

**14th International
Conference on
HIV/AIDS and
Sexually
Transmitted
Infections in
Africa (ICASA),
December 4–9,
2005, Abuja,
Nigeria**

Trip Report

Management Sciences for Health
is a nonprofit organization
strengthening health programs worldwide.



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14th International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa (ICASA), December 4–9, 2005, Abuja, Nigeria: Trip Report

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About RPM Plus

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

Abstract

The 14th International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa (ICASA 2005) was held in Abuja, Nigeria, from December 4–9, 2005. Under the theme “HIV/AIDS and the Family,” the ICASA 2005 brought together scientists, people living with HIV/AIDS, activists, and policy makers under the seven main tracks of the scientific program. MSH/RPM Plus attendance provided an opportunity to present RPM Plus activities and tools for the coordination of procurement practices in The President’s Emergency Plan for AIDS Relief focus countries where RPM Plus works. Attendance also provided an opportunity to participate in other sessions, particularly under the track “Treatment, Care and Support—Scaling Up,” for the understanding and sharing of best practices.

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
AMDS	AIDS Medicines and Diagnostics
ART	antiretroviral therapy
ARV	antiretroviral
FDC	fixed-dose combination
ICASA	International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa
IDA	International Dispensary Association
IMAI	Integrated Management of Adult and Adolescent Illnesses
M&E	monitoring and evaluation
MSH	Management Sciences for Health
RPM Plus	Rational Pharmaceutical Management Plus [Program]
STI	sexually transmitted infection
TRIPS	Trade-Related Aspects of Intellectual Property Rights
VCT	voluntary counseling and testing
WHO	World Health Organization

BACKGROUND

The International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa (ICASA) is a biennial conference that brings together people working in the areas of HIV/AIDS and sexually transmitted infections (STIs) and those affected in Africa “to discuss and articulate good and veritable initiatives to confront the epidemic of HIV/AIDS and other STIs in Africa.” The theme for the 2005 ICASA was “HIV/AIDS and the Family.” The Management Sciences for Health (MSH)/Rational Pharmaceutical Management (RPM) Plus Program was invited to participate in the World Health Organization (WHO) satellite session on Procurement and Supply Management of AIDS Medicines and Diagnostics. RPM Plus used this opportunity to discuss tools and technical support being provided in the area of procurement and supply management of AIDS medicines and diagnostics to countries where RPM Plus works. The conference track on “Treatment, Care, and Support—Scaling Up” provided RPM Plus an opportunity to learn current strategies in the scaling up of treatment. The MSH booth at the conference was an avenue for the dissemination of MSH documents and tools that support MSH work.

Purpose of Trip

Jude Nwokike, RPM Plus Senior Program Associate, traveled to Abuja, Nigeria, from December 1 to 11, 2005. The purpose of the trip was to attend the 14th ICASA, to participate in the WHO satellite session on Procurement and Supply Management, and to attend other sessions relevant to RPM Plus activity areas.

Scope of Work

1. Represent RPM Plus in the WHO satellite session on Procurement and Supply Management of AIDS Medicines and Diagnostics
2. Present *Coordinated Procurement: Applications from the Field* at the WHO satellite session
3. Disseminate RPM Plus flyers on Pharmaceutical Management Tools
4. Attend relevant tracks of the scientific program
5. Staff the MSH booth at the conference

ACTIVITIES

1. Represent RPM Plus in the WHO Satellite Session on Procurement and Supply Management of AIDS Medicines and Diagnostics

The WHO satellite session on Procurement and Supply Management of AIDS Medicines and Diagnostics took place on December 4, 2005, at the Hilton Hotel in Abuja, Nigeria. The session was chaired by WHO's Dr. Jos Perriens (Director, Care, HIV/AIDS Department) with the objective "to highlight contributions made by [AIDS Medicines and Diagnostics] AMDS partners to strengthen the procurement and supply management systems required to increase access to [antiretroviral] ARV treatment and to share various tools developed for this area of work." Other partners in attendance included the United Nations Children's Fund, International Dispensary Association (IDA) HIV/AIDS Group, John Snow, Inc. (JSI)/DELIVER, and ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau). The session had six speakers, including Mr. Nwokike and was also attended by MSH colleagues from the headquarters office (Cambridge, MA).

