SPS Activity and Product Status Report

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

Project Year 3 Quarter 2

January-March 2010

Strengthening Pharmaceutical Systems Program
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About SPS

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

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ADDO	accredited drug dispensing outlet
ADR	adverse drug reaction
ADT	ARV Dispensing Tool [MSH]
AHSEP	Afghanistan Health Services Enhancement Project
AIDS	acquired immunodeficiency syndrome
ALCO	Abidjan to Lagos Corridor Organizations
APR	annual progress report
AQ	amodiaquine
APR	annual progress report
ART	antiretroviral therapy
AS	artesunate
AWARE	Action for West Africa Region
CAMERWA	Centrale d'Achat des Médicaments Essentiels du Rwanda (CMS of Rwanda)
CBO	community-based organization
CMS	Central Medical Store
COP	chief of party
CPDS	Coordinated Procurement and Distribution System
DTC	Drug and Therapeutics Committee
EML	essential medicines list
EU	European Union
FDC	fixed-dose combination
FEFO	first expiry, first out
FHI	Family Health International
FY	fiscal year
GDF	Global Drug Facility
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoB	Government of Bangladesh
GoK	Government of Kenya
HBC	home-based care
HIV	human immunodeficiency virus
HMM	home management of malaria
HSSP	Health Systems and Services Strengthening system
IC	infection control
ICAT	Infection Control Assessment Tool
IEC	information, education, and communication
INRUD	International Network for Rational Use of Drugs
IPT	intermittent prevention treatment
IRS	indoor residual spraying
JSI	John Snow, Inc.
M&E	monitoring and evaluation
MDR	multidrug resistant
MIS	management information system
MoH	Ministry of Health

MoHSW	Ministry of Health and Social Welfare (Swaziland)
MoPH	Ministry of Public Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MTP	Monitoring, training, planning (methodology)
NASCOP	National AIDS and STD Control Program
NDTC	National Drug and Therapeutics Committee
NGO	nongovernmental organization
NMCP	National Malaria Control Program (Senegal)
NSP	National Strategic Plan (South Africa)
PCI	Pharmaceutical Control and Inspection [Namibia]
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PM	pharmaceutical management
PMI	President's Malaria Initiative
PMIS	pharmaceutical management information system
PMTCT	prevention of mother-to-child transmission
PSI	Population Services, International
PV	pharmacovigilance
QA	quality assurance
RBM	Roll Back Malaria
RDT	rapid diagnostic test
REACH	Rural Expansion of Afghanistan's Community-based Healthcare
RH	reproductive health
RMU	rational medicine use
RPM Plus	Rational Pharmaceutical Management Plus
SCMS	Supply Chain Management System
SOW	statement of work
SPS	Strengthening Pharmaceutical Systems (Program)
STG	standard treatment guideline
STI	sexually transmitted infections
TA	technical assistance
TB	tuberculosis
TBCAP	TB Control Assistance Program
TOR	terms of reference
TOT	training of trainers
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNION	International Union Against |Tuberculosis and Lung Disease
URC	University Research Co.
USAID	U.S. Agency for International Development
USG	United States Government
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis

FINANCIAL INFORMATION

Strengthening Pharmaceutical Systems Program
Fiscal Data: January 1, 2010 – March 31, 2010
GHN-A-00-07-00002-00

On June 29, 2007, Management Sciences for Health was awarded the SPS leader with associate cooperative agreement. The cumulative obligation for SPS currently stands at US$122,280,036.

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 Program Elements designated by USAID when funding is received (e.g., Maternal Child Health (MCH) [and sub-elements Antimicrobial Resistance (AMR), Child Survival and Reproductive Health], HIV/AIDS, Tuberculosis (TB), Malaria and Other Public Health Threats (OPHT)).

The Fiscal Data chart shows the Year 1 through Year 3 obligations, cumulative funds obligated, quarter two (January to March 2010) expenditures, in addition to the cumulative to-date (June 29, 2007 to March 31, 2010) expenditures of US $86,041,118 by funding source.

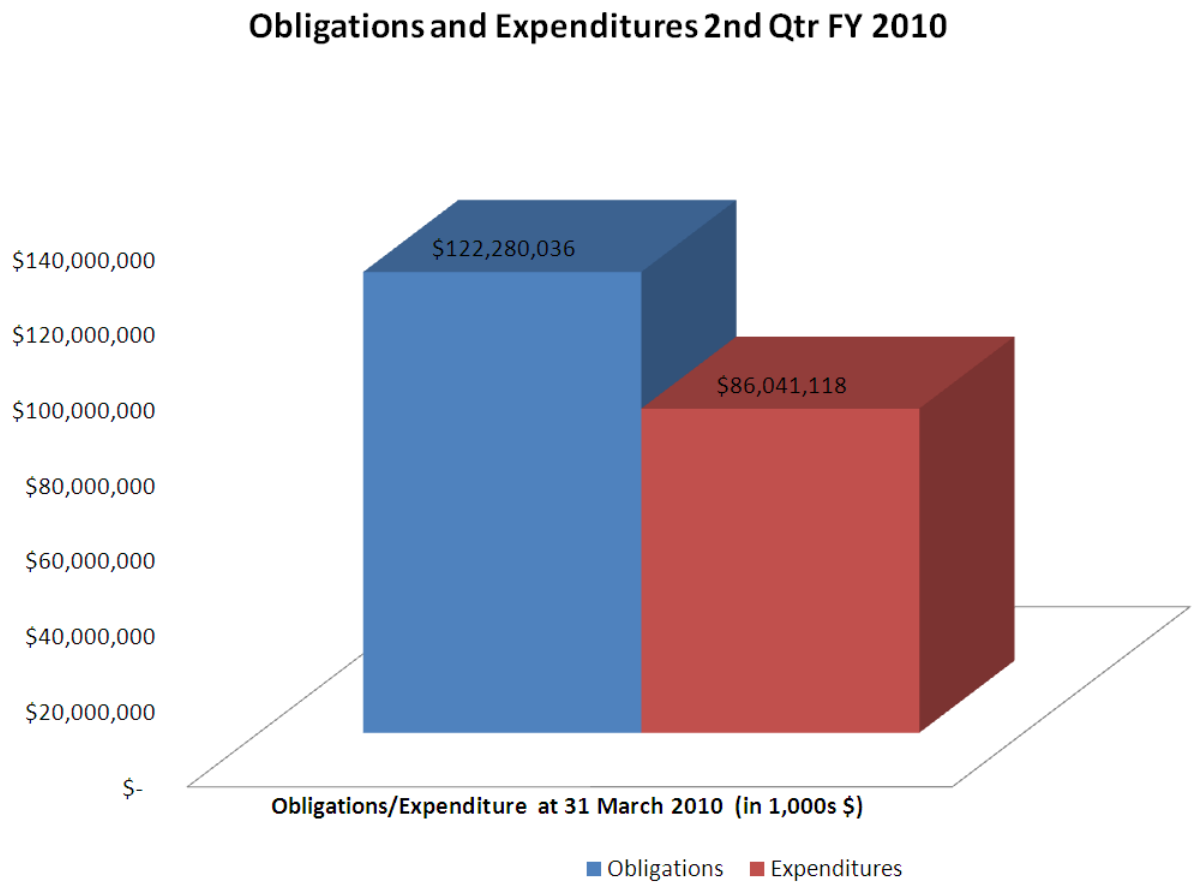
The SPS leader with associate cooperative agreement stipulates that MSH should cost-share an amount not less than US$7,375,000 over the life of the program (5% of actual total activity costs). As of March 31, 2010, SPS continues to reach this cost-share requirement, generating US$5,769,093 in non-Federal funding, within the technical scope of work for SPS.

Strengthening Pharmaceutical Systems Program
Fiscal Data: January 1, 2010 – March 31, 2010
GHN-A-00-07-00002-00

Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Total Obligated Year 3	Cumulative Obligated 31 March 2010	Q2 Expenditures Jan-Mar 2010	Grand Total Spent	Grand Total Remaining
Worldwide/Core								
AMR	Core	$ 998,000	$ 800,000	$ 617,484	$ 2,415,484	$ 163,832	$ 1,507,430	$ 908,054
MCH (Child & Reproductive Health)	Core	$ 1,010,000	$ 1,110,400	$ 1,100,000	$ 3,220,400	$ 363,744	$ 2,823,250	$ 397,150
Common Agenda	Core	$ 861,262	$ 664,609	$ 714,609	$ 2,240,480	$ 90,983	$ 1,509,933	$ 730,547
Malaria	Core	$ 200,000	$ 400,000	$ 400,000	$ 1,000,000	$ 95,913	$ 628,380	$ 371,620
TB	Core	$ 1,217,000	$ 1,300,000	$ 1,500,000	$ 4,017,000	$ 301,334	$ 2,661,233	$ 1,355,767
POP	Core			$ 50,000	$ 50,000	$ 14,429	$ 15,519	$ 34,481
Worldwide/Core Subtotal		*$ 4,286,262*	*$ 4,275,009*	*$ 4,382,093*	*$ 12,943,364*	*$ 1,030,234*	*$ 9,145,745*	*$ 3,797,619*
	Core	**$ 4,286,262**	**$ 4,275,009**	**$ 4,382,093**	**$ 12,943,364**	**$ 1,030,234**	**$ 9,145,745**	**$ 3,797,619**
Afghanistan			$ 2,500,000	$ 2,000,000	$ 4,500,000	$ 587,999	$ 2,095,143	$ 2,404,857
Angola-PMI			$ 500,000	$ 529,000	$ 1,029,000	$ 48,692	$ 502,539	$ 526,461
Angola - HIV/AIDS				$ 200,000	$ 200,000	$ 83	$ 83	$ 199,917
Angola Subtotal		*$ -*	*$ 500,000*	*$ 729,000*	*$ 1,229,000*	*$ 48,775*	*$ 502,622*	*$ 726,378*
Bangladesh-POP				$ 600,001	$ 600,001	$ 190,698	$ 366,432	$ 233,569
Bangladesh-MCH/CSMH				$ 100,000	$ 100,000	$ -	$ -	$ 100,000
Bangladesh Subtotal		*$ -*	*$ -*	*$ 700,001*	*$ 700,001*	*$ 190,698*	*$ 366,432*	*$ 333,569*
Benin-PMI			$ 700,000	$ 675,000	$ 1,375,000	$ 153,846	$ 1,103,521	$ 271,479
Brazil - TB		$ 400,000	$ 978,000	$ 1,620,000	$ 2,998,000	$ 265,036	$ 1,660,241	$ 1,337,759
Burundi-PMI				$ 900,000	$ 900,000	$ 72,953	$ 179,959	$ 720,041
DCHA/OFDA (BHR/OFDA)		$ 100,000			$ 100,000	$ -	$ 3,240	$ 96,760
Democratic Rep. Of Congo		$ 350,000	$ 2,200,000	$ 1,730,000	$ 4,280,000	$ 619,275	$ 1,766,509	$ 2,513,491
Dominican Republic - TB		$ 300,000	$ 250,000	$ 450,000	$ 1,000,000	$ 71,339	$ 447,687	$ 552,313
East Africa Regional		$ 75,000	$ 50,000	$ 56,000	$ 181,000	$ 14,874	$ 170,086	$ 10,914
Ethiopia - PEPFAR		$ 2,950,000	$ 4,130,000	$ 2,503,120	$ 9,583,120	$ 918,330	$ 8,053,354	$ 1,529,766
Ethiopia - PMI			$ 715,000	$ 600,000	$ 1,315,000	$ 209,686	$ 708,907	$ 606,093
Ethiopia Subtotal		*$ 2,950,000*	*$ 4,845,000*	*$ 3,103,120*	*$ 10,898,120*	*$ 1,128,016*	*$ 8,762,262*	*$ 2,135,858*
Europe and Eurasia-TB			$ 616,600		$ 616,600	$ 48,112	$ 385,483	$ 231,117
Ghana - PMI			$ 600,000	$ 300,000	$ 900,000	$ 67,180	$ 674,926	$ 225,074
Guatemala	MAARD		$ 200,000	$ 150,000	$ 350,000	$ 10,834	$ 220,045	$ 129,956
India-HIV/AIDS		$ 150,000			$ 150,000	$ 22,142	$ 42,982	$ 107,018
LAC - AMR/SAIDI-TB			$ 81,000	$ 190,000	$ 271,000	$ 20,462	$ 115,257	$ 155,743
LAC - MAL/AMI-MAL		$ 725,000	$ 800,000	$ 800,000	$ 2,325,000	$ 203,447	$ 1,740,798	$ 584,202
Liberia - PMI		$ 150,000	$ 300,000	$ 250,000	$ 700,000	$ 166,143	$ 687,850	$ 12,150
Madagascar - PMI			$ 400,000		$ 400,000	$ 877	$ 202,308	$ 197,692
Malawi - PMI		$ 400,000	$ 550,000	$ 820,000	$ 1,770,000	$ 144,034	$ 1,454,413	$ 315,587
Malawi - PEPFAR		$ 230,993	$ 500,000		$ 730,993	$ 51,487	$ 702,714	$ 28,279
Malawi Subtotal		*$ 630,993*	*$ 1,050,000*	*$ 820,000*	*$ 2,500,993*	*$ 195,521*	*$ 2,157,127*	*$ 343,866*
Mali - HIV/AIDS			$ 100,000	$ 100,000	$ 200,000	$ 41,957	$ 122,943	$ 77,058
Mali - MAL/PMI	MAARD	$ 299,999	$ 450,000	$ 400,000	$ 1,149,999	$ 76,680	$ 910,723	$ 239,276
Mali - POP		$ 516,794	$ 233,386	$ 145,000	$ 895,180	$ 152,026	$ 531,805	$ 363,375
Mali Subtotal		*$ 816,793*	*$ 783,386*	*$ 645,000*	*$ 2,245,179*	*$ 270,663*	*$ 1,565,470*	*$ 679,709*
Regional Development Mission/Asia		$ 463,280	$ 300,000	$ 400,111	$ 1,163,391	$ 92,662	$ 950,400	$ 212,991
West Africa Regional (WARP)		$ 500,000	$ 100,000		$ 600,000	$ 2,734	$ 567,030	$ 32,970
Kenya - PEPFAR		$ 6,150,000	$ 5,500,000	$ 3,370,000	$ 15,020,000	$ 1,282,144	$ 12,754,909	$ 2,265,091
Kenya - POP			$ 1,300,000	$ 1,000,000	$ 2,300,000	$ 369,380	$ 1,639,802	$ 660,198
Kenya - KEMSA		$ 1,950,000			$ 1,950,000	$ -	$ 1,954,953	$ (4,953)
Kenya - Malaria		$ 1,250,000	$ 1,622,500	$ 1,731,000	$ 4,603,500	$ 261,102	$ 3,524,015	$ 1,079,485
Kenya - MCA		$ 2,000,000	$ 2,275,000		$ 4,275,000	$ (144,381)	$ 4,148,607	$ 126,393
Kenya Subtotal		*$ 11,350,000*	*$ 10,697,500*	*$ 6,101,000*	*$ 28,148,500*	*$ 1,768,246*	*$ 24,022,286*	*$ 4,126,214*
Namibia - PEPFAR		$ 3,497,446	$ 3,924,426	$ 3,713,775	$ 11,135,647	$ 979,408	$ 7,590,923	$ 3,544,724
Philippines-TB					$ -	$ 11,760	$ 11,760	$ (11,760)
Rwanda - PEPFAR		$ 2,300,000	$ 760,000	$ 760,000	$ 3,820,000	$ 186,049	$ 3,525,963	$ 294,037
Rwanda - PMI		$ 987,000	$ 100,000	$ 150,000	$ 1,237,000	$ 2,620	$ 1,134,667	$ 102,333
Rwanda Subtotal		*$ 3,287,000*	*$ 860,000*	*$ 910,000*	*$ 5,057,000*	*$ 188,669*	*$ 4,660,630*	*$ 396,370*
Senegal - PMI		$ 175,000	$ 250,000	230000	655000	56312.79	473827.78	181172.22
Senegal - TB		$ 50,000	$ 50,000	50000	150000	7659.53	72251.23	77748.77
Senegal Subtotal		*$ 225,000*	*$ 300,000*	*$ 280,000*	*$ 805,000*	*$ 63,972*	*$ 546,079*	*$ 258,921*
South Africa, Republic Of - PEPFAR		$ 3,600,000	$ 5,412,600	$ 5,503,922	$ 14,516,522	$ 1,115,820	$ 6,951,289	$ 7,565,233
Lesotho-PEPFAR		$ 300,000	$ 538,378	$ 461,575	$ 1,299,953	$ 182,506	$ 960,217	$ 339,736
Swaziland-PEPFAR		$ 525,000	$ 600,000	$ 490,000	$ 1,615,000	$ 157,433	$ 947,206	$ 667,794
Southern Sudan-MAL		$ 800,000	$ 1,000,000	$ 1,000,000	$ 2,800,000	$ 265,683	$ 2,263,841	$ 536,159
Southern Sudan-MCH				$ 400,000	$ 400,000	$ -	$ -	$ 400,000
Southern Sudan Subtotal		*$ 800,000*	*$ 1,000,000*	*$ 1,400,000*	*$ 3,200,000*	*$ 265,683*	*$ 2,263,841*	*$ 936,159*
Tanzania - PEPFAR		$ 550,000	$ 413,417	$ 699,999	$ 1,663,416	$ 174,984	$ 1,354,193	$ 309,223
Tanzania - PMI		$ 100,000	$ 200,000		$ 300,000	$ -	$ 313,174	$ (13,174)
Tanzania Subtotal		*$ 650,000*	*$ 613,417*	*$ 699,999*	*$ 1,963,416*	*$ 174,984*	*$ 1,667,368*	*$ 296,048*
Uganda - PMI		$ 320,000	$ 380,000		$ 700,000	$ 5,285	$ 704,604	$ (4,604)
Ukraine - TB				$ 512,350	$ 512,350	$ 51,048	$ 96,121	$ 416,229
Vietnam-PEPFAR					$ -	$ 45,964	$ 105,673	$ (105,673)
		$ 32,165,512	**$ 41,580,307**	**$ 35,590,853**	**$ 109,336,672**	**$ 9,264,364**	**$ 76,895,373**	**$ 32,441,299**
ACF Surplus/(Deficit)								
Grand Total		**$ 36,451,774**	**$ 45,855,316**	**$ 39,972,946**	**$ 122,280,036**	**$ 10,294,599**	**$ 86,041,118**	**$ 36,238,918**

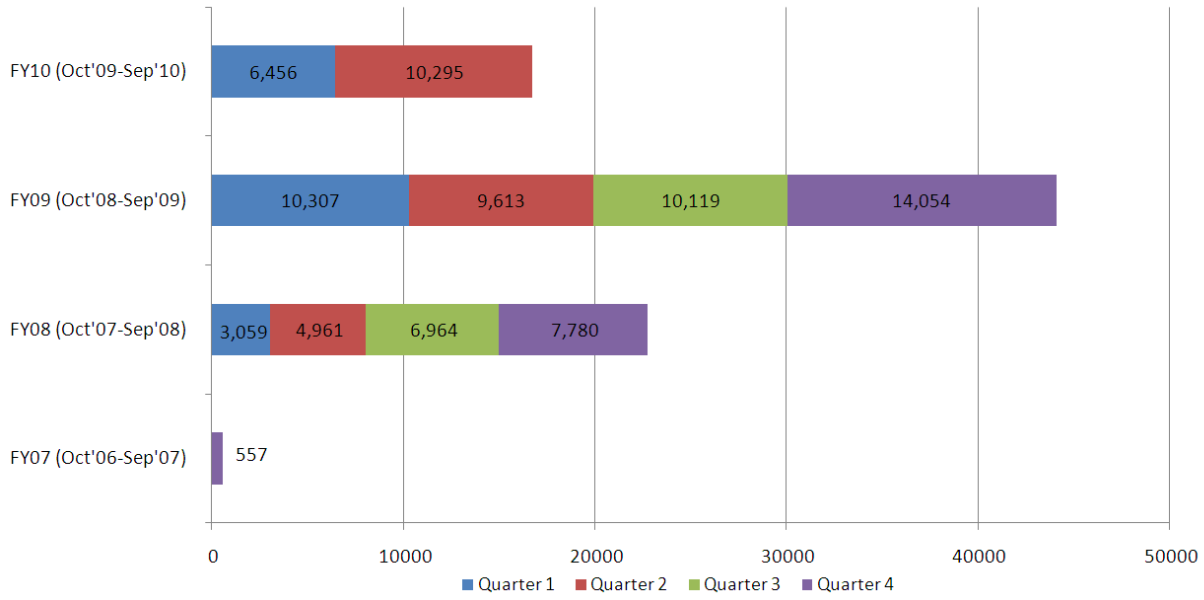
Strengthening Pharmaceutical Systems Financial Status Overview
Cumulative Expenditure activity through March, 2010

Total Funding Received to Date:	$122,280,036
Total Amount Spent to Date:	$86,041,118
Pipeline	$36,238,918
Percent of Funds Spent	70.36%



Cost Share Earned to Date:	*$5,769,093*
Target Cost Share Amount	*$7,375,000*
Percent of Cost Share Realized	78.22%

SPS Program Expenditures by Quarter through March, 2010 (in 1,000s $)



GLOBAL PROGRAMS

Antimicrobial Resistance

Work plan: AMR **Year** 2009

Funding Level: $617,485.00

Work plan Background
During the period of October 2009 to September 2010, SPS will use the $617,484 USD awarded to the AMR portfolio to address the components of IR3, including: (1) implementing proven institutional interventions to minimize the spread of AMR, (2) designing and implementing AMR interventions to improve medicines use behavior at the community level, and (3) implementing global- and country-level innovative approaches to mobilize resources and action to help contain the development of AMR. It will also derive guidance from the USAID AMR pathway to prioritize its actions. SPS will use approaches and tools developed as well as experiences and lessons learned to date, including those from its predecessor RPM Plus, to strengthen country and regional stakeholders' capacity to combat AMR. The SPS AMR portfolio will pay special attention to help implement cross-cutting and system-wide interventions that are often not adequately covered by vertical disease programs.

Activity Title:	Support local coalition building for AMR advocacy and containment at country and regional levels
Activity Lead:	Joshi, Mohan **Activity #:** 2 **Task**: LF WW09AMR **Subtask**: 60AXP2
Activity Description:	SPS will continue collaboration with EPN and RPF to further consolidate the regional coalition-building process. Based on EPN's request, SPS will work together to co-organize a regional AMR and infection control workshop in Rwanda in November 2009 for Francophone EPN member organizations. The two organizations will also collaborate to bring together last year's Tanzania AMR workshop participants for a follow-up workshop to review accomplishments, share experiences, and plan next steps, including those aimed at sustaining, intensifying, and expanding the current coalition. With regard to RPF, SPS will support its Promoting Rational Drug Use Technical Working Group to build capacity to address AMR. The USAID/EA-supported Kenya portfolio and SPS's AMR portfolio will jointly render technical assistance to the working group to enable them to identify local supporters and action groups that can advance AMR-related activities at country and regional levels. At the country-level, SPS will work with the Pharmacy Task Force and other counterparts in Rwanda, to form an AMR working group and develop an AMR call-to-action document. Both the AMR portfolio and SPS/Rwanda will leverage support for these activities. Similarly, the SPS AMR portfolio will provide technical support to SPS/Namibia to develop a framework that describes and integrates MSH/SPS Namibia's interventions related to addressing AMR. The AMR portfolio will also continue to provide technical inputs to the Ethiopia and Zambia groups, when necessary. Technical assistance will be provided to the SPS TB portfolio in development and field testing of a framework for building local coalitions of key stakeholders- including civil society groups- to advocate for the prevention of MDR/XDR TB. At the international level, SPS will participate in advancing global advocacy and coordination by exploring and using opportunities to collaborate with other partners and organizations currently working to address AMR, such as the WHO Patient Safety Initiative, CGD, FIP, and organizers of the AMR Track for ICIUM 3 planned for 2011. SPS will explore opportunities to initiate collaboration with other partners, countries, or regions to jumpstart AMR advocacy.

SPS Partners: None.

Budget: $184,253.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Trip report. Training report. Workshop report. Poster and PowerPoint presentation for FIP World Congress, Lisbon, 2010. Concept paper and framework of action.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: (A) EPN: SPS core AMR portfolio continued coordination with EPN for the regional follow-up workshop on antimicrobial resistance. The AMR portfolio also coordinated with SPS/Kenya on preparations and facilitation for the workshop. The dates and venue for the workshop were finalized (May 5-7, 2010, in Nairobi, Kenya). A draft workshop program was also drawn and is currently being reviewed and revised. Entitled “Beyond Awareness: consolidating action for AMR containment”, it is planned primarily as a follow-up event for EPN member participants who attended the previous SPS-EPN regional workshops held in Moshi (2008), for Anglophone EPN members, and for Francophone members who attended a previous work shop in Kigali (2009). The main objectives of the workshop will be to share the activities, experiences and lessons from AMR-related activities, and to identify appropriate future actions by the individual EPN member organizations and for EPN as a whole. EPN sent out communications to all the Moshi and Kigali participants notifying them of this event and also informing them of the selection criteria for invitation to the event. (B) NAMIBIA: With technical support and collaboration from the core AMR portfolio, the SPS/Namibia Program initiated an effort to develop a framework, approach, and strategy for AMR that will leverage resources and improve coordination of AMR-related support to the MoHSS. In order to help jump-start this process, Senior Program Associate Melissa Thumm traveled to Namibia (March 1-14 to provide technical assistance. She met with the SPS/Namibia team and select partners to review current AMR-related activities and identify opportunities for strengthening and integration; these findings were incorporated into a framework and presented to the USAID Mission. On the same trip, SPS/Namibia met with the National Institute for Pathology and identified specific areas for stronger collaboration and information-sharing at the national and regional levels. This focused on ways to improve the use of data on antimicrobial sensitivity in decision-making related to medicine selection. (C) RWANDA: The AMR, RUM, and PV topics for potential inclusion in the NUR curriculum (that SPS helped to put together as reported in the last quarter) were tentatively mapped to the proposed curriculum for NUR (e.g., AMR topics were linked to their infectious diseases and antimicrobial coursework) as well as considered for inclusion in the proposed clerkship. A survey was developed queried the importance (for practice) as well as level of competency required for initial practice (undergraduate vs. postgraduate) for all topics. Options for indentifying additional topics (that our prior TA may have missed) were also included. The survey was completed by the following bodies: Ministry of Health (clinical services, supervision and decentralization services), referral hospitals (KFH, CHUK, CHUB), district hospitals (Hop Gicumbi, Hop Kibogora, Hop Gahini, Hop Musanze, Hop Ngoma), private clinics (La Croix du Sud, La Medicale, Clinique du Plateau), public pharmacies (KFH, CHUK, CHUB, Kibogora), private pharmacies (Pharmavie, Carrefour), non-governmental organizations (FHI), health associations (ARPHA), public health programs (TRAC, Malaria Unit, Mother-Child-Health Program), and laboratories (National Reference Laboratory [NRL]. (D) GLOBAL. SPS was invited to participate in the discussion: "Antimicrobial resistance: should the development of new antibiotics be a public

health priority?", as part of the Global Health Forum held February 15-March 5. SPS contributed to the discussions, highlighting its initiative to help build country and regional-level AMR advocacy/coalitions. The discussion and SPS inputs can be accessed at: http://globalaccesstohealth.net/ViewDiscussion.aspx?c=bed7ed31-d59a-454e-a28c-58dd04f39ef7&i=aadada6a-ea44-4e81-a0ea-7ad1dc84041b

Barriers to Progress: None.

Next Steps: EPN-SPS workshop: Continue working with EPN and send technical staff to Nairobi to help coordinate and facilitate the workshop in May. Namibia: Finalize the framework and trip report and disseminate. Rwanda: Continue supporting NUR in curriculum review and inclusion of AMR/RMU topics.

Indicators: None.

Activity Title: Support Drug and Therapeutic Committees and other rational medicines use activities in institutional settings

Activity Lead: Green, Terry **Activity #:** 3 **Task**: LF WW09AMR **Subtask**: 60B4H3

Activity Description: In FY09, SPS will continue to support implementation of DTCs as an important institution-based intervention to improve medicine use and contain AMR. Opportunities will also be explored to provide technical assistance to in-country partners for implementation of other WHO-recommended core interventions to improve the use of medicines. In collaboration with specific SPS country programs, the AMR portfolio will also provide follow-up TA to DTC alumni from Afghanistan, Ethiopia, Namibia, Rwanda and other countries.

SPS Partners: None.

Budget: $100,006.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Training Report. Flyer on the SPS website.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: (A) A flyer describing the various core-supported DTC/RMU activities was drafted during this quarter. (B) Under the WHO/Geneva initiative, the DTC training materials (participants' guides, trainers' guides, and visual aids) were translated into French. These French drafts are currently being finalized by the WHO. The original English versions were revised and finalized jointly by MSH/RPM Plus and the WHO in 2007, and published on the web. (C) Afghanistan. The Core AMR portfolio continued to provide technical support to the SPS/Afghanistan Country Program to help achieve the following progress this quarter: (i) Medicine Use Study – Analysis, interpretation and reporting for the medicine use study was completed during this quarter. Preliminary results were presented at the MoPH Results Conference in March 2010. (ii) DTC implementation – Action plans were revised and implemented at two hospitals. SPS Afghanistan has presented the DTC training course at three hospitals. SPS staff continues the process of implementation at the 3 pilot hospitals. (iii) STG development - The framework for the development and dissemination of STGs was revised and approved by the STG working group. A STG Stakeholders Workshop was conducted in February 2010. Over 85 people attended the workshop and provided input on the planning, development, and publication of STGs in Afghanistan. From this meeting, it was very clear that stakeholders were in favor of producing guidelines and there was a general endorsement of the SPS plan.

Barriers to Progress: None.

Next Steps: Review, revise, and finalize the DTC/RMU flyer and upload it on the MSH/SPS

website. Put the French versions of the DTC training material on the MSH/SPS website, once the draft translations are finalized. Provide technical guidance to help SPS/Afghanistan plan for course writers' workshop for STG content development.

Indicators: None.

Activity Title: Revise guidebook on building coalitions for containing drug resistance

Activity Lead: Joshi, Mohan **Activity #:** 4 **Task**: LF WW09AMR **Subtask**: 60G2F4

Activity Description: In FY09 SPS will revise this guidance document mainly by including newer practical experiences and insights obtained from using the approach at the regional (through EPN and RPF) and country-levels in Rwanda and Namibia. The existing contents of the guide will also be updated.

SPS Partners: None.

Budget: $39,940.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Revised version of the guidebook.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Literature review progressed to feed into the revision of the guidebook. Additionally, identified recently completed SPS activities on AMR to be included in the revision.

Barriers to Progress: None.

Next Steps: Consult with the CPM technical writer and other staff to get inputs on technical aspects and to identify suitable layout/format of the new version.

Indicators: None.

Activity Title: Provide technical assistance to improve infection control practices in resource-constrained countries

Activity Lead: Green, Terry **Activity #:** 6 **Task**: LF WW09AMR **Subtask**: 60E3H6

Activity Description: SPS will continue to utilize the ICAT and CQI approaches to help build and/or strengthen in-country capacity to prevent and control nosocomial infections. In doing so, the core-supported AMR portfolio will closely collaborate with PEPFAR-supported SPS country programs on activities in South Africa, Swaziland, and Namibia (as it has done in the past). In South Africa, SPS will continue support to the national and provincial DoHs for a nation-wide escalation of infection control activities. In Namibia, the SPS Country Program and the AMR portfolio will jointly strive to collaborate with the MoHSS and URC to implement infection control programs. In FY09, SPS will begin activities in the Ukraine, targeting the country for introduction of the ICAT and CQI approaches. Similar to the approach taken for other countries, the SPS/Ukraine and AMR portfolios will jointly work to jump-start activities with an initial training to in-country counterparts. Also planned is an EPN-SPS Regional AMR/Infection Control Workshop in Rwanda, designed to expand AMR containment and infection control activities, specifically to French-speaking countries in Africa.

SPS Partners: None.

Budget: $77,165.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Workshop report. Infection Control advocacy document (English and French). Trip report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress:	(1) Namibia. Follow-up activities were provided for the Namibia IC workshop (August 2009) teams throughout the quarter. These activities included reviewing finalized work plans, providing advice on implementing interventions and preparing reports for the review workshop in March 2010 (see below). SPS/Namibia conducted site visits in February 2010. The IC review workshop was conducted on March 22-26, 2010. In collaboration with Christine Gordon of the MoHSS, SPS conducted the training course over 3 days. The workshop had 68 participants (nurses, pharmacists, and physicians) representing Engela District Hospital, Rundu Intermediate State Hospital, Windhoek Central Hospital, Katima Mulilo Hospital, Katutura Intermediate Hospital, Mariental District Hospital, and Opuwo District Hospital. Participants included IC team members from all of the health facilities that attended the previous implementation workshop, supporting administrative staff from each hospital (PMO and CMO), and additional staff from the Rundu Hospital. The workshop utilized 5 standard ICAT sessions normally used for a review workshop. Each workshop session included a variety of teaching/learning methodologies including presentations, questions and answers, large group discussion, small group discussions, and activities. In addition to regular workshop sessions, a field visit was conducted at Rundu hospital (on day 2) to observe hospital hand hygiene and waste management practices. ICAT scale-up work plan was developed by each IC Team and a national scale-up plan was developed with MoHSS. (2) South Africa. In South Africa, activities were undertaken to secure the appointment of the Infection Prevention and Control Specialist who is being seconded to the National Department of Health. Orientation and induction sessions took place in the third week of March and on April 1 the candidate is to report for duty. On March 17, a strategic meeting was held at the NDoH/QA with the management of QA and the IPC specialist to explain the terms of reference and job description and provide further assistance to the department. Additionally, preparations are underway for the second ICAT TOT workshop in Cape Town in May of this year. (3) Follow-up to the Rwanda Regional AMR/IC workshop (Nov. 2009): TA was provided to EPN to finalize the IC and AMR advocacy tools and ICQI plans for different French speaking African countries and health facilities involved in the implementation of the ICAT.
Barriers to Progress:	None.
Next Steps:	SPS Country Programs and Core AMR portfolio will continue support to in-country stakeholders in Namibia and South Africa in the implementation of the ICAT and other IC activities. Initiate technical support to and collaboration with the SPS/Ukraine Country Program to implement an ICAT workshop in that country.
Indicators:	None.
Activity Title:	Support system-oriented pharmacovigilance activities in resource-constrained countries using SPS approaches and tools
Activity Lead:	Nwokike, Jude **Activity #:** 7 **Task**: LF WW09AMR **Subtask**: 60B2H7
Activity Description:	In FY09, SPS country offices will receive support to conduct country assessments, adopt SPS pharmacovigilance tools, and develop and implement interventions to improve pharmacovigilance and medicine safety systems. SPS's AMR portfolio will collaborate with SPS country offices to support the implementation of priority projects. The SPS AMR core support will focus on providing technical assistance from HQ, while the actual field-level coordination and implementation of the activities will mainly be carried out by SPS country offices with their local staff and funding from streams such as PEPFAR and PMI.
SPS Partners:	None.

Budget: $60,014.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Final assessment tool. Technical report. Poster for presentation at 26th International Conference on Pharmacoepidemiology and Therapeutic Risk Management (August 2010, England).

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: (1) HQ level technical support was provided to the KwaZulu Natal pharmacovigilance activities. The implementation of the reporting system and the cohort event monitoring study was discussed and advice provided on strategies for ensuring that data generated is used to inform decision making. Support was provided in the drafting of a technical report to describe the approach and interventions involved in the respective activities. (2) A comprehensive assessment of Ghana's pharmacovigilance system was conducted during the quarter. The findings and recommendations of the assessment were presented in a technical report for the SPS/Ghana program. The program plans to conduct a dissemination and work planning workshop involving all stakeholders to decide on priority interventions to implement. (3) Coordination and technical support was provided through SPS HQ and country offices to Vietnam's National DI&ADR Center staff during the MSH/SCMS-funded study tour of Namibia and South Africa. The study tour enabled the DI&ADR Center to share experiences and learn from pharmacovigilance centers and activities in the two countries. The study tour also provided the opportunity to expose the Vietnam team to the technical requirements for applying to the GF for funding pharmacovigilance activities. (4) Ongoing support was provided for pharmacovigilance activities in several countries, including the development of an active surveillance protocol in Rwanda. (5) During the quarter, HQ-level technical support was provided in the implementation of Namibia's AZT study (being implemented by the MSH/SPS Namibia office in collaboration with the University of Washington).

Barriers to Progress: None.

Next Steps: Provide support for the finalization of the Namibia AZT study. Provide support towards the development of systems for analysis and utilization of data derived from the KZN active surveillance activity to inform treatment guidelines decisions. Provide support to Rwanda towards the development of the ACT active surveillance study protocol. Provide ongoing technical assistance and support to Ghana, Rwanda, Vietnam, Ethiopia, Namibia, South Africa, and other SPS countries in developing their medicine safety and pharmacovigilance systems.

Indicators: None.

Activity Title: Support antiretroviral therapy programs to measure and improve medication adherence

Activity Lead: Steel, Gavin **Activity #:** 8 **Task**: LF WW09AMR **Subtask**: 60EXH8

Activity Description: In FY09, SPS' South Africa and AMR portfolios will continue to jointly maintain technical assistance to counterparts at both national and provincial levels, to consolidate and further roll- out adherence measurement and support activities. The adaptation of the adult ART adherence measurement tool for pediatric ART and TB settings, which started in FY08, will also continue, including their piloting and revision. Additionally, when required, the core AMR portfolio will technically support the SPS Namibia country office in its on-going support to the Ministry of Health and Social Services for ART adherence-related activities, including monitoring of HIV drug resistance using WHO-recommended early warning indicators.

SPS Partners:	None.
Budget: $27,070.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Continued internal MSH review of the draft TB tool.
Barriers to Progress:	None.
Next Steps:	Pilot the TB tool and revise.
Indicators:	None.
Activity Title:	Finalize AMR Module Part 2 for USAID eLearning Center
Activity Lead:	Joshi, Mohan **Activity #:** 9 **Task**: LF WW09AMR **Subtask**: 60F1L9
Activity Description:	In FY09, SPS will further revise Part 2 of the AMR Module, based on the latest suggestions from USAID and will send the document for final review and approval. Once final, SPS will work with the USAID INFO project to make the AMR Module live for global use through the eLearning Center. SPS will also address any final USAID suggestions on Part 1, so that it is also available for use through the center.
SPS Partners:	None.
Budget: $17,431.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	PDF version of the AMR Part 1 Course finalized and published through the USAID eLearning Center.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	AMR Course Part 1: SPS technical staff worked with Sara Mazursky from the Center for Communications Program, Knowledge for Health, at John Hopkins University's School of Public Health to address USAID's final comments and to complete quality assurance check. Picture credits and other links were revisited to ensure all aspects of the module were in order. AMR Course Part 2: Internal MSH work continued on this module.
Barriers to Progress:	None.
Next Steps:	Publish Part 1 of the AMR course and continue working on Part 2.
Indicators:	None.

Common Agenda

Work plan: Common Agenda **Year** 2009

Funding Level: $714,609.00

Work plan Background
During Year 1 of the Strengthening Pharmaceutical Systems (SPS) Program, the USAID CTO and SPS developed a list of topics that were considered both vital and difficult to classify within a particular health element. The Common Agenda portfolio is made up of a proportion of all the separate health elements, and with this funding and guidance from USAID, SPS is expected to identify overarching pharmaceutical management issues that have emerged as key technical areas for SPS, but are not limited to any particular health element. The Common Agenda portfolio also supports activities that recur each year and are essential to the programmatic expansion of SPS. These topics have been classified into the strategy areas listed below. Not all issues need to be addressed in any one year, but all need to be addressed over the lifetime of the SPS Program. STRATEGIC APPROACH. Expanding access to essential medicines and health commodities: Both poor availability and irrational use of essential medicines for priority population, health, and nutrition (PHN) interventions in developing countries are well documented. Although product availability is only one aspect of the broader concept of access to medicines, barriers such as geographic accessibility, financial affordability, and cultural acceptability must also be addressed. For example, cost is clearly an important factor in product selection, but it should not be the exclusive criteria determining which products are purchased. Other key factors include safety, efficacy, and medical need, as well as the total delivery system and the impact on health outcomes. In addition, inappropriate use of medicines by providers, patients, and the private sector may produce negative health outcomes. Understanding these issues and addressing them are keys to ensuring access. Building increased human resources and local institutional capacity in pharmaceutical and laboratory management to improve health system performance: USAID cooperating agencies (CAs) and contractors, as well as managers of health systems and programs addressing the diagnosis and treatment of malaria, tuberculosis (TB), reproductive health, maternal and child health conditions, and HIV/AIDS and sexually transmitted infections, routinely report that the lack of medicines and their inappropriate use represent major impediments to program success. Further, programs such as PEPFAR, PMI, and other globally supported initiatives now have mandates to scale-up to national levels. The need to ensure that pharmaceutical and laboratory management systems are robust enough to support expansion of these health programs presents serious challenges at all levels—national, regional, district, and health facility. These programs and others are increasingly seeking help from “pharmaceutical management experts.” This increased demand can only be addressed sustainably if investments in building local human resources and institutions are made. Providing technical leadership and support to global pharmaceutical management initiatives: Many important global initiatives, such as PEPFAR, PMI, Stop TB, the Global Fund, and Roll Back Malaria, all depend on having adequate supplies of medicines and other health products. In addition, these global initiatives all face similar challenges in scaling-up these programs, particularly in the area of pharmaceutical management system strengthening. Even in countries where pharmaceutical management system strengthening efforts are making improvements, best practices, tools, and approaches often are not shared. SPS will seek to participate in major health initiatives both at global and country levels to provide technical assistance, advocate for more attention (and funding) to pharmaceutical management system strengthening, and promote donor coordination, as well as the sharing and harmonization of best practices. The work on this activity will continue through the end of the program, as appropriate.

Activity Title:	Pharmacovigilance conference.
Activity Lead:	Keene, Douglas **Activity #:** 2 **Task**: LFWW09CAX **Subtask**: 60B2B2
Activity Description:	SPS will hold a pharmacovigilance conference. The focus of this conference is on country-level implementation of medicines safety systems. The conference will be target teams from each SPS country, including staff from SPS, USAID

	missions, the ministries of health, and regulatory authorities. The typical format will be that each country will send a team of three – 1 SPS staff person (the local lead for pharmacovigilance) and 1-2 MoH/regulatory staff.
SPS Partners:	None.
Budget: $90,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Invitations were sent to USAID Missions and SPS managers, as well as other stakeholders including the WHO and the Global Fund staff.
Barriers to Progress:	No constraints to progress.
Next Steps:	Continue with planning and following-up on invitations.
Indicators:	None.
Activity Title:	Strengthening local institutions.
Activity Lead:	Keene, Douglas **Activity #:** 5 **Task**: LFWW09CAX **Subtask**: 60AXH5
Activity Description:	With FY09 funding, EPN and SPS will conduct a TOT training on key SPS tools and target several countries for EPN implementation of the selected tools. The Infectious Diseases Institute (IDI) in Uganda will be proposed as the site for the training of EPN members. Several other regional pharmaceutical management trainings will be coordinated and held at the IDI facilities. In addition, SPS will support the technical expansion of IDI's AIDS Treatment Information Centre (ATIC) to address broader pharmaceutical management issues. Part of the support will be to expand the scope of the ATIC newsletter (which currently has a readership of over 10,000) to include information on pharmaceutical management for other infectious diseases as well as system strengthening issues. Funding will also be provided to the Department of Pharmacy and the Department of Pharmacology and Therapeutics at Makerere University to support training, curriculum reform, and operations research.
SPS Partners:	None.
Budget: $295,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Memorandum of Understanding (MoU) with Muhimbili University was drafted and activities were identified. These activities were to develop, review and evaluate the pre-service School of Pharmacy curriculum to promote regional approach. Support activities related to adverse drug reaction (ADR) and Pharmacovigilance concepts within the region.
Barriers to Progress:	Delay from Associate Dean at The School of Pharmacy and the Vice Chancellor (for the School of Pharmacy instead of Dr. Chambuso) in approving and signing the MoU.
Next Steps:	MoU to be signed by the Vice Chancellor (for the School of Pharmacy instead of Dr. Chambuso).
Indicators:	None.
Activity Title:	Development of approach for accreditation/certification.
Activity Lead:	Keene, **Activity #:** 8 **Task**: LFWW09CAX **Subtask**: 60AXP8

Douglas

Activity Description: Using FY09 funding, SPS will develop a framework for accrediting health facility level pharmaceutical services. SPS will initiate discussions with the Joint Commission International (JCI) to develop an approach for certification and/or accreditation of pharmaceutical services at health facilities in an effort to improve service quality. As part of this process, the necessary standards and criteria, as they relate to the functions and roles and responsibilities of staff to assure the minimum level of service quality, will be defined in a developing country context. SPS will also work with the EPN to initiate field testing of the approach. Through the establishment of an accrediting process, standards and criteria will be developed that can serve as benchmarks for determining the level of quality and efficiency of pharmaceutical services provided by developing country health facilities. The intent is to monitor the quality of pharmacy services and help developing countries to establish a roadmap for performance improvement. The approach will include a methodology to conduct an evaluation of performance, based on established standards, as well as define the principals and processes needed to assess the key functions of pharmaceutical services.

SPS Partners: None.

Budget: $90,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: The team from JCI and staff from SPS visited two countries (South Africa and Ethiopia). The objectives of the country visits were to: (1) review the facility-level audit tool that has already been developed and used by SPS in South Africa to determine its usefulness/appropriateness as a generic tool for other countries. Develop two pre-visit surveys that can be implemented by local SPS staff to provide guidance for the in-country work at the health facility level and at the MoH-level. (2) Review the present law, regulations, criteria, and standards and auditing process (if available) for provincial pharmaceutical providers in identified countries. (3) Assess the current environment for developing an accreditation system for pharmaceutical services in health care facilities in two or three countries using the accreditation framework. In-country visits will include: (a) meeting with local SPS staff. (b) Meetings/Interviews with key stakeholders and decision-makers. (c) Visiting a sample of local health care facilities. (4) Make recommendations for the development of a system for accrediting pharmaceutical services for the countries visited (including the design of a system and the technical support needed to implement the system). (5) Revise the assessment tools based on the country visits. The accreditation package will be used to determine the readiness and capacity of other SPS countries to develop a system for accrediting pharmaceutical services.

Barriers to Progress: There were no constraints to progress.

Next Steps: Identify variety of models for regulatory requirements and accreditation models in various countries. Cross-reference GPP, 1,000 facilities QA project, core standards, JCI standards, JCI Essentials, and the WHO Patient Safety Solutions. Select accreditation criteria, standards, and measureable elements with an understanding of balancing patient safety and resources/capacity issues. Develop pharmacy service assessment accreditation tool and pilot test instrument in another country. Make revisions, as appropriate. Provide for hand-off, including transition, training, and sustainability.

Indicators: None.

Malaria

Work plan: Malaria Core **Year** 2009

Funding Level: $400,000.00

Work plan Background
Every year, malaria causes 300 to 500 million cases of acute illness, resulting in more than a million deaths worldwide- 90% of which occur in Sub-Saharan Africa. The most affected populations are children under the age of five, pregnant women, and people living with HIV/AIDS. The economic burden of this disease is significant, with a reduction of GDP estimated at 1.3% per person per year in high transmission areas. The burden of malaria has been intensified by Plasmodium falciparum resistance to chloroquine and sulfadoxine pyrimethamine, forcing countries to change their first line therapies for treating malaria. Following the World Health Organization's (WHO) recommendation, endemic malaria countries adopted Artemisinin-based Combination Therapy (ACT) as first-line treatment of choice for uncomplicated malaria. In addition, WHO recommends the use of parenteral quinine, or artemisinin derivatives, in the management of severe malaria. In circumstances where parenteral administration is not possible, WHO recommends the use of artesunate or artemisinin-based suppositories as pre-referral treatment. The introduction of the new medicines for severe malaria treatment must also address a range of considerations for their effective introduction, using lessons learned from the ACT implementation. Funds for the procurement of malaria medicines and commodities are increasingly becoming available through the Global Fund, the World Bank Booster Program, the President's Malaria Initiative (PMI), UNITAID, and interventions such as the Affordable Medicines Facility for malaria (AMF-m) mechanism. With this comes the growing challenge of ensuring coordination among partners, and dissemination and application of best practices for adequate procurement, distribution and supply chain management. Furthermore, improving health outcomes through reduced malaria mortality and morbidity can only be achieved through appropriate and safe use of quality malaria medicines. The Strengthening Pharmaceutical Systems (SPS) program works closely with the WHO, the Global Fund, the CDC, the Roll Back Malaria and its partners to support African countries in scaling-up the utilization of ACTs and new severe malaria medicines. SPS collaborates with national malaria control programs and central medical stores to develop and implement strategies to strengthen pharmaceutical management for malaria case management and prevention. They include the development of ACT implementation plans, trainings in quantification and pharmaceutical management for malaria medicines, design and dissemination of tools, and country-specific technical assistance to endemic countries, including 13 of the 15 PMI countries to assess and improve their pharmaceutical management systems for malaria. SPS also supports the Roll Back Malaria (RBM) Partnership Secretariat, regional RBM networks and a SPS staff member currently co-chairs the RBM Procurement Supply Management Working Group. In addition, SPS provides support to the Global Fund in proposal design and Procurement and Supply Management Plan development and addressing implementation bottlenecks. These activities have resulted in a solid foundation upon which SPS is further strengthening pharmaceutical management systems at the global, regional and country levels. SPS has received FY09 malaria funds ($400,000) to support pharmaceutical management activities. These funds will be used to provide global leadership in pharmaceutical management for malaria to USAID and the President Malaria Initiative (PMI), as well as to other global malaria initiatives such as the Roll Back Malaria Working Groups. This support will ensure that best practices for pharmaceutical management for malaria are disseminated appropriately, that lessons learned from the field are communicated and incorporated into policy, that strategic and implementation plans are developed, and that activities build upon RBM and PMI partners' efforts- ensuring optimal reduction in malaria morbidity and mortality among vulnerable populations.

Activity Title:	Provide technical leadership and support to the President's Malaria Initiative (PMI).
Activity Lead:	Doumbia,Seydou **Activity #:** 2 **Task**: LFWW09MAL **Subtask**: 60F4H2
Activity Description:	SPS will continue to provide technical leadership and support to PMI, through the provision of periodic information on ACT availability and use with corrective

strategies and measures for improvements in SPS-supported PMI countries. SPS will coordinate with DELIVER for collecting, reporting, and using the monitoring information provided by all PMI country programs. SPS will work with DELIVER and USAID to coordinate the implementation of the EUV, PPMRm and Systems Strengthening Tool in seven PMI countries. SPS will also explore the use of new technologies (such as mobile phones and web-based tools) to facilitate EUV data collection, transmission, and analysis. SPS will also prepare and disseminate periodic reports on the SPS malaria activities implemented at the global and country levels. Core funds will be used to accompany the process, evaluate results, and provide feedback and follow-up. Specifically, this activity will include: (1) Support the collection of the monitoring information periodically provided by SPS country teams with the PPMRm, EUV and the Systems Strengthening Tool. (2) Participate in reviews of findings, providing feedback to the field and related follow-up activities. (3) Prepare and disseminate periodic reports and lessons learned on SPS malaria activities implemented at the global and country levels. (4) Provide additional support to PMI to ensure that results and lessons learned are incorporated into future programming needs.

USG Sub-element:
Treatment with Artemisinin-Based Combination Therapies
Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine
Epidemic Preparedness and Response
Malaria Research
Health Governance and Finance (Malaria)
Anti-microbial Resistance (Malaria)
Host Country Strategic Information Capacity
Program Design and Learning
Personnel

SPS Partners: None.

Budget: $70,917.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Implementation reports for the End Use Verification tool. PPRM reports. System strengthening reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: SPS and DELIVER continued collaborating on PMI tools. SPS continued to collect quarterly EUV paper-based and cell phone information, as well as PPMRm information, stock status reports, and data on availability of antimalarial medicines and RDTs in selected PMI countries.

Barriers to Progress: None.

Next Steps: Continue with regular, quarterly, data collection and collaboration to ensure minimal leakage of commodities and improved availability.

Indicators: None.

Activity Title: Develop and pilot approaches and tools to address key issues in the rational use of malaria medicines.

Activity Lead: Doumbia,Seydou **Activity #:** 4 **Task**: LFWW09MAL **Subtask**: 60EXK4

Activity Description: SPS will develop and pilot approach and tools with the PMI team and partners to address key issues with the rational use of medicines for uncomplicated malaria. The activity will primarily be related to assessing and improving rational use of antimalarials in the treatment of uncomplicated malaria, using the recommended strategies and expertise developed by SPS in antimicrobial resistance within the context of ACT scale up. With FY09 funding, SPS will develop and test the

	related tools in one malaria endemic country with the respective SPS and PMI country teams and their partners. This activity will include: (1) Review of strategies developed by SPS in antimicrobial resistance to assess the appropriateness for ACT scale up. (2) Development/adaptation of strategies and tools reviewed above for use in assessing and improving use of malaria medicines. (3) Pilot the tools and approaches above in one malaria endemic country (to be decided). Lesson learned will be published and disseminated.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine Epidemic Preparedness and Response Malaria Research Health Governance and Finance (Malaria) Anti-microbial Resistance (Malaria) Host Country Strategic Information Capacity Program Design and Learning Personnel
SPS Partners:	None.
Budget: $104,907.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Tools to address rational use of antimalarials. Meeting minutes. Report of pilot test. PSM WG meeting minutes, work plan, and reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS was re-elected as Procurement and Supply Chain Management Working Group (PSMWG) co-chair.
Barriers to Progress:	None.
Next Steps:	Continue acting as working group co-chair.
Indicators:	None.
Activity Title:	Develop, publish and disseminate best practices for pharmaceutical management for malaria.
Activity Lead:	Doumbia,Seydou **Activity #:** 6 **Task**: LFWW09MAL **Subtask**: 60G2F6
Activity Description:	SPS will continue to be actively engaged in information dissemination activities to promote state-of-the-art knowledge and lessons learned related to pharmaceutical management for malaria, including proven approaches and evidence-based tools. SPS will develop a document on the key pharmaceutical management activities required to support the Global Malaria Action Plan (GMAP). SPS will also work with country teams and partners to prepare communications and abstracts to present approaches and results to be shared with the global malaria community.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine Epidemic Preparedness and Response Malaria Research Health Governance and Finance (Malaria) Anti-microbial Resistance (Malaria) Host Country Strategic Information Capacity Program Design and Learning Personnel
SPS Partners:	None.

Budget: $51,877.00	**Start Date:** Oct 2009	**End Date:** Sep 2010
Products Planned:	Document outlining pharmaceutical management considerations for GMAP. Report on best practices.	

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS, in collaboration with DELIVER, made a presentation on EUV implementation at PMI/Washington on February 3, 2010. This presentation focused on presenting summary results from the implementation of the tool in Tanzania, Ghana, Zambia, Ethiopia, Kenya, and Malawi.
Barriers to Progress:	None.
Next Steps:	Prepare for May PSM Working Group Meeting on cell phone-based initiatives.
Indicators:	None.

Maternal and Child Health

Work plan: MCH (RH + CHS) Core **Year** 2009

Funding Level: $1,100,000.00

Work plan Background
Pharmaceuticals and related health supplies are essential for the successful implementation of maternal and child health programs. The RPM Program and the follow-on SPS Program developed a variety of technical approaches, materials, tools, and guidelines to assess the strengths and weaknesses of pharmaceutical management systems for maternal health programs and to guide the development of interventions to address the gaps identified in the access to key maternal and child health (MCH) pharmaceutical products. In FY07 and FY08, SPS used these technical approaches and tools to support the introduction and implementation of programs to scale-up the community case management of childhood illnesses (CCM) with a focus on developing: strategies to incorporate private sector pharmacies and drug retail outlets into the national CCM programs, programs to scale-up the use of zinc salts and low-osmolarity ORS for the case management of diarrhea in children, and programs to scale-up the prevention and management of obstetric emergencies with a focus on the prevention of post-partum hemorrhage and the prevention and management of pre-eclampsia and eclampsia. Under the maternal and child health portfolio, SPS will support the USAID's Investing in People Objective: "to help nations achieve sustainable improvements in the well-being and productivity of their populations through effective and accountable investments in education, health, and other social services". The activities will contribute to the Program Area 1: Health, and specifically to the Program Element 1.6: Maternal and Child Health. The SPS child health activities will support the USAID/HIDN ARI and Zinc Results Pathways. The USAID/HIDN ARI Pathway supports activities to introduce and scale-up the community-based management of ARI (and other childhood illnesses) in selected countries through both public and private sector interventions. The USAID/HIDN Zinc Pathway supports activities to increase the availability of quality zinc products, and support the introduction and scale-up of Zinc and low-osmolarity ORS for the case management of diarrhea in children. The SPS maternal health activities will also support the USAID/HIDN Eclampsia and Post-Partum Hemorrhage (PPH) pathway, focusing on the development, introduction and scale-up of an evidence-based comprehensive package of interventions to prevent eclampsia. The USAID/HIDN PPH pathway supports activities to increase the availability of uterotonics and support the introduction and scale-up of AMSTL to prevent PPH.

Activity Title:	TA to support the scaling up of MNCH interventions in DRC
Activity Lead:	Diarra, Suzanne **Activity #:** 4 **Task**: LFWW09MCH **Subtask**: 60C5H4
Activity Description:	In FY09, SPS plans to initiate a pilot intervention in Kinshasa to incorporate the private sector drug sellers and pharmacies into the community case management program, and the implementation of the recommendations from the maternal health assessments.
USG Sub-element:	Treatment of Child Illness Treatment of Obstetric Complications and Disabilities
SPS Partners:	None.
Budget: $91,388.00	**Start Date:** Oct 2008 **End Date:** Aug 2010
Products Planned:	Training materials. Technical tools and reports. Trip reports.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The revision of the national list of essential medicines to include recommended obstetrical emergency medicines has been completed and the validation workshop of the 2010 version of the national list of essential medicines was held

	in March 2010. The revision of technical guidelines for the National Reproductive Health program is ongoing. Some of the tools have been completed and technical meetings for finalizing all the guidelines are continuing. The review and adaptation of training materials for the private sector IMCI component have been completed. In order to prepare for and provide capacity building to private sector pharmacies workers, a group of trainers who will provide capacity building to the personnel of private sector have been trained. The TOT was completed in beginning of March 2010 and was followed with the training of the personnel of selected pilot private pharmacies. 56 individuals from 54 private pharmacies in Makala and N'Sele health zones have been trained (27 in Makala and 29 in N'Sele). The training focused on the management of malaria, pneumonia, and diarrhea in children under 5 years of age, according to the national treatment guidelines, including the pharmaceutical management component.
Barriers to Progress:	The major constraint to progress for finalizing the revision of technical guidelines for the National Reproductive Health Program has been the difficulty of coordinating technical meetings due to conflicting schedules of the different partners involved in this process.
Next Steps:	Assist the MoH and the syndicate of pharmacists to conduct post training monitoring visits to pilot private pharmacies. Assist the MoH in finalizing the technical guidelines for AMTSL and eclampsia management.
Indicators:	None.
Activity Title:	TA to support the scaling up of AMSTL and the introduction of pre-eclampsia/eclampsia prevention in Mali
Activity Lead:	Diarra, Suzanne **Activity #:** 7 **Task**: LFWW09MCH **Subtask**: 60FXH7
Activity Description:	SPS will continue to provide support to Mali to scale up the practice of AMSTL in the country including the continued support for the development and implementation of a reproductive health commodity security plan. SPS will also conduct an evaluation of the availability and use of eclampsia medicines. These activities will be co-funded by USAID/Mali funds to SPS
USG Sub-element:	Treatment of Obstetric Complications and Disabilities
SPS Partners:	None.
Budget: $63,438.00	**Start Date:** Oct 2009 **End Date:** June 2010
Products Planned:	Trip Reports. Technical reports. Tools.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The dissemination of the final report on the assessment of availability, storage, and use of OB medicine was scheduled for March 2010, but was delayed due to some pending issues related to the MoH Direction of Pharmacy and Medicine request that funding for the workshop be transferred directly to them. Job aids on the management of uterotonics in delivery rooms and in pharmacies have been developed. The job aids provide instructions on how to store uterotonics medicines in pharmacy and in the delivery room. The job aids have been field tested and will be disseminated at services delivery points once validated by the Direction of Pharmacy and Medicine (DPM). In March 2010, MSH/SPS supported the DPM in providing training in quantification and procurement planning to the Reproductive Health Commodity Security Committee. This was a major component in the process of the development of the national reproductive health commodity security plan.

Barriers to Progress:	The key barrier to progress in Mali has been the unresolved conflict with the DPM regarding their requests for the funding of workshops, which has delayed the progress of activities in the country.
Next Steps:	Disseminate the results of the assessment on the availability and use of emergency obstetrical medicines to partners. Validate and disseminate job aids on the management of uterotonic medicines in pharmacy and in delivery room.
Indicators:	None.
Activity Title:	Respond to pharmaceutical management TA requests from MCHIP and other USAID projects as needed
Activity Lead:	Adeya, Grace **Activity #:** 14 **Task**: LFWW09MCH **Subtask**:
Activity Description:	SPS will continue to provide technical support in pharmaceutical management to MCHIP and to other USAID projects working in maternal, newborn and child health programs. This will include participation in meetings, developing technical tools and documents and providing other technical inputs as requested.
USG Sub-element:	Treatment of Obstetric Complications and Disabilities Treatment of Child Illness
SPS Partners:	None.
Budget: $0.00	**Start Date:** Oct 2009 **End Date:** Sept 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	This activity was cancelled and included under activity 9 of this work plan.
Barriers to Progress:	None.
Next Steps:	N/A.
Indicators:	None

Population

Work plan: POP Core **Year** 2009

Funding Level: $50,000.00

Work plan Background
Contraceptive security exists when people are able to choose, obtain and use high-quality contraceptives and condoms whenever they want them for family planning and HIV/AIDS and STI prevention. The main objective of USAID contraceptive security global leadership is to advance and support the planning and implementation for contraceptive security. The intermediate result for this objective is to improve the "decision making for contraceptive security through increased availability and analysis of data". As part of this effort, USAID has supported the development and management of the Procurement, Planning and Monitoring Report (PPMR). The PPMR is managed by USAID/DELIVER and compiles routine data on contraceptive stock levels from various countries on behalf of the countries at risk group (CAR), under the leadership of the Reproductive Health Supplies Coalition (RHSC). SPS has received funding from the Population Office of USAID to support the collection and reporting of contraceptive commodity data into the PPMR for three countries during FY09.

Activity Title:	Technical Support for PPMR data collection in Senegal, Mali and DRC
Activity Lead:	Diarra, Suzanne **Activity #:** 2 **Task**: LFWW09POP **Subtask**: 60C1H2
Activity Description:	SPS will work with local partners, including the USAID mission in and the MoH in Senegal, the Democratic Republic of the Congo, and Mali, to collect and send required PPMR data. This will include advocacy to familiarize them with the PPMR and obtain approval for data sharing, data collection and assessment of data quality, and reporting data to USAID/DELIVER. For each of the countries, data for at least four quarters will be collected beginning with the October - December 2009 (Q1).
SPS Partners:	None.
Budget: $43,281.00	**Start Date:** Jan 2010 **End Date:** Dec 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Mali and Senegal's second quarter PPMRC reports were submitted in April 2010. The DRC PPMR task force has been created and includes all MoH partners involved in the procurement and distribution of contraceptives in the country.
Barriers to Progress:	None.
Next Steps:	Collect and submit quarter 3 PPMR data for Mali and Senegal. Assist the DRC MoH in coordinating task force meetings for putting into place a central system that captures contraceptive procurement and distribution/consumption data.
Indicators:	None.

Tuberculosis

Work plan: TB Core **Year** 2009

Funding Level: $1,500,000.00

Work plan Background
According to the WHO 2008 Global TB Report, tuberculosis remains a major public health challenge with about 9 million new cases reported every year, of which over 0.5 million are multi-drug resistant (MDR) TB cases- and the number is rising. Spreading drug resistance and the emergence of extensively drug resistant (XDR) TB thus becomes a major threat to reaching the Millennium Development Goals that call for halving TB prevalence and deaths by 2015 (relative to 1990 baseline). In the past years, the focus of SPS' response to the Global Plan to Stop TB (2006 – 2015) has been mainly on addressing its strategic components related to increasing the availability of quality assured first- and second-line TB medicines. This was accomplished through technical leadership (to the Global Drug Facility, the Green Light Committee, and STOP TB partners), capacity building exercises, and development and promotion of frameworks and approaches for strengthening pharmaceutical systems in the anticipation of new TB tools and technologies. SPS also responded to the threat of MDR/XDR TB and TB/HIV co-infection. During 2008, SPS achieved a major breakthrough by improving and promoting its comprehensive TB case-centered tool for managing TB programs, e-TB Manager. The significance of this tool for TB control is in its integration of systems - one database for all aspects of TB control, including diagnosis, treatment, medicines, and outcomes- allowing a holistic approach to TB control management and avoiding common disconnect between activities focused on treatment of susceptible TB, drug resistant TB, TB/HIV co-infection, inventory management for first- and second-line TB medicines, and reporting outcomes by levels of a health system and types of TB cases. These properties of e-TB Manager have been noticed and recognized by the WHO and STOP TB partners, resulting in a growing number of requests for the implementation of the tool. SPS has established several partnerships in the field for such implementation (e.g. in the Philippines, Indonesia, Ukraine), and responded to a proposal from the WHO STOP TB Department (TB/HIV and DR TB Electronic Recording and Reporting group) to collaborate on the implementation of e-TB Manager in several priority countries and further work on preparing the tool as the officially recommended WHO and STOP TB management solution. During 2010, SPS will shift the focus of its technical leadership to e-TB Manager, as a comprehensive tool that links pharmaceutical management directly with TB patient needs for quality services and overall strengthens health systems. The SPS technical objectives below have been formulated to address USAID's Expanded Response to Tuberculosis (January 2009) and The Global Plan to Stop TB 2006 – 2015. Technical objectives will also contribute to the SPS result areas: expand access to essential medicines, strengthen pharmaceutical management systems to support priority public health services and interventions, and improve governance in the pharmaceutical sector, and contain the emergence and spread of antimicrobial resistance (AMR).

Activity Title:	Provide technical leadership to the GDF			
Activity Lead:	Zagorski, Andre	**Activity #:** 2	**Task**: LFWW09TB	**Subtask**: 60F3H2
Activity Description:	SPS will provide targeted TA to the GDF countries to eliminate GDF product bottlenecks, participate in monitoring missions to countries experiencing problems, support two members of the Technical Review Committee, and provide TA to the GDF operations in Geneva, as requested.			
USG Sub-element:	DOTS Expansion and Enhancement Increasing Availability of Drugs for Treatment of TB Program Design and Learning			
SPS Partners:	None.			
Budget: $195,000.00	**Start Date:** Oct 2009		**End Date:** Sep 2010	

Products Planned:	GDF monitoring and TA reports. Trip report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS Senior Program Associate facilitated the GDF requested workshop for the introduction and optimal use of Stop TB patient kits by the NTP officials of the Marshall Islands. The workshop took place during the period of March 25-26, 2010. 23 participants attended the workshop (11 male and 12 female).
Barriers to Progress:	None.
Next Steps:	Provide TA to the GDF operations as requested.
Indicators:	None.
Activity Title:	Provide technical leadership to the GLC
Activity Lead:	Zagorski, Andre **Activity #:** 3 **Task**: LFWW09TB **Subtask**: 60F3H3
Activity Description:	In 2010, SPS will provide TA to GLC countries and monitoring missions, strengthen PM capacity for PMDRT (conduct at least three regional courses), and increase the pool of GLC/GDF consultants (regional training).
USG Sub-element:	Increasing Availability of Drugs for Treatment of TB Multi Drug Resistant TB Program Design and Learning
SPS Partners:	None.
Budget: $260,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	GLC TB survey and monitoring reports. Course for SLD management. Course for GLC consultants. Course proceedings. Trip report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPA Luis Gustavo Bastos traveled to Ecuador during the month of January, with the PAHO TB Program team. During his meetings with NTP, PAHO and local NGO representatives, he presented the e-TB Manager and assessed infrastructure conditions, existing information systems, data collection forms, procedures and flows for TB/DR-TB management. All required customizations needed to adapt the tool to manage TB/DR-TB in the country were identified.
Barriers to Progress:	None.
Next Steps:	In Ecuador, a local commission was established and will explore which system (e-TB Manager and other existing systems) is the most appropriate to be implemented in the country. MSH will be officially advised on the result.
Indicators:	None.
Activity Title:	Respond to Global MDR/XDR TB threat
Activity Lead:	Zagorski, Andre **Activity #:** 4 **Task**: LFWW09TB **Subtask**: 60F3M4
Activity Description:	In 2010, SPS will continue to improve and promote e-TB Manager as a comprehensive TB program management solution, develop PC-based local databases for localities with poor internet access, in collaboration with the WHO, field test e-TB Manager in selected countries, and work with the WHO and Stop TB partners in promotion of e-TB Manager as a comprehensive solution for TB and PMDRT challenges.
USG Sub-element:	Multi Drug Resistant TB Host Country Strategic Information Capacity

SPS Partners:	None.
Budget: $510,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Workshop proceedings.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS consultant and Senior Technical Advisor facilitated 3-day practical workshop on e-TB Manager for the MSH TB technical team during the month of February, 2010. Participants learned tool functionalities, as well as the tool implementation stages, requirements, and constraints in various countries. 13 participants attended the workshop (6 male and 7 female). SPS traveled to Bangladesh (February 10-17), Kenya (February 22-28) and Vietnam (March 1-6, 2010) to present e-TB Manager to country officials. During these meetings, MSH representatives established implementation plans, identified customization requirements and pilot areas, and trained designated staff on e-TB Manager functionalities. The e-TB Manager generic workspace and user manual was updated.
Barriers to Progress:	None.
Next Steps:	e-TB Manager workshop participants agreed on the following next steps: (1) finalize the generic version of the e-TB Manager according to WHO recommendations for TB and DR-TB programs and (2)finalize the training user´s guide and training materials to support future e-TB Manager implementation in country. In all three countries (Bangladesh, Kenya and Vietnam), SPS will customize the e-TB Manager to country-specific requirements and release the test version on the web for NTP review and approval. After approvals the pilot version will be released on the server. New trips will be planned to provide any assistance during the pilot phase.
Indicators:	None.

REGIONAL PROGRAMS

East Africa (REDSO)

Work plan: East Africa REDSO **Year** 2009

Funding Level: $56,000.00

Work plan Background
Countries of the East, Central and Southern Africa Health Community (ECSA HC) face a tremendous burden from communicable diseases, as exemplified by the high prevalence of HIV/AIDS, TB and malaria. This is compounded by a rising incidence of non-communicable diseases, which currently accounts for more than 50% of deaths in the region. The situation is exacerbated by inadequate pharmaceutical management systems in member states, leading to frequent stock-outs of essential medicines and medical supplies. Over the last 6 years, MSH/SPS, and previously MSH/RPM Plus, in continuing collaboration with the ECSA HC, and funding from USAID/EA, established the Regional Pharmaceutical Forum (RPF) as part of the Regional Logistics Initiative (RLI). This is a network of experts in various areas of pharmaceutical and clinical management whose purpose is to provide technical leadership in initiating and scaling-up best practices in pharmaceutical management in ECSA member states. The work of the RPF has contributed to the rationalization and establishment of a Pharmaceutical Program at the ECSA Secretariat to increase visibility of pharmaceutical issues and to facilitate implementation of identified and focused interventions undertaken by the Health Systems Development Program. To ensure sustainability beyond the funding support, the RPF has been incorporated into the ECSA organizational structure. The RPF has recorded various achievements. For example, in the area of improved governance in the pharmaceutical sector, a model national medicines policy and medicines policy implementation plan have been developed to expedite member states review/development of the same. Similarly, the technical working group (TWG) on Promoting Rational Medicine Use is continuing to advocate for a common approach to contain the emergence and spread of antimicrobial resistance (AMR).

Activity Title:	Provide technical assistance to the Regional Pharmaceutical Forum (RPF) to support formation of country-level AMR containment action groups to build the evidence and develop appropriate interventions to control the spread of AMR in ECSA Region.
Activity Lead:	Staley Jr., Robert **Activity #:** 3 **Task**: LFRD09XXX **Subtask**: 60F1H3
Activity Description:	SPS will support the PRDU-Technical Working Group of the RPF to identify potential members of country-level action groups to advocate for action towards containment of AMR. A workshop will be held to build capacity and to enable groups to identify a common approach on containment of AMR for the region. Meetings will also identify potential intervention areas for AMR containment. This will facilitate implementation of interventions as value-added activities undertaken within existing programs.
SPS Partners:	None.
Budget: $30,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip reports.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Progress on this activity was limited. USAID/EA is discouraging engagement with countries of Southern Africa, so the choice of Swaziland will have to change.

Barriers to Progress:	The very limited funding is constraining for RPF work.
Next Steps:	Select another country in Eastern Africa and initiate contact. This country should have an active DTC/AMR groups to engage with in this activity.
Indicators:	None.

Latin America and Caribbean (LAC)

Latin America and Caribbean AMI

Work plan: LAC-AMI **Year** 2009

Funding Level: $800,000.00

Work plan Background
In March 2002, USAID LAC/RSD-PHN launched the Amazon Malaria Initiative (AMI) to address malaria in Amazon countries (Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, and Suriname). This region began to experience a re-emergence of malaria in the early 1990s, including the appearance of Plasmodium falciparum and resistance to inexpensive, first-line antimalarial drugs. With technical and financial support from AMI, the seven participating countries conducted in vivo efficacy studies of antimalarials and subsequently changed their drug policies for malaria to include new, more efficacious combination therapies. Strengthening the core elements of pharmaceutical management—including the policy and legal framework, selection, procurement, distribution, use and management—is essential to the effective implementation of these new policies. In 2002, Rational Pharmaceutical Management Plus (RPM Plus), the predecessor to Strengthening Pharmaceutical Systems (SPS), was invited to participate in AMI as the technical partner for pharmaceutical management. Other partners in the initiative include the Pan American Health Organization's (PAHO) Infectious Disease Division, the Centers for Disease Control and Prevention (CDC), the United States Pharmacopoeia Drug Quality Information (USP-DQI) Program, the National Malaria Control Programs in the Amazon region, and the local USAID Missions. Between 2003 and 2007, RPM Plus collaborated with these partners to develop and implement strategies to strengthen pharmaceutical management for malaria in the region, particularly related to the new treatment policies. RPM Plus developed training materials, conducted regional workshops on pharmaceutical management issues to professionals in all eight initiative countries, developed and disseminated tools, provided country-specific technical assistance to five countries to assess and improve their pharmaceutical supply systems for malaria, contributed to the initiative's technical documents and study protocols, participated in annual meetings, regional workshops and dissemination activities, and served on the Steering Committee. These activities have resulted in a solid foundation upon which SPS can further strengthen pharmaceutical management systems in the region. With FY08 funds SPS supported the elaboration of standard operational procedures (SOPs) for malaria pharmaceutical management, the implementation of pilot studies for a supervision tool for malaria diagnosis and treatment, a regional workshop on pharmaceutical management information systems, and assessments on: the implications of low incidence of malaria on pharmaceutical management, prescription and adherence to treatment, and the supply chain performance of laboratory commodities. SPS has received USD 800,000 in FY09 funds to support pharmaceutical management activities under AMI. These funds will be used to follow-up on activities initiated on FY08. The FY09 focus will be to institutionalize the SOPs, scale-up monitoring and supervision systems, develop guidelines to promote better prescription and dispensation practices and patient treatment adherence, support the improvement of pharmaceutical management information systems, and fill information gaps in critical areas such as the availability of antimalarials in privates drugstores and outlets, and adherence to treatment in countries that did not implement these studies in FY08. In all these activities, MSH/SPS will address the implications of a decreased incidence of malaria in the core elements of pharmaceutical management. SPS will also provide direct technical assistance to AMI countries on specific problem areas identified in country visits and regional workshops.

Activity Title:	Institutionalization of standard operating procedures for malaria pharmaceutical management
Activity Lead:	Barillas, Edgar **Activity #:** 2 **Task**: LAC-MAL/AMI **Subtask**: 60CXH2
Activity Description:	For FY09, MSH/SPS will support the validation, final editing and implementation of the SOPs. Depending on the integration of the pharmaceutical system, some countries have elaborated, holistic SOPs (including all medicines used in the

public sector), and others, malaria-specific PM SOPs. In both cases, MSH/SPS will support the elaboration of an operational synthesis, emphasizing the requisition, reception, storage, inventory control, prescription and dispensation in health facilities. A rapid assessment conducted by MSH/SPS on 2008 documented a fragmented and inefficient supply chain for laboratory reagents and commodities. MSH/SPS will support the integration of these supplies into a single supply management system. The inclusion of laboratory reagents and commodities in the integrated or malaria specific SOPs will prepare a solid ground to achieve this objective. MSH/SPS will provide TA for the elaboration and adoption of standardized conversion factors and procedures to track the consumption and reordering of laboratory reagents and commodities.

USG Sub-element: Treatment with Artemisinin-Based Combination Therapies
Health Governance and Finance (Malaria)

SPS Partners: None.

Budget: $80,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Trip reports. Technical document: SOPs on malaria pharmaceutical management.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: During this quarter SPS visited Colombia, Bolivia, Peru and Ecuador. In Colombia and Bolivia de standard operational procedures (SOPs) for malaria pharmaceutical management have been finalized. The incorporation of some comments by AMI partners and the final approval by national authorities has prevented its publication. In Guyana the SOPs have been finalized and edited.

Barriers to Progress: In Ecuador and Peru, recent health reforms and conflicting agenda in technical issues have been an obstacle to the elaboration of the SOPs.

Next Steps: The document will be disseminated to all the endemic areas, during the second quarter of 2010. In Brazil, a second version of the SOPs has already been reviewed. This document will be validated en published during the second quarter 2010. MSH/SPS visited Ecuador and Peru during the next quarter a workshop to validate the SOPs will take place in Peru and MSH will support the elaboration of the operative version of the SOPs taking into account high and low transmission settings. In Ecuador. MSH will support the integration of the malaria program to the national drug supply system.

Indicators: None.

Activity Title: Scale-up the supervision systems of malaria medicines availability and use

Activity Lead: Barillas, Edgar **Activity #:** 3 **Task**: LAC-MAL/AMI **Subtask**: 60AXH3

Activity Description: For FY09, SPS will provide technical assistance for the validation and final editing of supervision guidelines, for the training of the supervisors and other implementation activities, and for the analysis of the information generated by the supervision tool.

USG Sub-element: Treatment with Artemisinin-Based Combination Therapies
Health Governance and Finance (Malaria)
Host Country Strategic Information Capacity

SPS Partners: None.

Budget: $170,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Trip report. Supervision guidelines.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress:	Colombia, Brazil, Bolivia and Guyana will have fully implemented and functional supervision system by mid-2010. MSH/SPS supported the elaboration of supervision guidelines in all these countries.
Barriers to Progress:	None.
Next Steps:	MSH/SPS will support the monitoring of these supervision systems during the second and third quarter of 2010. In Peru, MSH/SPS supported the elaboration of systematized procedures for supervision and monitoring of the national pharmaceutical system in two regions. The draft version of the document was revised and validated during this quarter.
Indicators:	None.
Activity Title:	Institutionalization of the best prescription and dispensation practices and interventions to promote treatment adherence
Activity Lead:	Barillas, Edgar **Activity #:** 4 **Task**: LAC-MAL/AMI **Subtask**: 60E3M4
Activity Description:	For FY09 MSH/SPS will support the implementation of the activities included in the work plans, including the elaboration of a check list and the introduction of a graphic prescription in Brazil.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Anti-microbial Resistance (Malaria)
SPS Partners:	None.
Budget: $90,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip report. Workshop proceedings. Country proposals to improve adherence. Guidelines to improve patient adherence.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	As a follow-up to the workshop on practices that promote adherence to treatment (Rio de Janeiro, July 2009), MSH/SPS contracted a local consultant in Brazil that will support the interventions that the Brazilian NMP will implement to improve the adherence to malaria treatment. An implementation work plan has already been elaborated and validated with local authorities for the two interventions that Brazil will implement: a prescription/dispensation “check list” for the dispenser, and an illustrated prescription to be handed out to the patient.
Barriers to Progress:	No other AMI countries have systematically followed-up on the recommendations of the Rio de Janeiro workshop.
Next Steps:	For the next quarter MSH/SPS will finish the pilot phase of the interventions in Brazil and will finish a technical report that consolidates all the adherence studies conducted in the region at this point.
Indicators:	None.
Activity Title:	Provide technical assistance to AMI countries to conduct follow-up assessments on their pharmaceutical systems for malaria
Activity Lead:	Barillas, Edgar **Activity #:** 5 **Task**: LAC-MAL/AMI **Subtask**: 60CXA5
Activity Description:	For FY09, MSH/SPS will support the validation of guidelines, their official incorporation into the national malaria program SOPs, and their implementation.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Malaria Research Host Country Strategic Information Capacity
SPS Partners:	None.

Budget: $160,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

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

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: On January 2010 MSH/SPS initiated the data collection of two regional studies: Implications of the introduction of ACTs in AMI countries, and Commercialization of Malaria Medicines in AMI Countries.

Barriers to Progress: None.

Next Steps: Both studies will be concluded, validated and disseminated by the end of the second quarter of FY 2010.

Indicators: None.

Activity Title: Provide direct technical assistance and collaborate with partners in the design and implementation of interventions to improve pharmaceutical management

Activity Lead: Barillas, Edgar **Activity #:** 6 **Task**: LAC-MAL/AMI **Subtask**: 60CXH6

Activity Description: For FY09, MSH/SPS will support studies on prescription, dispensation, and adherence for countries that did not complete one in 2008. SPS will assess the commercialization of antimalarials in selected AMI countries, the impact of the introduction of ACTs, and will support operative research to assess the immediate results of interventions implemented with MSH/SPS TA and USAID/AMI resources. MSH/SPS will organize regional meetings to present and discuss the results of these studies and design, with local counterparts, the appropriate interventions to confront possible problems.

