

PH-PA-807

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**AN INVENTORY OF A.I.D.-ASSISTED PROJECTS
WITH PHARMACEUTICAL COMPONENTS**

Prepared by

Ira C. Robinson, Ph.D., R.Ph.
Pharmaceutical Health-Care Consultant
Washington, District of Columbia

for the

UNITED STATES PUBLIC HEALTH SERVICE
Office of International Health

Supported by

Contract No. 282-82-0036

with

LOGICAL TECHNICAL SERVICES CORPORATION

for the

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
Bureau of Science and Technology
Office of Health

July, 1983

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PREFACE

The United States Agency for International Development has a long-standing policy of supporting worldwide efforts toward improving the access of the rural poor to basic health services. Over the past decade, the agency has focussed its health programming on encouraging and assisting LDC governments in developing and implementing workable primary health care (PHC) programs.

USAID's PHC programs and projects routinely undergo internal and external evaluation for effectiveness and efficiency in attaining their stated goals and objectives. In some cases, reviews of these programs have resulted in inventories of projects which involve specific components, such as Oral Rehydration Therapy. This, however, represents the first inventory of the numerous PHC projects of the agency for the purpose of identifying and delineating those components which are pharmaceutical in nature. As such, it constitutes the first attempt at determining the level and breadth of USAID's contribution to world health through its support of pharmaceutically related procurement; supply of "in-kind" pharmaceutical commodities; pharmaceutical production, dispensing, logistics and supply management; pharmaceutical personnel training; operations research; construction of dispensing, production and warehousing facilities; evaluation of the adequacy of drug supply; and the provision of technical advisory services in either of these areas.

Since USAID is one of the major sources for external support for programs and projects aimed at making basic health-care services available to the rural poor of the developing countries of the world, the information in this inventory should prove to be of considerable value to the agency in its continuing evaluative, implementative and programming efforts in its numerous PHC projects around the world.

Compiled at the request of the Office of Health, Bureau of Science and Technology, USAID, through its contract with the Office of International Health, United States Public Health Service, the report will serve the following purposes:

- ::: provide USAID personnel and other interested organizations an overview of USAID-supported pharmaceutical and pharmaceutically related activities;
- ::: assist U.S.-based health planners and host-country representatives in the overall development and coordination of newly emerging or expanding PHC programs utilizing pharmaceuticals in preventive, promotive and/or curative health interventions;
- ::: serve as a briefing document for USAID and other agency personnel and consultants working in countries where these projects are active;
- ::: support an agency-wide intersectorial network of information dissemination; and
- ::: provide a resource for researchers, students and other interested parties wishing to acquaint themselves with this area of PHC activities.

This report includes information on 75 projects which were recently completed or are currently active in 70 developing countries of the world. While the inventory encompasses projects which have identifiable components in procurement, drug supply management, education and training, logistical support, provision of "in-kind" pharmaceutical commodities, construction of pharmaceutical dispensing and storage facilities, production and other areas, the vast majority of the projects involve pharma-

ceutical commodity support or construction of pharmaceutical dispensing and storage facilities, although pharmaceutical dispensing functions at these facilities may be handled by a health worker other than a pharmacist.

Further, this report includes a listing of abbreviations used throughout the text, a review of key aspects and issues in pharmaceuticals supply and management; a list of definitions germane to one's understanding the scope of this document; a country index to facilitate geographical location of project activities; and a list of useful references for those interested in this aspect of primary health care.

Although the inventory encompasses a myriad of programs and projects indicative of USAID's contributions in providing pharmaceuticals through its PHC projects worldwide, it should not be considered to be a definitive survey of the agency's activities in this area.

ACKNOWLEDGEMENTS

The author expresses his appreciation to the following individuals and members of their staffs for assistance and support in the preparation of this report:

U. S. Agency for International Development

Dr. Anthony Meyer	Office of Education
Dr. Clifford Pease/Dr. James Erickson/ Dr. Rosalyn C. King/Ms. Anne Tinker/ Dr. Donald Ferguson	Office of Health
Ms. Sally Mahone/Dr. Marty Forman	Office of Nutrition
Mr. Anthony Boni/Ms. Jane Shallcroft/ Ms. Betty Case/Ms. Bonita Blackburn	Office of Population
Mr. George McCluskey	Office of Foreign Disaster Assistance
Ms. Carla Maged	Office of Private and Voluntary Cooperation
Mr. A. Abayomi-Cole/Ms. Gilda Deluca/ Ms. Mellen Duffy/Ms. Theresa Lukas/ Dr. Joe Stockard/Mr. Noel Marsh/ Mr. James Cumiskey	Regional Bureau for Africa
Mr. William Goldman	Regional Bureau for Asia
Ms. Linda Morse	Regional Bureau for Latin America/Caribbean
Ms. Juliana Weissman	Regional Bureau for the Near East
Ms. Maxine Redmond	AID Library

University Research Corporation

Dr. Jack Reynolds, Director, Center for Human Services

Mr. Douglas Keene, hospital pharmacist, assisted in the review of project documents and Dr. Rosalyn King (USAID) coordinated efforts between the Office of International Health, U.S. Public Health Service, and the U.S. Agency for International Development, and among the various offices of USAID and the author. Dr. King also provided the final review of the technical content.

ABBREVIATIONS

AID/A.I.D.	Agency for International Development
AID/W	Agency for International Development, Washington
CBD	Community-based distribution
CHW	Community health worker
DTS	Intravenous rehydration solution
FDA	Food and Drug Administration
FP	Family planning
FPiA	Family Planning International Assistance program
FPS	Family planning services
GIRM	Government of the Republic of Mauritania
GOM	Government of Mali
GON	Government of Niger
GOS	Government of Senegal; Government of Sudan
GSA	General Services Administration
GSDR	Government of the Somalia Democratic Republic
IPPF	International Planned Parenthood Federation
IUD	Intrauterine device
JHPIEGO	Johns Hopkins University Program for Training Obstetricians and Gynecologists
L/D	Low dose
LDC	Less developed country
MCP/FP	Maternal care program/family planning
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
NDA	New Drug Application
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
PACD	Project agreement completion date
PHC	Primary health care
PHCU	Primary health care unit
PHCP	Primary health care program/project
POP	Office of Population
RHDS	Rural health delivery system
RHU	Rural health unit
RMA	Rural medical assistance
S&T	Bureau of Science and Technology
VHW	Village health worker
WHO	World Health Organization

INTRODUCTION

The most common health problems in developing countries are due to the widespread and devastating effects of infectious diseases, parasitic diseases and malnutrition, most of which are responsive to existing technology or amenable to treatment during the early stages of the disease. While childhood diseases such as poliomyelitis, diphtheria, whooping cough and tetanus are virtually unknown today in the Western world, they still exact a heavy toll in LDCs. Other typically non-fatal diseases in developed countries still take a heavy toll in lives among children in developing countries. Malaria and other serious vector-borne diseases rage in endemic proportions throughout entire regions of the underdeveloped world, representing major factors contributing to death and disability. These include resurging incidences of trypanosomiasis (sleeping sickness) in Africa; a variant of trypanosomiasis (Chagas' disease) which is of endemic proportions in Central and South America; and schistosomiasis (snail fever), prevalent in varying forms in many parts of the developing world.

Representatives of 134 governments and 67 United Nations (UN) organizations, specialized agencies and non-governmental organizations having official relations with the World Health Organization (WHO) and United Nations Childrens Fund (UNICEF), attended a WHO/UNICEF jointly sponsored international conference on primary health care (PHC) at Alma-Ata in 1978. Emanating from the conference was a declaration that PHC addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services. The representatives further agreed that PHC includes at least the following components:

- ::: education concerning prevailing health problems and methods of preventing and controlling them;
- ::: promotion of food supply and proper nutrition;
- ::: an adequate supply of safe water and basic sanitation;
- ::: maternal and child health care, including family planning;
- ::: immunizations against the major infectious diseases;
- ::: prevention and control of locally endemic diseases;
- ::: appropriate treatment of common diseases and injuries; and
- ::: provision of essential drugs.

Accordingly, PHC relies, at local and referral levels, on health workers, including physicians, nurses, pharmacists, midwives, auxiliaries, and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

The PHC approach seeks to overcome the deficiencies in physical and economic infrastructure, especially among rural populations. The provision and maintenance of an adequate drug supply in LDCs can be rather complex and difficultly attainable. For instance, seasonally impassible roads and technologically limited communication technologies often preclude adequate and timely supply and resupply of pharmaceuticals. Lack of refrigeration will prevent the purchase and storage of adequate quantities of vaccines and other needed biologicals. The paucity of personnel trained in pharmaceutical procurement and supply management or in the uses, doses, side-effects, warnings, preparation and dispensing of pharmaceuticals frequently hampers effective pharmaceutical interventions at times and in locales where they are needed most.

Recognizing that primary health care requires a continuous supply of essential drugs, that the provision of drugs accounts for a significant proportion of expenditures in the health sector; and that the progressive extension of primary health care to ensure eventual national coverage entails a large increase in the provision of drugs, the 1978 Alma-Ata conferees recommended:

- :::: that government formulate national policies and regulations with respect to the import, local production, sale and distribution of drugs and biologicals so as to ensure that essential drugs are available at the various levels of primary health care at the lowest feasible cost;
- :::: that specific measures be taken to prevent the over utilization of medicines;
- :::: that proved traditional remedies be incorporated; and
- :::: that effective administrative and supply systems be established.

The Foreign Assistance Act of 1961, as amended, directs the United States Agency for International Development to emphasize cooperation with less developed countries (LDCs) in designing and implementing basic health-care delivery systems; selective disease prevention and control; adequate drinking water and sanitation systems; and related health planning and research.

Over the past 10 years, AID has focussed its health programming on encouraging and assisting LDC governments in developing and implementing workable primary health care (PHC) programs. According to its most recent policy paper on health assistance, AID has defined primary health care as a cost-effective approach to expanding access to essential health-related services, particularly in underserved areas. Accordingly, it denotes a basic package of preventive, promotive, and curative services effective against major causes of death and illness. It is usually provided by at least minimally-trained community-based workers who are supported by a referral system of more specialized health facilities and personnel. Active community involvement is a central tenet of PHC, as are affordability and close proximity to potential users.

The importance of AID's assistance in developing and expanding essential health-care services in LDCs is no better attested to than by the prevalence of chronic, debilitating diseases among hundreds of millions of LDC adults, the high mortality rate among infants age five and under (one-third or more) and the short life expectancy in many developing countries (50 years). AID's program support through its PHC projects is predicated upon the knowledge that economic growth and human capital development are inextricably interrelated and that improved health and increased life expectancy are critical to improving productivity in general and agricultural output in particular.

Those drug supply components most frequently and most effectively addressed through AID-assisted PHC programs and projects have entailed:

- :::: the procurement of initial supplies of essential drugs, usually through importation;
- :::: the resupply of medications, whether through importation, local procurement or a combination of these;
- :::: the local production of pharmaceuticals such as aspirin, oral rehydration salts, etc.;

- :::: pharmaceutical quality control to ensure the availability of effective medications;
- :::: the training of pharmacists, pharmacist assistants or non-pharmacist dispensers;
- :::: the timely distribution of the medications to the sites where they are needed; and
- :::: the financing of initial and/or subsequent drug supply.

While AID's earlier emphases have been on commodities and infrastructure for expansion of health-care systems, the agency now aims to focus future project support for improvement of the effectiveness of health programs through improved program design, management and implementation; promotion of self-financing of health programs; and increased biomedical research and field testing in LDC settings.

