

# Activity and Product Status Report

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**Project Year 8,  
Quarter 1  
October–  
December 2007**

Management Sciences for Health  
is a nonprofit organization  
strengthening health programs



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

*January 2008*



**Rational Pharmaceutical Management Plus Program  
Activity and Product Status Report  
October–December 2007**

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January 2008

Rational Pharmaceutical Management Plus Program  
Center for Pharmaceutical Management  
Management Sciences for Health



**MANAGEMENT SCIENCES** *for* **HEALTH**

*RPM Plus* | *Rational Pharmaceutical  
Management Plus*

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## About RPM Plus

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

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## ACRONYMS AND ABBREVIATIONS

AB	Africa Bureau
ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services [program—USAID-funded consortium]
ACT	artemisinin-based combination therapy
ADR	adverse drug reaction
AFRO	Regional Office for Africa [WHO]
AIDS	Acquired Immunodeficiency Syndrome
AMI	Amazon Malaria Initiative
AMR	antimicrobial resistance
AMTSL	Active Management of the Third Stage of Labor
ANE	Asia and Near East [Bureau, USAID]
APMR	ART Patient Monitoring and Reporting System
ARCH	Applied Research for Child Health [Project]
ART	antiretroviral therapy
ARV	antiretroviral
BASICS	Basic Support for Institutionalizing Child Survival [Project]
BASICS II	Basic Support for Institutionalizing Child Survival II [Project]
BGH	USAID Bureau of Global Health
CA	cooperating agencies
CAMEWA	Centrale d'Achat des Médicaments Essentiels du Rwanda
CCM	country coordinating mechanisms
C-DMCI	Community Level Drug Management for Childhood Illness
C-IMCI	Community-Integrated Management of Childhood Illness
CDC	U.S. Centers for Disease Control and Prevention
COP	country operational program
CPDS	Coordinated Procurement and Distribution System
CPG	Clinical Practice Guidelines
CNM	National Malaria Center
CPM	Center for Pharmaceutical Management
CRHC	Commonwealth Regional Health Community
CRHCS	Commonwealth Regional Health Community Secretariat
CTT	Commodity Tracking Tool
DFID	Department for International Development [United Kingdom]
DMCI	Drug Management for Childhood Illness
DMIS	Drug Management Information System
DOMC	Division of Malaria Control [Kenya]
DOTS	internationally recommended strategy for tuberculosis control
DQI	Drug Quality and Information
DR	Dominican Republic
DRC	Democratic Republic of the Congo
DTC	Drug and Therapeutics Committee
ECSA	East, Central, and Southern Africa
EandE	Europe and Eurasia [Bureau, USAID]
FDC	fixed-dose combination
FHI	Family Health International
FHI/IMPACT	FHI/Implementing AIDS Prevention and Care [Project]
FY	fiscal year
GDF	Global Drug Facility

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GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation Agency)
IC	infection control
ICAT	Infection Control Assessment Tool
ICIUM	International Conference on Improving Use of Medicines
IMCI	Integrated Management of Childhood Illness
INRUD	International Network for Rational Use of Drugs
IPT	intermittent preventive treatment
IT	information technology
ITNs	insecticide-treated nets
IUATLD	International Union Against Tuberculosis and Lung Disease
JSI	John Snow, Incorporated
KEMSA	Kenya Medical Supplies Agency
KfW	German Development Bank (German acronym)
LAC	Latin America and the Caribbean
LFA	local funding agency
MandE	monitoring and evaluation
MAC	Malaria Action Coalition
MCH	maternal and child health
MEDS	Missions Essential Drugs Store
MNH	Maternal and Neonatal Health [Project]
MoH	Ministry of Health
MSD	Medicines Stores Department
MSF	Médecins Sans Frontières
MSH	Management Sciences for Health
MTP	monitoring, training, planning (methodology)
NACC	National Antibiotic Coordinating Committee [Nepal]
NFHP	National Family Health Program
NGO	nongovernmental organization
NIS	Newly Independent States
NMCC	National Malaria Control Center
NMCP	National Malaria Control Program
NMS	National Medical Stores
NTP	national tuberculosis program
OECS	Organization of Eastern Caribbean States
OHA	Office of HIV/AIDS Services (USAID)
PAHO	Pan American Health Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	primary health care
PHN	Population, Health and Nutrition [Center for, USAID]
PMI	President's Malaria Initiative
PMTCT	prevention of mother-to-child transmission
POPHI	Prevention of Postpartum Hemorrhage Initiative
PPH	postpartum hemorrhage
PRDU	Promoting Rational Drug Use
PY	Project Year
QA	quality assurance
RBM	Roll Back Malaria
RDTs	rapid diagnostic tests
REDSO	Regional Economic Development Support Office [USAID]

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RMU	rational medicine use
RPM	Rational Pharmaceutical Management [Project]
RPM Plus	Rational Pharmaceutical Management Plus [Program]
SCMS	Supply Chain Management System
SEAM	Strategies for Enhancing Access to Medicines [Program]
SO	Strategic Objective [USAID]
SOPs	standard operational procedures
SSO	Strategic Support Objective
STGs	standard treatment guidelines
STI	sexually transmitted infection
TA	technical assistance
TB	tuberculosis
TBCTA	USAID TB Coalition for Technical Assistance
TOR	terms of reference
TOT	Training-of-Trainers
TRAC	Treatment and Research AIDS Center
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USAID/G/PHN	U.S. Agency for International Development/Global Bureau Center for Population Health and Nutrition
USD	U.S. dollar
USG	U.S. Government
USP	United States Pharmacopeia
VCT	Voluntary HIV/AIDS Counseling and Testing [USAID initiative]
WHO	World Health Organization
WPRO	Regional Office for the Western Pacific [WHO]

## **GLOBAL PROGRAMS**

### **SO2: REPRODUCTIVE HEALTH**

#### ***Overview***

Rational Pharmaceutical Management (RPM) Plus continues to provide technical assistance to the Prevention of Postpartum Hemorrhage Initiative (POPPHI) in drug and supply management issues that might hinder active management of the third stage of labor (AMTSL) to prevent postpartum hemorrhage. POPPHI is a consortium of partners comprised of the Program for Appropriate Technology in Health, RTI International, EngenderHealth, the International Confederation of Midwives, and the International Federation of Gynecology and Obstetricians. Supporting partners include RPM Plus, HealthTech, and JHPIEGO's Access to Clinical and Community Maternal, Neonatal and Women's Health Services (ACCESS). These partners work together at the policy and program levels to support interventions through the expanded use of AMTSL and to develop structures that sustain the continued emphasis on the practice over the long term. In particular, RPM Plus will be focusing on West Africa. Some countries in West Africa, namely Ghana, Senegal, Burkina Faso, Benin, and Mali, have introduced and expanded the use of AMTSL. Others have recently begun expanding use with support from earlier USAID-funded activities. Major hurdles related to the range of medicines, their availability, and routes of administration exist to prevent AMTSL from becoming a universally available intervention. RPM Plus activities under U.S. Agency for International Development (USAID)/G/PHN SO2 focus on three main technical objectives—

1. Through strategic partnerships with and technical leadership to USAID and USAID-supported cooperating agencies (CAs) working in maternal health, improve maternal health program planning and service delivery with respect to medicine and commodity management issues
2. Enhance the capacity of government and nongovernmental organizations (NGOs) to manage drugs and supplies for key maternal health services
3. Improve the capacity and awareness of global maternal health initiatives and partners in addressing maternal health pharmaceutical management issues

#### ***Major Activities This Quarter***

RPM Plus continued to work on the reproductive health activities focusing activities centered on the studies of AMTSL practices being carried out in various countries.

In Benin, the activities carried out during this quarter focused on planning and preparation for the dissemination of the AMTSL results in the regions of Bohicon and Parakou. The regional dissemination is planned for the next quarter; RPM Plus and its partners in POPPHI (PATH) have discussed the issues regarding the AMTSL protocols being used in Benin with the national director of the Family Health Division and the dissemination workshop will be preceded by a

review of the nationally-sanctioned protocols. RPM Plus is also developing materials to be used for TOT courses in Benin and in which are expected to cover the training needs identified for strengthening pharmaceutical management activities Benin with a focus on AMTSL products.

In Mali, there was a transition of responsibilities at RPM Plus headquarters for maternal health activities. Discussions between RPM Plus and POPPHI were held to highlight expectations of areas of support from partners with emphasis on the role of RPM Plus in terms of provision of pharmaceutical management support with special focus on the AMTSL scale-up in Mali. RPM Plus also carried out a review of the pharmaceutical management component of the POPPHI training materials updating the uterotonic storage information. Additional support areas identified include improving the quantification of uterotonics, developing job aids and a standard protocol for storage of uterotonics at the facility level and the review of a planned AMTSL survey expected in last quarter of 2008. A draft scope of work was developed for a RPM Plus consultant to be based in Mali who is expected to help advance the RPM Plus reproductive health activities. A coordinated visit to Mali was planned with RPM Plus and the POPPHI representative during the next quarter.

In Ghana, the nationally-representative study on AMTSL practices reached its final stages during this quarter. In November 2007, the country consultant carried out an analysis of the data collected for the study and the draft report of the study was finalized at the end of the quarter.

During this quarter, the Maternal Health team in RPM Plus met to discuss the development of generic pharmaceutical management training materials and tools to support AMTSL. The recommendations to develop new generic training materials and tools that can be adapted to country-specific settings were based on an inventory of available resources and assessing the existing gaps. Several key areas of focus were selected including the importance of good pharmaceutical supply management, inventory management and good storage practices, management information systems, quantification, and a site readiness checklist. As part of this material and tool development, RPM Plus developed a pharmaceutical management section for recommended integration into the POPPHI training package which was presented to the POPPHI training material task force. It was accepted for integration and will be tested in Mali during the next quarter.

## **SO3: Child Survival**

### **Overview**

In many developing countries, child mortality remains unacceptably high. Childhood diseases such as malaria, diarrheal diseases, acute respiratory infections, measles, and malnutrition, in addition to HIV/AIDS, contribute substantially to infant and child mortality. In response to the high mortality caused by these main childhood illnesses, the Integrated Management of Childhood Illness (IMCI) strategy, developed jointly by WHO and the United Nations Children's Fund (UNICEF), has been implemented in numerous countries to offer program managers and service providers an integrated approach to effectively manage childhood illness. Notwithstanding considerable efforts to make essential IMCI drugs and other commodities available, significant gaps and management problems persist at various levels of the health system in many developing countries.

RPM Plus child survival activities funded under SO3 are complementary to USAID/Africa Bureau child survival interventions and both sets of activities support SSO3 and corresponding intermediate results. The activities are conducted through synergistic funding to produce greater impact and the two workplans share the same technical objectives.

RPM Plus activities under USAID/G/PHN SO3, "increased use of key child health and nutrition interventions," focus on four main technical objectives during year 4 (FY 03)—

1. To enable decision makers, managers, and service providers to identify and monitor strengths and weakness in drug management for child health through the use of tools targeting public and private providers and caregivers
2. To increase the capacity of decision makers and service providers to design and apply appropriate interventions to improve availability and use of child health drugs in the public sector
3. To increase access to and use of child health drugs through initiatives involving the private sector.
4. To contribute toward shaping global child health strategy to include drug management through collaboration with international bodies and other organizations

Through its SO3, USAID supports interventions and activities to address child survival problems. In response to the USAID initiatives, RPM Plus has established a strong working relationship with groups and organizations to develop activities aimed at improving the IMCI drug management system in countries of interventions. IMCI is implemented as a comprehensive strategy including preventive and curative interventions to ensure high quality of care to sick children and to facilitate behavior changes of caregivers for children. However, the supply and management of essential drugs and vaccines have been identified as critical pieces to allow an

effective management of childhood illness. In many countries, the lack or absence of essential drugs and resources for IMCI is a constant impediment. In other countries, essential drugs are poorly managed if they exist at all, and treatment decisions and behaviors are not rational. Moreover, limitation to access IMCI services is often coupled with weakness of the pharmaceutical systems, where service providers and managers are poorly trained, resulting in ineffective drug and commodity management practices. These issues—both in the public and private sector and at household level—are a focus for RPM Plus activities in the child survival portfolio, as well as advocating for pharmaceutical management being part of global, regional and national child survival agendas.

### ***Major Activities This Quarter***

This quarter major activities included supporting the launch of subsidized ACTs in the Tanzania accredited drug dispensing outlet (ADDO) program, following up on private sector trainings in Senegal, conducting an international community case management workshop with partners in the Democratic Republic of the Congo (DRC) and revising the national essential medicines list in DRC to include zinc and the new low-osmolarity oral rehydration solution.

In Tanzania, where SO3 core funds are being leveraged with country specific RPM Plus/SPS funding, the official launch of subsidized ACTs within the ADDO program took place in the Morogoro region. Participants during the launch included USAID representatives, national MoH officials, non-governmental organization partners, regional, district and local officials, ADDO owners and dispensers. In addition, joint supportive supervision visits of ADDOs were conducted in 3 districts of the Morogoro region by RPM Plus and the Tanzania Food and Drug Authority (TFDA). A total of 202 ADDOs were visited, 59 outlets that had submitted applications to become ADDOs were inspected and 10 were approved for accreditation. The final baseline quantitative report investigating child health in the ADDOs was completed and disseminated. Results have been used to inform the integration of the child health component into the ADDO program by obtaining information on knowledge and practices of dispensers, determining the availability of key medicines and understanding caretakers' practices and beliefs about care and treatment of sick children.

In Senegal, follow up continued of the private sector training conducted in 2006 for 290 sales assistants of private pharmacies. An evaluation of knowledge and practices targeted 30 percent of pharmacies which participated in the training and 40 percent of the trained agents in four regions: Thies, Kaolack, Louga, and Ziguinchor. RPM Plus hired a consultant to conduct this evaluation in coordination with the MoH and the Syndicate of Pharmacists. The results are being synthesized and a report on the findings will be available next quarter.

In DRC, RPM Plus staff collaborated with the MoH and partners to conduct a workshop to review the initial phase of the implementation of the community case management program in DRC and share country experiences from 8 other countries (Benin, Burundi, Chad, Congo-Brazzaville, Niger, Madagascar, Rwanda and Senegal). Katie Senauer and Serigne Diagne of RPM Plus traveled to DRC to participate during the workshop and plan next steps. Results of the workshop included highlighting strengths and areas for improvement within the DRC program, developing draft recommendations for community case management programs across

participating countries and recommending revisions to improve the DRC program. For specific information please refer to the trip report.

Also in DRC this quarter RPM Plus collaborated with the MoH to organize and conduct a technical review of the NEML with 48 participants from the MoH, universities and members of professional medical societies. Accepted revisions included the introduction of zinc and the new low-osmolarity ORS as well as introducing technical specifications for a fixed dose of the artesunate-amodiaquine combination. RPM Plus also collaborated with the MoH and partner organization Catholic Relief Services to provide technical assistance in training on the revised diarrheal disease management recommendations (which include zinc treatment) in 5 health zones in Kasai oriental (Djalo djenga, Tshumbe, Makota, Kanda Kanda and Kalenda). A total of 215 facility-based health workers were trained in the new diarrheal disease management guidelines (of which 39 or 18 percent were female health workers).

RPM Plus also presented a poster at the Annual America Public Health Association Conference titled, “Improving child health through informed policy decisions and targeted interventions to strengthen medicine management in the community: the example of Senegal.”

## **SO5: Antimicrobial Resistance**

### **Overview**

The problem of antimicrobial resistance (AMR) is severely threatening our ability to treat infections. AMR is a serious, complex health-care problem occurring worldwide and is dramatically increasing. Resistance makes infections more difficult to treat, raises levels of morbidity/mortality, and increases health-care costs. So, a concerted global action is required to combat this problem in an effective and timely manner.

Under USAID results framework (Bureau of Global Health [BGH] SS05— increased use of effective interventions to reduce the threat of infectious diseases of major public health importance), RPM Plus is working on several activities that address AMR problems in developing countries. The following is a brief narrative of the progress made on these activities Oct.–Dec. 2007. As RPM Plus Program is winding down, several activities have completed or are nearing completion. Support for some select activities, which are on-going, will continue through the follow-on SPS Program in an uninterrupted manner.

### **Major Activities This Quarter**

During this quarter, the CPM editorial group completed formatting the finalized AMR Operational Guide. Final revision of the AMR Field Guide for USAID Missions was completed based on the suggestions and recommendations provided by the external consultant mentioned in the previous quarter. In Ethiopia, as a result of the progress and momentum that was associated with the advocacy and coalition-building and DTC training activities implemented earlier in 2006 and 2007 with the core-funded RPM Plus/AMR portfolio support, another event, relating specifically to AMR advocacy training for the media, was conducted, primarily using in-country resources and with technical collaboration from Links Media and Alliance for the Prudent Use of Antibiotics.

An infection control (IC) implementation review workshop was held in Mbabane on October 8–9, 2007, with 19 IC representatives from the 4 pilot hospitals. During this quarter, an abstract reporting on IC implementation experiences thus far in South Africa and Swaziland was also submitted for possible acceptance by 2008 Global Health Council conference. Additionally, the Spanish translation of RPM Plus IC materials was finalized during the quarter. The DHS AMR module was successfully implemented in Zambia in collaboration with Central Statistical Office of Zambia and Macro International. The structured feedback session involving household interviewers regarding their observations in implementing the AMR module resulted in appropriate refinements and improvement in the module. The draft of lessons learned from implementing different AMR activities which was developed in the previous quarter was further revised in this quarter. Based on lessons learned in Zambia and Tanzania, RPM Plus also produced during this quarter a guide to preserving effectiveness of antimicrobials through quality assurance capacity building. It is intended to be a practical implementation guideline for countries with limited medicine regulatory capacity. The guide is currently undergoing review and revision.

During this quarter, the draft RPM Plus manual “How to investigate antimicrobial drug use in hospitals: selected indicators” was field-tested at three Kampala hospitals. As RPM Plus is winding down, SPS will continue uninterrupted technical assistance to Makerere to hold the course in January and for follow-up assistance thereafter.

RPM Plus also supported the Supply Chain Management System (SCMS) program with a DTC training experienced technical staff to conduct a three-day DTC training course that was presented to the MoH officials and hospital-based practitioners in Guyana in November 2007. The final editing of the DTC materials by the CPM editorial group in coordination with RPM Plus and WHO technical staff continued. Newer sessions on "Getting Started" and "Role of DTC for AMR Containment" were revised extensively. "Efficacy" and "Cost" sessions also underwent extensive revision with WHO technical collaboration. All the materials are expected to be finalized by the next two quarters and placed in MSH/RPM Plus, MSH/SPS, and WHO websites. Part 1 of the AMR course for the USAID E-learning Center was uploaded into the online software, text was edited, graphics were edited and uploaded, and knowledge check and testing questions were written. Additionally, user testing material was drafted and three user tests were given. Part 2 of the AMR course was sent to USAID for feedback and approval to move forward with the web uploading process.

## **SO5: Tuberculosis**

### **Overview**

Even with joint efforts of many international organizations such as those in the Stop TB partnership, control of tuberculosis (TB), endemic in many countries worldwide, needs much more support. National TB programs are learning mechanisms to improve case detection, how different treatment regimens such as fixed-dose combination products and patient kits can improve patient and prescriber compliance, and importance of case management monitoring and reporting. However, this has become complicated when the number of cases increases due to changes in population migration and number of patients co-infected with HIV/AIDS.

Since 2000, RPM Plus has worked to bring the issues of pharmaceutical management for TB to national agendas. Through international organizations like the Stop TB working groups RPM Plus contributed to the Global Plan to Stop TB for 2006–2015. The most significant achievement for RPM Plus with USAID/BGH funding to date has been providing ongoing technical leadership and assistance to the GDF/GLC. RPM Plus activities with the GDF/GLC increase the availability and access to DOTS in priority countries thus contributing to DOTS expansion and strengthening. The development of human capacity in TB commodity management has also been a focus of RPM Plus work. The demand in RPM Plus training from NTPs and WHO regional offices currently exceeds RPM Plus capacity and available funding. The tools and methodologies developed by RPM Plus are available to country programs and NTPs through the RPM Plus website and dissemination of documents during international TB meeting such as IUATLD World Congress.

RPM Plus has identified three technical objectives which are key to meeting the challenge of strengthening local TB drug management capacity:

1. Objective 1: Improve capacity and awareness of TB global initiatives and partners in managing pharmaceuticals for TB programs
2. Objective 2: Increase the human capacity of TB programs to design, apply, and monitor appropriate interventions to ensure uninterrupted supply of quality TB commodities for expanding DOTS programs
3. Objective 3: Increase the evidence base for improvements in TB commodity management

### **Major Activities This Quarter**

RPM Plus presented the study on integrated management on TB/HIV programs in five countries at the UNION World Health Conference on Lung Health.

On October 1–5, 2007, a RPM Plus Senior Program Associate went to Guyana on a GDF mission to implement the use of TB fixed-dose combination (FDC) drugs. Twenty regional coordinators of the NTP and technicians at the central level attended a training workshop on

FDC implementation. During this mission, RPM Plus made suggestions for the needs for the next shipment of FDC drugs and for implementation of plans with local counterparts.

The final draft of the strategy and business plan was submitted to the laboratory group.

RPM Plus Principal Program Associate facilitated training sessions as part of the WHO global training course on implementing the Stop TB strategy, October 4–6, 2007, in Sondalo, Italy.

On October 12, 2007, a RPM Plus Senior Program Associate presented drug management modules on Pharmaceutical Management, Pharmaceutical Quality Assurance, and Monitoring and Evaluation at the workshop for NTP Managers of the Eastern European Countries held in Warsaw, Poland, and organized by TBCAP.

On November 19–23, 2007, RPM Plus, in collaboration with GDF and WPRO, conducted a five-day workshop to address common challenges faced with the management of MDR-TB treatment and commodities. The workshop was held at the WPRO office in Manila, Philippines where 15 senior officials of NTP and TB drug management departments from 5 different WPRO countries attended.

Many of the TB tools, namely *Managing TB Pharmaceuticals at the Primary Level*, *Pharmaceutical Management for Tuberculosis: Assessment Manual*, and *Managing Pharmaceuticals and Commodities for Tuberculosis: A Guide for National Tuberculosis Programs*, have been introduced and distributed at workshops, including the training in Italy, workshops in Côte d'Ivoire and the Philippines, and the 38th UNION World Congress on Lung Health.

The newest RPM Plus TB publication, *Managing Pharmaceuticals for TB/HIV Collaboration: Lessons Learned from a Five-Country Study in East Africa*, was printed and distributed at the 38th UNION World Congress on Lung Health.

## **Support to Global Fund to Address Bottlenecks**

### ***Malaria***

USAID set aside \$12 million in 2006 to provide technical assistance (TA) to country coordinating mechanisms (CCMs) and Principle Recipients (PRs) in selected countries to improve the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) functioning of grants. Thirteen vendors/partners were identified for providing TA. RPM Plus and MAC were 2 of the 13 partners identified. The technical assistance is meant to be short-term and goal oriented to alleviate specific bottlenecks that are causing the grant to falter in implementation. The TA areas identified were—

- Governance, including aspects of the functioning of CCM
- Program management
- Financial management system
- Procurement and logistics management
- Multi-sectorial implementation
- Monitoring and evaluation of performance

Under the MAC mechanism, \$500,000 has been set aside for RPM Plus for DRC, Ethiopia, Kenya, Nigeria, and Senegal.

## **Major Activities this Quarter**

### **DRC**

- Conducted quantification training in South Kivu province where 26 health workers from 12 GFATM supported health zones and provincial PNLP participated. Also provided TA to organize quantification training for 75 health workers from GFATM supported health zones in Kinshasa (20 zones), Katanga (7 zones) and Bas Congo (7 zones) provinces.

### **Mali**

- Supported the Central Medical Store (PPM) to plan for ACT and RDT procurement and distribution including estimating ACT and RDT needs for 2008 and 2009 and developing a tendering document. Support was also provided to develop a draft distribution plan for ACTs and RDTs.

### **Senegal**

- The National Malaria Control Program (NMCP) called a meeting to discuss results from an evaluation of an indoor residual spraying product that was conducted in Vélingara, Nioro, and Richard-Toll districts. The evaluation showed that the product had serious efficacy limitations. Further investigations are being conducted to identify whether this is due to human factors or to the product itself. Also in Senegal, the National Committee of Drug Quality Surveillance held a meeting to discuss drug quality issues in Senegal. RPM Plus/SPS is a member of this committee; other committee members include U.S. Pharmacopeia (USP) Drug and Quality Information (DQI) program, USAID, Dakar University, and other MoH partners. Participated in a meeting to discuss supervision of NMCP activities

- A workshop to disseminate the case studies findings was held in Abuja, Nigeria (see HIV section below). RPM Plus/SPS prepared the workshop materials and presentations. Discussions continue on extending the Abuja workshop to other regions with other GFATM team leaders.

## **HIV**

### *Overview*

The GFATM recipients face significant problems in utilizing the allocated funds and having products available at the delivery points as planned by the various strategies outlined in their project proposals. The GFATM requested the RPM Plus Program to provide services to develop descriptive case studies on the procurement and distribution aspects of the implementation of GFATM malaria grants in three countries—Nigeria, Guinea-Bissau, and Ghana—with respect to the implementation of the first-line treatment, artemisinin-based combination therapies (ACTs). The studies' findings showed that many of the challenges faced were related to management and planning of the procurement and supply management process. Though gathered from implementation of malaria PSM activities, these findings are relevant to PSM for HIV/AIDS, TB, and other health programs in similar settings.