USG Sub-element: Treatment with Artemisinin-Based Combination Therapies

SPS Partners: None.

Budget: $120,000.00 **Start Date:** Oct 2009 **End Date:** Sept 2010

Products Planned: Trip report, poster, and guidelines.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: In January 2010, MSH/SPS initiated the data collection of two regional studies: Implications of the introduction of ACTs in AMI countries, and Commercialization of Malaria Medicines in AMI Countries. Both studies will be concluded, validated and disseminated by the end of the second quarter of FY 2010. In most AMI countries, stock outs and over stocks of antimalarials were documented during the last quarter of 2009 (information collected by MSH/SPS consultant). The dissemination of this information triggered donations, in some cases, and the initiation of procurement processes, in others.

Barriers to Progress: None.

Next Steps: MSH/SPS, with the collaboration of PAHO, will organize a regional meeting in Cartagena, Colombia (April 13-15) to discuss alternative solutions to these problems. National workshops will be conducted in most AMI countries to analyze particular problems in malaria pharmaceutical management. The national workshop in Colombia has been tentatively scheduled for the third week of May 2010.

Indicators: None.

Activity Title: Strengthening of malaria pharmaceutical management information systems

Activity Lead: Barillas, Edgar **Activity #:** 7 **Task**: LAC-MAL/AMI **Subtask**: 60G4H7

Activity Description: In collaboration with other partners, MSH/SPS will provide direct technical

	assistance for the design and implementation of interventions to improve pharmaceutical management. An extended support may be requested for current (FY08) activities supported as pilot initiatives (the communications campaign in Colombia, and the improvement of warehousing conditions and practices in Ecuador and Colombia), if the final evaluation demonstrates a clear impact of the intervention. This activity includes the facilitation of south-to- south technical assistance (as agreed to in the Lima meeting).
SPS Partners:	None.
Budget: $60,000.00	**Start Date:** Jan 2007 **End Date:** Jan 2007
Products Planned:	Trip report. Technical report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During this quarter, and based on the commitments and work plans elaborated during the Lima workshop (July 2009), MSH/SPS consultants collected information on availability of malaria medicines in central medical stores for the last semester of 2009 in four AMI countries. The studies showed significant improvement in the management of the antimalarial stocks
Barriers to Progress:	None.
Next Steps:	MSH/SPS will follow up these interventions by colleting similar indicators on July 2010. In Bolivia and Ecuador, the MoH requested MSH/SPS technical assistance to support the integration of the malaria program (and other vertical programs) to the national pharmaceutical information system
Indicators:	None.
Activity Title:	Communication of research results and dissemination of best practices and illustrative interventions to national and international audiences
Activity Lead:	Barillas, Edgar **Activity #:** 8 **Task**: LAC-MAL/AMI **Subtask**: 60F4H8
Activity Description:	In collaboration with Links Media, MSH/SPS will update and edit the aforementioned publications (in an AMI template developed by Links Media) to reach a wider audience. MSH/SPS will also support the presentation and discussion in national forums, of interventions and studies promoted by AMI. MSH/SPS will support (first among partners, and then among counterparts) the dissemination and discussion of the study on the implications of low incidence of malaria on pharmaceutical management. MSH/SPS will produce documents in collaboration with its partners on all pharmaceutical management activities that have taken place in the region, maintain up-to-date information about its involvement in AMI activities on the MSH/SPS program website, and contribute to coordinated efforts to disseminate information at conferences and meetings.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Malaria Research Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $50,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Meeting minutes and proceedings. Newsletter/informational piece. Fact sheet. Informational piece. Success story/informational piece.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS updated the MSH/AMI website including links to the report: “Situation of the supply chain of laboratory reagents and commodities” (English and Spanish versions).

Barriers to Progress:	None.
Next Steps:	During the second quarter of 2010, MSH/SPS will support the publication in regional or international journals of relevant pieces of information produced by the initiative: Meta-analysis of Adherence to Antimalarial Treatment: Adherence to Antimalarial Treatment in Brazil, and Implications of Low Incidence of Malaria on Pharmaceutical Management. MSH/SPS support to the supervision systems in AMI countries will be presented in the Global Health Council Meeting (Washington DC, June 2010).
Indicators:	None.
Activity Title:	Participate in the annual steering committee and other regional meetings with initiative countries and technical partners
Activity Lead:	Barillas, Edgar **Activity #:** 9 **Task**: LAC-MAL/AMI **Subtask**: 60F4N9
Activity Description:	SPS will participate in the annual meeting and semi-annual steering committee meetings. Additional funds have been allocated to support SPS' attendance at other AMI meetings, upon request.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies
SPS Partners:	None.
Budget: $30,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip report. Meeting minutes and proceedings.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS consultants participated in the IX AMI Technical Evaluation Meeting and XVII Steering Committee (SC) Meeting held in Santa Cruz, Bolivia (March 2-5).
Barriers to Progress:	None.
Next Steps:	The next AMI SC meeting will be held in September 2010.
Indicators:	None.

Latin America and Caribbean AMR/SAIDI

Work plan: LAC-AMR/SAIDI **Year** 2009

Funding Level: $190,000.00

Work plan Background

The growing problem of antimicrobial resistance is threatening to undermine the advances achieved through priority health programs including tuberculosis, malaria, acute respiratory infections, sexually transmitted infections and HIV/AIDS, by rendering currently available treatments ineffective. Antimicrobial resistance (AMR) is the result of an increased exposure of microorganisms to antimicrobial medicines and the subsequent development of survival mechanisms in these microorganisms. The consequences of AMR include an increase in mortality, morbidity, and in the cost of health care worldwide. An example of AMR of particular concern is multi-drug resistant tuberculosis (MDR-TB). The emergence and spread of MDR-TB has serious implications for a national TB control program, because 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 specific emphasis on preventing the emergence of MDR-TB. Since FY04, the Rational Pharmaceutical Management (RPM)

Plus program - predecessor to MSH's Strengthening Pharmaceutical Systems program -and the other SAIDI international partners, including the Alliance for Prudent Use of Antibiotics (APUA), the Drug Quality Information Program from the US Pharmacopeia (DQI USP), Links Media, the US Center for Disease Control and Prevention (CDC), and the Infectious Disease Division of the Pan-American Health Organization (PAHO) have been working with national counterparts in Bolivia, Peru and Paraguay to create a new, evidence-based and stepwise approach to local solutions for containing AMR. This approach considers the factors contributing to AMR within the context of existing systems, and therefore takes advantage of the interaction between stakeholders. Over the past three years, national AMR working groups have been formed in Peru and Paraguay and these groups, in conjunction with SAIDI international partners, have conducted various assessment activities which led to a holistic, local view of the factors contributing to AMR in each country. Based on these results, MSH/SPS and national partners have implemented activities to address the identified problem areas, including: certification of the DISA Callao warehouse in good storage practices (GSP) (Peru), development and implementation of standard operating procedures (SOPs) for 2nd-line tuberculosis (TB) medicines (Peru), establishment and strengthening of a network of drug information centers (DIC) (Peru and Paraguay), communication campaigns targeting prescribers, dispensers, and patients (Peru and Paraguay), pharmaceutical management capacity building (Peru and Paraguay), and improved facility-level management of 1st line TB medicines (Paraguay and Bolivia). Last year, SPS continued to support these activities and worked improve local capacity needed to transfer responsibilities to national institutions and organizations, thereby promoting long-term sustainability. This year, SPS will continue to work on improving capacity and transferring responsibilities. In addition, SPS and other SAIDI partners will share their approach with another country in the region, and work with stakeholders in this new country in implementation.

Activity Title:	Provide support to institutionalize improved pharmaceutical management processes and procedures in Callao, and at the national level in Peru
Activity Lead:	Barillas, Edgar **Activity #:** 2 **Task**: LFLN09AMR **Subtask**: 60F3H3
Activity Description:	This year, SPS will conduct monthly monitoring visits to ensure implementation of the SOPs for warehouse management. Prior to the annual re-certification inspection, SPS will evaluate the warehouse and communicate the findings so that the Directorate can prepare.
USG Sub-element:	Increasing Availability of Drugs for Treatment of TB
SPS Partners:	None.
Budget: $36,680.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Monitoring workshop report. Callao sustainability plan to systematize and institutionalize AMR-containment issues. Newsletters and informational pieces.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During this quarter MSH/SPS provided TA assistance to SAIDI-supported activities in Callao, particularly to those that may lead to re-certification of the warehouse. The MDR-TB pharmaceutical management guidelines, elaborated and validated with TA of MSH/SPS, have been implemented in Callao.
Barriers to Progress:	Implementation in the country was delayed.
Next Steps:	MSH/SPS will discuss the implementation of the SOPs nationwide with technical staff and national authorities from ENCTB and DIGEMID, and will provided technical assistance as requested.
Indicators:	None.
Activity Title:	Provide support to the Ministry of Public Health and Social Welfare (MoPHSW) to strengthen pharmaceutical management and work towards developing a system for pharmacovigilance in Paraguay
Activity Lead:	Barillas, Edgar **Activity #:** 3 **Task**: LFLN09AMR **Subtask**: 60LXH4

Activity Description:	SPS will work to build the capacity of the university to provide technical assistance on pharmaceutical management. In addition, at the request of the MoPHSW, SPS will work with the university and the ministry to plan the development of a pharmacovigilance system in Paraguay.
USG Sub-element:	Development of New Tools and Improved Approaches; Increasing Availability of Drugs for Treatment of TB; Program Design and Learning
SPS Partners:	None.
Budget: $75,630.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Technical support report. Plan for development of a pharmacovigilance system. Trip report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During this quarter MSH/SPS hired a local consultant in Paraguay to develop an active pharmacovigilance system oriented to antibiotics of particular public health concern.
Barriers to Progress:	None.
Next Steps:	The research protocol will be ready by end of April 2010.
Indicators:	None.
Activity Title:	Coordinate with SAIDI international partners to extend the SAIDI approach to another country in the region
Activity Lead:	Barillas, Edgar **Activity #:** 4 **Task**: LFLN09AMR **Subtask**: 60G2H2
Activity Description:	International partners will coordinate with stakeholders from another country in South America to share the SAIDI approach. In preparation for this, international partners will finalize SAIDI documentation, such as the SAIDI approach document, lessons learned publication, and other SAIDI materials. Partners will meet to define which country to work in, and once defined, will contact key institutions and organizations to schedule an initial visit.
USG Sub-element:	Program Design and Learning
SPS Partners:	None.
Budget: $58,790.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	SAIDI approach documentation. Meeting minutes. Trip reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS established contact with Ecuadorian authorities to judge their interest in the extension of SAIDI's approach to antimicrobial resistance (AMR) in their country. MSH/SPS proposed to support an assessment of the ARM situation in the country as the first step to coordinate SAIDI international partner support. National authorities are considering this proposal.
Barriers to Progress:	None.
Next Steps:	An agreement on implementation of activities is expected for the next quarter.
Indicators:	None.

Regional Development Mission for Asia (RDMA)

Work plan: RDMA Asia **Year** 2009

Funding Level: $300,000.00

Work plan Background
Since its inception in 2007, the Strengthening Pharmaceutical Systems (SPS) Program implemented by Management Sciences for Health has been receiving support from USAID's Regional Development Mission Asia (RDMA) to strengthen the pharmaceutical management systems for malaria, tuberculosis and HIV/AIDS in countries in this region. For implementation of activities during FY 10 (October 2009-September 2010), the RDMA is providing $400,000 to the SPS program for work in the areas of malaria ($150,000), HIV/AIDS in China ($100,000), and tuberculosis ($150,000). Following is a summary of the work that has been done in these three disease areas to date. MALARIA. In FY07, in Thailand, MSH under the program that preceded SPS (the Rational Pharmaceutical Management Plus), collaborated with the Borderless Action Against Microbes program of the Keenan Institute Asia to conduct a rapid assessment of the systems in place to manage antimalarials and shared findings and recommendations with key stakeholders. Based on these findings, in FY08, SPS worked with the national malaria control program in Thailand to develop a workshop for provincial health personnel on pharmaceutical management. In Laos, SPS has worked closely with the Office of the Principal Recipient of the Global Fund, the national malaria program and WHO/Laos to implement recommendations based on findings of an assessment of pharmaceutical management practices. In FY08, SPS provided assistance on quantification for the annual procurement and in the development of distribution plans. In FY09, we will continue to work with key stakeholders to appropriately analyze assessment data, diagnose system weaknesses, and provide existing or new tools to strengthen pharmaceutical management systems. SPS will provide follow-up assistance to country programs to scale-up interventions, monitor and evaluate tools or other interventions, and measure system improvements. TUBERCULOSIS. SPS participates in regional efforts to improve technical and human resource capacity to execute tuberculosis (TB) control activities and address emerging multidrug-resistant TB issues in the Asia region. SPS provides technical expertise to improve pharmaceutical management practices related to selection, procurement, distribution, and use of medicines for TB by providing curriculum and sharing experiences. In addition, SPS also provides technical assistance to TB programs in the region to address their specific pharmaceutical management needs. For example, in FY08, SPS conducted a Quantification and Training of Trainers course in Mongolia for key National Tuberculosis Program managers and district supervisors on basic pharmaceutical management principles and the use of quantification tools for both first- and second-line medicines. SPS will also provide post-training technical support to help Mongolia monitor implementation and assist with subsequent scale-up efforts. Likewise, in China, SPS works closely with stakeholders at the national and local levels including the World Health Organization (WHO), the Chinese Center for Disease Control (CDC), and the National Center for Tuberculosis Control and Prevention (NCTB) to strengthen pharmaceutical management systems for TB and MDR-TB. SPS technical assistance activities for TB include monitoring outcomes of standard operating procedure (SOP) implementation, strengthening the electronic management information systems for TB and MDR-TB, and demonstrating SOP implementation progress and impact in international forums. SPS will continue to assist the NCTB in reviewing the existing information flow and identifying plausible methodologies for incorporating MDR- TB patient case management and pharmaceutical management programmatic needs into the existing management information system (MIS), and making technical contributions to the continued roll-out of SOP training implementation. HIV AND AIDS. SPS has been working closely with WHO/China and the CDC in the Guangxi Zhang Autonomous Region to strengthen pharmaceutical management for HIV/AIDS. In December 2008, SPS reviewed pharmaceutical management operations at antiretroviral therapy (ART) and distribution sites in Guangxi Province and worked with stakeholders to develop an action plan for strengthening the antiretroviral (ARV) pharmaceutical management system. SPS then drafted SOPs for each level of the system and held a validation workshop with key stakeholders to review the draft. This year, SPS will conduct a training of trainers, work with key local stakeholders on the revised SOPs, and provide technical assistance for their implementation in Guangxi.

The specific activities to be implemented in FY10 are presented in a separate work plan document and the mini COPs submitted to RDMA.

Activity Title:	Continue support to the Bureau of Vector Borne Diseases in Thailand to improve pharmaceutical management practices during expansion of malaria posts under Global Fund Round 7
Activity Lead:	Hollist, Sharri **Activity #:** 4 **Task**: LFRN09IDX **Subtask**: 60F4H2
Activity Description:	Continuing on work that began last year, SPS will provide support to the BVBD to strengthen pharmaceutical management practices.
USG Sub-element:	Health Governance and Finance (Malaria)
SPS Partners:	None.
Budget: $22,736.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Documents and materials reviewed. Trip reports.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	None.
Barriers to Progress:	SPS is still awaiting pharmaceutical management-related results of external evaluation.
Next Steps:	Review results of external evaluation and provide recommendations to strengthen pharmaceutical management as needed and/or appropriate.
Indicators:	None.
Activity Title:	Continue support to the national malaria program in Laos to improve pharmaceutical management practices, specifically information systems and quantification
Activity Lead:	Thumm, Melissa **Activity #:** 3 **Task**: LFRN09IDX **Subtask**: 60GXH3
Activity Description:	Continuing on work initiated last year, SPS will continue to provide support to the National Malaria Program to strengthen pharmaceutical management practices, in particular quantification and distribution.
USG Sub-element:	Health Governance and Finance (Malaria)
SPS Partners:	None.
Budget: $26,644.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip reports. Documents and materials reviewed.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS has been in communication with the logistician at CMPE to devise a new plan for distributing medicines to areas with no reported cases in recent years, to ensure availability but minimize wastage.
Barriers to Progress:	Limited response from CMPE to SPS regarding requests for information on stock levels and status of re-distribution.
Next Steps:	(1) Follow-up with CMPE on the re-distribution and review the quantification calculations and assumptions. (2) Devise a new plan for distributing medicines to areas with no reported cases to ensure availability but minimize wastage. (3) Review reporting procedures and revise as needed, to ensure more effective monitoring of current stock levels.
Indicators:	None.

Activity Title:	Provide technical leadership in pharmaceutical management for malaria to key USG partners and regional organizations
Activity Lead:	Thumm, Melissa **Activity #:** 5 **Task**: LFRN09IDX **Subtask**: 60F4H4
Activity Description:	SPS will participate in key meetings in the Mekong sub-region such as the Malaria Partners' meetings and the ACTMalaria annual meeting, as well as in the ACTMalaria discussion forum. This activity will also include support provided to containment of resistance on the Thai-Cambodia border and support provided to other priority countries in the region.
USG Sub-element:	Program Design and Learning
SPS Partners:	None.
Budget: $65,144.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Presentations. Relevant materials adapted and shared.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	(1) MSH/SPS began reviewing the Procurement and Supply Management module of the Management of Malaria Field Operations course (scheduled for Fall 2010) and submitted recommended changes for the course curriculum to the course organizers. (2) SPS proposed two presentation topics for the International Malaria Colloquium (scheduled for December 2010) to the Scientific Committee. (3) SPS explored the possibility of providing technical guidance on pharmaceutical management for malaria in low incidence/pre-elimination/elimination settings through the Malaria Elimination Group's existing resources.
Barriers to Progress:	SPS is awaiting guidance from USAID/RDMA on support for the malaria program in Burma, in order to determine the feasibility of conducting a supply chain management assessment in the current fiscal year.
Next Steps:	(1) MSH/SPS will meet with the MMFO course organizers in Thailand and finalize the Procurement and Supply Management module topics, learning objectives and methods. (2) MSH/SPS will document the special pharmaceutical management-related considerations, implications and lessons learned for elimination and pre-elimination settings, based on experiences in the Great Mekong Sub-region as well as the Amazon Basin.
Indicators:	None.

Activity Title:	Participate in an assessment of the public-private mix strategy currently being implemented under the Global Fund in Laos
Activity Lead:	Thumm, Melissa **Activity #:** 2 **Task**: LFRN09IDX **Subtask**: 60F4A5
Activity Description:	SPS will focus on the pharmaceutical management aspects of strategy implementation.
USG Sub-element:	Health Governance and Finance (Malaria)
SPS Partners:	None.
Budget: $20,347.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Assessment report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS' portion of assessment report is in final stages of completion.

Barriers to Progress:	Previously scheduled activities/competing priorities among the assessment team members and a miscommunication about the division of responsibilities delayed writing of the assessment report.
Next Steps:	Complete and disseminate the assessment report.
Indicators:	None.
Activity Title:	Build regional capacity to improve pharmaceutical management practices for tuberculosis, through the development of a Regional Model Center for MDR-TB at the Tropical Disease Foundation in Manila
Activity Lead:	Hollist, Sharri **Activity #:** 6 **Task**: LFRN09IDX **Subtask**: 60AXH6
Activity Description:	SPS anticipates participating in a meeting of NTP managers in early FY10 to further discuss the center, and in a needs assessment of participating countries. Based on the results of the assessment, SPS will develop a training course on pharmaceutical management that addresses regional needs.
USG Sub-element:	Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $73,380.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Analysis of pharmaceutical management strengths, weaknesses, opportunities and threats for RMC stakeholder countries.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS provided stakeholders with pharmaceutical management inputs to facilitate the development of the country assessment tool.
Barriers to Progress:	TDF leadership as the model center in question. Partners in discussion to determine next steps.
Next Steps:	SPS is awaiting stakeholder and mission information regarding plans to move forward. If plans remain halted for the remainder of the year, SPS may request that funds be reprogrammed to support TB work in China.
Indicators:	None.
Activity Title:	Continue to support the National TB Program in China to strengthen pharmaceutical management of first- and second-line TB medicines
Activity Lead:	Hollist, Sharri **Activity #:** 7 **Task**: LFRN09IDX **Subtask**: 60G4J7
Activity Description:	SPS will work with the Damien Foundation, the WHO/China and the NTP to improve training on first-line standard operating procedures for pharmaceutical management. SPS will also assist the Chinese National TB program to prepare for scale up of MDR-TB activities, with a focus on improving management information systems.
USG Sub-element:	Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $61,989.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Training materials. SOPs. Assessment report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	In January 2010, NCTB clarified that the request for technical support on FDC activities is to develop a quantification tool for 1st line FDC. Despite the fact that the Damien Foundation decided not to use SPS materials for SOP trainings, NCTB will use them as part of regular refresher trainings.

Barriers to Progress:	Rather than move forward with the request for SOPs on FDC management, the NCTB instead expressed interested in receiving technical support from MSH to develop the FDC quantification tool.
Next Steps:	Development of FDC quantification tool and tool presentation scheduled for June.
Indicators:	None.

COUNTRY PROGRAMS

Afghanistan

Work plan: Afghanistan **Year** 2009

Funding Level: $2,500,000.00

Work plan Background
Afghanistan is classified as one of the least developed countries in the world, with a highly complex and chaotic pharmaceutical sector. Since 2002, USAID has supported technical assistance for pharmaceutical management to the Afghanistan Ministry of Public Health (MoPH) and nongovernmental organizations (NGOs) operating in the country, through Management Sciences for Health (MSH) programs, including the Afghanistan Health Services Enhancement Project, the Rural Expansion of Afghanistan's Community Based Healthcare Program, and the Tech Serve Program. In 2008, the USAID Mission invited MSH's Strengthening Pharmaceutical Systems (SPS) Program to render technical assistance (TA) and support to the government of Afghanistan's MoPH to improve the country's pharmaceutical system. In October 2008, SPS established a country office in Kabul, and since then, SPS has been working closely with the MoPH to: (1) improve the use of medicines, (2) build the capacity of the MoPH to manage pharmaceutical services, (3) build the capacity of the MoPH to ensure the quality of pharmaceutical products, (4) establish a coordinated procurement and distribution system, and (5) design a system for USAID procurement of pharmaceuticals to be used once the Tech Serve Project concludes. Since establishing the country office, SPS has assisted the MoPH in Afghanistan with pharmaceutical management interventions at both national and peripheral levels of the system. At the national level, SPS has provided technical assistance to the General Directorate of Pharmaceutical Affairs (GDPA), the Central Warehouse, the hospitals of Kabul, and other institutions to integrate components of pharmaceutical management into national strategies for improving access to essential medicines, especially those components related to quality assurance, rational medicine use, procurement and distribution, and management information systems (MIS). In collaboration with the GDPA, SPS has taken the lead in developing curriculum and conducting training in pharmaceutical management for pharmacy staff from select geographic locations in support of the MoPH training obligations. Also in collaboration with the MoPH/GDPA, SPS has been the lead agency for putting in place the Coordinated Procurement and Distribution System (CPDS) for essential medicines in Afghanistan. This governmental initiative emerged in 2009 to ensure that appropriate coordinating mechanisms are in place to effectively facilitate various activities and to involve stakeholders in the selection, quantification, procurement, storage, distribution, and use of pharmaceuticals used for the Basic Package of Health Services (BPHS) and the Essential Package of Health Services (EPHS). The ultimate objective of the CPDS is to maximize the purchasing power of donor funds and resources, while ensuring the quality of products through a centralized and coordinated process. During FY09, SPS expects some structural changes at the MoPH as a result of national elections that are scheduled to occur in August 2009. It is still uncertain what the roles of some institutions and directorates of the MoPH will be, and whether the leadership of certain positions within key institutions and directorates of the MoPH will change. In this potentially challenging situation, SPS plans to continue activities that support the pharmaceutical sector and advocate for pharmaceutical management to have a priority role in health care structure. SPS's TA and support will cut across both the public and private sectors. One of SPS's main focuses will be to continue to build the local capacity of staff at the MoPH/GDPA in pharmaceutical management, to effectively allow the GDPA to assume its role and responsibility for overseeing the public and private pharmaceutical sectors in Afghanistan. At the national level, SPS will continue to support the CPDS in order to consolidate its internal organization and the functions of its members and promote its sustainability. SPS will also continue supporting the directorates of the MoPH and the central warehouse, paying special attention to three MoPH priority areas: accessibility and distribution of pharmaceuticals, rational use of medicines, and product quality assurance. Finally, SPS has and will continue to design interventions in Afghanistan to provide immediate response to urgent day-to-day pharmaceutical problems, while at the same time developing the policy framework and human capacity to strengthen the system in the medium- and long-terms. To achieve this,

SPS will fully involve local counterparts in the process of determining priority actions and processes, and implementing resulting activities.

Activity Title:	To provide TA for the establishment of Drug and Therapeutic Committees at the National and Hospital Levels
Activity Lead:	Morris, Mark **Activity #:** 3 **Task**: LFAF09XXX **Subtask**: 60BXH3
Activity Description:	SPS will provide TA and support to the National Drug and Therapeutic Committee (NDTC) to develop 1- and 3-year plans to improve pharmaceutical use and monitor progress. Working in close collaboration with the MoPH and the AMR portfolio, SPS Afghanistan will support the development of guidelines and an implementation plan for NDTC's work to establish DTCs at major hospitals in all provinces in Afghanistan.
SPS Partners:	None.
Budget: $239,983.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	A plan to address the immediate- and medium-term needs in developing a comprehensive program to improve the use of medicines.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	In collaboration with the NDTC and the GDPA, SPS continued its technical support of the three established hospital level DTCs: Nangarhar Regional Hospital, Kabul Indira Gandhi Hospital, and Farkhar District Hospital. SPS rendered both on-site and remote support to the DTCs for the implementation of their established work plans. On March 10th, SPS rendered on-site technical support to Noor Eye Hospital which is one of the three hospitals receiving limited technical assistance and support from SPS, the NDTC, and GDPA. Through the provided support, the Noor Eye Hospital DTC has already developed its TOR and membership, conducted a training course, and developed an initial DTC action plan. SPS will continue its support to the NDTC, GDPA, and the DTCs. The NDTC continues to receive countless applications from hospitals wishing to establish DTCs. The applications will be reviewed at the next NDTC meeting (scheduled for April 11), in light of the limited number of SPS/GPDA staff that are available to technically support the DTCs. Finally, on March 23, SPS participated in the MoPH 3rd Annual Results Conference. At the conference, SPS presented the preliminary findings of the Drug Use Study which assessed drug use in 28 health facilities in 5 provinces throughout Afghanistan. The study report is currently being finalized and will be shared with USAID and the MoPH by mid-April.
Barriers to Progress:	Limited human resources to effectively respond to the overwhelming TA needs of the selected hospitals.
Next Steps:	SPS will assist the NDTC with preparations for the 4th NDTC meeting scheduled for April 11 and will continue technical assistance and support to DTCs. Assist the NDTC and GDPA develop a plan for how to manage the myriad of requests from hospitals for the creation of additional DTCs. Finalize the Drug Use Study (DUS) for distribution after the review and approval of USAID/MoPH.
Indicators:	None.
Activity Title:	To provide TA to the Standard Treatment Guideline (STG) Working Group to improve the standardization of prescribing of medicines
Activity Lead:	Morris, Mark **Activity #:** 4 **Task**: LFAF09XXX **Subtask**: 60EXH2
Activity Description:	In collaboration with the AMR portfolio, SPS Afghanistan will continue

supporting the STG working group to review and develop comprehensive STGs for Afghanistan in FY09. The STGs are essential documents for helping prescribers make informed decisions and for ensuring that appropriate treatments are prescribed for specific clinical problems. SPS will provide the necessary TA to publish the STGs and develop implementation strategies to ensure that the guidelines are used to improve patient outcomes across Afghanistan

SPS Partners: None.

Budget: $145,158.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: STGs. Trip report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: One of the main activities of the NDTC is the development of Standard Treatment Guidelines (STGs). For this purpose during Q1 (Oct - Dec, 2009) a STG work group was established, a framework to guide the STG development process was created, and membership for the STG work group was assigned. On February 8, the STG work group with the technical leadership and direction of SPS conducted an STG Stakeholders Consensus Workshop to secure the buy-in of stakeholders for the STG framework and process, as well as identified individuals of key institutions who are willing to act as writers in the process. The work group has met several times to plan for the implementation of a STG Writers Workshop to be held May 11-12. During the reporting period, several tools and processes were developed to facilitate the writers who will draft the STGs.

Barriers to Progress: Ongoing identification of experts in Afghanistan who can commit their time and skills to the development of the STGs. Commitment of work group members.

Next Steps: Planning and implementation of the STG Writers Workshop on May 11-23, 2010. Identification of suitable skilled Afghan professionals and continued to support the process for the development of the STG.

Indicators: None.

Activity Title: To provide TA to HSSP to revise training materials for Rational Medicine Use to be used in training of physicians, pharmacists, and CHWs

Activity Lead: Morris, Mark **Activity #:** 5 **Task**: LFAF09XXX **Subtask**: 60E3H4

Activity Description: With the technical support of the AMR portfolio, SPS Afghanistan will continue its support to HSSP by collaborating on revisions to the RMU training materials.

SPS Partners: None.

Budget: $48,669.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Revised training materials.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: In January, SPS was finally able to meet with HSSP representatives to discuss SPS' review of HSSP's training materials and the recommendations for improving the materials. During this meeting, HSSP agreed to work collaboratively to revise the RMU materials by forming a taskforce comprised of individuals from HSSP, SPS, and the GDPA/API. The taskforce met on February 24 and developed a timeline to facilitate the revision process. As of the end of March, 70% of the RMU materials were reviewed, revised, and finalized. The review/revision process will continue and will culminate in a one-day consensus workshop which is scheduled on April 20 and intended for all

	relevant stakeholders to share and discuss the revised RMU training materials for feedback and finalization prior to distribution.
Barriers to Progress:	The initial lack of availability of HSSP stalled the process forward; however, no constraints are currently noted.
Next Steps:	Plan and implement the stakeholders' workshop to solicit feedback for finalization of the RMU training materials. SPS will continue to work closely with the HSSP and MoPH/API to effectively revise HSSP's training materials.
Indicators:	None.
Activity Title:	To provide TA to Kabul University Faculty of Pharmacy for the revision of pharmacy curriculum to include appropriate elements of rational medicines use, pharmaceutical management, and antimicrobial resistance
Activity Lead:	Morris, Mark **Activity #:** 6 **Task**: LFAF09XXX **Subtask**: 60E3H5
Activity Description:	SPS Afghanistan with the technical support of the AMR portfolio will provide TA and support to the University of Kabul to effectively integrate appropriate elements of RMU, pharmaceutical management, and AMR in the revision of its current curriculum.
SPS Partners:	None.
Budget: $97,681.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Revised course curriculum.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	As a step in the plan developed to revise the pharmacy curriculum to include elements of RMU, pharmaceutical management, and AMR, SPS requested copies of all relevant teaching materials for applicable subjects. While the Faculty of Pharmacy provided materials for teaching subjects, a quick review of the submitted materials revealed the fact that all requested information was not provided. After additional requests, SPS received the information in the middle of March. SPS will review the submitted information and move to the next step of the process: development and implementation of questionnaires to be administered to relevant stakeholders (i.e. hospital and community pharmacies, clinical pharmacy sections, and community physicians) to solicit comments and feedback for discussion with the Faculty of Pharmacy prior to the final revision.
Barriers to Progress:	Delays on the part of the university as it initially appeared apprehensive with providing all of the requested teaching materials.SPS has since explained to the Faculty of Pharmacy that all provided information will be kept in the strictest of confidence and would not be shared with anyone outside of SPS.
Next Steps:	Continue to work closely with the Faculty of Pharmacy to move this activity forward.
Indicators:	None.
Activity Title:	Conduct a functional analysis of the MoPH/GDPA, development of action plan, and implementation of recommendations
Activity Lead:	Morris, Mark **Activity #:** 7 **Task**: LFAF09XXX **Subtask**: 60A1A6
Activity Description:	The GDPA's mission is to provide useful and equitable pharmaceutical services for the people of Afghanistan. The GDPA has an overall mandate to organize and implement a pharmaceutical management system.
SPS Partners:	None.
Budget: $158,946.00	**Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Analysis report. Implementation plan. Action plan.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: In February, an SPS consultant met with the GDPA to discuss the functional analysis and get their approval. While the GDPA gave their consent, the timing of the work will be determined at a later date, once the new administration (including Minister of Health) has had a chance to fully settle in and set the strategic direction for the MoPH. In March, the GDPA confirmed its readiness to begin the functional analysis process in May. SPS consultant Malcolm Clark will travel to Kabul May 17-28, to begin the initial step of the analysis. It is anticipated that completion of the analysis will take several visits. The analysis is a participatory process, which will actively involve the GDPA staff in all aspects. The broad objective of the analysis is to work with GDPA (and the MoH) staff to assess systems, staffing and resources in relation to functions and goals, and develop a cost plan for addressing identified resource gaps. This work will be conducted in five broad steps.

Barriers to Progress: Delays as a result of the presidential election. GDPA felt it was best to wait for the final results.

Next Steps: In May the first of 5 steps will commence.

Indicators: None.

Activity Title: Provide TA to the MoPH to revise and finalize draft laws, policies, and regulations

Activity Lead: Morris, Mark **Activity #:** 8 **Task**: LFAF09XXX **Subtask**: 60AXH9

Activity Description: During FY09, SPS will provide support to ensure the review of all laws, policies, and regulations relating to the pharmaceutical sector, with the aim of finalizing the documents for approval and enactment.

SPS Partners: None.

Budget: $74,820.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Approved Medicine Law, National Medicines Policy, and API Mandate. Approved regulations on: import/wholesale, price control, manufacturing, licensing, advertising, and pharmacies.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: During the reporting period SPS consultant Malcolm Clark met with the Law Office of the MoPH and noted that following the 2003 Workshop on Policy, Law and Regulations, a National Drugs Policy was drafted and approved (January 2004), a national law passed, and regulations approved. The policy remains unchanged since 2004, although there were revisions to the law in February 2007 and November 2008. Revisions to the regulation on manufacturing and importation of medicines and medical appliances were also made in February 2007. Neither the Law Office at API nor GDPA were involved in sponsoring these changes. It is unclear how they came about. The opinion of the managers interviewed was that the current national drug policy is in need of revision. SPS has agreed to render the technical assistance and support necessary to facilitate the revision of the National Drug Policy through a stakeholder consensus process. The broad objective is to revise the National Drug Policy in light of changes in the pharmaceutical and health sector since 2003 (when the current policy was drafted. This work will be conducted in seven steps, the first of which will be implemented in May 2010, during Mr. Clark's scheduled visit to Afghanistan.

Barriers to Progress: Over the past several months, the MoPH has requested delays in the implementation of this activity; however it is now ready to move forward, beginning with the revision of the national drug policy.

Next Steps: In May, an SPS consultant will begin the first of 5 steps to revise the National Drug Policy of Afghanistan.

Indicators: None.

Activity Title: Provide TA to the MoPH/GDPA to improve coordination and internal and external communication with the MoPH on pharmaceutical management

Activity Lead: Morris, Mark **Activity #:** 9 **Task**: LFAF09XXX **Subtask**: 60AXD0

Activity Description: During FY09, SPS will continue its support to the GDPA and with its collaboration will continue to identify and seek solutions to barriers that impede internal and external communication and coordination.

SPS Partners: None.

Budget: $123,516.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: MoPH SOPs.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: The GPDA continues to receive ongoing technical assistance and support from SPS for the management and coordination of internal meetings. The GDPA's role in the establishment of CPDS also provides ongoing opportunities for communication between the GDPA and key stakeholders who are actively involved the pharmaceutical sector. SPS continued it provision of English and computer skills training to the staff of the GDPA. Significant results/recommendations from the functional analysis of the GDPA will be utilized to further guide SPS's support to the GDPA relative to this activity. The functional analysis is scheduled to begin in May 2010. During the reporting period, SPS sponsored the participation of 4 GDPA staff in WHO's "Rational Drug Use in the Community" training in Jaipur India from March 13-27.

Barriers to Progress: Waiting the results of the functional analysis.

Next Steps: SPS will continue to render assistance to the GDPA. The results of the functional analysis will be utilized to further support the GDPA.

Indicators: None.

Activity Title: Provide TA to the MoPH/GDPA to implement an integrated system of pharmaceutical management including updating or creating SOPs and tools, improving the pharmaceutical MIS, developing and implementing a plan for pharmacy trainings and supervision at provincial and facility pharmacies

Activity Lead: Morris, Mark **Activity #:** 10 **Task**: LFAF09XXX **Subtask**: 60AXH7

Activity Description: SPS will assist the MoPH/GDPA with development of a training plan that meets the GDPA's training obligations to different levels of the public and private pharmaceutical sectors including, the central, provincial, and health facility.

SPS Partners: None.

Budget: $238,080.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Updated and new SOPs and tools for pharmaceutical management and technical reports. Tools and procedures for pharmaceutical management.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: SPS continued its support to the GDPA for the development of a drug

	importation and registration database. While database is in its final stages of development, the process has been stalled by the GDPA's slowness to produce needed information. The reluctance was addressed in a meeting between the GDPA and SPS in March. Dr. Anwari, the head of the GDPA, promised to ensure that his staff would release the requested information to allow for a robust and comprehensive database. SPS anticipates receiving the requested information in early April. Once the information is received, the database will be completed and ready for testing. While SPS secured the services of a consultant who will travel to Kabul to assist with the establishment of a training platform and an overall training plan, the visit will not be possible until July. The process will begin with an assessment of the current situation and an evaluation of training needs and requirements of the government, partners, and donors, relative to the pharmaceutical sector staff. SPS continues to render technical assistance and support to Wazir Akbar Khan Hospital on an ongoing basis in areas of RMU and pharmaceutical management.
Barriers to Progress:	Delays on the part of GDPA to submit information needed to finalize the DMIS database.
Next Steps:	In collaboration with GDPA, SPS will continue to render TA support to Wazir Akbar Khan Hospital. In July 2010, SPS' consultant will assist the GDPA in development of a training platform. SPS will continue the process needed to finalize the DMIS database.
Indicators:	None.
Activity Title:	Conduct a situation analysis and develop the necessary documents and reports to elaborate a proposal for the establishment of a National Drug Authority
Activity Lead:	Morris, Mark **Activity #:** 11 **Task**: LFAF09XXX **Subtask**: 60A2F8
Activity Description:	Sub-activities include, but are not limited to: identifying, defining, prioritizing, and establishing an appropriate sustainable mix of technically sophisticated activities to support the risk-based regulatory systems. Identifying the conditions and resources necessary to justify, develop, and sustain a system capable of providing a comprehensive service in a resource-limited environment.
SPS Partners:	None.
Budget: $178,896.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Analysis report and proposal. Options for the establishment of the NDA and a registration system analyzed and discussed with the MoPH.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	In March, SPS developed a SOW and engaged the services of 4 consultants that will conduct an assessment and provide recommendations for strengthening the food and medicines regulatory system in Afghanistan. The assessment will identify short-term technical assistance and support that SPS could provide to the existing National Medicines and Food Board while it determines what the future regulatory system will look like.
Barriers to Progress:	Delays in the identification of appropriate consultants to implement this work, as well as awaiting the formal go-ahead from the MoPH to move the process forward.
Next Steps:	Conduct the assessment (April 15 to May 7), generate the report, and present options.
Indicators:	None.
Activity Title:	To provide TA to create a drug registration system as a first step in establishing

	an NDA
Activity Lead:	Morris, Mark **Activity #:** 12 **Task**: LFAF09XXX **Subtask**: 60A5HA
Activity Description:	SPS plans the following activities to establish an NDA: (1) Assist the GoA to review experiences from other resource-limited countries to prioritize activities related to scope, finances, and technical and human resources. MSH will also help the GoA explore the need, justification, and potential for employing human and technical resources from outside of the MoPH. (2) On the basis of activity 11, make recommendations on an appropriate scope of activities and developmental priorities for the NDA in Afghanistan, including scope of product coverage (i.e., pharmaceuticals, food, medical devices, and/or cosmetics), and identify human, technical, and financial resources required. (3) Define the NDA's role in the MoPH, including technical, human and financial resources, existing organizational structure, management and information systems, and legal and regulatory framework. (4) Develop a comprehensive, prioritized, fully costed, multi-year, strategic plan.
SPS Partners:	None.
Budget: $211,634.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Written procedures for drug registration.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	In March, SPS developed a SOW and engaged the services of 4 consultants that will conduct an assessment and provide recommendations for strengthening the food and medicines regulatory system in Afghanistan. The assessment will identify short-term technical assistance and support that SPS could provide to the existing National Medicines and Food Board while it determines what the future regulatory system will look like.
Barriers to Progress:	Delays in the identification of appropriate consultants to implement this work, as well as awaiting the formal go-ahead from the MoPH to move the process forward.
Next Steps:	Conduct the assessment (April 15 to May 7), generate the report, and present options.
Indicators:	None.
Activity Title:	To provide technical support to the MoPH to improve the functionality of the Central Warehouse to improve the availability and accessibility of pharmaceuticals and other commodities
Activity Lead:	Morris, Mark **Activity #:** 13 **Task**: LFAF09XXX **Subtask**: 60C3HB
Activity Description:	During the latter part of FY08, SPS completed a comprehensive options analysis of procurement and distribution mechanisms for the MoPH and USAID, including the Central Warehouse. Based upon the assessment's recommendations for operations at the Central Warehouse operations, SPS put together a plan to improve the warehouse's performance.
SPS Partners:	None.
Budget: $92,446.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Technical reports. Training reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS worked with the General Directorate of Administrative Affairs (GDAA) to establish a list of warehouse equipment that SPS will purchase on the behalf of

	the CMS. In April, the list finalized in May will be shared with SPS and Health Partners International of Canada (HPIC), as HPIC has a direct mandate to support the Central Warehouse. SPS anticipates procuring the equipment in the third quarter. Discussion with HPIC and the GDAA will also give SPS a clear sense of the supplementary support it will render to the GDAA/CMS (while HPIC plays its role of primary technical provider to the CMS).
Barriers to Progress:	Availability of HPIC to discuss the matter, as its office was not yet fully functional. SPS is attempting to avoid duplication of support to the warehouse, as well as to maximize the available resources.
Next Steps:	SPS will work extremely closely with the MoPH and HPIC to render support to the Central Warehouse, clarify roles and responsibilities of HPIC and SPS to the CMS, and purchase warehouse equipment.
Indicators:	None.
Activity Title:	To provide TA to the MoPH to support its plan to build capacity to ensure the quality of pharmaceutical products entering into and used within the country
Activity Lead:	Morris, Mark **Activity #:** 14 **Task**: LFAF09XXX **Subtask**: 60DXHC
Activity Description:	It is anticipated that during FY09, SPS' collaboration with the GDPA will focus on helping the MoPH and the QA taskforce move forward with the QA agenda and lay the foundation for the creation of a permanent QA committee within the MoPH. This committee will be comprised of representatives of various ministries and organizations, including the private sector and will be responsible for identifying and addressing issues related to counterfeit and substandard products. Although the committee will eventually address laboratory testing capacity, their initial focus will likely be defining and strengthening the MoPH's stewardship role by evaluating the current product registration system to identify improvement opportunities, inspection capacity, and related legal and regulatory issues.
SPS Partners:	None.
Budget: $193,384.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During the reporting period, Vimta Laboratory in India completed the testing of medicines samples and forwarded the results to SPS HQ. SPS is finalizing the report as it awaits the results of the testing of secondary drug samples which were sent to Zentral Laboratory located in Frankfurt Germany. It is anticipated that all reports will be received by mid-April and the final drug quality testing report will be completed by mid- May. In addition, SPS planned and implemented a rapid QA assessment in January/February. The final results of the rapid assessment and the drug quality testing will be used (with additional information) to provide a comprehensive perspective on the current QA issues in Afghanistan and recommendations for addressing the noted concerns. SPS will produce one comprehensive report with the results from the drug quality testing and rapid assessment.
Barriers to Progress:	Difficulties in facilitating the shipment of samples to selected testing sites.
Next Steps:	Finalize QA report, support the GDPA with establishment of QA committee with TOR, conduct training for QA committee, organize a roundtable meeting on QA, and utilized QA report to prioritize QA interventions/activities.
Indicators:	None.

Activity Title:	To provide technical support to the Government of Afghanistan, donors, and partners in establishing a Coordinated Procurement and Distribution System
Activity Lead:	Morris, Mark **Activity #:** 15 **Task**: LFAF09XXX **Subtask**: 60CXHD
Activity Description:	During FY09, SPS will continue to facilitate creation of a coordinate procurement and distribution system. SPS will take the lead in this activity, but will work in close collaboration with the GDPA.
SPS Partners:	None.
Budget: $194,242.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Meeting minutes.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS rendered TA and support to the CPDS Taskforce and the GDPA for the finalization of the initial draft of the CPDS Governance Framework. SPS also provided TA for the planning and implementation of the CPDS 2nd round table meeting: held on March 2 and attended by 80 participants acting as representatives of the stakeholder population. The 2nd round table provided the opportunity to share the draft CPDS Governance Framework with all relevant partners, receive feedback, and obtain commitments of stakeholders for the next steps of the process. The meeting was a resounding success. The participants provided feedback on the draft and agreed upon the next steps needed to render the CPDS operational. It was agreed by all that an orientation meeting for individuals on the three committees of the CPDS would be necessary to allow all committee members to have a common understanding of their role and responsibilities in the CPDS process, as well as learn how the committees will interact in support of the overall system. The orientation meeting is scheduled to occur on April 19, after which each subcommittee will schedule its respective meeting.
Barriers to Progress:	None.
Next Steps:	SPS will continue to support the implementation of the CPDS. In collaboration with the GDPA, SPS will plan and conduct an orientation meeting for all committee members, and then assist with the planning and completion of the first meeting of each of the three committees.
Indicators:	None.

Activity Title:	In collaboration with USAID, other donors and the MoPH, design the system for USAID procurement of pharmaceuticals to be implemented after the conclusion of the Tech Serve Project
Activity Lead:	Morris, Mark **Activity #:** 16 **Task**: LFAF09XXX **Subtask**: 60C2PE
Activity Description:	During the second year of the project, SPS will remain current on Tech Serve's pharmaceutical procurement system and help integrate Tech Serve into the CPDS. Remaining mindful of the Tech Serve end date, SPS will work with USAID and other stakeholders to identify options for USAID procurement and assist with this transition.
SPS Partners:	None.
Budget: $78,401.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Options analysis. Design plan for after Tech-Serve.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The options analysis was conducted in December 2009 and technical report

	submitted to USAID in January 2010. SPS continues to await word from USAID regarding any additional support it may require.
Barriers to Progress:	Awaiting further instruction from USAID.
Next Steps:	SPS will await word from USAID regarding future assistance
Indicators:	None.

Angola

Angola HIV/AIDS

Work plan: Angola HIV/AIDS **Year** 2009

Funding Level: $200,000.00

Work plan Background
In addition to $529,000 received from USAID/PMI Angola under MOP09 funds, SPS also received $200,000 in PEPFAR field support to improve HIV/AIDS commodity management in Angola. A separate work plan is available that addresses the use of PMI funds to provide technical assistance (TA) to the Ministry of Health National Malaria Control Program (MoH/PNCM). The plan integrates pharmaceutical management strengthening activities across the vertical programs, in line with the USAID/Angola Mission's integrated support strategy. This work plan addresses the HIV/AIDS-funded component of the integrated activities. The HIV/AIDS funds will be used to conduct an assessment of the existing HIV/AIDS pharmaceutical management system in collaboration with National AIDS Control Program (Instituto Nacional de Luta contra o Sida (INLS)), and to provide TA to the MoH National Directorate of Medicines and Equipment (DNME) and INLS. This TA will be in support of ongoing implementation of pharmaceutical management training and supportive supervision programs for health workers, tailored to improve capacity to manage ARVs and related essential medicines, and consequently improve availability and use of these commodities at ART sites. The assessment will include forecasting, procurement, storage, distribution and rational use of antiretrovirals (ARVs) and medicines for related opportunistic infections (OIs), and adherence to antiretroviral therapy (ART) and treatment of OIs. The findings of the assessment will inform the development of future activities to address specific HIV/AIDS or other disease-related issues. The TA will be provided by SPS in-country technical staff and through short-term TA visits by externally-based staff.

Activity Title:	Technical activity coordination and monitoring.
Activity Lead:	Goredema, Wonder **Activity #:** 1 **Task**: LFAO09HIV **Subtask**: 97XXY1
Activity Description:	Technical activity coordination includes work plan development, activity and budget monitoring, progress reporting, meetings, and communication with partners and collaborators. Implementation of the work plan activities will involve close coordination among Luanda-based SPS staff and US-based technical staff, and with USAID/Angola Mission, MoH and INLS staff and other local partners. SPS staff in Luanda will be supported by the Program Manager in Arlington and other SPS technical staff via e-mail, telecommunication and short-term technical assistance visits. USAID/PMI Angola funding will also be used to support this activity.
SPS Partners:	None.
Budget: $30,340.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Work plans, quarterly reports, financial reports, coordination meeting minutes.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Coordination included communication (telecom, e-mail, face-to-face) between the Country Program Manager in Arlington, SPS local consultant in Luanda, Angola MoH DNME/PNCM, SPS technical staff in Arlington/Rio de Janeiro, USAID/PMI, and other various PMI partners in Luanda to finalize the work plan and potential areas for SPS support. The CPM also coordinated with administrative and operations staff in Arlington and the consultant in Luanda to

	prepare materials for the MSH application for registration in Angola, and to research and explore opening an SPS office in Luanda. SPS technical and admin/HR staff coordinated with the local consultant to search and interview prospective candidates to fill the consultant SPA position. Negotiations with the MoH PNME resulted in an office room being secured to serve as SPS office in the MoH PNME in Maianga. Note: this activity was implemented in coordination with the PMI portfolio.
Barriers to Progress:	The registration process is slow and can take years in Angola. It may not be possible to open a stand-alone office due to the prohibitively high office operational costs in Luanda. For now, staff will continue to be engaged as long-term consultants pending registration. Delays in work plan approval resulted from numerous reviews and updates as different options for staffing and office operations were explored. Consequently, implementation of activities started late. Interviews were conducted in March for the 2 positions of SPS consultant-Senior Program Associate.
Next Steps:	Continue coordinating efforts in the registration process in Angola and search for and hire new staff. Explore sharing office with other NGOs in Luanda. Continue coordinating technical activities with relevant technical staff.
Indicators:	None.
Activity Title:	Conduct a rapid assessment of HIV/AIDS pharmaceutical management.
Activity Lead:	Goredema, Wonder **Activity #:** 2 **Task**: LFAO09HIV **Subtask**: 60A1A2
Activity Description:	SPS will conduct an initial rapid exploratory assessment in consultation with the INLS and the USAID/Angola Mission, to determine the gaps in pharmaceutical management for HIV/AIDS and to inform how best to adapt and tailor ongoing pharmaceutical management capacity building and supervisory activities. In addition to assessing the supply chain system, the assessment will address rational use aspects of ARVs and OI medicines. It will determine if up-to-date standard treatment guidelines (STGs) for ART and related OIs are available, accessible and used by prescribers, and recommend appropriate improvements. Sub activities will be to: develop an assessment tool, collect and analyze data, develop and disseminate an assessment report (including appropriate recommendations for updating existing essential medicines management training materials and supervision tool to address HIV/AIDS gaps), develop interventions to promote rational use of ARVs and OI medicines, and hold a meeting with USAID, MoH and key local stakeholders to disseminate and review the findings of the assessment and agree next steps for addressing identified gaps.
SPS Partners:	None.
Budget: $125,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip report. Assessment report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Conducted desktop research, including internet searches and telephone discussions with local counterparts, and adapted existing data-collection instruments to suit information gathered.

Barriers to Progress: Staff continued to be engaged as long-term consultants pending MSH registration in Angola. The work plan was approved late (in March) due to numerous reviews and updates as different options for staffing and office operations were explored and reviewed; resulting in late implementation of activities. The HIV/AIDS work plan was only approved towards the end of the quarter. There was no local staff in Luanda during the period October 24 to December 15 as the SPS local consultant delayed to renew his contract.

Next Steps: Continue desktop research, conduct face-to-face discussions and agree on an assessment approach and sample with local counterparts. Make logistic preparations in coordination with USAID/CDC and key local counterparts. Update and finalize data-collection tools and collect data with local counterparts. Continue desktop research and develop assessment approach, sample and data-collection tools and make logistic preparations in coordination with USAID/CDC and key local counterparts. Pretest and finalize data-collection tools and collect and analyze data. Hold meeting with USAID, the MoH and key local stakeholders to disseminate preliminary results and obtain feedback. Develop and disseminate an assessment report, including appropriate recommendations for updating existing essential medicines management training materials and supervision tool to address HIV/AIDS gaps, and developing interventions to promote rational use of ARVs and OI medicines.

Indicators: None.

Activity Title: Conduct trainings to build health workers' capacity to manage essential medicines and commodities, including medicine for HIV/AIDS and malaria.

Activity Lead: Goredema, Wonder **Activity #:** 3 **Task**: LFAO09HIV **Subtask**: 60CXM3

Activity Description: The provincial core-training group will comprise of about 15 representatives, some of whom received the basic training in the September 2009 workshop. This TOT will target warehouse staff and provincial supervisors, national PNME supervisors, INLS representatives and municipal logisticians that are currently being trained (with USAID support) in Luanda, Huambo and Lunda Norte provinces. Subsequently, SPS will provide additional TA support to the MoH and partners to assist members of the core training group to conduct four regional roll-out trainings targeting representatives of health units. Each of these regional trainings will target about 30 health workers from 4-5 nearby provinces. The trainings will be jointly supported by HIV/AIDS and PMI funds. SPS will closely coordinate and support the DNME, PNME, PNCM, INLS, provincial health authorities and relevant partners with technical and logistical preparations and facilitating roll-out workshops, in a similar manner to the support that was provided for the September 2009 workshop. HIV/AIDS funds will be leveraged to support printing and make urgently needed pharmaceutical management forms available for use before, during, and immediately following training. Meanwhile, SPS will work with relevant authorities to plan for the longer-term strategies to address this chronic shortage. Other HIV/AIDS specific pharmaceutical management issues will be incorporated into the existing training materials for the TOT and for the roll-out trainings for health unit staff. HIV/AIDS and PMI funds will be leveraged to support training and capacity building activities.

SPS Partners: None.

Budget: $29,250.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Training materials. Training reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress:	Coordinated preparations for the TOT for national core training group with the MoH/DNME, PMI Umbrella NGO (World Learning), PMI Implementing NGOs (World Vision, Africare, Consaude, Mentor Initiative, and SES) and the SPS local consultant and provincial health directorates. Preparations included updating the health unit training materials to incorporate feedback obtained at the September 2009 training, communicating and guiding the MoH and PMI NGOs on criteria for selecting participants, budgeting, reproducing workshop materials and coordinating the venue, making catering and participants' travel arrangements, and coordinating facilitating strategies. The training was finally set to take place April 8-9 in Luanda. Note: this activity was implemented with the PMI portfolio.
Barriers to Progress:	Staff continued to be engaged as long-term consultants, pending MSH registration in Angola. The work plan was approved late (in March) due to numerous reviews and updates as different options for staffing and office operations were explored and reviewed. As a result, activities were implemented late, as well. MoH budget not yet available to co-fund scale-up trainings and related activities as previously planned.
Next Steps:	Conduct second TOT to capacitate a core group of provincial trainers who will then roll-out pharmaceutical management trainings for health unit staff in the provinces. Provide TA to assist core training group members to conduct regional scale-up trainings for health unit staff. Print and disseminate drug management Kardex forms (registration books, prescription sheets and stock cards) as needed for health unit staff to use after training.
Indicators:	None.
Activity Title:	Support supervision to monitor availability, use, and pharmaceutical management practices for essential medicines and commodities at the medical warehouse and health facility level (including medicine for HIV/AIDS and malaria).
Activity Lead:	Goredema, Wonder **Activity #:** 4 **Task**: LFAO09HIV **Subtask**: 60CXH4
Activity Description:	SPS will use HIV/AIDS funds to support the PNME to develop a coordinated national supervision plan and to conduct regular provincial supportive supervision visits to monitor management of HIV/AIDS and other essential medicine commodities at health units and medical warehouses. The findings from the supervision visits will be disseminated to inform decision-making and the design and implementation of appropriate corrective measures at relevant levels of the health care system. Both HIV/AIDS and PMI funds will be leveraged to support supervision. Sub activities will include: (1) Work with MoH PNME, INLS and relevant local partners to adapt the existing supervision tool to incorporate feedback from the field before validating and including the tool in the essential medicines management training materials. (2) Support the MoH PNME, INLS and relevant partners to develop a coordinated national supervision plan and schedule of provincial visits to be conducted periodically by MoH PNME and relevant national, provincial and NGO supervisors, using the updated standardized supervision tool. (3) Promote coordinated, regular provincial supportive supervision visits in the respective provinces by the MoH PNME and relevant national, provincial and NGO supervisors. Also facilitate forums to share findings from supervision efforts and the development of corrective policies and procedures.
SPS Partners:	None.
Budget: $25,410.00	**Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned:	Trip reports. Supervision reports.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Discussions were held with MoH DNME and NMCP to plan and coordinate the next steps for providing TA and leveraging resources for supervision to monitor distribution, availability, and use of commodities in the field. This is in light of follow-up reports noting that a national supervision plan had been developed earlier for approval and implementation as a budgeted, on-going activity with local or Global Fund round 7 funds. However, there was no progress in that regard. For sustainability, SPS suggested that supervision be implemented as part of budgeted on-going MoH PNME/NMCP supervision plans, with SPS leveraging support to enable the SPS local consultant to provide technical assistance to review/adapt or develop tools, approaches, and/or systems to strengthen the supervision, as well as participate as and when needed in supervisory support visits. It was agreed for the MoH and SPS to plan for implementing periodic provincial supervision visits by national and provincial supervisors, using the existing supervision tool.SPS coordinated with the MoH and NMCP to plan a 1st round of supervisions in Namibe, Huila, and Cunene provinces (ending in Cunene at the World Malaria Day celebrations in April). The plan was eventually changed to integrate the supervision tool first, and then start with Cabinda, Cunene and Bengo provinces in June-September 2010. Note: this activity was implemented with the PMI portfolio.
Barriers to Progress:	Staff continued to be engaged as long-term consultants, pending MSH registration in Angola. The work plan was approved late (in March) due to numerous reviews and updates as different options for staffing and office operations were explored and reviewed. As a result, activities were implemented late, as well. MoH budget not yet available to co-fund scale-up trainings and related activities as previously planned.
Next Steps:	Update and integrate the national NMCP supervision tool to incorporate any feedback from the field, and to include all key MoH programs. Support the MoH to conduct the 1st round of integrated supervisions in the Cabinda, Cunene and Bengo provinces.
Indicators:	None.

Angola PMI

Work plan: Angola PMI **Year** 2009

Funding Level: $529,000.00

Work plan Background
SPS has received $529,000 in FY10 MOP funds to continue to provide TA to the Ministry of Health National Directorate of Medicines and Equipment (MoH/DNME) to implement pharmaceutical management of ACTs at the central, provincial, and district levels in Angola. These funds will be used to ensure that pharmaceutical management approaches and tools developed and implemented with previous USAID support are appropriately scaled up across different levels of the health care system. On-going activities will be supported including commodity receiving, storage and inventory management, distribution, appropriate use, health worker training and supportive supervision in pharmaceutical management, and PMI tool implementation (such as the EUV tool). SPS' USAID/PMI-funded activities will continue to complement on-going efforts of other MoH partners, including GF Round 7 malaria grant activities. Some overlapping activities will be jointly funded by USAID/PMI and newly awarded USAID PEPFAR funding. The technical assistance support will be provided by SPS in-country technical staff and through short-term TA visits by externally-based staff.

Activity Title:	Technical Activity Coordination and Monitoring
Activity Lead:	Goredema, Wonder **Activity #:** 1 **Task**: LFA009PMI **Subtask**: 97XXY1
Activity Description:	Implementation of the work plan activities will involve close coordination among Luanda-based local SPS consultants, US-based technical staff, the USAID/Angola Mission and local counterparts (including MoH representatives, PMI implementing partners, and other local partners such as the Global Fund, and PMI NGOs). These groups will be responsible for following up, supporting, and monitoring implementation of activities, including periodic collection and dissemination of routine data using prescribed PMI tools (PPMRm, PMI Systems Strengthening tool). Local SPS consultants in Luanda will be supported by the Portfolio Manager in Arlington and other US-based technical staff via e-mail, telecommunication and short-term technical assistance visits. This is expected to occur throughout the year. HIV/AIDS funding will be leveraged to support this activity.
SPS Partners:	None.
Budget: $63,600.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Work plans. Quarterly reports. Financial reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Coordination included communication (telecom, e-mail, face-to-face) between the Country Program Manager in Arlington, SPS local consultant in Luanda, Angola MoH DNME/PNCM, SPS technical staff in Arlington/Rio de Janeiro, USAID/PMI, and other various PMI partners in Luanda to finalize the work plan and potential areas for SPS support. The CPM also coordinated with administrative and operations staff in Arlington and the consultant in Luanda to prepare materials for the MSH application for registration in Angola, and to research and explore opening an SPS office in Luanda. SPS technical and admin/HR staff coordinated with the local consultant to search and interview prospective candidates to fill the consultant SPA position. Negotiations with the MoH PNME resulted in an office room being secured to serve as SPS office in the MoH PNME in Maianga. Note: this activity was implemented in coordination with the HIV/AIDS portfolio.
Barriers to Progress:	The registration process is slow and can take years in Angola. It may not be possible to open a stand-alone office due to the prohibitively high office operational costs in Luanda. For now, staff will continue to be engaged as long-term consultants pending registration. Delays in work plan approval resulted from numerous reviews and updates as different options for staffing and office operations were explored. Consequently, implementation of activities started late. Interviews were conducted in March for the 2 positions of SPS consultant-Senior Program Associate.
Next Steps:	Continue coordinating efforts in the registration process in Angola and search for and hire new staff. Explore sharing office with other NGOs in Luanda. Continue coordinating technical activities with relevant technical staff.
Indicators:	None.
Activity Title:	Provide TA Support to Receive, Warehouse and Distribute PMI Commodities from National to Health Facility Level
Activity Lead:	Goredema, Wonder **Activity #:** 2 **Task**: LFA009PMI **Subtask**: 60C4G2
Activity Description:	SPS and JSI/DELIVER in-country staff will continue to help facilitate port

clearance and physical receipt and documentation of received goods at the warehouse. SPS technical staff also assists the PNME and PNCM to compile and execute effective provincial distribution tables and to follow-up and monitor distribution of the commodities. While measures are put in place to improve security and minimize loss of commodities from the centralized system, a parallel supply chain, by-passing the central warehouse in Luanda, has been in use since early 2010. Shipments of ACTs and other PMI commodities are stored at the PSI warehouse in Luanda, from where they are then distributed to provincial warehouses for subsequent distribution to health units. SPS will continue to provide technical assistance support in this regard. Sub activities include: (1) Continue to work with JSI/DELIVER technical staff to identify a safe transit warehouse for PMI commodities in Angola. (2) Support the MoH/NEDP and the PNCM in quantifying requirements and updating the provincial distribution table for ACTs and related malaria commodities in Angola. (3) Continue to work with JSI/DELIVER and relevant warehouse staff to ensure that PMI shipments are transported safely from the airport to the private warehouse in Luanda, and received, secured, and entered into warehouse records. (4) Work with the MoH/NEDP, PNCM and shipping contractor to ensure the supplies are distributed from the private warehouse to provincial warehouses according to the distribution table. (5) Coordinate with the MoH/NEDP and PNCM to follow-up, confirm receipt and proper warehousing, and further distribution of PMI supplies from the provincial to facility level.

SPS Partners: None.

Budget: $40,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Continued to work with JSI/DELIVER to support MoH to liaise and secure MoT landing rights for the chartered plane carrying the PMI shipment from France, the MoF import duty waiver for the shipment, and to finalize the distribution plan and preparations for onward shipment of the supplies from JSI transit warehouse to the provinces. The shipment of 1.7 million treatments of Coartem finally arrived on February 17, 2010 and the supplies were immediately divided up and distributed to the provinces in early March by a local UPS agent (J.F. Aguiar) in collaboration with a local security company (Omega Risk Solutions). Advance distribution planning and preparations were initiated for the next PMI shipment of Coartem at the end of June and it was suggested for the shipment to include microscopes and RDTs.

Barriers to Progress: Delays in obtaining MoT/MoF approvals resulted in delayed arrival of the PMI shipment.

Next Steps: Prepare for next PMI shipment, expected in June.

Indicators: None.

Activity Title: Conduct Trainings to Build Health Workers' Capacity to Manage Key Essential Medicines and Commodities, including Medicines for HIV/AIDS and Malaria.

Activity Lead: Goredema, Wonder **Activity #:** 3 **Task**: LFA009PMI **Subtask**: 60CXM3

Activity Description: Following a TOT for warehouse staff that was held in Luanda in September 2009, a 2nd TOT will be conducted to capacitate a core group of provincial trainers who will then roll-out pharmaceutical management trainings for health unit staff in the provinces. Additionally, SPS will support the MoH to assist members of the core training group with regional scale-up trainings for

representatives of health units from neighboring provinces. Each regional scale-up training will be co-funded by the MoH NEDP, SPS and PMI NGOs and held in the most central of 4-5 neighboring provinces with participants from those neighboring provinces. Sub activities will include: (1) Plan the pharmaceutical management TOT for the core training group with national counterparts and local partners. Planning will include budgeting, agreeing on roles and budget responsibilities with partners, booking venue and updating the training materials as needed. (2) Coordinate with the DNME and PMI partners to assist core training group members to conduct the 1st of 3-4 roll-out workshops for health unit staff from neighboring provinces, followed by additional regional provincial trainings. (3) Print and disseminate drug management forms for health units, where there are immediate needs.

SPS Partners: None.

Budget: $175,500.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Coordinated preparations for the TOT for national core training group with the MoH/DNME, PMI Umbrella NGO (World Learning), PMI Implementing NGOs (World Vision, Africare, Consaude, Mentor Initiative, and SES) and the SPS local consultant and provincial health directorates. Preparations included updating the health unit training materials to incorporate feedback obtained at the September 2009 training, communicating and guiding the MoH and PMI NGOs on criteria for selecting participants, budgeting, reproducing workshop materials and coordinating the venue, making catering and participants' travel arrangements, and coordinating facilitating strategies. The training was finally set to take place April 8-9 in Luanda. Note: this activity was implemented with the HIV/AIDS portfolio.

Barriers to Progress: Staff continued to be engaged as long-term consultants, pending MSH registration in Angola. The work plan was approved late (in March) due to numerous reviews and updates as different options for staffing and office operations were explored and reviewed. As a result, activities were implemented late, as well. MoH budget not yet available to co-fund scale-up trainings and related activities as previously planned.

Next Steps: Conduct second TOT to capacitate a core group of provincial trainers who will then roll-out pharmaceutical management trainings for health unit staff in the provinces. Provide TA to assist core training group members to conduct regional scale-up trainings for health unit staff. Print and disseminate drug management Kardex forms (registration books, prescription sheets and stock cards) as needed for health unit staff to use after training.

Indicators: None.

Activity Title: Support Supervision to Monitor Availability, Use and Pharmaceutical Management Practices for Key Essential Medicines and Commodities at Medical Warehouse and Health Facility Level, including Medicines for HIV/AIDS and Malaria

Activity Lead: Goredema, Wonder **Activity #:** 4 **Task**: LFA009PMI **Subtask**: 60CXH4

Activity Description: A need has been identified to better coordinate supervision activities conducted and/or funded by various local partners (for example, the NEDP, PNCM, GF and PMI NGOs) in order to use limited resources more efficiently. SPS will support the MoH's National Department of Essential Medicines and Equipment (DNME)

	to develop an integrated national supervision plan and conduct regular supportive supervision visits to monitor management of antimalarials and other commodities at health units and provincial medicines warehouses. The findings from the supervision visits will be disseminated to inform decision-making and the design and implementation of appropriate corrective measures at relevant levels of the health care system. HIV/AIDS funding support will be leveraged for supervision. Sub activities will include: (1) Support the MoH and PMI NGOs to update the supervision tool to incorporate feedback from the field before incorporate in the existing pharmaceutical management training materials. (2) Support the development and implementation of integrated national supportive supervision plan and schedule by key MoH representatives and PMI NGOs. Promote coordinated regular supervision visits in all 18 provinces by the NEDP/PNCM national and provincial supervisors and PMI NGO supervisors. Leverage additional support for supervision from USAID Angola PEPFAR funds.
SPS Partners:	None.
Budget: $119,900.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Discussions were held with MoH DNME and NMCP to plan and coordinate the next steps for providing TA and leveraging resources for supervision to monitor distribution, availability, and use of commodities in the field. This is in light of follow-up reports noting that a national supervision plan had been developed earlier for approval and implementation as a budgeted, on-going activity with local or Global Fund round 7 funds. However, there was no progress in that regard. For sustainability, SPS suggested that supervision be implemented as part of budgeted on-going MoH PNME/NMCP supervision plans, with SPS leveraging support to enable the SPS local consultant to provide technical assistance to review/adapt or develop tools, approaches, and/or systems to strengthen the supervision, as well as participate as and when needed in supervisory support visits. It was agreed for the MoH and SPS to plan for implementing periodic provincial supervision visits by national and provincial supervisors, using the existing supervision tool.SPS coordinated with the MoH and NMCP to plan a 1st round of supervisions in Namibe, Huila, and Cunene provinces (ending in Cunene at the World Malaria Day celebrations in April). The plan was eventually changed to integrate the supervision tool first, and then start with Cabinda, Cunene and Bengo provinces in June-Sept 2010. Note: this activity was implemented with the HIV/AIDS portfolio.
Barriers to Progress:	Staff continued to be engaged as long-term consultants, pending MSH registration in Angola. The work plan was approved late (in March) due to numerous reviews and updates as different options for staffing and office operations were explored and reviewed. As a result, activities were implemented late, as well. MoH budget not yet available to co-fund scale-up trainings and related activities as previously planned.
Next Steps:	Update and integrate the national NMCP supervision tool to incorporate any feedback from the field, and to include all key MoH programs. Support the MoH to conduct the 1st round of integrated supervisions in the Cabinda, Cunene and Bengo provinces.
Indicators:	None.
Activity Title:	Improve Adherence to SOPs for Delivery and Receipt of Key Essential Medicines and Strengthen Warehouse Management and Commodity Security in Provincial Medical Stores

Activity Lead: Goredema, Wonder **Activity #:** 5 **Task**: LFA009PMI **Subtask**: 60C3M5

Activity Description: Generic warehouse management job aids, adapted and tailored to match the DNME Procedure Manual/existing warehouse SOPs and UNILOG warehouse management system procedures will be developed to assist trained warehouse staff to train other staff to improve adherence to best practices in regional/provincial warehouses. Support will be provided to train warehouse staff in warehouse management, using the warehouse SOPs and job aids.

SPS Partners: None.

Budget: $0.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: None.

Barriers to Progress: Lack of in-country permanent staff due to delays in MSH registration continued to hamper progress. The work plan was not approved due to numerous reviews and updates as different options for staffing and office operations were explored and reviewed. This also resulted in late implementation of activities. There was no staff to implement this activity on the ground.

Next Steps: Develop generic warehouse work instructions (job aids), adapted from essential medicines management training materials for warehouses, for use in providing on-the-job training to warehouse staff. If needed, develop jobs aids for key warehouse functions that match software processes in use in the warehouse (e.g. UNILOG processes for receiving, put-away, picking, and dispatching inventory). Print and disseminate the job aids to warehouses.

Indicators: None.

Activity Title: Provide TA support to Implement PMI Tools to Strengthen Procurement, Distribution and Use of Antimalarial Medicines and Related Commodities

Activity Lead: Goredema, Wonder **Activity #:** 6 **Task**: LFA009PMI **Subtask**: 60CXH6

Activity Description: Discussions with the MoH to initiate implementation of the EUV tool started in September 2009. The survey sample will include health centers at all levels of care (including hospitals, primary health care centers- 8 facilities in the 8 provinces where PMI NGOs are present and 2 large hospitals in Luanda- several other conveniently selected facilities, and medical stores). Data will be collected manually by the MoH and analyzed by SPS.

SPS Partners: None.

Budget: $50,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Worked with the MoH NMCP to complete and submit PPMRm report for January-March and PMSS tool data before the PMI MOP team's visit to Luanda in April. EUV implementation was delayed by shortage of staff.
Continued remote discussions with local partners to plan implementation of the EUV.

Barriers to Progress: Staff continued to be engaged as long-term consultants, pending MSH registration in Angola. The work plan was approved late (in March) due to

	numerous reviews and updates as different options for staffing and office operations were explored and reviewed. This resulted in delays implementing activities, including the EUV.
Next Steps:	Collect PPMRm data and implement EUV next quarter.
Indicators:	None.

Bangladesh

Bangladesh MCH

Work plan: Bangladesh MCH **Year** 2009

Funding Level: $100,000.00

Work plan Background
USAID/Bangladesh has requested the assistance of the Strengthening Pharmaceutical Systems (SPS) program, implemented by Management Sciences for Health (MSH), to address supply chain management issues related to reproductive health commodities. More specifically, the government of Bangladesh and other key national stakeholders seek support to improve the procurement of reproductive health commodities, to strengthen the existing distribution and management information systems, and to build local capacity to strengthen health systems. Recent Health, Nutrition and Population Sector Program (HNPSP) mid-term and annual reviews note that since 2005, a number of contraceptive procurements were delayed, causing national stock-outs of male condoms, injectables, and IUDs, for several months. The factors identified as contributing to these delays were reiterated in a 2008 review of procurement processes conducted by the USAID | DELIVER project, and included: a lack of technical capacity within the DGFP to handle procurement planning and implementation, high staff turn-over, such that personnel trained in procurement issues are soon replaced by new untrained personnel, and bureaucratic delays in the document review processes involving the DGFP, the MoHFW and the World Bank. According to the 2009 HNPSP annual review, some progress in improving procurement management has been made, but continued technical assistance is necessary to ensure timely and opportune procurement. Key stakeholders also agree that once commodities are available at the central level, the distribution system in place from the central warehouse to service delivery points currently functions well. However, it is also recognized that the Logistics Support Officers, previously contracted under the USAID | DELIVER project to assist DGFP regional and upazila staff, have played a vital role in supporting the system. The capacity of the DGFP to manage storage and distribution of contraceptives and other reproductive health commodities must now be improved, particularly as demand for these commodities increases. Among the strengths of the current supply chain management system are the information systems (created by the USAID | DELIVER project) for tracking availability of commodities at the different levels of the supply chain. These are the Warehouse Inventory Management System (WIMS), in use at the central and regional DGFP warehouses, the web-based Logistics Management Information System (LMIS) that consolidates information on stock movement from the country's 482 upazilas, and the new Upazila Inventory Management System (UIMS) designed to facilitate consolidation of data at the upazila level. The UIMS is currently available in 132 upazilas. Most of the remaining upazilas have computers, but software still needs to be installed. All three of these systems are working well, albeit separately. There is room for improvement both in the functionality of the systems and the technology used to support them. Furthermore, strategies must be developed to increase the use of the information compiled in these systems for decision making. Finally, there is a need for increased advocacy, dialogue and coordination among all key stakeholders, including international donors, agencies, national institutions and organizations to ensure commodity security, to increase the contraceptive prevalence rate, and decrease the total fertility rate. The overall goal of the SPS project is to strengthen the ability of policy makers, health care providers and institutions to improve commodity management, with an emphasis on governance, procurement, financing of commodities and services, institutional capacity building, pharmacovigilance, and other system strengthening initiatives.

Activity Title:	Provide technical leadership in supply chain management of reproductive health commodities to key USG partners, international organizations based in Bangladesh and national organizations.			
Activity Lead:	Hussain, Zubayer	**Activity #:** 1	**Task**: LFBD09MCH	**Subtask**: 60CXH1

Activity Description:	This activity will include participation in key meetings on commodity security and reproductive health in Bangladesh. It will also include coordination with key national stakeholders on procurement and supply chain management issues. SPS will work with USAID and other donors to advocate for appropriate procurement and supply chain management, with a goal of ensuring commodity security.
SPS Partners:	None.
Budget: $35,329.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	Minutes of LCF meeting. Reports/minutes of meetings. Options analysis report.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS staff incorporated relevant activities from the FY09 work plan. In addition, staff attended a USAID partner's meeting, and other relevant meetings organized by stakeholders.
Barriers to Progress:	None.
Next Steps:	Plan for the Logistics Coordination Forum meeting facilitated for the first time by SPS.
Indicators:	None.

Bangladesh POP

Work plan: Bangladesh POP **Year** 2009

Funding Level: $1,100,423.00

Work plan Background
USAID/Bangladesh has requested the assistance of the Strengthening Pharmaceutical Systems (SPS) program, implemented by Management Sciences for Health (MSH), to address supply chain management issues related to reproductive health commodities. More specifically, the government of Bangladesh and other key national stakeholders seek support to improve the procurement of reproductive health commodities, to strengthen the existing distribution and management information systems, and to build local capacity to strengthen health systems. Recent Health, Nutrition and Population Sector Program (HNPSP) mid-term and annual reviews note that since 2005, a number of contraceptive procurements were delayed, causing national stock-outs of male condoms, injectables, and IUDs, for several months. The factors identified as contributing to these delays were reiterated in a 2008 review of procurement processes conducted by the USAID | DELIVER project, and included: a lack of technical capacity within the DGFP to handle procurement planning and implementation, high staff turn-over, such that personnel trained in procurement issues are soon replaced by new untrained personnel, and bureaucratic delays in the document review processes involving the DGFP, the MoHFW and the World Bank. According to the 2009 HNPSP annual review, some progress in improving procurement management has been made, but continued technical assistance is necessary to ensure timely and opportune procurement. Key stakeholders also agree that once commodities are available at the central level, the distribution system in place from the central warehouse to service delivery points currently functions well. However, it is also recognized that the Logistics Support Officers, previously contracted under the USAID | DELIVER project to assist DGFP regional and upazila staff, have played a vital role in supporting the system. The capacity of the DGFP to manage storage and distribution of contraceptives and other reproductive health commodities must now be improved, particularly as demand for these commodities increases. Among the strengths of the current supply chain management system are the information systems (created by the USAID | DELIVER project) for tracking availability of commodities at the different levels of the supply chain. These are the Warehouse Inventory Management System (WIMS), in use at the central and regional DGFP warehouses, the web-based Logistics Management Information System (LMIS) that consolidates information on stock movement from the country's 482 upazilas, and the new Upazila

Inventory Management System (UIMS) designed to facilitate consolidation of data at the upazila level. The UIMS is currently available in 132 upazilas. Most of the remaining upazilas have computers, but software still needs to be installed. All three of these systems are working well, albeit separately. There is room for improvement both in the functionality of the systems and the technology used to support them. Furthermore, strategies must be developed to increase the use of the information compiled in these systems for decision making. Finally, there is a need for increased advocacy, dialogue and coordination among all key stakeholders, including international donors, agencies, national institutions and organizations to ensure commodity security, to increase the contraceptive prevalence rate, and decrease the total fertility rate. The overall goal of the SPS project is to strengthen the ability of policy makers, health care providers and institutions to improve commodity management, with an emphasis on governance, procurement, financing of commodities and services, institutional capacity building, pharmacovigilance, and other system strengthening initiatives.

Activity Title:	Technical activity coordination and monitoring
Activity Lead:	Hussain, Zubayer **Activity #:** 1 **Task**: LFBD09POP **Subtask**: 97XXY1
Activity Description:	This activity includes technical coordination, work plan development, meetings, and communication with partners and collaborators, and will be carried-out by local SPS staff with support from the Arlington-based SPS team.
SPS Partners:	None.
Budget: $54,995.00	**Start Date:** Jan 2009 **End Date:** Sep 2009
Products Planned:	Approved work plan and budget.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Finalized and received USAID approval for the FY09 work plan. Attended a USAID's partners' meeting and introduce monthly procurement meeting organized by DGFP.
Barriers to Progress:	None.
Next Steps:	Continue participating in USAID partner meetings. Facilitate monthly procurement meeting chaired by the Director of Logistics and Supply, DGFP.
Indicators:	None.
Activity Title:	Conduct initial field visit to meet with USAID/Bangladesh and key stakeholders to define plan of action.
Activity Lead:	Aboagye-Nyame, Francis **Activity #:** 2 **Task**: LFBD09POP **Subtask**: 60XXA2
Activity Description:	This activity includes the initial visits and preparations involved in setting up of SPS Bangladesh program and office. Emphasis will be placed on reviewing existing systems and processes, with a focus on developing options for strengthening and enhancing functionality and efficiency of the system, while ensuring that services are not interrupted.
SPS Partners:	None.
Budget: $133,501.00	**Start Date:** Sep 2009 **End Date:** Feb 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The Arlington-based SPS team made a field visit to Bangladesh and completed the following: (1) meeting with USAIDS/Bangladesh for debriefing on progress made to date. (2) Recruitment process at the local level. (3) Formal hand-over even of the TA project organized by JSI/DELIVER. (4) Start-up of permanent

	SPS office. (5) Registration at NGO Affairs Bureau (process started- application submitted).
Barriers to Progress:	None.
Next Steps:	Place SPS staff at DGFP offices (centrally and regionally), complete set-up of permanent office, and follow-up closely on NGOAB registration process.
Indicators:	None.
Activity Title:	Provide technical assistance to the Directorate General of Family Planning to strengthen the procurement management systems.
Activity Lead:	Hussain, Zubayer **Activity #:** 3 **Task**: LFBD09POP **Subtask**: 60C2H3
Activity Description:	SPS will also continue technical support to the DGFP for managing the procurement processes already in progress. Specific activities will include: (1) provide technical support to the DGFP to manage the 2010-2011 procurement processes under HNPSP. (2) Conduct an analysis of the procurement management system and based on the results, develop recommendations for the short, medium and long-term. (3) Provide technical assistance and support to DGFP for the development and/or strengthening of a comprehensive procurement tracking system to monitor selected procurement matrices and provide early warning alerts to enable timely remedial actions to avoid procurement delays. (4) Support the development of a comprehensive guideline for procurement at the DGFP, based on existing policies and procedures and provide training as required. (5) Organize regular update meetings to review the progress of procurement packages both with the DGFP and under the auspices of the LCF. (6) Support DGFP procurement staff in tours of country programs to promote experience sharing and networking. (7) Sponsor participation of DGFP procurement staff in relevant international procurement courses to enhance technical knowledge and build capacity. (8) Recruit and place a procurement consultant at the office of the DGFP to provide continuous on-site support and capacity building to the DGFP procurement cell.
SPS Partners:	None.
Budget: $380,157.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	Procurement management system assessment report. Procurement procedures manual. Training report for DGFP staff trained on SOPs of procurement management. Web-based procurement tracking system. Trip report for international procurement training workshop. Trip report(s) for tour(s) of country program(s). Minutes from update meetings.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Disseminated procurement assessment report completed by international consultant. Quick assessment of procurement packages in terms of steps done by SPS PA for Procurement. Provided support to procurement desk officers of DGFP to expedite the process for the 2009-2010 procurement.
Barriers to Progress:	Unwanted delay in getting approval from the World Bank and the Ministry.
Next Steps:	Continue providing support to procurement desk officers of DGFP to expedite the 2009-2010 procurement processes. Begin implementing action plan, based on the assessment report.
Indicators:	None.
Activity Title:	Strengthen the implementation and use of DGFP management information systems for reproductive health commodities.