2. Present *Coordinated Procurement: Applications from the Field* at the WHO Satellite Session

The RPM Plus presentation, *Coordinated Procurement: Applications from the Field* (Annex 1), was scheduled to be the last of the six and was limited by time. All the presenters discussed the fundamentals and challenges of ARV procurement, but did not seem to have enough time to talk about their tools in details. In limited time situations, the RPM Plus tools should be emphasized.

The satellite presentations generated comments and questions from participants, which included the following—

Comments

- Need to reduce tools in the field; duplications can cause confusion in countries
- Need for activities to be coordinated: participants challenged partners working in this area to coordinate their activities
- Monitoring and evaluation (M&E) challenges with obtaining medicines consumption data
- Lack of human resources in most countries at the end user level to capture data for quantification
- Need for partners to support countries in coordinating funding sources and the allocation of money for procurement of medicines from the respective funding sources

- Need to discuss and develop strategies that will guarantee availability of ARV medicines beyond large health facilities (district hospitals, clinics, and health centers)

Questions

- What are the challenges and levels of accuracy in the quantification of second-line ARVs?
- What are the roles and strategies for the involvement of local manufacturers, registration of ARVs, and Trade Related aspects of Intellectual Property Rights (TRIPS) in procurement?

3. Disseminate RPM Plus Flyers on Pharmaceutical Management Tools

Flyers describing the following RPM Plus Pharmaceutical Management Tools were made available to the session attendees—

- Quantimed
- ORION@msh
- ART Dispensing Tool
- ART Inventory Tracking Tool
- International Drug Price Indicator Guide
- VCT Planning Guide
- HIV/Test Kits—Information Document

The flyers were in short supply and could not be given to all who requested them. Participants were interested in having all the flyers.

4. Attend Relevant Tracks of the Scientific Program

The following sessions were attended during the conference.

Sessions Attended—Scientific Program

Date	Time	Session	Major recommendations
12/5/2005	8h30–10h00	Plenary: <i>Politics, Policies, and Action</i>	Governments in Sub-Saharan are showing commitment to support scale-up of ART
	10h30–12h30	Compliance issues associated with antiretroviral treatment in Limbe, Cameroon	Good compliance in this pilot involving about 5,000 patients
		Sociocultural adaptation of the patient and community communication aids of the WHO Integrated Management of Adult and Adolescent Illnesses (IMAI) package	WHO has developed strategies to use IMAI to support decentralization of ART services

Activities

Date	Time	Session	Major recommendations
		Swaziland pilot operational research and community based project: PMTCT Plus concept (PORECO): A model for community support, adherence, and partner involvement in a PMTCT Plus project	Community based projects can be successful
		A community referral system for ART	Community referral systems can support ART delivery
		Drug prescriptions and investigations at Muhimbili National Hospital: The need for standards	Drug utilization studies are needed to determine compliance to guidelines
	15h00–16h00	Clinical audit in Kano Hospital	Low rate of reporting of adverse drug events, CD4 test cost 24 U.S. dollars—other ways of monitoring sought
	17h00–1900	WHO session on IMAI	Need for decentralization, task-shifting, empowering patients for self-management and adherence monitoring. There were presentations from Uganda and Senegal on use of IMAI for support and scaling up of ART programs
12/6/2005	8h30–10h00	Plenary: <i>African Family, Children, and HIV and AIDS</i>	Universal access to prevention, care, and treatment—an idea that will become a movement. The HIV/AIDS epidemic has presented the best opportunity to build health systems
	10h30–12h30	Community based antiretroviral pilot: The Bobirwa experience	The community should be engaged in providing ART
		Family support enhances ART adherence: The case of Kibera community based health care projects in Nairobi	Family support is central to successful ART
		Scaling up of antiretroviral treatment (ARV) for AIDS in South Africa: Financial implications and lessons for the developing world	Costing for ART management required
		How does training traditional healers (THS) improve their roles in HIV/AIDS prevention and care? A comparative study conducted in districts of Mbarara, Kiboga, Bushenyi, and Kumi in Uganda	Training THS can help in referrals
	15h00–17h00	Staff MSH booth at conference	
12/7/2005	8h30–10h00	Plenary: <i>Human rights, Gender, and Ethics</i>	Stigma and marginalization of the afflicted is still widespread
	10h30–12h30	Disclosure of HIV status an obstacle to initiating ARV medication in a pediatric setting in Nairobi, Kenya	Stigma is still an issue

