SPS will also conduct training for 120 HCW (including the Regional Health Management Teams) in the 4 regions, on medicines supply management with emphasis on supervisory skills for medicines management. Lastly, SPS will support the semi-annual review of results from the support supervision activities during the monthly pharmacists' forum.

Budget: \$112,707.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Training report. Technical report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS conducted a work plan review meeting for the regional pharmacists where key pharmaceutical management activities were highlighted. Staff worked with CHAI to review the job description of regional pharmacists and distributed the SOPs to hospitals and health centers.

Barriers to Progress: Copies of the Standard Operating Procedures have not been distributed to all facilities.

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Next Steps: Print more copies of SOPs to ensure all health facilities have a copy (224 health facilities).

Activity Title: Support PTCs and improve rational medicines use and mitigate AMR

Activity Lead: Matshotyana, **Activity #:** 8 **Task:** A040 **Subtask:** XXSZ1008
Kidwell

Activity Description: PTCs will be re-established and supported in 4 selected hospitals and indicators for internal and external monitoring and evaluation of PTCs will be developed in collaboration with MoH. MSH/SPS will work with the PTCs to improve the reporting and management of adverse events at all facilities providing HIV and TB treatment and care services.

Budget: \$154,450.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Technical report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS conducted a Pharmacy & Therapeutics Committee (PTC) workshop for Mankayane, Hlathikulu, Matsanjeni and Nhlango Health Centers (23 health workers attended the workshop). Clinical/Medical reference material was distributed to the four facilities represented at the PTC training. Staff assessed PTC functionality at Matsanjeni and Nhlango Health Centre. 500 copies of the first issue of the Swaziland Medicines Safety Watch were distributed to health facilities. Copies of the ADR were also distributed to facilities. SPS participated in the Infection Prevention Control (IPC) meeting and presented the linkages between IPC and PTC.

Barriers to Progress: None.

Next Steps: Print additional copies of the ADR form. Get the Ministry of Health's senior management to enforce the establishment of PTCs.

Activity Title: Improve the optimal use of RxSolution at the Central Medical Stores and the National Laboratory Warehouse

Activity Lead: Matshotyana, **Activity #:** 9 **Task:** A040 **Subtask:** XXSZ1009
Kidwell

Activity Description: MSH/SPS will work to improve medicine use and availability at facilities through implementation of RxSolution/RxPMIS at 43 health facilities. This will be an additional 19 facilities from the current 24 that are using the software.

Budget: \$48,854.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: Reports of RxSolution-related support.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS continued to provide end-user support to the Central Medical Stores and Laboratory Warehouse. Staff uploaded the LMIS electronic script at 28 health facilities to improve quality of reports and requisitions submitted to CMS. SPS completed the RxSolution product script for the ARV warehouse. Work on product list standardization at the laboratory warehouse is ongoing.

Barriers to Progress: None.

Next Steps: Complete the product list standardization on RxSolution at the CMS and Laboratory Warehouse.

Activity Title: Improve medicines (including non ARV) stock control at facilities using RxSolution and bin cards

Activity Lead: Matshotyana, **Activity #:** 10 **Task:** A040 **Subtask:** XXSZ1010
Kidwell

Activity Description: SPS will implement RxSolution for essential medicines at RFM, PPH, GSH and MGH and provide on-site mentoring on the use of bin cards for stock control (medicines and laboratory commodities). SPS will also develop and implement a national standard prescription form for primary health care facilities.

Budget: \$50,223.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: Technical Report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS implemented RxSolution at Silele Clinic and Mphelandza JCI, and worked with PFSCM to implement RxSolution at the warehouse for Male Circumcision program. Staff deployed the LMIS electronic script at 28 ART facilities using RxSolution. SPS continued to support RxSolution at Mbabane Hospital and Raleigh Fitkin Hospital.

Barriers to Progress: None.

Next Steps: Continue to support facilities with RxSolution.

Activity Title: Enhance RxPMIS for optimal utilization at 31 facilities

Activity Lead: Matshotyana, **Activity #:** 11 **Task:** A040 **Subtask:** XXSZ1011
Kidwell

Activity Description: SPS will engage a consultant to revise the patient screens on RxPMIS to include data on HIV Care, EPI, TB, and HTC. Patient adherence and adverse events monitoring will be integrated into the RxPMIS system, and RxPMIS will be integrated with ETR.net for the TB program data needs. SPS will assist the MoH's Strategic Information Department to conduct an assessment/review of electronic systems used in health facilities to identify gaps and develop a strategic guiding document.

