

Quantification Training Report, April 24–28, 2006

Gisenyi, Rwanda

Management Sciences for Health
is a nonprofit organization
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worldwide.



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Belen Tarrafeta

May 2006

Quantification Training Report, April 24–28, 2006 Gisenyi, Rwanda

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ACRONYMS

| | |
|----------|--|
| ART | antiretroviral therapy |
| ARV | antiretroviral |
| CAMERWA | Centrale d'Achat des Médicaments Essentiels du Rwanda |
| CPDS | Coordinated Procurement and Distribution System [Rwanda] |
| MoH | Ministry of Health |
| MSH | Management Sciences for Health |
| NRL | National Reference Laboratory |
| PMTCT | prevention of mother-to-child transmission |
| RPM PLUS | Rational Pharmaceutical Management Plus [Program] |
| TRAC | Treatment and Research AIDS Center |
| USAID | U.S. Agency for International Development |

INTRODUCTION

The Coordinated Procurement and Distribution System (CPDS) is an initiative of the Government of Rwanda that aims to maximize the power of donor funds for procuring medicines for scaling up antiretroviral therapy (ART) in the country. During 2005 the Management Sciences for Health (MSH)/Rational Pharmaceutical Management (RPM) Plus Program, supported under The President's Emergency Plan for AIDS Relief, provided technical assistance to the Government of Rwanda to articulate a sound system based on the existing Rwandan structures that ensures compliance with donor regulations, as well as efficiency and transparency in medicine procurement and distribution. In April 2005, a Quantification Committee was established by the Ministry of Health (MoH) as an urgent first step in the process of establishing the CPDS, chaired by the Treatment and Research AIDS Center (TRAC) and composed by representatives of TRAC, Centrale d'Achat des Médicaments Essentiels du Rwanda (CAMERWA), and the Direction of Pharmacy¹ with the technical support of RPM Plus and the Clinton Foundation.

The Quantification Committee already has conducted two national quantifications for ART, as well as a national quantification of medicines in anticipation of the implementation of the new prevention of mother-to-child transmission (PMTCT) protocol. While the CPDS was being defined and the Quantification Committee was gaining experience, it became clear that successful capacity building required adequate training in quantification methods, and that sustainability of the system needed a good selection of representatives of each institution with adequate technical background.

With the purpose of improving the technical skills of the Quantification Committee, a five-day training course was organized by RPM Plus in Gisenyi, Rwanda. The main objective of this training was to train a selected group of technical staff members from TRAC, CAMERWA, and the National Reference Laboratory² (NRL) to actively participate in the next national quantification exercise that will take place in May–June 2006.

Objectives of the Training

General Objective

To build the capacity of the members of the Quantification Committee to conduct the next national quantification, which is planned for May–June 2006.

Specific Objectives

- To review the principles of quantification and the different quantification methods

¹The Direction of Pharmacy is no longer an existing structure in the Ministry of Health.

² The National Reference Laboratory was invited to the training on quantification because this institution is coordinating resources for pool procurement of CD4 reagents.

- To ensure that the participants understand the data needed for the different quantification methods and the tools used in Rwanda for data collection at site levels
- To provide skills for choosing appropriate quantification methods according to availability of data
- To analyze and understand the different stages involved in the quantification of ARVs and to carry out exercises by using a manual tool
- To introduce the software Quantimed as an electronic tool for quantification and to use the tool in an ARV quantification exercise

Participants and Trainers

After having agreed with the involved institutions on the dates for the quantification training, an invitation letter was sent to TRAC, CAMERWA, and NRL the week of April 17, 2006 (Annex 1). The U.S. Agency for International Development (USAID) and the Clinton Foundation expressed interest in taking part in the training because both institutions have an active role in the CPDS (USAID is the secretary of the Resource Management Commission and the Clinton Foundation provides technical support to the system in collaboration with RPM Plus).