It is planned that AID-assisted programs in PHC will increasingly incorporate some combination of the following essential services:

- :::: Growth monitoring, complemented by nutrition education . . . and supplementary feeding, where feasible;
- :::: Prenatal screening for high risk mothers, complemented with nutrition education and supplementary feeding, where necessary;
- :::: Training of mothers in identification of dehydration and treatment of children with diarrhea (Oral rehydration packets should be sold or distributed or, alternatively, mothers should be taught to prepare and administer ORS);
- :::: Family planning information and services;
- :::: Basic immunization of infants and children against common childhood diseases;
- :::: Emergency treatment for injuries and minor ailments as necessary, and basic first aid; and
- :::: Basic medicines and supplies only as needed directly to support the above.

In increasing its funding for biomedical research and field testing in support of health in LDCs, AID will support three types of research:

- :::: Biomedical research aimed at finding means of preventing and curing common health problems of developing country populations;
- :::: Research designed to adapt newer medical discoveries for use in LDC settings, including the testing of medical technologies; and
- :::: Applied and operations research to determine the effectiveness of alternative health improvement measures in actual field settings.

The agency's longstanding support for basic research leading to a vaccine against malaria will continue as well as research aimed at understanding the nature and effects of

diarrheal diseases. AID's new emphasis on biomedical research will include support for the adaptation and testing of new vaccines, medicines, diagnostic procedures and vector control measures in LDC settings.

Among the various possibilities identified by AID for private sector involvement in LDC health are private practitioners (pharmacists, midwives and traditional birth attendants, as well as physicians and nurses), who can be retrained to provide a range of primary health services; private logistics and distribution channels as a preferred alternative to duplicative public sector channels (e.g., ORS packets may be manufactured and distributed through existing pharmacies by pharmacists who have been trained in the preparation and use of the packets); and indigenous drug manufacturers, who should be encouraged to produce generic drugs where possible and cost effective.

Today's pharmacist in America and, to a lesser extent, in other Western countries is being increasingly trained in the clinical aspects of patient care as well as in the compounding, preparation, quality assurance, selection, formulation, design and evaluation of drugs and pharmaceutical dosage forms and thus offer a potentially valuable resource for technical consultation in PHC programs in developing countries. The required continuation of use of pharmaceuticals as an integral component of promotive, preventive and curative medicine in AID-assisted PHC programs worldwide highlight the potential utility of such a resource in planning, implementing, evaluating and training of dispensing and other community health personnel in such programs now and in the future.

This inventory includes a listing of some 75 AID-assisted PHC projects which have at least one pharmaceutical component in some 70 countries.

CRITERIA FOR INCLUSION, SCOPE AND LIMITATIONS OF THE INVENTORY

In preparing this inventory, it was intended that all A.I.D.- assisted PHC projects and programs having pharmaceutical components be included. The principal goal of this project is to provide concise data from all available A.I.D. sources in a single compilation to permit a cursory evaluation of A.I.D.'s total effort in the pharmaceutical sector in support of essential drug availability in developing countries throughout the world.

For the purpose of this project, the term "pharmaceuticals" is used to encompass all medications, whether denoted as drugs or medical supplies, including dressings and antiseptics applied directly to the human body. While the vast majority of these products are classified pharmacologically as analgesics/antipyretics (aspirin, paracetamol, etc.); anthelmintics (anti-worm); antibiotics; antidiarrheals (including oral rehydration salts -- ORS); antimalarials (chloroquine); contraceptives (oral tablets, and gels, foams and foaming tablets for intravaginal administration); vaccines; vitamins and minerals, the coverage of this inventory was broadened to include information on non-pharmaceutical contraceptive products (intrauterine devices and condoms) due to their close association with, common distribution channels and their use as alternatives to pharmaceutical contraceptives.

Basic criteria for inclusion of a project in this inventory were:

- :::: inclusion of the product on the WHO list of essential drugs;
- :::: recognition of the product by the United States Pharmacopeia or the National Formulary of the U.S.;
- :::: classification of the active ingredient as a drug by current U.S. law governing the production and distribution of drugs in this country;
- :::: AID assisted production, purchase, procurement, transportation, dispensing, storage or supply management of pharmaceutical commodities;
- :::: AID-assisted construction or renovation of pharmaceutical production, storage and/or dispensing (pharmacies or dispensaries) facilities;
- :::: AID-assisted education and training of pharmacists, pharmacy assistants or dispensers;
- :::: AID-assisted pharmaceutical operations research activities;
- :::: technical advisory services provided to the pharmaceutical supply function in the host country.

The inventory encompasses central procurement of commodities and services, where applicable, and mission, bilateral and grant/loan funding to private, voluntary and host government contractors, where pharmaceutical products and/or pharmaceutical logistics activities are funded directly or indirectly by A.I.D.

In many instances, it was impossible to separate out or to quantify pharmaceutical commodities or services in units or dollar expenditures (proposed or actual) funded or supplied by A.I.D. to a program due to its varied support methodologies. For instance, in worldwide projects such as those administered through the Office of Population of the Bureau of Science and Technology, grants may be made to one or more

grantees or contractors, who in turn make sub-grants or sub-contracts to a multiplicity of other private, voluntary and/or host government organizations. Under such circumstances, allocations to a specific commodity group or service activity may not be available. In other cases, pharmaceuticals may be included in a broader category of "medical supplies and equipment" or "commodities and equipment".

In still other instances, as in the case of A.I.D. support through its Office of Foreign Disaster Assistance, no current or forward data are available due to the unpredictable nature of emergencies and due to the highly flexible mechanisms required for timely response to such emergencies, as well as the frequent involvement of other U.S. agencies, such as the Department of Defense and the Department of Health and Human Services, as well as private and voluntary agencies which may be operating in the host country, such as the Red Cross.

Presentation of information in this document is according to the following headings:

- :::: A.I.D. Technical Office or Regional Bureau Jurisdiction
- :::: Project Location
- :::: Project Title
- :::: Project Number
- :::: Project Term
- :::: Project Description
- :::: Further Information Contact.

Where possible, the types of pharmaceutical commodity or other component being funded or otherwise supported by AID PHC project funding are identified and quantified.

This inventory is based on information obtained from a review of project papers, "APHA Tracking Reports on A.I.D.-Sponsored Primary Health Care Projects," "A.I.D. FY 1984 Annual Budget Submission Reports," project appraisal reports, special evaluation reports, audit reports, project proposals, ST/DIU computer data base reports and other project design and evaluation documents, and through interviews with personnel in A.I.D. technical offices and regional bureaus. A.I.D. Mission personnel will have the opportunity to review this document and to make comments regarding their Mission-funded projects. Most contractors/grantees of inter-regional or worldwide projects were not contacted due to time and distance limitations. Further, due to the non-standardized organization and varying level of detail of project papers, it was not possible to obtain the type of information initially anticipated for completion of this project. Information included in this document, as corrected and approved by representatives of A.I.D. regional bureaus, technical offices, and Mission personnel was accepted without subsequent investigation.

REGIONAL BUREAU FOR AFRICA

INTER-REGIONAL

STRENGTHENING HEALTH DELIVERY SYSTEMS IN CENTRAL AND WEST AFRICA (SHDS)

Project Number: 698-0398
Project Term: 1977-85
Funding Level: \$28,100,000.00

SHDS is a regional cooperative project of WHO and AID aimed at improving health-care services delivery in Central and West Africa. Its broad goal is to increase the capability of the 20 Central and West African countries to plan and manage their health care services delivery systems, emphasizing PHC strategy. A major objective is to improve regional and national disease surveillance and health information systems. During 1982, 1981 and 1980, AID supplied some 1,265,000, 1,313,000 and 1,417,000 doses, respectively, of measles vaccine in 10- and 50-dose vials. Vaccine costs for 1982 were \$400,000.00. The current extension contains no identifiable pharmaceutical component. It concentrates on training in health care planning and management, disease surveillance and applied research.

Countries involved are Benin, Cameroon, Central African Republic, Chad, Congo, Guinea, Guinea Bissau, Gabon, Gambia, Ghana, Ivory Coast, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierre Leone, Togo, and Upper Volta.

For further information, contact Mr. James Cummiskey, AFR/RA.

REGIONAL

COMBATTING CHILDHOOD COMMUNICABLE DISEASE (CCCD)

Project Number: 698-0421
Project Term: 1979-88
Funding Level: \$47,000,000.00

The CCCD Project is aimed at strengthening Sub-Saharan Africa's ability to control six (6) major childhood communicable diseases (measles, tuberculosis, diphtheria, whooping cough or pertussis, and tetanus) through an expanded program for immunization (EPI), and locally important diseases such as yellow fever, yaws and, possibly, malaria at some future date; as well as provide simple treatment and control of diarrheal disease (CDD).

In 1980, U.S. was designated as leading donor when the policy committee of Concerted Action for the Development of Africa (CADA) -- Belgium, Canada, Federal Republic of Germany, France, United Kingdom and the U.S. -- accepted U.S.'s suggestion of CCCD as possible CADA initiative. AID's funding is allocated between two interrelated sets of activities: 1) Regional Support (\$28,000,000); and 2) Country-Specific Support (\$19,000,000). The project anticipates expanding and coordinating programs from 11 to 30-35 African countries. AID will be supporting 15-20 of these programs through country-specific activities for eight (8) years.

Technical assistance at the regional and country level, training at the regional level, and commodity and local cost support at the country level are being provided by AID. Commodities and local costs are budgetted at \$10,400,000. Some 235,700,000 immunizations (BCG, DPT, TT, polio, measles) are anticipated for funding between 1980 and 1994. Some 20,000,000 packets of ORS will be supplied through this project from 1981-88.

For further information, contact Mr. Noel Marsh, AFR/RA.

BOTSWANA

HEALTH SERVICES DEVELOPMENT

Project Number: 633-0078
Project Term: 1978-83
Funding Level: \$5,500,000.00

The Botswana Health Services Development Project is aimed at training primarily middle-level health workers to supervise village level health workers in the national PHC scheme in an effort to strengthen the capability of the Ministry of Health. The basic objective of the current HSD project is to upgrade basic training of nurses and state registered nurse midwives and to train the following new types of health workers: community health nurses, family nurse practitioners, health education/nutrition assistants, and health administrators.

Although the project underwrites the procurement of certain commodities and medical equipment and supplies, a pharmaceutical component was not specifically identified.

For further information, contact Mr. A. Cole, AFR/TR/HN.

KENYA

KENYA FAMILY PLANNING II

Project Number: 615-0193
Project Term: 1982-85
Funding Level: \$4,000,000.00

Kenya shows a 4% annual rate of population growth. The goal of the Kenya Family Planning II Project is to reduce that rate. The purpose of the project is to build an institutional capability at the national level to address the two basic constraints to effective child spacing and family size limitation in Kenya: 1) lack of widespread availability of efficiently delivered modern family planning methods; and 2) large family size preferences supported by socio-cultural conditions.

Among the planned outputs of the project are 300 additional dispensaries, health centers and sub-centers with full FP capability. Pharmaceutical commodities are not allocated in project funding. However, the distribution of oral contraceptives and non-pharmaceutical contraceptives is being supported by AID funding.

The first phase of this project is scheduled for July 1982 through June 1985. A second phase (separate project) would follow from July 1985 through June 1988.

For further information, contact Ms. Gilda Deluca, AFR/TR/HN.

KIBWEZI PRIMARY HEALTH CARE

Project Number: 615-0179
Project Term: 1979-83
Funding Level: \$815,525.00

The Kibwezi PHC Project was implemented through a private contractor, the International/African Medical and Research Foundation. The I/AMREF assisted in the development of an integrated, comprehensive rural health service system for the Makindu Division of

Kenya at Kibwezi. Further, I/AMREF assisted in expanding the development and production of teaching materials and learning resources for its rural health workers as well as assisted in the development and execution of training and refresher courses for MOH personnel. Some \$25,000.00 were budgetted for procurement of pharmaceuticals and medical supplies over the 3-year project period.

For further information, contact Ms. Gilda DeLuca, AFR/TR/HN.

