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MID-TERM EVALUATION
OF HUMANITARIAN EMERGENCY SUPPLY PROJECT
Cooperative Agreement No. EUR-0001-A-00-1009-00
Project #156-0001

November 9-20, 1992

by

The People-to-People Health Foundation, Inc.
(Project HOPE)
Millwood, Virginia 22646

submitted to

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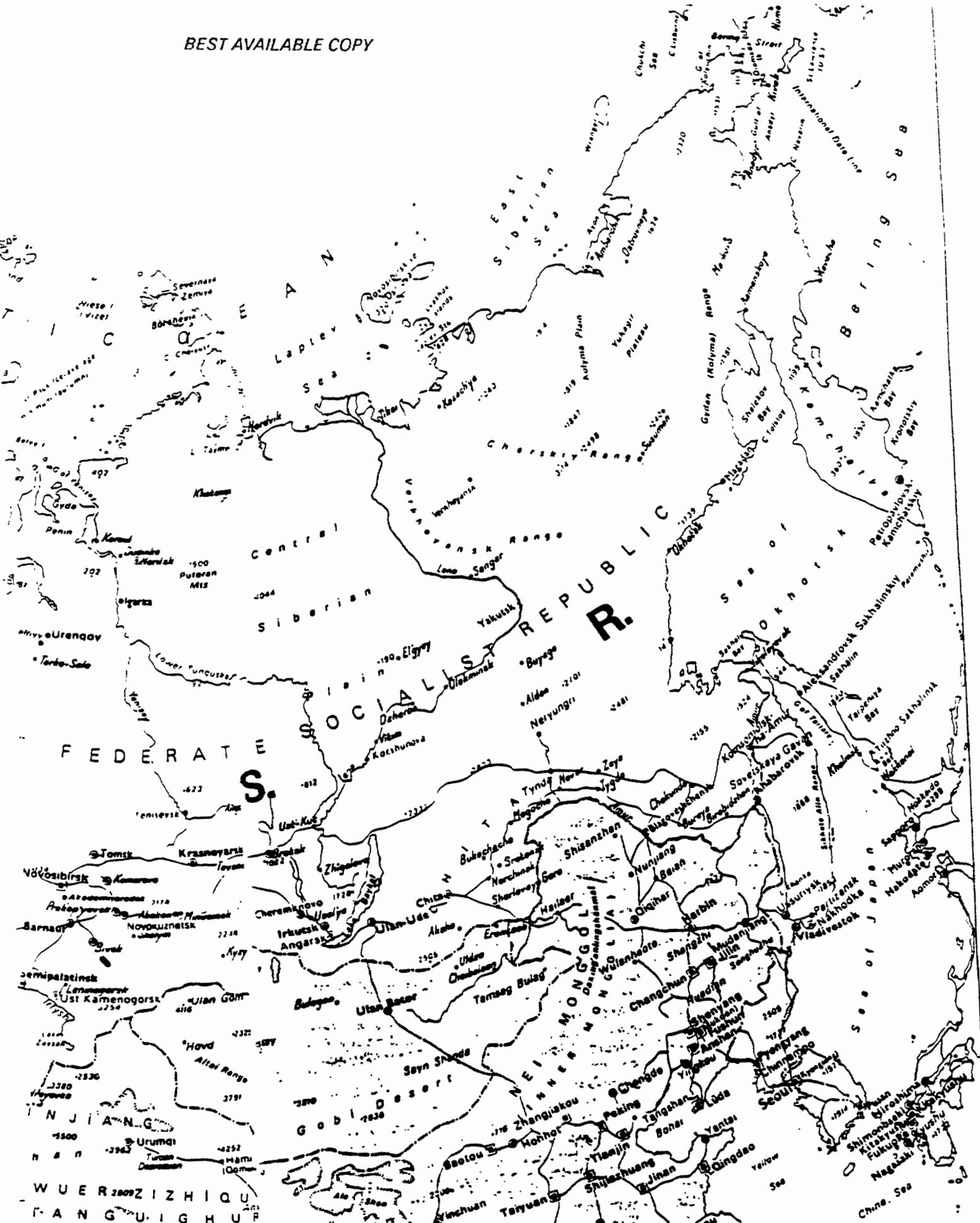
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EXECUTIVE SUMMARY

BACKGROUND & METHODOLOGY

As part of the Humanitarian Emergency Supply Program conducted by Project HOPE under Cooperative Agreement No. EUR-0001-A-00-1009-00, Project #156-0001, a Mid-Term Evaluation of the program was conducted from November 9 - 20th, 1992. Project HOPE fielded two teams, each comprised of a team leader (physician), a physician, and a pharmacist. The teams visited a total of nine representative hospitals and medical institutes, which accounts for 3% of the 291 hospitals that had received donations under the program at the time of this review.

Team 1 visited four hospitals in Alma Ata, Kazakhstan and three in Bishkek, Kyrgyzstan. Team 2 visited four hospitals in Russia, three in Kemerovo and one in Novokuznetsk, and one hospital in Kishnev, Moldova.

The visits were preceded by a meeting conducted at Project HOPE headquarters in Millwood, Virginia, attended by the team members, Project HOPE headquarters staff and representatives of USAID. Prior to this meeting, each team member was provided detailed information regarding the Evaluation Plan, The Detailed Implementation Plan for Phase I and Phase II of the grant, a copy of the latest quarterly report on the Presidential Initiative, and the Project HOPE organizational plan for Humanitarian Assistance. The group received presentations by Project HOPE staff regarding the methodology developed for the assessment of hospitals needs, solicitation of donations from U.S. manufacturers, receipt, warehousing, inventory control, packing and receipts following visit to the Project HOPE warehouse in Winchester, Va.

The team visited the U.S. Embassy in Moscow and discussed the evaluation with representatives of USAID (Appendix 5.1). The Humanitarian Assistance Commission was also visited. Interviews were also conducted with the Project HOPE Program Director, Program Coordinator for Humanitarian Assistance and the Administrative Assistant.

In Kazakhstan, Kyrgyzstan and Moldova meetings took place with senior staff representatives of the Ministries of Health. At all locations visited, discussions took place with the Hospital Director, senior staff including the individuals charged with responsibility for receipt, and inventory and distribution of Project HOPE donations.

The teams inspected the storage of the Project HOPE supplies, the hospital pharmacies and patient areas.

Discussions focused upon the receipt and appropriateness of the pharmaceutical products and medical supplies received, the extent to which the shipments have alleviated needs and the kinds

of patients aided by the donations.

Assessment was also made of problems created by the shipments in terms of logistics, fulfillment of needs and use of medications.

FINDINGS

Utilizing a standardized methodology the findings of the two evaluation teams were remarkably consistent.

The hospital needs assessments, prior to the allocation of products, had been conducted by teams who had evaluated target hospitals for the major deficiencies in pharmaceuticals and supplies, their capacity for handling donated materials, including inventory control and accountability, and the capability of physicians and other medical staff able to use the donations effectively in the treatment of patients.

Based on the medical needs assessment, Project HOPE headquarters personnel had solicited and received from U.S. pharmaceutical manufacturers approximately \$97 million worth of donations from February 1991 through October 1992.

Donations had been received from some 169 manufacturers and supplied by approximately 54 other PVO's. These donations had been coordinated, received and shipped by the Project HOPE central warehouse.

Locally, at all sites, the receipt and distribution of shipments was universally reported to be well-organized and efficient, despite problems in local availability of transport and communications.

Although some of the delivered items were not critical for these nations at this time, most of the products could be utilized by hospitals in some fashion. This has had the desired effect of providing large quantities of Humanitarian Assistance and has generated enormous good will among recipient institutions and governments.

Visits by Project HOPE teams were conducted after receipt of the shipment to validate receipt including inventory control with translation, and dispensing records. In most cases, the donated supplies were stored in areas separate from those of the hospital pharmacy in order to avoid confusion with materials supplied by the Ministry of Health central pharmacies and to ensure maximum security. In all cases, the donated products were delivered directly to the recipient hospitals and not via central pharmacies.

With regard to inventory control at the Project HOPE Central Warehouse, a clear documentation trail exists from receipt of donation to shipment via DOD transportation to recipient

hospital.

The teams were consistent in their finding that no diversion of product takes place at any point in the delivery chain.

Review of the Moscow-based Project HOPE staff and organization reveals a high level of coordination and efficiency and that there are no instances of delays due to errors of staff or inappropriate procedures.

At all levels of the health care delivery system including the Humanitarian Assistance Commission there was universal admiration for HOPE's logistical system, its appropriateness and superiority to the delivery of materials from other donors.

ACCOMPLISHMENTS

A total of 291 hospitals have received donations in 11 out of 12 States, 56% general, 36% pediatric and 8% maternity. The value of shipments sent is \$97 million, the majority representing critical products such as antibiotics (\$20 million), cardiac drugs (\$9 million), anti-hypertensives (\$13 million), and diabetic drugs (\$4 million). This value exceeded the target by a factor of two.

The system of logistics and distribution developed by Project HOPE has evoked universal support, both by central government officials and by representatives at the hospital level. As a model of speed and efficiency, the distribution system should serve to demonstrate the value of scrupulous organization and planning.

The donated materials along with Project HOPE's professionalism has earned America the respect and gratitude of administrators, physicians, nurses, and other healthcare professionals in Hospitals and Ministries of Health throughout the Newly Independent States.

As a result of the program a solid basis of respect and friendship with the U.S. has been created based on the efficiency and altruism that characterize the program.

SUMMARY OF RECOMMENDATIONS

1. Future shipments should include primarily the most needed identified pharmaceuticals, either donated or purchased.
2. It is recommended that more money be made available for procurement of product in order to more closely match requests with deliveries.
3. In view of the fact, that all the needs in the former Soviet Union cannot be met, priority consideration should be given

to focus on the hospitals and services, which treat children, maternity hospitals, and infectious disease as primary targets.

4. It is recommended that HOPE Center personnel who make the final determination of what supplies go to individual hospitals give as much consideration as possible to the evaluations of the field assessment teams. This would help assure that only appropriate items would be shipped to each hospital.
5. It is recommended that future validation visits be made within approximately one to three weeks following each delivery, instead of after one or two months. This would give hospitals time to unpack and inventory their donations, but then enable them to ask questions about appropriate administration prior to actual use.
6. Each donated pharmaceutical should be accompanied by an informational sheet, translated into Russian which states simply the indications and contra-indications for use. Pragmatically, the role of informational materials in Russian and the validation visits should be viewed as safety precautions intended to prevent inappropriate use of the medications and possible catastrophe due to unintentional incorrect dosage. Russian translators of this proposed pharmaceutical formulary should be submitted for approval to Ministries of Health and distributed with donated product.
7. When a very large donation of a single medication is received, shipment to a central pharmacy in the N.I.S. should be considered since individual hospitals may be unable to utilize the product within the timeframe for expiration.
8. A comprehensive data-based information retrieval system should be developed in order to better facilitate retrieval and utilization of data for planning and evaluation purposes.
9. The assessment, solicitation, procurement, delivery and verification system developed by Project HOPE is extremely effective and should be documented for future replication so as not to duplicate such a unique series of accomplishments which comprise this overall project.
10. Include a fork lift or other mechanized device/vehicle for assistance with efficient and safe off-loading on each Department of Defense aircraft presuming that one will not be available or functional at the airport.

ASSESSMENT REPORT

1. INTRODUCTION AND BACKGROUND

Beginning in February 1991, urgently needed pharmaceutical supplies have been provided to the New Independent States - formerly members of the Soviet Union - under the terms of the Humanitarian Assistance Program announced by President Bush in December 1990.

The program goal as defined in March 1992 was

- (1) to provide immediate and urgent medical humanitarian assistance in the form of critically needed pharmaceuticals and medical supplies, and
- (2) to provide a total of \$46 million in pharmaceuticals and medical supplies to the republics of the former Soviet Union prior to February 28, 1993, with a grant of \$10 million from February 1991.

The program was conducted under the supervision of a task force including representatives of the National Security Council, Department of State, Agency for International Development, and Project HOPE. Project HOPE was appointed the lead organization in coordinating assistance from the private sector including U.S. drug manufacturers, PVOs, and private donors.

A Humanitarian Assistance needs list by Pharmacologic-Therapeutic categories, was developed by Project HOPE as a method to identify and procure the most needed products to match the field assessment team visits (see Appendix 5.2).

The project is conducted under Cooperative Agreement No. EUR-0001-A-00-1009-00, Project #156-0001 between AID and Project HOPE. A work plan prepared by Project HOPE dated March 1, 1992, was submitted to AID and approved for implementation. In June 1992, Project HOPE developed an "Organizational Plan for Humanitarian Assistance" that outlined the terms of reference for participation of U.S. PVOs and described the conditions under which donations would be accepted for delivery.

In July, 1991, an agreement for a period of three years was signed between the Government of the U.S.A. and the Government of the Union of Soviet Socialist Republics in which it was agreed that emergency medical supplies, donated in the U.S.A., would be accepted by the Government of the USSR and defined this government's responsibilities in providing transportation, travel and accommodations of U.S. personnel while in the Soviet Union and agreeing that representatives of the U.S. Government would have access to sites of use of the pharmaceuticals and access to inventory and distribution records.

To accomplish the mid-term evaluation, Project HOPE fielded two teams of health professionals to visit representative sites in the N.I.S. from November 9-20, 1992.

Scopes of works, Description of Evaluation Methodology Used, and Documents Reviewed are appendices 5.3, 5.4, and 5.5. The teams and the locations they visited are as follows (names of individuals interviewed and institutions visited are listed in Appendices 5.6 and 5.7):

TEAM 1:

E. Croft Long, M.D.	(Former Program Director, Project HOPE-El Salvador) (Current Senior Medical Consultant, Project HOPE)
Mark A. Rockoff, M.D.	(Associate Professor of Anesthesia-Pediatrics, Harvard Medical School)
George W. Strein	(President and Chief Executive Officer, WellCare Administration, Inc.)

The team was accompanied by Mr. Paul O'Farrell, Director, Office of Program Development & Planning, Europe Bureau, AID/Washington. Visits included Moscow (Russia), Alma Ata (Kazakhstan), and Bishkek (Kyrgyzstan).

TEAM 2:

James H. Belt, M.D.	(Director-Physician Liaison Services, Arbor Hospital, Indianapolis) (Current Medical Advisor-C.I.S., Humanitarian Assistance, Project HOPE)
Elliot Krane, M.D.	(Associate Professor of Anesthesia, University of Washington)
Arthur Whitney	(President, Pacific West Pharmacy)

2. STATEMENT OF FINDINGS

2.1 Hospital Needs Assessment

2.1.1 Alma Ata/Bishkek

2.1.2 Kemerovo/Novokuznetsk/Kishnev

The Moscow office of Project HOPE arranged site visits to potential hospitals that have been designated as appropriate by the local Minister of Health in each city prior to each shipment. The assessment team consists of a physician, pharmacist and interpreter, and a form was completed for each hospital at the time of interview or visit. These were used to assess each hospital's needs, capability of handling donated materials (i.e., storage capacity and accountability), and availability of reliable and responsible physicians. They were also used to develop a checklist of needed pharmaceuticals for each recipient hospital. These forms were forwarded to HOPE Center which used them to develop inventories for future shipments to individual institutions (see Appendix 5.8, Alma-Ata Hospital Assessment Form).

Documents related to assessments performed were reviewed and in particular the August 1992 assessment of all hospitals in Alma-Ata and Bishkek receiving shipments in September 1992 were thoroughly reviewed. It was the group's opinion that these assessments were carefully performed and provided a great deal of information about each hospital (size, type of patients, etc.) useful in determining needs and responsible local individuals. Essentially, however, in virtually all hospitals at this time, shortages of nearly all pharmaceuticals and medical supplies exist so that any donated goods appropriate for the kind of patients treated in an individual hospital were needed and welcomed. This is a result of the absence of any pharmaceutical or medical equipment industry in Kazakhstan and Kyrgyzstan; these new republics previously obtained their supplies from Moscow and Eastern Europe and now cannot afford to buy them for hard currency.

Although Project HOPE has only been supplying drugs, disposable medical supplies (i.e., intravenous tubing, needles, etc.), and some small reusable items such as stethoscopes and thermometers, it should be noted that virtually all hospitals are lacking in modern medical equipment such as ventilators, incubators, pulse oximeters, etc., and these items were frequently requested.

If anything can be improved concerning these assessment evaluations, however, it would be a method of indicating the top few (5-10) drugs or items (such as syringes, catheters, antibiotics, etc.) that would be most beneficial at each destination. In any case, a careful review of each hospital's assessment report and needs list should be adequate for HOPE

personnel to earmark useful items to recipient institutions, and avoid sending inappropriate materials to any institution.

2.2 Solicitation and Procurement

HOPE Center personnel solicit donations from pharmaceutical companies. They have been successful in obtaining approximately \$97 million dollars of supplies from February 1991 through October 1992 with AID support of 5 million dollars per year. The packing lists for all materials sent to Alma-Ata and Bishkek during the most recent shipments (September 1992) were obtained from the HOPE Center warehouse, reviewed and compared with each hospital's needs as determined from the previous assessment forms, as well as visits by our team to several of these institutions.

Although some of the delivered items were not critical for these nations at this time, most of the products could be utilized by hospitals in some fashion. This has had the desired effect of providing large quantities of Humanitarian Assistance and has generated enormous good will among recipient institutions and governments. (See Project Impact, #d, page 25). Nevertheless, the team did discover areas of solicitation and procurement that could be improved in the future and these are summarized in Appendix 5.9 and in the text below.

Some items were clearly inappropriate for certain hospitals (i.e., perinatal vitamins for a trauma hospital instead of a maternity hospital; adult strength tablets for a pediatric hospital; operating room drapes and prep solutions for a hospital without operating rooms, etc.) Some items were unfamiliar to local medical personnel (i.e., thermometers that read in Fahrenheit instead of in Centigrade; or many new drugs not listed in the Russian pharmacopeia). Hospitals frequently improvised ways to use the materials anyway (i.e., the team were shown tables created in Russian to convert Fahrenheit to Centigrade). The team was told that nothing was ever discarded, but occasionally items not usable at one hospital were sent (free of charge or in an exchange) to a more appropriate institution, since they are all lacking in supplies. Some items could not be fully utilized as intended (i.e., central venous pressure monitoring tubing was only being used to deliver intravenous fluids, since no intravenous catheters were included in the shipments and Russian catheters are not the size to connect to American equipment.) The team also found some drugs not being given because of questions about appropriate usage (such as the donated 2% LIDOCAINE for cardiac usage, when subcutaneous analgesia was also needed; they could use the product once they understood that it could be diluted to 1% for their needs.) However, RITODRINE was found unused at a maternity hospital because of unfamiliarity with this product or its correct usage.

It should be noted that some non-critical drugs were sent in huge quantities (i.e., over 50% of the more than one million dollar

shipments to two hospitals in Alma-Ata and Bishkek were for LOVASTATIN, a drug used to lower blood cholesterol levels.) The physicians there understood donated items might not always be the ones they most needed, but this clearly led to some frustration. More importantly, we did find some drugs that may be inappropriate (or even contraindicated) for certain patients (i.e., MINTEZOL for parasites and certain antihypertensive agents at a maternity hospital dealing only with pregnant women and newborn infants). Some drugs received and appreciated by Russian physicians (i.e., DEXAMETHASONE) were used for some indications not generally considered effective in the USA (i.e., for "septic" or trauma patients). It may be more appropriate to send most of the donated DEXAMETHASONE to hospitals where usage will be more conventional, i.e., cancer hospitals as chemotherapy.

Recommendations:

It is recommended that HOPE Center personnel who make the final determination of what supplies go to individual hospitals give greater consideration to the evaluations of the field assessment teams. This would help assure that only appropriate items would be shipped to each hospital. It is particularly important that maternity hospitals receive drugs appropriate for use during pregnancy, and that pediatric hospitals receive supplies that can be used for children. It is also suggested that products which are infrequently used or possibly not familiar to the medical staff, not be sent due to possible misuse. It is also recommended that every shipment contain some written information about the proper usage of supplied pharmaceuticals, such as a pharmacopeia, or the AHFS Drug Information reference (in English) that could serve as a reference book for local interpreters. Ideally, a one page information sheet (in English and Russian) could be created for each drug; which would contain simple, but essential, information about indications, contraindications, correct dosage and frequency of administration, common side-effects, etc.

An outline for a formulary has been submitted by the Project HOPE Moscow Program Director, Dr. Doan (see Appendix 5.10). The translations into Russian should be approved by the Ministries of Health before circulation in order to absolve Project HOPE and/or the U.S. Government from subsequent errors or misuse.

The team recommends that any funds available for procurement be used to purchase only the most critically-needed supplies. A list of these (top five or ten) items could be created by the Moscow HOPE office in conjunction with HOPE Center medical personnel based upon previous hospital assessments. This would assure that procured items meet urgent needs which may not be met by donated goods. It is further recommended that procured items be prioritized for pediatric, maternity and cancer hospitals. It is obviously impossible to meet the needs of all hospitals. Children's hospitals, in particular, seem to have the greatest ability to utilize limited resources to maximum benefit.

When Project HOPE receives very large quantities of medications (particularly those with short expiration dates), donations should be made to central pharmacies for distribution. Frequently, individual hospitals cannot utilize such large quantities within the timeframe available. Otherwise, direct shipment to recipient hospitals should continue as previously.

2.3 Warehousing & Distribution

2.3.1 HOPE Center and Warehouse

After confirmation of shipment from some 169 pharmaceutical manufacturers of pharmaceuticals/medical supplies supplied by approximately 54 other PVOs, Project HOPE coordinates receipt of shipments-in-transit to their primary central warehouse. Although the teams did not visit this 32,000 square foot warehouse, it is our understanding that all pharmaceuticals and medical supplies shipped to the Project HOPE Distribution Center for all of its programs are received, inventoried, and a determination of the value made for either the Humanitarian Assistance efforts or potentially other Project HOPE work. Inventories, inclusive of brand/generic names, dosage form, strength, lot numbers, expiration dates, package sizes (including unit size and all shipping size packaging), storage requirements, manufacturer, and NDC number are all recorded within a computerized listing. This warehouse facility serves as the supply warehouse (analogous to the drug wholesaler in the retail marketplace) for product selection for the Humanitarian Assistance by the Project HOPE team.

Once assessment work is completed and data is transmitted to Project HOPE, a basic list of requested products is developed for a target locality in the N.I.S. for future shipment dates based on the availability of Department of Defense air transport (or in some cases sea shipment).

An allocation list is developed by the Program Manager/Pharmacist. Products from the allocation list are picked from the inventory in the large Project HOPE warehouse for trans-shipment to the smaller (12,000 square foot) Project HOPE Distribution Center which we visited on November 9, 1992. The staff of the Project HOPE Distribution Center is responsible for the final packaging and shipment inventory (during a two week pre-shipment period) of all pharmaceuticals and medical supplies destined for transport to the N.I.S. via Department of Defense air transport.