A total of 11 participants—from CAMERWA (4), TRAC (4), USAID (1), and the Clinton Foundation (2)—attended the training, although only 3 participants (all of them from CAMERWA) stayed throughout the whole course. All participants from TRAC and one from CAMERWA joined the group on the second day of the training. Some participants left the training earlier because of other commitments, two on the second day (USAID and Clinton Foundation), and two on the fourth day (TRAC and Clinton Foundation). NRL could not participate during the training. (Details about the participants can be found in Annex 2.) The trainers of the course were all members of RPM Plus with broad experience in quantification of ARVs and other related commodities in Rwanda. Three of the facilitators were local staff members of the Kigali office (Antoine Gatera, Gege Ines Buki, and Denise Murekatete), and only one facilitator came from abroad (Belén Tarrafeta). Georges Ntumba, Senior Resident Advisor of RPM Plus/Kigali opened the training.

Methodology and Training Materials

Because most of the participants were pharmacists with some background in quantification, the methodology preferred used practical exercises from real experiences. However, in order to have all the participants at the same level and to avoid basic errors, theoretical sessions and activities for opening discussions were also used.

The course was divided in eight sessions, each of which included a PowerPoint presentation, exercises and/or group activities and a handout with additional explanations, and exercise results. (See Annex 3 for Agenda.)

During the first two days, two quantification methods (based on consumption and on morbidity) were presented and analyzed, and several exercises were conducted. During day three, a complete exercise of quantification of ARVs in a scaling-up scenario was conducted by using a manual tool with predesigned tables. At the end of the third day, the Quantimed software was presented, and the same exercise for quantification of ARVs in a scaling-up scenario was conducted during day four, but using Quantimed.

During day five, the participants were introduced to the structure of the CPDS and the role of the Quantification Committee in the system. The participants were invited to provide recommendations and next steps following quantification.

Two different evaluation forms were used. The first evaluation aimed at determining whether the knowledge on quantification improved during the training. Each participant had to fill in a multiple-choice test with 41 questions before starting the training. The same exercise was then given after the training in order to see the improvements. In addition, an evaluation form was given at the end of each day, in order to evaluate whether the participants had found each of the sessions adequate in terms of methodology, timing, objectives met, and facilitation of the sessions.

During the last day, the participants were invited to evaluate the course in an open discussion.

OUTCOMES AND EVALUATION RESULTS

Objectives and Expectations of the Participants

During the first day of the training, the participants were invited to share their objectives and expectations for the training. These included—

- Understanding the principles of quantification
- Learning about the different quantification methods and the advantages of using one or another
- Learning about how to choose the most suitable method for the Rwandan contexts
- Learning how to quantify ARVs, in particular
- Learning about the impact of quantification in procurement
- Getting practical experience in quantification (exercises)
- Learning about data collection for quantification

Participants and trainers noted that all those expectations corresponded with the objectives for the training, although the wording might differ slightly from the original formulation.

On the last day, the participants were invited to review the objectives fixed on the first day and to evaluate whether or not those objectives had been achieved. Each of the objectives was analyzed, and the participants concluded that the training had succeeded in all objectives fixed.

In addition, the participants mentioned other lessons learned that had not been expected, but that were considered important outcomes from the training. These include—

- Trainees learned about the background of the CPDS.
- They learned about the roles and responsibilities of the Quantification Committee within the CPDS.
- During the exercises, the participants understood how the contribution per program needs to be estimated for procurement.
- The trainees were able to identify all the different elements that can affect the quantification.
- They learned about the Quantimed software and how to use it.

Quantification Skills and Readiness for Conducting a National Quantification

The results from the pre and post evaluation show an improvement in the knowledge on quantification concepts, which increased from 32/41 correct answers in the preevaluation test to 37/41 right answers in the post evaluation. These results are not totally significant because although all participants were asked to submit a preevaluation form, only 7 participants were present to fill in the postevaluation form. However, the discussions that arose with the facilitators during the correction of the postevaluation test showed that the participants had acquired a good analytical basis for discussing quantification issues.

In addition to the evaluations, the facilitators noted that the exercises conducted during the training were well followed by most of the participants. Those participants who had already been exposed to pharmaceutical management seemed to learn faster than those whose background was not in pharmacy. Nevertheless, according to the facilitators, overall the group responded well to the gradual increase of complexity throughout the training.

Only one exercise (Quantification of Test Kits, Session 5) was perceived to be too difficult, and the facilitators agree that the exercise might need to be reviewed if a similar training is repeated. However, the main objective of that exercise was to discuss the assumptions that need to be made when enough data are not available, which was fully achieved.

