

Activity and Product Status Report

**Project Year 6,
Quarter 2
Jan-Mar 2006**

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



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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**
January 1 – March 31 2005

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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Recommended Citation

Rational Pharmaceutical Management Plus. June 2006. Edited by Miralles, Maria and Abiola Johnson. Rational Pharmaceutical Management Plus Program: Activity and Product Status Report, January-March 2006. Published for the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.



MANAGEMENT SCIENCES *for* **HEALTH**

RPM Plus | *Rational Pharmaceutical
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RPM Plus Activities and Products Status Report

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
CTT	Commodity Tracking Tool
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/EEEST/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

After discussions with POPPHI, it was decided that RPM Plus not go forward with the Costing Tools. Instead, an opportunity was seen for RPM Plus to assist POPPHI in widening the Global Survey at the facility level to W. Africa. Meetings were held with PATH and JHU researcher to discuss tools developed and used in Tanzania, Ethiopia and various LAC countries. Additional information was also shared about the logistics, planning and other requirements to successfully complete sampling and data collection for the study. After discussions USAID, RPM Plus decided to move forward with this activity. Mali, Benin and Ghana were short-listed as potential study countries. A study coordinator was selected.

RPM Plus attended PPH Working Group Meetings in addition to Uterotonics Task Force Meetings (Mar 21-22.) Materials and presentations were prepared for Conference on Preventing Post Partum Hemorrhage to be held in Entebbe, Uganda, April 4-7.

The STG, policy level data collection was completed in Cote D'Ivoire, Mali, Benin, Burkina Faso, and Cameroun and a final report was submitted to RPM Plus.

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

At the start of the quarter, RPM Plus met with USAID to discuss priorities in relation to the SO3 workplan and current and future activities.

RPM Plus continues activities with the private sector in both Senegal and Tanzania. In Senegal, the training of trainers and the first training of sales assistants in private pharmacies took place. All training materials were finalized with input from participating collaborators (MOH, BASICS, *syndicat* of private pharmacists). Partners participating during the training sessions and several meetings to discuss progress, revisions, and mechanisms for supervision after the trainings are completed. In Tanzania, bids were received from qualified organizations to implement the baseline assessment and formative research that will be used to compare results after implementing a child health component into the accredited drug dispensing outlet (ADDO) program.

RPM Plus continues activities supporting incorporation of zinc treatment in the management of diarrhea internationally. RPM Plus finished reviewing and editing the final version of the Introduction Guidelines for zinc which awaits final printing by WHO. Two survey summaries were finalized and shared with Zinc task force members. One survey focused on registration requirements for zinc from 15 countries where RPM is working. The second survey was directed towards seven major international pharmaceutical procurement bodies and addressed availability issues with the new formula ORS.

Activities in community case management (CCM) are ongoing. In DRC, data collection for a C-DMCI assessment was completed and will be used as a baseline for future CCM activities. A draft analysis report for the two regions (Kenge and Dembe) was developed by the DRC team and reviewed. In Washington DC, RPM Plus participating in an authors meeting for the CCM Essentials guide directed by CORE. RPM Plus is responsible for the Management of Medicines and Supplies chapter. In Senegal, RPM Plus staff participated in the BASICS/UNICEF regional conference on the experience with community ARI management (15-17 March 2006) along with 68 participants from 14 African countries.

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

During this quarter, RPM Plus provided technical assistance to INRUD in preparation for the East African Regional Meeting to be held in Entebbe, Uganda in April 2006. This was as part of efforts under the SO4 adherence activity. A survey developed in collaboration with INRUD was administered in preparation for the meeting. The results of the survey were analyzed and documented. Preliminary steps were also taken in adapting the motivations mapping tool which had been developed under the TB portfolio. The outcome of the INRUD meeting will determine the next steps to be taken in terms of adapting the mapping tool which has now been renamed the adherence promotion monitoring tool. Also under the adherence activity RPM Plus attended the International Association of Physicians in AIDS Care (IAPAC) Conference in NJ, USA. Two posters were presented based on research done under the adherence portfolio using FY4 funding. The development of generic pharmaceutical management and laboratory training materials for HIV/AIDS continued as planned. Draft laboratory training materials have

been reviewed by three technical reviewers. Once the document has been finalized they will be used in a pilot training program planned for late May or early June 2006.

RPM Plus has developed a draft study protocol and data collection instruments for investigating the relationship between TB and HIV/AIDS programs commodity management activities in selected countries. The draft protocol has been circulated for review and is being updated based on feedback received from reviewers.

Due to continued interest in the Commodity Tracking Tool (CTT), from SCMS and other projects MSH has begun discussions with Synergy to develop a data management module - whereby different project data may be separated within the system. New proposals to modify the system have been included in a third work-order which is still being negotiated.

RPM Plus continues to provide technical assistance and support to HIV/AIDS global and regional initiatives. During this quarter a team from RPM Plus participated in training of consultants in procurement and supply management (PSM) for HIV/AIDS/TB and Malaria commodities. (Courses were held at two locations for Anglophone and Francophone consultants). The training was carried out in conjunction with AMDS partners including WHO, UNICEF, GFATM and other UN agencies. In addition, RPM Plus participated in another Global Fund PSM workshop for GFATM round six grants recipient countries in February 2006 in Nairobi Kenya. Sixteen PSM plans for HIV, TB, Malaria and non medicinal products were developed. Eight plans were finalized at the workshop and another eight needed more data and were to be finalized in the countries.

During this quarter, RPM Plus responded to a request from WHO AMDS to collaborate in drafting indicators for interagency guidelines for "*National Reporting Requirements and Monitoring of Medicine Flows in Antiretroviral Treatment Programmes*" in partnership with JSI/DELIVER and Booz Allen/SCMS. RPM Plus took the lead on developing indicators related to various elements of pharmaceutical management. The draft indicators will be reviewed and finalized by the three partners in April 2006 and submitted to WHO/AMDS for external review.

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 Q2.

Major activities this quarter

The consultants hired by RPM Plus finalized their reports of on the review of undergraduate medical and nursing curricula in Zambia for pre-service training on AMR. Links Media submitted their final report on rapid appraisal of the Zambian AMR country-level effort. The RPM Plus Deputy Director and the Program Manager for AMR visited Addis Ababa to discuss with local stakeholders on the process for initiating the country-level program in Ethiopia and assisted in staging the first AMR stakeholders' meeting on March 2, 2006 that was attended by 25 participants. The draft "workbook" to help stakeholders build support for containing AMR was substantially revised. The South American Infectious Disease Initiative (SAIDI) also progressed during this quarter with APUA Program Manager's collaborative work with Links Media and PAHO.

In terms of the adherence to ART activity in South Africa, pre-piloting continued in Cecilia Makiwane Hospital and also got started in a second facility – Rustenburg Wellness Clinic. The adherence assessment tool was further refined and a draft user's manual for training health care personnel on the use of the tool was prepared. A brown bag presentation on the activity was made to MSH staff at Arlington Office in February 2006. Follow-up meetings were held with the provincial counterparts to keep them informed about progress.

The draft version of the AMR Module for the DHS consisting of the following: 1) Introduction 2) Indicators 3) Tabplans 4) Questionnaire and 5) Rationale was consolidated into one single document and sent to about 25 professionals considered Global Experts to review the AMR module. AMR related questions/indicators for Service Provision Assessment (SPA) was further refined by ORC Macro and RPM Plus.

Progress on DTC activity continued with active follow-up activities initiated immediately after the December 2005 Malaysia course. Electronic versions of participant workplans were prepared and reviewed. Technical comments and feedback were sent to 32

participants on an individualized basis. E-mail correspondence including the provision of technical assistance and obtaining and disseminating progress reports has been accomplished for all course participants. A DTC News was mailed to all Malaysia DTC course participants describing activities and accomplishments by the participants in DTC related activities. A total of 11 participants have recorded significant progress on their workplans in the short period since the DTC course in Malaysia. Trip Report of the December 2005 International DTC-TOT course was completed and disseminated. Planning also started for a national DTC-TOT course later this year in Ethiopia. A request received from Dr. Xaio Yonghong (participant of the 2005 Malaysia DTC-TOT course) for RPM Plus to co-organize a DTC-MTP course in May 2006 and to provide facilitators was accepted.

Regarding the antimicrobial quality activity, a representative from RPM Plus traveled to Dar es Salaam to participate in and monitor a 5-day densitometry training to staff from TFDA and the School of Pharmacy (Muhimbili University). Discussions were also held with TFDA about next steps related to densitometry training and regional roll out of level 1 lab testing and inspection successfully trialed in Tanzania.

Further progress occurred on infection control activity with a second workshop held in Uganda from January 3–5, 2006. All of the teams have made progress in implementing programs to improve hand hygiene. The final CD-ROM with the Infection Control tools was submitted to RPM Plus by Harvard partners in January 2006. A summarized proposal for next steps for country-level implementation of the infection control tools was drafted and discussed within the AMR portfolio.

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

Attendance at a GIST meeting in Copenhagen and meetings with IAPSO and UNICEF.

Attendance at a workshop in Dakar to identify implementation bottlenecks faced by Global Fund recipient countries in West and Central Africa.

Continued collaboration for identifying the errors in the forecasting database.

Development of the TORs for the 2 work areas on Artemisia and Taxes and Tariffs; and identification and engagement of consultants to work on the products. Collaboration with WHO EDM department established to support the work on Taxes and Tariffs.

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 model 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

Major activities this quarter

Using FY04 funding, over 200 copies of the TB Guide have been distributed globally both in English and Spanish. The French translation of the Guide has been completed and is currently being reviewed.

A second draft of the study to monitor TB Patient Kit implementation in Kenya was completed.

During this quarter, RPM Plus commenced key stakeholder interviews on TB/HIV collaboration in Kenya, Tanzania and Malawi for phase one study. Phase one study seeks information on TB/HIV collaboration activities relating to pharmaceutical management planned or implemented in the country. Key stakeholders interviewed are from the central level to investigate the strengths and challenges faced in TB/HIV collaborative activities. First draft of study reports will be ready by next quarter after which preparations will begin for phase two study based on findings. The Uganda study first draft report was also reviewed.

Six monitoring missions and evaluations were conducted during this quarter to GDF recipient countries in Armenia, Georgia, Indonesia, East Timor, Nigeria, and Kenya by RPM Plus.

The pharmaceutical management expert working with RPM Plus participated in the GDF technical review committee meeting that took place in Geneva in January.

In addition, RPM Plus continues to support the secondment of a procurement specialist to the GDF office housed in the StopTB secretariat, WHO Geneva. The pharmaceutical management expert working for RPM Plus 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 by identifying pharmaceutical management technical assistance needs at the regional level and discussed models for collaboration with WHO regional offices and partners. The individual meetings with regional advisors were in conjunction with the Global Drug Facility (GDF) and the Green Light Committee (GLC).

The development of the Access database for entering data from the Global Market Study for MDR-TB Drugs was completed. RPM Plus is still awaiting the study questionnaire responses from the WHO countries to enter in the data.

During this quarter, RPM Plus partook in a meeting with the directorate in Washington, DC to RPM Plus' role in providing technical leadership in pharmaceutical management to TB CAP

MSH RPM Plus and the GDF conducted a TB drug management consultant training course in Almaty, Kazakhstan during this quarter for the GDF consultants within the Central Asia Republics (CAR) region. Consultants were trained on how to conduct GDF country monitoring missions which they will be carrying out in the months and years ahead. Twenty-one participants attended the training including four participants from the Kazakhstan National TB Program. In all participants represented the countries of: Uzbekistan, Moldova, Georgia, Tajikistan, Turkministan, Czeck Republics and the Netherlands.

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 continued preparations for the President's Emergency Plan for AIDS Relief Annual Meeting being held in Durban, South Africa between June 12-15, 2006.

In January 2006, RPM Plus sponsored and facilitated a regional meeting to assist RTRC countries to plan roll out strategies for training programs, train participants on viable training strategies, including the Monitoring-Training-Planning (MTP) approach, and work with participants on effective approaches to in-service training.

MSH/RPM Plus will continue to work with the Kenya RTRC to identify and mobilize funding for training. While efforts are underway to identify sources of funding, the Kenya RTRC, with possible funding from RPM Plus, proposes to implement MTP in nine facilities in the country. Tanzania proposes to implement MTP in four facilities. Both Rwanda and Ethiopia require more technical assistance from RPM Plus before the process of implementing MTP can move forward.

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 pharmaceutical management course curriculum developed by RPM Plus was implemented as part of the Winter Quarter 2006 semester at Johns Hopkins University. At the University of Iowa, deliverables were negotiated and a contract and budget were drafted.