All activity at the Project HOPE Distribution Center is highly focused on the efficient packing and inventory control of pharmaceuticals and medical supplies with a timetable determined by the estimated arrival date at the selected destination in the N.I.S. The Project HOPE Distribution Center team works backwards from the planned arrival date in the N.I.S., to the departure date from the U.S. (-2 days), to the delivery date to the Department of Defense U.S. Air Force Base [-3 days], and the initiating activity from the

deadline date for provision of allocations of pharmaceuticals and medical supplies to the Project HOPE Distribution Center [-14 days].

The total planned turnaround time from the final date of the completed assessments of need in the targeted city hospitals in the N.I.S. is 25 days. According to the records reviewed, this target timetable is often met (with the exception of delays which would be expected in an undertaking of this nature and complexity).

Recommendation:

Do not color code any shipment going to oncology or cancer centers in black. This represents an understandable request to reduce a negative message inadvertently sent by the project.

2.3.2 Local

2.3.2.1 Alma-Ata/Bishkek

Shipments destined for distribution in Russia may have been warehoused at the central Project HOPE warehouse in Moscow which is paid for by the Commission on Humanitarian Assistance for Russia. It appears that from mid-1992 and onward, all shipments destined for the countries in the former Soviet Union (other than Russia) are forwarded directly from the U.S. aboard Department of Defense air transport into the city selected for receipt of the Humanitarian Assistance.

In both Alma-Ata and Bishkek, the arrival of the Project HOPE Humanitarian Assistance shipment and local distribution to the target hospitals were universally reported to be exceedingly efficient and well organized. Despite problems, the Moscow-based Project HOPE team (both administrators and logistics staff) managed to organize a highly effective reception of the Department of Defense air transport at the local airport with responsible local officials waiting with trucks (or hospital ambulances) for transport to local hospitals directly.

In every instance at the seven hospitals visited in Alma-Ata and Bishkek, it was reported that the Project HOPE shipments were the most organized and well-inventoried (and the largest by volume, dollar value, and quality) of all the Humanitarian Assistance received to date. Hospital officials consistently described the color-coded, hospital-addressed, sealed 8 cubic ft. Project HOPE/U.S.A.I.D. ContainAirs with inventory lists of the type that we observed in the Project HOPE Distribution Center in Winchester, Virginia, U.S.A.

In the recipient republic (city), experienced Project HOPE logistics staff arrived on-site three to four days prior to the arrival of the Department of Defense air transport. Reportedly by persistence and determination, they managed to coordinate the pick-up of all supplies, in order of priority, based on preplanned

loading of the Department of Defense aircraft sectioned by hospital in the designated city. The aircraft is directly off-loaded into the hospital vehicles and transported straight to the targeted hospital. On one occasion, it was specifically mentioned that the air crew members, including one female, were very helpful in the off-load process and this further demonstrated the commitment and sincerity of the Project HOPE/U.S.A.I.D. Humanitarian Assistance efforts. Reportedly, each aircraft is off-loaded easily by hospital-based allotment, due to efficient aircraft loading, and the highly visible, colored-coded markings and hospital addresses on each of the ContainAirs. Complete inventory listings (in English), organized by hospital and ContainAir, accompany each shipment and are made directly available to the hospital official responsible for the institution's (hospital's) Humanitarian Assistance shipments.

In each site visited, this responsible hospital official demonstrated zealous responsibility to load and deliver the Project HOPE shipment (or arrange for same) to the designated storage area(s) in each hospital.

As part of the process of the receipt of each shipment at the hospital, evidence of the following steps were observed at each hospital:

1. Line item comparison of the English version of the detailed Project HOPE inventory list with the actual contents of each ContainAir.
2. Compilation of an accurate and detailed Russian language inventory list (usually typewritten) inclusive of all the detail of the Project HOPE inventory (spot checked for accuracy with our translators).
3. Preparation of a handwritten inventory list (of the same pharmaceuticals) on the standard hospital pharmacy inventory control form used in all Ministry of Health hospitals in the former Soviet Union.
4. Detailed dispensing records on the hospital pharmacy forms showing clear dates, quantities, and destination of the Humanitarian Assistance pharmaceuticals as the supplies are ordered by the chief doctor or nurse of the individual hospital departments.

The Project HOPE Humanitarian Assistance products were universally stored in locked storage areas (often with alarm systems) which were separate from the main hospital pharmacy. It was credibly explained, that this separation was done to assure:

1. Minimal confusion with the pharmaceuticals supplied via the central Ministry of Health pharmacy/warehouse procurement system for state-provided and registered pharmaceuticals produced within the central system of the former Soviet Union.

2. Maximal security and responsibility for appropriate use of the Project HOPE Humanitarian Assistance.

This explanation seemed reasonable, although such a dual system in the U.S. would be viewed as inefficient and unnecessarily bureaucratic. However, this system appeared to provide tight control within the hospital and focused total responsibility on one individual (often a chief nurse or head pharmacist) who reports directly to the director of the hospital (chief physician and administrator).

It is reported by the team that the individuals responsible, at the hospital level took great pride in their work with the Humanitarian Assistance efforts and in the "spirit" of a controlled society and respect of their colleagues, would not divert or allow misappropriation of the Humanitarian Assistance pharmaceuticals.

2.3.2.2 Kemerovo/Novokuznetsk/Moldova

The Evaluation Team did not evaluate the cold storage facility in the recipient institution because the shipping manifests examined did not contain temperature-sensitive products. The only temperature sensitive items sent were insulin which do not require refrigeration. However, it is important to note that at the Center of Child and Maternal Care in Kishinev, Moldova, a potential problem with the storage of temperature sensitive medications was identified. While inspecting the hospital's ability to control and maintain properly controlled substance records, the team found an opened walk-in refrigeration room with three unsealed D-8 Project HOPE containers labeled with temperature sensitive labels. Large labels on each box stated the temperature range must be maintained at 4 to 10 degrees C. The thermometer in the refrigerator room was 24 degrees C. Upon questioning the staff about the contents, they did not know the contents (keep in mind that temperature sensitive items are packed at HOPE center in containers that can maintain proper temperatures for up to 30 days). These items were shipped in July 1992. They explained that they understood that the boxes had their own refrigeration system inside and refrigeration was not necessary. The boxes were opened and found to contain insulin, which was still usable.

2.4 Administration and Logistics

2.4.1 Project HOPE Center

The primary challenge for the staff at Project HOPE (both administrative and logistics support teams) is to effectively meld the pharmaceutical needs of a vast array of hospitals (through assessments interpreted through the eyes of different individuals by destination site) to a dynamic stream of donated pharmaceutical supplies, and related medical supplies which are principally solicited from manufacturers, but occasionally arrive in small numbers unsolicited. This must be accomplished within the temporal

context of expiration dates, availability of Department of Defense shipments; and the actual receipt, inventory, and packaging for shipment of the donated pharmaceuticals and medical supplies.

The process, documentation trail, available cold chain, (not actually observed with any specific pharmaceuticals requiring refrigeration - none shipped to areas visited), and implementation appear to be first-rate both in concept and in actual practice.

All inventories at the large Project HOPE warehouse are completely computerized and the printouts provide an inventory list from which selection of products can be made to match the hospital needs assessment as closely as possible. The Project HOPE inventory lists are clearly legible, contain all necessary information about the pharmaceuticals (including lot numbers and expiry dates), and were actively in use at the Project HOPE Distribution Center.

A clear documentation trail continues as the transfer is made to the Project HOPE Distribution Center and into each ContainAir for delivery to the Department of Defense. Each site (hospital) for each shipment (locality) has a fully detailed, typewritten packing list of every pharmaceutical supply contained in each ContainAir (see sample packing list, Appendix 5.11). These listings were provided to the team at the Project HOPE Distribution Center as documentation of all items shipped by the Department of Defense to the N.I.S. sites we were to visit. The identical listing, by hospital, was available and shown to the team as the key document used by the recipient hospital and its staff to verify receipt of the shipment by line item. This listing, and the effort which goes into its production, was not only sincerely appreciated by the staff at the recipient hospital, but the documentation activity concretely demonstrates the seriousness of tight inventory control and the realistic attempt to effectively target Humanitarian Assistance to local hospitals based on their specific needs.

The high quality of the administration and the solid paper trail matched the care demonstrated in shipping, handling, logistics, and the quality of the pharmaceuticals procured in the U.S. by Project HOPE.

Recommendations:

1. Contingency plans should be developed to redirect a planned shipment to another locality if the original targeted hospital, city, or republic shipment cannot be achieved for whatever reason.

Predictably, there are going to be situations such as changes in governments, local unrest or armed conflicts, and other political events beyond the control of Project HOPE, which will absolutely preclude the scheduled shipments to be delivered. These situations could arise on very short notice and alternative sites should be preplanned based on known or developing priorities in the

N.I.S. The Azerbaijani situation may necessitate redirection of its shipments on short notice. One set of excellent alternatives may be the localities visited by Teams I & II as part of this evaluation effort for example.

2. Make a deliberate attempt to improve continuously the targeting of those items to be shipped so that each shipment comes closer to approach 100% usefulness in the N.I.S.

The team observed only a very few instances of items which were idle because of lack of knowledge or need in a particular hospital as reported elsewhere in this report. But it is the mark of a truly strong project, to strive consciously and continuously to improve the match between need and usefulness. As the project moves forward in time from a true emergency situation, to an urgent situation, to a more determined maintenance phase, it is important to manage the staffs and revise the procedures to hit the priority Humanitarian Assistance targets.

2.4.2 Local

2.4.2.1 Moscow-based Project HOPE Staff

The hub of all activity for all shipments to the N.I.S. is based at the Project HOPE office in Moscow in administrative space provided by the Ministry of Health and located within the complex at Children's Hospital No 9. It is from this office that all needs assessments, deliveries, and validation visits are coordinated.

Although permanent, key staff have only been in Moscow a relatively short time (less than 6 months), and they have formed an excellent, task-oriented leadership team (Roscius Doan, MD; Anthony Savelli, RPh; and Elizabeth Grygo, Administrative Assistant) who knows what must be done and does it directly or by delegation. Two members of the staff are capable Russian speakers (Doan and Grygo) adding great credibility to the Project HOPE effort. Although some Project HOPE staff have some dual responsibilities for the Humanitarian Assistance effort and the Project HOPE Burn Program at Children's Hospital No 9 in Moscow, each staff member involved in Humanitarian Assistance knows the mission, understands their individual role in achieving it, and carries out the work in a team fashion.

There is a high level of organization at this office which is absolutely vital to the successful coordination of all involved parties. The team did not observe any situations in which individuals or shipments were delayed or made in error due to the procedures in place in the Moscow office or the implementation process.

The team reviewed all documents and forms used by this office to sustain the observed high level of organization. These included

step-by-step medical logistics forms, shipment planning forms, logistics assessment forms, hospital assessment forms, validation planning and reporting forms, and detailed assessment forms organized by pharmacological category designed to prioritize allocations; each designed and in use to maximize the accomplishments of the Project HOPE Humanitarian Assistance.

Recommendations:

1. Make certain that the Moscow-based team has the support and Rest & Relaxation time so necessary to sustain their enthusiasm and flexibility.

The tasks at hand are complex, dynamic, and present substantial mental and physical challenges. The efficient functioning of this team is of vital importance to this project and the environment in which they work is quite harsh by American standards. This Project HOPE team is very good.

2. Schedule validation visits closer to the receipt date of the shipment and make safety education on the proper use of the medications a key component of the trip.

On several occasions, we observed instances (enumerated in other sections of this report), where a brief, but focused visit by a pharmacist or physician could be helpful in clarifying the use of pharmaceutical not previously used in the former Soviet Union.

2.4.2.2. Alma-Ata, Bishkek

2.4.2.3. Kemerovo, Novokuznetsk, Kishinev

Success in the administration and logistics at the local level is contingent on so many factors (ranging from the availability of local vehicles and fuel supplies, to other pressing issues of a government, to delayed Department of Defense shipments, to weather situations, etc.) that it is clear that reported successes were the result of highly effective efforts coordinated by Project HOPE staff with the involvement of key local officials who have the knowledge and desire to make things happen.

Recommendations:

1. Include a fork lift or other mechanized device/vehicle for assistance with efficient and safe off loading on each Department of Defense aircraft presuming that there will be none on the ground.

Vehicles were reported to be available in the right quantity and at the right time for the shipments. However, on one occasion, there was an expressed need for a fork lift device to off load the palletized shipment

from the Department of Defense airplane; there was none on the ground and none on the airplane.

2. The paper forms so vital for the administration and logistics could now be reduced to a PC-based computerized data base management system which would facilitate data transmission and accuracy, and significantly reduce paperwork.

A consolidated data base management program (FoxPro, etc.) could easily be adapted for all forms reviewed and a skillful user could work with key Project HOPE administrative and logistics staff to automatically and electronically link the forms currently in use (which have some level of redundancy).

2.5 Validation of Shipments

A site visit was made to each hospital after it received every Project HOPE shipment. This validation was done by a pharmacist or physician and an interpreter, usually one to two months after product delivery. The visit was used to confirm and document the receipt of all materials, as well as to make recommendations for future shipments. Frequently, the individual making this validation visit was asked to explain the appropriate use of some unfamiliar items (see Appendix 5.12, Alma-Ata Validation Report).

In addition to inspecting a number of hospitals in Alma-Ata and Bishkek, we also visited, unannounced, a large local out-patient pharmacy (apothecary) in each city. This was done so that the team could see the type of medications being sold, in order to determine if American supplies were being diverted for sale in shops. Nothing of this kind was found; in fact, foreign products (with the exception of a few items from Eastern European countries) were not to be seen at all in shops. When the team asked for foreign products, it was told they were unavailable outside of hospitals. Therefore, there was no evidence of diversion of donated materials, and the team was repeatedly told by many physicians that this would be unlikely at this time due to the inability of patients to obtain currency. The observations were supportive of this.

The entire process of site visits for assessment, delivery and validation was universally viewed by hospital and Ministry of Health personnel as demonstrating a sincere concern to meet the needs of each hospital. It was frequently pointed out to us that no other philanthropic groups (American or foreign) devoted such effort to understanding the requirements of individual hospitals, and this (in addition to the large quantities of donated materials) made the Project HOPE effort so unique and beneficial.

Recommendations:

It is strongly recommended that future validation visits be made within approximately one to three weeks of each delivery, instead of after one or two months. This would give hospitals time to unpack and inventory their donations, but then enable them to ask questions about appropriate administration prior to actual use. During our visits, we were occasionally asked practical questions about donated products, such as how to use cardiac (20%) LIDOCAINE as a local anesthetic (i.e., by diluting it using sterile technique to 1%). In addition, we were told that some patients receiving donated multivitamins were complaining of nausea, only to discover they were being given tablets three times a day (on an empty stomach), instead of once a day as noted clearly on the label. In fact, the purpose of the post-delivery visit should be expanded to include safety education (or at least a brief review of each product), as well as inventory validation. While Russian language instruction sheets accompanying each shipment would undoubtedly help here, an opportunity to ask (or be encouraged to go over) the correct usage of each product would likely improve effective utilization and reduce chances of misuse. It would also generate enormous good will by demonstrating a sincere effort to assist in the maximal utilization of donated goods.

Pragmatically, the role of informational materials in Russian and the validation visits should be viewed as safety precautions intended to prevent inappropriate use of the medications and possible catastrophe due to unintentional incorrect dosage. Responsibility for errors of this character will be ameliorated if it can be shown that all reasonable efforts had been made to provide correct written information and opportunities to ask questions concerning indications, dosage and contraindications.

2.6 Attitudes of Governments and Hospital Officials

2.6.1 Humanitarian Assistance Commission

The Humanitarian Assistance Commission was created by Presidential Decree in December 1991, and while presently undergoing re-organization, employs twenty-seven persons. The Commission comprises forty representatives of several ministries, other governmental institutions, and private and voluntary organizations including the Red Cross, Americare, and others. The president of the Commission is authorized to sign governmental decrees and heads the working group.

The role of the commission is to coordinate all external Humanitarian Assistance (governmental and non-governmental) and to provide help to donors (warehousing, hotel accommodation, travel, etc.).

The evaluation team met with Mr. Nicolai Stepanovich Animov, Executive Secretary and Chief of the Working Group and Mr. Gennadi Arsenevich Zhukov, Deputy Chief of the Working Group on the morning of November 11, 1992.

In response to a question regarding any problems encountered with the Humanitarian Assistance provided by Project HOPE, Mr. Animov responded that he appreciated the methodology that had been employed and that Project HOPE had successfully overcome a number of problems through excellent communications with the Commission, the Ministry of Health and other governmental entities and as a result, an atmosphere of collaboration and friendship had been established. He also appreciated the sound administrative basis on which the program was based, particularly the hospital assessment visits, shipping arrangements, control of pharmaceuticals, and validation.

Mr. Animov stated that additional programs in technical assistance, education and provision of equipment were needed, but that their pharmaceutical needs continued to be acute and should take priority when resources were limited.

In response to a question, Mr. Animov stated that he understood that "Project HOPE" and "Provide Hope" were entirely different programs and agreed that the similarity in names was a source of confusion to those not deeply knowledgeable of the programs.

Further discussions took place as result of questions posed by the Evaluation Team:

QUESTION:

Have any pharmaceuticals lain idle in pharmacies because of the problem of translation of information regarding their use and contra-indications ?

RESPONSE:

Mr Animov does not have this information. All shipments have been approved by the Ministry of Health and have been useful. There are many people at the local level who can read English. Since many drugs have analogs, it would be useful to know what these are for the medications provided.

QUESTION:

For how long should Humanitarian Assistance continue ?

RESPONSE:

Food assistance should continue for another year and pharmaceuticals should be donated for a much longer period.

QUESTION:

If more pharmaceuticals were to be donated, should another supply and logistical system be used or should the present system developed by Project HOPE be continued ?

RESPONSE:

The Project HOPE system should be continued.

QUESTION:

Is the distribution of pharmaceuticals reasonable ?

RESPONSE:

The system avoids duplication which occurs very seldom (sic).

QUESTION: How could the HOPE system be improved ?

RESPONSE:

The system works excellently, largely due to the good exchange of information with the Project HOPE Program Directors in Moscow.

Mr. Asimov discussed a problem that had arisen with warehousing of pharmaceuticals designated for other N.I.S. republics in the rented warehouse paid for by the Commission. The cost of such storage should not be the responsibility of the Commission. It was pointed out that no pharmaceuticals for other republics had been stored since June 1992, and prior to that date, only one such shipment designated for the Ukraine had been stored temporarily. However if such took place in the future, payment of storage should be considered by Project HOPE.

Finally when Mr. Asimov was asked what the priorities should be if more resources were injected into the program, he stated that the funds should be used to provide more pharmaceuticals. Although technical assistance was needed, this should be seen as development for the future when the present very acute situation has been resolved.

2.6.2 Government Ministries of Health

2.6.2.1 Alma-Ata, Kazakhstan

It was stated in the meeting on November 13, 1992 with the First Deputy Minister of Health, Yerkebek Kambarovich, and his assistant responsible for Humanitarian Assistance, Almagambetov Baurbek Abdullaevich, that Project HOPE was particularly admired by all and viewed as truly "up to the mark" in organizing and delivering quantities of medications useful to the hospitals.

To date, other Humanitarian Assistance is relatively small with little concern of matching the needs of the hospital patients with the boxes of medications donated. The Minister appeared totally supportive and generally knowledgeable but left the details to Baurbek and the individual hospitals.

2.6.3.1 Bishkek, Kyrgyzstan

Initial meeting in Bishkek on November 17, 1992 with Vice-Minister of Health, Kafan A Subanbaev, substantiated the full appreciation of the Project HOPE Humanitarian Assistance efforts. The Minister stated that the hospitals selected by Project HOPE were appropriate and that the two shipments to the Republic of Kyrgyzstan have helped to reduce the tension resulting from the unavailability of several critical pharmaceuticals due the disruption of the historical supply lines (via the former Soviet Union or Eastern Europe) and the current unavailability of hard currency. The Minister's office has used the Project HOPE distribution and validation documentation process to begin to get a handle on the budgetary process which the Republic will require to plan for and purchase pharmaceuticals in the future.

The government appears very supportive and indicated clearly that it is truly impressed with the planning and implementation of the Humanitarian Assistance provided through Project HOPE.

The common message from hospital officials, doctors, nurses, and pharmacists was that they would not be able to carry on the work of caring for their patients, especially the most critically ill, without the Humanitarian Assistance provided by Project HOPE. Many provided anecdotes or took the team on brief rounds to discuss specific patients who had been or were now benefiting from this effort.

The team could find no evidence that the health professionals were not universally supportive of the efforts during a critical period with enormous shortages of medications supplied previously through a secure state-run distribution system.

3. LEVEL OF ACCOMPLISHMENT

The goal of the Humanitarian Assistance initiative is to:

"Provide needed medical assistance to all Republics of the New Independent States."

The value of shipments through October 31, 1992, are listed in Appendix 5.13. The total accomplishments through November 12, 1992, are listed in Appendix 5.14 by republic. Of this amount, \$20 million is the estimated value of antibiotics, \$9 million is estimated for cardiovascular drugs, \$13 million is estimated for

anti-hypertensives, and \$4 million is estimated for diabetic agents.

Of the 11 republics receiving donation, a total of 112 shipments have been made for period February, 1991 through October, 1992. The shipments have been received by 291 hospitals (see Appendix 5.15), 103 (36%) pediatric, 24 (8%) maternity, 164 (56%) general, which include adult tertiary medical and surgical services, pediatric, and maternal services.

In qualitative terms, it is certain that many hundreds of patients have benefitted from the availability of drugs not otherwise obtainable. On the other hand, the lack of anticancer drugs is denying appropriate treatment to needy patients, particularly children suffering from leukemia. It is understood that these drugs will be distributed following purchase by Project HOPE using funds available under the new Cooperative Agreement.

The system of logistics and distribution developed by Project HOPE has attracted universal admiration, both by central government officials and by representatives at the hospital level. As a model of speed and efficiency, the distribution system should serve to demonstrate the value of scrupulous organization and planning. The system can be readily expanded to ensure timely receipt and delivery of other needed donations to be provided by U.S. PVOs or by the U.S. government.

Local hospitals and MOH provided housing for the consultants and in many instances food during their stay. They also provided the necessary documents so that rubles could be used to pay for transportation instead of U.S. dollars. Their cooperation and giving was an expression of their satisfaction with the Project HOPE humanitarian assistance program.

The delivery system is a logistic tour-de-force considering the enormous problem encountered daily, including uncertainties of transportation, fuel, unloading equipment, etc., in all of the N.I.S.