KITUI RURAL HEALTH

Project Number: 615-0206
Project Term: 1982-88
Funding Level: \$9,523,000.00

The purpose of this project is to establish in Kitui District of Kenya the institutional capability to plan, manage and implement low-cost community-based PHC by establishing a cadre of ca. 400 trained CHWs supported by their local communities; upgrading static health facilities and staff to enable them to adequately support community-based health care; establishing a community development fund to enable communities to design and implement small scale, self-help health initiatives (potable water, latrines, etc.); and organizing a health monitoring and evaluation system.

Each of 254 RHUs are to include 4-6 dispensaries, depending on target populations. Mobile units will provide logistical and technical support to dispensaries within the boundaries of the unit. Antimalarial drugs, skin ointment, worm medicines, ORS (local making to be taught), aspirin or paracetamol, tetracycline eye ointment, gentian violet, dressings and first-aid kits will be supplied by the MOH.

For further information, contact Ms. Gilda DeLuca, AFR/TR/HN.

LESOTHO

RURAL HEALTH DEVELOPMENT PROJECT

Project Number: 632-0058
Project Term: January 1979 - December 1983
Funding Level: \$2,755,000.00

The Lesotho Rural Health Development Project comprises two phases and aims to assist the Ministry of Health and Social Welfare in providing basic health services to the rural population. Phase I was aimed at support for MOHSW to improve its efficiency in planning, health manpower development and organization. Phase II was intended to train nurse clinicians and VHWs to deliver services throughout rural Lesotho. During Phase I, a logistics system to support expanded PHC in rural areas was designed. This included a mechanism for the provision of drugs, medical supplies, and equipment for rural clinics and dispensaries.

Through 1981, \$171,000.00 were budgetted for FP supplies (no breakdown provided). Through 1986, financing of pharmaceuticals and dressings to support the health-care delivery system are projected to cost \$1,031,300.00.

For further information, contact Mr. A. Cole, AFR/TR/HN.

LIBERIA

EXPANDED PROGRAM OF IMMUNIZATION (EPI)

Project Number: 698-0410.28
Project Term: 1980-82
Funding Level: \$498,000.00

Through EPI, USAID has provided technical assistance and limited commodity support for expansion and improvement of Liberia's immunization program. Increased numbers of children and pregnant women were immunized against the most common endemic diseases (measles, tuberculosis, polio, pertussis, tetanus and diphtheria) in order to reduce infant and childhood morbidity and mortality.

Planned outputs included: a) immunization of 75 percent of children and mothers in target areas against six (6) endemic diseases; and 2) immunization of 50 percent of children and mothers in the rest of the country against these same diseases.

The measles vaccine was the sole pharmaceutical scheduled for purchase by the project. Other commodity support was related to improved administration, management and logistics (vehicles for mobile teams; cold room equipment for safe-keeping of vaccines; Ped-o-Jets and spare parts, disposable syringes and hypodermic needles; and some clinic, transportation, and camping equipment (for mobile and evaluation teams).

For further information, contact Ms. Gilda Deluca, AFR/TR/HN.

MALI

RURAL HEALTH SERVICES

Project Number: 688-0208
Project Term: 1979-83
Funding Level: \$5,000,000.00

The Mali Rural Health Service Project is operating two pilot projects using volunteer VHW's to bring curative health services to the village level. GOM's health facilities, personnel and services are concentrated in urban areas. The principal purpose of this project is to design, implement and evaluate a demonstration rural health system which will bring health services to the village level, emphasizing promotive and preventive activities; be integrated with other community and economic development activities; and function with an annual budget of U.S. \$3 per person, of which \$1 per person will be recovered through sale of drugs in the village.

A network of pharmacies was to be established at the village level. MOH must provide its drugs free to its patients. Its programs, however, are plagued by chronic drug shortages. A revolving fund was to be established to support resupply of drugs.

For further information, contact Ms. Theresa Lukas, AFR/TR/HN.

MAURITANIA

RURAL MEDICAL ASSISTANCE

Project Number: 682-0202
Project Term: 1979-83
Funding Level: \$1,662,000.00

The goal of the Mauritania Rural Medical Assistance Project was to improve the health of the rural population and to test a rural health outreach model for stemming Mauritania's rapid migration to urban areas. The RMA project assisted the GIRM in stabilizing the rural population in Mauritania's interior and to improve basic health services for the rural poor by: 1) designing, implementing and evaluating a demonstration rural health system with promotive and preventive, as well as curative, services to the village level to be integrated into the existing GIRM health structure, and to minimize recurring costs to the GIRM; and by 2) providing a data base to enable the GIRM to decide whether or not to replicate the project. AID funds have been supporting technical assistance, the training of trainers of trainers, and procurement of initial medical supplies and equipment. The first CHW kits of medicines and supplies were to be purchased by the project.

For further information, contact Ms. Theresa Lukas, AFR/TR/HN.

NIGER

RURAL HEALTH IMPROVEMENT PROJECT

Project Number: 683-0208
Project Term: 1978-83
Funding Level: \$14,029,000.00

This Rural Health Improvement Project was designed to expand and strengthen the GON's ongoing PHC program. It focuses on developing human resources and institutional support for VHVs. It concentrates on developing human resources and institutional support in the form of drug supplies and supervision and on backstopping medical facilities. Mobile health units were targetted for immunizing 100,000 persons per year.

The supply of medicines down to the dispensary level seems fairly adequate. However, resupply to VHTs is inadequate. Institutional support being provided by AID funding over a five-year period includes \$377,000 for dispensary and health center equipment; \$645,000.00 for drugs for some 2,700 VHTs; and \$1,200,000.00 for procurement of vaccines (BCG, anti-TB, measles, cholera, yellow fever, meningitis, polio, smallpox, tetanus and DPT), as well as seven new dispensaries and two new department health centers. Pharmaceutical purchases are being coordinated with the National Bureau for Pharmaceutical and Chemical Products, a mixture of government and private interests, which provides pharmaceutical products and medical and surgical supplies to "popular" pharmacies, depots of medical supplies and village pharmacies.

Personnel needed to fulfil Niger's three-year plan objectives included 18 pharmacists (up from the 11 available at the initiation of the project).

For further information, contact Ms. Theresa Lukas, AFR/TR/HN.

RWANDA

MATERNAL-CHILD HEALTH/FAMILY PLANNING

Project Number: 696-0113
Project Term: 1981-86
Funding Level: \$6,250,000

The purpose of this project is to improve the Rwandan Government's ability to deliver maternal and child health and family planning information and services to its general population. Among its four principal elements are (1) information, education and communication programs; and (2) delivery of services. The project emphasizes preventive aspects of primary health care and extension of services to the poor and will give added protection to pregnant and nursing mothers, infants and children. MCH/FP services will be available in 150 health facilities and MDH/FP information and education will be provided through 150 nutrition and community development centers.

Pharmacies are being built in each of four single-story health centers (\$680,000). Costs for commodities, including medical supplies, equipment and contraceptives, total \$300,000. Contraceptive requirements are projected to include IUD's, Depo-Provera. While Pathfinders and FPIA will possibly supply oral contraceptives, IUDs, condoms, spermicides and medical kits, AID requested that FPPF and UNFA provide Depo-Provera until AID could do so. Projected total requirements for orals for the period 1982-86 are 956,000 cycles; for IUDs, 51,000; and for Depo-Provera, 824,000 doses.

For further information, contact Ms. Gilda Deluca, AFR/TR/HN.

SENEGAL

RURAL HEALTH SERVICES DEVELOPMENT

Project Number: 685-0210
Project Term: 1977-C
Funding Level: \$3,300,000.00

The aim of Senegal's Sine Saloum project is to create a self-sustained village based health-care system for replication in other regions, through: 1) creation of a network of village health posts supported and staffed by CHWs; and 2) strengthening of the support system of the GOS for services to secondary health posts. Implementation of this project was delayed due to late delivery of furniture, problems in procuring drugs and difficulty in hiring AID advisors. An efficient pharmaceutical resupply system -- considered to be the lifeblood of the entire system -- is one of 3 essential elements vital to project success, according to project evaluators. One of the planned outputs of the project is regular medicine and drug restocking. Supply management is planned through village management committees, which will monitor health hut receipts, take inventory of medicine stocks and order and pay for new stock as needed.

For further information, contact Dr. J. Stockard, AFR/TR/HN.

SOMALIA

RURAL HEALTH SERVICE

Project Number: 649-0102
Project Term: 1979-84
Funding Level: \$15,200,000.00

The aim of the Somalia Rural Health Service Project is to assist the Somali Government in designing a primary health care delivery system. The focus is on promotive, preventive and curative health services among the rural agriculturalists and nomads. Successful implementation of the project in the first four pilot regional health centers will be followed by expansion of the program to the remainder of the 16 regional health centers.

Logistics and commodity support constitute a significant component of this project. During the first two years, the project will supply drugs and medicines to health posts, PHCUs and district health centers, after which the GSDR/MOH will assume responsibility for their provision. Decentralization of supply operations is deemed vital to successful implementation of the project. Funds are budgetted for procurement of vitamins and antibiotics, which are in short supply in Somalia. Air conditioning equipment, shelving and vehicles are being supplied to the Central Pharmacy Warehouse.

For further information, contact Mr. A. Cole, AFR/TR/HN.

SUDAN

HEALTH CONSTRAINTS TO RURAL PRODUCTION (REGIONAL)

Project Number: 698-0408
Project Term: 1981-84
Funding Level: \$2,122,000.00

The purpose of the Regional Health Constraints to Rural Production Project of Sudan is to develop a multidisciplinary system for epidemiological surveillance of schistosomiasis in Gezira. The laboratory supplies contribution includes pharmaceuticals such as chloroquin, aspirin, ophthalmic ointment, etc. Chemotherapy efforts are aimed at achieving rapid reductions in load of infections and transmission potential. Chloroquin is being used for suppression and, combined with primaquine, for radical cure of the predominant malarial infection. Metrifonate is being administered for treatment of urinary schistosomiasis. Major activity involves research.

For further information, contact Ms. Gilda DeLuca, AFR/TR/HN.

NORTHERN PRIMARY HEALTH CARE PROJECT

Project Number: 650-0011 (Superseded by Project #650-0030)
Project Term: 1979-82
Funding Level: \$6,163,000.00

The Northern Primary Health Care Project for Sudan was to assist the GOS in implementing its national PHC program in 12 northern provinces, with special emphasis on the poorest four provinces. The purpose of the NPHCP is to reach the country's rural population with a comprehensive health system that relies on community participation.

This was to be accomplished through the training of community-selected CHWs to provide preventive, promotive and curative medical services. For each PHCU, a dispensary was planned for referral, supervision and drug supply. Medical stores were to be established and pharmaceutical/medical supplies logistics and supply were to be upgraded as one of the four major components of the project.

For further information, contact Ms. Gilda Deluca, AFR/TR/HN.

PLANNING FOR FAMILY HEALTH OPG

Project Number: 650-0063
Project Term:
Funding Level: \$4,880,000.00

The ultimate goal of this project is to establish a system in Khartoum Province providing family planning information and services. Objectives are to create a mass media and person-to-person educational program to continue to carry out relevant research and evaluations activities and to test, on a pilot basis, a new approach to distributing contraceptive supplies to MOH clinics.

The bulk of family planning activities are carried out by private physicians through their own clinics. They provide family planning information and prescribe condoms and contraceptive tablets. Some provide IUDs.

For further information, contact Ms. Gilda DeLuca, AFR/TR/HN.

RURAL HEALTH SUPPORT PROJECT

Project Number: 650-0030 (Superseded Project #650-0011)
Project Term: 1980-85
Funding Level: \$18,063,000.00

To respond to problems uncovered in Project #650-0011, this Rural Health Support Project was authorized to continue and expand upon the present programs in both the four poorest northern provinces, where AID is currently active, and in the southern region. The purpose of the project is to strengthen and improve the GOS/PHC program, focussing on three essential areas: delivery of PHCP services, institution of MCP/FP element, and strengthening planning/management/logistics support.