### *Major Activities This Quarter*

RPM Plus, in collaboration with GFATM and MSH/GMS, conducted a three-day workshop to disseminate findings from malaria grant implementation case studies and provide tools for addressing challenges in grant procurement and supply management for malaria, TB, and HIV/AIDS programs. The workshop took place in Abuja, Nigeria, December 12 to 14, 2007. About 80 participants from 19 countries in the West and Central African Region (Benin, Burkina Faso, Cameroon, Central African Republic, Congo (Republic of the), Cote d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea; Guinea-Bissau, Liberia, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Togo) representing Principal Recipients, Sub Recipients, and procurement experts were present at the workshop. In addition, partners of GFATM in the region working to improve PSM implementation of GFATM funded programs and technical assistance providers were present, as well as the health team leader of USAID/WA.

### *Vietnam*

During this quarter, two RPM Plus consultants travelled to Hanoi to finalize agreed-upon activities with the NTP. Raj Gonsalkorale visited Hanoi October 21–28, 2007, where he worked with NTP senior staff to finalize the standard operating procedures (SOPs) (already translated into Vietnamese) for receiving, warehousing, and physically distributing TB medicines. Mr. Gonsalkorale also discussed the need to review current buffer stock levels, and together with NTP staff developed a draft implementation plan for the SOPs.

Another consultant, visited Hanoi October 29–31, 2007, to carry out a capacity and skills building workshop for NTP staff at central and regional levels. The main focus of the workshop was on quantification of TB medicines, laboratory consumables, and MandE for TB commodity management. An Excel-based tool developed by RPM Plus for quantification of TB medicines and laboratory consumables was introduced during the training. Suggested changes to the guide prepared for the NTP, “*TB commodity distribution planning, monitoring and Evaluation: National Tuberculosis Program Guide,*” were also implemented.

This concludes the technical assistance by RPM Plus based on the agreed upon scope of work with NTP and partners.

## **REGIONAL PROGRAMS**

### **Asia and the Near East**

#### **Overview**

RPM Plus has been providing technical assistance in pharmaceutical management of malaria, TB, HIV/AIDS, and child survival in the ANE region since 2000. This technical assistance has included identifying problematic household and providers behaviors in the diagnosis and treatment of malaria, strengthening TB pharmaceutical management in China, and addressing issues in pharmaceutical management of HIV/AIDS.

Whereas in years 2002–2005, much of the emphasis was on developing appropriate methodologies to gather information, RPM Plus efforts are now focused on assisting counterparts to utilize this information to guide decision-making in malaria program management, and to critically evaluate implementation of ACT drug policy. RPM Plus technical assistance will complement efforts undertaken under the Global Fund and focus on hot spots of antimicrobial resistance.

In late 2004, the National Center for Tuberculosis Control and Prevention (NCTB) in China initiated a program of activities to strengthen TB drug management in collaboration with WHO Beijing and Management Sciences for Health RPM Plus Program. In 2006, new SOPs and a training program to improve TB pharmaceutical management were developed and implemented at provincial, prefecture, and county levels in Henan Province, China. In addition, RPM Plus provided general training on TB drug management to facility staff. Based on feedback received from participants, SOPs manuals were refined to make them more effective and user friendly. The introduction of new systems was supervised by NCTB officers based in Henan province and Beijing.

As countries in Southeast Asia and the Pacific embark on HIV/AIDS treatment and care programs, it is clear that effective management of HIV/AIDS medicines, including antiretroviral drugs (ARVs), and related commodities remain huge hurdles and constraints to maximizing the number of patients treated. There is also a keen need to coordinate pharmaceutical management of HIV/AIDS medicines and other commodities, regardless of their source, given global initiatives, such as PEPFAR and GFATM. RPM Plus will collaborate with WHO/WPRO to conduct a regional workshop on quantification, and identify countries that would benefit from follow up technical assistance.

#### ***RPM Plus Technical Objectives and Rationale***

***Objective 1:*** Strengthen the capacity of regional, national, country and local decision makers to systematically identify, prioritize and monitor pharmaceutical problems that promote the emergence of antimicrobial resistance

**Objective 2:** Enhance the capacity of governmental and nongovernmental organization (NGO) counterparts to utilize indicator-based information to guide the development and implementation of drug management systems strengthening strategies

**Objective 3:** Expand the evidence base for developing and implementing effective drug interventions in commodity management for infectious diseases

**Objective 4:** Increase the capacity of USAID, governmental or NGO counterparts to maximize the efficient and effective use of resources for HIV/AIDS-related health commodities in support of an expanded response to the HIV/AIDS pandemic

## **Major Activities**

RPM Plus participated in the first biannual Mekong Malaria Partners Meeting in October 2007 in Bangkok, Thailand. The purpose of the meeting was to facilitate partner discussion and identify complementary areas for collaboration in the region. RPM Plus produced and disseminated to partners a matrix of pharmaceutical management activities to be undertaken in Cambodia to improve availability of first-line antimalarials and RDTs. RPM Plus received a request from Thailand to evaluate antimalarials procurement and distribution issues with the Kenan Institute Asia Borderless Action Against Microbes program.

RPM Plus conducted the “Regional Training Course on Pharmaceutical Management and Quantification for Malaria” November 27-December 1, 2007 in Hanoi, Vietnam, in collaboration with the Vietnamese national malaria program and Asian Collaborative Training Network for Malaria. Representatives from 13 countries in SE Asia and the Pacific participated. The course addressed common issues in managing antimalarials, and focused on quantification training at the national level. The Lao People’s Democratic Republic and Cambodia presented their accomplishments and challenges in managing antimalarials, and served as case studies for country-to-country experience sharing. Participants evaluated their country-specific pharmaceutical management issues, including implementation of Global Fund grants. The program allowed participants to revise PSM plans, or develop practical improvement plans. RPM Plus will follow up on progress in implementing country improvement plans and provide a mechanism for continued cross border discussions.

In September 2007, RPM Plus participated with governmental, international NGOs, and other Lao counterparts in a round table discussion on the transition of management of the HIV/AIDS program from Médecins Sans Frontières to the MoH. RPM Plus explored potential options for distribution of ARVs and other commodities and discussed recommendations for strengthening pharmaceutical management systems with the MoH, Médecins Sans Frontières, and WHO. As requested, RPM Plus submitted a proposal for technical assistance to the MoH.

In October 2007, RPM Plus presented key observations and recommendations about current anti-retroviral (ARV) medicines supply operations from a June 2007 exploratory visit with WHO to Yunnan Province. USAID partners held work planning meetings in Yunnan and Guangxi

provinces for this fiscal year; strengthening pharmaceutical management was included in the current work plan for the first time. RPM Plus, the National Center for HIV/AIDS, and WHO plan to discuss how to leverage USAID and WHO efforts to strengthen pharmaceutical management for HIV/AIDS.

RPM Plus continues to work with the Chinese National Center for Tuberculosis Control and Prevention on scaling-up use of SOPs for TB pharmaceutical management. RPM Plus developed 15 training guides and presentations on topics, including general pharmaceutical management, receiving medicines, storekeeping, dispensing, and quantification. The guides are being translated into Chinese for an early spring launch of an expanded training program on SOP use. RPM Plus followed up with sites on their progress with SOPs, and discussed with the national program potential mechanisms for calculating pharmaceutical management indicators from existing reporting.

To address the relatively recent inclusion of second-line TB treatment in country plans in the region, RPM Plus conducted a course on “Pharmaceutical Management of Multidrug Resistant Tuberculosis” November 19–23, 2007, in Manila, Philippines, in collaboration with WHO/WPRO, WHO/Geneva, the GDF, and the Green Light Committee. Participants from national TB programs from Mongolia, China, Vietnam, Cambodia, and the Philippines learned practical management skills and applied concepts through field exercises and development of country implementation plans. RPM Plus will follow up on country progress in implementing plans.

## **Latin American and Caribbean – Amazon Malaria Initiative (AMI)**

### **Overview**

The Amazon region began to experience a reemergence of malaria in the early 1990s, including the appearance of *Plasmodium falciparum* and resistance to inexpensive, first-line antimalarial medicines. In response to increasingly high malaria incidence and treatment failure rates, the U.S. Agency for International Development (USAID) launched the Amazon Malaria Initiative (AMI) in 2001, specifically to address the problems of ineffective control and treatment of malaria in the Amazon Basin countries of Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, and Venezuela. Since then, with the support of AMI, these countries have changed their medicine policies for malaria to include new, more efficacious combination therapies. Strengthening the core elements of pharmaceutical management—including the policy and legal framework, selection, procurement, distribution, use, and managerial support—is essential to the effective implementation of these new policies.

RPM Plus has been AMI’s technical partner for pharmaceutical management since 2002. Other partners include the Pan American Health Organization (PAHO) Division of Disease Prevention and Control, the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Pharmacopeia Drug Quality and Information (USP DQI) Program, national malaria control programs in the Amazon region, and the local USAID Missions. RPM Plus collaborates with these partners and local counterparts to develop and implement strategies to strengthen pharmaceutical management for malaria in the region, particularly related to the new treatment policies.

Since 2002, RPM Plus has developed training materials focusing on how to assess and improve the management of antimalarials; conducted three regional workshops on priority areas in pharmaceutical management; provided country-specific technical assistance to five countries to assess and improve their pharmaceutical supply systems for antimalarial medicines; contributed to AMI’s technical documents and study protocols; participated in annual meetings, regional workshops and dissemination activities; and served on the initiative’s Steering Committee.

Unused resources from FY06 are being used to continue providing technical assistance and building the capacity of the AMI country counterparts to improve their pharmaceutical supply systems for malaria and to manage them effectively.

### *Major activities this Quarter*

#### **Provide follow-up technical assistance to five Initiative countries to plan and implement activities that will strengthen the availability and use of malaria medicines**

From October 6<sup>th</sup> to 12<sup>th</sup>, 2007 RPM Plus visited Brasilia, Brazil, to develop with local counterparts a preliminary plan of technical assistance for improving the management of malaria medicines. As a by-product of this visit RPM Plus developed Guidelines for the implementation of pilot tests of the monitoring tool on the availability and use of anti-malarials. This tool was subsequently translated to English and disseminated to all AMI countries. RPM Plus / SPS will

program visits to all AMI countries during the first quarter of 2008 to support the implementation of the pilot tests.

**Develop and translate training materials and conduct a regional workshop on supply chain management for malaria medicines and supplies**

RPM Plus / SPS and other AMI counterparts decided that a workshop covering both procurement and supply chain management will not only be more efficient, but will serve better the interests of AMI counterparts. The workshop is tentatively scheduled for March 2008. FY06 resources for this activity are supporting the preparation and translation of materials. SPS FY07 resources will be used to sponsor the participants.

**Collaborate with other Initiative partners on activities related to pharmaceutical management**

The USD – DQI / RPM Plus workshop on Quality Assurance was postponed until early 2008 to allow PAHO to add its expertise in drug quality in Latin America, and to align the contents and timing with the reviewed strategic plan of AMI. SPS FY07 resources will be used for the follow up of this activity.

**Participate in annual, steering committee and other regional meetings with Initiative countries and technical partners**

In September 2007, RPM Plus participated in the AMI Steering Committee meeting in Washington, DC. At this meeting, participants reviewed technical partners' and initiative countries' work plans for the upcoming year. The SC decided to draft a 4 year strategic work plan, to align all countries and partners future activities to shared "end-points". During this quarter RPM Plus worked with other AMI counterparts in the elaboration of a proposal for the "drug access and use" thematic area. This "master plan" was discussed with PAHO regional coordinator for AMI during RPM Plus visit to Brasilia (October 6 -12). USAID officials have provided extensive comments to the "master plans" It is expected that the document will be completed and approved on the first quarter of 2008.

## **LATIN AMERICA AND CARIBBEAN—SOUTH AMERICAN INFECTIOUS DISEASE INITIATIVE (SAIDI)**

### **Overview**

Antimicrobial resistance (AMR) is threatening to undermine the advances achieved through priority health programs including tuberculosis, malaria, and HIV/AIDS, by rendering currently available treatments ineffective. AMR is the result of an increased exposure of microorganisms to antimicrobial medicines and the subsequent development of survival mechanisms in these microorganisms. The consequences of AMR include an increase in mortality, morbidity and in the cost of health care worldwide. Among the many factors that influence the development of AMR, the major contributors from a public health perspective are the unnecessary use of antimicrobials for common conditions, the use of inappropriate doses of antimicrobials in cases when they are required, and the proliferation of poor quality or substandard medicines. Health systems contribute to this situation by lacking the proper legal frameworks to ensure the quality and appropriate use of antimicrobials, and by implementing poor managerial mechanisms for proper selection, procurement, distribution and use of these valuable medicines. Physicians, pharmacists and drug vendors contribute to unnecessary use of these drugs by prescribing and selling inappropriate treatments. Likewise, patients experienced with the benefits of antimicrobials tend to self-medicate inappropriately. The implication is that new strategies and more resources for second-line medicines may be needed in the near future for these highly prevalent diseases as conventional treatments fail. An example of AMR of particular concern is multidrug resistant tuberculosis (MDR-TB). The existence of strains of the TB bacteria that are resistant to multiple medicines traditionally used to treat TB is evidence of AMR in progress. Unfortunately, the prevention and containment of MDR-TB presents additional challenges to health systems because not only are the usual concerns regarding the appropriate use of antimicrobials applicable but because of the lengthy duration of the standard TB treatment (6 months), patient adherence also becomes an important issue. The emergence and spread of MDR-TB has serious implications for a national TB control program: treatment is longer and less effective than treatment of non-resistant tuberculosis and is significantly more costly.

In response to this growing challenge, the USAID Bureau for the Latin America and Caribbean Region (USAID/LAC/SD) has proposed a sub-regional strategy for the Andean countries and Paraguay, called the South American Infectious Disease Initiative or SAIDI. The general objective of this initiative is to contain the emergence and spread of AMR by improving the availability and the use of antimicrobials of assured quality. Thus, the central focus of SAIDI is rational use of antimicrobials and AMR control, with a special emphasis on preventing the emergence of MDR-TB. Since FY04, RPM Plus and the other SAIDI international partners have been working with national counterparts in Bolivia, Peru and Paraguay to create a new, evidence-based and stepwise approach to local solutions for containing AMR. This approach considers the factors contributing to AMR within the context of existing systems and not in isolation, and thereby takes advantage of the interaction among stakeholders. To date, national working AMR working groups have been formed in Peru and Paraguay. These groups, in conjunction with SAIDI international partners, conducted various assessment activities which lead to a holistic local view of the factors contributing to AMR. Currently, international and

national partners are working together to develop and implement intervention strategies to address these contributing factors.

### **Major Activities This Quarter**

RPM Plus staff travelled to Peru in October 2007 to support SAIDI activities described in the Peru logical framework—

- RPM Plus met with DISA Callao to finalize plans for the regional drug warehouse to be certified in Good Storage Practices. Several logistical and administrative issues (e.g., cold chain finalization, local utilities contracts, integration with nearby warehouse) were resolved and the DISA Callao warehouse will be certified next quarter.
- RPM Plus, in collaboration with the Iberoamerican Cochrane Center, sponsored a course to develop the technical capacity of Drug Information Center (DIC) personnel to critically analyze scientific literature (e.g., clinical trials of medicines); the course was attended by 29 participants, including staff from several MoH DICs (including Callao) and SAIDI partners from Peru, Paraguay, and Bolivia. RPM Plus met with DISA Callao to develop an operational plan for the DIC and to better integrate its activities into the DISA health system.
- SAIDI international partners participated in the launch of the communications campaign to decrease inappropriate use of antibiotics in Callao. RPM Plus met with LinksMedia to plan next steps with the SAIDI-Peru communications working group. RPM Plus also continued to coordinate the administration of funds for the communications activities with AIS.
- RPM Plus and APUA continued to support the development of standard treatment guidelines for respiratory infections in children under the age of five. Once these guidelines are finalized, the DISA Callao will take the lead in distributing them and training doctors in their use. The APUA/Peru chapter will also develop a training module on rational use of antibiotics and the importance of STGs for future trainings in the DISA.
- RPM Plus met with participating hospitals in Callao to discuss progress on the development of hospital infection control plans; most of the plans are still in the early phases and need further modification. RPM Plus will advance this activity in the next quarter.

In Paraguay, RPM Plus continued to support DIC-coordinated trainings in Good Storage Practices. By the end of the quarter, the DIC had provided a set of 3-4 trainings to pharmacists and warehouse managers in five health regions. RPM Plus distributed basic supplies (pallets, shelves, thermometers, locks, etc) to training participants to support these activities. In response to requests from participants, the DIC will develop and facilitate a set of two trainings in Good Dispensing Practices in all five regions in the next quarter. RPM Plus submitted an evaluation of the individualized TB Kit system to the National TB Program in Paraguay for comments; in the next quarter, RPM Plus will support activities to strengthen implementation of the Kits in Paraguay, take the project to scale across the country, and promote South-South exchange with the Bolivia TB Program. PROMESA, the local NGO contracted to coordinate communication and advocacy activities in Paraguay, held an official communications project launch, distributed

standard treatment guidelines for respiratory infections to hospitals, and provided trainings to promote rational antibiotic use with local dispensers.

In Bolivia, an RPM Plus consultant carried out an intermediate assessment of the impact of the individualized TB Kit system on pharmaceutical management in Santa Cruz. She will continue monitoring progress and strengthening implementation of the system in the next quarter.

RPM Plus finished translation of the ICAT modules, the accompanying manual, and all training materials. A Guatemalan consulting firm (ProConDe) was contracted to assist with activity implementation. The MoH of Guatemala is very supportive of the ICAT project and RPM Plus met with MoH officials on several occasions to discuss the activity, select pilot hospitals, and organize site visits. The ICAT training was held in Guatemala City in December 2007. It was attended by infection control committee representatives from 4 participating hospitals. As part of the course, participants developed hospital infection control improvement plans. Over the next quarter, ProConDe will monitor the pilot hospitals' progress on the implementation of these plans. A review workshop is tentatively scheduled for May 2008.

## **Latin America and Caribbean—Tuberculosis**

### **Overview**

Since FY03, RPM Plus has provided technical assistance on TB Pharmaceutical Management to prioritized countries in LAC. With FY04 USAID LAC Bureau resources RPM Plus adapted, translated and disseminated *TB Pharmaceutical Management Guidelines*, and provided technical assistance to the NTP in Ecuador and Paraguay. Remaining FY04 resources (US\$ 7,000.00) will be used to respond to specific requests from both countries.

### **Major Activities This Quarter**

As October 2007 just 2,000 U.S. dollars were remaining from FY 04 resources. These resources were used to support RPM Plus participation in the Regional TB Managers Meeting (Lima, Peru December 5–8). MSH/RPM Plus participated in the technical cooperation round table and working meetings with various country teams.

All remaining resources were utilized in this activity.

## **Malaria Action Coalition (MAC)**

### **Overview**

Access to early and effective therapies for appropriate case management of malaria and the effective provision of intermittent preventive therapy (IPT) to women during pregnancy are fundamental to achieving substantial reductions in mortality and morbidity due to malaria. Effective case management for malaria requires that populations at risk seek, obtain, and properly use effective antimalarials. This is dependant on the timely accessibility of high quality, effective pharmaceuticals in the appropriate formulations and amounts and the appropriate use of these pharmaceuticals according to a correct regimen.

The burden of malaria has been intensified by the appearance of Chloroquine and sulfadoxine pyrimethamine-resistant *Plasmodium falciparum* forcing countries to change their first line therapies for malaria. To address this challenge, the World Health Organization (WHO) recommended that all countries, revising their first-line treatment policies for malaria, should opt for a combination treatment preferably an Artemisinin-based Combination Therapy (ACT)<sup>1</sup>. In accordance with this recommendation, the GFATM has urged countries that have obtained grants for malaria and recommending treatments other than ACTs to reprogram their funds to accommodate ACTs, which requires a more systematic approach to antimalarial pharmaceutical supply and use. As countries continue to receive GFATM awards for ACTs, the increased volume of antimalarial pharmaceuticals will place more pressure on pharmaceutical systems to ensure their proper management and use than the use of Chloroquine did. ACT pharmaceutical management challenge is even greater as these products have a two year shelve life, they are ten times more expensive than chloroquine and the manufacturers' production capabilities are progressively being developed to meet the demand and the GMP requirements.

Given the current context of malaria in Africa, the Malaria Action Coalition (MAC)<sup>2</sup> underwent a strategic reorientation in 2004, placing a greater focus on technical assistance related to ACT policy design and implementation in order to effectively respond to these changes. In addition, MAC interventions have been divided into two separate but complementary components 1) Malaria in pregnancy, and 2) malaria case management where RPM Plus is focusing its technical assistance.

Officially USAID has ended MAC; however, at country level some missions still have remaining funds as well as a small amount of core funding that can be utilized for the same IRs. The RPM Plus Malaria MAC portfolio has been developed as a result of a joint work plan among the MAC partners and the work plan reflects activities exclusively planned under the MAC "core" funds (1.1 million).

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<sup>1</sup> WHO (2004). Position of WHO's Roll Back Malaria Department on malaria treatment policy

<sup>2</sup> The MAC is a partnership of the Centers for Disease Control and Prevention, the MSH/Rational Pharmaceutical Management Plus Program, the JHPIEGO/ACCESS Program, and WHO (both Geneva and AFRO offices)

**Major Activities This Quarter**

- Continued to support MAC partner coordination through conference calls and sharing of documents produced by partners. Also finalized the MAC final report, which summarizes major accomplishments, challenges and lessons learned during the course of the MAC (2002–2007)
- Continued with developing the MandE guide for pharmaceutical management aspects of ACT policy implementation; the documents will be field tested in one country in the coming year
- Finalized the TGF case studies report; the reports are available in English and French at <http://www1.msh.org/projects/rpmplus/WhatWeDo/Malaria/Publications-and-Reports.cfm>
- RPM Plus continues to support RBM PSMWG; in October, RPM Plus/SPS hosted the PSMWG meeting in Arlington, VA. RPM plus also reviewed workplans and budgets as required for “harmonization process” of RBM workplans, participated in conference calls, planned for upcoming meetings, and began planning PSMWG task forces of.
- Participated in Affordable Medicines Facility for Malaria Taskforce (previously Global ACT Subsidy) on implementation support; also reviewed the Affordable Medicines workplan and began prioritizing it for immediate budget justification and began planning for R7 acceleration of grant signing

## **COUNTRY PROGRAMS**

### **ANGOLA–PMI**

#### ***Overview***

In August 2005 USAID/PMI conducted an initial assessment to identify appropriate areas for PMI investment in Angola. An important consideration was the Global Fund grant obtained by Angola to support the national malaria control program and procure 1.1 million ACTs. The treatments were distributed in 9 of the 18 provinces in Angola but preparations to appropriately receive, distribute, manage and use the ACTs at the health facility level and in the distribution system were not completed. In light of this, RPM Plus was solicited to improve the ACT implementation and recommended the integration of ACT management into the Essential Drug Program (EDP) system with the subsequent adaptation of their procedures and tools to train the health agents. RPM Plus also developed a draft ACT distribution plan and proposed strategic approaches to finalize the plan with PMI partners, including a coordinated procurement and distribution system, the consolidation of the pharmaceutical information system and support to Angomedica.

#### ***Major Activities This Quarter***

- The RPM Plus/SPS Malaria program manager, Dr. Malick Diara, traveled to Angola to provide technical assistance to NMCP and the national essential medicines program. He met with malaria control and essential medicines programs staff and the PMI team to review RPM Plus/SPS support in Angola. He also held a meeting with PMI implementers (MENTOR, AFRICARE, CRS, and CONSAUD) and the coordinating agency (World Learning) to discuss RPM Plus/SPS support in Angola.
- Supported Angomedica to prepare storage of PMI-procured ACTs, mobilized the national committee for receiving ACTs in Luanda, and supervised ACT port clearance, warehousing, and delivery to Angomedica.
- As a follow up on the ACT management training, Dr. Diara visited some health facilities to assess ACTs pharmaceutical management procedures; subsequently, he reviewed ACT management training plans from the MoH and other partners, and worked with partners to develop a harmonized training plan that is in line with the ACT scaling up phases.
- Candidates for the RPM Plus/SPS consultancy position in Angola were interviewed; orientation for the successful candidate is ongoing.
- In collaboration with the CDC and USAID, the PMI /Angola newsletter was finalized. The newsletter can be accessed at [http://www.fightingmalaria.gov/technical/angola\\_acts.html](http://www.fightingmalaria.gov/technical/angola_acts.html)
- Responded to questions raised during the data quality assessment (DQA). They reviewed the number of people trained on rational pharmaceutical management in Huambo and Luanda provinces.
- Provided support to the DELIVER team during their assessment visit in Angola

- Reviewed and analyzed consumption and malaria morbidity data to update procurement distribution planning for ACTs

## **ARMENIA**

### **Overview**

RPM Plus received FY05 Armenia mission funds to support technical activities in pharmaceutical management. During Year 1, RPM Plus carried out an assessment of prescribing practices for five key PHC diagnoses, cost implications of these practices, and supply system performance. Main findings were discussed during the *Supply and Use of PHC medicines in Armenia* workshop, to validate the results of the analysis. Based on the results, RPM Plus prepared a technical report outlining key findings and the way forward to improve prescribing practices and pharmaceutical management system, in support of primary health care reform in the country. In February- March 2007, RPM Plus shared a draft report and discussed key findings and recommendations with the MOH officials, SCDMTE, SHA, NIH, YSMU, World Bank, WHO, marz and Yerevan health authorities and providers. The report was further disseminated through the workshops that were held in July-August, 2007. To follow up on the study findings and develop local capacity in understanding and addressing drug use issues, RPM Plus carried out a Training of Trainers (TOT) on Rational Use of Medicines (RUM) on July 16-20, 2007. Participants included 27 experts from YSMU, NIH, SHA, AUA, SCDMTE, and a group of practitioners from PHC facilities, who serve as preceptors in Family Medicine program. The training course was adapted to Armenia context and incorporated the findings and recommendations from RPM Plus study.