Activity Lead:	Hussain, Zubayer **Activity #:** 4 **Task**: LFBD09POP **Subtask**: 60F5J4
Activity Description:	SPS will provide support to maintain data quality and reporting of the Logistics Management Information System (LMIS) and the Warehouse Inventory Management System (WIMS). SPS staff will assist DGFP staff to improve data entry, data analysis and reporting. SPS will also provide IT support for the systems as necessary. SPS will ensure adequate functioning of the Upazila Inventory Management System (UIMS) in trained upazilas (89 by USAID | DELIVER and 43 by FPAB). During this year, SPS will review the training and roll-out strategies to identify opportunities for improvement. In collaboration with the DGFP and USAID, and based on the revised strategy SPS will continue to roll-out training to upazilas based on available funding. SPS will support the electronic generation of routine programmatic, analytic and strategic information to support supply chain management, forecasting, procurement planning, monitoring and evaluation (M&E) and health system (HMIS) reporting requirements in Bangladesh. SPS will review the content and format of the current routine reports (LMIS, pipeline and monthly highlights reports) and continue to produce the revised reports for submission to USAID Bangladesh and other relevant bodies. This activity will be done in collaboration with the MIS Unit of the DGFP.
SPS Partners:	None.
Budget: $76,900.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	DGFP management reports. UIMS assessment report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Provided basic training for key DGFP staff on DGFP commodity management system software (Logistics Management Information System, LMIS, Warehouse Inventory management System, WIMS, and Upazila Inventory Management System, UMIS). Consultant from a local IT firm, SoftWorks, provided technical support to produce management reports.
Barriers to Progress:	None.
Next Steps:	Detailed assessment of DGFP software and continued provision of technical support from SoftWorks.
Indicators:	None.
Activity Title:	Provide field-based logistics support to central, regional, and upazila stores.
Activity Lead:	Hussain, Zubayer **Activity #:** 6 **Task**: LFBD09POP **Subtask**: 60CXH6
Activity Description:	SPS will with the DGFP to consolidate its role and capacity in the logistics management of RH commodities. SPS proposes to support this activity and expand technical assistance to include a range of logistics management functions, including warehousing, transportation, and inventory control systems. The technical assistance will also aim to create a systemic solution to cover the supply chain for FP commodities (i.e., quantifying and planning commodity needs, bringing commodities into the country, receiving and managing product quality, and ensuring appropriate storage and delivery to the service delivery level). SPS will continue to provide field-based logistics support at the central warehouse, the regional warehouse in Chittagong, and three other regional warehouses. SPS will review the functions and needs of this field-based support to improve effectiveness, and provide the necessary tools and additional training as required. The field-based support will assist DGFP staff in the central,

	regional and upazilla stores with all aspects of inventory management and provide on-the-job training as necessary. The goal of this support is to build capacity of DGFP staff at all levels to manage inventory and the supply chain independently and successfully.
SPS Partners:	None.
Budget: $307,631.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS Program Associates were trained in logistics management, in order to provide TA and on-the-job training to DGFP in the future.
Barriers to Progress:	None.
Next Steps:	Make frequent field visits to regional warehouse and upazila stores to work with DGFP staff to address supply chain management issues. Begin collecting data/information on DGFP software, in terms of functionality.
Indicators:	None.

Benin

Work plan: Benin PMI **Year** 2009

Funding Level: $675,000.00

Work plan Background
Malaria continues to be a major health concern in Benin, accounting for 44% of outpatient visits and 40% of hospitalizations in the country.[1] As such, malaria prevention and control continues to be a high priority for the Government of Benin (GoB).[2] The United States government has supported the GoB in its goal to achieve Benin's National Malaria Control Program's five year strategic plan goal (2006-2010) to reduce malaria morbidity and mortality by 50%.[3] The United States government allocated $13.8 million in annual funds for malaria prevention and treatment for the first and second program implementation years.[4] Funding from the United States is in addition to substantial funds being provided from other donors, such as the World Bank's Booster Program, and the Global Fund to Fight Tuberculosis, AIDS and Malaria. Financial and technical support is also being provided from partners such as the World Health Organization (WHO) and UNICEF.[5] The Strengthening Pharmaceutical Systems program of Management Sciences for Health (MSH/SPS) received $700,000 in FY08 PMI funds. After establishing an office and hiring three staff, MSH/SPS responded immediately to USAID's request to evaluate Benin's Central Medical Stores (CAME) in order to identify weakness in governance and transparency that could affect the CAME's ability to adequately manage the acquisition and distribution of malaria commodities purchased by PMI and other partners. Implementation of the action plan resulting from this evaluation got underway shortly thereafter, and will continue with FY09 funds. Key action plan elements completed with FY08 funds included the revision of the CAME's legal framework, assistance tender preparation for new software acquisition for the CAME, and support in the revision of the National Essential Medicines List. Major achievements in the areas of prevention, case management, IRS and ITN distribution were made during FY08. Several unforeseen events delayed key activities that were initiated under FY08 funds, but which will be completed in the following fiscal year. These include: (1) Follow up workshops to update health zone data on stock levels of key malaria products, Implementation of the first End Use Verification survey. (2) A national workshop using the Logistics System Assessment Tool Plus methodology assessment to mobilize stakeholders to reach consensus how to introduce pharmaceutical management information into Benin's existing health information system. For the second year of PMI funding, USD 13.8 million has been allocated for Benin to continue supporting the objectives of Benin's National Malaria Strategy which include: (1) Ensuring prompt and effective treatment of malaria in 80%children under 5 within 24 hours of onset of symptoms. (2) Providing effective treatment using ACTs to 80% of confirmed malaria cases presenting at health facilities. (3) Ensuring that 80% of pregnant women receive IPTp using sulfadoxine pyremethamine. (4) Ensuring that 80% of pregnant women and children under age five sleep under LLINs. According to the USAID/Benin Mission, priority activities for MSH should be: implementing remaining key recommendations from the CAME evaluation, and improving malaria commodities tracking, through improvements in the quality, quantity and timeliness of available information. The funding allocated to MSH/SPS for Y2 of implementation is $675,000.

[1] Plan Strategique de Lutte Contre le Paludisme au Benin 2006-2010. Benin Ministry of Health. Cotonou: 2006, p. 24.
[2] Ibid. The government of Benin has added the use of LLINs, RDTs and SP for IPTp and use of ACTs in its strategic plan.
[3] Plan Strategique de Lutte Contre le Paludisme au Benin 2006-2010. Benin Ministry of Health. Cotonou : 2006
[4] FY08 and FY09 Malaria Operational Plans for Benin. www.fightingmalaria.gov
[5] The World Bank is providing $31 million in funds to the government of Benin from 2007-2011 through the World Bank Booster program. The Booster program includes funding to purchase malaria commodities such as LLINs and ACTs. The Global Fund has recently awarded two malaria grants to Benin – an extension of the Round 3 Malaria grant totals $60.4 million over 6 years (approved in 2009 but not yet signed) and a Round 7 grant signed in April 2008 totaling $12.6 million over two years. Together,

these two grants aim to provide coverage with LLINs and ACTs to 40% of health zones in Benin. Source: www.theglobalfund.org.

Activity Title:	Technical Activity Coordination
Activity Lead:	Onyango, Christine **Activity #:** 1 **Task**: LFBJ09PMI **Subtask**: 97XXY1
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.
SPS Partners:	None.
Budget: $55,744.00	**Start Date:** Oct 2009 **End Date:** Sep 2009
Products Planned:	SPS Benin FY09 work plan, SPS FY09 Semester 1 Activity Report, and SPS FY09 updated budget (May 2010 version).

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Technical activity coordination continued as usual during the second quarter of the FY09 work plan, with the coordination being led by the Arlington-based Country Program Manager and the Benin-based Senior Technical Advisor. Following extensive queries from the mission, the FY09 work plan and budget was approved. The final work plan included a budget note required by the mission to justify certain elements of the budget. In February 2010, SPS participated in a joint (with other malaria partners) review of the National Malaria Program's (PNLP) FY09 work plan as well as in planning for the PNLP's FY10 integrated work plan. SPS also participated in meetings held during a WHO mission, which focused on reaching agreement on 20 malaria-related indicators to be eventually integrated into Benin's Health Management Information System. During the same mission, a separate meeting occurred between SPS and WHO to discuss strategies for managing pharmaceuticals. Late in Q2, USAID asked SPS to review its budget and request additional funds if needed to complete activities during the remainder of the fiscal year. Such a review was completed in April and a request submitted to USAID in June. SPS identified budget items that it wished to reallocate. The reallocation request will be shared with the USAID/Benin mission.
Barriers to Progress:	The PNLP's availability for coordination on certain activities (specifically on supervision activities and on one training activity) made it a challenge to carry out activities with the PNLP's direct involvement. Lack of availability made it difficult to schedule the quantification training, requiring rescheduling a number of times.
Next Steps:	Technical activity coordination is expected to continue as usual during Q3.
Indicators:	None.
Activity Title:	Technical assistance to strengthen the Central Medical Stores (CAME)
Activity Lead:	Onyango, Christine **Activity #:** 2 **Task**: LFBJ09PMI **Subtask**: 60C3H2
Activity Description:	The revised CAME's constitution awaits validation by the Council of Ministers before the end of 2009. Following validation, FY09 funds will make it possible for MSH/SPS to: (1) Provide technical assistance to customize new software selected by the CAME in 2009, train CAME staff in its use and provide technical assistance in generating, using and analyzing data for strategic and operational decision making. (2) Support the CAME in revamping its General Assembly, training them in Board Governance and follow up with them in implementing

what is learned in the training. (3) Support the CAME Board of Directors to create a business plan for the long term development of the CAME. (4) Support the CAME Board in establish formal contracts with its key collaborators. (5) Support the CAME Board to establish a mechanism for following up on the performance of contracts.

USG Sub-element: Health Governance and Finance (Malaria)
Treatment with Artemisinin-Based Combination Therapies
Host Country Strategic Information Capacity
Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine

SPS Partners: None.

Budget: $241,073.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Technical report. Trip report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: By February 2010, the CAME had determined that it would use its own funds to cover the gap in funds to pay for the new software and did so in same month. Once the software was acquired, SPS was able to resume planning to assist with the installation and customization of the software. The CAME specified that it wished to receive SPS's help to calibrate the software using the auxiliary tools developed by an MSH/SPS consultant to maximize the capacities of any software that might be selected by the CAME. These auxiliary tools would enable the CAME to produce a dashboard for the Board of Directors as well as for the Ministry of Health. The CAME also wished to have assistance in contracting with the PNLP for activities related to storage and distribution. Following discussions with its lawyers, the CAME signed a contract with the software vendor by late February 2010 and agreed on a calendar for delivery and installation of the software. At the time, the CAME envisioned having the software go live in March 2010. Initially, a TDY was planned by the SPS consultant specializing in information systems for March 3-April 9. However, the TDY was postponed at the request of the CAME when the software and accompanying materials was not delivered on time by the vendor. As of the end of the March, 2010, the CAME had indicated its plans to postpone having the software going live until May 2010. The CAME formally requested that SPS provide technical assistance for this next phase, and SPS began planning this activity for Q3. In early January, SPS learned that the Council of Ministers had met to discuss the CAME dossier, and that a number of modifications had been made to the documents presented to them (constitution and convention). These changes were: (1) Modification to the CAME articles of creation: For example, participants at the workshop held in 2009 proposed that the position of Deputy Director for the Central Medical Stores was unnecessary. However, the MoH decided to maintain the position of Deputy Director. Subsequently the existing head of the Department of Pharmacy and Medicines within the MoH was appointed to the post, following a recruitment process. Furthermore, the MoH modified the criteria for key positions at the CAME, and stated that the Director and Deputy Director of the CAME should both be pharmacists with training in management. (2) Modification to the draft legal agreement to be established between the CAME and Benin's Ministry of Health [1]: The obligation to produce an annual report and to carry out a global evaluation of the CAME every five years was introduced into the document. (3) Other: The Council of Ministers requested that the Minister of Health ensure that Board Meetings (Assemble General) are held according to the established schedule. The MoH and the Ministry of Economics and Finance were designated as

	signatories of the convention on behalf of the government. The Council of Ministers adopted the revised articles of creation and draft agreement between the CAME and the Government of Benin during the third week of January 2010. This milestone paved the way for revamping of the membership of the CAME's two main governance bodies – the Assemblé Générale (AG) and the Comité de Gestion (COGes). [1] A legal agreement had previously existed, but the latest one had expired in 2007.
Barriers to Progress:	Availability of CAME senior management and information technology staff for this activity.
Next Steps:	A TDY is planned for Q3 by the SPS consultant specializing in information management systems for Central Medical Stores.
Indicators:	None.
Activity Title:	Implementing the transitional distribution system in 15 USAID-focus health zones
Activity Lead:	Onyango, Christine **Activity #:** 3 **Task**: LFBJ09PMI **Subtask**: 60G2P3
Activity Description:	MSH/SPS has begun collaborating with the PISAF project, a USAID-funded bilateral, in tracking malaria commodities using PMI indicators. In year 2 of PMI implementation, MSH/SPS will continue collaborating with PISAF to explore the possibilities for scaling up use of the Medistock software, currently being used in USAID concentration zones under the PISAF project, to track key malaria commodities. Specific activities will include: (1) Coordinating the quantification of malaria products for Benin's 34 health zones, including the 15 USAID-focus health zones. (2) Tracking the delivery of products to USAID-focus zones. (3) Liaising with PNLP to update training for health zone staff on management of malaria medicines and forms completion (bin cards, registers, and monthly reports) to allow for tracking of PMIS indicators. (4) Liaising with the MoH (DPM and PNLP) to develop, disseminate and monitor the implementation of standard operating procedures (SOPs) for the management of malaria medicines. (5) Providing support to the MoH in the formalization of a national quantification committee. Continue supporting the PNLP in conducting quantification for 15 USAID-focus health zones. (6) Supporting the PNLP in the collection of pharmaceutical management data from health zones to be used for quantification and forecasting. (7) Collaborating with the SNIGS and the PNLP to organize a national workshop to reach consensus on an action plan for piloting a national system of capturing data on key malaria commodities using pharmaceutical management indicators for malaria products. The system would capture data from the peripheral level (health center level) for transmission and aggregation at the central level. The piloting of this pharmaceutical management information system (PMIS) for malaria products will feed into another activity in this work plan – the periodic collection of data using the End Use Verification Tool (EUV). (8) Provide technical assistance to the SNIGS and the PNLP to pilot integration of malaria products into the SNIGS (design new forms, test them, reproduce and distribute them, produce and test SOPs).
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Host Country Strategic Information Capacity Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine
SPS Partners:	None.

Budget: $145,276.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Technical reports. Trip reports.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS concluded January data collection exercises and follow-up, established of quantification committee, began training the quantification committee, but aborted due to follow-up on procurement planning using PipeLine,
Barriers to Progress:	Mission refusal to approve TDY for support from the regional SPS office for quantification training in favor of expanded training on larger range of topics concerning commodity management. Unfortunately, this decision was made without consulting the PNLP, which had specifically requested a training in quantification.
Next Steps:	Reschedule training once the training topics are agreed upon between the PNLP, USAID and SPS.
Indicators:	None.
Activity Title:	Supervision and monitoring of malaria commodities
Activity Lead:	Onyango, Christine **Activity #:** 4 **Task**: LFBJ09PMI **Subtask**: 60F4H4
Activity Description:	Specific elements of the routine implementation of End User Verification Surveys (EUV) include: (1) Deciding on the frequency of EUV surveys in Benin. (2) Determining the survey sample for each data collection exercise in collaboration with the PNLP and the CAME. (3) Adapting collection tools from End User Surveys conducted in other countries. (4) Recruiting and training data collectors. (5) Collecting data at health facilities and pharmaceutical depots, as prescribed by the survey methodology. (6) Cleaning and analyzing data collected. (7) Presenting the data to key stakeholders and writing a report on the EUV exercise.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Host Country Strategic Information Capacity Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine
SPS Partners:	None.
Budget: $97,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Technical reports. Trip reports.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Report writing.
Barriers to Progress:	Data management and analysis was being done by CDC. SPS had little control over when this was available.
Next Steps:	Finish writing the report.
Indicators:	None.

Brazil

Work plan: Brazil TB **Year** 2009

Funding Level: $152,000.00

Work plan Background
Brazil continues to be ranked 16th of the 22 highest burdened countries for tuberculosis (TB) in the world. In 2008, Brazil's Ministry of Health (MoH) and National TB Program (NTP) estimated there were approximately 94,000 cases of TB reported annually, and 7,600 TB-related patient deaths. Although Brazil adopted the DOTS strategy in 1998, it was a slow implementation process; DOTS is estimated by NTP to have now reached approximately 80% of government health facilities where TB is treated. Adding to the severity of the problem, between 2000 -2009, approximately 3,320 cases of multi drug resistant (MDR) TB were reported and treated. The MDR-TB patient is resistant to TB's most potent medicines used to date—rifampicin and isoniazid. Presently, approximately 900 MDR-TB cases are under treatment. USAID expanded its TB assistance in Brazil by funding the Rational Pharmaceutical Management Plus program (RPM Plus) in 2004, and the Strengthening Pharmaceutical Systems Program (SPS) in 2007. This program works with its primary partners: the NTP and Secretary of Health Surveillance (SVS/MoH), the Oswaldo Cruz Foundation (Fiocruz/MoH), the Helio Fraga TB Reference Center (CRPHF/Fiocruz), the National Institute of Quality Control (INCQS/Fiocruz), Farmanguinhos/Fiocruz, the National Coordination of Laboratory Networks (CGLAB/SVS), and the Public Health Laboratory Network (Lacens). Major accomplishments to date are (1) strengthened diagnosis and treatment of MDR-TB patients through a Web-based surveillance system which has been decentralized to 132 state and regional reference centers/treatment units. (2) Development of procedural guidelines and training of trainers (TOT) materials, with standardized guidelines on clinical case management, team integration and information management at all levels. (3) Strengthened diagnostic capacity, treatment provision, pill-taking (directly observed treatment), and monitoring of MDR-TB cases in all reference centers. (4) Training of 950 health professionals in MDR-TB reference centers, including medical doctors, nurses, social assistants and pharmacists. (5) Increased MDR-TB case detection following TOT workshops, with current trends showing a 12 percent increase in cure rate. (6) Improved integration and information sharing among all TB reference centers, TB municipal or state coordinators, and the MDR-TB national reference center at CRPHF/Fiocruz. (7) Strengthened DOTS through the institutionalization of a product quality assurance testing program where TB products are sampled from health system delivery points. (8) Support in the move to fixed dose combination (FDC) TB products. (9) Increased awareness in NTP and local TB experts for a need to change current treatment schemes to new regimens more in line with WHO recommendations. As a result of support from USAID and achievements to date, MSH/SPS has gained strong, positive recognition among its local partners in the TB field, and is now an institution nominated by the MoH TB advisory committee to act as an active participant in national TB policy. In FY09, MSH/SPS is planning to consolidate the outcomes described above, expand its technical assistance to the NTP for any new challenges (resulting from recent changes in the national guidelines), and extend its partnership with new members of the Brazilian TB Network (Rede TB) using innovative approaches like introduction of new diagnostic methods for TB and DR-TB.

Activity Title:	Strengthening the SVS information systems for TB and MDR/XDRTB
Activity Lead:	Keravec, Joel **Activity #:** 2 **Task**: LFBR09XXX **Subtask**: 60G4H2
Activity Description:	Specific activities are as follows: (a) Participate in all information working group meetings of the TB advisory committee and, at the NTP's request, all plenary sessions. (b) Build on the past experience in adapting the SINAN and the MDR-TB System with the re-treatment monitoring module and continue to strengthen all MDR-TB Reference Centers and Treatment Units, including all re-treatment sites. (c) Continue to assist the CRPHF to improve use of the information system for drugs management best practices and drug distribution control in all MDRTB reference centers/treatment units and re-treatment sites. (d) Assist NTP

	in harmonizing the different systems in use in some states (i.e., São Paulo). (e) Include the TB Lab Network in regular system use and key data entries, with the objective of decreasing the delays between suspect identification, diagnosis and treatment initiation. (f) Contribute to the development and implementation of the new Information System for Laboratories (GAL) currently under development at the National Coordination for Public Health Laboratories (CGLAB). (g) Conduct surveys and regular data extraction for publications at national and international levels on MDR/XDR situation in Brazil.
USG Sub-element:	DOTS Expansion and Enhancement Increasing Availability of Drugs for Treatment of TB Multi Drug Resistant TB Development of New Tools and Improved Approaches Health Governance and Finance (TB) Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $144,908.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Publish results on the coherency study between the MDR-TB and SINAN databases.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The SPS team participated in Information Working Group meetings with the MoH TB advisory committee. SPS also organized a series of meetings with partners to review the different modules of the SITE TB, which need to be modified and adapted to respond to the new role of the information system for DR-TB in Brazil (new platform for monopoly resistance, XDR-TB, re-treatment cases, specific treatment situations like adverse effects, co-morbidities, Mycobacteria). Subsequent meetings were conducted with partners to further plan development of SITE TB and explore the needed integration/harmonization with other systems (SINAN) in the fields to be used for data entry. RPM Plus consultants at Helio Fraga Reference Center level, central Unit for MDRTB surveillance, validated this trimester 159 new notification forms, 602 new patient follow-up forms, and 102 post-cure forms. Total data currently available from the MDR-TB surveillance data base is as follows: 4,414 case notification forms, 14,102 patient follow-up forms, and 2,490 post-cure forms. On-the-job trainings on system functionalities conducted by MSH/SPS consultant´s task force provided support to 15 system users from several MDR-TB centers (2 males, 13 females). SPS organized a meeting with the NTP, CRPHF, and partners to elaborate a plan for strengthening the DR-TB Reference Center's multi-disciplinary teams (January 14, 2010). Drafted a new form for updating key information on DR-TB Reference Center's general data, structure, human resources, biosafety, diagnostic resources, treatment facilities, and SLDs management SOPs. This form will be sent to all DR-TB reference centers for data updating in the central database. Elaboration of 2 new abstracts to be submitted to the next Union World Conference in Berlin (November 2010): "Impact of HIV co-infection on MDR-TB treatment effectiveness in Brazil" and "Is DOT crucial to increase treatment efficacy in MDR-TB?" Elaboration of 1 new abstract to be submitted to the next Global Health Council meeting in Washington (June 2010): "Impact of a Web-based Tool for MDR/XDR TB Control". SPS Senior Technical Adviser Joel Keravec was invited and will attend the GHC as a panel moderator.
Barriers to Progress:	SINAN is not an exclusive system dedicated to TB, but instead includes all compulsory notification diseases, and is managed by the DATASUS, an external

structure of the MoH working in collaboration with the Secretary of Health Surveillance. Therefore, any change or modification to the current system has to pass through a long and complex chain of discussions and approvals before it is implemented. The State Epidemiological Surveillance Department team (CVE) of São Paulo (which is using a third different system for TB monitoring called TBWEB) is receptive to the new model of TB treatment recently approved by the committee, and aware of the need for changes in the system approach. But it strongly recommends a total integration between current systems in use in SP state to avoid duplication of efforts, since the number of patients monitored including all re-treatment cases will drastically increase, and this will overload the current manpower. Quality of SINAN data entry is highly variable among the states, translating into poor aggregated, national statistics and essential new strategies to address these challenges. In order to implement the new treatment guidelines and harmonize definitions with international standards, Brazil´s NTP had to change the current definitions used by TB health professionals for cure, relapse and MDR-TB concept, which took time.

Next Steps: Finalize results on the coherency study on the MDR-TB database compared to SINAN database. Elaboration of new articles on MDR-TB detection rate evolution since the beginning of the MDR-TB system. Submit articles to the 2010 Union Conference and to the GHC. Continue to provide support to MDR-TB system users and monitor reference centers activities. Continue to participate to the Information Working Group Meetings and to provide technical support to the MoH TB advisory committee. Continue to work towards database completion and updating missing data on cases medical records within MDR-TB. Start the testing phase of the new SITE TB when functionalities are updated on the new platform.

Indicators: None.

Activity Title: Technical activity coordination and monitoring

Activity Lead: Keravec, Joel **Activity #:** 1 **Task**: LFBR09XXX **Subtask**: 97XXY1

Activity Description: This activity includes technical activity coordination, work plan development, budget and progress monitoring, reporting, meetings, and communications with partners and collaborators. SPS will complete its work in Brazil through collaborations with the NTP, state and municipal TB coordinators, Fiocruz, the MoH, local partners, and stakeholders, using MOUs to clarify objectives and promote transparency of all activities.

SPS Partners: None.

Budget: $150,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Finalize a new edition of the MOU with CRPHF and of our current work plan. Protocol and final project for the new PPP (introduction of new rapid diagnostic tests in Brazil for earlier detection of TB and DR-TB).

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: The SPS team continued to support the working group activities among the MoH TB steering committee and provided support to the NTP:(1) at NTP's request, gave a presentation on recent TB guidelines changes made in Maranhão, for all local TB managers and health professionals including representatives of the academy and from the TB laboratory network. (2) Participated in the MoH TB Steering Committee's regular meetings and working groups. (3) Gave a presentation on MDR-TB case management and treatment at the National Congress of the Brazilian Society of Tropical Medicine, in Paraná. (4) Contributed to the data collection and analysis of e-TBM data, for the abstracts

for the next Union Conference in Berlin. (5) Worked with the NTP in elaborating an application to the GLC to get access to SLDs at concessionary prices.

Barriers to Progress: The recent incorporation of CRPHF in the Oswaldo Cruz Foundation as a department of the National School of Public Health led to a revision and reformulation of all cooperation agreements and consultation of the juridical department of Fiocruz.

Next Steps: Finalize a new edition of the MOU with CRPHF/Fiocruz and Farmanguinhos/Fiocruz according to our current work plan. Obtain signature of new cooperation agreements and work plans with Fiocruz and Farmanguinhos. Send application to the GLC. Discuss and revise the PPPs protocol draft with partners (introduction of new rapid diagnostic tests in Brazil for earlier detection of TB and DR-TB).

Indicators: None.

Activity Title: Strengthening the national laboratory network to enhance a quality response for TB tests and strengthening the CRPHF in its role as the National TB Reference Laboratory

Activity Lead: Keravec, Joel **Activity #:** 3 **Task**: LFBR09XXX **Subtask**: 60DXH3

Activity Description: (1) Continue to work with INCQS to transfer SOPs for quality control testing methods of 4 FDCs assays and new drugs projected to be used for MDRTB (like Capreomycin, PAS, Moxifloxacin, Cicloserin). SOPs based on Brazilian Pharmacopeia or US Pharmacopeia/USP to other Lacens (assays were not performed in Brazil, since these forms have never been used). (2) Continue to support a country-wide program for quality testing of TB drugs and to transfer this capacity to the state level (Lacens), using Labmost methodology. (3) Support the Lacens in chemical reference standards procurement (from local sources or from USP, according to quality criteria, price and local availability). (4) Continue to support implementation of the quality system, according to international norms (ISO IEC 17025 and ISO 15189), in the new CRPHF laboratory facility, using Labmost methodology. (5) In partnership with the CGLAB, enhance the roles and responsibilities of CRPHF as the National Reference Laboratory for TB. This will include: (a) strengthening the implementation of a national program of proficiency assays/quality control for sputum smear microscopy for the TB lab network. (b) Providing technical supervision to the TB lab network and continuing support for the technical leadership of CRPHF during transfer at the Lacens level to culture and DST assays. (c) Creation a National Bank of Resistant TB strains and introduction of molecular biology techniques for characterization of TB strains. (d) Implementing finger prints tests at CRPHF to monitor and trace the epidemiological situation of MDR/XDR-TB.

USG Sub-element: Multi Drug Resistant TB
Development of New Tools and Improved Approaches
Health Governance and Finance (TB)

SPS Partners: None.

Budget: $310,000.00 **Start Date:** Sep 2009 **End Date:** Oct 2010

Products Planned: Detailed accreditation plan for CRPHF laboratory based on technical assessment. Contribution to the work plan for laboratories in the final Bill and Melinda Gates Foundation proposal. Lacen BA action plan reassessed.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: (1) In previous years, MSH/SPS supported the National Reference Laboratory

	accreditation for Tuberculosis Diagnosis (CRPHF). In 2008, CRPHF was accredited by the MoH as a reference laboratory, and kept this status thanks to MSH/SPS' constant support. The CRPHF lab is now seeking the ILAC´s international recognition of its testing activities through INMETRO´s accreditation. MSH/SPS helped to identify INMETRO´s (National Standardization Authority) requirements for the accreditation process and is assisting in key steps, including: critical analysis of processes, quality system documentation review, identification of activities based on new standards requirements, and their adaptation from the Health Surveillance Agency to the Oswaldo Cruz Foundation committees for quality management. (2) SPS/MSH/CRPHF assisted in decentralizing the Ogawa-Kudoh´s methods for culture, by developing a protocol and interacting with NTP for further implementation. (3) MSH/SPS provided support to the National Drug Regulatory Agency (Anvisa) in preparing for an evaluation made by PAHO experts on the quality system for drugs quality within PAHO´s Medicines Pre-qualification Program. (4) MSH/SPS is now using the LABMOST tool in several official public health laboratories (LACENs). Their target for 2010 is to implement the tool in three new public health central laboratories. Two new LACENs were identified: the State of Amapá and the State of Ceará.
Barriers to Progress:	(1) Motivation of the laboratory staff to undergo a new accreditation process and setting a date for the next internal audit has been delayed for months. (2) Lack of a clear definition, and coordination regarding the activities to be performed by CRPHF (National TB Reference Lab) and the ones to be developed by the Global Fund project in harmonization with the Lab Coordination Cell at the MoH. (3) Mobilizing twenty to thirty key laboratory staff and block lab activities during the period of three to five days to conduct a LABMOST workshop.
Next Steps:	(1) Extend the critical analysis and revision of documents within the CRPHF´s quality management system, perform internal audit and management review, and implement corrective actions from potential nonconformities identified by the internal audit. (2) Implement a culture decentralization plan using Ogawa-Kudoh´s method. (3) Align the official laboratories and the national drug regulatory authority workflows. (4) Schedule workshops and identify the third official laboratory for Labmost implementation.
Indicators:	None.
Activity Title:	Provide technical support for new FDC development and second-line drug production in Brazil
Activity Lead:	Keravec, Joel **Activity #:** 5 **Task**: LFBR09XXX **Subtask**: 60E3G5
Activity Description:	(1) Continue to conduct a close monitoring of activities, update the current work plan, and provide support to limit negative impact of identified barriers or potential problems hampering the development of this complex technical activity. (2) Provide technical and financial support in conducting all required surveys (bioequivalence for all components essentially) and assist partners in preparing final dossiers for registration of these new products at Anvisa. (3) Assist Farmanguinhos in sharing acquired knowledge and technical experience with other government/state manufacturer laboratories to enhance 4-in-1 FDCs development at the national level. (4) Assist NTP in maintaining an active TB drugs working group, gathering all stakeholders (Anvisa, MoH Department of Pharmacy, INCQS, public and private producers) to limit the impact of potential conflicts of current drugs policies and government agency mandates (which could hamper the development and production of new FDCs). (5) Start transferring the formulation and methodology of 4-in-1 FDC production to at least two other state or federal government manufacturers, to ensure a long-term autonomous response in the process of production of 4-in-1 FDCs. (6)

	Assist the WHO and partners (USP, Unitaid, and the GDF) to: (a) identify new potential technical partners in Brazil (public and private manufacturers) to broaden the current list of producers and future GDF suppliers of TB medicines (first and second line). (b) Assist these potential partners to move to pre-qualification process according to the new definitions presented at the Stop TB Partnership Forum in Rio de Janeiro (March 09).
USG Sub-element:	DOTS Expansion and Enhancement Increasing Availability of Drugs for Treatment of TB Care and Support Health Governance and Finance (TB)
SPS Partners:	None.
Budget: $330,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Technical reports from SPS consultant. Analysis of stability studies and analytical profile of all new batches developed and proposed conclusions/recommendations. Final protocol for bioequivalence studies.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The MSH/SPS team continues to support the technical team of Farmanguinhos in implementing all steps for the development of 4-in-1 FDCs. Two meetings with the technical team and SPS program coordinator were organized this trimester. Technical information exchanged and technical reports finalized for this period. Farmanguinhos, with the support of SPS formulator consultant in South Africa, was finally successful in importing RIFINAH 300 as a reference medicine/comparator product needed to initiate the bioequivalence studies. By using this comparator product, these bioequivalence studies will be compliant to Anvisa national standards and also to WHO standards for further pre-qualification requirements. The 2-in-1 FDC six-month stability studies and analytical profiles developed during previous trimesters were analyzed by a SPS consultant and the Farmanguinhos team. The biobatch selected for bioequivalence studies passed all tests satisfactorily (identity assays, dissolution, related substances). Stability studies were performed according to the criteria for 4B Zone (where Brazil is classified) and WHO recommendations (i.e. 30 °C/75% humidity or 40 °C/75% humidity for each batch). Further comparative profiles for identity assays, dissolution, and related substances were conducted with other 2-in-1 medicines and 4-in-1 products obtained from external market (AkuriT-4) and with Ethambutol produced locally. The protocol for 2-in-1 bioequivalence studies was finalized, and the site selection is currently being updated (delays due to the difficulties in getting the comparator product led to a second round of certificates evaluation, and consultation for defining a timeframe to perform the bioequivalence studies). Budget from previous FY is obligated to start these studies. Farmanguinhos launched a recruitment process for a new senior analyst position at the analytical lab department, with full TB products dedication. Prevision of finalizing this recruitment is early April 2010. A second set of three INH+RMP bio-batches (with other API supplier) were produced. SPS provided support to the USP-DQI program in co-organizing (contacts with SLDs producers and event organization) and participated as a presenter and facilitator for the second-line TB drugs manufacturers workshop on WHO prequalification procedures in São Paulo (March 22-24, 2010). SPS visited the manufacturing facilities of SLDs producers (the Laboratory of Navy Forces, Farmanguinhos), public labs (including the National Institute of Quality Control in Rio and Cristália) and a private lab in São Paulo. A regular monitoring for technical definitions on the WHO Children Working Group for pediatric forms formulation definition was conducted with GDF team (Thomas Moore, John

	Loeber). SPS met with Anvisa's GGLAS department regarding the quality program of TB drugs (Proveme) and follow-up was requested on the delays for Isoniazid 300 mg registration currently in process at Anvisa.
Barriers to Progress:	Several projects are simultaneously being developed and set up as a priority at Farmanguinhos, which sometimes overload key technical processes, like the analytical laboratory ─ a key part in producing all requested assays and making decisions on the next steps. These bottlenecks may result in delays in activity completion. But TB products have been consistently placed on the high priority list by Farmanguinhos, with a full time dedicated time thanks to SPS and Helio Fraga Reference Center support.
Next Steps:	Monitor all technical definitions on the WHO Children Working Group to redefine adequate formulations for Brazil pediatric TB drugs. Scale up the best performance of FDC 4-in-1 experimental batches, to be compared with Lupin FDCs. Select bio-equivalence centers for study completion. Conduct bioequivalence studies for 2-in-1 bio-batches. New meetings with the technical team and SPS program coordinator to be organized in Q3. Organize a meeting with Farmanguinhos Management and NTP to assess the potential agreement on technology transfer for FDC development with an international producer of 4-in-1 FDCs pre-qualified by the WHO.
Indicators:	None.
Activity Title:	Provide technical, managerial and logistical support to the NTP to ensure the uptake of quality-assured 4-in-1 fixed dose combination (FDC) treatment regimens, in-line with the new national TB guidelines
Activity Lead:	Keravec, Joel **Activity #:** 4 **Task**: LFBR09XXX **Subtask**: 60EXH4
Activity Description:	Sub-activities will include: (1) Based on TOTs trainings, define a strategy and methodology for the introduction of 4-in-1 FDCs in country. (2) Elaborate training materials and train a pool of TOTs trainers. (3) Support the roll-out of the strategy in all states of Brazil, through workshops and trainings of health workers, to ensure implementation of quality-assured 4-in-1FDCs in-line with the new national TB guidelines.
USG Sub-element:	DOTS Expansion and Enhancement Increasing Availability of Drugs for Treatment of TB Care and Support Health Governance and Finance (TB)
SPS Partners:	None.
Budget: $270,000.00	**Start Date:** Oct 2009 **End Date:** Sept 2010
Products Planned:	Reports of the MoH TB technical advisory committee and working group meetings. Strategic plan to capacitate a first group of health professionals as future TOTs in each state of Brazil. Finalize the project for the second phase of the quality control program of all TB drugs.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Major efforts were made for capacity building during this quarter, to ensure proper uptake of the new guidelines at the state level. A total of 337 TB health professionals (77 males, 260 females) were trained in 2 states of the North Region, distributed as follows: 147 health professionals trained in Rondônia State (38 males, 109 females), and 175 health professionals trained in Acre State (37 males, 138 females). At the end of March 2010, 4-in-1 FDCs were introduced and routinely used by TB programs in 18 States of Brazil, representing 2/3 of the total number of states, distributed as follows: Amazonas,

São Paulo, Paraná, Rio Grande do Sul, Roraíma, Rio Grande do Norte, Alagoas, Sergipe, Santa Catarina, Ceará, Espirito Santo, Mato Grosso do Sul, Mato Grosso, Rondônia, Pará, Goiás, and Bahia States. SPS/MSH organized several meetings with the NTP and partners, including meetings to: evaluate the strategic plan of TOT trainings at the state level and to further strengthen overall roll-out of 4-in-1 FDC use in the country (January 14, 2010), and plan the organization of TB case management at the regional level, disseminate the new TB/DR-TB guidelines, and develop new training materials. In collaboration with the MoH Pharmacy Department, Anvisa (NDRA), and INCQS, SPS/MSH coordinated the process of evaluation of the quality of 4-in-1 FDCs procured by PAHO, and which demonstrated severe quality problems and deficiencies in the documentation sent by the producer, leading to the cancellation of the procurement contract with CIPLA and its substitution by a WHO pre-qualified supplier, ensuring that quality assured drugs would be further distributed to TB patients at national level.

Barriers to Progress: The procurement process of 4-in-1 FDCs was completed through PAHO ─considerable delays occurred and the arrival of these forms in the country included a waiting time from June to August/September. The agreed strategic plan was to start a capacity building program in the second semester of 2009, in order to have all TOTs performed before the end of the year, and go for a second round of training from states to municipalities. Even though the 4-in-1 FDCs arrived in November, all trainings had been performed before the end of the year 2009 as planned. MSH/SPS strongly recommended the use of the GDF in order to timely procure the next order of 4-in-1 and 2-in-1 FDCs to ensure that no interruption will occur in the TB drug supply. However, a long consultation had to be made with the legal department of the DAF/MoH. Because of the Brazilian legal framework for drugs procurement, the MoH could only use the GDF services if a specific term of cooperation was signed between the MoH and the GDF (similar to the current document/agreement the MoH has with UNICEF or PAHO). There was no indication given on the timeframe needed for implementing such an agreement.

Next Steps: Continue to participate and discuss the new TB treatment system with all involved stakeholders, working groups and the MoH TB advisory committee. Analyze the current stocks of 2-in-1 FDCs to provide an updated position to the NTP so it may make a decision on launching a new procurement process. Monitor and support the trainings to be replicated at municipal levels in all states. Organize a meeting with partners in Rio de Janeiro in January 2010 to evaluate the current strategy, share data and observations from the trainings and field visits, and develop adequate monitoring and evaluation tools for the next steps of the process.

Indicators: None.

Activity Title: Provide technical support to the NTP/MoH in implementing and analyzing operational studies for Cat I and Cat II treatment scheme changes

Activity Lead: Keravec, Joel **Activity #:** 6 **Task**: LFBR09XXX **Subtask**: 60BXG6

Activity Description: (1) Design a study and select research sites to collect retrospective data and analyze results to compare previous treatment regimen in use in Brazil (2RHZ/4RH) with the new international standard scheme (2RHZE/4RH) and new dosages introduced in 2009. This will include: (a) Identifying collaborators and developing methodology for data collection and analysis with experienced technical experts. (b) Presenting and discussing intermediary (and final) results of the study with the TB advisory committee's working groups. (c) Publishing the final results, when data analysis is completed. Apart from producing strong scientific evidences to evaluate efficacy and effectiveness of the proposed new

regimen versus the previous one, this approach is not yet documented in the TB literature and would constitute an innovative and interesting study benchmark for other countries. (2) Assist treatment and research groups of the TB advisory committee and partners in designing a study to compare two different re-treatment schemes, including Ofloxacin versus Moxifloxacin. This includes: (a) Discussing final composition of treatment regimens to be compared. (b) Finalizing the design of a study protocol and selecting research sites. (c) Submitting the protocol to the CONEP (National Ethical Committee) for approval, before any activity could begin. (d) Defining and negotiating the application conditions of the study protocol with all selected sites. (e) Identifying final collaborators and developing SOPs for the application. (f) Identifying and training data collectors and implementing quality controls for monitoring data collection at all sites. (g) Completing the survey and monitoring visits, according to the protocol. (h) Collecting and analyzing data with experienced technical experts. (i) Monitoring intermediary and final results of the study. (j) Publishing the final results of the study, after data analysis completion.

USG Sub-element: DOTS Expansion and Enhancement
Increasing Availability of Drugs for Treatment of TB
Program Design and Learning

SPS Partners: None.

Budget: $210,000.00 **Start Date:** Oct 2009 **End Date:** Sept 2010

Products Planned: Study protocol.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Several meetings with the Rede-TB network and partners were held, and in accordance with the MoH Steering Committee for TB, all partners decided to suspend this activity until further notice is obtained on the on-going quality assessment process for all 4-in-1 FDCs procured by PAHO to date. Efforts dedicated to this action line have been transferred to strengthen MSH/SPS support in evaluating the quality of these forms and to analyze all documentation produced by the supplier, in order to boost the replacement of the official supplier with quality assured drugs.

Barriers to Progress: This activity could not be started yet since 4-in-1 FDCs are not yet procured by the MoH Pharmacy Department through PAHO. Definitions on FDC introduction started to be discussed, and introduction of FDCs would be conducted on the national territory after a capacity building program and not in some pilot states as previously mentioned. Therefore, there no site will be using both regimens at the same time. The workload with the other activities for all partners led the group to give priority to the introduction of FDCs, since the study could be a retrospective study by data comparison. The 4-in-1 FDCs procured by PAHO on behalf of the MoH are suspected of being substandard. Quality control testing and documentation review are currently on-going.

Next Steps: Discuss the methodology to be used and the results of the literature research for operational studies projected to be conducted. Evaluate the quality of the FDCs already in the country, according to the quality testing program.

Indicators: None.

Burundi

Work plan: Burundi **Year** 2009

Funding Level: $900,000.00

Work plan Background
Malaria is considered a major public health problem in Burundi and places a heavy burden on the health system. According to Ministry of Public Health (MoPH) statistics, malaria is responsible for up to 60% of all outpatient visits and up to 50% of deaths occurring in health facilities among children under five years of age. Almost the entire population of Burundi lives in areas at risk of malaria. Malaria transmission in the country is both endemic and epidemic. The malaria control strategy in Burundi includes: Improving accessibility to effective antimalarial drugs, prevention of malaria through the use of insecticide-treated nets (ITNs) and indoor residual spraying, and early detection and control of epidemics. The Strengthening Pharmaceutical Systems (SPS) Program has received field funding from USAID/Burundi through USAID's FY 2009 MOP to address pharmaceutical management challenges in malaria control in Burundi. The SPS Program, the follow-on to the Rational Pharmaceutical Management (RPM) Plus program, strives to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems and services. In addition to RPM's original mandate -to provide technical guidance and assist countries in improving the availability and use of medicines and other health commodities of assured quality in the public and private sectors- SPS focuses on: (a) improving governance in the pharmaceutical sector, (b) strengthening pharmaceutical management systems, (c) containing antimicrobial resistance, and (d) enhancing access to and appropriate use of medicines. Previously through central funds (in FY05 and FY06), RPM Plus provided technical assistance to Burundi's malaria program during the transition of their first line treatment policy from SP to ACTs.

Activity Title:	Provide technical assistance for the implementation of Long-Lasting Insecticide Treated Nets (LLINs).
Activity Lead:	Shretta, Rima **Activity #:** 2 **Task**: LFBI09PMI **Subtask**: 60F4H2
Activity Description:	During its first year plan, SPS will focus its efforts on finalizing the LLIN strategy document for universal coverage and on helping to plan the mass-coverage campaign planned for next year. SPS will specifically provide support in the following areas: (a) work with the PNILP and the drafting committee to finalize the LLIN strategy for Burundi. (b) Support the PNILP and partners in planning a follow-up mass-distribution campaign in for 2010, including potentially developing a planning document. Burundi will be holding presidential and other political elections in May-August 2010; therefore it is likely that a campaign will not be feasible until November 2010.
SPS Partners:	None.
Budget: $66,748.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Strategy document for LLIN implementation. Planning document for mass campaign.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS continued to work on determining the needs of the LLIN campaign and liaised with AMP to plan on TA in Burundi.
Barriers to Progress:	Length of time for registration process and lack of personnel in the country.
Next Steps:	Continue to work with AMP to plan TA in Burundi.
Indicators:	None.
Activity Title:	Provide technical assistance for the Prevention of Malaria in Pregnancy (MIP)

	and Intermittent Preventive Treatment (IPTp).
Activity Lead:	Shretta, Rima **Activity #:** 4 **Task**: LFBI09PMI **Subtask**: 60F4H4
Activity Description:	Given that a strategy for approaching malaria in pregnancy (MIP) cannot be introduced until the issue of IPTp is resolved, SPS will provide support in the following areas: (a) Obtaining and compiling published and unpublished information on SP resistance and treatment and SP efficacy for IPTp. (b) Obtaining and documenting the process for reintroducing SP for IPTp in a country where SP was previously abolished and then reintroduced (such as in Rwanda). (c) Mobilizing international partners to provide support to PNILP for the IPTp policy. (d) Reviewing and providing comments on the proposed study protocol on using mefloquine for IPTp. (e) Eventually providing input in developing an MIP strategy document, once the IPTp issue has been resolved.
SPS Partners:	None.
Budget: $58,413.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Document compiling evidence for SP efficacy for IPTp in the context of SP resistance for treatment. Strategy/policy document for MIP.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS completed the literature review for IPTp and developed a report which was subsequently sent to USAID and partners for review.
Barriers to Progress:	None.
Next Steps:	Finalize report based on feedback from USAID and partners, translate document and disseminate.
Indicators:	None.
Activity Title:	Provide technical assistance for the community based strategy for malaria.
Activity Lead:	Shretta, Rima **Activity #:** 5 **Task**: LFBI09PMI **Subtask**: 60F4H5
Activity Description:	SPS will provide support in the following areas: (a) Provide assistance in the development of pharmaceutical management tools and training materials in support to a home-based management pilot project. (b) Work with ESD and DPML to obtain necessary regulatory waivers for ACTs to enable their use at the community level. (c) Create linkages between the CHW and the health centers for storage, supervision, monitoring, reporting and distribution of community ACTs. (d) Support ESD and DPML in incorporating pharmaceutical management tools including ordering tools and reporting tools for cases treated during their piloting of HBM including potentially testing a simple system for the active adverse drug reaction monitoring and reporting (ADRs) by CHW. (e) Work with PNILP and partners to develop the pharmaceutical management component of a policy document that will guide community case management of malaria in Burundi.
SPS Partners:	None.
Budget: $114,880.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Strategy/policy document on community-based management of malaria developed. Pharmaceutical management tools adapted for use at community level.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During this quarter, SPS liaised with ESD on SPS' role in CCM activity.
Barriers to Progress:	None.

Next Steps:	Continue to work with ESD.
Indicators:	None.
Activity Title:	Monitoring and evaluation of pharmaceutical management including EUV implementation.
Activity Lead:	Shretta, Rima **Activity #:** 6 **Task**: LFBI09PMI **Subtask**: 60A1C6
Activity Description:	SPS is proposing the implementation of the End User Verification (EUV) and the Systems Strengthening Tools, in collaboration with USAID/Burundi. SPS will provide support in the following areas: (a) Contribution to the review of pharmaceutical management indicators developed by the EPISTAT pharmaceutical group. (b) Implementation of the EUV and the health system strengthening tool and dissemination of the results. (c) Determining future technical assistance needs for a pharmaceutical management information system in support of agreed-upon pharmaceutical indicators.
SPS Partners:	None.
Budget: $74,851.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	EUV implementation reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	None.
Barriers to Progress:	Lack of staff in country.
Next Steps:	Continue as planned.
Indicators:	None.
Activity Title:	Support PNILP to develop its organizational and functional capacity.
Activity Lead:	Shretta, Rima **Activity #:** 7 **Task**: LFBI09PMI **Subtask**: 60F4H7
Activity Description:	SPS will: (a) Provide PNILP with support for organization of their new program office, including regional professional development opportunities, internet connection and office supplies and equipment as needed. (b) Collaborate closely with PNILP staff in carrying-out the above described activities and, therefore building their functional capacity in pharmaceutical management and in coordinating with relevant partners (especially CAMEBU and DPML).
SPS Partners:	None.
Budget: $50,659.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS liaised with the PNILP to determine their capacity building needs and to identify areas for support.
Barriers to Progress:	None.
Next Steps:	Continue to work with the PNILP to determine their needs.
Indicators:	None.
Activity Title:	Technical assistance for acceleration of Round 9 grant signature.
Activity Lead:	Shretta, Rima **Activity #:** 8 **Task**: LFBI09PMI **Subtask**: 60F4Q8
Activity Description:	The average time for grant signature has been shown to be 290 days. If the Burundi Round 9 grant is approved and these funds are to be used to procure LLINs necessary for the 2010 campaign, it will be necessary to ensure that

	every effort is made to reduce the time taken for the grant signature. SPS will provide assistance to the PNILP and the MoPH to ensure that the Round 9 grant is signed in a timely fashion, by assisting in the development of key documents needed for signature such as the Procurement Supply Management Plan, the M&E plan and the work plan. SPS will leverage the RBM partnership to provide this support.
SPS Partners:	None.
Budget: $10,076.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	PSM plans. Work plans. M&E plans.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Liaised with RBM and Global Fund to provide a consultant for PSM plan to accelerate grant signature. Followed-up on progress of signature.
Barriers to Progress:	Lack of in-country staff.
Next Steps:	Work with RBM and the Global Fund to accelerate grant signature.
Indicators:	None.
Activity Title:	Office management.
Activity Lead:	Shretta, Rima **Activity #:** 9 **Task**: LFBI09PMI **Subtask**: 97XXYX
Activity Description:	SPS will establish an office in Bujumbura to provide continuous technical assistance for malaria activities in Burundi. This will include hiring at least two full-time technical staff, as well as one full-time operational staff/office manager. It is expected that one of the technical staff will be an expatriate (recruited from the region).
SPS Partners:	None.
Budget: $164,864.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS followed-up with the lawyer and the registration process. In addition, we discussed the possibility of a sub-contract with Pathfinder. These discussions led to positive outcomes, and negotiations for the contract began. The interview process for new staff began.
Barriers to Progress:	The Ministry of External Affairs was auditing all international NGOs and not approving new NGOs, making staff hire and operations difficult.
Next Steps:	Follow-up on registration process and sub-contract with Pathfinder. Continue with staff recruitment and hiring.
Indicators:	None.

China

Work plan: China **Year** 2009

Funding Level: $100,000.00

Work plan Background
Management Sciences for Health's (MSH) Strengthening Pharmaceutical Systems (SPS) project has received funding from the U.S. Agency for International Development's (USAID) Regional Development Mission/Asia (RDMA) to provide technical assistance to strengthen pharmaceutical management operations for the HIV program in China. In December 2008, SPS staff traveled to China to review pharmaceutical management operations at antiretroviral therapy (ART) treatment and distribution sites in Guangxi Province and to work with stakeholders, including the World Health Organization (WHO), and the National Center for AIDS/STD Control and Prevention (NCAIDS) at the national level, and Guangxi Bureau of Health (BOH) and China Center for Disease Control and Prevention (CDC) managers, to develop an action plan for strengthening the antiretroviral (ARV) pharmaceutical management system in Guangxi Province. During the trip, the SPS/WHO team visited five distribution and seven treatment sites at each system level, including two of the three centers in the province that provide ART services to children. Following the site visits, SPS met with stakeholders from Guangxi Province, NCAIDS, and WHO to present key findings and recommendations and to develop a plan of action. In general, many pharmaceutical management operations appeared to be working well at the sites visited. However, some of the major concerns observed were the lack of standard operating procedures (SOPs) for managing ARVs and controlling inventories at each level, the limited availability of second-line ARV products, frequent stock shortages resulting from problems with procurement that necessitated emergency tenders to fill gaps, the absence of simple tools to assist staff in analyzing data and quantifying needs, limited storage conditions present at distribution facilities, lack of standardized and simple tools (both manual and electronic) to record inventory transactions at all levels and to capture issues data at the dispensing point, and the need for additional training of staff in pharmaceutical management and specifically in forecasting, including analyzing data.

Activity Title:	Conduct training-of-trainers (TOT) workshop in Guangxi Province.
Activity Lead:	Hollist, Sharri **Activity #:** 2 **Task**: LFCN09IDX **Subtask**: 60CXM5
Activity Description:	SPS, in collaboration with WHO/China and the provincial health authorities in Guangxi province, will develop training materials and conduct a training-of-trainers (TOT) workshop to initiate roll-out of the finalized SOPs to selected treatment and distribution facilities in the province. As a result of the workshop, a roll-out plan to pilot facilities will be developed.
USG Sub-element:	Other/Policy Analysis and System Strengthening
SPS Partners:	None.
Budget: $62,450.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Training materials. Training report.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	In January 2010, SPS conducted a training-of-trainers (TOT) workshop in Guangxi Province. The week following the TOT, facilitators actively observed new trainers conducting a workshop for a group of participants from Guangxi Province. Following completion of the workshop, all revised and finalized training materials, SOP manuals, reporting forms, and pharmaceutical management tools were provided to stakeholders in Guangxi.
Barriers to Progress:	None.

Next Steps:	Continue to follow up and/or communicate with Guangxi on any additional request(s) for SOP or tool modifications under activity #3.
Indicators:	None.
Activity Title:	Monitor progress on implementation of SOPs in Guangxi province.
Activity Lead:	Hollist, Sharri **Activity #:** 3 **Task**: LFCN09IDX **Subtask**: 60F2F3
Activity Description:	Three to six months after the workshop, SPS will conduct follow-up visits to selected sites in Guangxi to monitor progress on implementation of SOPs. During these visits, SPS will collect feedback on the functionality of the tools provided as part of the SOPs and will make adjustments to them as necessary, so that provincial authorities in Guangxi can take these adjustments into account as they implement SOPs throughout the province.
USG Sub-element:	Program Design and Learning
SPS Partners:	None.
Budget: $28,180.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Report on implementation of SOPs in Guangxi Province.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Guangxi requested SPS to resolve a few technical problems related to the functionality of the quantification tool. SPS revised the tool and addressed the bugs as requested. The revised version was provided to the Guangxi Provincial-level staff.
Barriers to Progress:	None.
Next Steps:	Conduct a follow-up assessment visit on SOP implementation in piloting site(s) in June 2010.
Indicators:	None.

Democratic Republic of the Congo

Work plan: DR Congo **Year** 2008

Funding Level: $2,200,000.00

Work plan Background
The Democratic Republic of the Congo, following a long period of civil war and unrest, is characterized by the presence of several public health problems and very limited resources (financial and human) to address them. For public health providers to effectively treat patients and improve health service delivery, the necessary essential medicines must be available in the public health facilities. However, in DRC an uninterrupted supply of essential medicines is not currently available throughout the public health system. In USAID-assisted health zones challenges related to pharmaceutical management include but are not limited to ─lack of capacity to adequately quantify needs, inappropriate management of medicines, irrational prescribing, lack of funds to order sufficient quantities from the regional depots, and stock-outs at the regional depot level. Additionally, the distances and lack of infrastructure make distribution of medicines from the central level to the regional level and then to the health zone and facility levels expensive and time consuming. Although the MoH decentralization policy has been in effect for several years, the capacity, in terms of financial and human resources for pharmaceutical management, at the provincial level is insufficient. In addition, the linkages between health zones, districts, provincial inspection offices and international donors and partners working in pharmaceutical management are lacking. Besides the lack of available medicines, the DRC pharmaceutical sector, in general, has several problems ranging from the lack of necessary and up-to-date legislative and regulatory policy documents to the lack of an effective and sustainably functioning system. Since 2004, USAID has supported MSH's RPM Plus Program and its follow-on, the SPS program, in their efforts to assist the NMCP with malaria control and to strengthen the DRC pharmaceutical supply system and the related MoH counterparts. Under FY07 funding, SPS worked with the Direction of Pharmacy, Medicines and Therapeutic Plants (DPM) and the National Essential Medicines Procurement Program (PNAM) on various key legislative and strategy documents to facilitate more effective implementation of the national pharmaceutical supply system. However, there is still much to do on this front as the system is far from totally functional. There is significant need to strengthen the DPM's capacity to serve as the national drug regulatory authority and assure the quality of medicines within the public health system. Under this work plan, SPS activities will build on the work of previous years and focus on providing support at the health zone and provincial levels. The primary goal will be to ensure an uninterrupted supply of medicines necessary for the minimum package of activities in USAID-assisted health zones. This support will also include working with regional depots that are involved in supplying the USAID-assisted health zones. Additional support will be provided at the central level to help update, revise, and put in place necessary pharmaceutical laws and SOPs as well as examine financial flows through the pharmaceutical system. As FY08 funding is broader than previous support (includes HIV/AIDS, TB, POP/RH, malaria, and water funds) SPS will utilize these funds to provide broad support to strengthen the overall DRC pharmaceutical supply system.

Activity Title:	Strengthen the provincial and health zone mgt. teams to improve pharmaceutical management at the intermediate and peripheral levels
Activity Lead:	Bukasa, Gabriel **Activity #:** 3 **Task**: LFZR08XXX **Subtask**: 60AXH3
Activity Description:	Under this activity, MSH/SPS will assist the DPM and the PNAM to strengthen coordination mechanisms at the provincial and peripheral levels (district and health zones) for the management of essential medicines in the public health system. This will include ensuring that the provincial health management team is the repository for any and all data generated in the province (public health sector), using North Kivu as an example, it will also include establishing a pharmaceutical management committee at the provincial level to provide guidance to all health zones and donors working in the province on

pharmaceutical management. These coordination committees will bring together MoH and donor implementing partners working in pharmaceutical management to improve coordination and consistency in how medicines are managed in health facilities throughout the province. This will also include other USAID HIV/AIDS implementing partners and their sub-grantees working in the provinces where SPS representatives are based. SPS will seek to include local NGOs, such as ECC (an Ecumenical Pharmaceutical Network partner and also an AXxes project implementing partner), in capacity building activities. To closely monitor this support, MSH/SPS will have provincial representatives in each of the four provinces where USAID is assisting health zones (S. Kivu, Kasai Occidental, Kasai Orientale and Katanga). These staff, together with the MoH provincial and district pharmacy inspectors, will conduct regular supervisory visits to health zones and health facilities to monitor pharmaceutical management at the service delivery level. SPS provincial representatives will have motorcycles at their disposition for visiting nearby sites that are accessible by motorcycle. SPS will also provide logistic support (motorcycle and fuel) to six provincial and district pharmacist inspectors in these provinces to facilitate their regular involvement in pharmaceutical management activities in their coverage area. Under this activity MSH/SPS will also establish quantification committees at the health zone central office (BCZS) level under the guidance of the provincial and district pharmacy inspectors with the mandate to review, standardize and validate quantification and check that estimates are consistent with epidemiologic trends and based on reliable and complete data. The SPS provincial representatives will play a key role in establishing and providing guidance, through the provincial pharmaceutical management coordination committee, to these quantification committees. The SPS provincial representatives will also work with regional depots covering USG-supported areas to strengthen their capacity in managing medicines and in general operations and to ensure that the unit responsible for oversight (either MoH or board of directors) is fulfilling their role to ensure good functioning, including good governance and transparency, of the depot. The support of these regional medical stores is critical for improving the pharmaceutical distribution system in USG supported areas and will include financial, human resources, logistics and management technical assistance. The revolving drug fund needs will be taken into account in the process of strengthening the capacity of these regional medical stores. MSH/SPS will engage a local external organization to undertake an independent audit in order to identify weaknesses to be addressed. Provincial SPS representatives will also work with implementing partners to identify a sample of general reference hospitals in USAID-assisted health zones where SPS can begin the process to establish drugs and therapeutic committees to review medicines safety and use in these facilities. Through the provincial representatives and central level staff, MSH/SPS will also provide technical assistance for the continued implementation and rollout of community case management in USG supported health zones for the management and dispensation of essential medicines for the treatment of childhood illnesses at the community level. This will also be supported using SPS core maternal and child health funding.

SPS Partners: None.

Budget: $545,066.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: MSH/SPS assisted MSH/LMS in the dissemination of all pharmaceutical

	management technical guidelines and the Pharmaceutical Management Framework posters in 414 health facilities in HZ under LMS in Kasai Oriental and Kasai Occidental provinces. These guidelines and posters will serve as job aids to help health facility staff appropriately manage medicines and ensure that they have the necessary tools available such as stock cards, order forms, report forms, etc. MSH/SPS also supported the Katanga province in producing a revised roadmap for the ''Commission Provinciale du Médicament'' (CPM) and SNIS-MED. This support resulted in three out of eight HZ in Kolwezi District reporting on pharmaceutical management for the very first time, showing the available stock, the enriched tracer items list and their monthly follow-up. In order to strengthen pharmaceutical management at the health zone and health facility levels and monitor pharmaceutical management practices following recent trainings, MSH/SPS assisted the ''Pharmacien Inspecteur Provincial'' (PIP) Kasai Occidental in his supervision in Lubondaie Health Zone, and the Kolwezi District Pharmacien Inspecteur in his supervision of AXxes-supported Health Zones (Dilala and Manika). In general these supervision visits found mainly non availability of some essentials medicines and incomplete data collection tools. This was addressed through on the job trainings. In November 2009, Alexis Mayambi, a pharmacist at the Tshikaji hospital in Kasai Occidental, attended a workshop on Anti Microbial Resistance (AMR) held in Kigali, Rwanda (not SPS funded). During this quarter Mr. Mayambi shared the proceedings of this meeting with other hospital staff and members of the Tshikaji Hospital Therapeutic Committee (CPT). The meeting was attended by 45 health workers (17 females, 28 males). This provided the Tshikaji hospital CPT an opportunity to discuss potential future activities related to what Mr. Mayambi learned during this workshop.
Barriers to Progress:	None.
Next Steps:	Maintain support to PIPs in their supervisions in AXxes and LMS health zones.
Indicators:	None.
Activity Title:	Strengthen the capacity of health workers responsible for pharmaceutical management in USG-supported health zones and provinces
Activity Lead:	Bukasa, Gabriel **Activity #:** 4 **Task**: LFZR08XXX **Subtask**: 60E3H4
Activity Description:	SPS will work closely with other USG implementing partners (AXxes, LMS, FHI, PSI and CDC) and MoH stakeholders to identify candidates at different levels (central, provincial, and health zone) of the health system to benefit from training on both key pharmaceutical management areas and leadership and management. In areas where NGOs are providing public health services (for example, EPN members) in USG-supported provinces and health zones, SPS will include them in capacity building activities. MSH/SPS will continue to work with the PNAM to finalize the pharmaceutical management training guidelines for trainers which will improve the standardization of cascade trainings on pharmaceutical management to reach health workers in USG-supported health zones and HIV/AIDS intervention areas. SPS MCH core funding will be used to ensure that the guidelines address issues related to implementation of the community case management of childhood illnesses and AMTSL including specific storage requirements, quantification, inventory management, record keeping, etc for the community level. For the leadership and management component of the trainings, SPS will enlist the assistance of MSH/LMS. Because forecasting and quantification have been identified as principal challenges to an uninterrupted supply of medicines in USG supported health facilities, this will be a key component with significant focus during pharmaceutical management capacity building and trainings. Other areas to be

	addressed and tailored according to the target audience include but are not limited to: procurement/ordering, inventory management, good distribution and warehousing practices, data collection and reporting, and rational prescribing and use. Specificities for the quantification and management of HIV/AIDS medicines and products will be emphasized, along with anti-TB medicines and antimalarials. Health staff responsible for the procurement and management of medicines in the LMS health zones (Kasai provinces) and USAID-supported HIV/AIDS treatment centers will be targeted to enable them to better carry out their job responsibilities. Support will be provided to AXxes health zones on an as needed basis. These trainings will ensure that health facility staff responsible for managing medicines is able to carry out their responsibilities as outlined in the DRC pharmaceutical management technical guidelines and minimize stock-outs of essential medicines at the service delivery level. Following these trainings SPS will work with implementing partners and MoH counterparts to ensure that regular supervision on pharmaceutical management takes place at all levels. A tracer list of medicines that include key RH, HIV/AIDS, TB, MCH and malaria medicines will be regularly tracked to monitor medicines availability. In addition, MSH/SPS will include representatives of health committees in a portion of these trainings so that they can better understand the pharmaceutical management framework to ensure their engagement and regular oversight with respect to pharmaceutical management activities. This will improve the health committee's capacity to ensure accountability for the effective management of funds provided to health facilities to create revolving drug funds. To ensure a continuous supply of essential medicines it is critical for health facility staff to be accountable to the health committee and their community for both medicines stocks and management of receipts from the sale of these medicines.
SPS Partners:	None.
Budget: $163,601.00	**Start Date:** Oct 2008 **End Date:** Sep 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	With regard to capacity building in pharmaceutical management, MSH/SPS supported the training of 24 LMS Health Zones (HZ) out of 25 in Kasai Oriental and Kasai Occidental provinces, as well as in 5 AXxes-supported Health Zones in Katanga province. In total, 105 staff in managerial position (membres des équipes cadre) from Health Zones and Bureaux de District, and 1076 dispensers from health facilities were trained. The training materials are based on the pharmaceutical management technical guidelines as per Ministry of Public Health directives. During these training sessions, MSH/SPS supported the provincial level of the Ministry of Health to launch Quantification Committees in 29 Zones. These committees analyze and validate all medicines and clinical supplies orders generated from all health facilities in the HZ before they are forwarded to the ''Centrale de Distribution Régionale'' (CDR). Of the 1181 health workers trained during the quarter 989 were male and 192 were female.
Barriers to Progress:	None.
Next Steps:	Support pharmaceutical management training for health workers in the remaining 6 AXxes-supported health zones (Idjwi, Nundu, Kitutu, Mulungu, Lulingu, Kalole) in Sud Kivu, and one LMS supported zone (Dekese) in Kasai Oriental.
Indicators:	None.
Activity Title:	Strengthen the PMIS in USG-supported provinces and health zones

Activity Lead:	Bukasa, Gabriel **Activity #:** 5 **Task**: LFZR08XXX **Subtask**: 6060G4H5
Activity Description:	As the SNIS-Med, the pharmaceutical management component of the National Health Information System (SNIS) is rolled-out in the South Kivu province it will be important to ensure that the accurate, reliable and complete data are analyzed and used for decision-making at the appropriate levels and submitted to the appropriate level according to the set calendar. Emphasis will be made to ensure that health facilities and zones are reviewing and analyzing data collected at the peripheral level as opposed to just collecting it and submitting it, without review or analysis, to the district or provincial level. Under this activity SPS will work closely with the provincial and health office management teams to put in place the systems for data collection, submission, collation, analysis (at all levels) and sharing of SNIS-Med data (with specialized programs, such as the PNLS, NTP and NMCP and stakeholders) at the appropriate levels (provincial and central level). SPS will also work with the PNAM to roll out the SNIS-Med in the Kasai Orientale province.
SPS Partners:	None.
Budget: $67,518.00	**Start Date:** Oct 2008 **End Date:** Sep 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS followed up the SNIS MED implementation in AXxes-supported health zones in Sud Kivu province. Twenty two (22) HZ out of 28 were trained. Out of these 22 HZ trained, 17 (77%) reported during this quarter against 13 (60%) the previous quarter.
Barriers to Progress:	None.
Next Steps:	Continue to work with the Katanga and Sud Kivu MoH counterparts to monitor SNIS-Med reporting.
Indicators:	None.
Activity Title:	TA to pharmaceutical management counterparts at the central level to establish national pharmaceutical laws and SOPs
Activity Lead:	Bukasa, Gabriel **Activity #:** 6 **Task**: LFZR08XXX **Subtask**: 60A5H6
Activity Description:	Following support last year to update the national pharmaceutical law, SPS plans to assist MoH pharmaceutical management counterparts (DPM and PNAM) and stakeholders at the central level to prepare the national medicines social status legislation for consideration and adoption by the DRC parliament. This law considers medicines and related products as social goods, and as such, they should be exempt from taxation upon importation. However, due to the potential delay in review and consideration by the DRC parliament, SPS will work with appropriate Government of DRC Ministries to advocate for an official decree from the Minister of Finance to exempt any USAID or USAID implementing partner-purchased pharmaceutical products from taxation to reduce/eliminate delays in customs clearing that could result in stock outs at lower levels. Additional TA will assist in establishing procedures to standardize execution of tasks within the MoH central level departments responsible for pharmaceuticals. Although the DPM has been in existence in DRC for many years, there is a lack of critical standard operating procedures for technical tasks that they regularly carry-out. An example would be the lack of SOPs for the medicines registration process. The PNAM also lacks written procedures for

their regular technical tasks and responsibilities. The primary SOPs will include the medicines registration process, revision of the national pharmaceutical policy, and revision of the national essential medicines list. Additionally, there are some administrative procedures, such as developing and regularly updating individual staff job descriptions, which lack SOPs. In addition, the procedures for financial management of funds generated by DPM activities (e.g. registration of medicines and pharmaceutical facilities, importation and exportation of medicines) need to be written. These SOPs will promote good governance and help ensure transparency, accountability and consistency in how tasks must be carried out. They will also serve as a tool for oversight to hold individuals responsible for their execution of these tasks. To streamline the medicines registration process MSH/SPS will also work with the DPM to develop a system for the registration of pharmaceuticals including establishing a searchable database of registered products, imported products, products removed from the market, narcotic products and other pharmaceuticals. SPS will suggest adaptation and translation of the Pharmadex program that was developed in Namibia to reduce the time and effort required to establish this database. Building this capacity within the DPM will help facilitate the registration of all essential medicines including key MCH products such as zinc as well as uterotonics coming on the market such as the Uniject product for oxytocin. This activity will also be supported using SPS core maternal and child health funding. SPS will explore, together with the PNAM, donors and stakeholders that procure medicines for vertical programs such as HIV/AIDS, TB and reproductive health, opportunities to integrate these medicines into the national pharmaceutical management system at the decentralized level. This will consolidate tasks at regional stores and facilitate ordering by health zones by eliminating multiple mechanisms. SPS will ensure representation from the reproductive health program during these discussions with PNAM to discuss coordinating and integrating procurement, distribution and management of key MH medicines, including uterotonics. SPS will also provide technical assistance to strengthen the PNAM's role in pharmaceutical management coordination at the central level among other MOH units and other stakeholders involved in pharmaceutical management in DRC. This will include coordination between the pharmaceutical procurement task force members for quantification of needs and planning upcoming procurements so that donor resources can be maximized and to avoid duplication. As needed, SPS will provide direct TA for quantification of needs and provide tools for this purpose and guidance in using them. This task force will serve as a critical mechanism for bringing together procurement stakeholders for this essential coordination.

SPS Partners: None.

Budget: $227,112.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: DRC Pharmacy Direction/Drug Regulatory Authority standard operating procedures.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: SPS supported the drug regulatory authority (DPM) in finalizing the 2010 edition of the National Essential Medicines List, with WHO technical collaboration. For the first time, associated with this process, are two noticeable aspects: (1) The inclusion of inputs from the provinces through CPM's activities, and from the treatment guidelines of various special programs of the Ministry of Public Health. (2) The inclusion of specific essential medicines for pediatrics, as per WHO recommendation. His Excellency, the Minister of Public Health, chaired the opening and the closing of the validation ceremony of the National Essential

	Medicines List. SPS facilitated the process to update the previously obtained importation documentation from the Drug Regulatory Authority (DPM) for the essential medicines procurement done by LMS for the LMS health zones in the Kasai provinces.
Barriers to Progress:	None.
Next Steps:	Assist the DPM to disseminate the National Essential Medicines List in all provinces. Assist the DPM in the next step of the PharmaDex implementation (electronic registration and homologation of medicines database at the national level). This step consists of translating all processes of registration at the DPM into English to allow the experts to assess the DRC system this will inform the customization of the software to the DRC context and DPM realities.
Indicators:	None.

Dominican Republic

Dominican Republic 2008

Work plan: Dominican Republic TB **Year** 2008

Funding Level: $250,000.00

Work plan Background
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). Critical for successful DOTS is ensuring the continuous supply of quality medicines and pharmaceutical supplies for TB, as well as promoting their appropriate use (according to standardized treatment regimens). With USAID DR funds, the MSH SPS Program will continue the TA provided by RPM Plus for the implementation of a Pharmaceutical Management Information System (PMIS) and scale-up the use of FDCs. The SPS work plan for FY08 (October 2008-September 2009) also includes technical assistance to strengthen the management of TB laboratory supplies and institutionalization of the best practices, already implemented for TB pharmaceutical management. Based on this experience, SPS will also support the MoH's proposal to integrate the country's vertical supply systems into a single, national pharmaceutical system.

Activity Title:	Strengthen the management of TB medicines and laboratory supplies
Activity Lead:	Barillas, Edgar **Activity #:** 2 **Task**: LFDO08TBX **Subtask**: 60C3H2
Activity Description:	For FY08, SPS will support the implementation of SOPs for laboratory supply management and the procurement of TB diagnostic kits through the GDF.
USG Sub-element:	Increasing Availability of Drugs for Treatment of TB Development of New Tools and Improved Approaches
SPS Partners:	None.
Budget: $71,000.00	**Start Date:** Jan 2009 **End Date:** Sep 2009
Products Planned:	Standard Operations Guidelines: For supply management of TB laboratory reagents and diagnostic commodities. Tool: Calculation/ converting factors to estimate use and requirements of TB diagnostic reagents Impact evaluation of MSH/SPS/USAID supported activities to improve the performance of the laboratory commodities supply system. Impact evaluation of the introduction of TB-FDCs on patient's default rate.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During this quarter MSH/SPS started a monitored implementation of the e-TB manager. A local consultant, in close contact with the e-TB manager team in Brazil and TB national counterparts, will review the implementation routines with the goal of having a functional application.
Barriers to Progress:	None.
Next Steps:	For the next quarter, it is expected that this electronic application will be fully functional.
Indicators:	None.
Activity Title:	Technical assistance to institutionalize procurement and distribution of TB medicines and laboratory supplies.
Activity Lead:	Barillas, Edgar **Activity #:** 3 **Task**: LFDO08TBX **Subtask**: 60CXH3

Activity Description:	SPS will help develop guidelines to facilitate an understanding of the official procedures and time-lines for procurement and distribution. This activity may also help other public health programs (such as HIV/AIDS) deal with similar problems.
USG Sub-element:	Health Governance and Finance (TB)
SPS Partners:	None.
Budget: $27,000.00	**Start Date:** Jan 2009 **End Date:** Sep 2009
Products Planned:	Trip reports and SOP for the procurement of public health medicines and supplies.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH is working on a proposal to systematize the procurement through the GDF.
Barriers to Progress:	None.
Next Steps:	Continue working on the proposal.
Indicators:	None.
Activity Title:	Technical assistance for the development of SOP for pharmaceutical management.
Activity Lead:	Barillas, Edgar **Activity #:** 4 **Task**: LFDO08TBX **Subtask**: 60F3H4
Activity Description:	Based on the results and recommendations of this rapid assessment, SPS will provide TA for the development of SOPs for pharmaceutical management within the health sector reform program. This holistic approach will benefit other DR MoH programs, particularly the HIV/AIDS Program, that recently requested technical assistance in this area.
USG Sub-element:	Health Governance and Finance (TB)
SPS Partners:	None.
Budget: $60,000.00	**Start Date:** Jan 2009 **End Date:** Sep 2009
Products Planned:	Trip reports. SOP for the procurement of public health medicines and supplies. SOPs for a national pharmaceutical management system.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS supported the elaboration of standard operational procedures for an integrated pharmaceutical system. The SOPs establish the roadmap to support the implementation of good storage practices and inventory systems and institutionalize the procurement of medicines and supplies in all SESPAS programs.
Barriers to Progress:	None.
Next Steps:	Continue working on SOPs.
Indicators:	None.
Activity Title:	Support the implementation of good storage practices in central and peripheral warehouses
Activity Lead:	Barillas, Edgar **Activity #:** 5 **Task**: LFDO08TBX **Subtask**: 60CXH5
Activity Description:	For FY08, SPS will reinforce good storage and inventory control practices in the central medical warehouse. If this experience proves to be successful, the implementation of SOPs and subsequent training will be replicated in other central and peripheral MoH warehouses. A certification/accreditation system may be implemented to institutionalize best practices in warehouse

	management.
USG Sub-element:	Development of New Tools and Improved Approaches
SPS Partners:	None.
Budget: $54,000.00	**Start Date:** Jan 2009 **End Date:** Sep 2009
Products Planned:	Trip reports. Accreditation manual.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS supported the organization of a national workshop to improve pharmaceutical management practices. The SUGEMI procedures will be presented, discussed and validated during this workshop. Note: FY08 funds were also used for this activity.
Barriers to Progress:	None.
Next Steps:	Continue organizing the national workshop.
Indicators:	None.
Activity Title:	Participate in internal and external evaluations of the TB Program
Activity Lead:	Barillas, Edgar **Activity #:** 6 **Task**: LFDO08TBX **Subtask**: 60F3A6
Activity Description:	SPS will participate in internal evaluations of the TB program, and will present the results of these evaluations and the SPS technical assistance work plan. SPS will also participate in external evaluations of the NTP, as requested by the USAID missions and the GDF.
USG Sub-element:	Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $22,000.00	**Start Date:** Jan 2009 **End Date:** Sep 2009
Products Planned:	Trip reports and evaluation reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During this quarter MSH/SPS supported a GDF evaluation mission of the TB pharmaceutical supply system. The final report has been delivered to the GDF. With the remaining FY07 USAID resources, MSH/SPS supported the participation of three individuals from the Dominica Republic (Director of the TB program, the laboratory coordinator and MSH/SPS local consultant), at the TB Union Conference, held in Cancun Mexico, December 3-6. 2009. During the poster session this team presented the progress in the strengthening of the laboratory supply system. Additionally, the MSH/SPS local consultant participated as lecturer in a workshop organized by MSH/SPS.
Barriers to Progress:	None.
Next Steps:	No evaluations have been planned for the next quarter. MSH/SPS will participate in the external evaluation of the TB program, tentatively scheduled for September 2010.
Indicators:	None.

Dominican Republic 2009

Work plan: Dominican Republic TB **Year** 2009

Funding Level: $450,000.00

Work plan Background

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). Critical for successful DOTS is ensuring the continuous supply of quality medicines and pharmaceutical supplies for TB, as well as promoting their appropriate use (according to standardized treatment regimens). SPS activities for FY08 (October 2008 – September 2009) included scale-up of the introduction of FDCs, technical assistance to strengthen the management of TB laboratory supplies, the implementation of an electronic management information system for clinical and pharmaceutical management of MDR-TB, and technical assistance for the organization of a national pharmaceutical management system, incorporating all SESPAS programs (TB and HIV/AIDS, included). SPS has received USD 450,000 from the USAID mission in Dominican Republic in FY09 funds to strengthen the pharmaceutical supply system, including following-up on the aforementioned activities and strengthening the selection and procurement of HIV/AIDS medicines and diagnostic products.

