

SPS Activity and Product Status Report

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

Project Year 5 Quarter 3

April - June 2012



Strengthening Pharmaceutical Systems Program
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About SPS

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

Recommended Citation

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CONTENTS

ACRONYMS AND ABBREVIATIONS	iv
FINANCIAL INFORMATION.....	1
GLOBAL PROGRAMS	5
Maternal and Child Health.....	5
Tuberculosis.....	8
REGIONAL PROGRAMS	10
Latin America and Caribbean (LAC)	10
Regional Development Mission for Asia (RDMA).....	15
COUNTRY PROGRAMS	17
Angola.....	17
Burundi	39
Dominican Republic	46
Jordan.....	48
Swaziland.....	50
Vietnam.....	55

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

SPS Activity and Product Status Report
Year 5 Quarter 3

FINANCIAL INFORMATION¹

Strengthening Pharmaceutical Systems Program

Fiscal Data: April 1- June 20, 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 three (April to June 2012) expenditures, in addition to the cumulative to-date (June 29, 2007 to June 30, 2012) expenditures of US \$ 145,073,423 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.

¹ Due to delays related to the end of the fiscal year, financial information in this report is provisional.

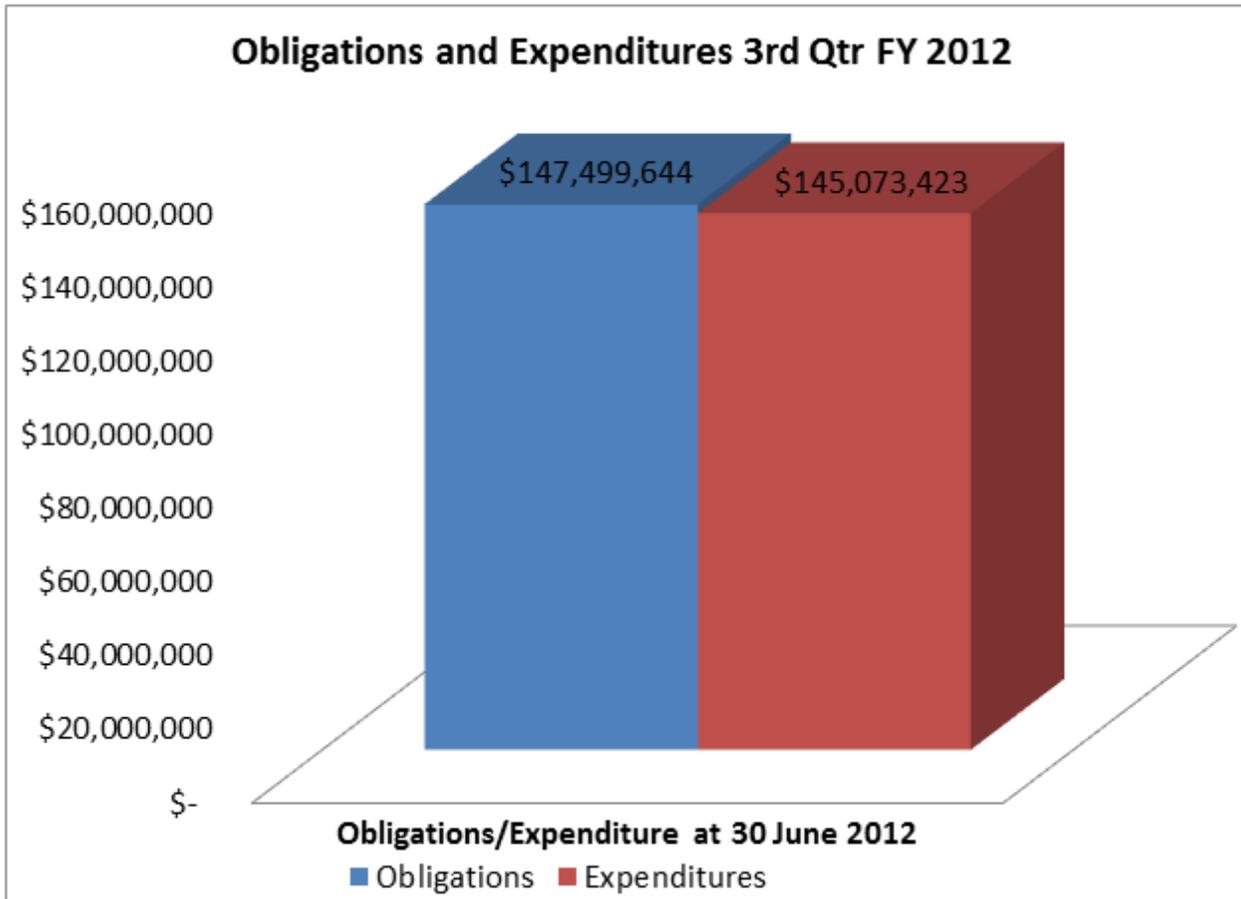
*SPS Activity and Product Status Report
Year 5 Quarter 3*