A big success from the trainers' point of view was the finalization of the exercises for quantification of ARVs for a scaling-up scenario, with both manual and electronic methods. The quantification of ARVs requires a good understanding of quantification in general because it is one of the most complex scenarios that can be found, and the group succeeded in understanding the different stages and the rationale of quantifying ARVs. The exercises seemed to be quite adequate to the purpose of the training. In addition, the group was very interested and motivated in knowing the Quantimed software, and although the participants perceived the timing for Quantimed a bit too short, they were able to finalize the exercise within the time given. Those participants having previous experience in using Microsoft Excel and Access seemed to follow the exercise easier than those whose experience was more limited.

As a conclusion, the trainers consider that a core group from TRAC and CAMERWA already exists with enough skills to take the lead in conducting quantification of ARVs within the CPDS, if enough technical support is provided during the next national exercise, and if the persons involved can be fully available for the time needed.

Agenda, Methodology, Training Materials, and Tools

The training started late on the first day because the group decided to wait for the arrival of the participants. However, at about 11 a.m. the facilitators decided to start the opening and welcome session and the introduction to the course with the available participants. Five participants (4 from TRAC and 1 from CAMERWA) only joined the group on the second day of the training.

Consequently, the agenda needed to be adapted. The timing for the first day did not allow conducting Session 3 as planned and could only cover Sessions 1 and 2. Because Session 2 was essential for following up the rest of the course, a short summary of about 30 minutes was given on the second day in order to ensure that at least the most basic concepts were understood by all participants. At the end of the second day, the schedule had been recovered, although the timing given for Session 3 and especially for Session 4 were significantly shortened and not explored in depth. (See final agenda in Annex 3.)

Despite all these constraints, overall the training was considered to be adequate by most of the participants. Only one participant without any background on pharmaceutical management insisted on the need for additional training from RPM Plus, which will need to be addressed with the involved institution.

On the last day evaluation, participants considered that overall the course was well balanced in terms of theory and exercises. However, on the daily evaluation forms, some of the participants expressed their interest in doing more exercises. Because a training course always has time limitations adding more exercises to the training materials might be considered for those participants who want to do exercises themselves after the training hours.

Participants appreciated the training materials. The handouts for Session 2 were distributed with some delay because RPM Plus staff found some problems with the translation of some technical documents from English to French. However, the whole set of training materials was available before the end of the course. The facilitators also provided the participants with some additional documents upon request, including examples of quantification reports and the CPDS Governance Document.

Participation of Trainers and Trainees

The number of trainees, between 7 and 9 depending on the day, was very adequate for the level and methodology used. If similar trainings are planned in the future, the number of participants should not exceed 10.

Although the number of trainers was four for the whole course, one of the trainers only participated during the first day. Indeed, three trainers is an adequate number because it allows having at least two facilitators in the room, while another facilitator can take care of other tasks, such as ensuring logistics and making photocopies.

All trainees were very committed during the sessions and participated actively during presentations and exercises. The methodology for all sessions was thought to raise questions and discussion among the participants, which were found to be interesting and illustrative of the challenges of quantifying drug requirements.

During the evaluation done on the fifth day, the participants provided positive feedback on the following elements—

- They considered that the methodology used encouraged participation and found it very motivating.
- They considered that the technique of building the session starting by sharing the knowledge of the participants and their experience was very appropriate for the training.

Results from the Daily Evaluation and Satisfaction of the Participants

Table 1 shows the results of the daily evaluations as they were compiled at the end of each day. The format used can be found in Annex 5.