### **Major Activities this Quarter**

To follow up on the TOT provided in July 2007 and further prepare trainers for facilitation of the RUM course, RPM Plus team held a 2-day refresher training for eight trainers from the YSMU, NIH, and AUA. Upon completion of this activity, nine local trainers (in teams of 4-5) carried out two 4-day trainings. Participants of these trainings held on December 5-8 and December 11-14, 2007, included managerial staff of Yerevan and marzes polyclinics that oversees the use of medicines. The trainings were leveraged with the RPM Plus AMR program funds. The 4-day course covered the following topics: drug use studies in Armenia, problems of irrational medicine use, formulary management, learning about irrational drug use (quantitative and qualitative methods, indicator studies, ABC/VEN analysis); evaluating drug use; strategies, including STGs and Drug and Therapeutics Committee (DTCs), to improve use of medicines. Workplans for future rational use of medicine activities were developed by each polyclinic represented at the training.

In December 2007, RPM Plus team met with the senior management of NIH and YSMU, to discuss further steps towards incorporating the RUM course in the training programs. Both institutes are committed to institutionalizing the course, especially in light of the ongoing health education reform. The course will be adapted for respective user needs and levels, including family physicians, residents and students. There is also a plan to offer RUM course as a credited course. With the approval from senior management, respective departments and dean's offices are now reviewing RUM materials to determine the best use of the course in the training programs and responsible departments/parties. Three sessions of the RUM course are already

included in the Pharmacy and Pharmacoeconomics department's curriculum at the YSMU and have been taught by one of the local trainers since October 2007.

RPM Plus team briefed/debriefed USAID. RPM Plus Armenia Program Lead also met with the USAID and PHCR team, on December 19, to discuss current collaboration with PHCR and identify future handover activities that can be carried out by PHCR upon completion of RPM Plus program in Armenia. During next meeting with PHCR team, on Dec 28, it was discussed that selected RUM sessions can be included in the PHCR trainings for managers (to be provided by local trainers trained by RPM Plus).

Dissemination of the RPM Plus study findings continues during this quarter, now through local resources. "Medicines and information" newsletter regularly issued by the WHO Collaborating Centre at SCDMTE includes a summary of the RPM Plus technical report/study findings and recommendations in Armenian and Russian languages. The translation in Russian was made with the SCDMTE resources. The newsletter will be distributed to health facilities throughout Armenia in January-February 2008. The report was also disseminated during the trainings provided by RPM Plus.

### Next Steps

RPM Plus will continue working with the educational institutions, to finalize the decision-making on the use of the RUM course, and work on adaptation of the training materials for the respective users levels and needs. Since the management of YSMU and NIH is also interested in the work on AMR curriculum reform in light of the issues with the wide-spread irrational use of antibiotics, RPM Plus AMR program team is considering further work on AMR curriculum changes at the respective institutes.

RPM Plus will also work with PHCR team to determine specific RUM sessions to be included in the management trainings. RPM Plus Consultant and other local trainers trained by RPM Plus will present a number of RUM topics to the PHCR teams, upon familiarizing with the program of the PHCR management training course.

## **BRAZIL**

### **Overview**

WHO ranks Brazil among the 22 highest burden countries for TB in the world. Brazil's national TB program estimates that it has approximately 110,000 cases annually with 3,000 TB patients dying each year. In 1995, the Government of Brazil (GOB) moved TB control back to the federal level and established the currently existing Program for the Control of Tuberculosis (PCT). In early 2003 as part of its TB management reform, the GOB appointed the Hélio Fraga TB Reference Center (Helio Fraga TB Center) as the matrix for controlling the quality of TB diagnostics and treatment in the GOB's national Single Health System (Sistema Única de Saúde). Overall, the Helio Fraga TB Center is responsible for developing, analyzing and transferring technologies to combat TB in the country and to monitor the approximately 1,300 cases of multidrug resistant TB (MDR-TB).

RPM Plus has identified two technical objectives which are key to meeting the challenge of strengthening local TB drug management capacity:

- Objective 1: Improve the appropriate use of TB drug regimens
- Objective 2: Strengthen the national TB control program

### **Major Activities This Quarter**

#### *Monitor National Study to Re-evaluate Appropriate Drug Regimen for TB Failures*

RPM Plus participated in the meeting organized by the Rio de Janeiro state with TB and MDR-TB experts, PNT managers, and state health professionals to discuss the problem of MDR-TB treatment failures and the recommendations for the challenges.

RPM Plus was appointed as the adviser to the next technical advisory committee meeting which will be held in January 2008. Needed changes in the retreatment scheme will be addressed and the existing consensus reached on suppression of the first E1 retreatment regimen (2RHZE/4RHE) and reformulation of RIII will be discussed.

#### *Support National Study to Re-formulate First-Line TB Drugs to FDC Products*

In October and December 2007, RPM Plus met with Farmanguinhos's vice-director and TB products development team. During this time, Farmanguinhos reported that due to inadequate range of density of recently acquired rifampin raw material from an international supplier, the pilot batch of 2-in-1 tablets FDC of rifampicin and isoniazid has not been produced yet. After several unsuccessful trials conducted by the formulation and new products development team, Farmanguinhos requested additional international consultancy with experts on formulating FDC to further support this process. In addition, the recently developed 3-in-1 FDC adult form sachet

needs further technical definitions and expertise on packaging before this formulation can enter in an advanced stability testing process.

RPM Plus continues to provide support for the implementation of capillary electrophoresis methodology at Farmanguinhos and INCQS to allow expanded testing of drug samples. One paper was presented on this topic by a researcher in Santiago, Chile, in early December at the LACE 2007, “Assessment of matrix effects in anti-tuberculosis drugs analysis by capillary electrophoresis.”

### *Coordinate Decentralization of the Quality Control System for TB Pharmaceutical Management*

RPM Plus continues to work with the new reference laboratory facility at Helio Fraga and National Institute for Quality Control with the following accomplishments: RPM Plus revised all technical SOPs for the quality manual, conducted training in biosafety issues, and assisted laboratory personnel in organizing procedures for a regular internal audit system.

A meeting on quality control testing program for TB drugs was held with INCQS; the national program for quality control of all medicines delivered in the public network is still awaiting further definition from Anvisa to start a new round. Decision was taken with INCQS to further assist some specific request from some Lacen in implementing analytical methodologies for TB drugs quality control and to continue the monitoring of the capacity building program at Amazonas state reference lab.

The managerial components of the Management and Organizational Sustainability Tool for laboratories were up-dated and simplified.

### *Expand DMIS Surveillance System for Managing MDR-TB Patients*

RPM Plus consultants at Helio Fraga Reference Center level, central unit for MDR-TB surveillance, validated this trimester 45 new notification forms, 183 new patient follow-up forms, and 56 Post-Cure forms. Total data currently available from the MDR-TB surveillance data base to date is as follows: case notification forms—3,159; patient follow-up forms—7,896; and post-cure forms—1,214

RPM Plus developed a roadmap and a technical proposal to be studied with NPT professionals in charge of the national TB register. This will integrate all re-treatment cases in a new system module projected to monitor 12000 re-treatment cases throughout the country.

The System User’s Manual and the new edition of the MDR-TB national guidelines have been finalized and are ready to be sent to the editor by the CRPHF.

RPM Plus conducted new trainings with CRPHF professionals to scale up the access and use of the DMIS throughout the country where electronic data transfer use was still low for notification and follow-up. Trainings were conducted in five states for 43 different MDR-TB references

centers to increase capacity building on system procedures and flows, and to review the MDR-TB medical charts in order to update the patient information and available data in the DMIS database.

## **DOMINICAN REPUBLIC**

### ***Overview***

The Dominican Republic (DR) National TB Program (NTP) is currently receiving support from the USAID Mission in Santo Domingo to expand the implementation of the WHO-supported strategy Directly Observed Treatment Short Course (DOTS). One of the main pillars for the success of DOTS is to ensure the continuous supply of quality medicines and pharmaceutical supplies for TB and their appropriate use according to standardized treatment regimens.

With USAID DR funds, the Management Sciences for Health Rational Pharmaceutical Management Plus (RPM Plus) Program is currently providing technical assistance to the NTP in DR to strengthen the Pharmaceutical Management Information System (PMIS), and to introduce fixed dose combinations (FDC).

### ***Major Activities this Quarter***

RPM Plus visited Dominican Republic on November 14 – 20, 2008. From November 14- 16, RPM Plus worked with local counterparts to estimate the needs for the next procurement of TB FDC through the GDF mechanism. RPM Plus consultants visited health facilities in metropolitan areas I and III and in Santiago and San Pedro de Macoris to assess the progress in the introduction of FDC.

On November 19 and 20, RPM Plus facilitated a work shop to analyze the results of the external evaluation (held in May 2007) and to draft a work plan to address the weaknesses identified in the evaluation.

## **Ethiopia**

### **Overview**

Rational Pharmaceutical Management Plus (RPM Plus) Program/Management Sciences for Health (MSH) is collaborating with USAID/Ethiopia in the provision of technical assistance in drug and related commodities management and ARV Rational Use for President's Mother and Child HIV Prevention Initiative (PMTCT) and the President's Emergency Plan for AIDS Relief (The Emergency Plan) in Ethiopia. Under this effort, RPM Plus will assist in national, regional, district, and health facility-level capacity development for delivery of ART services by ensuring access to and rational use of basic ART products through various interventions.

The eve of the Ethiopian Millennium (year 2000 according to the Ethiopian calendar) was observed on 11 September at the office in the presence of the staff of the three MSH projects: RPM Plus, SCMS and Care and Support. This was followed in three weeks with a two day retreat for introducing the three projects to the staff, introduce SPS, the follow-on project to RPM Plus, and jointly plan on coordination and harmonization of activities as appropriate.

### *Major Activities This Quarter*

The number of facilities benefiting from ARV service for Oct-Dec/07 rose from 260 health facilities to 281 (8% more than the previous quarter). Patient ARV uptake grew by 7,389, i.e. from 85,693 to 93,082 ART patients. 12 new sites have started giving PMTCT services bringing the total number of PMTCT sites serviced to 438.

A memorandum of understanding was signed between MSH/RPM Plus and DACA (Drug Administration and Control Authority of Ethiopia) for one year (July 2007-June 2008).

A team of eight invited by INRUD/MSH attended a meeting on Adherence and Retention of Patients on Antiretrovirals held in Arusha, Tanzania from October 29th to 31st, 2007. The team was made of HAPCO, DACA, USAID, CDC and RPM Plus/MSH. The team from DACA and RPM Plus also visited the regional quality control lab that uses mini-labs provided by RPM Plus/MSH.

On October 21/2007, at midnight, an accidental fire destroyed the Kahsay Abera (Humera) Hospital. MSH central office team traveled 560 KM and reached Humera on October 27. Assessment reports were sent to central office and action plans and responsible person were assigned. Early November, MSH delivered 10 wooden shelves, 5 refrigerators and by mid-November, renovation work has already begun

**Training:** Four types of trainings were given on two events to a total of 186 personnel (123 male and 63 female of which 13 are from Media). Training topics included: SOP for ARV Drugs Management at Health Facilities (Manual System) and Computer Based Tools for ARV. Five MSH/RPM Plus staff attended a workshop on drug supplies management in Cape Town, South Africa, from November 15-21, 2007. New staff orientation was given to 19 new staff on November 30, 2007. The new staff is expected to play major roles in transition from RPM Plus to SPS. A three part training was conducted for public media (TV, Radio, newspaper) personnel,

spokespersons and national advocacy committee members. DTC/DIC training is planned to be conducted in all the regions starting with Addis Ababa and Oromia regions in January.

**Supply Management (Procurement and Distribution):** ARV drugs were distributed to 281 Health Facilities and 438 sites have received PMTCT supplies during this reporting period. New PMTCT Activity Report Register has been distributed and registry has started at health facilities where the new regimen has been dispensed. ART sites receive 4 month stocks and 1month buffer. RPM Plus provided regular TA to PSLD, EHNRI and PHARMID on OI and ARV drugs selection, quantification, procurement, distribution and stock management

**MISandMandE:** Sr. MIS Specialist has joined to support MSH/RPM Plus to provide TA to RPM Plus country program/project in the analysis, design and implementation of MIS related commodity management. A sr. MandE Specialist has also joined the office to support MSH/RPM Plus to demonstrate project progress and impact and to use data collected to make informed and timely decisions related to project implementation. The monthly reporting frequency and data quality has improved since the coming of the new MIS officer.

**Quality Control:** Four computers and two printers have been purchased and delivered to DACA drug quality laboratory to improve documentation systems of DACA QA Department. Ten mini-labs are received by the country office to be used for strengthening the capacity of regional laboratories in post-market surveillance and inspection. RPM Plus is planning to assist DACA in organizing a one week TOT in mini-labs during February before the mini-labs are delivered to regional sites. RPM Plus has seconded staff to operate the regional DACA offices.

**Renovation:** Renovation and upgrading of structures at 11 sites has been completed and handed over to the HF. 24 are in progress. The engineering unit has now a pharmacist on the team so that the technical aspects of pharmacy structures and organization is taken into account. The lead RPM Plus engineer provided TA to Pharmid/PFSA in hub warehouse expansion to be funded by SCMS.

## **Kenya – MAC**

### **Overview**

RPM Plus with support from the USAID mission has been supporting the Division of Malaria Control through the process of implementing the new antimalarial policy and has been working with the DOMC to establish robust but practical MandE systems that will ensure that the limited resources it invests in malaria prevention and treatment are used in the most cost-efficient, effective and equitable way. In FY 2006, with funding provided by the USAID Kenya mission, RPM Plus will continue to provide support to the Division of Malaria Control in the early diagnosis and prompt treatment of malaria using effective medicines while achieving RPM Plus technical objectives on how to improve the supply and quality of antimalarials and related supplies and improve the management and use of antimalarials.

### *Major Activities This Quarter*

- Participated in quarterly meetings with USAID Kenya and provided an update on malaria activities and achievements for FY 2006. Also discussed plans for FY 2007 especially budgetary support that will be available through USAID and PMI funding to SPS. Also participated in MSH-Kenya quarterly and technical meetings to discuss SPS activities under the different portfolios and planned activities under PMI and SPS in FY 07
- RPM Plus/SPS participated in reviewing and updating of the 2006 Annual Malaria report and the Malaria Business Plan for the fiscal year 2007/2008 and also in preparation of the malaria Medium Term Expenditure Framework (MTEF) for years 2007/08 to 2009/10.
- Participated in a joint WHO/MSH mission to assess Kenya's progress in implementing the new ACT treatment policy, the assessment ended with a brief to the Drug Policy Technical Working Group on the way forward for the DOMC.
- RPM Plus held discussions with the case management focal person within the DOMC on capacity building in leadership and management skills.
- RPM Plus/SPS held meetings in various technical Working Group (TWG) namely; the Drug Management TWG where the regulatory challenges in widening access to the first-line therapy were discussed, the MIAS Implementation Working TWG where discussions focused on the way forward in updating and maintaining the new DOMC website, as well as implementation of the main MIAS system and the Monitoring and evaluation TWG where, the group discussed progress on the malaria indicator survey(MIS).
- RPM Plus/SPS facilitated a one-day workshop convened to map the way forward in terms of linking the interim DOMC ACT tracking system with the MSH-managed Logistics Management Unit (LMU) and Logistics Management Information System (LMIS) housed at KEMSA. After the workshop, a consultant was hired to facilitate the integration process
- RPM Plus/SPS assisted the DOMC to review the Global Fund (GF) Round 4 phase 1 progress reporting and in completing the request for the release of phase 2 grants. Subsequently, RPM Plus/SPS, the DOMC, KPMG and the Local Fund Agent (LFA) held discussions on budget inconsistency in the request. The document will be corrected and resubmitted after relevant corrections. RPM Plus/SPS also, held discussions with the DOMC MandE team, the MandE specialist at the GF Principal Recipient's office (Ministry of

Finance), as well as the GF Accountant at the Principal Recipient's office to discuss in improving MandE implementation.

- In planning for and implementing the main MIAS system, RPM Plus/SPS coordinated feedback from the DOMC staff on improvements to the interim MIAS system. RPM Plus/SPS discussed the Aga Khan Health Services on their experiences in managing an HMIS. Other activities this quarter included: conducting background research on the professional custom software developers available in Nairobi, development of a comprehensive Request for Proposal (RFP), sending requests for statements of interest to the pre-selected development partners and developing technical specification for the procurement of hardware and software for main MIAS system.
- RPM Plus arranged for the delivery and handover of an LCD Overhead Projector procured by MSH for the DOMC. The projector will be permanently fixed at the DOMC conference room to primarily assist the MandE team in making various presentations.
- RPM Plus/SPS played a lead role in the development of the DOMC website as well as in planning for the launch of the website and PMI activities in Kenya. The website [www.nmcp.or.ke](http://www.nmcp.or.ke) and the start of PMI in-country activities were successfully launched by the US Deputy Chief of Mission. Subsequent to the launch, discussions with the developers were held to review the various options available for linking the website to the MIAS system. RPM Plus/SPS worked with the Internet Service Provider for the DOMC and the DOMC website developers, to enable the DOMC staff access their internal e-mails over the Internet and also arranged for a backup of the completed website for safe custody.
- With regards to website maintenance, a two-day training was conducted for the DOMC to take over the website maintenance. RPM Plus reviewed the website maintenance guidelines prepared by some DOMC staff and gave comments on how the document can be enhanced
- Finalized the report to document AL availability in public health facilities 6 months after the start of implementation, prepared a quantification report for antimalarials for the budget year 2007/ 2008 in collaboration with the Drug Management Sub-committee and Prepared the annual MIAS report
- RPM Plus engaged two temporary research assistants in collection of data to be contained in the malaria stakeholders' database. This was a two-week exercise that was completed successfully.
- RPM Plus provided the Pharmacy and Poisons Board and the DOMC a comprehensive report on fake Cotexcin (dihydroartemisinin) identified in the Kenyan market. The report will provide a platform for discussions with the PPB and DOMC on pharmacovigilance activities and support under SPS.
- Assisted the DOMC staff prepare data to be used at a scheduled training by World Health Organization (WHO) and participated in the training on the WHO Kenya Country database. The database is intended to serve as a repository of various categories of malaria data, from general administrative data to performance of the malaria program and coverage of key interventions.
- Provided support for planning and execution of East Africa Roll Back Malaria Network (EARN) 2007 Annual Coordination meeting. Also, prepared a presentation EARN Overview for the meeting

## **LESOTHO**

### **Overview**

The Regional HIV/AIDS program (RHAP) works in 10 countries in the southern region of Africa including five PEPFAR focus countries and five non-focus countries. The program has special focus in non-presence countries such as Lesotho and Swaziland which have HIV prevalence rates among the highest in the world. In these two countries, the program aims at increasing access to the full package of prevention, treatment, care and support activities necessary to accomplish the goals outlined in the PEPFAR.

Following previous year's funding, RPM Plus uses allocated RHAP FY 06 to continue improving and strengthening medicine and commodity supply systems in support of the scale-up of HIV/AIDS programs in Lesotho. Through this, it aims to address some of Lesotho's immediate health challenges, including HIV and AIDS, TB, child health, and primary health care services. RPM Plus works collaboratively with the Ministry of Health and Social Welfare by offering technical assistance, training, the development of tools and the implementation thereof.

### **Major Activities This Quarter**

During this quarter, the annual report for MSH/RPM Plus activities in Lesotho was developed and submitted to USAID. Also, the program ensured adequate preparation for the planned audit of MandE data on the Trainet system. Documentation was finalized and the information loaded on Trainet was checked against attendance registers.

Previously, the Lesotho USG/PEPFAR team had requested SCMS and RPM Plus to conduct a joint assessment for the Lesotho supply chain in the context of HIV/AIDS, looking at medicines as well as laboratory supplies. After due planning and preparation for the assessment, the joint assessment took place in October. Assessment teams included consultants, laboratory, and pharmacy officials. Fourteen ART sites were visited in seven districts. These included nine hospitals, one filter clinic, and four health centers. Interviews were also conducted with different stakeholders. A presentation of preliminary findings and recommendations was made to USG officials and to the Ministry of Health and Social Welfare.

The program continued to explore the continued implementation of the ORION@MSH software at NDSO with the 3i group. This culminated in the identification of the contractual mechanism necessary to ensure the support for the software implementation during the upcoming quarter.

A new formal request for technical assistance was received from NDSO. The request seeks support in the determination of fees (mark-up) that needs to be levied by the NDSO to respective donors for the storage and distribution of donated commodities, particularly antiretrovirals. The request is being discussed; this will be followed by a detailed scope of work being developed and reviewed by the NDSO for potential implementation.

Two follow-up HIV/AIDS MTP workshops were held in Lesotho; the first on October 9 and the second on November 28. The workshops were used as a platform to go over the MTP process and to explain how it can be useful as a tool to improve the services provided.

In addition, a one-on-one on the job training was conducted for Rx Solution package. The package was also reinstalled at the QEII Adult Art Centre.

## **MALAWI—PMI**

### **Overview**

Malawi is one of the high malaria burden countries in sub-Saharan Africa that has been selected in the second round of beneficiary countries by the USG's President's Malaria Initiative (PMI). In May 2006, in preparation for PMI country planning and implementation, the USG conducted a rapid assessment and subsequently requested RPM Plus to provide support to key technical areas of the Malawi PMI Country Operational Plan. RPM Plus activities will support technical including regulatory and operational aspects of national ACT policy implementation. Activities will focus on supporting the drug supply and pharmaceutical management with a comprehensive implementation plan to address regulation, procurement, storage, distribution and rational use of ACTs.

### **Major Activities This Quarter**

- RPM Plus/SPS developed and printed instructions to give guidance to the health workers at the facility level on how to manage ACT receipt process. RPM Plus/SPS also printed stock cards which were distributed to all the health facilities receiving artemether-lumefantrine.
- RPM Plus/SPS successfully advocated for the inclusion of pharmacy technicians as trainers in the new treatment policy. RPM Plus/SPS was involved in the training of trainers in pharmaceutical management of the new malaria medicines. Three sessions were held in the southern, northern and central zones, with a total of 108 participants including pharmacy technicians, clinical officers, medical officers, medical assistants, and nurses.
- RPM Plus/SPS received a request from the National Malaria Control Program to assist in the printing of the training materials. A total of 5,500 training guides for participants and 200 training guides for trainers were printed and handed over to the NMCP. Also, health workers began training on in the new treatment guidelines at district level.
- The ACT task force meeting was held to plan for receipt of second ACT consignment. In addition, the task force members endorsed the ACT operational plan.
- Drafted ACT MandE tool to be incorporated into routine district monitoring and supervision.
- Finalized the joint SPS Deliver workplan and jointly presented it to the Mission.
- Participated in a planning meeting with the PMPB where a draft workplan was developed.

SPS also participated in the first meeting with other partners to review the Malawi STGs to include ACTs. This meeting was hosted by the MoH and several more have been scheduled for this year for the different committees that were formed to perform different tasks.

## **NICARAGUA**

### **Overview**

USAID/Nicaragua has been supporting RPM Plus technical assistance in pharmaceutical management since 2002 as part of the overall support to health sector reform. RPM Plus analyzed the Nicaraguan Ministry of Health's (MoH) pharmaceutical supply system. As a result of this study and following workshops, the MoH decided to support the establishment of private sector mechanisms modeled after the "Programa de Ventas Sociales de Medicamentos" (VSM) to promote the creation of a network of retail outlets to sell low-cost quality-assured essential medicines. RPM Plus has supported the strengthening of the VSM network in the areas of financial management, pharmaceutical quality assurance, and the training of dispensers. Standardized procedures for each of these areas were developed in FY 05. For FY 06 RPM plus will support the implementation and evaluation of these proposals.

### **Major Activities this Quarter**

Local RPM Plus consultants finished and presented the baseline studies before the implementation of the *Quality Assurance Manual* and the *Standardized Manual for the Training of Dispensers*.

On October 23–25, RPM Plus consultants facilitated a workshop on the use of the Minilab<sup>®</sup>. This was the only delayed activity for a full implementation of the *Quality Assurance Manual*. Nine pharmacists participated in the three-day workshop—seven from the Ventas Sociales network and two from national reference laboratories (MoH and Leon University). Evaluation of the manual implementation is scheduled for January 2008, and the final manual will reflect the revisions.

During this quarter, there was partial implementation of the "*Standardized Manual for the Training of Dispensers*." RPM Plus supported the TOT trainers on the proper use of the educational methodology, but just one of the three VSM networks—Acción Médica Cristiana—actually implemented the training of dispensers. The third and final phase of the training was completed on November 2007. The other two organizations alleged conflicting agendas and financial difficulties. RPM Plus will support the training of the dispensers of Juan XXIII, scheduled for the last week of January 2008. The final evaluation of the implementation will be carried on February 2008, based on the case of Acción Médica Cristiana, which will be only completed process at that time. The final product will be a revised version of the *Standardized Manual for the Training of Dispensers*.

## **RWANDA–PMI**

### **Overview**

Rwanda is one of the high burden malaria countries in sub-Saharan Africa that was selected by the United States Government (USG) in May 2005 to benefit from the PMI. Malaria is the leading cause of morbidity and mortality in Rwanda, with over 1.4 million outpatient cases, 127,000 hospitalizations, and 888 deaths reported in 2005 (PNILP annual report 2005). Malaria caused nearly half of the cases and half of the deaths among the ten highest causes of morbidity and mortality in 2005. Children under five years of age are especially vulnerable; in 2005, they represented one-third of consultations and 40% of hospital deaths due to malaria. In May 2005 USAID/PMI team conducted an initial assessment to identify appropriate areas for PMI investment in Rwanda. An important consideration was that Rwanda is the recipient of Rounds 3 and 5 of Global Fund grant to support the national malaria control program, including the procurement of ACTs, training providers, and establishing a viable distribution system, among other activities.