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	Q3 Expenditures Apr-Jun 2012	Grand Total Spent	Grand Total Remaining
Worldwide/Core									
MCH (Child & Reproductive Health)	AMR Core	\$ 998,000	\$ 800,000	\$ 617,484	\$ 1,000,000	\$ 2,415,484	\$ 61,085	\$ 2,351,068	\$64,416.20
	Core	\$ 1,010,000	\$ 1,110,400	\$ 1,100,000	\$ 1,000,000	\$ 4,220,400	\$ 9,818	\$ 4,209,228	\$11,172.17
	Common Agenda Core	\$ 861,262	\$ 664,609	\$ 714,609	\$ 664,609	\$ 2,905,089	\$ 39,096	\$ 2,905,089	\$0.00
	Malaria Core	\$ 200,000	\$ 400,000	\$ 400,000	\$ 400,000	\$ 1,400,000	\$ 0	\$ 1,400,000	\$0.00
	TB Core	\$ 1,217,000	\$ 1,300,000	\$ 1,500,000	\$ 1,800,000	\$ 5,817,000	\$ 79,783	\$ 5,817,000	\$0.00
	POP Core			\$ 50,000	\$ 40,000	\$ 90,000	\$ 559	\$ 85,857	\$4,142.75
	NTD Core				\$ 500,000	\$ 500,000	\$ 79,095	\$ 360,624	\$139,376.49
Worldwide/Core Subtotal		\$ 4,286,262	\$ 4,275,009	\$ 4,382,093	\$ 4,404,609	\$ 17,347,973	\$ 209,430	\$ 17,128,865	\$219,107.61
Core		\$ 4,286,262	\$ 4,275,009	\$ 4,382,093	\$ 4,404,609	\$ 17,347,973	\$ 209,430	\$ 17,128,865	\$219,107.61
Afghanistan									
	Angola-PMI		\$ 2,500,000	\$ 2,000,000	\$ 776,000	\$ 5,276,000	\$ 126,966	\$ 5,276,000	(\$0.00)
	Angola - HIV/AIDS		\$ 500,000	\$ 529,000	\$ 700,000	\$ 1,729,000	\$ 140,355	\$ 1,541,261	\$187,739.23
	Angola - POP			\$ 200,000	\$ 280,000	\$ 480,000	\$ 7,508	\$ 357,712	\$122,287.55
	Angola - AIDS			\$ 100,000	\$ 100,000	\$ 100,000	\$ 3,147	\$ 38,706	\$1,293.90
Angola Subtotal		\$ -	\$ 500,000	\$ 729,000	\$ 1,080,000	\$ 2,309,000	\$ 151,010	\$ 1,937,679	\$371,320.09
	Bangladesh-POP			\$ 600,001	\$ 600,001	\$ 600,001	\$ (0)	\$ 698,962	(\$98,961.15)
	Bangladesh-MCH/CSMH			\$ 100,000	\$ 100,000	\$ 100,000	\$ -	\$ 1,039	\$98,961.15
Bangladesh Subtotal		\$ -	\$ -	\$ 700,001	\$ -	\$ 700,001	\$ (0)	\$ 700,001	\$0.00
	Benin-PMI		\$ 700,000	\$ 675,000	\$ 440,000	\$ 1,815,000	\$ 701	\$ 1,806,275	\$8,724.96
	Brazil - TB	\$ 400,000	\$ 978,000	\$ 1,620,000	\$ 750,000	\$ 3,748,000	\$ 152,749	\$ 3,516,589	\$231,411.36
	Burundi-PMI			\$ 900,000	\$ 775,500	\$ 1,675,500	\$ 116,058	\$ 1,675,500	(\$0.00)
	DCHA/OFDA (BHR/OFDA)	\$ 100,000				\$ 100,000	\$ 3,208	\$ 15,148	\$84,852.04
	Democratic Rep. Of Congo	\$ 350,000	\$ 2,200,000	\$ 1,730,000	\$ 1,540,000	\$ 5,820,000	\$ 1,091	\$ 5,820,000	\$0.00
	Dominican Republic - TB	\$ 300,000	\$ 250,000	\$ 450,000	\$ 750,000	\$ 1,000,000	\$ -	\$ 1,110,072	(\$110,072.40)
	Dominican Republic - TB/HIV/AIDS				\$ 750,000	\$ 750,000	\$ 43,050	\$ 639,925	\$110,072.40
Dominican Republic Subtotal		\$ 300,000	\$ 250,000	\$ 450,000	\$ 750,000	\$ 1,750,000	\$ 43,050	\$ 1,750,000	\$0.00
	East Africa Regional	\$ 75,000	\$ 50,000	\$ 55,000		\$ 181,000	\$ -	\$ 181,000	(\$0.01)
	Ethiopia - PEPFAR	\$ 2,950,000	\$ 4,130,000	\$ 2,503,120		\$ 9,583,120	\$ 46,311	\$ 9,579,627	\$3,493.27
	Ethiopia - PMI		\$ 715,000	\$ 600,000		\$ 1,315,000	\$ 61,904	\$ 1,315,493	(\$3,493.27)
Ethiopia Subtotal		\$ 2,950,000	\$ 4,845,000	\$ 3,103,120	\$ -	\$ 10,898,120	\$ 108,215	\$ 10,898,120	\$0.00
	Europe and Eurasia-TB		\$ 616,600	\$ 616,600		\$ 616,600	\$ 46,667	\$ 616,600	(\$0.00)
	Ghana - PMI		\$ 600,000	\$ 300,000		\$ 900,000	\$ (0)	\$ 900,000	\$0.00
	Guatemala MAARD		\$ 200,000	\$ 150,000	\$ 75,000	\$ 425,000	\$ -	\$ 425,000	(\$0.00)
	India-HIV/AIDS	\$ 150,000			\$ 250,000	\$ 400,000	\$ 328	\$ 399,622	\$378.32
	Jordan				\$ 500,000	\$ 500,000	\$ 58,653	\$ 483,483	\$16,516.80
	LAC - AMR/SAIDI-TB		\$ 81,000	\$ 190,000	\$ 80,000	\$ 351,000	\$ 20,305	\$ 351,000	(\$0.00)
	LAC - MAL/AMI-MAL	\$ 725,000	\$ 800,000	\$ 800,000	\$ 720,000	\$ 3,045,000	\$ 78,714	\$ 3,045,000	\$0.00
	Liberia - PMI	\$ 150,000	\$ 300,000	\$ 250,000	\$ 830,000	\$ 1,530,000	\$ 0	\$ 1,530,000	\$0.00
	Madagascar - PMI		\$ 400,000			\$ 400,000	\$ 58,348	\$ 313,481	\$86,519.48
	Malawi - PMI	\$ 400,000	\$ 550,000	\$ 820,000		\$ 1,770,000	\$ -	\$ 1,715,636	\$54,363.72
	Malawi - PEPFAR	\$ 230,993	\$ 500,000		\$ 100,000	\$ 830,993	\$ (4,005)	\$ 866,037	(\$35,044.21)
Malawi Subtotal		\$ 630,993	\$ 1,050,000	\$ 820,000	\$ 100,000	\$ 2,600,993	\$ (4,005)	\$ 2,581,673	\$19,319.51
	Mali - HIV/AIDS		\$ 100,000	\$ 100,000	\$ 100,000	\$ 300,000	\$ 11,070	\$ 296,500	\$4,949.66
	Mali - MAL/PMI MAARD	\$ 299,999	\$ 450,000	\$ 400,000	\$ 600,000	\$ 1,749,999	\$ 1,571	\$ 1,652,111	\$97,887.80
	Mali - POP	\$ 516,794	\$ 233,386	\$ 145,000	\$ 45,000	\$ 940,180	\$ 117	\$ 959,721	(\$19,540.70)
Mali Subtotal		\$ 816,793	\$ 783,386	\$ 645,000	\$ 745,000	\$ 2,990,179	\$ 12,758	\$ 2,908,882	\$83,299.77
	Regional Development Mission/Asia	\$ 463,280	\$ 300,000	\$ 400,111	\$ 295,000	\$ 1,458,391	\$ 51,440	\$ 1,402,435	\$55,956.00
	West Africa Regional (WARP)	\$ 500,000	\$ 100,000			\$ 600,000	\$ -	\$ 565,316	\$34,683.88
	Kenya - PEPFAR	\$ 6,150,000	\$ 5,500,000	\$ 3,370,000		\$ 15,020,000	\$ 3,632	\$ 15,008,097	\$11,903.14
	Kenya - POP		\$ 1,300,000	\$ 1,000,000		\$ 2,300,000	\$ (2,248)	\$ 2,300,000	\$0.00
	Kenya - KEMSA	\$ 1,950,000				\$ 1,950,000	\$ -	\$ 1,897,206	\$52,793.88
	Kenya - Malaria	\$ 1,250,000	\$ 1,622,500	\$ 1,731,000		\$ 4,603,500	\$ (1,384)	\$ 4,711,608	(\$108,107.64)
	Kenya - MCA	\$ 2,000,000	\$ 2,275,000			\$ 4,275,000	\$ -	\$ 4,231,589	\$43,410.62
Kenya Subtotal		\$ 11,350,000	\$ 10,697,500	\$ 6,101,000	\$ -	\$ 28,148,500	\$ 0	\$ 28,148,500	(\$0.00)
	Mozambique - PEPFAR				\$ 500,000	\$ 500,000	\$ 3,218	\$ 497,074	\$8,325.96
	Mozambique - HIV/AIDS				\$ 500,000	\$ 500,000	\$ 3,218	\$ 497,074	\$8,325.96
Mozambique Subtotal		\$ -	\$ -	\$ -	\$ 500,000	\$ 500,000	\$ 3,218	\$ 497,074	\$8,325.96
	Namibia - PEPFAR	\$ 3,497,446	\$ 3,924,426	\$ 3,713,775		\$ 11,135,647	\$ (194)	\$ 11,084,990	\$50,657.49
	Philippines-TB			\$ 100,000		\$ 100,000	\$ -	\$ 100,000	\$0.17
	Rwanda - PEPFAR	\$ 2,300,000	\$ 760,000	\$ 760,000	\$ 686,000	\$ 4,506,000	\$ 841	\$ 4,506,000	\$0.00
	Rwanda - PMI	\$ 987,000	\$ 100,000	\$ 150,000	\$ 775,000	\$ 2,012,000	\$ 47,545	\$ 2,012,000	\$0.00
Rwanda Subtotal		\$ 3,287,000	\$ 860,000	\$ 910,000	\$ 1,461,000	\$ 6,518,000	\$ 48,389	\$ 6,518,000	\$0.01
	Senegal - PMI	\$ 175,000	\$ 250,000	\$ 230,000	\$ 500,000	\$ 1,155,000	\$ 17,415	\$ 1,111,710	\$43,290.02
	Senegal - TB	\$ 50,000	\$ 50,000	\$ 500,000		\$ 150,000	\$ -	\$ 138,564	\$11,435.81
Senegal Subtotal		\$ 225,000	\$ 300,000	\$ 280,000	\$ 500,000	\$ 1,305,000	\$ 17,415	\$ 1,250,274	\$54,725.84
	South Africa, Republic Of - PEPFAR	\$ 3,600,000	\$ 5,412,600	\$ 5,503,922		\$ 14,516,522	\$ 152,758	\$ 14,496,472	\$20,050.20
	Lesotho-PEPFAR	\$ 300,000	\$ 538,378	\$ 461,575	\$ 1,000,000	\$ 2,299,953	\$ 0	\$ 2,299,953	(\$0.00)
	Swaziland-PEPFAR	\$ 525,000	\$ 600,000	\$ 490,000	\$ 2,560,000	\$ 4,175,000	\$ 344,776	\$ 3,742,098	\$432,901.77
	Southern Sudan-MAL	\$ 800,000	\$ 1,000,000	\$ 1,000,000	\$ 2,250,000	\$ 5,050,000	\$ 94,371	\$ 5,197,246	(\$147,246.34)
	Southern Sudan-MCH			\$ 400,000	\$ 750,000	\$ 1,150,000	\$ 1,497	\$ 967,750	\$182,249.83
Southern Sudan Subtotal		\$ 800,000	\$ 1,000,000	\$ 1,400,000	\$ 3,000,000	\$ 6,200,000	\$ 95,808	\$ 6,164,997	\$487,955.45
	Tanzania - PEPFAR	\$ 550,000	\$ 413,417	\$ 699,999	\$ 699,999	\$ 2,363,415	\$ (3,753)	\$ 2,106,449	\$256,965.72
	Tanzania - PMTCT				\$ 200,000	\$ 200,000	\$ -	\$ 289,406	(\$89,406.27)
	Tanzania - PMI	\$ 100,000	\$ 200,000			\$ 300,000	\$ -	\$ 310,245	(\$10,245.43)
Tanzania Subtotal		\$ 650,000	\$ 613,417	\$ 699,999	\$ 899,999	\$ 2,863,415	\$ (3,753)	\$ 2,706,101	\$157,314.03
	Uganda - PMI	\$ 320,000	\$ 380,000			\$ 700,000	\$ -	\$ 687,792	\$12,208.47
	Ukraine - TB			\$ 512,350		\$ 512,350	\$ -	\$ 512,106	\$243.61
	Vietnam-PEPFAR			\$ 250,000	\$ 837,500	\$ 1,087,500	\$ 111,983	\$ 1,040,690	\$46,810.41
ACF Surplus/(Deficit)		\$ 32,165,512	\$ 41,580,307	\$ 35,940,853	\$ 20,464,959	\$ 130,151,671	\$ 1,756,728	\$ 128,340,450	\$1,811,221.23
Grand Total		\$ 36,451,774	\$ 45,855,316	\$ 40,322,946	\$ 24,869,908	\$ 147,499,644	\$ 2,135,799	\$ 145,073,423	\$2,426,220.95