Table 1. Results of Evaluation by Session

| Session | | Type | Number of Evaluations Filled In | Met Fixed Objectives | Met Your Expectations | Adequacy of Materials | Facilitator Style | Average | Length of Presentation | Comments from Participants | Comments from Trainers |
|---------|------------------------------------|-----------------------------|---------------------------------|--|-----------------------|-----------------------|-------------------|---------|--|---|--|
| | | | | ~ Poor = 1 to 3 ; ~ Good = 4 to 6 ; ~ Excellent = 7 to 9 | | | | | * Insufficient = 1 * Adequate = 2 * Too Long = 3 | | |
| 1 | Introduction to Quantification | Presentation and discussion | 6 | 7.6 | 7.5 | 7.6 | 7.6 | 7.6 | 2.0 | ~ More explanations of the Supply Chain Management Cycle. ~ Good exercise to estimate Procurement Periods. | ~ Late start due to late arrival of some participants. Needed to catch up. |
| 2 | Quantification: Consumption Method | Presentation and exercises | 6 | 8.1 | 8.0 | 8.3 | 8.0 | 8.1 | 2.0 | ~ Maybe needed more exercises and more explanations on data sources. | ~ Data sources and more exercises planned to be done during the course. |
| 2 | Quantification: Morbidity Method | Presentation and exercises | 6 | 8.5 | 8.5 | 8.8 | 8.6 | 8.6 | 1.8 | | |

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| Session | Type | Number of Evaluations Filled In | Met Fixed Objectives | Met Your Expectations | Adequacy of Materials | Facilitator Style | Average | Length of Presentation | Comments from Participants | Comments from Trainers | |
|---------|--|---------------------------------|--|-----------------------|-----------------------|-------------------|---------|--|----------------------------|---|--|
| | | | ~ Poor = 1 to 3 ; ~ Good = 4 to 6 ; ~ Excellent = 7 to 9 | | | | | * Insufficient = 1 * Adequate = 2 * Too Long = 3 | | | |
| 3 | Problems Related to Quantifications of ARVs and Opportunistic Infections | Presentation and discussion | 8 | 8.0 | 8.0 | 7.8 | 8.0 | 8.0 | 1.8 | ~ Wanted some practical exercises and examples. | ~ Participants have not perceived the needed to catch up with schedule. ~ For revision add some real examples. |
| 4 | Quantification of ARVs for Children | Presentation and discussion | 8 | 7.8 | 7.6 | 8.0 | 8.3 | 7.9 | 2.0 | | |
| 5 | Data Collection for Quantification | Presentation and discussion | 8 | 8.1 | 8.0 | 7.6 | 8.0 | 7.9 | 2.0 | ~ Too difficult. ~ Time insufficient. ~ Wanted concrete responses to exercise. ~ More exercises. | ~ The main objective of the exercise was to discuss assumptions. This has been achieved. ~ These exercises could not have an only answer, because data were lacking on purpose. |
| 5 | PMTCT Quantification Exercise | Exercise by groups | 8 | 7.8 | 7.5 | 8.3 | 8.1 | 7.9 | 1.8 | | |

Outcome and Evaluation Results

| Session | Type | Number of Evaluations Filled In | Met Fixed Objectives | Met Your Expectations | Adequacy of Materials | Facilitator Style | Average | Length of Presentation | Comments from Participants | Comments from Trainers | |
|---------|--|---------------------------------|--|-----------------------|-----------------------|-------------------|---------|--|----------------------------|------------------------|---|
| | | | ~ Poor = 1 to 3 ; ~ Good = 4 to 6 ; ~ Excellent = 7 to 9 | | | | | * Insufficient = 1 * Adequate = 2 * Too Long = 3 | | | |
| 5 | Test Kits Quantification Exercise | Exercise by groups | 8 | 7.7 | 7.1 | 7.8 | 7.8 | 7.6 | 2.1 | | |
| 6 | Assumptions and Decision Making | Presentation and Discussion | 7 | 8.3 | 8.2 | 8.4 | 8.1 | 8.3 | 1.8 | | |
| 7 | Quantification of ARVs : Manual Method | Exercise individual | 7 | 8.3 | 8.1 | 8.7 | 8.6 | 8.4 | 1.8 | | |
| 7 | Process of Quantification of ARVs | Presentation and discussion | 7 | 7.8 | 7.7 | 8.1 | 7.8 | 7.9 | 1.7 | | |
| 8 | Introduction to Quantimed and Set Up | Presentation with laptops | 7 | 7.7 | 7.7 | 7.8 | 8.3 | 7.9 | 1.4 | ~ Needed more time. | ~ The objective of this session was only to look into the software. This was achieved. |
| 8 | Quantification of ARVs: Quantimed | Exercise in couples | 8 | 8.0 | 7.6 | 8.5 | 8.5 | 8.2 | 1.6 | | ~ Although it seems that timing was not enough, the exercise was completed in the timing given (by 18:00h). |
| 9 | Quantification Committee and CPDS | Presentation and group activity | Not evaluated. | | | | | | | | |

The following table shows the average evaluation of the course according to the results of Table 1. Overall the course was evaluated as excellent, as well as the facilitators.