MAINSTREAMING INITIATIVE

Overview

The Health System Strengthening Mainstreaming Initiative was kicked off in 2004. The purpose of the Mainstreaming Initiative is to identify cost-effective ways to put the combined knowledge, expertise and tools from USAID's health system strengthening projects at the service of USAID's large bilateral health service delivery projects and to improve the capacity of these projects to achieve USAID's health impact objectives. The need for this initiative came from the observation that in many cases PHN officers are ill-equipped to identify and address systems issues that could impact on their efforts, and that many bilateral programs have not been availing themselves of existing proven tools and methods. In this way, the Mainstreaming Initiative represents an effort to systematize the lessons from these past experiences that have applicability at the service delivery level and identifies enhancing health system capacities as a core programmatic objective.

Major activities in this quarter

Module drafts were completed. Preparations were initiated for a field test of the assessment tool in Benin, expected to take place in April.

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

This quarter RPM Plus continued the momentum from initial discussions to advance to development of the incorporation of drug management indicators into the planned IMCI facility surveys in Kenya and Senegal. During discussions, RPM shared background information with stakeholders and partners including, WHO, UNICEF and MoH and circulated draft instruments for actual data collection that have been used successfully in other African countries. Kenya is in the initial phases of planning the IMCI facility survey and Senegal expects to conduct the survey in May 2006. Both countries have been cooperative and enthusiastic about including a drug management component into the IMCI facility surveys. While initiating these new activities is important, RPM Plus recognizes the necessity of continuing to disseminate results from past IMCI facility surveys. Discussions took place with WHO AFRO officials regarding continued collaboration for ongoing dissemination activities in Mozambique and Malawi.

CENTRAL ASIAN REPUBLICS

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 carried out a regional training on drug quality assurance methods, specifically TLC-based Minilab procedures on November 7-11, 2005. The regional training was leveraged from USAID Mission funding for the respective countries and USAID Mission regional/CAR funding. The training was carried out in collaboration with USP DQI and AED.

Major activities this quarter

No activities were carried out during this quarter. Planning for 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..

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.

Activities during this quarter

No progress has been reported during this quarter.

Future Activities

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 issue will be discussed with the USAID.

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

RPM Plus coordinated and conducted a training workshop on pharmaceutical management for personnel from the national TB program in Paraguay. This activity was a result of a rapid assessment of factors contributing to MDR-TB conducted in December 2005.

Funds to support this activity were provided by PAHO/Paraguay and the Global Fund. The national TB program has asked RPM Plus to assist in conducting a second training in late summer.

In Peru, RPM Plus worked with national partners on an assessment in Callao. Data collectors were trained in January and data were collected in February. Data analysis and a preliminary report of findings were completed in March.

In this quarter, RPM Plus and SAIDI-Peru also began planning a workshop in Peru to discuss assessment findings and plan intervention strategies. The workshop is scheduled for April 2006. All SAIDI national stakeholders and international partners will attend to discuss what intervention strategies should be pursued, based on the results of all assessment activities.

LATIN AMERICA AND CARIBBEAN – TB

Tuberculosis continues to be a major international problem due to poor access to effective high quality TB drugs, counterproductive financial priorities practiced by some national health systems, and inappropriate treatment decisions. In addition, poor access to vital TB drugs is often linked to weak pharmaceutical systems with insufficient properly trained human resources, resulting in ineffective drug management practices.

The establishment of global initiatives such as the TB Global Drug Facility (GDF) and the Green Light Committee (GLC) from the Stop TB Partnership, and the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM), may result in increase availability of quality medicines and pharmaceuticals for TB programs around the world. However, this increase in resources creates a challenge for countries to establish the managerial skills necessary to use them in an efficient manner. The challenge of developing capacity of TB programs and of providing tools and information resources to manage these drugs and funds is in the core of RPM Plus technical assistance to the field.

Major Activities This Quarter

The Spanish version of “Managing Pharmaceutical Supplies and Commodities: A Guide for National TB Programs” was distributed to all Spanish speaking countries in Latin America. Recipients in each country included the National Tuberculosis Program, USAID Missions, and the Pan American Health Organization. The document is also available for download in the MSH web site.

Responding to a request of the NTP in Paraguay, RPM Plus organized a 3 day workshop on Distribution of Pharmaceutical Supplies for local coordinators of the TB Program and the managers of regional warehouses. The course was held on March 27-29 with the assistance of 32 participants. During the next two days (March 30 – 31) RPM Plus provided TA to NTP to improve the performance of the pharmaceutical supply system. The recommendations are included in his trip report, already distributed to the NTP.

MALARIA ACTION COALITION (MAC)

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)¹. 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)² 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).

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

² 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)

Major activities this quarter

- The malaria chapter for the Quantimed® manual was finalized and has been included incorporated as Chapter 13 of the manual.
- As part of their ACT implementation plan, the NMCP in Ghana is working with WHO to provide some training on the new treatment policy to the dispensers in the pharmacy retail outlets to improve their dispensing practices. RPM plus was asked to conduct a rapid assessment of their current knowledge and dispensing practices relative to malaria treatment. Questionnaires from the CIMCI assessment manual were used and data collection begun in January - February 2006. Data entry has begun is expected to be completed in the next quarter.
- RPM Plus continued to provide support to the Kenya Division of Malaria Control (DOMC) through the Drug Policy Technical Working Group, the drug management sub-committee of the DPTWG and other relevant (malaria and drug management) meetings to ensure that all the key technical and operational actions for effective ACT policy implementation are achieved.
- The trip report for the Dec. 2005 RPM Plus TA visit was disseminated in Mali. A second trip was made by RPM Plus. During this time it was decided to revise the quantification figures so that data was available by district/cercle. This report was disseminated to the PNLP, USAID and other partners.
- Using REDSO Field Support funds RPM Plus provided technical assistance to malaria programs in the region (Tanzania and Uganda) in implementing key actions for malaria ACT policy implementation.
- With the implementation of new antimalarial drugs (ACTs) the Ministry of Health in Madagascar and the Agence du Medicament de Madagascar (AMM) requested the help of the RPM plus and the other MAC partners in developing a pharmacovigilance system for Madagascar. As a first step in this process, the MAC partners and the AMM organized a workshop on February 2-3 2006 in Antananarivo, of all the key stakeholders and external experts to review the status of pharmacovigilance/ADR reporting in Madagascar, and to plan for and draft a workplan/protocol for the development, implementation and evaluation of a pharmacovigilance system in the country. At the request of the USAID mission, RPM plus was funded this workshop. During the visit to the country, future RPM plus TA activities were discussed with the NMCP, the DPM and with the USAID mission.
- In the Democratic Republic of Congo (DRC) RPM Plus held a technical meeting to discuss with PNAM, 3rd direction, PNLP, FEDECAME, and the Provincial Drug Inspector of Kinshasa, on procedures and tools actually utilized for pharmaceutical management.
- RPM Plus in DRC also met with UNDP and MISSION PHARMA to exchange on training of health practitioners in malaria treatment with ACT. RPM Plus worked with the PNLP to harmonize the training presentation provided by MISSION PHARMA and finalize the existing training modules (technical guidelines).

- RPM Plus DRC began preparations for the organization of the DRC Pharmaceutical Management for Malaria training of trainers course in French at country level (quality and number of participants, facilitators, dates).
- Conducted the Regional Pharmaceutical Malaria Management workshop in Dakar involving representatives from National Malaria Control Programs and Central Medical Stores from West Africa. This regional training course was conducted primarily in French for participants from 13 countries in the region.
- Discussions held with partners in Madagascar to conduct the Community Drug Management assessment there. This will be done in June 2006. Preparations for the assessment begun
- Discussions were held with WHO and USP regarding the planned regional workshop in West Africa on antimalarial pharmaceutical quality.
- A concept paper on the planned activity to conduct a study in two countries on changes in health facility utilization with ACT introduction was developed and discussed among the RPM Plus team. It was decided that changes in health facility utilization would be difficult to measure given the lack of control data. It was therefore decided to re-program these funds.
- RPM Plus participated in the GFATM PSM Plan development workshops in Accra, Ghana and Nairobi, Kenya in January and February 2006. RPM Plus assisted 6 countries with their PSM plans for malaria. RPM Plus also made a presentation on quantification and forecasting of medicines with the special considerations for quantification of antimalarials. RPM Plus also collaborated with the GFATM and the RBM partnership in a workshop discussing implementation bottlenecks for malaria for West African GFATM recipient countries. RPM Plus made three presentations on implementation of ACTs, procurement and distribution bottlenecks for malaria commodities and capacity building. During this workshop assistance was provided to countries for developing workplans and identifying TA needs from partners. As a result of this collaboration, RPM Plus was requested to further assist the GFATM to develop case studies for documenting lessons learned in implementation in three countries; Nigeria, Ghana and Guinea Bissau.

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 Commodity tracking tool, potential upgrades were identified and their costs determined. These will lead to the expansion of the map functionality to encompass a larger geographic region, calculating patients per year, and implementing multiple "versions" of the database to potentially manage malaria, TB, and child survival efforts. New data continues to be entered as it becomes available.

In the area of the assessment approach, the indicators were further reviewed and alternative templates were considered. As a next step, the outline for the product will be discussed with guidance from other colleagues.

In January 2006, RPM Plus was requested to attend a consultation called by UNICEF and WHO to support the development of a programming guide for HIV treatment, care and support for children in resource-constrained settings. The programming guide will be organized around six strategic components including “Supplies (forecasting and management).” The participants were drawn from both the Child Health and the HIV world with large representation from UNICEF and WHO. The RPM Plus representative gave a presentation on “Experiences in improving supply management for pediatric HIV care and treatment in resource-constrained settings” and acted as co-chair for the Supplies (Forecasting and Management) group work that reviewed the draft programming guidance and developed a summary of recommendations to be reflected in the guidance, with a particular focus on supply management.

RPM Plus began working on the review and update of the VCT Commodity Planning Guide which had been developed in its first version using FY02 funding under the S04

portfolio. Funds from PMTCT were used to identify countries that will be used as case studies which will be featured in the new edition. Initial discussion commenced with MSH staff working in field offices and a set of questions were developed to serve as a guide for potential country case studies

RPM Plus staff also prepared a comprehensive ARV report for the Inspector General of USAID. The report was to document products procured and prices paid by country. Procurement staff also responded to two requests from USAID. A message from the Peru mission was forwarded to RPM Plus to guide them on the processes and procedures for procuring certain pharmaceutical products and secondly, the Armenia Mission requested RPM Plus to investigate the availability and cost of Tamiflu. The Armenia mission was concerned with the introduction of the bird flu to Europe and required additional information. During this quarter the technical portions of the RFQ were finalized and are awaiting the contractual review.

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 the 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 and SO 7, funding during FY 03. 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.

Major activities this quarter

Most countries and HIV/AIDS Programs are aiming at scaling up services to increase access to care and treatment. Capacity building, both human and institutional, is key to expansion of services and improvement of quality of care.

In Quarter 2, follow-up activities towards implementation of the Pre-service Curriculum for Pharmaceutical Management in support of ART at country level continued. Five Universities in four countries showed interest and were selected for support. Dialogue between these five and RPM Plus resulted in dates being set for interventions which would see implementation of the curriculum in the new academic year of the universities (variously, June – September, 2006). Preparatory activities will take place in May (University of Zambia, Muhimbili University College of Health Sciences) June, (University of Nairobi); July, (Makerere University) and Gulu University in September, 2006.

Towards continuing TA to strengthen commodity management Systems for ART and related opportunistic infections, RPM Plus followed up on the three institutions selected in FY 04 to become “Learning Sites” for ART practice. The sites were KCMC, Tanzania, CPGH, Kenya and Ndola Hospital, Zambia. Next steps were determined pegged on success of previous interventions which included installation of the Dispensing Tool, RDU training and implementation of the SOPS in the pharmacy, respectively. Identified activities will be implemented in Quarters 3 and 4.

RPM Plus disseminated the Dispensing Tool to a meeting of the KIDS-ART-LINK sites (the Paediatric Cohort Study). There was a lot of interest expressed and two sites had the Tool installed. More sites will be attended to in the 3rd Quarter.

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 provide TA to strengthen pharmaceutical management systems in the ECSA region with the aim of increasing access to quality pharmaceuticals and health commodities. Specifically, interventions included institutional and human capacity building in pharmaceutical management and direct technical assistance in selection, quantification, and procurement of public health supplies, and, provision of strategic information on drug management and logistics. 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 provision of TA, the Regional Pharmaceutical Forum (RPF) was established at the ECSA Health Community Secretariat, in 2003 with technical lead from RPM Plus. 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.