RPM Plus activities will focus on two main technical objectives: 1) Improving the case management and use of appropriate anti malarias 2) Improving the supply and quality of anti malarias and related supplies

### **Major Activities This Quarter**

- Held meetings with PNILP and PTF on the development of pharmacovigilance unit. Basic steps into the process of establishing a National Pharmacovigilance Unit were presented and discussed. Following the meetings, RPM Plus/SPS in collaboration with the CDC, developed a concept paper on establishment of pharmacovigilance system in Rwanda. A partner's meeting was held to discuss the concept paper and the future deployment of Pharmacovigilance activities. in Rwanda The first
- Followed up and met with PNILP and PTF to finalize the revised malaria reporting tools. The printing process of final versions of revised reporting tools is still ongoing. Subsequently plan for cascade training was developed, reviewed by the PNILP and finalized.
- Trainings on the revised reporting tools commenced, 350 participants (including heads of health facilities and district pharmacy managers) have been trained. The plan is to train a total of 900 heads of health facilities and 40 district hospitals and pharmacy managers
- Supported PNILP to review the training approach and to conduct a TOT for 40 district reporting levels (at least 2 staff trained per district). Trained districts will be in charge of training and supervising FOSAs in their respective catchments areas
- Assisted the PNILP to develop a framework and an assessment tool for Coordinated Procurement and Distribution System (CPDS) for malaria. The assessment is ongoing using the developed tools. Following request from the PNILP, RPM Plus/SPS developed a concept paper on Coordinated Procurement and Distribution System (CPDS). The paper was shared with the PNILP and the next phase will be for PNLP and partners to conduct needs assessment to justify the need to develop CPDS

- Assisted CAMERWA to improve inventory data collection and analysis by analyzing the f monthly inventory data through analysis tables and participating in the annual inventory exercise
- An assistance was provided to PNILP to assess the availability of ACTs according to projected needs in 2008

## **SOUTH AFRICA - PEPFAR**

### **Overview**

The mission of RPM Plus/South Africa is to strengthen national and provincial pharmaceutical services to support the “Operational plan for comprehensive HIV and AIDS care, management and treatment for South Africa”. The delivery of pharmaceutical services is one of the key components of this plan which emphasizes accreditation of pharmacies at service points; availability of a sufficient number of personnel who have the necessary competencies; procurement and distribution of appropriate medicines; pharmacovigilance; drug information and systems for the monitoring and evaluation of the aforementioned.

Using FY 06 funding, RPM Plus continues to focus on strengthening the National, Provincial and Metropolitan (Metro) Pharmaceutical Departments in support to the “*Comprehensive Plan*”. RPM Plus continues to build on MSH experience and the lessons learned under previous years funding including COP05. The program continues to coordinate and collaborate with the Pharmaceutical Policy and Planning Cluster of the National Department of Health, USAID and local partners to address key pharmaceutical priority areas, at the national and provincial levels. RPM Plus activities in South Africa can be categorized under three technical objectives: (1) to increase the capacity of health facilities located in the provinces and Metro areas to deliver quality responsive pharmaceutical services, (2) to improve the availability and the appropriate use of ARVs and HIV and AIDS-related commodities at service delivery points providing services to HIV and AIDS patients, and (3) to improve the availability and accessibility of information on medicines used for HIV/AIDS treatment and prevention.

### **Major Activities This Quarter**

During this reporting period, a framework for continuing RPM Plus activities under its follow-on project SPS was developed. This will be the basis for FY 07 and subsequent plans. RPM Plus attended the ICC and the SCC meetings. Presentations on KZN activities and on the adherence tool were made. Introduction of SPS was made to representatives of the Eastern Cape. Interviews were conducted for the administrative support and programmer positions.

The National Compliance report was finalized. Consensus was developed on the questionnaire to be used at PHC clinics. RPM Plus participated in meetings for essential drugs list, Pricing, MCC, and CTC committees. These addressed ART and PMTCT guidelines; the introduction of essential drug list principles and the use of evidence-based medicine in reviewing STGs. Also TA was provided in preparing the international benchmark guidelines and in reviewing a proposed TB regimen and in the preclinical review of HIV vaccine candidates. Four clinical trials were reviewed at the CTC meeting.

RPM Plus continued to support research activities related to pharmaceutical activity durations, costing, and staffing. TA was provided to South African Pharmacy Council to finalize the research proposal for the North West University. Presentations were made at two Good Pharmacy Practice workshops held in Cape Town regarding the research project. TA was also

provided to draft amendments and addenda to the Good Pharmacy Practice. RPM Plus attended the strategic planning meeting for pharmaceutical services in the Northern Cape and presented the Medicine Supply Management cycle; also the program participated in facilitating the Annual Pharmacy Services Conference of the Western Cape. In addition, a meeting was held in Limpopo to discuss MSH/RPM Plus support.

In the area of training, the MSH/RPM Plus course in HIV/AIDS pharmaceutical management was approved by the South African Pharmacy Council Training on this program was conducted in the Free State, Western Cape, and Kwazulu-Natal. MTP follow-up sessions were carried out in the North West, Mpumalanga, and the Western Cape. Work continued on the project in the Western Cape to supplement the nurse-driven, doctor-supported model for the provision of ARVs at PHC clinics. TA continued to prepare SOPs and check lists for counseling and dispensing.

In the area of adherence, 10 sites were identified for the implementation of the adherence tool. In the Northern Cape, approval was granted for the tool to be implemented. In Kwazulu-Natal, it was agreed that the adherence tool would be used as a part of the standard procedure for the monitoring of patients on chronic medicine, under their chronic medicine dispensing project.

RPM Plus participated in the INRUD-Initiative on Adherence to Antiretroviral Therapy meeting held in Arusha and presented on the adherence monitoring tool. An assessment of PMTCT services at all 23 service points in the Ekurhuleni Metro Southern Region was conducted. The fourth national quantification meeting for 2007 was held in Bocksburg to capture the new guidelines for PMTCT and ART. Manufacturers discussed the challenges they face in the supplying ARVs. Meanwhile, TA was provided to the Western Cape regarding the three quantification tools in use, namely ARV, PMTCT, and TB.

RPM Plus facilitated two international workshops held in Cape Town. The first, entitled “Strengthening Health Systems through Pharmaceutical Management,” included participants from the USG and MoH based in Africa; the second was for 35 Africa-based RPM Plus/SPS staff members on “Pharmaceutical Management for Technical Assistance.”

TA continued to be provided in the KZN project for the centralization and possible outsourcing of chronic medicine dispensing. Various documents including checklists for the counseling patients on chronic medication, performance of blood pressure and blood glucose monitoring, a checklist for the approval of pharmacies to participate in the project, and a document outlining the procedures for the entire process were prepared. TA was provided in the preparation of patient information forms, the patient carrier card, and letter for referral of patients to the chronic dispensing facility. The pilot will commence in January.

A meeting took place with the chief director of the pharmaco-economic unit, National Department of Health. The department saw the project in KZN as a flagship project and wanted to use it as a template for adaptation for other provinces. It was arranged for a representative of health department to join the KZN task team. Opportunities for MSH/RPM Plus to be involved in a national project are being explored.

During this quarter, 61 health care personnel from Gauteng province and local authorities were trained at the Roodepoort Civic Centre. Presentations were made on the cold chain shake test, new EPI schedule, quantification of TB medicines, and SOPs for ARV medicines.

In support to the Rx Solution, four hospitals in the Free State were upgraded to the latest version. Intensive support was provided to Ermelo Hospital. Problems experienced by the users have been addressed. A stock take was done on bin antibiotics to demonstrate the stock taking module. In the Eastern Cape, five people were trained. Manuals were printed and distributed to the sites in East London as well as to users who attended the training. The software was installed at Stutterheim (PEPFAR partner) and Duncan Day Hospital and Frere Hospital ART unit, both in the Eastern Cape Department of Health. Technical assistance was also provided to Jose Pearson TB Hospital. All demanders have now been added and users are able to add demanders themselves. At Uitenhage Hospital, the system has been upgraded. Only two of the five computers are connected as connectivity problems were experienced. In Rustenburg all the data was cleaned, e.g., deceased patients who were still noted as active patients were removed and errors in birth dates were corrected.

A Memorandum of Understanding with Therapy Edge to develop an interface with RxSolution was negotiated and finalised. This will be piloted in collaboration with Right to Care at Helen Joseph hospital.

On the developmental side, work has commenced on an Access database to support the implementation of RxSolution in the field (RxClient). Program versions, training, and tasks in the field will be tracked using this tool. Also, a new patient system for Tshwane has been written and is in the testing phase.

The MSH/RPM Plus course in Pharmaceutical and Therapeutics Committees (PTC) was also approved by SAPC. A PTC course was held in the Free State and attended by 15 participants including pharmacists, doctors, nurses, and hospital administrators. In the area of infection control, follow up took place on the field testing of the hand hygiene poster at the pilot sites. RPM Plus coordinated with the Quality Assurance Directorate to discuss the Infection Control Assessment Tool (ICAT) progress report and scale up plans; hand hygiene poster field testing, printing and distribution; hand hygiene public health campaign with Soul City; the Infection Control Manual; SCC meeting and TA on rational prescribing of antibiotics at primary health care level. Improvements were reported at ICAT pilot sites with regard to IC practices. A TOT schedule was drawn up for ICAT training to take place in all provinces. Also, buy-in was obtained from the University of Kwazulu-Natal in respect to the ICAT manual and approach. The program attended the second congress of the Federation of Infectious Diseases Societies of Southern Africa. ASO follow up took place at the ICAT pilot sites.

Kwazulu-Natal held four pharmacovigilance training sessions of three days each as part of the planned training and advocacy activities for staff at all ARV treatment sites. Participants were drawn from all ARV treatment sites in the province. Meanwhile, continued support was provided to five PharmD students as the clinical preceptor in the East London Hospital Complex. Pharmaceutical care plans relating to technical support for the care of patients with ADRs to ART and TB medications were developed.

*RPM Plus Activities and Products Status Report*

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During this quarter, RPM Plus representatives attended the Intern Project Presentation day at Port Elizabeth Hospital Complex. Two interns from Dora Nginza Hospital presented work done using Rx Solution. Technical assistance was also provided for abstract development for the annual conference of the South African Association of Hospital and Institutional Pharmacists.

In support to PEPFAR/South Africa, a software package for the management and monitoring of orphans and vulnerable children programs was developed in collaboration with Save the Children. The program was field-tested in the Free State.

## **SWAZILAND**

### **Overview**

The Regional HIV/AIDS program (RHAP) works in 10 countries in the southern region of Africa including five PEPFAR focus countries and five non-focus countries. The program has special focus in non-presence countries such as Lesotho and Swaziland which have HIV prevalence rates among the highest in the world. In these two countries, the program aims at increasing access to the full package of prevention, treatment, care and support activities necessary to accomplish the goals outlined in the Emergency Plan.

Following previous year's funding, RPM Plus used allocated RHAP FY 06 to continue improving and strengthening medicine and commodity supply systems in support of the scale-up of HIV/AIDS programs in Swaziland. Through this, it aims to address some of Swaziland's immediate health challenges, including HIV and AIDS, TB, child health, and primary health care services. RPM Plus works collaboratively with the Ministry of Health and Social Welfare (MOHSW) by offering technical assistance, training, the development of tools and the implementation thereof.

### **Major Activities This Quarter**

During this quarter, a full time Senior Program Associate for Swaziland was recruited. Also, the equipment for the new local office was secured and follow-up continued on MSH registration in Swaziland.

A meeting took place with the Chief Pharmacist, in which activities were reviewed and agreed upon. More TA on inventory management at facility level, and procurement and drug supply management for Central Medical Stores were requested by the counterpart.

A meeting was held with Mr. Adams Was of the Clinton Foundation to explore the possibility of collaboration. Also, a meeting was held with representatives of the Council for Health Services Accreditation of South Africa and the ECSA Health Community to plan for better coordination of activities in Swaziland under the Southern Africa Human Capacity Development.

Preparation was done for the planned validation of ME data on the Trainet system. Documentation was finalized and information loaded onto Trainet was checked against the attendance registers. No discrepancies were found in the data.

During this reporting period, the revised draft of the National Pharmaceutical Policy for Swaziland was received. A workshop discussion on the policy will be held by the counterpart in January 2008.

In support to the CMS, two meetings were held with the pharmacist in-charge—one on October 12 to assist with tender adjudication and the second on Oct 26<sup>l</sup> where RPM Plus shared and discussed the National Tuberculosis Plan –Pharmaceutical Improvement Plan and a copy of the

ADR summary report and hospital indicators. Good progress was made with the adjudication of tenders and the ADR reporting forms. Also the special form for reporting suspected serious ADRs related to ARVs was finalized.

In support to RPM Plus capacity building objective, the National Tuberculosis Program was introduced to the Drug Supply Management manual for TB. Also a follow up HIV workshop took place using the MTP approach. Assessment results were collected and sent out to the participants.

Senior managers (under-secretary, director of health services and her deputies, chief nursing officer and deputy, chief pharmacist, hospital administrators, the Infection Control Coordinator and quality assurance members from various government hospitals) attended a meeting of the Quality Assurance Forum of the MoHSW; a national forum aimed to improve the quality of care provided at health care facilities. The role of DTCs and infection control teams were reviewed.

Meanwhile, another two meetings were held with the Deputy Director of Health Services, one to introduce the new SPA and to discuss the training of the members of the National Drug Advisory Committee (NDAC), the legislation, the hand hygiene poster and ICAT activities; the other included the Deputy Chief Nursing Officer and the IC Coordinator for the country to brief on the progress of ICAT activities and the relationship with the quality assurance program.

The ART Patient Monitoring and Reporting System (APMR) User's Manual for Swaziland was completed in time for the APMR/RxSolution training which took place in November; 22 people were trained. All nine target sites except Sithobela are now using the integrated program. On site training of clerks, dispensers and members of the MandE unit team on both the APMR and RxSolution took place. Trained clerks are now able to use APMR for entry, edits, run available reports, set user names, and create and maintain protocols.

Finally, the National Emergency Response Council on HIV/AIDS Task Team meeting took place on December 6. It was agreed that there was noticeable improvement in the roll out of the APMR at government sites. A representative of the LFA was also present and expressed their satisfaction with the progress made vis-à-vis the Global Fund requirements.

## **TANZANIA–PEPFAR**

### **Overview**

The ADDO program was developed by the Ministry of Health and Tanzania Food and Drug Authority (TFDA) with support from MSH/SEAM and the Bill and Melinda Gates Foundation. The program design involves transforming duka la dawa baridi into ADDO through standards-setting and accreditation process. The primary goal of the ADDO program is to improve patient care through access to affordable, quality medicines and pharmaceutical services in retail drug outlets in rural or periurban areas where there are few or no registered pharmacies.

In the past two years, RPM Plus program has laid the groundwork in Morogoro to develop ADDOs and prepare them to support palliative care programs for HIV/AIDS. The work done to date has primarily focused on ensuring accreditation and establishing linkages with the newly awarded Tunajali home-based care/orphan and vulnerable children program in Morogoro. ADDOs, in collaboration with community-based organizations and NGOs, can provide HBC services to remote and rural areas through provision of home-based care kits and services that might otherwise not be available in rural areas. Selected ADDOs would be assigned a catchment area where they would work with home-based care volunteers (identified by district sub-grantees) to support HBC kits distribution and refer patients to the closest HIV/AIDS Care and Treatment Clinic when appropriate. The proposed role of ADDOs in community-based HIV/AIDS prevention and care would also include dissemination of HIV/AIDS information whereby ADDOs would become centers for providing basic HIV/AIDS information to the public.

Although limited in scope for now, RPM Plus continues to provide support to NACP and USG partners on HIV/AIDS pharmaceutical management system strengthening to ensure efficient, effective supply and use of ARVs and other related commodities. In support of the regionalization strategy in Tanzania, RPM Plus will work collaboratively with partners in ART sites in Arusha, Kilimanjaro, Tabora Manyara, Tanga, and Dodoma regions. RPM Plus will collaborate with SCMS to provide technical support in ART pharmaceutical management through sharing the developed tools, dissemination of lessons learned, and approaches successfully applied in other countries.

In effort to improve efficiency and effectiveness of ART pharmaceutical management systems in countries, Regional Training Resource Collaboration (RTRC) was established. RTRC is implemented through continued and enhanced human capacity development. RPM Plus in collaboration with the National AIDS Control Program will provide technical support to the Tanzania RTRC to implement training programs in HIV/AIDS Pharmaceutical Management.

### **Major Activities Accomplished this Quarter**

- On accreditation and ADDOs scale-up in Morogoro, RPM/SPS, in collaboration with TFDA, provided TA to train 22 Council Food Drug Technical Committee members for Morogoro rural and Mvomero districts, 65 local ward inspectors for Kilombero district, and carried out pre-accreditation inspections of 212 drug outlets in Mvomero and Morogoro rural. A total of

112 outlets were approved for accreditation and the remaining outlets that did not meet the requirements were given extra time to meet TFDA set standards.

- RPM Plus interviewed 300 candidates for the dispensers' course for Mvomero and Moro Rural districts and selected 242. Those selected were enrolled in the ADDO dispensers training course and 240 successfully completed the course and qualified for dispensing certificate.
- A joint RPM Plus and FHI Tunajali team visited Kilosa district to familiarize each program's activities and finalize the designing of the ADDO-HIV/AIDS palliative care services link in Morogoro region. The team held discussions with Kilosa stakeholders and briefed them about the proposed ADDO/HBC linkage. The developed Memorandum of Understanding between RPM Plus and FHI/Tunajali is being reviewed and implementation of agreed activities will begin during first quarter 2008.
- RPM Plus also provided TA to TFDA to develop a draft strategy document on how to scale-up ADDO in urban setting to guide ADDO rollout in Morogoro urban. The draft was presented to TFDA management team for their input and approval process.
- RPM Plus participated in the first Medicines Access Steering Committee Meeting chaired by the chief medical officer at the MoHSW. MSH/SPS is a permanent member of the Ministry's committee.
- In collaboration with TFDA, NMCP, and local authorities, RPM Plus conducted a comprehensive supportive supervision in all 10 districts of Ruvuma and Morogoro covering 763 ADDOs. Funding for this activity was leveraged from all components in the ADDO program (HIV/AIDS, malaria, and child health). This supervision achieved the following—
  - Observed the general dispensing practices of ADDO dispensers and adherence of both owners and their dispensers to ADDO general regulations.
  - Provided on-site training and supportive supervision to local community health management team members.
  - Collected relevant monitoring and evaluation data for further analysis and result sharing. A detailed supervision report with specific results is being finalized for dissemination.

### Major Constraints to Progress

- Although RPM Plus/Tanzania program leverages funds and jointly carries out activities for the three components in the ADDO program, implementation of key activities is financially demanding and requires extra staff time for extensive field work as well as TA provision to TFDA, NMCP, and local government authorities. Constrained funding over-extends the current staff and skips other vital planned activities which would further strengthen the system.
- RPM Plus continues to experience delays in activities that have been planned because of TFDA staff being unavailable to travel to the districts or lacking approval for some

activities. For instance, the scale-up of ADDO in Morogoro urban district has been delayed for months because TFDA management did not make a strategic decision on how to approach urban setting despite a draft strategy proposal that was prepared by RPM Plus months earlier.

#### Next Steps

- Finalization of all key reports for activities completed in the reporting period (September–December 2007)Begin implementation of ADDO–Tunajali intervention activities in Kilosa district.
- Jointly conduct supportive supervision to cover all ADDOs in relation to all three program component
- Start accreditation activities for the remaining Morogoro urban district

## **TANZANIA–PMI**

### **Overview**

USAID/Tanzania, in March 2006, asked the Rational Pharmaceutical Management Plus (RPM Plus) Program to provide technical support for the implementation of the President’s Malaria Initiative (PMI) in Tanzania. In the context of the national policies, the RPM Plus/PMI program activities continue to support ACT policy implementation through private sector distribution of subsidized ACT using the ADDO program. RPM Plus also supports TFDA to strengthen pharmacovigilance systems in the country with regards to monitoring possible ADRs including those due to ACTs.

### **Major Activities This Quarter**

- This quarter, the second consignment of PMI procured ACTs (532,770 treatments) for ADDO programs in Ruvuma and Morogoro regions arrived in the country. Distribution began in Kilosa, Morogoro rural, and Mvomero districts–Morogoro region.
- Provided support to the NMCP, TFDA and MOHSW in the planning for official launch of private sector distribution of PMI procured ACTs through ADDO. ACT distribution through ADDO was successfully launched by the USAID country director and the MOHSW Director of Preventive Services in Morogoro region on November 17, 2007.
- Collaborated with NMCP and TFDA to conduct sensitization and orientation workshops on ACT policy implementation through ADDOs for 60 members of council health management teams , 255 ADDO owners, and 345 ADDO dispensers in Morogoro rural, Mvomero, and Kilosa districts. Following the workshops, the teams received support to conduct their first supervision visits to ADDOs distributing ACTs in the same districts to ensure smooth takeoff of distribution.
- RPM Plus/SPS participated in the NMCP–PMI partners meeting and presented the status of implementation of the planned activities, including the challenges/constraints faced and the next steps.
- RPM Plus/SPS participated in the review of the National Malaria Intermediate Strategic Plan (2005–2010) meeting which was organized by the NMCP for all stakeholders involved in the implementation of malaria programs in Tanzania.

## **UGANDA–PMI**

### **Overview**

RPM Plus is an implementing partner under USAID Uganda’s President’s Malaria Initiative (PMI) year two Country Action Plan. Within the FY 07 scope of work, RPM Plus is supporting the distribution of insecticide-treated bed nets procured with GFATM funds to children under five years old, pregnant women, and other vulnerable populations, such as, people living with HIV/AIDS. In addition, RPM Plus is providing support to overcome the challenges in the pharmaceutical management system necessary to roll out ACTs under the direction of the National Malaria Control Program (NMCP). While providing technical assistance to the roll-out process, additional RPM Plus support is aimed at ensuring the rational use of the selected national first-line treatments.

RPM Plus activities under the Uganda PMI country program focus on the following technical objectives—

1. To strengthen the existing malaria medicines pharmaceutical management system to ensure the constant availability of malaria medicines at health facilities and supporting the National Medical Stores’ handling and distribution of PMI-procured treatment doses of ACTs.
2. To provide technical support to the MoH NMCP, Uganda to scale up its malaria control activities, with an emphasis on malaria treatment activities, particularly the roll-out and rational use of ACTs.

### **Major Activities This Quarter**

- Together with the MOH and the pharmacy division, RPM Plus/SPS developed SOPs for use at health facilities, also developed SOPs for dispatch and delivery of medicines from the National Medical Store (NMS), and prepared Terms of Reference for ordering medicines from the NMS.
- Conducted pharmaceutical management training using the MTP approach in Arua and Nebbi districts in which 99 staff members (store keepers and health facility in charges) were trained, and 10 staff received supervisory training. Also in this quarter, RPM Plus/SPS supported Adjumani and Moyo districts to implement MTP approach. An assessment and monitoring tool was designed for Moyo district.
- RPM Plus/SPS supported the NMS in coordinating Coartem redistribution from Kabale to Isingiro and Rukungiro districts, supported quantification of Coartem for Uganda Peoples Defense forces units countrywide and developed draft guidelines for stakeholders for the phase out of monotherapies. Technical assistance was provided to the NMS to rationalize orders for Gulu and Amuru districts. Discussed with NMS manager assessing interventions for improving quantification and stock monitoring by the NMS.
- Participated in several meetings, including one with the NMCP, to harmonize provision of TA to the program, to discuss antimalarial pharmaceutical management with the pharmacy division, to look at the basic health package with the TWG meeting, and attend the joint review mission for the health sector. RPM Plus/SPS also met with the pharmacy

division and resource center to plan for a workshop to determine data needs for medicines management information systems for both district and central levels.

- Established links with the malaria communities program and NUMAT to improve access to medicines ACTs by the communities.
- Provided input to the SCMS-funded review of NMS supply chain and discussed recommendations for interventions. Based on these recommendations, a work plan (January to December 2008) was developed to address identified gaps.
- Supported the NMCP and pharmacy division to hold a workshop to assess data needs, user needs, and to define system performance indicators for the pharmaceutical management information system at the district and central levels. Additional support was provided in drawing up Terms of Reference for the consultant to assess the systems requirements and validate user needs definition workshop.
- Participated in a two-day workshop and a task force meeting to plan for the piloting of Medicines for Malaria Venture's private sector initiative on ACT use in selected districts.
- Developed TOR for the consultant to write the guide document for improving access of ACTs to the private sector.

## **FINANCIAL INFORMATION**

On September 28, 2000, Management Sciences for Health was awarded the RPM Plus cooperative agreement, the follow-on to the RPM Project. The RPM Plus current ceiling increase is 162,035,912 U.S. dollars (USD) as a result of receiving a three-year extension and ceiling increase in September 2003 and a subsequent ceiling increase in June 2005. The cumulative obligation for RPM Plus currently stands at USD 155,614,798.

MSH tracks and reports expenditures by source of funding (Global or Core and Field Support, by Bureau, Region, and Country). MSH further subdivides Global or Core expenditures based on the various Strategic Support Objectives designated by USAID when funding is received (e.g., SO1-Population, SO4-HIV/AIDS, SO5-Infectious Diseases).

The fiscal data chart shows the Year 1 through Year 8 obligations, cumulative funds obligated, quarter one expenditures, in addition to the cumulative to-date (October 1, 2000, to December 31, 2007) expenditures of USD 144,148,575 by funding source.