Budget: \$205,992.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Technical Report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS worked with the commodity tracking developer to finalize the portal for ARVs and laboratory commodities. Staff conducted a breakfast meeting to present the commodity tracking to MOH and stakeholders, and facilitate testing and feedback sessions with users from the CMS, laboratory and the Strategic Information Department. SPS closed-out the fixed price contract with LuvIT solution for the redesign of the RxPMIS.

Barriers to Progress: None.
Next Steps: Continue the re-design of the RxPMIS and complete the phase 1 of the commodity tracking.

Activity Title: Conduct quarterly quantification meetings for pharmaceutical products

Activity Lead: Matshotyana, **Activity #:** 12 **Task:** A040 **Subtask:** XXSZ1012
Kidwell

Activity Description: MSH/SPS will work to ensure that the quantification of pharmaceuticals is an active process with quarterly reviews of estimates and quantities based on consumption information from the facilities. The quantification process will focus on TB medicines, 2nd line TB medicines, ARVs, sexual reproductive health products, and other essential medicines. MSH/SPS will work to establish and support an active quantification and estimates review process. Quarterly quantification and estimates review meetings will be held with all priority program managers (HTC, Medical Male Circumcision, TB, HIV) and partners supporting laboratory activities (PEPFAR, CHAI, WHO). MSH/SPS will also host 2 laboratory technical working group meetings to facilitate this activity.

Budget: \$68,630.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS reviewed the quantification estimates for 2012/13 using Quantimed and developed a generic SOP to conduct health commodity quantification. Staff helped the MOH respond to Global Fund conditions precedent, related to quantification and forecasting.

Barriers to Progress: None.

Next Steps: Finalize the 2012/13 quantification report.

Activity Title: Promote effective procurement practices through the provision of technical assistance at the MoH Procurement Unit

Activity Lead: Matshotyana, **Activity #:** 14 **Task:** A040 **Subtask:** XXSZ1014
Kidwell

Activity Description: SPS will conduct training for the procurement unit personnel on supply chain management of both pharmaceuticals and laboratory commodities. SPS will also promote the use of RxSolution in procurement of pharmaceutical and laboratory commodities. Technical assistance will be provided to the MoH procurement unit to improve the efficiency of the tendering process for pharmaceutical and laboratory products.

Budget: \$25,054.00 **Start Date:** Jan 2011 **End Date:** Oct 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS assisted in advertising and adjudicating the ARV tender 2012/13 and conducted

regular reviews of availability of laboratory commodities.

Barriers to Progress: None.

Next Steps: None.

Activity Title: Provide advocacy for the enactment of the Pharmacy Bill, the Medicines and Related Substances Bill, STG and SNPP

Activity Lead: Matshotyana, **Activity #:** 16 **Task:** A040 **Subtask:** XXSZ1016
Kidwell

Activity Description: MSH/SPS will work with the MoH to review the legislative environment and formalize links with SADC/COMESA/SACU regulatory authorities. MSH/SPS will work with the MoH task team to coordinate the development of a STG for pediatric and adult treatment in line with the essential medicines list (EML). The Swaziland National Pharmaceutical Policy of 2008 is still in draft and MSH/SPS will work with the MoH to finalize and launch it during FY10. Through collaboration with WHO, MSH/SPS will work on the Pharmaceutical Service Strategic Plan for the draft National Pharmaceutical Policy.

Budget: \$126,978.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: Pharmaceutical Policy, 2nd edition.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS finalize the Strategic Plan (year 1 action plan) and the print version of the STG/EML and submitted them to the MoH for approval. The foreword and preface were signed by the Minister of Health and the Principal Secretary. Staff participated in the launch of the Essential Health Care Package and associated documents which included the STG/EML. SPS presented the Pharmacy Bill to cabinet and was approved for tabling in Parliament. The final draft of the Medicines and Related Substances Control Bill was received from the Ministry of Justice. SPS facilitated two consultation meetings on the Medicines Bill with the Ministry of Agriculture, Ministry of Justice, and Ministry of Health.

Barriers to Progress: None.

Next Steps: None.

Activity Title: Establish a product quality control mini-lab for pharmaceuticals at CMS

Activity Lead: Matshotyana, **Activity #:** 17 **Task:** A040 **Subtask:** XXSZ1017
Kidwell

Activity Description: Through partnership and technical assistance from the USP's PQM program, MSH/SPS will establish and build the capacity to conduct product quality testing in the country.

Budget: \$20,110.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

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Activity Progress: SPS received quote for the minilab reference material and is awaiting USAID approval for the procurement. Staff facilitated the development of a memorandum of understanding between the University of Potchefstroom (Centre for Quality Assurance of Medicines, CENQAM) and the Ministry of Health.