Date	Time	Session	Major recommendations
		Models to support ARV medication adherence and patient/provider information needs in a PEPFAR program in Nigeria	Pictograms and educational materials can support adherence intervention strategies
		HAART can be provided safely in African HIV positive children: Cohort analysis in 2 urban health centers in Kigali	Provision of pediatric ART is possible
		Adult fixed-dose combination tablets administered in whole or in broken fractions can successfully be given to children who urgently need HAART in resource-limited settings	Splitting fixed-dose combinations (FDCs) can be a strategy in improving access to pediatrics in the absence of pediatric formulations
		The pill game: A practical tool to strengthen adherence to ARV medications in children in rural district hospital in Kenya	This tool helps children with adherence to their ARVs
		CD4 distribution and clinical staging at initiation of ARV among Ghanaians	When ARV programs are started, some patient, some patients present with more advanced cases
		Antiretroviral treatment can be successfully offered to HIV positive individuals living in slums: The experience from Kibera, Nairobi, Kenya	ARVs can be offered even to those living in slums
		Hepatic toxicity in patients under HAART containing nevirapine in Sub-Saharan Africa: A study on possible causes	Need for regular monitoring of liver enzymes
	15h30–17h00	Vaccine and drugs trials in HIV/AIDS	Need for vaccine trial preparedness in developing countries
12/8/2005	8h30–10h00	Plenary: <i>Recent Advances in HIV/AIDS Research</i>	Presentation by Robert Gallo: In Baltimore, 15% of treatment naive patients are multidrug resistant, GP120-CD4 complex will be the most promising vaccine candidate
		Monitoring the clinical and immunological efficacy of ART among Ghanaian patients	ARVs work in Ghanaian patients
	15h30–17h00	Staff MSH booth at conference center	

5. Administer the MSH Booth

Mr. Nwokike helped staff the MSH booth at the conference center. There were numerous visitors to the booth, making it difficult to reserve the materials for only those that could potentially use and apply the tools versus those who may find materials useful in their current jobs.

Collaborators and Partners

- Liz Lewis, MSH
- Kate Onyejekwe, MSH
- Cora Peterson, MSH
- Jos Perriens, WHO AMDS
- Yasmin Chandani, JSI/DELIVER
- Bianca Kamps, IDA HIV/AIDS Group
- David Bowman and Maria Eng, Institute of Human Virology

NEXT STEPS

Recommendations

- Develop a standard presentation that could be continually updated that captures all RPM Plus technical support on HIV/AIDS medicines and diagnostics procurement and supply management
- Develop an RPM Plus conference package with guidelines on how to estimate what materials and the amount to bring to the meeting
- RPM Plus should collaborate with partners working in the area of HIV/AIDS medicines and diagnostics procurement and supply management for the harmonization of tools
- Provide improved support for ART programs to assure durability of first-line regimens: durability is the key to scalability and sustainability
- Study the issue of splitting of FDCs for pediatric use and advise countries accordingly
- Have the RPM Plus adherence team work closely with WHO to identify synergies with WHO IMAI work

ANNEX 1. Coordinated Procurement—Applications from the Field



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***Coordinated Procurement
– Applications from the Field***