The donated materials have earned the gratitude of administrators, physicians, nurses, other health professionals and, most important of all, the patients and their relatives. This gratitude is based not only on the fulfillment of a substantive need but also in the quantity and quality of the materials received, coupled with the fact that Project HOPE not only had attained substantial experience in the former Soviet Union when the Humanitarian Assistance program began, but also that Project HOPE was the first organization to respond to the call for help. The humanitarian assistance in this regard exceeds by many times that given by other donors, nations, and organizations whose contributions, while appreciated, have been sporadic, not targeted to meet specified needs, and not accompanied by information or follow-up visits of verification.

The goal to provide needed medical assistance to all republics of the New Independent States has not been achieved since only 11 of the 12 states have received products. A shipment due to the remaining republic, Azerbaijan was scheduled to be dispatched during the last week of November, was canceled on instructions from the Department of State.

Finally the many N.I.S. counterparts, patients and families who have benefitted from the program have become a solid foundation of respect and friendship with the U.S. based on the demonstrated qualities of efficiency, sensitivity and altruism.

Recommendations:

The assessment, solicitation, procurement, delivery and verification system developed by Project HOPE should be documented for future replication so as not to duplicate such a unique series of accomplishments which comprise this overall project.

4. PROJECT IMPACT

As of the date of this Mid-Term Evaluation, 11 of 12 of the New Independent States have received pharmaceuticals and supplies under the Humanitarian Assistance Program. These supplies have been received by hospitals serving children, adults, patients with cancer, and hospitals providing maternity services.

The donated supplies have been enthusiastically received and utilized but the enormity of the problem created by the dissolution of the Soviet Union and its accompanying economic difficulties indicate that the assistance received has addressed only a small fraction of the total need. In most cases, the donated supplies have been exhausted within three months, leaving the recipient institutions with their shortages still unresolved.

It cannot, therefore, be stated that the program has had a major and long-lasting effect by providing sufficient urgently needed pharmaceuticals to resolve the major problem and to supplement deficiencies.

However, the project has impacted significantly in several other directions.

- (a) Many patients who would otherwise not have received needed medicines have benefitted from the supplies provided. It should be pointed out that the impact upon child care is reduplicative - not only the child benefits, but the parents, relatives and friends deeply appreciate the assistance given and are entirely cognizant of its source.

- (b) Physicians, nurses, health personnel and government officials appreciate the level of support and the sincerity of the U.S. to provide assistance in a critical situation.
- (c) Pharmaceuticals and supplies of U.S. manufacture have received widespread exposure in the N.I.S. Their effectiveness and quality are appreciated and will doubtless be remembered in the future when economic conditions improve and the N.I.S. are able to purchase the needed supplies for themselves. Since the Project HOPE assistance is many times greater than that provided by other nations (e.g., Holland, Pakistan, Germany, France, Japan and others), the positive residuum of the Humanitarian Assistance Program should far exceed that of other donors and countries.
- (d) As a result of the program, the opportunity now exists to develop a series of cooperative ventures in health care, equipment, and material between U.S. manufacturers and the governments of the N.I.S.

The impact of the project could be improved by making the decision to focus as strongly as possible on the hospitals and services which treat children, maternity hospitals, and infectious disease as primary targets. In addition, a decision to focus solicitation and shipments on a limited or refined list of pharmaceutical supplies and drugs would be helpful in prioritizing requests to drug manufacturers, and to simplify the needs assessment and informational support requirements of the project because all would be working from a prioritized, but more limited pharmaceutical listing. One such listing is the WHO List of Crucial Drugs; other basic lists --although prepared without much rigor -- were sent from the U.S.A.I.D. staff to the U.S. State Department (by Paula Feeney in November 1992 and provided to Project HOPE evaluators by the Scientific Research Institute of Pediatrics in Alma-Ata -- Appendix 5.16). Any of these lists could be easily refined with a few hours of input of Project HOPE physicians and pharmacists who have conducted site visits to the countries of the former Soviet Union. The product would target the N.I.S. specific needs list or basic formulary document. The information on such a finite list could more easily be translated into Russian and the overall listing could be readily updated as priorities change at different localities within the N.I.S. The individual committees which were apparently established at most of the recipient hospitals visited (to oversee the internal distribution of the Project HOPE shipments) are a natural set of local Pharmacy & Therapeutics Committees which could be extremely helpful in matching local needs to Humanitarian Assistance and to the future development of a systematic and clinically thoughtful process of drug acquisition and use. Early involvement and support of these Committees will go a long way to strengthen the long-term impact of the overall project.

The positive "public relations" aspects of the project can be strengthened and made more long-standing by continuing shipments to those hospitals which can be observed to be superior in their stature within the locality or republic, their appropriate use of the shipments, and the probability of continued improvement of the hospital to serve as a role model for the clinical and administrative (budgeting, inventory controls, etc.) services that will become vitally important as the N.I.S. goes through the many stages of converting to a more market-driven economy.

APPENDIX 5.1

U.S.A.I.D. MEETING

12 November 1992

09:00

U.S.A.I.D MOSCOW OFFICE

Persons attending meeting:

John W. Lesar MD
Senior Medical Advisor, USAID

Elizabeth Kvitashvili
Special Projects Officer, USAID

Dr. Rosh Doan, Project HOPE
Anthony S. Savelli, Project HOPE

All team members of evaluation teams

OVERVIEW:

Dr. John Lesar provided an overview of the newly located USAID staff. He has been on staff some three weeks and stated the Agency is in a transition period developing contracts and getting to know Russian people.

ISSUES FOR THE FUTURE:

The Emergency Medical Program should last 3 to 5 years. This developing role for USAID will emphasize pharmaceutical first and then vaccines.

Dr. Lesar sees three areas for future development:

1. A program to guarantee vaccine for 3 to 5 years with opportunities to purchase vaccines outside of N.I.S.
2. Develop a supply of critical drugs for hospitals.
3. See that hospitals have critical (medical) equipment.

OTHER PROGRAMS THAT USAID MONITOR:

1. CDC study/evaluation of vaccine related to the presence of Diphtheria in the Ukraine.
2. American Intervention Health Program.
3. Merck and Lederle companies investigating production activities.

WHAT USA ORGANIZATIONS ARE PROVIDING MEDICAL ASSISTANCE:

1. DOD, Armitages programs (CARE validates)
2. Project HOPE
3. Emergency Medicine Initiative (Washington, D.C.), Red Cross initially started program but is now run by a task force (12 million U.S. dollars remaining).

POSSIBLE SOLUTIONS:

1. Have one suppliers per region. This avoids overlap and duplication (stepping on each others toes).
2. Have more agencies involved (each has different supporting bases).
3. Supply one hospital for several months and not many hospitals one time (doctors and nurses may be the one responsible for diversion)
4. Continue to allow MOH a major input in hospital selection.

VALUE OF HOPE'S EVALUATION TEAM:

1. Provide recommendation for direction of program monitors.
2. Comment on issues for future USAID consideration by USAID.
3. How to best correlates HA in NIS with participating organizations.

APPENDIX 5.2

**HUMANITARIAN ASSISTANCE-NIS
NEEDS LIST
BY
PHARMACOLOGIC-THERAPEUTIC CATEGORIES**

I. ANTI-INFECTIVE AGENTS

A. Antibiotics:

1. Aminoglycosides:

Amikacin - Amikin (Bristol)
Gentamicin - Garamycin (Schering)
Neomycin - Mycifradin (UpJohn), Neo-Fradin (Pharma-tek)
Streptomycin Sulfate - (Lilly); Roerig
Tobramycin - Nebcin (Lilly)

2. Antifungal:

Ketoconazole - Nizoral (Janssen)
Miconazole - Monistat (Ortho) (Janssen)
Nystatin - Mycostatin (SquibbMark)

3. Cephalosporins:

Cefaclor - Ceclor (Lilly)
Cefadroxil - Duricef (Mead Johnson); Ultracef
(Bristol)
Cefamandole - Mandol (Lilly)
Cefazolin - Kefzol (Lilly); Ancef (SKF)
Cefonicid - Monocid (SKF)
Cefoperazone - Cefobid (Roerig)
Cefotaxime - Claforan (Hoechst-Roussel)
Ceftazidime - Fortaz (Glaxo); Tazidine (Lilly)
Ceftizoxime - Cefizox (SKF)
Ceftriaxone - Rocephin (Roche)
Cefuroxime - Ceftin (Allen & Hanburys); Zinacef
(Glaxo); Kefurox (Lilly)
Cephalexin - Keflex (Lilly)
Cephalothin - Keflin (Lilly)
Cephapirin - Cefadyl (Bristol-Myers)
Cephradine - Velosef (Squibb); Anspor (SKF)

4. B-Lactams:

Cefotetan - Cefotan (Stuart)
Cefoxitin - Mefoxin (MSD)

5. Erythromycins:

Erythromycin Estolate - Ilosone (Dista)
Erythromycin Ethylsuccinate - E.E.S. (Abbott)
Erythromycin Stearate - Erythrocin (Abbott); Wyamycin
(Wyeth/Ayerst)

6. Penicillins:

Penicillin G Potassium - Biocraft, Geneva, Purepac
Penicillin V Potassium - Beepen-VK (SKF); Ledericillin-VK
(Lederle)
Cloxacillin - Cloxapen (SmithKline Beecham); Tegopen
(Apothecon)
Dicloxacillin - Dynapen (Apothecon); Dyill (SmithKline
Beecham)
Methacillin - Staphcillin (Apothecon)
Nafcillin - Nafcil (Apothecon); Nallpen (SmithKline
Beecham); Unipen (Wyeth-Ayerst)
Oxacillin - Bactocill (SmithKline Beecham); Prostaphlin
(Apothecon)
Amoxicillin - Amoxil (SmithKline Beecham); Polymox
(Apothecon)
Amoxicillin w/ Chavulanate - Augmentin (SmithKline
Beecham)
Ampicillin - Omnipen (Wyeth-Ayerst); Polycillin
(Apothecon); Principen (Apothecon)

7. Extended Spectrum Penicillins

Azlocillin
Carbenicillin - Geocillin (Roerig)
Mezlocillin - Mezlin (Miles)
Piperacillin - Pipracil (Lederle)
Ticarcillin - Ticar (SmithKline Beecham)

8. Tetracyclines:

Doxycycline - Vibramycin (Pfizer); Doxy-caps (Barr)
Minocycline - Minocin (Lederle)
Tetracycline - Achromycin V (Lederle); Sumycin
(Apothecon)

9. Miscellaneous Anti-Infectives:

Sulfamethoxazole/Trimethoprim (SMZ-TMP)-Bactrim
(Roche); Septra
(Burroughs Wellcome)
Bacitracin - Baci-IM (Pharma-Tex)
Clindamycin - Cleocin (UpJohn)
Lincomycin - Lincocin (UpJohn)
Polymyxin B - Aerosporin (Burroughs Wellcome)

Vancomycin - Vancocin (Lilly)

Metronidazole - Flagyl (Searle); Protostat (Ortho)

B. Antituberculosis Agents:

Aminosalicylic Acid - P.A.S. Sodium (Lannett)

Cycloserine - Seromycin (Lilly)

Ethambutol - Myambutol (Lederle)

Ethionamide - Trecator-SC (Wyeth-Ayerst)

Isoniazid

Rifampin - Rifadin (Marion Merrell Dow); Rimoctane (Ciba)

Streptomycin

C. Antivirals

Acyclovir - Zovirax (Burroughs Wellcome)

Amantadine - Symadine (Solvay); Symmetrel (Dupont)

D. Quinolones:

Ciprofloxacin - Cipro (Miles)

Nalidixic Acid - NegGram (Winthrop)

Norfloxacin - Noroxin (MSD)

E. Sulfonamides:

Sulfadiazine - Microsulfon (CMC)

Sulfamethizole - Thiosulfil Forte (Wyeth-Ayerst)

Sulfamethoxazole - Gantanol (Roche)

Sulfisoxazole - Gantrisin (Roche)

F. Urinary Anti-Infectives

Nitrofurantoin - Macrochantin (Norwich Eaton); Furadantin
(Norwich Eaton)

Trimethoprim - Proloprim (Burroughs Wellcome); Trimipex
(Roche)

II. ANTIHISTAMINES

Deconamine Tablets/Syrup

Azatidine - Optimine (Schering)

Chlorpheniramine - Chlortab-4 (Schein)

Clemastine fumarate - Tavist (Sandoz)

Cyproheptadine - Periactin (MSD)

Brompheniramine - Dimetane (A.H. Robins),

Dimetapp (A.H. Robins)

Diphenhydramine - Benadryl (Parke-Davis)

Promethazine - Phenergan (Wyeth-Ayerst)

Triprolidine - Actidil and Alleract (Burroughs Wellcome)

Terfenadine - Seldane (Merrell Dow)

III. ANTINEOPLASTICS

Asparaginase - Elspar (MSD)
Busulfan - Myleran (Burroughs Wellcome)
Cisplatin - Platinol (Bristol-Myers Oncology)
Cyclophosphamide, Cytosan (Bristol-Myers Oncology)
Cytarabine - Cytosar-U (Upjohn)
Dacarbazine
Dactinomycin - Cosmegen (MSD)
Daunorubicin - Cerubidine (Wyeth-Ayerst)
Doxorubicin - Adriamycin (Adria)
Etoposide (VP-16) - Vepesid (Bristol Myers Oncology)
Mercaptopurine (6-MP) - Purinethyl (Burroughs Wellcome)
Methotrexate
Vinblastine - Velban (Lilly)
Vincristine - Oncovin (Lilly)

IV. AUTONOMIC DRUGS

A. Parasympathomimetic (Cholinergic) Agents:

Bethanecol - Urecholine (MSD); Duvoid (Norwich Eaton)
Neostigmine Bromide - Prostigmin (ICN)
Neostigmine Methylsulfate
Physostigmine Salicylate - Antilirium (Forest)
Pyridostigmine Bromide - Mestinon (ICN)

B. Anticholinergics:

Anti-Parkinsonian Agents

Benztropine Mesylate - Cogentin (MSD)
Biperiden - Akineton (Knoll)
Orphenadrine HCL - Disipal (3M Riker)
Orphenadrine Citrate - Norflex (3M Riker)
Procyclidine HCL - Kemadrim (Burroughs Wellcome)
Trihexyphenidyl HCL - Artane (Lederle);
Trihexane (Rugby)
Carbidopa-Levodopa Combination-Sinemet (DuPont)

Antimuscarinics/Antispasmodics

Atropine Sulfate
Hyoscyamine - Cystospaz (Webcon)

C. Sympathomimetic (Adrenergic):

Albuterol - Proventil (Schering);
Ventolin (Allen-Hansbury)
Bitolterol - Tornalate (Winthrop)

Dobutamine - Dobutrex (Lilly)
Dopamine - Intropin (DuPont)
Isoetharine
Epinephrine
Isoproterenol - Isuprel (Winthrop);
Norisodrine (Abbott)
Metaproterenol - Alupent (Boehringer Ingelheim), Metaprel
(Sandoz)
Phenylephrine
Phenylpropanolamine
Pseudoephedrine - Sudafed (Burroughs Wellcome)
Ritodrine - Yutopar (Astra); Injection (DuPont)
Terbutaline - Brethine (Geigy); Bricanyl (Lakeside)

D. Sympatholytic (Adrenergic Blocking):

Ergotamine - Ergostat (Parke-Davis)

E. Skeletal Muscle Relaxants:(Anesthetic/ICU)

Atracurium besylate - Tracrium (Burroughs Wellcome)
Metocurine - Metubine (Lilly)
Pancuronium
Succinylcholine - Anectin-(Burroughs Wellcome); Quelicin
(Abbott); Sucostrin-(Squibb-Marsam)
Tubocurarine

F. Skeletal Muscle Relaxants:(Anti-spasmodics)

Carisoprodol - Rela (Schering); Soma (Wallace); Soprodol
(Schein)
Chlorphenesin - Maolate (Upjohn)
Chlorzoxazone - Parafon-DSC (McNeil); Flexeril (MSD)
Methocarbamol - Robaxin (A.H. Robins); Ferndale
Meprobamate - Wallace

V. BLOOD FORMATION AND COAGULATION

A. Antianemia Drugs

Iron Preparations:

Ferrous Fumate - Feostat (Forest)
Femiron (Beecham)
Ferrous Gluconate - Fergon (Winthrop)
Ferrous Sulfate:
Fer-In-Sol (Mead Johnson); Feosol Elixir/Capsules
(Smith Kline); Ferrous Sulfate Enseals (Lilly,
Lederle); Slow-Fe (Ciba); Fermalox-(Rorer)

B. Anticoagulants:

Dicumarol - Abbott
Warfarin Sodium - Coumadin (DuPont); Panwarfin (Abbott)
Heparin

C. Thrombolytic Agents:

Streptokinase - Kabikinase (SKF)
Urokinase - Abbott

D. Hemorrhheologics:

Pentoxifylline - Trental (Hoechst)

VI. **CARDIOVASCULAR AGENTS**

A. Cardiac Drugs

Digoxin - Lanoxin (Burroughs Wellcome)
Atenolol - Tenormin (ICI)
Bretylium - Bretylol (DuPont); Bretylium Tosylate Inj. (Abbott)
Captopril - Capoten (Squibb)
Diltiazem - Cardizem (Marion)
Enalapril - Vasotec (MSD)
Encainide - Encaid (Bristol)
Lidocaine - Xylocaine (Astra)
Metoprolol - Lopressor (Geigy)
Naldolol - Corgard (Princeton Pharmaceutical)
Nifedipine - Procardia (Pfizer); Adalat (Miles)
Propranolol - Wyeth-Ayerst; Roxane
Quinidine Gluconate/Sulfate - Lilly; (Reid-Rowell)
Timolol - Blocadren (MSD)
Verapamil - Calan (Searle); Isoptin (Knoll)
Digitoxin - Crystodigin (Lilly)
Quinidine Gluconate ext. rel. - Quinaglute Dura-tabs
(Berlex), Duraquin (Warner-Chilcott)

B. Hypotensive Agents

Clonidine - Catapres (Boehringer-Ingelheim)
Hydralazine - Apresoline (Ciba)
Labetolol - Normodyne (Schering)
Trandate (Allen & Hanburys)
Methyldopa - Aldomet (MSD)
Pindolol - Visken (Sandoz)
Prazosin - Minipress (Pfizer)
Reserpine - Serpasil (Ciba)

C. Vasodilating Agents

Amrinone - Inocor (Winthrop)
Erythrityl Tetranitrate - Cardilate (Burroughs Wellcome)
Isosorbide Dinitrate - Isordil (Wyeth-Ayerst);
Sorbitrate (ICI)
Nitroglycerin - Nitrostat (Parke-Davis); Nitroglycerin
Sublingual tabs. (Lilly)
Nitroprusside-IV - Nipride (Roche), Nitropress (Abbott)
Pentaerythritol - Peritrate (Parke-Davis)
Papaverine - Pavabid Plateau caps. (Marion); Cerespan
(Rorer); Pavagen-Rugby; Papaverine (Lilly)
Prostaglandin E₁ (neonatal) - Alprostadil-Prostin VR (UpJohn)
Tolazoline Inj. - Priscoline (Ciba)

VII. CENTRAL NERVOUS SYSTEM AGENTS

A. General Anesthetics

Halothane
Isoflurane
Seroflurane

B. Analgesics:

Non-steroidal Anti-inflammatory

Salicylates
Aspirin
Salsalate
Fenoprofen
Ibuprofen
Indomethacin
Ketoprofen
Ketorolac - Toradol (Syntex)
Mefenamic Acid
Naproxen
Tolmetin
Piroxicam

Opiate Agonists

Fentanyl
Morphine

Opiate Partial Agonists

Butorphanol (Stadol)
Nalbuphine

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Miscellaneous Analgesics and Antipyretics

Acetaminophen - Tylenol (McNeil); Valadol (Squibb Mark); Bristol Myers, Mead Johnson, Whitehall, Glenbrook, Plough, Norcliff Thayer

C. Anticonvulsants

Hydantoins:

Phenytoin - Dilantin (Parke-Davis)

Miscellaneous Anticonvulsants

Carbamazepine - Tegretol (Basel)
Valproate Sodium - Depakene (Abbott)
Divalproex Sodium - Depakote (Abbott)
Primidone - Mysoline (Wyeth-Ayerst)

D. Psychotherapeutic Agents

Antidepressants (Tricyclic and other)

Amitriptyline HCL - Elavil (MSD); Endep (Roche)
Amitriptyline & Perphenazine - Triavil (MSD);
Etrafon (Schering)
Amoxapine - Asendin (Lederle)
Desipramine - Norpramine (Merrell Dow);
Pertofrane (Rorer); Rugby; Goldline
Doxepin - Sinequan (Roerig); Adapin (Fisons)
Imipramine - Tofranil (Geigy); Janimine (Abbott)
Maprotiline - Ludiomil (Ciba)
Nortriptyline - Pamelor (Sandoz); Aventyl (Lilly)
Protriptyline - Vivactil (MSD)
Trimipramine - Surmontil (Wyeth-Ayerst)
Trazodone - Desyrel (Mead Johnson)
Clomipramine - Anafranil (Geigy)

Tranquilizers

Chlorpromazine - Thorazine (SKF)
Diazepam - Valium (Roche)
Fluphenazine - Prolixin (Princeton Pharmaceutical);
Permitil (Schering)
Lorazepam - Ativan (Wyeth-Ayerst)
Midazolam - Versed (Roche)
Mesoridazine Besylate - Serentil (Boehringer Ingelheim)
Oxazepam - Serax (Wyeth-Ayerst)
Perphenazine - Trilafon (Schering)
Amitriptyline and Perphenazine
Prochlorperazine - Compazine (SKF)
Thioridazine - Mellaril (Sandoz)

Trifluoperazine - Stelazine (SKF)
Droperidol Injection
Haloperidol - Haldol (McNeil)
Loxapine
Molindone - Moban (DuPont)
Thiothixene - Navane (Roerig)

E. Sedatives and Hypnotics

Miscellaneous Sedatives and Hypnotics

Buspirone - Buspar (Mead Johnson)
Hydroxyzine - Atarax (Roerig)
Promethazine - Phenergan (Wyeth-Ayerst)

F. Antimanic Agents

Lithium Carbonate - Lithonate (Reid-Rowell);
Eskalith (SKF); Lithobid (Ciba)

VIII. ELECTROLYTE/WATER BALANCE AGENTS

A. Replacement Preparations

Dextran 40 (LMD) - Abbott, Baxter, Pharmacia
Dextran 70/75 - Abbott, Baxter, Pharmacia
Multiple Electrolyte Solutions
Potassium Supplements

B. Caloric Agents

Amino Acid Parenterals - Abbott, Baxter,
Kendall-McGaw

C. Diuretics

Bendrofluazide - Naturetin (Princeton Pharmaceutical)
Chlorothiazide - Diuril (MSD) -
Hydrochlorothiazide - Hydrodiuril (MSD)
Metolazone - Mykrox (Fisons)
Bumetamide - Bumex (Roche)
Furosemide - Lasix (Hoechst-Roussel)
Mannitol - Osmitrol (Baxter)
Various Combinations with Hydrochlorothiazide