Strengthening Pharmaceutical Systems Financial Status Overview
Cumulative Expenditure activity through June 30, 2012

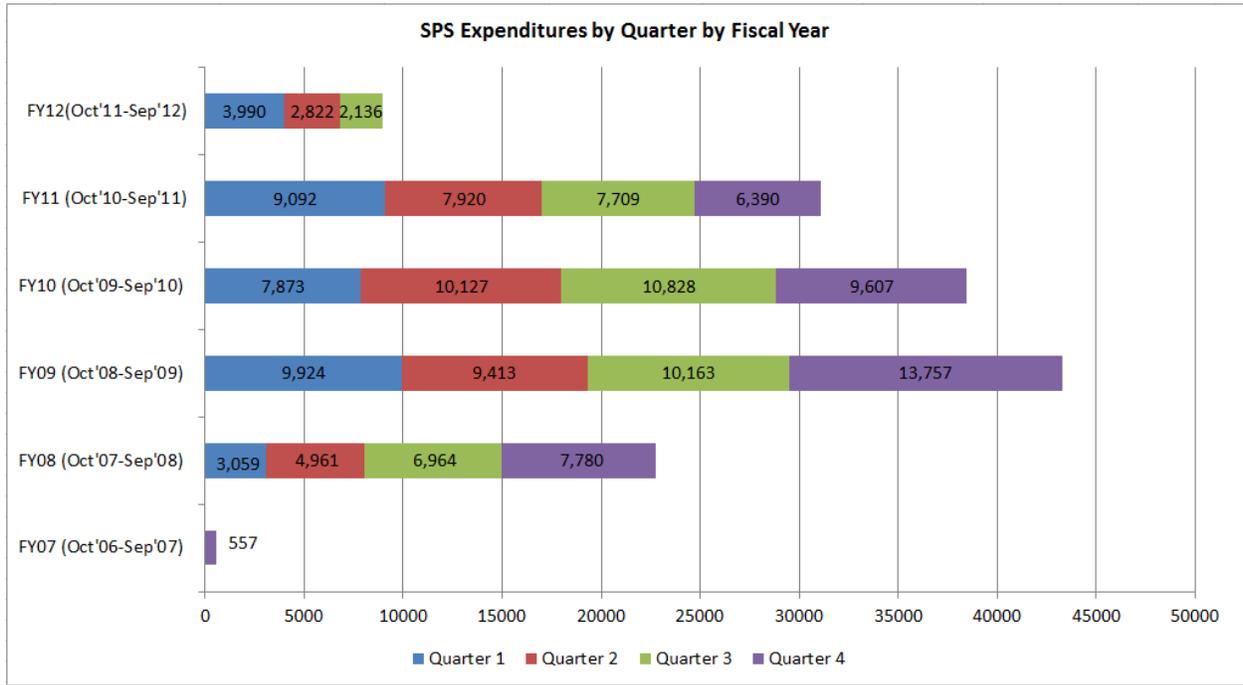
Total Funding Received to Date:	\$147,499,644
Total Amount Spent to Date:	\$145,073,423
Pipeline	\$2,426,221
Percent of Funds Spent	98.4%



Cost Share Earned to Date:	\$7,415,828
Target Cost Share Amount	\$7,375,000
Percent of Cost Share Realized	100.55%

SPS Activity and Product Status Report
Year 5 Quarter 3

SPS Program Expenditures by Quarter through June, 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:	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:	Meeting minutes. Job aids for CCM for CHWs.		

