

# Activity and Product Status Report

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**Project Year 6,  
Quarter 1  
Oct-Dec 2005**

Management Sciences for Health  
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*A report on quarterly  
progress achieved  
towards activities,  
products, and results*

*June 2006*



**Rational Pharmaceutical Management Plus Program  
Activity and Product Status Report**  
October 1 – December 31 2005

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June 2006

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

## About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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

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## **ACRONYMS AND ABBREVIATIONS**

AB	Africa Bureau
ACF	Allocable Cost Factor
ACTMalaria	Asian Collaborative Training Network for Malaria
AED	Academy for Educational Development
AFR/SD/HRD	Bureau of Africa/Office of Sustainable Development [USAID]
AFRO	Regional Office for Africa [WHO]
AIDS	Acquired Immunodeficiency Syndrome
AMI	Amazon Malaria Initiative
AMR	Antimicrobial Resistance
AMTSL	Active Management of the Third Stage of Labor
ANE	Asia and Near East [Bureau, USAID]
APUA	Alliance for the Prudent Use of Antibiotics
ARCH	Applied Research for Child Health [Project]
ART	Anti-Retroviral Treatment
ARV	Anti-Retrovirals
BASICS	Basic Support for Institutionalizing Child Survival [Project]
BASICS II	Basic Support for Institutionalizing Child Survival II [Project]
BGH	USAID Bureau of Global Health
BNMT	British Nepal Medical Trust
BU	Boston University
C-DMCI	Community Level Drug Management for Childhood Illness
C-IMCI	Community – Integrated Management of Childhood Illness
CA	Cooperating Agency
CAR	Central Asian Republics
CBOH	Central Board of Health [Zambia]
CDC	U.S. Centers for Disease Control and Prevention
CDMAT	Community Drug Management Assessment Tool]
CDP	Community Drug Program
CES	Cost-Estimate Strategy
CPG	Clinical Practice Guidelines
CNM	National Malaria Center
CPM	Center for Pharmaceutical Management
CRHC	Commonwealth Regional Health Community
CRHCS	Commonwealth Regional Health Community Secretariat
DELIVER	John Snow, Inc., follow-on to FPLM project
DFID	Department for International Development [U.K.]
DILSAT	District Integrated Logistics Self-Assessment Tool
DMCI	Drug Management for Childhood Illness
DMIS	Drug Management Information System
DMTB	Drug Management for Tuberculosis
DOTS	Directly Observed Treatment, Short-course [WHO]
DPR Korea	Democratic People's Republic of Korea
DR	Dominican Republic
DQI	Drug Quality and Information
DTC	Drug and Therapeutics Committee
ECSA	East, Central and Southern Africa
E&E	Europe and Eurasia [Bureau, USAID]

EDM	See WHO/EDM
E&E/EEST/HRHA	Bureau for Europe and Eurasia, Office of Environment, Energy and Social Transition, Health Reform and Humanitarian Assistance Division (USAID)
ESA	Eastern and Southern Africa
EU	European Union
FF	Forward Funding
FHI	Family Health International
FHI/IMPACT	FHI/Implementing AIDS Prevention and Care [Project]
FPLM	Family Planning Logistics Management [Project]
FY	Fiscal Year
GDF	Global Drug Facility
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation Agency)
HANDS	Health and Development Service
HIV	Human Immunodeficiency Virus
Project HOPE	Health Opportunities for People Everywhere
HS2004	Health Systems 2004 Project
HSR	Health Sector Reform
HSRI	Health Sector Reform Initiative
IC	Infection Control
ICDDR,B Bangladesh	International Center for Diarrheal Disease Research,
ICIUM	International Conference on Improving Use of Medicines
ID	Infectious Disease
IDI	Infectious Disease Initiative
IMCI	Integrated Management of Childhood Illness
IMPACT	Interdisciplinary Monitoring Project for Antimalarial Combination Therapy [Tanzania]
INRUD	International Network for Rational Use of Drugs
IPT	Intermittent Preventive Treatment
IT	Information Technology
IUATLD	International Union Against Tuberculosis and Lung Disease
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JICA	Japan International Cooperation Agency
JRIIUM	Joint Research Initiative for Improving Use of Medicines
JSI	John Snow, Incorporated
KEMSA	Kenya Medical Supplies Agency
KfW	German Development Bank (German acronym)
KNCV	Royal Netherlands Tuberculosis Association (Dutch acronym)
LAC	Latin America and the Caribbean
LUDHMT	Lusaka Urban District Health Management Team [Zambia]
M&L	Monitoring and Leadership [Program]
MAC	Malaria Action Coalition
MCH	Maternal and Child Health
MEDS	Missions Essential Drugs Store
MIM	Multilateral Initiative on Malaria
MNH	Maternal and Neonatal Health [Project]
MOH	Ministry of Health

MSD	Medicines Stores Department
MSH	Management Sciences for Health
NACC	National Antibiotic Coordinating Committee [Nepal]
NFHP	National Family Health Program
NGO	Non-Governmental Organization
NIS	Newly Independent States
NMCC	National Malaria Control Center
NMCP	National Malaria Control Program
NMS	National Medical Stores
NTP	National TB Program
OECS	Organization of Eastern Caribbean States
OHA	Office of HIV/AIDS Services (USAID)
PAHO	Pan American Health Organization
PHC	primary health care
PHN	Population, Health and Nutrition [Center for, USAID]
PHRplus	Partners for Health Reform – plus (follow-on to PHR) [USAID]
PMTCT	Prevention of Mother –to-Child Transmission]
PPH	Post Partum Hemorrhage
PPS	Pharmaceutical Procurement Service
PRDU	Promoting Rational Drug Use
PRISM	Pour Renforcer les Interventions en Santé Maternelle et
MST/SIDA	
PROMESS	Programme des Médicaments Essentiels [Haiti]
PY	Project Year
QA	Quality Assurance
RBM	Roll Back Malaria
REDSO	Regional Economic Development Support Office [USAID]
RFP	Request for Proposal
RLI	Regional Logistics Initiative [REDSO]
RPM	Rational Pharmaceutical Management [Project]
RPM Plus	Rational Pharmaceutical Management Plus [Program]
RUD	rational use of drugs
SDMD	Strengthening Drug Management at the District Level Program [Nepal]
SEAM	Strategies for Enhancing Access to Medicines [Program]
SESPAS	Health Secretariat (Dominican Republic) [Secretaria de Salud Pública y Asistencia Social]
SO	Strategic Objective [USAID]
SOPs	Standard Operational Procedures
S/P	Sulfadoxine/Pyrimethamine
SSO	Strategic Support Objective
STGs	Standard Treatment Guidelines
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TBCTA	USAID TB Coalition for Technical Assistance
TBD	To Be Determined
TOT	Training-of-Trainers
UK	United Kingdom
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund

URC	University Research Co.
USAID	U.S. Agency for International Development
USAID/G/PHN	U.S. Agency for International Development/Global Bureau Center for Population Health and Nutrition
USP	United States Pharmacopeia
VCT	Voluntary HIV/AIDS Counseling and Testing [USAID initiative]
WFP	World Food Program
WHO	World Health Organization
WHO/EDM	WHO/Essential Drugs and Other Medicines Policy
ZIHP	Zambia Integrated Health Project
ZVCT	Zambia Voluntary Counseling and Training

## **NARRATIVES - GLOBAL PROGRAMS**

### **SO2: MATERNAL HEALTH AND NUTRITION**

#### ***Overview***

RPM Plus will continue providing technical assistance to drug and supply management issues that might hinder active management of the third stage of labor (AMTSL) to prevent PPH in collaboration with the Prevention of Post-Partum Hemorrhage Initiative (POPPHI), a partnership comprised of PATH, RTI International, EngenderHealth, the International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO). Supporting partners include RPM Plus, HealthTech, and JHPIEGO's Access to Clinical and Community Maternal, Neonatal and Women's Health Services (ACCESS). This group of USAID-funded partners work together at the policy and program levels in selected regions and countries to both support interventions through expanded use of Active Management of the Third Stage of Labor (AMTSL) and the development of structures that sustain the continued emphasis on the practice over the long term.

In particular, RPM Plus will be focusing on West Africa. Some countries in W. Africa namely Ghana, Senegal, Burkina Faso, Benin and Mali have introduced and expanded the use of AMSTL. Others have recently begun expanding use with support from earlier USAID-funded activities. Major hurdles related to the range of drugs and their routes of administration exist to prevent AMSTL from becoming a universally available intervention. RPM Plus is supporting the expansion of means to make AMSTL more widely available through addressing some of these hurdles.

RPM Plus also proposes to explore the potential for harmonization of STGs as an initial step in establishing pooled procurement procedures in West Africa. Many countries in the West Africa region do not have, or have widely different, standard treatment guidelines (STG) for AMSTL. Standardization of the approach to intervention delivery would allow for mechanisms such as regional pooled procurement of the drug(s) of choice to be put in place so as to make the purchase quantities attractive to both buyer and supplier. The feasibility of standardization of approach, and thus the drug(s) of choice, needs to be explored.

RPM Plus activities under USAID/G/PHN SSO2 focus on three main technical objectives:

**Objective 1:** Through strategic partnerships with and technical leadership to USAID and USAID-supported CAs working in maternal health, improve maternal health program planning and service delivery with respect to drug and commodity management issues.

**Objective 2:** Enhance the capacity of government and non-governmental organizations to manage drugs and supplies for key maternal health services.

**Objective 3:** Improve capacity and awareness of global maternal health initiatives and partners in addressing Maternal Health pharmaceutical and supply management issues.

***Major activities this quarter***

- RPM Plus finalized tools for national level data collection examining STGs and policies in support of AMTSL. A consultant to complete the study in W. Africa was contracted.
- RPM Plus prepared proposal for a costing tool for Uterotonics and drafted a Scope of Work. In reviewing the activity with POPPHI, it became apparent that it would be difficult to account for all variables if the tool were to actually compare cost effectiveness. If the tool would simply provide a cost analysis of materials - there were already several tools in use that could be used for this purpose. As a result - RPM Plus may not go forward with this activity.

## **SO3: CHILD SURVIVAL**

### **Overview**

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

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

RPM Plus activities under USAID/G/PHN SO3, “increased use of key child health and nutrition interventions,” focus on four main technical objectives during year 4 (FY03):

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

Through its Strategic Objective 3, USAID supports interventions and activities to address child survival problems. In response to the USAID initiatives, RPM Plus has established a strong working relationship with groups and organizations to develop activities aimed at improving the IMCI drug management system in countries of interventions. IMCI is implemented as a comprehensive strategy including preventive and curative interventions to ensure high quality of care to sick children and to facilitate behavior changes of caregivers for children. However, the supply and management of essential drugs and

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

### ***Major activities this quarter***

RPM Plus worked extensively on the tracking of expenditure on national procurements of tracer child survival commodities as part of a global effort to evaluate the progress of reaching the Millennium Development Goals. Procurement data was collected in Cambodia and Kenya and analyzed. The methodology and results were presented to a team of collaborating researchers from WHO, PHR Plus, and the London School of Hygiene and Tropical Medicine, coordinated by BASICS, in a meeting in London on December 11 and 12, 2005. Summary slides of the RPM Plus work were prepared, with input from WHO, BASICS, the London School of Hygiene and Tropical Medicine, PHR Plus, USAID and RPM Plus, for inclusion in the overall presentation made to the Countdown to Child Survival conference (Dec 13-14 2005) by Anne Mills of the LSHTM, summarizing results on the monitoring of financial flows for child health at global and country levels. RPM Plus provided input for the recommendations that resulted from the multiple projects and discussions on resource tracking by researchers. The recommendations on further work were submitted to the Partnership for Maternal, Newborn and Child Health (PMNCH).

RPM Plus contributed to several major advances in accelerating the global agenda to implement zinc treatment for diarrhea. A detailed revision of the WHO zinc implementation guidelines was completed by RPM, with special attention given to supply management and how to put policy into practice. Following the participation of RPM Plus on the Madagascar zinc assessment last quarter, there has been continued contribution to the Madagascar zinc assessment report as well as to the forecasting demand and quantification components.

Although there has been a delay in the MOH review of the program design of the child health component of the ADDO training module, final approval is expected soon. Activities for the preparation of the training are moving forward. Discussions began with in-country staff and BASICS on their role in the activity on the baseline, formative research and the community mobilization component.

Adding to the momentum generated by the Rx for Survival campaign, RPM Plus posted on the internet updated informational child survival web pages that provide an overview

of the significance of international child survival issues and RPM Plus projects to the general public.

## **SO4: HIV/AIDS**

### **Overview**

The availability of pharmaceutical drugs and commodities is an essential component of HIV/AIDS health strategies in developing countries. However, the vast majority of people living with HIV/AIDS in developing countries do not have access to the pharmaceutical products that could prolong and improve their lives. Improving access to HIV/AIDS-related pharmaceutical products presents many challenges, including those that are directly related to pharmaceutical commodity management.

RPM Plus activities under USAID/G/PHN SSO4, “increased use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic,” focus on four main technical objectives:

1. To increase the capacity of USAID and USAID-funded cooperating agencies (CAs) to procure quality drugs and commodities for HIV/AIDS programs and provide assistance in addressing contextual issues
2. To increase the capacity of USAID and USAID-funded CAs to identify, prioritize and address commodity management issues to support the introduction or scaling up of HIV/AIDS programs and services
3. To provide technical leadership to USAID to identify key issues, form strategic partnerships and to develop and support approaches and initiatives to address HIV/AIDS-related commodity management issues at global and regional levels
4. To increase the capacity of national governments and the private sector to identify, prioritize and address commodity management issues to improve access to and use of quality drugs and commodities for HIV/AIDS programs

### **Major activities this quarter**

In the first quarter of FY05-PY06, RPM Plus continued to implement strategies for an expanded response to the HIV/AIDS pandemic focusing on the four technical objectives outlined above. RPM plus continued work on development and dissemination of tools and documents from the previous year’s funding including the annual update of the HIV Test Kits with information on prices, shelf life on delivery, countries where the product is registered and the source and origin of the product.

On ART adherence work, the testing of the mapping tool would require an effective adherence monitoring system being in place. It was therefore decided to prioritize the assessment of adherence monitoring practice in countries with interest in promoting adherence to ART. The SO4 portfolio teamed up with INRUD partners for the implementation of the adherence survey in East African countries. The questionnaires were adapted to satisfy INRUD needs and sent for review to Uganda Tanzania, Kenya,

Ethiopia and Rwanda. The questionnaires will be finalized and the survey conducted in five East African countries

Development of generic pharmaceutical management and laboratory training materials for HIV/AIDS continued as planned. Drafts of the facilitator's version of the training materials have been completed and have been sent out for technical review. Based on the outcomes of the reviews the materials will be revised and forwarded to the Communications Unit for editing and formatting.

During this quarter, RPM Plus conducted key stake holder interviews in Uganda using the questionnaire developed for TB/HIV collaboration in pharmaceutical management. The interviews were conducted to determine the process of TB/HIV collaboration in pharmaceutical management at central level and to collect information needed to plan for the second assessment phase involving visits to implementation sites. The assessment report of phase one from Uganda shall be reviewed and the interview guide for phase two updated accordingly. Contacts with other target countries will be established.

RPM Plus presented a paper entitled “Coordinated Procurement – Applications from the Field” at the 14th International Conference on AIDS and STIs in Africa (ICASA) in Abuja Nigeria in December 2005. The presentation was made on a WHO satellite session on procurement and supply management for AIDS medicines and diagnostics. RPM Plus tools and guides (Quantimed, dispensing tools, inventory tracking tool, VCT planning guide and HIV test kits information document) were displayed/ presented. Preparations for presentations at the International Association for Physicians in AIDS Care (IAPAC) conference to be held in March 2006 continued. RPM Plus will be presenting two posters based on the work done under the adherence activity.

In the activity on provision of technical assistance and support to HIV/AIDS global and regional initiatives, preparations were made for the planned training of consultants in procurement and supply management (PSM) for HIV/AIDS/TB and Malaria commodities. The training is scheduled to take place in Copenhagen for English speaking consultants and in Dakar for French speaking consultants. The training is to be carried out in conjunction with AMDN partners including WHO, UNICEF, GFATM and other UN agencies. The consultants will focus on assisting GFATM resource recipient countries to develop procurement and supply plans for HIV/AIDS TB and Malaria commodities. RPM Plus was invited to make presentations on rational drug use, Tb drug management, in addition to providing technical assistance in facilitating work sessions during the meeting. Under the same activity preparations were also made for the planned Global Fund PSM workshop for GFATM round six grants recipient countries in February 2006 in Nairobi Kenya.

## **SO5: ANTIMICROBIAL RESISTANCE**

### ***Overview***

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

Under USAID results framework (BGH SS05 – increased use of effective interventions to reduce the threat of infectious diseases of major public health importance), RPM Plus is currently working on several activities towards addressing AMR problems in developing countries. The following is a brief narrative of the progress made on these activities in FY05-PY6 Q1.

### ***Major activities this quarter***

Contracts with local consultants to review undergraduate medical, nursing and pharmacy curriculum and contract with Links Media to carry out rapid interim appraisal and discussion with local stakeholders on AMR country-level activity in Zambia were finalized. Marisabel Sánchez and Dolores Briones from Links Media visited Zambia from December 11 to 18 to hold discussions and collect information. An abstract on "Lessons learned from a country-level approach for advocacy & containment of antimicrobial resistance" was submitted to the Global Health Council for its 2006 Conference. Ethiopia was identified as the second country to launch the approach.

The prepilot draft form to assess adherence at ART sites in South Africa was further revised. Prepiloting started at Cecilia Makwani Hospital and Frere Hospital.

The draft version of the AMR Module consisting of 1) Introduction 2) Indicators 3) Tabplans 4) Questionnaire and 5) Rationale was further revised this quarter. The list of global experts was finalized for sending the draft module with a request to review and provide feedback. A preliminary list of AMR-related SPA indicators was also developed.

A 2-week international DTC-TOT course was successfully organized in Penang, Malaysia in this quarter. Thirty-two participants attended the training course from sixteen different countries. Ten trainers, including four locals from Malaysia facilitated the course. Participants developed workplans for DTC implementation and related training activities. Follow-up plans for 2006 were shared with the participants.

Regarding antimicrobial quality work, coordination was established with TFDA regarding installation and training on the densitometer after its arrival at TFDA through Global Fund support. Work was also initiated to begin an approach to roll-out Level 1

drug inspection and Minilab testing successfully trialed in Tanzania to other countries in the region.

With regard to providing technical assistance to VOA for AMR communications, APUA held conference call with VOA manager to begin planning activity in India. Regarding infection control activity, Harvard continued work towards making final revision on the modules and the accompanying manual, based on experiences obtained from Uganda meetings and follow-up efforts. Plans were finalized to hold a post-ICIUM meeting at Arlington in January 2006.

Two draft documents became ready during this quarter: (1) Guidelines for the review of curricula addressing AMR, and (2) how to develop an avian influenza pandemic preparedness plan: a practical guide for USAID collaborating agencies.

## **SO5: MALARIA**

### ***Overview***

The mounting pressure for RBM partners to act swiftly and to support the adoption and implementation of ACTs as a first-line treatment in countries where resistance to common malarials such as Chloroquine and sulphadoxine-pyrimethamine has highlighted the critical role of the RBM Partnership Secretariat. Within the RBM Partnership Secretariat, the Malaria Medicines and Supplies Service (MMSS) has been established to facilitate access to ACTs, rapid diagnostic tests (RDTs) and nets.

RPM Plus activities under SO5 focus on two broad objectives:

1. Improve the supply and quality of antimalarials and related supplies
2. Improve the management and use of antimalarials

### ***Major activities this quarter***

ACT Implementation Guidelines finalized, both English and French translations. Printed copies made available and distributed internationally. Electronic versions forwarded to RBM Secretariat for posting on web site.

Finalization of ACT Implementation Guidelines, French and English versions.

## **SO5: TUBERCULOSIS**

### **Overview**

Tuberculosis (TB) continues to be a major international killer disease that takes away annually over two million lives worldwide, and a major threat to populations especially in countries where it's fueled by high prevalence of HIV. A significant progress in expansion of DOTS strategy – the most cost-effective package for tuberculosis control currently known – has been made in recent years supported by increased funding for national TB programs (NTPs) through the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), and dramatically improved supply of quality assured first- and second-line TB medicines through the Global Drug Facility (GDF) and the Green Light Committee (GLC). Despite these efforts, however, many TB high-burden countries are challenged with strengthening the local capacity to manage these drugs and funds. They have failed to achieve the World Health Assembly target to detect 70% of sputum smear positive cases and cure at least 85% of these cases by 2005.

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

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

During Quarter 1 of RPM Plus Year 6 (October 1 – December 31, 2005), RPM Plus activities contributed to these objectives through a combination of:

- Technical leadership, provided through organization and participation in workshops and conferences (Objectives 1 and 2)
- Collaboration with key TB players, such as Stop TB, GLC, WHO, and the GDF and TBCTA (Objectives 1 and 2)
- Support to the field and capacity building, through participation in the GDF field visits (Objective 2)
- Operations research and information dissemination, through researching use of incentives and enablers, TB/HIV collaboration and RPM Plus TB website (Objective 3)

### **Major activities this quarter**

#### **Develop TB Drug Management Guide for GDF and GLC recipient countries and National TB Programs**

During this quarter using FY04 funds, minor changes were made to the Spanish version of the RPM Plus TB tool “Managing Pharmaceuticals and Commodities: A Guide for National Tuberculosis Programs” to fully mirror the English version. The Spanish version of the tool has been finalized and disseminated to national TB program offices in the LAC regions that have requested copies.

Next step with this activity is to commence discussions with the GDF and the GLC towards developing a second version of the tool that will be co-authored by MSH/RPM Plus and the Stop TB’s GDF and GLC.

#### **Develop TB drug management capacity of WHO and StopTB consultants**

Using FY04 funds, RPM Plus conducted two courses on TB pharmaceutical management held in Sondalo, Italy and Warsaw, Poland.

RPM Plus continues to support sessions on pharmaceutical management for the WHO TB consultants training workshop held four times every year in Sondalo Italy. The purpose of the course was to identify areas of concern in drug management, prioritize and plan interventions to improve drug availability and discuss TB drug management issues. Seventeen consultants representing LAC, Eastern Europe, Africa, Asia and Near East regions attended the workshop. RPM Plus will continue to support TB pharmaceutical management portion of the WHO consultant training-workshops.

The Warsaw course held in Poland was conducted in collaboration with WHO/Euro and KNCV. The objective was to develop the managerial skills of already experienced tuberculosis control staff working at the central and intermediate levels of tuberculosis control programmes in Central and Eastern Europe and in countries of the former Soviet Union. Forty participants from the region attended the course.

#### **Increase capacity of Global initiatives to evaluate and monitor TB drug management in high-burden countries**

RPM Plus Program and the Global TB Drug Facility housed at WHO conducted a TB drug management consultant training course in Hanoi, Vietnam, in November 2005. The objective was to develop GDF consultants within the WHO Western Pacific Regional Office and Southeast Asia Regional Office countries. Sixteen participants attended the training including two participants from the Vietnam National TB Program.

One of the major outcomes of the course was the demand for a district/health facility level tool on TB pharmaceutical management. Because the GDF contributed financially more than expected, funding is available that can be redirected to the development of this tool.

#### **Promote Use of FDCs in TB Control Program**

The proposed trip to Kenya to provide technical assistance to the NTP for implementation and use of patient kits has been postponed due a delay from the NTP with undertaking monitoring visits as originally scheduled. The monitoring protocol for the introduction, implementation and use of TB patient kits in the country developed by the NTP with technical assistance from RPM Plus entails three sets of monitoring visits to health facilities to be completed around November 2006.

**Investigate the evidence for integrating TB and HIV/AIDS commodity management programs**

During this quarter, RPM Plus conducted key stake holder interviews in Uganda using the questionnaire developed for TB/HIV collaboration in pharmaceutical management. The interviews were conducted to determine the process of TB/HIV collaboration in pharmaceutical management at central level and to collect information needed to plan for the second assessment phase involving visits to implementation sites.

Next Steps for this activity is to review the assessment report of phase one from Uganda and adapt the interview guide for phase two. Contacts with other target countries need to be established to begin discussion about how to commence the study there.

**Assist GDF in expediting responses to DOTS expansion**

RPM Plus continues the secondment of a drug management specialist to the GDF. The seconded specialist was instrumental in obtaining ISO 9001: 2000 certification for GDF. This certification refers to a written assurance by an independent external auditor that verified the provision of quality-assured anti-TB drugs and related services to eligible national TB control programmes. With this certification, clients can be confident that the GDF is dedicated to maintaining the highest efficiency and responsiveness in achieving its ultimate goal – ensuring timely access to quality-assured anti-TB drugs and related services.

**Provide technical leadership to Stop TB, TB working Groups and StopTB partners**

RPM Plus pharmaceutical management expert participated in the Stop TB working group meetings and provided technical leadership in developing Stop TB global strategy for 2006-2015 in the area of TB pharmaceutical management.

MSH/RPM Plus in collaboration with the Stop TB's Global TB Drug Facility (GDF) held a day long workshop at the 36th Union World Conference on Lung Disease (The UNION) in Paris, France on October 19, 2005. The workshop titled "strengthening medicines supply in national tuberculosis programs: practical guidelines and tool" was attended by about 79 participants working in the area of TB treatment and control from all over the globe. Main objectives of the workshop included to share tools and practical solutions used by other countries in strengthening TB pharmaceutical management; to allow participants to practice use of tools for quantifying and monitoring TB medicines procured through the GDF; and to share information on how to access technical assistance for pharmaceutical management.

**Provide assistance to GLC in expediting response to DOTS Plus projects**

During this quarter, RPM plus finalized the protocol and questionnaire for the Global TB market Study for second line medicines at the request of the GLC. The questionnaire has been sent out globally to all WHO offices through the GLC/Stop TB secretariat housed at the WHO Geneva.

**Provide technical leadership in pharmaceutical management to TB CAP**

RPM Plus participated in a strategic planning meeting with TB CAP partners in October 2005. A follow-up meeting is scheduled for Q2 FY05.

**Disseminate RPM Plus Pharmaceutical Management for TB tools and maintain website**

RPM Plus continues to disseminate information on TB pharmaceutical management through its website. This activity is ongoing. Significant updates were made to the event's page during this quarter.

## **COMMON AGENDA**

### **Overview**

USAID staff and RPM Plus developed a list of topics that were considered both vital and difficult to classify within a particular Strategic Objective (SO). The varied activities within the common agenda portfolio have continued to play an anchor role for RPM Plus. The Common Agenda is intended to identify (and provide funding for) overarching health commodity issues that RPM Plus should address.

Overall objectives for the Common Agenda topics include:

1. Improve availability and use of health commodities
2. Increase and/or leverage resources for health commodities with donors, foundations, the World Bank, and selected NGOs
3. Develop increased drug management capacity to improve health system performance
4. Provide technical leadership and support in drug management to global initiatives and BGH programs
5. Conduct joint country assessments of commodity management with DELIVER and other contractors, as appropriate
6. Promote the development of a global research agenda for drug management and drug use practices
7. Develop RPM Plus distance learning tools

### **Major activities this quarter**

RPM Plus began preparations for the President's Emergency Plan for AIDS Relief Annual Meeting being held in Durban, South Africa between June 12-15, 2006. The meeting will provide RPM Plus an opportunity to highlight some of the work done under the President's Plan in the country offices

In October 2005, RPM Plus worked with the RTRC in Tanzania to plan for a regional training of trainers meeting and a program implementation planning meeting in Dar-es-salaam. A meeting was held at the Courtyard Hotel in Dar-es-Salaam on October 19, 2005, to discuss the Tanzania RTRC members and a representative from the Uganda RTRC. A criterion for selecting TOT participants was defined and 9-13 January, 2006 was set as the dates for the TOT. Also in October 2006, the process of getting the Tanzania RTRC group formally registered at Muhimbili College of Health Sciences was completed. This was achieved with the assistance of the Dean of the School of Pharmacy, who formally joined the RTRC as a member.

RPM Plus continues to work with Johns Hopkins University School of Public Health and the Iowa University School of Pharmacy to develop a curriculum for pharmaceutical management with a developing country focus. During this quarter, the course syllabus, materials and presenters for John Hopkins University were finalized; in addition, the contract was finalized and signed. The course concept and proposed scope of work were finalized for the University of Iowa and approval was given to move forward with planning and implementation of the course concept.

## **NARRATIVES – REGIONAL PROGRAMS**

### **AFRICA BUREAU: CHILD SURVIVAL**

#### **Overview**

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

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

RPM Plus activities under USAID/Africa Bureau child survival focus on four main technical objectives during year 4 (FY03):

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

RPM Plus has established a strong working relationship with groups and organizations to develop activities aimed at improving the IMCI drug management system in

countries of interventions. IMCI is implemented as a comprehensive strategy including preventive and curative interventions to ensure high quality of care to sick children and to facilitate behavior changes of caregivers for children. However, the supply and management of essential drugs and vaccines have been identified as critical pieces to allow an effective management of childhood illness. In many countries, the lack or absence of essential drugs and resources for IMCI is a constant impediment. In other countries, essential drugs are poorly managed if they exist at all, and treatment decisions and behaviors are not rational. Moreover, limitation to access IMCI services is often coupled with weakness of the pharmaceutical systems, where service providers and managers are poorly trained, resulting in ineffective drug and commodity management practices. These issues—both in the public and private sector and at household level—are a focus for RPM Plus activities in the child survival portfolio, as well as advocating for pharmaceutical management being part of global, regional and national child survival agendas.

### ***Major activities this quarter***

RPM Plus attended the WHO AFRO Consultation on Child Survival Strategy meeting in Addis Ababa, Ethiopia in October 2005, where RPM Plus was able to contribute to the regional child survival strategy and in discussions on the role of the Partnership for Maternal Neonatal and Child Health. Several important discussions resulted from the meeting, including request for RPM Plus's continued input to WHO IMCI facility surveys, a training course on pharmaceutical management for child survival and input into revision of the IMCI course to ensure that pharmaceutical management issues are included. As next steps on the IMCI facility surveys, the Senegal WHO Child Health Officer met with RPM plus, at the Countdown to child survival meeting in London, and requested TA for the Senegal IMCI facility survey planned for early 2006 and staff of RPM Plus in DC initiated discussions with the Kenya RPM office regarding the IMCI facility survey.

During this quarter RPM helped prepare for and participated in the forum organized by AED "Engaging the private sector for child health" from Nov 30 to Dec 2, 2005 in Kampala, Uganda. RPM Plus contributed inputs into the agenda and choice of participants as well as logistics for the participants RPM sponsored. RPM Plus sponsored five participants, three from Ghana and two from the Tanzania Food and Drugs Agency. Unfortunately, no additional sponsored participants from Tanzania were available due to an ongoing national strike by doctors. Each sponsored participant presented on a relevant topic during the group sessions. Topics included franchising in Ghana, accreditation in Tanzania, and the regulatory activities related to drugs and services in both countries. During the forum RPM Plus played a role in the overall facilitation and coordination as well as co-moderating working group sessions and contributing to the development of recommendations. The forum resulted in several major outcomes including: a set of recommendations to countries and the global community on how to facilitate involvement of the private sector, individual country plans for the eight attending countries (Ghana, Kenya, Mali, Nigeria, Rwanda, South Africa, Tanzania and Uganda) as well as a global advocacy statement.

## **EUROPE AND EURASIA REGION**

### **Overview**

RPM Plus participated in the TBCTA TB survey carried out in the countries of Eastern Europe and Central Asia in 2002. In 2003, RPM Plus reported the findings regarding the status of TB Program implementation in these countries, during the conference in Bishkek, Kyrgyzstan. The findings demonstrated a serious need for improvement in the drug management practices in the surveyed countries. USAID E&E Bureau has provided funding for the follow-up technical assistance in TB drug management for these countries.

Uzbekistan, one of the surveyed countries, has been committed to the implementation of the WHO-recommended DOTS strategy since its first introduction in pilot areas in 1998. While first steps in DOTS implementation covered less than five percent of the population, strong political will and commitment to TB program resulted in further expansion of the DOTS strategy with the goal of the government to ensure nationwide implementation of DOTS strategy by 2004-2005. Throughout the expansion of the DOTS strategy in the region, the NTP has been facing a number of challenges, including disruptions in supply of TB medicines, shortages of trained experts to manage pharmaceutical management component of the NTP, lack of strategy for managing TB medicines, irrational use of TB medicines, and lack of drug quality assurance mechanisms. RPM Plus provided technical support ranging from training in TB drug procurement and overall TB drug management issues to direct technical assistance aimed at local capacity building. In 2004, RPM Plus has been closely working with the NTP and Center for Drug Policy of the Ministry of Health to assess TB treatment practices in the country. Based on communication with the counterparts and USAID office in Uzbekistan, the TDY was scheduled on August 11-21, 2006. However, due to the delays experienced with visa processing by the Uzbekistan Embassy, the team was unable to travel to Uzbekistan in August 2004

### **Major activities this quarter**

No progress has been reported during this quarter.

The governments of Uzbekistan, Tajikistan, Kyrgyzstan, and Kazakhstan have been concerned about the quality of procured TB medicines. Emergence of new global initiatives, such as GFATM, implied additional support for DOTS expansion that enables the governments (including Uzbekistan, Tajikistan, and Kyrgyzstan) to carry out procurement efforts. Recognition of the need for large procurement efforts, coupled with the concerns about the quality of TB medicines and raising MDR-TB rates led to a major shift in the priorities of the CAR governments towards TB Drug Quality Assurance (QA). In Kazakhstan, health officials were concerned about a possible impact of an upcoming decentralization of the drug procurement on the quality of procured TB medicines and possible consequences of procuring substandard TB medicines. Lack of QA mechanisms

was identified as a challenge to successful DOTS implementation according to the TBCTA survey for CAR countries. To address the needs of the countries in the CAR, RPM Plus carried out a regional training in TB Drug Quality Assurance for the national drug regulatory authorities from the Central Asian Republics (CAR) on November 7-11, 2005. The RPM Plus regional training activity was covered by USAID Mission funds for CAR, Uzbekistan, Tajikistan, and Kyrgyzstan. The training was carried out in collaboration with the USP DQI and AED. The follow-up TA in DQA in the CAR countries, which earlier participated in the TBCTA survey, can be leveraged with the funding from E&E Bureau (funding provided for the TA following up the TBCTA survey); this will be discussed with the USAID.

## **LATIN AMERICA AND CARIBBEAN – AMAZON MALARIA INITIATIVE**

### **Overview**

Malaria is one of the major infectious diseases, which continues to present a serious threat in the Latin America and Caribbean region. The Amazon Malaria Initiative (AMI) was launched in March 2002, through USAID LAC/RSD-PHN, to address the impact of ineffective control and treatment of malaria in the Amazon Basin region (Bolivia, Brazil, Colombia, Ecuador, Guyana, French Guiana, Peru, Suriname and Venezuela). This region began to experience a re-emergence of malaria in the early 1990s, including the appearance of *Plasmodium falciparum* and resistance to inexpensive, first-line antimalarial drugs.

In response, the countries in the region have changed their drug policies for malaria and adopted new, more efficacious combination therapies. Strengthening the core elements of pharmaceutical management—including the policy and legal framework, selection, procurement, distribution, use and management support—is essential to the effective implementation of these new policies.

RPM Plus, with its long-term strategy to strengthen the ability of policy makers, health care providers and institutions in the region to improve pharmaceutical management, was invited to participate in AMI as a technical partner in 2002. RPM Plus works in collaboration with the country teams and the Initiative's other technical partners to develop and implement strategies to strengthen pharmaceutical management for malaria in the region, particularly related to the new policies. The FY05 funding for AMI is being used to continue providing technical assistance and building the capacity of the AMI country counterparts to improve their pharmaceutical supply systems for malaria and to manage those systems effectively.

### **Major activities this quarter**

RPM Plus continued to deliver technical assistance to several AMI countries, namely Guyana, Colombia, Bolivia and Ecuador.

RPM Plus provided in-country technical assistance to the malaria program in Guyana on two occasions during November and December to follow-up on the situational analysis and discussions initiated in August. Together with RPM Plus, the malaria team prioritized the pharmaceutical management activities that had been proposed following the situational analysis and selected three areas of work to pursue with technical input from RPM Plus: a rapid assessment of supply chain management to be conducted in January; a demonstration of Quantimed for malaria and MMU personnel involved with forecasting to help them determine the feasibility of using the program for quantifying malaria needs; and, the organization of stakeholder meetings.

RPM Plus visited the country in late October to finalize the PMM assessment protocol, assist with the data collector training, observe the first few days of data collection, and review the data analysis plan with the study coordinator. At a meeting to discuss the assessment and other pharmaceutical management issues, the director of national malaria program expressed interest in using RPM Plus' ACT Implementation guide and TA checklist in preparation for the implementation of their new treatment policy for malaria.

Bolivia also initiated a PMM assessment with assistance from RPM Plus. A visit was made in early November to finalize the protocol, assist with the training of data collectors and review the study team's plan for data analysis.

In late November, RPM Plus and the regional RAVREDA/AMI coordinator used the ACT Implementation guide and accompanying checklist in Ecuador to determine the country's technical assistance needs for implementation. The team in Ecuador also submitted a draft of their PMM assessment protocol to RPM Plus for review and hope to conduct the assessment in February.

## **LATIN AMERICA AND CARIBBEAN – SOUTH AMERICAN INFECTIOUS DISEASE INITIATIVE**

### **Overview**

Health gains obtained by priority programs including tuberculosis, malaria, acute respiratory infections, sexually transmitted infections and HIV/AIDS, are increasingly threatened by antimicrobial resistance (AMR). AMR develops over time and is exacerbated by an increased exposure of the microorganisms associated with infectious diseases to antimicrobial medicines, and the subsequent development of survival mechanisms within these microorganisms. There are many factors that contribute to the development of AMR, but one of the major contributors from a public health perspective is the unnecessary use of antimicrobials for common conditions and/or, the use of inappropriate doses of the drugs in cases when they are required. Health systems contribute to this situation by lacking the proper legal frameworks, regulations and guidelines for the use of antimicrobials, and by implementing poor managerial mechanisms for proper selection, procurement, distribution and use of these valuable medicines. Physicians, pharmacists and drug vendors contribute to the unnecessary use of these drugs by prescribing and selling inappropriate treatments. Patients experienced with the benefits of antimicrobials tend to self-medicate, even when they may have access to formal health care services. The implication is that new strategies and more resources for second line drugs may be needed in the near future for these highly prevalent diseases as conventional treatments fail.

In response to this growing challenge, the USAID Bureau for the Latin America and Caribbean Region (USAID/LAC/SD) has proposed a sub regional strategy for the Andean countries and Paraguay, called the South American Infectious Disease Initiative or SAIDI. The general objective of this initiative is to contain the emergence and spread of AMR by improving the availability and the use of good quality antimicrobials. Thus, the central focus of SAIDI is rational use of antimicrobials and AMR control.

Without undermining existing efforts in AMR surveillance and control, SAIDI involves creating a new set of activities that focus on the community through a multisector, multifaceted, and multilevel approach. Under this approach, the work is expected to be inter-disciplinary, holistic, approaching problems as systems and not in isolation, seeking balance and long-term maintenance of structures and functions and recognizing and taking advantage of the interaction among stakeholders.

In the context of this holistic and interdisciplinary approach, USAID has gathered partner organizations already working on rational drug use and AMR-related activities with the expectation that their cumulative technical expertise in identifying the major determinants of inappropriate antimicrobial use, exploring underlying causes for these determinants, and documenting what is already known in each country, will help national stakeholders to find local approaches to contain AMR, tailored to meet each country's specific needs. The international partners contributing to SAIDI activities are the Rational Pharmaceutical Management Program (RPM Plus) of Management Sciences for Health,

the Alliance for Prudent Use of Antibiotics (APUA), from the US Pharmacopeia Drug Quality and Information Program (DQI/USP), Links Media, the Centers for Disease Control and Prevention (CDC), and the Infectious Disease Division of the Pan-American Health Organization (PAHO). This initiative is managed through the USAID mission in Lima, Peru.

***Major activities for this quarter***

SAIDI international partners continued to work with their local counterparts in each of the three initiative countries to complete assessment activities.

In Bolivia, USP trained staff from CONCAMYT and DINAMED in drug sampling and quality control. As soon as samples are collected, analysis will begin. PAHO was also able to move forward with the planned hospital-based assessments. Unfortunately, a national SAIDI working group has still not been formed, thus impeding the progress of the other international partners.

In Peru, RPM Plus, DIGEMID and DISA Callao began planning activities to complement data on pharmaceutical management for Callao. DIGEMID developed initial drafts of the data collection tools and submitted them to RPM Plus for input. Training of data collectors is scheduled for January 2006.