Major activities this quarter

- Submitted the draft Regional Standard Treatment Guideline (STG) and Formulary for technical review and editing to RPM Plus, Washington.
- Participated in the 42nd Regional Health Ministers Conference in Mombasa, Kenya. Two presentations were developed for advocacy purposes on the RPF.
- Participated in a Meeting of the chief executive officers of medical supply agencies called to finalize the website (www.ecsamedicines.com) in support of CIB (pooled procurement).
- Extended the preliminary assessments of the functionality of Pharmacy and Therapeutics Committees to referral hospitals in Kenya and Tanzania.
- Conducted training for PTCs in two referral hospitals (Kenyatta and Moi Referral and Teaching Hospitals) and developed action plans for one major activity using the Monitoring, Training and Planning (MTP) approach.
- Set dates with Bugando Medical Center, Tanzania, for the PTC training and orientation Workshop.
- Engaged an expert from the ECSA region to complete the template on "Regional Medicines Policy". This draft will be discussed in a consensus building meeting in the last week of May.

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

The Global Fund to Fight HIV/AIDS TB and Malaria Procurement and Supply Management (PSM) planning workshop for Francophone West Africa took place as planned in Accra Ghana on January 16-21, 2006. A total of 20 countries were in attendance. At the end of the workshop 5 PSM plans were completed and 15 plans were in an advanced stage of development. It is estimated that when all PSM plans being developed are submitted to GFATM, an approximate \$100 millions would be released to support HIV/AIDS, TB and Malaria programs in participating countries. During the workshop, countries identified their TA needs in PSM for HIV/AIDS TB and Malaria. It was agreed with the USAID/W/Africa program to develop a regional course tailored at addressing some of the gaps identified during the GFATM PSM workshop. RPM Plus and Deliver were tasked jointly to develop this course. Development of materials for the course was initiated during this quarter.

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) and later Primary Health Care Reform (PHCR) Project, 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. Based on findings from a 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 January 12, RPM Plus hired local staff (Senior Program Associate and Office Manager). RPM Plus Armenia Program Lead provided an initial orientation and training for the staff in January 2006, and introduced new staff to USAID and local counterparts. MSH Senior Officer for Project Management Services further trained the staff in accounting principles and USAID regulations, during her visit to Armenia on February 22-March 1, 2006 (the purpose of the TDY was to set up finance and operational systems, and recording and reporting systems in preparation for compliance with local government auditing requirements). In addition, CPM Deputy Director provided technical training for the newly hired Senior Program Associate in March 2006.

In response to RPM Plus RFP and SOW provided in December 2005, DURG PO and SCDMTE sent their proposals (March 2006) to participate in the prescribing and supply chain costing studies, respectively. RPM Plus held a number of conference calls to assist the SCDMTE and DURG PO in understanding the objectives of the respective studies, the methodology and the partners' SOW. In March 2006, RPM Plus team, including Deputy Director of CPM and RPM Plus Armenia Program Lead, visited Armenia, to continue work with local partners on the study design and materials. RPM Plus team discussed with DURG the objectives and scope of the prescribing study, list of conditions and diagnoses to be covered by the study and sample size, worked on the data collection

forms and instructions for them, and provided detailed explanations and TA on approaches to developing a list of core and complementary medicines for the study. RPM Plus also made suggestions for necessary revisions of STG review tables completed by DURG PO and provided technical support for DURG to help them carry out the tasks in a more efficient and effective manner. RPM Plus also met with SCDMTE, and discussed in detail the scope and objectives of the supply chain costing study, shared with SCDMTE examples from similar work in other countries, provided technical direction for implementation of the supply chain costing study. Planning for data collection and data entry efforts, timelines, study logistics, and budget were discussed by RPM Plus with both organizations.

During this quarter, a number of meetings were held with the MOH, to share the progress with first steps of program implementation; introduce new staff, and future partners (and their scope of work); obtain the letters of support for the upcoming data collection efforts; discuss current and future activities; and clarify expectations regarding RPM Plus work in the country..

RPM Plus continued coordination and sharing information with PHCR, and addressed PHCR's concerns regarding the prescribing study during the meeting with PHCR and USAID. In March 2006, RPM Plus met with a DFID-funded project that assists the MOH in improving pharmaceutical supply, to discuss possible collaboration and avoid duplications of work.

Next steps include discussing and finalizing contractual aspects of RPM Plus agreements with the local partners, and carrying our data collection and data entry efforts for both studies. RPM Plus office will monitor and provide assistance in the implementation of these efforts.

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

USAID/Cambodia requested RPM Plus to estimate costs for proposed interventions to strengthen pharmaceutical management of childhood illnesses as described in an earlier concept paper. A budget, separate from the current work plan was subsequently submitted to the Mission for review. While the proposed interventions are designed to address areas in drug management that are problematic, implementation will depend upon partner's consensus. RPM plus and the Mission continue discussions regarding next steps.

RPM Plus completed and sent a final draft of the Community Drug Management of Childhood Illness (C-DMCI) survey report to key child survival partners. Drawing on key findings from the C-DMCI survey as well as additional findings and commonalities from previous pharmaceutical management surveys, RPM Plus anticipates collaborating with child survival partners to develop interventions to improve pharmaceutical management of childhood illness.

RPM Plus provided technical feedback to Dr. Hong Rathmony, Director of IMCI/MOH and the child survival working group on their first draft of the Cambodian Child Survival Strategy document. RPM Plus suggested placing a stronger emphasis on the importance of pharmaceutical management in the document as a means to improving the availability and rational use of medicines among child survival programs. Subsequently, a modified second draft was circulated among key partners.

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 period, RPM Plus worked with PSP-CI for the preparation of the third round of training for pharmacists, scheduled in January. Meanwhile, the program also coordinated with PSP-CI for the review of the results from previous sessions of the training targeted to midwives and nurses at PMTCT centers. A curriculum targeting Assistant Pharmacists "PGP" was also developed to be delivered to target staff at PSP-CI and at the facilities.

RPM Plus provided feedback to the ARV quantification recently undertaken by PSP-CI jointly with EGPAF. This will support the next procurement of ARVs targeting 27,000 patients. It is anticipated that SCMS project will provide further training on the RPM Plus

tool Quantimed to enable more staff to conduct and monitor quantification exercises in the future.

A plan for the expansion of the ARV dispensing tool was developed and approved by the PSP-CI Director. The tool is now operational in 20 facilities, and 36 users were appropriately trained. Also, during this quarter, the RPM Plus facility quantification tool (in Excel version) was adapted for the Cote d'Ivoire context and also implemented in one ART center for testing. If successful, the Excel version will be disseminated in other centers.

The final report for the PSP organizational assessment and the application of the M.O.S.T tool was finalized and was submitted to the PSP-CI Director and to USAID. During this quarter, RPM Plus participated in a joint Mission with SCMS, CDC, USAID and EGPAF to Côte d'Ivoire from February 19 to 24. Key recommendations included the expansion of RPM Plus initiated activities related to the ART dispensing tool as well as to the "Expiry tracking sheet" at the ART centers.

RPM Plus continued to support the monitoring of ARV management at health districts and treatment sites. The 20 ART sites using SIMPLE-1 were visited. Recommendations were provided to pharmacists in charge of the warehouses for improving drug management practices while RPM Plus recommended to the USG team the need for interventions focused on physical rehabilitation, storage capability and security for the ART sites.

Meanwhile, RPM Plus also continued to coordinate with the Information, Planning and Evaluation (DIPE) Unit of the MoH as well as with JSI/MEASURE to ensure the integration of pharmaceutical management information within the national system and for the standardization of drug management tools at the peripheral level. Also opportunity to transition such assistance to SCMS was discussed.

Recent changes in the government of Côte d'Ivoire impacted the implementation of the ORION@MSH software at PSP-CI. RPM Plus was requested to provide new information on the recurrent costs and a timeframe for the implementation, training and the operating process of ORION in order to facilitate a quick approval from the Minister's office along with the signing of the related MOU that has now been pending for several months at the MOH.

DOMINICAN REPUBLIC

Overview

Since 2003 RPM Plus has been providing TA to the Dominican Republic NTP to strengthen the pharmaceutical managements system, and to change the TB treatment regimens to fix dose combinations (FDC). As September 2005 a comprehensive Pharmaceutical Management Information System was designed, and pilot tested. The scaling up to the rest of the country started on October 2005. RPM Plus has also provided TA to elaborate a project for the introduction of FDC, to estimate the needs of medicines and to fill the application to the GDF. For FY05 (October 2005 – September 2006) USAID mission in Dominican Republic committed U\$ 100,000 to provide TA on the quantification of TB medicines, for a ToT on the use of FDC, to support the updating of the monitoring and evaluation procedures of the NTP, to design and implement and automated DMIS and to provide TA for internal and external evaluations.

Major activities this quarter

RPM Plus Senior Program Associate visited Dominican Republic from February 13 to 24, 2006. During the first week he participated in a rapid assessment of the availability of TB medicines and the implementation of the PMIS. Technical assistance was provided for the quantification of a second procurement of FDC to the GDF. The most relevant findings of this assessment and recommendations were presented during the national evaluation workshop of the TB Program (February 20 – 22).

RPM Plus accompanied the external evaluation mission of the NTP during the field visit (February 23 – 24). Information regarding the situation of the pharmaceutical supply system was provided to the mission background information about the activities to strengthen the system.

The procurement of FDC through the GDF has been delayed for different reasons; particularly the elaboration and translation of the contract documents between the MoH and the GDF, and the money transfer to the procurement agent. As April 2006, the NTP/ Ministry of Health was still dealing with the money transfer to complete the payment of the first procurement to the GDF.

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

- Procurement - The Program has received all of the procured products from the order under FY05, except Nelfinavir, Stavudine 20mg and Zidovudine 100mg (which we have stock from FY04 procurement). RPM plus is preparing a short list of items to be procured to make up for unforeseen potential shortages due to scale-up or expiry issues due to slow uptake of some second line drugs.
- Distribution - Negotiation is underway with PHARMID (the clearing, storage and distribution partner for the newly ordered ARVs) to transfer the ARVs so that the distribution will be done by RPM Plus in a harmonized fashion in collaboration with PASS. RPM Plus prepared PMTCT report including a request for additional test kits and Nevirapine from Axios Donation Program and submitted the application.
- Infrastructure Improvement - ART expansion sites have been assessed for infrastructural improvement needs of newly added hospitals and add-on work. Hospital pharmacy

renovations were completed and official handing over concluded for five hospitals and a quality control laboratory.

- Equipment and Supplies - A second phase supply of equipment for the safe and secure keeping of ARVs is planned for nearly fifty facilities. Forty desktop computers and printers including UPS, seven laptop computers, two heavy duty printers/copiers, one LCD projector are received for distribution for selected RHBs, hospitals, RPM Plus pharmacists, the school of pharmacy and the Ethiopian Pharmaceutical Association.
- Training and Staffing - six pharmacy associates and one communication officer have been hired and oriented as the new batch of staff. Training in ARV drug management with focus on drug management information system (MIS), was provided to 27 participants in collaboration with ITECH and HAPCO/MOH to newly included ART hospitals. To ensure uniformity of practice and discuss progress and challenges, RPM Plus in collaboration with DACA organized a discussion forum entitled *Optimizing ART*. The target audience included physicians, pharmacists, nurses working in hospitals currently providing ART services.
- Inventory Control, MIS and Reporting - RPM Plus provided refill MIS forms to all the facilities that recently began providing ART services. The software developed by PM Plus for ARVs and patient management is fully operational in two hospitals - Zewditu and Paulos hospitals and will be introduced in the first cohort of ART hospitals beginning April. RPM Plus developed store stock management software which has been installed for Addis Ababa Region health bureau pharmacy department data will be entered in April. Preliminary analyses indicate that PASS may benefit from the system as PHARMID has a custom made software that is in use which captures the needed financial and transaction parameters.
- Quality Control / QA - The quality control laboratory has benefited from a long-term TA from RPM Plus with the secondment of a QC pharmacist at 100% time dedicated to support all aspects of the laboratory.
- Linkages and Collaboration - A team of two from RPM Plus reviewed the situation of AMR and conducted stakeholders meeting to reach a consensus to form a national working group for AMR containment. This is a collaboration initiative with DACA. RPM Plus funded the Ethiopian Pharmaceutical Association (EPA) to conduct training in HIV/AIDS and ARVs management for pharmacists working in the private sector. The first training benefited 45 participants and is planned to continue in phases in three more rounds. A representative of the school of pharmacy participated in a TOT in drug supply management with the plan to conduct such training for pharmacy para-professionals and even include it in the regular school curriculum. RPM Plus is a standing member of the PEPFAR and MOH/HAPCO treatment working group and participates on a weekly basis.