Table 2. Average Points Given to the Course

| | | |
|------------------------------|------|---|
| Average of the course | 8.01 | |
| Minimum points | 7.60 | Session 1 |
| Maximum points | 8.60 | Session 2 (Morbidity) |
| Average adequacy of timing | 1.83 | On average, the course was found to be a bit short. |
| Average Met Fixed Objectives | 7.98 | |
| Average Met Expectations | 7.81 | |
| Average Adequacy Materials | 8.13 | |

| | |
|---------------------------|------|
| Style of Facilitator | |
| Facilitator 1 | 7.80 |
| Facilitator 2 | 7.97 |
| Facilitator 3 | 8.14 |
| Facilitator 4 | 8.50 |
| Average Facilitator Style | 8.13 |

NEXT STEPS AND RECOMMENDATIONS FOR THE QUANTIFICATION COMMITTEE

During the fifth day, the facilitators presented to the group the background of the CPDS, how it was conceived, the objectives, and the role of the Quantification Committee within the whole structure. Most of the trainees were not familiar with the structure of the CPDS, which is essential for an efficient participation of the Quantification Committee.

The trainees were invited to provide recommendations for a good functioning of the Quantification Committee. The participants decided first to define the challenges of quantification and then to provide recommendations according to the challenges identified. The summary of the discussion follows.

Challenges and problems encountered for quantification—

- Difficult access data from the sites
- Lack of respect of ART protocols by the prescriptions
- Validation of consumption data at facility level
- Inadequate filing of documents needed for quantification
- Insufficient exploitation of consumption data
- Insufficient communication between TRAC, CAMERWA, and prescribers
- Absence of a monitoring system
- Lack of respect of scheduled meetings for quantification
- Compliance with donors' requirements
- Suppliers not respecting lead times

Recommendations Proposed to the Quantification Committee

- TRAC should organize a meeting between the Quantification Committee and the ART sites to present the role of the Quantification Committee and the problems related to quantification regarding quality of data.
- TRAC should monitor closely the adherence of the prescribers to the ART protocols and actively communicate to the Quantification Committee any changes envisioned to be made to the protocols as promptly as possible.
- CAMERWA, TRAC, and Management Sciences for Health (MSH) should make regular field visits in order to validate the quality of the data provided on consumption and patient profiles.
- CAMERWA should take the lead as soon as possible in compiling, analyzing, and reporting quarterly on ARV distribution and consumption.
- The Quantification Committee should organize monthly meetings to discuss all matters related to quantification, procurement, distribution, and use of ARVs.
- All members of the Quantification Committee need to respect the calendar for the process of quantification as agreed.

- TRAC and CAMERWA need to provide all information needed for quantification in a timely manner.
- Donors should provide to the Quantification Committee the information required for the next quantification. The Quantification Committee will disseminate a questionnaire to the different donors to collect systematically the required information.
- The respect of the lead times by the suppliers should be considered an important criterion for selection of suppliers. In addition, the demands for quotations and pro forma invoices should provide information on expected lead time.

Recommendations for Next National Quantification

- To ensure sustainability and efficient performance of the committee, each institution should assign the representatives that will take part of the Quantification Committee.
- TRAC should call a meeting of the Quantification Committee not later than May 10, 2006, in order to agree on the process for doing the quantification exercise.
- All the participants of the Quantification Committee should have read the Governance Document of the CPDS and especially the part regarding the Quantification Committee.
- A time frame for each stage of the quantification should be agreed on by the end of the meeting, with clear roles and responsibilities of each of the participants.
- TRAC and MSH will provide to the Quantification Committee the data gathered from the last field visits, conducted at the end of April.