The RPM Plus cooperative agreement stipulates that MSH should cost-share an amount not less than USD 21,000,000 over the life of the program. As of December 31, 2007, RPM Plus to date has surpassed this cost-share requirement, generating over the required USD 21,000,000 in non-federal funding, within the technical scope of work for RPM Plus.

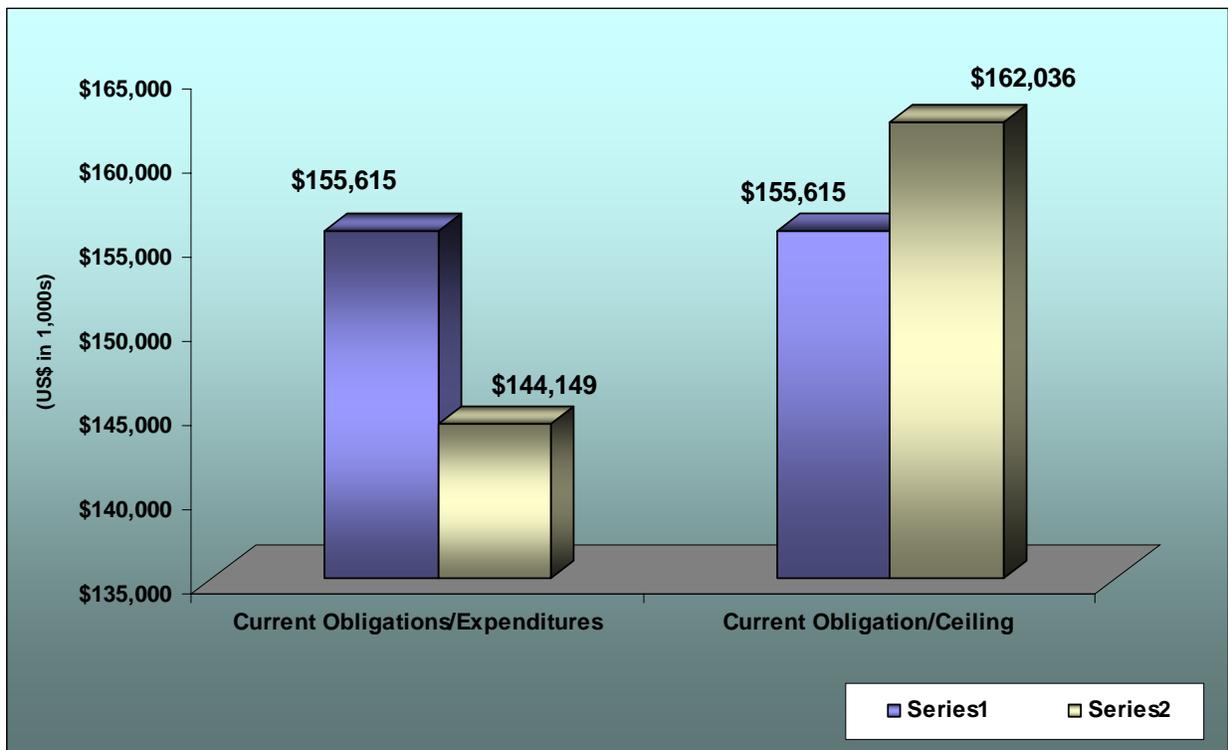
RPM Plus Activities and Products Status Report

Fiscal Data; Close of Fiscal Year 07, Quarter 1,  
HRN-A-00-00-00016-00

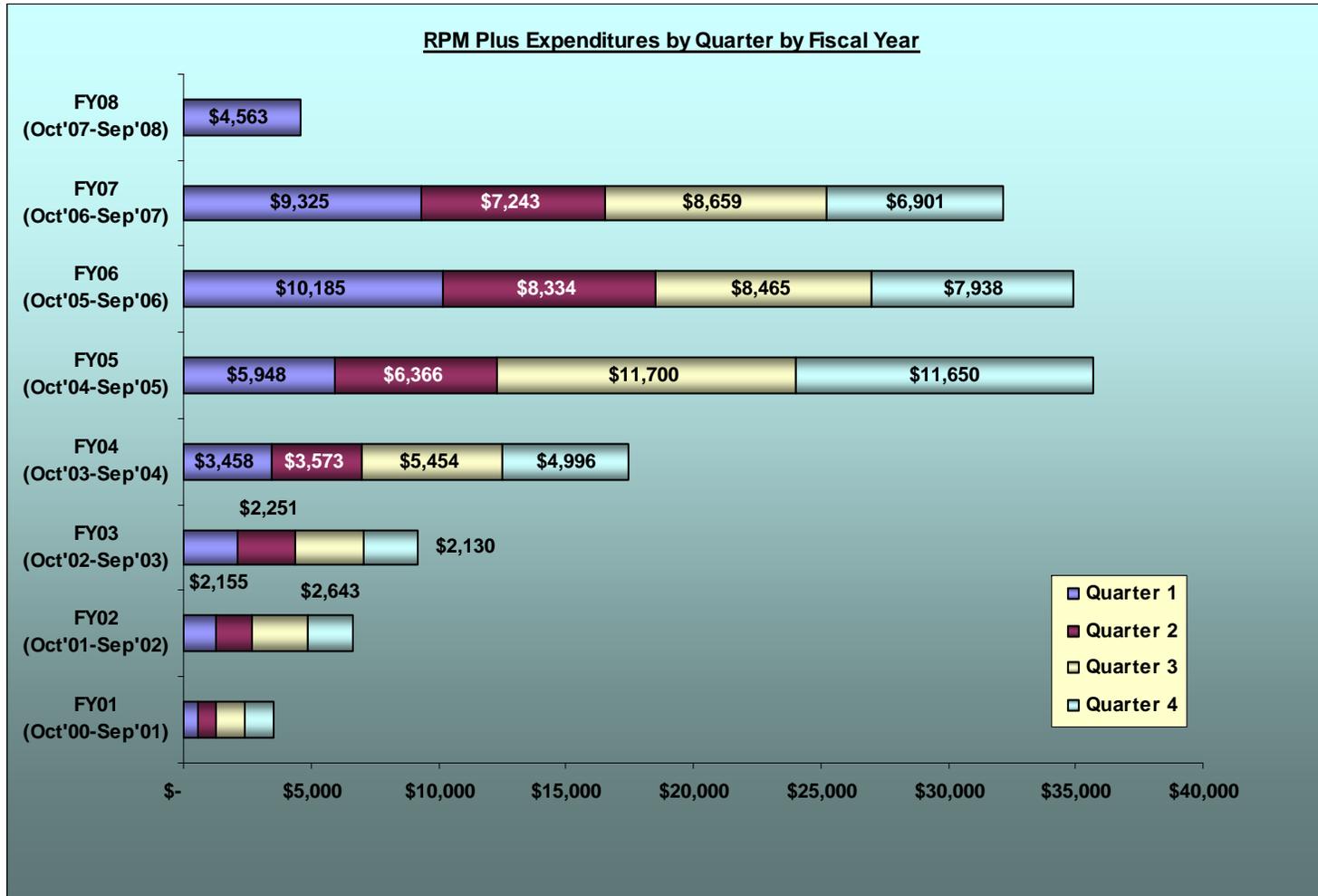
Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Total Obligated Year 3	Total Obligated Year 4	Total Obligated Year 5	Total Obligated Year 6	Total Obligated Year 7	Total Obligated Year 8	Cummulative Obligated 31-Dec-07	Q1 Expenditures Oct-Dec 2007	Grand Total Spent 31-Dec-07	Grand Total Remaining 31-Dec-07
<b>Core</b>													
SO1: POP		\$ 100,000				\$ 250,000				\$ 350,000	\$ -	\$ 392,513	(\$42,513)
SO2: Maternal Health	Core	\$ 275,840	\$ 354,000	\$ 230,000	\$ 200,000	\$ 230,000	\$ 349,450	\$ 315,000		\$1,954,290	\$ 76,633	\$ 1,701,574	\$252,716
SO3: Child Survival	Core	\$ 269,440	\$ 587,000	\$ 573,280	\$ 745,000	\$ 725,000	\$ 292,100	\$ 950,000		\$ 4,141,820	\$ 280,556	\$ 4,003,300	\$138,520
<b>SO4: Sub Total</b>		<b>\$ 200,000</b>	<b>\$ 650,000</b>	<b>\$ 900,000</b>	<b>\$ 1,300,000</b>	<b>\$ 800,000</b>	<b>\$ 500,000</b>	<b>\$ 1,120,000</b>	<b>\$ -</b>	<b>\$ 5,470,000</b>	<b>\$ 197,114</b>	<b>\$ 5,204,763</b>	<b>\$265,237</b>
	SO5: ID/AMR Core	\$ 574,387	\$ 1,175,000	\$ 1,205,000	\$ 1,200,000	\$ 1,520,000	\$ 1,482,450	\$ 1,000,000		\$8,156,837	\$269,319	\$ 7,956,092	\$200,745
	SO5: Malaria Core		\$ 420,000			\$ 866,725	\$ 297,000			\$1,583,725	\$0	\$ 1,639,955	(\$56,230)
	SO5: Malaria/MAC Core			\$ 1,325,000	\$ 1,150,000	\$ 1,600,000	\$ 1,100,000	\$ 200,000		\$5,375,000	\$177,808	\$ 5,273,810	\$101,190
	SO5: ID/TB Core	\$ 410,333	\$ 810,000	\$ 1,200,000	\$ 1,250,000	\$ 1,188,000	\$ 1,290,000	\$ 1,120,000		\$7,268,333	\$139,468	\$ 7,190,115	\$78,218
<b>SO5: Sub Total</b>		<b>\$ 984,720</b>	<b>\$ 2,405,000</b>	<b>\$ 3,730,000</b>	<b>\$ 3,600,000</b>	<b>\$ 5,174,725</b>	<b>\$ 4,169,450</b>	<b>\$ 2,320,000</b>	<b>\$ -</b>	<b>\$22,389,895</b>	<b>\$ 986,595</b>	<b>\$ 22,059,973</b>	<b>\$329,922</b>
Common Agenda	Core	\$ 800,000	\$ 1,030,538	\$ 1,650,000	\$ 973,000	\$ 773,000	\$ 800,000	\$ 773,940		\$6,800,478	\$28,644	\$ 6,781,011	\$13,467
Mainstreaming	Core					\$ 135,000	\$ 62,510	\$ 123,500		\$321,010	\$2,083	\$ 183,559	\$137,451
<b>Core</b>		<b>\$ 2,630,000</b>	<b>\$ 5,026,538</b>	<b>\$ 7,083,280</b>	<b>\$ 6,818,000</b>	<b>\$ 8,087,725</b>	<b>\$ 6,173,510</b>	<b>\$ 5,602,440</b>	<b>\$ -</b>	<b>\$ 41,421,493</b>	<b>\$ 1,171,623</b>	<b>\$ 40,332,692</b>	<b>\$1,088,801</b>
<b>Bureau/Field Support Funds</b>													
LAC/SPO-PMCT	FS					\$ 1,200,000				\$1,200,000	\$5,866	\$ 1,129,316	\$70,684
<b>Africa Bureau Sub Total</b>		<b>\$ 290,000</b>	<b>\$ 700,000</b>	<b>\$ 250,000</b>	<b>\$ 650,000</b>	<b>\$ 250,000</b>	<b>\$ 70,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,210,000</b>	<b>\$ 69,653</b>	<b>\$ 2,207,392</b>	<b>\$2,608</b>
Asia/Near East Bureau/ID	FS	\$ 200,000	\$ 150,000	\$ 590,000	\$ 400,000	\$ 200,000	\$ 200,000			\$1,740,000	\$226,269	\$ 2,442,232	(\$702,232)
<b>RDMA Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 780,000</b>	<b>\$ 600,000</b>	<b>\$ 600,000</b>	<b>\$ -</b>	<b>\$ 1,980,000</b>	<b>\$ -</b>	<b>\$ 164,561</b>	<b>\$1,815,439</b>
G/PHN NGOs/OFDA	FS	\$ 50,000					\$ 120,000			\$170,000	\$6,970	\$ 149,233	\$20,767
I and E Bureau	FS		\$ 235,000	\$ 935,000	\$ 505,000	\$ 215,000	\$ 50,000			\$1,940,000	\$28,138	\$ 1,757,240	\$182,760
<b>REDSO Sub Total</b>		<b>\$ 300,000</b>	<b>\$ 315,000</b>	<b>\$ 320,000</b>	<b>\$ 800,000</b>	<b>\$ 725,000</b>	<b>\$ 340,000</b>	<b>\$ 357,000</b>	<b>\$ -</b>	<b>\$ 3,157,000</b>	<b>\$ 88</b>	<b>\$ 3,231,313</b>	<b>(\$74,313)</b>
<b>WARP Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 250,000</b>	<b>\$ 340,000</b>	<b>\$ 500,000</b>	<b>\$ 150,000</b>	<b>\$ -</b>	<b>\$ 1,240,000</b>	<b>\$ 21,170</b>	<b>\$ 1,217,160</b>	<b>\$22,840</b>
<b>LAC Bureau Sub Total</b>		<b>\$ 195,000</b>	<b>\$ 101,571</b>	<b>\$ 510,000</b>	<b>\$ 780,000</b>	<b>\$ 660,000</b>	<b>\$ 650,000</b>	<b>\$ 600,000</b>	<b>\$ -</b>	<b>\$ 3,496,571</b>	<b>\$ 245,756</b>	<b>\$ 3,053,164</b>	<b>\$443,407</b>
<b>Bureau</b>		<b>\$ 1,035,000</b>	<b>\$ 1,501,571</b>	<b>\$ 2,605,000</b>	<b>\$ 3,385,000</b>	<b>\$ 4,370,000</b>	<b>\$ 2,410,000</b>	<b>\$ 1,827,000</b>	<b>\$ -</b>	<b>\$ 17,133,571</b>	<b>\$ 603,911</b>	<b>\$ 15,351,611</b>	<b>\$1,781,960</b>
<b>Regional Mission Funds</b>													
<b>MAC Mission Funding</b>													
	REDSO FS			\$ 50,000	\$ 25,000	\$ 175,000	\$ 100,000			\$350,000	\$3,565	\$ 330,549	\$19,451
	Democratic Rep. Of Congo FS			\$10,000		\$ 200,000	\$ 100,000			\$310,000	\$0	\$ 309,562	\$438
	Ghana FS			\$125,000	\$ 150,000	\$ 150,000				\$425,000	\$12,448	\$ 361,810	\$63,190
	Kenya FS			\$50,000	\$ 84,500	\$ 200,000				\$334,500	\$0	\$ 349,462	(\$14,962)
	Madagascar FS				\$ 75,000	\$ 100,000	\$ 150,000			\$325,000	\$2,846	\$ 261,044	\$63,956
	Mali FS					\$ 100,000	\$ 125,000			\$225,000	\$0	\$ 226,953	(\$1,953)
	Nigeria FS			\$100,000						\$100,000	\$0	\$ 101,762	(\$1,762)
	Rwanda FS			\$25,000						\$25,000	\$6,503	\$ 23,115	\$1,885
	Senegal MAARD			\$100,000			\$ 150,000			\$250,000	\$0	\$ 242,957	\$7,043
	Sudan FS						\$ 400,000			\$400,000	\$0	\$ 432,772	(\$32,772)
	WARP FS			\$38,750		\$ 191,250				\$230,000	\$0	\$ 237,591	(\$7,591)
<b>MAC Mission Funding Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ 498,750</b>	<b>\$ 334,500</b>	<b>\$ 1,116,250</b>	<b>\$ 1,025,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,974,500</b>	<b>\$ 25,362</b>	<b>\$ 2,877,577</b>	<b>\$96,923</b>
Albania	FS		\$ 300,000		\$ 100,000					\$400,000	\$9,137	\$ 310,614	\$89,386
Armenia	FS						\$ 500,000	\$ 1,000,000		\$1,500,000	\$44,976	\$ 1,156,827	\$343,173
Central Asia Regional	FS				\$ 100,000					\$100,000	\$0	\$ 95,660	\$4,340
Kazakhstan	FS			\$ 50,000						\$50,000	\$0	\$ 53,629	(\$3,629)
Kyrgyzstan	FS			\$ 50,000	\$ 50,000					\$100,000	\$0	\$ 91,962	\$8,038
Tajikistan	FS				\$ 50,000					\$50,000	\$120	\$ 43,061	\$6,939
Turkmenistan	FS		\$ 91,208							\$91,208	\$0	\$ 81,551	\$9,657
Uzbekistan	FS		\$ 108,792	\$ 100,000	\$ 100,000					\$308,792	\$0	\$ 302,258	\$6,534
Brazil	FS				\$ 798,000	\$ 350,000	\$ 250,000	\$ 400,000		\$1,798,000	\$94,706	\$ 1,708,187	\$89,813
Dominican Republic	MAARD		\$ 103,369	\$ 100,000		\$ 100,000	\$ 100,000	\$ 30,000		\$433,369	\$15,167	\$ 422,560	\$10,829
<b>Haiti Sub Total</b>		<b>\$ -</b>	<b>\$ 110,000</b>	<b>\$ 100,000</b>	<b>\$ 1,390,000</b>	<b>\$ 1,950,000</b>	<b>\$ 3,750,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,300,000</b>	<b>\$ -</b>	<b>\$ 6,750,349</b>	<b>\$549,651</b>
Honduras Mission	FS	\$ 30,000	\$ 50,000							\$80,000	\$3,025	\$ 67,553	\$12,447
Mexico	MAARD						\$ 49,957	\$ 50,000		\$ 99,957	\$0	\$ 49,430	\$50,527
Nicaragua	FS			\$ 100,000	\$ 150,000	\$ 394,581	\$ 90,000	\$ 50,000		\$784,581	\$19,751	\$ 759,551	\$25,030
Peru Mission	FS	\$ 100,000								\$100,000	\$0	\$ 107,017	(\$7,017)
Bangladesh Mission	FS	\$ 100,000								\$100,000	\$0	\$ 65,235	\$34,765
Cambodia	FS			\$ 150,000	\$ 100,000	\$ 150,000				\$400,000	\$0	\$ 406,806	(\$6,806)
India	FS					\$ 276,000				\$276,000	\$0	\$ -	\$276,000
Nepal	FS		\$ 413,000	\$ 300,000						\$713,000	\$0	\$ 704,070	\$8,930
Vietnam	FS					\$ 1,000,000	\$ 2,847,000			\$4,028,990	\$733	\$ 3,973,729	\$55,261
Angola PMI	FS							\$ 100,000		\$600,000	\$115,165	\$ 504,948	\$95,052
Malawi	FS							\$ 200,000		\$200,000	\$13,055	\$ 220,528	(\$20,528)
Benin	MAARD					\$ 50,000				\$50,000	\$0	\$ 49,756	\$244
Benin-Maliaria	MAARD					\$ 30,000				\$30,000	\$0	\$ 34,826	(\$4,826)
<b>Ethiopia Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,500,000</b>	<b>\$ 3,000,000</b>	<b>\$ 22,300,000</b>	<b>\$ 7,586,000</b>	<b>\$ -</b>	<b>\$ 36,386,000</b>	<b>\$ 1,387,344</b>	<b>\$ 30,626,778</b>	<b>\$5,759,222</b>
<b>Kenya Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,737,000</b>	<b>\$ -</b>	<b>\$ 2,194,850</b>	<b>\$ 4,498,000</b>	<b>\$ -</b>	<b>\$ 4,421,850</b>	<b>\$ 18,488</b>	<b>\$ 8,289,771</b>	<b>\$138,129</b>
<b>Namibia Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 835,000</b>	<b>\$ 1,177,000</b>	<b>\$ 1,742,100</b>	<b>\$ 1,970,795</b>	<b>\$ 600,000</b>	<b>\$ 6,324,895</b>	<b>\$ (81)</b>	<b>\$ 6,329,936</b>	<b>(\$5,041)</b>
<b>Rwanda Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,600,000</b>	<b>\$ 665,000</b>	<b>\$ 1,938,109</b>	<b>\$ 2,809,465</b>	<b>\$ 300,000</b>	<b>\$ 7,312,574</b>	<b>\$ (82,338)</b>	<b>\$ 7,233,501</b>	<b>\$79,073</b>
<b>Senegal Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 150,000</b>	<b>\$ 150,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 75,000</b>	<b>\$ 375,000</b>	<b>\$ -</b>	<b>\$ 378,452</b>	<b>(\$3,452)</b>
<b>South Africa Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,000,000</b>	<b>\$ 1,400,000</b>	<b>\$ 2,550,000</b>	<b>\$ 3,600,000</b>	<b>\$ -</b>	<b>\$ 8,550,000</b>	<b>\$ 736,066</b>	<b>\$ 7,668,674</b>	<b>\$881,326</b>
Sudan							\$ 600,000			\$600,000	\$183,499	\$ 535,293	\$64,707
<b>Tanzania Sub Total</b>		<b>\$ -</b>	<b>\$ 1,150,000</b>	<b>\$ 1,440,000</b>	<b>\$ 150,000</b>	<b>\$ 2,740,000</b>	<b>\$ 53,047</b>	<b>\$ 2,731,801</b>	<b>\$8,199</b>				
<b>Uganda Sub Total</b>		<b>\$ -</b>	<b>\$ 300,000</b>	<b>\$ 500,000</b>	<b>\$ 800,000</b>	<b>\$ 149,996</b>	<b>\$ 809,974</b>	<b>(\$9,974)</b>					
<b>Zambia Sub Total</b>		<b>\$ 100,000</b>	<b>\$ 280,000</b>	<b>\$ 780,000</b>	<b>\$ 1,865,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,025,000</b>	<b>\$ 104</b>	<b>\$ 3,023,056</b>	<b>\$1,944</b>
<b>Mission</b>		<b>\$ 330,000</b>	<b>\$ 1,456,389</b>	<b>\$ 2,078,750</b>	<b>\$ 13,909,500</b>	<b>\$ 11,678,831</b>	<b>\$ 40,667,059</b>	<b>\$ 24,432,217</b>	<b>\$ 2,506,990</b>	<b>\$ 97,059,736</b>	<b>\$ 2,787,329</b>	<b>\$ 88,464,272</b>	<b>\$8,595,464</b>
ACF Surplus/(Deficit)												(\$0)	
<b>Grand Total</b>		<b>\$ 3,995,000</b>	<b>\$ 7,984,498</b>	<b>\$ 11,767,030</b>	<b>\$ 24,112,500</b>	<b>\$ 24,136,556</b>	<b>\$ 49,250,569</b>	<b>\$ 31,861,657</b>	<b>\$ 2,506,990</b>	<b>\$ 155,614,800</b>	<b>\$ 4,562,864</b>	<b>\$ 144,148,575</b>	<b>\$11</b>

**Rational Pharmaceutical Management Plus Financial Status  
Cumulative Expenditure activity through December 31, 2007**

Total Funding Received to date:	\$155,614,798
Total Amount Spent to date:	\$144,148,575
Pipeline:	\$11,466,223
Percent of Funds Spent:	92.63%
Cost-Share Earned to Date:	+\$21,000,000
<i>Target Cost-Share Amount:</i>	<i>\$21,000,000</i>
Percent of Cost-Share Realized:	100%+



**Rational Pharmaceutical Management Plus Program Expenditures through December 31, 2007**





**Workplan:** Maternal Health**Year** 05**Activity Title** Provide technical assistance on pharmaceutical management components of the POPPHI Global Survey.**Project  
Year 8 Q1**

The nationally-representative study on AMTSL practices in Ghana reached its final stages during this quarter. In November 2007, the country consultant carried out analysis of the data collected in the study and the draft report was finalized at the end of the quarter.

This quarter, an expanded maternal health team met several times to discuss and plan for the development of generic materials and tools supporting active management of the third stage of labor (AMSTL) related commodity management. Recommendations to develop new generic materials and tools that can be adapted to country-specific settings were based on an inventory of available resources and assessing the existing gaps. RPM Plus selected several key areas to focus on including: the importance of good pharmaceutical supply management, inventory management and good storage practices, management information systems, quantification, and a site readiness checklist. As part of this material and tool development, RPM Plus developed a pharmaceutical management section for recommended integration into the POPPHI training package to be tested in Mali next quarter. The draft pharmaceutical management section was presented to the POPPHI training material task force and was accepted for integration.

During the early part of Q2, the study report will be reviewed by technical staff working on maternal health issues in RPM Plus and it is expected that a dissemination workshop to discuss the findings will be held in Ghana during Q2.

The pharmaceutical management component developed by RPM Plus as part of the POPPHI training materials will be field tested in Mali and revised accordingly. Material and tool development will proceed in accordance to the selected priority areas (the importance of good pharmaceutical supply management, inventory management and good storage practices, management information systems, quantification, and a site readiness checklist). These priority areas will be discussed with USAID and revised as necessary.

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**Last Updated:** 01/11/2008



**Workplan:** Maternal Health**Year** 06**Activity Title** Support implementation of interventions in two to four selected countries to improve the management of uterotonics in support of**Project  
Year 8 Q1**

During this quarter, reproductive health activities in Benin centered mainly on planning and preparation of the dissemination of the AMTSL results in the regions of Bohicon and Parakou. Initially projected for November, the regional dissemination was postponed until January 2008 because of political events taking place in Benin. RPM Plus and its partner PATH/POPPHI took this opportunity to discuss with the Director of the Family Health Division some issues regarding the AMTSL protocols in use in Benin. As a result, it was agreed to have a national review of the current protocols to be followed by a workshop involving international specialized organizations to support the MOH in updating the protocols in conformity with the WHO recommendations in AMTSL. The agreement between RPM Plus and PATH/POPPHI as well as the contract with the RPM Plus consultant were updated accordingly. Because of numerous issues raised in management of uterotonics, RPM Plus has taken steps to prepare training materials in drug management to be used for a TOT in Benin and cover training needs identified for strengthening drug management activities in Benin with emphasis on AMTSL products

This quarter, there was a transition of responsibilities at RPM Plus headquarters for maternal health activities in Mali. Several meetings and discussions were held with RPM Plus headquarters, the RPM Plus regional technical advisor based in Senegal and POPPHI partners based at PATH. Discussions included expectations of areas of support from RPM Plus on pharmaceutical

In Benin, the next steps are a) provide technical and financial assistance to the MOH to facilitate the national review of the current protocols, b) conduct a workshop with international partners for updating the protocols and ensure the dissemination of the revised document nationwide; c) facilitate and assist in the dissemination of the AMTSL results at the regional level (Bohicon and Parakou), d) finalize the training materials in drug management.