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

Communication continued during this quarter with the USAID/Haiti Mission to ascertain the needs of the Emergency Plan in terms of Opportunistic Infection (OI) drugs. After due consultation with the CDC Treatment specialist and other partners in Haiti, the Mission recommended a projection of OI episodes for 13,000 patients over a 7 months period. The list of products and quantities necessary to treat these episodes were identified. Availability of products on the international market, prices and source/origin were documented and a budget was submitted to the Mission in Haiti. Also expected shipment schedules were communicated. After due approval, appropriate waiver was developed, submitted and approved. RPM Plus issued the related purchase order through IDA. By the end of the quarter, the first shipment of this OI procurement arrived in Haiti. The last shipment is expected to be in-country by July 2006.

Also during this quarter, the Mission requested an additional procurement of ARVs. This is to cater for 800 adult patients and 250 pediatric patients. These are expected to contribute partially to COP06. In response, RPM Plus developed a set of assumptions to be verified by the Mission and partners. Several communications were carried out to

refine the assumptions. Based on these, a quantification of the ARV requirements including security stock was carried out and submitted to the Mission. Information on availability of ARV products on the international market, prices and source/origin are being solicited. These will be finalized and documented in the coming quarter along with the development and submission of the ARV waiver.

Meanwhile, RPM Plus developed a document that describes the process of quantification under COP05 and documenting the different prevalent applied regimens in Haiti for HIV/AIDS. The document also puts forward few recommendations for future quantifications. The document was shared with the Mission and the SCMS project to form a starting point for their future procurement activities in Haiti.

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.

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 93 Kenya PEPFAR program approved sites.

Regional trainings on ART commodity management have continued in a bid to support Scale up. Leveraging with ART partners has become essential in order to increase co-ordination among ART treatment partners. MSH/RPM Plus conducted training for 10 ART sites supported by the Walter Reed Project in the Rift Valley Province in February 2006. A total of 29 ART sites also received various ART commodity management tools developed by RPM Plus.

RPM Plus also conducted rapid assessments in 2 Ministry of Health (MoH) facilities in Eastern Province supported by Elizabeth Glaser Pediatric AIDS Foundation to establish extent of site preparedness to offer pharmaceutical services in support of pediatric ART.

The assessments identified constraints in infrastructure, standard operating procedures (SOPs), drug management information systems and human resource capacity. None of the staff dispensing ARVs were trained on the management of ART commodities. Secondly ART 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 and job-aids was conducted at both facilities.

RPM Plus worked collaboratively with Department of Pharmacy and other stakeholders to begin the process of reviewing the National Medicine Policy.

RPM Plus worked collaboratively with National Public Health Laboratory (NPHLS) and other stakeholders to develop a National Laboratory Policy, a corresponding 5-year strategic plan and harmonize training materials, curricular and on SOPs for laboratory services . Secondly we worked with CDC, NPHLS and Association of Public Health Laboratories to train regional Laboratory managers on the Management of Laboratory Services from Kenya Namibia, Mozambique, Southern Sudan, Ethiopia and Tanzania. We also supported and facilitated a 5-day Comprehensive Lab training for 29 participants from 19 ART facilities in Nairobi.

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 carried out a training on TB Drug Quality Assurance on November 7-11, 2005. The regional training was leveraged from USAID Mission funding for the respective countries and USAID Mission regional/CAR funding. The training was carried out in collaboration with USP DQI and AED.

Major activities this quarter

No activities were carried out during this quarter.

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

During the quarter under review, RPM Plus finalized the Standard Operating Procedures (SOPs) for the Central Medical Stores (CMS). The program also trained 32 CMS staff on these SOPs. The draft "Supplier Performance Monitoring tool" was developed to assist the CMS to better monitor suppliers.

To improve rational use of ARVs at the treatment facilities, RPM Plus is designing strategies to build rational use interventions around facilities therapeutics committees. During the period under review, RPM Plus collaborated with Medicos Del Mundo (MDM) to develop an implementation plan for the setting up of Therapeutics Information and Pharmacovigilance Centers (TIPC). The TIPC implementation plan has been submitted to the MoHSS. RPM Plus and MDM have now been invited by the MoHSS to discuss the plan and also next steps for the formation of the TIPC working group.

The RPM Plus seconded staffs to the MoHSS were successfully transferred to a local Human Resources firm. Advocacy for the absorption of seconded staff into MOHSS advertised positions has been ongoing. Some seconded staff have applied for and attended interviews for possible absorption to MoHSS positions. Availability of human resources to support proposed interventions remains a challenge. It is hoped that with the submission of the report on the human capacity development for pharmaceutical services

assessment, efforts will be made to address the recommendations with advocacy support from RPM Plus.

During this quarter, the program developed HIV/AIDS Pharmaceutical Management Training materials to support the strengthening of systems for the provision of quality pharmaceutical services at treatment facilities. These materials, consisting of four (4) modules provide: 1) an overview of HIV/AIDS; 2) Inventory management (including stores and facilities management, SOPs, Quantification, M&E and MIS); 3) Rational use of medicines and 4) MTP (Monitoring, Training and Planning) modules. In collaboration with the NHTC, the materials were locally adapted to meet the Namibian context. During the period under review, the training of a national core group of trainers was completed. Meanwhile, core trainers, with support from RPM Plus, conducted the first service providers training. This is the first in a planned series of HIV/AIDS Pharmaceutical management training sessions for pharmaceutical officers from 6 regions

RPM Plus recognizes that training alone will not in itself ensure the adequate implementation of skills and knowledge that have been learned. With this in mind, participants were exposed to the concept of MTP which is an ongoing performance improvement strategy. Using the practical and simple MTP tool, trainees will be able to analyze their facilities' problems, improve their problem-solving skills, and plan activities to implement solutions.

RPM Plus has initiated the drafting of SOPs for the medicines registration process. With the process of clearing of the medicines registration backlog started, and the provision of the registration database, an SOP will standardize operations within the section. RPM Plus has continued to support the training of the MCC secretariat staff in the use of the registration database.

The ART Dispensing Tool (ADT) was successfully installed at the Katutura State Hospital. RPM Plus provided the hospital with two (2) computers for the tool and also trained Pharmaceutical officers working on the tool. Overall RPM Plus has now successfully trained 101 health workers in the delivery of quality pharmaceutical services for the scale up of ART programs

NICARAGUA

Overview

RPM Plus has received support from USAID/Nicaragua to provide technical assistance in pharmaceutical management since 2002. Technical assistance has focused on the strengthening of the MoH pharmaceutical management system and the consolidation of "Ventas Sociales de Medicamentos" network, a MoH supported strategy to improve the access to essential medicines. For PY06 (October 2005 – September 2006) USAID Mission in Nicaragua committed US\$ 90,000.00 for the strengthening of the supply management and financial administration of the VSM, the standardization of procedures used by the VSM assurance program and the strengthening of the MoH central pharmaceutical and therapeutic committee.

Major activities this quarter

Local consultants were identified and hired to work on the three activities in the support of the VSM network: strengthening of the supply management and financial administration of the VSM, the standardization of procedures used by the VSM quality assurance program and, the standardization the materials and methods for the training of dispensers of VSM.

In March 2006 RPM Plus provided technical assistance to the local consultants who will take responsibility of the working areas in support of the VSM network. During this visit he discussed problems in the implementation of the scope of work, agreed on the tentative dates for working workshops and the presentation and validation of final products and explain RPM Plus administrative procedures for the presentation of the final products, payments and reimbursements. The implementation of the work plans has already started. The discussion of the draft reports is programmed for the first week of June 2006.

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

During the quarter January to March 2006 RPM Plus' priorities at the central level were focused on providing technical assistance and support to the Pharmacy Task Force (former DOP) on policies related to drug registration, importation of ARVs into Rwanda, National List of Essential Medicines, and the Cabinet Paper (draft policy) on the establishment of the National Drug Agency.

With the transformation of the DOP into Pharmaceutical Task Force, the probability for the establishment of the National Drug Agency was deemed slim, and a request has been submitted for a budget review to adjust to the new reality.

With CAMERWA, the last phase of HCD (Human Capacity Development) has been successfully completed by two MSH experts. MSH/RPM Plus assisted CAMERWA to develop its plan for staffing and staff development. Standard Operating Procedures were revised to fit the new demands CAMERWA is facing from its numerous stakeholders. Despite the change in management, RPM Plus has provided technical assistance and support to CAMERWA to strengthen its storage capacity and its management systems. RPM Plus has also participated in the joint Task Force for Stock Count and Validation initiated by the MOH. The report presenting some discrepancies has been disseminated by the Pharmacy Task Force to all concerned stakeholders. In addition, two meetings were held with the management of CAMERWA to discuss pending activities and a strategy to improve working relationships between the two agencies.

At the district level, the focus during the last quarter was on the development of and discussion with GOR counterparts about the RPM Plus strategy for the reinforcement of the capacity of districts and sites in pharmaceutical management. The strategy is designed to support the GOR decentralization policy. RPM Plus has agreed to provide pharmacists to the MOH to be assigned to districts. Their terms of reference have been finalized and are awaited approval of the MOH. The key areas of collaboration between RPM Plus and the MOH have been identified and will be included in a MOU to be signed between the two parties. The aim is for the pharmacists to be in the field by May 2006.

In addition, SOPs related to procurement, storage, and distribution as well as different tools used for data collection and reporting have been finalized, re-printed and distributed to ART sites. Those related to good dispensing practices are being finalized. As for district pharmacies, the minimal norms (packages) have been developed and discussed with GOR counterparts and USG clinical partners. The minimal packages (norms) related to personnel, equipment, space, commodities have been developed, discussed with GOR counterparts and USG clinical partners, and are going through the regular process of approval within the MOH.

Another key activity realized by RPM Plus was the assessment of the readiness of the district pharmacies to assume their new mandate under the decentralization policy in collaboration with the Pharmacy Task Force. The report of the assessment was presented

to the Senior Management meeting of the MOH as well as to USG clinical partners. The findings will guide actions to be taken to strengthen the capacity of district pharmacies.

Another key achievement of RPM Plus was the approval of the governance document for the CPDS by the RMC in January 2006. RPM Plus provided technical assistance during the development and approval processes. Two operating committees - Quantification and Implementation - benefited from RPM Plus expertise in the estimation and quantification of ARVs, OIs and test kits, and other technical issues related to the quantification of PMTCT products based on the new protocol. Since the approval of the structure of the CPDS, both the Quantification and the Implementation Committees have organized meetings to carry out their specific duties with technical assistance from RPM Plus and the Clinton Foundation.

RPM Plus also provided technical assistance and support to USG clinical partners on issues related to procurement of ARVs, OIs and test kits. Procurement of ARVs is underway. The first estimation of needs for USG partners in terms of test kits was completed and a draft list of OIs has been developed and proposed to partners for discussion and finalization. To avoid stockout, RPM Plus made an emergency procurement of Determine and Capillus to meet the needs of USG clinical partners.

Finally, in terms of training and capacity building activities, a joint training plan was harmonized, finalized and adopted between TRAC and RPM Plus for the year 2006. It includes courses on basic and advanced drug management, training of trainers in drug management, MIS (ART Dispensing Tool), supervision, program management and leadership. During the last quarter 26 pharmacy managers were trained to use the ART Dispensing Tool.

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

During this quarter, all of the training materials for the sales assistants training in private pharmacies were revised and finalized. RPM Plus and partners from DPL, DANSE, PNLP and BASICS participated in the training of trainers in Dakar with 15 pharmacists attending (March 28-29) and the first training of 22 sales assistants in Thiès (March 31-April 1). The remaining trainings are scheduled for April-May 2006. Initial discussion

began with participating collaborators to plan for mechanisms of supervision after the trainings.

Support for technical assistance with national malaria activities continued. RPM Plus staff attended several meetings related to the recent introduction of ACTs into Senegal. A meeting was held with the national malaria coordinator to discuss how best to provide technical assistance. RPM Plus staff participated in a PNLP planning meeting for the orientation in the introduction of ACTs as well as a meeting of the commission receiving the ACTs at the PNA (Central Medical Stores). A presentation on rational drug use was given by RPM Plus at a workshop orienting regional and district medical officers in the introduction of ACTs and will be used in subsequent orientations by the PNLP. The PNLP has also adopted the tools proposed by RPM Plus for managing drug supplies including the use stock cards and registration systems for the use and distribution of drugs. As the introduction of ACTs in Senegal advances, RPM Plus will continue to play a role in providing technical assistance where necessary.