Activity Title:	Consolidate the supply management of TB medicines and laboratory commodities
Activity Lead:	Barillas, Edgar **Activity #:** 2 **Task**: LFDO09TBX **Subtask**: 60C3H2
Activity Description:	For FY09, SPS will support the quantification for the next procurement of medicines and laboratory supplies through GDF, the scale-up of laboratory kit use (to the whole country), and the improved use of the information generated by the pharmaceutical management information system. SPS will assess the impact of the introduction of the TB laboratory kits and the implementation of operational procedures for the management of laboratory reagents and commodities in four pilot areas. Based on these results SPS will support a plan to scale-up these practices to the entire country.
USG Sub-element:	Increasing Availability of Drugs for Treatment of TB Improve Management of TB/HIV Development of New Tools and Improved Approaches Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $43,600.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip report. Assessment reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During this quarter, MSH/SPS supported the procurement of FDCs through the Global Drug Facility (GDF)/Partners for Supply Chain Management. MSH/SPS evaluated the inventory of anti-TB medicines in the central warehouse, during a visit to the Dominican Republic in January 2010. The stocks were at critically low levels. The procurement through the GDF was delayed due to problems with the MoH cash flow. During this visit MSH/SPS participated in a meeting to discuss current problems in the logistics of TB culture samples and lab results. In previous quarters, MSH/SPS has supported the introduction of TB diagnostic kits (procured through the GDF). During this quarter MSH/SPS developed and validated a study protocol to assess the impact of the introduction of the TB diagnostic kits. Data collection will be carried out next quarter. During this quarter MSH/SPS started a monitored implementation of the e-TB manager.
Barriers to Progress:	None.
Next Steps:	For the next quarter, MSH/SPS will propose a process flow to confront these stock problems. A local consultant, in close contact with the e-TB manager team in Brazil and TB national counterparts, will review the implementation routines. For the next quarter, it is expected that an electronic application developed by the consultant will be fully functional.

Indicators:	None.
Activity Title:	Support the supply management of HIV/AIDS medicines and diagnostic materials
Activity Lead:	Barillas, Edgar **Activity #:** 3 **Task**: LFDO09TBX **Subtask**: 60F2H3
Activity Description:	For FY09, SPS will support a rapid assessment of the supply management of HIV/AIDS medicines and diagnostic supplies, an analysis of ARV selection and current therapeutic schemes, and the estimation of needs for annual procurement. Other components of the supply chain will be strengthened, as the implementation of an integrated pharmaceutical management system (as proposed in activities 4 and 5) progresses.
USG Sub-element:	Other/Policy Analysis and System Strengthening Improve Management of TB/HIV
SPS Partners:	None.
Budget: $86,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip reports. Assessment report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The National HIV/AIDS program requested MSH/SPS' technical assistance to strengthen its pharmaceutical management system. Most of the problems will be addressed through the integration of a national pharmaceutical management system. Some particular problems, however, deserve a specific approach. During this quarter, MSH/SPS finalized and presented to national authorities and technicians a rapid assessment of the situation of HIV/AIDS pharmaceutical management.
Barriers to Progress:	None.
Next Steps:	During next quarter MSH/SPS will organize a workshop to discuss the results and elaborate with local counterparts, a work plan to confront the problems.
Indicators:	None.
Activity Title:	Technical assistance for the development of SOPs for pharmaceutical management
Activity Lead:	Barillas, Edgar **Activity #:** 4 **Task**: LFDO09TBX **Subtask**: 60F3H4
Activity Description:	For FY09, SPS will provide technical assistance for the design and implementation of an integrated pharmaceutical management system. If all stakeholders agree on the pertinence and feasibility of the proposal, SPS will support the elaboration of standard operational procedures for the procurement of medicines and supplies of all SESPAS programs (starting with the TB and HIV/AIDS programs as pilots) through competitive national tenders and international agencies, and its distribution through a new logistics operator.
USG Sub-element:	Improve Management of TB/HIV Development of New Tools and Improved Approaches Health Governance and Finance (TB)
SPS Partners:	None.
Budget: $61,900.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	SOPs. Trip report. Presentation. Proposal.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS supported the elaboration of standard operational procedures for an

	integrated pharmaceutical system during the second quarter of 2010. The SOPs will establish the roadmap to support the implementation of good storage practices and inventory systems, to institutionalize the procurement of medicines and supplies in all SESPAS programs, and implement a national pharmaceutical management system. Note: This activity was also supported using FY08 funding.
Barriers to Progress:	None.
Next Steps:	Continue working on the SOPs.
Indicators:	None.
Activity Title:	Participate in internal and external evaluations of the TB Program
Activity Lead:	Barillas, Edgar **Activity #:** 6 **Task**: LFDO09TBX **Subtask**: 60F3A6
Activity Description:	As a component of an integrated pharmaceutical management system, SPS will support the coordination between the SESPAS programs (TB and HIV/AIDS, for instance) and a new logistics operator (PROMESE), particularly on the estimation of needs, annual procurement, inventory control and requisition/delivery to periphery sites/warehouses. If requested, SPS will also provide technical assistance to improve the warehousing conditions of the regional/provincial warehouses/facilities and their inventory systems.
USG Sub-element:	Host Country Strategic Information Capacity Program Design and Learning
SPS Partners:	None.
Budget: $20,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip report. Evaluation reports. Meeting minutes.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During this quarter MSH/SPS supported the national evaluation of the TB program (Santo Domingo, March 3-6). MSH consultants assisted in the facilitation and elaboration of the final report. The final report has been delivered to the GDF.
Barriers to Progress:	None. This activity was supported primarily with FY07 and FY08 resources.
Next Steps:	No activities or evaluations have been planned for the next quarter.
Indicators:	None.
Activity Title:	Technical assistance for the implementation of a national pharmaceutical management information system
Activity Lead:	Barillas, Edgar **Activity #:** 8 **Task**: LFDO09TBX **Subtask**: 60G4H8
Activity Description:	SPS will participate in internal evaluations that will present the results of interventions supported with USAID/SPS technical assistance. SPS will also present the results of the aforementioned interventions at national and international symposiums.
USG Sub-element:	Development of New Tools and Improved Approaches Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $117,300.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Technical report on the assessment of information system and re-organization proposal. Trip reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The SPS-supported proposal for the organization of an integrated pharmaceutical system was sent by the Minister of Health to the Pharmaceutical Policy Commission for a technical appraisal in October 2009. Since this commission has not yet given their opinion, the MoH elaborated a decree that will support the implementation of an integrated pharmaceutical system. It is expected that this document will be signed by the end of March 2010.
Barriers to Progress:	No constraints.
Next Steps:	The MoH elaborated a decree that will support the implementation of an integrated pharmaceutical system. It is expected that this document will be signed by the end of March 2010. With this political backup, MSH/SPS will support the elaboration of standard operational procedures for an integrated pharmaceutical system during the second quarter of 2010.
Indicators:	None.

Ethiopia

Ethiopia PEPFAR

Work plan: Ethiopia PEPFAR **Year** 2009

Funding Level: $2,503,120.00

Work plan Background
In 2007, the U.S. Agency for International Development (USAID) awarded Management Sciences for Health (MSH) a five-year grant for the Strengthening Pharmaceutical Systems (SPS) Program. The mandate of the SPS Program is to build capacity within developing countries to effectively manage pharmaceutical systems, successfully implement USAID priority services, and ultimately save lives and protect the public's health by improving access to and use of medicines of assured quality. SPS was launched in Ethiopia in September 2008, as a follow-on to the Rational Pharmaceutical Management Plus (RPM Plus) program. SPS collaborates with its sister MSH-Ethiopia programs under the "One-MSH Operations Platform": HIV Care and Support (HCSP), Supply Chain Management Systems (SCMS), Leadership and Management, and TBCAP, and receives additional funding for antimalarial drug management (AMDM) under the President's Malaria Initiative (PMI). All MSH programs are located on the same premises and benefit from this coordinated and cost-effective operational support. The MSH/SPS Chief of Party serves as MSH's Country Representative. Under COP09, SPS will continue to support capacity building of national organizations- such as the Pharmaceutical Fund and Supply Agency (PFSA), the Drug Administration and Control Authority (DACA) and Regional Health Bureaus (RHBs)- professional associations, teaching institutions and health facilities. This capacity building includes all aspects of patient-focused pharmaceutical management systems for sustained results. Support is focused around strengthening pharmaceutical management, improving pharmaceutical good governance, reforming policy and practice (aimed at strengthening national skills and capacity in various areas of pharmaceutical systems), promotion and implementation of rational use of medicines, containing the emergence and spread of antimicrobial resistance, and promotion of treatment adherence and medicines safety (with the aim to improve treatment outcomes). There are about fifty SPS professionals at central and regional levels providing direct assistance in training, mentoring, supportive supervision, implementing manual and automated record keeping and inventory control tools, and supporting RHBs and Regional HIV/AIDS Prevention and Control Offices (HAPCOs) in Antiretroviral Therapy (ART) scale-up and ART service quality improvement. As a result, over 100 public hospitals, 500 health centers and 25 private and faith-based health institutions in all eleven regions of the country are providing life saving ARV drugs to over 160,000 persons. Moreover, a recent report released by a team of USAID's external assessors concluded: "In sum, the historic activities of these two projects [SPS and SCMS] have contributed significantly to the current outstanding success and growth in the HIV/AIDS program in Ethiopia. The project teams, management, and program funders have every right to be proud of their accomplishments" (RPM+/SPS and SCMS in Ethiopia: An Evaluation, July 2009).

Activity Title:	Technical activity coordination and monitoring
Activity Lead:	Daniel, Gabriel **Activity #:** 1 **Task**: LFET09HIP **Subtask**: 97XXY1
Activity Description:	In addition to general coordination and monitoring, a major element of the activity will be strengthening documentation of SPS activities and success stories.
SPS Partners:	None.
Budget: $134,910.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Reports, work plan, coordination/collaboration with partners, and representation and communication.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Arin Speed, of the MIS Tools Development and Support unit and Francis Aboagye-Nyame, Technical Deputy Director have been in Ethiopia to facilitate discussions on the finalization of the PMIS support to the PFSA and to provide support and training in installing, importing data, rolling-out assistance for migrating existing ADT to EDT at target sites, and building the capacity of local staff to support EDT installation and management. Gabriel Daniel conducted a program review and TA visit.
Barriers to Progress:	None.
Indicators:	None.
Activity Title:	MSH/SPS office management and program support operations
Activity Lead:	Daniel, Gabriel **Activity #:** 13 **Task**: LFET09HIP **Subtask**: 97XXYX
Activity Description:	SPS will coordinate its activities related to pharmaceutical and related products management and use with activities of the national pharmaceutical logistics master plan, the national pharmaceutical master plan, other programs of MSH, and with relevant PEPFAR partners, such as the Clinton Foundation, DELIVER, and UNICEF.
SPS Partners:	None.
Budget: $552,344.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Reports (quarterly, semi-annual, annual, program and financial). Strategies and practices based on current knowledge.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The Regional Pharmaceutical Associates (RPMAs) working in the Amhara regional state participated in the bi-annual, regional Joint Supportive Supervision (JSS) organized by the Regional HAPCO. The supervisory team was composed of professionals drawn from the regional laboratory, regional HAPCO, I-TECH Ethiopia, Intra Health Int., MSH/ HCSP (central and regional office), MSH/SCMS, MSH/SPS, CVM, UNICEF, zonal administration offices, zonal health departments, zonal HAPCO offices, woreda administration, health and HAPCO offices, and facility heads and contact persons at each service delivery points. The main purpose of the JSS process was to monitor progress and provide support in the implementation of the HIV/AIDS prevention and control programs in different zones, woredas, facilities and sectors. Ms. Elina Sverdlova, from USAID- Ethiopia, visited SPS for a briefing on its activities and future plans. Short presentations on the various activities of the program and description of the structure of SPS and its collaboration with other stakeholders and partners were provided by the Chief of Party and unit heads. SPS also facilitated Ms Sverdlova's visit to health facilities in the Tigrai Region. A standard based management recognition (SBM-R) ceremony has been held for Wukro hospital in Tigray region for excelling in HIV/AIDS treatment services. The recognition was to SPS for its contributions in improving pharmacy services and for creating a fertile ground to improve other clinical services (ART, HCT, PMTCT, PEP, OI, TB/HIV, and laboratories). The regional officials noted that all the improvements achieved in HIV/AIDS prevention and treatment services in general, and pharmacy services in particular, could not have been possible without the support of MSH/SPS.
Barriers to Progress:	None.

Next Steps:	Participate in joint supportive supervision organized by regional offices. Continue the collaborative work with the USAID mission, USG partners, and governmental and non-governmental organizations. Participate in program review meetings organized by Regional Health Bureaus, regional HAPCO, and other partners.
Indicators:	None.
Activity Title:	Promote rational medicine use (RMU) and strengthen clinical pharmacy service
Activity Lead:	Daniel, Gabriel **Activity #:** 2 **Task**: LFET09HIP **Subtask**: 60CXH2
Activity Description:	Technical assistance (TA) and resources for promoting rational medicine use (RMU) will be provided to stakeholders at all levels. The unit will provide technical guidance and assist in formulating approaches to enhance RMU and other related products. To improve treatment outcomes, patient-focused pharmacy service will be promoted by a team of doctors, nurses and pharmacists/druggists.
SPS Partners:	None.
Budget: $227,828.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Medicines use counseling practice's routine self-check checklist for providers has been developed to be used as a tool for health care providers to ensure their own medicine dispensing and counseling services are up to standards, and will ultimately improve patient care. Moreover, this checklist can help in supportive supervision of medicine dispensing and counseling services. The importance of standardized prescription paper as a regulatory and enforcement tool to promote rational use of drugs is very well known. A standard prescription paper has been drafted and shared for comments. Absence of standardized prescription papers was one of the gaps identified during the AMR baseline survey. Most public and private health facilities use non-standard prescription papers with inadequate information. By and large, there were variations in the contents of the prescription papers being used. Dispensing and patient counseling check lists have been provided and posted for the improvement of dispensing practices. In addition, user-friendly dispensing registers to monitor stock status at the dispensary were introduced.
Barriers to Progress:	None.
Next Steps:	Preparation of patient education materials. Finalize the idea of producing electronic standard prescription papers.
Indicators:	None.
Activity Title:	Support Drug and Therapeutic Committees (DTCs) at health facilities
Activity Lead:	Daniel, Gabriel **Activity #:** 3 **Task**: LFET09HIP **Subtask**: 60BXH3
Activity Description:	In collaboration with PFSA and RHBs, technical assistance will be provided to further establish/strengthen DTCs. Emphasis will be placed on close follow-up and mentorship. Computers, reference books, internet facility and other resources will be provided so that professionals will have access to up-to-date technical information. Specific activities include: Supporting the establishment and strengthening of DTCs, providing TA and material support to 60 hospitals (60 computers, printers, and reference books), making DTCs fully functional, providing TA and material support in the production of facility-specific drug lists/formularies, establishing new DTC, and support PFSA to conduct trainings

on DIS, in 40 public hospitals, 30 health centers and 5 private hospitals, providing TA through training and mentoring to capacitate DTCs to take active role for the following facility-level interventions- Promotion of adherence, containment of antimicrobial resistance, including the proper use of antiseptics and disinfectants, prevention of ADR and increased reporting of adverse events, provision of patient education on the use of medicines, conducting medicines use review, supporting health facilities in the disposal of expired and obsolete medicines, reagents and equipment, and supporting PFSA to organize regional DTC best practice sharing meetings/workshops- Support the establishment and maintenance of Drug Information Services (DIS), provide TA to health facility DTCs to establish DIS, including the provision of information on the management of toxicities, ADRs and poisoning.

SPS Partners: None.

Budget: $193,317.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Reports. Facility specific drug lists and formularies developed.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: A DTC sensitization workshop has been organized at one of the health centers in Addis Ababa (Kolfe Health center) which is the first of its kind to be organized at the health center level. A total of 44 people attended the event. Through the technical and material support of SPS, 94 hospitals and 17 health centers have established DTCs. In addition, 9 hospitals and 34 health centers are in the process of establishing DTCs. As one of the functions of DTCs, 30 hospital-specific drugs list and formularies have been developed. In the reporting quarter, facility-specific formularies have been printed and handed over to St. Paul and Debre Birhan hospital management, at a ceremony for hospital staff and invited guests from governmental and non-governmental organizations. Three formulary list development workshops were organized in Tigray Regional states and 93 professionals drawn from the three hospitals (Adwa, Kahsay Abera and Dubti) and representatives from PFSA, and RHB participated. In collaboration with PFSA and the Amhara Region Health Bureau (RHB), SPS organized a regional DTC experience sharing event in Bahir Dar, at which19 hospitals from the Amhara region participated. The aim of the event was to sensitize hospital staff on rational drug use (RDU) and DTC, to create a competitive environment among hospital DTCs by sharing experiences of those performing best and giving awards to those nominated as model DTCs. In recognition of the five best performing DTCs, five computers with printers and surge protectors were awarded. DTC members of two hospitals in SNNPR (Yirgalem and Butajira hospitals) were supported to conduct an assessment on drug use problems using the WHO indicator method. The assessment tools were pre-tested before the actual assessment. The first Drug Information Service (DIS) was opened at St. Paul's General Specialized Hospital in Addis Ababa, with technical support from SPS. The DIS was officially inaugurated by Ethiopia's Minister of Health. The DIS is currently staffed by a trained, full-time pharmacist. The facility was furnished with the necessary office furniture that such a center would require. It also has three computers, a printer, and various reference books, all provided by MSH/SPS-Ethiopia. The DIS at St Paul Hospital is a low-cost project that SPS plans to replicate in other big hospitals.

Barriers to Progress: DTCs are becoming dysfunctional for different reasons, especially due to high turn-over of trained DTC members and lack of commitment. It is difficult to monitor DTC activities in some health facilities, in the absence of trained DTC staff (chair person and/or secretary).

Next Steps:	Develop DTC working document. Organize and facilitate a national workshop on DTC. Facilitate a sensitization and formulary development workshop. Continue supportive supervision to selected hospitals to strengthen hospital DTCs. Follow-up on drug list printing and distribution.
Indicators:	None.
Activity Title:	Promote containment of the emergence and spread of antimicrobial resistance (AMR)
Activity Lead:	Daniel, Gabriel **Activity #:** 4 **Task**: LFET09HIP **Subtask**: 60F1H4
Activity Description:	Specific activities include: Collaborating with PFSA, DACA and pharmacy schools to conduct training in AMR containment and infection prevention interventions, providing TA and materials to the National Advisory Committee on AMR to formulate a national AMR containment framework, and promoting awareness of the general public on the proper use of antimicrobials drugs.
SPS Partners:	None.
Budget: $14,002.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Reports. National AMR containment framework developed.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	In collaboration with the Drug Administration and Control Authority of Ethiopia, MSH/SPS organized a training to journalists on Antimicrobial Resistance Prevention and Containment. A total of 28 media personnel and journalists from all over the country participated in this training. The training was aimed at raising awareness in the media, regarding antimicrobial use, resistance prevention and containment. The training include experience sharing activities, with emphasis on challenges faced disseminating information, rational use of drugs, antimicrobial use and resistance, infection and infection prevention as a means to fight antimicrobials resistance, findings of the antimicrobials use, resistance, and containment baseline survey, translating and disseminating health and AMR information to the public, and group exercises on translating AMR newspaper articles. Roles and responsibilities of stakeholders for the Antimicrobials Resistance Prevention and Containment for Ethiopia (AMR framework) have been drafted, based on the findings of the baseline survey conducted in 2008 and the recommendations of AMR baseline survey dissemination and intervention plan workshop. The purposes of this AMR framework are: to share gaps and suggested interventions in AMR prevention and containment, to outline the responsible institutions that are key in the AMR prevention and containment, and to initiate the introduction of the AMR framework in national programs. The framework outlines targets of interventions and gaps identified during the baseline survey, suggested interventions, outputs, indicators, and means of verification and responsible stakeholders. The users of this document are all those who are involved in the use and regulation of antimicrobials. This document has to be supported by and implementation plan at each of the involved institutions. Since ARM is a continuing threat, it should be a priority on the national agenda and incorporated in national documents (such as the pharmaceutical master plan, the health sector development program, and others) for sustainable surveillance and interventions.
Barriers to Progress:	None.
Next Steps:	Revise and finalize the draft AMR framework, in collaboration with DACA, share the framework with the MoH, and initiate the introduction of the AMR framework in national programs. Follow-up and communication with the journalists who completed the training.

Indicators:	None.
Activity Title:	Promote adherence to treatment
Activity Lead:	Daniel, Gabriel **Activity #:** 5 **Task**: LFET09HIP **Subtask**: 60EXH5
Activity Description:	SPS will support facility-level treatment adherence interventions by ensuring that patients are given quality counseling during the dispensing process. Encourage active monitoring of patient adherence using devices, such as pill boxes, to inform the system on treatment adherence will be explored. To improve adherence, proven interventions, such as peer discussions, will be implemented as appropriate. Specific activities include: Supporting health facilities to record and interpret data using the new set of adherence indicators incorporated in the electronic dispensing tool (EDT), providing TA to PFSA in promoting adherence to treatment for HIV/AIDS, TB, malaria, OIs and other chronic illnesses, and supporting implementation of adherence-enhancing practices, with the help of DTCs to improve dispensing counseling and patient empowerment on medicines use.
SPS Partners:	None.
Budget: $61,629.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Pre-testing of the "Antiretroviral drugs dose, restrictions, side effects and drug interactions chart for pediatrics" has been developed and shared with both PFSA and DACA for finalization and printing. The pediatric prescribing and dispensing aid contains information such as medicine name, frequency of administration, dosage form and strength, one time dose by weight, food restrictions, side effects, and medicines that cannot be given with the ART regimen. Four printed adherence aids on ART ("Antiretroviral side effects: recognition and management by regimen") printed in the Amharic language have been distributed to 36 hospitals and 51 health centers. These IEC materials are believed to help in educating and empowering clients on antiretroviral treatment and improving treatment adherence. One of the regional hospitals (Feleghiwot hospital) was assisted on rational drug use in general and adherence to antiretroviral treatment in particular. The discussion focused on the common challenges regarding ART adherence, what facilitates adherence to ART, and what kind of support they wish to have. Besides the interactive discussions, informational materials that can assist their pharmaceuticals services to promote the rational use of drugs were also provided.
Barriers to Progress:	The distribution of the four printed adherence aids on ART may not be possible through the current means.
Next Steps:	Continue with the distribution of IEC materials. Follow-up on the use of the distributed IEC materials. Communication to finalize "Pediatric Antiretroviral drugs strength, dose, frequency of administration, food requirements, side effects, and drug interactions chart" (a pediatric prescribing and dispensing aid). Continued preparation of patient education materials.
Indicators:	None.
Activity Title:	Promote recognition and prevention of adverse drug reaction (ADR) and pharmacovigilance (PV).
Activity Lead:	Daniel, Gabriel **Activity #:** 6 **Task**: LFET09HIP **Subtask**: 60B2H6
Activity Description:	Specific activities include: (1) Building the capacity of PFSA and DACA to conduct training of trainers (TOT) trainings on pharmacovigilance (PV)/ADR to

health care providers. (2) Supporting pharmacy schools to incorporate ADR, post-marketing surveillance (PMS), and PV in their pre-service curriculum/course. (3) Printing and distributing guidelines and prepaid-postage ADR reporting forms to all target facilities. (4) Developing, printing and distributing posters and brochures on ADR and medication error. (5) In collaboration with PQM, provide support to DACA for collaboration with the WHO and other international networks on ADR and pharmacovigilance.

SPS Partners: None.

Budget: $12,450.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Pharmacovigilance assessment report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: In collaboration with DACA, MSH/SPS is working to strengthen the pharmacovigilance (PV) system of the country. Work was carried-out at five hospitals in Addis Ababa, to introduce the concept and science of PV, increase awareness in the prevention of ADRs, and encourage reporting of ADR through face-to-face discussions with service providers. The participants included a total of 81 health providers from the five hospitals. In collaboration with DACA, MSH/SPS organized and conducted trainings on pharmacovigilance to health providers drawn from 19 health facilities in Amhara and Benshangul Gumuz regional states. A total of 50 professionals (physicians, pharmacy professionals, health officers and CEO's from the facilities of the region and representatives from the PFSA and regional DACA) participated. Work has been initiated to include the ADR reporting form on the website of the DACA, so that the system is easily accessible to health providers who can report online using internet connections. Four different IEC materials (such as the allergy card, guides to prevent prescribing errors, guides to prevent dispensing errors, and guides to prevent medication errors for patients) have been prepared, discussed, and finalized. Awareness creation activities on pharmacovigilance (especially ADR monitoring and reporting) have been performed at various health facilities. Accordingly, prescribers and dispensers have been oriented on the concept of pharmacovigilance in general, and adverse drug reaction in particular. The importance of reporting ADR and methods to report it were also highlighted. The contents of the ADR reporting form have been explained in detail and ADR reporting forms, ADR monitoring guidelines and ADR IEC materials were distributed.

Barriers to Progress: Limited copies of the ADR monitoring guideline, printed ADR IEC material, and prepaid postage in some health facilities. Little or no emphasis given to ADR issues by health professionals.

Next Steps: Coordinate and support the training on pharmacovigilance and adverse drug reactions at the regional–level. Continued work with DACA on a joint intervention on ADR prevention and reporting at health facilities. Continue work on IEC materials on preventable adverse drug events in certain categories of drugs.

Indicators: None.

Activity Title: Support DACA to strengthen pharmaceutical management capacity and promote pharmaceutical good governance

Activity Lead: Daniel, Gabriel **Activity #:** 7 **Task**: LFET09HIP **Subtask**: 60A5H7

Activity Description: Specific activities include: (1) Provision of technical assistance and trainings to DACA on pharmaceutical management, leadership and sustainability (in collaboration with MSH's Center for Leadership and Management) to assist with

the implementation of BPR. (2) Provision of TA for the development/review and/or implementation of guidelines, STGs, formularies and drug lists, and other policies. (3) Seconding four SPS senior pharmacist to DACA to provide TA covering the areas of standards, good community pharmacy practice regulation, good manufacturing practice (in collaboration with PQM), and pharmacovigilance and AMR. (4) Support the salaries of 5 pharmacists to be seconded to the five DACA regional offices. (5) Provision of trainings to DACA to strengthen their capacity to implement regulatory aspects of RMU. (6) Support networking and review meetings between PFSA, DACA, SPS, EPA, EDA, schools of pharmacy, RHBs and other implementing partners, for consultation and experience sharing.

SPS Partners: None.

Budget: $210,904.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: A national consultative workshop on the draft regulatory standards was completed. SPS provided technical assistance to make this consultative workshop successful. In order to make the pharmaceutical service standards comprehensive and technically sound, SPS has availed a number of its senior staff for the consultative workshop. A joint SPS/JCI visit was conducted by a team including Thulani Mbatha to meet with DACA and SPS. The purpose of the visit was to conduct preliminary data gathering, for eventual development of an assessment tool for standard and regulatory reviews.

Barriers to Progress: None.

Next Steps: Finalize the proceedings and distribute to all stakeholders and partners. Finalize the draft standards, as per the workshop feedback.

Indicators: None.

Activity Title: Support the Ethiopian Pharmaceutical Association (EPA) and the Ethiopian Druggists Association (EDA) to work with the private sector to improve pharmaceutical services

Activity Lead: Daniel, Gabriel **Activity #:** 8 **Task**: LFET09HIP **Subtask**: 60C5M8

Activity Description: Specific activities include: (1) Supporting EPA to conduct its program of continuing education to pharmacists. (2) Supporting EPA's trainings and workshops on pharmaceutical ethics as part of the association's efforts to promote pharmaceutical good governance among practicing pharmacists. (3) Seconding two senior pharmacists to EPA to support institutional capacity building. (4) Providing TA to EPA towards accreditation and licensing of pharmacy professionals. (5) Providing TA and support in promoting RMU among pharmacists in private practice. (6) Providing TA and support to EDA in conducting ART trainings to mid-level pharmacy personnel to improve the quality of service provided by these personnel. (7) Supporting the annual meetings and publications of the RPA and EDA.

SPS Partners: None.

Budget: $102,506.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Reports and EPA's website developed.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Following two review meetings with the IT unit of MSH, staff of MSH/SPS,

executive and various committee members of EPA, the website was completed. The web site developer has incorporated all the relevant comments made during these meetings. It is believed that the website will enable EPA to reach its members easily, while bringing exposing the association to the national and international community. The website is expected to be officially launched I at a ceremony involving relevant stake holders. With technical and financial support from SPS, EPA has managed to give a basic ART training to 45 pharmacy professionals. Individuals with sufficient knowledge and teaching experience in the subject area were recruited as trainers. The session was found to be highly educative. This training is the first of the two rounds of training planned over the fiscal year. The executive committee of the EPA has started talking with government officials regarding some of the re-registration requirements (including accredited continuing medical education). Accordingly, the committee managed to hold a meeting with the Minster of Health, whose intention was made clear during the meeting: allow the EPA's involvement in the process by means of an accredited CME. A meeting was held between the executive committee members of the EPA and SPS chief of party, during which important decisions and agreements were reached regarding joint activities to be performed between EPA and SPS over the remaining fiscal year. A MOU is to be signed shortly, as per this meeting's outcome. This report is made using a reporting template revised as per this agreement.

Barriers to Progress: Although there is a plan to conduct as many as six continuing education sessions by EPA (with the financial support of MSH/SPS) so far no session has been organized, primarily due to difficulty of identifying trainers for this purpose. With the financial/technical support of SPS, EPA is holding various types of trainings including ART training. Since members of the association can get trainings such as ART-training by organizers other than SPS/EPA, it has become a challenge to choose individuals who have not gone through the trainings.

Next Steps: Launching of EPA's website. Curriculum harmonization workshop will be conducted. Continuing education will be offered.

Indicators: None.

Activity Title: Provide TA to the four schools of pharmacy to strengthen their capacity in pharmaceutical management training

Activity Lead: Daniel, Gabriel **Activity #:** 9 **Task**: LFET09HIP **Subtask**: 60CXH9

Activity Description: Specific activities include: (1) In collaboration with pharmacy schools, conduct ART and pharmaceuticals management trainings to pharmacy graduating students. (2) Provide TA to schools of pharmacy training students in the fields of RMU, pharmaceutical care, DTCs, and pharmaceutical good governance. (3) Support networking between pharmacy schools to facilitate sharing of resources and best practices. (4) In collaboration with PFSA, DACA and pharmacy schools, provide support to pharmacy training institutions to include in their courses/curricula topics on pharmaceutical good governance (transparency, accountability, pharmaceutical ethics and law during the registration, licensing, inspection, promotion, selection, procurement and distribution of medicines). (5) In collaboration with the University of Washington, provide in-service trainings on pharmaceutical care and pharmacovigilance to hospital pharmacists and staff from pharmacy schools.

SPS Partners: None.

Budget: $126,451.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Reports and improved curriculum that incorporates RMU.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Status of pharmaceutical care after the pharmaceutical care TOT was assessed and a summary report shared with relevant experts at the University of Washington and SPS Headquarters. Follow-up of the assessment on the status of pharmaceutical care services in Addis Ababa (supported by SPS) revealed that it is nearly complete and will soon be presented.

Barriers to Progress: None.

Next Steps: Present results from the assessment on pharmaceutical care services.

Indicators: None.

Activity Title: Support PFSA to strengthen pharmaceutical management capacity and implement patient-focused pharmaceutical services

Activity Lead: Daniel, Gabriel **Activity #:** 10 **Task**: LFET09HIP **Subtask**: 60AXH0

Activity Description: Specific activities include: (1) In collaboration with MSH/CLM, provide trainings to PFSA on pharmaceutical management, leadership, and sustainability to assist in the implementation of PFSA's BPR. (2) Support good prescribing, dispensing and medicine safety initiatives at the facility-level in collaboration with SPS staff located in the region. (3) Provide TA to PFSA to establish a RMU Unit at PFSA's Forecasting and Capacity Building Directorate and implement RMU at ART sites with the help of DTCs. (4) Support PFSA, RHBs and health facilities to establish/strengthen DTCs, so as to assure sustainability of interventions. (5) Provide TA to develop/revise guidelines and SOPs and assist in their implementation. (6) In collaboration with PFSA, DACA, pharmacy schools, and the Pharmacy Professional Associations, design a national pharmaceutical care framework. (7) Second two senior pharmacists to PFSA to provide TA in implementing RMU. (8) Retrain Pharmacy Data Clerks seconded to ART pharmacies throughout Ethiopia in the use of the new electronic dispensing tool (EDT). (9) Support PFSA to conduct trainings in RMU in collaboration with SPS Regional Pharmaceutical Management Associates. (10) Support implementation of the Pharmacy Chapter as part of the Ethiopian Hospital Management Initiative. (11) Build the capacity of PFSA to conduct trainings in RMU, pharmacovigilance, adherence, AMR, and pharmacy practice standards, in collaboration with DACA, EPA, EDA and schools of pharmacy.

SPS Partners: None.

Budget: $127.75 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: SPS has developed a joint work plan with PFSA and a Memorandum of Understanding (MOU) has been signed by the two parties. A detailed list of activities on rational drug use has been extracted from COP09, and tasks under each core activity of the SPS program identified and outlines (including timelines). A working document for DTC activities for the PFSA/SPS joint work plan has also been developed. The document reviews the drug supply and use situation, activities performed to establish and strengthen DTCs, the challenges, and the way forward.

Barriers to Progress: Slow finalization, approval and implementation of the PFSA/SPS joint plan of action.

Next Steps: Finalize the working document for DTC activities. Organize SPS/PFSA joint regional and central staff meeting to create common understanding on the implementation of the PFSA and SPS joint plan of action. Implement the joint

	work plan.
Indicators:	None.
Activity Title:	Strengthen pharmaceutical HR capacity at PFSA, DACA and ART pharmacies to ensure proper management and use of pharmaceuticals
Activity Lead:	Daniel, Gabriel **Activity #:** 11 **Task**: LFET09HIP **Subtask**: 60CXHA
Activity Description:	Specific activities include: (1) Provide practical training to pharmacy personnel in target facilities. (2) Provide pre-service training on ART products and their management for graduating pharmacy students. (3) Train pharmacy personnel in inventory management tools/SOP, RMU, and the establishment and operations of DTCs. (4) EPA and EDA will be provided with TA and resources to train pharmacy personnel from the private sector. (5) PFSA will be provided with TA and resources to train regional and facility level pharmacy personnel. (6) Provide external short-term trainings for PFSA, DACA and other relevant partners.
SPS Partners:	None.
Budget: $491,599.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Reports. Pharmacy chapter included in the Ethiopian Hospital Management Initiatives.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS facilitated and coordinated 14 different training sessions in collaboration with its partners. The training sessions focused on the SOP manual (5 sessions), ADR (1 session), ART (3 sessions), AMR (1 session), and DTC on formulary development (4 sessions). SPS completed revision of the National ART Training Manual for Pharmacists and conducted a pilot training session in collaboration with the Federal Ministry of Health (FMoH). A total of 43 pharmacists and two druggists participated and were certified. A similar training has been facilitated and conducted in collaboration with MSH/HCSP and the Amhara RHB. This training was given to 41 pharmacy professionals (35 druggists and 6 pharmacists). SOP manuals and job aids have been distributed to all training participants and ten SOP exercise packages were used. MSH/SPS supported partners (HCSP, UCSD, JHU, and ICAP) to provide SOP manual training to 173 pharmacy professionals. SOP manuals and job aids were also distributed to all participants.
Barriers to Progress:	Congested ART training program. The need for previously planned national dissemination workshop on the new ART material has been decided to be reworked. Discussions still not finalized between PFSA and SPS, which hindered the initiation of planned training activities. It became too difficult and impractical to select 3 candidate trainers for a single topic, as per the new financial regulation of MSH. For example, the new ART curriculum has 19 topics; therefore we were required to search for nearly 57 trainers for competition.
Next Steps:	Presentation of the ART pilot test training feedback to the TWG. Give ongoing SOP/ART training support as requested from partners. Facilitate training activities with the PFSA (1 DTC training, 1 workshop on product selection).
Indicators:	None.
Activity Title:	Support PFSA, RHBs and health facilities to manage patient-related pharmacy data and information
Activity Lead:	Daniel, Gabriel **Activity #:** 12 **Task**: LFET09HIP **Subtask**: 60G4HB

Activity Description: Data clerks will be supported by six Regional Data Managers. Pharmacy professionals will be encouraged to practice real-time dispensing using EDT to ensure confidentiality and better tracking of patients. Specific activities include: (1) Support the expanding use of electronic and manual tools for dispensing and rational use. (2) Replace ADT with EDT at ART sites. (3) Continue PMIS support to new and existing ART pharmacies. (4) Prepare SOPs and manuals and distribute to health facilities. (5) Train data clerks and pharmacy personnel working at health facilities on the new EDT. (6) Provide routine maintenance of hardware and software (EDT) at target sites. (7) Provide equipment and training to practice real-time dispensing by pharmacy professionals.

SPS Partners: None.

Budget: $247,432.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Reports. EDT installed at ART facilities. SOPs and manuals available at HFs. Functional hardware and software at ART facilities. Information on stock status, consumption, rational use and patient uptake made available to HFs, PFSA, SCMS and RHBs.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: The Electronic Dispensing Tool (EDT) has been pilot tested at one of the health centers in Addis Ababa (Bole Health Center) using the new “real time” dispensing approach, after providing training to 7 pharmacy professionals. This pilot testing phase is in its final stage. In addition, assessment for roll- out of EDT has been conducted at one hospital and one health center and transfer of old ADT data to EDT is underway at Police Hospital. Similarly, a framework of reporting requirements for SPS from the EDT system for incorporation into the HACTS (CDR) system has been defined and submitted to concerned staff. The functions and features of EDT have been introduced to partners (logistic partners and Tulane University) at different forums. Sensitization of PFSA staff on the benefits of EDT as a dispensing tool is underway. PFSA staffs have shown interest in learning more about EDT and SPS has agreed to facilitate this. Data managers visited and provided supportive supervision to 171 health facilities and assisted data clerks and pharmacy personnel on the use of both manual and electronic PMIS tools. On site demonstration was given to new data clerks on data recording, documentation and reporting using PMIS formats. Two hospitals (Dessie and Weldiya) have been networked through computers for the purpose of information sharing. National and regional patient uptake reports have been produced on monthly basis and shared with SPS management, SCMS country office and regional logistic associates (RLAs), RHB, HCSP, I-TECH Ethiopia, the Clinton Foundation, regional HAPCO, and John Hopkins. These reports still serve as data sources for quantification and forecasting by the responsible partner.

Barriers to Progress: Difficult to collect reports from remote sites, frequent computer failure as the result of improper use, absence of the data clerks from their duty, late reporting in private hospitals, decreased reporting rate, (especially in SNNPR) and limited resources (no telephone, e-mail, and mail for remote health facilities).

Next Steps: Roll-out of EDT at additional sites, finalize reporting requirements for EDT, finalize development of PMIS strategy, continued communication with headquarters (throughout pilot phase), install or distribute anti-virus program and update during site support, distribute revised PMIS formats (new adult and pediatric registration) to health facilities, distribute the modified monthly reporting formats, continue providing database support, and close follow-up on the database work.

Indicators: None.

Ethiopia PMI

Work plan: Ethiopia PMI **Year** 2009

Funding Level: $600,000.00

Work plan Background
Oromia Regional State is the largest region in Ethiopia, covering 27 million people, 68% of whom are at risk for malaria. Three quarters of the region (242 of 261 districts, 3932 of 6107 kebeles, the smallest administrative unit of Ethiopia), are considered malarious, accounting for over 17 million persons at risk of infection. There are 1.5 to 2 million clinical cases per year, with malaria accounting for 20-35% of outpatient consultations and 16% of annual hospital admissions. Malaria deaths, at a rate of 18-30%, are the leading cause of all hospital deaths. While overall PMI systems support will benefit central management at the Federal Ministry of Health (FMoH) and the country in general, PMI is focused on Oromia Regional State. Currently AMDM activities are implemented at 86 service provision sites under the Oromia Region Health Bureau (ORHB): 19 hospitals, 47 health centers (HCs) and 20 health posts (HPs) plus all district and zonal health offices associated with these facilities. The health facility distribution is as follows: Bale (2), W. Arsi (3), E, Shewa (10), Arsi (2), W. Shewa (7), N. Shewa (2), Horo Gudru (2), W. Welega (4), Kelem Welega (3), E. Welega (4), Illubabor (3), Jimma (5), W. Hararge (6), E. Hararage (5), Borena (4), Guji (4). The challenges identified by a operational baseline assessment included: poor storage conditions, poor record keeping and reporting, absence of a system for ensuring uninterrupted supply of commodities, lack of storage accessories, shortage of manpower, lack of supervision and clear guidelines in managing malaria products, poor consumption data to use for quantification, inadequate training and reference materials, and poor tracking of expiry and delayed disposal of obsolete products. Lack of adequate human resources and high turnover of pharmacy professionals affect the roll-out and scaling up of AMDM activities. Activities will be focused on strengthening health systems and building human resource capacity through training, mentoring, and secondment. Irrational drug use and poor adherence to treatment leads to antimicrobial resistance (AMR), adverse drug reactions (ADR), and toxicities and poor response to treatment. It is essential to implement rational drug use for better outcome and pharmacy dispensaries are ideal sites to monitor drug use - as patients who receive drugs through program support will inevitably pass through the pharmacy dispensary. The quality of drugs is affected by poor handling and storage and inventory management is weak at all levels of the system. Humidity, heat, light, and dust all adversely affect drugs. The high-valued antimalaria drugs (AMDs) are also vulnerable to pilferage and theft, making burglar-proofed windows and doors imperative. The proposed AMDM activities will address the aforementioned problems, and will be in line with PMI goals and the National Malaria Control and Prevention (NMCP) strategy. SPS work in PMI in Ethiopia will build on past experiences, best practices and systems developed under PEPFAR and the AMDM drug supply management system at central, regional and health facility levels. SPS' main local partners and their roles in AMDM are: The NMCP: SPS will second a pharmacy advisor who will provide technical assistance (TA) in quantification, coordination and review of AMDM strategy as appropriate. NMCP will provide office space and supervise the activities of the seconded staff. ORHB: The role of ORHB will be co-managing AMDM activities, availing office space for the seconded staff, participating in trainings and providing supportive supervision to RPMAs. ZHO: collaborate with RPMAs to make sure that drugs are managed properly and woredas are supported identify scale-up areas, and expedite disposal of obsolete products at all levels. DHO- support health facilities in their catchment areas, collaborate with RPMAs, receive data from health facilities, assist in disposal, assist in training, and provide supplies to health posts. HFs (includes hospitals, health centers and health posts; there will be selected private community pharmacies that will be supported to implement AMDM activities): ensure availability of technical staff for AMDM, ensure use of registers, stock cards, and other forms for recording AMDs transactions, report monthly with support of RPMAS, manage storage, and appropriately dispose of expired drugs.

Activity Title: Technical activity coordination and monitoring

Activity Lead:	Daniel, Gabriel **Activity #:** 1 **Task**: LFET09PMI **Subtask**: 97XXY1
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, program oversight, progress monitoring, reporting, meetings, and communication with partners and collaborators. All activities will be managed in-country, with support from SPS headquarters in Arlington. There will be continuous interaction with PMI/Washington to ensure sharing of experiences with other PMI country programs. There will be a portfolio manager who will provide on-going technical and managerial support to field operations, including facilitation of off-shore procurement, short-term technical assistance (STTA) management, and quarterly visits for site monitoring and supportive supervision. SPS will engage the services of experienced experts based at its headquarters and consultants, who will travel as needed, to support the implementation of field activities and sharing of best practices in appropriate venues.
SPS Partners:	None.
Budget: $57,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Quarterly and annual report, work plan, and budget.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Gabriel Daniel (the from Washington headquarters office) provided TA during a trip from February 20- March 2, 2009. The technical supports provided included: (1) discussions with stakeholders and partners. (2) Participation in the cascaded AMDM trainings and activity progress assessment at some program sites. (3) Review and revision of the continuous results monitoring system (CRMS) template. The PMI/AMDM Coordinator attended the training on procurement policy organized for the MSH/SPS management staff from Arlington, conducted on March 8, 2010.
Barriers to Progress:	None.
Next Steps:	Similar technical assistance is expected during the third quarter of the program year.
Indicators:	None.
Activity Title:	MSH/SPS Office management
Activity Lead:	Daniel, Gabriel **Activity #:** 2 **Task**: LFET09PMI **Subtask**: 97XXYX
Activity Description:	Ultimate responsibility of the program will be vested in the country office headed by Dr. Negussu Mekonnen- Chief of Party (COP) for SPS and Country Representative (CR) for Management Sciences for health (MSH)- and the Deputy COP, Laike Gebre Selassie. SPS will establish a unit dedicated to malaria, to be headed by Hailu Tegnework, a senior pharmacist with many years of quality assurance and management experience. The AMDM coordinator will serve as the team leader and will be based at the MSH office in Addis Ababa, where the existing projects of MSH (SPS, SCMS and HCSP) are all located. The role of this unit will be to coordinate all activities in the field, liaise with partners, provide supportive supervision and on-going TA to field staff, organize trainings, avail resources, and submit reports. The coordinator will work closely with the PMI team at USAID/Ethiopia, NMCP, PFSA, DACA, USAID/PMI partners, UNICEF, the WHO, and other partners at the national and regional level. SPS will work with existing central and regional RPM Plus/SPS staff. Planned AMDM activities will be implemented in all health

facilities, previously identified by ORHB and USAID/PMI. SPS /Ethiopia existing technical units (such as training, ADR monitoring, AMR containment, Rational Drug Use, PMIS, and infrastructure improvement) and the SPS malaria team based in Arlington, Virginia, will provide technical and managerial support to the local office.

SPS Partners: None.

Budget: $66,000.00 **Start Date:** Sep 2009 **End Date:** Oct 2010

Products Planned: Reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Compilation and submission of quarterly and other periodic reports to headquarters in Arlington, VA. The MOP 09 1st quarter activity report (for the period October- December, 2009) was prepared and submitted. Quarterly SMS report for the period October- December, 2009 was prepared and submitted to Arlington HQ. The PPMRm malaria products stock level quarterly report for the period October- December, 2009 was submitted to Arlington HQ.

Barriers to Progress: None.

Next Steps: Conduct series of joint supervisions and review meetings, in collaboration with regional, zonal and district health managers to supported sites for joint identification of problems and recommendations for improvement of services for facility level staff. Strengthen the support for continuous mentoring. Undertake improvements and clarifications on indicators of the monitoring checklists and preparation of SOPs; giving adequate definitions and explanations on the checklists for distribution to all concerned. Compilation and distribution of the CRMS reports.

Indicators: None.

Activity Title: Partnerships and coordination

Activity Lead: Daniel, Gabriel **Activity #:** 3 **Task**: LFET09PMI **Subtask**: 60F9N3

Activity Description: Activities will include: (1) Responding to requests from NMCP and collaborators to support technical meetings, seminars, training workshops, and site visits related to AMDM. (2) Completing quarterly partners' meetings for reporting progress and coordinating activities. (3) Establishing working groups with NMCP, ORHB, DACA, PFSA, WHO, UNICEF, IRC, the Geospatial Analysis for Public Health Program, the United States Pharmacopoeia Drug Quality and Information (USP-DQI), US Peace Corps Volunteers program, and other relevant USAID/Ethiopia implementing partners in the key areas of: malaria products quantification and forecasting, procurement planning, distribution, human capacity development, storage and handling, management information systems (MIS), and monitoring and evaluation.

SPS Partners: None.

Budget: $66,000.00 **Start Date:** Sep 2009 **End Date:** Oct 2010

Products Planned: Meeting reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: On February 3, 2010, SPS held a meeting with Ms. Tsion Demissie, Program Assistant of the USAID-E PMI program. The agenda included: the Continuous Results Monitoring System Report (CRMS) compiled from the bi-monthly monitoring checklist, AMDM training, training materials, and cascading of the

AMDM trainings to health facility staffs, outstanding reports and formats for submission, secondment of a pharmacy expert to the FMoH, AMDM activity updating, and a plan for field supportive supervision visits. With Gabriel Daniel, SPS held a briefing and discussion with Dr. Richard Reithinger, the USAID-E PMI Program Director on February 22, 2010. The agenda included: an activity update and explanation of Gabriel Daniel's visit, CRMS report and format, proceedings of the meeting between ORHB and the PMI-E implementing partners, secondment of the pharmacy professional to the FMoH, and future cooperation with the Peace Corps of Ethiopia volunteers. On January 13, 2010, SPS attended a one-day meeting organized by the ORHB and involving the ORHB Bureau and Deputy Bureau heads, Malaria Team members, USAID-E PMI program managers, and representatives of all the USAID-E PMI implementing partners. The agendas involved presentation of activities and achievements, challenges and future plans by implementing partners, followed by discussions after each presentation. Finally, ground rules setting directives for future joint activities between the heath bureau and partners were agreed upon. Accordingly, the implementing partners were instructed to sign separate Memorandum of Activities with the Health Bureau, and submit work plans and quarterly activity reports. On February 22, together with Gabriel Daniel, SPS held discussion Dr. Taye Tolera, Deputy Bureau Head of ORHB and focal person for PMI-E in the health bureau. A general briefing was made on the PMI/AMDM Program and activities carried-out so far in the region, as was a discussion on future focuses. Dr. Taye stressed on the need for a MOU between the ORHB and each of the PMI-E implementing partners, including MSH/SPS, as well as receiving annual work plans and periodic activity reports from the program. On February 24, together with Gabriel Daniel, SPS held discussion Dr. Keseteberhan, Director General of Health Promotion and Disease Prevention Directorate of the FMoH. A general briefing was made on the PMI/AMDM Program activities carried-out so far and on the issue of seconding a pharmacy professional in the FMoH to support AMDM activities for malaria drugs and other commodities. Dr. Keseteberhan acknowledged receiving the TOR for the professional and has accepted the TOR and the secondment. He also promised that office space would be made available at the FMoH and that the PMI/AMDM would arrange to make office furniture available. SPS participated in a meeting organized by AEB c-Change, a PMI implementing partner which brought together the Malaria Message Core Team to finalize the review of the "Essential Malaria Message Guideline" based on received comments from stakeholders (January 28). On March 17, 2010, SPS attended meeting held between the management of the ORHB and the PMI-E implementing partners. The topic of the discussion was the 2003 Woreda-Based Health Service Plan (WBHSP), the preparation of the 5-year strategic plan, and HMIS scale-up. The meeting was opened and introduced by Mr. Shallo Daba, the head of the ORHB. A field car was provided to the ORHB to provide transportation support during the WBHSP period from March 19 - 31, 2010 in North Shewa Zone. A meeting was held between MSH/SPS, SCMS, and DELIVER on March 15, 2010. The meeting was aimed at reporting the progress on the PIMS (developed by the three partners) to the USAID SCMS COTR Team from Washington. Explanations on the PIMS data flow from dispensary to hub, and overview of IPLS for the paper-based system, and the EDT were made by experts from the three partner organizations; this was followed by discussions. A MOU, to be signed between ORHB and the MSH/SPS PMI/AMDM Program, was drafted and sent to USAID-E for final comment, before being submitted to the ORHB for signing.

Barriers to Progress: None.

Next Steps:	Partnership and coordination with all stakeholders and partners will continue and further improvements in promoting the activities will be undertaken.
Indicators:	None.
Activity Title:	Training and materials
Activity Lead:	Daniel, Gabriel **Activity #:** 4 **Task**: LFET09PMI **Subtask**: 60F9M4
Activity Description:	Appropriate use of antimalarials will depend on proper diagnosis, prescribing, dispensing, appropriate information use by health workers, and proper adherence to treatments by patients. Specific activities: (1) Support training of trainers (TOT) in pharmaceuticals supply and management for malaria commodities. Develop a training plan, using a cascade training approach from central level to peripheral health facilities, and a detailed implementation plan. (2) Provide technical assistance for organizing and delivering training to pharmaceutical personnel at regional, zonal, district and health facility levels. (3) Provide pre-service training for graduating pharmacy students on antiretroviral therapy (ART) products and their management. (4) Support health care worker participation in local and international conferences. (5) Provide up-to-date AMDM reference materials to health facilities. (6) Provide pre-service training opportunities to senior and graduating pharmacy students in AMDM. (7) Conduct in-service training of AMDM for central, regional and zonal level health professionals (e.g. staff from PFSA at central level, as well as staff from RHB at the regional level that may be involved in AMDM) using existing and/or developed training materials. (8) Conduct 6 training workshops in AMDM for central, regional and zonal level staff, including training supervisors of health extension workers (HEWs).
SPS Partners:	None.
Budget: $36,000.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	Training, meeting, and monitoring reports. Reference materials.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Support was provided to cascade the AMDM training to the district- and facility-level pharmacy and malaria program personnel in all the PMI/AMDM program sites in the zones. Thus, training plans and budget requests submitted by zonal RPMAs were reviewed and approved by management. A support letter to all zonal health departments was processed with ORHB and transmitted to zonal RPMAs. In addition, a monitoring checklist to support the practical assessment of storage and dispensing conditions at health facilities during the AMDM trainings was developed and distributed. Subsequently, 6 training sessions were conducted in 6 zonal towns (Ambo, Sashamane (2), Harar, Adama, and Jimma). A total of 252 trainees attended the training sessions. The remaining two trainings (the Wollega and West Hararghe zones) will be conducted soon.
Barriers to Progress:	None.
Next Steps:	Cascading of the remaining two trainings for MOP 09 will be completed.
Indicators:	None.
Activity Title:	Secondment/HR
Activity Lead:	Daniel, Gabriel **Activity #:** 5 **Task**: LFET09PMI **Subtask**: 60F9H5
Activity Description:	Activities: (1) Second a pharmaceutical advisor to NMCP who will work closely with staff of the FMoH, PFSA, regional health bureaus (RHBs) and other

relevant partners to support planning, coordination, and information exchange related to the national AMDM efforts. The pharmacist will have the following responsibilities: Serve as the liaison between SPS and NMCP/PFSA, identify and plan TA needs, support the implementation of the national AMDs quantification efforts, assist the development of a national standard operating procedure (SOP) for quantification, assist in training, and support realization of an uninterrupted supply of malaria products at all levels. (2) Develop the capacity of NMCP to forecast national AMD requirements and coordinate with PFSA for evidence-based distribution to target facilities. (3) Plan quantification workshops for NMCP, PFSA, regional stakeholders, and partner organizations. (4) Assist in the development of SOPs for malaria products management, including definition of roles and responsibilities of key partners and stakeholders, coordination, drug regulatory aspects, quality assurance, quantification, forecasting, procurement, appropriate storage, security and transportation, communication, monitoring and evaluation, and pharmaceutical management capacity building needs. (5) Assist in policy and guideline review and AMDM updates, based on current data on drug use and efficacy studies. (6) Identify specific activities and technical assistance inputs needed to build the capacity of NMCP to improve AMDM activities. (7) Support improvement of national reporting rates on drug and related products usage, including implementation of innovative strategies and technologies to capture this information, such as electronic reporting tools. (8) Evaluate the operational capacity of the PFSA to deliver AMDs directly to health facilities, in concordance with the national logistics master plan and in-line with experience in antiretroviral drugs management.

SPS Partners: None.

Budget: $56,000.00 **Start Date:** Sep 2009 **End Date:** Oct 2010

Products Planned: Quantification and workshop report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: (1) The pharmacist seconded to the ORHB and the other seven pharmacists deployed in the different Oromia zones are continuing to give technical support on the PMI/AMDM activity in their catchments areas. (2) Hiring of the RPMA to be assigned in East and West Hararghe zones, (following the termination of Mr. Teketel Abbera), was completed during the month. Five candidates were short-listed and appeared for a final interview. Mr. Fekadu Deme, was selected and the formal employment process is under way ─ he will soon be deployed to his new assignment. (3) Mr. Tesfaye Godana, earlier working as RPMA at the Amhara region was transferred to Addis Abada to work as the PMI/AMDM seconded advisor to the NMCP of the FMoH. Currently, Mr. Godana is going through an orientation at the program office before going to his new assignment.

Barriers to Progress: None.

Next Steps: Provide the necessary technical support to the FMoH. Identify the current situation of the AMDs quantification, procurement, distribution, and tracking system and provide recommendations.

Indicators: None.

Activity Title: Promote rational medicine use (RMU)

Activity Lead: Daniel, Gabriel **Activity #:** 6 **Task**: LFET09PMI **Subtask**: 60E3H6

Activity Description: (1) Develop and disseminate basic drug information and reference materials

that promote staff RMU and develop and disseminate IEC materials on proper drug use (promote ADR and contain AMR) to the public through various media outlets. (2) Produce information, education, and communication (IEC) materials to support community education on AMDs. (3) Create awareness and sensitization workshops on ADR for concerned health professionals and promote reporting of such cases. (4) Organize consensus-building workshop with private sector organizations to identify means of establishing cooperation in promoting RMU and AMDM. (5) Support EPA and EDA to implement a program of continuing education to pharmacy professionals, including AMDM to impart current knowledge and practice in the field. EPA will also be supported to educate the general public on rational use of AMDs and adherence to therapy. (6) In collaboration with DACA and PFSA, support availability of prescription forms at health facilities. (7) Improve counseling practice at health facilities. (8) Promote the introduction and use of tools, such as pharmacy-level medication registers to facilitate documenting and monitoring drug use. (9) Strengthen the capacity of drug and therapeutic committees (DTCs) to play an active role in the implementation of rational drug use, recognition of ADR and its prevention, and AMR containment interventions in health facilities. (10) Support EPA and EDA to hold/conduct AMDM related sessions during their annual meetings.

SPS Partners: None.

Budget: $56,000.00 **Start Date:** Sep 2009 **End Date:** Oct 2010

Products Planned: Training report, IEC materials, and prescription forms.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Held discussions with the Ethiopian Pharmaceutical Association (EPA) on areas of future collaborations, as indicated in the annual work plan. A work plan focusing on providing trainings on malaria and disease control, anti-malaria drug use and management, and promoting the PMI/AMDM at the EPA Annual Scientific Conference was developed and a MOU will be signed.

Barriers to Progress: None.

Next Steps: Work of the other RDU activities will continue.

Indicators: None.

Activity Title: AMDM Framework Implementation/DSM

Activity Lead: Daniel, Gabriel **Activity #:** 7 **Task**: LFET09PMI **Subtask**: 60BXH7

Activity Description: At the regional level, SPS will continue to second a pharmacist who will physically be located at the ORHB. The main tasks of the pharmacist will be to: Serve as the liaison between SPS and ORHB, identify and plan TA needs, assist in training, ensure that storage meets acceptable standards at all levels, and ensure uninterrupted supply of malaria products at all levels, ensure that malaria information system is functional at all levels (stock status, consumption, patient profile, patient uptake, expiry tracking, tools for inventory control, and reporting). At the zonal/district level, SPS will continue to utilize 9 of its existing RPMAs working in Oromia Regional State to support zones, districts and health facilities in their respective catchment areas, follow-up on the day to day AMDM activities, and provide TA. At the hospital, health center level, and at selected health posts, SPS will provide TA, training and resources to all targeted health facilities, to ensure: Proper storage conditions (including pallets, shelves, proper lighting and ventilation), proper stock movement/transaction activities (using tools such as bin cards, stock cards-

with minimum and max stock levels, expiry dates, and batch numbers-requisition, issue and receipt forms, summary reporting forms and patient treatment registers),monthly reporting (on stock status, consumption, expiry, stock-outs, and losses), counseling of patients on the proper use and handling of malaria drugs, and availability of forms and registers at all times. SPS will also (1) identify relevant AMDM and related pharmaceutical management conferences and trainings, and support staff participation at such meetings (domestic and international). Conferences will provide opportunities for idea exchange and sill improvement for staff. (2) Assist in introducing a pull system and direct delivery using consumption-based requisition, to ensure uninterrupted supply of medication, minimize surpluses or shortages, and limit the supply of near-expiry products. (3) Assist in the implementation of user-friendly patient pharmacy registers and bi-monthly monitoring checklist to report on treatment initiation and stock status.

SPS Partners: None.

Budget: $36,000.00 **Start Date:** Sep 2009 **End Date:** Oct 2010

Products Planned: RPMAs report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: (1) Routine follow-up of the planned PMI/AMDM activities was carried-out by RPMAs deployed in the Oromia region. These included receiving and compiling the monthly monitoring checklist, stock status reports at HFs and zonal and district stores, and individual DIPs for a final, consolidated PMI/AMDM DIP for submission. (2) Preparation of the SOPs to be used in the bi-monthly checklists was finalized and distributed to the PMI/AMDM RPMAs for use with the revised checklists. (3) A support supervision monitoring checklist (for use in monitoring AMDM activities progress during visits to program sites by head office staff) was drafted and after the necessary comments and review was endorsed for use. (4) Ten cameras were procured and distributed to field RPMAs to assist them to capture their AMDM activities and events. (5) Based on the bi-monthly monitoring check list for the periodic mentoring of situations at health facilities, the zonal RPMAs conducted bi-monthly services and systems assessments and monitored stock status at the facilities. The findings are regularly aggregated, updated, and compiled as a Continuous Results Monitoring System (CRMS) Report which will be distributed to the concerned stakeholders and partners for discussion for joint action. (6) The zonal RPMAs carried-out regular technical assistance and mentoring support to the health facilities in their respective catchments areas. Important areas of technical support and mentoring provided included: store arrangement and stock control, use and update of management information tools, such as patient diagnosis and drug treatment tools, segregation of expired and obsolete products for ultimate disposal, and the like.

Barriers to Progress: None.

Next Steps: (1) Conduct series of joint supervisions and review meetings in collaboration with regional, zonal and district health managers to supported sites for joint identification of problems and recommendations for improvement of services for facility-level staff. (2) Strength the continuous mentoring supports. (3) Make improvements and clarifications on the indicators from the monitoring checklists and preparation of SOPs to provide guidance on checklist use (for distribution to all concerned), to harmonize the uniformity of the collected data. (4) Compilation and distribution of the CRMS reports.

Indicators: None.

Activity Title:	Strengthen information management systems (IMS)- EDT
Activity Lead:	Daniel, Gabriel **Activity #:** 8 **Task**: LFET09PMI **Subtask**: 60G4K8
Activity Description:	(1) Print inventory management cards, patient pharmacy registers, reporting forms and other pertinent tools and make them available to health facilities handling AMDs. (2) Train existing pharmacy data clerks at health facilities and data managers at regional facilities to track patient medication records, stock status and compile reports. (3) Provide computers and printers where electronic tools are used. (4) Provide hand-held digital appliance (PDAs) for real-time data entry into monitoring checklists and monthly reporting on patient uptake and stock status. (5) Assist zonal, district, and regional level aggregation of data collected from health facilities to assist in quantification and redistribution. (6) In collaboration with PSFA and ORHB, continue the production and distribution of SOPs, guidelines, and forms to all health facilities managing malaria products, to ensure uniform practice, inventory management, and reporting. (7) Computerize current manual drug inventory and patient drug-use monitoring forms, using electronic AMDM dispensing tool developed by SPS at all hospitals as appropriate. (8) Under the supervision of the SPS IMS officer, hire an AMDM data manager to support manual and electronic IMS, and reporting and monitoring for malaria products. (9) Collaborate with the International Rescue Committee (IRC) in mapping of all AMDM target sites and forward data to IRC on quarterly basis. (10) Collaborate with PMI/Washington in quarterly end-use verification and stock-status reporting exercise.
SPS Partners:	None.
Budget: $171,000.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	Registers and forms available and up-to-date. Quarterly end-use verification and national ACT stock status report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Printed a second round of the already functional PMIS tools and distributed the tools to facilities in all program sites. RPMAs made regular monitoring of the availability and updating of the PMIS tools at HFs in the PMI/AMDM program sites in the region.
Barriers to Progress:	Some health facilities fail to regularly update the forms (for reasons said to be due to shortage of pharmacy staff in the dispensing area and lack of clerical staff support).
Next Steps:	After conducting of the AMDM trainings for health facility-level staff, it is believed that the capacity and willingness of the staff will improve, ensuring proper and regular use of the tools.
Indicators:	None.
Activity Title:	Improve infrastructure
Activity Lead:	Daniel, Gabriel **Activity #:** 9 **Task**: LFET09PMI **Subtask**: 60AXH9
Activity Description:	(1) With the assistance of an SPS engineer and drug storage specialist, facilities that do not meet the minimum storage requirements will be provided with renovation. (2) About 50 health facilities will receive shelves and pallets for their stores and pharmacies. (3) Disseminate disposal guideline. (4) Assist facilities in the documentation and disposal of expired drugs and obsolete materials. (5) Provide continuous mentoring support to health facilities on proper store organization, cleanliness and upkeep, resulting in the proper and safe handling of products and avoidance of damage. (6) Assist health facilities

	to reduce leakage or loss by comprehensively tracking stocks and reinforcing windows, doors, and lockable partitions for better security.
SPS Partners:	None.
Budget: $56,000.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	Completed renovations (shelves and pallets). Disposal guidelines. Disposal records of expired and/or obsolete drugs.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Distribution of the store supplies procured for the 74 PMI/AMDM sites is in progress. Transportation of the supplies has been carried-out to health facilities in the different zones in Oromia. The supplied items included: 183 store shelves 183, 233 dispending shelves, 46 filing cabinets, 58 tables (with drawers), 156 chairs, 371 wooden pallets, 1 computer, 14 printers, and 17 UPS. Moreover the renovation work of the Lome District drugstore, Mojo HC dispensing pharmacy, Shashamene district drugstore and the Shashamene HC dispensing pharmacy was completed and transferred to the respective health unit heads.
Barriers to Progress:	Delay in the procurement and fabrication of the supplies.
Next Steps:	Complete the distribution of the already procured supplies and the renovations of the sites in progress and raise supplies and renovations requirement for newly included program sites.
Indicators:	None.

Ghana

Work plan: Ghana PMI **Year** 2009

Funding Level: $400,000.00

Work plan Background
Malaria is hyper-endemic and a major public health problem in Ghana, where 80-90% of malaria infections are due to Plasmodium falciparum. The principal vectors are the Anopheles gambiae complex and Anopheles funustus, both very common in late-night biting mosquitoes in rural and peri-urban areas. Ghana's Ministry of Health (MoH) estimates that malaria accounts for over 40% of all outpatient visits and represents a 22% mortality rate in children under the age of five. In 2008, a new Malaria Strategic Plan 2008-2015 was developed in Ghana as the follow-on to the previous plan (2000-2010) that was created to provide direction toward the goal of reducing the country's burden of disease due to malaria. The current strategic plan endorses measures to ensure access to prompt diagnosis, provide effective and appropriate treatment, improve the quality of health care and referral systems, and conduct operational research (drug quality monitoring, efficacy monitoring, and pharmacovigilance). The Ghana National Malaria Control Program aims to increase participation in malaria control by bringing key stakeholders together and working based on their relative strengths. Ghana was selected as a beneficiary country in the third round of the United States Government's President's Malaria Initiative (PMI), which seeks to "dramatically reduce malaria as a major killer of children in sub-Saharan Africa. The overall five-year, $1.2 billion initiative is targeted towards the rapid scale-up of malaria prevention and treatment interventions in 15 Africa countries. Interventions include promotion of insecticide –treated nets (ITNs) and indoor residual spraying (IRS), prompt and effective case management, and intermittent preventive treatment. PMI/Ghana and its implementing partners have supported malaria case management through the implementation of interventions including strengthening drug management system capacity, promoting rational use, logistics and supply chain strengthening, pharmacovigilance, and drug quality monitoring which has lead to improved availability of vital antimalarials products to vulnerable populations. In Year 1, SPS carried-out the following activities: supported the MoH/Ghana's National Drugs Programme to review Ghana's Standard Treatment Guidelines, reviewed and finalized the National Health Insurance Medicines List and Tariffs, to incorporate new malaria policy, developed Malaria Case Management Training Manuals for pharmacists and licensed chemical sellers (LCS)- in collaboration with the NMCP, the Pharmaceutical Society of Ghana, and the Pharmacy Council- and conducted a comprehensive assessment of pharmaceutical management in health facilities, to evaluate inventory management, storage requirements, and prescribing and dispensing practices of antimalarials in both the public and private sectors. The assessment's findings and recommendations address rational use and storage challenges for antimalarials and essential medicines in Ghana's health system. As per the PMI Ghana Malaria Operational Plan (FY09), in Year 2, SPS is mandated to – "Strengthen pharmaceutical management capacity, including reinforcing rational use of ACTs and other malaria treatments, targeting both the public and private sectors, provide technical assistance for estimation of drug needs and gaps, and support the development and implementation of a comprehensive drug logistics information system." The Malaria Operational Plan further states that "building on the training and guideline development activities carried out with Year 1 PMI resources, the focus [for SPS] of Year 2 will be on supporting MoH/GHS to effectively implement the new malaria treatment policy for maximum public health impact." This FY09 work plan builds on previous SPS activities in Ghana by helping to address the deficiencies in rational use of antimalarials. SPS will support Ghana's health system in the following priority areas: (a) Promote the rational use of ACTs and other anti-malaria treatments in the private and public sectors of Ghana. This will be achieved through disseminating the reports, guidelines, and training materials which were developed by SPS in Year 1, and by strengthening drugs and therapeutic committees, training health care workers, and providing assistance to programs of supportive supervision at 10 leading health facilities – all located in 3 focus regions. (b) Support the development of an accreditation and monitoring mechanism for private sector providers, which will enhance their ability to access and rationally disburse ACTs. (c) Support in-country stakeholders to improve the national pharmacovigilance and medication safety system. Following consultation with the NMCP, the National Drugs Program, the GHS Pharmacy

Unit and other stakeholders, SPS selected the Drug and Therapeutic Committees (DTCs) that will be targeted to receive support in Year 2. DTCs are facility-level committees made up of prescribers, dispensers, and procurement team members who meet regularly to ensure adherence to hospital formularies and recommended prescribing, dispensing and procurement policies. Strengthening DTCs is an effective approach to ensuring sustainable rational use of antimalarials and other essential medicines in the health system. The Strategic Plan of the Pharmacy Unit of the Ghana Health Service (GHS) – "Improving Pharmaceutical Services in the Health Sector 2007-2011", highlights the establishment and/or strengthening of DTCs as a key means to ensuring good pharmacovigilance reporting and adherence to prescribing policies by providers in Ghana. SPS plans to support DTC and rational use programs in the Greater Accra, Central, and Western Regions. This geographic focus is based on three main considerations: (1) In 2007 and 2008, the WHO supported DTCs in 4 regions, (Brong-Ahafo, Northern, Upper East and Upper West). (2) These three regions are the focus of the new USAID five-year strategy for health system strengthening, which will allow for synergies with other USG-funded programs. (3) SPS year 2 resources would not permit adequate support to all 10 of Ghana's regions. SPS will support the NMCP and MoH to develop an accreditation and monitoring system for private sector pharmacies and LCS as a means to address an important bottleneck in the promotion of rational ACT use. High quality ACTs are sufficiently available at the Central Medical Stores, and the NMCP is eager to increase their distribution through private providers. Another key challenge to the full implementation of the new Anti Malaria Drug Policy has been the numerous anecdotal "reports" of adverse drug reactions to the use of recommended ACTs. Additionally, there is little coordination between the various players in the pharmacovigilance system, preventing efficiency and efficacy when ensuring medication safety. SPS will support the development of strategic options for strengthening PV activities for antimalarials in Ghana. Considering that the FY09 work plan represents the final year of the SPS program in Ghana under PMI funding, activities have been prioritized to focus on the three USAID focus regions – Greater Accra, Central and Western. SPS will collaborate closely with other PMI and USAID implementing partners who support malaria pharmaceuticals (namely the ProMPT, DELIVER, and future 3-Region Focus projects), in order to ensure that activities are harmonized during Year 2 and that follow-up activities will continue in Year 3 and afterward. http://www.whitehouse.gov/news/releases/2005/06/print/20050630-8.html

Activity Title:	Disseminate the malaria pharmaceutical management survey results to key stakeholders
Activity Lead:	Eghan, Kwesi **Activity #:** 2 **Task**: LFGH09PMI **Subtask**: 60F4D2
Activity Description:	Continuation of FY08 activities. Disseminate the malaria pharmaceutical management survey results to key stakeholders.
SPS Partners:	None.
Budget: $12,088.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Assessment of Malaria Pharmaceutical Management Systems in Ghana. Malaria supply chain assessment flyer. Rational Use flyer. Regional medical stores flyer. Trip report.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The malaria pharmaceutical management assessment report was finalized during this quarter. Three 2-page fliers were also developed summarizing the main findings during the assessment. 120 hard copies of the report were printed and sent to Ghana for dissemination. The report was successfully disseminated to all key stakeholders before the end of March.
Next Steps:	Activity completed.
Indicators:	None.
Activity Title:	Support dissemination of the Standard Treatment Guidelines to key providers and stakeholders in the three (3) USAID regions
Activity Lead:	Eghan, Kwesi **Activity #:** 10 **Task**: LFGH09PMI

Activity Description:	Support the dissemination of the STGs to key providers and stakeholders in the three USAID regions (this activity is planned to be conducted concurrently with site visits for training and supportive supervision and, hence, no budget has been allocated).
SPS Partners:	None.
Budget	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The national standard treatment guidelines (STGs) for malaria have been finalized but not yet printed. However, electronic versions of the treatment guidelines were disseminated to trainees at the DTC workshop conducted during this quarter.
Barriers to Progress:	None.
Next Steps:	Liaise with GNDP to ascertain status of STGs.
Indicators:	None.
Activity Title:	Support the office of the Chief Pharmacist to improve the functioning of DTCs through targeted workshops and technical assistance in the Western, Central and Greater Accra regions.
Activity Lead:	Eghan, Kwesi **Activity #:** 5 **Task**: LFGH09PMI **Subtask**: 60E3P5
Activity Description:	Support the office of the Chief Pharmacist to improve the functioning of existing DTC's. In selected cases, SPS will support the establishment of DTC's through targeted workshops and technical assistance in the Western, Central and Greater Accra regions. The focus of this work will be targeted at 3 mission facilities, 3 regional hospitals, 3 private clinics, and the Korle-Bu Teaching Hospital.
SPS Partners:	None.
Budget: $74,788.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS identified and hired a technical consultant to support this activity.
Barriers to Progress:	None.
Next Steps:	Consultant to begin work right away.
Indicators:	None.
Activity Title:	Train selected providers on rational use medicines targeted at strengthening the implementation of the new antimalarial and essential medicine policy
Activity Lead:	Eghan, Kwesi **Activity #:** 6 **Task**: LFGH09PMI **Subtask**: 60E3M6
Activity Description:	Train providers (medical superintendents, pharmacists, dispensers, and procurement officers) from selected facilities in the Western, Central and Greater Accra on rational use of medicines targeted at strengthening the implementation of the new antimalarial and essential medicines policy.
SPS Partners:	None.
Budget: $43,981.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS supported the office of the chief pharmacist with the planning and coordination of all activities for an upcoming DTC training. SPS also finalized the workshop report for the DTC workshop conducted in December for the Cape Coast, Central region.
Barriers to Progress:	None.
Next Steps:	Conduct next DTC workshop in April for the Western Region.
Indicators:	None.
Activity Title:	In collaboration with FDB, the WHO, the Chief Pharmacist's Office, and the NMCP, complete a mapping of all pharmacovigilance activities, to develop a comprehensive strategy for Ghana.
Activity Lead:	Eghan, Kwesi **Activity #:** 9 **Task**: LFGH09PMI **Subtask**: 60A1Q9
Activity Description:	To achieve the objectives of Ghana's pharmacovigilance system and support NMCPs' request for more documented data on ADRs, SPS will collaborate with FDB, the WHO, the National Pharmacovigilance Center, NMCP and all stakeholders, to support the mapping and gap analysis of all PV activities, and propose recommendations for the development of a comprehensive PV systems strengthening strategy for Ghana. This collaborative approach will create synergy and improve coordination in creating and sustaining advocacy and actions that support pharmacovigilance and ADR reporting for ACTs and other medicines.
SPS Partners:	None.
Budget: $43,267.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During the quarter, a SPS pharmacovigilance expert visited Ghana to support the pharmacovigilance activity. During his visit, a stakeholder meeting was held to understand where Ghana is with pharmacovigilance (PV) and also to obtain feedback on an indicator based tool called IPAT to be used to map out the PV system in Ghana. The IPAT tool was adapted to the local context and data collectors were recruited to collect data around the country. The data collection process was successfully completed during this period at the national/MoH level, public health programs and selected health facilities around the country.
Barriers to Progress:	None.
Next Steps:	Analyze data and write report.
Indicators:	None.

Guatemala

Guatemala 2008

Work plan: Guatemala **Year** 2008

Funding Level: $200,000.00

Work plan Background
Since their discovery during the 20th century, antimicrobial agents (antibiotics and related medicines) have substantially reduced the threat posed by infectious diseases. The use of these "wonder drugs," combined with improvements in sanitation, housing, and nutrition, and the advent of widespread immunization programs, has led to a dramatic drop in deaths from diseases that were previously widespread, untreatable, and frequently fatal. Over the years, antimicrobials have saved the lives and eased the suffering of millions of people. By helping to bring many serious infectious diseases under control, these medicines have also contributed to the major gains in life expectancy experienced during the latter part of the last century. These gains are now seriously jeopardized by the emergence and spread of germs that are resistant to cheap and effective first-choice, or first-line medicines. The bacterial infections which contribute most to human disease are also those in which emerging and microbial resistance is most evident: diarrheal diseases, respiratory tract infections, meningitis, sexually transmitted infections, and hospital-acquired infections. Some important examples include penicillin-resistant Streptococcus pneumonia, vancomycin-resistant enterococci, methicillin-resistant Staphylococcus aureus, multi-resistant salmonellae, and multi-resistant Mycobacterium tuberculosis. The development of resistance to medicines commonly used to treat malaria is of particular concern, as is the emerging resistance to anti-HIV and anti-TB medicines. Hospitals are a critical component of the antimicrobial resistance problem worldwide. The combination of highly susceptible patients, intensive and prolonged antimicrobial use, and cross-infection have resulted in nosocomial infections with highly resistant bacteria pathogens. Resistant hospital-acquired infections are expensive to control and extremely difficult to eradicate. Failure to implement simple infection control practices, such as hand washing and changing gloves before and after contact with patients, is a common cause of infection spread in hospitals throughout the world. Hospitals are also the eventual site of treatment for many patients with severe infections due to resistant pathogens acquired in the community. In the wake of the AIDS epidemic, the prevalence of such infections can be expected to increase. IC is a key strategy to slow the spread of antimicrobial resistance. Hospital-acquired infections remain a global problem, despite the availability of guidelines at both global and local levels. Under MSH's the previous RPM Plus program, now SPS, financed by USAID, a self-assessment and quality improvement approach for district and provincial hospitals was developed. The approach uses an infection control self-assessment tool (ICAT) of 21 modules and rapid cycle quality improvement methods to identify problems and develop and implement low-cost interventions. The modules of the ICAT cover various aspects of hospital infection control including for example medical waste disposal, hand hygiene, labor and delivery, and injections; each module containing questions and check lists for self assessment, a scoring system and notes for reference outlining the current internationally recognized practices. Drawing from experiences and lessons learned from applying the approach in two African countries, SPS collaborated with the Guatemala MoH Hospital Technical Assistance Unit to provide technical assistance to apply the approach in 5 pilot hospitals in Guatemala. Hospital IC team members attended an implementation workshop in November 2007 to understand the ICAT and continuous quality improvement approach. In the following months the hospital teams, with support from the local consultants, SPS staff and the MoH developed and implemented infection control quality improvement plans in certain areas of infection control, monitoring indicators to track their progress. A review workshop held in July 2008 gave the pilot hospital teams an opportunity to share their activities and results with each other. Each hospital demonstrated improvements in their areas of interventions although recognized the need for scale-up to other areas of the hospital as well as to ensure sustained results. Scale-up plans were drafted and discussed with other participants at the end of the workshop. The central MoH hospital coordination team has embraced the ICAT approach as useful to strengthen the hospital IC committees, recognizes the value of the approach

in complementing on-going IC activities and played a leading role in the workshop. They hope to distribute a revised Guatemalan version of the tool to an additional 20 hospitals in August and to use that revised version to update the MoH infection control protocols. The team is also currently planning for potential further expansion of the use of the ICAT tool and the quality improvement approach as well as to study sustainability issues in the current five pilot hospitals. However, it is neither prudent nor appropriate to leave the MoH to expand this approach alone. SPS is working with the USAID bilateral project URC/Calidad en Salud to develop a module in infection control to complement their quality improvement work in the field of maternal, newborn and child health. This module will contain, among others, aspects of bio-safety and medical waste disposal. Strategic Approach--The long term objectives over several years are as follows. (1) Raise awareness of infection prevention in all MoH and Asociacion Pro-bienstar de la Familia de Guatemala (APROFAM) facilities. (2) Reduce the rate of nosocomial infections in all MoH and APROFAM facilities through implementation of a QI methodology and the ICAT self assessment tool. In the first year, the approach to be used to implement the activities is that the MoH coordination of hospitals unit will be leading the activities in the hospitals according to the plan developed jointly and SPS will provide technical assistance. After an initial pilot experience with five hospitals, the MoH wants to expand the ICAT approach to all 43 hospitals nationwide. The method to expand to all hospitals will be to train a pool of trainers, including the supervisors of the hospitals, and then each supervisor with support from central level, SPS and other peer supervisors will train his group of hospitals in the ICAT tool and the quality improvement methodology. The supervisor will then be responsible for following up individually with each hospital in his group to conduct the ICAT assessment, to finalize the development of the quality improvement plan including indicators and to support the hospital teams in follow-up monitoring. The programming of the trainings will be over the year of this work plan to cover all hospitals by the end of the year. The hospitals of USAID interest will be targeted in the early trainings. The objectives of the approach are to (1) strengthen the technical capacity of the hospital infection control committees, (2) improve waste management practices in the hospitals, improve hand hygiene practices in the hospitals, (4) reduce the rate of nosocomial infections, and contribute to an improved quality of care in the hospitals. For each hospital, a baseline rate of nosocomial infections will be obtained prior to starting work with the hospital. A set of defined indicators related to the specific activities, the rate of nosocomial infections and where possible any associated indicators such as economic costs and use of antibiotics associated with cases of nosocomial infections in the hospital will be monitored over time. A final evaluation of the rate of nosocomial infections will be realized in each hospital at the end of the year.