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: The SOPs for pharmaceutical management in the supply chain are still being finalized and will be completed under USAID Rwanda mission funds to SIAPS. The district pharmacy SOPs are complete, and the facility level SOPs are in the final stage of completion. 500 job aids for health centers were printed and will be distributed through MPDD and district pharmacies to 444 health centers. These job aids will be used by health center staff to train CHWs as well as to provide refresher training on aspects of management of medicines.

The SIAPS team continues to research data to provide outcome indicators on availability and use of medicines and the completion of this report will continue using USAID Rwanda mission funds to SIAPS. However at the beginning of the quarter SPS funded an orientation to district pharmacists to conduct this type of analysis on a routine basis. SPS staff supported the community health desk staff to facilitate the meeting held on April 4-5, 2012 in Kigali. 40 persons attended: 30 district pharmacists or storekeepers and staff from MPDD and MOH (PTF and CHD). Topics covered in the orientation included: (1) Introduction to the monitoring and evaluation concept. (2) Validation of indicators for PSM system. (3) Orientation and discussion on supervision and feedback skills. (4) How to identify, detect and report substandard medicines. (5) Substandard medicine reporting management.

Orientation and discussion on supervision and feedback skills was replaced by a discussion between DPs, CHD, PTF and MPDD for solving issues encountered by DPs in the procurement of pharmaceuticals at MPDD.

The technical assistance to the implementation of CCM in Rwanda has ended under SPS funding and will continue using USAID Rwanda mission funds to SIAPS.

Barriers to Progress: There was difficulty receiving LMIS indicators from the Logistics Management Office.

Next Steps: The SIAPS team will support the district pharmacists to analyze the data on availability of medicines for CCM throughout the chain and use of medicines by CHWs on a regular quarterly basis.

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: Rapid Assessment of the Availability and Use of Pharmaceuticals Managing
Emergency Obstetric Conditions and Newborn Health in Kenya.

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: The final draft of the report was submitted on May 31, 2012 and is currently still
under review and being finalized.

Barriers to Progress: There were delays in reviewing the report due competing priorities and limited LOE.

Next Steps: The report is expected to be finalized and sent to editorial by the end of July.

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

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: SPS continued to adapt an existing MSH-developed tool to the TB context, primarily through the development of the following products:

- Guidelines for Conducting Drug Resistant Tuberculosis Drug Utilization Reviews (Generic).
- Guidelines for Conducting Drug Resistant Tuberculosis Drug Utilization Reviews (Generic - Russian Translation).
- Draft Guidelines for Conducting Drug Resistant Tuberculosis Drug Utilization Reviews in Kenya.
- MDR-TB Drug Utilization Guidelines and Data Collection Form Field Test Nairobi, Mombasa, and Kisumu, Kenya; March 31- April 15, 2012 Trip Report.

Barriers to Progress: None.

Next Steps: Next steps include: Finalize Guidelines for Conducting Drug Resistant Tuberculosis Drug Utilization Reviews in Kenya, translate guidelines into Portuguese and French, field test guidelines in Eastern Europe, implement guidelines in Kenya, followed by two additional countries each year.

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:	Provide technical assistance to AMI countries to conduct assessments on their pharmaceutical management systems
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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: Policy Brief. Trip Report.

Reporting Period: 1 April 2012-30 June 2012
Activity Progress: During this quarter, SPS completed the final reports of the following studies: (1) Adequacy evaluation of malaria control strategies in Brazil, Nicaragua and Panama. (2) Dissemination and use of malaria pharmaceutical management information. (3) Bottle neck analysis in the procurement of malaria medicines.
Barriers to Progress: None.
Next Steps: This activity is completed under SPS. Further assessments will be supported with SIAPS resources.

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 April 2012-30 June 2012
Activity Progress: The following reports were disseminated to selected audiences: (1) Adequacy evaluation of malaria control strategies in Brazil, Nicaragua and Panama. (2) Dissemination and use of malaria pharmaceutical management information. (3) Bottle neck analysis in the procurement of malaria medicines.
Barriers to Progress: None.
Next Steps: This activity is completed under SPS. Further activities will continue with SIAPS

resources.

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: Technical report.

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: An impact evaluation of the introduction of a malaria pharmaceutical guideline for health facilities was conducted in Madre de Dios, Peru. The results were positive. This intervention may be replicated nationwide. A baseline study for the introduction of a similar guide was conducted in Bolivia.

Barriers to Progress: None.

Next Steps: This activity is completed under SPS. Further interventions will be supported with SIAPS resources.

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:	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 April 2012-30 June 2012
Activity Progress:	An assessment of the impact of SAIDI activities in the use of antibiotics was completed. SPS provided TA to support the re-certification of the Callao medical store.
Barriers to Progress:	None.
Next Steps:	This activity is completed under SPS. Further activities will be supported by SIAPS.

Activity Title:	Coordinate with SAIDI international partners to extend the SAIDI approach to another site in the region
Activity Lead:	Barillas, Edgar Activity #: 3 Task: A040 Subtask: AMRELL1003
Activity Description:	MSH/SPS will collaborate with other AMI partners to document the baseline situation in a newly selected site and to implement the activities agreed with local counterparts.
Budget: \$22,000.00	Start Date: Jan 2011 End Date: Sep 2011
Products Planned:	None.

Reporting Period:	1 April 2012-30 June 2012
Activity Progress:	SPS elaborated and validated the proposal for a malaria pharmaceutical guideline to

be used in Madre De Dios, Peru. SPS also elaborated a proposal to improve the pharmaceutical distribution system in that department.

Barriers to Progress: None.

Next Steps: This activity is completed under SPS. Further activities will be supported with SIAPS resources.

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: 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

*SPS Activity and Product Status Report
Year 5 Quarter 3*

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 April 2012-30 June 2012

Activity Progress: A senior technical staff from SPS conducted an initial trip to Cambodia early in April to prepare pharmaceutical assessment in Cambodia. During this trip, the National Malaria Control Program decided that this assessment is not relevant for the country. Therefore, it was decided in coordination with USAID/Cambodia and USAID/PMI to cancel this assessment.

A Conference call was held with PMI team to discuss how reprogram the pipeline. It was decided to use the pipeline to adapt the Malaria Quantification Manual to RDMA context as suggested initially.

Barriers to Progress: None.

Next Steps: Adapt the malaria quantification manual to RDMA context.

COUNTRY PROGRAMS

Angola

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:	Technical activity coordination and monitoring.		
Activity Lead:	Goredema, Wonder	Activity #: 1	Task: A040 Subtask: HIAO10TC
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 April 2012-30 June 2012		

Activity Progress: The Portfolio Manager and US-based technical support staff remotely communicated 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 activities were also initiated

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

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

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 April 2012-30 June 2012

Activity Progress: There were no essential medicines management capacity building trainings this quarter.