RPM Plus staff oriented trainers in the store management module that will be used to train agents de santé communautaires (ASCs) during the training of trainers (TOT) for the extension phase of the community case management of ARI in Kaolack and Louga,. Trainings of ASCs occurred in the Darou Mousty (38 ASCs) and Kaolack (84 ASCs) districts.

As part of the TOT workshop of community ARI in Thies, RPM Plus presented on the management of pharmaceuticals. Participants included 20 members of district health teams. RPM Plus continues to collaborate with the ARI Technical Team (BASICS, DPL, DANCE, UCAD, UNICEF) and shared a draft of the pharmacovigilance intervention with partners. Once reviewed and finalized, the intervention will be incorporated into the national pharmacovigilance system that is still being developed. In addition, RPM Plus staff participated and shared experiences during the BASICS/UNICEF regional conference on the experience in Senegal with community ARI management (15-17 March) along with 68 other participants from 14 African countries.

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.

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 will continue 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 will support 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

Accreditation compliance reports for the North West province, Gauteng, and Mpumalanga were finalised. The reports for the Northern Cape, the Free State province, Kwazulu-Natal and the Eastern Cape are near completion. RPM Plus supported Provincial Heads of Pharmaceutical Services (HOPs) in making presentations to their principals regarding the findings and recommendations.

Another national workshop for provincial pharmacists was held. This was to support the review the provincial estimated quantities of ARVs with representatives of the local pharmaceutical industry. Since October to date, 38 were trained at the national level, 12 from the North West Province, 10 from the Northern Cape and 29 from Mpumalanga.

In terms of the implementation of RxSolution©, new provincial sites have been added in the Free State (Manapo, Dihlabeng, Phekolong and Phutholoha hospitals) and in the North West Province (Rustenburg, and Klerksdorp Hospital). Rx Solution was also

commenced at the Paediatric HIV Research Unit at Chris Hani Baragwanath. In Tshwane Metro, Rx Store is now in place at 17 PHC clinics and 5 occupational health sites (where PEP is provided).

A presentation was given at the University of Pretoria to 10 second-year MPharmMed students on 'Developing and maintaining a formulary'. RPM assisted PTCs in Tshwane District and in the Eastern Cape for formulary development and use, rational medicine use, medicine safety and pharmacovigilance, and PTC oversight of clinical trials. Assistance is being provided to Mpumalanga to develop the provincial formulary further including the assigning of prescribers' levels. The Eastern Cape is in the process of finalizing the 3rd draft of the Eastern Cape formulary with the assistance of RPM Plus.

A discussion document regarding the need for the revision of the approach to the training and practice of pharmacist's assistants was finalised for NDOH. Also assistance was provided to conduct a pilot dispensing research project. The section of the SA National Guidelines for ART dealing with adherence was edited and provided to the NDOH. An application for accreditation of RPM Plus SA as a provider of continuing professional education for pharmacists and pharmacist's assistants was submitted to the South African Pharmacy Council.

As part of the collaboration with the University of Fort Hare, five lectures were provided to 106 nursing students on principles of pharmacokinetics and pharmacodynamics as foundational knowledge regarding ART. Meanwhile, negotiations are underway with Rhodes University regarding the establishment of a Medicine Information centre in the Eastern Cape.

RPM Plus conducted an in-depth review of different sections of the Clinic Supervisors' Manual dealing with drug supply management and TB pharmaceutical management indicators. Also peer review was undertaken of two Chapters of the South African Health Review – Chapter 2 – Legislation and Chapter 12 of the South African Health Review – *Pharmacist's assistant – a case study of a mid level worker option*. This publication prepared under the auspices of Health Systems Trust provides information and commentary on the South African health care scene on an annual basis.

A two day workshop on Long-Term Safety Monitoring of ARV treatment in resource limited settings was attended in Madrid. Input was presented on medicine safety and pharmacovigilance in South Africa. Recommendations from the meeting will be presented at the Emergency Plan Implementers meeting to be held in Durban in June 2006. Also the program attended in January the Emergency Plan workshop on Costing HIV/AIDS Care and Treatment. The quantification tool developed by RPM Plus was presented and shared with the other partners.

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. To address Tajikistan's needs in technical assistance in drug quality assurance, and the requests from other Central Asian Republics, RPM Plus carried out a regional training in TB Drug Quality Assurance. The regional training was leveraged from USAID Mission funding for the respective countries and USAID Mission regional/CAR funding. The training was carried out in collaboration with USP DQI and AED.

Major activities this quarter

No activities were carried out during this quarter. Planning activities during this quarter included determining next steps, which 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

Roll out of Accredited Drug Dispensing Outlets (ADDOs)

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.

Strengthening Pharmaceutical Management in Mission Hospitals

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

The RPM Plus strategy includes the following objectives:

Objective 1: Increase the capacity of USAID, local government and private sector to maximize the efficient and effective use of resources for HIV/AIDS-related health commodities in support of an expanded response to the HIV/AIDS pandemic.

Objective 2: Improve the capacity of local government and the NGO hospitals sector to meet health commodity needs of programs and services in support of an expanded response to the HIV/AIDS pandemic.

Major activities this quarter

- Advocacy seminars and sensitization with Kilombero district authorities and other stakeholders finalized.
- Report on the advocacy seminar for Morogoro regional authorities and Ulanga district finalized.
- Rapid ART pharmaceutical management assessment in five mission hospitals in Tanzania was conducted. The hospitals are St Elizabeth hospital, Selian Lutheran hospital in Arusha, Haydom Lutheran hospital in Manyara, Muheza DDH in Tanga and Mvumi hospital in Dodoma. Assessment report completed.
- 40 ADDO owners completed the business skills training and 80 dispensers (95%) successfully completed the training and were awarded ADDO Dispenser's Certificates. Business Skills Training Report by MEDA finalized.
- First draft of ADDO dispenser's manual completed.
- The pre-inspection of DLDB services and on going renovation and changes in Kilombero and Ulanga districts has been completed.

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 carried out a regional training in TB Drug Quality assurance. The regional training was leveraged from USAID Mission funding for the respective countries and USAID Mission regional/CAR funding. The training was carried out in collaboration with USP DQI and AED.

Major activities this quarter

No activities were carried out during this quarter. Planning was undertaken for next steps including 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..

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 March 31, 2006, 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\$121,246,153.

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 March 31, 2006) expenditures of US\$91,055,120 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 March 31, 2006, RPM Plus has surpassed this cost-share requirement, generating US\$23,262,833 in non-Federal funding, 111% of the calculated minimum amount, within the technical scope.

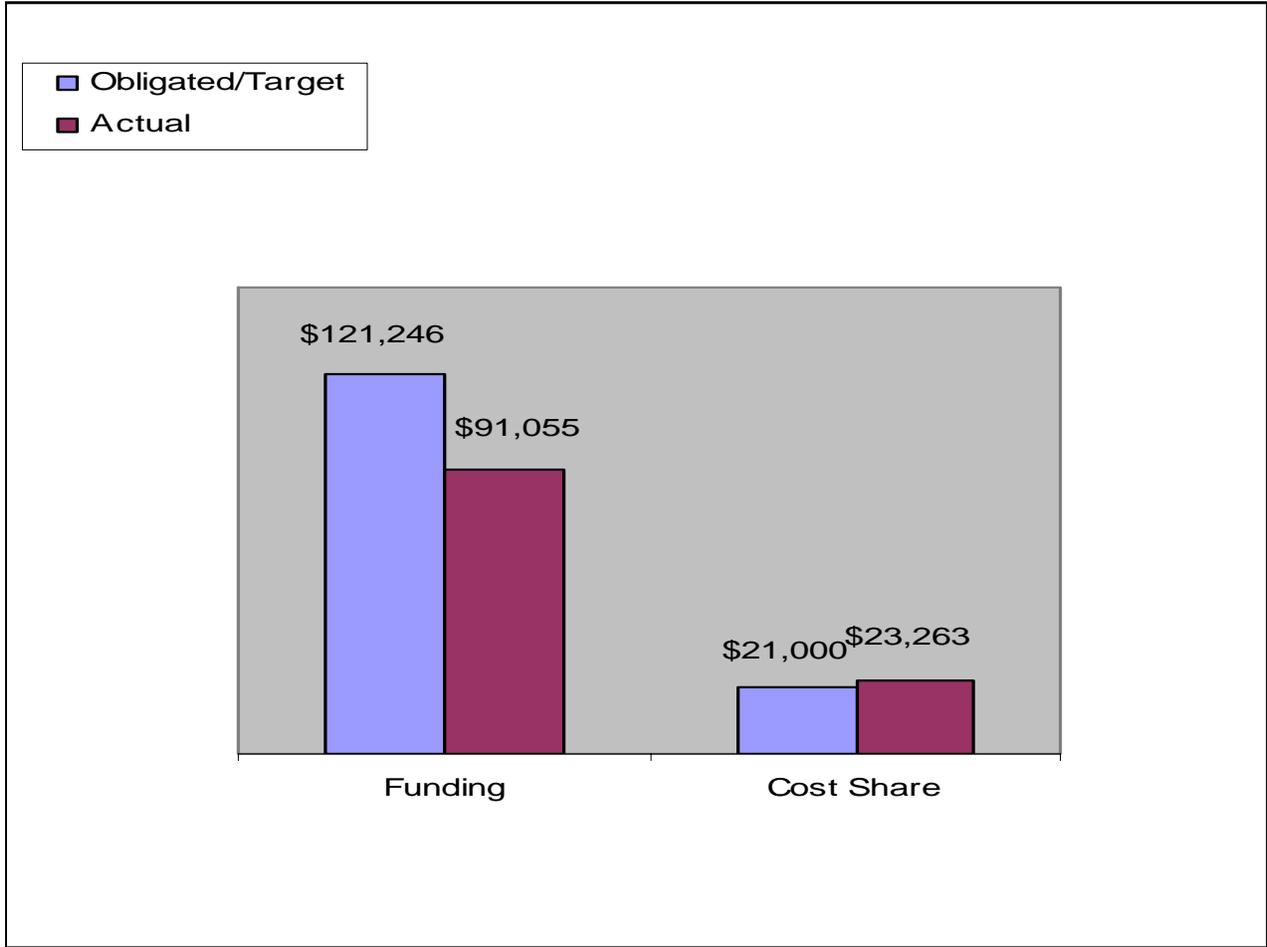
RPM Plus Activities and Products Status Report