In Mali, RPM Plus will finalize the scope of work for the consultant with input from the USAID Mali Mission and begin exploring potential candidates. A RPM Plus visit will occur next quarter in coordination with POPPHI partners to continue discussion on gaps in pharmaceutical management issues related to AMSTL scale-up and planning RPM Plus activities.

**Workplan:** Maternal Health**Year** 06**Activity Title** Support implementation of interventions in two to four selected countries to improve the management of uterotonics in support of

management issues related to AMSTL scale-up in Mali, including a review of POPPHI training materials to include a brief pharmaceutical management component with updated uterotonic storage information (for more details on the revisions to the training materials refer to A1 WW05RPH 60F5H3). Other areas of support discussed include: improving quantification of uterotonics, developing job aids and a standard protocol for storage of uterotonics at the facility level and the review of a planned AMSTL survey expected in the last quarter of 2008. A draft scope of work was developed for a RPM Plus long term consultant based in Mali to help advance RPM Plus activities. A coordinated visit to Mali was planned with RPM Plus and the POPPHI representative for next quarter.

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**Last Updated:** 01/09/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Child Survival Year 01**Activity Title** Revision of the DMCI Tool.**Activity Manager** Adeya, Grace**Activity #** 2**Task:** A1WW01CHS**Sub-Task:** 60F6K2**Activity Description** RPM Plus has planned to develop a more simplified DMCI tool for use at district level. The national DMCI assessment tool needs some revising to make it easier to follow and apply.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	This quarter, the revisions to the DMCI are almost complete. Final comments are being integrated and editing is underway.		RPM Plus will finalize the revisions to DMCI tool.		

**Last Updated:** 01/14/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Child Survival**Year** 03**Activity Title** Developing interventions guide to improve child survival drug management at community level**Activity Manager** Adeya, Grace**Activity #** 3**Task:** A1WW03CHS**Sub-Task:** 60F6K3**Activity Description** A guide to interventions is being developed in order to orient district managers as well as policy makers, in the selection and development of interventions to improve availability and use of medicines in the community.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	This quarter, feedback was received from the World Health Organization (WHO) on the Interventions Guide. Comments included providing more guidance regarding the available resources referred to in the guide and elaborating on monitoring and evaluation. Final revisions are underway to incorporate comments from WHO.		The final draft will be reviewed by field staff to incorporate perspectives from the field. The guide will be finalized.		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Child Survival**Year** 04**Activity Title** Develop drug management training in support of IMCI**Activity Manager** Adeya, Grace**Activity #** 4**Task:** A1WW04CHS**Sub-Task:** 60F6M4**Activity Description** Improve availability and use of drugs for child health in areas where IMCI is implemented.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	This quarter, RPM Plus continued to follow up with partners from the World Health Organization to explore collaborative activities related to community case management and incorporation of pharmaceutical management components into standard trainings, guidelines and surveys. Discussions included possible incorporation of the pharmaceutical management component into the standard IMCI Health Facility survey and revising standard trainings to include pharmaceutical management components.		The district DMCI tool will be completed and RPM Plus will continue to follow up with WHO representatives on ongoing collaborative activities as necessary.		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Child Survival **Year** 06**Activity Title** Technical Activity coordination and monitoring**Activity Manager** Adeya, Grace**Activity #** 1**Task:** A1WW06CHS**Sub-Task:** 97XXY1**Activity Description** This activity includes technical activity coordination, workplan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	This quarter, standard reporting continued.		RPM Plus will ensure all products are cited in the Strategic Monitoring System and labeled properly on the network drive. In addition, the FY 07 workplan will be finalized.		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Child Survival **Year** 06**Activity Title** Support for ADDO program in Tanzania**Activity Manager** Adeya, Grace **Activity #** 2 **Task:** A1WW06CHS **Sub-Task:** 60C5H2

**Activity Description** RPM Plus will continue to support TFDA and other stakeholders in developing an implementation model for the ADDO program that is capable of nation-wide implementation. Specifically this year, there will be a focus on integrating the ADDO child survival training module into the ADDO training for roll-out, but also on catch up training on those regions where ADDO has been implemented without the child survival component (expected to be Morogoro,district). In conjunction with BASICS, RPM Plus will ensure the use of appropriate job aids by the dispensers and support information, education and communication (IEC) interventions at community level to promote use of the ADDOs. A follow-up evaluation (a repeat of the quantitative baseline conducted in September 2006) will be required to evaluate the child survival package.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Child Survival**Year** 06**Activity Title** Support for ADDO program in Tanzania**Project  
Year 8 Q1**

This quarter, several joint activities progressed in Tanzania related to the roll out of the accredited drug dispensing outlet (ADDO) program. Core S03 funds are being leveraged with country specific RPM Plus/SPS funds to support ADDO activities. Joint sensitization seminars were held in Morogoro region focused on disseminating information on subsidized ACTs which are being introduced in the region. The seminars were directed at Regional and Council Health Management Teams, ADDO owners and ADDO dispensers. During this seminar 60 members of Council Health Management Teams & Council Food and Drugs Committees attended, 255 ADDO owners participated and 345 ADDO dispensers attended the seminar.

After the sensitization seminars were held, the official launching of subsidized ACTs in the Morogoro region was conducted. Informational one-page "success story" brochures were developed including one on the child survival component of the ADDO program. Participants during the launch included the USAID Mission Director Pamela White and the Permanent Secretary of the Ministry of Health and Social Welfare (MOHSW), non-governmental organization partners, regional, district and local officials, ADDO owners and dispensers. This launch signified the official MOHSW approval of distribution of subsidized ACTs in the private sector using the ADDOs.

Joint supportive supervision visits of ADDOs were conducted in 3 districts of Morogoro region (Morogoro rural, Kilosa

The supervision report will be finalized and translated into English for dissemination. In coordination with BASICS and the MOHSW, RPM Plus will conduct a radio media workshop focused on key child health messages related to acute respiratory infections and diarrhea management in Morogoro region. RPM Plus will complete the technical review of the English version of the child health training materials and complete the entire package of ADDO materials in English for dissemination to partners interested in private sector interventions.

**Workplan:** Child Survival**Year** 06**Activity Title** Support for ADDO program in Tanzania

and Mvomero) by RPM Plus and the Tanzania Food and Drug Authority (TFDA). Objectives of the visits were to: (1) Provide on site training to increase the capacity of Council Health Management Teams to provide supportive supervision to ADDOs, with a specific focus on child health, (2) review and collect selected data (3) Observe dispensing practices and adherence to ADDO regulations by both owners and dispensers, and (4) Observe utilization and availability of essential medicines for treatment of malaria, pneumonia and diarrhea for under-fives. A total of 202 ADDOs were visited during the supervision visits, 59 outlets that had submitted applications to become ADDOs were inspected and 10 were approved for accreditation. A draft report on the results of the supervision visits was completed in Swahili (with an English translation to follow).

The final baseline quantitative report investigating child health in the ADDOs was completed and disseminated.

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Child Survival **Year** 06**Activity Title** Support for Private Sector Initiatives in Cambodia**Activity Manager** Adeya, Grace**Activity #** 3**Task:** A1WW06CHS**Sub-Task:** 60C5H3**Activity Description** The SO3 funding will be used for the adaptation of the materials and approaches used in Tanzania and Senegal to the Cambodia setting and the initial implementation of these materials and approaches in priority regions in Cambodia, as agreed with the Mission.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	At the request of the USAID Mission in Cambodia, current activities continue to be on hold until an internal review is completed of activities underway in Cambodia.	The USAID Mission in Cambodia has put a hold on current activities until an internal review is completed.	RPM Plus will follow up with USAID on the status of the internal review before progressing with activities.		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Child Survival**Year** 06**Activity Title** Other Private Sector Initiatives**Activity Manager** Adeya, Grace**Activity #** 4**Task:** A1WW06CHS**Sub-Task:** 60A2H4

**Activity Description** In Senegal, RPM Plus will continue to support the MoH and syndicate of pharmacists to set up and establish a regular supervision mechanism to monitor the performance of the sales assistants in private pharmacies. The intervention package of training and follow-up will be evaluated.

In addition, RPM Plus will continue to build from initial assessment trips and the evaluation of home based management of malaria in Rwanda. In collaboration with partners (particularly BASICS), RPM Plus will further investigate and develop a private sector strategy to improve child health services in the private sector, where appropriate.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	In Senegal this quarter private sector activities centered on follow up of the training conducted in 2006 for 290 sales assistants of private pharmacies. An evaluation of knowledge and practices targeted 30 percent of pharmacies which participated in the training and 40 percent of the trained agents in four regions: Thies, Kaolack, Louga, and Ziguinchor. RPM Plus hired a consultant to conduct this evaluation in coordination with the Ministry of Health and the Syndicate of Pharmacists who provided the data collectors for the evaluation. The results are being synthesized and a report on the findings will be available the next quarter.		In Senegal, the final report will be completed on the evaluation of the sales assistants in private pharmacies and RPM Plus will conduct a strategy option workshop during the dissemination of the results to address the key issues highlighted by the evaluation.		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Child Survival**Year** 06**Activity Title** Community Case Management of ARI, malaria and diarrhea**Activity Manager** Adeya, Grace**Activity #** 5**Task:** A1WW06CHS**Sub-Task:** 60EXH5

**Activity Description** Technical assistance will be focused on the development of programs targeted in specific countries and training materials for community agents, pharmaceutical distribution systems, and ongoing monitoring, supervision and evaluation mechanisms. Where possible, the new WHO recommendation will be applied into practice emphasizing that a three day course of antibiotics is sufficient, minimizes cost and facilitates compliance. Collaboration will continue with partners to accelerate the CCM global agenda and scale-up of CCM activities including support to CORE group initiatives as appropriate.

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**Activity Progress****Barriers to Progress****Next Steps****Products Planned****Progress on Products**

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**Workplan:** Child Survival**Year** 06**Activity Title** Community Case Management of ARI, malaria and diarrhea**Project  
Year 8 Q1**

This quarter, Katie Senauer and Serigne Diagne of RPM Plus traveled to DRC to participate in the workshop to review the initial phase of the implementation of the community case management (CCM) program during which they shared the CCM experiences in Senegal and planned next steps. Participants from DRC and 8 other countries (Benin, Burundi, Chad, Congo-Brazzaville, Niger, Madagascar, Rwanda and Senegal) attended the 5-day workshop. Monitoring and supervision data from DRC, which included a review of 6,704 case management forms was presented and discussed. Results specific to pharmaceutical management (including stock out and availability information) were presented from supervision visits coordinated by RPM Plus. Results included highlighting strengths and areas for improvement within the DRC CCM program, developing draft recommendations for CCM programs across participating countries and recommending revisions to improve the program. For specific information and results please refer to the trip report.

Based on discussions during the workshop, the revised medicine management module (which included revised methodology for quantifying orders, placing responsibility of quantification on the head nurse of the health center) was evaluated during a refresher training in one health zone (Mont Ngafula II) with 32 participating community health workers and 9 head nurses. After an evaluation by the participants and facilitators it was decided to maintain the original version of the medicine management module

In DRC, RPM Plus will continue to support the roll-out of CCM and provide technical assistance to implementing partners where necessary. The recommended revisions to improve the standard management of medicines materials and tools used in the community case management program will be integrated. In Senegal, RPM Plus will continue to discuss supporting the roll-out of community case management where gaps exist in pharmaceutical management. RPM Plus will test and finalize the revised database and the user manual of the C-DMCI analysis software. RPM Plus will finalize the management of medicines chapter for the Community Case Management Essentials Guide after it has been tested in the field.

**Workplan:** Child Survival**Year** 06**Activity Title** Community Case Management of ARI, malaria and diarrhea

and emphasize the need to provide clarification and follow up for community health workers on important key concepts including stock outs, average monthly consumption, correctly filling out simple inventory forms, and practicing the application of these concepts through exercises.

In Senegal, discussions continued to explore options for supporting CCM activities including reviewing the supervision mechanism to ensure inclusion of elements of pharmaceutical management and supporting the appropriate use of ACTs at the community level.

Final revisions continued on the C-DMCI database. Translations were completed for a Spanish and French version of the database. RPM Plus received and incorporated comments from the CORE group into the medicines management chapter for the CCM Essentials Guide including adding more graphics to make the principles easier to understand.

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Child Survival**Year** 06**Activity Title** TA to roll-out zinc treatment**Activity Manager** Adeya, Grace**Activity #** 6**Task:** A1WW06CHS**Sub-Task:** 60BXH6

**Activity Description** Technical assistance will be provided as needed in developing, reviewing and revising treatment guidelines, assessment tools, and supervision and evaluation mechanisms to facilitate the implementation and sustainability of zinc treatment for diarrhea management at the global and national levels. This TA will be targeted at focus countries as indicated by USAID, the Zinc Task force or other partners in the implementation of zinc roll-out such as BASICS and A2Z.

At the country level, RPM Plus will continue to collaborate with partners in DRC, to provide technical assistance in the form of reviewing national job aids, training, advocacy and dissemination materials, and developing standardized assessment, supervision, evaluation and monitoring tools to evaluate the feasibility and track the introduction of zinc in country.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Child Survival**Year** 06**Activity Title** TA to roll-out zinc treatment**Project  
Year 8 Q1**

This quarter, country level activities to support the roll out of zinc treatment progressed in both DRC and Senegal. In DRC, RPM Plus collaborated with the Ministry of Health (MOH) to organize and conduct a technical review of the national list of essential medicines. During the workshop (held on 7 December 2007) 48 participants attended from the relevant divisions and programs of the MOH, along with university experts and members of professional medical societies. Accepted revisions included the introduction of zinc and the new low-osmolarity oral rehydration solution (ORS) to the national list of essential medicines as well as introducing technical specifications for a fixed dose of the artesunate-amodiaquine combination. In addition to supporting the revision of the national list of essential medicines, RPM Plus collaborated with MOH and partner organization Catholic Relief Services to provide technical assistance in training on the revised diarrheal disease management recommendations (which include zinc treatment) in 5 USAID-sponsored health zones in Kasai oriental (Djalo djenga, Tshumbe, Makota, Kanda Kanda and Kalenda). A total of 215 facility-based health workers were trained in the new diarrheal disease management guidelines (of which 39 or 18 percent were female health workers).

In Senegal, the MOH through the Division of Nutrition and Child Survival (DANSE) has approached RPM Plus for technical assistance to conduct a situational analysis in preparation of the revision of protocols for diarrheal disease management, to include zinc

RPM Plus will continue to provide support to advancing zinc treatment roll-out in appropriate countries including Benin, Ethiopia, Uganda, Nepal, Senegal, Tanzania and DRC. In addition to working with specific countries, RPM Plus will continue discussions with Nutriset regarding registration issues.

**Workplan:** Child Survival**Year** 06**Activity Title** TA to roll-out zinc treatment

associated with ORS in public health facilities. It is anticipated that UNICEF will also contribute to this study for which DANSE has contracted two experienced and prestigious Senegalese institutions: the Training, Population Research, Development and Reproductive Health Institute, and the Institute of Social Pediatrics. The support documents as well as the different instruments for the survey are being finalized and will be submitted to RPM Plus for review. Preliminary discussions have taken place between RPM Plus and DANSE with regard to the draft of the budget submitted for assuring compliance with USAID regulations.

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**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Child Survival**Year** 06**Activity Title** Commodity tracking tool**Activity Manager** Adeya, Grace**Activity #** 7**Task:** A1WW06CHS**Sub-Task:** 60CXJ7**Activity Description** RPM Plus will continue to work the PMNCH as needed, and specifically within the Monitoring and Evaluation working group, to investigate the most appropriate methodology to measure and monitor progress in child health at the country level. If necessary, RPM Plus will revise the current commodity tracking tool to be used at the country level.**Project  
Year 8 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
This quarter, no further progress was made on the commodity tracking tool. It appears that commodity tracking may not be a priority for USAID Child Health funds.		RPM Plus will continue to explore the applicability of the commodity tracking tool for resource tracking purposes as necessary.		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Child Survival**Year** 06**Activity Title** Mainstreaming pharmaceutical management into the global child survival agenda**Activity Manager** Adeya, Grace**Activity #** 8**Task:** A1WW06CHS**Sub-Task:** 60F6H8

**Activity Description** RPM Plus will continue to work in coordination with WHO (HQ and AFRO) and UNICEF to integrate aspects of pharmaceutical management into the revisions of the IMCI package and training materials, and the monitoring and evaluation tools. RPM Plus will also work with BASICS, the CORE group and PVOs to assure the soundness of the pharmaceutical management aspects of their activities. Advocacy will continue with WHO Geneva using evidence and experience from RPM Plus' collaborative work with WHO AFRO to push for incorporation of pharmaceutical management as a standard component in IMCI trainings and surveys across the board, in all countries.

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**Activity Progress****Barriers to Progress****Next Steps****Products Planned****Progress on Products**

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**Workplan:** Child Survival**Year** 06**Activity Title** Mainstreaming pharmaceutical management into the global child survival agenda**Project  
Year 8 Q1**

In November 2007, RPM Plus presented a poster titled "Improving child health through informed policy decisions and targeted interventions to strengthen medicine management in the community: the example of Senegal" at the Annual America Public Health Association Conference. Participants at the poster presentation showed interest in the C-DMCI tool's applicability in the field to provide evidence for developing interventions. An abstract was submitted to the Global Health Council titled "Don't Forget the Medicines: Community Case Management, DRC" as part of a proposed panel which RPM Plus organized along with BASICS, IRC and the CORE group. Two manuscripts advanced this quarter, both for submission to scientific journals. One is focused on the ADDO program titled "Creating a new class of pharmaceutical services provider for underserved areas: the Tanzania ADDO experience." The second summarizes the applicability of the Community Drug Management of Childhood Illness (C-DMCI) tool to improve the implementation of the Integrated Management of Childhood Illness (IMCI) strategy. RPM Plus continued to explore increased involvement with the Partnership for Maternal, Newborn and Child Health (PMNCH). Based on a country-level request from the PMNCH country support working group (CSWG), RPM Plus submitted mapping forms for Management Sciences for Health activities in Ethiopia, Tanzania and DRC. The responses will be used as part of a PMNCH partner mapping exercise. RPM Plus continued to collect key child health journal articles and technical documents

RPM Plus will complete and submit manuscripts on the DMCI, C-DMCI and ADDO experience and will continue to advocate for inclusion of pharmaceutical management in key child health strategies, documents, and programs. At the international level, RPM Plus will continue to actively investigate how to contribute towards the Partnership for Maternal Child and Newborn Health (PMNCH) working groups.

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Child Survival**Year** 06**Activity Title** Mainstreaming pharmaceutical management into the global child survival agenda

for dissemination of the monthly child health update as well as update the RPM Plus website as appropriate.

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** HIV/AIDS**Year** 04**Activity Title** Development of "Commodity Management in ART Programs: A Planning Guide"**Activity Manager** Walkowiak, Helena**Activity #** 2**Task:** A1WW04HIV**Sub-Task:** 60F2E2

**Activity Description** This publication entitled "From the Ground Up" targets health care providers, trainers, policy makers and planners and will provide them with up-to-date insights and lessons-learned from HIV/AIDS programs around the globe. RPM Plus has received a request from EGPAF to contribute two chapters to the publication; one on the Scaling-up of Pharmacy Services: Managing Medicines and Supplies and the second on The Role of the Pharmacist in ART. The chapters are intended to assist a range of audiences who are currently or are planning to support ART service delivery and ART service implementers, to systemize their approaches to strengthening pharmaceutical management for going to scale.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	No activities in this quarter.	Awaiting response from EGPAF editors	The EGPAF editors plan to send final drafts to the authors for approval in January/February 2008. RPM Plus will review the drafts and respond to comments as necessary		

**Last Updated:** 01/02/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** HIV/AIDS**Year** 05**Activity Title** Update the VCT Planning Guide**Activity Manager** Walkowiak, Helena**Activity #** 10**Task:** A1WW05HIV**Sub-Task:** 60EXE0**Activity Description** Originally planned using FY03 funding, the review and update of the document is now being done in FY05. The aim of the document is to provide practical guidance on commodity management issues related to establishing, managing and scaling up testing and counseling programs. The document will be completed and disseminated.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	FHI completed an initial review and the document was updated to reflect revised/new resource documents.	Our partners FHI have been extremely busy with travel and other commitments this quarter.	FHI plan to complete their review and to forward their updated sections at the beginning of January 2008. The updated document should be finalized by the end of the next quarter.		

**Last Updated:** 01/02/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Pilot the AMR Questionnaire Module for Use by the Demographic and Household Survey (DHS)**Activity Manager** Joshi, Mohan**Activity #** 4**Task:** A1WW05AMR**Sub-Task:** 60F1C4

**Activity Description** Planned activity: With FY04 funds, RPM Plus collaborated with ORC Macro to develop a draft "AMR Module" to specifically address community knowledge/use of antibiotics and awareness of drug resistance. The draft set contains introduction, indicators, questionnaire, rationale, and tabulation plan. The draft module is now ready for review by global experts and pilot testing.

Proposed approach: The draft module will be sent to global and national experts with experience in AMR, antibiotic use, and operational research. Based on the feedback obtained from the experts, RPM Plus and ORC Macro will revise the draft and also convene a meeting of core group of experts to further review and finalize the draft in order to make it ready for pre-testing.

The main task under this current work plan will be to pre-test the module in one resource-constrained country. RPM Plus and ORC Macro will collaborate to provide support for the in-country pre-test. The pre-test will be conducted as a critical means of testing:

-the wording of the questions, the skip patterns, and the filters in the module

-the feasibility of attaching 'current medication use' to household questionnaire in order to capture more people (non-reproductive age) using medications; and

-the accuracy of translation if the pretest is conducted in a language different from English

The results of the pretest will inform decision on whether and what revisions are required in the draft module. The pretest will also serve as the basis for development and revision of the interviewer's manual.

In addition, RPM Plus and ORC Macro will continue the work initiated in FY04 with regard to identification of a few AMR-related indicators and questions for the facility-based Service Provision Assessment (SPA) tools. The two partners will collaborate to facilitate efforts at getting the DHS consider incorporation of these suggestions in their SPA modules.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Pilot the AMR Questionnaire Module for Use by the Demographic and Household Survey (DHS)**Project  
Year 8 Q1**

In this quarter pretest for the DHS-AMR module was successfully implemented in collaboration with Central Statistical Office of Zambia and Macro International. The 18 interviewers recruited for the pretest underwent thorough training including practice through mini-household surveys before they conducted the actual field interviews. A total of 242 household schedules were successfully administered during the AMR module pre-test. Overall, 116 men and 236 women were successfully interviewed making a total of 352 individuals interviewed. The questionnaire was administered in Nyanja, Bemba, Tonga, English, which are the main languages spoken in and around Lusaka where the pre-test was done. The structured feedback session involving household interviewers regarding their observations in implementing the DHS-AMR module resulted in appropriate refinements and improvement in the module.

None

DHS-AMR module is expected to be uploaded and made publicly available on the Macro's measure DHS website in the next quarter.