Other General Remarks

- RPM Plus will speak with the various institutions on the need of additional training in the future, as needed. It might be necessary to organize a new training for NRL and other staff members who need additional support.
- The trainees highlighted the satisfaction of seeing the competency of the trainers, most of them local staff members. They also noted the need of exploiting the local human resources and the exchange of experiences among technical staff members within and between institutions for capacity building.

ANNEX 1. INVITATION LETTER



Kigali, le 04 avril 2006

Objet : Formation sur la quantification des produits pharmaceutiques.

Madame/ Monsieur :

MSH /RPM Plus organise une formation sur la quantification des produits pharmaceutiques du 24 avril au 28 avril 2006 à Gisenyi. Nous vous demandons donc de bien vouloir envoyer trois membres de votre institution ayant le profil suivant :

Etre pharmacien ou professionnel de santé ayant une expérience en gestion des produits pharmaceutiques.

Etre assigné par son institution pour la représenter dans le Comité de Quantification du Coordinated Procurement System (CPDS) dont la tâche est de quantifier les besoins nationaux pour le programme de thérapie anti-rétrovirale.

- Avoir une connaissance des protocoles thérapeutiques de traitement.
- Avoir une bonne connaissance du programme informatique Excel.

Vu l'importance de cette formation, la participation de tous est vivement souhaitée et veuillez nous communiquer la liste de vos participants avant le 17 avril 2006. Il sera également demandé à chaque institution de fournir un ordinateur laptop aux participants. Le départ de Kigali est prévu dimanche 23 avril 2006 à 14h à partir de nos bureaux MSH/RPM Plus.

Dans l'attente d'une réponse favorable à notre requête, veuillez accepter Madame la Directrice, l'expression de ma franche collaboration.

Antoine GATERA
Senior Technical Advisor
MSH/RPM Plus

ANNEX 2. LIST OF PARTICIPANTS

Formation sur la quantification des produits pharmaceutiques liés aux VIH/SIDA

Date: 24 avril 2006

| | Noms | Institution | Email | Téléphone |
|----|-----------------------|--------------------|--------------------------|------------------|
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| 3 | Eric Nyiligira | CAMERWA | enyiligira@yahoo.fr | 0848 43 04 |
| 4 | Jean Claude Tayari | CAMERWA | ktayari@yahoo.fr | 0841 77 57 |
| 5 | Jules Mugabo | TRAC | mugaboj@tracrwanda.org | 0859 43 91 |
| 6 | Louise Kayiranga | TRAC | armel2050@yahoo.fr | 0885 28 81 |
| 7 | Esther Karara | TRAC | esrebero@yahoo.com | 0844 26 50 |
| 8 | Patrick Gaparayi | TRAC | patrickgap@yahoo.fr | 0848 12 96 |
| 9 | Rebecca Feeley | Clinton Foundation | rebecca.feeley@gmail.com | 0830 45 74 |
| 10 | Ashley Pitman | Clinton Foundation | | |
| 11 | Jennifer Ruben | USAID | jrubin@usaid.gov | |