D. Potassium - Sparing Diuretics

Amiloride - Midamor (MSD)
Amiloride and Hydrochlorothiazide-Moduretic (MSD)
Spironolactone - Aldactone (Searle)

Triamterene - Dyrenium (SKF)
Triamterene with Hydrochlorothiazide - Dyazide (SKF);
Maxzide (Lederle)

E. Uricosuric Agents/Gout Agents

Probenecid - Benemid (MSD)
Sulfinpyrazone - Anturane (Ciba)
Colchicine - Lilly

IX. ANTITUSSIVES, EXPECTORANTS, MUCOLYTIC AGENTS

A. Antitussives

Benzonatate - Tessalon Perles (Forest)
Dextromethorphan - Mediquell (Parke-Davis); Cheracol D
(Upjohn); Benylin DM Cough Syrup (Parke
Davis); Sucrets (Beecham)

B. Expectorants

Guaifenesin - Robitussin (A.H. Robins); Naldecon EX
(Bristol)
Iodinated Glycerol - Organidin (Wallace)

C. Mucolytic Agents

Acetylcysteine - Mucomyst (Bristol)

X. EYE, EAR, NOSE, AND THROAT PREPARATIONS

A. Local Anesthetics

Bupivacaine - Marcaine (Winthrop), Sensorcaine (Astra)
Lidocaine
Tetracaine - Pontocaine (Winthrop)
Benzocaine - Americaine (Fisons); Whitehall;

B. Vasoconstrictors

Phenylephrine - Neo-Synephrine (Winthrop)

C. Ophthalmic Preparations:

Cyclopentolate - Cyclogyl (Alcon)

XI. GASTROINTESTINAL DRUGS

A. Antacids

Aluminum Hydroxide
Calcium Carbonate, ppt. - Titralac (3M); Tums (Norcliff
Thayer); Roloids (Warner- Lambert)
Magaldrate - Riopan (Whitehall)
Aluminum Hydroxide and Magnesium Carbonate - Maalox
(Rorer); WinGel (Winthrop); Aludrox
(Wyeth-Ayerst); Gelusil (Parke-Davis)

B. Antidiarrhea Agents

Kaolin and Pectin - Kaopectate (Upjohn)
Lactobacillus acidophilus - Bacid (Fisons); Lactinex
(Hynson, Westcott and Dunning)
Loperamide - Imodium AD (McNeil)

C. Antiflatulents

Simethicone - Mylicon (Stuart); Gas-X (Stuart)

D. Laxatives

1. Bulk Forming Laxatives

Metamucil (Procter & Gamble)
Perdiem (Rorer)
Fiberall (Ciba)

2. Diphenylmethane Laxatives

Bisacodyl - Dulcolax (Boehringer)
Correctol
Fleet Enema

3. Stool Softeners

Docusate Sodium - Colace (Mead Johnson)

E. Digestants

Pancreatin - Pancreatin (Lilly)

F. Antiemetics

Dimenhydrinate - Dramamine (Richardson-Vicks)
Meclizine - Antivert (Roerig)
Prochlorperazine - Compazine (SKF)
Trimethobenzamide - Tigan (Beecham)

G. Miscellaneous G-I Drugs

Cimetidine - Tagamet (SKF)
Famotidine - Pepcid (MSD)
Metoclopramide - Reglan (Robins)
Ranitidine - Zantac (Glaxo)
Sucralfate - Carafate (Marion)

XII. HORMONES/SYNTHETIC SUBSTITUTES

A. Adrenals (Gluecorticoids)

Betamethasone
Beclomethasone
Cortisone Acetate
Dexamethasone
Fludrocortisone Acetate
Hydrocortisone
Methylprednisolone
Prednisolone
Prednisone
Triamcinolone

B. Contraceptives

C. Estrogens

Diethylstilbestrol (DES) - Lilly
Estrogens, conjugated - Premarin (Wyeth-Ayerst)

D. Antidiabetic Agents

Insulins

Sulfonylureas

Chlorpropamide - Diabinese (Pfizer)
Glipizide - Glucotrol (Roerig)
Glyburide - DiaBeta (Hoechst-Roussel)
Micronase (Upjohn)
Tolbutamide - Orinase (Upjohn)

E. Thyroid Agents

Levothyroxine - Synthroid (Boots-Flint);
Levothroid (Rorer)
Thyroid - Armour Thyroid (Rorer); Thyroid Strong
(Jones Medical)

XIII. LOCAL ANESTHETICS (PARENTERAL)

Bupivacaine - Marcaine (Winthrop)
Lidocaine - Abbott; Xylocaine (Astra)
Mepivacaine - Carbocaine (Winthrop)
Tetracaine - Pontocaine (Winthrop)
Procaine - Novocain (Winthrop)

XIV. OXYTOCICS

Ergonovine Maleate - Ergotrate (Lilly)
Methylergonovine - Methergine (Sandoz)
Oxytocin - Pitocin (P-D); Syntocinon (Sandoz)

XV. SMOOTH MUSCLE RELAXANTS

A. Genitourinary Smooth Muscle Relaxants

Flavoxate - Urispas (SKF)
Oxybutynin - Ditropan (Marion)

B. Respiratory Smooth Muscle Relaxants

Theophyllines:

Aminophylline(hydrous) - Aminophyllin (Searle)
Oxtriphylline - Choledyl (Parke-Davis)
Theophylline(Anhydrous) - Theo-Dur (Key); Slo-Bid
(Rorer); Somophyllin (Fisons); Theo-24
(Searle)

Other Asthmatic Drugs

Albuterol - Proventil (Schering), Ventolin (Allen &
Hanburys)
Cromolyn Sodium - Intal (Fisons)
Isoetharine
Metaproterenol - Alupent (Boehringer Ingelheim)
Metaprel (Sandoz)

XVI. BLOOD DERIVATIVES

Albumin Human - Hyland, American Red Cross, Cutter Biological
Plasma Protein Fraction (PPF) - Hyland, American Red Cross,
Cutter Biological

XVII. VITAMINS

Multivitamin Preparations
Multivitamins with Minerals

XVIII. SERUMS, TOXIODES, VACCINES

A. Serums:

Hepatitis B Immune Globulin - H-Big (Abbott); Hep-B-Gammagee (MSD); HyperHep (Cutter Biological)
Immune Globulin (Gamma Globulin) - Cutter Biological; American Red Cross; Baxter/Hyland

B. Toxoids:

Diphtheria Toxoid Adsorbed (Pediatric Use)
Diphtheria and Tetanus Toxoids Adsorbed (DT) (Pediatric/Adult) - Wyeth-Ayerst; Lederle
Diphtheria and Tetanus Toxoids and Pertussis - Vaccine Adsorbed (DPT) - Lederle
Tetanus Toxoid/Tetanus Toxoid Adsorbed - Connaught, Lederle, Wyeth-Ayerst

C. Vaccines:

BCG Vaccine - Bionetics
Cholera Vaccine - Lederle, Wyeth-Ayerst
Haemophilus Vaccines - Mead Johnson, Lederle, Connaught
Hepatitis B Virus Vaccine - MSD
Influenza Virus Vaccine - Parke-Davis, Squibb, Wyeth-Ayerst
Measles Virus Vaccine Live - MSD
Mumps Virus Vaccine Live - MSD
Measles and Rubella Virus Vaccine Live - M-R-VAX (MSD)
Rubella and Mumps Virus Vaccine Live - Biavax (MSD)
Measles, Mumps, and Rubella Virus Vaccine Live - M-M-R (MSD)
Plague Vaccine - Cutter Biological
Pneumococcal Vaccine, Polyvalent - MSD, Lederle
Poliovirus Vaccine Live Oral - Lederle
Rubella Virus Vaccine Live - MSD
Smallpox Vaccine - Wyeth-Ayerst
Yellow Fever Vaccine - Connaught

XIX. SKIN AND MUCOUS MEMBRANE AGENTS

A. Antibiotics:

Mupirocin Topical - Bactroban (Beecham)

B. Antifungals:

Ciclopirox - Loprox (Hoechst-Roussel)
Clotrimazole - Mycelex (Miles); Lotrimin (Schering)

Econazole - Spectazole (Ortho)
Tolnaftate - Tinactin (Schering); Plough, Lederle

C. Scabicides and Pediculicides:

Crotamiton - Eurax (Westwood)
Lindane (Gamma Benzene Hexachloride) - Kwell (Reed & Carnick)
Pyrethrins with Piperonyl Butoxide - Rid (Leeming); A-200
Pyrinate (Norcliff
Thayer)

D. Miscellaneous Local Anti-Infectives:

Hexachlorophene - Phisohex (Winthrop)
Mafenide Acetate - Sulfamylon (Winthrop)
Silver Sulfadiazine - Silvadene (Marion)

XX. DIAGNOSTIC AGENTS

XXI. DENTAL AGENTS

XXII. DISINFECTANTS (USED ON OBJECTS-NOT SKIN)

XXIII. FORMULAS

Infant - Ross
Tube Feeding - Sherwood

APPENDIX 5.3

PROJECT HOPE
HUMANITARIAN ASSISTANCE PROGRAM EVALUATION
COOPERATIVE AGREEMENT NO. EUR-0001-A-00-1009-00

SCOPE OF WORK
FOR
(TEAM LEADER AND HOPE CENTER STAFF REPRESENTATIVE)
DURING NOVEMBER 9-20, 1992

PRINCIPAL FUNCTION:

Facilitate and assist the Mid-term Evaluation Team with preparation, review, and coordination of the Presidential Initiative program for Humanitarian Medical Assistance.

SPECIFIC DUTIES:

1. Assist with preparation and review of pertinent program documents.
2. Assist with planning and scheduling of meetings and site visits in the N.I.S.
3. Participate in interview process and meetings with U.S. government and local N.I.S. governmental representatives.
4. Travel to Moscow to participate in field assessment in the N.I.S., including site visits in other republics.
5. Review pertinent documents in the Project HOPE Moscow Office for Humanitarian Assistance program activities.
6. Visit and assess warehouse facilities used in program.
7. Visit recipient institution to monitor activities including Advance Team assessments, deliveries, and validation visits conducted there.
8. Write reports of observations and assessment of findings.
9. Participate in process of producing final report of Evaluation Team findings, conclusions, and recommendations.

Prepared by: _____

Date: _____

Approved by: _____

Date: _____

PROJECT HOPE
HUMANITARIAN ASSISTANCE PROGRAM EVALUATION
COOPERATIVE AGREEMENT NO. EUR-0001-A-00-1009-00

SCOPE OF WORK
FOR
(PHYSICIAN)
DURING NOVEMBER 9-20, 1992

PRINCIPAL FUNCTION:

Conduct an evaluation of the Humanitarian Assistance Program to provide and distribute pharmaceutical products and basic medical supplies to the former Soviet Union. This evaluation will review and assess the methodology used to target recipient institutions, deliver products, and validate the appropriate use and location of these items after delivery.

SPECIFIC DUTIES:

1. Review pertinent program documents at HOPE Center related to administration and management of the program.
2. Interview the management staff responsible for the program at HOPE Center.
3. Travel to the Project HOPE Office in Moscow to conduct a field assessment in the N.I.S.
4. Interview the Project HOPE field staff responsible for management of the Humanitarian Assistance Program from Moscow.
5. Review the pertinent documents in the Project HOPE Moscow Office relative to the program activities.
6. Travel to the designated sites in the N.I.S. to assess the recipient institutions.
7. Meet with AID representatives and U.S. Embassy/Consulate officials in each republic upon arrival and just before departure.
8. Conduct interviews with Ministry of Health officials, and other governmental groups as appropriate in the host republic.
9. Visit the recipient institutions to interview the administrative head and medical staff members. Assess medical staff ability to use donated products appropriately.
10. Write report on findings compiled during in-country visit and coordinate with Team Leader.

11. Submit final report to HOPE Center in timely manner. Meet with HOPE Center for debriefing meeting and discussion of final report.

Prepared by: _____

Date: _____

Approved by: _____

Date: _____

PROJECT HOPE
HUMANITARIAN ASSISTANCE PROGRAM EVALUATION
COOPERATIVE AGREEMENT NO. EUR-0001-A-00-1009-00

SCOPE OF WORK
FOR
(PHARMACIST)
DURING NOVEMBER 9-20, 1992

PRINCIPAL FUNCTION:

Conduct an evaluation of the Humanitarian Assistance Program to provide and distribute pharmaceutical products and basic medical supplies to the former Soviet Union. This evaluation will review and assess the methodology used to target recipient institutions, deliver products, and validate the appropriate use and location of these items after delivery.

SPECIFIC DUTIES:

1. Review pertinent program documents at HOPE Center related to administration and management of the program.
 2. Interview the management staff responsible for the program at HOPE Center.
 3. Travel to the Project HOPE Office in Moscow to conduct a field assessment in the N.I.S.
 4. Interview the Project HOPE field staff responsible for management of the Humanitarian Assistance Program from Moscow.
 5. Review the pertinent documents in the Project HOPE Moscow Office relative to the program activities with particular focus on documents for shipping and product receipt.
 6. Visit and assess warehousing facility used for transit storage in Moscow.
 7. Travel to the designated sites in the N.I.S. to assess the recipient institutions.
 8. Meet with AID representatives and U.S. Embassy/Consulate officials in each republic upon arrival and just before departure.
 9. Conduct interviews with Ministry of Health officials, and other governmental groups as appropriate in the host republic.
 10. Visit the recipient institutions to interview the administrative head and medical staff members. Assess storage facilities used for pharmaceuticals received. Review institution's (and MOH if applicable) documentation for receipt and disposition of products received.
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11. Write report on findings compiled during in-country visit and coordinate with Team Leader.
12. Submit final report to HOPE Center in timely manner. Meet with HOPE Center for debriefing meeting and discussion of final report.

Prepared by: _____

Date: _____

Approved by: _____

Date: _____

APPENDIX 5.4

PROJECT HOPE
PROPOSED PLAN FOR MID-TERM EVALUATION
HUMANITARIAN ASSISTANCE TO THE
NEWLY INDEPENDENT STATES
(formerly Soviet Union)

November 9-20, 1992

I. PROGRAM

Cooperative Agreement No. EUR-0001-A-00-1009-00
Humanitarian Emergency Medical Supply Project #156-0001

II. BACKGROUND

The humanitarian assistance program announced by President Bush on December 14, 1990, was designed to provide urgently needed pharmaceutical products and medical supplies to the republics of the Soviet Union (hereafter referred to as the Newly Independent States - N.I.S.). The program, funded through the Agency for International Development, provided the sum of \$5 million for one year through February 28, 1992, in support of the Humanitarian Emergency Medical Supply Project, Cooperative Agreement No. EUR-0001-A-00-1009-00. The program was subsequently renewed for an additional year from March 1, 1992 through February 28, 1993. Project HOPE's obligation was to raise \$10-15 million in donated products by February 28, 1992, and a cumulative total of \$40 million by the end of February 1993.

III. PROGRAM GOALS AND OBJECTIVES

For this program, Project HOPE is obligated to provide immediate and urgent medical humanitarian assistance in the form of critically needed pharmaceuticals and medical supplies. The goal established for the program, to provide between \$10-15 million of pharmaceuticals and medical supplies to all republics of the former Soviet Union by February 28, 1992, was greatly exceeded. By the end of the second grant period, the cumulative value of donated products should exceed the established goal of \$40 million at least twofold. These products are obtained by donation from various pharmaceutical manufacturers, other PVOs, and private individuals.

The objectives of the program are to deliver medical humanitarian assistance to selected regions of the N.I.S. where emergency or disaster conditions exist. Project HOPE, as the lead agency for this effort, is responsible for coordinating the activities of other PVO groups who wish to participate.

The program evaluation will encompass the period from February 1, 1991 until October 31, 1992. Two major areas of focus for this program are:

- o Solicitation of products by donation from various pharmaceutical and medical supply manufacturers to best match the medical needs of the recipient population.
- o Delivery of good quality products to selected institutions which could best meet the needs of the population served.

IV. PURPOSE OF EVALUATION

The evaluation is being conducted to review and assess the program activities of a unique effort that had no established precedent from which to emulate the task of this program. Without the aid of a previous model or structure, the program was designed and continuously refined through implementation to best accomplish the goal. Through close monitoring of the activities, improvements have been made continuously as lessons were learned.

The evaluation, conducted by two teams consisting of members who have previously participated in the program and external evaluators with no past experience with the program, will allow judgments on the implementation and development of the program towards achieving the desired goal and objectives. The evaluation will offer the following:

- o Enable Project HOPE and A.I.D. to assess the implementation of the program to date.
- o Provide Project HOPE the opportunity to revise and improve those areas of the program to better achieve the desired goal.

V. STATEMENT OF WORK

- o Review program documents including Cooperative Agreements, Detailed Implementation Plans, the Humanitarian Assistance Organization Plan, and to evaluate the objectives stated in these documents.
- o Review product solicitation concept and methodology used to obtain products.
- o Review copies of needs lists generated by hospitals and Ministries of Health and other government agencies.
- o Review product lists provided to the Advance Team for conducting on-site assessments.
- o Assess Advance Team reports following site selection and assessment.
- o Review product availability and allocation to selected hospitals in city/region for delivery of available products.
- o Review packing and shipping requirements and documents.

- o Assess communications relative to arranging transportation in U.S.A., overseas, and within republics of N.I.S.
- o Review and assess methods of product transportation from beginning to end, including cold chain.
- o Review and assess logistics arrangements for delivery of products in a targeted area.
- o Review and assess documentation for recording of products received at recipient institution.
- o Review and assess reports of product delivery and validation visits.
- o Assess achievements of activities meeting the measurable outputs.
- o Identify strengths and weaknesses which enhance or detract from meeting the goal and objectives.
- o Identify obstacles that will prevent achievements or accomplishments from occurring.
- o Identify areas in program structure that could benefit if they can be altered or improved.
- o Provide recommendations that can be accomplished within the context of the present political, social, and economic environment with respect to priorities for implementation.

VI. KEY QUESTIONS

Areas which have been initially identified for consideration by the Evaluation Team are:

- o Comparison of actual achievements with the projected goal and objectives.
- o Impact of this program on alleviating the original premise for establishing the project.
- o What is the attitude of the recipient government and people towards the acceptance of donation materials.
- o Are contingent plans being developed following the provision of materials by this program.
- o Will the recipients have gained in ways other than products by being left with a methodology to help themselves.
- o Do the governmental authorities support the activities and demonstrate this by their actions.

VII. METHODOLOGY

Evaluation Team:

The evaluation teams each will consist of three persons, one each of physician, pharmacist, and a HOPE staff representative. The team will be selected by Project HOPE with either the physician or pharmacist being a past participant on the Advance Team performing assessments of selected institutions. The other members of the team will not have been an active participant in this initiative. The individual's selection is based on their professional education and training, experience, and availability for the designated time period. The profile of each team member will be forwarded to A.I.D. for approval. It is anticipated that the team leader will be the physician. A.I.D. may provide a direct-hire employee as a resource person for each team.

Orientation:

HOPE Center -- Prior to departure for the Newly Independent States, the evaluation team will review the pertinent project documents at HOPE Center including the annual Detailed Implementation Plan, quarterly progress reports, field reports of individual assessment trips, and validation visits following delivery. This will include interviews with the management of the program at HOPE Center.

N.I.S. -- In-country, the team will meet with and interview the field management staff, the appropriate government officials with A.I.D. and the U.S. Embassy/Consulate, the Ministry of Health and Commission on Humanitarian Assistance in republics visited, and counterparts of the team members in selected hospitals.

The findings of this evaluation will be compiled by this team for the final report.

VIII. SCHEDULE FOR EVALUATION

The team will visit HOPE Center at Millwood, Virginia on November 9, 1992, for orientation and review of pertinent documents prior to the field visit. Travel is scheduled from Washington-Dulles Airport to Moscow on November 9, 1992. The in-country evaluation will begin on November 11 continuing through November 20, 1992. The team will be scheduled to return to the U.S. from Moscow on November 20, 1992. A debriefing with A.I.D./Project HOPE officials will be scheduled in Washington, D.C. and /or Virginia on approximately November 30, 1992.

The team has been scheduled for a two-week time frame for the evaluation in which pre-evaluation review of documents, site visits, and preparation of the final report will be accomplished. The areas targeted for evaluation team visits are:

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Team I:

Alma-Ata/Ashkabad	November 13 - 16
Bishkek/Kyrgyzstan	November 17 - 18

Team II:

Kemerovo/Novokuznetsk	November 13 - 16
Kishinev/Moldova	November 17 - 18

A debriefing meeting will be held with the appropriate HOPE Center management.

IX. REPORTING REQUIREMENTS

Reporting Format: There will be one combined report consisting of:

- o Executive Summary, not to exceed 5 pages.
- o Statement of Findings with conclusions and recommendations. Recommendations should consider the changing political, social, and economic climate during the life of the grant to date.
- o Level of accomplishment of the project activities to meet outputs providing analysis and evidence to support findings, conclusions, and recommendations.
- o Statement of project impact on addressing the goal of the grant to date.
- o Appendices:
 - Scopes of work
 - Description of evaluation methodology used
 - List of documents reviewed
 - List of organizations/individuals interviewed
 - List of sites and institutions visited

Meetings and Debriefing:

- o Project HOPE Director of Humanitarian Assistance and Program Manager for Humanitarian Assistance will meet with the A.I.D. officials in the U.S. to finalize the evaluation plan, the scope of work for team members, and schedule for orientation and N.I.S. site visits.
- o The evaluation team will meet with management staff at HOPE Center (and possibly the A.I.D. resource persons) for orientation and review of documents.
- o The field staff in Moscow will arrange meetings initially with the A.I.D. Mission Director in Moscow for briefing, then Ministry of Health official(s), and representatives of the Commission on Humanitarian Assistance. Organizing meetings with these individuals, agencies and committees

in the other republic will be the responsibility of the Project HOPE staff in Moscow in coordination with A.I.D. staff in each republic to be visited.

- o The evaluation team will schedule an exit interview with the U.S.A.I.D. representative assigned to the republic prior to departure from the republic.
- o The evaluation team will hold a debriefing meeting with the appropriate U.S.A.I.D./Embassy officials upon their return to Moscow and prior to departure for the U.S.A.

Final Report Deadline:

- o The final combined evaluation report is due to be submitted to the Director of the International Management Division at Project HOPE no later than 30 days from the last in-country working day. It is the responsibility of the designated team leader to ensure that the team compiles their data and prepares the final report in a timely manner.

IX. LOGISTICS

- o Project HOPE offices at HOPE Center will arrange airline tickets, visas, lodging, meeting facilities, communications, and secretarial support for report preparation, writing and printing.
- o The Project HOPE/Moscow field management staff will provide assistance by arranging housing, transportation in Moscow, transportation from Moscow to the sites to be visited, office space, documents for review, interpreters/translators, and communications support.
- o Site visits in other republics outside of Russia will require additional support to arrange for lodging, in-country travel, air/ground travel to other republics, and finally a return air flight to Moscow. the HOPE Moscow Representative will contact the A.I.D. representative in its host republic to coordinate these arrangements.