The project is underwriting \$2.2 million in drugs and supplies, \$75,000 in dispensary equipment and \$1,662,000 for dispensary construction. Pharmacy medical assistants will be trained and pharmacists and pharmaceutical registrars are required at MOH/HQ and in provinces.

For further informaton, contact Ms. Gilda Deluca, AFR/TR/HN.

SOUTHERN PRIMARY HEALTH CARE (SOUTHERN REGION)

Project Number: 650-0019
Project Term: 1978-1983
Funding Level: \$3,186,405

AID contracted with the International/African Medical Research Foundation to assist Sudan's MOH/SW, southern region, in implementing the GOS' PHC program for the region.

The goal of the PHCP was to provide and extend maximum medical coverage and health-care services to the rural population of the region. MOH's plan is to provide curative and preventive health care services to the rural population at the community level. The CHW is the cornerstone of the MOH strategy. The PHCU was to be the first echelon for health care delivery to the rural population.

For further information, contact Ms. Gilda Deluca, AFR/TR/HN.

TANZANIA

TANZANIA SCHOOL HEALTH PROGRAM

Project Number: 621-0150
Project Term: 1980-83
Funding Level: \$5,700,000.00

This project funds health education, preventive and curative health care, nutritional and environmental improvements in the primary schools of Tanzania. Maintenance of school kits and supplies of immunizations constitutes the pharmaceuticals component of this project.

ZANZIBAR MALARIA CONTROL PROJECT

Project Number: 621-0163
Project Term: 1981-84
Funding Level: \$8,871,000.00

The purpose of the Zanzibar Malaria Control Project is to establish a low cost control effort which will significantly reduce the incidence of malaria on Zanzibar. Zanzibar's current most pressing disease concern has been a steady advancing recrudescence of malaria. Short-term consultants are to conduct malariometric studies. Sufficient chloroquine is to be provided to insure adequate population coverage. The drugs, insecticides, larvacides portion of AID's funding totals \$2,000,000 and that for equipment totals \$250,000.

For further information, contact Mr. A. Cole, AFR/TR/HN.

REGIONAL BUREAU FOR ASIA

BURMA

PRIMARY HEALTH CARE II

Project Number: 482-0004
Project Term: 1983-87
Funding Level: \$10,000,000.00

The purpose of this project is to expand health services coverage in Burma by VHWs, with increased emphasis on quality of services through improved pre-service and in-service training in 140 rural townships; and to introduce family health counselling services as an integral part of maternal and child health care services in Burma. PHC II project continues AID support in extending quality health care services and health education services to all villagers who do not have access to rural health centers and sub-centers.

Support programs include laboratory services and food and drug quality control; and production, supply/logistics and maintenance and repair. Funding includes \$1.3 million for contraceptives, \$676,000 for initial supply of drugs, and \$728,000 for medical kits and AMW medicine kits.

For further information, contact Mr. William Goldman, ASIA/TR/HN.

PRIMARY HEALTH CARE

Project Number: 482-0002
Project Term: 1980-83
Funding Level: \$5,000,000.00

The purpose of this project was to increase the coverage and quality of the health-care system of Burma to approximately 147 of its 287 townships.

Some \$3,293,342 of the project grant was allocated to commodities, including \$1,025,899 for pharmaceuticals (oral rehydration powder, chloroquine/amodiaquine and Ringer's lactate solution), and \$1,858,500 for midwife kits containing supplies, equipment and the drug gentian violet; CHW medicine chests, containing supplies, equipment and drugs (sulfadimidine, piperazine, Oralyte, iron/folate, eye ointment, aspirin, vitamin B, Gentian violet, benzyl benzoate and antiseptic cream); CHW first aid kits containing equipment and drugs (mercurochrome and antiseptic cream); AMW medicine chests containing equipment and drugs (multivitamin/iron/folate, ergotamine, vitamin A, Oralyte, aspirin, sulfadimidine, piperazine, eye ointment and gentian violet); and AMW mid-wifery kits containing supplies, equipment and the drug ergotamine.

For further information, contact Mr. William Goldman, ASIA/TR/HN.

INDIA

INTEGRATED RURAL HEALTH AND POPULATION PROJECT

Project Number: 386-0468
Project Term: 1980-C
Funding Level: \$40,000,000.00

The goals of this project are to: 1) reduce mortality, especially among India's children under the age of 5 and women of childbearing age; 2) reduce fertility; and to 3) reduce morbidity, especially of mothers and children, particularly that associated with diarrheal, respiratory and immunizable conditions and exacerbated by malnutrition.

The national health policy statement for India to be implemented with support from this grant, proposes to reduce the reliance of the population on the formalized medical system for the use of medicines and emphasizes the increased use of vaccines. Otherwise, there is no pharmaceutical component funded in this project.

For further information, contact Mr. William Goldman, ASIA/TR/HN.

INDONESIA

VILLAGE FAMILY PLANNING/MOTHER-CHILD WELFARE

Project Number: 497-0305
Project Term: 1980-85
Funding Level: \$10,000,000.00

This project provides assistance to institutionalize the delivery of nutrition and health services. The pharmaceutical component is under the Village Nutrition Service component and is included in \$987,500 of grant funds for medical supplies (vitamin A capsules, iron/folate, Oralyte, deworming medicines and tetanus vaccine).

For further information, contact Mr. William Goldman, ASIA/TR/HN.

HEALTH TRAINING RESEARCH AND DEVELOPMENT

Project Number: 497-0273
Project Term: 1978-83
Funding Level: \$4,450,000

This project was oriented toward institutional development in support of key MOH units and focussed on strengthening the MOH's management, research and planning capabilities, with emphasis on expanding its capabilities for providing meaningful services to the rural poor. AID's inputs consisted primarily of technical assistance.

Pharmaceutical/drug-related expenditures were included in \$430,000 for an immunization component, which included \$200,000 for 24 man months for a long-term consultant in immunization program management; \$180,000 for 18 man months for STC's in relevant fields; and \$50,000 for commodities (vaccines and vaccine production equipment).

For further information, contact Mr. William Goldman, ASIA/TR/HN.

EXPANDED PROGRAM IN IMMUNIZATION

Project Number: 497-0253
Project Term: 1979-84
Funding Level: \$13,200,000.00

The objectives of this project are to improve the nation's health status by reaching the masses of Indonesia's rural poor (particularly women and children) and improving their well-being. The program is aimed at reducing the incidence of four communicable diseases -- tuberculosis, diphtheria, pertussis and tetanus. Expansion of the program to other diseases, such as measles and poliomyelitis, was planned for the latter part of the project. These six diseases constitute some of the major causes of childhood and maternal morbidity.

The pharmaceutical component is limited to procurement, storage and other logistical support in providing some \$6.4 million of DPT, BCG, TFT and smallpox vaccines over the five-year duration of the project.

For further information, contact Mr. William Goldman, ASIA/TR/HN.

NEPAL

INTEGRATED RURAL HEALTH AND FAMILY PLANNING SERVICES PROJECT

Project Number: 367-0135
Project Term: 1980-85
Funding Level: \$34,200,000.00

This project is designed to improve the general health and reduce fertility rates of the rural poor in Nepal. The pharmaceutical components of the project include: \$4.2 million (materials procurement and transport) for contraceptives (oral, \$2,295,000; and condoms \$1,904,000); \$1,686,000 for procurement of drugs for health posts during the life of the project; \$677,000 in drugs and supplies for AID support to HMG Rural Health Operations; and \$45,000 for the procurement of three refrigerated cold boxes for regional warehouses.

For further information, contact Mr. William Goldman, ASIA/TR/HN.

PAKISTAN

PRIMARY HEALTH CARE

Project Number: 391-0475
Project Term: 1982-87
Funding Level: \$20,000,000.00

This project is aimed at improving management and planning of rural health services in Pakistan. It includes analysis and redesign of existing management policies.

Through the drug component, AID will provide \$2,000,000 for procurement of vaccines, cold storage equipment needed to preserve the vaccines in the field, a bacterial fermentor for DPT, and chemicals for preparation of oral rehydration salts.

For further information, contact Mr. William Goldman, ASIA/TR/HN.

MALARIA CONTROL II

Project Number: 391-0472
Project Term: 1982-87
Funding Level: \$41,000,000.00

The Malaria Control Project is designed to assist Pakistan in containing and reducing the incidence of malaria by expanding the capability of the federal provincial and municipal health services to control malaria. The project includes program management, training (to strengthen the National Malaria Training Center); basic and operational research; and commodity support.

For further information, contact Mr. William Goldman, ASIA/TR/HN.

PHILLIPINES

PANAY UNIFIED SERVICE FOR HEALTH (P.U.S.H.) (ISLE OF PANAY)

Project Number: 492-0312
Project Term: 1978-83
Funding Level: \$5,316,000.00

The purpose of this project was to improve the health status of the residents of 600 depressed barangays (villages) in Panay Island.

The pharmaceuticals component is rather small and encompasses stocking of barangay pharmacies (\$60,000); providing RHU supplies -- vaccines and antitubercular drugs (\$150,000); and providing five vehicles for commodity site delivery (\$82,000).

For further information, contact Mr. William Goldman, ASIA/TR/HN.

BICOL INTEGRATED HEALTH, NUTRITION AND POPULATION

Project Number: 492-0319
Project Term: 1979-83
Funding Level: \$7,787,000.00

The goal of this project was to raise the quality of life and the real per capita incomes of the residents of 400 rural barangays in the provinces of Camarines Sur and Albay through improved health and nutrition status, reduced death rate, reduced occurrence and spread of communicable and preventable diseases, maintenance of population growth at a desirable level, and achievement of local government units' self-reliance in health and health-related services.

The pharmaceuticals component included procurement and supply of BCG, CTPa, DPT, tetanus toxoid and TOPV vaccines for the immunization program. Pharmaceuticals in finished dosage form or bulk to be financed under the project would be submitted separately to AID/W for approval and in conformity with AID's list of pharmaceuticals eligible for financing. Commonly used household drugs were to be procured locally. Approximately half of the vaccines, most of the nutrition feeding equipment and furniture are to be procured locally. Other commodities were to be procured in the U.S.

For further information, contact Mr. Bill Goldman, ASIA/TR/HN.

SRI LANKA

MALARIA CONTROL

Project Number: 383-0043
Project Term: 1977-84
Funding Level: \$16,000,000

The goal of this project is to put malaria under control and to strengthen the Government's capability for administering the malaria control program on a long-term basis.

An aspect of the project involves the administration of antimalarial drugs utilizing radical treatment, presumptive treatment and mass drug administration. The pharmaceuticals

component is limited to the procurement of \$776,000 of the following antimalarial drugs: camoquin, primaquine and pyremetharnin. Initial allotments for these items totalled \$341,000 for the period 1977-81. Amendment I increased the loan amount by \$4,000,000 and the drug component allocation by \$335,000.

For further information, contact Mr. Bill Goldman, ASIA/TR/HN.

REGIONAL BUREAU FOR LATIN AMERICA AND THE CARIBBEAN

COSTA RICA

HEALTH SERVICES SUPPORT

Project Number: 515-0203
Project Term: 1983-85
Funding Level: \$10,300,000.00

The aim of this project is to maintain an adequate level of procurement of medical supplies and equipment and to help stabilize the social security health system of Costa Rica. A \$10,000,000 loan is specifically for the procurement of pharmaceuticals, medical supplies and equipment during 1984, while \$300,000 in grant funds are for procurement assistance. Allocation of project funds is as follows: pharmaceuticals, \$8,000,000; equipment/supplies/raw materials, \$2,000,000; and technical assistance, \$300,000.

For further information, contact Ms. Linda Morse, LAC/DR.