ANNEX 3. FINAL AGENDA

| JOUR 1 | | |
|---------------|---|-------------------|
| 11:00 - 11:15 | Welcome and Open Session | Georges Ntumba |
| 11:15 - 12:30 | Introduction au cours et pré-test | Antoine Gatera |
| | Déjeuner | |
| 14:00 - 15:00 | Session 1 : Introduction à la Quantification | Antoine Gatera |
| 15:00 - 16:30 | Session 2 : 2.1 Méthode de quantification basée sur la consommation et exercice | Denise Murekatete |
| 16:30 - 16:45 | Pause café | |
| 16:45 - 18:00 | 2.2 Méthode de quantification basée sur la morbidité et exercice | Belén Tarrafeta |
| JOUR 2 | | |
| 08:45 - 09:15 | Summary of Session 2 | Belen Tarrafeta |
| 09:15 - 10:15 | Session 3 : Problèmes liés à la quantification des ARV et médicaments contre les IO | Antoine Gatera |
| 10:15 - 11:45 | Session 4 : Quantification des besoins en ARV pour les enfants | Belén Tarrafeta |
| 11:45 - 12:00 | Pause café | |
| 12:00 - 13:00 | Session 5 : Collecte des données nécessaires à la quantification des ARV | Denise Murekatete |
| 13:00 - 14:00 | Déjeuner | |
| 14:00 - 15:45 | 5.1 Exercice de quantification pour le programme de PMTE | Inès Buki G. |
| 15:45 - 16:00 | Pause café | |
| 16:00 - 18:00 | 5.2 Exercice de quantification pour les tests de dépistage du VIH | Denise Murekatete |
| JOUR 3 | | |
| 08:30 - 09:00 | Résumé Jour 2 | Denise Murekatete |
| 09:00 - 10:00 | Session 6 : Hypothèses et prise de décision: l'art de la quantification | Inès Buki G. |
| 10:00 - 10:15 | Pause café | |
| 10:15 - 12:45 | Exercice de quantification sur base des tableaux Excel | Belén Tarrafeta |
| 12:45 - 14:00 | Déjeuner | |
| 14:00 - 15:30 | Exercice de quantification sur base des tableaux Excel (suite) | Belén Tarrafeta |
| 15:30 - 15:45 | Pause café | |
| 15:45 - 16:45 | Session 7 : Processus et méthodologie utilisés pour quantifier les ARV | Inès Buki G. |
| 16:45 - 18:00 | Session 8 : Introduction à Quantimed et installation du logiciel | Inès Buki G. |
| JOUR 4 | | |
| 08:30 - 13:00 | Exercice de quantification par l'utilisation de Quantimed | Inès Buki G. |
| 13:00 - 14:00 | Déjeuner | |
| 14:00 - 18:00 | Exercices de quantification par l'utilisation de Quantimed (suite) | Inès Buki G. |

| JOUR 5 | | |
|----------------|---|--------------------|
| 8 :30 - 12 :00 | 1. Système d'approvisionnement coordonné (CPDS) et Comité de quantification : | Belén Tarrafeta |
| | 2. Définition des prochaines étapes pour la prochaine quantification | Belén Tarrafeta |
| 12:00 - 13:00 | 3. Post Evaluation et correction | Belén Tarrafeta |
| 13:00 - 14 :00 | DEJEUNER | |
| 14:30 - 16:00 | Evaluation générale et clôture | Belén Tarrafeta |

ANNEX 4. PRE/POST EVALUATION FORM

| | | | |
|--|---|------|------|
| 1 | La quantification doit couvrir la période d'approvisionnement, le délai de livraison du prochain approvisionnement et le stock de sécurité. | VRAI | FAUX |
| 2 | Dans l'expansion des programmes TAR, le stock de sécurité des ARV doit couvrir seulement les malades qui se trouvent déjà sous traitement. | VRAI | FAUX |
| 3 | La méthode de quantification est choisie selon la disponibilité et fiabilité des données. | VRAI | FAUX |
| 4 | Le seul objectif de la quantification est d'éviter les ruptures de stock. | VRAI | FAUX |
| 5 | Le processus de quantification national est un exercice qui demande beaucoup de concentration, et c'est recommandable qu'elle soit faite par une seule personne bien qualifiée. | VRAI | FAUX |
| 6 | La méthode de quantification basée sur la consommation est plus fiable que celle basée sur la morbidité. | VRAI | FAUX |
| 7 | Si on arrive aux résultats différents avec deux méthodes de quantification différentes, c'est sûrement qu'on a commis une erreur de calcul. | VRAI | FAUX |
| 8 | La méthode de quantification basée sur la consommation ajustée est très utile quand il n'y a pas des données disponibles pour une population définie. | VRAI | FAUX |
| 9 | La consommation mensuelle moyenne ajustée, est estimée en considérant le délai de livraison et les pertes. | VRAI | FAUX |
| 10 | La méthode de quantification basée sur la morbidité doit tenir compte des protocoles thérapeutiques et des pratiques de prescription. | VRAI | FAUX |
| Les facteurs suivants influencent la quantification: | | | |
| 11 | La capacité de diagnostiquer les maladies | VRAI | FAUX |
| 12 | Le progrès de la science | VRAI | FAUX |
| 13 | Le délai de livraison | VRAI | FAUX |
| 14 | La disponibilité des produits sur le marché | VRAI | FAUX |
| 15 | La possibilité d'utilisation des formulations a molécules combinées solides pour les enfants simplifie beaucoup la quantification. | VRAI | FAUX |
| 16 | Pour la quantification des formes liquides des ARV c'est nécessaire de faire des ajustements en considérant des pertes plus élevés que pour les formes solides, et la stabilité du produit une fois le flacon ouvert. | VRAI | FAUX |
| 17 | Les informations sur l'âge et le poids et la surface corporelle ne sont pas indispensables pour faire la quantification des ARV pour les enfants. | VRAI | FAUX |
| Les institutions suivantes sont-elles des sources des données et informations pour la quantification : | | | |
| 18 | La CAMERWA | VRAI | FAUX |
| 19 | La CNLS | VRAI | FAUX |
| 20 | Les formations sanitaires (FOSA) | VRAI | FAUX |