X. BUDGET FOR EVALUATION

A sum of \$46,000.00 has been earmarked in the budget for purposes of program evaluation.

XI. SCOPES OF WORK

- o Physician
- o Pharmacist
- o HOPE Center staff representative

11/6/92

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APPENDIX 5.5

DOCUMENTS REVIEWED

FORMS USED IN ASSESSMENT, ALLOCATION, SHIPMENT & VERIFICATION

1. Assessment Planning: Medical Logistics
2. Logistics Assessment Form
3. Hospital Assessment Sheet
4. Pharmacologic Therapeutic Categories Assessment Form/Recommended Allocations
5. Needs List by Pharmacologic-Therapeutic Categories
6. Shipment Planning
7. Receipt Acknowledging Donation, USSR Institution
8. Validation Planning
9. Validation Report
10. Assessment Survey
11. Hospital Assessment Format
12. Gifts in Kind. Expense Report. (Local Contributions)

PROGRAM PLANNING & EVALUATION

1. Project HOPE Organizational Plan for Humanitarian Assistance, June 1992
2. Proposal to the Office of European Affairs, Bureau for Europe and the Near East, USAID. "Provision and Distribution of Pharmaceutical Products and Basic Medical Supplies to the Soviet Union. January 11, 1991.
3. Cooperative Agreement No. EUR-0001-A-00-1009-00, February 15, 1991.
4. Concept Paper for an Amendment to Cooperative Agreement EUR-0001-A-00-1009-00, Humanitarian Emergency Medical Supply Project. Project Number 156-09. September 18, 1991.
5. Project HOPE, Humanitarian Assistance. Orientation Guidelines for Consultants and Staff Working in the CIS. n.d.
6. Cooperative Agreement No. EUR-0001-A-00-1009-00, Modification 01, September 25, 1991.
7. Cooperative Agreement No. EUR-0001-A-00-1009-00, Modification 03, January 21, 1992.

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8. Site Assessment for Alma Ata, August 1992
9. Site Assessment for Bishkek, August 1992
10. Work Plan. Cooperative Agreement No. EUR-0001-A-00-1009-00
Project #156-0001. Project HOPE. May 2, 1991
11. Detailed Implementation Plan - Phase I
12. Detailed Implementation Plan - Phase II
13. Proposed Plan for Mid-Term Evaluation. Humanitarian Assistance
to the Newly Independent States. Project HOPE.
November 9-20, 1992
14. Quarterly Progress Report on the Presidential Initiative for
the
period April 1, 1992 - June 30, 1992
15. Kemerovo Facilities Assessment (June 8, 1992)
16. Kemerovo Validation Overview (August 1992)
17. Novokuznetsk Validation Overview (August 1992)
18. Shipping Manifests, Kemerovo, Russia (July 20, 1992)
19. Shipping Manifests, Novokuznetsk, Russia (July 20, 1992)
20. Shipping Manifests, Kishinev, Moldova (July 1992)
21. Kishinev, Moldova Validation Overview (September 1992)
22. Kishinev, Moldova Facility Assessment (May 1992)

OTHER DOCUMENTS

1. USAID FACTSHEET. U.S. Medical Assistance to the New
Independent States of the Former Soviet Union. October
1992.
2. Coordinating Conference on Assistance to the New Independent
States. Medical Working Group. Donor Activities since
January Conference. NIS Clearinghouse. W.H.O. Geneva.
October, 1992
3. The Health Crisis in the Soviet Union. Project HOPE. n.d.
4. Presidential Initiative for Humanitarian Assistance to
Republics of the USSR. Project HOPE. n.d.
5. Fact Sheet: Project HOPE in the Former Soviet Union. Project
HOPE. September 1992.
6. Impressions of One Consultant. "The role of the Hospital in
Russia", and "Therapeutic Modalities in Russian Health
Care". Burastero R. Project HOPE. September 1991.

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7. Humanitarian Medical Assistance through December 31, 1991.
Project HOPE. n.d.
8. "A Looming Crisis: Health in the Central Asian Republics",
Chen, L.C., Rohde, J.E., Jolly, R. Lancet 339: June 13,
1992, pp 1465-7
9. Public Health Assessment - Russian Federation, 1992. Morbidity
and Mortality Weekly Report. 41: No.6 February 14, 1992
10. Politics of Soviet-Economic Reform: Economic Reform in the
Soviet Health Industry - Parts 1, 2, 3, Vol.1 and Vol.2,
No.4, East West Center, Duke University, 1991/1992.
11. The Politics of Post-Soviet Reform: Attitudes Towards the
Health System in St. Petersburg: A Preliminary Report.
No.4, October 1992, Duke University.

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APPENDIX 5.6

ORGANIZATIONS/INDIVIDUALS INTERVIEWED

- Lesar, Dr. John W., Senior Medical Advisor, USAID, American Embassy, Bolshoi Deviatinsky 6, Moscow.
- Anisimov, Nikolai Stepanovich, Executive Secretary and Chief, Humanitarian Assistance Commission.
- Zhukov, Gennadi Arsenevich, Deputy Chief of the Working Group, Humanitarian Assistance Commission.
- Feeney, Paula. General Development Officer. USAID, Regional Mission for Kazakhstan and Central Asia, Alma Ata, Kazakhstan
- Argymbayev, Yerkebek Kambarovich, First Deputy Minister, Ministry of Public Health of the Republic of Kazakhstan
- Omarova, Dr. Kulyan, Vice-Director in Science, Scientific Research Institute of Pediatrics, Chief of Hematology Dept, Alma Ata, Kazakhstan
- Maashkeev, Dr. Auken Kiyasovich, Director. Scientific Research Institute of Pediatrics, Alma Ata, Kazakhstan
- Sekenova, Dr. Ganna, Chief Physician, Scientific Research Institute of Pediatrics, Alma Ata, Kazakhstan
- Mynylaev, Dr. Bahyt Muratovich, Chief, Dept of Nephrology, Scientific Research Institute of Pediatrics, Alma Ata, Kazakhstan
- Habidzanov, Dr, Bolat, Chief, Dept of Children's Diseases, Scientific Research Institute of Pediatrics, Alma Ata, Kazakhstan
- Sanov, Muhit Zabdulovic, Deputy Head, Health Economics, Central Clinical Hospital of Alma Ata, Kazakhstan
- Turbaev, Dr. Abdibek Turabaevich, Head Doctor, Central Clinical Hospital of Alma Ata, Kazakhstan
- Buribaeva, Dr. Saule Ismailovna, Chief Physician, Regional Children's Hospital, Alma Ata, Kazakhstan
- Ponomaereva, Dr. Anna Alexandrovna, Deputy Chief, Dept of General Medicine, Regional Children's Hospital, Alma Ata, Kazakhstan
- Samarbekov, Dr. Odyne Muratovich, Physician, Intensive Care Unit, Regional Children's Hospital, Alma Ata, Kazakhstan
Rusanova, Dr. Ludmila, Chief, Commission on Humanitarian Assistance, Regional Children's Hospital, Alma Ata, Kazakhstan
- Dzanadyeov, Dr. Ozazobat, Chief Physician, Emergency Health Services, City Clinical Hospital of Emergency Care, Bishkek, Kyrgyzstan

Kurmanaliev, Gynagul, Pharmacist i/c Humanitarian Assistance, City
Clinical Hospital of Emergency Care, Bishkek, Kyrgyzstan

Subanbaev, Dr. Kafan, Vice-Minister of Health, Bishkek, Kyrgyzstan

Rybalkina, Dr. Ludmila D., Assistant Director, Kirghiz Research
Institute of Obstetrics and Pediatrics, Bishkek, Kyrgyzstan

Kamarli, Dr. Zakir, Director, Kirghiz Research Institute of
Obstetrics and Pediatrics, Bishkek, Kyrgyzstan

Aydzaraliev, Dr. Kalima, Chief Physician, Kirghiz Research
Institute of Obstetrics and Pediatrics, Bishkek, Kyrgyzstan
Trachenko, Dr. Lilya, Chief Assistant Physician, Kirghiz
Institute of Obstetrics and Pediatrics, Bishkek, Kyrgyzstan

Hollyonok, Lyubov, Chief Nurse, Kirghiz Institute of Obstetrics and
Pediatrics, Bishkek, Kyrgyzstan

Smagilova, Dr. Allia Rahimbaevna, Chief, Fourth Maternity House,
Alma Ata, Kazakhstan

Modnikov, Dr. Oleg, Deputy Director for Research, Scientific
Research Institute of Oncology and Radiology, Bishkek,
Kyrgyzstan

Dzumaliev, Dr. Ishen, Deputy Director for Administration, Scientific
Research Institute of Oncology and Radiology, Bishkek,
Kyrgyzstan

Tarabekova, Dr. Zinaida, Deputy Director for Patient Care,
Scientific Research Institute of Oncology and Radiology,
Bishkek, Kyrgyzstan

Zaytsev, Dr. Anatoly, Deputy Director for Patient Care, Scientific
Research Institute of Oncology and Radiology, Bishkek,
Kyrgyzstan

Kudajrov, Dr. Dusne K, Chief, Pediatric Dept. Kirghiz Institute of
Obstetrics and Pediatrics, Bishkek, Kyrgyzstan

Kvitashvili, Elizabeth, Special Projects Coordinator, USAID, Moscow,
Russia

Burke, Robert, Deputy Director, USAID, Moscow, Russia

Grygo, Elizabeth, Administrative Assistant, Humanitarian Assistance,
Project HOPE, Moscow, Russia

Doan, Dr. Roscius, Program Director, Project HOPE, Moscow, Russia

Savelli, Anthony S., Program Coordinator, Humanitarian Assistance,
Project HOPE, Moscow, Russia

Karp, Craig, Economics Officer, U.S. Embassy, Alma Ata, Kazakhstan

Almagambeter, Baurbek Abdullaevich, Chief Expert, Humanitarian Assistance for First Deputy Minister of Health, Alma Ata, Kazakhstan

Alexandrovna, Achkasova Alina, Chief of Polyclinics, Department of Health, Kemerovo

Vikorovich, Sopochnikov Mikhail, Chief of City Trauma, Department of Health, Kemerovo

Kravchenko, Victor Ivanovich, Deputy Chief Doctor, Children's Regional Hospital, Kemerovo

Koba, Valentina Ivanovna, Chief Doctor, Children's Clinical City Hospital #1, Kemerovo

Riso, Alexandra Antonovna, Chief Doctor, Children's Hospital #7, Kemerovo

Plotnikoval, Nina Alexandrovna, Chief Doctor, City Children's Hospital #3, Novokuznetsk

Vinogradov, Anatoly Z., Chief, Novokuznetsk Public Health Office

Raikh, Viktor V., Deputy Chief, Novokuznetsk Public Health Office

Vasilievich, Dr. Gladun Ergeni, Professor, Center for Maternal & Child Care, Moldova

Alexeev, Loghin Grigore, Vice Minister of Health, Kishinev, Moldova

APPENDIX 5.7

SITES AND INSTITUTIONS VISITED

U.S.A.I.D, U.S. Embassy, Bolshoi Devyatinsky 6, Moscow, Russia
(Telephone 2522450)

U.S.A.I.D./Alma Ata, 97 A Furmanov Street, 3rd Floor, Alma Ata,
Kazakhstan (Telephone 63-92-67)

Humanitarian Assistance Commission, Vozdvizhenka 18, Moscow, Russia
(Telephone 2033962, 2905057)

Scientific Research Institute of Pediatrics, 480090 Alma Ata, Ul
Alpharabi, 146 (Telephone 488121)

Fourth Maternity House, 480056, Alma Ata, Ul Stankevicha, 6
(Telephone 366511)

Regional Children's Hospital, 480023 Alma Ata, Ul Ormanova, 17A
(Telephone 617949, 616144)

Central Clinical Hospital of Alma Ata, 48004, Alma Ata, Furmanov
Str. 57-54 (Telephone 449716)

Ministry of Health, Moskovskaya Str. 148, Bishkek, 720405,
Kyrgyzstan (Telephone 26-88-48, FAX 22-84-24)

Kirghiz Research Institute of Obstetrics and Pediatrics, T Moldo St.
1, Bishkek, Kyrgyzstan (Telephone 224423)

City Clinical Hospital of Emergency Care, 720047 Bishkek, Ul
Kirvonosova, 206, Kyrgyzstan (Telephone 256129)

Scientific Research Institute of Oncology and Radiology, 720064
Bishkek, Ul 50-letiya Oktyabrya, 1a, Kyrgyzstan
(Telephone 477450)

Ministry of Health, 63 Communistichesky Prospekt, Alma Ata 480003,
Kazakhstan (Telephone 338708)

City Department of Health, Kemerovo

Children's Regional Hospital, ul, Voroshilovo 21, Kemerovo

Children's Clinical City Hospital #1, Lenin prospect 42a, Kemerovo
650027 (Telephone 230461)

Children's Hospital #7, ul. Gagarino 134a, Kemerovo

City Children's Hospital #3, Novokuznetsk

Public Health Office, 37 Metallurgist St., Novokuznetsk

Center for Maternal & Child Care, ul. Burehista 93, Kishinev,
Moldova

Ministry of Health, Hinceshti Street 1, Kishinev 277028

APPENDIX 5.8

Toni Aust-Roh

Hospital Assessment Sheet

NAME OF HOSPITAL: INSTITUTE OF UROLOGY

HOSPITAL CODE LETTER FOR MILLWOOD: A

ADDRESS OF HOSPITAL: 2. BASENOVA ST. TEL-44 20 58 HOME-45, FL. 26.
480060 ALMA-ATA FAX - 83272 442047 MUNIBAEVA ST. ALMA-ATA

NAME OF CHIEF PHYSICIAN: DZHARBOLSYNOV BINESH - DIRECTOR TELE- 42 74-48
OF RESEARCH INSTITUTE

WORK PHONE: 44 20-58

HOME PHONE: 42 74 48

DATE AND TIME OF HOSPITAL VISIT: 1:00 P.M. Toni Aust-Roh, Harold Nais-MD, Olga - Interpreter
 PROJECT HOPE TEAM: → KUANISH A. MAGIBAEV - DEPUTY DIRECTOR
MOH REP JALDIRA BITMURAN BEKOVA

CHIEF REPRESENTED BY: ✓

TYPE OF HOSPITAL: SCIENTIFIC RESEARCH INSTITUTE OF UROLOGY

AREA SERVED: 17,000 MILLION PEOPLE IN KAZAKHSTAN ⊕ OTHER REGIONS

POPULATION SERVED: WESTERN SIBERIA, CENTRAL ASIA, KAZAKHSTAN, BISHKEK

NUMBER AND AGE OF BUILDINGS: 1 1986

NUMBER OF BEDS: 240 233 BEDS FULL TODAY
40 = Children

MAJOR SERVICES AND SPECIALTIES: SEE DIAGNOSES

NUMBER OF PHYSICIANS: 70

NUMBER OF NURSES: 140

NUMBER ADMISSIONS: 10,000 (2000 go out to other places): 7000 EACH YEAR

~~NUMBER OF DELIVERIES:~~

TOP 4-5 DIAGNOSES LEADING TO ADMISSION: CHOL. UROLOGY HYDRONEPHROSIS
STONES MOST COMMON. LOT OF OLD PEOPLE KIDNEY CYSTS NEPHROSIS
 AVERAGE LENGTH OF STAY: DEPENDS POLYCYSTIC DEPT. UROGENITAL ABNORMALITIES
ONCOLOGY (40/YR)

NUMBER OF OPERATING ROOMS: 5

NUMBER SURGICAL PROCEDURES: 22000/YR.

TOP 4-5 TYPES OF SURGICAL PROCEDURES DONE: STONES

PHARMACY ON PREMISES: 0 PROSTATE

NUMBER OF PHARMACISTS: 0 PLASTIC

POLYCLINICS (OUTPATIENT): 0

ASSOCIATED MEDICAL INSTITUTE:

Chief Dr. is DEAN OF MEDICAL INSTITUTE

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LABORATORY ON PREMISES: Yes

NUMBER OF PHYSICIANS/TECHNICIANS IN LAB: Biobehavioral
Bacteriological
Immunological

STORAGE FACILITIES: Yes-

TECHNICAL ASSESSMENT: (* = hospital has)
Equipment: Blood gas machine
CT scanner - BROKEN - TAKEN BY ANOTHER HOSPITAL
Fluoroscopy
Ultrasonography - Yes
Renal dialysis
Plasmapheresis
Hyperbaric therapy
X-ray Yes
Other: Angiogram
Simulas

SITES VISITED: ICU's Labs OR's Wards
 Pharmacy Warehouse

GENERAL COMMENTS:

Only 4 Urology Institutes - This is 1!
SAW BOXES OF NUCLEAR MED. & LITHOTRIPSY IN BOXES AS WE CAME
THROUGH THE LOBBY OF THE HOSPITAL
(LITHOTRIPSY)

CHINESE WILL COME IN AUGUST TO HELP THEM SET UP LITHOTRIPSY
NUCLEAR MED. FROM GERMANY
HAS SAME AMT. OF STONES AS MEXICO & USA

* HAS A SPECIAL CHILDREN'S DEPT.

DOING ECOLOGY RESEARCH - ARAL SEA IS DRYING UP (ECOLOGICAL COND. IS
NOT ENOUGH H₂O CHANGING FUTURE)
LOT OF SALT-SAND
SO ECONOMY IS SUFFERING

THEY DO KIDNEY & TESTES TRANSPLANTS! (HYPOGONADOTROPIC)

Hospital Assessment Sheet

Toni Aust 12/24

NAME OF HOSPITAL: REPUBLICAN CHILDREN'S HOSPITAL

HOSPITAL CODE LETTER FOR MILLWOOD: B

ADDRESS OF HOSPITAL: V. KAMENKA, HOSPITAL "ARKSAI"

NAME OF CHIEF PHYSICIAN: DUJSIKEEV ALMAN DUJSIKEEVICH

WORK PHONE: 341084

HOME PHONE: 531787 421202 (BREJNEVA)

DATE AND TIME OF HOSPITAL VISIT: 3:00 p.m. TUESDAY - AUG. 4

PROJECT HOPE TEAM: TONI AUST RPL, HAROLD NOLIS M.D. DGA - Interpreter, Chief Dr. KAMENKA -

CHIEF REPRESENTED BY: DEPUTY DR. BREJNEVA, MORT REP AITMAGANBEROVA INDISA

TYPE OF HOSPITAL: Children's

AREA SERVED: ↓

POPULATION SERVED: Various Regions = Whole Republic (17 mill.)

NUMBER AND AGE OF BUILDINGS: 7 BLDG. 1954

NUMBER OF BEDS: 535
100 BEDS = NEPHROLOGICAL
100 BEDS = G.I

MAJOR SERVICES AND SPECIALTIES:

NUMBER OF PHYSICIANS: 103

Surgical
Orthopedic
Neurological
G.I

Congenital Abnormalities
Tetralogy complications
Nephro-urological
Hemodialysis

NUMBER OF NURSES: 342

NUMBER ADMISSIONS: 5000

~~NUMBER OF DELIVERIES:~~

TOP 4-5 DIAGNOSES LEADING TO ADMISSION: Whole mainly with difficult diseases
Neurological, NephrotoLOGY, ORTHO

AVERAGE LENGTH OF STAY: DEPENDS ~27 DAYS

NUMBER OF OPERATING ROOMS: 5 1,000 OPERATIONS/YR.

NUMBER SURGICAL PROCEDURES: 1,000/YR.

TOP 4-5 TYPES OF SURGICAL PROCEDURES DONE: Urological, ORTHO

PHARMACY ON PREMISES: YES

NUMBER OF PHARMACISTS: 25 4 RX + 21 TECHS

POLYCLINICS (OUTPATIENT): YES WITH MED. CONSULTANTS (esp. Children's Diseases)

ASSOCIATED MEDICAL INSTITUTE: YES

6/4

LABORATORY ON PREMISES: Yes
NUMBER OF PHYSICIANS/TECHNICIANS IN LAB: 60

STORAGE FACILITIES:

TECHNICAL ASSESSMENT: (* = hospital has)
Equipment: Blood gas machine
CT scanner
Fluoroscopy
Ultrasonography ✓
Renal dialysis ✓
Plasmapheresis ✓
Hyperbaric therapy
X-ray ✓
Other:

SITES VISITED: ___ ICU's ___ Labs ___ OR's ___ Wards
___ Pharmacy ___ Warehouse

GENERAL COMMENTS:

3-15 years = patients

Has gotten shipment from H&P

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NOTE

LAST TIME - THEIR FAX MUST HAVE GOTTEN LOST.
*VERY IMPORTANT THAT WE SET UP THESE PEOPLE.
SOMEONE ELSE GOT THEIR SHIRT

Toni Aust RPH

Hospital Assessment Sheet

NAME OF HOSPITAL: Scientific Research Inst. of Pediatrics

HOSPITAL CODE LETTER FOR MILLWOOD: C

ADDRESS OF HOSPITAL: 480090, Alma-Ata, ul. A. Epan. 46i, 146

NAME OF CHIEF PHYSICIAN: S. KENOV. Juana Koreshev

WORK PHONE: 488121

HOME PHONE: 651664

DATE AND TIME OF HOSPITAL VISIT: 4:20 8/4/92

PROJECT HOPE TEAM: Toni Aust RPH, Harold News MD, Olga, Dr. SIKENOV, Kolesov

CHIEF REPRESENTED BY: /

TYPE OF HOSPITAL: Pediatric General + Research + HAS own clinic

AREA SERVED: Republic

POPULATION SERVED: Republic

NUMBER AND AGE OF BUILDINGS: 2 connected 1984

NUMBER OF BEDS: 216 180 today (1 dept. = ~~ICU~~ ICU closed)

MAJOR SERVICES AND SPECIALTIES: All pediatric services EXCEPT SURGICAL
NEONATOLOGY, Urology, Pulmonology, Hematology, CARDIOLOGY

NUMBER OF PHYSICIANS: 40 70 scientific workers = research

NUMBER OF NURSES: 170 G.I. DIAGNOSTICAL

NUMBER ADMISSIONS: 3000/yr.

NUMBER OF DELIVERIES:

TOP 4-5 DIAGNOSES LEADING TO ADMISSION: SEE Specialties - Hypoxia, Neurology, PNEUMONIA & NEUROSIS, LEUKEMIA

AVERAGE LENGTH OF STAY: Leukemia - Long time
DEPLETION - varies by diagnosis

NUMBER OF OPERATING ROOMS:

NUMBER SURGICAL PROCEDURES: No

TOP 4-5 TYPES OF SURGICAL PROCEDURES DONE: No

PHARMACY ON PREMISES: Yes

NUMBER OF PHARMACISTS: 2 + 5 TECHS

POLYCLINICS (OUTPATIENT): Consultations

ASSOCIATED MEDICAL INSTITUTE: Yes

BEST AVAILABLE COPY

217 =

LABORATORY ON PREMISES: Yes
NUMBER OF PHYSICIANS/TECHNICIANS IN LAB: 8 physicians, 17 techs

STORAGE FACILITIES: YES

TECHNICAL ASSESSMENT: (* = hospital has)
Equipment: Blood gas machine
CT scanner
Fluoroscopy
Ultrasonography ✓ Old
Renal dialysis ✓
Plasmapheresis
Hyperbaric therapy
X-ray ✓
Other:
Nuclear Med. ✓

SITES VISITED: ___ ICU's ___ Labs ___ OR's ___ Wards
___ Pharmacy ___ Warehouse

GENERAL COMMENTS:

SPECIAL REQUEST -
PLEASE SEND LITERATURE!!