**Rational Pharmaceutical Management Program Plus
Fiscal Data; Close of Fiscal Year 05, Quarter 2
HRN-A-00-00-00016-00**

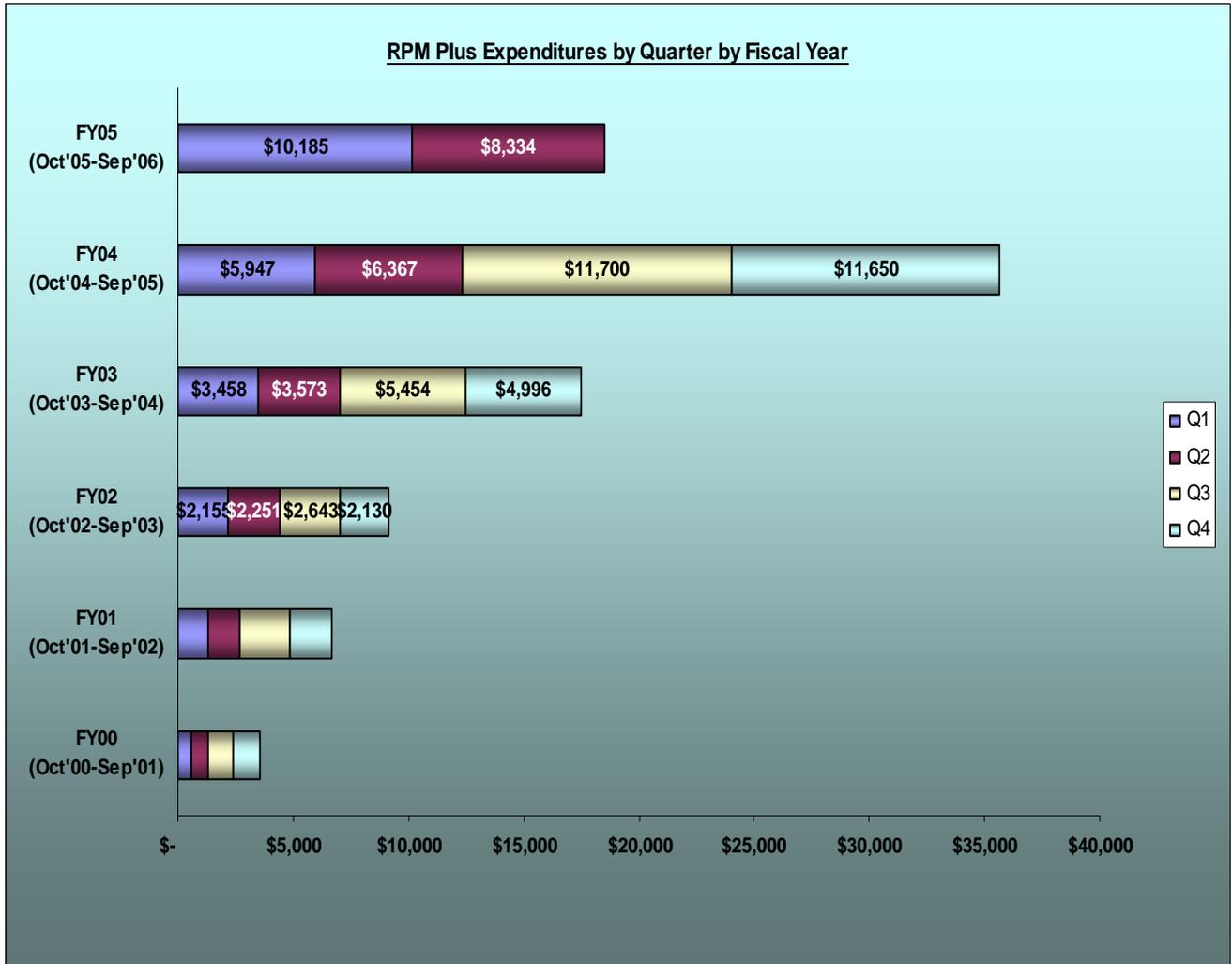
Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Total Obligated Year 3	Total Obligated Year 4	Total Obligated Year 5	Total Obligated Year 6	Cummulative Obligated 31-Dec-05	Q2 Expenditures Jan-Mar 2006	Grand Total Spent 31-Mar-06	Grand Total Remaining 31-Mar-06
Core											
SO1: POP						\$ 250,000		\$250,000	\$0	\$ -	\$250,000
SO2: Maternal Health	Core	\$ 275,840	\$ 354,000	\$ 230,000	\$ 200,000	\$ 230,000	\$ 349,450	\$1,639,290	\$42,682	\$ 1,148,366	\$490,924
SO3: Child Survival	Core	\$ 269,440	\$ 587,000	\$ 573,280	\$ 745,000	\$ 725,000	\$ 292,100	\$3,191,820	\$199,971	\$ 2,464,063	\$727,757
SO4: HIV/AIDS	Core	\$ 200,000	\$ 650,000	\$ 900,000	\$ 1,300,000	\$ 600,000	\$ 500,000	\$4,150,000	\$160,077	\$ 3,584,498	\$565,502
SO4: Cote D'Ivoire	Core					\$ 200,000		\$200,000	\$0	\$ 206,275	(\$6,275)
SO5: ID/AMR	Core	\$ 574,387	\$ 1,175,000	\$ 1,205,000	\$ 1,200,000	\$ 1,520,000	\$ 1,482,450	\$7,156,837	\$549,089	\$ 5,413,042	\$1,743,795
SO5: Malaria	Core		\$ 420,000			\$ 866,725	\$ 297,000	\$1,583,725	\$78,250	\$ 1,120,503	\$463,222
SO5: Malaria/MAC	Core			\$ 1,325,000	\$ 1,150,000	\$ 1,600,000	\$ 1,100,000	\$5,175,000	\$349,596	\$ 3,191,420	\$1,983,580
SO5: ID/TB	Core	\$ 410,333	\$ 810,000	\$ 1,200,000	\$ 1,250,000	\$ 1,188,000	\$ 1,290,000	\$6,148,333	\$320,935	\$ 4,963,886	\$1,184,447
SO6: Common Agenda	Core	\$ 800,000	\$ 1,030,538	\$ 1,650,000	\$ 973,000	\$ 773,000	\$ 800,000	\$6,026,538	\$394,045	\$ 5,357,955	\$668,583
Mainstreaming	Core					\$ 135,000	\$ 62,510	\$197,510	\$5,179	\$ 5,179	\$192,331
		\$ 2,530,000	\$ 5,026,538	\$ 7,083,280	\$ 6,818,000	\$ 8,087,725	\$ 6,173,510	\$35,719,053	\$2,099,825	\$ 27,455,186	\$8,263,867
Bureau/Field Support Funds											
LAC/SPO-PMTCT	FS				\$ 1,200,000			\$1,200,000	\$101,750	\$ 1,058,394	\$141,606
Africa Bureau/Child Survival	FS	\$ 150,000	\$ 200,000	\$ 250,000	\$ 100,000	\$ 100,000		\$800,000	\$11,119	\$ 703,521	\$96,479
Africa Bureau/Malaria	FS	\$ 100,000	\$ 200,000					\$300,000	\$0	\$ 285,671	\$14,329
Africa Bureau/HIV-RLI	FS	\$ 40,000	\$ 150,000		\$ 300,000			\$490,000	\$0	\$ 500,347	(\$10,347)
Africa Bureau/TB	FS				\$ 150,000	\$ 150,000	\$ 70,000	\$370,000	\$2,537	\$ 44,282	\$325,718
SO1: POP-RLI	FS	\$ 100,000	\$ 150,000		\$ 100,000			\$350,000	\$0	\$ 259,767	\$90,233
Asia/Near East Bureau Total	FS	\$ 200,000	\$ 150,000	\$ 590,000	\$ 400,000	\$ 200,000	\$ 200,000	\$1,740,000	\$102,804	\$ 1,442,574	\$297,426
Regional Development Mission	FS					\$ 780,000	\$ 600,000	\$1,380,000	\$0	\$ -	\$1,380,000
G/PHN NGOs	FS	\$ 50,000						\$50,000	\$0	\$ 43,908	\$6,092
E and E Bureau	FS		\$ 235,000	\$ 685,000	\$ 505,000	\$ 40,000	\$ 50,000	\$1,515,000	\$5,064	\$ 1,121,334	\$393,666
Moldova	FS									\$0	\$0
Romania	FS									\$0	\$0
REDSO/RLI	FS	\$ 300,000	\$ 315,000	\$ 320,000	\$ 800,000	\$ 325,000	\$ 240,000	\$2,300,000	\$112,422	\$ 2,231,857	\$68,143
REDSO/HIV	FS					\$ 400,000	\$ 150,000	\$550,000	\$43,640	\$ 511,985	\$38,015
West Africa Regional (WARP)	FS			\$ 250,000	\$ 340,000			\$590,000	\$115,874	\$ 280,579	\$309,421
WARP-Cote D'Ivoire	FS						\$ 500,000	\$500,000	\$155,043	\$ 319,191	\$180,809
LAC Bureau/ID	FS	\$ 195,000	\$ 101,571	\$ 510,000	\$ 780,000	\$ 660,000	\$ 650,000	\$2,896,571	\$68,112	\$ 1,822,761	\$1,073,810
		\$ 1,135,000	\$ 1,501,571	\$ 2,355,000	\$ 4,585,000	\$ 2,995,000	\$ 2,460,000	\$15,031,571	\$718,365	\$ 10,626,171	\$4,405,400
Regional Mission Funds											
<i>MAC Regional Total</i>											
Albania	FS	\$ -	\$ 300,000	\$ 498,750	\$ 334,500	\$ 1,116,250	\$ 825,000	\$2,774,500	\$373,166	\$ 1,699,132	\$1,075,368
Armenia	FS				\$ 100,000			\$400,000	\$2,396	\$ 271,143	\$128,857
Central Asia Regional	FS				\$ 100,000		\$ 500,000	\$500,000	\$112,119	\$ 277,536	\$222,464
Kazakhstan	FS			\$ 50,000				\$100,000	\$95	\$ 84,452	\$15,549
Kyrgystan	FS			\$ 50,000	\$ 50,000			\$100,000	\$297	\$ 76,110	\$23,890
Moldova	FS			\$ 100,000		\$ 175,000		\$275,000	\$1,408	\$ 99,357	\$175,643
Romania	FS			\$ 150,000				\$150,000	\$0	\$ 138,036	\$11,964
Tajikistan	FS				\$ 50,000			\$50,000	\$0	\$ 29,509	\$20,491
Turkmenistan	FS		\$ 91,208					\$91,208	\$0	\$ 81,549	\$9,659
Uzbekistan	FS		\$ 108,792	\$ 100,000	\$ 100,000			\$308,792	\$239	\$ 268,300	\$40,492
Brazil	FS				\$ 798,000	\$ 350,000	\$ 250,000	\$1,398,000	\$69,813	\$ 1,058,575	\$339,425
Dominican Republic	MAARD		\$ 103,389	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$403,389	\$17,122	\$ 275,378	\$128,011
Haiti Total	FS		\$ 110,000	\$ 100,000	\$ 1,390,000	\$ 1,950,000	\$ 3,750,000	\$ 7,300,000	\$ 154,746	\$ 6,059,697	\$1,240,303
Honduras Mission	FS	\$ 30,000	\$ 50,000					\$80,000	\$8,305	\$ 57,067	\$22,933
Nicaragua	FS			\$ 100,000	\$ 150,000	\$ 394,581	\$ 90,000	\$734,581	\$29,477	\$ 618,569	\$116,012
Peru Mission	FS	\$ 100,000						\$100,000	\$0	\$ 107,017	(\$7,017)
Bangladesh Mission	FS	\$ 100,000						\$100,000	\$0	\$ 65,235	\$34,765
Cambodia	FS				\$ 150,000	\$ 150,000		\$400,000	\$35,808	\$ 250,250	\$149,750
India	FS					\$ 276,000		\$276,000	\$0	\$ -	\$276,000
Nepal	FS	\$ 413,000		\$ 300,000				\$713,000	\$356	\$ 702,565	\$10,435
Vietnam Total	FS					\$ 1,000,000	\$ 2,847,000	\$ 3,847,000	\$ 282,265	\$ 2,692,999	\$1,154,001
Benin Total	MAARD				\$ -	\$ 80,000	\$ -	\$ 80,000	\$ -	\$ 71,020	\$8,980
Ethiopia Total	FS				\$ 3,500,000	\$ 3,000,000	\$ 22,300,000	\$ 28,800,000	\$ 2,171,636	\$ 20,010,113	\$8,789,887
Kenya Total	FS				\$ 1,737,000	\$ 2,194,850	\$ 3,931,850	\$ 3,367,449	\$ 3,055,118	\$ 3,055,118	\$876,732
Namibia Total	FS				\$ 835,000	\$ 1,177,000	\$ 1,742,100	\$ 3,754,100	\$ 444,013	\$ 4,116,842	(\$362,742)
Rwanda Total	FS				\$ 1,600,000	\$ 665,000	\$ 1,938,109	\$ 4,203,109	\$ 478,203	\$ 3,093,256	\$1,109,853
Senegal	MAARD				\$ 150,000	\$ 150,000	\$ 150,000	\$450,000	\$29,080	\$ 333,887	\$116,113
South Africa Total	FS				\$ 1,000,000	\$ 1,400,000	\$ 2,550,000	\$ 4,950,000	\$ 367,069	\$ 3,523,427	\$1,426,573
Tanzania	FS					\$ 1,150,000	\$ 1,150,000	\$1,150,000	\$453,419	\$ 801,950	\$348,050
Zambia Total	FS	\$ 100,000	\$ 280,000	\$ 780,000	\$ 1,865,000			\$ 3,025,000	\$ 116,874	\$ 3,002,050	\$22,950
		\$ 743,000	\$ 1,043,389	\$ 2,328,750	\$ 13,909,500	\$ 11,933,831	\$ 40,537,059	\$ 70,495,529	\$ 5,515,356	\$ 52,973,762	\$ 17,521,767
ACF Surplus/(Deficit)									\$0	\$0	
Total		\$ 4,408,000	\$ 7,571,498	\$ 11,767,030	\$ 25,312,500	\$ 23,016,556	\$ 49,170,569	\$ 121,246,153	\$ 8,333,546	\$ 91,055,120	\$30,191,033
								% funds spent		75.10%	

**Rational Pharmaceutical Management Plus Financial Status
Cumulative Expenditure activity through March 31, 2006**

Total Funding Received to date:	\$121,246,153
Total Amount Spent to date:	\$91,055,120
Pipeline:	\$30,191,033
Percent of Funds Spent:	75.10%
Cost-Share Earned to Date:	\$23,262,833
Target Cost-Share Amount:	\$21,000,000
Percent of Cost-Share Realized:	100%+



**Rational Pharmaceutical Management Plus Program
Expenditures through March 31, 2006**



RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.**Project
Year 6 Q2**

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Data Collection completed in Cote D'Ivoire, Mali, Benin, Burkina Faso, and Cameroun. Report submitted to RPM Plus.		Translation and editing of report. Share findings with POPPHI partners. Devise a plan for dissemination of findings.		