In Paraguay, RPM Plus conducted a rapid assessment of the factors contributing to MDR-TB and overall pharmaceutical management of tuberculosis treatment in Asuncion. Based on the results of this visit, RPM Plus is coordinating pharmaceutical management training for personnel of the national TB program in late January 2006. This activity will be supported by the RPM Plus TB portfolio, PAHO/Paraguay and Global Fund.

Throughout the quarter, RPM Plus was in constant communication with international and national SAIDI partners to coordinate assessment activities.

## **LATIN AMERICA AND CARIBBEAN – TUBERCULOSIS**

### ***Overview***

For FY04 (October 2004- September 2005) USAID LAC Bureau assigned RPM Plus \$95,000 for the adaptation and translation to Spanish of TB Pharmaceutical Management Guidelines, that are being developed with USAID BGH funds. This funding was also expected to cover technical assistance to follow up on specific country requirements derived from the courses and workshops that RPM Plus organized during the previous two years, and for the dissemination of meeting results in international symposia.

There were no major activities during the first three quarters of FY04, because there were not specific demands on technical assistance from the countries, and because the elaboration of the English version of the TB Pharmaceutical Management Guidelines took longer than expected.

During the last quarter of FY04 (July-September 2005) RPM Plus participated in three events that provided the opportunity to contact TB managers and discuss the country requirements on TA: the Strategic Fund Meeting (Honduras July 11 -14), the First Session of the Technical Advisory Committee of the Regional TB Program (PAHO Headquarters, Washington, D.C. July 28-29) and the Regional Stop TB meeting (Quito, August 23-25). In these events RPM Plus presented methods, tools and experiences available to strengthen pharmaceutical management. Some countries expressed the need of technical assistance on specific areas.

By the end of September 2005, around \$48,000.00 was remaining from FY04 resources.

### ***Major activities this quarter***

The Spanish version was presented to a selected group of TB managers and experts during the stop-TB meeting in Quito, Ecuador (August 23-25). They review the guide and provided valuable comments and suggestions that were incorporated in the final English and Spanish version of this document during the first quarter protect year 6 (October-December, 2005).

Regarding the technical assistance to follow up on specific country requirements, the Paraguay NTP has requested for TA to organize a course on Distribution of TB Pharmaceuticals for local managers. It is tentatively scheduled for March/06.

## MALARIA ACTION COALITION

### Overview

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

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

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

The RPM Plus Malaria MAC portfolio has been developed as a result of a joint work plan among the MAC partners and the work plan reflects activities exclusively planned under the MAC "core" funds (1.1 million).

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

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

- Recruitment and orientation of the West Africa Regional Technical Advisor based in Senegal and a Program Associate in Kenya to support the growing responsibilities of the Senior Program associate based in East Africa.
- Regular conference call with MAC partners to coordinate the program implementation and relations with other RBM partners at the global, regional and country levels
- Submission of two abstracts for the Global Health Council with one selected for a panel discussion on malaria interventions
- Follow up with AED and redefinition and planning of their support for communication activities with a focus on two country programs.
- Finalized the Sudan and Kenya/Malaria Acquisition Information System work plans with the Division of Malaria Control
- Established the FY05 financial tracking system for the different MAC field and core annual plans with financial activity code for each activity.
- Development of the MAC core and field support reports for the annual malaria portfolio review submitted by RPM Plus to USAID
- Design, production, duplication and dissemination of the RPM Plus Malaria brochure promoting RPM Plus malaria activities, tools and selected country programs and partners
- Development of the RPM Plus malaria website within the overall MSH site
- Finalized the ACT implementation guide with inputs from Malaria Medicines Supplies Services and production and dissemination of the French and English versions
- Regional Pharmaceutical Malaria Management workshop in Tanzania involving representatives from National Malaria Control Programs and Central Medical Stores from East and Central Africa
- Discussions with the Burundi and Ethiopia for the follow up TA subsequent the scoping missions done during FY04.
- Assisted GFATM Principal recipient in DRC for the evaluation of the sub recipient proposals for ACT implementation and engaged a technical person and an administrative person on a consultant basis for the country implementation support

## **PREVENTION OF MOTHER TO CHILD TRANSMISSION – HIV**

### ***Overview***

The U.S. President's HIV/AIDS Initiative, announced in June 2002, focuses on treatment and care for HIV-infected pregnant women to reduce transmission of HIV to infants. In February 2003, Management Sciences for Health's Center for Pharmaceutical Management, through the Rational Pharmaceutical Management Plus (RPM Plus) Program, began working with USAID/OHA (and other government agencies) to identify pharmaceutical management issues that would need to be addressed to support the USG HIV/AIDS Initiative.

The activities, delineated in this plan, represent prioritized areas of need developed in collaboration with the USAID office of HIV/AIDS (OHA). These activities aim at developing and applying new tools and approaches as well as to provide technical assistance in the domain of pharmaceutical management in support to HIV/AIDS Programs. The activities are intended to benefit USAID/Washington, the Missions, and other appropriate US agencies and partners in order to scale-up PMTCT and HIV/AIDS service delivery programs.

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

In support to the Web Information Sharing Tool (Commodity tracking tool), efforts continue in refining the upgraded database. Major endeavors include expansion of the map functionality to encompass a larger geographic region, development of a database dictionary and refinement of the drug lists. Incorporation of a functionality to calculate patients per year is also a work in progress. New data is continuously entered when available. Some of the features and improvements (e.g. patient per year calculations) were not included in the original concept design which extended the initial project timeline.

In the area of the development of the assessment approach, the Options Analysis framework was refined. To better elucidate this model, "shortage of pharmacists" was considered as an example for the analysis. As a next step, the revised indicators document will be finalized

In the area of technical assistance for procurement, RPM Plus procurement staff continued this quarter to develop and design the procurement tool as well as to collect further information and identify potential suppliers that we would want to contact and request a quotation from. RPM Plus staff also responded to a request from USAID on procuring pharmaceuticals for Sudan. Also the program provided guidance on appropriate protocols and processes to USAID. WHO requested drug procurement information, specifically prices, that RPM Plus had paid for ARVs in the previous year to include in the WHO's Global ARV price report. RPM Plus also continued to follow the FDA's approval of generic ARVs and discussed issues of product registration in the specific countries where we are procuring the pharmaceuticals. As a next step, the

program will continue to compile information for the RFQ and work on designing and completion of the procurement tool.

To update the Procurement Guidance document, the document text has been finalized and is undergoing the first review. Work is also being carried out on the web version in collaboration with the EPG team. Once the first review is completed, the activity leader will incorporate any recommendations and send it for the next reviewer

The draft laboratory training materials have been completed and are currently out for technical review. The activity is co-funded under the SO4 portfolio. The funding source under PMTCT has now been depleted. The finalization will be completed under So4 portfolio.

## **REDSO HIV**

### **Overview**

The USAID Regional Economic Development Services Office (REDSO) for Eastern, Central and Southern Africa (ECSA) and its partners recognize that a well-functioning commodity management system, which ensures availability, and equity of access to drugs, vaccines, contraceptives, and medical supplies, is crucial for the provision of high-quality health and pharmaceutical services. RPM Plus has continued to support REDSO's Strategic Objective 8 – “Strengthened HIV/AIDS Programs in Region” through provision of technical assistance and support to the Regional Logistics Initiative (RLI) based in Nairobi, Kenya

In order to implement pharmaceutical management strengthening activities within the region RPM Plus/RLI operationalized the Regional Pharmaceutical Forum (RPF), with REDSO HIV/AIDS Program funding during FY03. The activities of the RPF are implemented by its four Technical Working Groups (TWGs), namely, Policy, Legal Framework and Management Support; Procurement and Distribution Systems; Promoting Rational Drug Use; and HIV/AIDS TWGs. The HIV/AIDS TWG is funded by REDSO SO 8.

### **Technical Objectives**

Objective 1: To document and disseminate strategic drug management information and better practices within ECSA region.

Objective 2: To increase the human resource capacity for providing effective drug management within health delivery institutions and systems in the ECSA region and particularly, for the ART programs

Objective 3: To increase the institutional capacity for providing effective drug management within health delivery systems in the ECSA region and particularly, for the ART programs

Objective 4: To apply commodity management tools aimed at strengthening the pharmaceutical systems in ECSA region, and particularly, for the ART programs

Objective 5: To develop and advocate for implementation of enabling pharmaceutical policies for efficient commodity management systems so as to increase access to public health commodities in ECSA region

***Major activities this quarter***

Most countries and HIV/AIDS Programs are aiming at scaling up services to increase access to care and treatment. The challenges facing these Programs in the resource poor ECSA region are numerous and very pronounced. The need to use resources prudently through documenting and disseminating better practices, sharing lessons learnt and applying tried and tested tools in improving pharmaceutical management systems is crucial.

In this quarter, RPM Plus reviewed the harmonized Standard Treatment Guideline for HIV/AIDS/ TB and malaria and the accompanying Formulary, developed in FY 04, in preparation for submission to RPM Plus Washington for technical and content editing and document style setting. The documents will be disseminated in the 3<sup>rd</sup> and 4<sup>th</sup> quarters as a contribution towards improvement of rational use of ARVs and other medicines for management of HIV/AIDS. Follow-up activities for implementation of the Pre-service Curriculum for Pharmaceutical Management in support of ART at country level were undertaken. The ten Universities involved in the development of the Curriculum were encouraged to prepare an implementation plan so that they can be facilitated to start training in order to augment on-going in-service training.

## **REDSO/RLI**

### **Overview**

Since 2000, USAID/REDSO and the Bureau for Africa, Office of Sustainable Development (AFR/SD/HRD) have funded the Rational Pharmaceutical Management Plus (RPM Plus) program to support their strategic objectives (SO) in health in the ECSA region. In particular, SO7 – “Enhanced Regional Capacity to Improve Health Systems in the ECSA Region” has received technical assistance to strengthen pharmaceutical management systems with the aim of increasing access to quality pharmaceuticals and health commodities. RPM Plus has provided technical assistance to regional organizations, disseminated state of the art assessment tools, shared better practices and strategic information on drug management and logistics in the ECSA region. Specifically, interventions included institutional and human capacity building in drug management and direct technical assistance in selection, quantification, and procurement of public health supplies. The technical assistance and support has been channeled through the Regional Logistics Initiative (RLI), a unit established by REDSO’s PHN office, and based in Nairobi, Kenya. The RLI’s mandate is to provide technical resources in various aspects of health commodity management systems including pharmaceutical policy development and systems management.

To facilitate this work, with technical lead from RPM Plus and funding from REDSO, the Regional Pharmaceutical Forum (RPF) was established at the ECSA Health Community Secretariat, in 2003. The RPF has four Technical Working Groups (TWGs) each comprising of experts in a particular area. These include the Policy, Legal Framework and Management Support; the Procurement and Distribution Systems; the Promoting Rational Drug Use (PRDU), and HIV/AIDS-related Pharmaceuticals TWGs. In FY 04, the TWGs, with direct technical assistance from RPM Plus, developed a Standard Treatment Guideline (STG) for HIV/AIDS, TB and malaria. Also, a complementary Regional Formulary, containing information on the products included in the STG, was developed. The two documents will serve as entry points for other pharmaceutical management activities to be promoted e.g. the proposed Coordinated Informed Buying. In addition, malaria control activities, particularly in support of ACT policy implementation, were undertaken.

In FY 05, efforts will be directed at promoting the dissemination and wide usage of these documents to improve therapeutic outcomes. This will include involving Pharmacy and Therapeutics Committees, as major vehicles for improving and accelerating appropriate medicine use, sustainably. Also, support to ACT policy implementation will continue. The selected activities will be implemented in synergy with other RPM Plus regional activities conceptualized under different Strategic Objectives such as SO4 (HIV/AIDS), SO5 (AMR/ID), and MAC work plans. Further, RPM Plus will continue its ongoing collaboration with USAID funded organizations such as the ECSA Health Community (ECSA HC) Secretariat and the Regional Centre for the Quality of Health Care based at Makerere University, Uganda.

**Technical Objectives**

Objective1: Develop and Advocate for Implementation of Enabling Pharmaceutical Policies for Efficient Commodity Management Systems for increased Access to Public Health Commodities in the ECSA Region.

Objective 2: Increase The Capacity For Providing Effective Drug Management Within Health Delivery Institutions and Systems In The ECSA Region.

***Major activities this quarter***

- Reviewed and cleaned the draft Regional STG and Formulary in preparation for their submission for technical review to panels of experts from the ECSA region and RPM Plus, Washington.
- Conducted brief preliminary assessments of the functionality of Pharmacy and Therapeutics Committees in three countries, namely, Kenya, Zambia and Ethiopia. The purpose of the assessments was to inform the planning for activities to be undertaken.
- Identified consultants to draft a guide on “Good Procurement Practices, and, one to complete the model “National Medicines Policy” template.

## **WEST AFRICA REGIONAL PROGRAM**

### **Overview**

Although HIV/AIDS is not as highly prevalent as in the East and Southern Africa region, the risk of explosion of the epidemic is real. While some countries such as Senegal still have relatively low (0.4-1.7%) levels of HIV prevalence, there are at least four countries in the region which can be described as having a generalized HIV epidemic (prevalence rates higher than 5%). These include Cote d'Ivoire (4.9-10 %), Cameroon (4.4-9.8%), Burkina Faso (2.7 – 6.5 %), and Togo (2.7-6.4%). Nigeria the most populated African country has an estimated HIV prevalence rate of 3.6 – 8%, translating to about three million adults living with HIV, following South Africa and India. Civil strife further undermines the already poor national health services. High mobility contributes to more casual and commercial sexual relationships, thus increasing the risk of HIV transmission. There is a growing understanding that common problems and needs shared across West Africa's porous borders, exacerbated by the scarcity of resources to effectively respond, demand a regional response.

USAID is one of the major donors in the West Africa region. In addition to country support through bilateral missions, USAID has supported regional level HIV/AIDS projects. The Family Health and AIDS (FHA) Project, ending in 2003, mostly focused efforts in Burkina Faso, Cameroon, Cote d'Ivoire and Togo. The current USAID/WARP Mission Project reflects a broader regional strategy. Action for West Africa Region (AWARE) composed of (AWARE)-HIV/AIDS and (AWARE) - RH is scheduled to run from 2003 to 2008 in all 15 ECOWAS countries, as well as Cameroon, Mauritania and Chad. It is the primary mechanism for implementation of this strategy. In addition to the broadened geographic reach, the AWARE-HIV/AIDS Project will focus on strengthening regional leadership through capacity development, systems strengthening, building partnerships, and leveraging funding from other sources in the region.

As the countries of the region embark on HIV/AIDS treatment and care programs constraints related to management of HIV/AIDS drugs and other commodities are encountered. This is especially true for the antiretroviral drugs (ARVs). Challenges remain in pharmaceutical management for drugs to treat and manage opportunistic infections (OIs), supplies for supporting laboratory functions such as rapid test kits, commodities required for confirmatory testing and quality control, reagents and equipment needed for managing HIV/AIDS patients, including monitoring the need for treatment with ARVs and the therapeutic process of those so treated. Key among these constraints are the selection, quantification, procurement and use of the drugs, touching on every aspect of the drug management cycle. Policy, legal, taxation and regulatory issues vary across the region, posing additional challenges, as has been seen in other countries and regions. It is with this background that the following proposal, intended to raise awareness and experience sharing in pharmaceutical management for HIV/AIDS in the West African region is made. RPM Plus will provide technical assistance to the AWARE HIV project and its partner West African Health Organization(WAHO) to

implement the activities outlined below. These activities contribute to the achievement of the USAID WARP Strategic Objective 5 (SO5): Increased adoption of sustainable FP/RH, STI/HIV/AIDS, and child survival policies and approaches in West Africa. The activities to which RPM Plus will provide technical assistance all fall under Intermediate Result 5.4: Health sector reform models developed and disseminated region wide and sub-intermediate result 5.4.3: Countries in the West African region develop national commodity security plans.

***Major activities this quarter***

Discussions continued with countries and partners to coordinate the Global Fund to Fight HIV/AIDS TB and Malaria Procurement and Supply Management (PSM) planning workshop for Francophone West Africa. The workshop is planned for January 2006 in Accra Ghana. Preparation of materials for the workshop was initiated and finalized. Review of materials to be presented by the partners was carried out. Venue reservation, identification of participants after consultation with Global Fund portfolio managers and individual countries was done. A total of 21 countries were invited to attend the workshop and develop PSM plans for HIV/AIDS, TB and Malaria programs in their countries.



## **NARRATIVE: COUNTRY PROGRAMS**

### **ARMENIA**

#### ***Overview***

The healthcare system in Armenia has been recently undergoing dramatic changes including a transition to a new health care model. The government has been committed to the health reform and achieving improvements in access to primary care services and health financing, as well as to optimization of resource use. Since 2000, the transition to a new model of health care has been supported by USAID within the framework of the Armenian Social Transition Program (ASTP), in line with its strategic objective of increased utilization of sustainable, high quality primary healthcare services in the country. While improvements in access to primary health care services have been achieved, access to medicines still remains a major concern, due to its complexity and many variables affecting its dimensions including availability, affordability, geographic accessibility and acceptability of essential medicines. Insufficient financing of essential medicines for vulnerable populations, interruptions in availability of essential medicines, inappropriate prescribing practices, and many redundancies and inefficiencies in procurement and distribution may threaten the effectiveness of current healthcare reforms. Based on findings from the rapid assessment carried out by RPM Plus team in May 2005, three streams of activities were proposed for RPM Plus support: improving prescribing practices for key PHC and Family Medicine diagnoses/conditions, analyzing the availability of essential medicines for selected standard treatment guidelines (STGs) and their costs, and exploring alternative supply chain strategies for the Basic Benefits Package (BBP).

#### ***Major activities this quarter***

On September 28, 2005, RPM Plus Program Lead visited Armenia to present the RPM Plus workplan to the MOH; set up and register MSH/RPM Plus branch office in Armenia and start preparations for further work. RPM Plus held a number of meetings with the MOH and USAID in October-November 2005; both First Deputy Minister of Health Dr. Darbinian and Deputy Minister Dr. Hakobian approved the workplan and expressed a serious need in developing and institutionalizing a scheme that can offer solutions to the current situation. In October and November, 2005, RPM Plus carried out recruitment efforts and identified the candidates for the positions of Senior Program Associate and Office Manager (to be hired upon the registration of the office). In addition, RPM Plus selected agencies and individuals that can provide RPM Plus with short-term and long-term services, including accounting, translation, and legal services; determined office location, made initial arrangements with a hotel, bank, and other entities; identified potential health insurance and liability insurance providers, and collected information concerning Armenian laws/regulations (labor and tax laws etc). MSH opened its office in November 2005, in close proximity from the MOH and RPM Plus partners. On

December 28, 2005, MSH branch office obtained a status of legal entity registered in the country.

RPM Plus Deputy Director and RPM Plus Armenia Program Lead visited Armenia from November 28 to December 14, 2005, to participate in a USAID/Armenia partners' workshop and continue with the planning for the proposed activities. During the workshop, the RPM Plus team was engaged in planning discussions with other partners working in the health sector to ensure that all planned technical activities are coordinated and are supportive of the overall goals of primary health care reform agenda in Armenia. Based on the discussions, the proposed RPM Plus workplan was adjusted to ensure that activities are consistent with and supportive of the PHCR agenda. During the visit to the country, RPM Plus team met with its partners, SCDMTE and DURG PO, to prepare for the prescribing study and policy options study.

Next steps include hiring staff for MSH office in Armenia, providing orientation/training for them in January 2006, and introducing the new staff to the USAID and local counterparts. In March, RPM Plus team will visit Armenia to lead further technical work with the partners on the design of the prescribing study and supply chain costing study, and developing and adjusting study materials for the local context.

## **BRAZIL**

### **Overview**

WHO ranks Brazil among the 22 highest burden countries for tuberculosis (TB) in the world. Brazil's national TB program estimates that it has approximately 110,000 cases annually with 5,000 TB patients dying each year. Until 1989, Brazil's national TB Control program operated at the federal level until decentralization of health care took place which actually caused the incidence of TB to rise. In 1995 the Government of Brazil (GOB) moved TB control back to the federal level and established the currently existing Program for the Control of Tuberculosis (PCT).

In 1998, Brazil adopted the WHO-recommended public health initiative for management of TB called DOTS. DOTS began to expand throughout the country and in 2004 reports that slightly more than 30% of government health facilities where TB is treated are now practicing DOTS. In early 2003 as part of its TB management reform, the GOB appointed the *Hélio Fraga TB Reference Center* (Helio Fraga TB Center) as the matrix for controlling the quality of TB diagnostics and treatment in the GOB's national Single Health System (*Sistema Única de Saúde*). Overall, since 2000, the Helio Fraga TB Center has been responsible for developing, analyzing and transferring technologies to combat TB in the country and monitoring approximately 2,100 cases of multi-drug resistant TB (MDR-TB).

USAID/Brazil has supported the PCT's efforts through its partners since 2001. This includes strengthening state and municipal TB and HIV/AIDS-TB co-infection control programs and expanding DOTS in many areas of the country. USAID extended its support in 2003 when it provided funding to the Rational Pharmaceutical Management Plus Program (RPM Plus) to work with local partners including its primary partner the Helio Fraga TB Center. RPM Plus activities are being carried out using local and international TB experts.

### **Major Activities this Quarter**

No progress reported.

## **CAMBODIA**

### **Overview**

Since 2001, RPM Plus has worked with the Ministry of Health and other partners in Cambodia to determine the strengths and weaknesses of the pharmaceutical system at the central and community levels to support access to essential medicines, especially in relation to child health and malaria services. The first assessment of the pharmaceutical sector conducted in 2001 by MSH's Strategies to Enhance Access to Medicines (SEAM) Program produced comprehensive baseline data, but subsequent surveys have indicated limited improvements in pharmaceutical management. The SEAM assessment, as well as RPM Plus's experiences in working with malaria and child survival issues, indicate that lack of access to quality medicines and pharmaceutical services is a serious problem in rural and urban areas and likely contributes to Cambodia's high level of childhood morbidity and mortality.

### ***Child survival***

Consistent with the technical objective of developing the capacity of governmental or non-governmental organizations (NGOs) to analyze pharmaceutical management issues, RPM Plus provided technical assistance to a local NGO, the Reproductive and Child Health Alliance (RACHA), to conduct a community drug management of childhood illnesses (C-DMCI) assessment of household and provider behaviors in childhood illnesses in the public and private sectors in late 2004. Preliminary key findings indicate that, a) availability of first line medicines, artesunate and mefloquine (A+M) and chloroquine, is low in public health facilities, b) unlicensed drug outlets recommend and dispense medicines of unknown quality, c) providers in the private sector are the first point of contact for many patients, and d) providers are largely unaware of standard treatment guidelines. It is anticipated that key findings and a draft report with suggested recommendations will be disseminated at the next Child Survival Partnership meeting, where findings will be examined with key stakeholders and used to guide policy and programmatic interventions.

### ***Malaria***

Key findings from four recent surveys; 1) The 2002 National Malaria Center community malaria pharmaceutical management assessment survey conducted in nine operational district along the Cambodian-Thai border, 2) The 2004 Community Drug Management of Childhood Illness (C-DMCI) survey, conducted in ten operational districts among five provinces, 3) The 2004 Global Fund baseline survey, with WHO and Malaria Consortium support; and 4) The 2005 WHO-sponsored evaluation of MOH capacity to manage HIV/AIDS related supplies in Cambodia. Collectively these studies have repeatedly identified four significant gaps in pharmaceutical management that crosscut issues related to child survival and malaria—

- Low availability of essential medicines

- Unknown or substandard product quality
- Expansive role of a largely unregulated private sector
- Irrational use of medicines

Based on discussions with Mission staff, there is a desire to address these gaps in pharmaceutical management by working with in-country partners through existing programs in USAID priority geographic areas. Additionally, these issues reflect the lack of capacity at the national level within the drug regulatory authority for monitoring drug quality and activity within the private sector.

Findings from the WHO consultancy indicate similar gaps in supply management found in previous pharmaceutical sector assessments with corresponding needs for improvement. Although not a part of this current work plan, a comprehensive approach to strengthen pharmaceutical supply management will also benefit the management of HIV/AIDS related pharmaceuticals and related commodities.

**Objective 1:** Enhance the capacity of governmental or NGO counterparts in Cambodia region to identify and address pharmaceutical management and supply issues related to child health.

**Objective 2:** Enhance the capacity of decision makers and service providers to design and apply appropriate interventions to improve availability and use of child health drugs in the public and private sectors.

### ***Major activities this quarter***

RPM Plus traveled to Cambodia in November to explore how RPM Plus might examine pharmaceutical management issues with other programs and move towards interventions. Based on discussion with Mission staff, the strategy RPM Plus will pursue is addressing the gaps in pharmaceutical management by working with in-country partners and collaborators through existing programs in priority USAID geographic areas if at all possible.

RPM Plus and RACHA continue to collaborate on drafting a report of the Community Drug Management of Childhood Illness (C-DMCI) survey. Based on discussions with key child survival counterparts in Cambodia, RACHA conducted a reanalysis of the Community Drug Management of Childhood Illness (C-DMCI) data to more effectively direct strategy and intervention development. It is anticipated that RPM Plus will participate and disseminate key findings from this survey to counterparts at the upcoming child survival partners meeting.

The Global Partnership requested RPM Plus to test a methodology of tracking child medicine and commodities through national procurements as a proxy indicator of funding for child survival in Cambodia. A Commodities Tracking Tool developed by MSH was used to track information on quantities and values of specific commodities procured by

the MoH through national procurement or obtained by the MOH at the central level through donations or other initiatives over a three year period. The information generated was evaluated and presented at the countdown to survival child health meeting in London in December 2005.

## **CENTRAL ASIA REPUBLIC**

### **Overview**

Uninterrupted supply of TB pharmaceuticals is an essential component of DOTS strategy. Quality of supplied medicines is critical for successful DOTS implementation. TB medicines of substandard quality can affect treatment outcomes and contribute to an increase in the drug resistance rate. A complex approach is needed to address this issue within the framework of the NTP. During recent years, Central Asian Republics, including Kazakhstan, made a number of requests to obtain TA in the area of drug quality assurance. Based on preceding discussion with the Ministry of Health and USAID, RPM Plus collected samples of TB medicines from health facilities in a number of oblasts in Kazakhstan (four samples were collected by USP). The collected samples were tested by USP laboratory and two local laboratories. The follow-up on findings and the subsequent analysis were provided during the *Quality Assurance of the Anti-Tuberculosis Drugs* conference on May 24-27, 2004. Taking into account the transition of Kazakhstan to a decentralized procurement system, the conference addressed the implications of specific procurement options for the quality of TB medicines. To follow up on the results of the conference and address the requests of Kyrgyzstan, Tajikistan, and Uzbekistan for TA in drug quality assurance component of pharmaceutical management of the National TB programs (NTP), RPM Plus proposed a regional training on drug quality assurance methods, specifically TLC-based Minilab procedures. Preparations for the regional training were carried out during the previous quarters

### **Major activities this quarter**

On November 7-11, RPM Plus carried out a five-day regional training on Drug Quality Assurance (DQA), in collaboration with USP DQI, and AED. The training was held at the laboratory of the National Center for Drug Expertise in Almaty, Kazakhstan. A total of 17 participants from Kazakhstan, Uzbekistan, Kyrgyzstan, and Tajikistan, participated in the training. Participants included experts from drug regulatory authorities (DRA) of the respective countries, a laboratory expert from the National TB Program of Kyrgyzstan, and ZdravPlus Pharmaceutical Management Coordinator. RPM Plus provided technical resources, overall coordination of technical and organizational work for the regional training, and coordination with main stakeholders (USAID, MOH, DRAs, DRA laboratories, NTPs, GFATM CCM, international organizations). USP provided technical resources and contributed to technical content of the training, and AED provided organizational/logistics support in the field.

The training covered the following topics: introduction to DQA; principles of Good Laboratory Practice, with a focus on TLC-based Minilab procedures; drug sampling procedures; basic tests; TLC theory; data management and reporting; and compliance to standards. A large number of observers from the National Center for Drug Expertise of Kazakhstan, DRA laboratory, and international organizations (Project HOPE), attended certain sessions. Prior to the training, AED and local DRA experts collected TB

medicines in each of the four participating countries, based on sampling instructions developed by RPM Plus and USP. The participants practiced Minilab procedures by testing the medicines brought from the region. USP procured two Minilabs, and certain reagents for the training; and RPM Plus covered travel costs of USP staff. AED procured a set of reagents and supplies and translated the training materials. Center for Drug Quality Assurance in Russia contracted by RPM Plus provided professional editing of the translated materials; and RPM Plus and USP provided editing of the presentations. A training was, therefore, a joint effort of RPM Plus, USP, and AED. Collaborative nature of the joint work and efforts built on strengths of each partner contributed to a success of the training. As a result, all participants correctly identified counterfeit products during practice sessions. The anonymous evaluations completed by trainees indicated that the course was useful and will help them to improve their job performance.

Next steps include practice of the method by the participants in their respective countries and follow-up visit by RPM Plus expert in Drug Quality Assurance, to provide direct TA in implementing the method in the country and addressing regulatory and other issues associated with the implementation of the method.

## **CÔTE D'IVOIRE**

### **Overview**

In October 2003, RPM Plus conducted an assessment of the Pharmacie de Santé Publique (PSP-CI), the Central Medical Stores of Cote D'Ivoire as well as of the pharmacies in the public health facilities. This is to ascertain the national drug management system capacity to the expansion of PMTCT and HIV/AIDS activities supported by the Presidential Emergency Plan for AIDS Relief, in Côte d'Ivoire. The assessment revealed numerous gaps at central, health districts and institutional levels. Following the assessment, RPM Plus received funds from the US Government to address priority issues that might impact the availability and access of HIV/AIDS commodities required for the delivery of HIV/AIDS services.

In response, RPM Plus assisted PSP-CI to identify its priority strategies and interventions in the area of drug management. It provided technical support to the PSP-CI in the elaboration of a three-year work plan. In conjunction with this plan, RPM Plus developed a national training pharmaceutical management curriculum, established a core of trainers and assisted PSP-CI trainers in the roll-out of pharmaceutical management training targeted to pharmacy personnel at HIV/AIDS site level. In addition, RPM Plus started to provide direct assistance to PSP to improve its institutional capacity for drug management operations including its information system and to support its mandate to supervise pharmaceutical management functions at the sites.

RPM Plus funds, under COP05, are planned for the following: a) assist PSP-CI trainers in the roll-out training in commodity management for mid-level managers, midwives and nurses at institutional pharmacies and VCT/PMTCT services; b) Build drug management capacities for quantifying needs and tracking ARV and other HIV/AIDS related commodities; c) Strengthen institutional capacity of PSP-CI with emphasis on human resources development and provision of supportive supervision to peripheral health facilities; and d) Establish a new drug management software ORION at PSP-CI.

### **Major activities in this quarter**

During this reporting period, RPM Plus utilized the revised developed curriculum to train another group of 13 pharmacists and 7 assistant-pharmacists (including one district pharmacist and one district assistant-pharmacist). Participants were recruited from first level ART centers as well as from ART reference centers located in Abidjan and other selected regions. This second training workshop offered another opportunity to review the curriculum and to include two new co-trainers from the initial core group. As a next step, the appropriate modules and sessions from the curriculum will be used to train midwives and nurses responsible for inventory management at PMTCT centers. Critical to the success of the training was the engagement of PSP-CI staff as well as the key departments from the MoH including the Planning and Evaluation unit (DIPE) and the

Training unit (DFR) so to assure continuity and the sustainability of these programs in the future.

During the previous quarter, a quantification tool was developed to strengthen the capacity of pharmacy staff in ART sites to adequately determine their patient needs for ARVs. The tool was introduced to a group of 20 pharmacists and PGPs (assistant pharmacists). Template copies of the tool were also made available to the participants for use at their workplace.

Following the previous introduction of the ART dispensing tool (SIMPLE-1) to PSP-CI staff, the tool was tested in 4 ART centers, and after being adapted to the CI context it was decided to extend its use to all ART sites. RPM Plus thus provided TA to PSP-CI during the extension process to 16 sites. The tool will serve to monitor products availability and provide data on number of patients and applied regimens necessary for national quantification. Now, 23 dispensers were trained to the use of the ARV dispensing tool of which 12 pharmacists and 11 PGP. For those centers lacking computers, RPM Plus developed a manual tool for collection of data, that will also be tested.

RPM Plus supported the application of the MSH tool "M.O.S.T" (Management Organizational Sustainability Tool) at PSP-CI. The process identified several organizational challenges and led to the development of an operational action plan to improve the performance of the organization, in selected areas. Also during this quarter, RPM Plus also applied the MSH inventory management tool (IMAT) at the central warehouse. This revealed to the management numerous drug management issues requiring immediate action. IMAT was also applied at PSP-CI for non-ARVs. Some of the bottlenecks were addressed resulting in an improvement of the drug management indicators. With the introduction of the ART dispensing tool at the facility level, RPM Plus stated to provide support to the data collection process, as well as to the aggregation and data analysis at the central level. Meanwhile to monitor expiry of products, RPM Plus started the dissemination of an expiry tracking sheet to support drug managers at the site level as well as at PSP-CI to track drug expiries.

In previous quarters, the program developed a draft MOU between PSP-CI and the partner 3iInfotech company. This is to delineate the different roles and responsibilities of each part prior to the installation of the ORION@MSH software. The draft was submitted to PSP in July. A formal feedback was received late September requiring clarification on parts of the contents as well as additional information on the installation and recurrent costs for maintenance. RPM Plus responded to all license and costs queries from the legal advisor of PSP-CI. The MOU was updated to specify these queries. Meantime, MSH supported the translation in French of the ORION user's manual during this reporting period. Due to the changes in the government of CI, the process has been halted and the activity is awaiting the review of the MOU by the new Minister of Health and members of his Cabinet.

## **DOMINICAN REPUBLIC**

### ***Overview***

USAID Mission in Santo Domingo committed US\$ 100,000.00 for FY04 to periodically monitor the pharmaceutical availability through rapid assessments; a training of trainers on the DMIS, that will be the starting point to scale it up to the rest of the health areas and provinces; a monitoring visit to assess the implementation of the PMIS; the transition from manual reporting forms to an electronic version of the PMIS; and technical support and training for the introduction of Fixed Dose Combinations (FDC). By the end of FY04 there were significant administrative changes in the NTP including the appointment of a new director, a logistics manager and an important number of technical officers at central and provincial levels. For this reason the activities originally programmed for the first quarter of FY05 had to be postponed. On April 2005, RPM Plus presented the results of the pilot test of the PMIS during the national evaluation of the program and coordinated with national counterparts the scaling up to the rest of the provinces. During that visit the RPM Plus work plan for FY04 was reviewed with USAID officials to address the TB situation in the country and the new priorities of the NTP. The revised version was approved by the USAID mission in Santo Domingo on May 2005. Following this work plan, on June 2005 RPM Plus organized a rapid assessment to determine the availability of TB medicines, and provided technical assistance for the application to the Global Drug Facility (GDF) and for the elaboration of a comprehensive project for the introduction of fixed dose combinations (FDC). The project included the criteria for the selection of FDC, the estimation of the needs, the procurement mechanism through GDF and guidelines for the use of FDC. As a follow up to these activities, and in correspondence with the work plan, three workshops were carried out during the last two weeks of September 2005: 1. Training of personnel of two pilot areas (V and VIII) in the use of fixed dose combinations (September 20 and 21) 2. Strengthening of management competences of the NTP, using the MOST-TB methodology (Sept 26-28) 3. Scaling up of the pharmaceutical management information system: (September 29-30)

### ***Major activities this quarter***

As a follow up of the three workshops hold in September 05, a MSH/CHO consultant provided technical assistance to train a group of TB supervisors during the following week (October 3-7). Two trip reports were completed and distributed during this quarter. The trip reports include the proceedings of the workshops (mentioned in the previous section). Due to bureaucratic obstacles and competing priorities, training activities to scale up the PMIS started late (and at a slow pace) on the first quarter of FY05 (October-December). The procurement of FDC through the Global Drug Facility was also delayed for different reasons; particularly the elaboration of the contract documents between the MoH and the GDF. A visit to DR was originally scheduled for November 06 to monitor the implementation of the PMIS, the introduction of FDC in pilot areas, and to assess the availability of TB pharmaceuticals and supplies. Because of the aforementioned delays in the implementation of the activities, RPM Plus agreed with the NTP and the USAID mission to postpone the visit for Q2-FY05. As January 2006, the NTP/ Ministry of

Health was in the final stages of the procurement of FDC through the GDF. A monitoring visit is scheduled for February 06. During the visit, RPM Plus will also provide TA to estimate the needs for the next procurement.

## **ETHIOPIA**

### **Overview**

Rational Pharmaceutical Management Plus (RPM Plus) Program/Management Sciences for Health (MSH) is collaborating with USAID/Ethiopia in the provision of technical assistance in drug and related commodities management and ARV procurement for and the President's Emergency Plan for AIDS Relief (The Emergency Plan) and President's Mother and Child HIV Prevention Initiative (PMTCT) in Ethiopia.

Under this effort, RPM Plus is assisting in national, regional, district, and health facility-level capacity development for delivery of ART/PMTCT services and ensuring access to and rational use of basic ART/PMTCT products through various interventions including:

1. Strengthening human capacity
2. Strengthening overall supplies management system including procurement, storage and distribution.
3. Improving the physical infrastructure of drug and laboratory facilities to ensure security and quality of ARV drugs and related products provided under the program in the target sites.
4. Establishing a monitoring and evaluation system to track selected supply indicators and develop and operationalize a management information system that will track stock level and expiry of ARV drugs
5. Undertaking other public-private initiatives that will improve access to quality pharmaceutical and laboratory services, promote patient education, improve rational use, and establish drug & therapeutic committees at target facilities in support of ART and related services
6. Technical support and coordination of ART commodities through operation of an in-country RPM Plus office.

### **Major activities this quarter**

#### **TA in Drug Supply Management**

- Collective pipeline was prepared in collaboration with MOH/GF which leads us towards one program. Distribution has been made for additional 6570 ART clients as scale up which takes up to total of 14,000 ART clients under PEPFAR/E. Distribution history for both PEPFAR and GF was compiled into the same spreadsheet starting from the first round distribution. January-April treatment targets have been worked out and put into a table with the distribution breakdown. Started receiving complete shipping documents for third round procurement was faster than the previous one.

#### **PMTCT:**

- All PMTCT sites are visited at least once per month by RPM Plus Regional Pharmaceutical Associates.

**TA in MIS and M&E**

- Extracting and compiling weekly and monthly reports from both manual and electronic systems of Drug Dispensing and Inventory Tracking Tools.
- Technical support for MSH and Health facilities.
- Ensuring continuous printing and distribution of MIS formats to new and old ART sites.
- Reviewing reports coming from ART sites.
- Supporting RPAs on issues related to MIS.
- Providing technical assistance to ART sites on all aspects of drug supplies management on demand and/or through supportive supervision.
- Reviewing MIS training manual and SOP documents on a continuous basis according to recent changes.
- Developing standard inventory tracking format. Completed inventory tracking formats for the year 2005 are being received from facilities.
- Written newsletter on SOP/MIS – the draft is already distributed for comments.

**PMTCT:**

- Joint progress report was prepared and submitted to AXIOS for more donations of Neverapine tablets, suspension and determine test kits.

**Human Resources capacity/Training**

- 4 training have been conducted during this period, 2 on Management and Rational Use of Antiretroviral Drugs for Pharmacy Personnel, 1 on ARV Drugs Management Information System: the Role of Data Clerks, 1 on Management Information System for ARV Drugs at Health Facilities, , and 2 on HIV Care and ART/MIS.
- 179 trainees participated in the trainings, including 81 pharmacists, 65 druggists, 22 pharmacy technicians, and 11 other professionals, from 11 different regions.
- In addition training on Management Information System for ARV Drugs at Health Facilities has been given by MSH/RPM Plus to a total of 22 4<sup>th</sup> year pharmacy students who have been deployed to ART sites for 3 months.

**Collaboration with Partners:**

- Participated in the pharmacy ART training curriculum revision prepared by MOH and I-TECH.

## **HAITI**

### **Overview**

Through the Presidential Emergency Plan for AIDS Relief, USAID has provided funds to the RPM Plus program to support the Haiti National HIV/AIDS program. RPM plus aims at increasing the availability of quality, safe and efficacious drugs and commodities required for the delivery of HIV/AIDS services.