Activity Title:	Monitoring of activities in hospitals
Activity Lead:	Briggs, Jane **Activity #:** 4 **Task**: LFGT08XXX **Subtask**: 60AXH4
Activity Description:	Standard checklists will be developed to assist the MoH in its follow-up. All hospitals will initially apply hand washing and waste disposal modules. Follow-up to the Stop Avian Influenza activities in the hospitals will be coordinated with the IC follow-up; the supervisor will be conducting both activities to ensure a consistent approach. For each hospital, a baseline rate of nosocomial infections will be obtained prior to starting work with the hospital. A set of defined indicators related to the specific activities, the rate of nosocomial infections, and other relevant indicators (such as economic costs and use of antibiotics) will be monitored over time. A final evaluation of the rate of nosocomial infections will be calculated in each hospital at the end of the year. Supervisors from the initial pilot hospitals will provide additional supervision in reviewing the progress of the hospital teams, according to the plan they developed in the July 2008 review workshop. As an alternative to visits, the use of telecommunication and video-conferencing tools will be explored.
USG Sub-element:	Anti-microbial Resistance (MCH)
SPS Partners:	None.
Budget: $14,420.00	**Start Date:** Dec 2008 **End Date:** Sep 2009
Products Planned:	Each hospital has an IC plan with defined indicators. Monitoring guides and monitoring reports. Checklists.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	This activity will continue under FY09 funding and is reported there.
Barriers to Progress:	None.
Next Steps:	Activity closed under FY08 and continued under FY09.
Indicators:	None.
Activity Title:	Develop and field-test materials promoting infection control practices.
Activity Lead:	Briggs, Jane **Activity #:** 5 **Task**: LFGT08XXX **Subtask**: 60FXC5
Activity Description:	Supervisors for each region will organize competitions in each hospital and in the region, to short-list winning entries for national-level judging within the MoH. The adaptation and field-testing of the materials, as well as their printing and nation-wide distribution will be completed in next year's activities.
USG Sub-element:	Anti-microbial Resistance (MCH)
SPS Partners:	None.
Budget: $3,820.00	**Start Date:** March 2008 **End Date:** Sep 2009
Products Planned:	Posters produced by each hospital and winning poster at national level.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	This activity will continue under FY09 funding and is reported there.
Barriers to Progress:	None.
Next Steps:	FY08 activity closed and continues under FY09.
Indicators:	None.
Activity Title:	Support to the MoH in revising the surveillance system for nosocomial infections
Activity Lead:	Briggs, Jane **Activity #:** 6 **Task**: LFGT08XXX **Subtask**: 60G4H6
Activity Description:	Once the current protocols and forms for monitoring nosocomial infections are revised, implementation assistance will be provided using the hospital's supervisors.
USG Sub-element:	Anti-microbial Resistance (MCH)
SPS Partners:	None.
Budget: $8,295.00	**Start Date:** Jan 2009 **End Date:** March 2009
Products Planned:	Revised forms and protocols. Guidance for supervisors.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Once the protocol is completed by the CNE, it will be disseminated with the support of SPS and will be reported on in FY09 activities.
Barriers to Progress:	None.
Next Steps:	This activity is closed in FY08 and further progress will be reported on in FY09.
Indicators:	None.
Activity Title:	Support to the MoH in revising the IC norms
Activity Lead:	Briggs, Jane **Activity #:** 7 **Task**: LFGT08XXX **Subtask**: 60A2H7
Activity Description:	Information for the revision of the internationally recognized practices can be found in the notes of the ICAT modules. Technical assistance will be provided to the MoH to update the national IC guidelines. This activity will be conducted in

	collaboration with other key players such as PAHO which, it is hoped, will cover reproduction of the guidelines. In the event that no funding is found for the printing of the revised norms, SPS will explore the possibility of funding during next year's plan.
USG Sub-element:	Anti-microbial Resistance (MCH)
SPS Partners:	None.
Budget: $10,179.00	**Start Date:** Jan 2009 **End Date:** Apr 2009
Products Planned:	Revised infection control norms.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	This activity will continue under FY09 funding.
Barriers to Progress:	None.
Next Steps:	This activity is closed in FY08 and will be reported on in FY09.
Indicators:	None.
Activity Title:	Work with the bilateral URC/Calidad en salud to implement the IC module
Activity Lead:	Briggs, Jane **Activity #:** 8 **Task**: LFGT08XXX **Subtask**: 60AXH8
Activity Description:	SPS will work with Calidad en salud to finalize the self-assessment module and assess its feasibility in a field setting. If feasible, the module will be incorporated into the packet of modules used by Calidad en salud (a total of seven departments).
USG Sub-element:	Anti-microbial Resistance (MCH)
SPS Partners:	None.
Budget: $7,964.00	**Start Date:** Oct 2008 **End Date:** Jan 2009
Products Planned:	IC module. Module incorporated into the URC package.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	This activity is closed in FY08. FY09 activities will progress in coordination with the URC project HCI.
Barriers to Progress:	None.
Next Steps:	This activity in FY08 is closed. Further collaboration will be reported on in FY09.
Indicators:	None.
Activity Title:	Explore the possibility of using the ICAT and the QI approach in the CAIMIs and in APROFAM
Activity Lead:	Briggs, Jane **Activity #:** 9 **Task**: LFGT08XXX **Subtask**: 60FXA9
Activity Description:	SPS will explore the possibility of applying the ICAT and QI approach to these facilities.
USG Sub-element:	Anti-microbial Resistance (MCH)
SPS Partners:	None.
Budget: $6,307.00	**Start Date:** Jan 2009 **End Date:** Sep 2009
Products Planned:	Documented discussions with MoH and APROFAM.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The introduction of the ICAT into CAIMIs will be reported on in FY09, under a

	new activity.
Barriers to Progress:	None.
Next Steps:	This line item is closed and the intervention will be reported on under the activity in FY09.
Indicators:	None.

Guatemala 2009

Work plan: Guatemala **Year** 2009

Funding Level: $150,000.00

Work plan Background
Infection control (IC) is a key strategy to slow the spread of antimicrobial resistance. Hospital acquired infections remain a global problem, despite the availability of guidelines at both global and local levels. In Guatemala, Strengthening Pharmaceutical Systems (SPS) has supported the central Ministry of Health (MoH) hospital coordination team to roll out a standard approach to improve infection control practices, consisting of the application of an infection control assessment tool combined with the rapid cycle quality improvement, to its network of 43 hospitals.

Activity Title:	Technical activity coordination and monitoring
Activity Lead:	Briggs, Jane **Activity #:** 1 **Task**: LFGT09XXX **Subtask**: 97XXY1
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.
SPS Partners:	None.
Budget: $0.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Quarterly reporting and planning with USAID. Coordination with the technical team of the Vice Ministry of Hospitals.
Barriers to Progress:	None.
Next Steps:	Quarterly reporting as required.
Indicators:	None.
Activity Title:	Introduction of infection control assessment tool and quality improvement approach to secondary level health facilities (health centers)
Activity Lead:	Briggs, Jane **Activity #:** 2 **Task**: LFGT09XXX **Subtask**: 60A2H2
Activity Description:	SPS would provide technical assistance to the SIAS to implement the standard approach to improve control of nosocomial infections in the four Centros de Atención Integral Materno-Infantiles (CAIMIs). This will serve as a pilot experience to inform the roll-out to future CAIMIs, as established (the roll-out being the responsibility of the MoH). In addition, all area de salud teams (health area teams) will be oriented in the material and the approach to implement in the facilities of their areas. The materials used in the hospital orientation will be adapted as need for use in the primary level health facilities. A technical group from the SIAS, including members of the Unidad de Supervision, Monitoreo y Evaluacion (USME), will review the evaluation tool, as well as the training material to finalize the version to be used in implementation in primary health

	care facilities. A training of trainers (TOT) course will be conducted in Guatemala City to form a pool of 4 trainers from the MoH SIAS. It is then proposed that staff from the 29 health areas (area de salud) would be oriented in two workshops in the approach and tools to improve infection control practices. The SPS team and the central level MoH staff will assist the regional teams to orient staff from the 4 functioning CAIMIs in the tools and the approach and to conduct follow-up activities. This would include plan development and implementation at facility level as well as follow-up and monitoring. SPS would assist with initial follow-up and monitoring and then hand over to the staff of the area de salud with the guidance of staff from USME.
USG Sub-element:	Anti-microbial Resistance (MCH)
SPS Partners:	None.
Budget: $58,555.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Revised ICAT. Training materials for TOT, trainings health area staff and CAIMI staff. Reports of trainings: TOT, health area teams, CAIMI staff.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Various meetings have been held with the teams from SIAS (the department of developing health services, the USME) to discuss the application of the infection control assessment tool in CAIMIs. There is a great deal of interest in this instrument. Meetings were also held with the World Bank project, to ensure coordination and there is a possibility of collaboration on some training in infection control.
Barriers to Progress:	Change of authorities and the bureaucratic process have delayed this activity substantially.
Next Steps:	The technical team from the SIAS (USME, nursing and the department of developing health services) will revise the tool for secondary-level facilities. Teams from 5 CAIMIs will be oriented to the tool and will apply modules and implement quality improvement plans with technical assistance from SPS. After this validation, the methodology and tool will be introduced to all health area teams for implementation in CAPs under the guidance of the USME and the WB project.
Indicators:	None.
Activity Title:	Continued technical assistance in the monitoring of hospitals activities
Activity Lead:	Briggs, Jane **Activity #:** 3 **Task**: LFGT09XXX **Subtask**: 60AXH4
Activity Description:	The SPS consultant will accompany the VM hospital staff on some follow-up visits, with the aim of accompanying the hospital coordinators on at least one visit per hospital. These follow-up visits are not intended to be planned specifically for this activity, but will be conducted as part of the regular supervisory visits that the hospital coordinators conduct on a regular basis. A checklist has already been made available to guide the visit and the coordinators will make a point of meeting with the infection control committee to discuss the progress in the implementation of their infection control improvement plans. Indicators for specific activities and subsequent results of application of the modules of the tool will be monitored through use of a reporting template which all hospitals will use to report their results and this will be made available on the MoH intranet to stimulate and motivate the different hospitals. As the surveillance system will be concurrently strengthened in the hospitals, the rate of nosocomial infections will also be tracked.
USG Sub-element:	Anti-microbial Resistance (MCH)

SPS Partners: None.

Budget: $24,980.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Each hospital has an IC plan with defined indicators. Reports of monitoring visits by consultant. Monitoring of module results and key indicators related to hand hygiene posted on MoH intranet.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: A complete baseline results report of the application of the modules by all 43 hospitals has been generated and is available. During trainings on influenza (as part of the support to MoH by Stop AI, in Quetzaltenango and Zacapa), each hospital presented their activities and results in improving infection control practices. At each presentation, the directors invited to the event re-affirmed their support to the IC committee's efforts. On January 20-21, a workshop was held to finalize the protocol for surveillance of nosocomial infections. At this workshop, 12 people (7 female and 5 male) from hospitals, VM hospitals, the National Epidemiology Center (CNE) and MSH met in the Hospital of Infectology and Rehabilitation in Guatemala. The working document was a draft from CNE, which was reviewed and improved over the 2 days. SPS contributed with the costs of the meeting as well as technical assistance.

Barriers to Progress: Progress in the hospitals is varied and dependent on the support of the central-level coordinator as well as the hospital director. Supervisory monitoring with use of a check list will not be carried-out by the VM hospital coordinators. All monitoring will be conducted by the infection control technical team from VMH in visits or via phone calls.

Next Steps: The hospitals have been requested to repeat the application of the modules in April and will measure specific indicators on a 3-month basis. The protocol of surveillance of nosocomial infections will be finalized by CNE and circulated for final comments. SPS will contribute to the implementation of the protocol.

Indicators: None.

Activity Title: Support to the MoH in revising the IC norms

Activity Lead: Briggs, Jane **Activity #:** 4 **Task**: LFGT09XXX **Subtask**: 60A2H7

Activity Description: Technical assistance will be provided to the MoH to update the national infection control norms. This activity is partly funded under FY08 funds and will be conducted in collaboration with other key players, such as PAHO who had previously committed to supporting the printing costs of the document.

USG Sub-element: Anti-microbial Resistance (MCH)

SPS Partners: None.

Budget: $20,415.00 **Start Date:** Jan 2007 **End Date:** Jan 2007

Products Planned: Revised infection control norms.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: No progress this quarter.

Barriers to Progress: It was not possible to discuss the norms in the January workshop as originally planned.

Next Steps: The working group to revise the norms will be formed and a methodology developed to divide up the document. A first meeting will be planned in May to launch the tasks to the different members of the working group.

Indicators: None.

Activity Title:	Develop and field test materials promoting infection control practices.
Activity Lead:	Briggs, Jane **Activity #:** 5 **Task**: LFGT09XXX **Subtask**: 60FXC5
Activity Description:	Posters to guide hospital staff in the classification of waste, already validated by the VM hospitals, will be produced and distributed to the hospitals. Materials on hand hygiene could come from posters developed in the hospitals and a competition could be held to select the winning design to be displayed at all sinks in the hospitals. This activity is continued from last year and will be partially funded with FY08 funds.
USG Sub-element:	Anti-microbial Resistance (MCH)
SPS Partners:	None.
Budget: $26,276.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Posters on waste classification printed. Poster on hand hygiene developed.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The posters to promote correct classification of waste were submitted to the printing company for printing.
Barriers to Progress:	Problems obtaining the original artwork for the posters.
Next Steps:	11,000 posters on classification of waste will be produced and distributed to 38 hospitals (5 hospitals already have posters from the capacity project or from other resources). A VM note will be sent to the hospitals announcing a poster competition on hand washing.
Indicators:	None.

India

Work plan: India **Year** 2007

Funding Level: $150,000.00

Work plan Background
The Strengthening Pharmaceutical Systems (SPS) Program is a 5-year (June 2006 - June 2012) Leader with Associates Cooperative Agreement implemented by Management Sciences for Health (MSH). SPS has received field support funding from the United States Agency for International Development (USAID) Mission in India to assist the Karnataka State AIDS Prevention Society (KSAPS) and other local partners to address issues in pharmaceutical management related to the management of antiretroviral medicines (ARVs) and other antiretroviral therapy (ART)-related commodities. India's National AIDS Control Organization (NACO) estimates that at the end of 2007, approximately 2.3 million people were living with HIV in India. Karnataka (with a population 52.73 million) is among the states with the highest HIV prevalence in the country. KSAPS reports that in 28 of the 29 districts in the state, at least one antenatal or PMTCT site has reported a prevalence of 1% or greater in the last three years. Expanding access to ART is a priority for KSAPS and, as of June 2009, there were 33 ART centers functioning (up from 24 in 2008), a total of 94,563 patients receiving HIV care, and a total of 29,780 patients on ART in Karnataka. In 2010, the State of Karnata-line with NACO guidelines. Each Link ART Center will serve as an extension of the main ART Center and will distribute ARV medicines and monitor adherence in stabilized patients. At these new centers, the pharmacist will be the only designated staff member. USAID funds the Samastha project in Karnataka, a comprehensive HIV project that supports prevention, care and treatment activities in 3 cities and 12 districts. In addition to reducing risk of HIV transmission among vulnerable populations, the project aims to build the capacity of existing health care institutions to provide quality HIV and AIDS care, support, and treatment services. Samastha is led by the Karnataka Health Promotion Trust (KHPT) in partnership with EngenderHealth and Population Services International (PSI). The project is implemented through a consortium of nongovernmental partners, including St John's Medical College and Kempe Gowda Institute of Medical Sciences (KIMS). The Samastha project works in close collaboration with KSAPS. The activities proposed in this work plan aim to support the scale-up and expansion of the ART program in Karnataka through strengthening the capacity of pharmacists to appropriately manage medicines to avoid stock-outs and expiries, and also to enhance the appropriate use of ARVs and other ART-related pharmaceuticals. These activities were identified in conjunction with KSAPS, USAID/India, and KHPT based on an analysis of gaps and opportunities to improve the current situation, and on the priorities of KSAPS and other partners in the region.

Activity Title:	Technical activity coordination and monitoring
Activity Lead:	Walkowiak,Helena **Activity #:** 1 **Task**: LFIN07HIV **Subtask**: 97XXY1
Activity Description:	This activity includes work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.
SPS Partners:	None.
Budget: $9,997.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Work plans, quarterly reports, budget/pipeline reports, and notes of coordination meetings.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The draft work plan was approved by the USAID/India Mission during this quarter.
Barriers to Progress:	Although funding was received in Project Year 1, potential partners that were interested in receiving support from SPS were identified in June 2009. The SPS

	trip to explore potential activities was deferred to December 2009, due to partner commitments.
Next Steps:	Activities are planned to be completed by the end of September 2010.
Indicators:	None.
Activity Title:	Conduct an initial field visit to Karnataka, India
Activity Lead:	Walkowiak,Helena **Activity #:** 2 **Task**: LFIN07HIV **Subtask**: 60XXA2
Activity Description:	In December 2009, SPS will travel to Karnataka to meet with USAID/India, KSAPS, KIMS, partners implementing the USAID-funded Samastha project (including KHPT), and other key stakeholders to discuss potential SPS technical assistance. During this initial trip, SPS will visit selected ART centers to understand their pharmaceutical management situation. SPS will meet with key stakeholders to review findings and identify priority activities for the 2009-2010 SPS work plan, and ascertain potential activities that will require continuing funding.
SPS Partners:	None.
Budget: $38,161.00	**Start Date:** Dec 2009 **End Date:** Jan 2010
Products Planned:	Trip report. Report for USAID/India with implementation plan that identifies priority activities for SPS support with FY07 funding and with potential FY10 funding. Internal report with budget. Report to share with partners.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	In January 2010, SPS submitted a report to USAID/India that set out the potential options for SPS support ─based on the priorities of KSAPS and feedback from local partners ─and detailed activities that can be achieved with current SPS funding and identified where co-funding is needed. The report also sets out potential activities that will require ongoing funding. A detailed implementation plan was also included. Based on USAID/India approval and partner agreement of activities and co-funding, a work plan for October 2009 to September 2010 was developed.
Barriers to Progress:	None.
Next Steps:	The activity is complete.
Indicators:	None.
Activity Title:	Work with KSAPS and partners to adapt and implement HIV/AIDS pharmaceutical management training materials for pharmacists at ART centers
Activity Lead:	Walkowiak,Helena **Activity #:** 3 **Task**: LFIN07HIV **Subtask**: 60F2E3
Activity Description:	During this work plan period, SPS will work with KSAPS, KHPT and other local partners to adapt and implement the SPS HIV/AIDS pharmaceutical management training materials for pharmacists working at existing ART centers and also for newly recruited pharmacists at ART Link Centers in Karnataka. The training materials will incorporate a performance improvement approach to encourage pharmacists to apply the skills and knowledge acquired at their workplace to achieve results. To build local capacity, SPS will work with KHPT to involve St John's Medical College and Hospital, KIMS, and potentially the Pharmacy Council of Karnataka and selected schools of pharmacy, in the development and implementation of HIV/AIDS pharmaceutical management training materials. The sub-activities will include: (1) Engaging local stakeholders to share SPS HIV/AIDS pharmaceutical management training materials and identify adaptations needed based on local training needs (lead partners: KHPT and KSAPS). (2) Initial desktop adaptation of selected modules

	and sessions to the local context and NACO guidelines (lead partners: SPS). (3) Collection and analysis of baseline data on ART pharmaceutical management practices prior to workshop (lead partner: SPS to prepare instrument and analyze data, KHPT and KSAPS for data collection). (4) TOT workshop to finalize adaptation of materials with trainers followed by the workshop to launch the training program (lead partners: SPS with partners). (5) Final revision of materials post-testing (lead partners: SPS with partners). (6) Ongoing training (lead partners: KSAPS and KHPT; SPS as a resource at first workshop). This activity will be co-funded with KHPT and KSAPS. SPS funding will be used to cover the level of effort (LOE) of SPS staff for initial adaption of the materials, development of data collection tool, analysis of baseline data, SPS participation in the TOT and launch workshops, LOE for revision of materials post-testing, and SPS participation as a resource in one follow-up training. KHPT have indicated that they will support the engagement of stakeholders to determine training needs, translation of materials into Kannada and printing costs, and KHPT participation in the TOT, launch workshops, and any subsequent workshops. KSAPS have indicated that they will cover costs for the TOT and launch workshops and ongoing trainings. Both partners aim to contribute to collecting the baseline data.
SPS Partners:	None.
Budget: $89,667.00	**Start Date:** Jan 2010 **End Date:** Sep 2010
Products Planned:	Training materials developed and translated into Kannada. Report of baseline data on ART pharmaceutical practices. Training course reports for April and July 2010. Trip Report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	In January 2010, SPS shared the SPS HIV/AIDS generic pharmaceutical management training materials with partners KHPT, KSAPS, KIMS and St. John's Medical College and Hospital. KHPT worked with these partners to identify initial adaptations needed based on local training needs. Based on feedback from partners, it was agreed that 2 sessions would be omitted and others shortened to allow the training to be delivered in 3 days. In March 2010, SPS began work to adapt the selected modules and sessions to the local context and NACO guidelines. A training coordinator was identified from KIMS staff to lead the effort to work with other partners to prepare for the training in Bangalore. Materials were also developed TOT Course on Pharmaceutical Management. In February 2010, SPS drafted the tool to collect baseline data on ART pharmaceutical management practices prior to workshop for review by partners.
Barriers to Progress:	Due to delays in receiving feedback from partners on revisions needed, the initial desktop adaptation of the training materials was delayed until March 2010.
Next Steps:	The training materials will be finalized in early April 2010 and sent to KHPT for translation and printing. The baseline data collection tool will be used by partners (KSAPS, KHPT and KIMS) to collect data on current ART pharmaceutical management practices prior to the workshop. The TOT course and adaptation workshop is scheduled for April 22-24 and the HIV/AIDS Pharmaceutical Management Training Course will be launched at the workshop scheduled for April 27 -29, 2010. SPS will finalize the training materials in May-June 2010 ready for use in the next training course scheduled tentatively for July 2010.
Indicators:	None.
Activity Title:	Work with KSAPS, KHPT, and EngenderHealth to develop and implement

	performance improvement and monitoring activities for ART pharmaceutical management
Activity Lead:	Walkowiak,Helena **Activity #:** 4 **Task**: LFIN07HIV **Subtask**: 60XXH4
Activity Description:	To support the roll-out of training for pharmacists described in activity 3 and the ongoing partner activities for quality of service improvement at ART centers, SPS will begin work with partners to develop and implement performance improvement approaches and monitoring activities for pharmaceutical management. As a first step, SPS will work with partners to develop a strategy that identifies activities and implementation methods that include an ongoing performance improvement approach for skills building and complement partner efforts to strengthen self-monitoring and supervision. Baseline data on current pharmaceutical management practices will be collected as part of activity 3, as described earlier. Activities this year will include incorporating a performance improvement approach into the HIV/AIDS pharmaceutical management training materials and supporting partners to start an ongoing approach to advance improvements in practice. Activities will include drafting a self assessment module on ART pharmaceutical management that includes standards and a monitoring checklist for inclusion in the COPE tool. Activity implementation continuing into next year, if funding is available, could include testing and finalization of the COPE module.
SPS Partners:	None.
Budget: $12,175.00	**Start Date:** March 2010 **End Date:** Sep 2010
Products Planned:	Strategy that identifies activities and implementation approaches. Module on performance improvement approach included in HIV/AIDS pharmaceutical management training materials. Checklist for use by District Officers for supervision at ART sites. Checklist/Annex for the COPE tool.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS worked with EngenderHealth to understand ongoing partner efforts to strengthen self-monitoring and supervision at ART centers in Karnataka. As reported under activity 3, the tool to collect baseline data on current ART pharmaceutical management practices was drafted and sent to partners for review. Partners were in agreement that a module on performance improvement will be included in the HIV/AIDS pharmaceutical management training materials.
Barriers to Progress:	None.
Next Steps:	EngenderHealth will share the COPE tool with SPS for review. During the trip in April 2010, SPS will meet with EngenderHealth, KHPT and KSAPS to develop a strategy that identifies activities and implementation methods that include an ongoing performance improvement approach for skills building and complement partner efforts to strengthen self-monitoring and supervision. The baseline data collection tool will be used by partners (KSAPS, KHPT and KIMS) to collect data on current ART pharmaceutical management practices prior to the workshop. SPS will work with EngenderHealth to develop and deliver the module on performance improvement in the training materials for the workshop scheduled for April 27-29, 2010.
Indicators:	None.

Kenya

Kenya PEPFAR

Work plan: Kenya PEPFAR **Year** 2009

Funding Level: $3,370,000.00

Work plan Background
HIV/AIDS was declared a national disaster and a public health emergency by the Government of Kenya (GoK) in 1999. In response, the government established the National AIDS Control Council (NACC) to provide policy and strategic framework for mobilizing and coordinating resources for prevention, care, and support of people living d with HIV. Implementation of the HIV/AIDS technical areas (e.g. antiretroviral therapy [ART]) have continued to be implemented under the National AIDS and STI Control Program (NASCOP). The US President's Emergency Plan for AIDS Relief (Emergency Plan) first began in 2003, as a 5-year program aimed at combating HIV/AIDS globally. Its emphasis was prevention of HIV infection, care for HIV-infected individuals and AIDS orphans, and provision of antiretroviral drugs on a large scale, concentrating on the poorest, most afflicted countries [1]. The Emergency Plan initially identified fourteen priority countries which had among the highest prevalence of HIV infection and accounted for nearly 20 million HIV-infected men, women and children. On July 30, 2008, H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 was signed into law, thereby re-authorizing the Emergency plan for an additional 5 years. This legislation expands the U.S. Government's commitment to this successful program through 2013. Working in partnership with host nations globally, PEPFAR supports: Treatment for at least 3 million people, prevention of 12 million new infections, and care for 12 million people, including 5 million orphans and vulnerable children. Kenya was one of the priority countries named in the Emergency Plan and continues to receive USG support. The first identified case of HIV in Kenya was recorded in 1986. Since then, the epidemic and the government's mechanisms to monitor it have expanded greatly. The recent Kenya AIDS Indicator Survey (2007) showed that the estimated prevalence of HIV is now 7.1% nationally, with an estimated 1.4 million adults living with HIV [2]. NASCOP/GoK and USG PEPFAR partners realize that providing ART has several challenges in Kenya, including: human resource capacity and training, sustainability of resources, poor infrastructure, weak management information systems and laboratory support services, and poor commodity management. Most public health facilities experience periodic drug, medical supply and laboratory reagent stock outs due to poor quantification, cumbersome procurement processes, inadequate proper drug record systems, weak distribution mechanisms, and financial constraints. With USAID funding under COP 2007 and COP 2008, MSH/SPS worked closely with the MoH/NASCOP, USG partners and other stakeholders to strengthen the ART commodity supply chain, in order to improve access and use of commodities for people living with HIV/AIDS (PLWHA), HIV/AIDS prevention (PMTCT) and prophylaxis (e.g., Cotrimoxazole). By the end of the COP 2008 performance year, over 280,000 patients were receiving ARVs through the two major pipelines that were being primarily supported by MSH/SPS. The MSH/ SPS program will continue to provide TA in systems strengthening to GOK institutions and agencies, such as NASCOP, DLTLD, NPHLS, the Department of Pharmacy (DOP), the Logistics Management Unit-LMU, the National Quality Control Laboratory, and the Pharmacy & Poisons Board (PPB). SPS will continue to provide cross-cutting support for commodity management to USG agencies and PEPFAR-implementing partners funded by USAID, CDC and US DOD. [1] See White House Fact Sheet:http://www.whitehouse.gov/news/releases/2003/01/20030129-1.html[2] National AIDS and STI Control Programme, Ministry of Health, Kenya. July 2008. Kenya AIDS Indicator Survey 2007. Nairobi, Kenya.

Activity Title:	Provide TA to strengthen supply chain management efficiency and M&E capacity for the public sector
Activity Lead:	Staley Jr, Robert **Activity #:** 2 **Task**: LFKE09HIP **Subtask**: 60CXH2
Activity Description:	Typical sub-activities will include, but are not limited to: (1) Provide TA to

	MoH/DOP to develop and implement a sustainable M&E framework for routine application, to improve supply chain efficiency at all levels. This will involve working with the Ministry of Medical Services, Ministry of Public Health and Sanitation, KEMSA, USG partners and other stakeholders to develop an M&E framework that guides supply chain M&E activities from the central level to the service delivery points. This will aim at institutionalizing supply chain M&E for ART commodities at all levels. (2) Provide TA to the MoH on improving supply chain performance by implementing key performance indicators (KPIs). MSH/SPS will work with MOMS, MoPHS, KEMSA and other key supply chain stakeholders to implement key indicators for monitoring the supply chain. This will include review of existing tools to incorporate priority indicators that can be collected at various levels of the supply chain.
USG Sub-element:	Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine Epidemic Preparedness and Response
SPS Partners:	None.
Budget: $200,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Supply chain M&E framework and key performance indicators.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Developed an outline for the supply chain M&E training curriculum. Identified 2 trainers and initiated negotiations for their training services. Proposed to DOP (and agreed upon) the membership of the supply chain M&E TWG. Appointment for the TWG awaiting the two Directors of Health. Workshop scheduled for May 18th – 19th, 2010. Completed the curriculum outline and a draft supply chain M&E framework with key performance indicators.
Barriers to Progress:	None.
Next Steps:	Finalize supply chain M&E framework with the TWG. Undertake training for the targeted number of DoP and PHMT members.
Indicators:	None.
Activity Title:	Provide TA to improve commodity security
Activity Lead:	Staley Jr, Robert **Activity #:** 3 **Task**: LFKE09HIP **Subtask**: 60CXH3
Activity Description:	Typical sub-activities will include, but are not limited to: (1) Advocate, formulate, make function, and support Commodity Security Committees at the MoH. MSH/SPS will continue to advocate for strengthening commodity security systems for HIV/AIDS services. Specifically, MSH/SPS will support consensus meetings for key stakeholders to discuss approaches that ensure constant availability of HIV/AIDS commodities.
USG Sub-element:	Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine
SPS Partners:	None.
Budget: $75,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Forecasting and quantification reports. Meeting minutes. ART Costing Model. Monthly national stock summary reports for ARVs and HIV Lab Commodities.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Continued to provide data on pediatric ARV use to the Clinton Foundation to support quantification of pediatric ARV needs for procurement. On-going

	participation in NASCOP commodity security meetings to plan for transition following WHO guidelines, and refining of patient data from sites to gain a comprehensive national picture. Participated in USG PEPFAR commodity team meeting to define way forward for the transition of regimens at PEPFAR ART sites, following revised ARV regimens guidelines from the WHO. Supported NASCOP in developing a technical presentation on recommendations on various ARV costing scenarios for the ART team to present at the HIV ICC Advisory meeting held at the National AIDS Control Council (NACC). Continued support for development and dissemination of monthly national stock summary reports for ARVs and lab commodities to all stakeholders.
Barriers to Progress:	None.
Next Steps:	Continue supporting NASCOP and other stakeholders to prioritize and advocate for increased focus on commodity security aspects. Support NASCOP's ART and PMTCT programs in planning for the annual workshop on forecasting and quantification of priority commodities, with a focus on ARVs and OI medicines.
Indicators:	None.
Activity Title:	Provide TA to the MoH/Department of Pharmaceutical Services to Implement the Revised Kenya National Pharmaceutical Policy
Activity Lead:	Staley Jr, Robert **Activity #:** 4 **Task**: LFKE09HIP **Subtask**: 60A2P4
Activity Description:	Typical sub activities with MSH/SPS TA support will include, but are not limited to: (1) Support finalization and dissemination of Kenya's National Pharmaceutical Policy (KNPP). MSH/SPS will work collaboratively with the MoH/DOP and other stakeholders to support the finalization and launch of the KNPP. (2) Support the MoH/DOP and work collaborative with stakeholders to develop an implementation plan in-line with the revised policy. (3) Support the MoH/DOP and work collaboratively with stakeholders to initiate implementation of the revised policy and associated reforms. This will involve participation in the KNPP- implementation plan taskforce and other technical working groups.
USG Sub-element:	Anti-microbial Resistance (Malaria)
SPS Partners:	None.
Budget: $125,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Kenya National Pharmaceutical Policy and implementation plan.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS worked collaboratively with the MoH/DOP, WHO, SANIDA, and other stakeholders to develop the KNPP Session paper, No. 1 of 2010, MSH/SPS also worked with the DOP, MOMS, MoPHS, DANIDA, facility staff, and other stakeholders to develop AMU guidelines and training materials. MSH/SPS worked with DOP to develop a service charter, service charter handbook and pharmaceutical standard operating procedures (SOPs).
Barriers to Progress:	None.
Next Steps:	TA to strengthen the DOP oversight on national medicines and therapeutic committee. Continue to work collaboratively with the DOP to strengthen institutional MTCs. Continue to work collaboratively with PSK to disseminate training materials, best pharmacy practices, and support for training of healthcare workers in community and at private entities. Work collaboratively with NASCOP and the DOP to streamline lessons learned, tools, strategies and approaches from ART commodity management to strengthen pharmaceutical services.

Indicators:	None.
Activity Title:	Support to MoH/NASCOP to strengthen Pharmaceutical Management Capacity to improve Access to and Use of ART commodities
Activity Lead:	Staley Jr, Robert **Activity #:** 6 **Task**: LFKE09HIP **Subtask**: 60C3H6
Activity Description:	Typical sub activities with MSH/SPS TA support will include, but are not limited to: (1) Support NASCOP commodity security activities of the ARV drug team including, quantification, forecasting, and medium-term requirements planning. This will involve participation in the ART Task Force and other NASCOP subcommittees and technical working groups. MSH/SPS will support NASCOP's forecasting and quantification activities. MSH/SPS will also work collaboratively with NASCOP, KEMSA, USG partners and other stakeholders to determine ARV and OI stock status and undertake routine pipeline monitoring. (2) Provide TA and support on adherence to ART medicines initiatives by NASCOP, through the implementation of adherence indicators. This will involve support to NASCOP ART adherence monitoring efforts at priority ART sites, including development, review, dissemination and implementation of manual and electronic tools, patient medication counseling job aids, and related materials, to track and monitor adherence. (3) Support printing of manual P/LMIS tools. MSH/SPS will work collaboratively with NASCOP and stakeholders to develop, review, implement and disseminate tools in various areas of inventory management for commodity tracking. (4) Undertake regional trainings in ART commodity management collaboratively with APHIAs and other regional USG Partners. In order to support decentralization initiatives and downward referral, MSH/SPS will work collaboratively with NASCOP, USG partners and other stakeholders to strengthen human resources for pharmaceutical management systems and services at all levels. MSH/SPS will work collaboratively with NASCOP and stakeholders to strengthen regional training teams by improving skills and addressing knowledge gaps in ART pharmaceutical management systems. (5) Support NASCOP ART decentralization initiatives by disseminating and implementing the ART pharmaceutical services' decentralization package. MSH/SPS will: (i) provide technical assistance in the development, review and adaptation of SOPs and job aids in support of ART/PMTCT commodity management at all levels. (ii) Support decentralization, task shifting, and dissemination of decentralization packages including mentorship. (iii) Support NASCOP in improving the policy and practice environment for pharmaceutical services in support of ART decentralization initiatives. This will include support to electronic tools and relevant IT equipment for peripheral sites where applicable. (iv) Support National ART/PMTCT facilities mapping to improve commodity usage information management. Strengthen regional commodity management teams to undertake support supervision activities. (6) Support high-level NACC activities, such as development of KNASP (Kenya National AIDS Strategic Plan) with focus on commodity management, and Global Fund PSM. MSH/SPS in collaboration with NACC, NASCOP and other partners will provide technical leadership on commodity requirement planning. This will include participation in high-level committees and TWGs that provide oversight to medium term commodity procurement planning.
USG Sub-element:	Increasing Availability of Drugs for Treatment of TB Health Governance and Finance (TB)
SPS Partners:	None.
Budget: $500,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Monthly stock status reports. HIV/AIDS Pharmaceutical Management Decentralization Handbook.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	(1) Participated in the ART Taskforce and its subcommittees (one ART Task force meeting, two ART Drugs and ART Commodities sub-committee, one PMTCT TWG meeting, and one ART training subcommittee). Participated in joint ART/PMTCT TWG workshop to review national ART/PMTCT treatment guidelines. (2) Provide TA and support to NASCOP initiatives to promote adherence to ART medicines through the implementation of adherence indicators. Revised quantitative and qualitative data collection tools for the final evaluation of the Pilot National Adherence Intervention Study. Developed a qualitative working protocol for the final evaluation. Conducted support supervision to one facility participating in the Pilot National Adherence Intervention Study. Disseminated the modified MoH 257 cards (500) to study sites. (3) Supported printing of manual P/LMIS tools. Provided TA to NASCOP in compiling distribution list for commodity tracking and reporting tools for laboratory commodities to 152 DMLTs. (4) Disseminated ART Commodity Management Training manuals, job aids packet and national ART SOP manuals to: APHIA (11), Eastern (3 trainers manual, 15 sets of ART CM job aids and 30 participants manuals), APHIA (11), Western (5 trainers manual, 30 sets of ART CM job aids and 33 participants manuals), and Mild May and the Walter Reed Project (5 trainers manual, 15 sets of ART CM job aids and 15 participants manuals). (5) Participated in the National Mentorship Training for health care providers in the central and western regions. Pharmaceutical mentorship handbooks and mentee log books were disseminated to 20participants. Participated in the development of pharmaceutical component of HIV core competencies for inclusion in the harmonized pre-service and in-service curricula on training for HIV care and treatment. Conducted support supervision to pilot central sites, district stores, and facilities for monitoring the Integrated ARV (ART, PMTCT, PEP) Commodity Logistics System. Conducted a rapid telephone assessment on ART ordering points reporting to the LMU. Scope included verification of ordering points, facility contacts, update on satellite sites, access to computers, use of electronic tools and availability of reporting tools. (6) Participated in consultative TWG meeting for harmonization of national- and program-level M&E indicators, tools and procedure for KNASP III. Participated in two NASCOP-led EMR harmonization meetings.
Barriers to Progress:	None.
Next Steps:	Continue to work collaboratively with NASCOP and USG local implementing partners to roll-out and implement SOPs, job aids, training curricula, manual and electronic tracking tools in support of pharmaceutical management in public, private and faith-based facilities. Follow-up to orient new central sites on the decentralization concept. Revision of PHC to be done based on core competencies of pharmaceutical cadres. Design workshop for integrated ARV logistic system and tools
Indicators:	None.
Activity Title:	Strengthening Human Resource Capacity for Pharmaceutical Management by MOH
Activity Lead:	Staley Jr, Robert **Activity #:** 7 **Task**: LFKE09HIP **Subtask**: 60C3M7
Activity Description:	Typical sub activities will include, but are not limited to: (1) In collaboration with NASCOP and USG partners, implement pharmaceutical management trainings at district and primary health care levels, in support of decentralization and task-shifting initiatives. (2) In collaboration with professional societies, undertake community-based trainings to capacitate health practitioners on commodity

	management. MSH/SPS will collaborate with professional organizations (e.g. PSK) to undertake community trainings that target practitioners from public and the private sector. The trainings will strengthen commodity management, adherence, rational use of medicines, as well as address challenges and develop strategies on promoting pharmaceutical care. (3) In collaboration with PPB, UON, and NQCL, train MoH staff on pharmacovigilance. (4) Conduct commodity quantification trainings for the MoH and partner staff. This will involve working collaboratively with MOMS/DOP, KEMSA, USG partners and other stakeholders.
USG Sub-element:	Increasing Availability of Drugs for Treatment of TB Health Governance and Finance (TB)
SPS Partners:	None.
Budget: $400,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Training curriculum on various areas of pharmaceutical management.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	(1) Finalized the curriculum on the in-service course: Effective Management and Rational Use of Medicines and Medical Supplies. The curriculum has been disseminated for review and comments. (2) Planned and conducted a practice-based training workshop for HIV/AIDS practitioners in private and community settings focusing on management, monitoring and reporting of ART related adverse drug reactions in collaboration with PSK. A total of 242 participants attended the training held in Eastern, Nyanza and Nairobi provinces. (3) Planned and conducted pharmacovigilance training for private sector staff, in conjunction with Aga Khan University Hospital. A total of 19 staff from Mater and MP Shah Hospitals was trained. Received accreditation for training from SPS.
Barriers to Progress:	None.
Next Steps:	Finalize and pilot curriculum for the KMTC in service course. Conduct 3 private sector trainings for health care providers on ADR monitoring in the Coast, North Rift and Central regions. Plan and support the review the PHC ART curriculum. Plan and support training on pharmacovigilance for Nairobi region. Follow-up on application for accreditation of trainings for the Nursing Council of Kenya and the Medical and Dental Practitioners Board.
Indicators:	None.
Activity Title:	Provide TA to strengthen public sector pharmaceutical/logistics management information systems capacity for access and use of data in decision making
Activity Lead:	Staley Jr., Robert **Activity #:** 8 **Task**: LFKE09HIP **Subtask**: 60G4J8
Activity Description:	Typical sub activities with MSH/SPS TA support will include, but are not limited to: (1) Maintain commodity access and use tracking database at KEMSA/LMU to support MoH Divisions' need for data to inform decision making. This will involve supporting the LMU operations (maintenance of the LMIS database and workstations, provision of courier services for reports' submission, airtime provision to support flow of information), support to MoH divisions and KEMSA staff to utilize the LMU database, and provision of feedback reports to facilities. (2) Support active acquisition for pharmaceutical management strategic information (SI) that provides USG partners with critical decision-making data for commodity procurement. MSH/SPS will continue to work collaboratively with MoH programs, KEMSA, USG partners, and other stakeholders to strengthen collection, analysis, reporting and use of strategic commodity information. MSH/SPS will support regular acquisition of commodity stock status and

procurement information from MoH divisions, KEMSA and stakeholders to prepare stock status reports. (3) Provide TA and help programs implement manual and electronic tools at the district/peripheral level, in support of integration of services. MSH/SPS will also support implementation of tools that support integration of services in selected pilot districts and health facilities.

USG Sub-element: Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine
Epidemic Preparedness and Response

SPS Partners: None.

Budget: $350,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Strategic information reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: SPS collaborated with NASCOP to follow-up on non-reporting sites for HIV lab commodities through phone calls. ART commodity consumption reporting rates were maintained at over 85%, CD4 at over 75%, and test kits at 60% and above. Physical transmission of reports from test kit sites to the LMU improved during the quarter. The LMIS database was updated to support the increasing number of reporting sites: 199 ART ordering points, 3,656 lab test kit SDPs, and 132 CD4 sites. SPS worked collaboratively with partners in HIV lab commodities to make a list of active CD4 sites by equipment type. Held a workshop and meetings to develop draft LMIS software training curriculum materials. The LMIS database and application installed at MSH/SPS ACK offices and relevant technical officers were given access to the data database. Assessment of additional and replacement ICT infrastructure done. Two UPS's (one heavy duty and one standard) procured to support LMU's ICT operations. Developed LMIS software reference manuals for OJT and reference. SPS revised the draft additional SOPs and KPIs to incorporate MoH program-user feedback and reflect ongoing changes at LMU. These include: physical count SOP for use in the monthly stock-takes, data flow procedures, etc. Draft data quality assurance plan developed and circulated internally for comments and is awaiting finalization. SPS continued to provide ICT and operations support (including courier service) for use by 35 LMU staff, including MoH division staff. SPS provided consumption and patient information for input into the national commodity stocks status reports (2-page documents) for the months of January to March 2010. Worked with NASCOP and KEMSA to issue routine monthly national commodity consumption reports (workbooks) as well as physical stock count reports for ART, HIV lab test kits and CD4 commodities for the months of December 2009, and January and February 2010. Developed simple data collection tool for HIV lab commodities procured and warehoused through SCMS for SI use. SPS developed and presented a brown-bag presentation on LMU for USAID at the quarterly report meeting. Increased access to strategic information for SPS staff through installation of LMIS database in non-LMU offices. Provided TA to assist programs to implement manual and electronic tools at peripheral/district level. Staff distributed ADT software to 4 sites for installation (Gertrude's Children's Hospital satellite sites, Homa Bay DH, Kehancha SDH, and Kwale DH). Provided direct technical support to 19 facility sites across the country implementing the ADT tool, and 7 sites implementing the ITT tool ─ this was accomplished through site visits, phone calls and email. Implemented the piloting of the integrated EDT at one facility. Provided airtime to 168 sites sending data via SMS to ITT and TA on maintenance and basic trouble-shooting to 3 districts that are using ITT SMS. SPS held support supervision meeting with 30 program heads to the sites uploading data to the

	ITT via SMS.
Barriers to Progress:	Conflicting priorities and viewpoints of the different MoH divisions and KEMSA in relation to mainstreaming LMU.
Next Steps:	Finalize draft additional LMU SOPs and KPIs and organize for printing. Pilot draft tools for assessment of LMIS with selected MoH program users. Develop concept paper for transitioning LMU database. Finalize data quality assurance plan.
Indicators:	None.
Activity Title:	Support MoH/DLTLD to strengthen TB/HIV Commodity Management Systems
Activity Lead:	Staley Jr., Robert **Activity #:** 9 **Task**: LFKE09HIP **Subtask**: 60F3H9
Activity Description:	Sub-Activity 1: Provide TA to implement the e-TB Manager electronic tool to improve the quality of strategic information for upstream planning, decision making and maintenance. MSH/SPS will work collaboratively with DLTLD and other stakeholders to support the implementation of e-TB manager electronic tool in selected districts. The e-TB tool aims to strengthen linkages between TB case management (HMIS) and commodity management data (LMIS) and thus improve overall quality of decisions made. MSH/SPS will also collaborate with national and regional program staff, USG partners and other stakeholders in the selected districts to strengthen data management skills in the selected districts and overall decisions for managing the TB program. Sub-activity 2: Provide technical leadership to support the creation and functions of the TB commodity security/logistics sub-committees of the TB ICC to improve access to TB and TB/HIV commodities. In collaboration with DLTLD and its partners, MSH/SPS will provide technical leadership to assure access to TB/HIV commodities at all levels of the health care system. In addition, MSH/SPS will be involved in strengthening commodity security policies, provision of technical support and leadership in forecasting/quantification activities for the TB/HIV commodities and support to the TB commodity security sub-committee. MSH/SPS will conduct rapid assessments and facilitative supervision missions at selected sites to trouble-shoot and strengthen pharmaceutical management systems in support of TB and TB/HIV commodity security. Sub-activity 3: Provide TA to build human resource and institutional capacity of the MoPHS/DLTLD to support accelerated access to, and rational use of, quality pharmaceutical products in support of TB case detection and DOTS expansion. HR capacity building will include training of DLTLD staff on data management and preparation of commodity usage reports to support supply chain decisions, and regional staff on TB commodity management. Institutional capacity building will involve development and dissemination of SOPs, job aids, inventory management tools, supportive supervision manuals and checklists. It will also involve support to DLTLD to implement commodity tracking tool. Sub-activity 4: Provide tools and technical support to improve TB pharmaceutical supply chain management including the use of pharmaceutical/logistics information systems (P/LMIS) in support of the MoPHS/DLTLD. MSH/SPS will work collaboratively with the MoPHS/DLTLD and stakeholders to support development and implementation of TB and TB/HIV manuals and electronic commodity management tools, training of DLTLD and KEMSA staff on how to use the LMIS database and preparation of routine commodity usage reports.
USG Sub-element:	Health Governance and Finance (TB) Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $350,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned:	TB commodity forecast report, 2011-2013.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	(1) Conducted the e-TB manager tool training of staff from seven selected pilot sites. Also conducted a workshop to customize this tool for use in Kenya. Supported and participated in a workshop to customize the e-TB manager tool for adaption in Kenya. The activity of adapting this tool to meet the data needs in Kenya is ongoing. (2) Provide technical leadership to support the creation and functions of the TB commodity security/logistics sub-committees. Completed national quarter two TB commodities distribution plans using commodity management monthly district reports. Conducted monthly TB commodities stock count in KEMSA, to inform the decisions that TB/HIV commodity security subcommittee and TB national managers need to take to improve TB/HIV products access and rational use. Hosted two TB/HIV commodity security subcommittee meetings. (3) Conducted on-the-job training for 76 TB health workers from the SDP in three districts of the central province on commodity data recording, use and reporting. In partnership with CDC, SPS supported and participated in a three-day planning workshop to facilitate the scale-up of drug resistant TB treatment in Kenya. Participated in the 1st Annual Joint DLTLD and NASCOP National Planning Meeting on TB/HIV. This meeting was a milestone that followed the recommendations made in November 2009, during the TBMOST workshop supported by MSH/TBCAP. SPS continues to work on writing strategic plans. (4) SPS disseminated TB commodity data aggregation workbooks to DLTLD national and key members of the TB commodity security committee.
Barriers to Progress:	None.
Next Steps:	Training of 20 store staff and 20 DTLCs on ITT, to improve use of this resourceful tool. Dissemination and implementation of the TB commodity data aggregation tool to districts in 2 provinces. Implementation of the e-TB manager tool in one pilot district and one MDR-TB treatment hospital. Participate in at least one support supervision mission to foster the culture of record keeping and timely reporting on commodity use.
Indicators:	None.
Activity Title:	Support MoH/NPHLS to strengthen ART laboratory services
Activity Lead:	Staley Jr., Robert **Activity #:** 10 **Task**: LFKE09HIP **Subtask**: 60LXH0
Activity Description:	Sub-Activity 1: Support to management of National Laboratory ICC and its activities. MSH/SPS will provide support to management of National Laboratory ICC and its activities on behalf of DDFS and NPHLS and other laboratory stakeholders by: Continued support to the ICC secretariat, management of ICC events and the steering sub-committee, technical leadership and support to the lab service functions and support systems subcommittee, and participation in other sub-committees (such as M&E and training). Sub-activity 2: Support to the review and update/development of the National Laboratory Policy and Strategic Plan. Including: (i) advocacy for implementation and integration of laboratory policies, standards, accreditation processes, and strategic plan within existing public sector systems by supporting high-level strategic planning, advocacy meetings and panels for engagement of policy makers. (ii) National Laboratory Policy and strategic plan review and dissemination through consultative partner/stakeholder, advocacy and expert review meetings. (iii) Implementation of the strategic plan's activities by supporting the formation of regional lab ICCs in-collaboration with stakeholders, such as USG partners, Provincial Medical Laboratory Technologists (PMLTs), and MoH divisions (e.g. NPHLS, NASCOP,

NLTP, DDFS, and DOMC). Sub-activity 3: Support strengthening of laboratory MIS. MSH/SPS will support: (i) Printing and disseminating manual Laboratory Management Information System (MIS) and inventory management tools (e.g. DARs, stock cards, and CDRR), and SOPs for inventory management and consumption tracking. (ii) Continued implementation of electronic lab commodity management tools in sites initiated under COP 2008. Sub-activity 4: Provide TA and support in capacity building for laboratory commodity management. MSH/SPS will continue to work collaboratively with stakeholders and partners such as AMREF to strengthen laboratory commodity management systems. This will be done by undertaking laboratory management, QA and refresher trainings at the peripheral level using: lab commodity management curriculum and materials, the national refresher curriculum on good clinical diagnostic practices for lab and clinical staff, TOT curriculum for commodity management, and laboratory facility management hand book and curriculum.

USG Sub-element: Insecticide-Treated Nets (ITNs) to Prevent Malaria

SPS Partners: None.

Budget: $700,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Revised National Lab Policy. Laboratory strategic plans

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Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Completed the Lab Commodity Management Training (February 22-25, 2010), at which 45 health staff from 34 districts in 4 provinces trained. SPS convened and supported the Lab Reform/Steering team meeting (March 2), the Lab Stakeholders meeting on reforms (March 23), and a planning meeting for the stakeholder's forum. The Lab Commodity Management Facilitators curriculum and materials were reviewed and updated (March 1-19), and are awaiting finalization, formatting and editing during a workshop scheduled for April 20-22, 2010. SPS supported the Lab ICC Policy Review Retreat on March 29-30, 2010. Group work outputs from this retreat awaiting finalization. AMREF EQA materials were finalized and distributed to the 19 facilities in the Coast Province that are participating in REQAS. The development of the assessment framework is in progress.

Barriers to Progress: Issues arise due to a split in the MoH. SPS evaluation priorities competing with MSH staff time.

Next Steps: Finalize, design, and print lab commodity curriculum and materials. Finalize lab SOPs, guidelines and job aids. Complete MTP analysis report. Support finalization of policy review by sub-groups. Support lab ICC expert review committee work on policy draft no. 1 (editing and formatting) and circulation of draft to stakeholders. Conduct MTP in areas/facilities where laboratory LCM trainings were conducted. Hold a meeting to review the assessment framework data and a meeting for consensus on the policy document and discussion on the strategic plan.

Indicators: None.

Kenya PMI

Work plan: Kenya PMI **Year** 2009

Funding Level: $1,606,000.00

Work plan Background
Malaria is the leading cause of morbidity and mortality in Kenya and remains one of the key public health

concerns. Based on 2009 population projections [1], the total population at risk of malaria is approximately 27.6 million, or 70% [2], which includes an estimated 4,633,075 children under the age of five and 1,241,833 pregnant women (who bear the greatest burden of the disease). Clinically diagnosed malaria is responsible for 30% of outpatient consultations, 19% of hospital admissions, and 3-5% of inpatient deaths in the country. In 2007, there were 9.2 million clinically diagnosed malaria cases reported in health facilities [3]. The Ministry of Public Health and Sanitation has prioritized malaria control through the National Malaria Strategy (NMS, 2001-2010) and the National Health Sector Strategic Plan II (NHSSP II, 2005-10), laying emphasis on the scale-up of activity implementation for reduction in morbidity and mortality of malaria, and aiming to achieve the global malaria targets on universal coverage and access and the Millennium Development Goals (MDGs). The NMS is also in-line with the MoH's vision to transform Kenya into "a nation free from preventable diseases and ill health", set forth in Vision 2030, a document setting targets for the health sector. The key strategic interventions of the NMS 2001-2010 for treatment, prevention and control of malaria are: (1) Universal distribution of long lasting insecticide treated nets (LLITNs) through appropriate channels. (2) Indoor residual spraying in targeted areas. (3) Provision of intermittent presumptive therapy for pregnant women at antenatal clinics and at the community level. (4) Diagnosis and treatment of uncomplicated malaria with Artemisinin-based Combination Therapy (ACT). In 2006, Kenya adopted the use of Artemether-Lumefantrine (AL), as the first line treatment for uncomplicated malaria. This intervention provides for early diagnosis and prompt treatment of malaria using effective medicines. The key challenges in implementation of this intervention have been: ensuring an uninterrupted supply of ACTs, ensuring all health workers are trained on the treatment policy, ensuring health worker adherence to standard treatment guidelines in the management of malaria, and strengthening information systems for reporting on the malaria indicators. In the year 2008/9, the budget allocation for malaria control was approximately 4.78% of the Ministry of Public Health and Sanitation's budget. In addition to government funding, malaria control is mainly supported by the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM). Other funding partners include the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Department for International Development (DfID), the United States Government Agencies- including the U. S. Center for Disease Control (CDC), the United States Agency for International Development (USAID), the Walter Reed Army Institute of Research, and the Millennium Challenge Account. In 2009, the DOMC undertook a Malaria Program Review (MPR) which outlined the current status of delivery of malaria control interventions, capacity, structures, systems and management of the national malaria control program within the national public health system. This review provided a summary of past progress and performance, current key issues, challenges, risks, problems, proposed solutions, and strategies and activities for accelerating and scaling up universal access and coverage of high quality malaria control interventions. The MPR fed into the revision of the NMS (2001-2010). The vision of the NMS 2009- 2017 is to have a malaria-free Kenya and its goal is to have reduced malaria-related morbidity and mortality by two thirds (based on 2007-2008 rates) by 2017. In December 2006, Kenya was selected as one of the eight new countries to receive funding during the third year of the President's Malaria Initiative (PMI) [4]. The objective of the initiative is to collaborate with partners to assist African countries to rapidly scale-up the four highly-effective interventions for preventing and treating malaria in vulnerable populations. In 2007, the CDC and USAID conducted a PMI needs assessment in Kenya, with support from the Rational Pharmaceutical Management Plus (RPM Plus) program, which identified opportunities to support implementation of the existing national malaria control plan and assure achievement of Roll Back Malaria goals. The assessment identified gaps in malaria control programming and pharmaceutical system functioning, which led to the development of the Kenya FY 2008 Malaria Operational Plan (MOP) and identified the Strengthening Pharmaceutical Systems (SPS) program as a partner to support the GoK in improving malaria control. Since 2003, through funding from USAID, RPM Plus and its successor SPS have been supporting the DOMC through the process of transitioning to and implementing its current antimalarial treatment policy. In FY 2008, SPS provided technical assistance to the DOMC for: provision of administrative/management support to the Division of Malaria Control (DOMC), training of health workers for treatment and policy roll-out, and provision of TA for supply chain management health management information system (HMIS) support. For the period 2009-2010, SPS will continue to build on the successes and lessons learned to better inform the DOMC's strategic decisions and planned activities while achieving SPS's technical objectives.

[1] Kenya National Bureau of Statistics, 2008. [2] Kenya. Ministry of Health. National Guidelines for Diagnosis, Treatment and Prevention of Malaria for health workers in Kenya. Division of Malaria Control, Ministry of Health 2008 edition. [3] Kenya. Ministry of Health. Annual Health Sector Status report 2005-2007. [4] The President's Malaria Initiative (PMI) was announced in 2005 and began in three countries in 2006: Angola, Tanzania and Uganda. In 2007 four countries were added: Malawi, Mozambique, Senegal and Rwanda.

Activity Title:	Participate in Appropriate Meetings and Working Groups
Activity Lead:	Staley Jr., Robert **Activity #:** 2 **Task**: LFKE09MAL **Subtask**: 60F4N2
Activity Description:	Typical sub-activities will include the following: (1) Participate in meetings of the Malaria Inter-Agency Coordinating Committee (MICC). (2) Participate in Technical Working Group meetings. (3) Support implementation of the new National Malaria Strategy (2009-17). (4) Support resource mobilization through proposal development. SPS will continue to participate in these meetings to strengthen policy dialogue and support the development of appropriate tools/interventions that promote effective integrated management of malaria, pharmaceutical system strengthening and program performance monitoring. This activity is expected to occur throughout the year.
SPS Partners:	None.
Budget: $36,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Minutes of malaria ICC and subcommittee meetings.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	To monitor progress on malaria program activity implementation (Jan-March 2010), SPS participated in the DOMC focal persons weekly meetings. Participated in the World Malaria Day planning meetings. Provided technical and logistical support for the Monitoring and Evaluation Technical Working group meeting. Attended the quarterly MICC meeting. Participated in the Malaria Indicator Survey Technical Working group meetings and in the malaria (all TWGs) stakeholders meeting to review the newly developed National Malaria Policy, 2010.
Barriers to Progress:	None.
Next Steps:	Continue to participate in appropriate meetings and support to the implementation of the NMS 2009-17 and the National Malaria Policy.
Indicators:	None.
Activity Title:	Provide Administrative/ Management support to the Division of Malaria Control
Activity Lead:	Staley Jr., Robert **Activity #:** 3 **Task**: LFKE09MAL **Subtask**: 60G4H3
Activity Description:	Activities proposed by SPS for FY09 include: (1) Administrative support to the DOMC for critical program activities and functions. (2) Technical and logistical support to the DOMC for planning, organization, and oversight of support supervision for planned malaria interventions at national, provincial and district levels. (3) Developing and strengthening the capacity of DOMC staff to manage implementation of planned malaria activities. This activity is expected to occur throughout the year.
SPS Partners:	None.
Budget: $178,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Malaria monitoring and supervision guidelines.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Developed and printed vertical and horizontal banners. Printed 80,000 brochures with advocacy intervention messages and 20,000 sun visors. Quarter-page newspaper ads in 4 local dailies. Supported distribution of advocacy material.
Barriers to Progress:	None.
Next Steps:	Finalization and piloting of the Malaria Monitoring and Supervision Manual in selected districts. Continue administrative/management support to the DOMC on critical program activities.
Indicators:	None.
Activity Title:	Technical assistance and support for strengthening health worker adherence to the new malaria treatment guidelines through active support supervision at the district level.
Activity Lead:	Staley Jr., Robert **Activity #:** 4 **Task**: LFKE09MAL **Subtask**: 60AXH4
Activity Description:	Typical sub activities will include: (1) Support in the development/revision and dissemination of the support supervision manual, job aids, and review and standardization of the case management supervisory checklists. (2) Technical support to the DOMC for capacity building of selected District Health Management (DHMT) teams, including district pharmacists, on support supervision and M&E for adherence of health workers to the new treatment guidelines. (3) Support the DOMC and selected districts to carry out support supervision and M&E visits on adherence of health workers to the new malaria treatment guidelines. (4) Carry out one health facility assessment to monitor adherence to the new treatment guidelines. This activity is expected to occur throughout the year.
SPS Partners:	None.
Budget: $512,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	National Guidelines for the Diagnosis, Treatment and Prevention of Malaria in Kenya, 2010.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS provided technical and logistical support to DOMC through 2 workshops for revision of the 2008 malaria treatment guidelines and job aids. Also provided technical and logistical support to DOMC to conduct a quality of care survey in (January-February 2010), data entry and analysis (March 2010), and report writing (April-May 2010). Technical and logistical support to DOMC for a 2-day meeting to finalize a malaria lab policy document. Logistical support to DOMC for distribution of microscopes in 38 rural health facilities in Western and Nyanza Provinces. Support to DOMC for active collection of data on RDT usage and positivity rate in 33 epidemic prone districts (for GFATM reporting).
Barriers to Progress:	None.
Next Steps:	Finalize, print, and disseminate the revised treatment guidelines and job aids. Report writing and dissemination of findings for the quality of care survey.
Indicators:	None.
Activity Title:	Provision of Technical Assistance for Supply Chain Management
Activity Lead:	Staley Jr., Robert **Activity #:** 5 **Task**: LFKE09MAL **Subtask**: 60CXH5
Activity Description:	Sub activities will include: (1) Support of targeted supplementary distribution of malaria medicines to endemic and epidemic-prone areas to avert stock outs. (2)

	Support of strengthening LMIS and supervision for improved malaria medicines management. (3) Technical assistance to DOMC for quantification, commodity security, and pipe line monitoring. (4) Complete bi-annual field assessments to establish the status of pharmaceutical management of malaria medicines. This activity is expected to occur throughout the year.
SPS Partners:	None.
Budget: $575,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	LMIS report. Monthly stock reports. Quantification and forecasting report, 2010-2011.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	(1) Supported physical stock count of malaria medicines at KEMSA and preparation of routine monthly stock status reports, for January-March 2010. (2) Prepared the PPMRm for the quarter ending March 2010. (3) Supported drug management subcommittee (DMSCM) meetings to discuss and implement strategies that improve malaria medicine management and ensure uninterrupted supply. (4) Supported the DOMC in upstream LMIS data capture from health facilities and M&E for malaria medicine management. (5) Provided TA and logistical support to the monitoring and supervision of the pharmaceutical management component of the quality of care survey, data analysis and report writing. (6) Provided TA for review of the malaria medicine consumption tracking tools. (7) Held a 1-day meeting for provincial pharmacists and malaria focal persons to discuss monitoring and supervision for effective management of malaria medicines.
Barriers to Progress:	Delay in sending LMIS reports by health facilities, and problems with accuracy and completeness of the reports. Newly created district without administrative staff.
Next Steps:	Development of an integrated M&E supervision manual and checklist with a malaria medicine management component. Regional pharmacist stakeholders' sensitization workshop on use of MIS data for decision making.
Indicators:	None.
Activity Title:	Health Management Information System (HMIS) support
Activity Lead:	Staley Jr., Robert **Activity #:** 6 **Task**: LFKE09MAL **Subtask**: 60G4H6
Activity Description:	In FY 2009 SPS through PMI funding will support the DOMC to ensure timely collection of quality HMIS malaria data. Sub activities here will include: (1) Supporting DOMC data planning and update meetings with HMIS. (2) M&E and supervisory field visits to selected health facilities at various malaria zones to assure quality HMIS malaria data and timely reporting. (3) Support in strengthening of linkages for obtaining malaria data from other sources which include divisions of the government, research institutes and partner agencies. This activity is expected to occur throughout the year.
SPS Partners:	None.
Budget: $40,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Minutes of meetings. MIS technical reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Supported the DOMC in activity and budget performance and progress monitoring using the new malaria business plan formats in MIAS. Continued

	routine user-support of MIAS. Attended and participated in meetings with HMIs and DDSR to obtain timely and high quality data. Provided technical and logistical support for a one-day HMIS indicator review sensitization workshop.
Barriers to Progress:	None.
Next Steps:	Plan for monitoring and supervision of selected districts sites for HMIS data.
Indicators:	None.

Kenya POP

Work plan: Kenya POP **Year** 2009

Funding Level: $1,000,000.00

Work plan Background
The USAID/ Kenya mission is committed to supporting the Ministry of Public Health & Sanitation (MoPHS)/Division of Reproductive Health (DRH) to successfully deliver reproductive health services as stipulated in the National Health Sector Strategic Plan 2005-2010 (NHSSP II)[1] and ensure they are used efficiently and effectively. Historically, commodity security in Kenya has been weak and largely inadequate. Assessments conducted throughout the country point to less than optimal commodity financing and weak pharmaceutical management systems as the main detriments to commodity security. The NHSSP II has enumerated key goals for improving this situation, including ensuring the security of pharmaceutical and non-pharmaceutical products at all levels of health care. Also, these commodities are to be properly accounted for and the DRH is to be responsible for the delivery of reproductive health services within the Kenya Essential Package for Health (KEPH) at the different levels of the health system in Kenya. To ensure delivery of services, DRH is involved in the development of standards and guidelines for each area of reproductive health (RH) intervention and for the provision of the corresponding pharmaceuticals for each area. Various assessments have shown that frequent stock outs of RH pharmaceuticals are experienced at the various levels of the health care system. In FY 2008-2009 and with USAID/Kenya field support, MSH/SPS worked collaboratively with select MoPHS Divisions (that is DRH, NASCOP, and LMU) to provide technical and tactical assistance to strengthen the pharmaceutical management systems in support of RH commodities. This support resulted in improved commodity requirements planning and security. Also, there was increased human resource and institutional capacity built in support of the family planning program. Under similar and expanded USAID/K funding for FY 2009-2010, MSH/SPS will continue TA to the DRH and also include support for family planning (FP) commodity distribution in addition to human and institutional capacity building and improved pharmaceutical management information systems. The overall aim of MSH/SPS technical assistance will be to improve FP commodity security and, in the longer term, access to these commodities at all levels of the health care system. [1] Ministry of Health 2006 “The Second National Health Sector Strategic Plan of Kenya (NHSSP 2005-10): Reversing the Trends”, Nairobi.

Activity Title:	Technical support to DRH for FP pharmaceutical requirements planning and distribution to improve access and availability of commodities.
Activity Lead:	Staley Jr., Robert **Activity #:** 2 **Task**: LFKE09POP **Subtask**: 60FXH2
Activity Description:	Typical sub activities will include, but are not limited to: (1) With DRH, determine the FP requirements for district stores. (2) Provide support to KEMSA’s Logistics Department to strengthen the distribution processes and facilitate smooth dispatch of FP commodities. (3) Support distribution of FP commodities to district stores. (4) Conduct structured site assessments jointly with DRH to determine stock levels of FP commodities.
USG Sub-element:	Service Delivery
SPS Partners:	None.
Budget: $330,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Monthly RH/FP stock status reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: SPS collaborated with DRH and KEMSA in conducting monthly stock-take. SPS also collaborated with KEMSA to obtain monthly stock summary report to track commodity stocks, issues and receipts. Monitored upstream FP commodity delivery schedules in collaboration with DRH/CMU and partners. Monitored FP commodity distribution to district stores and service delivery points. SPS collected stock-on-hand and consumption data from district stores to determine contraceptive requirements for districts.

Barriers to Progress: None.

Next Steps: Continuous RH commodity stock status monitoring at KEMSA. Plan for the next distribution activity in collaboration with DRH. Prepare periodic reports to document commodity distribution. Periodically monitor commodity distribution.

Indicators: None.

Activity Title: Provide technical leadership to support the functions of the FP commodity security working group

Activity Lead: Staley Jr., Robert **Activity #:** 3 **Task**: LFKE09POP **Subtask**: 60AXH3

Activity Description: Typical sub activities will include, but are not limited to: (1) Support for focused technical, tactical, and advocacy activities of the FP commodity security working group. This will involve supporting the preparation of commodity status reports and organizing quarterly meetings for the commodity security working group. (2) Technical leadership in forecasting/quantification and procurements planning of FP commodities in support of the DRH to improve the supply chain for FP commodities. (3) Introduce the use of a commodity procurement tracking tool which maintains data on the value, lead times, and scheduled deliveries of the commodities. Participate in organizing conferences, seminars, workshops and various meetings as required by USG team, DRH and partners. (4) Conduct rapid assessments and facilitative supervision missions at selected sites to trouble shoot and strengthen pharmaceutical management systems in support of commodity security. This will also involve linkages with APHIA 2 bilaterals and other USG field based mechanisms.

USG Sub-element: Service Delivery

SPS Partners: None.

Budget: $40,500.00 **Start Date:** Oct 2009 **End Date:** Sep 2009

Products Planned: National RH commodity forecasting and quantification report. Procurement Planning and Monitoring Reports (PPMR). Monthly RH commodity management assessment checklist for district stores. FP commodity Procurement Plan (2010-2011).

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: SPS prepared and submitted monthly RH commodity stock status reports (using the CYP and PPMR format), simple stock status reports (as per USAID request), and presentations for use by DRH in advocacy activities to support the FP TWG. Supported and participated in a FP Technical Working Group meeting and a FP Logistics Working Group meeting. In collaboration with DRH, SPS prepared the Kenya Commodity Security presentations and briefs for the Kigali FP conference. Participated in 4 preparatory meetings for the Kigali conference.

Barriers to Progress: None.

Next Steps:	Participate in the FP technical working group, RH ICC, USG team and related DRH meetings. Continue support to the FP logistics working group, through the provision of regular CYP and PPMR reports. Participate in post-Kigali and post-Kampala conference meetings. Support implementation of FP scale-up activities from best practices learned during the conferences.
Indicators:	None.
Activity Title:	Provide technical assistance to build the human resource and institutional capacity of MoPH&S/DRH to improve access to, and rational use of, quality FP/RH pharmaceutical products
Activity Lead:	Staley Jr., Robert **Activity #:** 4 **Task**: LFKE09POP **Subtask**: 60EXH4
Activity Description:	Typical sub activities to strengthen HR capacity will include, but are not limited to: (1) Strengthen national level capacity to respond and plan for sustainable commodity management practices. (2) Strengthen capacity of DRH staff at central and district level to deal with data management and preparation of commodity usage reports that support supply chain decisions. (3) Implement the RH commodity management training curriculum and materials. (4)Support commodity management training for regional based trainer. (5) Provide short-term technical assistance to strengthen national level DRH staff on pharmaceutical management. Typical sub activities to strengthen DRH institutional capacity will include, but are not limited to: (1) Disseminate SOPs, and job aids to strengthen pharmaceutical management systems. (2) Strengthen the inventory management at service delivery points (SDPs) and district health management offices through the provision of tools such as the DAR and CDRR. (2)Support DRH to implement commodity tracking tools. These tools are designed to assist in the monitoring of commodities at various levels of health care delivery.
USG Sub-element:	Communication Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $287,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	RH commodity management SOPs and job aids contraceptive fact sheets. RH commodity management training package for SDPs.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Conducted RH commodity management TOT in 2 regions (Western and Lower Eastern province) where 66 TOTs were trained. Provided the following training materials to Western and eastern provinces: 20 trainer's manuals, 70 participant's manuals, and 20 course outline guides. Held 4 technical assistance meetings with DRH counterparts in support of pharmaceutical management. Finalized and disseminated FP data aggregation and analysis tool for provinces.
Barriers to Progress:	None.
Next Steps:	Print and disseminate RH commodity management job aids and SOPs. Conduct remaining regional RH commodity management TOTs. Print and distribute 2-day SDP-level training materials to TOTs. Conduct trainings for RH service providers on use of data for decision-making.
Indicators:	None.
Activity Title:	Provide TA to strengthen, and support the DRH activities and functions at the Logistic Management Unit

Activity Lead:	Staley Jr., Robert **Activity #:** 5 **Task**: LFKE09POP **Subtask**: 60CXH5
Activity Description:	Typical sub activities with MSH/SPS TA support will include, but are not limited to: (1) Support DRH in improving reporting rates on commodity usage from SDPs and district RH coordinators using various strategies and innovative technologies, such as use of electronic reporting tools, hand held devices, provision of airtime and courier services for delivery of reports to LMU to improve reporting rates, and regularizing feedback reports. (2) Support training on data management/use for decision making at the peripheral level, in collaboration with DRH and APHIA II partners. This will help service providers appreciate the value of timely and accurate data and reporting. (3) Support quarterly provincial review meeting in collaboration with DRH and APHIA II partners aimed at providing reporting feedback to the districts, thereby improving the quality and timeliness of reports. (4) Support DRH in development and implementation of a monthly reporting system. (5) Field-test the decentralization of LMIS tool to one district.
USG Sub-element:	Communication Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $130,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Monthly district and SDP Contraceptive Consumption Data Report and Request (CDRRs) booklets. Provincial FP commodity tracking tool (e-tool). District FP data aggregation tool (e-tool).

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Continued to: provide and support communication services to facilities via telephone and email at LMU, and provide and support workstations at LMU. Continued to update and maintain the LMIS database at LMU, provide DRH with mobile airtime to improve telecommunication and reporting between RH service delivery points and the LMU, and provide DRH with courier service account for transmission of commodity consumption reports to LMU. Provided TA to support tracking of RH commodity stocks, issues and receipts in collaboration with DRH technical personnel. Worked in collaboration with DRH and other key RH providers to prepare the monthly national commodity stock status reports. Revised (as per user-needs) and printed FP commodity data collection and reporting tools for use in monthly reporting on commodity use. Followed up on non-reporting districts and sites through the district RH coordinators. Provided comprehensive national-level feedback report (Excel-based FP workbook) to DRH with information on commodity consumption and reporting rates to guide commodity resupply decision-making and monitoring and supervision activities.
Barriers to Progress:	None.
Next Steps:	Support DRH in the transition from quarterly to monthly reporting, including review of the current data collection and reporting tools and logistics pipelines.
Indicators:	None.

Lesotho

Lesotho 2008

Work plan: Lesotho **Year** 2008

Funding Level: $538,378.00

Work plan Background
AIDS constitutes an alarming threat to Lesotho and its people. HIV sentinel surveillance data from 2003 indicate that Lesotho has the third highest HIV prevalence in the world. According to the Joint United Nations Program on HIV/AIDS (UNAIDS); overall adult prevalence is estimated to be 28.9%. In the 2003 HIV Sentinel Survey Report, the MoHSW estimated that there were 100,000 children under 15 who had lost one or both parents to AIDS. The Government of Lesotho is committed to mitigating the effect of HIV/AIDS. Its current HIV/AIDS National Strategic Plan (NSP) 2006-2011 recognizes the need to provide treatment, care, and support services to cater to the large number of individuals testing for HIV/AIDS. The plan makes provision for the scale up of care and treatment by increasing access to ART services, ensuring quality and expanded capacity and efficiency of service provision in both the public and the private sector. It is aimed that access will be provided for ART therapy to more than 80% of individuals who need therapy by 2010. One of the key challenges of this scale-up is to ensure that adequate human, technical, and infrastructural resources and effective commodity procurement and distribution systems are put in place. Support from the United States Government (USG) to the Government of Lesotho is provided through its USAID Regional HIV/AIDS Program based in Pretoria, South Africa, in collaboration with the U.S. Embassy in Lesotho. In FY06 and FY07, and with funding from USAID, the RPM Plus program managed by MSH provided technical assistance support to the Government of Lesotho in the area of pharmaceutical management. Since FY08, technical assistance has been provided through the new SPS program, the follow-on to RPM Plus. Under FY09 plan, SPS will continue to support the Lesotho NSP Strategic Focus #3: Treatment, care, and support. In addition to addressing pharmaceutical system gaps in support of the scale-up of HIV/AIDS programs, SPS will also address key laboratory commodity priority areas as identified during the joint RPM Plus/SCMS assessment conducted during the last quarter of 2007. This plan delineates the activities that have been planned for Lesotho in consultation with key partners under COP08, the focus being on health system strengthening, policy, and strategic information support.

Activity Title:	Technical Activity Coordination
Activity Lead:	Sallet,Jean-Pierre **Activity #:** 1 **Task**: LF LS08XXX **Subtask**: 97XXY1
Activity Description:	This activity includes work plan and budget development, coordination and monitoring of activity implementation, routine M&E activities, reporting, attending meetings and coordination with PEPFAR partners and collaborators.
SPS Partners:	None.
Budget: $67,850.00	**Start Date:** Oct 2008 **End Date:** Sep 2009
Products Planned:	Work plans, quarterly reports, budget reports, pipeline reports, coordination meeting minutes.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Regular activity monitoring meetings were held in the office and SPS attended the PEPFAR target review meeting and the HSA consensus building workshop. Logistical arrangements were made for the laptops used in the HSA survey conducted in Lesotho. Data capturing for the survey was done. Routine meetings were held with the Director of Pharmaceuticals to discuss progress on technical support activities and the way forward. A meeting was organized by the National TB

	Program to discuss integration of TB and HIV/AIDS service provision. Discussion took place on areas where TB and HIV/AIDS integration is necessary and possible with the assistance of support from the implementing partners. An RxSolution Task Team meeting was attended and progress made in the implementation of RxSolution reported.
Barriers to Progress:	None.
Next Steps:	Continue liaising with other implementing partners, the MoHSW, and the USG.
Indicators:	None.
Activity Title:	Provide technical assistance to the MOHSW and local partners on key pharmaceutical policy activities
Activity Lead:	Sallet,Jean-Pierre **Activity #:** 2 **Task**: LF LS08XXX **Subtask**: 60AXH2
Activity Description:	SPS will assist the MoHSW in the adaptation/review of the medicine legislation and registration guidelines. This includes support for the interim regulatory arrangements, including training of regulatory staff. Specifically, priority technical assistance would be required for the prequalification of products and sources, importation, registration, and safety monitoring and control of ARVs to support the scale up of ART.
SPS Partners:	None.
Budget: $49,044.00	**Start Date:** Sep 2008 **End Date:** Oct 2009
Products Planned:	Established medicine legislation and registration guidelines.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Coordination was done between the MoHSW Drug Regulatory Unit and the drafting section of the law office. Drafting instructions for the Medicines Bill were finalized and submitted to the MoHSW for adoption. They were then transmitted to the Ministry of Law and Constitutional Affairs for drafting of the bill, which was facilitated and progress monitored. Assistance was provided to the Pharmaceutical Directorate in conducting the Medicines Access Survey (MAS) at both GoL and CHAL facilities throughout the country. Preparation of the draft report for the survey was facilitated. MSH/SPS participated in the Health Systems Assessment (HSA) for Lesotho in collaboration with HS20/20, the Pharmaceutical Directorate and M&E adviser in the MoHSW. The focus was on the pharmaceutical module of the assessment. The pharmaceutical module was finalized and data collectors were trained on its application. Representatives of MSH/SPS participated in the consensus-building meeting for the HSA. The draft report was completed and sent to HS20/20.
Barriers to Progress:	Progress on the MAS report is slow due to conflicts in HSA activities from both MSH/SPS and PD Staff. Progress on the Medicines Bill is slow due to the long turn-around time on the part of the MoHSW.
Next Steps:	Finalize the MAS report. Provide TA in finalization of the draft Medicines Bill. Continue to provide TA for completion of the HSA report.
Indicators:	None.
Activity Title:	Strengthen the operations of the National Drug Services Organization (NDSO)
Activity Lead:	Sallet,Jean-Pierre **Activity #:** 4 **Task**: LF LS08XXX **Subtask**: 60C2H4
Activity Description:	Because of the increasing volume of donated products that are received at NDSO, it was requested that SPS conduct an analysis of all costs associated with the handling/management of such donated products and to propose a reasonable handling fee that can be charged by NDSO to cover these costs. The study was

completed and various fee-for-service options were developed. The report was presented to NDSO management, and when the NDSO board accepted the report, SPS helped NDSO implement the approved recommendations. SPS also assisted the MoHSW procurement coordination efforts by facilitating meetings and communications among donors and other key stakeholders. NDSO is now responsible for the procurement of laboratory reagents and related commodities. In response to the request of NDSO, SPS will provide assistance in supporting the organization in setting up procurement procedures for laboratory supplies. This will include the development of a list of laboratory reagents, consumables, and other related products in line with the available equipment and the type of routine tests that need to be performed in Lesotho.

SPS Partners: None.

Budget: $78,207.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: Donated drug handling and management technical assistance reports. Technical assistance reports for procurement. Option Analysis for drug supply management information system software and implementation. Mark-up study. TA reports for procurement.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: The NDSO technical support plan was prepared and circulated internally for approval. NDSO staff was trained on current regulatory frameworks in Lesotho, to strengthen the sales department in-line with the legislative framework in the country (18 people trained). Ongoing support was provided to NDSO on regulatory issues. Technical support continued to be provided to NDSO on RxSolution implementation. Upgrades were completed, which will help in curbing the occurrence of system errors. The quotations module was implemented and data back-ups monitored. Assistance was provided to NDSO in setting up RxSolution for a new client (Netcare). This included creating a new database and setting up new codes to be used in the system for managing the new client's data.

Barriers to Progress: None.

Next Steps: Await approval of the NDSO plan. Complete support to NDSO on regulatory frameworks and continue on-site support of RxSolution activities at the NDSO.

Indicators: None.

Activity Title: Development and implementation of pharmaceutical and laboratory quantification models

Activity Lead: Sallet,Jean-Pierre **Activity #:** 5 **Task**: LF LS08XXX **Subtask**: 60C1H5

Activity Description: SPS will continue to implement standardized quantification approaches for ART, TB, and STI products and laboratory supplies. The program will also build local capacity of program managers in monitoring these estimates versus actual purchases and morbidity data. This activity will be conducted in collaboration with all relevant stakeholders.

SPS Partners: None.

Budget: $24,069.00 **Start Date:** Sep 2008 **End Date:** Oct 2009

Products Planned: Quantification models. Technical assistance reports for quantification.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: There was no progress on this activity for this quarter.

Barriers to Progress: None.

Next Steps: Provide TA to hospitals in forecasting and budgeting for their needs for the coming governmental financial year. Assist facilities to submit their quantification data to NDSO.

Indicators: None.