Barriers to Progress: None.

Next Steps: Procure necessary reference material, engage consultant to train the QA pharmacist on use of the GPHF-Minilab, and draft policies and procedures for the product quality assurance.

Activity Title: Review the Pharmacy Technician Training Program

Activity Lead: Matshotyana, Kidwell **Activity #:** 18 **Task:** A040 **Subtask:** XXSZ1018

Activity Description: MSH/SPS will use the experience gained in developing training curriculum in other countries to establish a mid-level cadre for pharmacy in Swaziland. This will include various consultative meetings with stakeholders to establish a training program for pharmacy technicians in Swaziland.

Budget: \$70,156.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS engaged a consultant to develop the pharmacy assistant curriculum. The curriculum was finalized and submitted to the University of Swaziland for senate approval. SPS conducted a stakeholder meeting for consensus on the pharmacy assistant training curriculum with the MOH, public/private pharmacists, pharmacy owners and wholesalers, potential candidates, Medical & Dental Council, University of Swaziland, and Swaziland Christian University. Staff drafted an orientation induction program for trainers of the pharmacy assistants at UNISWA.

Barriers to Progress: None.

Next Steps: Get approval of the curriculum at UNISWA and sign an agreement with the university on the training program.

Activity Title: Technical Activity coordination and monitoring

Activity Lead: Matshotyana, Kidwell **Activity #:** 1 **Task:** A040 **Subtask:** XXSZ10TC

Activity Description: Ongoing program review will be carried-out with the Washington DC based Country Program Manager and development of the work plan and annual and semi-annual reports.

Budget: \$139,626.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: SPS participated in the Global Fund Round Seven budgeting, the addressing

conditions precedent under Round 7 and Round 8 meeting, and participated in the National Human Resources for Health Technical Working Group. Staff held 2-month update meetings with the Clinton Health Access Initiative and one meeting with WHO-Afro (Swaziland Office). SPS reviewed the draft Mid-Term Review report of the National Health Sector Strategic Plan.

Barriers to Progress: None.

Next Steps: None.

Vietnam

Work plan: Vietnam **Year** 2010

Funding Level: \$837,500.00

Work plan Background

Although pharmacovigilance (PV) is receiving increasing attention and commitment from the Government of Vietnam and other key stakeholders, a recent WHO-supported national PV capacity assessment has highlighted several deficits, including a lack of well-trained human resources for drug information and PV activities. During FY10 SPS will continue the PV capacity building efforts by specifically focusing on reviewing and reforming pharmacy curricula to address PV topics. A PV framework for Vietnam developed in 2009 during a national consensus meeting included active surveillance as a key method of ADR monitoring. However, no active surveillance methods for PV have so far been implemented in public health programs. SPS will assist national counterparts in implementing a pilot active surveillance activity in the ART program (based on the protocol developed during the FY09 program year).

In addition, lack of clear policies and guidelines is hampering implementation of referral and transfer of laboratory specimens for AFB culture/sensitivity, and other tests. PEPFAR has identified this as a priority area for Vietnam. In FY10, SPS will help develop policies, guidelines, and a methodology for a locally-suitable referral, reporting, and transport system for TB laboratory specimens, and facilitate their implementation by national stakeholders.

Activity Title:	Technical assistance to reform training curricula to integrate appropriate topics on pharmacovigilance
Activity Lead:	Joshi, Mohan Activity #: 1 Task: A040 Subtask: PEVN1003
Activity Description:	SPS will provide technical assistance to HUP to identify and integrate locally relevant pharmacovigilance topics into pharmacy curriculum. SPS will closely collaborate with HUP, as they lead key steps of this activity, thereby strengthening their participation, capacity, and ownership of the entire process.
Budget: \$56,510.00	Start Date: Oct 2010 End Date: Sep 2011
Products Planned:	Pre-service and In-service Pharmacovigilance Curriculum.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: Collaborating with a consultant experienced in trainings and TOT, SPS developed two advanced draft versions of a detailed instructor's guide based on the PV curriculum developed in August 2011. One version customized to help pre-service training, and the other to help in-service training. In March 2012, SPS technical staff and the consultant went to Hanoi to familiarize and discuss the draft pre-service version of the PV instructor's guide with the staff at the Clinical Pharmacy Department of HUP, and the in-service version with the staff at the DI&ADR Center. They also obtained their feedback for finalization and hand-over of the guide. The interactions with these national colleagues included discussions on the technical content summaries, process overview (step-by-step process in conducting the teaching-learning sessions),

instructional methods and contact hours.

Barriers to Progress: None.