Last Updated: 04/18/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Maternal Health**Year** 04**Activity Title** Adapt Survey tools to be used by sub grantees under the POPPHI framework**Project
Year 6 Q2**

After discussions with POPPHI, it was decided that RPM Plus not go forward with the Costing Tools.

Instead, an opportunity was seen for RPM Plus to assist POPPHI in widening the Global Survey at the facility level to W. Africa. Meetings were held with PATH and JHU researcher to discuss tools she had developed and used in Tanzania, Ethiopia and various LAC countries. She also shared add'l information about the logistics, planning and requirements to successfully complete sampling and data collection for the study. After discussions USAID, RPM Plus decided to move forward with this activity. Mali, Benin and Ghana were short-listed as potential study countries. A study coordinator was selected.

RPM Plus attended PPH Working Group Meetings in addition to Uterotonics Task Force Meetings (Mar 21-22.)

Materials and presentations were prepared for Conference on Preventing Post Partum Hemorrhage to be held in Entebbe, Uganda April 4-7.

Finalizing contract for study coordinator and finalizing country selection.
Identifying country coordinators and translating the study instruments - moving forward with preparations for the study.
Data collection set for July.

Last Updated: 04/18/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	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: 05/01/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	During this quarter, RPM Plus continued to follow up with collaborating partner Dennis Ross-Degnan at Harvard University to discuss the content of the interventions guide and next steps towards completion. Dr. Ross-Degnan has identified and oriented a colleague to expedite completion of the guide.		RPM Plus will find a suitable country to pilot the interventions guide once it is completed, possibly Madagascar where a C-DMCI survey is planned to guide implementation of zinc and community case management. Malawi was one possibility, especially since a C-DMCI survey had been planned there but it has since become clear that it will not take place.		

Last Updated: 05/01/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	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. The C-DMCI survey planned by MSH in Malawi will not happen as it did not receive MoH approval.		

Last Updated: 05/15/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	During this quarter, RPM Plus identified staff and began work to finalize the software package and user manual for the C-DMCI tool. A scope of work was developed including a timeline for deliverables. In addition, an outline for the Child Survival RPM Plus brochure was created and reviewed and will serve as a basis for further development.	The original consultant who developed the database was not available until June 2006 to complete the software package and user manual for the C-DMCI tool, so other staff were identified and discussions held on expectations and action steps.	RPM Plus CS team will coordinate with the consultants to finalize the software and user manual for C-DMCI analysis. A CS brochure will be developed based on the revised outline, to be disseminated at conferences and meetings. The RPM Plus child survival web pages will continue to be updated as necessary.		

Last Updated: 05/01/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	This quarter, revisions on the English translation of the Peru C-DMCI report have been on hold due to conflicting priorities.		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: 05/01/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	During this quarter, RPM Plus completed further analysis and submitted to the PMNCH research team the final report (pending final editing) on the exercise tracking data on the expenditure on procurement of child health commodities in two countries as presented at the London Countdown to Child survival meeting in December 2005. Discussions were held with USAID to plan next steps. Until the M&E working group of the PMNCH is more developed and their needs in terms of monitoring of financial flows are clearer, no further commodity tracking work will be conducted by RPM Plus.		RPM Plus will continue collaboration with the PMNCH and await further discussions within PMNCH to see whether continued commodity tracking is necessary. The final edited version of the report will be sent to partners.		

Last Updated: 05/01/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	During this quarter, the final version of the Introduction Guidelines for zinc was reviewed and edited by RPM Plus and awaits printing by WHO. RPM Plus finalized and circulated two survey summaries to Zinc task force members. The first summary synthesized survey responses regarding registration requirements for zinc from 15 countries where RPM Plus is working. The second summary focused on the availability of the new formula ORS in seven major international pharmaceutical procurement bodies listed in the MSH International Drug Price Indicator Guide. The Madagascar zinc assessment report has been revised into a final draft version and shared by BASICS with USAID. In Madagascar, RPM Plus received news that zinc has been registered although apparently as a food supplement rather than as a drug.		The final version of the Introduction Guidelines for zinc and the new ORS will be printed by WHO and circulated at meetings and other events. In Madagascar, RPM Plus is awaiting the final report from the assessment and will continue to follow up with the team in Madagascar.		

Last Updated: 05/01/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Child Survival**Year** 04**Activity Title** Implement private sector initiatives in Tanzania.**Project
Year 6 Q2**

This quarter, activities advanced in both Tanzania (TZ) and Senegal. In Tanzania, Dr. Kimata, a Senior Program Associate (CH coordinator) began work and was oriented as part of the field team. As part of the first stages of implementation, RPM Plus is planning a baseline survey in collaboration with BASICS to evaluate the activity, comparing results after implementing a CH component into the private sector drug shop accreditation program. BASICS representative Joan Schubert went on a site visit in February to plan for the baseline and formative research to shape the community mobilization activities. The USAID Mission in TZ was briefed by Ms Schubert of BASICS and the RPM Plus TZ team, on upcoming activities. The RPM Plus TZ team and Ms Schubert made a field visit to Ruvuma. The team met with the local partners and to discuss the CH component within the accredited drug dispensing outlet (ADDO) program. Final draft baseline indicators and data forms (dispenser interviews, simulated client visits, and a household survey) for the baseline were reviewed by partners. After meeting with 4 potential contract organizations to implement the baseline and formative research, the TZ RPM Plus team sent out an invitation for tenders detailing expectations and requirements. Two organizations submitted proposals. A draft supervision checklist was developed with items listed for inclusion into ADDO patient registers focused on collecting CH info. A draft manual was developed and reviewed in Swahili for the CH component of the ADDO training and will be translated into English for additional

RPM Plus is waiting for the final MoH approval of the revised program design so that the child survival component of the ADDO program in Ruvuma can be fully implemented.

In Tanzania, the bids received for conducting the baseline assessment and formative research will be reviewed and a winning tender will be chosen based on objective criteria. The baseline assessment and formative research will be carried out and a supervision mechanism will be developed. A revised draft of the training manual will be translated into English and circulated to partners for review. In addition, RPM Plus will finalize the systematic review of private sector interventions and complete the evaluation of the SHEF franchising intervention in Kenya. In Senegal, the remaining trainings of sales assistants will be completed in the next quarter.

Workplan: Child Survival**Year** 04**Activity Title** Implement private sector initiatives in Tanzania.

review. RPM Plus staff continued discussions with TZ Food and Drug Administration (TFDA) and MoH officials to follow-up for approval of the CH package. A strategic document was prepared and shared with USAID (SO3) as well as the TZ mission on the vision of MSH for the implementation model of the accreditation program and how the role of TFDA needs to change to allow for expansion.

In Senegal, all of the training materials for the sales assistants training in private pharmacies were revised and finalized. The training of trainers was held in Dakar (March 28-29) and the first training of sales assistants took place in Thiès (March 31-April 1). The remaining trainings are scheduled for April-May 2006. Participating collaborators (DPL, DANSE, PNL, BASICS, syndicat) met to discuss and plan for supervision mechanisms. This activity is primarily funded by USAID Senegal.

Last Updated: 05/15/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Child Survival**Year** 04**Activity Title** Develop drug management training in support of IMCI**Activity Manager** Briggs, Jane**Activity #** 4**Task:** A1WW04CHS**Sub-Task:** 60F6M4**Activity Description** Improve availability and use of drugs for child health in areas where IMCI is implemented.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	RPM Plus began initial discussions to plan for the development of a course on pharmaceutical management for child survival.		RPM Plus will develop an outline for a course on pharmaceutical management for child survival.		

Last Updated: 05/01/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Child Survival**Year** 04**Activity Title** Technical assistance in the community treatment of pneumonia**Project
Year 6 Q2**

During this quarter, several activities advanced in community case management (CCM). In DRC, surveyors and supervisors were trained and data collection for a C-DMCI assessment was completed in two regions (Kenge and Demba) to serve as a baseline evaluation for CCM activities in DRC. A report of the results and analysis was drafted and reviewed. RPM Plus held a meeting to harmonize the tools and materials used in CCM in the operational zones. Follow-up and supervision tools were drafted, shared with partners (BASICS, IRC) and revised accordingly. Monitoring visits were conducted in the new CCM sites.

In Washington DC, RPM Plus attended an authors meeting for the CCM Essentials guide at BASICS managed by CORE. A draft outline of the Management of Medicines and Supplies chapter was shared with the other authors and revised according to the comments received. A draft of the chapter is underway and will be completed next quarter.

In Senegal, RPM Plus staff from Senegal and DRC participated and shared experiences during the BASICS/UNICEF regional conference on the experience in Senegal with community ARI management (15-17 March).

RPM Plus will finalize analysis of the C-DMCI assessment in DRC for Kenge and Demba. Results will be disseminated and supervision and follow-up mechanisms will continue to be developed with partners. The Management of Medicines and Supplies chapter will be finalized for inclusion in the CORE group CCM essentials guide. Discussion will continue with USAID on CCM ARI activities in other interested countries.

Last Updated: 05/15/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	During this quarter, RPM Plus discussed the Ethiopia commodity fund SWAP with Al Bartlett of USAID in a meeting to discuss the workplan. Although the commodity fund improves central level availability, peripheral availability is not improved or addressed. USAID mentioned that there is a logistics master plan under development.		RPM Plus will continue to explore their role as a partner in the Partnership for Maternal, Newborn and Child Health (PMNCH). As a preliminary step, MSH will register as an official PMNCH partner.		

Last Updated: 05/01/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Child Survival **Year** 04**Activity Title** Mainstreaming health systems strengthening**Activity Manager** Briggs, Jane**Activity #** 8**Task:** A1WW04CHS**Sub-Task:** 60AXH8**Activity Description** n/a

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	No progress this quarter.				

Last Updated: 05/15/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	During this quarter, RPM Plus completed the SO3 workplan and met with USAID to discuss and review. A program associate was hired and was oriented to RPM Plus and the child survival portfolio.		RPM Plus will continue to prepare for the SO3 audit, but is awaiting further instructions from USAID.		

Last Updated: 05/01/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	<p>Due to continued interest in CTT from SCMS and other projects (CS and Malaria), MSH has begun discussions with Synergy to develop a data management module - whereby different project data may be separated within the system.</p> <p>New proposals e.g. adding patients months, a searchable field for CA/procurement body, the development of regional maps - these all will be included in a 3rd Work Order still being negotiated.</p>	<p>Reports capabilities and other functionality problems continue to be an issue.</p> <p>We need to filter out CS data before the tool may be shared with USAID Missions considering capabilities for HIV/AIDS procurement monitoring/tracking. This has delayed sharing the tool with Missions and generating interest in its capabilities.</p> <p>SCMS still unclear as to what they want the tool to do and not certain if CTT is a good fit for their needs.</p>	<p>RPM Plus will resolve all pending requests from Work Order 2 and submit Work Order 3.</p>		

Last Updated: 03/28/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	Draft materials have been reviewed by Grace Kehunya, Laila Akhlaghi and Helena Walkowiak. Following revisions based on these reviews the final drafts were sent to editorial for editing and formatting.	None	When the drafts have been edited they will be used in a pilot training program planned for late May or early June after which they will be modified in the light of in-country experience		

Last Updated: 03/31/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	The document is still being reviewed by the first reviewer	Travel schedules of reviewers makes it difficult for the document to be reviewed in a timely manner	Once the document is reviewed, suggested changes will be implemented and the document will be sent to the next reviewer for the final technical review		

Last Updated: 03/23/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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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)**Project
Year 6 Q2**

As for last quarter. Slow progress is still being made on the writing up of the phase I -studies for publication. John Chalker will follow up on this during his planned visit to Uganda at the end of April 2006

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

For the phase II studies:

-Vietnam

The baseline reanalysis has been completed highlighting important indicators. The evaluation survey is ongoing. It is planned now for the survey in the control district to be finished by end of April and the survey in the intervention district by the first week of May. Data entry and analysis will finished by June. Two dissemination seminars are planned.