Through previous funding, including that of Track 1.5 and Track 2, RPM Plus provided support to the Haiti national HIV/AIDS program in different areas of pharmaceutical management including a) the selection and procurement of drugs and related commodities in support to the delivery of HIV/AIDS services; b) the establishment of a distribution network for the delivery of VCT/PMTCT/ART drugs and commodities; c) the provision of technical guidance to the MOH/UCC, USAID, other donors, CAs and local partners in order to support an adequate response to HIV/AIDS-related commodity management issues; and d) the development of a drug management information system for HIV/AIDS ART services at the central and peripheral levels.

In April 2005 and in consultation with USAID/Haiti, it was decided that all in-country technical assistance activities will be consolidated within MSH bilateral program HS2007. This was achieved by the end of July 2005. However, USAID/Haiti requested RPM Plus to continue carrying out procurement activities already delineated under COP04 and has also provided additional funding to RPM Plus, under the Country Operational Plan 05, to support all required procurements of ARVs and OIs towards the fulfillment of the COP05 targets.

### **Major activities this quarter**

Following the procurement of local non-pharmaceutical products for the LET Kits, RPM Plus coordinated with HS2007 for the contracting of the local supplier to carry out the packaging of these community products. This was completed with the distribution of the products assured by HS2007.

In response to the critical need identified in April 2005 for selected ARV products, RPM Plus had forward funded the procurement of such products, under COP05. Early this quarter, the program carried out the detailed COP05 quantification exercise, taking into consideration the contribution of the Global Fund to the national HIV/AIDS program. The exercise was validated with the Mission and other partners. After submission and due approval of the necessary waiver, RPM Plus issued the purchase order to IDA and by the end of the quarter, all ARV products fulfilling the targets of COP05 in addition to the requirements for lead time and safety stock were all delivered in-country. RPM Plus worked with USAID for the customs clearance of the products and in assuring all the required documentation. Meanwhile, RPM Plus has initiated the planning for the procurement of the OI drugs demarcated for COP05. This procurement is intended to

cover 13,000 patients for a period of 7 months. The list of the OI products is being developed by the Mission in Haiti in conjunction with the Treatment Specialist at CDC. The final list of products along with required quantities are expected to be completed early into the next quarter.

## **KENYA**

### **Overview**

The President's Emergency Plan for AIDS Relief (Emergency Plan) was started in 2003 and emphasizes prevention of HIV infection, care for HIV-infected individuals and AIDS orphans and treatment of HIV-infected people through provision of antiretroviral drugs on a large scale in the poorest, most afflicted countries. The Emergency Plan has identified fourteen priority countries which have among the highest prevalence of HIV infection and account for nearly 20 million HIV-infected men, women and children. Kenya is one of these priority countries. MSH/RPM Plus is among the partners that were assigned the task of implementing the plan

Under COP 2005, RPM Plus has continued to work with USG PEPFAR Team, MOH/NASCOP, MOH/NPHLS, MOH/Department of Pharmaceutical Services, NGOs, Private sector, and other ART implementation partners to strengthen the commodity management system and laboratory services with the aim of improving delivery of treatment and care of those affected by HIV/AIDS.

### **Key Objectives**

RPM-Plus activities focus on the following five key objectives

- To provide technical assistance and support to Mission for Essential Drugs and Supplies (MEDS) in commodity management system strengthening.
- To provide technical assistance and support to MOH/NASCOP and to build capacity to address pharmaceutical management issues to improve access to and use of quality pharmaceutical products for national ART programs
- To conduct rapid site assessments in proposed ART sites in order to provide key strategic options for system strengthening of sites for start up and scale up the provision of ART commodity management services.
- To strengthen laboratory services in selected sites providing ART.
- To work jointly with the Department of Pharmaceutical Services to strengthen ART policy, regulatory and practice framework

### **Major activities this quarter**

RPM Plus worked collaboratively with MEDS and the Inter-agency team in ensuring that the ARV drugs were quantified, procured and distributed to a total of **82** Kenya PEPFAR program approved sites.

RPM Plus conducted rapid assessments of an additional 4 selected sites to determine their readiness for the provision of pharmaceutical services in support of national ART program scale up efforts on behalf of USG team and treatment partners. Assessment

findings showed that staff dispensing ARVs is not trained on ART Commodity management. Secondly, commodity management tools were not available and/or in use. During site assessments, rapid orientation on the use of MSH designed manual commodity management tools was also done.

Training on effective management of ART commodities was conducted for health workers from 25 public health facilities in Western and Rift Valley Provinces.

RPM plus supported initial work with NASCOP (MoH) and other stakeholders on harmonization of ART data collection tools, indicators and reporting systems. It was difficult to reach a consensus due to competing priorities.

RPM plus continued to support National Public Health Laboratories (NPHLs) to spear head the development of national laboratory policy and strategic plan in collaboration with other stakeholders. Second, in collaboration with the NPHLs training was conducted in two provinces( Nyanza and Coast) for laboratory staff from 31 facilities with the aim of improving quality assurance systems in the laboratory and knowledge on ART.

## **KYRGYZSTAN**

### **Overview**

Kyrgyz Republic was among the first in the region to demonstrate strong political commitment to DOTS strategy and make a transition to a nationwide DOTS expansion. While the transition to DOTS was largely supported, the NTP had experienced major setbacks in DOTS implementation, such as a number of interruptions in treatment in 2002-2003 due to shortages of TB drugs. These setbacks indicated a need for improvement in the pharmaceutical management practices in order to manage large amount of TB drugs supplied for the country. To address this need and the priorities identified during the visit of the RPM Plus Senior Program Associate in November 2002, RPM Plus carried out a workshop on TB Drug Policy in 2003.

The TB drugs were supplied by several donors in the country. Recent sources include German Development Bank (KfW) that has been supplying TB drugs through Global Drug Facility (GDF). In addition, the government submitted a successful application to GFATM. GFATM funding mechanism allows for procurement of TB drugs by the applying country, therefore, large procurement of TB drugs is expected in the country. This upcoming influx of TB medicines will be associated with a range of drug management issues, including quality of procured TB drugs. The quality of the TB drugs can affect treatment outcomes and have an ultimate impact on DOTS implementation. Therefore, there is a need for introducing and institutionalizing international standards and methods of drug quality assurance to ensure proper and effective practices implemented through entire drug management cycle. To address this need, RPM Plus proposed a training on TB Drug Quality Assurance. The regional training will be leveraged from USAID Mission funding for the respective countries and USAID Mission regional/CAR funding. Initial preparations for the regional training were carried out during the previous quarters

### **Major activities this quarter**

On November 7-11, RPM Plus carried out a five-day regional training on Drug Quality Assurance (DQA), in collaboration with USP DQI, and AED. The training was held at the laboratory of the National Center for Drug Expertise in Almaty, Kazakhstan. A total of 17 participants from Kazakhstan, Uzbekistan, Kyrgyzstan, and Tajikistan, participated in the training. Participants included experts from drug regulatory authorities (DRA) of the respective countries, a laboratory expert from the National TB Program of Kyrgyzstan, and ZdravPlus Pharmaceutical Management Coordinator. RPM Plus provided technical resources, overall coordination of technical and organizational work for the regional training, and coordination with main stakeholders (USAID, MOH, DRAs, DRA laboratories, NTPs, GFATM CCM, international organizations). USP provided technical resources and contributed to technical content of the training, and AED provided organizational/logistics support in the field. USP procured a Minilab and an initial set of reagents for Kyrgyzstan.

The training covered the following topics: introduction to DQA; principles of Good Laboratory Practice, with a focus on TLC-based Minilab procedures; drug sampling procedures; basic tests; TLC theory; data management and reporting; and compliance to standards. A large number of observers from the National Center for Drug Expertise of Kazakhstan, DRA laboratory, and international organizations (Project HOPE), attended certain sessions. Prior to the training, AED and local DRA experts collected TB medicines in each of the four participating countries, based on sampling instructions developed by RPM Plus and USP. The participants practiced Minilab procedures by testing the medicines brought from the region. USP procured two Minilabs, and certain reagents for the training; and RPM Plus covered travel costs of USP staff. AED procured a set of reagents and supplies and translated the training materials. Center for Drug Quality Assurance in Russia contracted by RPM Plus provided professional editing of the translated materials; and RPM Plus and USP provided editing of the presentations. A training was, therefore, a joint effort of RPM Plus, USP, and AED. Collaborative nature of the joint work and efforts built on strengths of each partner contributed to a success of the training. As a result, all participants correctly identified counterfeit products during practice sessions. The anonymous evaluations completed by trainees indicated that the course was useful and will help them to improve their job performance.

Next steps include practice of the method by the participants in their respective countries and follow-up visit by RPM Plus expert in Drug Quality Assurance, to provide direct TA in implementing the method in the country and addressing regulatory and other issues associated with the implementation of the method.

## **NAMIBIA**

### **Overview**

The Rational Pharmaceutical Management Plus (RPM Plus) Program of Management Sciences for Health (MSH) has received additional funds from USAID/Namibia under the President's Emergency Plan for AIDS Relief Country Operational Plan (COP 05) to continue technical assistance activities initiated with PMTCT, Track 1.5 and Track 2.0 funding in order to assist the Ministry of Health and Social Services of Namibia. The funds will assist for the review, recommendations for improvement and the development and implementation of various interventions to strengthen pharmaceutical management systems in Namibia in order to scale-up HIV/AIDS activities. Activities under previous funding were grouped within three broad objectives.

Under COP 05, activities will be carried out through four main objectives. The first is to strengthen the policy and legal framework as well as the national management support systems for HIV/AIDS-related pharmaceuticals and commodities. The second is to strengthen human resources for the management of HIV/AIDS related pharmaceuticals. The third is to strengthen pharmaceutical and commodity management systems and procedures of Central Medical Store, Regional Medical Stores, and treatment facilities for HIV/AIDS-related pharmaceuticals. The fourth is to strengthen the rational use of HIV/AIDS-related pharmaceuticals and the provision of comprehensive pharmaceutical care in treatment facilities in support of the provision of PMTCT and ART services. Key additional objective, under COP05, is the one aiming at strengthening human resources capacity within the Namibia pharmaceutical sector.

### **Major activities this quarter**

The challenges for the determination of national ARV medicines needs and the coordination of their procurement from the available pots of funds available to the MoHSS came out clearly during the quarter under review. MoHSS through the support of RPM Plus, CDC and DSP constituted a committee on the Coordination of ARV Quantification and Procurement under the chairmanship of the undersecretary for health and social welfare. RPM Plus was charged with the responsibility of quantifying of national ARV medicines needs and presenting same to the committee. RPM Plus also provided support to the MoHSS ARV Committee on developing assumptions for the development of projections for national ART growth trend in collaboration with CDC, based on data collected through the HMIS and the Antiretroviral Commodities Tracking System (ACTS).

During the quarter under review, RPM Plus implemented Quantimed, the ARV quantification tool at the CMS, to be used as the main tool for quantifying ARV needs. The ACTS Coordinator and other CMS Senior personnel received training to be able to produce national projections for ARV medicines needs for the next 2 years, and also review the projections on a quarterly basis.

RPM Plus provided technical assistance to CMS to ensure that USG stipulations for the procurement of ARV medicines using USG money is understood and applied appropriately during the tendering process and in the submission of invoices for reimbursement.

A functional Therapeutics Committee (TC) is usually the engine for the assurance of rational drug use in health facilities. During the quarter under review RPM Plus worked closely with the revitalized Therapeutics Committee of Oshakati Intermediate Hospital, who had requested RPM Plus for assistance with the development of goals and objectives of the committee.

RPM Plus provided technical assistance and support to the MoHSS Pharmacy Management Information Systems (PMIS) Taskforce for the finalization of the developed data collection instruments and the field-testing in selected facilities. Support was also provided to MoHSS for the Health Facility Service Provision Assessment. RPM Plus is represented in the Health Facility Survey Technical Committee and routinely attends the committee meetings.

RPM Plus conducted a Medicines Registration and Quality Assurance Consultancy, the purpose of which was to assist the Pharmaceutical Control & Inspection (PC&I) with the development and implementation of dossier review guidelines, clearing of dossier backlog and provide support for operationalizing the Medicines and Related Substances Control Act, 2003. As a result of the consultancy, the MCC conducted a special meeting to review the Act and Regulations, the recommendations of the meeting were forwarded to MoHSS for the legal drafters to amend as necessary and forward to the Ministry of Justice. RPM Plus provided TA to develop dossier review guidelines and finalized the Drug Registration Database of the PC&I. These activities culminated in the screening and acknowledgement of 545 dossiers, which were sitting in unopened boxes. 216 of these were immediately rejected, 113 have been evaluated and are to be presented at the February 2006 MCC meeting for approval. Among these dossiers to be presented are 13 critical ARV medicines, including pediatric formulations desperately required in the national ART program. Another 24 ARV medicines have been identified and will be reviewed in the next quarter. Through RPM Plus advocacy, MoHSS has provided a store room for dossiers. RPM Plus has procured shelves for the room. MoHSS gave approval for the pilot of the ARV Dispensing Tool at three existing sites and add a fourth site; Katutura State Hospital. Pharmacy staff of Oshakati, Rundu, Nankudu and Katutura hospitals and the Antiretroviral Therapy Commodity Tracking System Pharmacist, has therefore been provided in-depth training on the system.

## **NICARAGUA**

### **Overview**

USAID/Nicaragua has supporting RPM Plus technical assistance in pharmaceutical management since 2002 as part of the overall support to health sector reform. In July 2002, the Rational Pharmaceutical Management Plus (RPM Plus) Program was invited to analyze the Nicaragua Ministry of Health's (MoH) pharmaceutical supply system. A policy-options workshop presenting problems and alternatives for solution was conducted in early November 2002 with involvement of high level authorities of the MoH. Following the workshop, the MoH established working groups to explore the alternative options proposed to increase the population's access to essential medicines.

One of the options discussed was MoH's support to the establishment of private sector mechanisms modeled after the "*Programa de Ventas Sociales de Medicamentos*" (VSM) to promote the creation of a network of retail outlets to sell low-cost quality-assured essential medicines. In September 2003 a RPM Plus mission visited Nicaragua to provide technical assistance to the technical working group for defining regulations and guidelines for the Program of VSM. The USAID Mission in Nicaragua allocated FY04 funds to provide technical assistance to the Comisión Política Nacional de Medicamentos (CPNM), a commission that oversees the progress on the modification of the Drug Policy and Drug Legislation (*Ley de Medicamentos y Farmacias*), and the approval of the new Legislation by the General Assembly (Congress) regarding the expansion of the VSM. During the last quarter of FY05 (July-September 2005), RPM Plus also conducted a review of the current pharmaceutical quality assurance (QA) program of the VSM, and elaboration of a proposal to implement a comprehensive QA system taking into account the financial limitation of the VSM networks.

Another stream of activities included a comparative study of two distribution systems used by the MINSA with the result being a decision by the MOH to reorganize the main warehouse and delivery system through the current process of reorganization.. Working groups were formed to help define the functions of the central medical store (CIPS) and the job descriptions of the personnel that will be needed to conduct those functions. RPM Plus provided technical assistance during the last quarter of FY05 (July-September 2005) through the development of basic guidelines and procedures for the pharmaceutical supply system, emphasizing on the relationship among the departments and units of the new organization of the MoH; developing a single mechanism to estimate the supply needs; and formalizing a plan to operationalize the Central Pharmaceutical and Therapeutic Committee (known in Nicaragua as CURIM), within the new organization of the MoH.

The long-term strategy of RPM Plus is to strengthen the ability of policy makers, health care providers and institutions in the region to improve pharmaceutical supply management, including medicine use. For this, RPM Plus works with its partners, international health care organizations, and national and local health officials to develop policies and strategies to improve the use of pharmaceuticals.

The activities proposed in this document contribute to the progress of the USAID Nicaragua Mission to achieve its strategic objective of "Healthier, better educated people", particularly with IR stated as "enhance social sector investment and transparency through actions to improve efficiency in social sector expenditures, including procurement process and to increase decentralized investment in health and education".

With FY05 funds RPM Plus plans to continue to address pharmaceutical management issues in the Nicaragua. Since 2002 RPM Plus recommended the active participation of the non-governmental sector to improve access to essential medicines. The activities supported during the reporting year contributed to the strengthening of the steering role of the MINSa on public pharmaceutical management. The activities proposed for FY05 funds, while still supporting MINSa in critical areas, will focus on the need to strengthen the activities that non-governmental organizations are carrying out in coordination with MoH.

### ***Major activities this quarter***

The technical reports that RPM Plus consultants prepared for each of the mentioned areas of TA, were finished and presented before the end of October 2005. RPM Plus Senior Program Associate, Edgar Barillas, visited Nicaragua from November 15 to 18. During the visit he discussed with local counterparts the content of the RPM Plus reports, the implementation of the recommendations proposed and the progress on the legal and political support to the initiatives in pharmaceutical management. As a result of the visit, the MoH, RPM Plus and the USAID Mission agreed on the follow-up activities for FY06. The trip report of Edgar Barillas includes the activities to be included in FY05 work plan (October 2005 – September 2006), the technical reports of the consultants, and the terms of reference of the consultants to be hired (as an annex).

## **RWANDA**

### **Overview**

Management Sciences for Health (MSH)/Rational Pharmaceutical Management Plus (RPM Plus) Program has received funds from the USAID Mission in Rwanda under the PMTCT and the Presidential Emergency Plan for AIDS Relief initiatives to assist the Mission in supporting the national scale up of ART activities and to meet health commodity needs in support of the expansion of HIV/AIDS programs.

During the Country Operational Plan 04, RPM Plus has assisted the Ministry of Health in Rwanda with interventions at both national and peripheral levels of pharmaceutical management. At national level, RPM Plus has provided technical assistance to the Direction of Pharmacy, to the Central Medical Stores (CAMERWA), and to the Training and Research AIDS Center (TRAC) in order to integrate the components of pharmaceutical management in national strategies for improving access to ART, and especially those related to quantification, procurement, distribution, and MIS. At the peripheral level, RPM Plus has taken the lead in developing curriculums and conducting training in pharmaceutical management to pharmacy staff from all ART delivery sites. RPM plus has also collaborated with the National Reference Laboratory in the development of the National Laboratory Policy and Standard Operating Procedures for monitoring ART.

In addition, during 2005 the Government of Rwanda has led an initiative that intends to maximize the purchasing power of donor funds and to ensure quality products through a centralized supply for ARVs. RPM Plus has assisted the USG and the GOR in the first steps of the articulation of this Coordinated Procurement and Distribution System. During the Country Operational Plan 05 RPM Plus is going to increase the efforts for consolidating the Coordinated Procurement and Distribution System, and will maintain the support for strengthening the pharmaceutical sector at both national and peripheral levels, with the continuation of the activities that were started in previous years.

RPM Plus activities focus on four main technical objectives:

1. To provide technical support to CAMERWA in order to improve availability and accessibility of pharmaceuticals.
2. To provide technical support to the USG and Government of Rwanda partners in the establishment and consolidation of a Coordinated Procurement and Distribution System of ARVs and other HIV/AIDS commodities.
3. To strengthen the capacity of the pharmacies at ART delivery sites and districts in order to provide quality services in support to ART and PMTCT programs.
4. To provide technical assistance to the Direction of Pharmacy in support to the MOH plans for the establishment of the Rwanda National Drug Authority (NDA).

### ***Major activities this quarter***

One of the MSH/RPM Plus' priorities for the quarter October to December 2005 has been to agree with the GOR counterparts on a common strategy for the implementation of the activities of the project, in regard to the new decentralization policy. With this purpose RPM Plus has conducted two workshops, one with the Direction of Pharmacy alone, and another with all GOR counterparts and other partners, including the Direction of Pharmacy, the Direction of Health Care, the Direction of Planning, CAMERWA, and WHO. Unfortunately TRAC could not attend the meeting. In addition, RPM Plus also participated in a 2-day workshop with CAMERWA where a proposal of reorganization of staff and services was developed to be submitted to CAMERWA's Board of Directors.

Another key activity has been the development of a final draft for the Coordinated Procurement and Distribution System (CPDS). All Rwandan counterparts were invited to participate to two revision sessions, and the final draft was discussed with other international partners before being submitted for approval to the Secretary General. A meeting for the official approval of the system is expected to be called during the first weeks of January. Also in support to the CPDS, RPM Plus has provided support to TRAC in the quantification of the needs of ARVs for the implementation of the new protocols of PMTCT, and has started as well the quantification of ARVs for the procurement that should be place early in February 2006. As planned in last quarter, RPM Plus allocated a local pharmacist to CAMERWA, in order provide technical support to the Unite de Gestion des Programmes, as part of the activities for implementation of the CPDS. Regrettably, the pharmacist is not anymore in this position due to the different understanding between RPM Plus and CAMERWA in the definition of the roles and responsibilities that this person should assume.

As part of the activities at the peripheral level, TRAC and RPM Plus have conducted a new supervision visit, to a selected number which showed reporting problems in the last period of time. The validation of these data will be essential for the accuracy of the quantification exercise that is being conducted. In addition, RPM Plus is developing some documents for assisting the districts to evaluate the pharmaceutical services and capacity against standardized criteria. RPM Plus is also developing SOPs to improve the dispensing practices and rational drug use, which will complete the pharmaceutical SOPs for requisition of drugs and inventory control developed under COP04.

Finally, RPM Plus has conducted two important assessments. The first one had as purpose to analyze options to improve the availability of essential medicines through different distribution strategies. An expert team of consultants with broad experience in Rwanda and other African countries was engaged by RPM Plus, and preliminary findings were presented to GOR counterparts and CAMERWA. The second assessment was intended to evaluate the Human Resources Capacity in CAMERWA. It was conducted by a team of the project MSH/Management and Leadership though a very participatory approach which was well appreciated by CAMERWA staff.

## **SENEGAL**

### **Overview**

Over the last few years RPM plus has worked with the Ministry of Health and other partners in Senegal to determine the strengths and weakness of the pharmaceutical system to support child health and malaria services, in particular IMCI, malaria treatment and the prevention of malaria during pregnancy. Recent surveys conducted by the MoH, RPM Plus and BASICS II, studying Drug Management for Childhood Illness in the public sector and also at community level, discovered some weakness in drug availability and use that have been the target of activities by RPM Plus in conjunction with the MoH, BASICS II and other partners. These activities have focused on strengthening aspects of drug management for childhood illness. Senegal has recently changed their first line policy for malaria treatment from chloroquine to a combination of amodiaquine and SP and have introduced intermittent preventive therapy (IPT) using SP to prevent malaria during pregnancy. This raises new challenges in assuring the availability and rational use of drugs, especially in light of the findings of an RPM Plus study on IPT which showed that women did not receive antimalarials at antenatal clinics, but rather bought them from the private sector. The RPM Plus activities in Senegal are grouped into the following objectives: 1. Provide TA to the Senegal USAID Mission and MoH for drug management of malaria and child survival 2. Strengthen national capacity for drug management to improve availability and use of drugs in the public sector 3. Strengthen national capacity for drug management to improve availability and use of drugs in the private sector 4. Strengthen national capacity for drug management to implement malaria treatment and malaria in pregnancy

### **Major activities this quarter**

This quarter, the final revisions and edits were made to complete the assessment report for the use of SP and amodiaquine combination in Richard Toll and Touba Districts. The report is now available in English and French and has been distributed to stakeholders in Senegal. The findings will be used by the national malaria committee to guide the transition to use of ACTs. A new RPM Plus regional malaria advisor was hired and oriented to the program and activities. RPM Plus continued to provide technical assistance in the roll out of community case management of ARI. RPM Plus participated in a meeting (November 16-17, 2005) at BASICS to review the tools used for the OR of CCM of ARI in Senegal as well as a follow up coordination meeting (November 28, 2005) to plan expenses and implementation of the expansion. RPM Plus drafted the guide for CCM for ARI and circulated it among partners for suggestions and comment. The CHW training module was also shared with the research team. Based on research on the subject of pharmacovigilance, a draft plan and procedures document was produced by RPM Plus to be used in the CCM of ARI but also to be the basis on which to build a general national pharmacovigilance system. Preparation continues for several upcoming trainings. Some planned trainings of ASCs and ICPs were postponed due to preparation for the polio national immunization day (NID). The training curriculum and materials are

being finalized for the upcoming sales assistants training and preparation continues for a training planned for February 2006.

## **SOUTH AFRICA**

### **Overview**

With USAID/South Africa COP 05 funding under the Presidential Initiative, RPM Plus continues its commitment to support the National Department of Health efforts aimed at implementing the “Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa”. This is realized in collaboration with the Pharmaceutical Policy and Planning Directorate, the HIV/AIDS Directorate, and the Pharmaceutical Services of the provinces and the Metropolitan Municipalities.

In support, RPM Plus works towards the establishment of best practices for estimating and monitoring provincial and national requirements and budgets for ART, STIs, TB drugs and for other related items. It facilitates best practices for procurement, inventory management, distribution and dispensing of ARVs and other essential commodities. RPM Plus also continues to support assessments of pharmaceutical management system infrastructures at service facilities to identify gaps and develop plans to ensure compliance with national pharmaceutical care standards. It supports the standardization and the delivery of training programs to support drug supply management for health staff involved with ARVs. The program also addresses skills development programs for pharmacists, pharmacist’s assistants and nurses to expand their role in patient counseling, treatment adherence monitoring and education. It facilitates the review of standard treatment guidelines for HIV related priority areas and contributes to the implementation of the National Pharmacovigilance program.

Technical assistance is provided to all nine provinces and to local governments and municipalities of Tshwane (Pretoria), Johannesburg, Ethekewini (Durban), Cape Town and the Nelson Mandela Metropole Municipality (Port Elizabeth).

### **Major Activities this Quarter**

In the area of accreditation and facility pharmaceutical audits, assessments were completed in eight of the nine provinces and in the three Gauteng local authorities. Also 329 health care personnel were trained on the use of the “tool kit” and 1,161 facilities were audited. The collected data was captured in provincial databases and analyzed. Provinces have subsequently requested assistance in various initiatives to facilitate compliance and improve accessibility, availability and quality of medicine supplies to communities.

RPM Plus had assisted with the development of the forecasting spreadsheet to estimate ARV needs. During this quarter, the program conducted a national workshop for provincial pharmacists to support the review of their needs with the representatives of the local pharmaceutical industry.

RPM Plus has continued to provide direct support to government sites accredited to provide ARVs through the implementation of RxSolution© drug management system.

Although the system allows the management of all type of medicines and other commodities, the focus for the use of the dispensing and down-referral modules has been on patients on ART. Currently 15 government ARV sites are using RxSolution©. Management reports about dispensing activities have been developed. A manual for the dispensing and down referral modules is under completion.

In the area of PTC and update of EDLs, ongoing assistance was provided to the National Department of Health in terms of the review of the hospital level guidelines for adults and pediatric patients. All the chapters of the adult EDL have been disseminated to the provinces for a final round of comment. The pediatric EDL is currently being printed. Six PTC workshops were conducted for the Gauteng province and Tshwane Metropolitan Municipality with training of MPharmMed students at the University of Pretoria. This included 27 participants in Gauteng, 81 in Tshwane and 10 at the University of Pretoria

A tool to measure adherence by patients to ARV therapy together with a manual detailing the use of the tool was developed. Piloting of tool commenced at Rustenburg in the North West and the East London Hospital Complex in the Eastern Cape. Training of personnel took place at pilot sites. Adherence measurement reports were completed. During the reporting period the tool, had been used for approximately 30 patients at Rustenburg and 170 at the East London Hospital Complex. Meanwhile, RPM Plus was requested to facilitate the process of establishing the Pharmacovigilance Unit at the University of the Free State.

A rapid assessment tool to assess pharmaceutical and commodity management systems at PMTCT sites has been developed. The objectives of the assessment are to identify strengths, and limitations of current PMTCT services in relation to forecasting, procurement, storage and distribution of ARVs and related supplies.

## **TAJIKISTAN**

### **Overview**

The government of Tajikistan is committed to implementation of DOTS, the WHO-recommended strategy to combat TB. In 2002, the government finalized a five-year National TB Program Plan supporting DOTS. The country has been receiving the medicines from GDF; however, Tajikistan needs to address a number of issues associated with the quality of TB drugs in anticipation of upcoming procurement efforts (to be funded by the GFATM). Pharmacists without Borders (PSF), through funding from ADB and ECHO, assisted the government in making first steps to develop drug policy and provided equipment for the laboratory of the State Center for Drug Expertise. In the meantime, the country has been facing a number of problems associated with non-registered medicines of unknown quality circulating in the retail sector, where TB patients from the areas that are not covered by DOTS need to buy their medicines. TB drugs of substandard quality can affect the outcomes of the TB treatment and lead to the development of resistance to TB medicines. Addressing Tajikistan's needs in technical assistance in drug quality assurance, and the requests from other Central Asian Republics, RPM Plus proposed a regional training in TB Drug Quality Assurance. Preparations for the training were carried out during the previous quarters.

### **Major activities this quarter**

On November 7-11, RPM Plus carried out a five-day regional training on Drug Quality Assurance (DQA), in collaboration with USP DQI, and AED. The training was held at the laboratory of the National Center for Drug Expertise in Almaty, Kazakhstan. A total of 17 participants from Kazakhstan, Uzbekistan, Kyrgyzstan, and Tajikistan, participated in the training. Participants included experts from drug regulatory authorities (DRA) of the respective countries, a laboratory expert from the National TB Program of Kyrgyzstan, and ZdravPlus Pharmaceutical Management Coordinator. RPM Plus provided technical resources, overall coordination of technical and organizational work for the regional training, and coordination with main stakeholders (USAID, MOH, DRAs, DRA laboratories, NTPs, GFATM CCM, international organizations). USP provided technical resources and contributed to technical content of the training, and AED provided organizational/logistics support in the field. USP also procured a Minilab and a set of reagents for Tajikistan.

The training covered the following topics: introduction to DQA; principles of Good Laboratory Practice, with a focus on TLC-based Minilab procedures; drug sampling procedures; basic tests; TLC theory; data management and reporting; and compliance to standards. A large number of observers from the National Center for Drug Expertise of Kazakhstan, DRA laboratory, and international organizations (Project HOPE), attended certain sessions. Prior to the training, AED and local DRA experts collected TB medicines in each of the four participating countries, based on sampling instructions developed by RPM Plus and USP. The participants practiced Minilab procedures by

testing the medicines brought from the region. USP procured two Minilabs, and certain reagents for the training; and RPM Plus covered travel costs of USP staff. AED procured a set of reagents and supplies and translated the training materials. Center for Drug Quality Assurance in Russia contracted by RPM Plus provided professional editing of the translated materials; and RPM Plus and USP provided editing of the presentations. A training was, therefore, a joint effort of RPM Plus, USP, and AED. Collaborative nature of the joint work and efforts built on strengths of each partner contributed to a success of the training. As a result, all participants correctly identified counterfeit products during practice sessions. The anonymous evaluations completed by trainees indicated that the course was useful and will help them to improve their job performance.

Next steps include practice of the method by the participants in their respective countries and follow-up visit by RPM Plus expert in Drug Quality Assurance, to provide direct TA in implementing the method in the country and addressing regulatory and other issues associated with the implementation of the method.

## **TANZANIA**

### **Overview**

In May 2001 the Management Sciences for Health (MSH) Center for Pharmaceutical Management (CPM), under the SEAM project and in partnership with the Tanzania Ministry of Health, conducted an assessment of the public and private pharmaceutical sectors in Tanzania. The assessment revealed access gaps in respect to drug availability, primarily in the public sector. To address this gap, strategies were developed that included the development of an alternative, private sector supply system to compliment and augment the Medical Store Department (MSD) supply system.

As part of this strategy, MSH/RPM Plus will provide technical support to Christian Social Services Commission(CSSC) and Mission for Essential Medical Supplies (ELCT/MEMS) affiliated hospitals to strengthen pharmaceutical management (quantification, forecasting, rational drug use, information management etc) in support of HIV/AIDS national response. CSSC represents a group of 81 Lutheran, Catholic and Anglican hospitals in Tanzania

In addition to the above strategy, Duka la Dawa Baridi (DLDBs) were constituted by the Tanzania Food and Drugs Authority (TFDA) to provide non-prescription drugs in the private sector, as opposed to pharmacies that provide both prescription and non-prescription drugs. DLDBs constitute the largest network of licensed retail outlets for basic essential drugs in Tanzania. It is estimated that there are more than 4,600 DLDBs across all districts in the country; over 50% more than all public health facilities and 11% higher than all public, voluntary, and religious facilities combined.

Although they provide an essential service, DLDBs are not operating as had been intended; prescription drugs that are prohibited for sale by the TFDA are invariably available for sale, quality cannot be assured, and the majority of DLDBs dispensing staff lack basic qualification, training, and business skills. In response to these problems, the TFDA and MOH developed a new approach to improve access to quality-assured non-prescription and a limited number of prescription drugs from regulated and properly operated drug outlets staffed by trained drug dispensers' services in rural and peri-urban areas. The success of TFDA/MSH/SEAM collaborative pilot program in establishing a network of Accredited Drug Dispensing Outlets (ADDOs) in Ruvuma region led the MOH and TFDA to roll out the program throughout the country. The proposed roll out for ADDO in Morogoro and other regions in Tanzania would run in two phases: first introduce the basic elements of ADDO and phase two would focus on incorporating Child survival and HIV/AIDS prevention, treatment and care components.

### **Major activities this quarter**

In this quarter, RPM Plus finalized joint work plans with TFDA and CSSC on implementation and coordination of activities. National, Regional and district-level

consultative meetings and advocacy workshops were conducted with various stakeholders.

In cooperation with TFDA, mappings of Duka la Dawa Baridi in 2 districts (Ulanga & Kilombero) of Morogoro region were conducted and reports submitted. Mapping tools were finalized.

Consultative meetings with MOH, NACP and NGOs on how to integrate HIV/AIDS prevention care and treatment activities into ADDO conducted. The Mennonite Economic Development Associates (MEDA) who will direct business development, training, and monitoring and evaluation in the ADDO Roll-out conducted and submitted a Rapid Assessment of Home-Based Care (HBC) Provision in Morogoro Region.

Work started to revise and shorten the ADDO Training Manual developed and used under the SEAM project.

Through consultative meetings and discussions with CSSC and MEMS, 6 hospitals were selected for the rapid assessment of pharmaceutical management for ART, planned for Feb, 2006. Assessment tool was developed and reviewed by CSSC and MEMS.

Local office was moved to a new location and several local staff were hired to increasing work/needs of the project.

## **UZBEKISTAN**

### **Overview**

The government of Uzbekistan has endorsed the implementation of the WHO-recommended DOTS strategy since its first introduction in pilot areas in 1998. With substantial support from the international community and donors, the government expanded its implementation efforts to ultimately achieve a nationwide coverage by 2004-2005. Emergence of new global initiatives, such as GFATM, implied additional support for DOTS expansion. Taking into account upcoming large procurement efforts and concerns about the quality of procured TB medicines, the government of Uzbekistan requested technical assistance in the drug quality assurance aspects of pharmaceutical management (meeting of RPM Plus Senior Program Associate with the Deputy Minister M. Khodjibekov). To address the request of the government of Uzbekistan, along with the concerns expressed by other countries in the region, RPM Plus will carry out a regional training in TB Drug Quality assurance. The regional training will be leveraged from USAID Mission funding for the respective countries and USAID Mission regional/CAR funding. Initial preparations for the regional training were carried out during the previous quarters

### **Major activities this quarter**

On November 7-11, RPM Plus carried out a five-day regional training on Drug Quality Assurance (DQA), in collaboration with USP DQI, and AED. The training was held at the laboratory of the National Center for Drug Expertise in Almaty, Kazakhstan. A total of 17 participants from Kazakhstan, Uzbekistan, Kyrgyzstan, and Tajikistan, participated in the training. Participants included experts from drug regulatory authorities (DRA) of the respective countries, a laboratory expert from the National TB Program of Kyrgyzstan, and ZdravPlus Pharmaceutical Management Coordinator. RPM Plus provided technical resources, overall coordination of technical and organizational work for the regional training, and coordination with main stakeholders (USAID, MOH, DRAs, DRA laboratories, NTPs, GFATM CCM, international organizations). USP provided technical resources and contributed to technical content of the training, and AED provided organizational/logistics support in the field. RPM Plus procured a Minilab and an initial set of laboratory supplies and reagents.

The training covered the following topics: introduction to DQA; principles of Good Laboratory Practice, with a focus on TLC-based Minilab procedures; drug sampling procedures; basic tests; TLC theory; data management and reporting; and compliance to standards. A large number of observers from the National Center for Drug Expertise of Kazakhstan, DRA laboratory, and international organizations (Project HOPE), attended certain sessions. Prior to the training, AED and local DRA experts collected TB medicines in each of the four participating countries, based on sampling instructions developed by RPM Plus and USP. The participants practiced Minilab procedures by

testing the medicines brought from the region. USP procured two Minilabs, and certain reagents for the training; and RPM Plus covered travel costs of USP staff. AED procured a set of reagents and supplies and translated the training materials. Center for Drug Quality Assurance in Russia contracted by RPM Plus provided professional editing of the translated materials; and RPM Plus and USP provided editing of the presentations. A training was, therefore, a joint effort of RPM Plus, USP, and AED. Collaborative nature of the joint work and efforts built on strengths of each partner contributed to a success of the training. As a result, all participants correctly identified counterfeit products during practice sessions. The anonymous evaluations completed by trainees indicated that the course was useful and will help them to improve their job performance.

**Future activities**

Next steps include practice of the method by the participants in their respective countries and follow-up visit by RPM Plus expert in Drug Quality Assurance, to provide direct TA in implementing the method in the country and addressing regulatory and other issues associated with the implementation of the method..

## **ZAMBIA**

### **Overview**

The Zambian Government has been reforming its health services since 1992. It produced its first National Health Strategic Plan to describe its intent in bringing health services as close to the family as possible. And the USAID Zambia Mission has been a key cooperating partner assisting the Zambian Government to implement its health reforms. From 1995 - 2000, the Mission funded the Rational Pharmaceutical Management (RPM) project to work with the Ministry of Health and Central Board of Health to improve the pharmaceutical management system. The primary areas of assistance have been mainly in drug procurement, selection, promotion of rational use and logistics management systems.

In the first two years of the Rational Pharmaceutical Management Plus project, the mission tripled its funding from \$100,000 to \$280,000 to implement some of the milestones of the National Health Strategic plan for 2000 – 2005. RPM Plus worked with the Ministry of Health and Central Board of Health in policy formulation for improved management of malaria, child health, reproductive health, voluntary counseling and testing (VCT) drug supply management and rational use. RPM Plus worked with Central Board of Health to develop capacity at district level health facilities in self assessment, development of interventions and monitoring. In collaboration with the Zambia Voluntary Counseling and Training (ZVCT) RPM Plus started to formulate a project on information technology and commodity supply management system.

It is estimated that two million Zambians are infected with HIV and several are dying from HIV/AIDS related diseases annually. In response to the growing threat of death of the population, in 2002-2003, RPM Plus planned to utilize the \$780,000 USAID Mission funding to increase its assistance to the Zambia Government in implementing an effective VCT information technology and health commodities management systems to support the Mission Expanded Response. RPM Plus will continue to assist the ZVCT and the HIV/AIDS Council in the selection, quantification and supply management of ARVs and other commodities.

Under the USAID SO3 “Increase use of improved, effective, and sustainable response to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic, malaria and antimicrobial resistance. As a result, the RPM Plus project focus is based on its results frame work, particularly in commodity management systems and research, technical leadership and strategic documentation and transfer of experience. The work plan was formulated to produce an impact on commodity availability, rational use and information documentation, retrieval and appropriate use.

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

1. Strengthening VCT Information and Health Commodities Supply Management System for Zambia Voluntary Counseling and Testing Service

2. Provide assistance to malaria drug treatment policy implementation
3. To increase capacity on drug supply management and development of interventions at district health facility level
4. Improve Rational Drug Use at national and district levels
5. Improve management of commodities in support of IMCI strategy at selected districts

***Major activities this quarter***

Conducted training of Data Management Specialists in use of the tool for importation/transfer of data from the old VCT Commodity Management tool into the integrated VCT/PMTCT Commodity Management Tool version 1.5 On October 1, 2005

RPM Plus trained Lusaka based pharmacists and medical practitioners on the new malaria policy and use of artemether-lumefantrine as part of the of the private-public partnership initiative

Helped to distribute the new stock of Standard Treatment Guidelines to CBoH

Continued to support University of Zambia Pharmacy Department on the internship program materials development

Supported the APUA Zambia Chapter on AMR and promotion of prudent use of antibiotics

## **ZAMBIA PEP 1.5**

### **Overview**

The CSO 2000DHS study indicates that 16% of the Zambian population is living with HIV/AIDS and 25% of the pregnant women are HIV positive giving birth to the approximate 40% of babies born with the virus. Government's response to the pandemic since the first case was in 1984 has been on prevention, blood and blood products safety and care, treatment of opportunistic infections, STIs and support. The approach for care, treatment and support has been to provide counseling, testing and treatment of HIV infected persons and encourage home based care through community approaches. Much of the health facility based management has been treatment of opportunist infections (OI) such as TB, fungal infection.