Activity Title: Training of Pharmacists, Pharmacy Technicians and other health personnel on pharmaceutical management and infection control

Activity Lead: Sallet,Jean-Pierre **Activity #:** 6 **Task**: LF LS08XXX **Subtask**: 60CXM6

Activity Description: During FY08, SPS will continue to conduct training workshops. However, the focus will be on on-site follow-up evaluation visits adopting the monitoring, training and planning (MTP) approach. This will ensure that acquired knowledge from the training is adequately reflected in applied skills and that pharmaceutical management improvement plans are adequately applied. Training programs also include the management of other HIV co-infections (TB, STIs, and OIs). Target audiences will include pharmacists and pharmacy technicians, as well as DHMTs and personnel in medicines supply management, with focus on supporting access to ART. Given the high burden of HIV co-morbidity, infection control has been identified as a critical area needing support. SPS has developed an Infection Control Assessment Tool (ICAT) which will be used to assess infection control practices at facilities. SPS will train pharmacy personnel and other health workers on improving infection control measures and procedures at facilities where ART and TB treatment are provided and will assist the MoHSW with the development and implementation of an infection control policy.

SPS Partners: None.

Budget: $112,351.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: Workshop reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: DSM training was conducted for Maseru, Mafeteng, Quthing, Mohale's Hoek, Butha-Buthe, Leribe and Berea districts. Personnel from all districts were trained, except those from Mokhotlong and Qacha. Six workshops were held for the central, north, and south regions and a total of 133 health center personnel were trained. A meeting was held with the HIV/AIDS Directorate to discuss the technical support plan, with particular focus on the implementation of a morbidity-based quantification tool. The HIV/AIDS Directorate's pharmacy officers were present during presentation of the implementation plan.

Barriers to Progress: None.

Next Steps: Finalize the trainings and start to focus on mentoring activities.

Indicators: None.

Activity Title: Roll-out of Rx Solution at selected sites

Activity Lead: Sallet,Jean-Pierre **Activity #:** 7 **Task**: LF LS08XXX **Subtask**: 60G4H7

Activity Description: Four hospital pilot sites have been identified for RxSolution implementation. The implementation started in October 2008 and staff was trained. Once the pilot phase is completed in March 2009, RxSolution will be deployed to other selected sites (incl. CHAL hospitals, if approved). The activity will also include training of pharmacy management staff on the use of data for monitoring and decision-making. Regular stock status reports will also be generated to monitor availability at these target sites.

SPS Partners: None.

Budget: $63,434.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: Technical assistance reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: 10 MoH personnel from 4 sites were trained on the dispensing module and on how to capture STGs in the RxSolution system. Ongoing support of RxSolution continued to be provided both by telephone and on-site at the four pilot sites. A meeting was held with the Mafeteng Hospital management team and technical team to discuss challenges and way forward in implementing the RxSolution inventory management module. The inventory management module was implemented. The dispensing module of RxSolution is operational at the main pharmacies of Berea Hospital and Motebang Hospital. Data pertaining to the medication history of patients is now available at the two sites, through RxSolution. The system was operating smoothly at all four sites. Monthly RxSolution Task Team meetings were held.

Barriers to Progress: An incomplete networking job at the pilot sites continues to prolong the pilot phase.

Next Steps: In order to address the networking problem, a network expert from the Pretoria MSH office will help to complete the job. The expert is expected to start the week of April 26, 2010. SPS will also continue on-site support for both the inventory and dispensing modules.

Indicators: None.

Activity Title: Provide technical assistance to review the National EDL and establish a Medicine Information / Pharmacovigilance function at the national level

Activity Lead: Sallet,Jean-Pierre **Activity #:** 8 **Task**: LF LS08XXX **Subtask**: 60B2H8

Activity Description: Under this plan, SPS will continue to assist with the implementation and strengthening of PTCs at both the national and institutional levels. These committees will play a key role in promoting STGs (e.g., HIV/AIDS regimens) and reviewing and improving medicine use practices. SPS will assist with the review of the STGs and the EML, and the alignment of the NDSO catalogue with the EML. Appropriate support will also be given to publishing the EML and to the EMP in its review and implementation of the country National Medicines Policy (NMP). To respond to health care providers' growing need for information on ARV products and also the need to monitor ADRs, the establishment of a National Medicine Information and Pharmacovigilance Center (NMIPC) has been included in the Pharmaceutical Directorate strategic plan. The NMIPC is expected to provide timely on-line and off-line responses to all health workers on queries related to medicines including mode of action, side effects, etc. This service could also be expanded to serve the private sector. The core mandate of this center will be to record reported ADRs, strengthen the regulatory system, and establish systems for improving medicines safety. SPS will assist in developing the implementation plan and the TORs for the center. Training will also be provided to appointed staff.

SPS Partners: None.

Budget: $67,332.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: Technical assistance reports for the Pharmaceutical and Therapeutics Committee and Essential Medicine List. Revised Standard Treatment Guidelines and Essential Medicine List Training and technical assistance reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Discussions were held with the focal point for pharmacovigilance activities in the Pharmacy Directorate. A proposal for the establishment of a pharmacovigilance and medicine information center was drafted and sent to the focal point for input before

	finalization.
Barriers to Progress:	Slow progress, due to the long turn-around time from the MoHSW. Identification and engagement of an STTA for the STG/EML review continues to be a challenge.
Next Steps:	Once the proposal is finalized, the plan will be discussed with the MoHSW's management to facilitate its endorsement by the ministry before implementation. Continue to search for an STTA for the STG/EML review process, review the documents, and continue to strengthen the PTCs through training and mentoring.
Indicators:	None.
Activity Title:	Monitoring program results and documentation of/dissemination of replicable practices
Activity Lead:	Sallet,Jean-Pierre **Activity #:** 9 **Task**: LF LS08XXX **Subtask**: 60GXH9
Activity Description:	During this period, the MERP will be updated to incorporate the activities and results that are incorporated in this SPS plan, and hence will serve for monitoring the results. This activity also aims at documenting the different lessons learned from the implementation of interventions in the pharmaceutical sector. It will document workable solutions and strategies. The program will work with the USG team and other partners to identify opportunities for the presentation and dissemination of lessons learned locally, regionally and/or internationally.
SPS Partners:	None.
Budget: $37,368.00	**Start Date:** Oct 2008 **End Date:** Sep 2009
Products Planned:	Monitoring, evaluation and reporting plan. Success stories and lessons learned. Conference/meeting reports and presentations.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS attended a training on monitoring and evaluation, and data on this training conducted was uploaded onto TraiNet. The reports for quarter 1 were prepared and work commenced on the semi-annual report for Lesotho.
Barriers to Progress:	Occasional delays on MER activities, because of they are time-intensive and the SPA responsible is also tasked with other technical activities.
Next Steps:	Step down training for colleagues will be conducted in order to monitor activities and comply with the MERP.
Indicators:	None.

Lesotho 2009

Work plan: Lesotho **Year** 2009

Funding Level: $426,575.00

Work plan Background
AIDS constitutes an alarming threat to Lesotho and its people. Preliminary findings of the 2004 Lesotho Demographic and Health Survey carried out by the Ministry of Health and Social Welfare (MoHSW) and the Bureau of Statistics confirmed that Lesotho has a severe, generalized HIV epidemic. According to the 2008 report of the Joint United Nations Program on HIV/AIDS (UNAIDS), overall adult prevalence in Lesotho is estimated to be 23.2%. In the 2003 HIV Sentinel Survey Report, the MoHSW estimated that there were 100,000 children under the age of 15 who had lost one or both of their parents to an AIDS-related cause. The Government of Lesotho (GoL) is committed to mitigating the effect of HIV and AIDS. Its current HIV/AIDS National Strategic Plan (NSP) 2006-2011 recognizes the need to provide treatment, care, and support services for the large number of individuals testing positive for HIV and AIDS. The plan makes provision for the scale-up of care and treatment by increasing access to ART services, ensuring quality of services, and expanding

capacity and efficiency of service provision in both the public and the private sector. It aims to provide access to ART therapy to more than 80% of individuals who are in need by 2010. One of the key challenges of this scale-up is the need to ensure that adequate human, technical, infrastructural resources and effective commodity procurement and distribution systems are put in place. Support from the United States Government (USG) to the (GoL) is provided through its USAID Regional HIV/AIDS Program based in Pretoria, South Africa, in collaboration with the U.S. Embassy in Lesotho. In FY06 and FY07, and with funding from USAID, the Rational Pharmaceutical Management (RPM) Plus program managed by MSH provided technical assistance support to the (GoL) in the area of pharmaceutical management. Since FY08, technical assistance has been provided through the MSH Strengthening Pharmaceutical Systems (SPS) program, the follow-on to RPM Plus. Under the FY10 plan, SPS will continue to support strategic focus 3 of Lesotho's NSP: treatment, care, and support. In addition to addressing pharmaceutical system gaps in support of the scale-up of HIV/AIDS programs, SPS will continue to address key laboratory commodity priority areas as identified during the joint RPM Plus/SCMS assessment conducted during the last quarter of 2007. This plan delineates the activities that have been planned for Lesotho in consultation with key partners under COP09, focusing on health system strengthening, policy, and strategic information support.

Activity Title:	Office management.
Activity Lead:	Hoohlo-Khotle, Nomaphuthi **Activity #:** 10 **Task**: LFLS09XXX **Subtask**: 97XXYX
Activity Description:	This activity includes general office management tasks, including: printing, photocopying, and equipment lease, repair, and maintenance.
SPS Partners:	None.
Budget: $40,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Arranged logistics for capturing of the HSA survey data electronically and MoH personnel were trained on capturing STG's in the RxSolution system. Data was captured. MoH staff from the Northern and Southern region was trained on the DSM. Proper handing over of Lesotho activities to the CPM was done. Staff completed the required forms to be on medical aid and provident fund. 18 of NDSO staff were trained on regulatory frameworks. Liaised with local banks about opening a bank account for the program. The banks have responded and information will be used to make a decision on opening the SPS bank account in Lesotho. Suppliers were paid and vehicles were taken for service and are in good working condition. Facilitated the process of Lesotho staff employment with MSH. Petty cash reconciliations were done and VAT returns were submitted to comply with TAX regulations.
Barriers to Progress:	Incomplete offers for staff to be on payroll.
Next Steps:	Continue providing financial and asset management for the office, logistical support for all technical activities, and administrative support for the office.
Indicators:	None.

Liberia

Work plan: Liberia PMI **Year** 2009

Funding Level: $250,000.00

Work plan Background
SPS proposes to scale-up the pharmaceutical management training for service delivery point (SDP) staff to other counties. To date 160 people have been trained and by the end of September 2010, SPS aims to train a total of 400 SDP staff. In addition to training, SPS proposes to develop two policy papers, one on the distribution of ACTs through the private sector and the second on the eradication of chroloquine and other monotherapies from the market. In FY09, SPS will continue to provide ongoing quantification to the NMCP and other partners.

Activity Title:	Technical Activity Coordination and Monitoring
Activity Lead:	Matowe, Lloyd **Activity #:** 1 **Task**: LFLR09PMI **Subtask**: 97XXY
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.
SPS Partners:	None.
Budget: $25,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Work plan, quarterly reports, annual report, and field trip reports.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Participated in weekly NMCP and PMI partners meetings, weekly Pharmacy Division and pharmacovigilance partners meetings and monthly Supply Chain Technical Working Group (SCTWG) meetings.
Barriers to Progress:	None.
Next Steps:	Continued support.
Indicators:	None.
Activity Title:	Provide Ongoing Quantification Technical Assistance for Malaria Commodities Including ACTs, ITNs and RDTs
Activity Lead:	Matowe, Lloyd **Activity #:** 2 **Task**: LFLR09PMI **Subtask**: 60C1H2
Activity Description:	In FY09 SPS will continue to work with the NMCP to quantify their ACTS, ITNs and RDTs needs. SPS will also work with the NMCP, USAID, and other partners to review the Malaria Strategic Plan. In addition, SPS will work with the NMCP, NDS, the MoHSW and other partners to harmonize the quantification of ACTs and related commodities for the entire country.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Insecticide-Treated Nets (ITNs) to Prevent Malaria Indoor Residual Spraying (IRS) to Prevent Malaria
SPS Partners:	None.
Budget: $30,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	NMCP strategic plan. Technical reports.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Participated in a two-day meeting to support ongoing quantification activities for

	the NMCP was held at the Ocean View Hotel. The meeting was to identify problems and find strategies to address the collection of reliable data from the field to support the quantification process at the central-level. Also discussed was the issue of harmonization of quantification method and tools for the NMCP. Currently, there are more than four different tools that had been introduced by partners for use by the NMCP for quantification purposes. The meeting tried to review the tools, in order to help the NMCP decide which tool would be simpler and more user-friendly. Also discussed were some strategies to encourage the county health teams (through the county pharmacists) to improve on their reporting process (reporting quality and timing).
Barriers to Progress:	None.
Next Steps:	Harmonization of quantification tools.
Indicators:	None.
Activity Title:	Develop a Policy Paper for the Distribution of ACTs through the Private Sector
Activity Lead:	Matowe, Lloyd **Activity #:** 3 **Task**: LFLR09PMI **Subtask**: 60C4F3
Activity Description:	SPS will work with USAID, the NMCP, NDS, the MoHSW and other stakeholders to develop a concept paper on the distribution of ACTs through the private sector. SPS will use their experience in Tanzania, where subsidized ACTs are being distributed through the accredited drug dispensing outlets.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies
SPS Partners:	None.
Budget: $40,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Concept paper on ACT distribution in the private sector developed.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	In February, the concept paper on distribution of subsidized ACTs through the private sector was discussed with the NMCP and the USAID/Liberia Health team leader. The NMCP suggested the program be piloted in Motserrado County. Following these discussions, a local consultant was hired to support this activity. In March 2010, SPS conducted a situational analysis of the private sector in Motserrado County, Liberia. The analysis explored the feasibility of distributing subsidized ACTS through the private sector, specifically looking at the overall regulatory framework, in which private providers operate, the supply chain through which they obtain medicines, and their readiness to participate in this intervention. In addition, private pharmacies were assessed on their ability to participate in the program.
Barriers to Progress:	None.
Next Steps:	Prepare and conduct a stakeholders meeting to discuss assessment findings and plan for implementation.
Indicators:	None.
Activity Title:	Roll-out Pharmaceutical Management Training with a Strengthened Monitoring and Supervision Component
Activity Lead:	Matowe, Lloyd **Activity #:** 5 **Task**: LFLR09PMI **Subtask**: 60CXM5
Activity Description:	In FY 09, SPS will continue to work with county pharmacists to rollout pharmaceutical management training. The monitoring training and planning (MTP) approach (a novel approach) will be used to implement the training program. MTP is an ongoing performance improvement approach to skills-building that places training, tools and responsibility for implementing the

	pharmaceutical management practices learned in the hands of local staff. MTP provides ongoing supervision to facilities and allows assessments to evaluate the effectiveness of the training program.
USG Sub-element:	Program Design and Learning
SPS Partners:	None.
Budget: $55,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Monitoring and supervision plans developed. Training reports.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	From February 8-12, 2010, the 4th Pharmaceutical Management Training for Service Delivery Point workers took place in Voinjama, Lofa County. The training benefited 68 participants, all drug dispensers from health facilities in Lofa County. The training in Lofa was a follow-up to an earlier assessment of the pharmaceutical management system in the county, which took place in December of 2009. SPS also sponsored a one-day meeting for 50 pharmacists in Liberia, who were reviewing some strategies to improve pharmacy practice and the pharmaceutical sector of the health care delivery system of Liberia. The meeting, which is one of the first of its kind, was highly appreciated by all in attendance and was made into a quarterly event.
Barriers to Progress:	None.
Next Steps:	Plan for the next training.
Indicators:	None.

Malawi

Malawi PEPFAR

Work plan: Malawi PEPFAR **Year** 2009

Funding Level: $281,581.00

Work plan Background
Under the COP 09 work plan, SPS will work closely with the MoH HIV/AIDS units and provide technical assistance to systematically integrate rational use of medicines (specifically for PMTCT medicines) and commodities management [revised activity from COP07 work plan]. SPS will also provide technical support to health technical services support (HTSS-pharmaceuticals department) to strengthen its role in providing leadership, policy and technical guidance to key public health programs and districts. The support to strengthen MoH pharmaceuticals department transition into a directorate is a critical part of long-term system strengthening and institution capacity development that will have broader impact on the pharmaceutical sector in Malawi. Both in the short- and long- term, this support will serve the interest of the HIV/AIDS unit and other public health programs.

Activity Title:	Provide technical assistance in strengthening pharmaceutical systems at PMTCT sites [revised COP07]
Activity Lead:	Kamtengeni, Cynthia **Activity #:** 2 **Task**: LFMW09HIV **Subtask**: 60CXH5
Activity Description:	Building on work started under COP 08, SPS plans to expand facility-level support on ART pharmaceutical management to PMTCT sites and work with several USG partners and support all their sites in the areas of rational use of PMTCT medicines, develop SOPs, and support the PMTCT unit in supervision activities. The TA provided would not to be limited to PMTCT/ARV drugs, but rather the focus is to provide technical assistance to create an integrated pharmaceutical supply and rational use/dispensing system. To the extent feasible, some support would be linked to on-going SPS work under malaria medicines supported by PMI.
SPS Partners:	None.
Budget: $101,581.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS met several times with the HIV/AIDS unit to provided technical assistance in the review the supply chain management for HIV/AIDS commodities (including PMTCT commodities). A draft HIV/AIDS commodities supply plan will be available for discussion with stakeholders in the next quarter. SPS conducted training in quantification and rational use of PMTCT medicines and supplies, as well as roles and responsibilities of district staff involved in the management of PMTCT medicines and commodities. Participants to the training included 34 pharmacy technicians, 33 laboratory technicians, 34 PMTCT coordinators, 33 safe motherhood coordinators, and 4 ART coordinators from all 29 districts, 4 central hospitals, 1 mental hospital, and the CHAM secretariat. A total of 138 health workers were trained.
Barriers to Progress:	None.
Next Steps:	Continue providing technical assistance to the HIV/AIDS unit in the review of the

	supply chain management for HIV/AIDS commodities.
Indicators:	None.
Activity Title:	Strengthening rational use of PMTCT commodities [revised COP07]
Activity Lead:	Kamtengeni, Cynthia **Activity #:** 3 **Task**: LFMW09HIV **Subtask**: 60EXM6
Activity Description:	Building on work started under COP 08, SPS plans to expand facility-level support on ART pharmaceutical management to PMTCT sites and work with several USG partners and support their sites in the areas of rational use of PMTCT medicines, develop SOPs, and support the PMTCT unit in supervision activities. The TA provided would not to be limited to PMTCT/ARV drugs only, but rather the focus is to provide technical assistance to create an integrated pharmaceutical supply and rational use/dispensing system. To the extent feasible, some support would be linked to on-going SPS work under malaria medicines supported by PMI.
SPS Partners:	None.
Budget: $80,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Developed a poster providing information to patients on how to use and store PMTCT medicines at home. The poster is going through review and approval at the HIV/AIDS unit. SPS developed a job aid for PMTCT service providers on how to manage the shelf life of PMTCT medicines, specifically Nevirapine and AZT syrup. This is to address the issue of shelf life management which was identified during the rapid assessment.
Barriers to Progress:	None.
Next Steps:	Conduct training of selected PMTCT service providers in rational use of medicines. Finalize, print, and distribute posters for PMTCT clients and the job aid for PMTCT service providers.
Indicators:	None.

Malawi PMI

Work plan: Malawi PMI **Year** 2009

Funding Level: $820,000.00

Work plan Background
Malawi officially launched new Artemether-Lumefantrine (ACT) treatment policy in November 29, 2007 with US Presidential Malaria Initiative (PMI) support. The Malaria Strategic Plan 2005-2010, Scaling-Up Malaria Control Interventions, and approved by the Malawi MoH guides allocation of resources and outlines three key areas for scale-up: case management for treatment of malaria cases, IPTp and mosquito vector control (ITNs and IRS). Since 2006 SPS and USAID/DELIVER developed a joint work plan to provide support to key technical area of the PMI/Malawi Malaria Operational Plan (MOP07) – pharmaceutical and commodities management. The technical assistance focused on strengthening medicines supply and logistics management systems, training of pharmaceutical personnel, quality assurance, and quantification and monitoring and evaluation of the pharmaceutical management system for anti-malarials. The SPS program is members of the MoH Drug Change Plan Task Force established to oversee implementation of the ACT policy change in Malawi and provide technical support to MoH/NMCP through the pharmaceutical management, logistics, and drug safety sub-committee. Malawi's

pharmaceutical management and supply chain system continues to experience several challenges in the areas of quantifications and forecasting, inventory management (ordering, receipt), storage, and the distribution. Currently, Central Medical Stores (CMS) handles the procurement, storage, and distribution of most drugs to all government health facilities. SPS has provided technical assistance to NMCP, CMS and health facilities to improve the data quality and flow of information to improve consumption based data for proper forecasting decisions-making. SPS work at facility level has focused on rational drug use issues, building the capacity of districts, health facilities (both public and CHMA) in appropriate dispensing to patients, stock records and management of drug stocks at the health facility level through regular supportive supervision, training and mentoring of health care workers. The PMI end-use verification/monitoring of availability of key antimalarial commodities at the facility level have been integrated into routine quarterly supervision that SPS supports NMCP. SPS has also provided technical assistance to the Malawi regulatory authority Pharmacy, Medicines and Poisons Board (PMPB) to strengthen capacity for the quality assurance program and improving medicine and patient's safety.

Activity Title:	Provide technical assistance to NMCP and MoH (HTSS) in strengthening the management of antimalarials and other essential medicines for public health programs at facility level.
Activity Lead:	Kamtengeni, Cynthia **Activity #:** 2 **Task**: LFMW09PMI **Subtask**: 60CXH2
Activity Description:	The performance improvement plan (PIP) is a MoH lead initiative with SPS support that focuses on strengthening pharmaceutical management at the facility level through mentoring and hands on-job training for pharmaceutical technician and other health care worker handling pharmaceutical products and services. Through this support, SPS build the capacity of all health facilities and empowers them to identify problems existing in their facilities, provide skills in developing interventions to address the identified gaps and ongoing self performance monitoring.
SPS Partners:	None.
Budget: $220,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	A session on the Pharmacy Improvement Initiative was held with pharmacy technicians from all 27 district hospitals to discuss District Implementation Plans (DIPs) and Central Hospital Implementation Plans (CHIPs). Pharmacy technicians were oriented on how to prioritize pharmacy activities for inclusion in the DIPs and CHIPs, and how to develop indicators to monitor progress of implementation of activities. This is the first time such an orientation was provided to pharmacy technicians. Activities that were highlighted for inclusion in the DIPs and CHIPs were supervision, training of health centre staff, installation of pallets and shelves, and maintenance of equipment (i.e. computers, fridges and air conditioners). All 27 districts were able to develop plans and included them in DIPs and CHIPs. SPS facilitated a training on roles, and responsibilities, and LMIS reporting and recording for administrators of government health centers in the Machinga district. The training was organized by the district health office with support from SPS. Health workers from 12 out of the 13 health centers in Machinga attended the training.
Barriers to Progress:	None.
Next Steps:	Continues with pharmacy improvement sessions with districts that are not showing much improvement. Discussions with HTSS on how to maintain the pharmacy improvement initiative beyond SPS' project life.
Indicators:	None.

Activity Title:	Provide technical assistance to NMCP and DHOs in strengthening monitoring and supervision of malaria case management at district level.
Activity Lead:	Kamtengeni, Cynthia **Activity #:** 3 **Task**: LFMW09PMI **Subtask**: 60G4H3
Activity Description:	The supervision capacities of the DHOs need to be continuously enhanced through mentoring and regular feedback meeting with facilities. Through SPS support, some DHOs have demonstrated that in a short time they are willing and able to conduct pharmaceutical management-focused supervision on their own and integrate pharmaceutical management indictors into their regular quarterly supervision.
SPS Partners:	None.
Budget: $180,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Quarterly ACT and malaria implementation supervision was conducted March 7-16, 2010. A total of 56 facilities were visited representing about 9% of total public health facilities in Malawi. Issues that were identified during the supervision included stock outs of some ACT presentations that were of considerable duration, and overuse of other anti-malaria medicines (i.e. quinine injection, SP and quinine tabs). During the supervision, mobile phones and free web-based data collection software were piloted to collect and transmit data from the health facilities. The cell phones proved useful by reducing time of entering data and incidences of lost data (because of the checklist), as data was automatically sent to a central repository. At the Annual Malaria Review meeting, SPS made a presentation on the state of ACT implementation in 2009, and the training of health workers in the revised malaria treatment guidelines. The meeting held in Blantyre in January.
Barriers to Progress:	Combining the quarterly supervision with the piloting of the cell phones delayed the supervision activity.
Next Steps:	Conduct malaria and ACT implementation quarterly supervision. Participate in malaria zonal review meeting.
Indicators:	None.
Activity Title:	Provide support to NMCP secretariat and technical working group
Activity Lead:	Kamtengeni, Cynthia **Activity #:** 4 **Task**: LFMW09PMI **Subtask**: 60F4H4
Activity Description:	SPS program will continue to play a pivotal role in the coordination of the NMCP technical working group secretariat on pharmaceutical management, supply chain and medicines quality sub-committee. TA would be provided to NMCP to coordinate partners and also in the piloting of the cell phone for data collection and reporting of end-user and LMIS data.
SPS Partners:	None.
Budget: $120,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS provided technical support to the NMCP Secretariat in the review of the Procurement and Supply Management (PSM) plan for the consolidated Round 2

	and Round 7 Global Fund Grant, which was resubmitted to Global Fund. SPS procured a lap top computer for the NMCP, which will be used by the Program Manager. SPS provided technical assistance to BASICS community case management for malaria in two activities: (a) TOT in management of medicines and medical supplies for community case management. The trainers were drawn from the 8 BASICS districts and comprised the HMIS officer, pharmacy technician and IMCI coordinator. (b) Training of Health Surveillance Assistants (HSAs) in drug and data management for community case management. SPS supported training of 19 HSAs and 1 nurse from Balaka district in drug and data management of medicines and medical supplies used in community case management.
Barriers to Progress:	None.
Next Steps:	None.
Indicators:	None.
Activity Title:	Provide technical support to the Pharmacy Medicine and Poisons Board (PMPB) to strengthen systems for monitoring the quality and safety of medicines including ACTs
Activity Lead:	Kamtengeni, Cynthia **Activity #:** 5 **Task**: LFMW09PMI **Subtask**: 60DXH5
Activity Description:	To strengthen PMPB regulatory oversight, SPS will continue to provide technical assistance in all areas of quality and medicine safety monitoring. The regulatory authority, PMPB, has the overall responsibility in the inspection of all medicines to ensure product quality and safety. This includes ensuring quality of products in the private sector. Activities to PMBP to strengthen the national pharmacovigilance system in collaboration with WHO will continue. A pharmacovigilance system is important especially when new medicines such as ACT are introduced. To improve pharmaceutical products registration process, accountability and tracking of registration status, SPS will support PMPB to install registration data base and use portable devises in inspection process. The data base will enhance PMPB capacity to store/manage registration data for easy validation of product registration status during inspection. Also PMPB will regularly update list of registered products. Availability of portable devises will allow easy, simple access to registration data for inspection at Kamuzu International Airport (KIA) in Lilongwe, management of inspection records (easy reporting format) and easy updating of a list of registered products. This capability will facilitate communication between Malawi Revenue Authority (MRA) and PMPB on all inspection-related issues.
SPS Partners:	None.
Budget: $160,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Conducted on-the-job training of Malawi Revenue Authority officers at Chileka International Airport and the Mwanza border (completed during the supervision visit). During the visit, 4 staff members at each port of entry were given on-the-job training in inspection of medicines. Job aids were also distributed.
Barriers to Progress:	None.
Next Steps:	Printing of pharmacovigilance documents.
Indicators:	None.

Mali

Mali HIV 2009

Work plan: Mali HIV **Year** 2009

Funding Level: $100,000.00

Work plan Background

Availability and accessibility of quality medicines and health commodities remain critical elements to the successful implementation of Mali's Health and Development Program (PRODESS). As such, these elements have been a priority for USAID/Mali of the past few years. In Mali, USAID provides resources for strengthening pharmaceutical systems through various US government funding sources. One of the most visible of these sources is the United States Presidential Malaria Initiative (PMI), from which Mali received $15 million in its first year. For its second year of PMI implementation, Mali is being awarded $15.4 million. PMI's funding for Mali supports the National Malaria Program's (PNLP) National Strategic Plan for the period 2007 – 2011, which aims to: reduce malaria mortality by at least 50 % (compared to levels in the year 2000), to reduce malaria case fatality rates by at least 80 % (compared to year 2005 levels), and to reduce malaria morbidity by at least 50 % (as compared to year 2000 levels). Additionally, the low prevalence of contraceptive use in Mali [1] has led USAID/Mali to also focus on the availability of contraceptives and other reproductive health-related commodities. For Year 1 of its activities in Mali, Management Sciences for Health's Strengthening Pharmaceutical Systems program (MSH/SPS) received $1,600,179 in FY08 funds from various USAID funding sources: $450,000 was provided by the US Presidential Malaria Initiative, $299,999 in malaria funds, and $100,000 in HIV/AIDS funds and $750,180 in population funds. For Year 2, MSH/SPS is receiving $645,000 FY09 funds to provide technical assistance to the pharmaceutical sector in Mali. SPS's funding for its second year in Mali is allocated to SPS is as follows: $400,000 PMI funds, $145,000 in POP funds, and $100,000 in HIV/AIDS funds. Highlights of the activities that SPS completed in its FY08 work plan included: (1) completing assessments to inform planning for malaria commodity management, including: (a) a rapid assessment of the pharmaceutical system in Mali, using the PMI system strengthening tool. (b) A situational analysis on the distribution of ACTs and rapid diagnostic test kits (completed in collaboration with the Pharmacie Populaire du Mali (PPM). (2) Providing technical assistance to the Directorate of Pharmacy and Medicines to revise the National Pharmaceutical Policy, which is now awaiting ratification by the Ministry of Health (MoH). (3) Developing job aids for the storage and use of uterotonics. (4) Providing quarterly updates on stock levels for ACTs at the central level in Mali. (5) Conducting data quality audits in an area covering 50% of health districts, to inform planning of interventions to improve the quality and quantity of pharmaceutical management data reported from peripheral to central level. (6) Evaluating storage capacity needs of the PPM, in order to identify the PPM's needs for space and equipment. (7) Collaborating with the Malian Ministry of Health's Directorate of Pharmacy and Medicines (DPM) and the Division of Reproductive Health (DSR) to update the Reproductive Health Commodity Security Tool (RHCSAT) for Mali, in order to collect data necessary for developing a reproductive health commodity security plan. (8) Collaborating with the DPM , the DSR, and another MSH projects (i.e., the Leadership, Management and Sustainability Program, LMS) to facilitate a workshop on leadership and governance for the Ministry of Health's National Contraceptive Security Committee, as part of a larger set of activities to reactivate this committee and to create a Reproductive Health Commodity Security plan. As of September 30, 2006, 63% or $1,023,499 of the FY08 work plan funds had been spent. This is a result of a delay in starting a number of activities, due to a number of factors, including: time needed to recruit staff, requests to delay the start of activities until official launches were carried out, and modifications made to the work plan midway through the fiscal year. During the second semester, SPS caught up on several of these activities. Activities that were not completed will be implemented in addition to new activities in this FY09 work plan. Strategic Approach - MSH/SPS's funding for its second year in Mali is allocated to MSH/SPS as follows: $400,000 in PMI funds, $145,000 in POP funds, and $100,000 in HIV/AIDS funds. As with the first year of MSH/SPS's implementation in Mali, the USAID Mission's vision in Mali is for MSH/SPS to provide technical assistance to improve the functioning of Mali's public pharmaceutical sector in general, while providing attention to

particular groups of health commodities (such as those used in the National Reproductive Health Program, and the National Malaria Program). As such, SPS's key collaborators within Mali's MoH are: the Directorate of Pharmacy and Medicines, the Programme National de Lutte contre le Paludisme (PPM) and the Division de la Santé Reproductive (DSR). Another important collaborator which is not part of the MoH is Mali's autonomous central medical stores known as the Pharmacie Populaire du Mali (Central Medical Stores). Other major disease programs, such as the National HIV/AIDS program (the Comité Sectorielle de Lutte contre le SIDA), provide an opportunity for future collaboration. MSH/SPS's success in providing technical assistance to the DPM, the PPM and the PNLP in its first year of operation has laid the groundwork for MSH/SPS to succeed in implementing the new activities under FY09 funding. This work plan is linked to and builds upon the work done by SPS in its first year of implementation and identifies the activities carried over from the FY08 work plan, as well as the activities to be carried out with FY09 (new) funds. The remaining funds from FY08 (as of September 30th, 2009) are as follows: $41,000 in malaria FY08 funds (PMI), $ 610 in malaria FY07 funds, $355,817 in POP FY07 funds, $144,828 in POP FY08 funds, and $ 34,046 in HIV/AIDS FY08 funds- this totals $645,645. The total funds available from FY08 and FY09 equal $1,221,680. [1] The 2006 Mali Demographic and Health Survey showed that 8% of women across age groups were using a family planning method at the time and of these 7% were using a modern method of contraception and 1% were using a traditional method. Source: Enquête Demographique et de Santé IV.Bamako, Mali, 2008, p.100.

Activity Title:	Development of commodity security plans
Activity Lead:	Onyango, Christine **Activity #:** 2 **Task**: LFML09HIV **Subtask**: 60CXP2
Activity Description:	Under year 2 of implementation (FY09 work plan), MSH/SPS plans to support the National Committee for Contraceptive Commodity Security in writing the Reproductive Health Commodity Security Plan (Q2/Q3).
SPS Partners:	None.
Budget: $10,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Terms of Reference. Reproductive Health Commodity Security Plan.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The preparation of the RHCS plan did not commence as scheduled. The terms of reference for writing the plan were developed during Q2, but the plan was not written during Q2. It is expected that this activity will resume in Q3 or Q4.
Barriers to Progress:	UNFPA is the key coordinator and is co-financing the activity with SPS, so SPS does not have full control over the implementation pace of the activity. Scheduling the workshop with the DSR and the DPM has been a challenge, as individuals from these groups often have time-constraints.
Next Steps:	Hold the workshop to write the reproductive health commodity security plan.
Indicators:	None.
Activity Title:	Technical assistance in carrying-out quantification
Activity Lead:	Onyango, Christine **Activity #:** 3 **Task**: LFML09HIV **Subtask**: 60C1H3
Activity Description:	Assist and advise on quantification approaches or on actually conducting quantification of a variety of health products, as needed.
SPS Partners:	None.
Budget: $10,000.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2

Activity Progress:	In March 2009, SPS collaborated with the DPM to hold a five-day quantification training for national-level staff of various national programs which oversee health commodities that appear on Mali's Reproductive Health Commodity Security product list.[1] The goal of the training was to prepare members of the CS committee for the eventual quantification of RH products that will have to been done as part of the RHCS commodity security plan. The group targeted by the quantification consisted of staff from national health programs currently responsible for quantification of products in their respective programs and who would be expected to participate in future quantification exercises. Participating government departments included the DPM, the NMCP, the DSR, and the CSLS. Additionally, there was participation from The United Nations Population Fund (UNFPA), Population Services International (PSI), and the Mali Family Planning Association or Association Malienne Pour la Promotion et la Protection Familiale (AMPPF). The workshop was highly participatory, consisting primarily of group exercises and discussions centered on the development of assumptions, the type of information and the sources of information needed for accurate quantification. SPS obtained the most recent data related to assumptions prior to the training. Evaluations and comments from the workshop participants showed that the workshop was relevant, practical and well-executed. During Q2, SPS provided technical assistance to Save the Children in quantification of anti-malarials for community based distribution of medicines. This was done at the request of the USAID Mission. [1] It should be noted that the list of products considered to be "reproductive health commodities" is quite broad, and ranges from contraceptives, to products for treating sexually transmitted infections, anti-retroviral medicines, medicines used in obstetric emergencies, medicines and products used for neonatal care and anti-malaria medicines.
Barriers to Progress:	None.
Next Steps:	It will be important for SPS staff to ensure that the concepts imparted during the training are applied when quantification is carried-out during the development of the RHCS plan during Q3 or Q4.
Indicators:	None.

Mali HIV 2008

Work plan: Mali HIV **Year** 2008

Funding Level: $100,000.00

Work plan Background
Mali is a low-income country with a heavy burden of disease and poor levels of development indicators. Challenged with high under age five mortality rates [1], over 900,000 cases of malaria per year, and an estimated 66,000 adults living with HIV and other transmissible diseases, Mali has struggled to respond to the demands on its health system posed by this health burden. Mali's participation in various international health initiatives aimed at preventing and fighting transmissible diseases such as the PMI, the Global Fund, and the GAVI have provided much needed additional financial resources. However, these additional resources have also brought new pressures and challenges to a public pharmaceutical system that needs to adapt to dealing with an increased volume and variety of pharmaceutical products and with the requirements of the new donors. Following Mali's selection as one of the 15 countries participating in the PMI, the USAID mission in Mali has sought to collaborate with the Malian Ministry of Health and international partners such as the Global Fund to strengthen the existing public pharmaceutical system in Mali to improve the management of all essential medicines, including products financed by international initiatives. Over the last few years, MSH under the RPM Plus provided technical support to the MoH Mali

through country visits. Assistance has been provided for the quantification of products procured under the Global Fund. Additionally, RPM Plus contributed to the work of the Prevention of the Postpartum Hemorrhage Initiative (POPPHI) in Mali by conducting training in the management of uterotonics used in postpartum hemorrhage and by developing job aids for management of these products. Starting in FY08, MSH/SPS program will consolidate and expand the work that was initiated under RPM Plus. With USAID/Mali mission support, SPS will assist the MoH to strengthen Mali's entire public sector pharmaceutical system through a comprehensive project to be implemented during the next three years. During year 1, SPS will receive funding under the Malaria Operational Plan (MOP) for FY08 to support specific activities focused on strengthening the capacity of the Mali's MoH to effectively manage malaria medicines and ITNs. The MOP FY08 covers a broad range of interventions aimed at preventing and treating malaria. These include: ITNs and indoor residual spraying (IRS), prevention and treatment of malaria in pregnancy, effective case management, capacity building of the national malaria program (PNLP), and M&E. PMI also aims to increase the percentage of women receiving IPT, as well as to improve case management of malaria by improving diagnosis, introducing the use of RDTs, making RDTs available, and promoting their use. In addition, SPS will receive funding from USAID to improve the management of sexual and reproductive health supplies, HIV/AID-related products, and all essential medicines. These funds will also facilitate the implementation of cross-cutting interventions aiming to build the capacity of pharmaceutical staff both at the national and community levels. SPS will build on the success of its experts in pharmaceutical policy, pharmaceutical procurement procedures, and pharmaceutical sector capacity building to provide technical assistance and to build human capacity within Mali's public sector pharmaceutical system. SPS's collaborative approach aimed at the transfer of skills and building capacity of public sector staff working in pharmaceutical management is a strategy that has been successfully implemented in other African countries such as Rwanda. Strategic approach: the SPS implementation strategy for Mali will be three-fold: to build on existing systems and structure, to transfer capacity to local counterparts, and to balance short-term priority interventions aimed at resolving immediate issues with medium to long- term actions to ensure sustainability. An assessment conducted in October 2007 revealed that the pharmaceutical system in Mali is characterized by structural and operational weaknesses. Although roles and responsibilities of the different institutions within the MoH are defined by ministerial decrees and in procurement guidelines, the mechanisms for communication and information flow among institutions are not established. This has led to in effective communication which has operational consequences, as the pharmaceutical system operates without sufficient supervision and corrective mechanisms to ensure quality of pharmaceutical services. Hence, the availability of pharmaceuticals at the central level does not necessarily reflect availability at the regional or district, or community levels, and stock outs at these levels are frequent. These systemic weaknesses also increase the risk of over stocks and product expiry, conditions more likely to occur with products that are newer to Mali’s pharmaceutical system such as ACTs and ARVs. Given the above, SPS will work closely with the Secretary General of the MoH, and with all the institutions involved in the pharmaceutical system. At the national level, this includes the PPM, DNS, DPM, CSLS, PNLP, and LNS. At the regional level, the PPM, DNS and DPM are the corresponding institutions at the community level. During the first year of implementation, MSH/SPS aims to create coordinating mechanisms and protocols among key entities involved in pharmaceutical management at both national and regional levels. MSH / SPS will also play a catalytic role to ensure that national and regional entities and their international collaborating partners communicate effectively according to agreed work plans and priorities identified by different stakeholders. While building synergistic interactions among different stakeholders, MSH/SPS will collaborate with the DPM to facilitate the process of revision of key existing documents (such the Schéma Directeur d’Approvisionnement et de Distribution des Médicaments Essentiels) and the development of other documents as needs are identified for specific programs or for general pharmaceutical management. SPS will also provide support and training for specific areas to key players such as the PPM and the DPM, in specific areas such as quantification, good procurement practices and development of capacity building plans. At regional level MSH/SPS will focus its first year of implementation on working with regional counterparts of the PPM, DNS and DPM to establish indicator-based work plans and problem solving mechanisms aimed at facilitating the availability of pharmaceutical products at regional and circle levels. Furthermore, MSH/SPS will work closely with regional counterparts of the DPM, the PPM and the DNS to implement indicator-based supervision of pharmacy staff at the regional and circle level. A priority of the indicator-based work plans will be to produce quality data on the distribution and use of medicines for use

in better planning and quantification at the community as well as national level. During years 2 and 3, the coordinating mechanisms established in year 1 will be consolidated and adapted as new needs arise and lessons learned in year 1 are applied. It is expected that by the end of year 1, comprehensive plans to expand pharmaceutical management information systems, as well as capacity building plans for pharmacy staff at all levels of the system would have been developed and ready for implementation. As such, strengthening activities for year 2 and year 3 can be expected to expand to improve pharmaceutical management at the community level. While the interventions aimed at making pharmaceutical data available are being consolidated, additional interventions will be conducted to increase the capacity of the pharmacy staff at circle and community levels. These interventions will cover: how to plan adequately, how to make best use of the storage space, how to optimize the human and other resources available and to provide the best services to the patients. The creation of medicines and therapeutic committees at hospitals and other interventions aimed at improving the rational use of medicines and the containment of antimicrobial resistance will also be explored for the latter years of the program. [1] Estimated at 191/1,000 in the 2006 Mali Demographic and Health Survey. [2] Mali Round 6 Malaria proposal approved by the Global Fund to fight Tuberculosis AIDS, and Malaria. [3]2006 Mali Demographic and Health Survey. The number is based on HIV prevalence in Mali of 1.3% among men and women aged 15-49.

Activity Title:	Facilitate a participatory revision of the Schema Directeur
Activity Lead:	Nfor, Emmanuel **Activity #:** 1 **Task**: LFML08HIV **Subtask**: 60A2H1
Activity Description:	This activity will consist of initial consultations among key partners such as DPM, the PPM, the DNS, the malaria and the HIV/AIDS national programs, and the WHO to agree on the approach for the update and on the key issues to be addressed during the revision. Once the approach and key issues to be updated are agreed to, working sessions led by the DPM and including key stakeholders will follow. The new version of the SDADME will be finalized through a validation meeting led by the DPM. Among the issues to be addressed in the revision related to cost recovery are: How Mali's policy of cost recovery on essential medicines will address additional costs associated with free pharmaceuticals arriving through global health initiatives, appropriate allocation of funds generated from sales of pharmaceuticals at CsCOMs and at district depots to ensure that full costs for management of drugs (including cold chain equipment, transportation of medicines from depots and pharmacy staff training and development) are addressed, capacity building for ASACO members in managing purchases of medicines and medical supplies, and appropriate pricing of essential drugs (such as ACTs for children over five and adults). Additional issues to be addressed will include: continuing education for health professionals, strengthening existing supervision mechanisms in the public pharmaceutical sector, establishment of a system of pharmacovigilance, and development of procedures on good dispensing.
SPS Partners:	None.
Budget: $19,841.00	**Start Date:** Apr 2009 **End Date:** Sep 2009
Products Planned:	Terms of reference for the revision of the Schema Directeur. Study on the application of the Schema Directeur in the health system. Revised Schema Directeur.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	This activity was delayed, and it did not occur during Q1 as originally planned. During Q2 (February 2010), the terms of reference for the actual revision of the SDADME were agreed to by a working group consisting of the DPM, SPS, the WHO, the Health Inspectorate, the National Health Laboratory, the National Malaria Program, and a representative (pharmacist) from the Gabriel Toure National Hospital. The same parties also worked to agree on a budget for

	the revision workshop. The final versions of both documents were transmitted to DPM for final validation on March 3, 2010.
Next Steps:	The next steps in this activity are: (1) To organize a meeting to validate the terms of reference, the budget and the tools by the DPM. (2) Collect data on the implementation of the SDADME, focusing on completing the medicine management tools. (3) Workshop to discuss the first draft of the SDADME. (4) Finalization of the SDADME.
Indicators:	None.

Mali PMI

Work plan: Mali PMI **Year** 2009

Funding Level: $400,000.00

Work plan Background

Availability and accessibility of quality medicines and health commodities remain critical elements to the successful implementation of Mali's Health and Development Program (PRODESS). As such, these elements have been a priority for USAID/Mali over the past few years. In Mali, USAID provides resources for strengthening pharmaceutical systems through various US government funding sources. One of the most visible of these sources is the United States Presidential Malaria Initiative (PMI), from which Mali received $15 million in its first year. For its second year of PMI implementation, Mali is being awarded $15.4 million. PMI's funding for Mali supports the National Malaria Program's (PNLP) National Strategic Plan for the period 2007 – 2011, which aims to: reduce malaria mortality by at least 50% (compared to levels in the year 2000), to reduce malaria case fatality rates by at least 80% (compared to year 2005 levels), and to reduce malaria morbidity by at least 50% (as compared to year 2000 levels). Additionally, the low prevalence of contraceptive use in Mali [1] has led USAID/Mali to also focus on the availability of contraceptives and other reproductive health-related commodities. Highlights of the activities that SPS completed in its FY08 work plan included: (1) completing assessments to inform planning for malaria commodity management, including: (a) a rapid assessment of the pharmaceutical system in Mali, using the PMI system strengthening tool. (b) A situational analysis on the distribution of ACTs and rapid diagnostic test kits (completed in collaboration with the Pharmacie Populaire du Mali (PPM). (2) Providing technical assistance to the Directorate of Pharmacy and Medicines to revise the National Pharmaceutical Policy, which is now awaiting ratification by the Ministry of Health (MoH). (3) Developing job aids for the storage and use of uterotonics. (4) Providing quarterly updates on stock levels for ACTs at the central level in Mali. (5) Conducting data quality audits in an area covering 50% of health districts, to inform planning of interventions to improve the quality and quantity of pharmaceutical management data reported from peripheral to central level. (6) Evaluating storage capacity needs of the PPM, in order to identify the PPM's needs for space and equipment. (7) Collaborating with the Malian Ministry of Health's Directorate of Pharmacy and Medicines (DPM) and the Division of Reproductive Health (DSR) to update the Reproductive Health Commodity Security Tool (RHCSAT) for Mali, in order to collect data necessary for developing a reproductive health commodity security plan. (8) Collaborating with the DPM , the DSR, and another MSH projects (i.e., the Leadership, Management and Sustainability Program, LMS) to facilitate a workshop on leadership and governance for the Ministry of Health's National Contraceptive Security Committee, as part of a larger set of activities to reactivate this committee and to create a Reproductive Health Commodity Security plan. Strategic Approach– MSH/SPS's funding for its second year in Mali is allocated to MSH/SPS as follows: $400,000 in PMI funds, $145,000 in POP funds, and $100,000 in HIV/AIDS funds. As with the first year of MSH/SPS's implementation in Mali, the USAID Mission's vision in Mali is for MSH/SPS to provide technical assistance to improve the functioning of Mali's public pharmaceutical sector in general, while providing attention to particular groups of health commodities (such as those used in the National Reproductive Health Program, and the National Malaria Program). As such, SPS's key collaborators within Mali's MoH are: the Directorate of Pharmacy and Medicines, the Programme National de Lutte contre le Paludisme (PPM) and the Division de la Santé Reproductive (DSR). Another important collaborator which is not part of the MoH is Mali's autonomous central medical

stores known as the Pharmacie Populaire du Mali (Central Medical Stores). Other major disease programs, such as the National HIV/AIDS program (the Comité Sectorielle de Lutte contre le SIDA), provide an opportunity for future collaboration. MSH/SPS's success in providing technical assistance to the DPM, the PPM and the PNLP in its first year of operation has laid the groundwork for MSH/SPS to succeed in implementing the new activities under FY09 funding. This work plan is linked to and builds upon the work done by SPS in its first year of implementation and identifies the activities carried over from the FY08 work plan, as well as the activities to be carried out with FY09 (new) funds. The MSH/SPS implementation strategy for Mali remains the same as it was from year 1: to build on existing systems and structures, to transfer capacity to local counterparts, and to balance short-term priority interventions aimed at resolving immediate issues with medium to long term actions to ensure sustainability. In Year 2, MSH/SPS plans to work on three of the four levels of Mali's health system: the central, regional, and district levels. In SPS's first year of implementation, all of the technical staff operated out of the capital of Bamako. In Year 2, three MSH/SPS regional coordinators will support the regional pharmacists located within each of Mali's nine Regional Health Directorates (Direction Régional de Santé). These regional coordinators will implement interventions aimed at improving management of pharmaceutical products and resolving problems related to the availability of products, as they are encountered in the course of supervision visits. MSH/SPS also plans for interventions to reach the district or "cercle" level. Districts have referral health centers known as Centres de Santé de Référence (CSREF), which link community level health facilities with hospitals at the regional level, as well as with health centers at the district level. The district level also has pharmaceutical depots known as "Dépôts repartiteurs de cercle" (DRC), which supply hospitals, health centers and dispensaries. DRCs are considered part of the CSREFs and are supplied by the eight regional depots. The total funding available to MSH/SPS for year 2 limits its ability to reach the community level (the fourth level) of Mali's health system. Still, MSH/SPS will incorporate a limited number of CsComs in its monitoring and supervision of medicines with the Regional Health Teams and District Health Teams, which will pave the way for expanding MSH/SPS work with CsComs in Year 3. MSH/SPS will continue working closely with the Secretary General of the Ministry of Health (SEGAL), and with the institutions involved in the pharmaceutical system. At the national level, this includes the PPM, DNS, DPM, CSLS, PNLP, and Laboratoire Nationale de la Santé (LNS). At the regional level, SPS will collaborate with the PPM regional stores, the Regional Health Directorates (DRS) and the DPM's regional pharmacists. SPS activities in Mali will contribute to the US Foreign Assistance Investing in People program through the health element and specifically the malaria sub element. SPS will also contribute to the USAID/Mali's intermediate results and PMI objectives through technical objectives that correspond to the following SPS key results areas: (1) Improve governance in the pharmaceutical sector: SPS will address governance in pharmaceutical management by improving decision making and strategic planning capabilities (SPS IR 1.2), applying ethical, transparent, accountable and efficient procurement practices (SPS IR 1.3), and improving the stewardship and oversight through the establishment and maintenance of appropriate standards in pharmaceutical management and medicines use (SPS IR 1.4). (2) Strengthen pharmaceutical management systems to support public health services: Most of the activities under this work plan directly address this key result area. SPS will work to increase local capacity to improve pharmaceutical system operations (2.1), improve quality and quantity of human resources capable of performing pharmaceutical management functions and services (2.2), improve pharmaceutical management systems and effective approaches to support PHN service delivery interventions (2.3), improve laboratory commodity management (2.4), and improve availability of essential medicines, diagnostic equipment and other health supplies for USAID supported programs (2.4). (3) Contain the emergence and spread of antimicrobial resistance: By promoting good dispensing practices, the activities related to strengthening the supervision system for malaria products at the health zone level will also contribute to IR 3.2 (AMR interventions designed and implemented to improve medicines use behaviors at the community level). [1] Enquête Demographique et de Santé IV.Bamako, Mali, 2008, p.100.

Activity Title:	Technical Activity Coordination
Activity Lead:	Onyango,Christine **Activity #:** 1 **Task**: LFML09PMI **Subtask**: 97XXY1
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

SPS Partners: None.

Budget: $34,400.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Quarterly presentations at PMI partner meetings. Trip reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: The Country Program Manager travelled to Mali in from March 6-20, 2010 to review the progress on work plan activities, discuss collaboration with the government and NGO partners, discuss work plan progress with the USAID/Mali mission, and provide support for various activities occurring during the trip. The activities in which the CPM directly participated included: (1) A one-day consensus meeting at the Pharmacie Populaire du Mali, focused on validating the evaluation on storage capacity: an evaluation of the PPM's procedures and the recommended list of essential equipment for purchase. (2) Preparation of materials for the quantification training. (3) Quantification training led by SPS/Mali for MoH partners who will be in involved in quantification of products for the Reproductive Health Commodity Security Plan. (4) Meeting organized by the USAID Health team held to explain new formats and mechanisms for interaction between USAID and partners. (5) Quarterly meeting of PMI partners, at which the Senior Technical Advisor presented progress on activities.

Barriers to Progress: The lack of response from the USAID/Mission on the selection of a new Senior Technical Advisor for SPS/Mali prevented finalization of recruitment for this position.

Next Steps: Further follow-up is needed with the USAID Mission health team for a definitive response on SPS's choice for Senior Technical Advisor.

Indicators: None.

Activity Title: Purchase priority equipment for the PPM

Activity Lead: Onyango, Christine **Activity #:** 6 **Task**: LFML09PMI **Subtask**: 60C2H6

Activity Description: MSH/SPS will work with the PPM to identify and acquire key equipment identified as necessary to improve the use of existing space and the functionality at the PPM's central and regional warehouses. Items to be purchased will be identified based on the findings of the assessment.

SPS Partners: None.

Budget: $65,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: A list of equipment necessary for the PPM to improve its use of storage and its storage practices was included in SPS's report assessing storage space and practices on the PPM's regional stores and central warehouse conducted in October 2009. Following discussions with the PPM to prioritize equipment for purchase, SPS committed to purchase the following equipment for the PPM: one forklift, two cold rooms, and several generators (exact number to be determined based on budget remaining after the forklift and cold rooms are purchased). The PPM undertook the purchase of smaller, less expensive items on the list.

Barriers to Progress: It is not clear whether funds will be sufficient to buy the generators. If the PPM insists on buying generators with power of 30 KVA, SPS may have difficulty with

	the purchase of generators. If generators of lower power are selected, it may be possible to buy at least one or more.
Next Steps:	The next step will be to initiate procurement of the forklift and cold rooms, which have been identified as being the highest priority equipment for SPS to purchase. If funds remain, the next on the priority list are generators. However, the power of the generators will need to be discussed with the PPM, as higher power (30 KvA) generators are considerably more expensive than lower power (20 KvA) generators.
Indicators:	None.
Activity Title:	Office Management
Activity Lead:	Onyango, Christine **Activity #:** 7 **Task**: LFML09PMI **Subtask**: 97XXYX
Activity Description:	This activity includes the field administration and logistics expenditures, salaries of administrative local staff, rental and transportation costs, office supplies and other related expenses. This also includes rental of office space, purchase of office furniture and equipment, payment of utilities, and hiring of payroll services. At least one trip will be planned by MSH's Senior Financial Services Officer to monitor financial and administrative systems and practices and to conduct a refresher training on compliance with MSH and USAID policy and regulations. Costs of office management are split among the three funding sources (population, PMI and HIV/AIDS) for SPS's Mali activities.
SPS Partners:	None.
Budget: $90,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Office management activities continued as usual. Two senior finance staff made a trip to review administrative and financial systems and compliance with USAID and MSH policies and procedures. A report of this trip was completed, and contains recommendations for the SPS/Mali office. The Country Program Manager will continue holding conference calls every two months to follow-up on the implementation of these recommendations and other financial and administrative matters. Two regional offices have been set up, one in Gao and the other in Segou, to facilitate work for the regional coordinators who will be based in those regions. The set up of the office in Gao required some refurbishing, for which SPS obtained prior approval from USAID. Since the third regional coordinator will cover Kayes, Koulikoro, and Bamako, he will be based in Bamako. SPS is exploring the possibility of having the Bamako-based regional coordinator have a desk at the Bamako Regional Health Office, to ensure frequent contact to facilitate collaboration on activities. A local per diem rate (that is lower than the USAID international per diem rate for Mali) was instituted and went into effect in April 2010.
Barriers to Progress:	The cost of setting up region offices is higher than initially anticipated. This may affect the office management budget and require reallocation of funds from other line items to office management.
Next Steps:	Follow-up is needed on the administrative and financial systems recommendations made by MSH senior finance staff during the January 2010 TDY.
Indicators:	None.

Mali POP 2009

Work plan: Mali Pop **Year** 2009

Funding Level: $145,000.00

Work plan Background
Availability and accessibility of quality medicines and health commodities remain critical elements to the successful implementation of Mali's Health and Development Program (PRODESS). As such, these elements have been a priority for USAID/Mali of the past few years. In Mali, USAID provides resources for strengthening pharmaceutical systems through various US government funding sources. One of the most visible of these sources is the United States Presidential Malaria Initiative (PMI), from which Mali received $15 million in its first year. For its second year of PMI implementation, Mali is being awarded $15.4 million. PMI's funding for Mali supports the National Malaria Program's (PNLP) National Strategic Plan for the period 2007 – 2011, which aims to: reduce malaria mortality by at least 50 % (compared to levels in the year 2000), to reduce malaria case fatality rates by at least 80 % (compared to year 2005 levels), and to reduce malaria morbidity by at least 50 % (as compared to year 2000 levels). Additionally, the low prevalence of contraceptive use in Mali [1] has led USAID/Mali to also focus on the availability of contraceptives and other reproductive health-related commodities. For Year 1 of its activities in Mali, Management Sciences for Health's Strengthening Pharmaceutical Systems program (MSH/SPS) received $1,600,179 in FY08 funds from various USAID funding sources: $450,000 was provided by the US Presidential Malaria Initiative, $299,999 in malaria funds, and $100,000 in HIV/AIDS funds and $750,180 in population funds. For Year 2, MSH/SPS is receiving $645,000 FY09 funds to provide technical assistance to the pharmaceutical sector in Mali. SPS's funding for its second year in Mali is allocated to SPS is as follows: $400,000 PMI funds, $145,000 in POP funds, and $100,000 in HIV/AIDS funds. Highlights of the activities that SPS completed in its FY08 work plan included: (1) completing assessments to inform planning for malaria commodity management, including: (a) a rapid assessment of the pharmaceutical system in Mali, using the PMI system strengthening tool. (b) A situational analysis on the distribution of ACTs and rapid diagnostic test kits (completed in collaboration with the Pharmacie Populaire du Mali (PPM). (2) Providing technical assistance to the Directorate of Pharmacy and Medicines to revise the National Pharmaceutical Policy, which is now awaiting ratification by the Ministry of Health (MoH). (3) Developing job aids for the storage and use of uterotonics. (4) Providing quarterly updates on stock levels for ACTs at the central level in Mali. (5) Conducting data quality audits in an area covering 50% of health districts, to inform planning of interventions to improve the quality and quantity of pharmaceutical management data reported from peripheral to central level. (6) Evaluating storage capacity needs of the PPM, in order to identify the PPM's needs for space and equipment. (7) Collaborating with the Malian Ministry of Health's Directorate of Pharmacy and Medicines (DPM) and the Division of Reproductive Health (DSR) to update the Reproductive Health Commodity Security Tool (RHCSAT) for Mali, in order to collect data necessary for developing a reproductive health commodity security plan. (8) Collaborating with the DPM , the DSR, and another MSH projects (i.e., the Leadership, Management and Sustainability Program, LMS) to facilitate a workshop on leadership and governance for the Ministry of Health's National Contraceptive Security Committee, as part of a larger set of activities to reactivate this committee and to create a Reproductive Health Commodity Security plan. As of September 30, 2006, 63% or $1,023,499 of the FY08 work plan funds had been spent. This is a result of a delay in starting a number of activities, due to a number of factors, including: time needed to recruit staff, requests to delay the start of activities until official launches were carried out, and modifications made to the work plan midway through the fiscal year. During the second semester, SPS caught up on several of these activities. Activities that were not completed will be implemented in addition to new activities in this FY09 work plan. Strategic Approach - MSH/SPS's funding for its second year in Mali is allocated to MSH/SPS as follows: $400,000 in PMI funds, $145,000 in POP funds, and $100,000 in HIV/AIDS funds. As with the first year of MSH/SPS's implementation in Mali, the USAID Mission's vision in Mali is for MSH/SPS to provide technical assistance to improve the functioning of Mali's public pharmaceutical sector in general, while providing attention to particular groups of health commodities (such as those used in the National Reproductive Health Program, and the National Malaria Program). As such, SPS's key collaborators within Mali's MoH are: the

Directorate of Pharmacy and Medicines, the Programme National de Lutte contre le Paludisme (PPM) and the Division de la Santé Reproductive (DSR). Another important collaborator which is not part of the MoH is Mali's autonomous central medical stores known as the Pharmacie Populaire du Mali (Central Medical Stores). Other major disease programs, such as the National HIV/AIDS program (the Comité Sectorielle de Lutte contre le SIDA), provide an opportunity for future collaboration. MSH/SPS's success in providing technical assistance to the DPM, the PPM and the PNLP in its first year of operation has laid the groundwork for MSH/SPS to succeed in implementing the new activities under FY09 funding. This work plan is linked to and builds upon the work done by SPS in its first year of implementation and identifies the activities carried over from the FY08 work plan, as well as the activities to be carried out with FY09 (new) funds. The remaining funds from FY08 (as of September 30th, 2009) are as follows: $41,000 in malaria FY08 funds (PMI), $ 610 in malaria FY07 funds, $355,817 in POP FY07 funds, $144,828 in POP FY08 funds, and $ 34,046 in HIV/AIDS FY08 funds- this totals $645,645. The total funds available from FY08 and FY09 equal $1,221,680. [1] The 2006 Mali Demographic and Health Survey showed that 8% of women across age groups were using a family planning method at the time and of these 7% were using a modern method of contraception and 1% were using a traditional method. Source: Enquête Demographique et de Santé IV.Bamako, Mali, 2008, p.100.

Activity Title:	Technical Activity Coordination
Activity Lead:	Onyango, Christine **Activity #:** 1 **Task**: LFML09POP **Subtask**: 97XXY1
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.
SPS Partners:	None.
Budget: $12,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2009
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The Country Program Manager travelled to Mali in from March 6-20, 2010 to review the progress on work plan activities, discuss collaboration with the government and NGO partners, discuss work plan progress with the USAID/Mali mission, and provide support for various activities occurring during the trip. The activities in which the CPM directly participated included: (1) A one-day consensus meeting at the Pharmacie Populaire du Mali, focused on validating the evaluation of storage capacity: an evaluation of the PPM's procedures and the recommended list of essential equipment for purchase. (2) Preparation of materials for the quantification training. (3) Quantification training led by SPS/Mali for MoH partners who will be in involved in quantification of products for the Reproductive Health Commodity Security Plan. (4) Meeting organized by the USAID Health team held to explain new formats and mechanisms for interaction between USAID and partners. (5) Quarterly meeting of PMI partners, at which the Senior Technical Advisor presented progress on activities. (Note: activity cofounded with 2009 PMI portfolio).
Barriers to Progress:	The lack of response from the USAID/Mission on the selection of a new Senior Technical Advisor for SPS/Mali prevented finalization of recruitment for this position.
Next Steps:	Further follow-up is needed with the USAID Mission health team for a definitive response on SPS's choice for Senior Technical Advisor. Begin work plan preparation for FY10.
Indicators:	None.
Activity Title:	Develop commodity security plans

Activity Lead: Onyango, Christine **Activity #:** 2 **Task**: LFML09POP **Subtask**: 60CXP2

Activity Description: A reproductive health commodity security plan is a document that defines a long-term vision and a mandate for ensuring availability of reproductive health commodities in a given country, based on situational analysis and identification of problems to accessing reproductive health commodities. The goal of the plan is to get partners working in the health sector to support the same national strategic plan for ensuring availability of reproductive health products and to coordinate closely to mobilize resources to ensure achievement of the medium and long-term goals for the plan. It should be noted that the list of products considered to be "reproductive health commodities" is quite broad, and ranges from contraceptives, to products for treating sexually transmitted infections, anti-retroviral medicines, medicines used in obstetric emergencies, medicines and products used for neonatal care, and anti-malaria medicines.

SPS Partners: None.

Budget: $10,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Terms of reference for the situation analysis. Technical report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: The preparation of the RHCS plan did not commence as scheduled. The terms of reference for writing the plan were developed during Q2, but the plan had still not been written during Q2. It is expected that this activity will resume in Q3 or Q4. (Note: activity co-funded with the 2009 HIV/AIDS portfolio).

Barriers to Progress: There have been difficulties in coordination of the schedules of government and non-governmental actors involved in carrying-out the next steps.

Next Steps: The next step is to hold the workshop to write the Reproductive Health Commodity Security Plan. At the end of Q2, no firm date had been fixed for the workshop.

Indicators: None.

Activity Title: Technical assistance in carrying-out quantification

Activity Lead: Onyango, Christine **Activity #:** 3 **Task**: LFML09POP **Subtask**: 60C1H3

Activity Description: SPS will provide direct technical assistance in quantification exercises, as requested.

SPS Partners: None.

Budget: $10,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2009

Products Planned: Training materials (presentations). Final versions of revised Procurement and Supply Management Plan(s) for Global Fund grants.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: In March 2009, SPS collaborated with the DPM to hold a five-day quantification training for national-level staff of various national programs which oversee health commodities that appear on Mali's Reproductive Health Commodity Security product list.[1] The goal of the training was to prepare members of the CS committee for the eventual quantification of RH products that will have to been done as part of the RHCS commodity security plan. The group targeted by the quantification consisted of staff from national health programs currently responsible for quantification of products in their respective programs and who would be expected to participate in future quantification exercises. Participating

government departments included the DPM, the NMCP, the DSR, and the CSLS. Additionally, there was participation from The United Nations Population Fund (UNFPA), Population Services International (PSI), and the Mali Family Planning Association or Association Malienne Pour la Promotion et la Protection Familiale (AMPPF). The workshop was highly participatory, consisting primarily of group exercises and discussions centered on the development of assumptions, the type of information and the sources of information needed for accurate quantification. SPS obtained the most recent data related to assumptions prior to the training. Evaluations and comments from the workshop participants showed that the workshop was relevant, practical and well-executed. During Q2, SPS provided technical assistance to Save the Children in quantification of anti-malarials for community based distribution of medicines. This was done at the request of the USAID Mission. (Note: activity co-funded with the 2009 HIV/AIDS portfolio).

[1] It should be noted that the list of products considered to be "reproductive health commodities" is quite broad, and ranges from contraceptives, to products for treating sexually transmitted infections, anti-retroviral medicines, medicines used in obstetric emergencies, medicines and products used for neonatal care and anti-malaria medicines.

Barriers to Progress: None.

Next Steps: To ensure that quantification trainings are applied during the preparation of the Reproductive Health Commodity Security Plan, which SPS expects will be prepared in Q3 or Q4.

Indicators: None.

Activity Title: Piloting improved pharmaceutical management systems at the regional and district levels

Activity Lead: Onyango, Christine **Activity #:** 4 **Task**: LFML09POP **Subtask**: 60CXH4

Activity Description: Following discussions with the PPM and the DPM on how to approach this activity, MSH/SPS proposes to approach this activity in two phases. Phase I: The first phase will be to electronically link the PPM's operations in Bamako to its regional warehouses, to make it possible for the PPM at the central level to access real time pharmaceutical management information from the regions. The PPM is also open to exploring the establishment of a mechanism for sharing certain pharmaceutical information with the DPM, which respects the PPM's sovereignty over proprietary commercial (administrative and financial) information. During year 2, MSH/SPS proposes to create an operational plan to network the PPM and to link the PPM with the DPM. The follow up would be for MSH/SPS to assist the PPM with the execution of this operational plan. Phase 2: The second phase of this activity is to use the information and recommendations generated from a number of assessments by MSH/SPS during year 1 to develop a strategic approach and specific steps for improving the flow of pharmaceutical information from Mali's depots répartiteurs de cercles (district level pharmaceutical depots) to the Ministry of Health's RHDs and to the DPM in Bamako. The approach and steps will be developed in collaboration with key stakeholders such as the DPM, the PPM and national disease programs.

SPS Partners: None.

Budget: $87,534.00 **Start Date:** Oct 2009 **End Date:** Sep 2009

Products Planned: Training presentations. Supervision/trip reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: In February 2010, the SPS Regional Coordinator based in Bamako joined staff from the Kayes Regional Health Office in completing supervision visits for pharmaceutical management activities in the 7 districts in the region. The supervision team consisted of the two MoH regional pharmacists for Kayes, the comptroller for economic services, and a driver. In April 2010, the same Regional Coordinator spent one month (April 5 -May 5, 2010) conducting supervision visits in the Koulikoro region. He was joined by one of the regional pharmacists for Koulikoro and a manager at the Regional Health Office. Supervision activities consisted of: (1) Examination of stock management data (including financial data). (2) Taking inventory of at each DRC, DVC, and at 2 DV/CsCom in each district. (3) Observing depot or pharmacy managers executing their daily tasks. (4) Interviewing depot managers to determine their knowledge on procedures for requesting additional products. (5) Presenting and discussing the results of the supervision visits with the local authorities and to the sociological-health team. A supervision report is available summarizing strengths and weaknesses observed in pharmaceutical management, data on the availability of the basket of essential medicines and supplies, and the financial situation of each DRC. The SPS Regional Supervisor will use this data to follow-up on weaknesses identified, to target interventions (such as training), and supervision.

Barriers to Progress: It is an ongoing challenge to carry-out supervision visits, given that the vehicles SPS is in the process of procuring are still waiting approval from USAID-Washington. The interim solution is to try to use DRS vehicles (as was done in the case of the Kayes supervision visit) or to rent vehicles.

Next Steps: Other supervision visits are planned for Q3.

Indicators: None.

Activity Title: Office Management

Activity Lead: Onyango, Christine **Activity #:** 5 **Task**: LFML09POP **Subtask**: 97XXYX

Activity Description: This activity includes the field administration and logistics expenditures, salaries of administrative local staff, rental and transportation costs, office supplies and other related expenses. This also includes rental of office space, purchase of office furniture and equipment, payment of utilities, and hiring of payroll services. At least one trip will be planned by MSH's Senior Financial Services Officer to monitor financial and administrative systems and practices and to conduct a refresher training on compliance with MSH and USAID policy and regulations.

SPS Partners: None.

Budget: $25,466.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: At the beginning of Q2 in January 2010, MSH's Senior Operation's Officer and CPM's Senior Finance Office travelled to Mali to carry out an annual review of the MSH/Mali office's financial and administrative systems. A trip report was produced summarizing the strengths and weakness in the financial and administrative systems and making recommendations for improvements. The report was shared with SPS/Mali staff. The Country Program Manager is following-up regularly with the SPS/Mali staff to implement recommendations made in the report.

Barriers to Progress: The office manager expressed the difficulties inherent in covering both

	administrative and financial operations of the MSH/Bamako office while coordinating set-up of certain aspects of the regional offices, and supporting administrative and logistical aspects of activities (such as workshops). In February 2010, a temporary administrative assistant was hired to assist with administrative tasks and meeting logistics.
Next Steps:	The Country Program Manager will continue monitoring the implementation of the recommendations from the January 2010 report.
Indicators:	None.

Mali POP 2008

Work plan: Mali Pop **Year** 2008

Funding Level: $516,794.00

Work plan Background
Mali is a low-income country with a heavy burden of disease and poor levels of development indicators. Challenged with high under five mortality rates [1], over 900,000 cases of malaria cases per year [2] and an estimated 66,400 adults living with HIV and other transmissible diseases, Mali has struggled to respond to the demands on its health system posed by this health burden [3]. Mali's participation in various international health initiatives aimed at preventing and fighting transmissible diseases such as the President's Malaria Initiative (PMI), the Global Fund to fight Tuberculosis, AIDS and Malaria (GFTAM), and the GAVI have provided much needed additional financial resources. However, these additional resources have also brought along new pressures and challenges to a public pharmaceutical system that needs to adapt to dealing with an increased volume and variety of pharmaceutical products and with the requirements of the new donors. Following Mali's selection as one of the 15 countries participating in the President's Malaria Initiative (PMI), the United States Agency for International Development (USAID) mission in Mali sought to collaborate with the Malian Ministry of Health (MoH) and international partners such as the GFATM to strengthen the existing public pharmaceutical system in Mali in order to improve the management of all essential medicines, including products financed by international initiatives. Over the last few years, MSH under the Rational Pharmaceutical Management Plus program (RPM Plus) provided technical support to the MoH in Mali through country visits. Assistance has been provided for the quantification of products procured under the GFATM. Additionally, MSH/RPM Plus has contributed to the work of the Prevention of the Postpartum Hemorrhage Initiative (POPPHI) in Mali by conducting training in the management of uterotonics used in post partum hemorrhage and by developing job aids for management of these products. Starting in FY 2008, MSH/SPS program will consolidate and expand the work that was initiated under RPM Plus. With USAID/Mali mission support, MSH/SPS will assist the MoH to strengthen Mali's entire public sector pharmaceutical system through a comprehensive project to strengthen Mali's entire public sector pharmaceutical system to be implemented during the next three years. During year 1, MSH/SPS will receive funding under the Malaria Operational Plan (MOP) for FY08 to support specific activities focused on strengthening the capacity of the Mali's MoH to effectively manage malaria medicines and insecticide-treated nets. The MOP FY08 covers a broad range of interventions aimed at preventing and treating malaria. These include: the use of insecticide-treated nets (ITNs) and indoor residual spraying (IRS), prevention and treatment of malaria in pregnancy, effective case management, capacity building of the national malaria program (PNLP), and monitoring and evaluation. PMI also aims to increase the percentage of women receiving IPT, as well as to improve case management of malaria by improving diagnosis, introducing the use of RDTs, making RDTs available, and promoting their use. In addition, MSH/SPS will receive funding from USAID to improve the management of sexual and reproductive health supplies, the management of HIV/AID-related products and all essential medicines. These funds will also facilitate the implementation of cross cutting interventions aiming to build the capacity of pharmaceutical staff both national and community levels of the pharmaceutical system. MSH/SPS will build on the success of its experts in pharmaceutical policy, pharmaceutical procurement procedures, and pharmaceutical sector capacity building to provide technical assistance and to build human capacity within Mali's public sector pharmaceutical system. MSH/SPS's collaborative approach

aimed at the transfer of skills and building capacity of public sector staff working in pharmaceutical management is a strategy that has been successfully implemented in other African countries such as Rwanda. Strategic Approach: The MSH/SPS implementation strategy for Mali will be three fold: to build on existing systems and structures, to transfer capacity to local counterparts, and to balance short-term priority interventions aimed at resolving immediate issues with medium to long term actions to ensure sustainability. There are four levels to Mali's health system. At the central level, the MoH: provides strategic direction, creates policy and oversees its implementation, establishes systems for training medical staff, and sets standards and procedures. Also at this level are the three National Hospitals, which provide specialized care. At the regional level are the Regional Health Directorates (Direction Régional de Santé) which supervise the district level of the health system and provide technical support. There are also seven regional hospitals. Eight regional depots have the responsibility for ensuring that pharmaceutical products are available for each region. Next is the district level. Also known as "cercles", districts have referral health centers known as Centres de Santé de Référence (CSREF). The role of the CsREF is to be a link between community level health facilities and hospitals at the regional level as well as health centers at the district level. "Dépôts repartiteurs de cercle" (DRC) are depots for medicines and other health products and they supply hospitals, health centers and dispensaries. DRCs are considered part of the CsREFs and are supplied by the eight regional depots. The health system at the community level consists of community health centers known as Centres de Santé Communautaires (CsCOM), which are mandated to provide a predefined minimum package of primary health care services. Day to day management of the CsCOMs is the responsibility of Community Health Associations (Associations de Santé Communautaires (ASACO). Technical supervision of the CsCOMs is the responsibility of the CsREF for each given district. Several institutions within the MoH are involved in the management of pharmaceuticals at these different levels. The PPM is responsible for the procurement and distribution to the regional level of essential medicines which are subject to Mali's cost recovery scheme within the health sector. The PPM's responsibility for distribution only extends to the regional level. Responsibility for the distribution of pharmaceuticals provided free of charge by donors lies with a group of stakeholders coordinated by the Directorate of Health Care, and the national programs of HIV/AIDS and malaria (CSLS and PNLP). In general, the Directorate of Pharmacy (DPM) in collaboration with the Directorate of Health Care (DNS) is responsible for establishing and enforcing the pharmaceutical laws and regulations for the procurement and distribution of essential medicines and other health supplies for the entire country. The National Health Laboratory (LNS) is charged with ensuring the quality of products circulating in both public and private sectors, and the Directorate of Financing and Administration (DAF) deals with the allocation of financial resources for pharmaceutical procurement. At regional level, representatives of the PPM, DPM and DNS are responsible for reflecting the role played by each of these entities at the central level of the health system by ensuring availability and accessibility of pharmaceuticals at the regional, district levels and at the community (CsCOM) level. The assessment conducted in October 2007 revealed that the pharmaceutical system in Mali is characterized by structural and operational weaknesses. Although roles and responsibilities of the different institutions within the Ministry of Health are defined by ministerial decrees and in procurement guidelines, the mechanisms for communication and information flow among institutions are not established. This has led to in effective communication which has operational consequences, as the pharmaceutical system operates without sufficient supervision and corrective mechanisms to ensure quality of pharmaceutical services. Hence, the availability of pharmaceuticals at the central level does not necessarily reflect availability at the regional or district, or community levels, and stock outs at these levels are frequent. These systemic weaknesses also increase the risk of over stocks and product expiry, conditions more likely to occur with products that are newer to Mali's pharmaceutical system such as ACTs and ARVs. Given the above, SPS work closely with the Secretary General of the MoH, and with all the institutions involved in the pharmaceutical system. At the national level, this includes the PPM, DNS, DPM, CSLS, PNLP, and LNS. At the regional level, the PPM, DNS and DPM are the corresponding institutions at the community level. During the first year of implementation, MSH/SPS aims to create coordinating mechanisms and protocols among key entities involved in pharmaceutical management at both national and regional levels. MSH/SPS will also play a catalytic role to ensure that national and regional entities and their international collaborating partners communicate effectively according to agreed work plans and priorities identified by different stakeholders. While building synergistic interactions among different stakeholders, MSH/SPS will collaborate with the DPM to facilitate the process of revision of key existing documents (such the Schéma Directeur d'Approvisionnement et de Distribution des Médicaments

Essentiels) and the development of other documents as needs are identified for specific programs or for general pharmaceutical management. SPS will also provide support and training for specific areas to key players such as the PPM and the DPM, in specific areas such as quantification, good procurement practices and development of capacity building plans. At regional level MSH/SPS will focus its first year of implementation on working with regional counterparts of the PPM, DNS and DPM to establish indicator-based work plans and problem solving mechanisms aimed at facilitating the availability of pharmaceutical products at regional and district levels. Furthermore, MSH/SPS will work closely with regional counterparts of the DPM, the PPM and the DNS to implement indicator-based supervision of pharmacy staff at the regional and circle level. A priority of the indicator-based work plans will be to produce quality data on the distribution and use of medicines for use in better planning and quantification at the community as well as national level. During years 2 and 3, the coordinating mechanisms established in year 1 will be consolidated and adapted as new needs arise and lessons learned in year 1 are applied. It is expected that by the end of year 1, comprehensive plans to expand pharmaceutical management information systems, as well as capacity building plans for pharmacy staff at all levels of the system would have been developed and ready for implementation. As such, strengthening activities for year 2 and year 3 can be expected to expand to improve pharmaceutical management at the community level. Whilst the interventions aimed at making pharmaceutical data available are being consolidated, additional interventions will be conducted to increase the capacity of the pharmacy staff at district and community levels. These interventions will cover: how to plan adequately, how to make best use of the storage space, how to optimize the human and other resources available and to provide the best services to the patients. The creation of medicines and therapeutic committees at hospitals and other interventions aimed at improving the rational use of medicines and the containment of antimicrobial resistance will also be explored for the latter years of the program. [1] Estimated at 191/1,000 in the 2006 Mali Demographic and Health Survey. [2] Mali Round 6 Malaria proposal approved by the Global Fund to fight Tuberculosis AIDS, and Malaria. [3]2006 Mali Demographic and Health Survey. The number is based on HIV prevalence in Mali of 1.3% among men and women aged 15-49.