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

Next Steps: Conduct a back to back provincial training in Bie and Kwando Kubango by September 2012.

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 April 2012-30 June 2012

Activity Progress: Survey preparations were completed. This included: (1) finalizing the DNME-approved shortened list of 16 malaria program commodities and 11 essential medicines program commodities. (2) Revising the data-collection and analysis tools to incorporate the shortened list and indicators of the new PMI report template. (3) Identifying a study sample of 9 provinces (Kwando Kubango, Bie, Cunene, Namibe, Lunda Norte, Lunda Sul, Moxico, Bengo, and Luanda). (4) Obtaining MOH clearance for the survey and alerting the sampled provinces of the upcoming survey. Data was collected April 16-27, 2012, analyzed, and a report was compiled and disseminated in early June 2012.

Barriers to Progress: None.

Next Steps: Conduct next EUV survey in August 2012.

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 April 2012-30 June 2012

Activity Progress: The PPMRm report for the third quarter was compiled for submission. The quarterly ACT needs estimate could not be finalized and submitted on time due to late incomplete consumption reports from the field. The MOH decided to wait until the end of July when most provinces are expected to have submitted their reports. As before, all reports were compiled in consultation with the MOH/NMCP. There were delays in compiling and submitted the CPP report, due to shortage of technical staff on the ground.

Barriers to Progress: There was late/incomplete submission of consumption reports from the field: 98% of reports were received in April, less than a third (30%) in May and only 10% in June. The quantities of ACTs and RDTs that were received in June were used as proxies for SOH, since most health facilities had low stock levels or stock outs of ACTs, and no RDTs, at the time of receiving the supplies. It should be noted that most GF-supported malaria staff at the national and provincial level are not working as expected, because they have not received their salaries from the GF for about 6 months (due to the delayed signature of GF round 7, phase 2).

Next Steps: Compile and submit PPMRm, ACT needs and CPP reports for Q4 by mid-October 2012.

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 April 2012-30 June 2012

Activity Progress: Local counterparts' feedback on the draft report of the medicines use and safety assessment has been received and incorporated into the report. The report was then finalized for editing.

Barriers to Progress: None.

Next Steps: Disseminate the edited final report.

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 April 2012-30 June 2012

Activity Progress: The ongoing quarterly technical coordination and update meetings were held with the MOH DNME/PNME counterparts. Upon return from the Africa Regional PV meeting in Nairobi, SPS/SIAPS in-country technical staff and the Head of the MOH PV Unit briefed local counterparts and partners as needed. SPS continued to collaborate and support the MOH programs (DNME, PNME, NMCP, INLS, TB, and RH/FP) and local partners (USAID/Mission and USAID IPs SASH and Pathfinder, 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 to improve supply chain management of RH commodities. SPS participated in ongoing 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). DNME has continued to lead the meeting and compile and share meeting minutes with stakeholders. SIAPS continued to compile program reports and share relevant strategic monitoring tool information with MoH partners (PPMRm, EUV), complete ACT/RDT needs analysis, and collaborate with MoH program partners and PMI NGOs (SASH, WL, Pathfinder) in reviewing and planning integrated supportive supervision tool and plans. Staff also collaborated in implementing a national logistics meeting with key stakeholders, including with CUAMM, to try to integrate activities related to supervision and monitoring of TB program. Staff worked with the MOH DNME/PNME on planning the first pharmaceutical supply chain coordination meeting, to be held in Luanda.

Barriers to Progress: None.

Next Steps: Continue preparations and then conduct the planned pharmaceutical supply chain coordination meeting in Luanda. Continue to support and facilitate ongoing DNME-led ICC meetings. Continue the same level of coordination and partnership with local counterparts and partners.

Activity Title: Office management

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

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 April 2012-30 June 2012

Activity Progress: The country program bank account was successfully opened but is not yet operational. The application for in-country registration supported by USAID/Angola Mission. A new office space has been identified and finalization of the payment is well in progress. A new Administrative Assistant was hired and is on board and the process of hiring a new CPD and STA was initiated. SPS/SIAPS-funded broad-band wireless internet connection for the entire PNME office has been renewed through December 2012. Transportation support was provided as needed to the MOH/PV Unit.

Barriers to Progress: The key challenge continues to be lack of in-country registration and operational program bank account.

Next Steps: Operationalize the program bank account, follow-up approval of in-country registration, finalize hiring of new CPD and STA, and finalize new office contract and relocate to new premises as soon as possible.

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 April 2012-30 June 2012		
Activity Progress:	The Portfolio Manager and US-based technical support staff remotely communicated 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 activities were also initiated		
Barriers to Progress:	Continued lack of MSH in-country registration and lack of program 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		
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		

*SPS Activity and Product Status Report
Year 5 Quarter 3*

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 April 2012-30 June 2012

Activity Progress: SIAPS collaborated with USAID/DELIVER in providing TA to the MOH DNME/PNME to facilitate receipt of PMI-funded malaria commodities (1,800,840 Coartem and 862,150 RDTs). Staff then collaborated with USAID/DELIVER and the MOH in coordinating distribution of 38,940 ACTs and the RDTs to the country's 18 provinces, following the MOH/NMCP distribution plan. 38,940 ACTs were issued to the private sector ACTs access project. SPS/SIAPS provided USAID/DELIVER the updated list of provincial consignees and followed up with the contracted private transporter and with the consignees to ensure that the quantities received were the same as the quantities that were shipped out. RDTs and warehouse thermometers were also distributed along with the ACTs. CECOMA distributed LLINs to the provinces in collaboration with the NMCP.

Barriers to Progress: None.

Next Steps: Prepare for the next PMI shipment of ACTs and RDTs at the end of 2012/early 2013.

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

Activity Lead: Goredema, **Activity #:** 3 **Task:** A040 **Subtask:** PMAO1003
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: \$153,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Training reports.

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: There were no essential medicines management capacity building trainings this quarter.

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

Next Steps: Conduct a back to back provincial training in Bie and Kwando Kubango by September 2012.

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

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

Budget: \$44,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: EUV report.

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: Survey preparations were completed. This included finalizing the DNME-approved shortened list of 16 malaria program commodities and 11 essential medicines program commodities; revising the data-collection and analysis tools to incorporate the shortened list and indicators of the new PMI report template; identifying a study sample of 9 provinces (Kwando Kubango, Bie, Cunene, Namibe, Lunda Norte, Lunda Sul, Moxico, Bengo, and Luanda); and obtaining MOH clearance for the survey and alerting the sampled provinces of the upcoming survey. Data was collected April 16-27, analyzed, and a survey report was compiled and disseminated in early June 2012.

Barriers to Progress: None.

Next Steps: Conduct next EUV survey in August 2012.

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

*SPS Activity and Product Status Report
Year 5 Quarter 3*

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: None.

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: The PPMRm report for the third quarter was compiled for submission. The quarterly ACT needs estimate could not be finalized and submitted on time due to late consumption reports from the field. The MOH decided to wait until the end of July when most provinces were expected to have submitted their reports. As before, all reports were compiled in consultation with the MOH/NMCP. There were delays in compiling and submitting the CPP report, due to shortage of technical staff on the ground. All reports were compiled in consultation with the MOH/NMCP. There were delays in compiling and submitted the CPP report, due to shortage of technical staff on the ground.