DOMINICAN REPUBLIC

HEALTH SECTOR III

Project Number: 517-0153
Project Term: 1982-86
Funding Level: \$8,000,000.00

The Health Sector III Project aims to develop viable and practical delivery systems to cope with major health problems of the people of the Dominican Republic.

The low cost health care delivery system component provides \$2.3 million for procurement of medicines and medical supplies. The schistosomiasis control component includes \$150,000 for medicines for patient treatment. Other components are rural community sanitation and national nutritional planning and coordinating capacity.

For further information, contact Ms. Linda Morse, LAC/DR.

EL SALVADOR

HEALTH SYSTEMS VITALIZATION

Project Number: 519-0291
Project Term: 1983-85
Funding Level: \$9,000,000.00

This two-phase health systems vitalization project is designed to assist the Government of El Salvador in increasing existing levels of primary health care services. All components involve some aspect of pharmaceutical procurement and/or distribution logistics. Those components are: I. Health Supply Management, \$6,048,000; II. Public Health Infrastructure Maintenance System, \$1,214,000; and III. Information Management System, \$740,000.

Funded through this project are pharmaceuticals (\$11,000) and drug quality control experts (\$5,500).

For further information, contact Ms. Linda Morse, LAC/DR.

GUATEMALA

COMMUNITY-BASED HEALTH AND NUTRITION SYSTEMS

Project Number: 520-0251
Project Term: 1980-85
Funding Level: \$5,800,000.00

The Guatemala community-based health and nutrition systems project is designed to build upon two prior rural health projects on a regional basis. One of the main thrusts of the project is the establishment of drug storage and distribution systems. Kits for 1500 newly trained rural health promoters (PSRs) include drugs for dispensing (ORS, vitamin/iron/folate, aspirin, piperazine, mebendazole, oral contraceptives, gentian violet).

A logistics system for pharmaceuticals, including the establishment of a regional warehouse for medicines with a 6-month to 1 year supply, increase in drug supply allocation to Ministry of Health (MOH) facilities, provision of 3 pickups for delivery of medicines, and provision of technical assistance to improve MOH logistics systems, are funded through this project.

For further information, contact Ms. Linda Morse, LAC/DR.

HAITI

RURAL HEALTH DELIVERY SYSTEM

Project Number: 521-0091
Project Term: 1979-84
Funding Level: \$17,500,000.00

The purpose of this project is to reach at least 70 percent of rural Haitians, now without modern medical services, with low-cost preventive and curative services, emphasizing the former. Amended in 1981, the scope of the project now includes a substantial nutrition component.

An RHDS allocation of \$967,000.00 for drugs and a component for the creation and operation of a nutrition, rehabilitation and rehydration unit at University Hospital comprise the pharmaceutical supply component of this project.

For further information, contact Ms. Linda Morse, LAC/DR.

MANAGEMENT OF MALARIA

Project Number: 521-0143
Project Term: 1982-86
Funding Level: \$8,000,000.00

The purpose of the Management of Malaria Project is to strengthen the Haitian government's capacity to plan and implement effective malaria control.

The pharmaceutical component is basically a distribution system supporting 3 different dosage regimens for the anti-malarials chloroquine and primaquine: radical treatment, presumptive treatment, and mass drug administration. Procurement of the anti-malarial drugs is budgetted at \$1.2 million. Supplies and equipment are budgetted at \$2.1 million.

For further information, contact Ms. Linda Morse, LAC/DR.

JAMAICA

HEALTH MANAGEMENT IMPROVEMENT PROJECT

Project Number: 532-0064
Project Term: 1981-85
Funding Level: \$7,750,000.00

The project goal is to improve the health and nutritional status of the Jamaican population by increasing the efficiency of the primary health care system.

The pharmaceutical aspects of the project deal primarily with procurement and distribution, stressing data collection. Under the manpower development component is included the training of 150 pharmacists in pharmacy/dispensary skills, and evaluation of copper sulfate and iron/folate. The nutrition component includes drug purchases of copper sulfate and iron/folate. Also, procurement of pharmacy equipment is included among equipment for the health centers.

For further information, contact Ms. Linda Morse, LAC/DR.

PERU

INTEGRATED HEALTH AND FAMILY PLANNING

Project Number: 527-0230
Project Term: 1981-85
Funding Level: \$10,800,000.00

The purpose of this project is to expand and integrate family planning services and reinforce national population policy formulation and research analysis, reinforce the services delivery capabilities of the health centers of the Ministry of Health and strengthen basic primary health services in urban areas.

A total of \$4,562,000 is allocated for medicines and contraceptives, distributed among the MOH, social security and family planning services.

For further information, contact Ms. Linda Morse, LAC/DR.

REGIONAL BUREAU FOR THE NEAR EAST

EGYPT

URBAN HEALTH DELIVERY SYSTEM

Project Number: 263-0065
Project Term: 1979-84
Funding Level: \$25,272,000.00

This Urban Health Delivery System Project aims to make the existing urban health care delivery system more accessible and effective, utilizing existing facilities and resources as a base.

The project will fund commodity inputs at \$5,266,000.00. A pharmaceuticals commodities component is supported but not separated out from other funded commodities. Pharmacists or dayas form an integral part of the health-care system in Egypt.

For further information, contact Ms. Juliana Weissman, NE/TECH.

CONTROL OF DIARRHEAL DISEASES

Project Number: 263-0137
Project Term: 1981-86
Funding Level: \$26,000,000.00

The purpose of this project is to rapidly reduce child mortality from diarrhea by making rehydration services and materials -- especially oral rehydration therapy -- widely available and used through a national program. The strategy is to build and expand upon the existing infrastructure of private and public facilities and networks delivering health services. This includes the MOH, universities, medical and pharmacy syndicates, Chemical Industries Development (CID), pharmacies and the local communities. Further, alternative schemes for broadening access to services, including development of commercial networks, will be explored, developed and refined.

The administration component is aimed at development of a national rehydration campaign strategy involving a training plan addressing campaign messages and identifying numbers and types of personnel to be trained, including pharmacists, etc. A production and distribution component proposes to support a capacity to produce 40 million packets of ORS annually by the end of year 4; and distribution of packets to MCH facilities, pharmacies and local depots, if possible. It also encompasses a goal of producing and distributing 350,000 half-liter plastic bags of DTS (intravenous rehydration solution). The training component includes physicians and pharmacists in ORT face-to-face training.

For further information, contact Ms. Juliana Weissman, NE/TECH.

MOROCCO

HEALTH MANAGEMENT IMPROVEMENT PROJECT

Project Number: 608-0151
Project Term: 1981-84
Funding Level: \$3,147,000.00

The purpose of this Health Management Improvement Project is to increase the quality and quantity of basic health services by improving the effectiveness and efficiency of the health delivery system. The strategy is to coordinate attack on three fronts: 1) to mobilize and strengthen the Ministry's scarce resources in management analysis, planning

and evaluation; 2) to use this strengthened resource to effect improvements in specific administrative and management systems; and 3) to use the process of designing and implementing administrative system changes to upgrade the skill of managers at all levels.

In the pharmaceuticals sector, the goal is to improve pharmaceutical distribution and supply. Planned output for the pharmaceutical component is an efficient procurement, storage and distribution system for pharmaceuticals in Morocco.

For further information, contact Ms. Juliana Weissman, NE/TECH.

BUREAU OF SCIENCE AND TECHNOLOGY

OFFICE OF HEALTH

BANGLADESH

INTERNATIONAL CENTER FOR DIARRHEAL DISEASE RESEARCH (ICDDR/B)

Project Number: 931-1012
Project Term: 1979-85
Funding Level: \$9,500,000.00

An 18-year old Cholera Research Laboratory served as the institutional basis for the establishment of the ICDDR/B in Bangladesh in June 1979. The Center's objectives are to undertake and promote study, research and dissemination of knowledge about diarrheal diseases and directly related subjects of nutrition and fertility with a view toward development of improved methods of health care. Prevention and control of diarrheal diseases and improvement of public health programs meeting the needs of developing countries is a major concern of the Center. Collaborative efforts of national and international institutions in host LDCs are fostered by the Center in order to strengthen their capabilities in diarrhea disease control and treatment.

For further information, contact Dr. Clifford Pease, S&T/HEA.

WORLDWIDE

ACCELERATED DELIVERY SYSTEMS SUPPORT (ADSS)

Project Number: 936-5900
Project Term: 1979-85
Funding Level: \$7,500,000.00

Through a grant to the American Public Health Association, A.I.D. provides technical assistance to LDCs in the design, implementation and evaluation of PHC programs through this contract with the APHA. Other activities include workshops, information collection and dissemination and technical advisory services, specifically on diarrheal disease control. Since many of these efforts involve diarrheal disease control activities, pharmaceutical commodities, logistics and services necessarily constitute a vital component of this and similar projects.

For further information, contact, Dr. Donald Ferguson, S&T/HEA.

CENTRAL PROCUREMENT OF ORAL REHYDRATION SALTS (ORS)

Recently, A.I.D. has contracted with a U.S. manufacturer to produce and distribute ORS for at least two LDCs with major A.I.D.-supported primary health care projects. As the demand for this product and acceptability of its use in diarrheal control programs expands, A.I.D. will no longer depend solely on UNICEF donations to such national programs and thus enhance its ability to support ORT program activities with increased flexibility by supplementing, while simultaneously encouraging, local production of ORS.

For further information, contact Ms. Anne Tinker, S&T/HEA.

THE MEDEX PRIMARY HEALTH CARE SERIES

Project Number: 931-1180
Project Term: 1978-83
Funding Level: \$5,400,000.00

The University of Hawaii Health Manpower Development Staff of the John A. Burns School of Medicine conducts this project on a five-year contract. The goal is to complete the development of MEDEX technology for training and management in the primary health care series. Further, technical assistance is being provided to LDCs in the design and operation of PHC systems. The MEDEX series evolved from experiences in PHC in 22 countries. The MEDEX approach and materials for PHC development are embodied in 35 volumes, including modules, manuals and workbooks, utilizing the competency-based approach.

These have been adapted by MOH officials in Guyana, Lesotho, Micronesia, Pakistan, and Thailand.

The published materials incorporate lessons learned in those five countries and PHC program experiences in 17 other LDCs:

Afghanistan	Jamaica
Belize	Liberia
Cameroon	Nepal
China	Nicaragua
Colombia	Senegal
Ethiopia	Sudan
Gambia	Tanzania
India	Venezuela
Indonesia	

Those pharmaceutical components included are training for pharmacists or their equivalents, and pharmacy assistants, in drugs and medical supplies, immunization, and oral rehydration.

For further information, contact Dr. Rosalyn C. King, S&T/HE.

PRIMARY HEALTH CARE OPERATIONS RESEARCH (PRICOR)

Project Number: 936-5920
Project Term: 1981-86
Funding Level: \$8,600,000.00

This program is operated under contract with the Center for Human Services for the purpose of helping developing countries find better ways to deliver PHC services. The Center's activities include:

- 1) funding and monitoring of country studies;
- 2) sponsoring workshops and international conferences; and
- 3) commissioning a small number of methodological studies.

PRICOR's immediate objective is to fund operations research (OR) that will aid PHC program managers and policymakers find solutions to problems associated with applying existing technology under local conditions to solve PHC problems in LDCs.

By the end of its first year, PRICOR had 17 country studies and one methodological study under development. During 1983, it is expected that 10-12 country studies and 3-5 methodological studies will be funded by PRICOR.

During its second year, PRICOR is supporting research into ways to overcome problems which limit the expansion of essential PHC services to communities of countries in the developing world.