Activity Title:	Pilot improved logistics management information system
Activity Lead:	Nfor, Emmanuel **Activity #:** 4 **Task**: LFML07POP **Subtask**: 60CXK4
Activity Description:	This activity consists of a series of elements aimed at ensuring that data and information on health products are routinely registered, compiled, used, and when necessary, reported to the next level of the pharmaceutical system. These elements include mapping the information needs of the pharmaceutical system, assisting the DPM to develop an operational plan to address gaps in data, and carrying-out periodic quality-control exercises to monitor the quality of data reported. These activities were to begin in Q1 and continue through Q4. Because staff was not hired until Q2, and because of the subsequent delays introduced by the regional launches, these activities did not get under way by the end of Q2. This activity will therefore begin in Q3. The DPM requested elimination of the task to provide capacity building to key institutions (DPM, PPM, National and Regional Directorates of Health) in management and use of data produced by the pharmaceutical management information system.
SPS Partners:	None.
Budget: $270,180.00	**Start Date:** Oct 2008 **End Date:** Sep 2009
Products Planned:	Technical reports.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The evaluation of the existing system was carried out in Q2. The next step will be to develop the strategic approach for piloting a new system (to occur in Q3) so that the strengthened system can be piloted (in Q4).
Barriers to Progress:	The willingness of the DPM to develop the list of information requirements from

	the PPM will determine whether this aspect (information flow between the DPM and the PPM) of the overall strengthening of the pharmaceutical management information system will ultimately be a success.
Next Steps:	Develop the strategic approach to strengthening the pharmaceutical management information systems (which will pave way for piloting a strengthened system).
Indicators:	None.
Activity Title:	Evaluate national logistics management information system
Activity Lead:	Onyango, Christine **Activity #:** 4 **Task**: LFML08POP **Subtask**: 60AXH4
Activity Description:	Through consultations led by the DPM, MSH/SPS will facilitate an exercise to identify information needs at different levels of the pharmaceutical system, as well as for disease-specific programs. The exercise will also serve to identify gaps in existing pharmaceutical management information. The evaluation of the existing system will be completed in the following manner. MSH/SPS will collaborate closely with the DPM to develop terms of reference and a protocol for the evaluation. Data will be collected, analyzed, and a report will be prepared. Evaluation results will be presented to and discussed with key stakeholders, and an evaluation report will be prepared and disseminated. This activity is linked to the activity focused on piloting an improved pharmaceutical management information system under the FY09 work plan.
SPS Partners:	None.
Budget: $104,762.00	**Start Date:** Apr 2009 **End Date:** Sep 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The evaluation of Mali's pharmaceutical management information system (followed by recommendations for piloting an improved system) was conducted in March 2010. The evaluation methodology used was stakeholder interview, site visits, and document review. The evaluation examined two areas of information flow: Mali's Central Stores (Pharmacie Populaire du Mali or PPM) and the Directorate of Pharmacy and Medicines within the MoH (DPM). Information on the PPM's information system was collected by interviewing people at the PPM central location in Bamako, as well as by visiting two regional PPM warehouses. The PPM has initiated an upgrade of its existing information system using a locally hired information systems firm. Since January 2010, the software originally used by the PPM (SIGMED) and the new software being introduced (LogiPPM) have been running simultaneously at the PPM central warehouse in Bamako. This arrangement will continue for 6 months, during which time possible bugs in LogiPPM will be identified and repaired without interruption of the daily operations or loss of information. The roll-out of the software to the regional stores is also planned for this 6-month period. The regional stores will be linked to LogiPPM through a wide area network (WAN) using the Orange Mali® cellular network. They will be linked to the central server using a virtual private network (VPN) set-up. To summarize, all PPM stores (at national and regional level) will work from the same database, which will be kept on one server at PPM headquarters in Bamako. Once the roll-out is finalized, the PPM central warehouse in Bamako will be capable of knowing the stock position of each of its stores, as well as the exact quantities that have been distributed or sold to district level pharmaceutical depots of the MoH. However, it should be noted, that it will not be possible to know the stock levels at the district level warehouses ─ only

the sales figures (i.e., quantities and prices) of PPM sales to DRCs. The evaluation also examined the flow of pharmaceutical information from one level of the MoH's existing pharmaceutical management information system to another. Information for this part of the evaluation was acquired through interviews at the central and peripheral level. An initial discussion with the DPM director clarified what assistance would be expected from SPS. SPS conducted visits to two regions, as well as interviews with three regional pharmacists and other members of the regional health teams. DRC and regional health warehouse managers provided information as needed. Various options were identified to address the obstacles identified to regular and complete pharmaceutical management information flow: (1) Streamline existing reports that health facilities are supposed to make concerning pharmaceutical products. The establishment of one regular report would also mean fewer reports to fill out, since the one report could include products from various vertical programs. Sufficient human resources should exist at the CsCOM (community-level health center) level to complete reports. (2) Intensify supervision at health facility and DRC levels by following-up on incomplete pharmaceutical management information reports sent by health facilities and DRCs to Regional Health Offices. (3) Provide funds to peripheral health facilities to increase reporting. This would be done if the reasons for non-reporting or late reporting are due to factors such as: lack of human resources for filling out forms, lack of forms at the health facility, or lack of funds to transmit paper forms to the higher levels of the health system. (4) At the CSRéf (Referral Health Center) level, the Chief Medical Officer may be able to occasionally provide additional human resources for producing required reports. (5) The DPM may benefit from a locally developed software program that can manage and sort the shared data that is collected from the lower levels of the health system. In the course of the evaluation, discussions also explored feasible options to improve the sharing of critical pharmaceutical information between the PPM and DPM. Options included: (1) Linking the national-level DPM to the national-level PPM is, according to the PPM IT department, technically possible. One possibility is that a VPN could be installed at the DPM offices to give it access to LogiPPM. (2) Alternatively, the PPM could send the requested data periodically to DPM in an electronic format. (3The PPM to put the requested data on the DPM website – the DPM would then access the data using a password. The PPM would be willing to exchange pharmaceutical management information with the DPM, but would first like to formally obtain from the DPM a list of the specific types of information DPM requires and with what frequency. The DPM agreed to provide such a list. SPS will continue to work with PPM to determine the best mechanism for sharing this information that will address the PPM's concerns about safeguarding its information. The conclusions drawn from the evaluation and the recommendations are further detailed in the March 2010 trip report from this TDY.

Barriers to Progress: An attempt was made to obtain a list of data requirements from the DPM (the data that the DPM would required from the PPM on a regular basis and the specific frequency with which that data was required), but the DPM has been slow in providing this information.

Next Steps: The next step in this evaluation is to develop and finalize the strategic approach to implementing the recommendations from the evaluation. It will also be important to obtain from the DPM the list of its information requirements that will be provided to the PPM so that the two parties can reach agreement of regular sharing of pharmaceutical management information. During a final meeting with the DPM, during the March 2010 TDY, SPS and the DPM reached agreement on the following next steps: (1) The DPM is to develop a first draft of a list of specifications and requirements defining what kind and type of information it

needs from PPM, as well as with what frequency it would like to receive the information and in what form. The DPM will send this list by March 22. (2) SPS will present and discuss the DPM's information requirements with the PPM. (3) SPS will propose, based on discussions with PPM and DPM, a model of information exchange. (4) Once agreement has been reached on the information to be exchanged, SPS will work with the DPM on a locally developed and maintained database to manage, sort, analyze, and report the data collected.

Indicators: None.

Namibia

Work plan: Namibia PEPFAR **Year** 2008

Funding Level: $3,924,426.00

In COP 08, MSH/SPS will strengthen the partnerships that have been developed with MoHSS departments and USG partner agencies to maximize efficiency and leverage efforts in strengthening pharmaceutical management systems for the delivery of ART programs. MSH/SPS will partner with Pharmaceutical Services division, the Directorate of Special Programs (DSP), National Health Training Centre (NHTC), CDC/Namibia, Supply Chain Management Systems (SCMS), University Research Company (URC), International Training and Education Centre on HIV (ITECH), IntraHealth, Catholic Health Services and Catholic AIDS Action to strengthen pharmaceutical systems, improve pharmaceutical management, and improve rational use of medicines at treatment sites. MSH/SPS work falls under four key objectives: (1) to improve access to ART treatment and other essential medicines, (2)to improve RMU and strengthen interventions to contain antimicrobial resistance, (3) to strengthen management systems and human capacity development for pharmaceutical services, and (4) to strengthen medicine regulation and improve governance in the pharmaceutical sector. Implementation of SPS activities under COP 08 will involve a great deal of partnership, leveraging, linkages, and coordination to ensure efficiency and sustainability of interventions that will guarantee the development of sustainable systems, availability and the rational use of ARVs and other medicines.

Activity Title:	Strengthen the regulatory framework to ensure safety and effectiveness of ARVs, TB and OI medicines
Activity Lead:	Mabirizi, David **Activity #:** 2 **Task**: LFNA08HIP **Subtask**: 60AXH2
Activity Description:	Support registration and dossier review. This will include the provision of ongoing support to the registration database ─Pharmadex, the renovation and binning of dossier warehousing and conduct of a dossier review retreat. SPS will also support the registration unit to ensure timely review and approval of pediatric formulations to guarantee uninterrupted availability in support of better medicines for children initiatives. Introduction of second-line TB medicines. In collaboration with DSP/TBCAP, SPS will provide support for the registration of new second-line TB medicines, and support regulation and control of already existing ones including the introduction of kanamycin to replace amikacin.
USG Sub-element:	Other/Policy Analysis and System Strengthening
SPS Partners:	None.
Budget: $121,289.00	**Start Date:** Sep 2008 **End Date:** Sep 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During the reporting period, MSH/SPS continued to support the NMRC through the provision of human resource support for medicines registration, inspection and licensing. MSH/SPS organized an orientation workshop for new NMRC Council members (January 28-29). The workshop also provided a forum for the initiation of the development of a NMRC Strategic Plan. The recently appointed council members were oriented in all aspects of medicine regulation namely legal, regulatory, organizational and technical aspects of NMRC's role and mandate in medicine regulation in the country. The workshop also identified and discussed the following areas, for inclusion in the NMRC Strategy: Improving efficiency of the pharmaceutical product evaluation and registration process, strengthening systems for post-marketing surveillance for enhanced product

quality safety and efficacy, rationalizing good manufacturing practices (GMP) for inspection of foreign-based manufacturers and strengthening local inspection of manufacturers and the pharmaceutical distribution channel, using computerized tools and emerging IC technologies to enhance integration, management, and delivery of regulatory services, strengthening technical capacity for regulation of veterinary, complementary, and biological pharmaceutical products, implementing incentives and other performance enhancing strategies, strengthening human resource capacity of the secretariat, and applying a systems approach to NMRC capacity building for a holistic organizational strengthening and facilitating transitioning of NMRC towards administrative and financial autonomy. The workshop was opened by the Minister of Health and Social Services, Dr. Richard Kamwi and facilitated by Mr. Jude Nwokike (MSH/SPS-based in USA), Dr. David Lee (MSH–based in USA), Mr. Johannes Gaeseb, the NMRC Registrar, and other facilitators from the SADC secretariat

Barriers to Progress: None.

Next Steps: Monitor the drafting of the NMRC strategic plan.

Indicators: None.

Activity Title: Strengthen TIPC capacity and support implementation of activities

Activity Lead: Mabirizi, David **Activity #:** 3 **Task**: LFNA08HIP **Subtask**: 60B2H

Activity Description: The Therapeutic Information and Pharmacovigilance Center (TIPC) and adverse events data collection, analysis, and use for regulatory and policy decisions will be strengthened. Ongoing support to the TIPC includes continuing the subscriptions for software, databases, journals, infrastructure, and support for developing IEC materials. Also training on ADR reporting will be provided for 120 health care workers. Finally, support will be provided for highly skilled short-term consultancies.

USG Sub-element: Other/Policy Analysis and System Strengthening

SPS Partners: None.

Budget: $285,317.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: The TIPC continued to collect and analyze information on adverse drug events using routine adverse drug events reports and therapeutic queries. During the reporting period, a total of 258 adverse drug reports were received and acknowledged by the TIPC. Omusati Region sent 79 ADRs (the highest number received), seconded by Erongo Region with 57 reports. Omaheke, Caprivi, Ohangwena, Otjozondjupa, Khomas, Hardap, Kunene and Oshana had the fewest number of reports, with an average of 3 ADRs in the quarter. During the same period, 62 therapeutic queries were received, totaling 126 total queries cumulatively since March.

Barriers to Progress: None.

Next Steps: Work on additional analysis, and utilization of information generated through TIPC. Focus on non-reporting regions.

Indicators: None.

Activity Title: Improve quality assurance activities of Pharmaceutical Control and Inspection (PC&I) division of Ministry of Health.

Activity Lead: Mabirizi, David **Activity #:** 4 **Task**: LFNA08HIP **Subtask**: 60DXH4

Activity Description: SPS will support Pharmaceutical Control and Inspection (PCI) to develop inspection SOPs and provide training to 30 persons on medicines inspection. SPS will improve in-country monitoring of ARV medicines through the implementation of the Minilab technology at selected ports of entry in Namibia and provide other infrastructural support to improve inspection activities. PC&I has limited capacity to communicate to the large body of pharmacists in the country and applicants for medicines registration. SPS will continue work with PC&I on the development of a website and domain for MCC (now NMRC) and provide reference materials and equipment to enhance the capacity of NMRC towards greater attention to in-country quality assurance and post marketing surveillance activities.

USG Sub-element: Other/Policy Analysis and System Strengthening

SPS Partners: None.

Budget: $63,306.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: No accomplishments were registered under this activity during the reporting period.

Barriers to Progress: The discussions with MoHSS on modalities of implementing post-marketing surveillance have not concluded.

Next Steps: Finalize the secondary analysis of Supportive Supervisory Reports, compile, recommendations and undertake follow up visits to determine improvements.

Indicators: None.

Activity Title: Support the policy framework to improve selection and access to palliative care medicines

Activity Lead: Mabirizi, David **Activity #:** 5 **Task**: LFNA08HIP **Subtask**: 60B4H5

Activity Description: In FY2008, SPS will work with MoHSS to review the national policy to ensure that specific cadres of nurses trained in palliative care are allowed to prescribe and dispense morphine and other indicated palliative care medicines to PLWHA. Review of the policy will also ensure uninterrupted availability of morphine in health centers thus improving access of morphine and other palliative care medicines to patients. SPS will also work with other partners including home-based care organizations and volunteers to ensure that the increased availability of morphine in the facilities is adequately utilized when indicated by home-based care providers in the communities. This is a new activity that will support the scaling-up of care services. In collaboration with ITECH, SPS will develop modules on rational use of palliative care medicines and train 120 community-based caregivers in palliative care medicines including narcotic medications.

USG Sub-element: Other/Policy Analysis and System Strengthening

SPS Partners: None.

Budget: $49,369.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: MSH/SPS planned to work with the MoHSS to ensure sustainable availability and rational use of morphine and other palliative care medicines for PLWHA in FY 2008. The first step in ensuring availability was to include the appropriate

	form of morphine in the NEMlist, and this was done. However it was observed that the procurement processes have not yet started ordering and distributing this medicine. Consultations with the MoHSS and partner agencies will continue in the next semester to ensure that all issues hampering access to morphine by palliative care patients are addressed. MoHSS will continue working with Catholic Aids Action and the Palliative Care Association in ensuring access and rational use of the medicine at the facility, community level (CBO) and the patient level.
Barriers to Progress:	Delays in the approval of the palliative care medicine policy.
Next Steps:	Assessment on the use and availability of palliative care medicines. Training of clinicians on rational use of palliative care medicines.
Indicators:	None.
Activity Title:	Provide TA for the implementation of the National Medicines Policy (NMP) and National Pharmaceutical Master Plan (NPMP).
Activity Lead:	Mabirizi, David **Activity #:** 6 **Task**: LFNA08HIP **Subtask**: 60BXH6
Activity Description:	In FY2008 SPS will work with MoHSS to conduct a workshop for the update of the National Medicines Policy. To support the development of the national formulary/treatment guidelines initiated in FY2007, SPS will provide support for the finalization and launch of Namibia first national formulary/treatment guidelines. In addition, SPS will support the revision, printing, and distribution of the Namibia Essential Medicines List (NEMList) which was last updated in 2002. Procurement based on the revised NEMlist will improve the availability of essential medicines and supplies to facilities and ensure quality service delivery. In accordance with the World Health Assembly resolution, SPS will advocate for and support the establishment of a multidisciplinary team at the national level to address issues of rational use including compliance to treatment guidelines.
USG Sub-element:	Other/Policy Analysis and System Strengthening
SPS Partners:	None.
Budget: $41,966.00	**Start Date:** Oct 2008 **End Date:** Sep 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	No accomplishments were registered during the reporting period under this activity. MSH/SPS still awaits the approval and adoption of the NMP, which was submitted to the MoHSS for review.
Barriers to Progress:	Delays in the approval of the NMP by MoHSS held up the finalization of the NPMP.
Next Steps:	Advocate for the review and approval of the NMP and NPMP.
Indicators:	None.
Activity Title:	Provide support through Potentia for selected pharmacy positions.
Activity Lead:	Mabirizi, David **Activity #:** 7 **Task**: LFNA08HIP **Subtask**: 60AXH7
Activity Description:	In FY 2008, SPS will continue to provide funding through Potentia, a Namibian human resource consultancy, for the employment of 15 pharmacists and 10 middle level pharmacy staff—critical positions identified by the MoHSS.
USG Sub-element:	HIV/AIDS Treatment/ARV Services
SPS Partners:	None.
Budget: $650,098.00	**Start Date:** Oct 2008 **End Date:** Sept 2009

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: MSH/SPS provided support to MoHSS for the retention of 13 technical staff seconded to Regional Health Directorate, National Pharmaceutical Policy Coordination, National Medicines Registration Council, and the Therapeutic Information and Pharmacovigilance Centre. This enabled the delivery of critical technical support in the areas of essential medicines policy coordination, safety monitoring, and registration.

Barriers to Progress: Issuance of work permits and the new labor law were the major constraints in this activity. MSH/SPS continued to follow-up with the Home Affairs Office. The issues are yet to be fully resolved.

Next Steps: MSH/SPS will continue to follow-up with the MoHSS on the planned integration of staff in the MoHSS and also continue to follow-up with the Home Affairs Office for the work permits.

Indicators: None.

Activity Title: Support increased production of middle level pharmacy staff at the NHTC and continuing professional development activities.

Activity Lead: Mabirizi, David **Activity #:** 8 **Task**: LFNA08HIP **Subtask**: 60AXH8

Activity Description: SPS will collaborate with the NHTC, Namibia Polytechnic, UNAM, Interim Health Professions Council (IHPC), Pharmaceutical Society of Namibia, MoHSS, and other stakeholders to develop a strategy for increased enrollment and training of pharmacist's assistants and other middle level pharmaceutical officers. SPS support will strengthen Interim Health Council and Pharmaceutical Society's continuing professional development programs to ensure that pharmaceutical officers are adequately trained on provision of pharmaceutical care. SPS will collaborate with UNAM, NHTC, and stakeholders to ensure sustainable leadership and management training programs and promote the incorporation of continuous quality improvement skills, such as the monitoring, training, and planning approach, into pre-service training for health providers.

USG Sub-element: HIV/AIDS Treatment/ARV Services

SPS Partners: None.

Budget: $220,229.00 **Start Date:** Sep 2008 **End Date:** Sep 2009

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: NHTC graduated 18 Pharmacist Assistants, after undergoing a two-year course supported by MSH/SPS. The number of Pharmacist Assistants has doubled from an average 7 that graduate from the center from 2005-2009. The increase follows the support provided by MSH/SPS to the NHTC. The support included provision of equipment, infrastructural support, placement of qualified pharmacy assistant tutors, and institutional development support to the NHTC to enable the production of more mid-level pharmacy staff. This support has been integrated with existing training to ensure sustainability.

Barriers to Progress: The long process of restructuring at the MoHSS has further delayed the process of seconded staff integration.

Next Steps: Continued follow-ups with the Ministry of Home Affairs on work permits monitor the integration process.

Indicators: None.

Activity Title:	Strengthen pharmacy training program at the University of Namibia.
Activity Lead:	Mabirizi, David **Activity #:** 9 **Task**: LFNA08HIP **Subtask**: 60AXH9
Activity Description:	SPS will support the UNAM pharmacotherapy program for nurses to incorporate HIV/AIDS pharmaceutical management module.
USG Sub-element:	HIV/AIDS Treatment/ARV Services
SPS Partners:	None.
Budget: $209,883.00	**Start Date:** Oct 2008 **End Date:** Sep 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	In line with the situational and capacity assessment exercise that was conducted, MSH/SPS facilitated 3 curriculum development workshops. The workshops registered 4 key results towards the development a pharmacy degree curriculum for the University of Namibia: (1) mapping of the current and future roles of pharmacists in Namibia's health care system, to ensure that the degree curriculum is relevant to the needs of the system. (2) Development of the broad outcomes for the competency framework, in-line with the Namibia Qualifications Authority. (3) Refinement (further details) of the broad learning outcomes of the competency framework in-line with the Namibia Qualifications Authority. (4) Key stakeholders' consensus building and development of the second competency framework.
Barriers to Progress:	None.
Next Steps:	Implementation of the fourth workshop on UNAM curriculum development.
Indicators:	None.
Activity Title:	Strengthen regional pharmacists to conduct routine monitoring and supervision activities.
Activity Lead:	Mabirizi, David **Activity #:** 10 **Task**: LFNA08HIP **Subtask**: 60CXH0
Activity Description:	SPS will work with the MoHSS to develop policies and to support regional pharmacists to improve supervision to lower level facilities. Regional pharmacists will be supported to ensure availability of treatment data for compilation of information, analysis, and dissemination.
USG Sub-element:	HIV/AIDS Treatment/ARV Services
SPS Partners:	None.
Budget: $118,610.00	**Start Date:** Oct 2008 **End Date:** Sep 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Five regional pharmacists conducted routine monitoring and supervision visits with MSH/SPS support. In addition, the MoHSS and SPS conducted national, collaborative support supervision visits covering 11 regions. During the visits, technical support was provided to 11 hospitals, 32 health centers and 66 clinics in the areas of pharmaceutical management information system, therapeutic committees, ART dispensing SOPs, Electronic Dispensing Tool (EDT) user-support, EDT adherence monitoring, and medicines stock management. The visits were logistically and technically supported by MSH/SPS, and coordinated by the MoHSS. The visits were designed to provide technical support required to deliver effective pharmaceutical care at the facility level, with a view of

	strengthening pharmaceutical systems capacity in the facilities. Due to the level of staff deployed in most clinics, these visits are imperative for the delivery of quality pharmaceutical care, as the country develops an appropriate cadre of staff that can be deployed in these clinics to ensure effective delivery of pharmaceutical care. MSH/SPS continues to support the MoHSS to strengthen the role of regional pharmacists through provision of appropriate tools and ensuring that the role of regional pharmacists effectively integrates routine supportive supervision.
Barriers to Progress:	Delays in the delivery of visit reports by counterpart staff delayed the secondary analysis of the SS reports.
Next Steps:	Finalize the secondary analysis of Supportive Supervisory Reports, compile, recommendations and undertake follow up visits to determine improvements.
Indicators:	None.
Activity Title:	Support data quality, program monitoring and PMIS
Activity Lead:	Mabirizi, David **Activity #:** 11 **Task**: LFNA08HIP **Subtask**: 60B1HA
Activity Description:	SPS will provide support to improve data quality including; improve timeliness, completeness, accuracy and quality of data collected and reported, conduct data quality audit activities in selected facilities, and provide training on data quality to all regional pharmacists from the 13 regions. Also. 30 pharmacy staff members will be trained on the PMIS. SPS will provide support data synthesis and triangulation of HIV treatment data and link this information with other care indicators, e.g., palliative care, IPT, CPT, and CB DOTS. In FY2008, SPS will provide technical assistance for the PMIS in the following areas: (1) using PMIS data to monitor quality of pharmaceutical care and services including ART services at treatment facilities, (2) identifying weaknesses and designing interventions to improve quality of treatment and care, and (3) incorporating key PMIS indicators into the national essential indicator framework for the health sector. SPS will also continue to provide technical assistance to the M&E committee by submitting reports on specific pharmaceutical indicators, as requested.
USG Sub-element:	Other/Policy Analysis and System Strengthening
SPS Partners:	None.
Budget: $64,136.00	**Start Date:** Oct 2008 **End Date:** Sept 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	PMIS data sources were verified in all facilities where supportive supervision visits were conducted, focusing on the availability of the completed data forms, accuracy of the details contained in the forms, facility analysis, and utilization of the data. According the supportive supervision visit reports, it was observed that out of the 8 facilities visited, 6 facilities had all PMIS source documents correctly completed and properly filed, however only 4 were able to perform their own analysis and use the information to manage pharmaceutical supplies. Regional pharmacists were able to help perform the analysis and send reports to the facilities for use in the facility's therapeutic committee meetings
Barriers to Progress:	The PMIS indicator review is one of the activities that have been affected by the staffing challenges.
Next Steps:	PMIS indicator review.
Indicators:	None.

Activity Title:	Strengthen implementation of the ART commodity tracking system and ADT at treatment facilities.
Activity Lead:	Mabirizi, David **Activity #:** 12 **Task**: LFNA08HIP **Subtask**: 60EXHB
Activity Description:	FY08 funds will be used to (1) continue ADT roll-out to about 10 new treatment facilities with the highest volume of patients, (2) train 20 pharmacy and nursing staff members who directly use the ADT in those new facilities, (3) support the use of data generated by the ADT for periodic review of use of ARVs and OI medicines, (4) support development of a national level database at the MoHSS, and (5) support a technical position of an information systems administrator to ensure that the ADT and other electronic tools centrally provided to pharmaceutical services division are adequately supported and maintained. This position is part of the HTXS support through Potentia. SPS ACTs data will be provided to SCMS to ensure that monthly and quarterly reports are summarized and disseminated to MoHSS and other stakeholders and are used for making appropriate and timely quantification of medicines to the facilities to prevent under or overstocking. SPS will encourage the use of the ADT tool for periodic review of use of ARVs and OI medicines and to obtain data on number of patients by category receiving treatment at facilities, for promoting rational use, and planning of ART services.
USG Sub-element:	Other/Policy Analysis and System Strengthening
SPS Partners:	None.
Budget: $80,360.00	**Start Date:** Oct 2008 **End Date:** Oct 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS handed over the EDT and the NDB to the MoHSS for the launch of the system. The launch was officiated by the Deputy MoHSS, the Honorable Petrina Haingura. Prior to the launch, MSH/SPS completed the following interventions in support of the system: (1) distribution of 23 scanners to 9 facilities for use with the EDT mobile. This will help health facilities to electronically dispense ART medicines using EDT in 32 outreach clinics. This will enhance the decentralization of pharmaceutical services to the outreach clinic level by connecting clinics that do not have a man EDT computer on-site. (2) Provided general EDT technical- and user-support to Otjiwarongo District Hospital, Khorixas State Hospital, Outjo Hospital, Omaruru Hospital, Usakos Hospital, Swakopmund Hospital and Walvis Bay Hospital. (3) 42 EDT users were trained in the use of the enhanced EDT, which enables them use the added adherence monitoring features of the new EDT.
Barriers to Progress:	Staffing challenges.
Next Steps:	Roll-out of EDT mobile and training of users.
Indicators:	None.
Activity Title:	Provide integrated TB/HIV pharmaceutical care and services
Activity Lead:	Mabirizi, David **Activity #:** 13 **Task**: LFNA08HIP **Subtask**: 60AXHC
Activity Description:	In FY08, SPS will conduct a public health evaluation to identify the extent of the IPT, CTX guidelines noncompliance, and identify factors associated with it. SPS will develop Prescription Quality Indicators to review providers' compliance to ARV, IPT, and CTX guidelines. This evaluation will be implemented in collaboration with TBCAP, Directorate of Special Programs Response M&E, the HIVQUAL project and Therapeutics Committees (TC) from selected facilities to build capacity and sustainability. SPS will work with the MoHSS to develop

interventions to ensure that prescriptions are monitored so that patients qualifying for CPT and IPT according to the Namibia guidelines receive these medicines. Monitor side effects of second-line TB medicines. Concerns have been raised about the side effects of second-line TB medicines. In FY08, SPS, in collaboration with the TB CAP, will introduce and support patient-initiated adverse event reporting and train CBOs that support DOTS to monitor and report side effects and adverse drug reactions to TB medicines in Erongo, Caprivi, and Karas regions. SPS will expand the content of the pharmaceutical management training material to include topics on rational use of TB medicines, good prescription practices, prevention with positives, and palliative care medicines. To ensure sustainability through adoption into pre-service training programs, the National Health Training Center will be involved in the content review in close collaboration with I-TECH.

USG Sub-element: Palliative Care: TB/HIV

SPS Partners: None.

Budget: $200,238.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: There was no progress on this activity during the quarter.

Barriers to Progress: Consultations with MoHSS (the TB program) and TBCAP to ensure effective collaboration did not make progress as expected.

Next Steps: It is anticipated that consensus on the roles of key stakeholders in this activity will be reached in the third quarter and implementation started at that time. Of special importance is the M&E support and deployment of the e-TB manager for comprehensive monitoring of TB and HIV integration efforts.

Indicators: None.

Activity Title: Support standard treatment guidelines and ART guidelines committee

Activity Lead: Mabirizi, David **Activity #:** 14 **Task**: LFNA08HIP **Subtask**: 60BXHD

Activity Description: In FY08, SPS will conduct the following activities:(1) participate in identified Technical Advisory Committee activities, (2) provide TA for the completion of the development of the STG-initiated in COP07 and support training for 75 health care workers, (3) provide technical assistance for the document review for the regional formulary development, dissemination, and monitoring process, and (4) support the Essential Medicines Committee secretariat.

USG Sub-element: HIV/AIDS Treatment/ARV Services

SPS Partners: None.

Budget: $299,419.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: MSH/SPS provides technical assistance and support for the strengthening of the essential medicines management system. The purpose of this support is to ensure that a sustainable, efficient, rigorous, and transparent essential medicines selection system is established in the country. Work on the reviews of the Standard Treatment Guidelines continued to be done by MSH/SPS-supported consultants and seconded staff placed in the National Policy Coordination Unit of pharmaceutical services division. A final draft of the

	guidelines will be ready for presentation, approval, adoption, and dissemination by to the Ministry by April 2010. NEMlist medications were reviewed and recommendations for inclusion in the NEMlist compiled. However, an EML meeting to review and endorse the recommendations could not take place as scheduled. It is anticipated that this will take place in the third quarter, at which point final proposals to update the NEMlist can be presented to the MoHSS for approval and final updates of the NEMlist can be done. In addition to providing technical expertise and staff time, MSH/SPS is also providing the tools for reviewing the NEMlist.
Barriers to Progress:	Staffing challenges contributed to the slow progress on this activity.
Next Steps:	STG update review meetings. Hold and EML meeting and submit the NEMlist final proposals to MoHSS for approval.
Indicators:	None.
Activity Title:	Provide technical assistance for the development and implementation of adherence interventions
Activity Lead:	Mabirizi, David **Activity #:** 15 **Task**: LFNA08HIP **Subtask**: 60EXH3
Activity Description:	SPS will conduct public health evaluations (PHEs) and other quality improvement initiatives to evaluate the impact of adherence interventions. The time trend analysis/interrupted time series methodology will be used for this evaluation. The study will involve the evaluation of the effectiveness of an adherence intervention, such as use of standardized adherence counseling tool in improving patient understanding of treatment goals, use of audiovisuals and patient information leaflets, use of reminders, reduction in dispensing waiting time. Repeated baseline measurements will be made before the implementation of interventions and repeated measurements will also be made after intervention to establish impact. The time trend analysis will be carried out across five selected sites simultaneously. This activity will be carried out in collaboration with DSP. Results will be disseminated through the annual program review meeting and to the regional medical teams to support evidence-based decision making. SPS will collaborate with expert patients, PLWHA, community counselors, CBOs, and DSP in carrying out this activity and in the implementation of interventions to ensure sustainability.
USG Sub-element:	HIV/AIDS Treatment/ARV Services
SPS Partners:	None.
Budget: $280,019.00	**Start Date:** Jan 2008 **End Date:** Jan 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS is implementing 2 PHEs, namely (1) evaluation of adherence and determinants of adherence and (2) evaluation of provider's compliance with prescription guidelines on IPT and CTX. OGAC provided feedback on the first PHE (adherence). MSH/SPS has been addressing the issues that were raised by OGAC and the protocol will be resubmitted in the third quarter. Internal reviews on the first draft of the protocol on IPT and CTX are yet to be finalized. The scope of the PHE on prescription guidelines has been modified and will now focus on compliance to guidelines on switching regimens. This follows discussion with other partners that are also undertaking similar studies. The protocol will be resubmitted to USAID in the third quarter once reviews have been finalized.
Barriers to Progress:	The long process in obtaining OGAC approval could lead to further delays on

	the adherence PHE.
Next Steps:	Resubmission of the adherence PHE protocol to OGAC. Finalize and submit Compliance to Guidelines protocol to USAID for approval.
Indicators:	None.
Activity Title:	Improve infection control and safe disposal of pharmaceuticals
Activity Lead:	Mabirizi, David **Activity #:** 16 **Task**: LFNA08HIP **Subtask**: 60AXHF
Activity Description:	In FY08, SPS will: (1) implement ICAT in three major facilities through Therapeutic Committee activities. SPS will collaborate with the University Research Co. (URC), MoHSS quality assurance unit, and other stakeholders to implement the infection control assessment tool (ICAT) for three major hospitals. Improving IC will contribute to containing AMR and the continuing effectiveness of ARVs. (2) Support therapeutics committees to assess and implement IC interventions. SPS will work with the MoHSS Quality Assurance Unit, URC, and Therapeutic Committees to strengthen facility-level IC activities and improve awareness and behavior for good IC practices. SPS trainings will emphasize secure availability of IC commodities at facilities. (3) Support development/review of policies, procedures, and tools for IC countrywide. SPS will work with and the MoHSS Quality Assurance Unit and URC to develop or review national policies, SOPs, and tools that will support efforts at improving infection control. (4) Support development/review of IEC materials for educating and training health care workers, patients, and nonmedical caregivers on IC. (5) Provide TA for the development and implementation of standard procedures for the safe disposal of pharmaceutical waste. (6) Support the adaptation and implementation of appropriate technologies and practices compliant with set environmental standards.
USG Sub-element:	HIV/AIDS Treatment/ARV Services
SPS Partners:	None.
Budget: $174,567.00	**Start Date:** Oct 2008 **End Date:** Oct 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During the reporting period, monitoring of the infection control (IC) activities was done through supportive supervision that was conducted in the 8 health facilities implementing IC activities. The support supervision noted that among other regions, Rundu had made good progress in implementing the interventions. As such, it was selected to host an IC review workshop which was also conducted later March 24-26, 2010. 68 participants from 7 regions (Kavango, Ohangwena, Khomas, Kunene, Caprivi and Hardap) attended the workshop. The following results were achieved during the workshop: (1) Review of the pilot phase, the implementation process and sharing of lessons learned. (2) Presentation of IC tools developed during the pilot phase in each of the pilot sites. (3) Development of regional scale-up plans of IC interventions in the seven regions that had a facility participating in the pilot phase. (4) Refresher training on keys aspects of IC. The Rundu IC workshop was organized in collaboration with the Technical Working Group, which consists of the Quality Assurance Department in the MoHSS, URC, and MSH. The activities built on the IC guidelines established by the MoHSS and the approach was based on the Infection Control Assessment tool (ICAT) ─ a self-assessment and self-learning quality improvement approach guiding operational plans and budgets related to infection control in hospitals. This provides an opportunity for the implementation of a comprehensive and sustainable approach to the prevention of nosocomial infections. SPS facilitated

	meetings on pharmaceutical waste disposal practices in the private sector involving municipal councils. The meetings were meant to rapidly assess the involvement of municipal councils in issues of pharmaceutical disposal in the private sector. More meetings have been arranged for the next quarter.
Barriers to Progress:	Delays in getting agreement between the MoHSS and other stakeholders have contributed to delays in the implementation of the interventions on pharmaceutical waste.
Next Steps:	Consolidation of IC situation baseline and follow-up visits on scale-up of IC activities within the 7 regions.
Indicators:	None.
Activity Title:	Support pharmaceutical committees to improve rational use of medicines and mitigate antimicrobial resistance
Activity Lead:	Mabirizi, David **Activity #:** 17 **Task**: LFNA08HIP **Subtask**: 60EXHG
Activity Description:	In FY08 SPS will: (1) Support Therapeutic Committees (TCs) in assessing medicine use at facilities through qualitative and quantitative methods. Five regional committees will be supported to assess medicine use in their facilities and develop reports based on those assessments. (2) Support committees to implement interventions/ projects from the national Therapeutic Committee course. The SPS/Namibia with support from the SPS AMR portfolio hosted a national TC course for 25 Namibian doctors, pharmacists and nurses. The course was tailored to the Namibian experience and included sessions on containing AMR, pharmacovigilance and IC. Participants will be supported with COP08 funds to implement interventions developed during the training. (3) Support TCs to train 120 health care workers on RMU at regional and district levels. The SPS program will provide support to all active TCs in Namibia to train health care workers within their regions on the importance of RMU. It is expected that a total of 120 health care workers will be trained through this initiative. The regional TCs at the end of this support will have available a training curriculum in rational use which they can use later on their own to train new workers posted to their regions. This will ensure sustainability. (4) Provide TA for the revision of TOR and implementation of TC indicators. The SPS program will work closely with the pharmaceutical services subdivision of national medicine policy coordination to revise the TOCs of the TCs. The revised TOR will be adopted by MoHSS, signed by the permanent secretary, and circulated to TCs nationwide. The SPS program will provide TA and support to the NMPC to finalize ongoing efforts at the development of the TC indicators initiated in COP07. These indicators will be used for periodic assessment of the performance of TCs.
USG Sub-element:	HIV/AIDS Treatment/ARV Services
SPS Partners:	None.
Budget: $139,238.00	**Start Date:** Oct 2008 **End Date:** Oct 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During the first quarter 18 district-level therapeutic committees were monitored through national-level supportive supervision visits. A number of issues identified were reported for appropriate interventions. However, facilitation of these interventions could not start because of staffing challenges affecting the program.
Barriers to Progress:	Staffing challenges.

Next Steps:	MSH/SPS will work on ensuring that all TCs with interventions to address challenges on irrational medicines use in their facilities have been adequately supported to implement the interventions. This will involve a clear monitoring mechanism to track the outcome of the interventions in line with the work plans.
Indicators:	None.
Activity Title:	Support scale-up and increased access to ART treatment through decentralization and public-private partnership
Activity Lead:	Mabirizi, David **Activity #:** 18 **Task**: LFNA08HIP **Subtask**: 60AXHI
Activity Description:	In FY08, SPS will work with the MoHSS on the following items. (1) Provision of basic dispensing equipment to 10 health centers and clinics. SPS will strengthen storage, inventory control and dispensing practices to support the scale up of referral and outreach programs in 5 identified regions. (2) Develop a basic pharmaceutical management curriculum to support Integrated Management of Adolescent and Adult Illnesses (IMAI) program in Namibia. The new curriculum shall be used in training 30 pharmacy staff and nurses who are closely working on pharmaceuticals in the new ART facilities. SPS will also collaborate with other partners to enhance supportive supervisory activities that will improve the quality of ART services at the new facilities. Overall, the objective is to shift basic pharmaceutical duties to nonprofessional pharmaceutical officers in these new facilities where there are no pharmacists and pharmacists assistants. SPS will work closely with regional and district pharmacists on this activity to ensure sustainability. In the private sector, in FY08, SPS and partners will continue work with private providers (health insurance schemes, private clinics, and pharmacies) to develop appropriate interventions to reduce costs of ART and improve care for private sector patients. In FY07, SPS was invited by PricewaterhouseCoopers working in collaboration with German Development Cooperation (GDF) and the Ministry of Works, Transport, and Communication to partner in the activity ─HIV/AIDS Impact Assessment for the Transport Sector in Namibia. In FY08, SPS will continue work on this partnership and others by supporting the partnership with the review of documents.
USG Sub-element:	HIV/AIDS Treatment/ARV Services
SPS Partners:	None.
Budget: $142,477.00	**Start Date:** Oct 2008 **End Date:** Sept 2009
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	From December 2-9, MSH/SPS collaborated with the Directorate of Special Programs to implement a health facility survey tool in outreach sites throughout the country, in an attempt to collect information on ART dispensing equipment needs. Data analysis was yet to be completed at the compilation of this report. The information will inform MoHSS planning decisions on ART decentralization aimed at expanding access to ART. Processes for the procurement of dispensing equipment for installation in 8 high-volume facilities we also initiated. MSH/SPS completed the survey on factors affecting access in the private sector and results of the survey were shared at a stakeholder meeting. MSH/SPS is also supporting the MoHSS with in-depth analysis on cost-comparison (medicines) between the private and public sector. This analysis will also focus on ART treatment patterns between the two sectors. In addition, MSH/SPS facilitated meetings on pharmaceutical waste disposal practices in the private sector involving municipal councils. The EDT mobile was installed in 32 facilities. This will contribute to strengthening ART patient management,

	enhance access to information, and improve the effectiveness of ART treatment through adherence monitoring.
Barriers to Progress:	There is no clear unit responsible for private sector liaison in the MoHSS, resulting in delays and difficulties in the facilitation of interventions. Some facilities did not have adequate space for the installation for the EDT. SPS will ask the MoHSS for expansion of pharmacy space where needed and also promote use of hand-held EDT mobile to optimize space where space expansion is not possible.
Next Steps:	MoHSS will support discussions on the designation of a unit with clear roles for private sector liaison.
Indicators:	None.

Rwanda

Rwanda PEPFAR

Work plan: Rwanda PEPFAR **Year** 2009

Funding Level: $760,000.00

Work plan Background
In 2007, The U.S. Agency for International Development (USAID) awarded Management Sciences for Health (MSH) funding for its five-year Strengthening Pharmaceutical Systems (SPS) Program (a follow-on to its Rational Pharmaceutical Management (RPM) Plus Program). The mandate of the SPS Program is to build capacity within developing countries to effectively manage pharmaceutical systems, successfully implement USAID priority services, and ultimately save lives and protect the public's health by improving access to and use of medicines of assured quality. In 2003, the RPM Plus Program was invited to Rwanda to evaluate the capacity and readiness of the pharmaceutical and laboratory systems for scaling up antiretroviral therapy (ART). As a result, RPM Plus and SPS have been working in Rwanda since 2004 under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and now the President's Malaria Initiative (PMI). The mandate of SPS in Rwanda has changed over time. During the first years of implementation, RPM Plus mainly focused on interventions related to quantification, procurement, distribution, and management information systems at the national level (Ministry of Health [MoH] and CAMERWA). The mandate was expanded to include capacity building and supervision related to many different areas of pharmaceutical management at the district and facility level. When RPM Plus started in Rwanda in 2003, decisions regarding the selection, procurement, distribution, and use of medicines were taken either by the national public health programs, such as HIV/AIDS, tuberculosis, or malaria, or left to the medicine suppliers (CAMERWA, BUFMAR, or the private sector). The Directorate of Pharmacy at the MoH had very limited involvement in regulating pharmaceutical management in the public sector. Over the last few years, the Directorate of Pharmacy, which became the Pharmacy Task Force (PTF), has increased its presence as the authority to regulate pharmaceutical management in both public and private sectors. However, decisions related to medicines are not totally harmonized and coordinated. Long-term impact and sustainability of PEPFAR and PMI interventions require strengthened political and legal frameworks covering all aspects of the pharmaceutical management system, including rational medicines use (RMU), quality assurance, and medicines safety. During FY08, PEPFAR supply chain activities were effectively transferred to the Supply Chain Management System (SCMS) project, while SPS focused its technical assistance on medicine safety at national and peripheral levels, specifically in the areas of pharmacovigilance and rational medicines use, which are SPS' areas of expertise.

Activity Title:	Support the MoH/PTF in the implementation of policies and interventions related to drug safety and rational medicines use
Activity Lead:	Morris, Mark **Activity #:** 3 **Task**: LFRW09HIP **Subtask**: 60EXH2
Activity Description:	During COP09, SPS will contribute to help build PTF capacity in the areas of pharmacovigilance and RMU. These activities will be supported through the following activities with the leveraging of technical and financial resources of the SPS AMR portfolio with the funds of PEPFAR. Activities include: continuing to second one SPS full time staff member to the PTF as a permanent technical advisor to advise the PTF in routine activities, building the institutional capacity of the MoH/PTF to establish the NMC and implement the national pharmaceutical policy and strategic plan, supporting the PTF in organizing a 2nd stakeholders meetings (a "call-to-action") to launch a nationwide campaign to contain AMR and implement the action plan developed to address AMR advocacy and containment in Rwanda, working with the Pharmacy Task Force, establish the AMR working group (or taskforce) within the framework of the PTF or other national MoH structure, and conducting an assessment of the AMR

situation in Rwanda.

SPS Partners: None.

Budget: $56,278.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Through the seconded staff, SPS supported the Pharmacy Task Force (PTF) to integrate comments on the pharmaceutical regulation and legal documents made during the December 2009 validation workshop. SPS also supported PTF/MoH to finalize and translate the pharmacy law to French, Kinyarwanda and English. Other important laws and guidelines were translated either to French or English for the Minister's approval. The 2010 version of the Essential Drug List has been finalized and submitted for MoH approval. The National Pharmaceutical Policy and its strategic plan have been approved by MoH authorities. The two documents were translated and edited for larger dissemination and implementation. A first draft of the TOR for the National Medicine Committee (NMC) were developed and shared with the MoH/PTF for comments and inputs. The SPS seconded staff has worked with PTF and clinical services/MoH on an advocacy memo on the establishment of a TWG for AMR to submit for approval by the MoH. The memo includes members of the AMR working group, implementation of interventions to address identified AMR issues in Rwanda, a call-to-action for AMR in Rwanda specifying roles of key players.

Barriers to Progress: The approval of the pharmacy law was delayed due to the revision of the Rwandan constitution. The establishment of the NMC has been delayed due to the delayed approval of the National Pharmaceutical policy and other legal documents to support the legal framework of the pharmaceutical sector.

Next Steps: Dissemination of the Pharmacy Law and other guidelines, after their approval and official publication in a stakeholder's workshop. Organize a one-day stakeholder's meeting to disseminate the NPP and its strategic plan. Finalize an advocacy memo on the establishment of the NMC, to be approved by MoH authorities. Assist the PTF/MoH and WHO to disseminate the new version of EDL. Conduct additional, focused assessment to include key informant interviews, AMR/RMU document review, drug use studies in selected hospitals, and review of national laboratory data on antimicrobial resistance and present findings in 2nd stakeholders one-day roundtable.

Indicators: None.

Activity Title: In collaboration with the MoH/PTF and the NUR, support the integration of pharmaceutical management, RMU, and AMR and infection prevention components into the academic curriculum of pharmacy students

Activity Lead: Morris, Mark **Activity #:** 4 **Task**: LFRW09HIP **Subtask**: 60G2H3

Activity Description: During FY09, SPS/Rwanda will implement the following activities related to curriculum reform: Help organize a meeting of key stakeholders to develop a profile of pharmacists in the country and region, conduct a course review and a preliminary analysis for AMR, RMU, pharmaceutical management, and pharmacovigilance training components and develop new modules or adapt existing modules, and organize a training session for university pharmacy department staff on the new modules.

SPS Partners: None.

Budget: $50,319.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: SPS and the PTF have decided to postpone organization of a meeting with stakeholders to create a profile for pharmacists in the region and country, and focus instead on the curriculum review at the University/School of Pharmacy. The SPS Rwanda office has identified Tina Brock as a resource person to assist in this activity. During the 2nd quarter, meetings were organized with 4 staff from NUR and 1 staff from the PTF/MoH on the reform of training curriculum to integrate RMU, AMR and PV. A list of topics related to those components was discussed and agreed upon. A plan and questionnaire for key informant interviews has been developed and approved by NUR, the PTF and SPS. During the same meetings, the content and organization of the clerkship for 2010 student finalists was discussed and TOR for both students and supervisors) have been developed and shared with NUR for comments.

Barriers to Progress: The activity has been delayed due to the curriculum review at NUR.

Next Steps: Conduct an assessment on the documentation to be used and define a plan for the identification of the pharmacist profile. Organize key informant interviews to confirm the list of the topics identified. Organize a stakeholder's workshop to get consensus on topics to integrate in the new curriculum and the clerkship TOR.

Indicators: None.

Activity Title: Support the MoH/PTF, ARPHA and RAMA to improve RMU, pharmaceutical care, and GDPs in the public and private sectors

Activity Lead: Morris, Mark **Activity #:** 5 **Task**: LFRW09HIP **Subtask**: 60E3H4

Activity Description: During FY09, SPS will implement the following activities: Help the MoH/PTF promote RMU through public education and participation in national health campaigns, in collaboration with MoH/PTF, support the establishment of DTCs in six additional district hospitals in five districts with training on DTC, RMU, AMR, pharmaceutical care and good dispensing practices (and implement an action plan through effective supervision), help MoH/PTF support all 18 DTCs (14 existing and 4 to be added) to complete their work plans by implementing quarterly monitoring-training-planning meetings, assist MoH/PTF and ARPHA to implement RMU and pharmaceutical care interventions in the private sector, and in collaboration with the MoH/PTF and DTCs, conduct a drug use study to identify problems and design interventions to effectively address RMU issues in Rwanda.

SPS Partners: None.

Budget: $123,313.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: In the 2nd quarter, 30 people coming from all 14 SPS-supported DTCs participated in another quarterly, joint meeting. At the meeting, DTCs developed: individual quarterly plans for the period of February to April 2010, a draft for an ARV safety monitoring tool to be presented to TRAC Plus for endorsement, and an exit interview questionnaire to assess satisfaction of patients at the dispensing window. SPS has been building capacity of 2 staff members (a physician and a pharmacist) on how to analyze data collected for the evaluation of medicine- related problems, ABC analysis at their hospital, and analysis of exit interview questionnaires collected to assess satisfaction of patients at the

	dispensing window. In collaboration with TRAC Plus, SPS developed a revised list of ARV drugs available in Rwanda. In addition, a flyer containing information on ARV side effects and a poster highlighting the new treatment protocol of HIV/AIDS were developed and shared with TRAC Plus for comments and inputs. SPS initiated creation of DTCs in 5 new hospitals: the first meetings with DTC members took place in Gahini, Kibuye, Kibogora and Nyagatare and Rwamagana hospitals to discuss TORs and to plan for initial activities for the quarter (March to May 2010). With PTF/MoH, SPS continued to assist and follow DTCs in the implementation of their action plans. SPS completed a one-day workshop with 29 participants from the 5 selected private pharmacies (Conseil, Pharmavie, Unipharmavie, La Reference, and Rama Pharmacy), 3 public hospitals (Kibagabaga, Muhima, and Ndera), the TRAC Clinic, the Association of Diabetics, the BILYOGO health center, the PTF and SPS to discuss and agree on the plan to initiate pharmaceutical care for patients with diabetes and HIV/AIDS in selected settings. A number of documents were produced from this meeting: a check list of minimum requirements to initiate the pharmaceutical care concept both in the public and private sector, a list of challenges and strategies to overcome them while initiating the concept, a description of the content of the tool to be used for patient monitoring, a list of topics to be covered during the training, the identification of roles and responsibilities of each stakeholder that will be involved in the implementation, a set of criteria for patient enrollment, and the process for monitoring and evaluation. SPS developed the DTC instructions on completing the ARVs safety monitoring tool to collect data on: side effects, reasons for changes of regimens, and adherence. This information will be collected from “the Fiche de visite a la Pharmacie” used in ARV dispensing services.
Barriers to Progress:	Byumba hospital management changed and the new management team was not aware of the existence of the DTC as an official committee within hospital.
Next Steps:	Close follow-up on the 19 DTCs regarding the implementation of their planned activities for the quarter. Finalization and printing of the posters with RHCC collaboration. Develop success stories and job aids on good dispensing practices, to be disseminated nationwide. Organize a preliminary meeting with DTC members in Byumba. Close follow-up on the 5 DTCs established during the quarter, regarding their implementation of planned activities.
Indicators:	None.
Activity Title:	In collaboration with INRUD and TRAC Plus, follow-up on adherence research intervention in selected ART sites according to the approved plan and research protocol
Activity Lead:	Morris, Mark **Activity #:** 6 **Task**: LFRW09HIP **Subtask**: 60F2H5
Activity Description:	During FY09, the following specific activities will be implemented: in collaboration with TRAC Plus and INRUD-IAA, organize the 3rd Annual East African INRUD Meeting on adherence to and retention of patients on ARV therapy in Rwanda, with TRAC Plus, continue with the adherence research intervention in select ART sites according to the approved plan and protocol, and conduct the final evaluation, and help TRAC Plus organize a workshop at the end of the study to disseminate findings.
SPS Partners:	None.
Budget: $45,454.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress:	The 4th quarterly evaluation of performance in 6 ART sites implementing the adherence study research with PBF allowances was conducted (Gahini, Rilima, Rutongo, Kivumu, Mugina and Ruhango). In March, SPS disseminated the performance evaluation report with the payment of incentives to selected ART sites. The cleaning of quantitative baseline data has been finalized.
Barriers to Progress:	None.
Next Steps:	Conduct a workshop for data quality analysis. Organize the final evaluation of the study in May.
Indicators:	None.
Activity Title:	Assist MoH to establish and strengthen the National Pharmacovigilance and Medicine Information Center (NPMIC), and expand the Pharmacovigilance/ADR Notification System to district hospitals
Activity Lead:	Morris, Mark **Activity #:** 7 **Task**: LFRW09HIP **Subtask**: 60G2H6
Activity Description:	SPS will help the PTF develop a strategy and implementation plan on effective use DTCs to decentralize the pharmacovigilance system, particularly to expand the ADR monitoring system in health facilities. The SPS AMR portfolio will provide technical guidance and direction. SPS will continue to provide support in the following areas: in collaboration with WHO, assist MoH/PTF to strengthen the NPMIC by purchasing key equipment and supporting the registration of the NPMIC to Uppsala Monitoring Centre, support MoH/PTF to launch the NPMIC during the pharmacovigilance TOT and to disseminate the Rwanda medicines safety guidelines, help MoH/PTF disseminate ADR notification forms, patient alert cards, and information request forms through existing DTCs, and support and capacitate members of the NPMIC to be able to respond to ADR notification.
SPS Partners:	None.
Budget: $117,525.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS reviewed the National Pharmacovigilance and Medicine Information Guidelines, according to comments from the validation workshop that took place in December 2009. A meeting took place at the PTF on hosting the National Pharmacovigilance and Medicine Information Center (NPMIC) in TRAC PLUS, as a transitional plan while waiting for the Rwanda Food and Medicines Authority (RFMA) to be put in place. There were 10 participants who came from TRAC Plus, PTF, NUR, SPS and the CDC/PMI team. SPS developed a plan to adapt the pharmacovigilance training modules to the district level and to elaborate a facilitator guide with session plan. During the reporting period, modifications of the pharmacovigilance training modules for use at the district level continued and will be translated from English to French. SPS elaborated a training plan and shared it with the trainer's core group and the referral and district hospitals for validation. The tools have been developed and validated, but are still waiting ministerial approval for dissemination.
Barriers to Progress:	The implementation of this activity was slowed down due to the PTF's uncertainty on futures roles and responsibilities it will play within the new structure of the MoH. The training of health care providers at the district hospital-s level has been delayed waiting approval of the ADR reporting system and tools by MoH authorities.
Next Steps:	Approval of the space for the NPMIC, approval of the National Guidelines for

	Pharmacovigilance and Medicine Information and tools to support the ADR reporting tools, purchase of the equipment and documentation for the center. Training at district-level and launching of the center. Develop SOPs for routine activities of the NPMIC. Identify other Center for Pharmacovigilance to be visited by NPMIC staff.
Indicators:	None.
Activity Title:	Support and capacitate the Community Health Desk to monitor RMU in the community
Activity Lead:	Morris, Mark **Activity #:** 8 **Task**: LFRW09HIP **Subtask**: 60EXH7
Activity Description:	SPS will continue to provide support in the following areas: developing a detailed strategy with the MoH Community Health Desk to address the issue of RMU at community level, assessing the current situation of RMU at community level, developing a comprehensive plan of action to address RMU at community level, participating in support to the MoH/Community Health Desk in supervising RMU trainings for community health workers, and supporting the MoH/Community Health Desk to monitor the use of drugs and compliance with the community case management guidelines.
SPS Partners:	None.
Budget: $86,840.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	During the 2nd quarter, SPS shared with the Community Health Desk the draft of the job aids on good dispensing practices to enhance the capacity of Community Health Workers (CHWs) to better dispense and counsel patients. SPS assisted the Community Health Desk in their solicitation of required information for participation of the 30 district pharmacists in the supervision of CHW trainings and management of medicines at health centers. SPS participated in the quantification meeting for CCM products organized by CHD with USAID/DELIVER. During the meeting, challenges encountered in procurement and distribution of CCM products were discussed, and the current situation of stock was analyzed. Following recommendations made in the report on formulation study done in September 2009, SPS assisted the CHD and CAMERWA to draft recommendation to improve the packaging and presentation of the medicines for community case management.
Barriers to Progress:	None.
Next Steps:	Finalize the job aid and produce/print 17,000 copies to be distributed and explained in the training. Organize a 2nd rapid evaluation of the Community Health Workers 18 months after the IMCI implementation. Participate in quantification of the community products. Organize quarterly meetings with the Community Desk, district pharmacists, and other key stakeholders to discuss rational drug use data, and trainings and supervision conducted
Indicators:	None.

Rwanda PMI

Work plan: Rwanda PMI **Year** 2009

Funding Level: $150,000.00

Work plan Background

As one of the highest malaria-burdened countries in sub-Saharan Africa, Rwanda was selected by the U.S. Government in May 2005 to benefit from the President's Malaria Initiative (PMI). The five-year, $1.2 billion initiative supports the rapid scale-up of malaria prevention and treatment interventions with the goal of reducing malaria-related mortality by 50 percent. This is to be accomplished by achieving 85 percent coverage of at-risk groups with four key interventions: (1) artemisinin-based combination therapy (ACT), (2) intermittent preventive treatment for malaria in pregnancy, (3) insecticide-treated mosquito nets, and (4) indoor residual spraying with insecticides. While Rwanda, like most developing countries, benefits from the increased availability and accessibility of new medicines and fixed-dose combination formulations to treat HIV/AIDS and malaria, the lack of experience with these products creates concerns about drug safety, and highlights the need to identify and evaluate adverse drug reactions (ADRs) to better understand possible risks and improve treatment protocols. Therefore, Rwanda needs to implement a pharmacovigilance system. The World Health Organization defines pharmacovigilance as "the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug-related problems." In many countries, the national drug authority is responsible for ensuring the quality, safety, and efficacy of the medicines available in the country, through activities such as medicine registration, quality control testing, and pharmacovigilance. Although Rwanda is in the process of establishing a national drug authority, it is not yet functional. Despite the fact that Rwanda does not have a national drug authority or experience in pharmacovigilance interventions, PMI under MOP07, in collaboration with other donors (PEPFAR and the Global Fund), funded the implementation of a pharmacovigilance system in Rwanda to be hosted by the Pharmacy Task Force (PTF). In close collaboration with the U.S. Centers for Disease Control and Prevention (CDC) and the MoH, SPS helped the PTF, the National Malaria Control Program (PNILP), and other in-country counterparts develop a national plan for pharmacovigilance in FY07. During the MOP08 implementation period, Rwanda identified the establishment of an ADR notification system as one of its highest priorities. Prompt access to effective malaria treatment is a major strategy to reduce the burden of malaria, which implies access to community-based treatment. To implement this strategy, Rwanda initiated a home-based management of malaria (HBM) program in late 2005. In 2006, an external evaluation conducted by USAID's BASICS project and RPM Plus recommended scaling-up the HBM program. The strategy also replaced sulfadoxine pyrimethamine/amodiaquine with the ACT artemether/lumefantrine as the first-line treatment for simple malaria, and incorporated rapid diagnostic tests in some districts. A second assessment in July 2008, conducted with PMI support, evaluated the quality of care provided by community health workers in HBM districts, the supervision system, and the community's perception of the program. SPS and BASICS provided technical support to the assessment. The results of the assessment were analyzed and a report drafted and shared with PNILP and USAID Rwanda for comment and approval. The report was validated and disseminated at a meeting in Kigali on March 11, 2009. Rwanda is also expanding the HBM strategy to include community case management of pneumonia and diarrhea in children under the age of five. The national plan is to roll-out community case management to all 30 districts before the end of 2009. Findings of the HBM assessment are critical because identified weak areas will need to be strengthened to ensure the success of community case management.

Activity Title:	In collaboration with PTF and PNILP, expand the ADR notification form to all district hospitals by organizing a national TOT session in pharmacovigilance
Activity Lead:	Morris, Mark **Activity #:** 3 **Task**: LFRW09PMI **Subtask**: 60B2M2
Activity Description:	Training activities will involve, but are not restricted to: (1) a TOT on advanced pharmacovigilance topics for key staff at the provincial and district levels, preferably the district pharmacists and two doctors at district hospitals including the hospital director. Staff already trained at national level will facilitate this training. At the end of the training, participants will be able to: understand pharmacovigilance in the context of Rwanda, understand and define ADRs, and use ADR cards correctly and understand the reporting system. (2) Trainers at provincial and district levels will then start a cascade training targeting health facilities at all levels, focusing on doctors, prescribers, nurses, and pharmacy staff (whether pharmacists or nurses). The objectives of this training will be for participants to: define and understand ADR monitoring as part of

pharmacovigilance, and understand the reporting system for ADRs or for other problems related to medicine use.

SPS Partners: None.

Budget: $55,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: With the MoH/PTF and Malaria Unit, SPS shared a plan to adapt the PV training modules to the district level and a facilitator guide with session plans. During the reporting period, modifications of the PV training modules for use at the district level has continued and will be translated from English to French. SPS elaborated a training plan and shared it with the trainer's core group and the referral and district hospitals for its validation. In agreement with the PTF and Malaria Unit, SPS has postponed the training until MoH authorities decide on placement of the NPMIC, and the ADR notification system is implemented. A 1st stakeholder's meeting took place February 8 at the PTF, to discuss and agree on placement of the NPMIC within TRAC Plus (due to the changes in the MoH's structure).

Barriers to Progress: Before moving forward with the TOT on pharmacovigilance at district level, it was imperative that the MoH clearly approved the location of the NPMIC. Because of these delays, the TOT has been postponed until the 3rd quarter.

Next Steps: Get approval of the location for the NPMIC and establish the NPMIC. Finalize the facilitator and participant's modules for the district-level. Organize team-building sessions for core group of trainers and conduct the training for 180 health care providers.

Indicators: None.

Activity Title: In collaboration with PTF, use DTCs to help district hospitals expand ADR monitoring and notification systems

Activity Lead: Morris, Mark **Activity #:** 4 **Task**: LFRW09PMI **Subtask**: 60D3E3

Activity Description: SPS will help the PTF develop a strategy and implementation plan for how to effectively use DTCs to decentralize the pharmacovigilance system, particularly to expand the ADR monitoring system in health facilities. The SPS AMR portfolio will provide technical guidance and direction.

SPS Partners: None.

Budget: $15,351.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: The DTC is already approved by the MoH and has a PV subcommittee which will play the role of a decentralized unit at the peripheral level.

Barriers to Progress: None.

Next Steps: Develop a strategy on how to use DTCs as a decentralized unit for PV.

Indicators: None.

Activity Title: In collaboration with PTF and PNILP, use DTCs to support active ADR surveillance

Activity Lead: Morris, Mark **Activity #:** 5 **Task**: LFRW09PMI **Subtask**: 60DXE4

Activity Description: One of assessment's key recommendations is to strengthen DTCs' capacity to

monitor safety and treatment failure. SPS Rwanda will leverage SPS AMR portfolio funds and technical guidance to help the PTF develop a plan build the capacity of DTCs to conduct active ADR surveillance.

SPS Partners: None.

Budget: $14,441.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: During the reporting period, several meetings took place between SPS staff and the Malaria Unit staff to discuss the feasibility of the assessment and data needed. A draft of the protocol of the safety monitoring of ACTs used at the community level has been developed.

Barriers to Progress: None.

Next Steps: Finalization of study protocol. Conduct the study.

Indicators: None.

Activity Title: Support the Government of Rwanda's expansion of malaria case management efforts and facilitate assessment of the role of private clinics in malaria case management in urban areas

Activity Lead: Morris, Mark **Activity #:** 6 **Task**: LFRW09PMI **Subtask**: 60F4H5

Activity Description: During FY09, SPS will continue to leverage SPS MCH core funds, as well as the technical expertise of the MCH portfolio staff to help the MoH Community Health Desk's efforts to expand malaria case management throughout Rwanda. SPS will continue to provide support in the following areas: Availability of key medicines for community case management at all levels of the health system, appropriate management of medicines, collecting consolidated information on medicine consumption at the community level, and ongoing training and supervision of community health workers. In addition, SPS will collaborate with the PNILP and the MoH Community Health Desk to plan and conduct an assessment of the role private clinics can play in expanding treatment for malaria and other childhood illnesses as part of the broader context of the community case management strategy. SPS will provide recommendations for any identified changes.

SPS Partners: None.

Budget: $50,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: USAID, the Malaria Unit, and SPS agreed to do an assessment of the role of private clinics in malaria case management in urban areas. Initial information gathered from both USAID and the Malaria Unit was used to develop an initial study protocol for the assessment. The Malaria Unit has identified three contacts that will serve as the focal persons for the collaborative planning and implementation of the assessment. SPS scheduled several meetings with these individuals, to share the draft protocol and get feedback/ for the finalization. A pre-assessment was conducted (February 22, 2010 in 2 clinics and 1 dispensary) to see if the data that are needed during the assessment will be available. Results show that data are available but in some facilities, finding this information was difficult, due to inadequate filing systems.

Barriers to Progress: None.

Next Steps:	Finalization of study protocol. Team building session with data collectors and conduct assessment study.
Indicators:	None.

Senegal

Senegal PMI 2008

Work plan: Senegal PMI **Year** 2008

Funding Level: $252,214.00

Work plan Background
According to the National Malaria Control Program (NMCP), in 2007 one million cases of malaria were reported in Senegal and malaria accounted for 22 percent of all outpatient consultations in the public health system. This is a reduction from previous years where malaria accounted for roughly a third of outpatient consultations in public sector facilities. In 2005, Senegal followed WHO recommendations and adopted an artemisinin-based combination therapy (ACT) as the first-line treatment for uncomplicated malaria. Senegal is currently implementing their ACT policy with support from different funding mechanisms such the Global Fund and the President's Malaria Initiative. During periodic supervision visits to regional and district stores, health centers, posts, and huts, SPS has identified the following major pharmaceutical management issues: the limited availability and inappropriate use of stock and inventory management tools, the lack of collaboration and exchange of information between the pharmaceutical distribution system and the public health system, inappropriate quantification methods, lack of distribution plan for antimalarials and other commodities, and inappropriate use of ACTs based on rapid diagnostic test (RDT) results.

Activity Title:	Supervision on management of medicines in public health depots and facilities
Activity Lead:	Diagne, Serigne **Activity #:** 3 **Task**: LFSN08PMI **Subtask**: 60CXH3
Activity Description:	To ensure that the data presented and reported are accurate and reliable and that medicines are being appropriately managed at the lower level, SPS plans to carry out supervision visits in a sample of health facilities each quarter. These supervision visits will focus on pharmaceutical management issues and will target regional medical stores, district stores, and health center and health post dispensing pharmacies. These supervision visits will also be used to collect data on key PMI pharmaceutical management indicators identified and requested by PMI Washington (End User Verification).
SPS Partners:	None.
Budget: $75,454.00	**Start Date:** Jan 2007 **End Date:** Jan 2007
Products Planned:	Supervision reports, data on PMI end user verification indicators are available.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS conducted supervision in the Thies region from February 8- 12, 2010. Overall, 42 health facilities were visited in the nine districts. Among these, there was a stock-out of the child (< 5 years of age) presentation of ACT in one health post, "Cite Niakh," in the Thies district. Nevertheless, other ACT presentations were available in this facility. An improvement in stock cards, in terms of correspondence between stock registered and the physical stock, was noted. (Note: this activity was implemented in conjunction with the Senegal TB portfolio)
Barriers to Progress:	None.
Next Steps:	Ongoing supervision activities will be continued under FY09 funding.
Indicators:	None.

Senegal PMI 2009

Work plan: Senegal PMI **Year** 2009

Funding Level: $230,374.00

Work plan Background
According to the Senegal National Malaria Control Program (NMCP), in 2008 there were 275 806 cases of malaria, and malaria accounted for 5.62% of all outpatient consultations in the public health system. This is a reduction from previous years where malaria accounted for roughly a third of outpatient consultations in public sector facilities. In 2005, Senegal followed WHO recommendations and adopted an Artemisinin-based Combination Therapy (ACT) as the first-line treatment for uncomplicated malaria. Senegal is currently implementing their ACT policy with support from different funding mechanisms such the Global Fund to Fight AIDS, TB and Malaria (Global Fund) and the President's Malaria Initiative. During periodic supervision visits to regional and district stores, health centers, posts and huts in recent years, MSH/SPS has identified the following major pharmaceutical management issues: the limited availability and inappropriate use of stock and inventory management tools, the lack of collaboration and exchange of information between the pharmaceutical distribution system and the public health system, the inappropriate quantification methods and the lack of distribution plan for antimalarials and other commodities and inappropriate use of ACTs based on RDT results. Since 2002, MSH has been working in Senegal to strengthen the pharmaceutical management system. Initial work begun under the Rational Pharmaceutical Management Plus (RPM Plus) program focusing on child survival interventions and has continued under the Strengthening Pharmaceutical Systems program (SPS) with PMI funding. SPS support in the past year has focused on finalizing a pharmaceutical management supervision tool to ensure that critical pharmaceutical management issues are addressed through standardized supervisions. SPS has also worked closely with the NMCP and the NTP on activities related to – improving quantification of pharmaceuticals, distribution of TB medicines to regional depots, and improving the quality of consumption data collected and rational use issues. Using FY08 PMI funds SPS activities will continue to strengthen the Senegal pharmaceutical supply system to ensure access to and appropriate use of medicines of assured quality. To achieve this, SPS will continue to work closely with the Senegal MoH counterparts, as well as with relevant stakeholders (both public and private).

Activity Title:	Training on pharmaceutical management for staff who manage pharmacies in health centers, health centers, and treatment centers.
Activity Lead:	Diagne, Serigne **Activity #:** 2 **Task**: LFSN09PMI **Subtask**: 60AXM2
Activity Description:	This training will rely upon regional trainers trained in August 2008, will address the management of antimalarial medicines, will be carried out in approximately 15 districts in 3 regions (Matam, Tambacounda and Ziguinchor), will target approximately 271 health center and health post staff responsible for managing medicines in their facilities. In late 2008, MSH received funding as a sub-recipient under the Global Fund R7 malaria grant to provide technical support, including training on pharmaceutical management of antimalarials, in the districts of Touba and Diourbel in the Diourbel region and the districts of Dioffior and Fatick in the Fatick region. This technical assistance was for one year and will be wrapping up by the end of 2009. MSH/SPS will also coordinate with the NMCP to ascertain whether they have funds available to cover the training costs of the remainder of the districts in the country to ensure that those responsible for managing medicines in health centers and health posts are appropriately trained.
SPS Partners:	None.
Budget: $68,981.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Training reports and participant lists.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS conducted pharmaceutical management training sessions in the Matam region from February 15-20, 2010. A total of 81 health workers responsible for managing medicines at the health center and health post level were trained in the three districts of the Matam region. Among the trainees there were 37 males and 44 females. According to the pre- and post-test results, the level of knowledge was significantly improved in the three districts (Ranerou, Kanel and Matam) for all participants.
Barriers to Progress:	None.
Next Steps:	Plan and organize, with the new Tambacounda regional medical stores pharmacist, pharmaceutical management training sessions in this region.
Indicators:	None.
Activity Title:	Supervision of pharmaceutical management in health centers, health posts and treatment centers and data collection PMI key pharmaceutical management indicators and central level stock level.
Activity Lead:	Diagne, Serigne **Activity #:** 3 **Task**: LFSN09PMI **Subtask**: 60CXH3
Activity Description:	MSH/SPS will carry-out supervision visits in a sample of health facilities (~15) each quarter. These supervision visits will target districts in regions that were trained on pharmaceutical management, so these visits will also serve as on-the-job, post-training follow up visits. They will focus on pharmaceutical management issues and will target regional medical stores, district stores, and health center and health post dispensing pharmacies. SPS will continue to engage staff at the regional and district level with a view to eventually transition the supervisory role to the health offices at these levels. Starting under FY09 funding for all PMI countries are requested by the USAID/W PMI team to collect regular (ideally quarterly) data using the End Use Verification Tool developed by SPS and USAID|DELIVER. SPS will combine these data collection visits with the planned supervision visits to save both time and money. However, given the limited funding, SPS may not be able to visit the suggested number of sites on a quarterly basis. Funds remaining from FY08 will be used to compliment FY09 funds in an effort to carry out the EUV according to the guidance.
SPS Partners:	None.
Budget: $33,028.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Supervision reports, data on PMI end user verification indicators.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS conducted supervision in the Thies region from February 8-12, 2010. Overall, 42 health facilities were visited in the nine districts. Among these 42 health facilities, there was stock out of the child (< age 5) presentation of ACT in one health post, “Cite Niakh,” in the Thies district. Nevertheless, other ACT presentations were available in this facility. It was also noted an improvement in stock cards in terms of correspondence between stock registered and the physical stock. (Note: this activity was implemented in conjunction with the Senegal TB portfolio).
Barriers to Progress:	None.
Next Steps:	None.
Indicators:	None.

Senegal TB 2008

Work plan: Senegal TB **Year** 2008

Funding Level: $47,990.00

Work plan Background
Although it is not considered one of the high-burden TB countries, TB remains a public health threat in Senegal. In 2006, the WHO estimated that in Senegal, the incidence rate for positive microscopic-tested tuberculosis cases was 121 per 100,000 inhabitants, which is an increase over the 2004 estimates of 110 per 100,000 inhabitants. In 1994, Senegal adopted the WHOs DOTS strategy and implemented the strategy in 68 diagnosis and treatment centers throughout the country. Yet, the TB case detection rate is still very low (56 percent in 2004). In 2006, the treatment success rate for TB cases registered in five regions supported by USAID was 72 percent. Also, according to sentinel surveillance, the morbidity rate for patients with HIV-tuberculosis co-infection is high at 15 percent. In 2007, the National Tuberculosis Control Program (NTP) adopted a new therapeutic approach effectively reducing the treatment period from 8 to 6 months. This change was coupled with the introduction of FDCs to improve patient adherence. The NTPs goal is to contribute to reducing the morbidity and mortality rates resulting from tuberculosis in an environment marked by poverty, while also mitigating rates of TB/HIV co-infection. The expected impact is the reduction of tuberculosis incidence by achieving a case detection rate of 70 percent and a treatment success rate of 85 percent by 2015.

Activity Title:	Supervision on management of medicines in public health depots and facilities
Activity Lead:	Diagne, Serigne **Activity #:** 3 **Task**: LFSN08TBX **Subtask**: 60CXH3
Activity Description:	Under this activity, SPS will continue to participate in quarterly review meetings in collaboration with USAID and its cooperating agencies, as well as other MoH partners involved in malaria control activities. SPS will also engage a consultant for a week following each quarterly meeting, to assist the NMCP staff responsible for compilation of district data to facilitate analysis, review, and share with interested parties. SPS will support the NTP during their periodic supervisions of TB treatment centers (a sample) to observe and correct, as needed, any identified TB medicines management problems. These supervision visits will focus on pharmaceutical management issues and will target regional medical stores, district stores, and health center and health post dispensing pharmacies. SPS will also participate in the NTP's biannual review meetings.
SPS Partners:	None.
Budget: $10,001.00	**Start Date:** Jan 2007 **End Date:** Jan 2007
Products Planned:	Supervision reports, data on PMI end user verification indicators are available.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS conducted supervision in the Thies region from February 8-12, 2010. Overall, 42 health facilities were visited in the nine districts. Among these 42 health facilities, there was stock out of the child (< age 5) presentation of ACT in one health post, “Cite Niakh,” in the Thies district. Nevertheless, other ACT presentations were available in this facility. It was also noted an improvement in stock cards in terms of correspondence between stock registered and the physical stock. (Note: this activity was implemented in conjunction with the Senegal PMI portfolio)
Barriers to Progress:	None.
Next Steps:	Ongoing supervision activities will be conducted under FY09 funding.

Indicators: None.

Senegal TB 2009

Work plan: Senegal TB **Year** 2009

Funding Level: $50,000.00

Work plan Background
Although it is not considered one of the TB high-burden countries, TB remains a public health threat in Senegal. In 2006, WHO estimated that in Senegal, the incidence rate for positive microscopic-tested tuberculosis cases was 121 per 100,000 inhabitants, which is an increase over the 2004 estimates of 110 per 100,000 inhabitants. In 1994, Senegal adopted WHOs DOTS strategy that is being implemented in 68 diagnosis and treatment centers throughout the country. Yet, the case detection rate is still very low (56 percent in 2004). In 2006, the treatment success rate for TB cases registered in five regions supported by USAID was 72 percent. Also, according to sentinel surveillance, the morbidity rate for patients with HIV-tuberculosis co-infection is high at 15 percent. In 2007, the National Tuberculosis Control Program (NTP) adopted a new therapeutic approach effectively reducing the treatment period from 8 to 6 months. This change was coupled with the introduction of FDCs to improve patient adherence. The NTPs goal is to contribute to reducing the morbidity and mortality rates resulting from tuberculosis in an environment marked by poverty and the TB/HIV co-infection. The expected impact is the reduction by 2015 of the tuberculosis incidence by achieving a case detection rate of 70 percent and a treatment success rate of 85 percent. Since 2002 MSH has been working in Senegal to strengthen the pharmaceutical management system. Initial work begun under the Rational Pharmaceutical Management Plus (RPM Plus) program, focusing on child survival interventions has continued under the Strengthening Pharmaceutical Systems (SPS) program with PMI and TB funding. SPS support in the past year has focused on finalizing a pharmaceutical management supervision tool to ensure that critical pharmaceutical management issues are addressed through standardized supervisions. SPS has also worked closely with the NMCP and the NTP on activities related to – improving quantification of pharmaceuticals, distribution of TB medicines to regional depots, improving the quality of consumption data collected and rational use issues. Using FY08 PMI and TB funds the SPS activities will continue to strengthen the Senegal pharmaceutical supply system to ensure access to and appropriate use of medicines of assured quality. SPS will continue to work closely with the Senegal MoH counterparts as well as relevant stakeholders to achieve this (both private and public).

Activity Title:	Training in pharmaceutical management for staff who manage pharmacies in health centers, health posts, and TB treatment centers.
Activity Lead:	Diagne, Serigne **Activity #:** 2 **Task**: LFSN09TBX **Subtask**: 60AXM2
Activity Description:	This activity is a continuation of training activities that started under FY07 funding and continue in an effort to ensure that health center, health post and TB treatment center staff responsible for managing and dispensing medicines (dépositaires) in all districts across Senegal is adequately trained to manage medicines. The foundation of this activity resides in the fact that health workers who manage and dispense medicines in these facilities are somewhat mobile, in addition to the fact that some of them have never received a formal training on pharmaceutical management. To date SPS has trained these staff in the St. Louis, Thies, Kaolack and Louga regions. This training will rely upon regional trainers trained in August 2008, will address the management of anti-TB medicines, will be carried out in approximately 15 districts in 3 regions (Matam, Tambacounda and Ziguinchor), and will target approximately 271 health center and health post staff responsible for managing medicines in their facilities. In late 2008, MSH received funding as a sub-recipient under the Global Fund R7 malaria grant to provide technical support including training on pharmaceutical

management of antimalarials in the districts of Touba and Diourbel in the Diourbel region and the districts of Dioffior and Fatick in the Fatick region. This technical assistance was for one year and will be wrapping up by the end of 2009. Therefore, MSH/SPS will coordinate with the NMCP to ascertain whether they have funds available to cover the training costs of the remainder of the districts in the country to ensure that those responsible for managing medicines in health centers and health posts are appropriately trained.

SPS Partners: None.

Budget: $5,586.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Training reports and participant lists.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: MSH/SPS conducted pharmaceutical management training sessions in the Matam region from February 15-20, 2010. A total of 81 health workers responsible for managing medicines at the health center and health post level were trained in the three districts of the Matam region. Among the trainees there were 37 males and 44 females. According to the pre- and post-test results, the level of knowledge was significantly improved in the three districts (Ranerou, Kanel and Matam) for all participants. (Note: this activity was implemented in conjunction with the Senegal PMI portfolio)

Barriers to Progress: None.

Next Steps: Plan and organize, with the new Tambacounda regional medical stores pharmacist, pharmaceutical management training sessions in this region.

Indicators: None.

Activity Title: Supervision of pharmaceutical management in health centers, health posts, and TB treatment centers and collection of central level stock levels.

Activity Lead: Diagne, Serigne **Activity #:** 3 **Task**: LFSN09TBX **Subtask**: 60CXH3

Activity Description: MSH/SPS will carry out supervision visits in a sample of health facilities (~15) each quarter. These supervision visits will target districts in regions that were trained on pharmaceutical management, so these visits will also serve as on-the-job, post-training follow-up visits. They will focus on pharmaceutical management issues and will target regional medical stores, district stores, health center, and health post dispensing pharmacies. SPS will continue to engage staff at the regional and district level with a view to eventually transition the supervisory role to the health offices at these levels. MSH/SPS will also join the NTP during their biannual supervisions of TB treatment centers (a sample) to observe and correct, as needed, any TB medicines management problems identified. SPS will also participate, as possible, in the NTP biannual review meetings.

SPS Partners: None.

Budget: $7,694.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Supervision reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: MSH/SPS conducted supervision in the Thies region from February 8-12, 2010. Overall, 42 health facilities were visited in the nine districts. Among these 42 health facilities, there was stock out of the child (< age 5) presentation of ACT in one health post, “Cite Niakh,” in the Thies district. Nevertheless, other ACT

	presentations were available in this facility. It was also noted an improvement in stock cards in terms of correspondence between stock registered and the physical stock. (Note: this activity was implemented in conjunction with the Senegal PMI portfolio)
Barriers to Progress:	None.
Next Steps:	None.
Indicators:	None.
Activity Title:	Technical assistance on pharmaceutical management at the central level.
Activity Lead:	Diagne, Serigne **Activity #:** 4 **Task**: LFSN09TBX **Subtask**: 60CXH4
Activity Description:	This activity will include SPS technical staff participation in a variety of meetings to ensure that pharmaceutical management aspects are appropriately considered and addressed. As one of the NMCP and USAID implementing partners, SPS is often solicited to participate in meetings either directly or indirectly related to our mandate in Senegal. This activity will cover participation in such meetings. It will also include staff time to explore more feasible options to engage MoH stakeholders and other partners in a forum to coordinate, discuss, and identify solutions to pharmaceutical management issues, particularly for antimalarials and anti-TB medicines, in Senegal. Additional TA may relate to implementation of an electronic TB case management and information tool. Although SPS does not have the funding necessary to support the implementation of such a tool, we will have some staff LOE set aside to provide technical assistance for training on the electronic tool and follow-up required for implementation of this information management system in the event that the NTP identifies sufficient funds to roll it out in Senegal. MSH/SPS will continue to work with the various MoH vertical programs as well as the USP/DQI program, in moving forward with establishing a single unique pharmacovigilance (PV) system as opposed to having multiple, separate vertical program PV systems. MSH/SPS will provide technical assistance and share experiences of other countries that have established similar national PV systems.
SPS Partners:	None.
Budget: $2,700.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Meeting minutes.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS participated in a pharmacovigilance workshop organized by the national TB program in Thies, March 11 -12, 2010. A total of twenty two participants attended this meeting. The purpose of this workshop was to improve participants' general knowledge of pharmacovigilance and, more specifically, the adverse drug reaction (ADR) reporting for anti-TB medicines used in the treatment protocol in Senegal. MSH/SPS participated in a discussion between the National TB Program and the main implementing partners working at all levels in the country. The purpose of this workshop was to improve the coordination of communications and tools, and clarify area of responsibilities. In this process, MSH/SPS was requested to work with the TB program in order to discuss with the central medical store PNA to find out how to get the SAARI software on the TB logistician's office/computer. This would enable him to have up-to-date (daily) information on the availability of anti-TB medicines in the eleven regional medical stores (PRAs). MSH/SPS participated in World TB Day activities. This year, it was organized in the Louga region.