*14th International Conference on AIDS and STIs in Africa
(ICASA)*

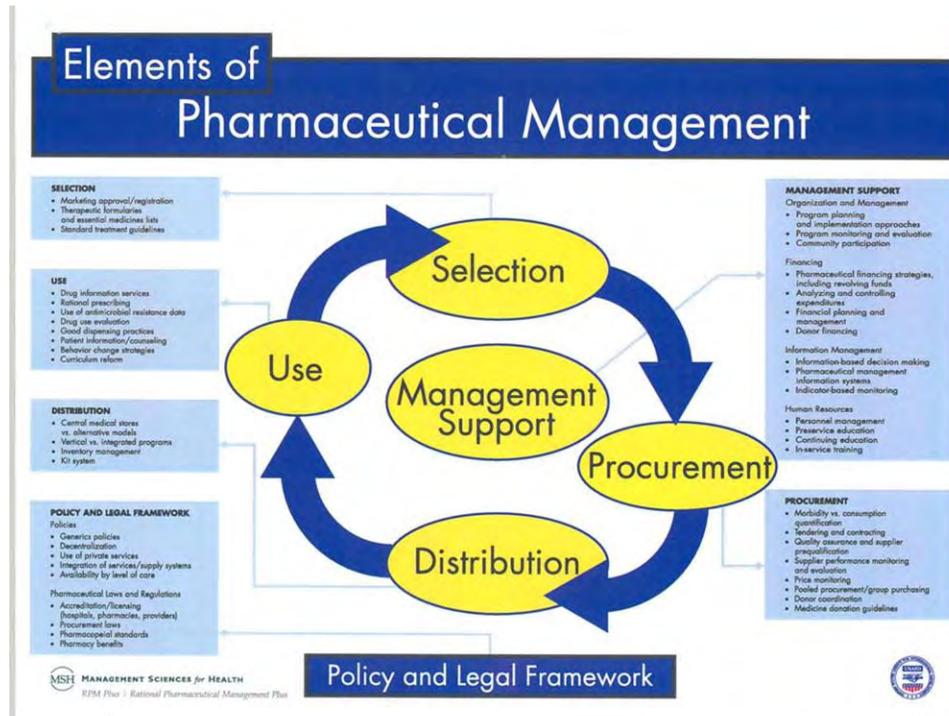
December 4, 2005

With support from



Objectives

- To understand the need for setting up a country-coordinated pharmaceutical procurement system for ART programs
- To identify challenges, opportunities and key elements for coordinated procurement
- To describe some organizational structures established in other PEPFAR countries
- To outline steps for establishing a country-coordinated procurement system
- To provide an overview of MSH/RPM Plus tools that support procurement



Why Is ART Pharmaceutical Management Different?

- ART is—
 - ~ Complex (multiple regimens, multiple combinations)
 - ~ Chronic
 - ~ Changing (a moving target)
- Stock outs leading to treatment interruptions or irrational drug use of ARVs quickly result in—
 - ~ Treatment failure
 - ~ Drug resistance (compromising future treatment options)
 - ~ Wastage of money
 - ~ Program failure

Why Coordinate Procurement (1)



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Effectiveness

- ~ Avoid ARV stock outs; ensure availability
- ~ Ability to rapidly respond to changes in protocol use, scale up

Efficiency

- ~ Avoid duplication
- ~ Single national buffer stock

Expense

- ~ Cost implications of slight inefficiencies

Why Coordinate Procurement (2)

Supply Issues

- Oligopoly
 - ~ Few ARV suppliers
 - ~ Impact of prequalification, registration, patents
- ARV shortages, active pharmaceutical ingredients (API)
- Increasing lead times
- Donor procurement requirements
- Rapidly changing market
- Short expiry dates – especially second line ARVs

Demand Issues

- Uncertainty
 - ~ Continuously changing Treatment Guidelines
 - ~ Push for rapid and enormous ART scale-up
- Paediatric issues
- Increasing need for OI drugs

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Challenges to Successful Procurement