BEST AVAILABLE COPY

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Toni A. Aust RPH

Hospital Assessment Sheet

NAME OF HOSPITAL: Central Clinical Hospital of Alma-Ata

HOSPITAL CODE LETTER FOR MILLWOOD: D

ADDRESS OF HOSPITAL: 48004, ALMA-ATA (W) 44-97-16
FURMANOV str. 57-54 (H) 33-58-14

NAME OF CHIEF PHYSICIAN: TURABAEV ABDIBEK TURABAEVICH (SURGEON)

WORK PHONE: 44-97-16

HOME PHONE: 33-58-14

DATE AND TIME OF HOSPITAL VISIT: 8/5/92 11:00

PROJECT HOPE TEAM: Toni Aust RPH, Harold Nevis M.D., Olga-interpreter, Dep. Dir. Djumaliev

CHIEF REPRESENTED BY: ✓

TYPE OF HOSPITAL:

AREA SERVED: DIF. DEPTS. UNDER WITH DIF. AREAS

POPULATION SERVED: VARIES 1,000,000

NUMBER AND AGE OF BUILDINGS: 14 Built 1971 (214m)

NUMBER OF BEDS: ~~Used to be 1140 beds (Closed 320 beds)~~ Now = 820 BEDS

MAJOR SERVICES AND SPECIALTIES: EMERGENCY SURGICAL BRONCHOLOGY
UROLOGY TRAUMA THERAPY ENDOSCOPY

NUMBER OF PHYSICIANS: 340

NUMBER OF NURSES: ~~1838~~ 2600

NUMBER ADMISSIONS: 25,000 - 27,000

NUMBER OF DELIVERIES:

TOP 4-5 DIAGNOSES LEADING TO ADMISSION: TRAUMA (Occupational, Car Accidents)

AVERAGE LENGTH OF STAY: 13-15 days

NUMBER OF OPERATING ROOMS: 14

NUMBER SURGICAL PROCEDURES: 35/day (250/week)

TOP 4-5 TYPES OF SURGICAL PROCEDURES DONE: Coli-Gall bladder EYE Incontinence
G.I. Proctological
Vessel ligation Urological

PHARMACY ON PREMISES: Yes

NUMBER OF PHARMACISTS: ~~1~~ 120000 Central Pharmacy

POLYCLINICS (OUTPATIENT): Yes - USED TO BE FOR 53,000 pop.
STILL HAVE

ASSOCIATED MEDICAL INSTITUTE: Yes - 15 DEPTS. + POST-GRADUATE. 2° MED. SCHOOL + NURSING SCHOOL

Have Inlaminis Consultation (6000 women)

LABORATORY ON PREMISES: YES - NOT GOOD EQUIPMENT (NO MICROBIOLOGY)
NUMBER OF PHYSICIANS/TECHNICIANS IN LAB: 5-6 PHYSICIANS 15 TECHS

STORAGE FACILITIES: 4B - PHARMACY + FLOOR OF DEPTS.

TECHNICAL ASSESSMENT: (* = hospital has)
Equipment: Blood gas machine
CT scanner ✓
Fluoroscopy ✓
Ultrasonography ✓
Renal dialysis
Plasmapheresis
Hyperbaric therapy
X-ray ✓
Other: LASER ✓

SITES ~~WANTED~~: 1500s ✓ ICU's ___ Labs ___ OR's ___ Wards
___ Pharmacy ___ Warehouse

GENERAL COMMENTS:

Biggest Hosp. in Republic + City
SHORT OF EVERYTHING - THEY FEEL VERY MISERABLE - QUOTE.

HAVE 2 DEPT. OF 40 BEDS EACH FOR "PAYMENT"

1. EX - 150 R/DAY UROLOGY

MANY PEOPLE PREFER TO DO THIS
MAKING AGREEMENT WITH "PLANT" NOW TO SERVICE THEM (THEIR EMPLOYEES)

2. EX - THERAPEUTICAL - REPAIRING + READING
FOR PAYMENT PATIENTS CAN WORK + REST HERE
(HAS BATHROOM, REF., 2 BEDS, SINK, ETC.)

(TESTING OTHER SERVICES = EXTRA PAYMENT) (PAY FOR WHAT YOU GET)

- CORNEAL TRANSPLANT - OPHTHALMIC DEPT.
- PAYMENT PROCESS IS 1ST IN CITY
- ALL BEDS WERE FULL

Hospital Assessment Sheet

Toni Aug 21
E

NAME OF HOSPITAL: FOURTH MATERNITY HOUSE

HOSPITAL CODE LETTER FOR MILLWOOD: E

ADDRESS OF HOSPITAL: 480056, Alma-Ata, ul Stankovicha, 6

NAME OF CHIEF PHYSICIAN: Koshmagambetov Shamylda

WORK PHONE: 366511

HOME PHONE: 272944

DATE AND TIME OF HOSPITAL VISIT: 12:45 pm. 2/5/92

PROJECT HOPE TEAM: Toni Aug 21, Harold News MD, Olga Imigolova, Chief Dr. Koshmagambetov

CHIEF REPRESENTED BY: ✓

TYPE OF HOSPITAL: MATERNITY

AREA SERVED: October District

POPULATION SERVED: 56,000

NUMBER AND AGE OF BUILDINGS: 1 1956 Lab Dept. + other services in separate bldgs.

NUMBER OF BEDS: 140

MAJOR SERVICES AND SPECIALTIES: OBSTETRICS

NUMBER OF PHYSICIANS: 13 OBSTETRICS + 35 MEDICALS
182 MID-WIVES (87 MIDWIVES + REST NURSES)

NUMBER OF NURSES: ~100

NUMBER ADMISSIONS: >3000

NUMBER OF DELIVERIES: 3000

TOP 4-5 DIAGNOSES LEADING TO ADMISSION: PREGNANCY

AVERAGE LENGTH OF STAY: 5-6 DAYS

NUMBER OF DELIVERY ROOMS: 2 WARDS EACH WITH A DELIVERY SUITE

NUMBER SURGICAL PROCEDURES: NO ABORTIONS HERE.

TOP 4-5 TYPES OF SURGICAL PROCEDURES DONE:

PHARMACY ON PREMISES: CENTRAL (small room HERE)
NUMBER OF PHARMACISTS: 0

POLYCLINICS (OUTPATIENT): 0

ASSOCIATED MEDICAL INSTITUTE: Yes

Hospital Assessment Sheet

Toni Aust RPH

NAME OF HOSPITAL: Regional Children's Hospital

HOSPITAL CODE LETTER FOR MILLWOOD: F

ADDRESS OF HOSPITAL: 480023, Alma-Ata, ul. Ormurova, 17A

NAME OF CHIEF PHYSICIAN: Buribaeva Souli Ismailovna

WORK PHONE: 61 79 49 tel 6144

HOME PHONE: 32 58 08

DATE AND TIME OF HOSPITAL VISIT: 8/5/92 2:05 p.m.

PROJECT HOPE TEAM: Toni Aust RPH, Harold Alvis M.D., Olga-interpreter, Chief Dr. BURIBAEVA

CHIEF REPRESENTED BY:

TYPE OF HOSPITAL: Children's

AREA SERVED: ~~Alma-Ata~~ ^{Kazakhstan} REGION (rural) (NOT THE CITY) WORK WITH ANIMAL WORKERS IN THE COUNTRY
312 REGIONS

POPULATION SERVED: 300,000 children

NUMBER AND AGE OF BUILDINGS: 6 1953, 67 → ON

NUMBER OF BEDS: 320 (310 TODAY) 40 BEDS FOR MOTHERS WHO ARE SICK

MAJOR SERVICES AND SPECIALTIES: EMERGENCY SURGERY H.H. DIS. HEMATOLOGY
NEPHROLOGY KIDNEY DIS. LUNG DIS. ENDOCRINOLOGY

NUMBER OF PHYSICIANS: 87 Drs. (+ 25 trainees)

NUMBER OF NURSES: 475

NUMBER ADMISSIONS: 5-6000/yr.

NUMBER OF DELIVERIES:

TOP 4-5 DIAGNOSES LEADING TO ADMISSION: Respiratory TRAUMA
G.I.

AVERAGE LENGTH OF STAY: 16-17 days

NUMBER OF OPERATING ROOMS: 2

NUMBER SURGICAL PROCEDURES: 1000/yr.

TOP 4-5 TYPES OF SURGICAL PROCEDURES DONE: TRAUMA APPENDICITIS LUNG
CONGENITAL ABNORMALITIES

PHARMACY ON PREMISES: Yes

NUMBER OF PHARMACISTS: 2 employed by Central Pharmacy

POLYCLINICS (OUTPATIENT): No

ASSOCIATED MEDICAL INSTITUTE: Yes

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LABORATORY ON PREMISES: Yes

NUMBER OF PHYSICIANS/TECHNICIANS IN LAB: Clinical Bacteriological
18 TECHS

STORAGE FACILITIES: Yes warehouses

TECHNICAL ASSESSMENT: (* = hospital has)
Equipment: Blood gas machine
CT scanner
Fluoroscopy
Ultrasonography
Renal dialysis
Plasmapheresis
Hyperbaric therapy
X-ray ✓
Other:

SITES VISITED: ___ ICU's ___ Labs ___ OR's ___ Wards
___ Pharmacy ___ Warehouse

GENERAL COMMENTS:

- Children are referred from 12 regional hospitals.
- Anemia - due to Biology + Nutrition
- 11 febrile cases LAST YEAR
cytes

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DATE: 8/4/92
8/5/92

LOCATION: NiMa - Air - ZAKKOTAN

T. Ad RPL
H. Lewis M.

HUMANITARIAN ASSISTANCE

PHARMACOLOGIC THERAPEUTIC CATEGORIES ASSESSMENT FORM / RECOMMENDED ALLOCATIONS

HOSPITAL CODES:

BEDS

Institution & Paology
1
REPUBLICAN HOSPITAL
2
S. Hospital
3
CENTRAL HOSPITAL
4
BLANK HOSPITAL
5
DORAMA HOSPITAL
6
MILITARY HOSPITAL
7
REGIONAL Children's Hospital
8
9
10

	1	2	3	4	5	6	7	8	9	10
I. ANTI-INFECTIVE AGENTS	240	535	216	820	140					
A. Antibiotics:										
1. Aminoglycosides:	✓✓	✓	✓✓	✓✓	✓✓	✓✓				
2. Antifungal:	✓✓		✓✓	✓✓						
3. Cephalosporins:	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
4. B-lactams:	✓✓	✓✓	✓✓	✓✓	✓✓	✓				
5. Erythromycins:	✓✓		✓	✓✓	✓	✓				
6. Penicillins:	Ampicillin		✓	✓	✓	✓✓				
7. Extended Spectrum Penicillins:	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
8. Tetracyclines:	✓✓		✓	✓✓	✓					
9. Miscellaneous Anti-Infectives:	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
B. Antituberculosis Agents:			Rifampin	✓	✓	✓				
C. Antivirals:	✓✓	✓✓	✓✓	✓	✓	✓				
D. Quinolones:	✓✓	✓✓	✓✓	✓✓	✓	✓✓				
E. Sulfonamides:	✓✓		✓	✓	✓	✓				
F. Urinary Anti-Infectives:	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				

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Important NEED

Very Important NEED

~~Very Important NEED~~

✓

HUMANITARIAN ASSISTANCE
 PHARMACOLOGIC THERAPEUTIC CATEGORIES ASSESSMENT FORM

	A	B	C	D	E	F	G	H	I	J
II. ANTIHISTAMINES	✓✓	✓	✓✓ * ✓✓	✓✓	✓	✓✓				
III. ANTI NEOPLASTICS	✓		Cytosar V. ✓✓							
IV. AUTONOMIC DRUGS				✓						
A. <u>Parasympathomimetic (Cholinergic) Agents</u>	✓✓		✓		✓					
B. <u>Anticholinergics:</u>				✓	✓					
<u>Anti Parkinsonian Agents</u>				✓	✓					
<u>Antimuscarinics/Antispasmodics</u>	✓✓		✓✓	✓	✓✓	✓✓				
C. <u>Sympathomimetic (Adrenergic):</u>	✓✓	✓✓	✓✓	✓	✓	✓				
D. <u>Sympatholytic (Adrenergic Blocking):</u>	✓✓		✓✓	✓	✓✓					
E. <u>Skeletal Muscle Relaxants:</u>	✓	✓✓	✓✓	✓	✓✓	✓✓				
V. <u>BLOOD FORMATION AND COAGULATION</u>										
A. <u>Antianemia Drugs</u>		✓✓	✓✓	✓	✓✓	✓✓				
<u>Iron Preparations:</u>	✓✓	✓✓	✓✓	✓	✓	✓✓				
B. <u>Anticoagulants:</u>	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
C. <u>Thrombolytic Agents:</u>	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
D. <u>Hemorheologics:</u>	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				

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HUMANITARIAN ASSISTANCE
 PHARMACOLOGICAL THERAPEUTIC CATEGORIES ASSESSMENT FORM

	A	B	C	D	E	F	G	H	I	J
VI. CARDIOVASCULAR AGENTS										
A. <u>Cardiac Drugs</u>	✓	✓	✓✓	✓✓	✓	Inj. HQ. ✓✓				
B. <u>Hypotensive Agents</u>	✓✓	✓	✓	✓✓	✓	✓				
C. <u>Vasodilating Agents</u>	✓✓	✓	✓	✓✓	✓✓	✓				
VII. CENTRAL NERVOUS SYSTEM AGENTS										
A. <u>Analgesics:</u>										
<u>Non-steroidal Anti-inflammatory</u>	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
<u>Miscellaneous Analgesics and Antipyretics</u>	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
B. <u>Anticonvulsants</u>			✓							
<u>Hydantoins:</u>		✓✓✓	✓	✓	✓✓	✓✓				
<u>Miscellaneous Anticonvulsants</u>		✓✓	✓	✓	✓✓	✓✓				
C. <u>Psychotherapeutic Agents</u>										
<u>Antidepressants (Tricyclic and other)</u>	✓✓	✓	✓	✓	✓	✓✓				
<u>Tranquilizers</u>	✓	✓	✓	✓	✓✓	✓				
D. <u>Sedatives and Hypnotics</u>	✓✓	✓✓								
<u>Miscellaneous Sedatives and Hypnotics</u>	✓✓	✓✓	✓	✓	✓✓	✓✓				
E. <u>Antimanic Agents</u>		✓✓	✓	✓						

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HUMANITARIAN ASSISTANCE
 PHARMACOLOGIC THERAPEUTIC CATEGORIES ASSESSMENT FORM

	A	B	C	D	E	F	G	H	I	J
VIII. ELECTROLYTE/WATER BALANCE AGENTS			✓✓							
A. <u>Replacement Preparations</u>	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
B. <u>Caloric Agents</u>	✓✓	✓	✓✓	✓✓	✓✓	✓✓				
C. <u>Diuretics</u>	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
D. <u>Potassium Sparing Diuretics</u>	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
E. <u>Uricosuric Agents/Gout Agents</u>	✓✓			✓✓	✓✓					
IX. ANTI-TUSSIVES, EXPECTORANTS, MUCOLYTIC AGENTS										
A. <u>Antitussives</u>										
B. <u>Expectorants</u>		✓✓	✓✓	✓	✓	✓✓				
C. <u>Mucolytic Agents</u>	✓✓	✓✓	✓✓	✓	✓	✓✓				
X. EYE, EAR, NOSE, AND THROAT PREPARATIONS										
A. <u>Local Anesthetics</u>										
B. <u>Vasoconstrictors</u>		✓	✓✓	✓✓		✓✓				
C. <u>Ophthalmic Preparations:</u>			✓	✓		✓✓				
XI. GASTROINTESTINAL DRUGS										
A. <u>Antacids</u>	✓	✓✓	✓✓	✓✓		✓				
B. <u>Antidiarrhea Agents</u>		✓✓	✓✓	✓		✓				
C. <u>Antiflatulents</u>		✓		✓		✓				

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HOSPITAL LAB ASSISTANCE
 PHARMACOLOGIC THERAPEUTIC CATEGORIES ASSESSMENT FORM

	A	B	C	D	E	F	G	H	I	J
D. <u>Laxatives</u>		✓								
1. <u>Bulk Forming Laxatives</u>		✓		✓	✓					
2. <u>Diphenylmethane Laxatives</u>		✓		✓	✓					
3. <u>Stool Softeners</u>		✓	✓✓	✓	✓✓					
E. <u>Digestants</u>		✓✓	✓	✓✓	✓	✓				
F. <u>Antiemetics</u>	✓✓	✓	✓	✓		✓				
G. <u>Miscellaneous G-I Drugs</u>		✓		✓		✓				
XII. <u>HORMONES/SYNTHETIC SUBSTITUTES</u>										
A. <u>Adrenals (Glucocorticoids)</u>		✓✓	✓✓	✓✓	✓✓	✓✓				
B. <u>Contraceptives</u>				✓	✓					
C. <u>Estrogens</u>				✓	✓✓					
D. <u>Antidiabetic Agents</u>										
<u>Insulins</u>		pure ✓	✓✓	✓✓	long-acting ✓	✓✓				
<u>Sulfonylureas</u>			✓	✓✓	✓					
E. <u>Thyroid Agents</u>				✓✓	✓					
XIII. <u>LOCAL ANESTHETICS (PARENTERAL)</u>	✓	✓✓	✓✓	✓✓	✓	✓✓				
XIV. <u>OSTYTOCICS</u>				✓✓	✓✓					

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HUMANITARIAN ASSISTANCE
 PHARMACOLOGIC THERAPEUTIC CATEGORIES ASSESSMENT FORM

	A	B	C	D	E	F	G	H	I	J
XV. SMOOTH MUSCLE RELAXANTS										
A. <u>Genitourinary Smooth Muscle Relaxants</u>	✓✓	✓✓	✓✓	✓✓	✓	✓✓				
B. <u>Respiratory Smooth Muscle Relaxants</u>	✓✓		✓✓	✓✓	✓					
<u>Theophyllines:</u>	✓✓	✓	✓✓	✓	✓	✓				
<u>Other Asthmatic Drugs</u>		✓	✓✓	✓✓	✓	✓				
XVI. BLOOD DERIVATIVES	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
XVII. VITAMINS	✓✓	✓✓	✓✓		✓✓	✓✓				
XVIII. SERUMS, TOXIODS, VACCINES										
A. <u>Serums:</u>										
B. <u>Toxoids:</u>										
C. <u>Vaccines:</u>										
XIX. SKIN AND MUCOUS MEMBRANE AGENTS										
A. <u>Antibiotics:</u>		✓	✓✓	✓✓	✓					
B. <u>Antifungals:</u>		✓	✓✓	✓✓	✓					
C. <u>Scabicides and Pediculicides:</u>		✓✓			✓✓					
D. <u>Miscellaneous Local Anti Infectionives:</u>		✓	✓	✓	✓					
XX. DIAGNOSTIC AGENTS	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
XXI. DENTAL AGENTS		✓✓	✓	✓		✓✓				

N/A

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HUMANITARIAN ASSISTANCE
 PHARMACOLOGIC THERAPEUTIC CATEGORIES ASSESSMENT FORM

	A	B	C	D	E	F	G	H	I	J
XXII. DISINFECTANTS (USED ON OBJECTS-NOT SKIN)	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
XXIII. FORMULAS										
STETHOSCOPES	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
STETHOSCOPES BACTERIUS			✓✓	✓✓	✓✓	✓✓				
Syringes	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
BANDAGES	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
Gloves	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
I.V. Sets	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
CATHETERS (Foley)	✓✓	✓✓	✓✓	✓✓	✓✓					
CATHETERS (Various)	✓✓	✓✓	✓✓	✓✓	✓✓	✓✓				
Endo-Tracheal Tubes	✓✓	✓✓	✓✓	✓✓		✓✓				
B.P. Cuffs	✓✓	✓✓	✓✓	✓✓	✓✓	SMALL ✓✓				
Sutures	(thin) ✓✓	✓✓		✓✓		✓✓				
Suction Catheters (Tracheal)			✓✓	✓✓	✓✓					
Ringers				✓✓	✓✓					
Bronchoscopy Materials + Tubes			✓✓	✓✓		✓✓				
BACTERIOLOGY Analysis (Strept, etc)										
Non-Flexible Bronchoscope			✓✓			✓✓				
Short Jelco Catheters			✓✓							
Disposable Operating Hats, Gowns, & Shoes				✓✓	✓✓	✓✓				

APPENDIX 5.9

PROBLEMS ENCOUNTERED WITH PROJECT HOPE SUPPLIES.

<u>EXAMPLE</u>	<u>RECOMMENDATION</u>
o Central Venous Pressure Monitoring sets could not be used to measure central venous pressure (although Russian physicians would have benefitted from being able to do so) because the sets provided do not attach to Russian central venous catheters.	- American supplies should not be sent unless they can be used effectively alone, or unless knowledge of equipment indicates compatibility with Russian products. (These CVP sets would be very useful with CVP catheters.)
o Thermometers reading degrees Fahrenheit present problems in countries using degrees Centigrade.	- Thermometer shipments should contain a conversion table to degrees Centigrade.
o Adult formulations (e.g. DURACEF, 1g. tablets) were sent to pediatric hospitals, and pediatric formulations (e.g. AMPICILLIN suspension) were sent to adult hospitals.	- Careful matching of hospital populations with available drugs by personnel developing shipping lists.
o RITODRINE was not being utilized because physicians were not familiar with its usage.	- Although the drug was correctly sent to a maternity hospital, it (and all drugs) should be sent with (1) a drug formulary, and (2) a brief instruction sheet for each drug in English & Russian.
o Multivitamins, clearly labelled for use once a day, were being given three times a day.	- As above, additional information about drugs (in Russian as well as English, if possible) will help explain correct usage. Follow-up visit by Validation Team soon after receipt of a shipment could help answer any questions & review correct usage of products.
o LIDOCAINE was sent as a 20% solution (for cardiac use) when it was desperately needed instead as a 1% solution for local anesthesia.	- Here is another example of how a follow-up visit by an experienced pharmacist or physician (as part of the validation process) could be useful in improvising with local supplies.