Next Steps: Finalize both the pre-service and in-service versions of the PV instructor's guide based on the feedback obtained during the March Hanoi visit and send to the respective HUP stakeholders in April 2012.

Activity Title: Support in-country counterparts to implement the pilot active surveillance protocol developed for the ART program

Activity Lead: Nwokike, Jude **Activity #:** 2 **Task:** A040 **Subtask:** PEVN1004

Activity Description: After formal approval is obtained for implementation of the protocol, SPS will provide on-going technical assistance to help the participating sentinel sites, VAAC, and DI&ADR Centre begin implementing the initial steps of the program. The data collection form will be finalized, necessary guidance documents and SOP developed, and appropriate orientation and practical trainings provided. Data entry and analysis tools suitable for resource-constrained settings will be developed, including simple databases for electronic data management and transmission, and the staff handling data management will be trained on the use of these tools.

Budget: \$145,139.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Technical Support Visit to Vietnam, Trip Report. Technical Support Visit to Vietnam, Trip Report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: From February 27 to March 2, two SPS technical staff visited all 5 participating sites and interviewed physicians, pharmacists, nurses and coders using the supervisory visit checklist. They had a meeting with DI&ADR Center to understand their challenges, competencies using the DCAT, and plans for data sharing with stakeholders. Overall, the sites have been implementing the activities with much enthusiasm and commitment. Two of the five sites have recruited more patients than expected over the last four months and all of the sites were entering the data in to SSASSA tool and transmitting to DI/ADR center according to the protocol guides. Many clinicians reported that this activity has helped to improve patient adherence, patient satisfaction, and clinical documentation in their current practice. Critical findings and challenges were presented to USAID and local stakeholders, at the end of the week. The staff were informed that this was SPS' last TA visit and discussed the next steps for the local stakeholders to address those challenges and ensure the sustainability of this program.

Barriers to Progress: None.

Next Steps: Coordinate with the DCAT software developer to fix some of the problems being encountered by the DI&ADR Center in the implementation of the tool, and communicate the solutions to the center staff.

Activity Title: Support the MoH and the laboratory services to develop and implement a pilot referral, reporting and transport system for TB laboratory specimens

Activity Lead: Joshi, Mohan **Activity #:** 4 **Task:** A040 **Subtask:** PEVN1005

Activity Description: Activities will include: (1) hiring a local Vietnam-based senior staff member to support this lab-related activity. (2) Work with MoH, USAID and the NTP to select initial pilot project sites. (3) Collect baseline data: current number of specimens referred for LPA/TBC/DST and number of MDR-TB cases identified and numbers started on 2nd line treatment. (4) Review current PMDT guidelines/policies with NTP on identification and management of MDR-TB and discuss/agree on how the development and implementation of the specimen referral system can be incorporated into the implementation of these guidelines. (5) Document how the pilot sites are currently implementing these TB policies/guidelines, identify gaps and need for change/improvements, and capacity building. Work with NTP to assist the pilot sites to implement the guidelines/policies, with particular focus on specimen referral and use of results to guide treatment. (6) Draw-up criteria for specimen referral and SOPs for implementation of guidelines/policies relating to specimen referral and reporting of results. (7) Orient pilot sites and referral labs on proposed referral system and obtain feedback. (8) Work with NTP and other stakeholders to set up and implement the pilot system for specimen collection, storage, transport, delivery and results.

Budget: \$600,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Trip report.

Reporting Period: 1 January 2012-31 March 2012

Activity Progress: During this quarter, an SPS local consultant, SPS lab-related technical staff visiting Hanoi, and the SPS local MSH office technical staff collaborated to develop a detailed set of training materials and conducted 4-day trainings at 3 sites: Ho Chi Minh City (February 21 to 24), Hanoi (February 27 to March 1), and Hue City (March 5 to 8). The TOT workshop focused on PMDT implementation and specimen referral for drug resistant TB. NTP staff and medical doctors, nurses and lab staff from various provinces attended the workshops. The total number of participants in the HCMC workshop was 51, in Hanoi 58, and in Hue city 49.

Barriers to Progress: None.

Next Steps: MSH/SPS will provide technical assistance to NTP to follow-up, monitor and supervise on further trainings to be conducted by PMDT trainers in the districts, according to the developed and approved action plans for the districts' scale-up implementation of PMDT and specimen referral system. NTP, WHO and MSH/SPS will meet and discuss with the Post Office on the mechanism of courier transport system for specimen referral. Before MSH/SPS ends in June 2012, SPS will assist in handover of the current lab referral activity to KNCV/MSH TB CARE 1 APA2.