Barriers to Progress: There was late/incomplete submission of consumption reports from the field: 98% of reports were received in April, only less than a third (30%) in May and only 10% in June. Quantities of ACTs and RDTs that were received in June were used as proxies for SOH, since most health facilities had low stock levels or stock outs of ACTs, and no RDTs, at the time of receiving the supplies. It should be noted that most GF-supported malaria staff at national and provincial level are not working as expected, because they have not received their salaries from the GF for about 6 months (due to the delayed signature of GF round 7, phase 2).

Next Steps: Compile and submit PPMRm, ACT needs and CPP reports for Q4 by mi-October 2012.

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 April 2012-30 June 2012

Activity Progress: Local counterparts' feedback on the draft report of the medicines use and safety assessment has been received and incorporated into the report. The report was then finalized for editing.

Barriers to Progress: None.

Next Steps: Disseminate the edited final report.

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 April 2012-30 June 2012

Activity Progress:

SPS supported the MOH/PV Unit Director to attend the African Regional PV Meeting in Kenya. With SPSS assistance, the PV department completed 3 PV awareness trainings in 3 health units in Luanda City with 33 health personnel trained (15 doctors, 15 nurses and 3 pharmacy technicians). The PV Unit received 5 ADR reports from the field.

Barriers to Progress:

None.

Next Steps:

Continue supporting the DNME PV Unit to conduct PV awareness trainings in provincial hospitals in additional provinces. Continue working 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, 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 April 2012-30 June 2012

Activity Progress:

The ongoing quarterly technical coordination and update meetings were held with the MoH DNME/PNME counterparts. Upon return from the Africa Regional PV meeting in Nairobi, SPS/SIAPS in-country technical staff and the Head of the MoH PV Unit briefed local counterparts and partners as needed, about the meeting. SPS continued to collaborate and support the MoH programs (DNME, PNME, NMCP, INLS, TB, and RH/FP) and local partners (USAID/Mission and USAID IPs SASH and Pathfinder; 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 to improve supply chain management of RH commodities. SPS participated in ongoing 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). DNME has continued to lead

the meeting and compile and share meeting minutes with stakeholders. SPS continued to compile program reports and share relevant strategic monitoring tool information with MoH partners. ACT/RDT needs analysis was completed and staff collaborated with MoH program partners and PMI NGOs (SASH, WL, Pathfinder) in reviewing and planning integrated supportive supervision tool and plans. SPS collaborated in implementing a national logistics meeting with key stakeholders, including with CUAMM, to try to integrate activities related to supervision and monitoring of TB program. Staff also worked with the MoH DNME/PNME on planning the first pharmaceutical supply chain coordination meeting, to be held in Luanda.

Barriers to Progress: None.

Next Steps: Continue preparations and then conduct the planned pharmaceutical supply chain coordination meeting in Luanda. Continue to support and facilitate ongoing DNME-led ICC meetings. 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 April 2012-30 June 2012

Activity Progress: The country program bank account was successfully opened but is not yet operational. The application for in-country registration is in process and a new office space has been identified and finalization of the payment is being obtained. A new Administrative Assistant was hired and is on board; staff is in the process of hiring a new CPD and STA was initiated and was well advanced by the end of the quarter. SPS/SIAPS-funded broad band wireless internet connection for the entire PNME office has been renewed through December 2012. Transportation support was provided as needed to the MoH/PV Unit.

Barriers to Progress: The key challenge continues to be lack of in-country registration and operational program bank account.

Next Steps: Operationalize the program bank account, follow-up approval of in-country registration, finalize hiring of new CPD and STA, and complete new office contract and relocate to new premises as soon as possible.

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 MINSAs/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.		

*SPS Activity and Product Status Report
Year 5 Quarter 3*

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: The Portfolio Manager and US-based technical support staff remotely communicated 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 activities were also initiated

Barriers to Progress: Continued lack of MSH in-country registration and lack of program bank account

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

Activity Title: Office Management.

Activity Lead: Goredema, **Activity #:** 9 **Task:** A040 **Subtask:** PIAO100M
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.

Budget: \$18,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: The country program bank account was successfully opened but is not yet operational. The application for in-country registration is in the process of approval and a new office space has been identified and finalization of the payment is in progress. A new Administrative Assistant was hired and is on board and the office is in the process of hiring a new CPD and STA. SPS/SIAPS-funded broad band wireless internet connection for the entire PNME office has been renewed through December 2012. Transportation support was provided as needed to the MoH/PV Unit.

Barriers to Progress: The key challenge continues to be lack of in-country registration and operational program bank account.

Next Steps: Operationalize the program bank account, follow-up approval of in-country registration, finalize hiring of new CPD and STA, and complete new office contract and relocate to new premises as soon as possible.

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

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

Activity Description: Wonder
 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 April 2012-30 June 2012

Activity Progress: There were no essential medicines management capacity building trainings this quarter.

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

Next Steps: Conduct a back to back provincial training in Bie and Kwando Kubango by September 2012.

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 April 2012-30 June 2012

Activity Progress: Survey preparations were completed. This included finalizing the DNME-approved shortened list of 16 malaria program commodities and 11 essential medicines program commodities; revising the data-collection and analysis tools to incorporate the shortened list and indicators of the new PMI report template; identifying a study sample of 9 provinces (Kwando Kubango, Bie, Cunene, Namibe, Lunda Norte, Lunda Sul, Moxico, Bengo, and Luanda); and obtaining MoH clearance for the survey and alerting the sampled provinces of the upcoming survey. Data was collected April 16-27, analyzed, and a survey report was compiled and disseminated in early June 2012.

*SPS Activity and Product Status Report
Year 5 Quarter 3*

Barriers to Progress: None.

Next Steps: Conduct next EUV survey in August 2012.

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. PMISS Tool.

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: The PPMRm report for the third quarter was compiled for submission. The quarterly ACT needs estimate could not be finalized and submitted on time due to late reports from the field. The MOH decided to wait until the end of July when most provinces were expected to have submitted their reports. All reports were compiled in consultation with the MOH/NMCP. There were delays in compiling and submitted the CPP report, due to shortage of technical staff on the ground.

Barriers to Progress: There was late/incomplete submission of consumption reports from the field: 98% of reports were received in April, less than a third (30%) in May and only 10% in June. Quantities of ACTs and RDTs that were received in June were used as proxies for SOH, since most health facilities had low stock levels or stock outs of ACTs, and no RDTs, at the time of receiving the supplies. It should be noted that most GF-supported malaria staff at national and provincial level are not working as expected, because

they have not received their salaries from the GF for about 6 months (due to the delayed signature of GF round 7, phase 2).

Next Steps: Compile and submit PPMRm, ACT needs and CPP reports for Q4 by mid-October 2012.