The Zambian Government took a policy decision to make ART widely accessible to its citizens through the public sector 2002. This decision was followed by an allocation of three million dollars (\$3m) from domestic resources to procure ARV drugs to treat 10,000 persons. The guiding principles for introduction of antiretroviral (ARV) drugs in the public sector are to minimize the personal and social economic impact of HIV/AIDS with an objective of reducing morbidity, mortality, and encourage and support research in HIV/AIDS treatment and management. The program was to be implemented in a phased manner starting with two sites (UTH and Ndola Central Hospital) and extend to provincial health facilities and subsequently to other health facilities.

Zambia is also one of the countries earmarked to benefit from the WHO global strategy of treating 3 million people by year 2005 (3X5). Zambia's portion is to treat 100,000 people with ARVs by 2005. In addition, the country has access to the World Bank MAP project, GDFM, the US Presidential Initiative and now the President's Emergency Plan for AIDS Relief.

On December 12, 2003, the USAID Zambian Mission requested the RPM Plus project to support the Zambian Government to mitigate HIV/AIDS. In response, RPM Plus will work to strengthen pharmaceutical and laboratory services in support of a comprehensive ART services at thirteen levels 2 and 3 ART sites. Major activities include: 1) Build capacity in support of pharmacy and laboratory services for ART 2) Work with CBoH to finalize, print and distribute national policy and SOPs for ART pharmaceutical and laboratory services 3) Strengthen national ART commodities selection, quantification and procurement procedures for ART 4) strengthen commodity and information management system in support of ART services.

### **Technical Objectives**

1. Strengthen HIV/AIDS-related pharmaceutical care and commodity management services in selected health facilities in support of the provision of comprehensive PMTCT and ART services.

2. Strengthen Drug Supply Management Systems

***Major activities this quarter***

- Preparing and conducting a close out meeting scheduled for November 18, 2005
- Travel to DC to discuss to present the close out report and discuss next steps

## **FINANCIAL INFORMATION**

On September 28, 2000, Management Sciences for Health was awarded the RPM Plus cooperative agreement, the follow-on to the Rational Pharmaceutical Management Project. The RPM Plus current ceiling increase is US\$162,035,912 as a result of receiving a 3 year extension and ceiling increase in September 2003 and a subsequent ceiling increase in June 2005. As of September 30, 2005, MSH was obligated US\$101,070,703 of FY 2000, 2001, 2002, 2003, 2004, 2005, and an additional US\$19,575,450 of FY2005 funding directed for project year 6 activities. The cumulative obligation for RPM Plus currently stands at US\$120,646,153.

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

The Fiscal Data chart shows the Year 1, Year 2, Year 3, Year 4, Year 5 and Year 6 obligations for RPM Plus, in addition to the cumulative to-date (October 1, 2000, to September 30, 2005) expenditures of US\$82,721,574 by funding source.

The RPM Plus cooperative agreement stipulates that MSH should cost-share an amount not less than US\$21,000,000 over the life of the program. As of September 30, 2005, RPM Plus has surpassed this cost-share requirement, generating US\$23,019,187 in non-Federal funding, 110% of the calculated minimum amount, within the technical scope.

**Rational Pharmaceutical Management Program Plus  
Fiscal Data; Close of Project Year 6, Quarter 1  
HRN-A-00-00-00016-00**

Funding Source	Funding Type	Cumulative Obligated 31-Dec-05	Q1 Expenditures Oct-Dec 2005	Grand Total Spent 31-Dec-05
<b>Core</b>				
SO1: POP		\$250,000	\$ -	\$ -
SO2: Maternal Health	Core	\$1,639,290	\$ 41,313	\$ 1,106,972
SO3: Child Survival	Core	\$3,191,820	\$ 125,613	\$ 2,266,185
SO4: HIV/AIDS	Core	\$4,150,000	\$ 114,506	\$ 3,426,874
SO4: Cote D'Ivoire	Core	\$200,000	\$ 24	\$ 204,732
SO5: ID/AMR	Core	\$7,308,562	\$ 272,955	\$ 4,866,657
SO5: Malaria	Core	\$1,567,000	\$ 120,086	\$ 1,041,794
SO5: Malaria/MAC	Core	\$5,175,000	\$ 297,807	\$ 2,850,920
SO5: ID/TB	Core	\$6,148,333	\$ 337,224	\$ 4,648,219
SO6: Common Agenda	Core	\$6,026,538	\$ 199,589	\$ 4,962,971
Mainstreaming	Core	\$62,510	\$ -	\$ -
		\$35,719,053	\$ 1,509,116	\$ 25,375,324
<b>Bureau/Field Support Funds</b>				
LAC/SPO-PMTCT	FS	\$1,200,000	\$ 86,015	\$ 957,011
Africa Bureau/Child Survival	FS	\$800,000	\$ 41,180	\$ 694,076
Africa Bureau/Malaria	FS	\$300,000	\$ -	\$ 284,585
Africa Bureau/HIV-RLI	FS	\$490,000	\$ -	\$ 500,347
Africa Bureau/TB	FS	\$370,000	\$ 32,204	\$ 43,322
SO1: POP-RLI	FS	\$350,000	\$ -	\$ 259,697
	IDX FS	\$1,690,000	\$ 117,155	\$ 1,279,982
	HIV FS	\$0	\$ 36	\$ 36
	MAL FS	\$50,000	\$ 9,814	\$ 61,367
	TB FS	\$0	\$ -	\$ -
<i>Asia/Near East Bureau Total</i>	FS	\$1,740,000	\$ 127,004	\$ 1,341,385
Regional Development Mission	FS	\$1,380,000	\$ -	\$ -
G/PHN NGOs	FS	\$50,000	\$ -	\$ 43,908
E and E Bureau	FS	\$1,515,000	\$ 36,262	\$ 1,115,586
	Moldova FS			
	Romania FS			
REDSO/RLI	FS	\$2,300,000	\$ 93,525	\$ 2,119,592
REDSO/HIV	FS	\$550,000	\$ 52,918	\$ 462,241
West Africa Regional (WARP)	FS	\$590,000	\$ 22,370	\$ 164,659
WARP-Cote D'Ivoire	FS	\$500,000	\$ 102,575	\$ 166,400
LAC Bureau/ID	FS	\$2,896,571	\$ 84,428	\$ 1,752,636
		\$15,031,571	\$ 678,483	\$ 9,905,444
<b>Regional Mission Funds</b>				
<b>MAC</b>				
	REDSO FS	\$300,000	\$ 76,607	\$ 169,014
Democratic Rep. Of Congo	FS	\$310,000	\$ 43,017	\$ 176,193
	Ghana FS	\$425,000	\$ 20,591	\$ 248,750
	Kenya FS	\$334,500	\$ 52,359	\$ 186,158
Madagascar	FS	\$325,000	\$ 13,232	\$ 86,339

**RPM Plus Activities and Products Status Report**

Funding Source		Funding Type	Cumulative Obligated 31-Dec-05	Q1 Expenditures Oct-Dec 2005	Grand Total Spent 31-Dec-05
	Mali	FS	\$225,000	\$ 14,820	\$ 44,016
	Nigeria	FS	\$100,000	\$ -	\$ 101,419
	Rwanda	FS	\$25,000	\$ -	\$ 16,610
	Senegal	MAARD	\$100,000	\$ -	\$ 102,647
	Sudan	FS	\$400,000		
	WARP	FS	\$230,000	\$ 7,966	\$ 191,807
	<i>MAC Regional Total</i>		<i>\$2,774,500</i>	<i>\$ 228,592</i>	<i>\$ 1,322,952</i>
	Albania	FS	\$400,000	\$ -	\$ 268,747
	Armenia	FS	\$500,000	\$ 79,509	\$ 167,433
	Central Asia Regional	FS	\$100,000	\$ 1,957	\$ 84,324
	Kazakhstan	FS	\$50,000	\$ -	\$ 53,622
	Kyrgystan	FS	\$100,000	\$ 3,441	\$ 75,781
	Moldova	FS	\$275,000	\$ 5,045	\$ 97,867
	Romania	FS	\$150,000	\$ 2,035	\$ 137,780
	Tajikistan	FS	\$50,000	\$ 3,441	\$ 29,453
	Turkmenistan	FS	\$91,208	\$ -	\$ 81,549
	Uzbekistan	FS	\$308,792	\$ 19,744	\$ 268,196
	Brazil	FS	\$1,398,000	\$ 132,179	\$ 990,922
	Dominican Republic	MAARD	\$403,389	\$ 28,308	\$ 258,473
	Haiti	FS	\$600,000	\$ -	\$ 530,987
	Haiti PEPFAR 1.5	FS	\$1,000,000	\$ -	\$ 1,282,386
	Haiti PEPFAR 2.0	FS	\$1,950,000	\$ 109,511	\$ 1,239,200
	Haiti-PEPFAR COP-5	FS	\$3,750,000	\$ (1,032)	\$ 2,726,787
	<i>Haiti Total</i>	<i>FS</i>	<i>\$ 7,300,000</i>	<i>\$ 108,479</i>	<i>\$ 5,779,360</i>
	Honduras Mission	FS	\$80,000	\$ -	\$ 48,762
	Nicaragua	FS	\$734,581	\$ 55,818	\$ 590,224
	Peru Mission	FS	\$100,000	\$ -	\$ 107,017
	Bangladesh Mission	FS	\$100,000	\$ -	\$ 65,235
	Cambodia	FS	\$400,000	\$ 30,679	\$ 214,674
	India	FS	\$276,000	\$ -	\$ -
	Nepal	FS	\$713,000	\$ 32	\$ 702,210
	Vietnam PEPFAR	FS	\$1,000,000	\$ 334,701	\$ 822,527
	Vietnam COP5	FS	\$2,847,000	\$ 808,204	\$ 1,601,053
	<i>Vietnam Total</i>	<i>FS</i>	<i>\$ 3,847,000</i>	<i>\$ 1,142,905</i>	<i>\$ 2,423,580</i>
	Benin	MAARD	\$50,000	\$ 23	\$ 36,479
	Benin-Malaria	MAARD	\$30,000	\$ 34,778	\$ 34,778
	<i>Benin Total</i>	<i>MAARD</i>	<i>\$ 80,000</i>	<i>\$ 34,801</i>	<i>\$ 71,257</i>
	Ethiopia	FS	\$500,000	\$ -	\$ 502,098
	Ethiopia PEPFAR 1.5	FS	\$3,000,000	\$ 361,905	\$ 2,396,157
	Ethiopia PEPFAR 2.0	FS	\$3,000,000	\$ -	\$ 3,251,594
	Ethiopia COP5	FS	\$22,300,000	\$ 3,646,579	\$ 11,775,112
	<i>Ethiopia Total</i>	<i>FS</i>	<i>\$ 28,800,000</i>	<i>\$ 4,008,484</i>	<i>\$ 17,924,960</i>
	Kenya	FS	\$0	\$ -	\$ -
	Kenya PEPFAR 1.5	FS	\$1,737,000	\$ -	\$ 1,711,329
	Kenya COP5	FS	\$1,594,850	\$ 395,060	\$ 977,869
	<i>Kenya Total</i>	<i>FS</i>	<i>\$ 3,331,850</i>	<i>\$ 395,060</i>	<i>\$ 2,689,198</i>
	Namibia	FS	\$550,000	\$ -	\$ 546,798

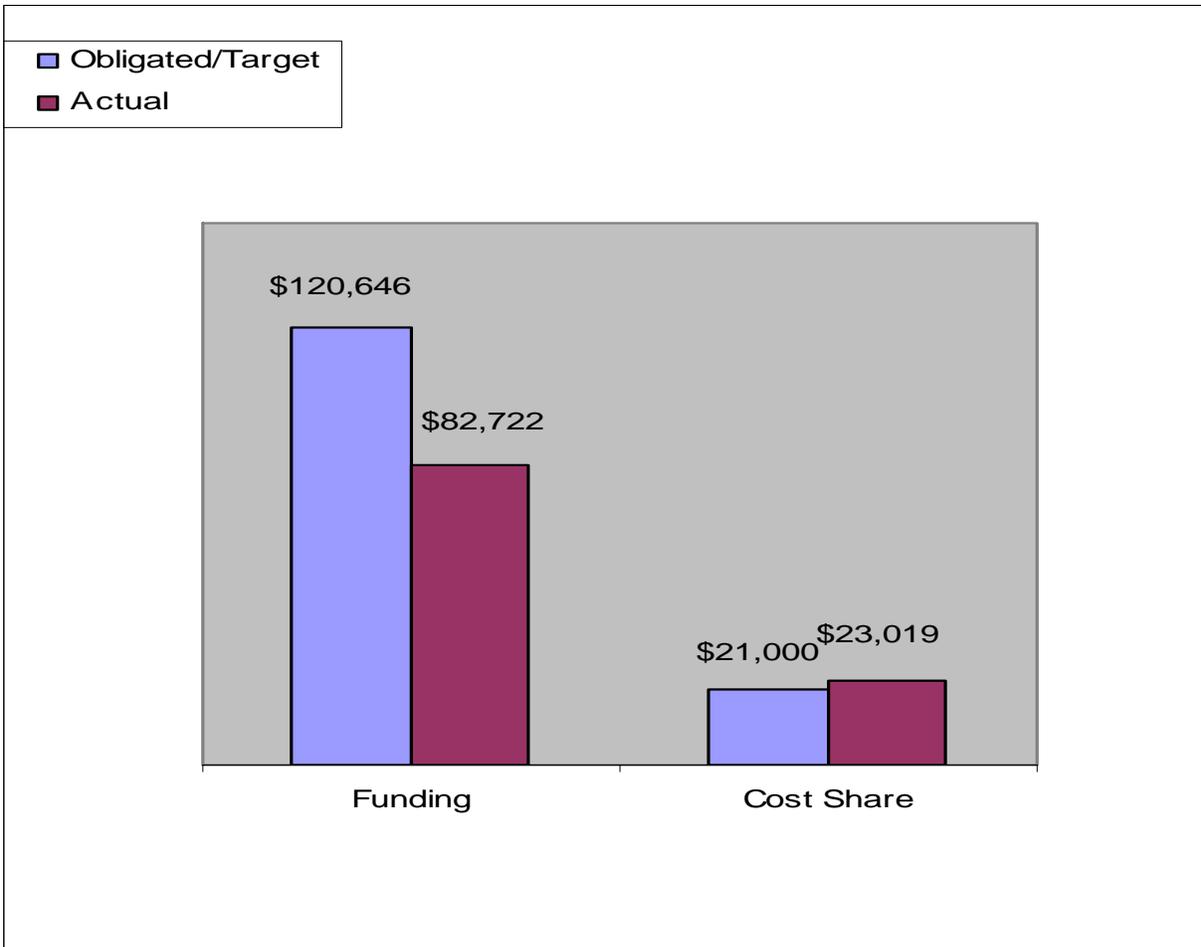
*RPM Plus Activities and Products Status Report*

<b>Funding Source</b>	<b>Funding Type</b>	<b>Cumulative Obligated 31-Dec-05</b>	<b>Q1 Expenditures Oct-Dec 2005</b>	<b>Grand Total Spent 31-Dec-05</b>
Namibia PEPFAR 1.5	FS	\$285,000	\$ -	\$ 339,504
Namibia PEPFAR 2.0	FS	\$1,177,000	\$ -	\$ 1,289,748
Namibia COP5	FS	\$1,742,100	\$ 447,510	\$ 1,503,061
<i>Namibia Total</i>	<i>FS</i>	<i>\$ 3,754,100</i>	<i>\$ 447,510</i>	<i>\$ 3,679,111</i>
Rwanda	FS	\$650,000	\$ -	\$ 670,425
Rwanda PEPFAR 1.5	FS	\$950,000	\$ 25,560	\$ 872,349
Rwanda PEPFAR 2.0	FS	\$665,000	\$ 99,285	\$ 718,710
Rwanda COP5	FS	\$1,938,109	\$ 338,866	\$ 355,551
<i>Rwanda Total</i>	<i>FS</i>	<i>\$ 4,203,109</i>	<i>\$ 463,711</i>	<i>\$ 2,617,035</i>
Senegal	MAARD	\$450,000	\$ 24,839	\$ 303,517
South Africa	FS	\$1,000,000	\$ (3,712)	\$ 2,149,964
South Africa PEPFAR 1.5	FS	\$1,400,000	\$ -	\$ 326,279
South Africa COP5	FS	\$2,550,000	\$ 403,703	\$ 682,486
<i>South Africa Total</i>	<i>FS</i>	<i>\$ 4,950,000</i>	<i>\$ 399,991</i>	<i>\$ 3,158,729</i>
Tanzania	FS	\$1,150,000	\$ 150,022	\$ 347,720
Zambia	FS	\$2,175,000	\$ 203,416	\$ 1,955,671
Zambia PEPFAR 1.5	FS	\$850,000	\$ 27,123	\$ 925,446
<i>Zambia Total</i>	<i>FS</i>	<i>\$ 3,025,000</i>	<i>\$ 230,539</i>	<i>\$ 2,881,118</i>
		\$ 69,895,529	\$ 7,997,120	\$ 47,440,806
<b>Total</b>		<b>\$ 120,646,153</b>	<b>\$ 10,184,719</b>	<b>\$ 82,721,574</b>

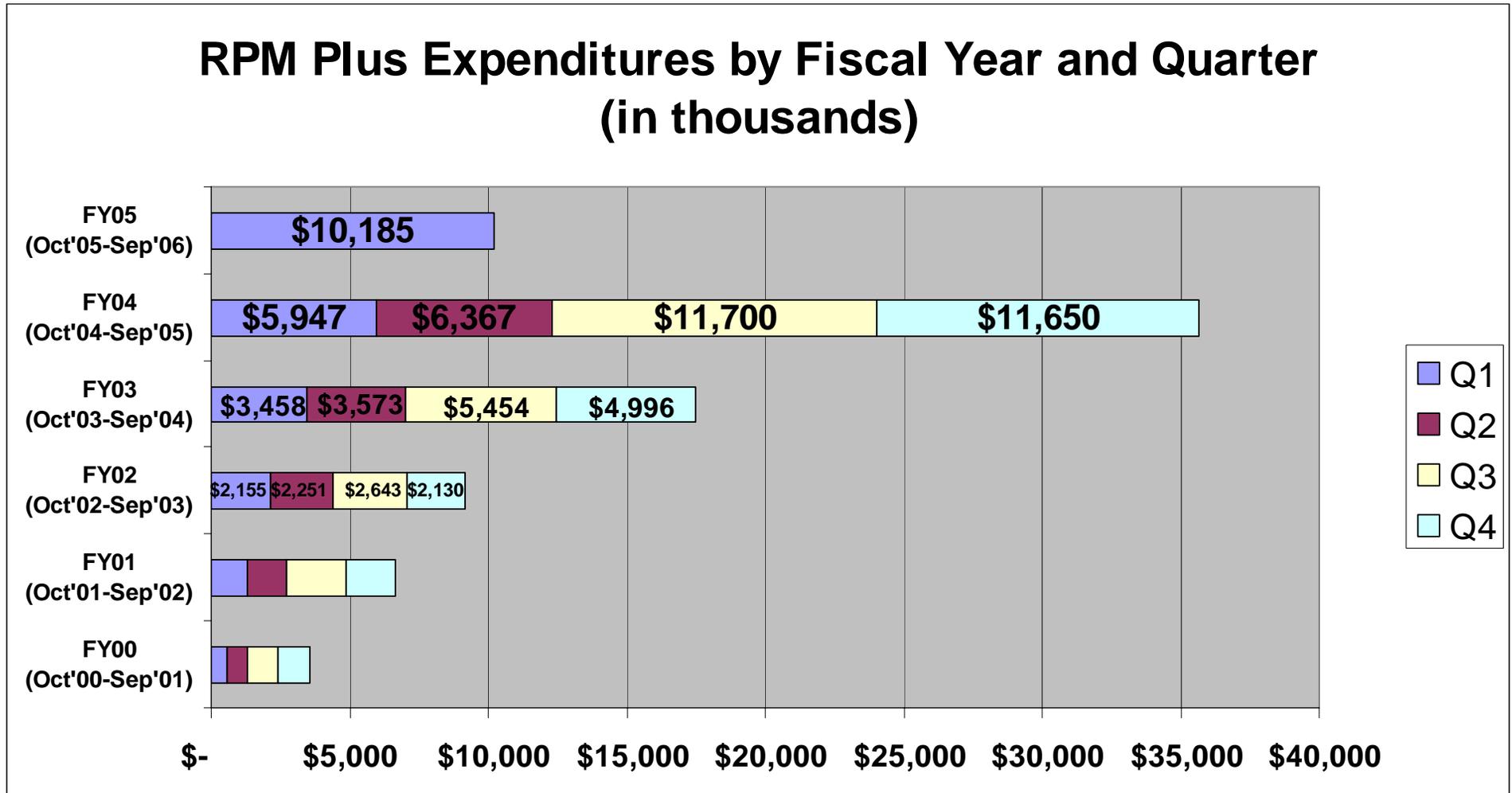
## Rational Pharmaceutical Management Plus Financial Status Overview

### Cumulative Expenditure activity through December 31, 2005

Total Funding Received to date:	\$120,646,153
Total Amount Spent to date:	\$82,721,574
Pipeline:	\$37,924,579
Percent of Funds Spent:	68.57%
Cost-Share Earned to Date:	\$23,019,187
Target Cost-Share Amount:	\$21,000,000
Percent of Cost-Share Realized:	100%+



**Rational Pharmaceutical Management Plus Program  
Expenditures through December 31, 2005**



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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Maternal Health **Year** 04**Activity Title** Collaborate with partners to analyze STGs for AMSTL and PPH and explore**Activity Manager** Ndyanabangi, Bannet **Activity #** 2 **Task:** A1WW04RPH **Sub-Task:** 60BXH2**Activity Description** One of the intermediate results (IR) for this project is to increase the use of AMSTL for the prevention of PPH. In order to support this IR, and to support this PPH prevention initiative, RPM Plus proposes to do an assessment of the feasibility of undertaking a pooled procurement of the uterotonic(s) of choice for these 18 countries in the region.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

Finalized tools for national level data collection examining STGs and policies in support of AMTSL. Contracted consultant to complete the study. Data collection initiated in November.

**Last Updated:** 04/18/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Maternal Health**Year** 04**Activity Title** Adapt Survey tools to be used by sub grantees under the POPPHI framework**Activity Manager** Thomas, Suzanne**Activity #** 3**Task:** A1WW04RPH**Sub-Task:** 60CXH3

**Activity Description** In Project year 2, RPM Plus assisted in the development and administration of surveys in the four SO2 targeted countries of Benin, Ethiopia, Mali and Zambia. The surveys collected information to assess current drug management practice and the capacity to appropriately manage uterotonics for AMSTL. These large national surveys, while useful, are too cumbersome to be useful to local professional associations. RPM Plus will adapt these so that they can be quickly administered locally, and will focus on the use aspect of the drug management cycle. These will be used by subgrantees under the POPPHI framework. RPM plus will support the subgrantees as appropriate in carrying out the surveys and dissemination of the findings to policy makers. The REDSO Regional Office has expressed an interest in supporting the expansion of the use of AMSTL, and may find these instruments useful as well.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Prepared proposal for a costing tool for Uterotonics and drafted a Scope of Work. But in reviewing the activity it became apparent that it would be difficult to account for all variables if the tool were to actually compare cost effectiveness. If the tool would simple provide a cost analysis of materials - there were already several tools in use that could be used for this purpose. As a result - RPM Plus may not go forward with this activity.				

**Last Updated:** 04/18/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	RPM Plus has reviewed comments and the district DMCI and DMCI are awaiting final revisions.		RPM Plus will incorporate the comments received and finalize the revisions to the D-DMCI and DMCI tools.		

**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Child Survival **Year** 01**Activity Title** Produce a DMCI training materials package.**Activity Manager** Derosena, Michael**Activity #** 3**Task:** A1WW01CHS**Sub-Task:** 60F6E3**Activity Description** RPM Plus will design a curriculum and produce a package of materials to guide the training of data collectors and to facilitate the role of the trainer. The materials will enhance the continuity and sustainability of the application of DMCI.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	RPM Plus is awaiting final revision to the DMCI tool before producing a draft curriculum package.		RPM Plus will draft a curriculum package and incorporate any revisions made to the DMCI tool.		

**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Child Survival**Year** 03**Activity Title** Developing interventions guide to improve child survival drug management at community level**Activity Manager** Briggs, Jane**Activity #** 3**Task:** A1WW03CHS**Sub-Task:** 60F6K3**Activity Description** A guide to interventions is being developed in order to orient district managers as well as policy makers, in the selection and development of interventions to improve availability and use of medicines in the community.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	During this quarter, several steps were taken in advancing the interventions guide to a final product. RPM Plus forwarded inputs and comments to collaborating partner Dennis Ross-Degnan at Harvard University. A meeting and several discussions were held with Harvard to develop a timeframe and action plan for accelerating the process of revisions.		RPM Plus has begun initial investigation into finding a suitable country to pilot the interventions guide once it is completed. Malawi was one possibility, especially since a C-DMCI survey has been planned. But upon further discussions with Malawi, it appears that the C-DMCI may be postponed. RPM Plus will continue to investigate appropriate sites to pilot the guide.		

**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Child Survival**Year** 03**Activity Title** Provide TA to use RPM Plus tools to improve drug management in support of child health**Activity Manager** Briggs, Jane**Activity #** 4**Task:** A1WW03CHS**Sub-Task:** 60F6A4

**Activity Description** The range of DMCI tools is available for Ministries of Health and district managers, as well as organizations to use to identify the strengths and weakness in drug management as well as to develop interventions. RPM Plus will provide tools and guides as well as technical assistance in their application to countries or organizations. Requests may come from USAID Missions, World Bank, PVOs, partner CAs or even from other RPM Plus portfolios such as in support of PMTCT activities. RPM Plus will support assessment activities as well as the development and the monitoring of interventions.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	This quarter discussions have continued for planning any potential TA that will be needed in upcoming months with RPM Plus partners.		RPM Plus will continue to follow up with partners to provide TA for the application of RPM Plus tools. This includes participating in the planning and implementation of the provider survey of C-DMCI in Rwanda to assess the use and availability of cotrimoxazole at the community level. RPM Plus will also continue to follow up with Malawi on the progress of the anticipated C-DMCI survey.		

**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Child Survival**Year** 03**Activity Title** Dissemination of tools**Activity Manager** Briggs, Jane**Activity #** 5**Task:** A1WW03CHS**Sub-Task:** 60G2D5

**Activity Description** Translate the C-DMCI tool into French to increase its potential use in French-speaking countries. Disseminate all the tools, as well as assessment results, through meetings and networks. Use the RPM Plus website to post reports of assessments and descriptions of the tools with contact information from which to obtain CD ROMs of the tools. Start to adapt the existing DMCI analysis software package from EPI-info into Access, which is easier to use and more readily available and will also include capabilities to analyze the C-DMCI survey data.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	In coordination with the international Rx for Survival campaign, RPM Plus posted on the internet updated informational child survival web pages that provide an overview of the significance of child survival issues and projects to the general public. Progress was also made in finalizing the software package and user manual for the C-DMCI tool. Expectations and action steps were discussed with the consultant responsible for the software and user manual. In collaboration with AED, RPM Plus contributed materials focused on child survival to a tool kit that was presented and used during the AED sponsored forum "Engaging the private sector for child health" held from Nov 30 to Dec 2, 2005 in Kampala, Uganda.		RPM Plus will coordinate with the responsible consultant to finalize the software and user manual for C-DMCI analysis. This will facilitate in-country analysis and processing of assessment results.		

**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Child Survival**Year** 03**Activity Title** Collaborate with BASICS II to implement drug management interventions**Activity Manager** Briggs, Jane**Activity #** 6**Task:** A1WW03CHS**Sub-Task:** 60F6H6**Activity Description** RPM Plus will continue to offer technical assistance to BASICS II in the implementation and evaluation of community-based distribution of antibiotics for the treatment of pneumonia for example in Senegal and Benin.

RPM Plus and BASICS II will finalize, produce and disseminate a "how to-manual" to improve drug and commodities availability and use for child survival.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	The budget line for this activity has been closed. Further progress of this collaboration will be combined with "Technical assistance in the community treatment of pneumonia" (budget line A1 WW04CHS 60EXH5).		RPM Plus will continue to collaborate with BASICS on several important projects. In collaboration with BASICS and USAID, RPM Plus will follow up on the roll out of ARI community management in Senegal. A final draft of the action guide will be completed and published by RPM Plus. Follow up with BASICS will continue on progress of the C-DMCI survey in DRC.		

**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Child Survival**Year** 03**Activity Title** Implement community drug management interventions in the LAC region**Activity Manager** Briggs, Jane**Activity #** 7 **Task:** A1WW03CHS **Sub-Task:** 60F6H7

**Activity Description** RPM Plus will follow up on the C-DMCI assessment conducted in Peru in 2003 with a strategy planning workshop to assist program planners in the country to select and develop appropriate interventions to improve community drug management for childhood illnesses. After the selection of appropriate interventions, RPM Plus will continue to work with partners in country and provide technical assistance to guide the development, planning and implementation of the interventions, through, for example, the provision of training materials and sharing of tools and experiences from other countries.

RPM Plus has been requested by PAHO to provide technical assistance to their program of PMTCT/IMCI integrated activities in Latin America. In collaboration with PAHO, specific activities will be determined from these proposals and technical assistance provided by RPM Plus where necessary.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	This quarter, revisions continue on the English translation of the Peru C-DMCI report.		RPM Plus will complete the English translation of the Peru C-DMCI report and disseminate to partners and stakeholders, where appropriate (the Spanish version has already been disseminated).		

**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Child Survival**Year** 03**Activity Title** Collaborate and share information with other global organizations working in child health**Activity Manager** Briggs, Jane**Activity #** 8**Task:** A1WW03CHS**Sub-Task:** 60F6H8

**Activity Description** RPM Plus will identify areas where its expertise is needed and collaborate with other organizations to provide technical assistance in drug management for child health. Through attending group meetings of USAID and other bodies, presenting at conferences and interaction with networks, such as the CORE group of PVOs working in Child Survival and other information-exchange forums both in the US and abroad, and producing information sheets, RPM Plus will brief other organizations on its activities in the field of drug management and child survival and disseminate its reports, tools and experiences as well as ensure that drug management is on the global child health agenda.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

This activity line has been closed as the funds have been reprogrammed into work on a commodity tracking tool. Starting this quarter all activities will be reported under the new activity "Development of the Commodity Tracking Tool for Child Survival" (budget line A1 WW03CHS 60CXJ0).

All activity is reported under the new activity "Development of the Commodity Tracking Tool for Child Survival" (budget line A1 WW03CHS 60CXJ0).

**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Child Survival**Year** 03**Activity Title** Development of the Commodity Tracking Tool for child survival**Activity Manager** Briggs, Jane**Activity #** 10**Task:** A1WW03CHS**Sub-Task:** 60CXJO

**Activity Description** The PMNCH commissioned three pieces of work through a group of researchers, coordinated by the BASICS project; a child health sub analysis of National Health Accounts, an analysis of multi-lateral and bilateral donor funding allocated to child health programs and an analysis of expenditure on procurement of child health commodities. RPM Plus was requested to conduct the research on national expenditures on procurement of child health commodities. A previously-developed, web based commodity tracking tool was used to enter the data and conduct analyses. Two pilot countries, Kenya and Cambodia, were selected on a basis of convenience, to test the feasibility of the method.

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

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**Workplan:** Child Survival**Year** 03**Activity Title** Development of the Commodity Tracking Tool for child survival**Project  
Year 6 Q1**

During this quarter, RPM Plus worked extensively on the tracking of expenditure on national procurements of tracer child survival commodities. Consultants were hired to conduct data collection in Cambodia and Kenya, which was completed in November 2005. The data on the expenditure on procurement of child health commodities was then sent to RPM Plus DC office for input and analysis using a web-based tool. A presentation on the methodology and results from the commodity tracking tool was prepared and presented to a team of collaborating researchers from WHO, PHR Plus, and the London School of Hygiene and Tropical Medicine, coordinated by BASICS, in London prior to the Countdown to Child Survival meeting held in London, Dec 12-14, 2005. A draft report summarizing the commodity tracking tool work was also submitted to the team of researchers. Two RPM Plus staff attended the research group meetings and the child survival conference in London. Summary slides of the RPM Plus work were prepared for inclusion in the overall presentation made to the conference by Anne Mills summarizing results on the monitoring of financial flows for child health at global and country levels with input from WHO, BASICS, the London School of Hygiene and Tropical Medicine, PHR Plus, USAID and RPM Plus. RPM Plus provided input for the recommendations that resulted from the multiple projects and discussions on resource tracking by researchers. The recommendations on further work were submitted to the Partnership for Maternal, Newborn and Child Health (PMNCH).

RPM Plus will finalize and disseminate the report on the commodity tracking for child survival in Cambodia and Kenya. Discussions will continue with USAID on possible funding sources for completing the recommendations to the PMNCH to continue working on the commodity tracking tool.

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Child Survival**Year** 03**Activity Title** Development of the Commodity Tracking Tool for child survival**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Child Survival **Year** 04**Activity Title** Technical activity coordination and monitoring**Activity Manager** Briggs, Jane**Activity #** 1 **Task:** A1WW04CHS **Sub-Task:** 97XXY1**Activity Description** n/a

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	During this quarter, RPM Plus completed the portfolio review for SO3/FY04 and began preparation for the anticipated SO3 audit.		RPM Plus is awaiting further instructions by USAID on the SO3 audit and upon receipt of the instructions will complete the tasks necessary for the audit.		

**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Child Survival**Year** 04**Activity Title** Technical assistance to USAID, UNICEF and other partners for the roll out of Zinc treatment for diarrhea.**Activity Manager** Briggs, Jane**Activity #** 2**Task:** A1WW04CHS**Sub-Task:** 60CXH2**Activity Description** Promote the roll-out of zinc treatment for diarrhea in public and private facilities of specific countries.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	During this quarter, several important developments were made in advancing the global agenda towards implementing zinc treatment for diarrhea. RPM Plus completed a detailed revision of the WHO zinc implementation guidelines with special attention given to supply management and how to put policy into practice. These revisions were presented to WHO, USAID and involved CAs for comment. Following the participation of RPM Plus on the Madagascar zinc assessment last quarter, there has been continued contribution to the Madagascar zinc assessment report as well as to the forecasting demand and quantification components. A meeting was held with Zinc task force consultants involved with conducting a mapping of zinc activities to discuss possible collaboration. RPM Plus attended a CAs meeting at BASICS requested by USAID to brief CAs on the zinc task force and to facilitate coordination of CA activities. During the meeting, RPM Plus presented the zinc guidelines and contributed to the presentation on the Madagascar assessment.		RPM Plus will revise the zinc guidelines in line with comments received and send the revised version to WHO. Additional steps will be determined upon completion of the final report from the Madagascar assessment and a decision on the role of RPM Plus in developing zinc job aids.		

**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Child Survival **Year** 04**Activity Title** Implement private sector initiatives in Tanzania.**Activity Manager** Briggs, Jane **Activity #** 3 **Task:** A1WW04CHS **Sub-Task:** 60AXH3**Activity Description** To improve access to child health medicines in intervention areas through community mobilization and improved service delivery through the private sector.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<p>RPM Plus has participated in several activities to facilitate approval of the ADDO child health package by the MoH. The program design of the child health component of the ADDO training module was presented to the MOH management committee, resulting in additional questions about the program. Dr. Mbwasi from the RPM Plus Tanzania office is facilitating necessary revisions in line with MoH comments. Discussions were held with the TFDA for suggestions on getting timely MoH approval. Dr. Mbwasi and the TFDA director will meet with stakeholders in the MoH separately to advocate for their support. Discussions began with BASICS on their role in the activity on the baseline, formative research and the community component. To strengthen the RPM Plus Tanzania team, a Senior Program Associate to coordinate the child health activities, has been hired and will start in the upcoming quarter and additionally a local communications expert was hired who will work on RPM Plus activities (including the child health activity) at 40%; input was given into her job description. The general ADDO training module has been reviewed so that progress can be made on revising and shortening the module.</p>		<p>RPM Plus is waiting for the final MoH approval of the revised program design so that the child survival component of the ADDO training can be implemented. In preparation for MoH approval, the training manual will be developed, in coordination with development of a baseline survey and a supervision mechanism. RPM Plus will finalize the systematic review of private sector interventions and complete the evaluation of the SHEF franchising intervention. The Senior Program Associate (Child Health coordinator) is expected to start in January 2006.</p>		

**Last Updated:** 01/23/2006



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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Child Survival**Year** 04**Activity Title** Technical assistance in the community treatment of pneumonia**Activity Manager** Briggs, Jane**Activity #** 5**Task:** A1WW04CHS**Sub-Task:** 60EXH5**Activity Description** Promote availability and appropriate use of medicines required for treatment of pneumonia at community level.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	During the quarter, RPM Plus prepared for a C-DMCI assessment as a baseline evaluation for CCM activities in DRC. As part of the preparation for the C-DMCI assessment a protocol was written which included a detailed budget. Questionnaires were adapted to the local settings. A consultant was hired to oversee the data collection and analysis and data collection began in one zone.		RPM Plus will finalize data collection and analysis of the C-DMCI assessment in DRC. In addition, RPM Plus will contribute to the CORE group CCM essentials guide. A final draft of the action guide will be completed and the final version will be published and disseminated by RPM Plus. Discussion will continue with USAID on CCM ARI activities in Benin and Ethiopia.		

**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Child Survival**Year** 04**Activity Title** Global advocacy for pharmaceutical management in child survival programs**Activity Manager** Briggs, Jane**Activity #** 6**Task:** A1WW04CHS**Sub-Task:** 60GXD6**Activity Description** Promote pharmaceutical management for child health as an item on international agendas.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	During this quarter, RPM Plus met with Ethiopian contacts to see how Ethiopia's commodities driven program works and to determine if this is a model to try and replicate elsewhere. In Ethiopia, donors contribute to a basket of funds set aside for drug procurement. Although this assures the funds and therefore availability of drugs at a national level, the distribution of the drugs is not covered by these funds and so availability at peripheral levels is not assured. RPM Plus prepared documents providing information on community drug management for participants of the symposium on community treatment of ARI and malaria at the International MIM conference in November 2005 in Yaounde, Cameroon.		RPM Plus will brief USAID on the commodities driven program in Ethiopia and develop future steps together. In addition, RPM Plus will explore their role in the newly established Partnership for Maternal, Newborn and Child Health (PMNCH).		

**Last Updated:** 01/23/2006



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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Child Survival **Year** 05**Activity Title** Technical activity coordination and monitoring**Activity Manager** Briggs, Jane **Activity #** 1 **Task:** A1WW05CHS **Sub-Task:** 97XXY1**Activity Description** This activity includes technical activity coordination, workplan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	During this quarter, several important documents were completed including the SO3 proposal for FY 06 and the workplan for FY 05. RPM Plus also contributed input to the USAID S03 results pathway. A program associate was also hired and will start in January 2006.		RPM Plus will continue to prepare for the SO3 audit, but is awaiting further instructions from USAID.		

**Last Updated:** 01/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** HIV/AIDS**Year** 04**Activity Title** Development of Enhancers and Monitoring Tools to promote patient adherence to ART**Activity Manager** Witt, Hella**Activity #** 5 **Task:** A1WW04HIV **Sub-Task:** 60EXH4

**Activity Description** During previous program years, RPM Plus, in collaboration with Stop TB/WHO and the World Bank used SO5 FY03 funding to develop and field-test a motivations mapping tool which helps stakeholders in tuberculosis control identify key obstacles to optimal patient and provider performance and to determine possible interventions to improve program performance. This tool has been used with TB control stakeholders National Tuberculosis Program (NTP) staff at national, regional and district levels) in three countries: China, Uganda and Tanzania and is presently being finalized. Using FY05 funding, RPM Plus proposes to adapt this tool for HIV/AIDS treatment programs, to assist program planners and implementers to identify and develop interventions to address patient-specific issues such as barriers to coming forward for testing and/or barriers to adherence to treatment. The tool will be field-tested using FY05 funding, in one (most likely African) country.

The adherence activities supported by the SO4 portfolio will complement and synergize with other adherence activities being proposed under the AMR portfolio using FY05 funding. Activities under both portfolios will contribute to the ultimate goal of developing a "menu" of possible intervention options to improve adherence in developing country settings, which w

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	The testing of the mapping tool will require an effective adherence monitoring system being in place. It was therefore decided to prioritize the assessment of adherence monitoring practice in countries with interest in promoting adherence to ART. The SO4 portfolio teamed up with INRUD partners for the implementation of the adherence survey in East African countries. The questionnaires were adapted to satisfy INRUD needs and sent for review to Uganda Tanzania, Kenya, Ethiopia and Rwanda.		The questionnaires will be finalized and the survey conducted in five East African countries.		