| | | | |
|--|---|------|------|
| 21 | Le Minisanté | VRAI | FAUX |
| Est-ce que les éléments suivants sont nécessaires pour la quantification des ARV ? | | | |
| 22 | Nombre des nouvelles FOSA | VRAI | FAUX |
| 23 | Nombre des dispensateurs | VRAI | FAUX |
| 24 | Nombre des patients | VRAI | FAUX |
| 25 | Nombre des examens de laboratoire | VRAI | FAUX |
| Les outils suivants permettent-ils la collecte de données nécessaires à la quantification des ARV? | | | |
| 26 | Dossier médical des patients | VRAI | FAUX |
| 27 | Fiche de control de température de stock | VRAI | FAUX |
| 28 | Fiche d'information sur les malades | VRAI | FAUX |
| 29 | Rapport mensuel de consommation | VRAI | FAUX |
| 30 | Procès verbal de péremption | VRAI | FAUX |
| 31 | Registre de consommation journalière | VRAI | FAUX |
| 32 | Les données de consommation de produits pharmaceutiques ne sont pas toujours disponibles dans les nouveaux programmes. | VRAI | FAUX |
| 33 | La consommation d'un médicament ne varie pas pour un programme d'expansion. | VRAI | FAUX |
| 34 | Les estimations basées sur la morbidité et le la consommation auront généralement des résultats différents. | VRAI | FAUX |
| 35 | La qualité de données utilisés et les résultats obtenus n'ont pas besoin d'être revus pour lancer la commande. | VRAI | FAUX |
| 36 | Dans un programme de TAR une approche d'équipe n'est pas nécessaire pour formuler les hypothèses et prendre des décisions lors de la quantification. | VRAI | FAUX |
| 37 | Avant de commencer un exercice de quantification des ARV il faut grouper les données selon les objectifs. | VRAI | FAUX |
| 38 | Le nombre des mois de traitement se calcule toujours en multipliant le nombre des malades par le nombre des mois de la période de temps définie. | VRAI | FAUX |
| 39 | Pour éviter des erreurs de calcul, les estimations de besoins de ARV des anciens malades et des nouveaux malades doivent se faire en deux groupes différents. | VRAI | FAUX |
| 40 | Un logiciel informatique utilisé dans les estimations des besoins des produits pharmaceutiques peut différencier un traitement rationnel d'un traitement irrationnel. | VRAI | FAUX |
| 41 | Un logiciel informatique utilisé dans les estimations des besoins ne peut pas distinguer des données exactes et des données erronées. | VRAI | FAUX |

ANNEX 5. DAILY EVALUATION FORM

*Formation sur la quantification des produits pharmaceutiques
Gisenyi, du 24 avril 2006 au 28 avril 2006*

Cours : -----

Session/Titre :

Date :-----

| | Excellent | Bien | Insuffisant |
|---|-----------|-------|-------------|
| Atteintes des objectifs fixés: | 9 8 7 | 6 5 4 | 3 2 1 |
| Réponses à vos attentes : | 9 8 7 | 6 5 4 | 3 2 1 |
| Utilité du matériel didactique : | 9 8 7 | 6 5 4 | 3 2 1 |
| Style du présentateur: | 9 8 7 | 6 5 4 | 3 2 1 |
| Durée de la présentation: ---Trop longue ? ---Parfaite ? --Insuffisante ? | | | |
| Quels points pensez-vous qu'il faut améliorer dans cette session ? | | | |
| Avez-vous des suggestions ? | | | |