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 April 2012-30 June 2012

Activity Progress: The ongoing quarterly technical coordination and update meetings were held with the MOH DNME/PNME counterparts. Upon return from the Africa Regional PV meeting in Nairobi, SPS/SIAPS in-country technical staff and the Head of the MOH PV Unit briefed local counterparts and partners as needed, about the meeting. SPS continued to collaborate and support the MoH programs (DNME, PNME, NMCP, INLS, TB, and RH/FP) and local partners (USAID/Mission and USAID IPs SASH and Pathfinder; 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 to improve supply chain management of RH commodities. SPS participated in ongoing 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). DNME has continued to lead the meeting and compile and share meeting minutes with stakeholders. SPS continued to compile program reports and share relevant strategic monitoring tool information with MoH partners. ACT/RDT needs analysis was completed and staff collaborated with MoH program partners and PMI NGOs (SASH, WL, Pathfinder) in reviewing and planning integrated supportive supervision tool and plans. Staff collaborated in implementing a national logistics meeting with key stakeholders, including with CUAMM, to try to integrate activities related to supervision and monitoring of TB

program. SPS worked with the MoH DNME/PNME on planning the first pharmaceutical supply chain coordination meeting, to be held in Luanda.

Barriers to Progress: None.

Next Steps: Continue preparations and then conduct the planned pharmaceutical supply chain coordination meeting in Luanda. Continue to support and facilitate ongoing DNME-led ICC meetings. Continue the same level of coordination and partnership with local counterparts and partners.

Activity Title: Assess medicines use and safety.

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

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 April 2012-30 June 2012

Activity Progress: Local counterparts' feedback on the draft report of the medicines use and safety assessment has been received and incorporated into the report. The report was then finalized for editing.

Barriers to Progress: None.

Next Steps: Disseminate the edited final report.

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 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 April 2012-30 June 2012

Activity Progress: The PNILP has decided to postpone adoption of the IPT policy until 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: Funds have been reallocated to another activity.

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 April 2012-30 June 2012

Activity Progress: During this reporting period, the majority of activities in support of strengthening the pharmaceutical management capacity of PNILP, CAMEBU and DPML were implemented under the SIAPS Burundi program, as per the approved SIAPS work plan. The final activities completed under the SPS program are described below.

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 was 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 were conducted under the supervision of Amagara Meza during May-June 2012. The training material used was developed by SPS in collaboration with DPML and HERA. Trainers were those trained by SPS during the TOT.

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.

The draft was finalized and signed by the Minister of Health on March 22, 2012. The dissemination to stakeholders and district teams was done through 4 orientation sessions on the SOPs from April 4-12, 2012. 180 participants attended the sessions: 40 medical directors, 45 district stock managers, 45 health center supervisors, 33 district hospital stock managers, and 17 supervisors at the provincial level.

A team building session was organized at the beginning (April 2-3) for facilitators from DPML (10), PNILP (2), CAMEBU (1) AND SPS. At the end of the team building, the 6 best facilitators were selected. The orientation sessions were organized as refresher trainings and summarized the information in the SOPS. The sessions emphasized more on the quantification and procurement process as well as rational use of ACTs including data quality. The trainees were taught how to calculate average monthly consumption (AMC/CMM) and update their current figure for anti malaria commodities. The cascade orientations sessions for health facilities will be organized in August-September. SIAPS will leverage funds with the new EU project/AMAGARA MEZA in the 8 provinces to cover the whole country.

SPS conducted a 3-day training on basic computer skills trainings for all the 45 district stock managers in order to improve the optimal use of the “Channel” software. The training was coupled with a 2-day workshop in where the 45 stock managers were together with the 45 HMIS managers to discuss and analyze data on consumption of malaria commodities (ACTs, RDTs) reported by health facilities within their catchment areas. The training was conducted to increase the capacity of the stock managers. At the end of the 2-day workshop, districts teams were strengthened to analyze reports and do data reconciliation before submission to central level.

Other pharmaceutical management activities:

In June, SPS together with PNILP, CAMEBU and Global Fund PR, organized an official reception of a batch of RDTs procured with USAID funds. Quantities delivered were checked to ensure safety of the RDTs at CAMEBU; a definitive

reception report will be signed and shared with USAID in July.

During the month of April, SPS worked with SEP/CNLS Malaria- GF recipient and the PNILP to identify a gap in needs of ACTs and RDTs for 2012. The information was shared with USAID and SEP/CNLS-Malaria (GF/PR). Through the gap analysis, quantities of ACTs for infants, toddlers and adults were calculated and orders placed by the USAID.

In May, SPS assisted the Thematic group to organize a 1-day meeting 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. The meeting resulted in recommendations for improvement at all levels. In June, the district teams were gathered to develop a harmonized reporting tool on malaria commodities (ACTs, RDTs, LLINs). The harmonized reporting tool will be used on monthly basis.

Barriers to Progress: None.

Next Steps: All next steps to improve the supply chain of malaria commodities will continue under the SIAPS Burundi program. The pipeline as of June 2012 will serve for the SPS close-out.

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 April 2012-30 June 2012

Activity Progress: All activities related to the finalization and dissemination, and trainings of healthcare providers on the new protocol, were postponed to July and will continue under the SIAPS Burundi program, as per the approved SIAPS work plan.

Barriers to Progress: None.

Next Steps: Activities will continue under SIAPS funding.

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 April 2012-30 June 2012

Activity Progress: 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). In January, the PNILP used the developed documents to advocate to the Ministry of Health for more staff to strengthen its structure.

On May 14, 2012, PNILP organized, with its entire staff, an internal dissemination meeting of the findings and results of the MOST assessment. The overall recommendation from this meeting was that another evaluation meeting should be organized to evaluate achievements have been completed to date and to update the plan if need be.

Barriers to Progress: None.

Next Steps: The next steps to strengthen the managerial capacity of the PNILP will continue under the SIAPS Burundi program as per the approved SIAPS work plan. Immediate activities will be to identify a list of “must have trainings” (English, IT and computer skills) for PNILP staff to organize in September.

Activity Title: Office Management

Activity Lead: Shretta, Rima **Activity #:** 8 **Task:** A040 **Subtask:** PMBI100M

Activity Description: SPS has held interviews for the recruitment of a second technical staff member as well as a senior technical advisor who will also manage the activities in Burundi. Using remaining FY09 funds and FY10 funds, SPS will complete the documentation required for the registration (registration with the Ministry of Territorial

Administration and Ministry of Interior and Public Security and signing the MOU with the Ministry of Health). SPS will recruit one STA, one additional SPA, and any support staff needed and will ensure smooth running of the local office.

USG Sub-element: Malaria

Budget: \$176,092.00 **Start Date:** Apr 2011 **End Date:** Dec 2011

Products Planned: Meeting reports.

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: The MSH SPS Leader Award has received an extension until December 28, 2012. The SPS Burundi program has completed all activities under the FY10 SPS work plan and funding.

Barriers to Progress: None.

Next Steps: Actions to be completed during quarter 4 will focus on the programmatic and financial close out of SPS. All future activities will be implemented under the SIAPS Burundi program in line with the approved SIAPS work plan.

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: 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 April 2012-30 June 2012

Activity Progress: The PMIS for the implementation of SUGEMI was completed by MEGADATA. A report of the national inventory and the first consolidation of regional information will be issued in July 2012.

Barriers to Progress: None.

Next Steps: Activity is completed under SPS. The support of this line of work will continue under SIAPS.

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 April 2012-30 June 2012

Activity Progress: During this quarter, SPS supported the analysis of information generated by the national inventory and the distribution of HIV and TB medicines and supplies, based on the SUGEMI procedures.

Barriers to Progress: None.