	Participants included the National TB Program partners and the main services of the MoH. In addition to messages informing how to prevent and avoid TB, the MoH announced his decision to divide the Louga into 4 districts: Sakal, Keur Momar Sarr, Louga and Coki.
Barriers to Progress:	None.
Next Steps:	Participate in all activities organized on pharmacovigilance and coordinate with next steps for establishing the national pharmacovigilance system with USP/PQM. Finalize the SOP guidelines on anti-TB medicines management in collaboration with the NTP.
Indicators:	None.

South Africa

Work plan: South Africa PEPFAR **Year** 2009

Funding Level: $14,516,922.00

Work plan Background
South Africa's AIDS epidemic is one of the worst in the world. It is a generalized epidemic, affecting all segments of society. The country is one of the PEPFAR's 15 focus countries, which collectively represent approximately 50 percent of HIV infections worldwide. Information from annual surveillance of pregnant women attending sentinel prenatal clinics collected since 1990 shows HIV infection rates among pregnant women in South Africa grew from less than 1 percent (1990) to an estimated 28 percent (2007), with a peak of almost 30.2 percent in 2005. [South Africa Department of Health. 2006. National HIV and Syphilis Antenatal Seroprevalence 2008] According to the Joint United Nations Programme on HIV/AIDS report on the Global AIDS Epidemic (2008), national (HIV/AIDS) prevalence among adults (ages 15-49) was at 18.1 percent; adults and children (ages 0-49) living with HIV at the end of 2007 was 5.7 million and the number of individuals receiving ART as of September 30, 2008, reached 549,700.Through the PEPFAR, the USG supports, with more than 300 implementing partners, the implementation of the South Africa's AIDS and STI National Strategic Plan (NSP) (2007-2011) which identifies a wide range of interventions for the containment of the HIV/AIDS pandemic. Over the next few years, South Africa will greatly increase the entire spectrum of HIV/AIDS interventions. The health system response must continue to scale up to provide ART for additional patients, and must also cope with long-term support for the increasing numbers of patients already on ART. [USAID. 2008. PEPFAR Country Profile: South Africa] The national program continues to be guided by the NSP. This plan includes the accreditation of pharmacies at service points, the availability of a sufficient number of personnel who have the necessary competencies; procurement and distribution of appropriate medicines; pharmacovigilance; medicine information, and systems for M&E. Over the years, TA to the Government of South Africa in the area of pharmaceutical management has been given through RPM Plus program and, since last year, through the SPS program, the follow-on to RPM Plus. Under this plan, SPS continues to focus on strengthening the national, provincial, and local Government Pharmaceutical Services to ensure adequate support to the NSP. This focus directly addresses the fact that the effectiveness of commodity management systems determines the success or failure of many public health programs. Unless essential quality commodities are available in the right quantities, where and when needed, and are used correctly, the objectives of providing quality care for the treatment and prevention of HIV and AIDS cannot be met. SPS will continue to coordinate and collaborate with the Directorate of Affordable Medicines of the National Department of Health (NDOH), USAID, and local partners to address key pharmaceutical priority areas, at the national and provincial levels, aimed at strengthening the capacity of pharmacy personnel to improve access to and use of health commodities for the treatment and care of those affected by HIV and AIDS, this also include the support of related key areas such as infection control, pharmacovigilance and adherence monitoring. MOUs will be put in place with local counterparts, including provincial departments of health and local government, delineating key areas of collaboration and TA.

Activity Title:	Technical Activity Coordination
Activity Lead:	Sallet, Jean-Pierre **Activity #:** 1 **Task**: LFZA08HIP **Subtask**: 97XXY1
Activity Description:	MSH/SPS will provide TA in the key areas of prevention (PMTCT), care (TB/HIV) and HIV and AIDS treatment/ARV services. Technical activity coordination includes the coordination and holding of meetings, the preparation of minutes, and communications with partners and collaborators. Implementation of the work plan activities will require that the SPS South Africa team work closely and coordinate with the USAID/South Africa mission, PEPFAR partners, and the South African NDOH, PDOHs, Metros, Medicine Control Council (MCC), and other structures by means of meetings and direct

field support.

SPS Partners: None.

Budget: $520,000.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Following the announcement that the US government had agreed to support the procurement of ARVs ($120 million), USAID asked SPS to provide technical assistance. Weekly meetings involving USAID, the Clinton Foundation, the Department of Health and SCMS were attended. Following a request a proposal was presented that would place an ARV Program Associate in each one of the 10 provincial depots. These pharmacists would monitor ARV availability and assist facilities and depots with quantification. At the end of March, MSH/SPS received approval to advertise the positions. In the Northern Cape a list of training activities was compiled and discussed with the Head of Pharmaceutical Services (HOPS). On January 25, an orientation session for 12 pharmacists doing community service took place. The provincial coordinator facilitated a session on the importance of PTCs. Presentations were prepared on medicines supply management and formulary management for the counterpart in the province. Financial support was provided for two district pharmacists' meetings held in February and March. In the Free State, weekly meetings continued to be held with Pharmaceutical Services (PS) (when possible) to coordinate activities. A presentation was made to FS Health Executive Management on support provided by SPS (February 22, 2010). SPS attended a meeting held on January 27 in the Easter Cape, organized for provincial NGO partner pharmacists. On March 11, SPS attended an orientation meeting (hosted by ECDoH, in conjunction with NDoH) on the new STGs for the CCMT program. On March 12, a meeting with training partners was hosted by the provincial HIV Directorate. The agenda focused on the Integrated Common Programme (ICP) which is a learner-orientated program centered on in-service training. In the North West follow-up took place with PS on signing a MOU between MSH/SPS and the province. The MOU has not yet been signed because of the delay in submission of comments by the chief directors. Engagement with the multi-national pharmaceutical industry continued, as reported in the last quarter. The industry working group has expressed interest in identifying problem areas where there may be potential for the pharmaceutical industry to provide assistance. Meetings of the Innovative Medicines South Africa (IMSA) and the Pharmaceutical Industry Association of South Africa (PIASA) were held on medicine procurement challenges in the public sector. A meeting was held with representatives of the SA HIV Clinicians Society and the Rural Health Advocacy Project, at their request. The latter organization does advocacy work in rural areas, monitoring medicines shortages, and using the media to bring about awareness of such shortages. They were testing a method of monitoring shortages involving health workers in public sector facilities. On January 13, SPS attended a meeting at NDoH at which IPHC presented achievements from 2004-2009. SPS attended an ICC meeting at the URC office on February 10, during which partners and the NDoH exchanged information on their activities and the way forward. A list of MSH/SPS South Africa tools was compiled and submitted to USAID for use by other ICC members. Meetings of the Clinical and Medicine Supply Management clusters took place.

Barriers to Progress: None.

Next Steps: None.

Indicators:	None.
Activity Title:	Provide support to the PMTCT program at the provincial and national level
Activity Lead:	Sallet, Jean-Pierre **Activity #:** 2 **Task**: LFZA08HIP **Subtask**: 60F8H2
Activity Description:	In FY 2009 SPS will focus on supporting the implementation of the new prevention of mother-to-child transmission (PMTCT) guidelines, through strengthening the integration within pharmaceutical services in the provinces and metropolitan areas. Specific activities include training of pharmacy and nursing personnel at sites, as well as support for logistics systems for PMTCT commodities.
SPS Partners:	None.
Budget: $251,135.00	**Start Date:** Oct 2008 **End Date:** Sep 2009
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS attended the North West province and partners meetings to identify areas to support expansion of PMTCT and HIV services. The meetings were aimed at mapping partner activities in the province, in order to streamline and maximize the use of resources. Work plans to support the implementation of the new PMTCT guidelines have been developed, including training, logistics support, and M&E activities. SPS will provide support for training of health care workers and optimizing availability of PMTCT medicines and commodities.
Barriers to Progress:	None.
Next Steps:	None.
Indicators:	None.

Southern Sudan

Work plan: Southern Sudan **Year** 2009

Funding Level: $1,000,000.00

Work plan Background
With the signing of the Comprehensive Peace Agreement (CPA) (January 2005), post conflict reconstruction is well underway in Southern Sudan. With assistance from technical partners such as USAID, the institutional, technical, and organizational capacity of the health sector and public health programs is now being built. In 2006, the USAID Sudan Field Office (SFO) mandated the MSH/Rational Pharmaceutical Management Plus (RPM Plus) Program, to provide support to the Ministry of Health (MoH) during establishment of a functional National Malaria Control Program and in strengthening the national pharmaceutical management systems. In 2007, the Strengthening Pharmaceutical Systems (SPS) program replaced the RPM Plus Program. SPS continues to support MoH in building the organizational, technical, and programmatic capacities of the NMCP and the Directorate of Pharmaceutical Services (DPS), while strengthening its coordination within the government and among the different donors and organizations involved in malaria activities. Initial support was focused creating policies, strategies and guidelines for malaria control and pharmaceutical management, as well as ensuring coordinated implementation and monitoring of malaria control interventions. To carry-out the NMCP's strategic plan and the pharmaceutical master plan, various implementation guidelines and tools have been developed and disseminated. SPS has also played a critical role in supporting MoH in mobilizing financial resources (from GFATM and other partners) for scaling-up effective interventions. Through support from SPS and partners, there is more coordinated implementation and progress in achieving intervention coverage. However, major challenges remain, including scarce human resources, inadequate infrastructure and equipment, and weak supportive systems, such as laboratory, referral, and health information. In the pharmaceutical sector, long procurement processes and inaccurate quantification of requirements leads to stock outs, distribution mechanisms and storage facilities are inadequate, and regulation and quality assurance mechanisms are still weak. In FY 09, SPS will continue support to the NMCP and DPS, focusing on scaling-up malaria control and pharmaceutical management interventions. Effective scaling-up can be achieved through dissemination of existing pharmaceutical policies, procedures, strategies, and guidelines that were previously developed. SPS will continue to strengthen the M&E system so that credible data on malaria programs and intervention are available. In this regard, a Malaria Indicator Survey (MIS) will be conducted and sentinel sites established at selected hospitals to ensure continuity of data collection. In the pharmaceutical sector, SPS will aim to strengthen the quality assurance systems for medicines. SPS will also support states to strengthen pharmaceutical management systems. Activities proposed under FY09 are consistent with the USAID result areas under the SPS program and will contribute to the achievement of the USAID Sudan Field Office multi-sectoral strategy for infectious diseases and Intermediate result 10.1: related development of core institutional structures for an effective, transparent, and accountable GOSS. Broadly, SPS will utilize FY09 funding to provide technical assistance, enhance national capacity, improve access to ACTs, set up quality assurance systems, and strengthen information systems.

Activity Title:	Technical activity coordination, monitoring, and reporting
Activity Lead:	Azairwe, Robert **Activity #:** 1 **Task**: LFSD09MAL **Subtask**: 97XXY1
Activity Description:	Draft work plan, ensure timely reports, and document SPS Sudan success stories.
USG Sub-element:	Malaria
SPS Partners:	None.
Budget: $50,567.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	Work plan, quarterly reports, annual report, and ad hoc reports. Success stories

	documented.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Hosted the HQ-based SPS Program Manager (Gabriel Daniel) to review FY work plan implementation. SPS Sudan made a presentation on program achievements and status of implementation, coordinated meetings with USAID, the MoH, and SHTP II, and facilitated a field visit to Kaya mini lab site and selected health facilities in Morobo County. The Program Manager made a presentation on the experiences of the Ethiopia Pharmaceutical Management Information System (PMIS). Through the discussions and field visit, the need for increased presence of SPS at state, county and peripheral levels was noted — this may require recruitment of more staff and increased collaboration with the SHTP II progress. Monthly SPS Sudan staff meetings were held to review progress of the FY09 work plan implementation and determine on areas of focus.
Barriers to Progress:	Limited human resources at all levels means that few activities can be undertaken at a time. Because of the presidential and parliamentary election campaigns, some field activities were postponed.
Next Steps:	Continue with activities as planned.
Indicators:	None
Activity Title:	Strengthen office management and operational capacity
Activity Lead:	Azairwe, Robert **Activity #:** 2 **Task**: LFSD09MAL **Subtask**: 60F4H2
Activity Description:	Sub-activities will include: provide office supplies, manage transportation for SPS Staff and consultants, improve office structure by replacing windows and improving water drainage, install an intercom system and teleconference facilities, complete semi-annual inventories of office fixed assets and maintain an up-to-date borrower's record for movable/portable equipment, maintain up-to-date records of financial transactions, and manage national staff payroll and travel expenditure frameworks (TEFs).
USG Sub-element:	Malaria
SPS Partners:	None.
Budget: $90,194.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	Semi-annual inventories. Up-to-date borrower’s record and financial records.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS continued to coordinate and address the logistics and operations requirements of the NMCP and SPS office. SPS Sudan worked with HQ to assess and pre-qualify some service providers. A staff meeting was held to discuss improving office operations, creating a tea area, improving the power supply, and putting in place a sound security plan. The bandwidth of the current internet connection was upgraded to allow for faster and more reliable internet connectivity. SPS Sudan participated in meetings held by a mission from HQ (Natalie Gaul and Vicky Hawk) to discuss a wide range of administrative and operational issues, including: signatories, travel advance, petty cash management, workshop preparations, payment of host government employees, payroll management, and working through a Common Management Unit (COMU). SPS participated in a financial management training organized by USAID Sudan to ensure that implementing partners operate within recommended USAID financial management procedures.

Barriers to Progress:	None.
Next Steps:	Continue with activities as planned.
Indicators:	None.
Activity Title:	Support MoH to strengthen planning and coordination of malaria control activities at central and state level
Activity Lead:	Azairwe, Robert **Activity #:** 3 **Task**: LFSD09MAL **Subtask**: 60F4H3
Activity Description:	The specific activities that will be undertaken under this objective will include: (1) drafting a guide for planning of malaria control activities at state and county levels. (2) Conducting 5 state-level malaria planning and review meetings. This will bring together implementing partners in each state to orient them on the national malaria policies, strategies and priorities. SPS will facilitate the development of joint state malaria control and prevention plans. These meetings will also discuss key drug supply management constraints and how to address them. (3) Provide technical assistance to NMCP and GFATM malaria grant partners, to organize a national RBM coordination meeting. The meeting will serve to review progress in implementation of the national RBM strategic plan and dissemination of national malaria control and prevention policies. (4) Publish the 2010 Malaria Newsletter. SPS will work with NMCP to draft articles, solicit for articles from partners and to design and publish the newsletter. This will facilitate sharing of new initiatives, progress and experiences among malaria control partners. (5) Provide technical assistance for the planning and implementation of the 2010 World Malaria Commemoration Day. (6) Participate in malaria Technical Working Group (TWG) meetings and other specific committees or taskforces related to malaria control activities. (7) Provide a scholarship to the NMCP program manager for a summer course at Boston University, as part of strengthening the management and coordination of the malaria control program.
USG Sub-element:	Malaria
SPS Partners:	None.
Budget: $97,616.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	Planning guide drafted. Malaria control and prevention plans developed or reviewed. Reports from partners coordination meetings. The 2010 malaria newsletter published. MoH briefing of World Malaria Day activities. Reports on TWGs.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS supported NMCP in at least 3 malaria TWG meetings that addressed: progress in implementation by states and challenges faced, MIS data entry and analysis by the Center for Statistics and Evaluation including the need for a formal written commitment from the center, Technical Review Panel (TRP) comments regarding the round 9 malaria application to the GFATM and how to address the weaknesses/gaps in the round 10 application, and a review of the approach and status of LLINs distribution with focus on the UNITAID/UNICEF nets. SPS supported NMCP to advocate for and coordinate partners to share their 2010 malaria activity plans. NMCP was supported to integrate the partner plans into a joint MCP plan for 2010 – the joint plan is a useful tool for program coordination and monitoring progress of implementation. NMCP was supported to hold regular preparatory meetings for commemoration of the World Malaria Day (WMD). Working as part of a task force, support has been provided in identification of activities, drawing up budget estimates and soliciting service

	providers. As part of the advocacy/IEC materials for the day, a malaria newsletter will be drafted with SPS facilitation. SPS started to support the NMCP in drafting a guideline for developing malaria implementation plans at the state and county levels. The guide aims to assist health managers to translate the malaria strategic plan into practical interventions.
Barriers to Progress:	Limited human resources at all levels.
Next Steps:	Continue with activities as planned.
Indicators:	None.
Activity Title:	Review and strengthen implementation of the ACT-based malaria treatment policy
Activity Lead:	Azairwe, Robert **Activity #:** 4 **Task**: LFSD09MAL **Subtask**: 60EXH4
Activity Description:	Specific activities to be undertaken will include: (1) Developing tools for reviewing the ACT policy implementation process. (2) Conducting field visits and collecting data to determine factors affecting policy implementation. This will include gathering information on barriers and enhancers to policy implementation. (3) Sharing of findings and building consensus on key actions to improve the ACT policy implementation process. (4) Training health workers on case management. The training will also aim to empower health care workers with skills to identify and address operational constraints at the facility level. (5) Support NMCP and partners to develop/update operational tools for treatment of malaria with ACTs at the community level. This will be done in the context of improved home-based management of malaria (HMM) as part of the national integrated child survival strategy. Produce educational materials (and tools) to improve ACT policy implementation including effective introduction of fixed dose combination of AS+AQ.
USG Sub-element:	Malaria
SPS Partners:	None.
Budget: $127,984.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	Scope of work. Final report draft. Health worker training reports. Educational materials.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS initiated discussions on how to conduct the review of the ACT-based malaria treatment policy: a SOW was drafted and shared for comments/inputs. Sample study tools have been compiled from neighboring countries for adaptation to the Southern Sudan context. The NMCP was supported to train 30 in-service health workers in the management of both uncomplicated and severe malaria. The health workers were drawn from Terekeka and Juba counties of the Central Equatoria state.
Barriers to Progress:	Limited human resources at all levels.
Next Steps:	Continue training health personnel in pharmaceutical management and malaria case management. Continue drafting the malaria planning guidelines and pharmaceutical sector strategic plan.
Indicators:	None.
Activity Title:	Support MoH to strengthen malaria M&E systems at central and state levels
Activity Lead:	Azairwe, Robert **Activity #:** 5 **Task**: LFSD09MAL **Subtask**: 60GXH5

Activity Description: Specific activities to strengthen M&E under FY09 will include: (1) Facilitating support supervision to state, county and health facility levels. This will include one round of support supervision to all 10 states, one round of support supervision visits to all counties in 2 states, and at least 20 health facility level supervision visits. (2) Conducting post-training follow-up on malaria case management to assess performance at the workplaces. This activity will also form part of the ACT policy implementation review process. (3) Expanding the malaria indicator surveillance system to 6 state hospitals while consolidating ongoing data collection at the current 5 sites. A meeting will be held to introduce the malaria indicator surveillance system to state surveillance officers and other M&E staff. SPS will review and produce a report on the status of key malaria indicators on a bi-annual basis. (4) Continued support to MoH and partners to implement the 2009 Malaria Indicator Survey (MIS). (5) Supporting MoH to set up a drug efficacy monitoring system with focus on antimalarials. A consultant(s) will be hired to support NMCP to develop an overall efficacy monitoring plan and develop/adapt study protocols. SPS will support MoH to build capacity for conducting at least one study at one site (Juba Teaching Hospital). This will include training a team of health workers and providing basic equipment at the selected sentinel site. (6) Support MoH/NMCP to draft and publish an annual report to highlight the main malaria control activities, achievements and challenges.

USG Sub-element: Malaria

SPS Partners: None.

Budget: $120,855.00 **Start Date:** Oct 2009 **End Date:** Oct 2010

Products Planned: Support supervision reports. MIS reports. Monitoring plan. Annual report. Adapted study protocols.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: SPS continued to coordinate activities aimed at successful completion of the MIS: meetings were organized and SPS made a presentation on the status of MIS implementation, pending issues, and future plans. SPS supported NMCP and partners to retrieve and take stock of materials from the field and to complete payments of field teams and other field expenses. Meetings were held with SSCSE to discuss the data entry and analysis processes, including office facilities, timelines, required personnel and other issues. SPS supported NMCP to draft a SOW for data entry and analysis, and verify and sort questionnaires by enumeration areas (EAs) before starting data entry. Later, the data entry and analysis approach was reviewed and SPS supported the MoH to draft a new SOW. The MoH was concerned that SSCSE did not have adequate capacity to undertake the process alone, as earlier planned. It was proposed that 2 external consultants be recruited to work with SSCSE on the activity. The process of recruiting the consultants has been initiated. SPS worked with the MoH, the Malaria Consortium, the WHO and other partners to put in place all items required for the process of blood slides reading (electron microscopes, cold boxes for slide keeping, etc.). In addition, SPS assisted in drafting a request to the WHO for a consultant for blood slide validation. SPS participated in planning meetings for the Sudan Household and Health Survey (SHHS) II and contributed to discussions on how to address logistical constraints during field work. At the opening function for the TOT, SPS represented NGOs and emphasized the importance of accurate, reliable data and how survey teams could draw on NGO resources in the field. SPS was requested by the MoH, to visit and coordinate the SHHS II activities in Malakal, Upper Nile state. SPS initiated analysis of support supervision findings for the Central Equatoria state –

	a report will be finalized in the next quarter.
Barriers to Progress:	Limited human resources at all levels means that few activities can be undertaken at a time. Funding for data entry, analysis and report writing was not used in time, leading to delay in this phase of the MIS. This means that critical data may not be available in time for drafting round 10 malaria applications to the GFATM.
Next Steps:	Support NMCP to hold successful World Malaria Day commemorations. Support MoH/NMCP to publish the malaria newsletter. Continue to strengthen malaria monitoring systems – including MIS data entry and analysis.
Indicators:	None.
Activity Title:	Support MoH to develop a five-year pharmaceutical sector strategic plan for South Sudan
Activity Lead:	Azairwe, Robert **Activity #:** 6 **Task**: LFSD09MAL **Subtask**: 60AXH6
Activity Description:	The specific activities that will be undertaken under this section include: (1) Conducting desk reviews, hold consultative meetings including visits to state and county levels, to agree on content of the strategic plan. (2) Drafting the strategic plan. (3) Holding consensus workshop to present draft strategic plan and incorporate partner inputs. (4) Holding a finalization workshop. (5) Printing and dissemination of the strategic plan. (6) Develop a scope of work and engage a consultant.
USG Sub-element:	Other Public Health Threats
SPS Partners:	None.
Budget: $74,392.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	Scope of work. Draft strategic plan. Strategic plan printed.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Limited progress made concerning this activity in this quarter.
Barriers to Progress:	Limited human resources at all levels.
Next Steps:	Continue with activities as planned.
Indicators:	None.
Activity Title:	Support the procurement and management of ACTs and RDTs procured through USG funds
Activity Lead:	Azairwe, Robert **Activity #:** 7 **Task**: LFSD09MAL **Subtask**: 60CXH7
Activity Description:	Specific activities to be carried out under this section include: (1) Documenting the support provided to management of 1.6 million ACT doses procured under FY08. This will involve field visits to assess availability and use of the medicines. Appropriate tools will be developed for the purpose. (2) Quantifying the ACT and RDT needs to be procured under FY09. (3) Receiving and ensuring appropriate storage of USG procured ACTs & RDTs. (4) Develop distribution plans for the FY09 ACTs and RDTs. (5) Coordinate the distribution of FY09 ACTs and RDTs.
USG Sub-element:	Other Public Health Threats
SPS Partners:	None.
Budget: $83,985.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	SPS support documented. Distribution plan and reports for ACTs and RDTs.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS supported NMCP to revise quantification and allocation of AS+AQ for UNITAID procurement through PSI to reflect restriction of the supplies to hospitals only, and also the expected delivery period of Q2 2011. SPS continued to coordinate, provide guidance, and clarify issues related to procurement of about 1.3 million AS+AQ and 500,000 RDT kits to be procured by USAID/DELIVER through USG funding. A Commodity Procurement Information Request (CPIR) form was completed and forwarded to USAID/DELIVER. Specific support included quantification of 1.3 million treatments of AS+AQ and 498,000 RDT test kits, and active follow-up with the relevant signatories to ensure the form was duly signed and forwarded on. TA was provided in the aspect of labeling, prices, and quantity requirements for the products to be procured using USG funds. Based on a later pipeline analysis, the number of RTDT kits to be procured was revised to 50,000. SPS participated in meetings between the MoH, donors, and partners to address potential gaps in supply of emergency supplies. As part of addressing the gap, SPS updated USAID/Sudan on a reported case of poor quality antimalarials (AS+AQ) that was being procured for distribution in Southern Sudan through the Euro Health Group. SPS later took part in meetings with the MoH and partners to select a supplier for WHO pre-qualified AS+AQ to be procured for MoH by the Euro Health Group, as replacement for the suspected poor quality AS+AQ. SPS participated in meetings with the MoH (DPS, NMCP) and Euro Health/Global Fund to discuss and agree on distribution plans for the balance of RDT kits at the Global Fund warehouse, nearing expiry (June 2010). To ensure adequate stock, SPS compiled data and analyzed known public sector pipelines for first line antimalarials for Southern Sudan. This was shared with USAID/Sudan to guide planning and decision making. SPS also quantified and shared with USAID/Sudan, the first line antimalarials needs for SHTP-II counties.
Barriers to Progress:	Limitations in human resources.
Next Steps:	Continue with activities as planned.
Indicators:	None.
Activity Title:	Support drug registration, inspection and quality control testing activities
Activity Lead:	Azairwe, Robert **Activity #:** 8 **Task**: LFSD09MAL **Subtask**: 60AXH8
Activity Description:	In FY09, SPS will consolidate support for strengthening quality assurance mechanisms through the following activities: Introduce Pharmadex, a drug registration management tool that was developed to help streamline and track medicines registration for drug registration authorities. This activity will include conducting a comprehensive assessment of installation and technical needs, customization, installation of the software, and training of users. SPS will work with the MoH and other partners on this activity. Train customs personnel on medicine inspection (1-day workshop/meeting). Appropriate checklists will be developed. Provide technical and logistical support to quarterly inspection of pharmaceutical premises in 6 counties of Central Equatoria. Provide technical assistance to MoH to make the Kaya minilab site more functional and set up one additional site. This will include provision of office supplies, on-job training, support supervision visits, management of data from the sites, and where applicable, facilitating key MoH staff to inspect major manufacturers of pharmaceutical products. Support MoH to establish mechanisms for testing samples that fail through the minilabs at reference laboratories in the region. Emphasis will initially be placed on testing antimalarials. Facilitate training in Tanzania or other regional countries on port of entry inspection, Minilab and

	quality control laboratory.
USG Sub-element:	Other Public Health Threats
SPS Partners:	None.
Budget: $90,167.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	Training report. Inspection reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS facilitated the Department of Quality Assurance in the MoH to: disseminate the new guidelines for registration/licensing of pharmaceutical businesses and conduct a rapid inspection in Bor town, Jonglei state and Bentieu, Unity state. A total of 28 drug stores and clinics were inspected in Bor town—the Bentiu report is still being finalized. SPS finalized drafting a trip report for inspection and supportive supervision in Eastern Equatoria State completed in the previous quarter. A meeting was held with inspection teams from all 9 states to finalize trip reports, compare findings, and agree on way forward. SPS supported the MoH to kick-start import verification process in South Sudan. A report template to be used by the Verification Committee was drafted by SPS. SPS also facilitated the MoH to obtain the Ethiopian Drug Register, one of 4 reference registers for proxy marketing authorization for Southern Sudan (others being from North Sudan, Kenya, and Uganda). SPS finalized renovation works for the Kaya Minilab premises and supported the MoH to make the site operational. Medicines entering South Sudan through Kaya port of entry are now subjected to quality assurance checks.
Barriers to Progress:	Limited human resources at all levels means that few activities can be undertaken at a time. Because of the presidential and parliamentary elections campaigns, some field activities were postponed.
Next Steps:	Continue with activities as planned.
Indicators:	None.
Activity Title:	Develop private sector accreditation scheme to strengthen quality, access, and use of medicines in private sector
Activity Lead:	Azairwe, Robert **Activity #:** 9 **Task**: LFSD09MAL **Subtask**: 60D2H9
Activity Description:	The specific activities that will be conducted under this section will include: (1) Conducting feasibility assessment/situational analysis to determine baseline private sector prescription/treatment practices including availability, quantities and distribution of monotherapies and sub-optimal combination therapies on the market. This will guide the development of a strategy for phasing out non-recommended antimalarial treatments. (2) Drafting a concept paper on implementation of a private sector ACT subsidy scheme. (3) Conducting advocacy, consensus building and resource mobilization activities. This will include a consensus-building meeting for the MoH and major stakeholders. (4) Facilitating familiarization trips for key MoH staff, to countries that have already setup distribution models of subsidized ACTs through the private sector. (5) Develop a training curriculum, and accreditation standards for private sector distributors.
USG Sub-element:	Other Public Health Threats
SPS Partners:	None.
Budget: $92,012.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	Reports on feasibility studies. Draft concept paper drafted. Curriculum and

	standards.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Limited progress made.
Barriers to Progress:	Limited human resources at all levels means that few activities can be undertaken at a time.
Next Steps:	Continue with activities as planned.
Indicators:	None.
Activity Title:	Strengthen pharmaceutical management capacity at selected public and private sector sites
Activity Lead:	Azairwe, Robert **Activity #:** 10 **Task**: LFSD09MAL **Subtask**: 60CXH0
Activity Description:	Under FY09, SPS will continue to support the MoH to build capacity of the in-service health workers through appropriate trainings and focused on-site implementation support. The following activities will be carried out: (1) Train 100 health workers from the public and private sectors in different aspects of pharmaceutical management. About ½ of the trainees will be from the private sector. (2) Conduct a national monitoring training and planning (MTP) workshop for supervisors/trainers (15 participants). (3) Conduct quarterly MTP visits to selected sites. (4) Conduct medicine use evaluation studies at selected sites (5-10) and design appropriate strategies to improve rational use of medicines at the sites. Such strategies may include introduction of DTCs, training, IEC materials, and health talks. (5) Introduce pharmaceutical management information system (PMIS) tools at selected sites (5-10) and provide appropriate on job-training and supportive supervision. (6) Recruit and build the capacity of one national staff to coordinate some of the activities proposed under the FY09 work plan.
USG Sub-element:	Other Public Health Threats
SPS Partners:	None.
Budget: $97,911.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	Evaluation report. Trip reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS facilitated training/orientation of five state MoH pharmaceutical department staff on the new guidelines for registration/licensing of pharmaceutical businesses in Southern Sudan and how to carry out inspection of pharmaceutical premises/practices. SPS conducted a three-day training of 39 private drug shop operators in Bor on pharmaceutical management of malaria. This included 5 females and 34 males. SPS also conducted a five-day pharmaceutical management workshop for 42 health workers (38 male, 4 female) from 10 of the 11 counties in Jonglei State. TOR for pharmaceutical management national staff finalized and approval was obtained from USAID/Sudan mission and MoH counterparts. Advertisement posted on MSH website and distributed to local gazettes for publication. Applications are being reviewed. Reviewed a proposed pharmaceutical supplies reporting system design concept drafted by EHG and to be implemented as part of EHG's TA to MoH on PMIS development.
Barriers to Progress:	Limited human resources at all levels means that few activities can be undertaken at a time.

Next Steps:	Continue with planned activities.
Indicators:	None.
Activity Title:	Support coordination and policy development for pharmaceutical management
Activity Lead:	Azairwe, Robert **Activity #:** 11 **Task**: LFSD09MAL **Subtask**: 60AXH6
Activity Description:	SPS will organize a 1-day sensitization workshop in collaboration with MoH/DPS, Euro Health Group, the Pharmaceutical Society of South Sudan, and partners, on pharmaceutical regulations, guidelines, and findings from inspections. SPS will participate in the WHO/UNICEF technical briefing seminar on pharmaceutical policy and medicine control in Geneva, during November 2008.
SPS Partners:	None.
Budget: $0.00	**Start Date:** Oct 2009 **End Date:** Dec 2009
Products Planned:	Reports of Malaria Technical Working Group (TWG) meetings. 2009 Malaria Newsletter. Reports of state-level planning and review workshops and joint state malaria plans.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Participated in a meeting with Ministry of Finance to brainstorm on anticipated storage constraints when receiving pharmaceutical supplies from the new tender, and to plan for the way forward.
Barriers to Progress:	Limited human resources.
Next Steps:	Continue with planned activities.
Indicators:	None.

Swaziland

Swaziland PEFAR 2008

Work plan: Swaziland PEPFAR **Year** 2008

Funding Level: $600,000.00

Work plan Background
HIV/AIDS remains one of the major challenges to Swaziland's socioeconomic development. The epidemic has continued to spread relentlessly in all the parts of the country. Since 1992, the Swazi government has been conducting antenatal clinic (ANC) sentinel surveillance. The surveillance revealed that HIV increased dramatically from 3.9 percent to a high of 42.6 percent in 2004. In 2006, ANC-based prevalence estimates showed a decline to 39.2 percent. Most affected by HIV are pregnant women aged 20-29 years, with HIV prevalence of 56.3 percent in 2004 and 48.9 percent in 2006, followed by those aged 30-34 (prevalence of 41 percent in 2004 and 48.9 percent in 2006). In 2006-07 the country conducted its first Demographic and Health Survey, including HIV testing at national level. The results confirmed that Swaziland is in a crisis as the HIV prevalence was 19 percent of the population age 2 years and older and 26 percent of the population in the reproductive age group (population of women and men aged 15-49) is living with HIV/AIDS. HIV prevalence is higher among women than men (22 percent and 15 percent respectively). [1] In 2003, the National Emergency Response Committee on HIV/AIDS (NERCHA) was established to coordinate and facilitate the national multi-sector response to HIV/AIDS, while the Ministry of Health and Social Welfare (MOHSW) is responsible for the delivery of many of the services. The national HIV/AIDS strategic plan (NSP) makes provision, amongst others, for the scale up of care and treatment by increasing access to ART services, ensuring quality and expanded capacity and efficiency of service provision. Both the Swaziland Government and the President's Emergency Plan for AIDS Relief (PEPFAR) recognize the key challenge of having weak national pharmaceutical management systems to support this rapid scale-up. Support from the United States Government (USG) to the Government of Swaziland is provided through its United States Agency for International Development (USAID) Regional HIV/AIDS Program based in Pretoria, South Africa, also in collaboration with the U.S. Embassy in Swaziland. Over the years, TA to the Government of Swaziland in the area of pharmaceutical management has been given through Management Sciences for Health's Rational Pharmaceutical Management (RPM) Plus program and, since last year, through the Strengthening Pharmaceutical Systems (SPS) program, the follow-on to RPM Plus. Under this plan, SPS will continue to support objective 22 of the Swaziland NSP. In addition to addressing pharmaceutical system gaps in support to the HIV/AIDS program, SPS will also address key laboratory commodity priority areas. This plan thus delineates the activities that have been planned for Swaziland in consultation with key partners.

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[1] Central Statistical Office (CSO) [Swaziland], and Macro International Inc. 2008. *Swaziland Demographic and Health Survey 2006-07.* Mbabane, Swaziland: Central Statistical Office and Macro International Inc.

Activity Title:	Technical Activity Coordination
Activity Lead:	Tjipura, Dinah **Activity #:** 1 **Task**: LF SZ08XXX **Subtask**: 97XXY1
Activity Description:	This activity includes work plan and budget development, coordination and monitoring of activity implementation, attending meetings and coordination with PEPFAR partners and collaborators.
SPS Partners:	None.
Budget: $60,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS continues to participate in various forums in the country to improve the technical support provided at central level. Technical meetings were held with the MoH Strategic Information Department and other stakeholders and staff was involved in discussions regarding solutions relating to RxPMIS issues. A Program Associate was appointed and seconded to the MoH to help capacitate the MoH staff and assist with the nationwide implementation of the RxSolution software.
Barriers to Progress:	None.
Next Steps:	The Senior Technical Advisor position (already advertised) should be filled in the next quarter.
Indicators:	None.
Activity Title:	Strengthen pharmaceutical services at target facilities
Activity Lead:	Putter, Sue **Activity #:** 2 **Task**: LF SZ08XXX **Subtask**: 60E3H2
Activity Description:	Under this year's plan SPS will strengthen pharmacy supervision. This will include the application of supervision checklists in target sites, the monitoring of tracer drugs' availability, and the setting of optimum stock levels for all essential drugs. Specific sub-activities with MSH/SPS TA support will include, but are not limited to the following: (1) Implement drug supply management systems (both manual and computerized) to ensure availability of essential medicines, optimize reorder level, monitor expenditures and strengthen the accountability of stock at all levels (one of the requirement for the disbursement of Global Funds). (2) Continue to provide support to the system implementation and improvement, and to build capacity at the site level to ensure that the system is fully functional and that health personnel use the collected data to support management. (3) Implement a centralized data repository at the national-level to assist with the monitoring of use and availability of essential commodities throughout the country.
SPS Partners:	None.
Budget: $54,250.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The pharmacist forum meetings continued in this quarter, with discussions on the availability of Cotrimoxazole at ART clinics. A decision was taken that the ART dispensaries keep stock of Cotrimoxazole. The SPA, with a team of pharmacists from the MoH, worked on finalizing the pharmacy services survey tools to be used in the evaluation of pharmaceutical services in the country. The tool was divided into 2 main sections: pharmacy and bulk store. Technical support was provided to the National TB Control Program in preparing a proposal for Global Drug Facility (GDF) visit to the country. This was mainly to improve the control and supply of second line TB medicines which will be funded by GDF. As an intervention after an assessment conducted by GDF, MSH/SPS worked with URC to remove all second-line drugs from facilities and develop a standard procedure for supply of these medicines from a central level. MSH/SPS participated in discussions on the NTCP strategic plan and annual performance plan for the current fiscal year.
Barriers to Progress:	Neither Cotrimoxazole tablets nor suspension are included in the ARV budget.
Next Steps:	Conduct a pharmacy survey in the public health sector and continue to work with SNAP and NERCHA to get Cotrimoxazole included in the ART program

	budget.
Indicators:	None.
Activity Title:	Support to CMS operations
Activity Lead:	Tjipura, Dinah **Activity #:** 3 **Task**: LF SZ08XXX **Subtask**: 60CXH3
Activity Description:	During FY08, SPS will continue to provide this assistance to CMS. In addition, the program will be implementing the RxSolution© at the Central Medical Stores (CMS) to serve for the inventory management of ARVs. The program will also use FY08 funds to develop, enhance, and implement standard operating procedures (SOPs) for the CMS and health facilities to optimize pharmaceutical management operations. SPS will train and assist senior and junior staff at CMS in the different areas of drug supply management. The program will assist CMS to introduce models to quantify lab reagents. Specific sub-activities with MSH/SPS TA support will include, but are not limited to: (1) Collaborate with CMS and NERCHA to enhance quantification practices to monitor and estimate medicines used for HIV/AIDS, TB, STIs and OIs at both CMS and hospital-levels. (2) Introduce additional models to quantify lab reagents. (3) Develop and implement quantification procedures at the facility level.
SPS Partners:	None.
Budget: $80,600.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH continues to provide technical support to both the main and ARV CMS. Technical assistance was provided in the quantification of ARVs for the country. The ARV store continues to receive support on monitoring availability of ARVs at the facilities. Regular visits to ART sites are conducted and the use of bin cards is monitored at all facilities. During this reporting period, SPS secured the services of a pharmaceutical warehouse expert consultant to assess the operations of the warehouse, in order to streamline the processes. The report from this assessment was presented to the Under-Secretary (Technical) and the CMS Operations Manager. The assessment was aimed at supporting the CMS to comply with the Auditor General's requirements and improve the workflow process. The gaps identified during this assessment will be implemented in the next quarters of this fiscal year. SPS supported the country in the distribution of essential antibiotics to various facilities in the country during a nationwide shortage at facilities.
Barriers to Progress:	Lack of capacity in the MoH to provide support to the users at the CMS.
Next Steps:	Implement the recommendations from the assessment done by the consultant on pharmaceutical warehouses.
Indicators:	None.
Activity Title:	Provide training to Pharmacists and Assistant Pharmacists (PTC, HIV/AIDS,DSM)
Activity Lead:	Tjipura, Dinah **Activity #:** 4 **Task**: LF SZ08XXX **Subtask**: 60AXM4
Activity Description:	MSH/SPS will assist health care workers to assess and improve infection control practices at their facilities using the Infection Control Assessment Tool (ICAT) introduced through training in previous years. The SPS training programs will target health personnel from ART sites. Although participation focus will be on pharmacists and pharmacy technicians, nurses and medical doctors will be included in some of the training workshops. A total of 200

	participants are expected to attend the workshops. Specific sub-activities with MSH/SPS TA support will include, but are not limited to: (1) Provide training and workshops for pharmacy staff and other key personnel involved in the provision of pharmaceutical services from public, private, and mission hospitals on the following topics: best drug supply management practices (e.g., assessing re-order level, optimized inventory management, computerized systems), rational drug use including sessions on the management of HIV and AIDS (e.g., adherence monitoring, counseling, and adverse drug event monitoring), and implementation and/or strengthening pharmacy and therapeutics committees to promote safe and rational use of medicine, develop provincial medicine formularies, and promote standard treatment guidelines for HIV and AIDS regimens. (2) Continue to train health workers on improving infection control measures at facilities where ART and TB treatment is provided. (3) Assist the MoHSW with the development and implementation of an infection control policy as a key strategy to limit antimicrobial resistance.
SPS Partners:	None.
Budget: $64,325.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS worked with the EGAPF to conduct medicines supply management training for professional nurses and clinic matrons who are working in the PMTCT program. This training was well received and the Deputy Chief Nurse has requested that this training be offered to all clinic supervisors and matrons on the medicines supply management for all other medicines. As a follow-up to TB medicines supply management training that was conducted for nurses, institutions were visited to assess progress. The gaps identified in implementing the best principles of stock management were presented to the pharmacists' forum which resolved to coordinate the procurement of TB medicines from the hospital pharmacists.
Barriers to Progress:	Matrons mentioned the shortage of vehicles as the main limitation to them visiting clinics.
Next Steps:	Conduct joint facility visits with the matrons to monitor medicine supply.
Indicators:	None.
Activity Title:	Pharmaceutical policy and national level support (drug Advisory, PTC, DI)
Activity Lead:	Tjipura, Dinah **Activity #:** 5 **Task**: LF SZ08XXX **Subtask**: 60BXH5
Activity Description:	Specific sub-activities with MSH/SPS TA support will include, but are not limited to: (1) Continue to support the tendering process for medicine procurement and other commodities (laboratory and dental supplies). (2) Assist the NDAC to monitor supplier performance, review facility expenditures and improve the financing mechanism. (3) Continue to assist the pharmacy services to implement the Swaziland Medicines Regulatory Authority to regulate the importation, procurement, storage and distribution of medicines for the public and private sector.
SPS Partners:	None.
Budget: $58,900.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2

Activity Progress:	SPS continues to work with the MoH to get the Medicines and Related Substances Bill and the Pharmacy Bill enacted in parliament. The recommendations from the stakeholders' consultation workshop held in November 2009 have been considered and included in the latest version of these bills. Discussions are continuing with Medecins Sans Frontieres (MSF) on developing a training program for mid-level pharmacy workers in the country. This is important since there is no training program available in the country for both pharmacists and mid-level pharmacy workers (e.g. pharmacy technician and pharmacist assistant). The pharmacists' forum meetings are used to discuss important pharmacy practice issues in the country. These forum meetings have been used to discuss topics such as pharmacovigilance, dispensing practices, and national pharmacy organizational structure.
Barriers to Progress:	Absence of the Chief Pharmacist at the National MoH.
Next Steps:	MoH to identify a focal person to coordinate these processes in the future.
Indicators:	None.
Activity Title:	Strengthening Laboratory Logistics and Quantification Services
Activity Lead:	Tjipura, Dinah **Activity #:** 6 **Task**: LF SZ08XXX **Subtask**: 60CXM6
Activity Description:	In response to this important continuing need, SPS will continue to implement standardized quantification approaches for ART, TB and STI products. SPS will develop and implement models for the quantification of laboratory testing for ART and other patients (e.g., CD4+, Viral Load, and others). Specific sub-activities with MSH/SPS TA support will include, but are not limited to: (1) Develop models to estimate laboratory reagents and other commodities needs. (2) Train staff from the national and facility levels in quantifying their laboratory commodities requirements based on current and forecasted patient load and distribution. (3) Map the current flow of laboratory commodities throughout the supply chain and make recommendations to optimize their procurement, distribution, and use. This will include strengthening the coordination among all stakeholders, and identifying new potential sources of supply. (4) SOPs for laboratory services at the health level, and then train laboratory personnel, procurement officers and program managers at the health facility level to develop and/or review and adapt SOPs to optimize the operation of the laboratory services. (5) Assist with the development and implementation of systems to track laboratory commodities and optimize their stock levels in all health institutions.
SPS Partners:	None.
Budget: $38,750.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	Technical assistance was provided in the relocation of the laboratory warehouse from Matsapa to Mbabane Hospital. SPS worked with the laboratory technical staff from URC in conducting a stock take at the Matsapa warehouse before moving the stock to Mbabane facilities. All 13 laboratories in the country continue to receive technical/site support on using the bin cards to manage their stock of laboratory commodities. SPS worked with the Laboratory Procurement Officer in the quantification of laboratory commodities.
Barriers to Progress:	Delays in the relocation of the warehouse to Mbabane.
Next Steps:	Install the RxSolution laboratory module at the warehouse.
Indicators:	None.

Activity Title:	Provide TA to review the National EDL and establish Medicine Information (MI) and Pharmacovigilance (PV) functions at the national level
Activity Lead:	Tjipura, Dinah **Activity #:** 7 **Task**: LF SZ08XXX **Subtask**: 60BXH7
Activity Description:	Under COP 08 funding, SPS will continue to provide technical assistance and build the capacity of the NDAC committee members to ensure they can assume their critical roles and functions. Specific sub-activities with MSH/SPS TA support will include, but are not limited to: (1) Assist with the development and compilation of national standard treatment protocols and guidelines (STGs) for HIV/AIDS, OIs, TB and other diseases in line with international recommendations. (2) Provide guidance on the selection of essential medicines to ensure that the selection is in-line with evidence-based medicine approaches (e.g., pharmacoeconomic principles). (3) Support the implementation of a National Medicine Information Center and the promotion of adverse drug event reporting through post-marketing surveillance (pharmacovigilance). (4) Assist with the implementation and/or strengthening of Pharmaceutical Therapeutic Committees at district and facility levels, in support of ARV and other priority programs.
SPS Partners:	None.
Budget: $69,750.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	There was no progress on this activity this quarter. The latest draft of the EML is available and we are waiting for the MoH to proceed with finalizing the document and begin implementation.
Barriers to Progress:	Absence of a Chief Pharmacist at the national MoH.
Next Steps:	Ministry to identify a pharmacy focal person to lead the process of getting the EML approved and adopted.
Indicators:	None.
Activity Title:	Maintain Rx Solution After National Roll-out at Public and Private Sites and Set-up National Data Warehouse
Activity Lead:	Tjipura, Dinah **Activity #:** 8 **Task**: LF SZ08XXX **Subtask**: 60CXJ8
Activity Description:	With FY 2008 PEPFAR funds, MSH/SPS will continue and expand activities already underway in Swaziland to support the effective management of antiretroviral (ARV) medicines. SPS will continue to influence drug provision positively by improving estimation of needs for ARVs, opportunistic infection (OI), and sexually transmitted infection (STI) drugs, implementing systems to support drug supply management activities and to monitor drug availability at the institution and district levels, and develop a highly skilled pool of pharmacy personnel to manage them. Specific sub-activities with MSH/SPS TA support will include, but are not limited to: (1) Continue to support the RxSolution© system through follow-up visits, and the development of new management reports. (2) Train health workers in using the functions of the computerized drug management supply system to support activities related to procurement, storage, distribution, dispensing, and down referral, and to improve patient management and monitoring using the system. (3) Develop and implement a central data repository to assist the MoHSW to monitor the ARV program at all levels.
SPS Partners:	None.

Budget: $98,425.00 **Start Date:** Jan 2007 **End Date:** Jan 2007

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: Technical assistance continues to be provided to the 20 facilities using the patient and drug management software RxSolution®. SPS also continues to build capacity of the MoH M&E team to provide user-support of RxSolution®. SPS has provided computer hardware, network troubleshooting, and software upgrades and configurations to all facilities using the RxSolution® software (clinics/hospitals and the CMS). Laboratory technicians under the National Malaria Control Program were trained on the stores module of RxSolution®. These technicians will use RxSolution® at the 13 laboratories where the store module with laboratory commodities has been installed. SPS continues to work with various partners involved in strategic information, such as enhancing strategic information (JSI/ESI), to strengthen data quality at facilities especially those using the electronic system. Set-up of the drug management software, RxSolution® at a Baylor International Pediatric AIDS Initiative (BIPAI) clinic through implementation of a patient transfer interface developed by SPS. This clinic now uses the full RxSolution (store) module. The pilot of the latest version of the RxPMIS (RxSolution patient management module) at 3 facilities is still ongoing and plans are underway for the M&E unit to conduct an assessment of this pilot before roll-out to all facilities. Using a network link between the CMS and the MoH headquarters, SPS has installed the reporting module of RxSolution at the Under Secretary (Technical) office. This is aimed at helping the US to monitor stock availability and generate certain management reports remotely.

Barriers to Progress: The Ministry does not have sufficient capacity to provide user-support for the software and computers are often exposed to harmful viruses.

Next Steps: Conduct an assessment of the RxPMIS pilot version. Continue to build capacity among MoH personnel to support the users of the software and work with the Ministry of Information and Communication Technology to provide antivirus software.

Indicators: None.

Activity Title: Disseminate Results And Lessons Learned From The Implementation Of Emergency Plan Pharmaceutical Services Improvements

Activity Lead: Putter, Sue **Activity #:** 9 **Task**: LF SZ08XXX **Subtask**: 60G2H9

Activity Description: SPS will now update and implement the plan in conformity with COP 08. This activity aims at regular reporting on program implementation and documenting the different lessons learned from the implementation of the emergency plan interventions as applied to the pharmaceutical sector. It will document workable solutions and strategies. The program will work with the USG Team, SPS/Washington, and other partners to identify success stories and ensure their documentation, and to identify opportunities for the presentation and dissemination of lessons learned locally, regionally and internationally, as well as to contribute to conceptual publications of global interest. This activity also includes work plan development, budget monitoring, progress monitoring, quarterly and semi-annual reports, and pipeline reports. A set of indicators will be defined for the monitoring of SPS activities and will serve as a basis for reports provided to the USAID mission, as well as for revising targets in order to contribute to reaching PEPFAR goals in Swaziland.

SPS Partners: None.

Budget: $15,000.00	**Start Date:** Oct 2009	**End Date:** Sep 2010
Products Planned:	None.	

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS continued to monitor the progress of various activities in the country with regular consultation with the South African office. Reports from the central warehouse consultant were shared with the MoH and an action plan developed for implementation.
Barriers to Progress:	None.
Next Steps:	Submit semi-annual report including the pipeline report to the USAID mission in Swaziland.
Indicators:	None.

Swaziland PEFAR 2009

Work plan: Swaziland PEPFAR **Year** 2009

Funding Level: $490,000.00

Work plan Background
HIV/AIDS remains one of the major challenges to the Kingdom of Swaziland's socioeconomic development. The epidemic has continued to spread relentlessly in all the parts of the country. Since 1992, the Swazi government has been conducting antenatal clinic (ANC) sentinel surveillance. The latest data shows that the prevalence amongst women attending ante-natal care facilities is at 42%. In 2006-07 the country conducted its first Demographic and Health Survey, including HIV testing at the national level. The results confirmed that Swaziland is in a crisis- the country reports a 19% prevalence rate in its population above the age of two, 26% prevalence rate in the reproductive age group (population of women and men aged 15-49), and HIV prevalence is higher among women than men (22 percent and 15 percent, respectively). In 2003, the National Emergency Response Committee on HIV&AIDS (NERCHA) was established to coordinate and facilitate the national multi-sector response to HIV and AIDS, while the Ministry of Health (MoH) is responsible for the delivery of many of the services. The National HIV&AIDS Strategic Plan (NSP) makes provision for the scale-up of care and treatment by increasing access to ART services, ensuring quality, and expanding capacity and efficiency of service provision. Both the Government of Swaziland and the President's Emergency Plan for AIDS Relief (PEPFAR) recognize the key challenge to this rapid scale-up is the country's weak national pharmaceutical management system. Support from the United States Government (USG) to the Government of the Kingdom of Swaziland is provided through the United States Agency for International Development (USAID)/PEPFAR office in Swaziland. Over the years, technical assistance to the Government of Swaziland, in the area of pharmaceutical management, has been given through Management Sciences for Health's Rational Pharmaceutical Management (RPM) plus program and, in FY08 through the Strengthening Pharmaceutical Systems (SPS) program, the follow-on to RPM-plus. Under this plan, SPS will continue to support objective 22 of the Swaziland NSP. In addition to addressing pharmaceutical system gaps in support of the HIV and AIDS program, MSH/SPS will also address key laboratory commodity priority areas. This plan delineates the activities that have been planned for Swaziland, in consultation with the MoH and other key partners.

Activity Title:	TB/HIV infection control.
Activity Lead:	Matshotyana, Kidwell **Activity #:** 10 **Task**: LFSZ09XXX **Subtask**: 60F3K0
Activity Description:	The implementation of the ICAT will assist institutions in providing data for the National TB Control Program and the Quality Assurance Unit. This activity will assist with the overall monitoring and evaluation of the country TB program.

	Specifically, SPS will: support the training of pharmacists and pharmacy technicians, matrons, clinic managers, national program managers, public health doctors, professional nurses and other healthcare workers in implementing TB infection control measures and procedures at facilities where TB/HIV services are provided, and implement the ICAT for monitoring of infection control at regional hospitals. About 50 health workers are expected to be reached through these activities. This activity will be achieved in partnership with PATH.
SPS Partners:	None.
Budget: $25,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	TB infection control tool. Trained staff.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS worked with the TB technical working group under the NTCP to prepare for the GDF visit to approve the provision of second line TB drugs.
Barriers to Progress:	Many partners involved in TB/HIV infection control.
Next Steps:	Participate in the TB/HIV technical working group.
Indicators:	None.

Tanzania

Work plan: Tanzania PEPFAR **Year** 2009

Funding Level: $699,999.00

Work plan Background

As in several countries in the region, the HIV pandemic in Tanzania had a major impact on the socioeconomic conditions and overall well-being of the population. With an estimated total population of approximately 40 million (IDB 2008,) Tanzania's HIV prevalence in adults between the ages 15 to 49 is approximately 5.7%. The estimated number of people (adults and children) living with HIV is close to 1.4 million [1] and the number of children (0 and 14 years) living with HIV is estimated to be 140,000 (UNAIDS 2008). The President's Emergency Plan for AIDS Relief (PEPFAR) emphasizes prevention, care, and treatment for HIV infected individuals through the provision of antiretroviral medicines (ARVs) - and other health related supplies- and in building national health systems. To ensure appropriate care is provided to patients on ARVs, pharmaceutical management and care need to be updated and strengthened. The challenges in ART deliveries are numerous and include human resources capacity and training, poor infrastructure, weak management of supply systems, weak distribution systems, poor record keeping, weak information systems, and overall weak laboratory support services. In addition to this list, the USG and its partners in Tanzania are keenly aware that providing ART services involves meeting the challenges surrounding the appropriate use of medicines, adherence to treatment, good dispensing and counseling practices, and delivering appropriate pharmaceutical care services at the ART sites. Providing technical support to strengthen the management of ART pharmaceutical management is crucial to successful treatment outcomes and ensuring rational use of ARVs, adherence, and continuous monitoring of patient safety. With the ongoing scale-up plan of HIV/AIDS care and treatment services in Tanzania, there is a growing need to expand overall capacity of staff handling health supplies in pharmaceutical management, advanced training in pharmaceutical management, leadership and management skills, and mentorship to provide high quality service. This is particularly important in primary health care level facilities. Under COP08, SPS achieved the following: (1) Participated in planning meetings to prepare for the national trainings on the re-designed ART logistic management system. (2) Participated in a TOT workshop and reviewed the ART logistic management training curriculum (organized by NACP with support from SCMS). (3) Collaborated with EGPAF, MDH and SCMS, in training 462 staff from ART sites in Arusha, Kilimanjaro, Tabora and Shinyanga and Dar on the ARV and HIV test kit logistics system. (4) Provided support in developing an 'after training plan' and conducting supervisory visits to 57 facilities in Arusha, Kilimanjaro, Tabora and Shinyanga. (5) With a request from the MDH, provided support in training of 12 ART pharmacy staff from Dar sites and MDH IT personnel on ADT use and troubleshooting, as well as training of 64 ART site pharmacy staff in advanced training for pharmacists, organized by MDH. (6) In collaboration with NACP and SCMS, SPS provided technical assistance to the Regional Training Resource Collaboration (RTRC) of the School of Pharmacy, Muhimbili University of Health and Allied Sciences (MUHAS), in training 22 MSD managers in HIV/AIDS pharmaceutical management. (7) In collaboration with FHI's TUNAJALI HBC program, SPS conducted a rapid assessment to identify potential ADDOs that could participate in HBC kit distribution, sensitization of ADDO owners was conducted as well as development of HBC distribution tracking tools. [1]. UNAIDS and 2007– 08 Tanzania HIV / AIDS and Malaria Indicator Survey (THMS).

Activity Title:	Technical activity coordination and monitoring
Activity Lead:	Gabra, Michael **Activity #:** 1 **Task**: LFTZ09HIP **Subtask**: 97XXY1
Activity Description:	This activity includes work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators. This will involve MSH/SPS local office coordination with MSH/SPS office in Arlington, coordination of activities with the USAID/PEPFAR activity manager and CTO, NACP, TFDA and other USG funded partners.

SPS Partners: None.

Budget: $50,000.00 **Start Date:** July 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: MSH/SPS participated in a joint meeting between USAID, MSH/SPS, and SCMS to discuss planned activities and collaborative approach. As part of this collaboration, the MSH/SPS team agreed to keep in touch with supply chain monitoring advisors while in the field and shared observations which needed SCMS attention. MSH/SPS held a meeting with representative from the local group of International Network for Rational Use of Drug (INRUD), which has been working closely with MoHSW/PSU in support of rational medicines use activities. During the meeting, the implementation approach was shared and the rapid assessment tool was jointly reviewed. MSH/SPS is planning to work closely with INRUD group as part of capacity building of local teams.

Barriers to Progress: None.

Next Steps: None.

Indicators: None.

Activity Title: Provide TA in strengthening ART pharmaceutical management systems at facility level in collaboration with partners and stakeholders

Activity Lead: Mwakisu, Salama **Activity #:** 2 **Task**: LFTZ09HIP **Subtask**: 60A2H2

Activity Description: Under COP 09, MSH/SPS will build on existing efforts and provide support in strengthening capacity of districts pharmacists, to monitor performance of ART sites under their catchment areas, to ensure provision of quality services in ART pharmaceutical management and care. The targeted sites include district level and primary health care facilities. The activity will be implemented in close collaboration with NACP and other care and treatment partners building on the work and lessons learnt under COP 08.

SPS Partners: None.

Budget: $300,000.00 **Start Date:** July 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: MHS/SPS finalized the field visit plan to the selected regions. The visit plan was also shared with regional and district medical officers in the selected regions ─ the MoH/NACP facilitated communication with regional's and district authorities. SPS also conducted evaluations on ART medicine use practices and assessment visits in 6 regions. In collaborations with district teams, a total of 38 ART sites were visited from February to date. The assessment focused on the following areas: human resource capacity in support of dispensing process, availability, and use guidelines, ADR monitoring and reporting, dispensing practices, prescribing practices in support of rational use (particularly on the issues of conformity to HIV/AIDS treatment guidelines), availability of ARVs and selected medicines for OIs and its influence on medicines use practices. Two teams were involved which visited two regions concurrently, as follows: Iringa – Njombe district (7 sites) and Shinyanga – Bukombe district (5 sites) from February 2 -12, 2010. Lindi – Lindi Urban (7 sites) and Coast region – Rufiji district (5 sites) from February 23 -March 5, 2010. Ruvuma – Mbinga District (8

	sites), Manyara – Babati and Simanjiro (6 sites) from March 22 - April 1, 2010. At each ART site, feedback sessions were held with CTC teams to discuss the identified gaps or strengths and proposed solutions were jointly agreed upon. A summary report was prepared and left at each site for further action. Data entry was carried-out at the 24 facilities visited (from 4 districts) and preparation of draft report for field visit was done, covering field findings, conducted activities, and proposed interventions. Data entry from an additional 29 facilities will be carried-out and the complete report will be finalized. Developed draft rational use training materials related to ART medicines were developed. The first draft is being circulated for internal review before sharing with NACP. The materials were developed and customized based on field experiences.
Barriers to Progress:	None.
Next Steps:	Completion of data entry from the three region regions (Dar, Manyara and Ruvuma). Finalize report of ART sites visits and rapid assessment. Meet with NACP to share and discuss the report on April 9, 2010.
Indicators:	None.
Activity Title:	Local Office Management and Program Operations Support
Activity Lead:	Gabra, Michael **Activity #:** 4 **Task**: LFTZ09HIP **Subtask**: 97XXYX
Activity Description:	The current number of technical staff available to provide TA is limited. Recruitment of two additional technical staff members to support the activities and provide TA to USG partners in areas of pharmaceutical management is proposed under this work plan. Also, to ensure smooth operation and lower cost of transport, SPS will purchase two cars to facilitate support to districts and selected primary health facilities.
SPS Partners:	None.
Budget: $139,999.00	**Start Date:** July 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	MSH/SPS completed the recruitment of two additional technical staff to support PEPFAR-funded activities. The new staff was taken on board and orientation was conducted in the month of December 2009. Also developed and advertised job description for a program associate to support PMTCT activities. Possible candidates have been shortlisted for interviews which will start first week of April. MSH/SPS completed request for quotations for vehicle procurement. Evaluation of bids for procurement of cars completed. MSH's contract office is preparing documents for submission to USAID. MSH/SPS prepared its annual progress report (APR) and timely submitted it to the USAID/PEPFAR team.
Barriers to Progress:	None.
Next Steps:	Conduct interviews and confirm Program Associate recruitment.
Indicators:	None.

Ukraine

Work plan: Ukraine **Year** 2009

Funding Level: $512,350.00

Work plan Background
Tuberculosis (TB) is a serious public health threat in many countries of Eastern Europe. Despite the efforts made by the governments and donors in scaling-up the World Health Organization (WHO) recommended diagnostic and treatment strategies, the current epidemiological situation is marked with high rates of multi-drug resistant (MDR) TB, with most countries of the region reporting MDR TB in more than 5% of new cases, and in over 50% of previously treated cases [1]. Possible factors contributing to this situation include limited infrastructure, poor diagnostic and laboratory capacity, improper prescribing and lack of providers' adherence to standard treatment guidelines, and poor compliance of patients to treatment regimens. Added to this is the problem of inadequate procurement and distribution practices of TB medicines (even among Global Drug Facility assisted countries) which can result in potentially poor quality medicines and stock-outs. Lack of adequate infection control procedures within health institutions has also been a factor in the spread of MDR and extensively drug resistant (XDR) TB, ultimately increasing the length and cost of treatment. Often the exact reasons for poor outcomes of TB programs are impossible to identify because the information and reports required for the analysis of program operations and for informing management decisions are not readily available at all levels of the health system (health facility, provincial, and national levels). In Ukraine, TB control activities are managed by a large network of institutes, dispensaries, hospitals, outpatient clinics, sanatoria, and rural operations. A deputy minister of health and a national committee from the department of socially dangerous diseases have taken the lead responsibility for TB. There is no National TB Program (NTP) or NTP manager and the Research Institute for Respiratory Disease and Tuberculosis of the National Academy of Sciences leads development of policy and standards for TB control. The TB system in prisons and pre-trial detention centers is managed by the Ministry of Internal Affairs. Establishing an adequate TB management information system (MIS) can help overcome many of the challenges of coordinating TB control activities in Ukraine, by providing the required information for TB control monitoring and management decision-making. Key to this system is its ability to align in-country programs with WHO recommendations for Directly Observed Therapy, Short-course (DOTS) and DOTS Plus programs (e.g., standard data collection, recording, and reporting), creating user-friendly web-based information sharing and consolidating different reporting level data extraction tools into a single interface, thus ensuring rapid response to case and drug management issues. The system should provide a database protected by a validation process to ensure internal security features and unique patient identification. It should use open sources for technical solution development (not needing additional licenses) and be used with a mixed system of online reporting and paper systems at peripheral levels. In response, and with USAID core funding, the Strengthening Pharmaceutical Systems (SPS) of Management Sciences for Health (MSH) developed an approach to address the information gaps in TB programs. The program developed an electronic web-based tool known as the e-TB Manager© (e-TBM). The e-TBM aims at strengthening TB programs and improving program outcomes through the implementation of a comprehensive information system pulling together all elements of DOTS strategy and its supporting databases. The information collected by healthcare workers flows into one comprehensive management tool that is easily customized, translated, and adapted for country specific requirements. Once collected, the information can be generated into reports made readily available for analysis and management at all levels, and for informed decision making at the national level. The e-TBM captures all the necessary information of a TB program, including the following functions- Treatment and case management: e-TBM uses online notification and follow-up, clinical records and laboratory results, tracks patients' transfers in and out of facilities, and provides data for treatment adherence and patient contact evaluation. First- and second-line medicines management: e-TBM provides data for medicine consumption, forecasting, ordering, distribution, and dispensing, records stock movements/inventories, and tracks medicine batch numbers generated from good quality data at all levels of the health system. Information and surveillance management: e-TBM maps TB and MDR/XDR case patterns, epidemiological indicators, resistance

patterns, co-morbidities, previous treatment history, and treatment cohort results, and provides surveillance reports. This updated information can be readily accessed online at central and peripheral levels. Operational and clinical research: e-TBM provides easy methods for analyzing collected data, evaluating treatment costs, and exporting data to other statistical programs. In FY09, using USAID Europe and Eurasia (E&E) funding, SPS planned and initiated activities in the region aimed at the implementation of the e-TBM. Activities began in November 2008, with an SPS regional workshop on the e-TBM in Tbilisi, Georgia. The purpose of the workshop was to familiarize a number of countries with the tool, its potential role in strengthening country TB programs, implementation steps, and required resources. Seventeen (17) participants from Georgia, Armenia, Azerbaijan, Kazakhstan, and Ukraine attended the workshop. All countries represented at this workshop expressed interest in the e-TBM and in potentially adopting it to support their national TB programs. The workshop was followed by a pre-implementation planning and technical needs assessment review for the Georgia TB program. Also a series of trips to Armenia, Azerbaijan, Kazakhstan, Ukraine, and Uzbekistan were carried out to better understand their needs vis-à-vis the e-TBM. SPS also remotely tested the initial version of the e-TBM in these countries with the aim to address potential bugs and make any additional system adjustments. Finally, country-specific versions of the e-TB Manager were developed, followed by country-specific user trainings. The focus in Ukraine was to develop, validate, and test a country-specific version of the e-TBM. The country-specific version is currently installed on a designated server at the National TB Institute. A Memorandum of Understanding between the Ministry of Health (MoH) of Ukraine and MSH/SPS was signed. The e-TBM is thus ready to be piloted in oblasts designated by the MoH. Currently under consideration are Kherson, Donetsk, Zaporizhia and Kharkiv oblasts, and the penitentiary system. Additionally, national data collection forms for susceptible TB were revised and adopted in line with WHO reporting requirements. Also National Guidelines for MDR TB were adopted. Such effort was critical for the adequate customization of e-TBM for Ukraine. The recent FY 09 field support funding from the USAID/Ukraine Mission to SPS will allow SPS to pursue the establishment of the e-TBM in Ukraine, thus strengthening the management of the national TB program through improved access to the standardized information on case and commodity management, and better reporting. In addition to strengthening information systems for TB, SPS will initiate other pharmaceutical management activities in FY09 aimed at improving rational use for TB medicines. Partnerships are important to control TB in Ukraine. SPS will collaborate with PATH who are currently providing assistance to implement the DOTS strategy in Ukraine, and the Rinat Akhmetov Foundation for Development of Ukraine (FDU), who have a Stop TB program including a DOTS Plus treatment project in the Donetsk oblast. [1] Anti-tuberculosis Drug Resistance in the World. Fourth global report. The WHO/IUATLD Global Project on Anti-Tuberculosis Drug Resistance Surveillance 2002-2007.

Activity Title:	Technical Activity Coordination and Monitoring
Activity Lead:	Duzey, Olya **Activity #:** 1 **Task**: LFUA09TBX **Subtask**: 97XXY1
Activity Description:	This activity includes work plan development, budget monitoring, progress monitoring, reporting, meetings, communications with partners and collaborators, and monitoring and evaluation.
SPS Partners:	None.
Budget: $51,220.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	USAID/Ukraine approved the proposed plan of activities. A work plan based on the proposed plan was submitted to the Mission for review and approval.
Barriers to Progress:	None.
Next Steps:	Continue to coordinate with USAID/Ukraine to finalize the work plan.
Indicators:	None.
Activity Title:	Support Implementation of the e-TB Manager

Activity Lead: Duzey, Olya **Activity #:** 2 **Task**: LFUA09TBX **Subtask**: 30F3M2

Activity Description: SPS will provide support in the following areas: Prepare a self-assessment plan for site implementation readiness at the oblast level, train super-users (trainers) and other decision makers at each oblast level on the e-TB manager, develop oblast specific roll-out plans including identifying gaps in information technology resource needs, facilitate and support implementation of developed roll-out plans in target oblasts (including assessments, trainings, resource mobilization, and tool application), assess practicability of populating e-TB manager with retrospective data in target oblasts, and support implementation in target oblasts towards nationwide coverage. It is anticipated that SPS will conduct and fund at least two trainings for 15 super-user participants each over four days for participants from five oblasts. Super-users will then be able to conduct trainings with technical assistance from SPS for end-users. Refresher training will be provided to follow-up on issues identified during the training and oblast roll-out implementation. Logistics and resource responsibilities will be shared among SPS, PATH and the FDU. Resources will allocated based on priorities determined by the MoH.

USG Sub-element: Increasing Availability of Drugs for Treatment of TB
Multi Drug Resistant TB
Development of New Tools and Improved Approaches

SPS Partners: None.

Budget: $179,208.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Participant training materials. User Manual. Train the Trainers Manual. Final version of e-TB Manager customized.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q2

Activity Progress: A workshop was conducted at the MSH/SPS office to introduce the updated functionalities of the e-TB Manager, and to discuss improvements and further adaptations with the TB SPS team. Draft Ukraine-specific Trainer's Manual, User´s Guide and training materials were developed.

Barriers to Progress: Full information regarding registration requirements for e-TBM in Ukraine has not yet been obtained. MSH/SPS continues to work with PATH, The TB Center, and USAID/Ukraine to ensure requirements for registration will be met. Oblast training during this quarter could not be conducted due to travel restrictions caused by the H1N1 virus outbreak in Ukraine.

Next Steps: Finalize the Ukrainian version of the e-TB Manager according to WHO recommendations for TB and DR-TB programs and Ukraine-specific requirements. Finalize the Ukraine-specific Trainer's Manual, User´s Guide and training materials to support future e-TB Manager implementation in Ukraine. Translate the above referenced documents into Ukrainian. Plan first round of oblast trainings for May 2010.

Indicators: None.

Activity Title: Provide Technical Assistance to the National Level to Monitor Implementation of the e-TB Manager and to Ensure Data Quality

Activity Lead: Duzey, Olya **Activity #:** 3 **Task**: LFUA09TBX **Subtask**: 60F3H3

Activity Description: SPS will provide support in the following areas: Assist local counterparts in planning all activities related to the establishment and roll-out of the e-TBM, provide technical assistance for the development and execution of Standard Operating Procedures (SOPs) and quality assurance procedures to produce high quality data, assist with the monitoring of e-TBM implementation including

	quality reporting and appropriate use of data, and develop recommendations for improvement.
SPS Partners:	None.
Budget: $40,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Data quality management SOPs.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	This activity is anticipated to begin in Q4 once e-TBM training has been completed in at least 5 oblasts, and patient data has been entered into the system.
Barriers to Progress:	None.
Next Steps:	None.
Indicators:	None.
Activity Title:	Provide Technical Assistance at the National and Oblast Level to Analyze and Use Information Generated From e-TB Manager For Decision Making and Planning
Activity Lead:	Duzey, Olya **Activity #:** 4 **Task**: LFUA09TBX **Subtask**: 60G3H4
Activity Description:	SPS will: Provide assistance to national and oblast staff to ensure their appropriate use of data for adequate quantification, and for monitoring prescribing patterns for first- and second– line medicines according to WHO recommendations and according to national standard treatment guidelines (STGs). Assistance will also support treatment and case management processes, the mapping of TB and MDR/XDR case patterns, and managing inventories based on sound information obtained from e-TB Manager. Work with the National TB Center for the adoption of WHO standard layout for TB reports. SPS will also mobilize partners and stakeholders to revise current national TB reporting guidelines and put them in better accord with the Stop TB recommendations for TB and patient classification.
SPS Partners:	None.
Budget: $40,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Data analysis reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	This activity is anticipated to begin in Q4 once e-TBM training has been completed in at least 5 oblasts, and patient data has been entered into the system.
Barriers to Progress:	None.
Next Steps:	None.
Indicators:	None.
Activity Title:	Build the Capacity of Key National Ukrainian TB Institutions to Provide Training on the Implementation of Second-Line TB STGs
Activity Lead:	Duzey, Olya **Activity #:** 5 **Task**: LFUA09TBX **Subtask**: 60E3M5
Activity Description:	SPS will assist in the adequate implementation of second-line TB STGs by: Training health care personnel to become national trainers on second-line STGs and drug management in collaboration with the WHO Collaborative Centre for Research and Training on MDR TB in Riga, Latvia. Providing technical assistance to national trainers to conduct trainings, and provide training

	feedback to improve future sessions. One central ten-day training of national trainers for ten participants to be held in Ukraine is planned. National trainers will then be able to conduct trainings with technical assistance from SPS for healthcare workers to conduct their own in-service programs.
SPS Partners:	None.
Budget: $75,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Training materials. Training report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	The WHO Collaborating Centre for Research and Training in Management of Multidrug-Resistant Tuberculosis (WHO CC) was selected to conduct the training.
Barriers to Progress:	None.
Next Steps:	Continue to work with the TB Committee to select participants to attend the training. Select dates for the training with input from The WHO CC and the TB Committee. Continue to organize logistics to conduct the training.
Indicators:	None.

Vietnam

Work plan: Vietnam **Year** 2009

Funding Level: $250,000.00

Work plan Background
The government of Vietnam recognizes the importance of establishing a national system for collecting and monitoring adverse drug reactions and for providing drug information. The Ministry of Health's Drug Administration Department and the Hanoi University of Pharmacy were assigned to develop a National Drug Information (DI) and Adverse Drug Reaction (ADR) Monitoring Centre on March 24, 2009. The National DI & ADR Centre was launched on June 9, 2009 and has legal status and an account at the National Treasury under the administrative management of the Hanoi University of Pharmacy. Building on this legal framework, the National DI & ADR Centre will serve as a key unit for Vietnam's pharmacovigilance system. However, the government of Vietnam does not have sufficient funding or the technical support to get this center (plus three other proposed regional centers in Northern, Central and Southern Vietnam) started. Moreover, the current pharmacovigilance system is based primarily on a passive approach to monitoring and reporting ADRs. Lessons learned from other countries suggest that active approaches are needed to detect and evaluate potential safety concerns and quantify risk, so as to assist decision-making for national regulatory authority and prevent harm to the public. Management Sciences for Health's support for pharmacovigilance activities in Vietnam began in October 2008 under the Rational Pharmaceutical Management Plus Program (RPM Plus), which used Viracept recall funds to identify and engage key Ministry of Health officials, the Hanoi University of Pharmacy, and other stakeholders that currently do or potentially could play an important role in pharmacovigilance in Vietnam. In March 2009, RPM Plus assisted these stakeholders to adopt a framework for pharmacovigilance that incorporates active surveillance of adverse events and ensures public health program participation. RPM Plus also conducted a training-of-trainers introductory course on pharmacovigilance and medication safety aimed at 42 participants from 17 institutions in Vietnam. The Strengthening Pharmaceutical Systems (SPS) Program, a follow-on to RPM Plus, is using COP 09 funding to assist local counterparts to further strengthen their capacity to conduct pharmacovigilance activities in the country.

Activity Title:	Provide technical assistance to Hanoi University of Pharmacy for the start-up of pharmacovigilance activities
Activity Lead:	Walkowiak, Helena **Activity #:** 2 **Task**: LFVN09HIP **Subtask**: 60AXA2
Activity Description:	SPS will provide technical assistance to HUP to strengthen DI & ADR Centre's capacity to provide medicine and safety information, and to develop a strategy for preparing a pharmacovigilance-related proposal for GFATM funding. Specifically, SPS will assist the DI & ADR Centre to (1) develop a detailed one-year action plan for 2009-2010, (2) provide an initial training to its staff on key issues relating to medicine information and safety, (3) develop a strategy for acquiring and updating drug information and pharmacovigilance reference resources, (4) identify the changes needed in the existing monthly bulletin on Clinical Pharmacy Information, (5) map basic steps involved in the provision of question-answer service planned for the future, (6) carry-out a stakeholder analysis to identify key players that could support its vision and activities, and (7) review and identify revisions needed for the existing ADR reporting form. Additionally, SPS will render technical assistance to HUP to help it prepare a GFATM Round 10 grant proposal relating to pharmacovigilance system strengthening. SPS will leverage Supply Chain Management System (SCMS) Project support for a DI & ADR Centre staff study tour to South Africa and Namibia to learn from experiences of these countries in medicine information, pharmacovigilance, and GFATM grant proposal development. SCMS will also

	donate a set of core clinical drug information and pharmacovigilance reference resources to the DI & ADR Centre.
SPS Partners:	None.
Budget: $98,606.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip reports and technical report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS developed a draft template for a situation analysis to inform development of a pharmacovigilance (PV) component for the GF Round 10 application (in case Vietnam decides to submit one for this round) and shared this with the WHO country office staff. During the Vietnam visit in January (done primarily to work on the active surveillance protocol development), the SPS technical staff held a meeting with HUP and WHO/Vietnam contacts regarding the next steps in collaboration, to help in-country stakeholders advocate for and develop such a PV component to include in the application. Additionally, with MSH support, 3 staff from the DI & ADR Centre undertook a study tour of Namibia and South Africa from March 13 to 28, to become familiar with and learn from drug information and pharmacovigilance activities in these 2 countries. SCMS provided funding for the tour, and SPS HQ as well as country offices in Namibia and South Africa, provided technical assistance and local coordination/communication support before and during the tour.
Barriers to Progress:	None.
Next Steps:	Follow-up with the WHO regarding Vietnam's decision to apply for a GF R10 grant and interest in including a PV component in the application, and collaborate to help develop such a component.
Indicators:	None.
Activity Title:	Support in-country counterparts to initiate an active surveillance system in the ART program
Activity Lead:	Joshi, Mohan **Activity #:** 3 **Task**: LFVN09HIP **Subtask**: 60A1H3
Activity Description:	SPS will engage VAAC and other stakeholders to initiate the design of standard active surveillance procedures within the HIV/AIDS Program in Vietnam, through use of routine procedures. Technical support will be provided to map the care and treatment processes, data collection points, and data elements in order to inform the design. Technical assistance will also be directed toward developing customized data collection procedures and tools and an implementation plan based on selection of sentinel sites.
SPS Partners:	None.
Budget: $135,355.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Active surveillance protocol and trip reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q2
Activity Progress:	SPS helped develop a protocol for “Sentinel Site–Based Pilot Active Surveillance Pharmacovigilance in the Vietnam ART Program”. As an initial step, a mapping of seven antiretroviral therapy (ART) facilities was carried-out at Dong Da Hospital OPC, Tay Ho Hospital OPC, Bach Mai Hospital OPC in Hanoi, and Binh Thanh OPC, District 10 OPC, Pediatric Hospital No.01 OPC, and Tropical Disease Hospital (TDH) OPC in Ho Chi Minh City (HCMC) from January 11 to 15, 2010. After, technical staff from SPS HQ and from the University of Washington visited Vietnam to provide technical assistance for the

	development of the protocol. Activities completed during this visit included: (1) ART site visits in Hanoi and HCMC and discussions with relevant in-country stakeholders, including those from VAAC and the DI & ADR Center. (2) A draft framework for active surveillance protocol, taking into account the current prevailing circumstances and opportunities within the ART program in Vietnam. (3) Presentation to VAAC, the DI & ADR Center, and the WHO the draft protocol and obtained their feedback. (4) Final draft protocol for the proposed pilot activity. SPS disseminated the finalized protocol draft to VAAC and the DI & ADR Center for review, feedback, and approval. SPS also disseminated the final draft to WHO and CDC staff in Vietnam for review.
Barriers to Progress:	None.
Next Steps:	Address comments and feedback on the protocol that may be received from VAAC and DI&ADR/HUP. Follow-up with VAAC regarding final selection of ART sites for the pilot activity.
Indicators:	None.