While PRICOR does not fund PHC services, training, drugs, equipment or other operating expenses, it funds projects in the following priority areas:

- 1) Community Financing
- 2) Community Health Workers
- 3) Community Organization
- 4) Community-Based Commodity Distribution

Research into alternative community financing schemes for drugs, alternative ways to structure the pricing schedule for a revolving drug fund, alternative ways to distribute and control PHC commodities as well as alternative schemes for procurement, controlling, transporting and financing PHC commodities is of interest to PRICOR. During 1983, PRICOR is providing some \$1,200,000 for OR projects, which should be completed in two years or less.

Of 18 currently funded PRICOR projects, the following projects involve one or more OR activities in the pharmaceutical arena:

BENIN

COMMUNITY FINANCING ALTERNATIVES -- A PAHOU DEMONSTRATION

Coordinated by the Unitarian Universalist Service Committee, Boston, Mass.

Project Term: March 1983 - September 1984

Funding Level: \$77,848.00

This project constitutes an OR study to find, implement and monitor solutions to the problem of community financing of PHC within the social and economic context of Benin, West Africa. The goals of the project are to improve the quality and accessibility of the poor, infants, young children and mothers in the Pahou commune to PHC; and to establish a low-cost model for management of health care services. A consultant in drug supply and maintenance is funded

part-time by the project. The pharmacy at Pahou Community Health Center serves as drug depot for medical supplies for the village.

For further information, contact Dr. Donald Ferguson, S&T/HEA.

DOMINICA

OPERATIONS RESEARCH OF REVOLVING DRUG FUND IN DOMINICA

Operated by Management Sciences for Health, Boston, Mass.

Project Term: April 1983 - July 1984

Funding Level: \$155,857.00

This Mission-initiated project addresses research priorities in community financing and commodities distribution in the Dominican PHC system.

The Dominican MOH has decided to implement a fee for services (FFS) scheme and a revolving drug fund (RDF). This study will evaluate operational problems related to implementation of FFS (up to 15 percent of effort) and of RDF (at least 85 percent of effort). This involves a systematic analysis of the current drug distribution system and of the proposed RDF.

For further information, contact Dr. Donald Ferguson, S&T/HEA.

DOMINICAN REPUBLIC

IMPROVING DISTRIBUTION OF ORAL REHYDRATION SALTS

Project Term: September 1983 - March 1985

Funding Level: \$171,557.00

This project addresses PRICOR's research priority of community-based commodity distribution. The object of the study is to identify where the coverage of the existing ORS distribution system is failing in the Dominican Republic; to analyze alternative approaches to improve physical distribution and the pricing structure for ORS; and to test promising approaches to achieve universal coverage. The study will utilize commercial outlets (pharmacies) among its alternatives in or to broaden the community's access to basic medicines, including ORS.

For further information, contact Dr. Donald Ferguson, S&T/HEA.

KOREA

A STUDY OF MODEL PHC PROGRAM IN RURAL KOREAN COMMUNITIES UTILIZING VILLAGE LEVEL SELF-CARE SUBSTRUCTURE

Project Term: January 1983 - August 1984

Funding Level: \$103,633.00

This project is operated by investigators at Seoul National University. It is designed to test the feasibility and effectiveness of an experimental PHC program in remote Korean rural communities, incorporating existing non-health community organizations as substructures for PHC services provided by MOH specially trained and deployed Community Health Practitioners. While neither commodities nor services are funded by the project, immunizations and dissemination of FP medicines and appliances, including IUDs, are service input variables.

MEXICO

MARKETING AND DISTRIBUTION OF ORS IN MEXICO

Project Term: July 1983 - September 1983

Funding Level: \$5,000.00

This Mission-initiated project is an ORS market research study. Components of this project are research of the existing market (volume by brand, prices, channels

of distribution, sizes, packages, advertising, etc.); and research at the pharmacy level (Federal district and interior).

For further information, contact Dr. Donald Ferguson, S&T/HEA.

PHILIPPINES

TESTING PRIMARY HEALTH CARE FINANCING SCHEMES

Project Term: January 1983 - January 1985

Funding Level: \$95,107.00

This Mission-initiated project is a test of 3-4 community-based financing schemes to be developed for the rural communities of Iloilo Province. Nineteen villages in the Panay Unified Services for Health (P.U.S.H.) project will serve as the universe for the study. The study is under way.

For further information, contact Dr. Donald Ferguson, S&T/HEA.

SENEGAL

COMMUNITY FINANCING OF PRIMARY HEALTH CARE IN SENEGAL

Project Term: July 1983 - September 1983

Funding Level: \$31,205.00

An investigator at the Harvard Institute for International Development, Boston, Mass., is implementing this project. The objectives are to: 1) determine those factors associated with success in CF of PHC in Senegal in the past; 2) critique the CF scheme proposed by AID for Phase 2 of its Sine Saloum project. Alternative financing techniques for drugs is a component of this OR research.

For further information, contact Dr. Donald Ferguson, S&T/HEA.

ZAIRE

COMMUNITY FINANCING OF VILLAGE HEALTH WORKERS

Project Term: June 1983 - February 1985

Funding Level: \$155,673.00

Initiated by AID Mission, this project was started on 7/10/83, pending AID approval. USAID at Kinshasa coordinates this project. The coordinators are examining the relative cost-effectiveness of the various PHC systems (government and private) in operation at the community level in Zaire, specifically related to the utilization of dispensary level services. The regularity of drug supply and perceived improvements in drug availability will be assessed as a part of the cost-effectiveness study. ORT and immunizations will be given special attention in this study.

For further information, contact Dr. Donald Ferguson, S&T/HEA.

MALARIA IMMUNITY AND VACCINATION RESEARCH PROGRAM

Project Number: 931-0453

Project Term: Ongoing

Funding Level: \$3,000,000.00 (Approximately) per Year

This program consists of some 14 individual projects within a collaborative network. Each project focuses on a particular aspect of vaccine development. Significant progress has been reported in increasing the production of malaria parasites in vitro, the testing of new

FDA-approved adjuvants, and the purification of antigenic material. Currently, three vaccination trials are being conducted in Aotus monkeys with highly purified antigen.

For further information, contact Dr. James Erickson, S&T/HEA.

OFFICE OF EDUCATION

HONDURAS AND THE GAMBIA

MASS MEDIA AND HEALTH PRACTICES

Project Number: 931-1018

Project Term: 1978-84

The purpose of the Mass Media and Health Practices Project is to develop and demonstrate more effective utilization of mass media in support of improved health practices in the rural areas of two LDCs. Mothers are being taught means of treating and preventing infant diarrhea, utilizing extensively radio and print media as well as communications through field personnel. One of the major outputs of the project is to be a methodology for combining different mass media elements to teach ways of treating and preventing acute diarrhea in infants and small children.

A pharmaceutical production capability for ORS is being developed with GOH in the Honduras while the use of homemade sugar-salt solutions in diarrheal dehydration in infants will be studied and promoted in the Gambia.

For further information, contact Dr. Anthony Meyer, S&T/ED.

OFFICE OF NUTRITION

WORLDWIDE

HEALTH SYSTEMS/RSSA

Project Number: 932-1198

Project Term: 1977-Current

NUTRITION COMPONENTS FOR INTEGRATED HEALTH DELIVERY SYSTEMS

(Being implemented through an RSSA agreement with the Office of International Health, United States Department of Health and Human Services).

This project is providing integrated health/nutrition/family planning programs to and through private voluntary organizations (PVO) and developing countries. Short-term technical assistance will be provided to A.I.D. Missions and A.I.D. regional programs with guidance in the procurement, storage, supply and maintenance of ORS packets, other drugs and other materials and equipment. Further, operations research is being conducted to determine the limitations and risks associated with home and village level OR techniques.

For further information, contact Dr. Nicolaas Luykx, S&T/N.

COMBATTING IRON DEFICIENCY ANEMIA

Project Number: 931-0227

Project Term: 1976-85

Funding Level: \$3,933,000.00

This project aims to minimize the effects of malnutrition in LDCs by instituting appropriate systems for the delivery of absorbable iron to LDC population groups that are suffering from or vulnerable to iron deficiency anemia. The primary beneficiaries of the project are children and women of child-bearing age, especially pregnant women, and anemic groups of working men.

An assessment of iron deficiency anemia is being made in approximately 10 selected LDCs. Appropriate techniques and procedures for delivery of absorbable iron to vulnerable populations in several of these LDCs are being developed. Implementation and evaluation of appropriate iron programs in at least three of these selected LDCs will be done. Various types of available pharmaceutical dosage forms will be utilized, as necessary, for administration of absorbable iron supplements to vulnerable populations. Food fortification with iron will be implemented based on research data.

For further information, contact Ms. Sally Mahone, S&T/N.

VITAMIN A DEFICIENCY PROGRAM SUPPORT

Project Number: 931-0045.14

Project Term: 1974-87

Funding Level: \$8,132,000

Fourteen donor agencies and 18 LDCs now coordinate strategies, resources and activities in addressing the problem of early childhood blindness due to vitamin A deficiency. At least 250,000 children in Asia alone and countless others in at least eight African countries are victims of preventable nutritional blindness. Since the early 1970's, when S&T/N identified nutritional blindness as a major preventable disease utilizing existing technology, A.I.D. has provided financial, technical, logistical and research support to several affected countries.

The International Center for Epidemiologic and Preventive Ophthalmology at Johns Hopkins University (ICEPO) and the International Vitamin A Consultative Group (IVACG) are funded under the current FY 83 - FY 87 extension. ICEPO provides country technical assistance and training to Bangladesh, Benin, Bolivia, Haiti, India, Indonesia, Malawi, Mali, Mexico, Nepal, Phillipines, Senegal, Tanzania, Togo, Upper Volta, and Zambia.

IVACG has coordinated the international activities of donor agencies and countries concerned w/vitamin A deficiency since it was created in 1976.

For further information, contact Ms. Sally Mahone, S&T/N.

OFFICE OF POPULATION

WORLDWIDE

FAMILY PLANNING, OPERATIONS RESEARCH

Project Number: 932-0632
Project Term: 1976-88
Funding Level: \$50,387,000.00

The purpose of this grant-funded project is to develop and test the cost-effectiveness of innovative projects to deliver family planning and basic health services and make them more fully available to rural and urban poor in developing countries. Delivery systems have been or are being tested in some 14 different countries.

The pharmaceuticals component is comprised of commodity procurements and logistical systems for delivery of contraceptives (oral, condoms and copper T IUDs) and oral rehydration salts, such as Oralyte, utilizing various contractors (Case Western, Batelle, University of Michigan, Population Council, Columbia University, and host country governmental agencies such as the MOH, as in Burundi). CBD will place contraceptives through commercial distributors to retail outlets with subsidized financing to permit low cost to end users. Budget includes costs of contraceptives but shows no breakout.

For further information, contact Ms. Jane Shallcroft, S&T/POP.

PATHFINDER -- FAMILY PLANNING SERVICES

Project Number: 932-0807
Project Term: 1967-89
Funding Level: \$105,344,000.00

The goal of this Pathfinder FPS project is the rapid reduction of high population growth rate of developing countries, within a population assistance program which is based on voluntarism and informed choice. The purpose of the project is to introduce voluntary FPS, information and training into LDC areas previously lacking them and to make existing FPS systems more effective in both public and private sectors.

The pharmaceutical components of this project include training of drugstore employees in countries such as Ecuador and Honduras, and procurement, logistics and CBD of contraceptives. Pathfinders will continue to maintain an active commodity support program providing contraceptive supplies and equipment both as part of larger sub-grants (including oral contraceptives and condoms for CBD projects) and in the form of separate commodity awards to governments, private institutions and individuals. In addition to "in-kind" allocations of condoms, oral contraceptives and copper T IUDs, Pathfinder budgets for procurement of other IUDs (Lippes "C" and "D"), standard kits, foams, jellies, diaphragms, pelvic models, etc.