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** HIV/AIDS**Year** 04**Activity Title** Review Literature and Develop paper for HIV/TB Commodities Integration**Activity Manager** Witt, Hella**Activity #** 6**Task:** A1WW04HIV**Sub-Task:** 60F3G6

**Activity Description** The activity will investigate the process made to date in pharmaceutical management related to TB/HIV collaboration and develop consensus on the critical issues and activities needed to strengthen the collaboration. The issue of strengthening collaboration between the programs will be addressed in a study conducted by RPM Plus TB and HIV teams with funding from the SO4 and SO5 FY04 portfolio. A desk review will be conducted to determine the status of policies, guidelines, and programs of HIV/AIDS TB collaboration in management of pharmaceuticals and other health commodities in different countries. The report will also document models of promising practices for dissemination as case studies.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	During this quarter, RPM Plus conducted key stake holder interviews in Uganda using the questionnaire developed for TB/HIV collaboration in pharmaceutical management. The interviews were conducted to determine the process of TB/HIV collaboration in pharmaceutical management at central level and to collect information needed to plan for the second assessment phase involving visits to implementation sites.		The assessment report of phase one from Uganda shall be reviewed and the interview guide for phase two updated accordingly. Contacts with other target countries need to be established.		

**Last Updated:** 02/01/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** HIV/AIDS**Year** 04**Activity Title** Review of Procurement of HIV/AIDS Related Commodities under the President's Emergency Plan for AIDS Relief**Activity Manager** McCollum, Jennifer**Activity #** 7 **Task:** A1WW04HIV **Sub-Task:** 60F8H7

**Activity Description** During 2003/2004, RPM Plus developed a database to serve as a repository to catalogue HIV/AIDS pharmaceuticals being provided to targeted countries. The database needs to be tested with real procurement data from the field. RPM will collect data in a selected number of countries targeted through the Presidential Emergency Plan, catalogue it and analyze it. This will enable RPM Plus to provide feedback to USAID to support their decision making process. The outcome of this activity will provide a test case for including HIV/AIDS commodities being provided to target countries by other major HIV/AIDS donor initiatives (i.e., the Global Fund, the World Bank, and the Clinton Foundation) to be added to the database. Reports from the system will serve to make inter-country comparisons and will serve to track commodity flow in respect to program targets.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	RPM Plus in discussions with Synergy to add additional capabilities, e.g. features to display patient years, and cooperating agencies.  Tools for introducing new users to the CTT were developed - include a presentaion and quick guide to the demo version as supplementatl to the Users Guides. Demonstration of the tool was given to Supply Chain Mgmt group for their consideration		Sending the Demo to field Mission staff for their review. Finalizing updates to the system.		

**Last Updated:** 04/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** HIV/AIDS**Year** 04**Activity Title** Develop and Disseminate Laboratory Service Training Materials for HIV/AIDS Treatment and Care**Activity Manager** Holland, Ross**Activity #** 9**Task:** A1WW04HIV**Sub-Task:** 60DXE8**Activity Description** Using FY04 RPM Plus will develop the laboratory training materials, print them and also produce a CD version.

RPM Plus will use FY04 funds to review, finalize and disseminate these materials as part of a package of HIV/AIDS laboratory training materials for service providers at the facility level. The materials will be reviewed and adapted to develop a "generic" package of a training manual and make the tools web-based and available on CDROM. RPM Plus will work with OHA to identify appropriate external reviewers, and once finalized, to identify appropriate strategies to disseminate the training materials.

This activity will begin in the second quarter of FY04 and continue throughout the year.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<p>This activity has been transferred back from codes A1 WW03HIV 60DXED and A1 WW03HIP 60DXEA.</p> <p>Drafts of the facilitator's version of the training materials have been completed and have been sent out for technical review. Reviews are expected back by mid February.</p>		<p>Based on the outcomes of the reviews the materials will be revised and forwarded to the Communications Unit for editing and formatting.</p>		

**Last Updated:** 02/22/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** HIV-PMTCT**Year** 03**Activity Title** Web HIV/AIDS Information Sharing Tool**Activity Manager** Speed, Arin**Activity #** 2**Task:** A1WW03HIP**Sub-Task:** 60CXJ4

**Activity Description** RPM Plus will develop a Web-based data repository to catalogue HIV/AIDS pharmaceuticals being provided to targeted countries. Initially, the focus will be on the 14 priority countries identified by the U.S. President's HIV/AIDS Initiative. RPM Plus also will contact the Global Fund and the World Bank to share information about pharmaceuticals procured through their respective HIV/AIDS initiatives for the 14 priority countries. RPM Plus has leveraged funds from the CPM Strategies for Enhancing Access to Medicines (SEAM) program to support this pharmaceuticals tracking activity. SEAM has purchased commercially available software (Intelligent Data Manager software) that is being adapted for this activity. The cost to the SEAM program includes unlimited licensing of the software and adaptation costs. The pharmaceuticals tracking software, coupled with CPM's extensive experience in developing and maintaining the International Drug Price Indicator Guide, which is available both in print and Web-based versions, puts RPM Plus in a good position to move quickly in developing final plans for and implementing the proposed activity. After the initial phase of work, HIV/AIDS drugs being provided to other developing countries by the major HIV/AIDS donor initiatives (i.e. the Global Fund, the World Bank, and the Clinton Foundation) will be added to the database.

**Project  
Year 6 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
Efforts continue in refining the upgraded database. Major endeavors include expansion of the map functionality to encompass a larger geographic region, development of a database dictionary and refinement of the drug lists. Incorporation of a functionality to calculate patients per year is also a work in progress. New data is continuously entered when available.	Some of the features and improvements (e.g. patient per year calculations) were not included in the original concept design which extends the initial project timeline. Additionally, holiday schedules and staff vacations inherent to this quarter (both MSH and the programming consultants) have impacted the delivery time of many requests.	Continue to enter available data and collaborate with Synergy to refine the database. Present the database to USAID for feedback.		

**Last Updated:** 02/08/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** HIV-PMTCT**Year** 03**Activity Title** Evaluate, update and web-enable Guidance Document**Activity Manager** Akhlaghi, Laila**Activity #** 9**Task:** A1WW03HIP**Sub-Task:** 60CXD9**Activity Description** The guidance document will be evaluated based on feedback from users. Review and update will take place and an interactive version will be created for the website.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	The document text has been finalized and is undergoing the first review. Work is also being carried out on the web version in collaboration with the EPG team.	None	Once the first review is completed. The activity leader will incorporate any recommendations and send it to the next reviewer		

**Last Updated:** 02/08/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** HIV-PMTCT**Year** 03**Activity Title** Develop and Disseminate Laboratory Service Training Materials for HIV/AIDS Treatment and Care**Activity Manager** Holland, Ross**Activity #** 11**Task:** A1WW03HIP**Sub-Task:** 60DXEA

**Activity Description** Using FY04 RPM Plus will develop the laboratory training materials, print them and also produce a CD version. RPM Plus will use FY04 funds to review, finalize and disseminate these materials as part of a package of HIV/AIDS laboratory training materials for service providers at the facility level. The materials will be reviewed and adapted to develop a "generic" package of a training manual and make the tools web-based and available on CDROM. RPM Plus will work with OHA to identify appropriate external reviewers, and once finalized, to identify appropriate strategies to disseminate the training materials. This activity will begin in the second quarter of FY04 and continue throughout the year.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Draft training materials have been completed and are currently out for technical review.	Funding source fully depleted.	The finalization of this activity has been transferred to A1WW04HIV 60DXE8		

**Last Updated:** 02/22/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance                      **Year** 03**Activity Title** Developing and improving regional capacity to design and implement drug use interventions (through JRIIUM)**Activity Manager** Chalker, John                                      **Activity #** 5      **Task:** A1WW03AMR      **Sub-Task:** 60EXH5**Activity Description** RPM Plus will provide e-mail assistance, and some amount of direct TA to selected groups. RPM Plus plans to fund some of the proposals, particularly those with an AMR focus.

By the end of this activity, research capacity will be enhanced, and most of the proposals will have been brought to a fundable level. Intervention research will lead to improvements in drug use.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Antimicrobial Resistance**Year** 03**Activity Title** Developing and improving regional capacity to design and implement drug use interventions (through JRUIUM)**Project  
Year 6 Q1**

Vietnam

The interventions have been extended for a further six months. The initial baseline data analysis was submitted. It was clear that they were drowning in a sea of data. The TA planned did not get approval. We arranged informal TA to put the analysis on track. The two PhD students working on this for their PhDs. Dr. Nguyen Thi Mai Hien, working on the interventions and monitoring data and Dr. Nguyen Thi Thi Minh Hieu, working on the baseline data have undertaken to send me a reanalysis of basic indicators soon. This is still awaited.

Thailand;

The evaluation is planned for the next quarter.

For the Moldova study they presented the result of the project in October 15-16, 2005 in Dublin to the Irish Centre for Continuing Pharmaceutical Education. We have no news yet of the article submitted to Health Education Research.

We also await news on the Policy Studies Phase III write ups and the Ugandan Study of caretakers identification of Pneumonia in children.

Evaluations will be undertaken in both Thailand and Vietnam for the phase II studies. TA will be needed to help with the analysis of the data.

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**Last Updated:** 04/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance**Year** 04**Activity Title** Improve Pharmaceutical Management through Training of Trainers course on Promoting Rational Drug Use**Activity Manager** Chalker, John**Activity #** 10**Task:** A1WW04AMR**Sub-Task:** 60EXM0**Activity Description** RPM Plus intends to support the training program and stage a PRDU course in Namibia in Yr 5. The course will include the TOT module. MSH/Namibia will collaborate with the AMR Portfolio and also leverage additional funding for the course.**Project  
Year 6 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
This activity is almost completed. This quarter the achievements of the Kenyan participants have been compiled. Next quarter the Namibian participant's achievements will be asked for. Some TA has been supplied by e mail to those from Namibia.	None	A one year on evaluation of what work the participants have done as a result of the Namibia course will be conducted in the next quarter.		

**Last Updated:** 04/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance                      **Year** 04**Activity Title** Develop and publish International Network for Rational Use of Drugs (INRUD) newsletter.**Activity Manager** Joshi, Mohan    **Activity #** 11    **Task:** A1WW04AMR    **Sub-Task:****Activity Description** RPM Plus will provide partial funding and collaborate with the Harvard Drug Policy Group to publish this newsletter. For this nine-month workplan, RPM Plus will publish one newsletter in the third quarter.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Antimicrobial Resistance**Year** 04**Activity Title** Develop and publish International Network for Rational Use of Drugs (INRUD) newsletter.**Project  
Year 6 Q1**

-In late August 2005 Sida finally responded with a request for a new proposal. John Chalker (with David Lee) visited Bernt Andersson and Peter Iveroth from Sida for clarification. They were both positive and clear as to what they would like to fund, which is broadly to help form national policy and scale up an intervention to national level in Africa. A new proposal has been completed and submitted.

Lack of funds

-Continue to develop INRUD groups, help create the post ICIUM agenda, form Post ICIUM plans for all INRUD groups and continue to search for funding.

-On the same trip JC attended the second meeting of the REACT group (at their and his expense). REACT is intent on forming a global network to combat AMR. As such the REACT meeting was interested in networking with the INRUD network. Subsequently I have taken part in discussions on their governance. The REACT meeting was the subject of the front page of the INRUD News.

-The web based INRUD News was posted at the end of December. This updates the activities of each of the groups.

-TA has continued to be given to groups who are undertaking consultancies.

-As a good example of a current project in Asia: The Indonesia group has spearheaded a new WHO- AusAID Collaborative Project on Monitoring, Training and Planning Intervention for improving rational use of medicines, started by a bi-regional Workshop 14-16 December 2005 in Yogyakarta, Indonesia. Indonesia pioneered the MTP methodology and acted as consultants in Cambodia and Laos. Now their objectives are to: Expand MTP

**Workplan:** Antimicrobial Resistance**Year** 04**Activity Title** Develop and publish International Network for Rational Use of Drugs (INRUD) newsletter.

implementation to private practices and private health facilities in Cambodia and Laos and Indonesia: Replicate MTP in additional countries (China, Mongolia, the Philippines and India) and Develop and implement MTP interventions among consumers.

**Last Updated:** 04/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance**Year** 04**Activity Title** Support Implementation of Research Agenda Identified by ICIUM 2004**Activity Manager** Chalker, John**Activity #** 12**Task:** A1WW04AMR**Sub-Task:** 60EXHC

**Activity Description** The research agenda recommendations generated by ICIUM 2004 will provide guidance and direction for support of further research engaged in filling knowledge gaps in methods of improving antimicrobial drug use among providers and communities in Africa, Asia and Latin America. With RPM Plus as a partner, this initiative will continue to build capacity of local groups to conduct operations research and implement interventions promoting the rational use of antimicrobials. RPM Plus will provide email assistance, and, along with other collaborators, provide technical assistance to select groups. RPM Plus will plan to fund some of the proposals, particularly those with an AMR and antimicrobial use focus.

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

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**Workplan:** Antimicrobial Resistance**Year** 04**Activity Title** Support Implementation of Research Agenda Identified by ICIUM 2004**Project  
Year 6 Q1**

-The first necessary step of this planned post ICIUM collaboration is to form a partnership and agreed agenda with ICIUM partners. Up to now this has not happened for various reasons. Each organization has had its own concerns.

None

-Start communications and make logistical arrangements for the January 2006 meeting of ICIUM partners

-Finally this quarter the need for active collaboration was realized and RPM Plus has planned for an ICIUM partners and donors meeting in DC in January 2006 to look systematically at the ICIUM policy recommendations and identified research needs and discuss current status of implementation and then to decide which recommendations should be priorities for a joint effort. We also plan on developing a methodology to stimulate country activities globally.

-At the same time a survey on adherence measuring methodology for consumption of antiretrovirals by HIV/AIDS programs in five East African countries is planned for next quarter, with a regional meeting the quarter after that (April 2006 in Kampala) to stimulate the development of feasible and reliable ARV adherence indicators and develop necessary interventions to maximize adherence. We are trying to leverage Sida funding for this activity.

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**Last Updated:** 04/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Implement a country level AMR advocacy and containment program**Activity Manager** Joshi, Mohan**Activity #** 2**Task:** A1WW05AMR**Sub-Task:** 60AXP2

**Activity Description** The Zambia pilot activity will continue with the curriculum review process initiated in the previous work plan for addressing appropriate and locally relevant AMR- and rational antimicrobial use-related topics in pre-service trainings. Based on recommendations generated during the June 2005 workshop on implementation of the National Standard Treatment Guideline (STG), the AWG plans to assist the Zambia National Formulary Committee in revising the infectious disease components of the STG and in disseminating the STGs. Opportunities will also be explored to collaborate with and complement the infection prevention and control activities initiated by JHPIEGO in Zambia. An interim formative rapid appraisal of the Zambian pilot is also planned for FY05 to inform the program on what modifications, additions, and/or deletions in the approach would be appropriate to (1) attain performance enhancement for continuation of the advocacy, coalition building, and communication strategies in Zambia, and (2) decide on the best strategies for initiation of the approach in the second country. RPM Plus will collaborate with Links Media for this rapid appraisal and also for strengthening advocacy and strategic communications in the second country. Using the lessons learned from the Zambian pilot, the country level AMR advocacy and containment approach will also be initiated in a second country. The plan is to complete an initial assessment, identification of a local core champion group to catalyze the advocacy and coalition building process leading to a large AMR stakeholders' meeting during the first quarter of 2006. As partner, APUA will continue to collaborate to strengthen the APUA Country Chapter and its activities. Work towards further revision and finalization of the "workbook" will also be intensified. Attempts will be made to document and disseminate the work through international conferences and publications.

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

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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Implement a country level AMR advocacy and containment program**Project  
Year 6 Q1**

- Contracts with local consultants to review undergraduate medical, nursing and pharmacy curriculum finalized. Consultants started their work.

- Contract with Links Media finalized to carry out rapid interim appraisal and discussion with local stakeholders on AMR contry-level activity in Zambia. Marisabel Sánchez and Dolores Briones from Links Media visited Zambia from December 11 to 18 to hold discussions and collect inforamtion.

- Mohan and Caroline had two phone meetings with Oliver on Nov 10 and Dec 16. Minutes were prepared after both the meeting for internal record and follow-up.

- On Dec 22, Douglas, Maria, Mohan, Micheal Gabra, and Gabriel had a meeting to identify the next country for launching an AMR advocacy and containment activity similar to that in Zambia. Ethiopia was identified as the second country for various reasons including a strong presence of RPM Plus Country Office, interest and request from the Government, presence of the Global Fund and the President's Emergency Plan, and recognition of AMR as a problem for the treatment of malaria and TB.

- None

- Start preparation for initiating the work in Ethiopia, with a plan for an exploratory visit to the country in February.

- Oliver to interact with the AMR AWG decide on the next steps regarding preservice and in-service training as well as revision of the infectious diseases component of the Zambian STG.

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**Last Updated:** 03/29/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Preventing Resistance to Antiretrovirals through ART Adherence Measurement and Support**Activity Manager** Steel, Gavin**Activity #** 3**Task:** A1WW05AMR**Sub-Task:** 60EXA3**Activity Description** Planned activity: The adherence activity initiated in South Africa by RPM Plus in the work plan for FY04 funds will be further scaled up in South Africa and will also be initiated in a second country.

Proposed approach: The main thrust of the FY05 activity will be the nationwide pilot of the revised ART adherence measurement tool developed and pre-piloted in 2005 in South Africa. Specific activities will include:

- Further revise the adherence measurement tool and develop a user's manual to facilitate the tool in a standardized manner across all participating facilities
- Develop a database and data management system
- Present the findings of the pre-pilot test in at a National Consultative Meeting and seek suggestions regarding scale up
- Implement nationwide adherence measurement tool pilot
- Provide "ART Adherence Update" to participating facilities (newsletter describing adherence support options suitable for resource-constrained environments)
- Identify locally appropriate training and other strategies to promote adherence and implement feasible strategies
- Initiate the process of on-going monitoring of adherence rates within and between facilities periodically to assess changes overtime
- Use the lessons learned from South Africa to initiate the ART adherence activity in a second country in the last quarter of the current work plan year.

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

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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Preventing Resistance to Antiretrovirals through ART Adherence Measurement and Support**Project  
Year 6 Q1**

- Prepilot draft form further revised.
- Prepiloting started at Cecilia Makwani Hospital. The participating pharmacists were enthusiastic about the tool and were generally happy with the questionnaire. Their only concern was that the pill-count was taking up time

None

- Jude will be one of the members of the team to work on the activity.
- Gavin to discuss preliminary experiences of the involved pharmacists at Cecilia Makwane and Frere Hospitals in administering the form.
- Develop instruction sheet for the form and then share with Jude and Mohan for review.
- Gavin will travel to DC in January/February 2006 to discuss the details of the activity and the way forward.

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**Last Updated:** 04/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Pilot the AMR Questionnaire Module for Use by the Demographic and Household Survey (DHS)**Activity Manager** Joshi, Mohan**Activity #** 4**Task:** A1WW05AMR**Sub-Task:** 60F1C4

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

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

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

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

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

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

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

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Pilot the AMR Questionnaire Module for Use by the Demographic and Household Survey (DHS)**Project  
Year 6 Q1**

The draft version of the AMR Module consisting of 1) Introduction 2) Indicators 3) Tabplans 4) Questionnaire and 5) Rationale was further revised this quarter. A meeting was held in USAID office and feedback was provided by Kama Garrison, Misun Choi and Patricia Paredes. Subsequently, another meeting was held in MSH office and the AMR indicators and questionnaire was further revised based on feedback from USAID. Colleagues from ORC Macro also participated in both the meetings. Based on the two meetings, further revisions were made to the package by ORC Macro and RPM Plus. It was decided that the revised package must be made ready to be sent for Global Expert Review as the next step. Mohan prepared a list of Global Experts with inputs from USAID, ORC Macro, and RPM Plus colleagues. The final draft package was circulated among senior RPM Plus colleagues, USAID and ORC Macro for a final internal review. A draft text of the Global Expert email prepared by Mohan was also circulated for review.

None

Based on feedback from final internal review, circulate the AMR Module package to Global Expert Review early next quarter.

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**Last Updated:** 03/31/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Strengthen Hospital Drug and Therapeutics Committees through DTC-TOT training and provide follow-up support to participants**Activity Manager** Green, Terry**Activity #** 5**Task:** A1WW05AMR**Sub-Task:** 60B4M5**Activity Description** The recently finalized TOT component will be used in the staging of the next DTC-TOT course. RPM Plus will collaborate with local implementing partners in organizing, planning, and facilitating of the course. Ethiopia has been identified as a likely country for staging the course in 2006. RPM Plus will also continue to assess the impact of the DTC-TOT courses and provide follow-up technical assistance to course participants in the following ways:

- Post work plans and achievements of DTC course participants on the DTC website maintained and updated by RPM Plus (<http://erc.msh.org/dtc/>)
- Update the DTC website with new DTC and rational antimicrobial use materials as they become available and inform the participants.
- Maintain regular email follow-up with individual participants of DTC courses to assess implementation of their proposed work plans and provide advice where needed
- Use a continuously updated matrix to document progress on participants' work plans.
- Encourage participants to share the underlying factors for their success as well as difficulties so that others may benefit from the lessons learned.
- Document all the available lessons learned to capture the successful practices or behaviors that led to achieving improved antimicrobial use and
- Provide small grants to those participants who develop viable DTC- and training-related proposals but are unable to obtain local funding support. The rationale for such support is to help motivated participants to initially demonstrate the value of DTC-related activities/trainings to local authorities and institutions with the expectation that the activities will then become sustainable with subsequent local or in-country support. These people could then be focal points for local DTCs as well as conduits for information on rational drug use and can relay information and results back to RPM plus.

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance                      **Year** 05**Activity Title** Strengthen Hospital Drug and Therapeutics Committees through DTC-TOT training and provide follow-up support to participants**Project  
Year 6 Q1**

Final set of applicants were reviewed by the Local Organizing Committee and by RPM Plus. Letters to participants requesting for information on their formulary, procurement and hospital statistics were sent out. All other course logistics were re-confirmed with counterparts in Malaysia. The training course was successfully conducted as planned in collaboration with all parties concerned. Thirty-two participants attended the training course from sixteen different countries. Ten trainers, including four locals from Malaysia facilitated the course. Participants developed workplans for DTC implementation and related training activities. Follow-up plans for 2006 were shared with the participants.

None

Plans to follow up with DTC-TOT participants will be implemented. Participants' workplans will be reviewed with comments and electronic versions will be sent to them. Thereafter their final version of workplans will be posted on the DTC website.

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**Last Updated:** 03/31/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance                      **Year** 05**Activity Title** Support SAIDI AMR containment and advocacy activities**Activity Manager** Citysoft Admin                                      **Activity #** 6                      **Task:** A1WW05AMR                      **Sub-Task:** 60F1H6**Activity Description** Planned activity: The AMR Portfolio will consolidate the RPM Plus contribution to SAIDI by leveraging support to the partner organization, Alliance for the Prudent Use of Antibiotics (APUA).

Proposed approach: Through AMR Portfolio's support, APUA will strengthen its country chapter network in the selected countries. All three SAIDI countries currently have chapters whose representatives are part of the local SAIDI stakeholder group. APUA will work to strengthen these chapters in order to contribute to the sustainability of the SAIDI stakeholder groups. In collaboration with selected SAIDI international and national partners, APUA will also assist in the formative research on AMR and use of antimicrobials in the community. This research is planned in all three SAIDI countries.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	-APUA Program manager attended a 1-day planning meeting with Marisab Sanchez and Andres Claudio of Links Media in Gaithersburg, MD. A draft of a qualitative document was written to guide field staff in Lima, Peru. -Attended SAIDI 2-day planning meeting in Arlington, VA on October 12-13, 2005. -Did fieldwork in Asuncion, Paraguay from December 3 to 9, 2005. APUA Program manager held a meeting with APUA chapter members. -SAIDI workplan for 06 was revised to harmonize with other partners' activities. -	None	-Send feedback to PAHO on a document received from the organization on country profile related to AMR. -APUA-Peru Chapter plans to hold a symposium on "Antibiotic Use and Emergence of Resistance" later this year. The target audience is expected to be physicians, nurses, pharmacist, dentists, veterinarians, media people, policy makers and others.		

**Last Updated:** 04/07/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Help ensure selected antimicrobial and antiretroviral drug product quality and promote efforts to eliminate substandard/ counterfeit**Activity Manager** Tran, Dat**Activity #** 7 **Task:** A1WW05AMR **Sub-Task:** 60DXH7

**Activity Description** One goal of the proposed activity is to validate the use of Level Two TLC/densitometry to effectively assess the quality of additional antimicrobials, particularly antiretrovirals (ARVs). The second goal is initiation of the process of rolling out of Level One Drug Inspection and Minilab testing successfully trialed in Tanzania to other countries of the region. The lessons learned from the combined SEAM and RPM Plus experience will form the basis for developing a potential regional approach to strengthening quality assurance systems. This will support USAID/RPM Plus's initiative towards strengthening the concept of Regional Pharmaceutical Resources Collaboration (RTRC).

Proposed approach: RPM Plus will coordinate the activities with WHO/EDM, USPDQI and SADC to ensure that their on-going activities are complementary. In addition to RPM Plus, the TFDA through the Global Fund and WHO are also expected to provide funding for the activity. RPM Plus, in conjunction with TFDA, will also initiate the effort towards rolling out the Level One Drug Inspection and Testing successfully trialed in Tanzania to other neighboring countries in the Region. An exploratory trip to potential countries in the region will assess the existing quality systems and map out future steps to achieve the proposed roll out. This regional dissemination and roll out plan will draw from experiences gained and lessons learned from the RTRC effort successfully implemented recently to improve access to safe, effective and quality-assured medicines for treatment of HIV/AIDS, TB, and malaria through capacity building and operational research in East Africa. The regional approach has a potential to impact on four key areas of drug quality assurance: strengthening and harmonization of the registration, inspection, quality testing, and pharmacovigilance systems.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	-Coordination established with TFDA regarding installation and training on the densitometer after its arrival at TFDA through Global Fund support. -Dat Tran and Niranjana Konduri developed preliminary idea on the approach to roll-out of Level 1 drug inspection and Minilab testing successfully trialed in Tanzania to other countries in the region.	None	-Hold training of the TFDA staff on the operation of the densitometer after its delivery and installation at TFDA. -Develop a draft concept paper on roll-out to other countries of the Tanzanian experience on Level 1 drug inspection and testing and share with Peter Risha.		

**Last Updated:** 03/31/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance                      **Year** 05**Activity Title** Disseminate customized information on antimicrobial resistance in HIV / AIDS, malaria ad tuberculosis and other priority infectious**Activity Manager** Citysoft Admin    **Activity #** 8    **Task:** A1WW05AMR    **Sub-Task:** 60G2H8

**Activity Description** RPM Plus and APUA will provide technical assistance to reporters to develop stories in Africa and Asia about the dangers of AMR to effectively deal with AMR and improve antimicrobial delivery and its effectiveness in HIV, Malaria, TB and other prevalent infectious diseases. VOA will be supported to explore the issues, problems, dynamics and conditions that lend themselves to the development of AMR and to promote policy discussions, accurate reporting, and consumer information on AMR. APUA will:

- establish a specialized list serv for VOA reporters in the USA and other countries to get the latest infectious disease and AMR hot stories, news and current event story lines on infectious diseases and AMR
- distribute APUA clinical newsletter to VOA reporters
- in collaboration with VOA staff, support training of health reporters on AMR issues in India
- be available to VOA to guide health reporters in structuring an AMR report for the lay audience based on up-to-date available medical and scientific information

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	-APUA held conference call with VOA manager to begin planning activity in India. -RPM Plus continued literature search for possible topics to send to VOA.	With the death of Paul Arnow (activity manager for VOA), RPM Plus assistance to VOA has slowed.	-Terry Green to act as the next activity manager for VOA activity. He will have a meeting with VOA staff in Washington in the next quarter.		

**Last Updated:** 03/31/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Development of Guidelines for In-Service (continuing) Education Addressing AMR**Activity Manager** Holland, Ross**Activity #** 9**Task:** A1WW05AMR**Sub-Task:** 60E3E9

**Activity Description** Proposed approach: While focusing on in-service CME for appropriate health care providers in developing countries, but without limiting the opportunity to consider other aspects of AMR containment strategies that may arise, the initial plan is to investigate and describe the current situation; define the scope of any problems that may exist; explore the in-country mechanisms and relationships between policy makers, CME funding bodies, CME providers, licensing boards, professional societies and accreditation organizations; conduct a needs analysis and develop a "guidance" document aimed at identifying an appropriate core CME curriculum, and suggesting methods of implementation.

Expected results: A "guidance document", the focus of which will be on developing a suitable methodology that low resource countries can be used to:

- evaluate their training curricula for addressing CME for AMR,
- recommend a "core" set of AMR topics appropriate to CME
- provide draft implementation guidelines for introducing AMR related topics into in-service CME programs

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**Activity Progress****Barriers to Progress****Next Steps****Products Planned****Progress on Products****Project  
Year 6 Q1**

No progress in this quarter because the designated activity leader is currently busy with other activities.

**Last Updated:** 03/31/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Provide Technical Assistance for Country-level Implementation of Infection Control Tools**Activity Manager** Citysoft Admin**Activity #** 10**Task:** A1WW05AMR**Sub-Task:** 60E3H0**Activity Description** RPM Plus will assist in implementing the finalized self-assessment tool and rapid cycle quality improvement method to ministries of health and hospitals in resource-constrained countries.

Proposed approach: A regional training workshop will be held for personnel from selected district level and referral hospitals to introduce the tools and methods for hospital infection control developed by RPM Plus and Harvard. The finalized tools and the approach will also be placed on RPM Plus website.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Harvard is in the process of making final revision on the modules and the accompanying manual, based on experiences obtained from Uganda meetings and follow-up activities.	None	-A second workshop in the pilot implementation of the infection control assessment and quality improvement strategy is planned in Uganda for early January 2006.		

**Last Updated:** 03/31/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** International Advocacy and Coordination to Contain AMR**Activity Manager** Joshi, Mohan**Activity #** 11**Task:** A1WW05AMR**Sub-Task:** 60GXHA

**Activity Description** RPM Plus will contribute to scaling up international advocacy and coordination by participating in conferences/meetings and sharing AMR experiences with the national and international communities. Awareness and incorporation of experiences and lessons learned from activities carried out by other partners will also further strengthen RPM Plus' own AMR programs. Opportunities will be utilized to provide global leadership to other collaborating agencies and to enhance communications with other partners to further support incorporation of AMR containment as a "value added" strategy to "preserve the effectiveness of the existing drugs" and to continue to protect the benefits that are currently being received from different infectious disease programs. The MSH/RPM Plus AMR website will also be updated to support international dissemination of recent accomplishments through the internet.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	An abstract was submitted to the Global Health Council for its Conference in May 30 to June 2, 2006. The title of the submission is "Lessons learned from a country-level approach for advocacy & containment of antimicrobial resistance". This is based on the experience of implementing a pilot country-level activity in Zambia.	None	-The decision on acceptance of the abstract is expected in early January 2006. -There is plan to submit abstracts on RPM Plus' DTC and ART adherence work for the 2006 APHA Conference.		

**Last Updated:** 03/31/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Roll Back Malaria (RBM)**Year** 04**Activity Title** Support for MMSS: Assist with the development of a coordination mechanism for communicating procurement requests for ACTs to**Activity Manager** Lee, Evan**Activity #** 4**Task:** A1WW04MAL**Sub-Task:** 60GXH3**Activity Description** ACT manufacturers have been receiving procurement forecasts from different sources. In order for them to plan production, however, they need to receive forecasts that are both realistic and consistent across the RBM Partnership. RPM Plus will support the development and implementation of a mechanism that is acceptable to all the partners involved and which will enable the coordination of procurement requests and forecasts from different partners.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Database progress held up by internal disagreement within GMP (formerly RBM) department of WHO, and strong reservations expressed by them regarding the calculations of needs for ACTs. There was no dispute over the calculation of needs for nets.  Various revisions were made of the database, and feedback given to the developer several times to correct bugs and improve the functionality of the database.	Difficulties resolving the issues raised by the GMP department of WHO  Unavailability of the developer to continue work on the programming of the database	Final revisions of the database to be made, with incorporation of a new tool to produce customized queries of the data--to be available in-house only to WHO/RBM		

**Last Updated:** 03/16/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Roll Back Malaria (RBM)**Year** 04**Activity Title** Support for MMSS: track forecasts of needs for antimalarials and other supplies**Activity Manager** Lee, Evan**Activity #** 5**Task:** A1WW04MAL**Sub-Task:** 60CXH4

**Activity Description** To ensure that RBM efforts reflect state of the art pharmaceutical methods and practices, that duplication of efforts among partners is avoided, and that gaps are overlooked, RPM Plus will support the development of a software tool and database for the effective collection and dissemination of information on demand by countries for antimalarials and related supplies. This tool will support the work of the MMSS in assisting in forecasting.

First, sources of information on forecasts of demand for each commodity will be identified, at the global, country, and institutional levels. Secondly, this information will be consolidated and captured so that it can be analyzed, used, and communicated. Thirdly, the development of a software tool will enable MMSS to maintain, update, and adapt this database as new information arrives. This information will then be disseminated to partners and communicated to manufacturers through the coordination mechanism developed in Activity 3.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Roll Back Malaria (RBM)**Year** 04**Activity Title** Support for MMSS: track forecasts of needs for antimalarials and other supplies**Project  
Year 6 Q1**

Several important meetings attended, including: EARN meeting in Nairobi in November of 2005, and partners meeting in Copenhagen in February of 2006.

Trip reports produced and available separately.

RPM Plus has established contacts and is aware of the many other initiatives working on the area of Procurement and Supply Management, including: the recruitment of independent consultants to assist countries with PSM, spearheaded by AMDS; the establishment of Service centers within 15 countries by UNDP; the interest and potential engagement of National Programme Officers who are based in country for the EDM department of WHO; and the capacity of IAPSO, who currently do the Stop TB procurement, and who have in place a Web-based buy system

Information on the above initiatives shared with RPM Plus.

The UN system (UNDP, UNFPA, UNICEF, IAPSO, EDM, RBM, AMDS) still needs to harmonize PSM-related activities among the UN agencies.

A way will have to be found to engage partners, to avoid the duplication of activities, for which there exists a high risk at this time.

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**Last Updated:** 03/16/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Roll Back Malaria (RBM)**Year** 04**Activity Title** Support for MMSS: track drug management-related activities undertake by RBM Partners**Activity Manager** Lee, Evan**Activity #** 7**Task:** A1WW04MAL**Sub-Task:** 60GXH6

**Activity Description** To ensure that RBM Partnership drug management-related activities reflect state of the art pharmaceutical methods and practices, that duplication of efforts among partners is avoided, and that gaps are not overlooked, RPM Plus will develop a mechanism for the effective collection and dissemination of information about on-going and planned drug management related activities undertaken by RBM Partners. The exact type of information that will be captured by this tool will be defined in collaboration with MMSS. This could include technical assistance activities that are being carried out at the country, regional, and global levels, as well as activities related to policy change and implementation that are being carried out by countries. Eventually, it is envisioned that this tool will be used for regular reporting to the MMSS, the RBM Partnership Secretariat and RBM Partners of progress to milestones and targets related to pharmaceutical management.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Participation in meetings including the PSM workshop in Ghana; a meeting of partners in Copenhagen; meetings and exchanges with UNDP and EDM; meeting with Swiss Tropical Institute  Trip reports available separately.	Continued issues noted with coordination among UN agencies who are providing technical assistance in Procurement and Supply Management.  Re-organization of former RBM department of WHO into GMP department is likely to affect roles and responsibilities of MMSS	Continued exchange of information with identified partners.  Support for MMSS in developing a framework to better coordinate partner activities in the area of drug management		

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**Last Updated:** 05/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Tuberculosis**Year** 04**Activity Title** Assist GDF in expediting response to DOTS expansion**Activity Manager** Vrakking, Hugo**Activity #** 2**Task:** A1WW04TBX**Sub-Task:** 60F3H2

**Activity Description** In the second half of 2004, the GDF requested specific assistance from RPM Plus in establishing procedures for countries in transition to patient kits, and in development of a list of diagnostic commodities that could be potentially supplied by the GDF. The work on patient kits was initiated in Kenya; the options for diagnostic kits have been developed.

With the FY04 funds, RPM Plus will continue its assistance to the GDF, including the following activities:

- RPM Plus will continue secondment of a procurement officer to the GDF;
- RPM Plus will conduct up to 8 monitoring and survey mission to the GDF recipient countries, and during these missions provide direct technical assistance to countries in improving TB drug management;
- RPM Plus will conduct up to 6 desk audits of monitoring and WHO reports from the recipient countries;
- RPM Plus will field-test implementation of the GDF diagnostic kits in one of African countries, and present the results in a paper;

These are ongoing activities that will be conducted during 1 – 4 quarters of the RPM Plus Year 5

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project**  
**Year 6 Q1**

This code has been closed.

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Tuberculosis**Year** 04**Activity Title** Provide technical leadership in TB pharmaceutical management to WHO and StopTB partners**Activity Manager** Moore, Thomas**Activity #** 3**Task:** A1WW04TBX**Sub-Task:** 60CXH3

**Activity Description** RPM Plus will use the opportunity provided by the IUATLD World Congresses to reach a broad audience of international TB community to promote TB drug management through conducting a TB drug management workshop. The main goals of this workshop will be to: present successes in TB pharmaceutical management in various country programs; provide steps on how to obtain TB medicines through various international mechanisms such as Global TB Drug Facility, Green Light Committee and Global Fund to Fight AIDS, TB and Malaria; discuss how packaging of TB drugs can effect positive outcomes; demonstrate how programs can monitor TB pharmaceutical management elements of their programs to promote availability of medicines.

RPM Plus will participate in annual meetings, and serve as a technical resource for Stop TB and the WHO DOTS Plus group, DOTS Expansion Working Group, and the WHO Interagency Coordinating Committee, and will respond to requests and provide technical input to the USAID TB team and USAID missions on issues related to pharmaceutical management for tuberculosis.

These are ongoing activities that will be conducted during 1 – 4 quarters of the RPM Plus Year 5

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

This code has been closed.

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tuberculosis**Year** 04**Activity Title** Develop TB Drug Management Guide for GDF and GLC recipient countries and National TB Programs**Activity Manager** Barillas, Edgar**Activity #** 4**Task:** A1WW04TBX**Sub-Task:** 60F3E4**Activity Description** RPM Plus will assemble a team of people with the knowledge of pharmaceutical and TB program management and develop the Guide. The Guide will provide a simple practical step-by-step approach to establishing management systems that will allow to properly quantify drug needs, procure and order medicines, properly store, rationally use them, and monitor. The Guide will be field-tested in one of the GDF and/or GLC countries.

This is a new activity. It will take place during 1 – 3 quarters of the RPM Plus Year 5

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	During this quarter using FY04 funds, minor changes were made to the Spanish version of the RPM Plus TB tool "Managing Pharmaceuticals and Commodities: A Guide for National Tuberculosis Programs" to fully mirror the English version. The Spanish version of the tool has been finalized and disseminated to national TB program offices in the LAC regions that have requested copies.		Commence discussions with the GDF and the GLC towards developing a second version of the tool that will be co-authored by MSH/RPM Plus and the Stop TB's GDF and GLC.		

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tuberculosis**Year** 04**Activity Title** Develop TB drug management skills of WHO and StopTB consultants**Activity Manager** Zagorskiy, Andrey**Activity #** 6**Task:** A1WW04TBX**Sub-Task:** 60CXH6**Activity Description** In FY04, RPM Plus will train international consultants on TB drug management at strategic WHO Courses for consultants and NTP managers. RPM Plus will continue its support to the well established annual WHO/KNCV Course for TB Managers (Warsaw) and three WHO Courses for TB Consultants in Sondalo, Italy.

RPM Plus will serve as a technical resource and conduct training sessions for USAID-funded CAs, TB partners, and PVOs based in the US to build their understanding of role and implications of pharmaceutical management in DOTS programs. Upon request, RPM Plus will develop/adapt and conduct relevant training sessions, and provide technical advice/expertise for improving the drug management components of their programs. RPM Plus will utilize a variety of training modules, presentations, and case studies that have been developed during the life of the program.