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**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance                      **Year** 06**Activity Title** Finalize the manual "How to Investigate Antimicrobial Drug Use in Hospitals"**Activity Manager** Green, Terry                                      **Activity #** 10                      **Task:** A1WW06AMR                      **Sub-Task:** 60F1E0**Activity Description** A team of investigators led by local experts (potentially including those who have attended past DTC courses) will carry out research on antimicrobial use in hospital settings in at least two countries using the manual "How to Investigate Antimicrobial Use in Hospitals: Selected Indicators," developed by RPM Plus. From the findings, hospitals can investigate causes and design cost effective interventions using the tool to monitor progress and evaluate the interventions. Field test of the draft manual in more hospitals will also allow further revision and finalization of the tool. Once finalized the tool will be widely disseminated.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	The antimicrobial indicator manual Field Test has been completed at the three Kampala hospitals. A preliminary report was submitted by Dr. Ddumba for review and comments. Dr. Ddumba plans to complete the data analysis by January. Reports to individual hospitals and final report to RPM Plus is planned for January 2008.	Dr. Ddumba's busy schedule has slowed progress and completion of this field test.	- Monitor field test progress - Begin final revisions of Manual after receiving final report on the field test		

**Last Updated:** 01/10/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance                      **Year** 06**Activity Title** Develop a training session on AMR for USAID's global health E-learning Center**Activity Manager** Citysoft Admin    **Activity #** 12                      **Task:** A1WW06AMR                      **Sub-Task:** 60F1MB**Activity Description** RPM Plus will develop a module for the USAID Global Health E-Learning Center. For this, relevant background information will be collected and analyzed and priority AMR-related topics identified as key elements to be included in the sessions. Based on these materials the CPM Training Unit will develop the session. The session will then be reviewed internally for content and technical accuracy before finally submitting to USAID. Utilization of this internet-based resource is expected to improve awareness and understanding of AMR amongst USAID PHN officers in missions and staff at USAID/Washington, its Cooperating Agencies (CAs), and others. The activity will also contribute to the much needed global attention and advocacy for AMR

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	The USAID E-learning module, AMR Part, 1 was uploaded into the online module software, text was edited, graphics were edited and uploaded, and knowledge check and testing questions were written. Additionally, user testing material was drafted and 3 user tests were given. The tests which sought feedback on understandability, interest, test question fairness, and time for completion provided valuable feedback. Overall the three test users thought that the module was interesting and the language understandable. None of the reviewers had much experience with AMR and all felt that they learned much more about it. Additionally they were all able to complete the module in under 2 hours. Part 2 of the AMR course was sent to USAID for feedback and approval to move forward with the web uploading process.	Multiple e-learning projects compete with the priorities of the RPM Plus training staff.	<ul style="list-style-type: none"><li>• Complete Part 1 (Module 1) user test and incorporate feedback</li><li>• Submit Part 1 for a final review by USAID.</li><li>• Finalize Part 1 and go public on E-learning website</li><li>• Begin uploading of Part 2 (Module 2) after receiving any feedback USAID may have on the current version of the draft.</li></ul>		

**Last Updated:** 01/10/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance                      **Year** 06**Activity Title** Compile and Disseminate Lessons Learned from RPM Plus AMR Portfolio Activities**Activity Manager** Joshi, Mohan                                      **Activity #** 13                      **Task:** A1WW06AMR                      **Sub-Task:** 60F1FC**Activity Description** RPM Plus will produce a lessons learned report that will be submitted to USAID. The report will serve as a comprehensive documentation of lessons learned from RPM Plus' AMR containment efforts. It will inform relevant global, regional and in-country AMR stakeholders about the key progresses made, challenges encountered, and practical lessons understood to guide potential future work, thus supporting the much required international advocacy and coordination on AMR. The report will also form a basis for recommendations to USAID for potential future support of high priority AMR areas.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	The lessons learned document was reviewed and revised based on feedback. Further information was added on activity summaries and accomplishments. The document is currently undergoing additional revision based on more recent progresses achieved with the ongoing activities.	None	- Continue to update with lessons learned during the final year of RPM Plus - Fill out with additional activity information and lessons learned in certain activities - Finalize document		

**Last Updated:** 01/10/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance                      **Year** 06**Activity Title** Implement a country-level AMR advocacy and containment program**Activity Manager** Goredema, Wonder                      **Activity #** 2                      **Task:** A1WW06AMR                      **Sub-Task:** 60AXP2**Activity Description** In FY06 activities in Zambia will be further advanced. In Ethiopia, recommendations generated at the November 2006 Call to Action Workshop in Adama will be utilized to strategize further AMR containment and advocacy activities. Drawing from the ongoing experiences in Zambia and Ethiopia, the approach will be initiated in a third country.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance**Year** 06**Activity Title** Implement a country-level AMR advocacy and containment program**Project  
Year 8 Q1**

IN ZAMBIA:  
- RPM Plus and the Antimicrobial Advocacy Working Group (AWG) continued to work with the Ministry of Health (MoH) towards final oversight and printing of the updated STG. After a final meeting of reviewers and contributors the document was handed over to the MoH for typesetting and printing.  
- Support was provided to the AWG to hold meetings to discuss current activities (DHS-AMR module pilot, STGs review finalization and dissemination, UNZA curriculum review) and plan activities for the coming year.  
- In Ethiopia, as a result of the progress and momentum that was associated with the advocacy and coalition-building and DTC training activities implemented earlier in 2006 and 2007 with the core-funded RPM Plus/AMR portfolio support, another event, relating specifically to AMR advocacy training for the media, was conducted, primarily using in-country resources and supported by RPM Plus partners Links Media and APUA. Fifteen journalists, 13 AMR spokespersons and 15 AMR advocates (National Committee for AMR Containment members) were trained.  
- The Pre-service curriculum review guidelines were reviewed by CPM senior management and feedback was incorporated into the draft. Revision is ongoing.

None

- In Zambia, print and disseminate the reviewed STGs.  
- Incorporate materials and lessons from the Zambia curriculum review into the pre-service training guide. Finalize and disseminate the guidelines  
- Because the RPM Plus is closing, from now onwards SPS AMR portfolio will provide a minimal degree of support to the Zambian AWG as they implement additional AMR containment activities .

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**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance                      **Year** 06**Activity Title** Finalize and distribute AMR country-level approach workbook**Activity Manager** Joshi, Mohan                                      **Activity #** 3                      **Task:** A1WW05AMR                      **Sub-Task:** 60F1F3**Activity Description** The planning and implementation experiences in Zambia and Ethiopia are yielding several lessons that will be of much practical value to add to the workbook. So the plan is to further revise the workbook incorporating experiences and lessons learned in Zambia and Ethiopia as work continues in those countries. Under this workplan the workbook will be revised and finalized by RPM Plus in collaboration with country partners and made available for guidance in initiating the approach by additional interested countries.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	All final inputs were incorporated into the draft and it was submitted to editorial. The operational guide is now in the final stages of the editorial process and will be finalized and printed in quarter 2.	None	- Finalize operational guide - Implement the guide with the next country level program under SPS.		

**Last Updated:** 01/10/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance**Year** 06**Activity Title** Prevent resistance to antiretrovirals through ART adherence measurement and support**Activity Manager** Steel, Gavin**Activity #** 4**Task:** A1WW05AMR**Sub-Task:** 60EXA3

**Activity Description** In FY06 a nationwide ART adherence assessment and support pilot will be launched after a national consultative meeting. The pilot program will include one or two sites from each of the nine provinces in the country. RPM Plus will also collaborate with in-country stakeholders to initiate a similar ART adherence program in Namibia. The implementation of these adherence measurement and support activities will result in the availability of national data on ART adherence and current adherence support practices, availability of national standards for measuring adherence and strategies for improving adherence. The experiences in South Africa and Namibia will form the base for a generic ART adherence measurement and support guideline for resource-limited countries.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	Planning for implementation of the finalized ART adherence measurement tool in provincial facilities continued in this quarter. Training of the related facility staff on the use of the tool in the identified facilities will begin in the next quarter.	None	- As RPM Plus closure is nearing, the core-funded AMR portfolio's support to this activity will primarily continue through the SPS workplan.		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance**Year** 06**Activity Title** Strengthen hospital drug and therapeutics committees through locally-led DTC-TOT training courses**Project  
Year 8 Q1**

LOCALLY-LED DTC TRAINING COURSE – Makerere University continues its planning and advertising for the Uganda DTC Training Course. 30 participants have been identified for the course. Facilitators have been identified and contracted (by Makerere University) for their attendance. Towards the end of this quarter RPM Plus coordinated a conference call between the Course Secretariat in Uganda, all the three regional facilitators (David Ofori-Adjei, Atieno Ojoo, Eva Ombaka) and RPM Plus technical staff to ensure that all the final preparations for the course were completed. RPM Plus also sent a recently revised version of the training course materials to Uganda.

None

- Finalize all the DTC materials and upload them in RPM Plus and WHO website.

GUYANA DTC TRAINING - RPM Plus supported SCMS with a DTC training experienced technical staff to conduct a 3-day DTC training course that was presented to the Ministry of Health officials and hospital-based practitioners in November 2007. This training was to improve capacity of the National Formulary Committee to conduct the functions of a comprehensive DTC including the development of Essentials Drug List and development of Standard Treatment Guidelines. The training program developed a 12-month plan to institute treatments guidelines for Guyana.

ARMENIA RMU/DTC TRAINING – A rational medicines use (RMU) training of trainers (TOT) course was conducted in Yerevan on July 16-25, 2007. Subsequently, two follow up training courses were planned for December 2007 that were designed to be facilitated

**Workplan:** Antimicrobial Resistance**Year** 06**Activity Title** Strengthen hospital drug and therapeutics committees through locally-led DTC-TOT training courses

primarily by the local technical staff who were trained in the July. RPM Plus provided support during the preparatory phase of these two December courses. The actual on-site technical assistance during the courses was provided through SPS.

REVISION OF THE DTC MATERIALS - The final editing of the DTC materials by the CPM editorial group in coordination with RPM Plus and WHO technical staff continued. Newer sessions on "Getting Started" and "Role of DTC for AMR Containment" were revised extensively. "Efficacy" and "Cost" sessions also underwent extensive revision with WHO technical collaboration.

**Last Updated:** 01/10/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance                      **Year** 06**Activity Title** Provide sustained follow-up technical support to DTC-TOT participants to enable them to implement their work plans**Activity Manager** Konduri, Niranjana                      **Activity #** 6                      **Task:** A1WW06AMR                      **Sub-Task:** 60B4H6**Activity Description** In FY06, RPM Plus will continue and intensify provision of follow-up assistance to the DTC-TOT participants from past and future courses by continued relationship building and technical assistance through email, conference call for participants to share experiences, documenting success of the participants on the DTC website, gathering lessons learned, use of a continuously updated matrix of participants' progress, and provision of small grants to participants who develop viable DTC- and training-related proposals.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	<ul style="list-style-type: none"><li>- A former DTC course participant's colleague at the Mater Hospital, Kenya wrote and sent a follow-up Drug Use Evaluation-2 report on antimicrobial prophylaxis for cesarean section for the period April 2007 to August 2007. The report evaluated the impact of dissemination of the findings of a baseline DUE and DUE-1 on prescribing trends among Obs/Gyn practitioners and anesthetists.</li><li>- Sital Shah's panel presentation made at the FIP meeting in China was uploaded to the MSH/RPM Plus website.</li><li>- Write-up drafted by Dr Xiao Yonghong on his DTC and rational medicines use activities was reviewed, revised, and sent back to Dr. Yonghong by the RPM Plus AMR team.</li></ul>	None	<ul style="list-style-type: none"><li>- Once finalized Dr. Yonghong's story will be posted in the MSH/RPM Plus DTC website.</li></ul>		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance**Year** 06**Activity Title** Help strengthen quality assurance of selected antimicrobials through a regional approach**Activity Manager** Tran, Dat**Activity #** 7**Task:** A1WW05AMR**Sub-Task:** 69DXH7

**Activity Description** The process of validating level two TLC/densitometry as a methodology to effectively assess the quality of additional antimicrobials, particularly antiretrovirals (ARVs) which was initiated in Tanzania in FY05 will be completed in FY06. Also the program initiated in Zambia to roll out the Tanzania model of Level One Drug Inspection and Minilab testing will be further advanced. In addition to focusing on product quality, the AMR portfolio of RPM Plus will also explore opportunities to further collaborate with PMI to strengthen pharmacovigilance of antimalarials in Tanzania to support a broader QA system. The AMR and malaria portfolios will also collaborate to organize a regional consultative meeting on the quality of antimalarials with the goal of forging a practical regional approach to assist all countries improve their quality assurance systems for antimalarials and antimicrobials at large.

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**Activity Progress****Barriers to Progress****Next Steps****Products Planned****Progress on Products**

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Antimicrobial Resistance**Year** 06**Activity Title** Help strengthen quality assurance of selected antimicrobials through a regional approach**Project  
Year 8 Q1**

- As RPM Plus/AMR portfolio QA activities wind down in Zambia, RPM Plus only played a peripheral role in providing advice to PRA and CHAZ on various aspects during the critical early stages of implementing inspection and product testing at key ports of entry.

- During this quarter, RPM Plus produced a draft document based on lessons learned in Zambia and Tanzania. It is intended to be a practical implementation guideline for countries with limited medicine regulatory capacity. It outlines a "minimum package" of doable QA measures to minimize the circulation of substandard and counterfeit medicines and ensure the best quality of medicines possible for the country. The document emphasizes an approach that focuses on careful priority setting, with equal emphasis placed on technical, operational, and coordination issues as part of system implementation. Key to the making the system effective is having well-defined reporting structure, with proper feedback loops that allow efficient information flow for regulator response.

None

- Review and finalize the draft QA lessons learned document.

**Last Updated:** 01/10/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance                      **Year** 06**Activity Title** Provide technical assistance for country-level implementation of infection control tools**Activity Manager** Goredema, Wonder                      **Activity #** 9                      **Task:** A1WW05AMR                      **Sub-Task:** 60E3H0**Activity Description** Building on the communication and tool dissemination process started in South Africa and Swaziland under last year's workplan, RPM Plus will leverage technical assistance for initial tool utilization, training and follow up activities for rapid cycle quality improvement (RCQI) at selected hospitals in these two countries. The finalized CD materials will also be translated into Spanish and piloted in selected hospitals in Paraguay and Peru with leveraging of FY06 SO5/AMR fund and the remaining LAC funding from previous years for infection control. African and LAC experiences will form the basis for an updated version of the CD and a self-learning tool suitable for availability on the MSH/RPM Plus website. This task will be initiated in FY06 and completed in FY07.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance**Year** 06**Activity Title** Provide technical assistance for country-level implementation of infection control tools**Project  
Year 8 Q1**

IN SOUTH AFRICA:  
- RPM Plus staff continued to collaborate with NDOH in providing long distance telephone follow up support to pilot sites (Kimberley Hospital Complex (KHC), Kuruman district Hospital (KDH) and Rustenburg Provincial Hospital (RPH) to assist with their new improvement plans. The Quality Assurance Directorate in the Northern Cape was debriefed on the progress at sites.  
- RPM Plus held discussions with NDOH staff in this quarter to review ICAT progress and map out follow up plans and next steps. It was noted that the IC practices at the pilot sites had improved substantially and the ICAT implementation had proceeded per plan.

IN SWAZILAND:  
- An ICAT review workshop was held in Mbabane October 8-9, 2007 with 19 IC representatives from the 4 pilot hospitals (Dvokolwako Health Center, Mbabane Government Hospital, RFM Hospital, and Sithobela Health Center), Matanjeni Hospital, MOH&SW and the Swaziland Nurses Association (SNA), during which implementation experiences were shared and new improvement plans developed. Field-testing of the hand hygiene poster was also initiated during the workshop, with completing of 19 questionnaires by workshop participants. Field-testing of the poster continued afterwards as well during this quarter at the pilot hospitals. Twenty-seven additional completed questionnaires were received from doctors, nurses, pharmacists, microbiologists and other staffers at the 4 pilot hospitals and from key MOHSW officials.  
- RPM Plus staff met with the Deputy

None

- As the RPM Plus IC fund is spent, on-going infection control activities in South Africa, Swaziland and Guatemala will be supported through SPS AMR core funding from the next quarter.

**Workplan:** Antimicrobial Resistance**Year** 06**Activity Title** Provide technical assistance for country-level implementation of infection control tools

Director of Health Services, the Deputy Chief Nursing Officer and the IC Coordinator for the country on October 10. The Director was briefed on the progress of ICAT activities and the relationship with the Quality Assurance program. He requested a report on ICAT activities.

- RPM Plus staff attended a national quality assurance forum in Mbabane on December 7. RPM Plus made a presentation on ICAT activities in the country and submitted a final written report on ICAT activities to the chief pharmacist, the deputy directors of health services, the deputy chief nursing officer and the infection control coordinator.

- The Spanish translation of ICAT materials were finalized.

- TA support was provided for preliminary preparations for the ICAT implementation workshop that was conducted in Guatemala City, Guatemala November 28-31, 2007 with joint support from RPM Plus LAC Regional fund and SPS/AMR core fund.

**Last Updated:** 01/10/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Tuberculosis**Year** 05**Activity Title** Develop a guidance document on effective commodity management to complement WHO TB/HIV guidelines**Activity Manager** Owunna, Chinwe**Activity #** 8**Task:** A1WW05TBX**Sub-Task:** 60CXE8

**Activity Description** In collaboration with StopTB TB/HIV working group and UNAIDS, RPM Plus will finalize the two-phased activity. A guidance document based on the study findings will be developed. It will highlight different pharmaceutical management considerations of TB/HIV programs to address policy and organizational development, pharmaceutical management of collaborative interventions requiring pharmaceuticals, information management and monitoring. The document will provide guidance for TB and HIV program collaboration in commodity management; it will complement the WHO TB/HIV interim policy and guidance to decrease the co-infection rate.

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**Activity Progress****Barriers to Progress****Next Steps****Products Planned****Progress on Products**

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**Project  
Year 8 Q1**

During this quarter, RPM Plus presented the study on integrated management on TB/HIV programs in 5 countries at the UNION World Health Conference on Lung Health held in Cape Town, South Africa

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Tuberculosis**Year** 06**Activity Title** Provide technical leadership to the GDF in expediting response to DOTS strengthening and addressing MDR/XDR TB**Activity Manager** Citysoft Admin**Activity #** 2**Task:** A1WW06TBX**Sub-Task:** 60F3H2

**Activity Description**

- Continue to provide ongoing technical leadership and assistance to the GDF through RPM Plus staff permanently based in Geneva. (ongoing)
- Provide technical assistance and leadership during the GDF survey and monitoring missions and conduct audits of the GDF country monitoring reports (ongoing)
- Assist the GDF in the development of tools and survey mechanisms to ensure that new GDF products - laboratory commodities and pediatric TB medicines - are used in accordance with the GDF terms and conditions.
- Provide short-term TA to recipient countries where urgent problems have been identified and where donor support for TA is not available (new)

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**Activity Progress****Barriers to Progress****Next Steps****Products Planned****Progress on Products**

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**Project  
Year 8 Q1**

On October 1 – 5, 2007, RPM Plus Senior Program Associate went to Guyana on a GDF mission to implement the use of TB fixed dose combination (FDC) drugs. Twenty regional coordinators of the NTP and technicians at the central level attended a training workshop on implementation of FDC. During this mission, RPM Plus made suggestions for the needs for the next shipment of FDC drugs and for implementation of plans with local counterparts.

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Tuberculosis**Year** 06**Activity Title** Assist Laboratory working group in the development of its strategy and business plan**Activity Manager** Citysoft Admin**Activity #** 3**Task:** A1WW06TBX**Sub-Task:** 60DXH6**Activity Description** Assist the Laboratory sub working group of the DOTS Expansion Working Group in the development of its strategy and a business plan for the lab capacity strengthening.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	The final draft of the strategy and business plan was submitted to the laboratory group.				

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Tuberculosis**Year** 06**Activity Title** Strengthen human capacity for TB pharmaceutical management at Global and NTP level**Activity Manager** Citysoft Admin**Activity #** 4**Task:** A1WW06TBX**Sub-Task:** 60F3M7**Activity Description** With FY06 funding, RPM Plus will:

- a. Conduct a regional Course on Pharmaceutical Management for TB in collaboration with the GDF and WHO regional offices; region to be defined (ongoing)
- b. Conduct targeted regional training of DOTS Plus programs with the focus on quantification, ordering, and monitoring the use of second-line medicines; the course will be conducted in conjunction with the GLC (ongoing)
- c. Facilitate sessions on pharmaceutical management for TB at four WHO courses for international TB and TB/HIV consultants (Sondalo), and at the annual WHO/KNCV Course for NTP Managers in Warsaw; (ongoing)
- d. Field-test and finalize TB drug management capacity-building tool for lower level facilities and providers (PHC). Potential field test in Pakistan (new)
- e. Develop training modules on management of TB laboratory commodities, patient kits, and pediatric TB medicines for the GDF consultants to address new products on the GDF list (new activity).

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Tuberculosis**Year** 06**Activity Title** Strengthen human capacity for TB pharmaceutical management at Global and NTP level**Project  
Year 8 Q1**

RPM Plus Principal Program Associate facilitated training sessions as part of the WHO Global training course on implementing the Stop TB strategy, from October 4 to 6, 2007 in Sondalo Italy.

On October 12, 2007, RPM Plus Senior Program Associate presented Drug Management modules on Pharmaceutical Management, Pharmaceutical Quality Assurance, and Monitoring and Evaluation at the workshop for NTP Managers of the Eastern European Countries held in Warsaw, Poland and organized by TBCAP.

On November 19 – 23, 2007, RPM Plus, in collaboration with GDF and WPRO, conducted a 5-day workshop to address common challenges faced with the management of MDR-TB treatment and commodities. The workshop was held at the WPRO office in Manila, Philippines where 15 senior officials of NTP and TB drug management departments from 5 different WPRO countries attended.

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**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Tuberculosis**Year** 06**Activity Title** Disseminate RPM Plus Pharmaceutical Management for TB tools and materials**Activity Manager** Citysoft Admin**Activity #** 6**Task:** A1WW06TBX**Sub-Task:** 60G2D9**Activity Description** In FY07 RPM Plus will:

a.Maintain RPM Plus Pharmaceutical Management for TB website (ongoing)

b.Translate RPM Plus guidelines for PHC level into French for use in francophone Africa (continued)

As a result, organizations working in TB control will have access to a wide range of resources related to best practices in pharmaceutical management for TB.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 8 Q1**

Many of the TB tools, namely Managing TB Pharmaceuticals at the Primary Level, Pharmaceutical Management for Tuberculosis: Assessment Manual, and Managing Pharmaceuticals and Commodities for Tuberculosis: A Guide for National Tuberculosis Programs, have been introduced and distributed at workshops, including the training in Sondalo, workshops in the Ivory Coast and Manila, and the 38th UNION World Congress on Lung Health.

The newest RPM Plus TB publication, Managing Pharmaceuticals for TB/HIV Collaboration: Lessons Learned from a Five-Country Study in East Africa, was printed and distributed at the 38th UNION World Congress on Lung Health.

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Africa Bureau/Child Survival      **Year** 03**Activity Title** Offer assistance to IRC to conduct a Community DMCI assessment in Rwanda**Activity Manager** Briggs, Jane**Activity #** 3**Task:** A1WW03CHS**Sub-Task:** 60EXA3

**Activity Description** Many PVOs are implementing community child health activities and several have already approached RPM Plus for technical assistance to improve drug management at community level. The International Rescue Committee in Rwanda is one such PVO project interested. It is proposed that RPM Plus will provide technical assistance to IRC in Rwanda to conduct a community DMCI assessment and to develop appropriate interventions to improve the availability and use of drugs in the community. This activity will link well with the RPM Plus activities in the area of HIV/AIDS and PMTCT, demonstrating RPM Plus' commitment to strengthening child health services alongside implementation of PMTCT, as well as being supportive of the work of the RPM Plus malaria portfolio in home-based management of malaria. It is expected that additional finances will be leveraged from the Mission and the IRC project for this activity.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	No further assistance was required from RPM Plus to support the PVO stakeholders with the implementation plans in Rwanda under the Expanded Impact Child Survival project.		This budget line is now closed and activities completed. RPM Plus will remain in contact with the PVO stakeholders in Rwanda to explore future technical assistance requirements as necessary.		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Africa Bureau/Child Survival      **Year** 03**Activity Title** Technical Papers**Activity Manager** Briggs, Jane**Activity #** 4**Task:** A1AB03CHS**Sub-Task:** 60F6F4**Activity Description** RPM Plus will document the experiences of the use of the DMCI and C-DMCI assessment tools in the countries in which they have been used.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	This activity code is now closed. Activities this quarter including the poster presentation at the Annual American Public Health Association Conference and submission of a proposed panel for the Annual Global Health Council are reported under A1 WW06CHS 60F6H8 (Mainstreaming pharmaceutical management into the global child survival agenda).		This budget line is now closed. Ongoing activities related to technical research articles and presentations are reported under A1 WW06CHS 60F6H8 (Mainstreaming pharmaceutical management into the global child survival agenda).		

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**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Africa Bureau/Child Survival      **Year** 03**Activity Title** Support to Community Case Management in DRC**Activity Manager** Briggs, Jane      **Activity #** 5      **Task:** A1AB03CHS      **Sub-Task:** 60E3H5**Activity Description** Based on the lessons learned from monitoring, supervision, and evaluation activities in pilot areas where CCM was implemented in DRC, RPM Plus will work with partners to support the national roll out of CCM into other districts, adapting tools and training materials as necessary.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	This activity code is now closed. All continuing activities related to community case management in DRC including the community case management review workshop held in October 2007 are reported under A1 WW06CHS 60EXH5 (Community Case Management of ARI, malaria and diarrhea).		This budget line is now closed. For continuing activities related to community case management in DRC, please refer to A1 WW06CHS 60EXH5 (Community Case Management of ARI, malaria and diarrhea).		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Africa Bureau/Child Survival      **Year** 03**Activity Title** Support to CCM in Senegal**Activity Manager** Adeya, Grace**Activity #** 6**Task:** A1AB03CHS**Sub-Task:** 60E3H6**Activity Description** Based on the lessons learned from monitoring, supervision, and evaluation activities in pilot areas where CCM was implemented in Senegal, RPM Plus will work with partners to support the national roll out of CCM into other districts, adapting tools and training materials as necessary.**Project  
Year 8 Q1**

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
This activity code is now closed. All continuing activities related to community case management in Senegal are reported under A1 WW06CHS 60EXH5 (Community Case Management of ARI, malaria and diarrhea).		This budget line is now closed. For continuing activities related to community case management in Senegal, please refer to A1 WW06CHS 60EXH5 (Community Case Management of ARI, malaria and diarrhea).		

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**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Africa Bureau/Child Survival      **Year** 03**Activity Title** Finalize the C-DMCI database**Activity Manager** Briggs, Jane**Activity #** 7**Task:** A1AB03CHS**Sub-Task:** 60F6J7**Activity Description** An Access-based data analysis package is being developed to generate the standard indicators of the C-DMCI survey in three languages (English, Spanish and French).