Planned outputs include 80 million condoms, 30 million monthly cycles of oral contraceptives, 4.15 million copper T IUDs, and 1.9 million Lippes IUDs from 1983 through 1987. From 1978 through 1982, more than 3 million new acceptors enrolled in the FPS program, project and commodity awards were made in 60 LDCs. Some 22 million oral contraceptives were made available through A.I.D.; 10 million were called forward by Pathfinder; 6.4 million M/C distributed; and 2.2 million were committed but not shipped. Further, 102

million units of condoms were made available by A.I.D.; 89 million were called forward by Pathfinder; 80.1 million were distributed; and 5.5 million were committed but not shipped.

Geographic emphases for the project over the next five years will be placed on Africa (specifically contraceptive donations and other services to Zimbabwe); and Latin America, where contraceptive donations are scheduled for Brazil and drugstore employee training as family planning motivators is slated for Ecuador and Honduras.

For further information, contact: Ms. Jane Shallcroft, S&T/POP.

INTER-REGIONAL

CONTRACEPTIVE RETAIL SALES

Project Number: 932-0611
Project Term: 1974-84
Funding Level: \$66,265,000.00

This project involves the use of the private sector for subsidized contraceptive sales, referred to as "social marketing", utilizing existing companies with nationwide outlets for other high-demand items. Where a nationwide distributor is nonexistent, the initial distributor to regional distributors or wholesalers of pharmaceuticals, pharmacy-like items, soap, tea, etc., will be utilized. Alternatively a group of distributors may be utilized, when required. A.I.D. will provide "in kind" oral contraceptives, condoms, foaming tablets and other non-clinical contraceptives. Current contracts are held with Westinghouse Health Systems (Nepal and Ghana; Jamaica completed); Population Services International (Bangladesh; Sri Lanka now turned over to family planning association); and Development Associates, Inc. (Latin America, El Salvador). For on-going projects, \$36,650,000 was budgetted for FY 1979 thru FY 1983 and \$19,990,000 was budgetted for in-kind contributions of oral contraceptives, condoms and foaming tablets.

Countries: Bangladesh, El Salvador, Ghana, Mexico, Nepal.

For further information, contact Ms. Jane Shallcroft, S&T/POP.

TRAINING IN REPRODUCTIVE HEALTH

Johns Hopkins University Program for Health Training in Obstetrics and Gynecology

Project Number: 932-0604
Project Term: 1973-86
Funding Level: \$73,891,000.00

The goal of the projects supported through the Johns Hopkins' University Program is to improve the health of LDC mothers and infants by making reproductive health services sufficiently available to reduce maternal and infant mortality and morbidity rates. The purpose of the program is to upgrade the knowledge, skills and technology of physicians, nurses and other qualified professionals in developing countries by providing training in suitable reproductive health methods as they develop and by assisting in incorporating these new concepts and new techniques into everyday practice.

In LDC situations where other AID funded agencies are not available for the training of such providers as pharmacists, dispensers and community workers, JHPIEGO will provide such training. In addition to selected training of pharmacists for roles in reproductive health, JHPIEGO is utilizing pharmacists and storekeepers as part of the RepHSDS through their private shops and concessions, as well as through the governments' health systems of central hospitals, provincial hospitals, clinics and dispensaries; systems of

hospitals, clinics and dispensaries maintained by social security programs, churches, private agencies and industries; private practitioners in their own small clinics, dispensaries and offices; and other RepHS delivery systems. No dollar allocations to the training or logistics components of the project are provided in project documents. Logistics represents one of the principal emphases of program activity for the African region while all types of training has been emphasized for Latin America and the Caribbean.

Regions: Africa, Asia, Latin America, the Caribbean, and the Near East.

For further information, contact: Ms. Jane Shallcroft, S&T/POP.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Project Number: 932-0838
Project Term: 1968-86
Funding Level: \$213,450,000.00

IPPF promotes family planning throughout the world as a basic right for the health and welfare of individuals and couples, the well-being of children and the emancipation of women. The purpose of this program is the inception and improvement of indigenous family planning action programs in developing countries through private sector affiliates of the IPPF (95 affiliates in 1980).

The pharmaceutical component of the project involves CBD of contraceptives. In addition to AID's FY 81-85 contributions, the agency is providing \$21,741,000 of "in-kind" contraceptives, which will flow through 936-3018, as required.

For further information, contact Ms. Jane Shallcroft, S&T/POP.

FAMILY PLANNING INTERNATIONAL ASSISTANCE

Planned Parenthood Federation of America/Family Planning International Assistance

Project Number: 932-0955
Project Term: 1971-89
Funding Level: \$191,500,000.00

To date, FPIA assistance has spanned four continents, involved more than 100 countries and helped more than 2,600 private sector institutions, organizations and government agencies in the delivery of family planning services. This project currently assists some 103 projects in 32 countries and provides contraceptives for health/family planning programs in 49 countries.

FPIA's goal is to enhance the freedom of individuals to choose voluntarily the number and spacing of children; and to encourage population growth consistent with the growth of economic resources and productivity. The purpose of this project is to extend the availability of FP information and services through existing medical, social and welfare programs of LDC institutions and organizations.

The current portion of the grant, \$73,150,000, excludes "in-kind" contributions of 370,000,000 condoms and 120,000,000 cycles of oral contraceptives planned for delivery through FY 1987. During this period some \$5.5 million in other contraceptives and related FP supplies and equipment is to be provided. "In-kind" contributions for the period 1983-87 are estimated to total \$49,081,000.

For further information, contact Ms. Jane Shallcroft, S&T/POP.

POPULATION COUNCIL PROGRAM

The Population Council

Project Number: 936-3005

Project Term: 1978-87

Funding Level: \$26,300,000.00

The goal of the Population Council Program is improved maternal and child health and reduced fertility in developing countries. The purpose of this project is improved delivery and use of FPS in developing countries. The project is comprised of two major parts: 1) annually determined support to selected sub-projects proposed by the Population Council or designed by AID (biomedical research, social sciences research, dissemination of information and training); and the Tunisia sub-project involving technical and financial assistance to the Tunisian national FP program primarily in rural and peri-urban areas.

The Population Council Sub-Project has budgetted \$7,407,000 for contraceptive development during the period five-year period FY 83-87 and the Tunisia Sub-Project has budgetted \$70,800,000 for commercial distribution of contraceptives for the three-year period FY 83-85.

The PC contraceptive development program has resulted in the completion of the medical performance study on the contraceptive vaginal ring; initiation of animal toxicity studies for the contraceptive vaginal ring use; initiation of clinical trials and other studies of LHRH analogs for inhibition of ovulation and spermatogenesis; extensive clinical testing of Norplant™ subdermal transplants; clinical testing of a Levonorgestril IUD; submission of an NDA to the FDA for the Copper-T-380 IUD; and more fundamental reproductive research aimed at developing new approaches to contraceptive development.

For further information, contact: Ms. Jane Shallcroft, S&T/POP.

TABLE I.

FIFTEEN-YEAR SUMMARY OF A.I.D.-FINANCED OFFICE OF POPULATION OBLIGATIONS
FOR COMMODITIES BY TYPE (FY 1968-82)

FISCAL YEAR	ORAL CONTRA-CEPTIVES	CONDOMS	INTRA-UTERINE DEVICES	AEROSOL FOAMS AND FOAMING TABLETS	MEDICAL EQUIPMENT*	OTHER TYPE	TOTALS
1968	\$ 620,144	\$ 323,218	\$ 532	\$ ---	\$ 10,702	\$ 97,750	\$ 1,052,346
1969	840,561	2,711,390	117,489	188,949	94,581	141,903	4,094,873
1970	2,198,753	177,142	238,867	1,025,440	376,487	23,544	4,040,233
1971	2,016,651	567,486	389,640	303,001	158,787	56,882	3,493,447
1972	4,366,087	275,950	483,865	567,529	775,860	155,145	6,624,436
1973	25,813,626	7,125,502	754,804	325,958	523,172	116,382	34,659,444
1974	14,644,800	3,076,800	525,261	615,968	1,844,725	160,280	20,867,834
1975	10,370,400	10,362,942	387,674	516,780	1,978,129	130,043	23,745,968
1976	23,323,777	10,436,899	285,657	136,432	2,222,255	66,621	36,471,641
1977	16,209,900	8,427,765	247,187	332,646	1,791,682	201,296	27,210,476
1978	8,343,046	8,158,838	398,191	1,128,972	4,239,923	1,092,347	23,361,317
1979	22,371,422	9,798,165	1,049,587	2,674,568	6,988,096	123,456	43,005,294
1980	26,575,504	5,247,008	350,395	68,107	1,282,000	263,663	33,826,677
1981	24,464,406	10,549,091	1,890,773	95,768	1,834,000	15,225	38,849,263
1982	27,723,661	10,422,000	N/A	N/A	N/A	N/A	N/A
15-YEAR TOTALS	\$209,882,738	\$ 87,660,196	\$ 7,259,922	\$ 7,980,118	\$ 24,120,399	\$ 2,645,537	\$301,303,249

* Medical equipment includes medical kits (which may contain some pharmaceuticals and medical supplies), laparoscopy kits/equipment, and miscellaneous medical equipment.

Source: S&T/POP/FPSD:BBBlackburn, U.S.A.I.D., June 1983.

TABLE II.
FIFTEEN-YEAR SUMMARY
OF QUANTITIES OF MAJOR A.I.D.-PURCHASED CONTRACEPTIVES
(1968-82)

FISCAL YEAR	ORAL CONTRA- CEPTIVES (1)	CONDOMS (2)	INTRA- UTERINE DEVICES (3)	FOAMING TABLETS (4)
1968	2,893,000	20,003,616	N/A	N/A
1969	4,241,000	152,376,480	334,000	N/A
1970	12,221,000	7,454,160	547,000	N/A
1971	10,902,500	20,983,680	942,064	N/A
1972	23,330,100	11,600,928	1,155,500	N/A
1973	137,739,665	289,641,744	1,784,596	N/A
1974	96,700,000	93,024,000	1,246,900	N/A
1975	66,536,715	344,794,176	1,002,250	N/A
1976	143,709,600	454,901,184	741,700	N/A
1977	93,162,600	310,804,640	675,200	N/A
1978	46,581,000	275,885,000	1,007,002	15,000,000
1979	141,178,600	318,649,500	1,922,000	30,000,000
1980	148,554,000	138,050,300	875,000	N/A
1981	122,030,400	234,946,100	2,206,800	N/A
1982	123,110,800	260,550,000	N/A	N/A
TOTALS	1,172,890,980	2,936,665,508	14,440,012	45,000,000

1In monthly cycles; 2individual pieces; 3units; 4individual tablets

Source: S&T/POP/FPSD:Blackburn, June 1983.

TABLE III.
ORAL CONTRACEPTIVES (I+50) FOR DELIVERY BY A.I.D.'S
OFFICE OF POPULATION FROM JULY 1983 THROUGH JUNE 1984
-- BY COUNTRY AND PROJECT

GEOGRAPHIC REGION/ COUNTRY/PROJECT NUMBER	ACTUAL DISTRIBUTION	ACTUAL COST ATTRIBUTION
AFRICA (REGIONAL)		
Project No. 698-0662	4,626,000	\$ 717,030
ASIA		
Bangladesh, Project No. 388-0050	1,116,000*	178,448
Nepal, Project No. 367-0135	1,990,800	308,574
Nepal, Project No. 367-0135	252,000*	40,296
LATIN AMERICA		
El Salvador, Project No. 519-0149	2,479,200	384,276
Haiti, Project No. 521-0124	3,428,800	531,402
Haiti, Project No. 521-0124	384,000*	61,402
Jamaica, Project No. 532-0069	889,200*	139,278
Panama, Project No. 525-0204	1,387,200	215,016
Peru, Project No. 527-0230	3,496,800	542,004
NEAR EAST		
Morocco, Project No. 608-0155	<u>25,695,600</u>	<u>3,982,818</u>
BILATERAL SUB-TOTALS	45,745,600	\$ 7,100,544
PROJECT 986-3018		
CRS Special Pack	11,109,600	1,777,878
Pathfinder	7,226,400	1,120,092
IPPF	10,162,800	1,575,234
FPIA	<u>31,798,800</u>	<u>4,928,814</u>
GRANTEE SUB-TOTALS	60,297,600	9,402,018
PIO/C GRANT TOTALS	106,043,200	\$16,502,562
MISSION FUNDED		
Bangladesh, PIO/C 388-20373	1,600,800*	\$ 255,968
Barbados, PIO/C 538-30005	19,200	2,976
Rwanda, PIO/C 696-10019	40,800	6,324
Senegal, PIO/C 686-00086	<u>435,600</u>	<u>67,518</u>
CONTRACT TOTALS	108,139,600	\$16,835,348
	<u>14,971,200*</u>	<u>2,393,895</u>
GRAND TOTALS	<u>123,110,800</u>	<u>\$19,229,243</u>

*CRS Pack

Source: Bonita M. Blackburn/Anthony Boni, AID/S&T/POP/FPSD, June 1983.