These are ongoing activities that will be conducted during 1 – 4 quarters of the RPM Plus Year 5

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Using FY04 funds, RPM Plus conducted two courses on TB pharmaceutical management held in Sondalo, Italy and Warsaw, Poland. RPM Plus continues to support sessions on pharmaceutical management for the WHO TB consultants training workshop held four times every year in Sondalo Italy. Seventeen consultants representing LAC, Eastern Europe, Africa, Asia and Near East regions attended the workshop. The Warsaw course held in Poland was conducted in collaboration with WHO/Euro and KNCV. Forty participants from the region attended the course.				

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tuberculosis**Year** 04**Activity Title** Increase capacity of Global initiatives to evaluate and monitor TB drug management in high-burden countries**Activity Manager** Moore, Thomas**Activity #** 8 **Task:** A1WW04TBX **Sub-Task:** 60F3I8**Activity Description** In FY04, RPM Plus will develop TB drug management consultancy capacity for the Global Drug Facility and GLC through the focused training of selected WHO and StopTB partners' TB consultants. RPM Plus will respond to the request made by the GDF to improve the quality of the WHO TB consultants currently working for the GDF and thereby increase the strength of the current consultant pool. The training will be based on RPM Plus's experience with TB drug management assessments in the GDF countries. This activity will be leveraged with regional WHO bureaus.

This is a new activity. It will take place during 2-4 quarters of the RPM Plus Year 5

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	RPM Plus Program and the Global TB Drug Facility housed at WHO conducted a TB drug management consultant training course in Hanoi, Vietnam, in November 2005. Sixteen participants attended the training including two participants from the Vietnam National TB Program. One of the major outcomes of the course was the demand for a district/health facility level tool on TB pharmaceutical management. Because the GDF contributed financially more than expected, funding is available that can be redirected to the development of this tool.				

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tuberculosis**Year** 04**Activity Title** Promote use of patient kits and FDCs in TB control programs**Activity Manager** Moore, Thomas**Activity #** 10**Task:** A1WW04TBX**Sub-Task:** 60E3H0

**Activity Description** In FY04, RPM Plus will develop change-over training materials, research and build evidence from the field for the promotion and use of FDCs and patient kits in national TB programs. RPM Plus will develop a tool, and conduct an in-country survey to evaluate impact of FDCs and patient kits on TB program performance. The survey will be conducted in selected GDF countries that have switched to FDCs and patient kits to collect evidence of the challenges and benefits. The findings will be discussed and disseminated at an international TB forum. This activity will build on and contribute to efforts by the WHO to promote use of FDCs in TB programs.

This is a new activity which will be conducted during 2 – 4 quarters of the RPM Plus Year 5

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	The proposed trip to Kenya to provide technical assistance to the NTP for implementation and use of patient kits has been postponed due a delay from the NTP with undertaking monitoring visits as originally scheduled. The monitoring protocol for the introduction, implementation and use of TB patient kits in the country developed by the NTP with technical assistance from RPM Plus entails three sets of monitoring visits to health facilities to be completed around November 2006.				

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Tuberculosis**Year** 04**Activity Title** Investigate the evidence for integrating TB and HIV/AIDS commodity management programs**Activity Manager** Moore, Thomas**Activity #** 11**Task:** A1WW04TBX**Sub-Task:** 60F2GA**Activity Description** RPM Plus will develop a concept paper and scope of work for the study; a review team will then conduct a desktop research of how the integration issues are addressed in selected countries; the team will develop a tool for collecting data on TB – HIV program integration, and collect these data in the field; RPM Plus will then produce a report and present findings at a regional meeting in one of selected African countries. The potential countries for this activity are Ethiopia, Zambia, Malawi, and South Africa.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	RPM Plus conducted key stake holder interviews in Uganda using the questionnaire developed for TB/HIV collaboration in pharmaceutical management. The interviews were conducted to determine the process of TB/HIV collaboration in pharmaceutical management at central level and to collect information needed to plan for the second assessment phase involving visits to implementation sites.		Review the assessment report of phase one from Uganda and adapt the interview guide for phase two. Contacts with other target countries need to be established to begin discussion about how to commence the study there.		

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**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Tuberculosis**Year** 05**Activity Title** Assist GDF in expediting responses to DOTS expansion**Activity Manager** Zagorskiy, Andrey**Activity #** 2**Task:** A1WW05TBX**Sub-Task:** 60F3H2

**Activity Description** Continue secondment of a procurement officer to the GDF; Conduct up to 20 monitoring and survey missions to GDF recipient countries, and during these missions provide direct technical assistance to countries in improving TB drug management; provide on-going technical assistance through electronic communication; Finalize the laboratory kits activity started in 2004, including follow-up country visits to Congo-Brazzaville, Nigeria and Tajikistan to review the implementation process and assess the suitability of the kits for the local situation; monitor quality of smear microscopy post-implementation in each of the three countries; collect data on case-finding post-implementation of kits; Conduct up to 10 desk audits of GDF monitoring mission reports from the recipient countries.

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

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**Project  
Year 6 Q1**

RPM Plus continues the secondment of a drug management specialist to the GDF. The seconded specialist was instrumental in obtaining ISO 9001:2000 certification for GDF. This certification refers to a written assurance by an independent external auditor that verified the provision of quality-assured anti-TB drugs and related services to eligible national TB control programmes. With this certification, clients can be confident that the GDF is dedicated to maintaining the highest efficiency and responsiveness in achieving its ultimate goal – ensuring timely access to quality-assured anti-TB drugs and related services

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tuberculosis**Year** 05**Activity Title** Provide technical leadership to StopTB TB Working Groups and StopTB partners**Activity Manager** Citysoft Admin**Activity #** 3**Task:** A1WW05TBX**Sub-Task:** 60CXH3

**Activity Description** Continue to provide technical leadership to WHO, StopTB Partnership, and other global initiatives to ensure that pharmaceutical management considerations are addressed in their efforts. RPM Plus will contribute its expertise to technical meetings of the StopTB and StopTB working groups (DEWG, DOTS Plus, TB/HIV WG), and WHO/Euro Technical Advisory Group (TAG). RPM Plus will also co-facilitate with the GDF a workshop at the IUATLD World Congress for participants representing country TB programs and StopTB technical partners.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

RPM Plus pharmaceutical management expert participated in the Stop TB working group meetings and provided technical leadership in developing Stop TB global strategy for 2006-2015 in the area of TB pharmaceutical management. MSH/RPM Plus in collaboration with the Stop TB's Global TB Drug Facility (GDF) held a day long workshop at the 36th Union World Conference on Lung Disease (The UNION) in Paris, France on October 19, 2005. The workshop titled "strengthening medicines supply in national tuberculosis programs: practical guidelines and tool" was attended by about 79 participants working in the area of TB treatment and control from all over the globe.

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tuberculosis**Year** 05**Activity Title** Provide assistance to GLC in expediting response to DOTS Plus projects**Activity Manager** Zagorskiy, Andrey**Activity #** 4**Task:** A1WW05TBX**Sub-Task:** 60F3H4**Activity Description** Develop the methodology for a global study on 2nd line drugs for the GLC and coordinate data collection and analysis. In addition, RPM Plus will revise the Managing Pharmaceuticals and Commodities: A Guide for National Tuberculosis Programs developed with FY04 funding, and prepare its second edition specifically tailored for use by DOTS Plus pilots.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

During this quarter, RPM plus finalized the protocol and questionnaire for the Global TB market Study for second line medicines at the request of the GLC. The questionnaire has been sent out globally to all WHO offices through the GLC/Stop TB secretariat housed at the WHO Geneva.

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Tuberculosis**Year** 05**Activity Title** Conduct a South-to-South conference on strengthening pharmaceutical management for TB**Activity Manager** Zagorskiy, Andrey**Activity #** 5**Task:** A1WW05TBX**Sub-Task:** 60F3M5**Activity Description** Conduct a conference for the exchange of experience and information of specific relevance to high-burden countries with larger populations.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

This activity is scheduled to take place during quarter one of FY06.

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tuberculosis**Year** 05**Activity Title** Provide Technical leadership in pharmaceutical management to TB CAP**Activity Manager** Zagorskiy, Andrey**Activity #** 6**Task:** A1WW05TBX**Sub-Task:** 60F3H6**Activity Description** Provide pharmaceutical management technical expertise when necessary to assist TBCAP by sharing the existing drug management and assessment tools, and by providing technical assistance during TBCAP country assessments and regional workshops, if required.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

RPM Plus participated in a strategic planning meeting with TB CAP partners in October 2005. A follow-up meeting is scheduled for Q2 FY05.

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Tuberculosis**Year** 05**Activity Title** Increase human capacity of StopTB partners in pharmaceutical management for TB (PMTB)**Activity Manager** Zagorskiy, Andrey**Activity #** 7**Task:** A1WW05TBX**Sub-Task:** 60CXH7

**Activity Description** continue its efforts in developing human capacity in pharmaceutical management through the following activities:

- Conduct a regional Workshop on Pharmaceutical Management for Treatment of MDR TB, and provide follow-up technical assistance to the course participants; this workshop will be conducted in collaboration with the GLC and StopTB DOTS Plus Working Group (the region will be identified by the GLC and StopTB DOTS Plus Working Group);
- Conduct training of new GDF consultants and WHO regional staff; at the request of the GDF this workshop will be conducted in French for the francophone countries of Africa; funds will be leveraged with the GDF, WHO/AFRO, and USAID/REDSO.
- Facilitate training sessions at four WHO Courses for TB Consultants in Sondalo, Italy; three of these courses now target both TB and HIV;
- Conduct sessions on pharmaceutical management at the WHO/TBCTA Course for NTP managers in Warsaw, Poland.

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

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**Project  
Year 6 Q1**

This activity is scheduled to occur during quarters 3 and 4 of FY05 and quarter one of FY06.

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tuberculosis**Year** 05**Activity Title** Disseminate RPM Plus Pharmaceutical Management for TB tools and maintain website**Activity Manager** Zagorskiy, Andrey**Activity #** 9**Task:** A1WW05TBX**Sub-Task:** 60GXD9**Activity Description** RPM Plus will continue to maintain the TB drug management website [www.msh.org/rpmpplus/tb](http://www.msh.org/rpmpplus/tb), prepare and produce TB drug management tools and materials on CD-ROM; translate into French, print and disseminate "Managing Pharmaceuticals and Commodities: A Guide for National Tuberculosis Programs" into French for use in francophone Africa. It is expected that organizations working in TB control will have access to a wide range of materials related to pharmaceutical management for TB.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

RPM Plus continues to disseminate information on TB pharmaceutical management through its website. This activity is ongoing. Significant updates were made to the event's page during this quarter.

**Last Updated:** 02/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Mainstreaming Initiative                      **Year** 04**Activity Title** Develop and field test pharmaceutical module for health system performance assessment tool**Activity Manager** Miralles, Maria                                      **Activity #** 1    **Task:** A1WW04MNS    **Sub-Task:** 60AXJ1**Activity Description** Work with partners (PHR Plus, QAP, and Policy Project) to develop an approach and tool to support the rapid assessment of health system performance and identify appropriate opportunities for interventions.

The field test of the tool will be managed by RPM Plus in at least one country.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Activities on-going.	Drafts of the tool were being finalized.	The modules are due on January 5. PHR Plus will compile and distribute for the upcoming field test.		

**Last Updated:** 06/22/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Africa Bureau/Child Survival      **Year** 02**Activity Title** Investigating commodity management in TB/HIV Programs**Activity Manager** McCollum, Jennifer      **Activity #** 9      **Task:** A1AB02CHS      **Sub-Task:** 60F2G9**Activity Description** RPM Plus to design a study to investigate commodity management in support of TB/HIV collaboration. RPM Plus will describe the implementation of TB/HIV collaborative activities in selected countries and investigate how pharmaceutical management has been addressed in policies, working documents and practice.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Data collection started in Uganda but stalled. Design of Phase Two research has been initiated as well.	Competing activities have stalled cooperation with Makerere and other resources.			

**Last Updated:** 02/03/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Africa Bureau/Child Survival      **Year** 03**Activity Title** Collaboration and TA to AFRO to advocate for improving drug management in support of child survival**Activity Manager** Briggs, Jane**Activity #** 2      **Task:** A1AB03CHS      **Sub-Task:** 60F6H2**Activity Description**

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Africa Bureau/Child Survival**Year** 03**Activity Title** Collaboration and TA to AFRO to advocate for improving drug management in support of child survival**Project  
Year 6 Q1**

At the start of the quarter, RPM Plus attended the WHO Consultation on Child Survival Strategy meeting in Addis Ababa, Ethiopia in October 2005. During the meeting, RPM Plus met with WHO and other partners to plan for new and continuing child survival activities. Several important discussions resulted from the meeting, including RPM's continued input to WHO IMCI facility surveys. At the Countdown to child survival meeting in London, the Senegal WHO Child Health Officer met with RPM plus and requested TA for the Senegal IMCI facility survey planned for early 2006. Staff of RPM Plus in DC also initiated discussion with the Kenya RPM office regarding the IMCI facility survey.

RPM Plus will continue to follow up on important discussions and projects that have already begun with WHO AFRO, including developing a training package for drug management for child health for WHO regional and national staff and national child health managers, and participation in the revision of IMCI training to incorporate a drug management section. There will be follow up on the preliminary discussions started in Kenya and Senegal with the RPM Plus Kenya office, WHO and MoH colleagues regarding IMCI facility surveys. In Mozambique, RPM Plus will work with the WHO team to ensure that the DMCI results are disseminated with the IMCI facility survey results. RPM Plus will collaborate and contribute to the DMCI results section in the WHO Malawi facility survey final report. To promote dissemination of the country specific results and experience using the DMCI tool, work will begin on drafting an article that reviews the experiences of implementing DMCI in several African countries.

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**Last Updated:** 01/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	During this quarter RPM Plus played a major role in reviewing and revising the Child Survival Grant Program application that was submitted to USAID by IRC, Concern and World Relief for Rwanda. As part of this process RPM Plus also submitted a letter of support to strengthen the application and will provide TA if the grant is awarded.		RPM Plus will continue to follow up with partners including BASICS and the PVOs in Rwanda on the possibility of conducting a provider assessment in the private sector including a component on availability of cotrimoxazole in Rwanda. This assessment can fit into a more extensive situational analysis of the private sector. These activities will contribute to the evidence-base for promoting CCM of ARI.		

**Last Updated:** 01/20/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Africa Bureau/Child Survival      **Year** 04**Activity Title** Private Sector Forum**Activity Manager** Briggs, Jane**Activity #** 2**Task:** A1AB04CHS**Sub-Task:** 60A2M2**Activity Description** Enhance access to medicines in selected African countries through private sector strategies

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Africa Bureau/Child Survival**Year** 04**Activity Title** Private Sector Forum**Project  
Year 6 Q1**

During this quarter, there was a fair amount of preparation for the forum in terms of inputs into the agenda and choice of participants as well as logistics of the travel arrangements for the participants RPM Plus sponsored. This culminated in RPM Plus's participation in the forum organized by AED "Engaging the private sector for child health" from Nov 30 to Dec 2, 2005 in Kampala, Uganda. RPM Plus sponsored three participants from Ghana (one from the pharmacy council, one from the Food and Drugs Board and one from the franchise organization GSMF) and two participants from the Tanzania Food and Drugs Agency. Unfortunately, no additional sponsored participants from Tanzania were available due to an ongoing national strike by doctors. Each sponsored participant presented on a relevant topic during the group sessions. Topics included franchising in Ghana, accreditation in Tanzania, and the regulatory activities related to drugs and services in both countries. The forum resulted in several major outcomes including: a set of recommendations to countries and the global community on how to facilitate involvement of the private sector, individual country plans for the eight attending countries (Ghana, Kenya, Mali, Nigeria, Rwanda, South Africa, Tanzania and Uganda) as well as a global advocacy statement.

RPM Plus will follow up on actions proposed to be carried out by MSH in the global action plan developed at the forum.

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**Last Updated:** 01/20/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Africa Bureau/TB **Year** 04**Activity Title** Implement patient kit monitoring system**Activity Manager** Barillas, Edgar **Activity #** 2 **Task:** A1AB04TBX **Sub-Task:** 60EXH2**Activity Description** RPM Plus will provide support to the national TB control program in monitoring results of the TB patient kit system which was implemented in 2004. Results will not only be used by the national program to improve weak areas of pharmaceutical management but will also be disseminated to other national programs in the ECSA region as lessons learned.

Through local program collaborators, RPM Plus will provide technical assistance in developing a comprehensive monitoring system for TB patient kit use. The kits provide all TB drugs needed for a full course of treatment for a single patient in an individualized container and have many advantages such as: allow the patient to know the drugs will be available when needed, promote adherence to the national standardized regimen and facilitate distribution and stock management since only one stock item needs to be handled.

The national program has some funding to begin the monitoring system but RPM Plus will provide assistance in developing the monitoring checklists and methodology for data collection, training of monitors and system implementation in one region. Based on initial results the checklists and methodology will be modified and applied throughout the other areas of Kenya using both RPM Plus funds as planned and national TB program funds.

Study findings will be disseminated to other ECSA countries, the WHO/AFRO office and through regional and national TB meetings.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	None	None	None		

**Last Updated:** 04/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Africa Bureau/TB**Year** 04**Activity Title** Develop and conduct follow-on activities in TB pharmaceutical management**Activity Manager** Barillas, Edgar**Activity #** 3**Task:** A1AB04TBX**Sub-Task:** 60F3H4**Activity Description** Through this activity RPM Plus plans to develop and conduct a workshop to discuss outcomes from previous courses and provide technical assistance for any problems encountered in these areas. Another outcome will be feedback from participants on components of TB pharmaceutical management where future capacity building activities should be carried out.**Project  
Year 6 Q1**

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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None

None

None

**Last Updated:** 04/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Latin America Caribbean IDI for AMR **Year** 03**Activity Title** Conduct a second Regional Workshop on Introduction of Standard Treatment Guidelines for Infectious Diseases in Hospital Settings**Activity Manager** Paredes, Patricia**Activity #** 2**Task:** A1LN03AMR**Sub-Task:** 60EXM2**Activity Description** RPM Plus proposes to conduct a second regional workshop on The Introduction of STGs to Hospital Settings. The workshop program involves working on data from the participants' hospitals that point out the problems in antimicrobial use. Participants receive hands-on training on reviewing scientific evidence in order to make an informed judgment of the current guidelines available and of the ones produced by PAHO.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**Activity now scheduled in May 2006.  
Appropriate contact in PAHO Nicaragua identified.**Last Updated:** 03/08/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Latin America Caribbean IDI for AMR **Year** 03**Activity Title** Conduct a workshop on data analysis to assess the effect of introducing treatment guidelines in hospital settings**Activity Manager** Paredes, Patricia**Activity #** 4**Task:** A1LN03AMR**Sub-Task:** 60EXM4**Activity Description** RPM Plus plans to conduct a workshop to assist country researchers in analyzing their data and writing the results in a consistent and publishable manner.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**Activity 2 now planned for May 2006.  
This activity will be scheduled upon  
completion of Activity 2.**Last Updated:** 03/08/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Latin America Caribbean SAIDI      **Year** 04**Activity Title** Participate in the design of and conduct rapid assessments in initiative countries**Activity Manager** Yeager, Beth**Activity #** 3      **Task:** A1LN04AMR      **Sub-Task:** 60F1H3**Activity Description** Depending on available funds, RPM Plus will participate with other partners in the rapid assessment activities in the three countries. The assessment plan will be determined based on the results of pre-assessment in each country and in coordination with the other partners.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	RPM Plus worked with the TB program in Paraguay to determine technical assistance needs for the control of MDR TB.  RPM Plus worked with DIGEMID in developing the assessment tools to be used in Callao.	The lack of a clearly defined lead SAIDI person in Bolivia, compounded by the political situation, impeded progress on assessment activities.	RPM Plus with PAHO/Paraguay will provide a training on pharmaceutical management issues for health providers from the TB program in Paraguay.  Assessment activities are scheduled for January 2006 in Peru.		

**Last Updated:** 06/08/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Latin America Caribbean SAIDI      **Year** 05**Activity Title** Assist in the development and implementation of AMR containment strategies in collaboration with national SAIDI partners.**Activity Manager** Yeager, Beth**Activity #** 2**Task:** A1LN05AMR**Sub-Task:** 60AXH2**Activity Description** The specific actions to be taken under this activity will be decided on by national and international SAIDI partners.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	This activity is a follow-on to Activity 3 in Project Year 5 workplan (Rapid assessments in initiative countries). In this quarter, assessment activities were still being completed.	None.	Pending completion of assessment activities.		

**Last Updated:** 06/08/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Latin America Caribbean SAIDI      **Year** 05**Activity Title** Dissemination of assessment results in all three initiative countries**Activity Manager** Yeager, Beth**Activity #** 3**Task:** A1LN05AMR**Sub-Task:** 60F1D3**Activity Description** RPM Plus will work with the national partners involved in the health facility assessments in all three countries to identify appropriate ways to make the results available. This may include the preparation of presentations, articles for publication in local journals or other types of printed material. This activity is planned for quarters 1 and 2.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Nothing to report for this period.	None.	Assessment results for Peru and Paraguay should be ready by end of next quarter.		

**Last Updated:** 06/08/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Latin America Caribbean SAIDI      **Year** 05**Activity Title** Participation in meetings with SAIDI national and international partners**Activity Manager** Yeager, Beth      **Activity #** 4      **Task:** A1LN05AMR      **Sub-Task:** 60F1N4**Activity Description** RPM Plus will participate with SAIDI national and international partners in meetings at three levels. First of all, following the assessment phase and the completion of a country profile, RPM Plus will join other SAIDI partners in a workshop in each of the three countries to share assessment results and develop strategies for the containment of AMR at the local level.

RPM Plus will also participate in "regional" technical meetings in which international partners meet with representatives of the SAIDI national groups to share information on the progress of SAIDI activities in each country.

Finally, RPM Plus will participate in meetings with other international partners to coordinate overall SAIDI activities.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	SAIDI international partners met in October to review progress made in the initiative countries and to review workplans for the new year.	None.	Partners will meet again in Peru in March.		

**Last Updated:** 06/08/2006



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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Latin America Caribbean IDI for TB    **Year**    04**Activity Title**    Technical assistance to follow up on specific country requirements**Activity Manager**    Barillas, Edgar**Activity #**    3**Task:**    A1LN04TBX**Sub-Task:**    60F2H3**Activity Description**    This work plan includes resources to cover technical assistance missions to two countries in the form of country visits for a period of 10 days each on average. If an in-depth assessment or further technical assistance is needed, RPM Plus will explore with the USAID local mission, or other partners, the availability of financial resources to support the more intense activities in the country.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Honduras NTP requested for a workshop on "Distribution of TB Pharmaceuticals and Supplies" for local TB managers and the personnel which is responsible of the warehouses. The modules for the training were prepared during FY05-Q1. The course was scheduled for February 06.	This activity was going to be financed with resources from: Regional LAC-TB funds, local USAID Mission funds and the GFATM. Unfortunately the GFATM were not requested on time by the NTP, so the activity was tentatively rescheduled for March/06.	The Honduras workshop has been rescheduled for March/06. Paraguay NTP has requested for a similar training workshop and TA on inventory control. This activity also depends on the mobilization of GFATM resources. It is tentatively scheduled for April/06		

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**Last Updated:** 01/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Latin America Caribbean IDI for TB    **Year**    04**Activity Title**    Dissemination of meeting results**Activity Manager**    Barillas, Edgar**Activity #**    4**Task:**    A1LN04TBX**Sub-Task:** 60G2N4**Activity Description** Resources will be used to produce the final version of the trip report. The most appropriate meeting to present these lessons learned will be the regional stop TB meeting.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	The implementation of a drug management information system in Dominican Republic, the introduction of TB patient Kits in Kenya, and the use of RPM Plus Guidelines for Drug Management were presented during the UNION Conference in Paris (October 18 -22), but the expenses were covered by TB Global Bureau-SO5.  There were not other meetings scheduled to present the results of RPM Plus experience in LAC.	No constrains	The implementation of a Pharmaceutical Management Information System in Dominican Republic si providing valuable lessons for other countries. The process will be documented, using these resources, during FY05-Q2 and presented in the next regional TB meeting.		

**Last Updated:** 01/19/2006











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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** REDSO/HIV**Year** 05**Activity Title** Provide technical support to Disseminate the harmonized regional standard treatment guide/protocols for the treatment and care of**Activity Manager** Thuo, Michael**Activity #** 2**Task:** A1RD05HIV**Sub-Task:** 60EXD2

**Activity Description** In FY 04, extensive work on recommendations for regional harmonization of HIV/AIDS, TB, and Malaria treatment guidelines was done. Protocols for eight counties were analyzed and findings compared for similarities and differences. A presentation on the findings report and recommended regimens was made to the RPF's third meeting in August in Nairobi, Kenya. The HIV/AIDS Technical Working Group examined the report and recommendations and together with other members of the RPF reached consensus on the recommendations to incorporate into the draft regional standard treatment guide.

In FY 05, RPM Plus jointly with the HIV/AIDS TWG and other regional collaborating partners will support and undertake the regional sharing and advocacy activities at regional level. These will include dissemination of the draft Guideline at the annual DJCC and the ECSA Health Ministers Meeting. This standard regional guide will enhance drug management processes, for example, rational use of medicines, information sharing on quality assurance, issues on products in use whether those imported or manufactured by member countries, price information, effectiveness of regimens and adverse drug reactions.

**Project  
Year 6 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<ul style="list-style-type: none"><li>The document was reviewed, cleaned and submitted to RPM Plus Washington for content and technical review and for document setting and formatting.</li></ul>	<ul style="list-style-type: none"><li>An anticipated delay in the process due to a heavy workload for staff involved in the editorial process.</li></ul>	<ul style="list-style-type: none"><li>Production of a version of the document that can be shared and opinions sought on from peers and field users.</li></ul>		

**Last Updated:** 04/13/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** REDSO/HIV**Year** 05**Activity Title** Provide technical assistance to the HIV/AIDS Technical Working Group of RPF to disseminate the Regional Formulary containing**Activity Manager** Thuo, Michael**Activity #** 3**Task:** A1RD05HIV**Sub-Task:** 60B4H3

**Activity Description** In FY04, working through the RPF, RPM Plus provided TA in the development of a draft reference Regional Formulary for addressing therapeutic issues on HIV/AIDS (including OIs), pharmaceuticals in the region. This activity was proposed in the RPF's meetings to support strengthened policies that secure health commodities in the region. The draft formulary was presented to the RPF's third meeting held in August 2005, for review and recommendations. Suggested changes made at the meeting were incorporated to strengthen the draft regional formulary. In addition to therapeutic information, the formulary provides guidance and reference on products in use whether those imported or manufactured by member countries, price information, effectiveness of regimens and adverse drug reactions.

In FY 05, RPM Plus will provide technical assistance for the sharing and dissemination of the regional formulary to the relevant regional stakeholders for adoption and advocacy for use in the ECSA member states. The targeted stakeholders will include: the DJCC, REDSO, ECSA-HC Ministers, USAID Country Missions, and other initiatives/organizations working to mitigate the impact of HIV/AIDS in communities. Dissemination will be done at health fora afforded by the ECSA-HC or in individual countries, in order to inform strategies for strengthening commodity management for increased access to ARVs and pharmaceuticals for OIs. RPM Plus will provide technical support for preparation and presentations of the Regional Formulary to the stakeholders

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<ul style="list-style-type: none"><li>The document was reviewed, cleaned and submitted to RPM Plus Washington for content and technical review and document setting and formatting.</li></ul>	<ul style="list-style-type: none"><li>Editorial timelines are long and this may delay production of a first version of the Formulary.</li></ul>	<ul style="list-style-type: none"><li>Present and disseminate the first version of the Formulary to relevant stakeholders.</li></ul>		

**Last Updated:** 04/13/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** REDSO/HIV**Year** 05**Activity Title** Advocate for and provide technical support for Inclusion of Drug Management into the Pre-service Curricula of Institutions and**Activity Manager** Thuo, Michael**Activity #** 4**Task:** A1RD05HIV**Sub-Task:** 60A4H4

**Activity Description** RPM Plus will provide TA and support 2-3 regional health institutions and universities for the implementation of the generic commodity management curriculum modules in pre-service training. While in-service modules are immediate, it will be necessary to ensure that new staff joining the workforce is equipped in the respective technical area, particularly for HIV/AIDS. The HIV/AIDS TWG, with technical support from RPM Plus, will engage and dialogue with Deans of Medical and Pharmacy schools and heads of other health institutions in identifying and implementing appropriate strategies for introduction of the modules into the existing curricula.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<ul style="list-style-type: none"><li>RPM Plus engaged and dialogued with Deans of Medical and Pharmacy schools involved in the development of the Curriculum and heads of other health institutions, to confirm those willing/able to incorporate the pre-service curriculum into the existing curricula.</li></ul>	<ul style="list-style-type: none"><li>None</li></ul>	<ul style="list-style-type: none"><li>Work with the selected Universities to develop implementation strategies for the Pre-service Curriculum and prepare an action plan for each.</li></ul>		

**Last Updated:** 04/13/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** REDSO/RLI**Year** 05**Activity Title** Technical activity coordination and monitoring**Activity Manager** Thuo, Michael**Activity #** 1**Task:** A1RD05XXX**Sub-Task:** 97XXY1**Activity Description** This activity includes technical activity coordination, workplan development, budget and progress monitoring, reporting, meetings, and communications with partners and collaborators.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<ul style="list-style-type: none"><li>Finalized the FY 05 Workplan and initiated implementation of activities.</li></ul> Progress on Products FY 05 Workplan ready and progress on activities scheduled for implementation progressing well.	<ul style="list-style-type: none"><li>None</li></ul>	Implement, monitor and report progress on activities, as required.		

**Last Updated:** 01/10/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** REDSO/RLI**Year** 05**Activity Title** Provide technical assistance to the RPF's Technical Working Groups**Activity Manager** Thuo, Michael**Activity #** 2**Task:** A1RD05XXX**Sub-Task:** 60AXH2

**Activity Description** During the last 3 years RPM Plus has worked collaboratively with ECSA-HC and member states to design and operationalize the Regional Pharmaceutical Forum whose primary intention is to provide technical leadership and support to ECSA countries for the improvement of commodity management systems.

In August, 2005, the RPF and its four Technical Working Groups met in Nairobi, under the leadership of RPM Plus and REDSO, to receive and adopt two documents – a meta-analysis of country STGs which formed the platform from which a harmonized Standard Treatment Guideline for HIV/AIDS, TB and Malaria was drafted and an accompanying Regional Formulary. The TWGs reviewed and refined the two documents and made recommendations for the completion of the work. Further, the TWGs reviewed the design and content of the webpage under development by ECSA HC. The webpage (or site), will initially provide medicine price information and is intended to serve as a first step towards establishment of CIB.

Also, the TWGs developed a draft template for a National Drug Policy (NDP) for countries to use in updating or developing their NDPs.

In FY 05, consultants will be engaged to complete each of these documents and to develop strategies for implementation at country level. The Regional Pharmaceutical Forum TWGs will review and then implement these strategies in selected countries in the following year. These activities will take place in the second and third quarter of FY05

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** REDSO/RLI**Year** 05**Activity Title** Provide technical assistance to the RPF's Technical Working Groups**Project  
Year 6 Q1**

- For the draft STGs and the Formulary, a panel of technical reviewers, within the ECSA region were identified. Also, negotiations with RPM Plus, Washington, are in progress to agree on the editorial process for the two documents.
  - A Scope of work for a consultant to draft the Procurement Guide was drawn and a consultant identified. Work will start on 16th January, 2006.
  - A scope of work for the completion of the model "National Medicines Policy" was drafted and a consultant identified. Work is scheduled to start in January, 2006.
- Progres on Products
- On-going

• None

- Develop a dissemination plan and materials for presenting the work of the RPF to the Regional Health Ministers' Conference slated for February, 2006.
- Supervise the consultants in the drafting of the procurement guide and the model Medicine Policy.
- Plan for the technical review of the documents by the TWGs concerned.

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**Last Updated:** 01/10/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** REDSO/RLI**Year** 05**Activity Title** Support to commodity management activities for ACT Policy implementation in selected ECSA countries.**Activity Manager** Thuo, Michael**Activity #** 3**Task:** A1RD05XXX**Sub-Task:** 60F4H3

**Activity Description** In FY 05, RPM Plus will work with countries in the region to provide TA in implementing the change to ACT as first line treatment for malaria. The change over presents challenges in policy, regulatory and practice dimensions of commodity supply for malaria. TA will be provided in training for quantification and procurement as well as in use of the new products for clinicians, pharmacists and patients. Further, RPM Plus, jointly with national Malaria Control Programs, will engage the private sector to ensure full involvement in the implementation of the new policy.

Additionally, in FY 05, RPM Plus will work with selected sites in 3 ECSA countries to implement plans prepared for Pharmacy and Therapeutics Committees (PTCs) at a Workshop held in March 2004 and attended by teams from eight countries. The primary role of NPTCs is to plan and advocate for drug management issues at national level. These national committees will spearhead revisions of National Drug Policies (NDPs), Essential Medicines Lists, Update of Standard Treatment Guidelines, support to hospital based PTCs and to Drug Information Centers, among other functions.

Follow-up activities in ACT policy implementation will continue and involve engagement of stakeholders (policy, financing and operational managers, FBOs) in meetings to further articulate the policy and prepare implementation plans. Capacity building in quantification and procurement as well as in use of the new products for clinicians, pharmacists and patients will continue in an additional two to three countries or for different aspects of implementation process. This activity will take place in the 3rd Quarter of FY 05.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<ul style="list-style-type: none"><li>Tanzania was identified as the country in which TA will be provided for training in "Basic Techniques for Managing Medicines and Supplies in Support of ACT Policy Implementation". The training is scheduled for the second quarter.</li><li>Workshop preparations are on-going (Course Facilitators identified; Background manuals from which to prepare training materials collected).</li></ul>	<ul style="list-style-type: none"><li>None</li></ul>	<ul style="list-style-type: none"><li>Plan and implement the training activity in late March, 2006</li></ul>		

**Last Updated:** 01/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** West Africa Regional (WARP)      **Year** 04**Activity Title** Participation and facilitation at the GFATM workshop for Francophone West and Central African countries in Dakar, Senegal**Activity Manager** Ndyanabangi, Bannet      **Activity #** 2      **Task:** A1RA04HIV      **Sub-Task:** 60CXN2**Activity Description** RPM Plus, at the request of USAID, will be among the presenting organizations in the panel discussions on technical assistance to the Global Fund and procurement and supply management. Initial contacts with CCMs, PRs, Fund Portfolio Managers (FPMs) from Geneva and Local Fund Agents (LFAs) in Francophone countries, as well as international partners which also support GFATM implementation, will facilitate subsequent TA efforts with specific countries or groups of countries.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Discussions with all partners in the GFATM PSM process to fix venue, dates and determine participants for the PSM workshop for francophone countries. Accra Ghana was finally selected and workshop scheduled for January 16-21, 2006. A total of 21 countries were invited to attend the workshop and develop PSM plans for HIV/AIDS, TB and Malaria programs in their countries.	None	1. Coordinate with GFATM to select participants for the workshop in Accra (January 16-21, 2006) 2. Finalise logistics with Cresta Royale hotel, the venue of the workshop		

**Last Updated:** 04/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** West Africa Regional (WARP)                      **Year** 04**Activity Title** Provide technical assistance to selected regional organizations in pharmaceutical management for HIV/AIDS**Activity Manager** Ndyanabangi, Bannet                      **Activity #** 6                      **Task:** A1RA04HIV                      **Sub-Task:** 60F2H6**Activity Description** Based upon needs expressed and identified during the GFATM workshops RPM Plus, in coordination with other partners, will provide technical assistance on pharmaceutical management for HIV/AIDS with the objective of developing regional capacity to provide PSM TA. This TA will cover selection, quantification, procurement, distribution and use of pharmaceuticals and other commodities for HIV/AIDS treatment and care. Details to be determined according to availability of funds and discussions with WARP and relevant partners during the three workshops listed above (#3-5).

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	After a Contraceptive Logistics Management (CLM) Assessment carried out in The Gambia by AWARE-RH, the Center for Pharmaceutical Management (CPM) was invited to train Reproductive Health program managers and Nursing supervisors as part of interventions to improve RH commodity availability in the Gambia. On behalf of CPM, RPM Plus in collaboration with the department of RH in the MOH in Gambia, conducted a four day training (November 21-25, 2005) in reproductive Health commodity management and Commodities Management Information Systems (CMIS), in Banjul the Gambia.	None	1. Review materials used at the workshop and produce a curriculum for RH commodity management training for mid-level managers. 2. Continue collaboration with AWARE-RH to provide TA to RH program managers as requested.		