- o DECADRON was a much-appreciated donated drug but was frequently used in situations considered unhelpful in American medicine (such as "sepsis", "trauma", etc.)
 - o MEVACOR was supplied in huge quantities to some hospitals (>\$500,000 each to the City Emergency Hospital in Bishkek and the Central Clinical Hospital in Alma-Ata) in one shipment alone.
 - o MONOPRIL was sent to maternity hospitals in Alma Ata and Bishkek despite the fact that this anti-hypertensive agent is best avoided in pregnancy.
 - o Critically needed supplies are often not sent. Especially needed in virtually all hospitals are anesthetic agents (for local and intravenous use), antibiotics (with wide safety ranges, such as penicillin derivatives, and cephalosporins - intravenous and oral), syringes, catheters, butterfly needles, bandages, antiseptic solutions, etc. Chemotherapeutic agents are required in all oncology hospitals.
- DECADRON is best provided to oncology hospitals (where it may be one of the few chemotherapeutic agents available), with perhaps small shipments to other hospitals for appropriate needs (children, adults and maternity).
 - This drug is not an essential item for these countries at this time. Without the ability to monitor cholesterol levels, it is generally given to any elderly patient (>50 years of age) or anyone with "atherosclerosis". Whether it is better not to send it at all in these circumstances can be debated, but at least some educational material should accompany the product. Furthermore, smaller quantities should be sent to individual hospitals.
 - Drugs supplied to all hospitals should be appropriate to their function.
 - Attempts should be made to solicit such items from pharmaceutical donors. Funds available for procurement should be used for these items, to assure some are included in all future shipments.

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APPENDIX 5.10

OUTLINE FOR FORMULARY TO ACCOMPANY SHIPMENTS

DATE: October 22, 1992

1. Proposal for a Medical Formulary/Catalog in Russian Language of Humanitarian Assistance Product to Accompany Shipments to the FSU

Background: In the course of the implementation of the Presidential Initiative the need for a reference guide in Russian to medications and supplies delivered in the territory of the former Soviet Union is repeatedly recognized. Such a guide should be straightforward, providing immediately accessible information to local pharmacists, physicians and other health care personnel.

In recent meeting with Dr. Robert Wolthius, Deputy Assistant Secretary of the DOD, and Director of Global Affairs for Ambassador Armitage, it was revealed that such a need is also seen for the Provide Hope medical humanitarian assistance activity. I was encouraged to propose this idea for HOPE's ongoing program, but also with the recognition that such a formulary might also be used by activities arising out of other programs, such as Armitage's. Wolthius suggested that perhaps supplementary funding might be found for this proposal through USAID.

Whether there is cooperation and support for this formulary outside HOPE's program or not, I strongly urge consideration of this proposal for our immediate needs in P.I. as an aid in education on the safe and proper use of the donated products.

Process Description:

-Compile a database of all medications and medical supplies entering the program.

-For each medication prepare a one-page (maximum) flyer in Russian. Similarly, a list in Russian of medical supplies would be compiled.

-Code these flyers to the database.

-Code the shipping lists to the database.

-Retrieve for each shipping unit (probably best defined by hospital) relevant flyers from the database.

-Bind relevant flyers into a pamphlet/booklet to be packed in with each shipping unit.

-Develop updating and revision procedure for database.

Venue of activity: Russian translation could be done in Moscow. Database management and production of formularies could be done at HOPE Center. Text exchange Moscow-HOPE Center could be by email and diskette transfer.

Rationale for flexible, customized approach as opposed to generic

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HS

**REGIONAL CHILDREN'S HOSPITAL
ALMA-ATA, KAZAKHSTAN
(F - BLACK)**

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APPENDIX 5.11

<u>PC#</u>	<u>STOCK#</u>	<u>QTY/U.M.</u>	<u>UNIT COST</u>	<u>TOTAL VALUE</u>	<u>DESCRIPTION</u>
1	64529	18 CS	1,284.60	23,122.80	CEFADROXIL MONOHYDRATE, "DURICEF", INDIV. WRAPPED TABS, 1GM/TAB, 7TAB/PK, 4PK/BX, 6BX/CS, EXP: 1-93, NDC#0087-0785-46, LOT#AOV88B
2	64529	2 CS	1,284.60	2,569.20	CEFADROXIL MONOHYDRATE, "DURICEF", INDIV. WRAPPED TABS, 1GM/TAB, 7TAB/PK, 4PK/BX, 6BX/CS, EXP: 1-93, NDC#0087-0785-46, LOT#AOV88B
2	62015	10 CS	169.20	1,692.00	INFUSION SET, "BUTTERFLY", 25 X 3/4, 12" TUBING, STERILE UNITS, 1/PK, 40PK/BX, 3BX/CS, PROD#4506
2	63348	2 CS	453.33	906.66	LIDOCAINE HCEL, INJ., USP, 2000MG/10ML, 25/CS, EXP: 7-93, NDC#0074-6250-01
2	63897	1 CS	6,960.00	6,960.00	"DECADRON", PHOSPHATE INJ., DEXAMETHASONE SODIUM PHOSPHATE, STERILE, 1ML/VL, 1VL/BX, 25BX/CN, 48CN/CS, EXP: 7-94, NDC#0006-7628-66, LOT#0294
3	63897	3 CS	6,960.00	20,880.00	"DECADRON", PHOSPHATE INJ., DEXAMETHASONE SODIUM PHOSPHATE, STERILE, 1ML/VL, 1VL/BX, 25BX/CN, 48CN/CS, EXP: 7-94, NDC#0006-7628-66, LOT#0294

4	63897	1	CS	6,960.00	6,960.00	"DECADRON", PHOSPHATE INJ., DEXAMETHASONE SODIUM PHOSPHATE, STERILE, 1ML/VL, 1VL/BX, 25BX/CN, 48CN/CS, EXP: 7-94, NDC#0006-7628-66, LOT#0294
4	63114	1	CS	395.40	395.40	"MINTEZOL", THIABENDAZOLE, CHEWABLE TABLETS, 500MG/TAB, 1TAB/PK, 36PK/BX, 12BX/CN, 6CN/CS, EXP: 4-96, NDC#0006-0907-36
5	63114	2	CS	395.40	790.80	"MINTEZOL", THIABENDAZOLE, CHEWABLE TABLETS, 500MG/TAB, 1TAB/PK, 36PK/BX, 12BX/CN, 6CN/CS, EXP: 4-96, NDC#0006-0907-36
5	63867	1	CS	2,372.40	2,372.40	"MINTEZOL", THAIBENDAZOLE, CHEWABLE TAB, 500MG/TAB, 1TAB/PK, 36PK/BX, 12BX/CN, 6CN/CS, EXP: 9-96, NDC#0006-0907-36, LOT#V0017
6	63867	3	CS	2,372.40	7,117.20	"MINTEZOL", THAIBENDAZOLE, CHEWABLE TAB, 500MG/TAB, 1TAB/PK, 36PK/BX, 12BX/CN, 6CN/CS, EXP: 9-96, NDC#0006-0907-36, LOT#V0017
7	65467	2	CS	1,048.32	2,096.64	NYSTATIN ORAL SUSPENSION USP, "MYCOSTATIN", 100,000 UNITS/ML, 60ML/BT, 48BT/CS, EXP: 2-93, NDC#0003-0588-60, LOT#1B37875
7	64659	8	CS	120.00	960.00	STETHOSCOPE, "LITTMANN 2203 CLASSIC II", 1EA/BX, 3BX/CS, 3-M I.D.#70-2005-3935-4

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10	65806	4	CS	100.00	400.00	TAPE, "MICROPORE", SURGICAL, 2" X 10 YDS, STERILE, 6 ROLLS/BX, 10BX/CS, PROD#1530-2
10	64780	2	CS	856.20	1,712.40	NYSTATIN & TRAIMCINOLONE ACETONIDE CREAM USP, "MYCOLOG-II", 120GR/JAR, 12JARS/CS, EXP: 2-93, NDC#0003-0566-50
10	65600	10	CS	376.38	3,763.80	AMOXICILLIN CAPSULES USP, 250MG/CAP, 500CAPS/BT, 6BT/CS, EXP: 2-93, NDC#0015-7278-86
11	65537	2	CS	117.60	235.20	SPONGEBRUSH, "SCRUBTEAM", SURGICAL, 1876, NO DETERGENT, 20 BRUSHES/BX, 12BX/CS, PROD#70-2318-7601-5
12	65537	2	CS	117.60	235.20	SPONGEBRUSH, "SCRUBTEAM", SURGICAL, 1876, NO DETERGENT, 20 BRUSHES/BX, 12BX/CS, PROD#70-2318-7601-5
13	65537	2	CS	117.60	235.20	SPONGEBRUSH, "SCRUBTEAM", SURGICAL, 1876, NO DETERGENT, 20 BRUSHES/BX, 12BX/CS, PROD#70-2318-7601-5
14	65537	2	CS	117.60	235.20	SPONGEBRUSH, "SCRUBTEAM", SURGICAL, 1876, NO DETERGENT, 20 BRUSHES/BX, 12BX/CS, PROD#70-2318-7601-5
15	65537	2	CS	117.60	235.20	SPONGEBRUSH, "SCRUBTEAM", SURGICAL, 1876, NO DETERGENT, 20 BRUSHES/BX, 12BX/CS, PROD#70-2318-7601-5
16	57827	2	CS	0.00	0.00	BASIS PAKKET (PRINTED IN DUTCH), "SOHO SURGI-SYSTEM", PROD#19-0175

19	65524	2	CS	147.00	294.00	STETHOSCOPE, "LITTMANN 2114 INFANT COMBINATION", 1EA/BX, 3BX/CS, 3-M I.D.#70-2005-3929-7
19	57879	20	EA	7.56	15.12	THERMOMETER, DIGITAL, "B-D", BATTERY INCLUDED, PROD#4030
19	64985	1	BX	7.71	7.71	ADHESIVE REMOVER, "MEDI-SOL", 1 WIPE/PK, 100PK/BX, PROD#30030
19	64810	1	BX	10.19	10.19	PLASTER SPLINTS, FAST-SETTING, "SPECIALIST", 3" X 15", 50/BX, PROD#8137-007390
20	66014	1	CS	841.68	841.68	SILVER SULFADIAZINE, "SILVADENE CREAM 1%", 400GR/JAR, 6JARS/BX, 6BX/CS, EXP: 1-95, NDC#0088-1050-72
20	66989	4	BX	17.15	68.60	ALBUTEROL SULFATE, USP, VENTOLIN ROTACAPS ROTAHALER, 200MG/CAP, 24CAP/BX, NDC#0173-0389-03
20	64377	2	CS	32.50	65.00	TAPE, ELASTIC ADHESIVE, "EXPANDOVER", TRAINER PAK, 1" X 7.5 YDS, 48RL/CS, PROD#8882-307104
20	65927	2	CS	90.00	180.00	DRESSING, TRANSPARENT, "BLISTERFILM", 2 1/4" X 3", STERILE, 50/BX, 4BX/CS, NDC#8884-4741-00
21	65537	2	CS	117.60	235.20	SPONGEBRUSH, "SCRUBTEAM", SURGICAL, 1876, NO DETERGENT, 20 BRUSHES/BX, 12BX/CS, PROD#70-2318-7601-5

29	63428	10	CS	309.94	3,099.40	LIDOCAINE, HCI INJ., USP, 1000MG/5ML, 25/CS, EXP: 8-93, NDC#0074-6249-01
29	62755	2	CS	65.40	130.80	NEEDLE, "PRECISION GLIDE", SUB-Q, 25G, 5/8", STERILE, SINGLE USE, 10/BX, 10BX/CS, PROD#5101
30	62755	8	CS	65.40	523.20	NEEDLE, "PRECISION GLIDE", SUB-Q, 25G, 5/8", STERILE, SINGLE USE, 10/BX, 10BX/CS, PROD#5101
30	64505	1	CS	6,477.12	6,477.12	MYCOSTATIN, ORAL SUSPENSION, USP, NYSTATIN ORAL, 100,000 UNITS/ML, 60ML/BT, 1BT/BX, 48BX/CS, EXP: 2-93, NDC#0003-0588-60, LOT#1B37875
30	64505	1	CS	6,477.12	6,477.12	MYCOSTATIN, ORAL SUSPENSION, USP, NYSTATIN ORAL, 100,000 UNITS/ML, 60ML/BT, 1BT/BX, 48BX/CS, EXP: 2-93, NDC#0003-0588-60, LOT#1B37875
31	57879	128	EA	7.56	967.68	THERMOMETER, DIGITAL, "B-D", BATTERY INCLUDED, PROD#4030
32	57879	72	EA	7.56	544.32	THERMOMETER, DIGITAL, "B-D", BATTERY INCLUDED, PROD#4030
32	54605	10	PK	160.00	1,600.00	SPONGES, GAUZE, 2 X 2, 12-PLY, 8000 SPONGES, 200/PK, PROD#7613
32	62150	1	CS	83.20	83.20	NEEDLE, PRECISION GLIDE, 22G, 1", STERILE, SINGLE USE, 100/BX, 10BX/CS, PROD#5102

APPENDIX 5.12
VALIDATION REPORT

NAME OF HOSPITAL: Republican Children's Hospital

ADDRESS OF HOSPITAL: V Kamenka Hospital Aksai, Alma-Ata

DATE OF SHIPMENT: Sept 30, 1992

DATE/TIME OF VISIT: November 3, 1992

NAME OF PHYSICIAN/OTHER CONTACT: Dr. Dujsikeev

STATUS OF DRUGS/SUPPLIES FROM SHIPMENT (PRODUCTS IN STOCK, QUANTITIES, EXP DATES, STORAGE CONDITIONS ETC):

Boxes sealed, no damage, all supplies valuable, no storage problems

PROBLEMS/CONCERNS RELATIVE TO SUPPLIES PROVIDED:

Translations needed for some products, they were still working on translation.
Some short expiration dates

RECOMMENDATIONS TO RESOLVE PROBLEMS/CONCERNS:

FUTURE PHARMACEUTICAL/MEDICAL SUPPLY NEEDS:

Insulin, Steroids, Sutures, IV Sets,

FUTURE TECHNICAL ASSISTANCE AND EDUCATION NEEDS TO IMPROVE HEALTH CARE DELIVERY:

Educational exchanges for physicians, nurses, pharmacists desired

OTHER REMARKS, USE BACK IF NEEDED:

warmly recieved, this is an important institution in Alma Ata

Clinton M. Thomas, Jr. M.D., M.P.H.

Table :

APPENDIX 5.13*BEST AVAILABLE COPY*

Value of Shipments through 10/31/92

ARMENIA (Yerevan)	\$ 2,263,425
BE_LARUS (Gor'nei, Minsk, Mogilev)	8,217,335
GEORGIA	1,098,892
KAZAKHSTAN (Aima Ata, Aral Sea Region)	4,206,190
KYRGYZSTAN (Bishkek)	5,115,683
MOLDAVIA (Kishinev)	1,723,923
REPUBLIC OF RUSSIA:	
ANGARSK	295,037
IRKUTSK	3,752,907
KALININGRAD	604,915
KEMEROVO	577,552
KHABAROVSK	2,551,268
KOSTROMA	1,056,506
KRASNOGURSKY	76,598
KRASNOYARSK	1,029,994
LIPETSK	405,463
MAGADAN	793,536
MAGNITOGORSK	1,361,721
MOSCOW REGION	16,724,806
NOVOKUZNETSK	973,863
NOVOSIBIRSK	1,512,316
OMSK	1,247,906
PAVLOVSKY POSAD	302,943
PODOLSK	288,973
SAKHALIN ISLANDS	13,908
ST. PETERSBURG	1,327,275
URAL MOUNTAIN REGION (Sverdlovsk, Chelyabinsk, Tyumen)	3,462,605
VLADIVOSTOK	1,799,732
VOLGOGRAD	495,736
YAKUTSK	3,969,857
YOSHKAR-OLA	1,566,822
TAJIKISTAN (Dushanbe)	1,648,524
TURKMENISTAN (Ashkhabad, Tashauz)	610,140
UKRAINE (Kiev, Kharkov, Donetsk, Lvov)	17,946,552
UZBEKISTAN (Tashkent, Aral Sea Region)	983,814
SUBTOTAL-COMMONWEALTH INDEPENDENT STATES	90,006,722
BALTICS:	
ESTONIA	1,227,140
LATVIA	2,287,867
LITHUANIA	3,681,721
SUBTOTAL-BALTICS	7,196,728
GRAND TOTAL	\$ 97,203,450
	=====

BEST AVAILABLE COPY

APPENDIX 5.14

FACT SHEET: PROJECT HOPE IN THE FORMER SOVIET UNION

I. Highlights of HOPE directed accomplishments to-date (January, 1989 to October 31, 1992):

1. \$111.1 million of medical goods and services provided.
2. Presidential Initiative including the Baltic States up to 9/28/91: \$105.1 million of medicines and supplies acquired.
3. Armenia Pediatric Rehabilitation Centers established (1989-Present).
4. Center of Excellence: Critical Care being developed, Children's Hospital #9, Moscow (1990-Present).
5. 145 HOPE medical and administrative personnel with working experience in the Newly Independent States and Baltics.
6. Special donation of anti-cancer drugs for Chernobyl victims (1990).

II. Presidential Initiative for the Provision of Urgently Needed Medical Supplies and Medicines:

A. Start Date: February, 1991
Termination Date: February, 1993

B. Accomplishments to Date:

\$105,188,975	product acquired
\$97,203,450	product distributed in the N.I.S. & Baltics
291	hospitals served
14	participating republics served and requisite medical distribution systems established
175	Corporate donors have participated
54	PVO's have cooperated with HOPE
72	HOPE medical volunteers have served in the N.I.S. & Baltics
87	Number of air shipments
25	Number of sea shipments

TOTAL: \$97,203,450

Armenia	\$ 2,263,420
Belarus	\$ 8,217,339
Georgia	\$ 1,098,898
Kazakhstan	\$ 4,206,190
Kyrgyzstan	\$ 5,115,683
Moldova	\$ 1,723,923
Russia	\$46,192,239
Tajikistan	\$ 1,648,524
Turkmenistan	\$ 610,140

Ukraine	\$17,946,552
Uzbekistan	\$ 983,814

Baltics

Part of P.I. Grant up to September 28, 1992

Estonia	\$ 1,227,140
Latvia	\$ 2,287,867
Lithuania	<u>\$ 3,681,721</u>
Total	\$ 7,196,728

APPENDIX 5.15

COMMONWEALTH OF INDEPENDENT STATES
HOSPITALS WHICH HAVE RECEIVED ASSISTANCE
UNDER THE PRESIDENTIAL INITIATIVE

RUSSIAN REPUBLIC

CITY CHILDREN'S HOSPITAL, ANGARSK
CITY MATERNAL HOSPITAL, ANGARSK
Khabarovsk Hospital #18, Birobidzhan
Khabarovsk Children's Hospital, Birobidzhan
Regional Children's Hospital, Birobidzhan
Regional Hospital of Birobidzhan, Birobidzhan
Emergency Medical Center, Chelyabinsk
Oblast Clinical Hospital, Chelyabinsk
Children's General Hospital, Chelyabinsk
Oblast Maternity Hospital, Chelyabinsk
Electrogorsk Town Hospital, Electrogorsk
Regional Children's Hospital, Irkutsk
Municipal Children's Clinical Hospital, Irkutsk
Eastern Siberia Civil Aviation Hospital, Irkutsk
Central City Hospital #10, Irkutsk
City Infectious Disease Hospital, Irkutsk
Municipal City Clinical Hospital, Irkutsk
Maternity Hospital of Kirov District, Irkutsk
Irkutsk Regional Hospital, Irkutsk
City Children's Hospital #3, Kaliningrad
Kaliningrad City Children's Regional Hospital, Kaliningrad
Station of Quick Medical Assistance, Kaliningrad
City General Hospital, Kaliningrad
Children's Regional Hospital, Kaliningrad
City Infectious Disease Hospital, Kaliningrad
City Children's Hospital, Kemerovo
Children's Hospital #7, Kemerovo
Children's Hospital #3, Kemerovo
Children's Clinical City Hospital #1, Kemerovo
Children's Hospital #2, Kemerovo
City Hospital #1, Khabarovsk
Regional Children's Hospital #4, Khabarovsk
Vladimir City Hospital #5, Kirov
District Hospital of Kirov, Kirov
Kostroma City Children's Hospital, Kostroma
Kostroma City Hospital #2, Kostroma
Kostroma Regional Hospital of WW II Veterans, Kostroma
WW II Veterans Hospital, Kvasnogorsky Township
Central Regional Hospital of Tahinskiy Region, Latykul
Oblast Children's Hospital #1, Lipetsk
City Children's Hospital, Lipetsk
Central District Hospital, Lipetsk
Metallurgy Factory Hospital, Lipetsk
Regional General Hospital, Magadan
Regional TB Hospital for Adults and Children, Magadan
City Children's Non-Infectious Hospital, Magadan
Central Maternity House, Magadan

CITY CHILDREN'S INFECTIOUS HOSPITAL, MAGADAN
OLA CENTRAL REGIONAL HOSPITAL, MAGADAN
DERMATOLOGY-VENEREAL DISEASE HOSPITAL, MAGADAN
CITY HOSPITAL #4, MAGNITOGORSK
MATERNITY HOSPITAL #3, MAGNITOGORSK
CHILDREN'S HOSPITAL #1, MAGNITOGORSK
CITY HOSPITAL #3, MAGNITOGORSK
RESEARCH INSTITUTE OF PULMONOLOGY, MOSCOW
CITY CLINICAL HOSPITAL #52, MOSCOW
CENTRAL INSTITUTE FOR ADVANCED MEDICAL STUDY, MOSCOW
CITY CLINICAL HOSPITAL #4, MOSCOW
PIROGOV FIRST CITY CLINICAL HOSPITAL, MOSCOW
BAKULEV INSTITUTE FOR CARDIOVASCULAR SURGERY, MOSCOW
CITY CLINICAL HOSPITAL #2, MOSCOW
CHILDREN'S HOSPITAL #2 (ST. VLADIMIR'S CHILDREN'S HOSPITAL),
MOSCOW
CHILDREN'S HOSPITAL #7, MOSCOW
CHILDREN'S HOSPITAL #9, MOSCOW
CITY CHILDREN'S PSYCHONEUROLOGICAL SANATORIUM #44, MOSCOW
CITY CLINICAL HOSPITAL #20, MOSCOW
C.P. BOTKIN HOSPITAL, MOSCOW
CITY CLINICAL HOSPITAL #57, MOSCOW
CHILDREN'S MUNICIPAL HOSPITAL #3, MOSCOW
CHILDREN'S MUNICIPAL HOSPITAL #2, MOSCOW
CHILDREN'S CITY CLINICAL HOSPITAL #9, MOSCOW
CHILDREN'S MUNICIPAL HOSPITAL #13, MOSCOW
CHILDREN'S ORTHOPEDIC HOSPITAL #19, MOSCOW
ALL-UNION INSTITUTE OF HEMATOLOGY & ONCOLOGY, MOSCOW
INFECTIOUS DISEASE HOSPITAL #2, MOSCOW
CHILDREN'S MUNICIPAL HOSPITAL #1, MOSCOW
N.V. SKLIFOSOVSKY FIRST AID RESEARCH INSTITUTE, MOSCOW
ALL-UNION ENDOCRINOLOGY RESEARCH CENTER HOSPITAL, MOSCOW
PSYCHIATRIC HOSPITAL #12, MOSCOW
RUSSIAN CHILDREN'S REPUBLIC HOSPITAL, MOSCOW
SKLIFOSOVSKOGO CITY RESEARCH INSTITUTE OF MEDICAL EMERGENCY,
MOSCOW
SPECIALIZED LABORATORY FOR THE EPIDEMIOLOGY AND PROPHYLAXIS OF
AIDS AT INFECTIOUS DISEASE HOSPITAL #2, MOSCOW
HOSPITAL #157, MOSCOW
CITY CLINICAL CHILDREN'S HOSPITAL #3, NOVOKUZNETSK
CITY CLINICAL HOSPITAL #22, NOVOKUZNETSK
CITY CHILDREN'S HOSPITAL #6, NOVOKUZNETSK
MATERNITY HOSPITAL #1, NOVOKUZNETSK
CITY CHILDREN'S HOSPITAL #4, NOVOKUZNETSK
CITY CHILDREN'S HOSPITAL #7, NOVOKUZNETSK
CENTRAL CLINIC HOSPITAL OF AKADEMGORODOK, NOVOSIBIRSK
CLINICAL HOSPITAL #1, NOVOSIBIRSK
DR. KOVTUN HOSPITAL, NOVOSIBIRSK
MATERNITY HOSPITAL #4, NOVOSIBIRSK
MEDICAL-SANITARIAN PART #168 SIBAKADEMSTROI, NOVOSIBIRSK
NOVOSIBIRSK INSTITUTE OF PATHOLOGY OF CIRCULATION, NOVOSIBIRSK
ORTHOPEDIC CLINIC, NOVOSIBIRSK
OMSK MEDICAL INSTITUTE, OMSK
REGIONAL CHILDREN'S CLINICAL HOSPITAL, OMSK