- Data (untimely, incomplete, spurious)
 - ~ Inaccurate or lack of ART data is universally identified as a major constraint to successful quantification for ART programs
 - ~ Sites need tools and assistance to collect, analyze and report data
 - ~ Partners need regular updates on stock and procurement status
- Quantifying needs based on STGs can result in stock outs and/or overstocks if prescribing practices differ significantly from recommendations
- Growth trend
 - ~ Inability to precisely determine potential growth trend of program
 - ~ Limited capacity of health facilities to scale up as planned
- System Issues
 - ~ Communication and information sharing needed to be improved
 - ~ Limited capacity of health care systems to scale up ART services
 - ~ Data collection and reporting by ART sites not as timely and reliable as desired

Opportunities for Coordinated Procurement

- ‘Three Ones’ already practiced in most countries
 - ~ **One** agreed HIV/AIDS Action Framework
 - ~ **One** National AIDS Coordinating Authority
 - ~ **One** agreed country-level Monitoring and Evaluation System
- Commitment and willingness from all partners
- Government policies, structures and bodies in place
- ART programs up and running

Key Elements to Support the Coordination System

- Transparent and inclusive process
- Identification of key players
- Definition of key processes to support the system
- Flexibility to allow donors to observe different procurement rules
- Monitoring, reporting and evaluation
- Technical support and capacity building

Structures and Organization

- Overarching Management Committee/Mechanism
 - ~ Government/MOH, Donors, Implementers
 - ~ Functions
 - Approve and oversee procurement and distribution plans
 - Validate processes and methods
 - Coordinate available resources
 - Reconcile needs and funds
- Technical Committees
 - ~ General Functions
 - Assist the Management Committee in decision making, developing technical recommendations / information

Structures and Organization: Rwanda

- Coordination done by Resource Management Commission
 - ~ Quantification Committee
 - Estimation of needs / budgets per program for a procurement period
 - Review assumptions
 - Identify barriers to quantification process; provide recommendations
 - ~ Procurement and Distribution Committee
 - Oversee procurement processes
 - Develop / implement distribution plans
 - Monitor / report distribution
 - ~ Therapeutics Committee
 - Promote common strategies to promote adherence to STGs
 - Inform on issues that might affect consumption patterns
- Integrated Supply: CAMERWA

Structures and Organization: Kenya

- Coordination done by NASCOP
 - ~ Subcommittees have an advisory role
 - ~ Recommendations of the subcommittee are ratified and forwarded by NASCOP to MoH for implementation
- Medicines Subcommittee
 - ~ MOH, donors, facility staff, KEMSA
 - ~ Responsibilities
 - Determine standard first-line and second-line regimens for ART
 - Drug quantification
 - Drug distribution planning
 - Drug quality assurance
 - Support efficient data collection, analysis and reporting by sites
 - Facility data forwarded to NASCOP to inform decision making
- Integrated Supply: KEMSA, MEDS



Structures and Organization: Namibia

- ARV procurement coordinated by the Directorate of Special Programs (DSP)
 - ~ Meeting of ARV Committee comprising MoHSS, Global Fund and USG to decide level of funding and understand procurement restrictions
 - USG – FDA approved brand and generic ARVs
 - GF – WHO prequalified generic ARVs
 - MoHSS – MCC registered/waiver
 - ~ CMS procures all ARVs and presents invoices to partners through DSP
- Integrated Supply: CMS



Steps to Establish Coordinated Systems

- Identification of key players
- MOU signed with partners
- Agreement on overall structure
- Development of TOR for—
 - ~ The overarching management committee
 - ~ The subcommittees
- Definition of the key processes
- Technical support to subcommittees and implementers



RPM Plus role in Coordinated procurement

- Presentations to MoH and partners to explain benefits, share experiences and concrete steps for moving forward
- Assist in drafting TOR and roles and responsibilities
- Providing TA to strengthen capacity of coordinating body and sub committees
- Targeted TA
 - ~ Quantification
 - ~ Costing and resource allocation among donors
- Developing, sharing and training on tools to facilitate coordination