**Last Updated:** 04/17/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Brazil**Year** 05**Activity Title** Monitor national study to re-evaluate appropriate drug regimen for TB failures**Activity Manager** Keravec, Joel**Activity #** 2**Task:** A1BR05XXX**Sub-Task:** 60E3G2**Activity Description** RPM Plus will support the implementation and monitoring of a study to test a new regimen containing levofloxacin to remove the currently used drug ethionamide which is not recommended by WHO due to potential serious adverse reactions. The study will also test resistance by the population of currently used TB medicines.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<ul style="list-style-type: none"><li>• Study protocol submitted to Anvisa's national ethics committee</li></ul>	<ul style="list-style-type: none"><li>• Unsure of funding to RPM Plus to support the 3 year study</li></ul>	<ul style="list-style-type: none"><li>• Await response of Anvisa Ethical Committee to study protocol</li><li>• Develop information system for tracking study</li><li>• Develop training materials for study investigators</li><li>• Identify investigators at each study site</li><li>• Conduct informational meeting with study investigators to prepare for launch of study</li><li>• Prepare monitoring and supervision system</li><li>• Analyze the patient treatment outcomes of regimens used in the studies</li><li>• Report findings and recommendations for regimen change</li></ul>		

**Last Updated:** 01/27/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Brazil**Year** 05**Activity Title** Support national study to re-formulate first line TB drugs to fixed-dose combination (FDC) products**Activity Manager** Keravec, Joel**Activity #** 3**Task:** A1BR05XXX**Sub-Task:** 60E3G3

**Activity Description** RPM Plus will provide technical and managerial support to the FDC working group during FY05 to monitor the implementation plan established in FY04 with the goal of bringing the FDC to the national TB program by end of year 2006. The new FDC is under stability studies with results expected in FY05. During this first phase of the project the number of TB products will decrease from 6 to 4.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<ul style="list-style-type: none"><li>. Action plan is being carried out by all stakeholders as originally established with the possibility of shortening the lead time for introducing FDCs into the national TB treatment regimen</li><li>. New products formulations are on last stage of stability testing</li></ul>	<ul style="list-style-type: none"><li>• Difficulties in obtaining Drug Regulatory Authority for entry of Rifinah projected to be used as a reference for the bio-equivalence studies</li><li>• Reduction of funding won't permit significant impact on bioequivalence studies to meet the expected deadlines (producing new lines of FDCs for TB in Brazil)</li><li>• Political changes in the process of election of a new directory for Farmanguinhos / Fiocruz and IPEC / Fiocruz – New articulations are needed, but unclear perspectives of further funding for this activity line turns it difficult to make some significant promises</li></ul>	<ul style="list-style-type: none"><li>. Provide technical assistance in developing a study protocol for evaluating changes of current treatment regimens to FDCs</li><li>. Provide assistance for developing bioequivalence and bioavailability studies necessary to register the new formulations with ANVISA through the Center for Research of IPEC/Fiocruz</li><li>. Hire TB experts to conduct appropriate studies</li></ul>		

**Last Updated:** 01/27/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Brazil**Year** 05**Activity Title** Coordinate decentralization of the quality control system for TB pharmaceutical management**Activity Manager** Keravec, Joel**Activity #** 4**Task:** A1BR05XXX**Sub-Task:** 60DXH4**Activity Description** RPM Plus will continue to use the LabMost tool adapted by RPM Plus in collaboration with local partner INCQS for strengthening the capacity of lab managers and technicians in state laboratories to test TB products and conduct microscopy for TB diagnosis.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Brazil**Year** 05**Activity Title** Coordinate decentralization of the quality control system for TB pharmaceutical management**Project  
Year 6 Q1**

- . First and second phase quality tests are being performed by INCQS and Goias State laboratories according to the Brazilian Pharmacopoeia and USP standards
- . Initiated the third phase involving a new sampling plan to begin in November 2005
- . Strengthened the capacity and ability to meet quality standards of the 3 state laboratories Amazonas, Goiás, and Ceará using the MOST tool in partnership with INCQS
- . Coordinated meetings with stakeholders' working group for analyzing results and actions to take when quality problems appeared after product testing and for new sampling plan
- . Consolidated all TB product test data with ongoing results from INCQS and state laboratory of Goias
- . Field-tested the LabMost for quality system implementation at the National TB Reference Laboratory Helio Fraga during a 3-day workshop
- . On-going 4th revision of the LabMost tool with a new bio-safety component
- . Facilitated the 4th annual convention of INCQS on the 29th-30th- of November and 1st of December applying the LabMost techniques for Quality System Implementation of Drug Quality Testing Labs

- Fear of stockouts limited extension of sample collection according to the sampling procedures established by the stakeholders
- Some orders of chemical reference substances previously acquired with Projeto MSH financial help will not follow the same process this year due to funding reduction: depending on tendering processes by INCQS, acquisition will take more time than last year

- . Continue technical assistance to five strategic Public Health State laboratories to decentralize the analytical capacity of TB drug quality testing at regional level and to strengthen their quality systems (Amazonas, Goiás, Paraná, Ceará, Bahia)
- . Assure the continuity of the current quality assurance activities by continuing articulation with authorities of the MoH
- . Provide technical assistance when needed for complex methodology of quality testing of MDR-TB products like amikacin, ethambutol, terezonid or FDCs (eg. 3-FDC product containing Rifampicin, Isoniazid and Pyrazinamide)
- . Monitor sample collection activities, assuring regular stock repositioning and drug distribution to prevent shortages for patients
- . Expand technical assistance to the State Lab Network and provide proficiency tests to confirm the capacity of TB drug testing promoting success of the decentralized network
- . Workshop on quality testing difficulties for TB drug rifampicin planned for 1st semester 2006

**Last Updated:** 01/27/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Brazil**Year** 05**Activity Title** Implementation of new DMIS system for management of MDR-TB patients**Activity Manager** Keravec, Joel**Activity #** 5**Task:** A1BR05XXX**Sub-Task:** 60G4H5**Activity Description** RPM Plus will continue to provide technical assistance to the Helio Fraga TB Center through local experts knowledgeable in computer manipulation, clinical aspects of MDR-TB and training to carryout implementation of the management information system (DMIS) for improving diagnosis, treatment and management of MDR-TB cases.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	1)Brought database up to date in preparation for the DMIS system going live next quarter 2)Re-organized all data from previous models of datasheet to correspond with format of new DMIS data entry sheets 3)Contacted MDR-TB State Reference Centers to obtain relevant information on data missing from previous versions of the data entry sheet and to strengthen appropriate application of the new data entry sheet 4)Trained reference center personnel and implemented and supervised new procedures in decentralized reference units in the states of Ceará, Piauí, Rio Grande do Norte, Paraíba, Maranhão 5)Presented MDRTB system and updated results on MDR-TB situation in Brazil during the Union conference in Paris, October 2005 (oral communications and poster) 6)Realized a three-day workshop of strategic planning at Clemente Ferreira Institute (MDR-TB Reference Center for São Paulo State) using the new Projeto MSH tool, LabMost to strengthen general management and laboratory technical components	1)Difficulties in obtaining the hosting of the DMIS program on the national website of MoH Health Surveillance for offering automatic download of new datasheets and electronic data transmission 2)CRPHF is in process of tendering to set up the server to provide these services 3)Slowness in getting server setup at CRPHF 4)In the meantime information is flowing from MDRTB reference center to CRPHF using the new data entry sheets either manually or as email attachment and is entered by CRPHF staff.	<ul style="list-style-type: none"><li>• On going definition of dates for training of Sul and Center-West Regions (expected completion 1st quarter of 2006)</li><li>• Publish the final version of the DMIS user guide for the new DMIS (expected completion 1st quarter of 2006)</li><li>• Field test the updated DMIS computer application for accuracy and flow of data</li><li>• Fully decentralize the management of MDR-TB cases in Brazil (during 2nd semester of 2006)</li><li>• Define model and methods for conducting an evaluation of the decentralized DMIS for strengthening diagnosis, treatment and management of MDR-TB cases in Brazil</li></ul>		

**Last Updated:** 01/30/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Cote d'Ivoire - PEPFAR **Year** 05**Activity Title** Coordinate training activities in commodity management for mid-level managers in institutional pharmacies**Activity Manager** Derosena, Michael **Activity #** 2 **Task:** A1CI05HIP **Sub-Task:** 60CXM2**Activity Description** RPM Plus favored a sequential approach beginning with the training of a core of trainers, followed by the adaptation of national materials at PSP-CI for developing a new curriculum in drug management, the testing of the curriculum with a first group of trainers and targeted pharmacists/managers from accredited centers. RPM Plus will assist PSP-CI in rolling out the training plan. Training activities will be accompanied by a follow up and supervision program built on the approach-based indicators and the MSH drug management tool "Inventory Management Assessment Tool" (IMAT).

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	RPM Plus assisted the PSP-CI trainers in the preparation of a generic curriculum in drug management that was tested in July 2005 with a group of 20 pharmacists. The training was conducted by 5 co-trainers with the objective of offering them an opportunity to practice and to develop their training skills. Following feedback received during the workshop, the content of the curriculum was updated and an improved version was used to train another group of 13 pharmacists including 1 district pharmacist, and 7 assistant-pharmacists including 1 district assistant-pharmacist. The rest of participants came from first level ART centers as well as from ART reference centers in Abidjan and in selected regions. This second training workshop also offered another opportunity to review the curriculum and to include 2 new co-trainers to the team of 3 other staff who participated in the previous workshop. The group of trainers performed well. Participants were able to evaluate each session covered as well as the trainers themselves.	None	Extract appropriate sessions from the curriculum to be used for training midwives and nurses from PMTCT centers in inventory management		

**Last Updated:** 06/08/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Cote d'Ivoire - PEPFAR**Year** 05**Activity Title** Strengthen institutional capacity of PSP-CI with emphasis on human resources development and provision of supportive supervision**Activity Manager** Derosena, Michael**Activity #** 4**Task:** A1CI05HIP**Sub-Task:** 60CXH4**Activity Description** RPM Plus will support a diagnosis visit and application of the MSH tool "Management Organizational Sustainability Tool" (MOST) through a structured participatory process allowing PSP-CI to assess its own organizational, management and technical performance. This exercise will help PSP-CI identifying feasible changes that can make the organization more effective, and to generate staff buy-in needed to support improvements identified.

RPM Plus plans also to hire a Senior Program Associate (SPA) for coordinating implementation of RPM Plus activities aimed at strengthening commodity management functions undertaken by PSP-CI. The SPA who is seconded to PSP-CI will act as liaison between PSP-CI and RPM Plus, ensuring that PSP-CI is fully engaged in the delivery of services that promote the availability and quality of essential drugs, with emphasis on HIV/AIDS related drugs and commodities. The SPA will be working closely with the PSP-CI counterparts and interacts with the Ministry of Health (MoH), the USG team, and other collaborating agencies and stakeholders, to ensure that all technical assistance activities comply with the national policies and standards and form an integrated part of PSP-CI's operational plans. The main area of interventions will be at peripheral level, participating in supervision visits to the field jointly with the Global Fund, the National Program for HIV/AIDS (PNPEC) and other staff from the ARV cell at PSP-CI.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Cote d'Ivoire - PEPFAR**Year** 05**Activity Title** Strengthen institutional capacity of PSP-CI with emphasis on human resources development and provision of supportive supervision**Project  
Year 6 Q1**

In response to PSP-CI request for assistance in the evaluation of human resources management practices, RPM Plus facilitated travel to Côte d'Ivoire of 2 consultants from the MSH/Center for Leadership and Management, to assess human resources management issues at PSP-CI through the application of the MSH tool "M.O.S.T" (Management Organizational Sustainability Tool) in light of the expansion of PEPFAR activities and the installation of the drug management software ORION. The process resulted in the identification by PSP-CI staff of their own challenges and the development of an operational action plan to improve the performance of the organization in selected areas. The preliminary findings were presented to the PSP-CI Director who expressed great interest for the exercise and the active participation of the PSP-CI staff that led to an action plan for addressing numerous management issues identified.

Also during this quarter, the RPM Plus pharmacist local advisor seconded to PSP-CI initiated different activities aimed at improving drug management practices at central PSP-CI as well as at peripheral level. At the ARV central warehouse, he applied the MSH inventory management tool (IMAT) that revealed numerous drug management issues and called for immediate actions. IMAT was also applied at PSP-CI for medicines other than ARVs by another pharmacist trained in Amsterdam with support from RPM Plus. The application of IMAT revealed critical drug management issues also at that level. With support from RPM Plus, these

Staffing. One pharmacist advisor is not enough to cover all activities at central and peripheral levels.

- Finalize the M.O.S.T report;
- Extend the implementation of SIMPLE-1 to 4 new ART centers;
- Collect/analyze data on ARV management and provide appropriate recommendations for reinforcing/improving HIV/AIDS pharmaceutical management.

**Workplan:** Cote d'Ivoire - PEPFAR**Year** 05**Activity Title** Strengthen institutional capacity of PSP-CI with emphasis on human resources development and provision of supportive supervision

issues were addressed in an efficient way and positive changes were noted in the set of drug management indicators.

At peripheral level, the RPM Plus pharmacist advisor centered his efforts on the extension of SIMPLE-1 in ART centers, collection of data on patients and patient regimen, availability of ARVs for services delivery, analysis of information collected, recommendations and TA to drug managers at the treatment sites for improving drug management practices.

RPM Plus also disseminated the Expiry tracking sheet to facilitate tracking of short dated products and redistribution to ART centers with urgent needs. The tracking sheet was also introduced and used at PSP-CI central level.

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**Last Updated:** 06/08/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Dominican Republic**Year** 04**Activity Title** Implementation of the Drug Management Information System to assess the availability of TB medicines**Activity Manager** Barillas, Edgar**Activity #** 3**Task:** A1DO04XXX**Sub-Task:** 60CXA3

**Activity Description** RPM Plus will conduct two rapid assessments of the levels of TB pharmaceutical supplies during visits programmed for June and September 2005. The assessments will be concentrated in pilot areas V and VIII, but information collected (electronically and by fax) from other provincial warehouses will be analyzed as well. Due to recent changes in the NTP staff, the visit in June will also serve the purpose of reintroducing the work of RPM Plus and the progress in the implementation of the DMIS to the recently appointed NTP logistics manager.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<p>RPM Plus organized a workshop on September 06 to train local managers on the implementation of the Pharmaceutical Management System (PMS). The workshop included techniques to replicate the training in health facilities. RPM Plus printed the reporting forms to start the scaling up of the PMS in all the country.</p> <p>Training activities at local level and supervision started during the first quarter of FY05 (October-December 05).</p>	<p>A visit to DR was originally scheduled for November 06 to monitor the implementation of the PMS and assess the availability of TB pharmaceuticals and supplies. Since the scaling up activities of the PMS started late (and at a slow pace) RPM Plus agreed with the USAID mission to postpone the visit for Q2-FY05.</p>	<p>A monitoring visit has been scheduled for February 06.</p>		

**Last Updated:** 01/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Dominican Republic**Year** 04**Activity Title** Pilot project for the introduction of FDC in areas V and VIII**Activity Manager** Barillas, Edgar**Activity #** 4**Task:** A1DO04XXX**Sub-Task:** 60G4M4**Activity Description** RPM Plus will provide technical assistance, during a visit tentatively scheduled for June 2005, to design a plan for the introduction of FDC in pilot areas V and VIII. The plan will consider the selection of the FDC, the analysis of procurement alternatives, and the development of training materials.

Once the plan is approved by the NTP authorities, a training on the use of FDC will be organized for NTP personnel in areas V and VIII. This activity is tentatively scheduled for August 2005.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	A follow up monitoring visit on the use of FDC in both pilot areas was scheduled for November/06.	The procurement of FDC through the Global Drug Facility has been delayed for different reasons, therefore the medicines did not arrive to the Dominican Republic during the first quarter of FY05. The monitoring visit was postponed for this reason.	The NTP/ Ministry of Health is in the final stages of the procurement through the GDF. A monitoring visit is scheduled for February 06. During the visit, RPM Plus will also provide TA to estimate the needs for the next procurement.		

**Last Updated:** 01/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Dominican Republic**Year** 04**Activity Title** Strengthening of management capabilities to scale up the Drug Management Information System**Activity Manager** Barillas, Edgar**Activity #** 5 **Task:** A1DO04XXX **Sub-Task:** 60G4H5

**Activity Description** The starting point to scale up the DMIS will be a training of trainers (ToT), tentatively scheduled for September 2005. The responsible of the TB Program in each of the areas and provinces (approximately 38 professionals) will be trained on the use of the manual of procedures and the instruments of the DMIS. The ToT workshop will also include strategies to reproduce the training during supervision visits to health facilities, to monitor the implementation process and to take immediate actions during the supervision visits. Scaling up the DMIS requires strong management skills, for this reason the ToT will be preceded by a workshop for the strengthening of the general management capabilities using the MOST tool.

RPM Plus has programmed resources for the training in management and leadership, for the ToT on DMIS and for the reproduction of materials, but not for supervision visits and additional training activities. This workshop will be cosponsored by the Global Drug Fund.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Two trip reports (one for each workshop) were completed and distributed during this quarter. Trip reports included the proceedings of the workshops and suggestions for a follow up.	No constraints	None		

**Last Updated:** 01/19/2006





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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Dominican Republic**Year** 05**Activity Title** Update monitoring and evaluation procedures for the NTP**Activity Manager** Barillas, Edgar**Activity #** 4**Task:** A1DO05XXX**Sub-Task:** 60G3H4**Activity Description** During the last quarter of FY05, RPM Plus, with the support of MSH/CHO, will provide technical assistance to review the norms and adjust the monitoring and evaluation procedures and forms of the NTP.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	No activities planned for this quarter.	The update of monitoring and evaluation procedures can only be done after the evaluation of the pilot (and initial implementation phases) of the Pharmaceutical Management System and the use of FDC.	Visit to DR on February 06 to review the advance in these processes.		

**Last Updated:** 01/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Dominican Republic**Year** 05**Activity Title** Automated information system adjustment for the incorporation of the DMIS**Activity Manager** Barillas, Edgar**Activity #** 5**Task:** A1DO05XXX**Sub-Task:** 60G4H5**Activity Description** RPM Plus has programmed resources for the development of the module and training exercises in the provinces / areas.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	No activities planned for this quarter.	Due to bureaucratic obstacles and competing priorities, training activities to scale up the PMIS started late (and at a slow pace) on the first quarter of FY05 (October-December). The automated system will only be worked after the manual system is fully implemented and evaluated.	During the visit to DR programmed for February/06, RPM Plus will assess the progress in the implementation of the Pharmaceutical Management System in all the country.		

**Last Updated:** 01/19/2006



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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Ethiopia PEP 1.5**Year** 04**Activity Title** TA in drug supply management**Activity Manager** Daniel, Gabriel**Activity #** 3**Task:** A1ET04HIP**Sub-Task:** 60CXH7**Activity Description** Provide assistance to PASS, RHBS, HFs in selection, quantification, procurement, clearance, storage and distribution of ARVs in collaboration with IDA, PHARMID and key partners with TA from RPM Plus

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<p>Collective pipeline was prepared in collaboration with MOH/GF which leads us towards one program.</p> <p>Distribution has been made for additional 6570 ART clients as scale up which takes up to total of 14,000 ART clients under PEPFAR/E.</p> <p>Distribution history for both PEPFAR and GF was compiled into the same spreadsheet starting from the first round distribution.</p> <p>January-April treatment targets have been worked out and put into a table with the distribution breakdown.</p> <p>Started receiving complete shipping documents for third round procurement was faster than the previous one.</p> <p>PMTCT: All PMTCT sites are visited at least once per month by RPM Plus Regional Pharmaceutical Associates.</p>	<p>Some ART sites ran out of ARV stock with documents showing lower uptake than distributed.</p>	<p>Preparation for January-April new and old distribution.</p> <p>Move towards having the same logistics system for both GF and PEPFAR programs.</p> <p>Move towards strengthening capacity at regional health bureau.</p>		

**Last Updated:** 04/13/2006

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**Workplan:** Ethiopia PEP 1.5**Year** 04**Activity Title** TA in MIS and M&E**Project  
Year 6 Q1**

- Extracting and compiling weekly and monthly reports from both manual and electronic systems of Drug Dispensing and Inventory Tracking Tools.
- Technical support for MSH and Health facilities.
- Ensuring continuous printing and distribution of MIS formats to new and old ART sites.
- Reviewing reports coming from ART sites.
- Supporting RPAs on issues related to MIS.
- Providing technical assistance to ART sites on all aspects of drug supplies management on demand and/or through supportive supervision.
- Reviewing MIS training manual and SOP documents on a continuous basis according to recent changes.
- Developing standard inventory tracking format. Completed inventory tracking formats for the year 2005 are being received from facilities.
- Written newsletter on SOP/MIS – the draft is already distributed for comments.

Lack of computers in all health facilities.

**PMTCT:**

- Joint progress report was prepared and submitted to AXIOS for more donations of Neverapine tablets, suspension and determine test kits.

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**Last Updated:** 04/13/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Ethiopia PEP 1.5 **Year** 04**Activity Title** Human Resources capacity/training**Activity Manager** Daniel, Gabriel **Activity #** 8 **Task:** A1ET04HIP **Sub-Task:** 60CXM3**Activity Description** Provide technical assistance in training and provision of reference materials in ARV drug management and ART

Training will focus on pharmacists, physicians, nurses and lab personnel, and will include study tours to model facilities and externally.

Organize and participate in workshops/conferences to share experiences and networking

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<p>4 training have been conducted during this period, 2 on Management and Rational Use of Antiretroviral Drugs for Pharmacy Personnel, 1 on ARV Drugs Management Information System: the Role of Data Clerks, 1 on Management Information System for ARV Drugs at Health Facilities, , and 2 on HIV Care and ART/MIS.</p> <p>179 trainees participated in the trainings, including 81 pharmacists, 65 druggists, 22 pharmacy technicians, and 11 other professionals, from 11 different regions. In addition training on Management Information System for ARV Drugs at Health Facilities has been given by MSH/RPM Plus to a total of 22 4th year pharmacy students who have been deployed to ART sites for 3 months.</p> <p>Collaboration with Partners: Participated in the pharmacy ART training curriculum revision prepared by MOH and I-TECH.</p>				

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**Last Updated:** 04/13/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** MAC-Field Support-Ghana                      **Year** 03**Activity Title** Assess the quality of antimalarial drugs in the private sector**Activity Manager** Citysoft Admin                                      **Activity #** 2    **Task:** A1GH03MAC                      **Sub-Task:** 60DXH2**Activity Description** As a follow up to the previous activity, RPM Plus will assess antimalarial drug quality in the private sector and work with the MOH to address any potential problems identified in this area. Discussions will be held with the Ghana MOH to potentially address the quality of antimalarials in the public sector.

This activity is expected to occur in the forth quarter of FY 2003.

**Project  
Year 6 Q1**

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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None

**Last Updated:** 04/17/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** MAC-Field Support-Ghana                      **Year** 04**Activity Title** Technical assistance to the National Malaria Control Program for implementation of the new antimalarial drug policy**Activity Manager** Tetteh, Gladys    **Activity #** 1    **Task:** A1GH04MAC                      **Sub-Task:** 60A4H1**Activity Description** RPM Plus will assist Ghana with the development of a transition plan which incorporates a strategic plan and an implementation plan to facilitate implementation of the new policy. In addition, RPM Plus will participate in and contribute to meetings concerned with malaria treatment and prevention and policies. Technical inputs into finalization of the antimalarial drug policy, guidelines and training manuals will also be activities used to support the NMCP during the period prior to and during implementation of the new drug policy.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	In October 2005, RPM Plus traveled to Accra, Ghana to review the progress of the ongoing RPM plus activities in the country and to meet with the NMCP to plan for additional support for the implementation of the ACT policy. During this visit it was agreed that RPM plus would conduct a rapid baseline assessment of the malaria knowledge and dispensing practices for antimalarial medicines of the pharmacy retail outlets in support of the planned training of private providers by the NMCP. RPM plus would also organize a dissemination workshop to discuss the results of the availability and quality survey that was done in 2004.		1. Preparations for the baseline survey 2. Discuss, and agree, on a date for the dissemination workshop with the Ghana FDB, CMS, NMCP and with USP.		

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**Last Updated:** 06/16/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Honduras**Year** 01**Activity Title** Conduct TB drug management training-of-trainers workshop and hands-on assistance for selected trainers.**Activity Manager** Paredes, Patricia**Activity #** 2**Task:** A1HN01XXX**Sub-Task:** 60F3E2**Activity Description** RPM Plus will conduct a TOT workshop for the TB regional managers and members of the national team.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	After a long delay because of the tragic death of the TB Manager and political instability in the country, the NTP requested RPM Plus to organize a workshop for local TB managers and personnel responsible of warehousing of TB medicines. The training modules and presentations were developed during PY6-Q1. The workshop was scheduled for February 06.	The workshop is going to be co-sponsored by the Global Fund. Resources were not mobilized on time by the NTP to organize the workshop on February 06.	The workshop was rescheduled for March 06. The details of the organization will be discussed with the NTP and the Global Fund during the following weeks.		

**Last Updated:** 01/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Honduras**Year** 01**Activity Title** Technical assistance and follow-up visit.**Activity Manager** Paredes, Patricia**Activity #** 3**Task:** A1HN01XXX**Sub-Task:** 60F3H3**Activity Description** Follow-up of country activities will be done in coordination with the national TB managers. RPM Plus will communicate through telephone and electronic mail, providing technical assistance to country managers during the stages of monitoring activities. A report will be prepared after this second workshop to assess the need for further technical assistance by RPM Plus and the areas where this assistance might have more impact.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	The training workshop on Distribution of TB Pharmaceuticals and commodities will provide the opportunity to provide TA to the NTP on Pharmaceutical Management. Depending on the NTP interest, another visit can be scheduled for 06.	Long delay in the implementation of this activity was because of the tragic death of the NTP manager, and constant political instability in the country.	Visit programmed for March 06		

**Last Updated:** 01/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Kenya COP**Year** 05**Activity Title** Plan and coordinate collaboratively with MEDS and USG PEPFAR Inter-agency team for procurement and distribution**Activity Manager** Wangai, Mary**Activity #** 2**Task:** A1KE05HIP**Sub-Task:** 60CXH2**Activity Description** RPM Plus will work closely and collaboratively with USG PEPFAR Inter-agency team , MEDS and NASCOP to assist in the timely national planning of drug requirements, quantification/forecasting, procurement , distribution planning and documentation of the utilization of ART commodities by USG supported sites. Activities will include gathering and collating information stock levels and usage rates to assist commodity planning, acquisition and distribution to sites in a timely manner.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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Workplan: Kenya COP

Year 05

Activity Title Plan and coordinate collaboratively with MEDS and USG PEPFAR Inter-agency team for procurement and distribution

**Project  
Year 6 Q1**

1. Procurement of ARVs  
RPM Plus worked closely with the USG PEPFAR inter-agency team and MEDS to ensure that ARV drugs were procured and delivered into MEDS in accordance with the purchase orders. By the end of December 2005, all the ARV drugs which were to be procured in PY5 had been delivered into MEDS. New purchase orders were also issued to suppliers for delivery during PY6. RPM Plus worked closely with MEDS and the USG inter-agency team in the procurement planning. The rate of delivery of drugs into MEDS by suppliers was used to inform the rate of commodity distribution to sites.

2. Distribution of ARVs to sites  
RPM Plus worked collaboratively with MEDS and the Inter-agency team in ensuring that the ARV drugs were distributed to Kenya PEPFAR program approved sites. The distribution was done in such a way that drugs were delivered directly to the sites from MEDS. A demand based system was used to issue ARV drugs to the sites, and this was done on a monthly basis. ARV Orders from the sites were made using order books made specifically for that purpose.  
By 31st December 2005, 72 sites were receiving ARVs from MEDS with assistance of RPM Plus.

3. Monitoring utilization of ARVs by sites  
RPM Plus worked with the Kenya PEPFAR Inter-agency team to monitor the utilization of ARVs at ART points of service. A monthly summary report was used to collect information on ART commodity status/utilization as well as on patient service statistics. By

1. Procurement of ARVs

- Delayed procurement due to USG source and origin waiver requirements. This delayed the issuance of purchase orders by MEDS to suppliers as the whole process had to be finalized for the
- Less funds to buy requisite drugs. Since the ARV drugs that were procured were mainly the branded ones, the funds availed were insufficient due to their high prices. The limited list of drugs to be procured was due to the fact that FDA-approved generic ARV drugs that were key to program scale-up, had not yet been registered in Kenya, and thus were not available for procurement.
- Poor supplier performance and long lead times.
- Budgetary adjustments that constrain forecasting. The procurement quantities had to be adjusted to match the available funds, meaning that key drugs could not be procured in sufficient quantities.
- A global shortage of Stavudine from the manufacturer of the branded drug slowed down the growth rate of the program as Stavudine is an important backbone of the regimen as specified in the NASCOP treatment guidelines.

2. Distribution of ARVs to health facilities

- Some sites were ordering ARV drugs which comprise the first

1. Work collaboratively with MEDS and the Inter-agency in the quantification and forecasting of ARVs and procurement from approved suppliers.

2. Assist MEDS in following up with suppliers in an attempt to shorten the lengthy lead times.

3. Provide technical assistance to sites to improve their management of data and subsequent reporting on ARV drug utilization. This will be through the use of tried and tested manual tools developed by RPM Plus for commodity management. For those sites that are able to afford computers, they will be provided with the computer based ART dispensing tool developed by RPM Plus to assist in managing data for both the patients receiving drugs, and the stocks within the pharmacy.

4. Work collaboratively with ART sites and the Inter-agency team in providing the necessary data management tools to improve site reporting to MEDS.

**Workplan:** Kenya COP**Year** 05**Activity Title** Plan and coordinate collaboratively with MEDS and USG PEPFAR Inter-agency team for procurement and distribution

collecting and collating this information from the sites, it was possible to ensure that sufficient ARV drugs were maintained at the central stores (MEDS) all the time. Follow ups were made by RPM Plus to the sites to discuss the status of their ARVs and advise on issues related to ARV utilization. The feedback from sites was thus useful in informing the Interagency team and MEDS on effective and efficient planning for commodity acquisition and distribution to sites in a timely manner.

line regimen and yet they were receiving the same drugs as fixed-dose-combinations from the public sector. This caused confusion in some sites as it was not clear on which patients to be put on ARVs supplied through MEDS and which ones to be put on the FDCs supplied through the public sector.

- Some sites were still not able to place their orders in a timely manner. This was due to various reasons e.g. excessive workload, responsible persons for placing orders being absent etc.

3. Data collection and collation on ARV drug utilization

- Generalized lack of critical ART commodity access and use data at central level
- Lack of tools to track commodity utilization and patient service statistics at the points of service.
- Some sites had a very high patient load and their use of manual data collection tools made the process slow and cumbersome.
- Some sites do not have skilled staff to manage their data in order to prepare accurate reports on drug utilization.
- Missing data from the sites at times in some of the reports
- Late reporting by sites.

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**Last Updated:** 04/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to build the capacity of MEDS to support the scale up of access to and rational use of ART in Kenya**Activity Manager** Thuo, Michael**Activity #** 3**Task:** A1KE05HIP**Sub-Task:** 60EXH3**Activity Description** RPM Plus will work with MEDS and USAID/Kenya , CDC/Kenya to identify activities and technical assistance inputs needed to build the capacity of MEDS to support the USG strategy for Kenya. Activities will include;

- Technical assistance to strengthen MEDS Management Information Systems (MIS),
- Improving the HR Capacity for commodity management through training and mentoring,
- Strengthening the Quality Control (QC) Laboratory,
- Strengthening the Training, Supervision and M&E initiatives.

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

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Workplan: Kenya COP

Year 05

Activity Title Provide technical assistance to build the capacity of MEDS to support the scale up of access to and rational use of ART in Kenya

**Project  
Year 6 Q1**

1. Technical Assistance to strengthen MEDS Management Information System

- During this period, RPM Plus continued discussions with MEDS on strengthening of their management information system. Due to the workload associated with the Kenya PEPFAR ART program scale up, not much was accomplished in this period. MEDS would continue to review their other MIS needs and submit to RPM Plus for further discussion.

2. Improving the HR Capacity for commodity management through training and mentoring,

- RPM Plus provided technical assistance to MEDS in ART commodity quantification for the Kenya PEPFAR program. The quantification was done jointly between RPM Plus and MEDS.
- A quantification training scheduled for this quarter had to be rescheduled to a later date quantification training for other MEDS staff was postponed due to excessive workload. It will be scheduled for a later date.

3. Strengthening the Quality Control (QC) Laboratory

- As part of the streamlining within the laboratory, MEDS have been able to develop a sampling plan for laboratory testing in addition to the standard operating procedures. MEDS have also been able to apply for accreditation from WHO for the laboratory. Consultations are ongoing on the type of upgrading required for the laboratory to be approved as a WHO accredited laboratory. MEDS have also participated in some meetings organized by the laboratory interagency coordinating

1. Technical Assistance to strengthen MEDS Management Information System

- The excess activities associated with the scale up under PEPFAR made it difficult for MEDS staff to fully focus on strengthening of the MIS.

2. Improving the HR Capacity for commodity management through training and mentoring,

- Time constrains by MEDS such that they have not been able to come forward with the core team that is to drive forward the various activities i.e. supervision, training, M&E. This was partly attributable to the staffing constrains at MEDS especially with the rapid scaling up activities by the Kenya PEPFAR Initiative.

3. Strengthening the Quality Control (QC) Laboratory

- Procurement of more equipment for the QC laboratory has not yet been done as this is capital intensive and requires special arrangements especially in terms of funding.

4. Strengthening the training, supervision and M&E Initiatives

- Staffing constrains at MEDS especially with the rapid scaling up activities by the Kenya PEPFAR Initiative.

1. Continue working closely with MEDS staff on strengthening the MIS design and implementation.

2. Work closely with the MEDS operations team in developing standard operating procedures for the laboratory, as well as identifying key partners that could assist in the procurement of key laboratory equipment.

3. Work closely with MEDS in training more staff in specific areas of commodity management e.g. quantification and forecasting of ART commodities

**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to build the capacity of MEDS to support the scale up of access to and rational use of ART in Kenya

committee, which is in the process of developing a National Laboratory Policy and Strategic Plan.

4. Strengthening the training, supervision and M&E Initiatives

- MEDS have been putting together information needs for the various departments with a view of strengthening their M&E system. The work is still ongoing.
- RPM Plus assisted MEDS in carrying out evaluations for some of their sites, during a competition run by MEDS to reward sites served by MEDS, and that are running a successful HIV/AIDS program.
- RPM Plus provided TA in tracking commodities from suppliers into MEDS and between MEDS and the PEPFAR-assisted sites.
- RPM Plus also continued providing support to MEDS in monitoring the utilization of ARV drugs by sites.

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**Last Updated:** 04/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to build the capacity of MOH/NASCOP to support access to , and rational use of, quality pharmaceutical**Activity Manager** Thuo, Michael**Activity #** 4**Task:** A1KE05HIP**Sub-Task:** 60AXH4**Activity Description** RPM Plus will work with Ministry of Health, USAID/Kenya, CDC/Kenya , other USG agencies and cooperating partners to identify activities and technical assistance inputs needed to build the capacity of NASCOP to improve access to and use of quality pharmaceutical products for national ART programs

Activities will include :

- ? Support to the MOH/NASCOP national ART Task Force Drug sub-committee activities;
- ? Support to the MOH/NASCOP national ART Task Force Training sub-committee activities ;
- ? Support to the MOH/NASCOP national ART Task Force Planning & Operations sub-committee activities.

Other central level activities include participating in workshops to develop national training curricula on commodity management; training of regional ART teams management and leadership elements in support of ART commodity management activities; developing/updating standard treatment guidelines, developing monitoring and evaluation indicators and instruments, and patient medication counseling materials and methodologies.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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Workplan: Kenya COP

Year 05

Activity Title Provide technical assistance to build the capacity of MOH/NASCOP to support access to , and rational use of, quality pharmaceutical

**Project  
Year 6 Q1**

1. National ART Task Force-Drug subcommittee  
 • Participated in and supported updating of ART Standard treatment guidelines. 2. National ART Task Force-Planning & Operations Subcommittee  
 • Participated in review of terms of reference for the committee. Proposed TOR were adopted by committee. 3. National ART Task Force-Systems Subcommittee  
 • Participated in ongoing discussions to evaluate current electronic medical records in use by various ART partners countrywide and to identify one common system. Participated in discussions to assist NASCOP design & obtain an IT based solution for capturing ART data at central level from private sector partners. Participated in discussions on accreditation of ART sites, decentralization of ART services. 4. Pediatric ART Steering Committee  
 • Participated in discussions and strategic planning for scale up of pediatric ART, training of HCW on pediatric ART, need for Pediatric IEC materials and review of national pediatric ART assessment. Minutes of meetings available. 5. National ART Communication sub-committee  
 • Participated in discussions and review of National ART communication strategy. 6. Support to NASCOP training efforts  
 • Supported and Participated in final editing of National training curriculum on ART for comprehensive HIV/AIDS care. Final Print now available.  
 • Completed testing and review of "Curriculum on effective management of ART commodities for Health Care

1.National ART Task Force-Drug subcommittee  
 • Weak policy framework at central level and competing priorities at MoH continue to hamper expedient development of pharmacovigilance policy for ARVs  
 2. National ART Task Force-Planning & Operations Subcommittee  
 • Need to review terms of reference frequently as National ART program grows and new challenges are identified for committee to remain relevant  
 1. National ART Task Force-Systems Subcommittee  
 • Lack of adequate financial support in order to implement accreditation tool  
 • Lack of mentorship program to facilitate decentralization of ART services  
 • Stakeholders have conflicting priorities making consensus building difficult  
 4. Pediatric ART Steering Committee  
 • Challenges in quantification of ARV drugs and poor uptake of Pediatric ART services. 5. National ART Communication  
 • Inadequate financing to meet the IEC needs  
 6. Training Sub committee  
 • Shortfall in funding to conduct the necessary training  
 • Inadequate expertise to implement preceptor/mentorship program that would enhance ART delivery  
 7. Implementation of Commodity

1. National ART Task Force-Drug subcommittee  
 • Continue to advocate for need to develop pharmacovigilance policy for ARVs. Liaise with Department of Pharmacy /MoH and PPB  
 • Continue to liaise with NASCOP to develop and roll out of commodity management tools  
 2. National ART Task Force-Operational Research Subcommittee  
 • Identify operational research opportunities relevant to MSH/RPM Plus technical activities, conduct and disseminate findings  
 3. National ART Task Force-Systems Subcommittee  
 • Work with NASCOP/KEMSA to further strengthen and adapt ITT for use at central level to capture necessary data to meet NASCOP information needs on ART program.  
 • Continue to work with NASCOP in adaptation of MSH/ART dispensing tool to meet NASCOP priority areas for data at facility level  
 • Continue to roll out MSH/ART dispensing tool to facilities that have appropriate capacity  
 4. Pediatric ART Steering Committee  
 • Continue to support and participate in strategic planning for scale up of

**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to build the capacity of MOH/NASCOP to support access to , and rational use of, quality pharmaceutical

Workers in Primary Health Care Settings in Kenya. Draft 3 now available for editing by MSH.

- Trained 25 GOK/MOH sites on effective management of ART commodities for Health Care Workers in Primary Health Care Settings. 7. Implementation of Commodity management tools
- Either by OJT at site or in MSH office or in training workshops for 30 MoH sites nationally this quarter. These included the electronic MSH/ART dispensing tool, MSH chart to track expiry dates of drugs, Standard Operating procedures for Pharmacy in support of ART services, Charts on Patient counseling checklist for ART and inventory management tools (bin cards, dispensing records, consumption reports).

8. Development/updating of MIS and M&E commodity management indicators and instruments.

- Supported/facilitated workshop on design of a harmonized drug management data collection system for all art providers. • Participated in National workshop to review the HIV/AIDS/STI integrated data tools. Draft of workshop outputs available.

management tools

- Lack of clear national indicators for ART commodity management still means that tools are not harmonized which means there is some hesitation in planning the way forward
- 8. Development/updating of MIS and M&E commodity management indicators and instruments.
- Lack of single approach "One" to information gathering/ tools and M& E for ART commodity management at central level

pediatric ART, training of HCW on pediatric ART and need for Pediatric IEC materials.

5. National ART Communication

- Continue to participate in roll out of communication strategies to enhance ART uptake nationwide
- Assist NASCOP in development o patient education materials for pediatric and adult ART
- 6. Support to NASCOP training efforts
- Use alternative low budget strategies in order to continue to meet demand training in ART commodity management for all levels of care.
- Identify staff who have undergone previous training and build their capacity to train others locally
- Develop and test a strategy for follow up and support supervision to sites already trained in order to build capacity within facilities

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**Last Updated:** 04/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Kenya COP**Year** 05**Activity Title** Conduct assessments in potential ART service delivery points to determine their readiness for the provision of Pharmaceutical**Activity Manager** Thuo, Michael**Activity #** 5**Task:** A1KE05HIP**Sub-Task:** 60CXA5**Activity Description** RPM Plus will continue conducting the rapid commodity management site assessments of potential sites as requested by the USG team and PEPFAR treatment partners in order to establish their readiness for providing pharmaceutical services in support of ART program scale up. The rapid assessments (usually lasting for a duration of one day), are also intended to elicit commodity management gaps existing at the sites and to guide system strengthening efforts.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Kenya COP**Year** 05**Activity Title** Conduct assessments in potential ART service delivery points to determine their readiness for the provision of Pharmaceutical**Project  
Year 6 Q1**

1.1 Assessments were done in 4 facilities (Ishara SDH, Meru DH, Meru South DH and Isiolo DH)

? The 4 facilities assessed were Ministry of Health sites supported by Elizabeth Glaser Pediatric AIDS Foundation.

? All assessments were done to establish the extent of site readiness and institutional and HCD needs ahead of start of pediatric ART.

? Key areas assessed included:

- a) Human Capacity Development (Numbers, cadres and training status)
- b) Infrastructure supporting ART commodity management
- c) Availability and use of policies and guidelines for ART commodity management
- d) Status and use of Pharmaceutical management information systems
- e) Availability and use of SOPs that support ART commodity management
- f) ART prescribing and dispensing practices

? Review of ART Inventory records was done in all the facilities visited

1.2 Identification and documentation of gaps and challenges in the key areas assessed.

This was done in all the 4 facilities. All of the facilities had pre-existing GoK supported adult ART programs.

1.3. Stipulation of recommendations/interventions to address the identified gaps and challenges was done in all the 4 sites

? During the site assessments, poor record keeping delayed the data extraction process and hence quantification of pediatric ARVs.

? Share assessment findings with site managers and supporting partner  
? Training of staff dispensing ARVs in ART commodity management and use of MSH designed ART dispensing tool

**Workplan:** Kenya COP**Year** 05**Activity Title** Conduct assessments in potential ART service delivery points to determine their readiness for the provision of Pharmaceutical

1.4. During site assessments:

? Rapid orientation on the use of manual MIS tools in support of ART commodity management was done in 3 of the facilities (Meru DH, Meru South DH and Isiolo DH). The tools included: ARV Drug Daily Issues Record, Medication Use Counseling Checklist, Chart to Track the Expiry Dates of Drugs and ART Patient Dispensing Record  
? Copies of the above MIS tools were given to each of the above facilities.

1.5. Progress on products

? 4 site assessments reports were written and are available.