Next Steps: This activity is complete under SPS and follow-on interventions will be supported with SIAPS resources.

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 April 2012-30 June 2012

Activity Progress: During this quarter, the educational modules for the certified course on PM were completed. The course was approved by the National Autonomus University.

Barriers to Progress: None.

Next Steps: This activity is completed under SPS. The certified course will start during the second semester of 2012. The activity will be supported with SIAPS resources.

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 April 2012-30 June 2012

Activity Progress: SPS is supporting MOH hospitals participating in the CS antibiotic prophylaxis activity by procuring and supplying key medicine information books, laptops and printers. After this process is over, the activity will close.

Barriers to Progress: None.

Next Steps: The activity will be closed after supplying the books, laptop and printers.

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 an 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:	Develop and implement good dispensing practice standards for the ART satellite sites
Activity Lead:	Matshotyana, Activity #: 7 Task: A040 Subtask: XXSZ1007

Kidwell

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 April 2012-30 June 2012

Activity Progress: SPS conducted a Pharmaceutical Management Workshop for HIV/AIDS management jointly with CHAI. The training formed the first part of two planned 3 day workshops. The training was conducted April 2012. Attended by 40 Health Care workers. Training included Supply Chain, Rational Use and Rx Solution and RxPMIS. Staff printed 1,000 copies of prescription books and distributed them to the 4 regions and Central Medical Stores for dissemination.

Barriers to Progress: None.

Next Steps: None.

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 to include minutes of PTC meetings held in the quarter.

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: SPS developed the 2nd issue of the Swaziland Medicines Safety Watch. The newsletter is developed quarterly and its purpose is to provide information on medicines safety to health workers and also encourage reporting of ADR. Staff printed 1,000 ADR reporting forms and disseminated them to the facilities and pharmacovigilance units. 4 facility (Hlathikulu hospital, Good Shepherd, Matsanjeni

and Nhlngano Health Centre) PTCs met as scheduled.

Barriers to Progress: None.

Next Steps: None.

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 April 2012-30 June 2012

Activity Progress: SPS conducted two health information systems support meetings with the Strategic Information Department (MOH-SID). These interactive meetings are geared at getting an idea of what kind of support is needed by the MOH, with regard to health information systems support at facilities. SPS also supported the Ministry of Health with the implementation of its national IT network infrastructure. The MIS team was tasked with spear heading this project and has conducted four meetings to work on the items that need to be procured with the core technical team of six. The core team represents Malaria, MOH-SID, TB, and MSH. Staff developed implementation plan of the project with rough estimates of milestones. SPS developed an RxPMIS Scope of Work for the potential redesign vendor and worked on the request for proposals document to get publicly interested vendors in the redesign of the RxPMIS (this activity is being carried over into SIAPS).

As continued support to MOH-SID, staff provided guidance on the recruitment process of HRIS developer to finalize the redesign of the tool. SPS also contributed to the development of the developer's SOW and interview processes. As SPS continues support to MOH-SID, staff accommodated the remaining modules for capturing monthly health data in the HMIS tool.

Barriers to Progress: None.

Next Steps: None.

Activity Title: Implement Good Warehousing Practice standards for the medical and laboratory warehouse

Activity Lead: Matshotyana, **Activity #:** 13 **Task:** A040 **Subtask:** XXSZ1013
Kidwell

Activity Description: Support will be provided to the warehouses to comply with good warehouse practice

standards. The SOPs, developed through the technical assistance of MSH/SPS in FY09, will be implemented at the Central Medical Stores and the Laboratory Warehouse. In FY10, MSH/SPS will adapt these SOPs for the newly established regional warehouses to improve supply chain. Equipment will be procured for these warehouses to improve safe storage of supplies, occupational safety practices, access control, and workflow processes. Equipment to improve the efficient use of storage space at the warehouse will include cabinets, goods trolleys, storage cabinets, safety signage, and Lynbin labels.

Budget: \$117,438.00 **Start Date:** Jan 2011 **End Date:** Oct 2011

Products Planned: None.

Reporting Period: 1 April 2012-30 June 2012

Activity Progress: The TB Hospital Laboratory storage is equipped with shelves and 5,000 stock cards were printed and distributed to laboratory warehouse. Improvements in warehouse storage were made at the National Laboratory Warehouse. SPS coordinated ARV CMS and Lab Warehouse Shelving activities (award through GF/NERCHA funding).

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 April 2012-30 June 2012

Activity Progress: 4,000 copies of the STG/EML were printed and the STG/EML was presented to EHCP committee and the Director of the Health Services.

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

*SPS Activity and Product Status Report
Year 5 Quarter 3*

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 April 2012-30 June 2012

Activity Progress: SPS further processed the Minilabs reference standards for procurement. Staff developed and reviewed draft guidelines for the establishment of the National Quality Control Laboratory and the sampling and testing protocol for key medicines.

Barriers to Progress: None.

Next Steps: None.

Activity Title: Review the Pharmacy Technician Training Program

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

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 April 2012-30 June 2012

Activity Progress: SPS presented the pharmacy training program proposal to: 14 lecturers of the University of Swaziland (UNISWA) Department of General Nursing (Faculty of Health Sciences), UNISWA Faculty of Health Sciences Executive Committee, and the Southern African Nazarene University (SANU) faculty of health sciences curriculum committee. The curriculum was approved by the UNISWA Faculty Board and staff finalized the pharmacy training program proposal according to UNISWA regulations and submitted for Senate approval. Presented the training proposal to the SANU Senate and received Senate approval for the program.

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 at the Hanoi University of Pharmacy in Vietnam. Instructors' Guides for Implementing Pre-service and In-service Curricula on Pharmacovigilance in Vietnam.

Reporting Period:	1 April 2012-30 June 2012
Activity Progress:	The pre-service and in-service versions of the PV instructor's guide were finalized based on the feedback obtained during the March Hanoi visit. The finalized versions were sent to the respective HUP stakeholders. A technical report of the March Vietnam visit was also developed and disseminated.
Barriers to Progress:	None.
Next Steps:	The activity is now closed.

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

Reporting Period: 1 April 2012-30 June 2012
Activity Progress: The trip report related to the technical support visit made to Vietnam from 27 February - 2 March, 2012 was finalized and disseminated. This activity is now closed.
Barriers to Progress: None.
Next Steps: The activity is now closed.

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 April 2012-30 June 2012
Activity Progress: Due to no official rule for transportation of infectious materials (patient's sputum),

MSH signed a contract with DTH, a private courier system, to transport the specimen from the sites to two labs in Hanoi and Hochiminh city in April 2012. As of this date, a fully functional referral system is working in the project sites. In April and June, NTP staff and Vietnam-based SPS lab technical staff visited the pilot sites as part of monitoring and supervision of the referral system.

In May, two workshops on PMDT implementation and a referral system were held in Hochiminh city and Hanoi for staff from all districts (because NTP wanted to expand the system to the district level, where the most of the specimens come from). In May, a meeting with Viet Post (official post office) was held in order to help move forward with the replacement of the private courier system and expand to new sites.

In June, the new SOPs were officially published in the NTP guideline book. The trip report related to the technical support visit made to Vietnam from February 12 - March 13, 2012 was finalized and disseminated.

Barriers to Progress: None.

Next Steps: Continue supervision and monitoring visits to the pilot sites.