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	This activity code is now closed. All continuing activities related to finalizing the C-DMCI database are reported under A1 WW06CHS 60EXH5 (Community Case Management of ARI, malaria and diarrhea).		This budget line is now closed. For continuing activities related to finalizing the C-DMCI database, please refer to A1 WW06CHS 60EXH5 (Community Case Management of ARI, malaria and diarrhea).		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Africa Bureau/Child Survival      **Year** 04**Activity Title** Technical activity coordination and monitoring**Activity Manager** Adeya, Grace**Activity #** 1**Task:** A1AB04CHS**Sub-Task:** 97XXY1**Activity Description** n/a

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	This activity code is now closed. Current technical coordination activities are reported under A1 WW06CHS 97XXY1 (Technical Activity coordination and monitoring).		This budget line is now closed. Refer to A1 WW06CHS 97XXY1 (Technical Activity coordination and monitoring) for current information on technical activity coordination.		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Africa Bureau/Child Survival      **Year** 04**Activity Title** Continued collaboration with AFRO**Activity Manager** Briggs, Jane**Activity #** 3**Task:** A1AB04CHS**Sub-Task:** 60F6H3**Activity Description** Promote and plan pharmaceutical management by regional AFRO and the country offices. RPM Plus will provide specific technical assistance to the AFRO team to integrate drug management into the child survival programs in the region.**Project  
Year 8 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
This activity code is now closed. Collaborative activities funded under this code including the data analysis sheets for the IMCI Health Facility survey drug management components (in English, French and Spanish) are completed.		This budget line is now closed. Continued collaboration and technical assistance to WHO-AFRO will be reported under FY 06 codes.		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Asia Near East Bureau**Year** 04**Activity Title** Provide TA in pharmaceutical management for HIV/AIDS as agreed with RDM/A**Activity Manager** Duzey, Olya**Activity #** 13**Task:** AIRN04IDX**Sub-Task:** 60F2H0

**Activity Description** RPM Plus will provide TA to identify key programmatic issues in HIV/AIDS-related pharmaceutical management and help develop recommendations for the application of specific approaches and initiatives to address such issues. These activities could include reviews and studies in the areas of enhancers and monitoring tools for patient adherence to ART and HIV/TB commodity management integration. Other potential activities could address commodity management issues related to HIV/AIDS pediatric treatment, or the integration of PMTCT and child survival pharmaceutical management systems.

This activity will take place in 3rd and 4th quarters of RPM Plus Year 5.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	In October 2007, RPM Plus presented key observations from a June 2007 exploratory visit to several HIV/AIDS facilities in Yunnan Province to learn about current anti-retroviral (ARV) and opportunistic infections (OI) medicines supply operations; recommendations focused on strengthening ARV management through improvements in documentation and reporting, use of standard operating procedures, and improved inventory management. The national program was pleased with the recommendations and requested RPM Plus provide technical assistance in several Chinese provinces.	The two provinces, where USAID is currently supporting activities in prevention, care and support and treatment of HIV/AIDS are Yunnan and Guangxi provinces. At national level, however, there is interest in working in several other provinces. Since this is beyond the geographic and budgetary scope for RPM Plus, it will be necessary for all stakeholders to agree on areas of highest priority for RPM Plus assistance. RPM Plus will, however, seek opportunities for inclusion of other provincial authorities, as tools are adapted and applied in USG provinces.	RPM Plus will clarify these issues during an upcoming visit to China in early 2008.		

**Last Updated:** 01/14/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Asia Near East Bureau**Year** 04**Activity Title** Provide technical assistance to develop training materials for TB pharmaceutical management SOP scale up in China.**Activity Manager** Dias, Vimal**Activity #** 16**Task:** A1RN04IDX**Sub-Task:** 60F3EC**Activity Description** RPM Plus will develop training materials for the implementation of TB pharmaceutical management SOPs in selected facilities and/provinces, as agreed with WHO and the NCTB. These materials will include facilitator and use guides, plus practical exercises. Counterparts will be involved in all phases of development, and the materials will be translated into Chinese prior to their application.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	RPM Plus continues to provide technical assistance to the Chinese National Center for Tuberculosis Control and Prevention (NCTB) in scaling-up use of standard operating procedures (SOP) for TB pharmaceutical management. RPM Plus developed 15 training guides and associated presentations on topics including general pharmaceutical management, receiving medicines, storekeeping, dispensing and quantification, to facilitate training staff in other provinces in SOP use and the use of indicators for program monitoring. RPM Plus is also translating the training guides into Chinese in preparation for the March or April launch of the training program on SOP use.	RPM Plus has emphasized the need for: 1) follow-up at sites that have already received SOP training to evaluate their implementation and provide on-the-job training to reinforce concepts and practices, and 2) creating a structured training system on SOP use, which includes a TOT element and also highlights the importance of collecting indicators to measure the impact of training. The NCTB has requested that RPM Plus delay a visit to conduct follow-up activities until June 2008, indicating that a visit at least two months prior to or following the Lunar New Year would be inconvenient.	Following translation of the SOP training materials, NCTB will make minor changes, as agreed with RPM Plus. The revised materials will be back-translated, so that the changes are understood. RPM Plus will continue to work with WHO/China and other stakeholders to emphasize the need for the use of indicators, and facilitate access to routinely collected data, which may reside in MOH units outside of the NCTB. Some of these data may be used to calculate indicators on a routine basis, rather than requiring massive data collection exercises.		

**Last Updated:** 01/14/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Asia Near East Bureau**Year** 04**Activity Title** Provide TA in transition planning and support for management of medicines for HIV/AIDS in Laos**Activity Manager** Duzey, Olya**Activity #** 17**Task:** A1RN04IDX**Sub-Task:** 60F2HD**Activity Description** RPM Plus will provide TA in planning for pharmaceutical management aspects of the transition of management of the HIV/AIDS program from MSF to MOH by September 2008. In addition, RPM Plus will provide technical assistance during this transition, as agreed with the RDMA and country counterparts.**Project  
Year 8 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
In September 2007, RPM Plus participated with governmental, INGO, Global Fund and other Lao PDR counterparts in a round table discussion on the transition of management of the HIV/AIDS program from Médecins Sans Frontières (MSF) to the MOH. During this visit, RPM Plus also evaluated potential options for the distribution of ARVs and other commodities, procured through the Global Fund and discussed recommendations for strengthening pharmaceutical management systems with the WHO and MOH. As requested by the MOH Center for HIV/AIDS and STI (CHAS), RPM Plus submitted a proposal for technical assistance activities.	<p>Due to the holidays and visits by other donors, the planned December visit was delayed to January. Although RPM Plus was unable to be in-country to attend a late December procurement meeting, RPM Plus continues to correspond with counterparts in CHAS, WHO, and the Global Fund PR office.</p> <p>RPM Plus submitted a proposal for technical assistance, however, it is not certain if a separate MOU will be needed to allow assistance with specific interventions.</p>	RPM Plus will discuss with CHAS and counterparts proposed RPM Plus support for transition of management of ARVs to the MOH, and clarify priorities and time line for activities during a follow-up visit in late January 2008. If an MOU is needed, RPM Plus will seek to initiate the process and determine a potential time line for approval.		

**Last Updated:** 01/14/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Latin America Caribbean IDI for AMR Year 03**Activity Title** Implementation of Hospital Infection Control Assessment Tool in LAC**Activity Manager** Yeager, Beth**Activity #** 10**Task:** A1LN03AMR**Sub-Task:** 60E3H9

**Activity Description** The English version of the tool will be translated into Spanish. RPM Plus will work with national partners in Guatemala to organize an initial workshop in December 2007. Participating hospitals will then have approximately six months to implement the tool. A second, follow-up workshop will then be conducted to review results and discuss next steps. Based on the results, the tool will be revised and distributed to other hospitals in Guatemala.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	During this quarter, translation of the ICAT modules and accompanying manual, as well as all training materials was completed. A Guatemalan consulting firm (ProConDe) was hired to assist with activity implementation. The consultants and RPM Plus met with authorities from the Ministry of Health on several occasions to discuss the activity and select pilot hospitals. The pilot hospitals were then visited and approval was obtained for their directors. The consultants then worked with RPM Plus to review the training materials and ICAT and make slight modifications based on the Guatemalan context. During the 1st week in December, the training was held in Guatemala City. Representatives of the infection control committees of 4 hospitals attended. Following the workshop, consultants were in contact with participants to monitor progress on the development of their infection control plans.	None	Over the next quarter, the consultants will monitor the pilot hospitals' progress on the development and implementation of their infection control improvement plans. A review workshop is tentatively scheduled for May 2008.		

**Last Updated:** 12/12/2007

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Latin America Caribbean SAIDI      **Year** 06**Activity Title** Provide technical assistance to the national TB control programs in all three initiative countries**Activity Manager** Yeager, Beth**Activity #** 5**Task:** a1ln06amr**Sub-Task:** 60f3h5

**Activity Description** One of the targeted activities this year will be an evaluation of how the TB program in Callao, Peru, manages their medicines, in particular second-line drugs. Based on the results of this evaluation, RPM Plus will provide recommendations and follow-up support for implementation. RPM Plus will conduct similar activities in Bolivia this year. Other activities in support of the national TB control programs may be considered.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	<p>PARAGUAY: RPM Plus submitted an evaluation of the individualized TB Kit system to the National TB Program in Paraguay for comments; in the next quarter, RPM Plus will support activities to strengthen implementation of the Kits in Paraguay, take the project to scale across the country, and promote South-South exchange with the Bolivia TB Program.</p> <p>BOLIVIA: An RPM Plus consultant carried out an intermediate assessment of the impact of the individualized TB Kit system on pharmaceutical management in Santa Cruz. She will continue monitoring progress and strengthening implementation of the system in the next quarter.</p>	None	<p>BOLIVIA: Monitor process of implementation of TB kits;</p> <p>PARAGUAY: Finalize assessment report and work with NTP to determine and implement next steps</p>		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Regional Development Mission/Asia **Year** 05**Activity Title** Provide TA in development and implementation of interventions to enhance access to antimalarials**Activity Manager** Duzey, Olya**Activity #** 5**Task:** A1RN05IDX**Sub-Task:** 60F4H5**Activity Description** RPM Plus will work with one country to adapt or develop and implement interventions to enhance access to antimalarials. It is anticipated that RPM Plus will work with in-country partners to implement and monitor interventions.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	<p>Following the USAID Mekong Malaria Partners meeting in October 2007, RPM Plus produced and disseminated a matrix of pharmaceutical management activities to be undertaken in Cambodia to improve availability of first line antimalarials and rapid diagnostic tests (RDTs). The intent of the matrix is to start the process of identifying how partners will concretely work together to meet the stated objectives.</p> <p>WHO/WPRO requested RPM Plus technical assistance in reviewing a document on RDT implementation. The document provides guidance to countries on steps to take in implementing RDT use in Mekong countries and will be available on the WHO/WPRO website.</p>	<p>Although RPM Plus had initiated a stakeholder discussion in Cambodia on how to improve availability of first line therapy, the continuing issue of availability has become the primary concern for the Cambodian national malaria program (CNM). The primary issue is procurement of first line ACTs (A+M) for public and private sector, using Global Funds and adhering to product quality assurance requirements. The repackaging facility at the Cambodian Pharmaceutical Enterprise (CPE) has not been certified as GMP compliant, so is ineligible as a source for repackaging the products.</p>	<p>RPM Plus will follow-up with partners and RDMA on the matrix of activities for Cambodia, and seek authorization to commence those activities.</p>		

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**Last Updated:** 01/14/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Regional Development Mission/Asia **Year** 06**Activity Title** Technical activity coordination and monitoring**Activity Manager** Duzey, Olya**Activity #** 1**Task:** A1-RN06IDX**Sub-Task:** 97XXY1**Activity Description** This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	RPM Plus participated in the first bi-annual Mekong malaria partners' meeting in October 29-31, 2007 in Bangkok, Thailand (see activity #2 for more detail).	RPM Plus met individually with the Cambodian National Malaria Center (CNM), RDMA and USAID/Cambodia during the partners' meeting to discuss obstacles to continuation of RPM Plus work in Cambodia. It is anticipated that a coordinated approach to strengthening the management of first line antimalarials will be acceptable to both the Mission and the CNM.	Following the partner meeting, participants will all review their respective work plans and revise them to reflect discussion at the meeting. The RDMA will also provide feedback, so that the work plans may be finalized around the beginning of the New Year.  There is a clear need for partner coordination of activities among projects in the Mekong. RPM Plus will begin by coordinating with BAAM to evaluate procurement protocols at the facility level to facilitate development of recommendations for effective management of antimalarials in a decentralized context, and to maintain adherence to first line ACTs.		

**Last Updated:** 01/14/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Regional Development Mission/Asia **Year** 06**Activity Title** Participate in meetings with partners and donors on pharmaceutical management issues in the ANE region**Activity Manager** Duzey, Olya**Activity #** 2**Task:** A1RN06IDX**Sub-Task:** 60EXN2**Activity Description** In this fiscal year, RPM Plus will participate in meetings in the ANE region and in the Washington, DC, along with other partners to address pharmaceutical management strengthening needs in malaria, TB, HIV/AIDS, or other areas. It is also anticipated that, during this fiscal year, new RDMA regional strategies will be developed in TB and malaria. RPM Plus will participate in those discussions and planning and review meetings.

This activity will take place throughout this fiscal year.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Regional Development Mission/Asia **Year** 06**Activity Title** Participate in meetings with partners and donors on pharmaceutical management issues in the ANE region**Project  
Year 8 Q1**

RPM Plus participated in the first bi-annual Mekong Malaria Partners Meeting in October 29-31, 2007 in Bangkok, Thailand. RPM Plus presented malaria related activities and accomplishments in the Mekong during the past fiscal year and introduced the FY08 work plan to partners during the three-day meeting. The purpose of the meeting was to facilitate partner discussion and identify complementary areas for partner collaboration in addressing malaria priority issues in the region.

The issue of multi-drug resistant (MDR) malaria in Cambodia was of particular concern during discussions, requiring a coordinated approach to containment of resistance.

Following the meeting, to initiate partner collaboration, RPM Plus produced and disseminated a matrix of pharmaceutical management activities to be undertaken in Cambodia to improve availability of first line antimalarials and RDTs.

During the meeting, Thai counterparts and the Kenan Institut's Borderless Action Against Microbes (BAAM) program requested RPM Plus technical assistance in reviewing the procurement and distribution systems in malarious areas of Thailand in light of integration of malaria services into the general health services, and decentralization of procurement of medicines.

In Cambodia, there is overlap in potential pharmaceutical management activities with RPM Plus/SPS, URC and RACHA. This is not, per se, a constraint; however, discussion amongst the partners will help to determine the relative areas of strength and ensure a consistent message and approach. This will require continued discussion and coordination.

RPM Plus will use the matrix to start the process of identifying how the partners will work together to improve availability and use of first line antimalarials and RDTs.

BAAM and RPM Plus will discuss with the RDMA the proposed technical assistance, and seek approval for beginning the activities.

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**Last Updated:** 01/14/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Regional Development Mission/Asia **Year** 06**Activity Title** Provide support for one regional training on pharmaceutical management of second line TB medicines**Activity Manager** Moore, Thomas**Activity #** 7**Task:** A1RN06IDX**Sub-Task:** 60F3M7**Activity Description** RPM Plus is collaborating with the WHO/WPRO, WHO/Geneva, Green Light Committee, and the GDF, plus the RPM Plus core SO5 tuberculosis portfolio to tailor a workshop to the needs of the region, and to conduct a workshop in late 2007.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	<p>RPM Plus conducted a training program on "Pharmaceutical Management of Multi-Drug Resistant Tuberculosis" November 19-23, 2007 in Manila, Philippines in collaboration with WHO/WPRO, WHO/Geneva, the GDF, and the Green Light Committee. National TB programs from Mongolia, China, Vietnam, Cambodia and the Philippines were represented. Course participants learned practical management skills and applied concepts through field exercises and development of country plans for implementation or improvement.</p> <p>RPM Plus reviewed the country implementation plans and provided input on next steps.</p>	None	<p>RPM Plus will follow up electronically with participants on progress in implementing improvement plans, and plan a meeting in approximately six months to highlight achievements, discuss constraints to implementation, and reinforce knowledge and skills needed to continue progress in implementation.</p>		

**Last Updated:** 01/14/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Regional Development Mission/Asia **Year** 06**Activity Title** Provide TA to conduct a regional PMM course.**Activity Manager** Lynders, Marion**Activity #** 8**Task:** A1**Sub-Task:** 60F4M8**Activity Description** N/A

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	RPM Plus conducted the "Regional Training Course on Pharmaceutical Management and Quantification for Malaria" November 27-December 1, 2007 in Hanoi, Vietnam, in collaboration with the Vietnamese national malaria program (NIMPE) and ACTMalaria. Representatives from 13 countries in Southeast Asia and the Pacific Islands were represented. The course addressed common issues in the management of antimalarials, included general pharmaceutical management topics, and focused on quantification training at the national level. Two participant countries, Lao PDR and Cambodia, prepared presentations describing the management of antimalarials, their achievements and constraints to progress. Related and subsequent discussions provided a forum for country-to-country experience sharing related to the challenges of antimalarials management. The course allowed participants the opportunity to evaluate country-specific pharmaceutical management issues, including implementation of Global Fund grants for malaria. Participants also were able to put concepts into practice by revising PSM plans, or developing practical improvement plans for addressing those issues.	None.	RPM Plus will follow up with country teams on their improvement plans, determine what kind of assistance might be needed, and select two countries for in-country technical assistance. Other countries will obtain electronic assistance, as possible.		

**Last Updated:** 01/14/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1

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**Workplan:** Angola (PMI)**Year** 07**Activity Title** Technical Activity Coordination and Monitoring**Activity Manager** Citysoft Admin**Activity #** 1**Task:** A1AO07PMI**Sub-Task:** 97XXY1**Activity Description** RPM Plus will support PMI activities in Angola through a local staff member supported by short term technical assistance provided by the RPM Plus staff based in the region as well as in RPM Plus headquarters from Arlington, Virginia, USA.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	Provided technical assistance to NMCP, the National Essential Medicine Program (PNME) and other partners implementing PMI activities. Candidates for the RPM Plus/SPS consultancy position in Angola were interviewed; orientation for the successful candidate is ongoing. In collaboration with the Centers for Disease Control (CDC) and USAID, the PMI / Angola news letter was finalized. The newsletter can be accessed at <a href="http://www.fightingmalaria.gov/technical/angola_acts.html">http://www.fightingmalaria.gov/technical/angola_acts.html</a> . Also in this quarter, RPM Plus/SPS responded to questions raised during the Data quality assessment (DQA). They reviewed the number of people trained on Rational Pharmaceutical Management in Huambo and Luanda provinces. Also, provided support to the DELIVER team during their assessment visit in Angola	None	None		

**Last Updated:** 01/07/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Brazil**Year** 06**Activity Title** Coordinate decentralization of the quality control system for TB pharmaceutical management**Activity Manager** Keravec, Joel**Activity #** 4**Task:** A1BR06XXX**Sub-Task:** 60DXH4

**Activity Description** During the past two years RPM Plus used the stakeholder's working group approach and established a sustainable system at the MoH for testing 1st and 2nd line TB drugs, the first testing program in Brazil of its kind. The working group highly mobilized persons from cross cutting agencies and stakeholder organizations to assure procurement, distribution, quality control and rational use of TB drugs. This is the first time such a group of stakeholders has taken a holistic, comprehensive approach to improve the quality of drugs all the way from national selection of medicines to their final use by health workers and patients in treatment settings. One of RPM Plus' main partners, INCQS was instrumental in supporting this work and RPM Plus has been the main catalyst in making this activity successful.

Another important success factor has been the LabMOST a new tool for Quality Systems Implementation in Drugs Quality Testing Labs introduced by RPM Plus over the last two years. The LabMost is helping to move reference labs to ISO accreditation (norm ISO/IEC 17025) by providing a comprehensive set of management tools for strengthening lab capacity. The LabMost tool is currently being adapted for minimum quality systems implementation in labs performing in limited resource settings. As a result of the previous successes the national product quality working group decided that 11 additional laboratories located throughout the country will be involved in the ISO accreditation process which will in effect decentralize capacity of product testing closer to where the products are being manufactured.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Brazil**Year** 06**Activity Title** Coordinate decentralization of the quality control system for TB pharmaceutical management**Project  
Year 8 Q1**

- RPM Plus consultant with a specialty in laboratories continues to work with the new reference laboratory facility at Helio Fraga and National Institute for Quality Control with the following accomplishments this quarter:
  - Revising all technical SOPs for the Quality Manual (meets reference laboratory ISO standards 15189:2003)
  - A personnel training in biosafety issues was held this trimester
  - Laboratory personnel was assisted in organizing procedures for a regular internal audit system
- A meeting on quality control testing program for TB drugs was held with INCQS: the national program for quality control of all medicines delivered in the public network is still awaiting further definition from Anvisa to start a new round (organizational and financial issues to support program were raised by Lacens). Decision was taken with INCQS to further assist some specific request from some Lacen in implementing analytical methodologies for TB drugs quality control (State of Pernambuco and Bahia) and to continue the monitoring of the capacity building program at Amazonas state reference lab (Lacen Manaus).
- ? The managerial components of the Most for Lab were up-dated and simplified, and the tool is currently on process of being edited with on-going work on the graphic presentation. Versions in other languages are under development.

- For reference laboratory at Helio Fraga:
  - Continue training of personnel on SOPS; update SOPs as needed;
  - Continue capacity building of the technicians for conducting internal audits of the physical laboratory, procedures, document and training and follow-up of tests conducted.
- Support meeting with ANVISA to expand quality control testing of field samples.

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**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Ethiopia COP**Year** 07**Activity Title** Renovation/Infrastructure**Activity Manager** Daniel, Gabriel**Activity #** 1**Task:** A1ET05HIP**Sub-Task:** 60A2H4**Activity Description** Renovate and upgrade pharmacy and laboratory infrastructures as required for secure and safe storage for drugs, supplies and records. (shelving/ lockable cabinets, refrigerators) and provide improved confidential dispensing and counseling booths and incinerators for damaged drug disposal

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 8 Q1</b>	Renovation and upgrading of structures (dispensing pharmacy, drug store, counseling rooms, laboratory, incinerator and dispensing booths.) at 11 sites has been completed and handed over to the Health Facilities Renovation and upgrading of structures at 24 sites is in good progress and near completion Renovation work at Felegehiwot, Gimbi, Nekemt, Gambella, Humera, Adikokeb Hospitals and Bahar Dar, Ingibara, Dangla, Merawi, Mojo, Shire, Maykadra, Legehare, Dire Dawa, Bure, Ambo, Shoa Robit, Mersa, Woldia, Boru Meda, Addis Zemen, Agaro, Arjo Health Centers were supervised. Handover is expected to take place in the near future.	Price fluctuations	Assigning selected contractors		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Ethiopia COP**Year** 07**Activity Title** TA in Drug Supply Management, Procurement of ARVs and Procurement, Clearance, Storage and Distribution Contract (IDA,**Activity Manager** Daniel, Gabriel**Activity #** 6**Task:** A1ET05HIP**Sub-Task:** 60CXH2**Activity Description** Provide assistance to PASS, RHBS, Health Facilities in selection, quantification, procurement, storage and distribution of ARVs**Project  
Year 8 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
ARV drugs were distributed to 281 Health Facilities and 438 sites have received PMTCT supplies during this reporting period New PMTCT Activity Report Register has been distributed and registry has started at health facilities where the new regimen has been dispensed. ART sites receive 4 month stocks plus 1 month buffer. RPM Plus provided regular TA to HAPCO, PSLD, EHNRI and PHARMID on OI and ARV drugs selection, quantification, procurement, distribution and stock management Shortage of storage facilities has made stock management difficult Failure of Pharmid to timely deliver ARVs to facilities Rapid expansion of the number of ART sites without additional technical staff	Shortage of refrigerators in pharmacy stores and dispensaries Delay of shipments from AXIOS and use of PMTCT test kits for VCT has created sporadic shortage of Determine test kits in PMTCT sites. Irregular Laboratory supplies consumption reports Lab supplies Shortage	Supplying refrigerators for those in need Supply of shelves and filling/lockable cabinets for sites Stock status control system, distribution and redistribution of ARVs will continue Continuous supportive supervision of ART/PMTCT sites		

**Last Updated:** 01/11/2008

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Sudan MAC**Year** 05**Activity Title** Support MOH and NMCP to strengthen coordination of RBM partners**Activity Manager** Azairwe, Robert**Activity #** 5**Task:** A1SD05MAC**Sub-Task:** 60F4N5**Activity Description** Under this activity, technical support will be provided to NMCP to map ongoing RBM projects indicating the partners, staffing levels, interventions provided and level of coverage, amount and source of funding, present and planned activities, etc for each project. An appropriate tool will be designed to collect the required information.

NMCP will also be supported to update the SOW and develop an activity plan for the malaria Technical Working Group, call for and hold monthly meetings for the group.

In addition, NMCP will be supported to hold biannual meetings with the state malaria coordinators as a forum for providing technical updates and reviewing progress of planned activities.

To enhance awareness on status of malaria control activities among partners and stakeholders, NMCP will be supported to publish a malaria newsletter, initially on an annual basis.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q1**Workplan:** Sudan MAC**Year** 05**Activity Title** Support MOH and NMCP to strengthen coordination of RBM partners**Project  
Year 8 Q1**

An SPS work plan for FY07 was developed in consultation with MOH and USAID Sudan mission. participated in key USAID partners meetings and provided updates. RPM Plus/SPS also held consultations with other key malaria and pharmaceutical management support partners to ensure coordinated support to MOH.

RPM Plus/SPS supported NMCP to draft a presentation for the East Africa Roll Back Malaria Network (EARN) meeting. The NMCP was also supported to hold a malaria Technical Working Group (TWG) meeting. The meeting aimed to provide updates on the upcoming WHO-led initiative for developing malaria business plans; key issues from the EARN annual coordination meeting and; round 7 GFATM malaria grant.

RPM Plus provided inputs to the CCM meetings on how to improve the performance of current grants. RPM Plus also supported CCM-Southern Sudan/MOH to respond to Technical Review Panel (TRP) clarifications for GFATM round 7 malaria grant. RPM Plus/SPS provided technical assistance in designing approaches for recording births and deaths at community level using medicine distributors and strategies for minimizing attrition rates of medicine distributors.

None

None

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**Last Updated:** 01/14/2008