MSH/RPM Plus Tools

- Quantimed
- ORION@msh
- ART Dispensing Tool
- ART Inventory Tracking Tool
- International Drug Price Indicator Guide
- VCT Planning Guide
- HIV/Test Kits - Information Document



Quantimed

Pharmaceutical Quantification and Cost Estimation Tool

Uses

- Quantify requirements and calculate estimated cost using four different methods, including the morbidity and consumption methods
- Determine pharmaceutical requirements for a new or expanding HIV/AIDS program
- Compare alternative expansion models to inform extent and speed for scaling up
- Compare the costs of alternative treatment regimens

Features

- Database format and ability to export results to Microsoft Excel
- Built-in, client-adaptable medicines and supply list with median prices from MSH's annual International Drug Price Indicator Guide
- Comprehensive user's guide

Experiences

- Used Quantimed for ARV procurement planning and budgeting for PEPFAR activities in Haiti, Namibia, Rwanda, Kenya and Zambia.



ORION@MSH

Pharmaceutical Management Software for Resource-limited settings

Uses/Features

- Software suite for managing pharmaceuticals and medical supplies
- Six interlinked modules – Accounting, Inventory, Sales and Distribution, Tender and Procurement, Vehicle and Equipment, and Warehouse
- Designed for use in medium-sized hospitals to national level agencies

Experiences

- Installed in Dominica, Ghana, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, and Tanzania

ART Dispensing Tool

Uses

- Links patient information and individual ART history to stock movement in a facility
- Maintains records for each patient receiving ART
 - ~ Tracks patient profile and medication history
- Generates key management reports, such as Monthly Patient Uptake Trends and Currently Active Patients per Regimen
- Generates daily expected patient attendance list to facilitate adherence monitoring

Experiences

- Cote d'Ivoire: 1 site
- Haiti: 4 sites
- Kenya: 20+ sites
- Namibia: 4 sites
- Rwanda: 5 sites
- Tanzania: 1 site
- Zambia: 17 sites

ART Inventory Tracking Tool

Uses

- Facilitates the management of ARVs, OI medicines, RTKs and condoms at an aggregate level (i.e., regional, national)
- Tracks expected influx of ARV/OI medicines/RTKs/condoms, estimation of demand disaggregated by month, and number of ART patients by regimen and facility
- Produces reports central to good management of ART such as:
 - ~ Total consumption,
 - ~ Total number of patients per regimen
 - ~ Availability of various ART related pharmaceuticals at facilities

Experiences

- Kenya
- Vietnam



International Drug Price Indicator Guide

- Contains prices for over 900 medicines, focusing on essential medicines; including ARVs and Rapid Test Kits
- Lists out, in a comparative format, prices paid for medicines by country governments and agencies as well as prices from international suppliers
- Updated annually
- Lists suppliers and agencies and their addresses
- Collaborated with WHO since 2000
- Explanatory text and website are in English, French, and Spanish



VCT Planning Guide

- Provides practical guidance on commodity management issues related to establishing, managing and scaling up VCT programs at national and program levels
- Outlines a systemized approach to strengthening VCT commodity management for—
 - ~ National program planners and policy makers
 - ~ Donors currently supporting or planning to support VCT programs
 - ~ VCT service implementers
- Contains practical tools and approaches

HIV/Test Kits - Information Document

- Developed to assist USAID Missions and CAs in procuring HIV test kits for their programs
- Featured HIV test kits are those listed on USAID Source and Origin Waiver (first approved in January 2001)
- The document provides detailed information on these HIV test kits with emphasis on
 - ~ Information on each of the HIV test kits including contents, shelf life and storage requirements
 - ~ Contact information for the manufacturer and pricing information for the HIV test kits
 - ~ Contact information for selected international procurement agencies/suppliers where test kits can be obtained along with pricing and payment information
- The document is updated annually or as often as the USAID Source and Origin Waiver is amended

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