**Last Updated:** 04/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to national efforts in strengthening pharmaceutical services in support of ART**Activity Manager** Thuo, Michael**Activity #** 6**Task:** A1KE05HIP**Sub-Task:** 60CXH6**Activity Description** RPM Plus will provide technical assistance to strengthen pharmaceutical services in support of ART services. Technical assistance will include:

- ? Initiating and strengthening commodity management activities at ART sites in support of program scale up
- ? Initiating commodity management plans of action collaboratively with site staff
- ? Supporting ART treatment partners

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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Workplan: Kenya COP

Year 05

Activity Title Provide technical assistance to national efforts in strengthening pharmaceutical services in support of ART

**Project  
Year 6 Q1**

1.0 Initiating and strengthening commodity management activities at ART sites in support of program scale up

- Commodity management training:
  - ? Two courses on effective management of ART commodity management for primary health care facilities conducted
  - ? Completed and tested draft of "Curriculum and Implementation guide of effective management of ART commodities for primary health care facilities
- Assist in setting up ART management structures
  - ? Assisted FBO organization with satellite sites in hiring of pharmaceutical technician and provided direct technical assistance to technician at facility on organization of ART commodity management practices for all sites
- Developing site-based implementation plans, where necessary:
  - ? Provided one day training incorporated in commodity management training for 16 ART sites on MTP process of developing site based ART commodity management implementation plans

2.0 Initiating commodity management plans of action collaboratively with site staff to address:-

- Development of SOPs and forms
  - ? Training on process of developing Standard Operating Procedures for Pharmaceutical Services in support of ART incorporated into ART commodity management training course.
  - ? Dissemination of Standard Operating Procedures for Pharmaceutical Services in support of ART from CPGH initiated
- Use of inventory management tools

- Limitations in ability to assist sites with infrastructure and equipment needs which is a major constraint to program scale up
  - Lack of adequate pharmaceutical staff in facilities to train in ART commodity management to support scale up
  - Lack of institutionalized systems (e.g. DTCs) in facilities which can house or drive efforts that support ART management structures or site based implementation plans to improve ART services
  - Lack of National standardized pharmaceutical ART SOPs and forms to harmonize activities in support of ART
  - Lack of National indicators and MIS/M&E plan for ART commodity management
  - Lack of National harmonized ART data collection tools
  - Lack of clear National guidelines on best practices standards for ART sites or an accreditation system

- Continue training on commodity management for all levels
  - Decentralize training on ART commodity management particularly for Primary Health Care
    - Liase with NASCOP to develop a simple strategy for support supervision and mentorship of ART sites beginning with Nairobi Province
    - Identify facilities to use as a learning site for implementation of MTP process and develop ART commodity management plan of action with site staff
  - Continue to disseminate ART commodity management tools nationwide
  - Continue to work with sites to build adequate drug management information systems in support of ART using available electronic or manual tools
  - Support efforts at central level to develop a National MIS/M&E framework specifically for ART commodity management

**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to national efforts in strengthening pharmaceutical services in support of ART

? Development of ready to use inventory management tools in support of PEPFAR program completed and dissemination initiated (Bin cards, ART Dispensing records, ART prescription forms, MSH chart to track expiry dates of drugs)

? Training (either OJT or in workshops) on use of inventory management tools for Gok and nonGok ART sites

- Design and implementation of robust ART Drug Management Information Systems

? Ongoing direct support/training to ART sites on implementation and use of electronic MSH/ART dispensing tool and other manual tools

- On going training and monitoring for performance improvement at site level

? Developed and conducted preliminary testing of supervisory checklist to assist in assessing improvements at site level

3.0. Supporting ART treatment partners by assisting in:

- Training of clinical service providers in commodity management for ART

? Held one training course for 16 sites of AIDSRelief in commodity management for ART

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**Last Updated:** 04/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to the Department of Pharmaceutical Services to strengthen ART policy, practice, and regulatory**Activity Manager** Thuo, Michael**Activity #** 7 **Task:** A1KE05HIP**Sub-Task:** 60A4H7

**Activity Description** RPM Plus will work with the Department of Pharmaceutical Services and its institutions,( eg, the Pharmacy and Poisons Board, National Quality Control Laboratory, ) to support the policy and practice reform agenda aimed at strengthening national skills and capacity in commodity selection, quantification, procurement, distribution, quality assurance and appropriate use of commodities needed for the treatment and care of PLWHA. RPM Plus will also support activities by the Pharmacy professional association, the NGO/private sector aimed at improving access and use of ARVs and other medicines in support of the national ART programme.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<p>1. Discussions were held with the Department Of Pharmacy on the development of a strategic plan to guide the pharmaceutical sector and review of the National Drug policy</p> <p>2. .ARV order books and monthly consumption reporting books distributed to 4 more PEP supported sites; Mutomo Mission Hospital, Vihiga District Hosp, Kisii District Hosp, and Kilifi District hospital. Orientation on the use of the books was also conducted</p> <p>3. Monthly reports on the monthly consumption summary were also sent for and received. 43 out of 50 (80%) sites sent in their reports on a timely basis.</p>	<p>? DOP had conflicting priorities followed by staffing constraints with the key contacts being on leave.</p> <p>? Monthly consumption summary reports were not received from sites that lacked daily dispensing capturing tools and from sites that had several satellites service delivery points.</p>	<p>? Daily dispensing record tools (manual) were formulated and are now being pretested.</p> <p>? The electronic dispensing tool was introduced to additional sites especially the sites with heavier work loads</p>		

**Last Updated:** 04/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to national efforts in strengthening laboratory services in support of ART programs**Activity Manager** Thuo, Michael**Activity #** 8**Task:** A1KE05HIP**Sub-Task:** 60DXH8**Activity Description** RPM Plus will provide technical assistance to strengthen laboratory services in support of ART by working synergistically with other members of the national laboratory team. All RPM Plus laboratory activities will be conducted under the auspices of the National Public Health Laboratory Services—the department of Kenya MOH charged with providing technical and tactical oversight for all laboratory services in Kenya

Technical assistance will include:

- Support to National Level activities
- Supporting NPHLS activities aimed at scaling up laboratory activities
- Implementing good laboratory practices in support of ART

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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Workplan: Kenya COP

Year 05

Activity Title Provide technical assistance to national efforts in strengthening laboratory services in support of ART programs

**Project  
Year 6 Q1**

1 Developed a draft National Laboratory Strategic Plan developed based on the draft National laboratory policy recommendations and the MOH The Second National Health Sector Strategic Plan of Kenya ( NHSSP II 2005-10) jointly with MOH/NPHLS and Partners

2. Developed Training Materials and curriculum for Development of a curriculum for comprehensive lab training in support of ART services . Key aspects covered included :

- a) Quality assurance,
- b) SOPs for laboratory practices
- c) ART laboratory commodity inventory management
- d) Rational use of laboratory equipment and reagents
- e) Lab data management , reporting, and use
- f) Good Laboratory Practices( GLP)
- g) Universal Precautions and
- h) Establishment of Networks for CD4 Testing for Nyanza province in support of ART program

3. Conducted a 5-day Comprehensive laboratory training workshop for 31 laboratory technologists from 16 ART sites in Nyanza Province jointly with NPHLS and CDC

4 Conducted a 5 day comprehensive lab training workshop for 30 lab technologists from 18 ART sites in Coast Province jointly with NPHLS

5. Supported dissemination of a better practice on establishing Good Laboratory

- Delay in getting feedback on the Lab Policy Recommendations from the MOH senior echelons tends to hinder dissemination of the same policy

- Finalize the draft Proceedings of the Training Reports for Nyanza and Coast
- Continue to provide assistance to national efforts on the Lab national policy and Strategic Plan
- Provide Technical support to NPHLS to review with partners and stakeholders the draft Lab National Strategic Plan developed in this quarter
- Revise and finalize the Training materials and the curriculum for the Lab Comprehensive Training based on the training evaluation outcomes
- Develop generic tools for good management of laboratory testing- SOPs - as needed in partnership with MOH/NPHLS and partners
- Finalize the Report of the Proceedings for the Familiarization on the Laboratory Services in support of ART
- Support MOH/ NPHLS through active participation as a member of the LAB ICC

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to national efforts in strengthening laboratory services in support of ART programs

Practices by sponsoring a Poster presentation at the 2005 annual conference of the Association of Kenya Medical Laboratory Scientific Officers in Eldoret, Kenya in December 2005  
6. Provided Strategic Laboratory Information to MOH/NPHLS and Lab Interagency Coordinating Committee( Lab ICC) stakeholders and implementers by conducting a 3 day Orientation and Familiarization tour to key Nairobi-based laboratories and suppliers of lab equipment and supplies in support of ART

**Last Updated:** 04/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Kenya COP**Year** 05**Activity Title** Respond to requests to participate and support Emergency Plan national coordination meetings, workshops, site visits/study tours as**Activity Manager** Thuo, Michael**Activity #** 9**Task:** A1KE05HIP**Sub-Task:** 60F8N9**Activity Description** This activity includes responding to requests from USG partners, collaborators, and MOH counterparts to support meetings, training workshops, and site visits as requested. RPM Plus will also undertake regional and site based stakeholder support supervision missions jointly with other stakeholders.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Kenya COP**Year** 05**Activity Title** Respond to requests to participate and support Emergency Plan national coordination meetings, workshops, site visits/study tours as**Project  
Year 6 Q1**

1. Responding to requests from Kenya PEPFAR Inter-agency team  
RPM Plus responded to the following technical requests from the Inter-agency team:

- Quantify jointly with MEDS for the COP 2005 on behalf of the USG Inter-agency team for the Kenya PEPFAR Program.
- Update the Inter-agency team on the status of the commodity supply for the PEPFAR assisted sites.
- Regular updates to the USG Inter-agency team on the local registration status of FDA-approved ARV generic drugs
- Inform the USG inter-agency team on the costs of HIV/AIDS treatment and care in private settings as part of the planning for ART roll out.
- Communication to other partners on the commodity supply related issues e.g. advise sites on scale up following shortages of specific first line ARV drugs supplied under PEPFAR.
- Attending briefing meetings at the USAID-Kenya offices, and updating the USG-Kenya mission on RPM Plus activities.

2. Coordinating Inter-agency meetings  
RPM Plus coordinated and participated in the following meetings:

- A meeting held at CDC offices to review the ARV stock position. The meeting was between the USG inter-agency team, MEDS, RPM Plus and AIDS Relief/CRS.
- A meeting held at MEDS to review the status of ARVs being procured for the Kenya PEPFAR Program. The meeting was between the Inter-agency team, RPM Plus and MEDS. The meeting also

Slow implementation in signing of procurement and distribution contract between USAID and MEDS for COP 2005. Since suppliers always require long lead times to meet the increased demand for ARV drugs, delays in the process therefore cause a lot of anxiety in maintaining the supply chain.

- Continue working closely with the Inter-agency team, MEDS, other partners and sites in ensuring uninterrupted supply of ARVs at sites to support the program.
- Provide progress reports on the Kenya PEPFAR program to the USG Interagency team.

**Workplan:** Kenya COP**Year** 05**Activity Title** Respond to requests to participate and support Emergency Plan national coordination meetings, workshops, site visits/study tours as

served to introduce the new HIV/AIDS coordinator for CDC, as the previous one was relocating to Atlanta, USA by the end of the quarter.

- Quantification meetings between the Inter-agency team, MEDS and RPM Plus to review assumptions used in quantification prior to procurement for COP 2005 for the Kenya PEPFAR program.

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**Last Updated:** 04/12/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Cambodia**Year** 04**Activity Title** Provide TA to RACHA to review data analysis and help prioritize the pharmaceutical management issues identified through the recent**Activity Manager** Lynders, Marion**Activity #** 2 **Task:** A1KH04XXX **Sub-Task:** 60AXH2**Activity Description** RPM Plus will provide technical assistance to review data analysis, help prioritize the pharmaceutical management issues identified through the recent Community Drug Management for Childhood Illness assessment and review potential recommendations.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<p>RPM Plus traveled to Cambodia in November and met with Mission staff. Through discussions, it was agreed to address the gaps in pharmaceutical management by working with in-country partners through existing programs in priority USAID geographic areas.</p> <p>RPM Plus and RACHA continue to collaborate on drafting a report of the Community Drug Management of Childhood Illness (C-DMCI) survey. Based on discussions with key child survival counterparts in Cambodia, RACHA conducted a reanalysis of the C-DMCI data to more effectively direct strategy and intervention development.</p>	none	RPM Plus will disseminate key findings from the C-DMCI survey to child survival counterparts and collaborate on developing interventions.		

**Last Updated:** 04/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Cambodia**Year** 04**Activity Title** Conduct a strategy development workshop to disseminate survey findings, discuss potential recommendations and design**Activity Manager** Lynders, Marion**Activity #** 3**Task:** A1KH04XXX**Sub-Task:** 60E3M3**Activity Description** It is anticipated during this workshop, partners will develop a strategy and recommendations for interventions to improve pharmaceutical management in support of child health. Such recommendations will be consistent with and help inform the National Child Survival Strategy on issues related to access to and use of medicines for childhood illnesses.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

No activity

**Last Updated:** 01/09/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Cambodia**Year** 05**Activity Title** Technical activity and coordination**Activity Manager** Lynders, Marion**Activity #** 1**Task:** A1KH05XXX**Sub-Task:** 97XXY1**Activity Description** This activity includes activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings and communications with partners and collaborators

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

No activity to report

**Last Updated:** 04/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Cambodia**Year** 05**Activity Title** Participate in Child Survival and other meetings to increase pharmaceutical management awareness among counterparts**Activity Manager** Lynders, Marion**Activity #** 2**Task:** A1KH05XXX**Sub-Task:** 60EXN2**Activity Description** RPM Plus will meet with the MOH, WHO and other child health partners to disseminate key findings, discuss potential recommendations and design interventions to improve pharmaceutical management in support of child health. Building on the CSP/MOH strategy development process to-date, RPM Plus will share findings of the C-DMCI survey with key stakeholders, and work in concert with child survival partners to think through and prioritize pharmaceutical management issues. It is anticipated that partners will develop a strategy and recommendations for interventions to improve pharmaceutical management in support of child health.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Activity planned for Q2	none	none		

**Last Updated:** 01/10/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** MAC-Field Support-Mali **Year** 04**Activity Title** Technical support to Mali NMCP for quantification**Activity Manager** Shretta, Rima **Activity #** 4 **Task:** A1ML04MAC **Sub-Task:** 60C1H4**Activity Description** RPM Plus will provide support to the MOH in Mali for the quantification of antimalarial drug needs for the implementation of the new ACT policy. Part of this activity will involve collecting data on consumption of chloroquine, quinine and SP in an effort to assess the quality of reporting and establish methods for future quantification efforts.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	RPM Plus made a trip to Bamako, Mali to work with the PNLB and other partners in-country to refine the quantification figures developed earlier and to initiate steps towards developing a procurement plan for ACTs. During this trip data on morbidity was obtained and draft quantification figures for ACT procurement were provided to the PNLB. On discussions with USAID it was decided that based on the trip report, the partners in Mali would advise on how to shape the procurement plan given that Mali had limited resources to procure ACTs. In addition, other activities on the workplan were discussed with USAID particularly the costing of ACT implementation. It was decided that a follow up trip in the first quarter of 2006 would be made.	Lack of resources in Mali for ACT procurement therefore constraining the development of an adequate procurement plan.	Complete trip report, procurement plan. Plan for costing activity.		

**Last Updated:** 06/14/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Nicaragua**Year** 04**Activity Title** Provide technical assistance to the Nicaraguan Technical Working Group on Essential Medicines (continuation of Activity 4, Year 3)**Activity Manager** Miralles, Maria**Activity #** 2**Task:** A1NI04XXX**Sub-Task:** 60B4H2**Activity Description** RPM Plus will continue providing technical assistance upon USAID Nicaragua Mission request. This could be related to the mechanisms to implement an improved procurement system for the potential program to expand non-for profit medicine outlets, or it may be related to the changes needed to modernize the capacity of the current warehouse and distribution system in the MOH.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	The technical reports that RPM Plus consultants prepared were finished and presented before the end of October 2005. RPM Plus Senior Program Associate, Edgar Barillas, visited Nicaragua from November 15 to 18. During the visit he discussed with local counterparts the content of the RPM Plus reports, the implementation of the recommendations proposed, and the progress on the legal and political support to the initiatives in pharmaceutical management. As a result of the visit, the MoH, RPM Plus and the USAID Mission agreed on the follow-up activities for FY05. The trip report of Edgar Barillas incorporates the activities to be included in FY05 work-plan and the technical reports of the consultants (as an annex).	No constraints to progress.	Prepare ToR for the follow-up activities included in FY05 work plan.		

**Last Updated:** 01/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Nicaragua**Year** 05**Activity Title** Technical assistance for the strengthening of the supply management and financial administration of the VSM**Activity Manager** Barillas, Edgar**Activity #** 2**Task:** A1NI05XXX**Sub-Task:** 60CXH2**Activity Description** RPM Plus will analyze the performance of the Ventas Sociales de Medicamentos networks. With this information RPM plus will elaborate recommendations to strengthen the supply management and financial administration of the VSM. The proposal will be developed with local counterparts.**Project  
Year 6 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
RPM Plus prepared a draft of the terms of reference (scope of work) of the local consultants to be hired. Local counterparts reviewed the terms of reference and sent CVs of suitable candidates.	None	Sign contract with consultant.		

**Last Updated:** 01/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Nicaragua**Year** 05**Activity Title** Standardization of procedures and forms used by the VSM quality assurance program**Activity Manager** Barillas, Edgar**Activity #** 3**Task:** A1NI05XXX**Sub-Task:** 60DXH3**Activity Description** The Ventas Sociales de Medicamentos networks have already developed components of a comprehensive QA program. RPM Plus will provide TA to standardize the procedures among the different networks, develop an indicator base system to monitor the QA program, and to document the experience.**Project  
Year 6 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
RPM Plus prepared a draft of the terms of reference (scope of work) of the local consultants to be hired. Local counterparts reviewed the terms of reference, and sent CVs of suitable candidates.	None	Hire the consultant and start the work.		

**Last Updated:** 01/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Nicaragua**Year** 05**Activity Title** Strengthening of the Pharmaceutical and Therapeutic Committees**Activity Manager** Barillas, Edgar**Activity #** 4**Task:** A1NI05XXX**Sub-Task:** 60B4H4**Activity Description** As a follow up to this activity, RPM Plus will organize a workshop to strengthen the technical knowledge and skills of the members of DTCs operating in the public and private sectors. The participants will be the members of the CURIM Central, so no major expenses are anticipated in meals, per-diems and allocation.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	No activities planned for this quarter.	The activity depends on:  a. The consolidation of the new organization of the MoH, particularly the Department of Regulation who will oversee the Pharmaceutical and Therapeutic Committees. b. The organization of the central Pharmaceutical and Therapeutic Committee. c. The request from the Director the Department of Regulation.	In the next visit to Nicaragua (around april/06) these issues will be discussed with the Director of the Department of Regulation.		

**Last Updated:** 01/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Senegal**Year** 03**Activity Title** Increase the capacity in store management, thus improving drug availability, at health centre, health posts and health huts.**Activity Manager** Briggs, Jane**Activity #** 2**Task:** A1SN03XXX**Sub-Task:** 60C3H2

**Activity Description** Over the last year BASICS II and RPM Plus started training the responsables of health posts in the principles of store management and MSH has been working with the district store keepers to improve store management at district store level. As well as finalizing the training of the responsables of the health posts, this activity targets the ASCs of health huts and the actual store keepers of health posts and health centers i.e. those who actually order drugs and manage the drug stores of the different facilities, who to date have limited skills in store management.

An appropriate training program will be scheduled in each district depending on the other activities so as to not overburden staff. If there is already some other training for that target group scheduled, the store management module will be added on to that, if not a separate training session will be planned. It is likely that regional or district-based training teams will conduct the trainings using materials and methods developed by RPM Plus in conjunction with BASICS II, MSH and various partners in the MoH. A draft of this training manual is already being tested in order to pitch the level of its contents appropriately. The material uses examples of certain drugs covering malaria and other childhood illnesses. Follow-up to this training will be carried out by the ICPs to which the health hut is attached or to whom the store keeper is responsible. The RPM Plus Senegal based technical advisor will oversee this activity

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Senegal**Year** 03**Activity Title** Increase the capacity in store management, thus improving drug availability, at health centre, health posts and health huts.**Project  
Year 6 Q1**

This quarter, two trainers were identified in the Thies region for the ASC training and in collaboration with the MCD, a schedule has been developed for ASC training. Discussions took place with Dr. Wansi at BASICS regarding the ASC training method and coordination with the community ARI activity. In Dahra, the training of ICPs has been postponed due to preparation for the polio national immunization days (NID) campaign.

RPM Plus will reschedule and participate in coordination meeting in three regions (Dahra, Thiadiaye and Popenguine) for the orientation of the ECD and ICPs on store management. Discussions will take place with the SSP Supervisor in Thies to develop a timeline and action plan for initiating roll out of training and development of a training program at the district level. RPM will explore with partners (e.g. WHO) the best method for ASC training. Advantage will be taken of the upcoming TOT sessions in the expansion areas of the community case management for ARI initiative to orient trainers in the store management module for a cascade training to then proceed of the ASCs.

**Last Updated:** 01/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Senegal**Year** 03**Activity Title** TA in drug management to malaria and child survival activities**Activity Manager** Briggs, Jane**Activity #** 4**Task:** A1SN03XXX**Sub-Task:** 60CXH8

**Activity Description** The RPM Plus technical advisor, in collaboration with BASICS II, backstopped by RPM Plus Washington, will provide technical assistance in drug management to a variety of child survival activities supported by BASICS II. This will include the operational research of community management of ARI pneumonia which may have a malaria component added to it once the policy change has been confirmed and can be operationalised. There will also be continued input to the PIC strategy especially with the changes in malaria treatment which need to be integrated. The technical advisor will also participate on the IMCI technical committee.

As the various protocols for malaria in pregnancy and malaria treatment change, documents, such as standard treatment guidelines (STGs), Essential Drugs Lists (EDLs) IMCI guidelines and reproductive Health protocols, will need to be revised and additional documents e.g. IPT guidelines, will need to be developed. RPM Plus will assist USAID, PNL, the DSSP, the PNA, DPL, the IMCI technical committee and other relevant bodies in reviewing any documents

**Project  
Year 6 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
This quarter, RPM Plus participated in a workshop to finalize the national pharmaceutical policy document from November 25-26 at Somone, Senegal. The aim of the workshop was to define themes and main points of the policy. A smaller committee will write the document along those guidelines for further review.		RPM Plus will work with BASICS to finalize the revisions of the IMCI store management training modules. Contact with WHO will be continued to ensure collaboration and where possible synergy of activities and efforts.		

**Last Updated:** 01/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Senegal**Year** 03**Activity Title** Increase the capacity of drug sellers in private pharmacies in rational drug use for malaria and other IMCI conditions, thus improving**Activity Manager** Briggs, Jane**Activity #** 5 **Task:** A1SN03XXX **Sub-Task:** 60EXH9

**Activity Description** From the findings of the DMCI and the community DMCI surveys conducted by the MoH, RPM Plus and BASICS II, it was noted that the private sector pharmacies are a common source of drugs for sick children. It was also noted that often the advice and drugs provided were not in line with the national IMCI guidelines. After conducting an orientation with private pharmacists to raise their awareness of IMCI, rational drug use and the national treatment protocols for malaria and childhood illnesses, RPM Plus will assist the MoH and the ordre and syndicat of pharmacists to conduct training sessions with the drug sellers of private pharmacies. This first phase of the activity will focus on the pharmacies outside of Dakar.

RPM Plus will work with different sections of the MoH (PNA, DPL and regional and district supervisors) and the ordre and syndicat to develop mechanisms to follow up and conduct supervision in the pharmacies after the training to monitor the improvement in drug use.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	This quarter, work continued on planning for the training of counter assistants. The budget was developed. Two working meetings were held with the Director of the DPL and three working meetings were held with the Syndicat of pharmacists to discuss progress and upcoming events. RPM Plus finalized the list of sales assistants that will participate in training (pending the addition of Kaolack participants). Training dates have been postponed to February 2006.		RPM Plus will prepare and finalize the training manual and accompanying teaching materials for the TOT and the first training of counter agents in Thies and implement the trainings next quarter.		

**Last Updated:** 01/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Senegal**Year** 04**Activity Title** Technical Activity Coordination**Activity Manager** Briggs, Jane**Activity #** 1**Task:** A1SN04XXX**Sub-Task:** 97XXY1**Activity Description** This activity includes technical activity coordination, workplan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators. This budget line covers the salary of the technical advisor rather than his level of effort being integrated into the individual activities.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

During this quarter, RPM Plus responded to financial reporting requests from the Mission. Continued technical support will be reported under A1SN05XXX 97XXY1. This budget line has been closed.

**Last Updated:** 06/21/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Senegal**Year** 04**Activity Title** Continued technical assistance to the PNA, DPL and PNLP to ensure appropriate implementation of the new malaria treatment**Activity Manager** Briggs, Jane**Activity #** 3 **Task:** A1SN04XXX **Sub-Task:** 60F4H3**Activity Description** RPM Plus will provide input and TA where necessary in the implementation of the new malaria treatment policy and possibly participate in the implementation committee for the new treatment recommendation. Technical assistance will be provided to the PNLP and the PNA in the quantification of antimalarials and to ensure that pre-packing for antimalarials is carried out appropriately.

Additionally, RPM Plus will work with MSH/Senegal, PNA, PNLP and the reproductive health department (SNSR) to ensure that SP is available in appropriate quantities through the PNC and the medication is given by Directly Observed Therapy and for no additional cost.

It is expected that this activity will be carried out throughout the workplan year.

**Project  
Year 6 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
This quarter, RPM Plus continued collaborative efforts to strengthen malaria initiatives. RPM Plus participated in a workshop to plan the introduction of ACTs to Senegal. The store management training manual developed by RPM Plus will be used to train the pharmacy stock managers. RPM Plus researched and located the complete list of prices from the last call for orders of the PNA and submitted them to MSH for inclusion in the International Price Guide. RPM Plus participated in a workshop to disseminate the results from an evaluation of the pilot project of vulnerable groups and impregnated nets. In the third phase, this activity will take place in Khombole, Mekhe, Darou Mousty, Kebemer, Nioro and Kaffrine and will involve the health committees. Also, a new RPM Plus regional malaria advisor was hired and oriented to the program and activities.		RPM Plus will continue to support the PNLP. Assistance will be given to the PNLP in quantification of needs for antimalarials with PNA. RPM Plus will also follow up with the PNLP on the next training sessions for health agents.		

**Last Updated:** 01/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Senegal**Year** 04**Activity Title** Work with private sector pharmacy drug vendors to improve selling practices for malaria and other IMCI conditions**Activity Manager** Briggs, Jane**Activity #** 4**Task:** A1SN04XXX**Sub-Task:** 60C5H4**Activity Description** During FY04, RPM Plus will assist the MoH and the ordre and syndicat of pharmacists to conduct training sessions with the drug sellers of private pharmacies in the USAID zones.

RPM Plus will work with different sections of the MoH (PNA, DPL and regional and district supervisors) and the ordre and syndicat to develop mechanisms to follow up and conduct supervision in the pharmacies after the training to monitor the improvement in drug use.

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**Activity Progress****Barriers to Progress****Next Steps****Products Planned****Progress on Products****Project  
Year 6 Q1**Activities for this line are reported on in  
A1SN03XXX 60C3H2.**Last Updated:** 01/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Senegal**Year** 04**Activity Title** Technical assistance to the MoH, FHI and MSH to improve pharmaceutical management for HIV/AIDS**Activity Manager** Briggs, Jane**Activity #** 5**Task:** A1SN04XXX**Sub-Task:** 60F2A5

**Activity Description** The child survival, malaria and RH teams of RPM Plus will provide TA in the design of the commodity assessment for HIV/AIDS, TB and malaria. RPM Plus will work with the local teams, involving the key stakeholders to validate the survey instruments and facilitate the data collection training and then will conduct the analysis and interpretation with the local partners. RPM Plus will co-facilitate at a strategy workshop to present the results to stakeholders, where the first draft of an action plan will be developed. RPM Plus will work with the local partners to finalize the plan and will be involved in certain aspects of its implementation.

Additionally RPM Plus will work with FHI on the implementation of PMTCT, having input into the training materials and follow-up supervision of implementation.

RPM Plus will also work with FHI, MSH and the MoH to assure the availability of drugs needed for the treatment of STIs.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

This line is closed. All final dissemination activities will be completed under A1 SN05XXX 60CXM2.

**Last Updated:** 01/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Senegal**Year** 04**Activity Title** Technical assistance to the MOH in the national roll-out of the community management of ARI**Activity Manager** Briggs, Jane**Activity #** 6**Task:** A1SN04XXX**Sub-Task:** 60F6H6

**Activity Description** RPM Plus provided TA to the operational research phase of community management of ARI, which, following its success, has been proposed by the MoH to be rolled out on a national level. RPM Plus, in collaboration with BASICS and other CAs and partners will support the MOH in this roll-out by providing pharmaceutical management TA as well as training and supervision materials where necessary.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

This quarter, RPM Plus supported several activities to accelerate community ARI roll out. RPM Plus participated in a two-day meeting (November 16-17, 2005) at BASICS to review the tools used for the OR of community case management of ARI in Senegal. A follow up coordination meeting of CCM of ARI was held on November 28, 2005 and information on financing of the expansion was shared and the start of implementation of the expansion phase was discussed. RPM Plus drafted the guide for community case management for ARI and circulated it among partners for suggestions and comment. The CHW training module was also shared with the research team. Based on research on the subject of pharmacovigilance, a draft plan and procedures document was produced by RPM Plus to be used in the CCM of ARI but also to be the basis on which to build a general national pharmacovigilance system.

RPM Plus will finalize the pharmacovigilance documents and the guide for CCM or ARI, incorporating comments from partners.

**Last Updated:** 01/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Senegal**Year** 05**Activity Title** Dissemination of commodity survey on HIV, TB and malaria**Activity Manager** Briggs, Jane**Activity #** 2**Task:** A1SN05XXX**Sub-Task:** 60CXM2

**Activity Description** USAID requested RPM Plus, in collaboration with the Ministry of Health and other partners, to conduct an assessment survey in Senegal to review the logistics systems for the HIV, TB and malaria programs in order to strengthen and possibly integrate the current systems. RPM Plus developed and conducted an indicator-based assessment to evaluate the logistics systems (including aspects of quantification, distribution and supply) for HIV/AIDS, TB and malaria commodities (includes drugs and testing reagents) within the context of ISAARV, PNT and PLNP. Based on the results of the assessment, recommendations were drafted for improvement and possibly integration. To effectively apply the results and recommendations of the assessment, dissemination activities are planned, including a national workshop for stakeholders.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	This quarter, a draft report was created and once finalized, will be disseminated to stakeholders.		RPM Plus will finalize the survey report. Recommendations of the child health resource tracking committee will be integrated into the RPM Plus workplan for FY 05. RPM Plus will also provide the direct follow up needed with TB and malaria programs to facilitate dissemination.		

**Last Updated:** 01/25/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** MAC-Field Support-Senegal      **Year** 02**Activity Title** Provide assistance to monitor and evaluate the implementation of AQ/SP in Richard Toll and Touba**Activity Manager** Shretta, Rima      **Activity #** 2      **Task:** A1SN02MAC      **Sub-Task:** 60F4A2**Activity Description** RPM Plus, with logistical input from BASICS II will evaluate these practices in the health facilities that have begun implementation.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	This quarter, the final revisions and edits were made to complete the evaluation report. The report is now available in English and French and has been distributed to stakeholders in Senegal. The findings will be used by the national malaria committee to guide the transition to use of ACTs.		RPM Plus will continue to follow up with stakeholders to provide assistance when necessary.		

**Last Updated:** 01/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tanzania PEPFAR**Year** 05**Activity Title** Mapping of Morogoro and collection of baseline information for roll out of ADDO-HIV/AIDS**Activity Manager** Rutta, Edmund**Activity #** 2**Task:** A1TZ05HIP**Sub-Task:** 60C5A2

**Activity Description** This activity includes: 1) Mapping-DLDB, HIV/AIDS stakeholder, pharmaceuticals wholesalers and training institution-capacity/costs, logistics in Morogoro.  
2) Baseline survey-, DLDB, HIV/AIDS interventions within ADDO.  
3) MEDA assessment of the HBC programs currently in place in Morogoro, identify gaps in HBC kits system and how to develop reimbursement for the kit system.  
4) Review of communication strategy/IEC approach, materials, identification of the appropriate communication channel, sites for posters and billboards, local radios and their audience.  
5) Contracting consultancy for baseline survey + mapping (development of survey tools, training of data collectors, data analysis and report writing).

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

In cooperation with TFDA, mappings of Duka la Dawa Baridi in 2 districts (Ulanga & Kilombero) of Morogoro region were conducted and reports submitted. Mapping tools were finalized.

**Last Updated:** 05/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tanzania PEPFAR**Year** 05**Activity Title** National, regional and districts advocacy and stakeholders' mobilization for HIV/AIDS focused ADDO program.**Activity Manager** Rutta, Edmund**Activity #** 3**Task:** A1TZ05HIP**Sub-Task:** 60C5H3

**Activity Description** - Consultative meetings with TFDA, NACP and PEPFAR partners at the national, regional and district level.  
- Sensitization/stakeholders mobilization/advocacy workshops with regional and district local government authorities on HIV/AIDS focused ADDO program.  
- Familiarization/study tour to Ruvuma of key officials from Morogoro to have first-hand experience of ADDO program.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

Consultative meetings with MOH, NACP and NGOs on how to integrate HIV/AIDS prevention care and treatment activities into ADDO conducted. The Mennonite Economic Development Associates (MEDA) who will direct business development, training, and monitoring and evaluation in the ADDO Roll-out conducted and submitted a Rapid Assessment of Home-Based Care (HBC) Provision in Morogoro Region.

**Last Updated:** 04/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tanzania PEPFAR**Year** 05**Activity Title** Technical assistance to TFDA and local government authorities in the formation/establishment of District Drug Technical Committees**Activity Manager** Rutta, Edmund**Activity #** 4**Task:** A1TZ05HIP**Sub-Task:** 60DXH4

**Activity Description** - Identification of DDTC members who will oversee the performance of established ADDO.  
- Training of DDTC members.  
- Review of local inspectors training materials and checklist.  
- Appointment and training of local inspectors (ward level inspectors) to establish control mechanism at ward level.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

RPM Plus finalized joint work plans with TFDA and CSSC on implementation and coordination of activities. National, Regional and district-level consultative meetings and advocacy workshops were conducted with various stakeholders.

**Last Updated:** 04/10/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tanzania PEPFAR**Year** 05**Activity Title** Review of ADDO training manual/materials and approach to incorporate HIV/AIDS**Activity Manager** Rutta, Edmund**Activity #** 5**Task:** A1TZ05HIP**Sub-Task:** 60C5E5

**Activity Description** - Review of the ADDO core training manuals (Dispensers' version 1 and Facilitation Guide).  
- Developing modules for HIV/AIDS and Child Health to be incorporated into the ADDO core training manual (adapt training materials from NACP, IMCI, AMREF, and PSI).  
- Develop Inspectors training manual.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

Work started to revise and shorten the ADDO Training Manual developed and used under the SEAM project. The Mennonite Economic Development Associates (MEDA) who will direct business development, training, and monitoring and evaluation in the ADDO Roll-out conducted and submitted a Rapid Assessment of Home-Based Care (HBC) Provision in Morogoro Region.

**Last Updated:** 04/10/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Tanzania PEPFAR**Year** 05**Activity Title** Conduct need assessment of key CSSC participating hospitals to identify gaps/weakness in pharmaceutical management system**Activity Manager** Rutta, Edmund**Activity #** 10**Task:** A1TZ05HIP**Sub-Task:** 60CXA0**Activity Description** Explore opportunities for strengthening Christian Social Services Commission (CSSC) coordination capacity for pharmaceutical management systems of NGOs hospitals.**Project  
Year 6 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
Through consultative meetings and discussions with CSSC and MEMS, 6 hospitals were selected for the rapid assessment of pharmaceutical management for ART, planned for Feb, 2006. Assessment tool was developed and reviewed by CSSC and MEMS.				

**Last Updated:** 04/10/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Tanzania PEPFAR**Year** 05**Activity Title** Local office management.**Activity Manager** Rutta, Edmund**Activity #** 11**Task:** A1TZ05HIP**Sub-Task:** 97XXYX**Activity Description****Project  
Year 6 Q1**

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

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Local office was moved to a new location and several local staff were hired to increasing work/needs of the project.

**Last Updated:** 03/30/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1

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**Workplan:** Zambia**Year** 03**Activity Title** To develop a Voluntary Counseling and Testing/PMTCT Management Information System and Health Commodities Supply**Activity Manager** Muneene, Derrick**Activity #** 2**Task:** A1ZM03XXX**Sub-Task:** 60GXH2

**Activity Description** RPM Plus will work with the PMTCT stakeholders to analyze the information collected and identify appropriate indicators and formats to be integrated into the evaluated VCT Information and commodity management information system. The agreed indicators and formats will be piloted in 10 PMTCT sites in the month of November 2003. Lessons learnt will be used to develop an integrated VCT/PMTCT information and commodity management system.

RPM+, having evaluated the system, will produce the tools on a mass scale for final implementation. As the system will have stabilized by then, it will be necessary to launch the system formally, in more formal packaging. This activity is planned to be executed in December, 2003.

Once the system is fully functional, all users trained and the computerized system running, RPM+ will monitor the systems performance, providing updates and technical assistance as the system may require. The sites will also be monitored to ensure good system functionality. This is to ensure smooth operation of the system. Selected sites and / or district health management teams will be visited.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	Conducted training of Data Management Specialists in use of the tool for importation/transfer of data from the old VCT Commodity Management tool into the integrated VCT/PMTCT Commodity Management Tool version 1.5 On October 1, 2005		RPM Plus will continue to support the VCT/PMTCT program through the ZPCT		

**Last Updated:** 04/13/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Zambia**Year** 03**Activity Title** Antimalarial Drug Management and Use for child health survival through the Private/Public partnership**Activity Manager** Hazemba, Oliver**Activity #** 3**Task:** A1ZM03XXX**Sub-Task:** 60F4H3**Activity Description** RPM Plus will continue to work with NMCC and assist to develop a concept paper, pilot and evaluate Artemether-Lumefantrine distribution through the private sector. In addition, RPM Plus will assist NMCC Pharmacy and Poisons Pharmacovigilance system. The activity will commence during the first quarter.**Project  
Year 6 Q1**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
RPM Plus trained Lusaka based pharmacists and medical practitioners on the new malaria policy and use of artemether-lumefantrine as part of the of the private-public partnership initiative	Norvatis declined to use the public packaging bought under the WHO-Norvatis Global initiative. The local partnership had not yet been able to access any funding to subsidize the commercial package for the initiative.	Support the initiative under alternate funding apart from the Zambia Mission funds		

**Last Updated:** 04/13/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Zambia**Year** 03**Activity Title** Follow up on DILSAT and drug supply management interventions at district health facility level**Activity Manager** Hazemba, Oliver**Activity #** 4**Task:** A1ZM03XXX**Sub-Task:** 60EXH4**Activity Description** RPM Plus shall work with CBoH to assess the implementation process and identify opportunities to build on the year 3's lessons for providing technical assistance to health commodities supply management and rational use at central, provincial and district level. RPM Plus will share lessons learnt and document best practices for other health facilities to improve the functioning of commodity management systems.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

No Progress

**Last Updated:** 04/13/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Zambia**Year** 03**Activity Title** To provide technical assistance on national drug policy implementation strategies**Activity Manager** Hazemba, Oliver**Activity #** 5**Task:** A1ZM03XXX**Sub-Task:** 60EXM5**Activity Description** The RPM Plus Program has been assisting the MoH/CBoH in developing and implementing the essential drugs concept in the country. RPM Plus assisted the Zambia Government in the development of the NDP, Formulary Management and promotion of Rational Use of Drugs.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**Helped to distribute the new stock of  
Standard Treatment Guidelines to CBoH**Last Updated:** 04/13/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Zambia**Year** 03**Activity Title** Participate and facilitate the University of Zambia Pharmacy Department in INRUD Zambia Chapter and AMR**Activity Manager** Hazemba, Oliver**Activity #** 8**Task:** A1ZM03XXX**Sub-Task:** 60EXH8**Activity Description** RPM Plus will facilitate INRUD/APUA meetings, and develop activities to promote rational use of drugs, AMR and introduction of the concepts in the pharmacy curricula and provide drug information. RPM Plus will also identify research and learning on Rational Use of Drugs and AMR.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q1**

Continued to support University of Zambia Pharmacy Department on the internship program materials development

Supported the APUA Zambia Chapter on AMR and promotion of prudent use of antibiotics

**Last Updated:** 04/13/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q1**Workplan:** Zambia PEP 1.5**Year** 04**Activity Title** To strengthen the capacity of pharmacy and laboratory services to support ART activities at levels 2 and 3 hospitals**Activity Manager** Hazemba, Oliver**Activity #** 1**Task:** A1ZM04HIP**Sub-Task:** 97XXY1

**Activity Description**

- Conduct site preparedness assessment of the targeted hospitals
- Develop training materials for pharmacy and lab personnel in all 7 provincial hospitals and three Central Hospitals trained in appropriate use of ARVs,
- Develop Pharmacy and lab standard operating procedures (SOPs) for ART developed
- National drug selection, quantification and procurement procedures for ART commodities developed
- \* Strengthening the implementation of commodity and drug information management system in support of ART services

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q1</b>	<ul style="list-style-type: none"><li>• Preparing and conducting a close out meeting scheduled for November 18,2005</li><li>• Travel to DC to discuss to present the close out report and discuss next steps</li></ul>		<ul style="list-style-type: none"><li>• Complete the close out report and present it to USAID</li><li>• Implement new activities based on the new funding mechanism</li></ul>		

**Last Updated:** 04/10/2006