TABLE IV. AID-FINANCED CONDOMS:LEMENTS BY COUNTRY FOR CY 1980-82
(In Thousands of Pieces)

COUNTRY	CY 1982	CY 1981	CY 1980	TOTAL
Bangladesh	115,322.0	80,082.0	79,072.0	274,476.0
Bahrain	36.0	--	--	36.0
Benin	42.0	--	288.0	330.0
Bolivia	72.0	--	--	72.0
Chile	252.0	1,008.0	--	1,260.0
Colombia	--	3,837.0	9,240.0	13,077.0
Costa Rica	2,622.0	4,347.0	--	6,909.0
Cyprus	6.0	--	12.0	18.0
Dominican Republic	84.0	--	30.0	114.0
Egypt	11,172.0	4,338.0	288.0	15,798
El Salvador	2,898.0	1,772.0	--	4,170
Ethiopia	72.0	--	--	72.0
Gambia	--	144.0	6.0	150.0
Ghana	204.0	1,296.0	1,128.0	2,628.0
Guyana	--	6.0	--	6.0
Haiti	13,434.0	14,582.3	--	28,016.3
Honduras	600.0	234.0	180	1,014.0
India	1,608.0	528.0	822.0	2,958.0
Indonesia	12.0	--	--	12.0
Iraq	366.0	--	168.0	534.0
Jamaica	5,238.0	5,746.1	4,398.0	10,984.1
Kenya	--	360.0	--	360.0
Lesotho	--	84.0	--	84.0
Liberia	450.0	--	180.0	630.0
Malaysia	--	552.0	432.0	984.0
Mali	30.0	--	36.0	66.0
Medford Term	4,008.0	3,102.0	10,644.0	17,754.0
Morocco	3,360.0	1,104.0	1,266.0	5,730.0
New Windsor, Md.	15,570.0	39,810.0	92,901.5	148,281.5
Nepal	2,754.0	8,226.0	--	10,980.0
Nicaragua	--	600.0	--	600.0
Nigeria	204.0	--	--	204.0
Other Africa	288.0	2,670.0	--	2,958.0
Other Asia	558.0	--	246.0	804.0
Other Latin America	606.0	1,518.0	432.0	2,556.0
Other U.S.	38,976.0	19,998.0	--	58,974.0
Panama	36.0	864.0	354.0	1,254.0
Peru	618.0	--	42.0	660.0
Philippines	20,760.0	12,150.0	10,434.0	43,344.0
Rwanda	12.0	--	--	12.0
Senegal	--	6.0	6.0	12.0
Sierra Leone	150.0	168.0	360.0	678.0
Singapore	30.0	24.0	--	54.0
Sri Lanka	3,882.0	6,480	648.0	11,010.0
Surinam	60.0	18.0	6.0	84.0
Swaziland	294.0	288.0	--	582.0
Tanzania	540.0	288.0	72.0	900.0
Thailand	10,362.0	--	--	10,362.0
Togo	300.0	--	--	300.0
Upper Volta	12.0	6.0	6.0	24.0
Uruguay	42.0	126.0	90.0	258.0
Zaire	2,268.0	--	--	2,268.0
Venezuela	--	--	216.0	216.0
Zambia	330.0	24.0	12.0	366.0
TOTALS	260,550.0	217,317.4	214,279.5	692,146.9

Includes bilaterals, IPPF, FPIA, Pathfinder, SA, commercial distribution and loan funding.

Source: S&T/POP/FPSD:B. Blackburn/A. Boni, June 1, 1983

BUREAU FOR PRIVATE AND DEVELOPMENT COOPERATION

OFFICE OF FOREIGN DISASTER ASSISTANCE

WORLDWIDE

U.S. FOREIGN DISASTER ASSISTANCE PROGRAM

Project Term: Since 1954

Funding Level: Based on Assessment of Relief Requirements

The purposes of the U.S. Government Foreign Disaster Assistance Program are to:

1. Render emergency relief, in coordination with other governments, international agencies, and voluntary organizations, to all victims of natural and manmade foreign disasters.
2. Assist in rehabilitation when such rehabilitation is beyond the capacity of local resources.
3. Encourage and participate in preparedness through the provision of technical assistance and international training programs.
4. Consider longer-term reconstruction through U.S. economic development assistance programs, on a case-by-case basis, where there has been severe social and economic disruption.
5. Increase the United States' technical capacity to define vulnerable populations and to recommend disaster prevention measures.
6. Encourage efforts to increase other donor participation in preparedness and relief activities.

When a natural or manmade calamity strikes a foreign country, the U.S. Ambassador on the scene has authority to spend up to \$25,000 for immediate relief. Expenditures in excess of this amount must be approved by the OFDA in Washington. In countries where a U.S. economic development mission is located, the A.I.D. Mission Director has responsibility for the disaster assessment and coordination of the U.S. government's relief effort. The U.S. Ambassador's discretionary authority may be used to make a cash donation to the stricken country's government, or to the Red Cross, or to other voluntary agencies which are already operating in that country. Alternatively, it may be used to purchase relief supplies locally, to finance distribution costs, or to hire local labor and equipment. Other needs, including medicines, shelter, food, etc. may be financed.

The work of OFDA is coordinated with other U.S. Government departments and agencies such as the Defense Department, DHHS's Center for Disease Control, etc.

The pharmaceutical components of OFDA activities generally involve procurement, warehousing, and logistics in getting pharmaceuticals, medical supplies and nutritional supplements to disaster victims on a need basis. While some historical data are available, it is impossible to accurately determine either quantities or dollar expenditures for pharmaceuticals and related items for many reasons, including the following:

1. Due to the unpredictable nature of disaster occurrences, specific sums are not budgetted by commodity class and subclass.
2. Some disaster relief aid may be provided by other U.S. agencies such as the Defense Department or the Department of Health and Human Services.

3. Blanket grants are often made to U.S. voluntary agencies which then determine how these funds will be allocated in providing disaster relief.
4. Each U.S. Ambassador has discretionary authority to make a cash donation up to \$25,000 to the stricken country's government or to the Red Cross or to voluntary agencies already operating in the country affected.

However, relevant available data on pharmaceutical/medical supply commodities provided through OFDA are included in this report. Frequency data are provided in Table V and information on commodity expenditures is given in Table VI.

TABLE V

FREQUENCY OF PHARMACEUTICAL, MEDICAL AND NUTRITIONAL COMMODITY DONATIONS BY THE U.S. GOVERNMENT FOR DISASTER ASSISTANCE THROUGH 1980

Class	Description	No. Entries Through 1977	No. Entries 1978-80*	Total
430-449	Medical Equipment/Supplies	515	17	532
450-469	Medicines/Drugs/Vaccines	782	19	801
470-479	Nutritional Aids	107	3	110

* Includes only commodities, not services; does not include local purchases from Ambassador's declarations and grants.

TABLE VI. PHARMACEUTICALS AND MEDICAL SUPPLIES PROVIDED
BY OFFICE OF FOREIGN DISASTER ASSISTANCE DURING FY 1980, 1981 AND 1982

FY	Date	Country	Disaster	Commodities	\$ Value
1980	78-80	Chad	Civil Strife/ Food Shortage	Medicines and medical supplies	\$ 25,000
1980	12/79	Central African Republic	Civil Strife	Medical survey Medical supplies	3,990 20,543
1980	4/80	Ethiopia	Drought/ Epidemic	Antibiotics and other dysentery drugs	22,249
1980	8/80	Haiti	Hurricane	Chloroquine	56,886**
1980	4/80	Liberia	Civil Strife	Medical supplies	56,409
1980	12/79	Nicaragua	Floods	Medical supplies	126,999
1980	8/80	St. Lucia	Hurricane	Medical supplies	2,130
1979-80	5/79	Thailand	Civil Strife	Medical supplies	316,021
1979-80	9/80	Uganda	Civil Strife/ Drought	Medical supplies; numerous grants to CARE, UNICEF, IRC	68,893**
1980		Senegal	Drought/Famine	Grant to Catholic Relief Services for pro- curement and distribution of medicines and vitamins	337,620
1981	10/80	Algeria	Earthquake	Pharmaceuticals, IV sets, medical supplies	
1981	3/81	Mali	Epidemic (Meningitis)	Vaccines	25,242
1981	3/81	Upper Volta	Epidemic (Meningitis)	Vaccines	50,068
1981	7/81	Gambia	Civil Strife	Medical supplies* procured locally	25,000
1982	12/81	Laos	Medical Emergency	Medicines	100,000
1982	2/82	Mauritius	Cyclone	Medicines and hospital equipment	4,400

1982	3/82	Upper Volta	Epidemic (Meningitis)	Vaccines; Ped-o-jet parts	70,797
1982	3/82	Bolivia	Floods	Grant to local organi- zation to purchase medicines	841
1982	9/82	El Salvador	Floods	Medicines locally purchased	40,000
1982	9/82	Lebanon	Displaced Persons	Grant to Project HOPE for medical supplies	423,500
				Hospital beds	125,300*
				Grant to American University Beirut Hospital for medical supplies	30,000
				MAP International for airfreight of medicines	2,336
				Airlift of 45 metric tons of medicines donated by Direct Relief International, Operation California, and pharmaceutical companies	95,000
				Grant to Project HOPE to procure and deliver medical supplies to AUB Hospital	829,000

*Includes transportation.

For further information, contact Dr. Jack Schlusser, AID/PDC/FDA, Rm 1262A NS.

OFFICE OF PRIVATE AND VOLUNTARY COOPERATION

USAID also provides financial and technical support for various health programs through matching and other types of grants to various private and voluntary organizations. Among those involving activities which provide medications through their programs are the following:

MEALS FOR MILLIONS/FREEDOM FROM HUNGER FOUNDATION (MFM/FFM)
Project Dates: January 1982 - January 1985

MFM/FFH provides medications to the Government of Thailand health units for diarrheal disease control activities. Its activities are integrated food and nutrition programs.

For further information, contact Mr. Ron Ullrich, FVA/PVC.

PROJECT CONCERN INTERNATIONAL
Project Dates: January 1983 - December 1984

PCI assists local organizations in designing and initiating low-cost, community-based health services systems, principally through training of community health workers. Training in the use of oral rehydration salts (ORS) is included in instructional activities.

Countries: Belize, Bolivia, Gambia, Guatemala, Mexico.

For further information, contact Mr. Ron Ullrich, FVA/PVC.

SALVATION ARMY WORLD SERVICE OFFICE (SAWSO)
Project Dates: December 1980 - December 1983

As part of diarrheal disease control activities, SAWSO establishes water supply projects through village health communities, and medications for ORT. It operates nutrition education and community health projects.

Countries: India, Kenya, Pakistan, Zambia and Zimbabwe.

For further information, contact Ms. Carla Maged, FVA/PVC.

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