CENTRAL REGIONAL HOSPITAL, PAVLOVSKY POSAD
MATERNITY HOUSE OF PAVLOVSKY POSAD
CENTRAL DISTRICT HOSPITAL, PODOLSK
CHILDREN'S HOSPITAL #7, SAKHALIN ISLAND
TOXICOLOGY INSTITUTE OF ADVANCED MEDICAL STUDIES, ST. PETERSBURG
INSTITUTE OF ADVANCED MEDICAL STUDIES, ST. PETERSBURG
OBLAST CHILDREN'S CLINICAL HOSPITAL, SVERDLOVSK (EKATARINABURG)
CHILDREN'S HOSPITAL #9, SVERDLOVSK (EKATARINABURG)
KAMASHLOV DISTRICT HOSPITAL, SVERDLOVSK (EKATARINABURG)
TUGULIN DISTRICT HOSPITAL, TUGULIN
DISTRICT HOSPITAL OF TVER, TVER
CHILDREN'S HOSPITAL #1, TYUMEN
OBLAST HOSPITAL #2, TYUMEN
CENTRAL REGIONAL HOSPITAL, UDOMLYA
MATERNITY HOSPITAL #1, VOLGOGRAD
CHILDREN'S HOSPITAL #2, VOLGOGRAD
CITY HOSPITAL #5, VOLGOGRAD
CHILDREN'S CITY HOSPITAL #8, VOLGOGRAD
CENTRAL REPUBLICAN CLINICAL CONSULTING CENTER, YAKUTSK
CITY HOSPITAL OF YAKUTSK
HOME FOR ELDERLY, YAKUTSK
CENTRAL PHARMACY WAREHOUSE, YAKUTSK
YAKUTSK CITY HOSPITAL, YAKUTSK
REPUBLICAN CLINICAL HOSPITAL, YAKUTSK
REPUBLICAN CHILDREN'S HOSPITAL, YAKUTSK
CITY CHILDREN'S HOSPITAL #2, YAKUTSK
CHURUPTCHA DISTRICT HOSPITAL, YAKUTSK
BOROGONSTY DISTRICT HOSPITAL, YAKUTSK
YALUTOROVSK CENTRAL TOWN HOSPITAL, YALUTOROVSK
CITY CHILDREN'S HOSPITAL, YOSKHAR-OLA
CITY HOSPITAL, YOSKHAR-OLA
MATERNITY HOSPITAL, YOSKHAR-OLA
PSYCHIATRIC & NEUROLOGICAL HOSPITAL, YOSKHAR-OLA
REPUBLICAN CHILDREN'S HOSPITAL, YOSKHAR-OLA
REPUBLICAN HOSPITAL, YOSKHAR-OLA
WAR VETERANS HOSPITAL, YOSKHAR-OLA

KAZAKHSTAN REPUBLIC

CHILDREN'S CITY CLINICAL HOSPITAL, ALMA-ATA
REPUBLICAN CHILDREN'S HOSPITAL, ALMA-ATA
CITY EMERGENCY MEDICAL HOSPITAL, ALMA-ATA
ASKDY REPUBLICAN CHILDREN'S HOSPITAL, ALMA-ATA
INSTITUTE OF UROLOGY, ALMA-ATA
SCIENTIFIC RESEARCH INSTITUTE OF PEDIATRICS, ALMA-ATA
CENTRAL CLINICAL HOSPITAL OF ALMA-ATA
4TH MATERNITY HOUSE, ALMA-ATA
REGIONAL CHILDREN'S HOSPITAL, ALMA-ATA
ARAL'SK OBLAST REGIONAL HOSPITAL, ARAL'SK
KZYL ORDA ONCOLOGICAL DISPENSARY, KZYL ORDA
KZYL ORDA OBLAST REGIONAL HOSPITAL, KZYL ORDA
KZYL ORDA CITY CHILDREN'S HOSPITAL, KZYL ORDA

KYRGISTAN REPUBLIC

BISHKEK CITY CLINICAL HOSPITAL, BISHKEK
CITY CLINICAL CHILDREN'S HOSPITAL #3, BISHKEK
REPUBLICAN HOSPITAL OF BISHKEK, BISHKEK
KIRGHIZ RESEARCH INSTITUTE OF OBSETTRICS AND PEDIATRICS, BISHKEK
MATERNITY HOUSE #4, BISHKEK
CHILDREN'S HOSPITAL #2, BISHKEK
CITY MATERNITY HOUSE #2, BISHKEK
CITY CLINICAL HOSPITAL OF THE EMERGENCY CARE, BISHKEK
SCIENTIFIC RESEARCH INSTITUTE OF ONCOLOGY AND
REANIMATOLOGY, BISHKEK

MOLDAVIA REPUBLIC

CENTER FOR MATERNAL-CHILD CARE, KISHINEV
CHILDREN'S INFECTIOUS CLINICAL HOSPITAL, KISHINEV
CHILDREN'S REPUBLICAN CLINICAL HOSPITAL, KISHINEV
FIRST CITY HOSPITAL OF KISHINEV FOR ADULTS & CHILDREN, KISHINEV
KISHINEV CITY EMERGENCY HOSPITAL, KISHINEV

GEORGIA REPUBLIC

CHILDREN'S HOSPITAL #2, TBILISI
CITY HOSPITAL #4, TBILISI
MATERNITY HOSPITAL #2, TBILISI

UKRAINE

CITY CHILDREN'S HOSPITAL #5, DONETSK
CENTRAL CITY HOSPITAL #14, DONETSK
CITY CHILDREN'S HOSPITAL #4, DONETSK
CITY CHILDREN'S HOSPITAL #2, DONETSK
KALININ REGIONAL HOSPITAL, DONETSK
CHILDREN'S REGIONAL HOSPITAL, DONETSK
CITY CHILDREN'S HOSPITAL #3, DONETSK
CITY CLINICAL HOSPITAL #21, DONETSK
REGIONAL CLINICAL ONCOLOGICAL HOSPITAL, DONETSK
DONETSK CITY HOSPITAL, DONETSK
CITY CHILDREN'S HOSPITAL #1, DONETSK
OVRUCH REGIONAL HOSPITAL
NARODECHI REGIONAL HOSPITAL
CHILDREN'S CLINICAL HOSPITAL #7, KHARKOV
KHARKOV SPECIALIZED DISPENSARY FOR RADIOLOGIC PROTECTION, KHARKOV
KHARKOV CHERNOBYL HOSPITAL (CITY HOSPITAL #20), KHARKOV
REGIONAL CHILDREN'S HOSPITAL, KHARKOV
REGIONAL CLINICAL HOSPITAL, KHARKOV
CHILDREN'S CLINICAL HOSPITAL #7, KHARKOV
VENEREOLOGY/DERMATOLOGY DISPENSARY, KHARKOV
KIEV STATE PEDAGOGICAL INSTITUTE, KIEV
KIEV SPECIAL DISPENSARY FOR RADIOLOGIC PROTECTION, KIEV
KIEV ORTHOPEDIC RESEARCH INSTITUTE, KIEV
KIEV INSTITUTE FOR CARDIAC SURGERY, KIEV

KIEV CITY HOSPITAL #2, KIEV
CHILDREN'S KINDERGARTEN #497, KIEV
UKRAINIAN CHILDREN'S HOSPITAL #2, KIEV
GENERAL HOSPITAL #408, KIEV
CHILDREN'S HOSPITAL #7, KIEV
OBLAST HOSPITAL #2, KIEV
CITY HOSPITAL #22, KIEV
CHILDREN'S SPECIALIZED HOSPITAL #14, KIEV
MATERNITY HOSPITAL #5, KIEV
CARDIOLOGIC INSTITUTE STROZHEKA, KIEV
L'VOV CITY HOSPITAL #2, L'VOV
L'VOV CHILDREN'S SPECIALIZED HOSPITAL (CHERNOBYL HOSPITAL), L'VOV
L'VOV INFECTIOUS DISEASE HOSPITAL, L'VOV
ANDREW SHEPTYTSKY HOSPITAL, L'VOV
MOSKOWSKI REGIONAL CHILDREN'S POLYCLINIC

UZBEKISTAN

KHIVA CHILDREN'S DISTRICT HOSPITAL, KHIVA
KHIVA DERMATOLOGICAL/VENEREAL DISEASE CENTER, KHIVA
KHIVA DISTRICT HOSPITAL, KHIVA
MUIYAK DISTRICT HOSPITAL, MUIYAK
NUKUS M.O.H. PHARMACY STORE, NUKUS
TASHKENT REPUBLICAN PEDIATRIC CENTER, TASHKENT
TASHKENT GENERAL MEDICAL CENTER, TASHKENT
URGENCH REGIONAL HOSPITAL, URGENCH

TADJIKISTAN

CENTRAL REGIONAL HOSPITAL, DUSHANBE
CHILDREN'S POLYCLINIC #11, DUSHANBE
CITY CLINICAL HOSPITAL #2, DUSHANBE
CITY CLINICAL HOSPITAL #5, DUSHANBE
CENTRAL REGIONAL HOSPITAL, GISSAR REGION
KARL MARX COLLECTIVE FARM MATERNITY HOSPITAL, GISSAR REGION
VILLAGE HOSPITAL OF KIPCHAK

TURKMENISTAN

RESEARCH INSTITUTE FOR MATERNAL & CHILD HEALTH, ASHKHABAD
CITY MATERNITY HOUSE #1, ASHKHABAD
ASHKHABAD REGIONAL HOSPITAL, ASHKHABAD
CHILDREN'S HOSPITAL #1, ASHKHABAD
CHILDREN'S OUTPATIENT CLINIC, ASHKHABAD
REPUBLICAN CLINICAL HOSPITAL OF PIROGOV, ASHKHABAD
SCIENTIFIC RESEARCH INSTITUTE OF DISEASE PREVENTION AND CLINICAL
MEDICINE (CARDIO-INSTITUTE), ASHKHABAD
TURKMENISTAN CENTRAL PHARMACY, ASHKHABAD
REGIONAL CHILDREN'S HOSPITAL, TASHAUZ
REGIONAL HOSPITAL, TASHAUZ

BYELORUS

RADIATION MEDICINE INSTITUTE, AKSAK OUSHINA
BELYNICHI CENTRAL DISTRICT HOSPITAL, BELYNICHI
BOBRUISK CENTRAL DISTRICT HOSPITAL, BOBRUISK
CHAYSY CENTRAL DISTRICT HOSPITAL, CHAYSY
NAROVLAYA CHILDREN'S HOSPITAL, GOMEL
GOMEL CITY HOSPITAL, GOMEL (THE)
GOMEL REGIONAL CENTER FOR RADIATION MEDICINE
(GOMEL REGIONAL SPECIALIZED DISPENSARY), GOMEL
GOMEL REGIONAL CENTER FOR REHABILITATION OF CHILDREN, GOMEL
MOLECULAR GENETICS MEDICAL INSTITUTE, GOMEL (THE)
GOMEL CHILDREN'S ORPHANAGE, GOMEL (THE)
GOMEL REGIONAL HOSPITAL
KIROVSKY DISTRICT CENTRAL HOSPITAL, KIROVSKY
KLICHEV CENTRAL DISTRICT HOSPITAL, KLICHEV
KRASNOPOLIE CENTRAL DISTRICT HOSPITAL, KRASNOPOLIE
KRICHEV CENTRAL DISTRICT HOSPITAL, KRICHEV
CHILDREN'S HEMATOLOGICAL CENTER, MINSK (THE)
GAMMATOLOGICAL CENTER (ANTICHERNOBYL CENTER), MINSK (THE)
INSTITUTE OF ONCOLOGY, MINSK (THE)
MINSK CHILDREN'S ORPHANAGE, MINSK (THE)
REPUBLICAN CHILDREN'S HEMATOLOGICAL CENTER, MINSK
CHILDREN'S HOSPITAL #1, MINSK
CHILDREN'S HOSPITAL #2, MINSK
BOROVLAIANI CANCER HOSPITAL, MINSK
BYKHOV GENERAL DISTRICT HOSPITAL, MOGILEV OBLAST
CHERIKOV GENERAL DISTRICT HOSPITAL, MOGILEV OBLAST
KLIMOVICHI GENERAL DISTRICT HOSPITAL, MOGILEV OBLAST
KOSTUKOVICHI GENERAL DISTRICT HOSPITAL, MOGILEV OBLAST
MOGILEV DISTRICT HOSPITAL, MOGILEV OBLAST
MOGILEV REGIONAL HOSPITAL, MOGILEV OBLAST
MOGILEV REGIONAL CHILDREN'S HOSPITAL, MOGILEV OBLAST
MOGILEV REGIONAL ONCOLOGICAL HOSPITAL, MOGILEV OBLAST
MOGILEV REGIONAL PSYCHIATRIC HOSPITAL, MOGILEV OBLAST
SLAVGOROD GENERAL DISTRICT HOSPITAL, MOGILEV OBLAST
NAROVLYA CENTRAL REGIONAL HOSPITAL, NAROVLYA

ARMENIA

CHILDREN'S HOSPITAL #3, YEREVAN
CITY CLINICAL MATERNITY #4, YEREVAN
CITY HOSPITAL #1, YEREVAN
MASSIF CITY CLINICAL EMERGENCY HOSPITAL, YEREVAN
MIKHAILIAN INSTITUTE OF SURGERY OF ARMENIA, YEREVAN
REPUBLICAN CHILDREN'S HOSPITAL, YEREVAN

October 5, 1992

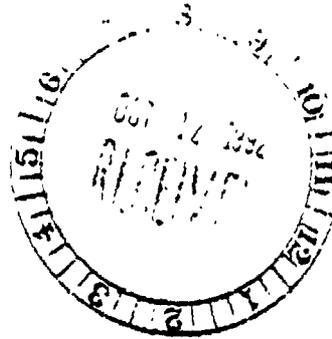
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UNCLAS AIDAC ALMA ATA 01632

ORIGIN: AID-2
INFO: READ-2

DISTRIBUTION: AID
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*File in Emergency Health Dept
Action: GDO*

VZCZCTAI451
OO RUEHC
DE RUEHTA #1632/01 2831238
ZNR UUUUU ZZH
O 091238Z OCT 92
FM AMEMBASSY ALMA ATA
TO SECSTATE WASHDC IMMEDIATE 0996
BT
UNCLAS SECTION 01 OF 04 ALMA ATA 001632

cc: R-F

AIDAC

FOR NIS/TF/EHA, NIS/TF/FA, NIS/TF/DIHR,
RD/HEALTH, EUR/DR
STATE D/CISA



E.O. 12356: N/A
TAGS: EAID, KZ
SUBJECT: KAZAKHSTAN: LIST OF EMERGENCY MEDICINES

REFS: (A) ALMA ATA 1609 (B) STATE 314208
(C) ALMA ATA 1366 (D) STATE 272347

1. AS INDICATED IN REF A, THE MINISTRY OF HEALTH RESUBMITTED ITS LIST OF URGENTLY NEEDED PHARMACEUTICALS ON OCTOBER 9TH. IN ADDITION TO RANK ORDERING ITS PRIORITY NEEDS THE MINISTRY SUBMITTED A LETTER TO USAID ALMA ATA ASKING FOR SPECIAL CONSIDERATION FOR THREE DRUGS WHICH ARE NOT ON THE WHO LIST OF ESSENTIAL DRUGS. THE DRUGS ARE LISTED BELOW.

2. ON OCTOBER 8TH, TWO MEMBERS OF THE INTERAGENCY EMERGENCY ASSESSMENT TEAM, INCLUDING DR. GLASS FROM THE CENTERS FOR DISEASE CONTRL, AND THE USAID/ALMA ATA GDO AND FSN SPECIALIST, MET WITH THE FIRST DEPUTY MINISTER OF HEALTH AND THE DEPUTY DIRECTOR OF PHARMATSIA. AT THE MEETING THE DEPUTY MINISTER ILLUSTRATED THE CASH-CRUNCH FACING THE MINISTRY. HE REPORTED THAT THE MINISTRY HAD ORDERED DOLS 7 MILLION IN INSULIN FROM ELI LILLY. THE MINISTRY'S RESOURCES STRETCHED TO PAY ONLY 15 PERCENT OF THE CONTRACT, ALTHOUGH ELI LILLY HAS SHIPPED AND THE MINISTRY HAS RECEIVED 30 PERCENT

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14. METRONIDAZOLE TABLET 250 MG PACK 100	PACK	400,000
15. PREDNISOLONE TABLET 5 MG PACK 100	PACK	80,000
16. PREDNISOLONE TABLET 5 MG PACK 1000	PACK	10,000
17. THIOPENTAL PDR FOR INJ 1.0 G BOX 25 VIALS	BOX	15,000

Controlled

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18. FUROSEMIDE INJECTION 10 MG/ML BOX 10 X 2 ML AMPS	BOX	20,000
19. FUROSEMIDE TABLET 40 MG PACK 100	PACK	40,000
20. IZONIAZID TABLET 300 MG PACK 1000	PACK	10,000
21. RIFAMPICIN TABLET/CAPSULE 150 MG PACK 100	PACK	50,000
22. RIFAMPICIN TABLET/CAPSULE 300 MG PACK 100	PACK	50,000
23. SALBUTAMOL ORAL INHALER 0.1 MG/DOSE 200 DOSES	AEROSOL	100,000
24. PHENOBARBITAL TABLET 50 MG PACK 100	PACK	500,000
25. PHENOBARBITAL TABLET 100 MG PACK 100	PACK	30,000
26. AMPICILLIN POWDER FOR INJECTION 500 MG BOX 25 VIALS	BOX	100,000

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27. AMOXYCILLIN CAPSULE/TABLET

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45. FERROUS SALT TABLET 60 MG IRON
PACK 100 PACK 5,000

46. FERROUS SALT-FOLIC ACID
60 MG + 0.25 MG PACK 1000 PACK 10,000

47. NEOMYCIN + BACITRACIN OINTMENT
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5 MG + 500 IU/G TUBE 20 G TUBE 1,000

48. TETANUS VACCINE INJECTION 10
DOSES VIAL 1,000

49. SULFADOXINE+ PYRIMETHAMINE
TABLET 500 MG + 25 MG PACK 1000 PACK 1

50. SULFAMETHOXAZOLE+TRIMETHOPRIM
100 MG + 20 MG PACK 100 PACK 100,000

51. SULFAMETHOXAZOLE+TRIMETHOPRIM
TABLET 400 MG + 80 MG PACK 100 PACK 50,000

52. VERAPAMIL TABLET 40 MG
PACK 1000 PACK 10,000

53. CHLORAMPHENICOL CAPSULE
250 MG PACK 100 PACK 300,000

54. CHLORAMPHENICOL POWDER
FOR ORAL SUSP. 150MG/SML BOTTLE 20,000
BOTTLE 60 ML

55. CHLORHEXIDINE CONC. SOLN. 20
PERCENT BOTTLE 100 ML BOTTLE 400,000

56. CHLOROQUINE TABLET 150 MG
PACK 100 PACK 5

57. CHLORPROMAZINE TAB 100 MG
PACK 100 PACK 30,000

58. HYDROCHLOROTHIAZIDE TABLET

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CAUTION

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PACK 100 PACK 500,000

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76. SENNA TABLET 7.5 MG PACK 100 PACK 1,000

77. SENNA TABLET 7.5 MG
PACK 1000 PACK 1,000

78. SODIUM BICARBONATE INJ
SOLN. 1.4 PERCENT ISOTONIC 50 ML VIAL 100,000

79. STREPTOMYCIN PDR. FOR INJ
1 G BOX 50 VIALS BOX 100,000

80. AMINOPHYLLINE INJECTION
25 MG/ML BOX 10 X 10 ML AMP BOX 100,000

81. AMINOPHYLLINE TABLET
200 MG PACK 100 PACK 50,000

82. BECLOMETASONE ORAL INHALER
0.05 MG/DOSE 200 DOSES EACH 50,000

4. IN ADDITION TO THE ABOVE LISTED DRUGS FROM THE WHO LIST OF ESSENTIAL DRUGS THE MINISTRY REQUESTED THREE URGENTLY NEEDED MEDICINES (90 DAY SUPPLY). THE MINISTRY'S SHORT REQUEST LETTER JUSTIFIED THE PROCUREMENT OF DRUGS NOT ON THE WHO LIST DUE TO THE "LARGE INCREASE OF LEUKEMIA CASES AMONG CHILDREN AND ADULTS":

- 1. LEUNASE - 16,000 AMPS
- 2. METIPRED 0.004 X 30 - 20,000 BOXES
- 3. METIPRED DEPO 2 ML X 5 - 6,000 BOXES.

5. PLEASE ADVISE SOONEST ON THE ABILITY OF THE SPECIAL EMERGENCY MEDICINES INITIATIVE TO RESPOND TO THE URGENT NEEDS OF KAZAKHSTAN. COURTNEY

BT
#1632

*How could
initiative be
critical?*

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