The first is a technical one for July this year by which time the evaluation data will be analyzed and written-up. It will be hosted by the Vietnam Association of Family Physicians. It will have 6 technical reports

1. The intervention for change of physicians for their prescribing behavior (in 18 districts) presented by Dr. Nguyen Tien Dung
 2. Single case design and monitoring of community intervention for change of mothers'behavior in Ba Vi district to improve rational drug use for ARI treatment presented by Dr. Nguyen Thi Mai Hien
 3. Pre-post control intervention design for intervention to change behavior of mothers'behavior in Dan Phuong and Ba Vi districts to improve rational drug use for ARI treatment presented by Mne Nguyen Thi Hieu
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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)

4. Rational drug use policy presented by Dr. Nguyen Khang Chien (RUD project)
 5. ARI project presented by Dr. Nguyen Van Toan (ARI project)
 6. Policy implication for RUD
- They will invite more than 100 participants from MoH, from the fatherland front, from the national assembly, foreign NGOs and also USAID in Hanoi (Mr. Dan Lewis)

The Advocacy meeting will be convened by Dr. Tien (National Assembly) It will include the dissemination of research results from Ba Vi and Dan Phuong and the effect of policy for free medical services to children under 5 on improvement of mothers behavior at community level. This will be a high level meeting which has the chance to have a strong effect on policy. We have been invited to attend both of these dissemination seminars.

-Thailand;
The evaluation field work has been completed. Analysis of results is awaited

We also still awaiting news on the Policy Studies Phase III write ups and the Ugandan Study of caretakers identification of Pneumonia in children. John Chalker will follow up on these during his planned visit to Uganda at the end of April 2006.

Last Updated: 04/12/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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 Q2**

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Progress on the Namibian activity was delayed. As a result the Namibian participant's achievements will be asked for during the coming quarter rather than the previous quarter. 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 (now delayed until the coming quarter).		

Last Updated: 04/12/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	<p>-The Sida proposal was completed and submitted. The Sida contact person indicated that the proposal was accepted. In addition we could add core support for INRUD and that contracts would be signed in March. This has now been delayed till May.</p> <p>-TA has continued to be given to groups who are undertaking consultancies. In particular the Tanzanian group is commissioned to develop gold standards for drug indicators in different institutions. A survey of antiretroviral adherence measurement practices has been undertaken in five East African countries by INRUD group members. TA has been given in analysis of the results.</p> <p>-The Safe Injection Global Network has asked for proposals from INRUD groups to apply Monitoring, Training and Planning Intervention for improving rational use of injections. The India Delhi group has indicated interest in this.</p>	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.		

Last Updated: 04/12/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

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

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Antimicrobial Resistance**Year** 04**Activity Title** Support Implementation of Research Agenda Identified by ICIUM 2004**Project
Year 6 Q2**

-The first necessary step of this planned post ICIUM collaboration is to form a partnership and agreed agenda with ICIUM partners. Up to January this had not happened for various reasons. Each organization has had its own concerns. RPM held the planned 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. This activity was undertaken and the minutes agreed.

Now, none

-Organize the April 27-29 meeting

-The survey on adherence measuring methodology for consumption of antiretrovirals by HIV/AIDS programs in five East African countries has been undertaken as planned. Results are currently being analyzed for presentation at the planned regional meeting which is now fixed for April 27-29th 2006 in the Imperial Resort Beach Hotel Entebbe to stimulate the development of feasible and reliable ARV adherence indicators and plan for research on determinants of good and bad adherence followed by the development of interventions. We have written a five year proposal to leverage Sida funding for this activity.

Last Updated: 04/12/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

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

Workplan: Antimicrobial Resistance

Year 05

Activity Title Implement a country level AMR advocacy and containment program

**Project
Year 6 Q2**

-Dr. Sekelani Banda finalized report of his consultancy on review of undergraduate medical curriculum in Zambia for pre-service training on AMR topics based on RPM Plus feedback. Similarly, Ms. Muriel Syacumpi submitted draft of nursing curriculum review and Mr. Collins Moonga submitted draft of pharmacy curriculum review. Ms. Syacumpi's report was accepted after revision based on RPM Plus feedback. Mr. Moonga resubmitted the draft after some work, but he has been advised to submit again after some more work.

-Links Media submitted their final report on rapid appraisal of AMR country-level activity in Zambia.

-Sylvia Vriesendorp and Sarah Johnson from Leadership, Management and Sustainability (LMS) Program of MSH provided a half-day consultation to the AMR portfolio on February 9, 2006 on possible ways to strengthen advocacy for AMR work in Zambia.

-Maria Miralles and Mohan Joshi visited Addis Ababa to discuss with local stakeholder for initiating the country-level program in Ethiopia. They discussed with Negussu and Gabriel at RPM Plus/Ethiopia and then with multiple local partners, including those at Drug Administration and Control Authority (DACA), Ministry of Health, Addis Ababa University, Ethiopian Pharmaceutical Association, Center for Disease Control, World Health Organization Country Office, and INRUD/Ethiopia. DACA and RPM Plus co-organized the first AMR stakeholders' meeting on March 2, 2006 at Hilton Hotel in Addis. It was attended by 25 participants. Consensus was reached to

None

-Finalize the draft minutes of the March 2 AMR stakeholders' meeting held in Addis and disseminate.

-Follow-up with DACA regarding progress status on the development of terms of reference for the AMR working group and on planning for the large AMR stakeholders' meeting.

-Work with RPM Plus/Ethiopia and with DACA to develop and implement the national DTC course in Ethiopia.

-Develop a scope of work for Wonder's planned visit to Zambia.

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

form a working group with terms of reference and to hold an AMR stakeholders' call-to-action meeting in the near future.

-Request was obtained from DACA to support them to hold a national DTC-TOT course in the near future to support rational drug use and AMR containment in Ethiopia. This was agreed and the planning for the course has already begun.

-A plan is being developed for Wonder Goredema to visit Zambia in the next quarter to assist in moving forward the on-going efforts there and in trying to re-establish contact with JHPIEGO for collaboration in infection control activities. A conference call was held between Oliver, Wonder and Mohan on March 31, 2006 to discuss these issues.

-During this quarter Maria Miralles substantially revised the draft "workbook" to help stakeholders build support for containing AMR.

Last Updated: 04/07/2006

Workplan: Antimicrobial Resistance**Year** 05**Activity Title** Preventing Resistance to Antiretrovirals through ART Adherence Measurement and Support**Project
Year 6 Q2**

- Prepiloting is continuing in Cecilia Makiwane Hospital. Prepiloting started in one more facility during this quarter - Rustenburg Wellness Clinic. To date the pre pilot tool has been tested in roughly 200 patient contacts.

- The adherence assessment tool was further refined during this quarter. The tool has the following characteristics: multimodal method comprised of MMAS, PIT, VAS and pill count; was based upon validated methodologies; holds the potential for use in routine patient care.

- A draft user's manual has been prepared for training health care personal on the use of the tool.

- A draft version of the adherence update newsletter is currently under development. It is envisaged that the first publication will review the use of pill count in adherence assessment.

- A preliminary glossary of adherence terminology has been compiled and will be maintained.

- Several site visits were made to Cecilia Makiwane Hospital and Rustenburg wellness clinic in order to train the staff in the use of the tool and provide support in its implementation.

- An evaluation protocol was developed in order to assess the subjective utility of the tool and its potential for wider implementation.

- A data base for the collection and evaluation of the assessment tool was developed and tested.

- A brown bag presentation was made to MSH staff at Arlington Office on February 10, 2006 in order to share the vision and current experience of ART adherence support activity in South Africa.

None

-Interim analysis of the data and presentation to the national HIV & AIDS clinical support cluster.

-Start preparation for the National consultative meeting with representatives from all 9 provinces.

-Regular conference calls between the members of the primary team (Gavin Steel, Jude Nwokoki and Mohan Joshi) to discuss progress and plan further.

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

- Based upon the earlier presentation to the South African department of health RPM was requested to review the chapter regarding adherence in the national HIV treatment guidelines. This has been completed and awaits publication along with the remainder of the guideline.

- Follow up meetings have been held with the provincial counterparts to keep them informed about progress.

Last Updated: 04/06/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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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)**Project
Year 6 Q2**

- The draft version of the AMR Module consisting of 1) Introduction 2) Indicators 3) Tabplans 4) Questionnaire and 5) Rationale was further polished and consolidated into one single document. This consolidated document was sent to about 25 professionals considered Global Experts to review the AMR module. A cover letter explaining the purpose of this initiative and specific feedback that was being solicited was sent along with the consolidated document. The experts were requested to respond by the first week of February. -A reminder email was sent to select experts soliciting their feedback by the end of March. -So far feedback obtained from four experts. -The Service Provision Assessment (SPA): AMR related questions/indicators was further refined by ORC Macro and RPM Plus.

-Obtaining responses from the Global Experts for the DHS-AMR module was a challenge.

-Compile and analyze feedback obtained for the DHS-AMR module. -Work towards identifying a suitable country to pilot-test the AMR module.

Last Updated: 04/07/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

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

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 Q2**

-The Malaysia DTC training course was completed in Dec 2005. Follow-up activities started immediately after the course and have continued throughout this quarter. Electronic versions of participant workplans were prepared and reviewed. Technical comments and feedback were sent to 32 participants on an individualized basis. E-mail correspondence including the provision of technical assistance and obtaining and disseminating progress reports has been accomplished for all course participants. A DTC News was mailed to all Malaysia DTC course participants describing activities and accomplishments by the participants in DTC related activities. One participant has agreed to work more closely with us in the form of a cooperative study where we provide more in-depth TA in order to complete a particular project that has the potential to document outcomes of DTC activities. A total of 11 participants have recorded significant progress on their workplans in the short period since the DTC course in Malaysia. DTC Web site has been updated with new content, arrangement of links, DTC news and participant bios/workplans.

-Trip Report of the Decemeber 2005 International DTC-TOT course was completed and disseminated (Joshi, M., N. Konduri, T. Green, O. Duzey, L. Gibbs. 2006. International Training Course on Drug and Therapeutics Committees and Training of Trainers, Penang, Malaysia, November 28–December 10, 2005: Course Report. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA:

-The DTC follow-up strategy primarily utilizes e-mail as a mode of communication and this is often not feasible for some of our course participants. Lack of communications from several participants can be related to this communication format.

-Continue regular e-mail follow-up with Malaysia DTC course participants to provide technical assistance when needed and to gain information about post course activities and accomplishments.

-Send e-mail to all past course participants (back to year 2000) to re-establish contacts and to query about recent activities and accomplishments in DTC work.

-Make arrangements for upcoming DTC training courses in China and Ethiopia.

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

Management Sciences for Health.)

-Early planning for a national DTC-TOT course later this year in Ethiopia was done and communications established with the Drug Administration and Control Authority (DACA) to work together to stage the course.

-A request was received from Dr. Xiaio Yonghong (participant of the 2005 Malaysia DTC-TOT course) for RPM Plus to coorganize a DTC-MTP course in May 2006 and to provide facilitators. This was agreed.

Last Updated: 04/07/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	<ul style="list-style-type: none">-APUA Program manager held numerous telephone conversations country stakeholders in Peru and Paraguay to refine ongoing activities.-In collaboration with Marisabel Sanchez and Andres Claudio of Links Media finalized qualitative and quantitative tool for consumers in the district of El Callao, Lima, Peru.-In collaboration with Marisabel Sanchez and Andres Claudio of Links Media reviewed finding of study conducted among consumers.-In collaboration with Marisabel Sanchez and Andres Claudio of Links Media finalized qualitative and quantitative tool for prescribers and pharmacists in the district of El Callao, Lima, Peru.-APUA program manager provided feedback to PAHO on the country profile related to AMR.-Held a conference call with Link Media USA and Peru on KAB focus groups	None	<ul style="list-style-type: none">-Results of consumers study in Peru will be presented at the steering committee meeting in Lima, Peru on April 18-19, 2006. Local SAIDI participants will also attend.-An executive summary of consumers and prescribers/pharmacists study will be written and disseminated.-A visit to Asuncion is scheduled for May 2-7, 2006-A visit to La Paz, Bolivia is scheduled for May 28-June 2, 2006		

Last Updated: 04/07/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Antimicrobial Resistance

Year 05

Activity Title Help ensure selected antimicrobial and antiretroviral drug product quality and promote efforts to eliminate substandard/ counterfeit

**Project
Year 6 Q2**

None

- Dat Tran traveled to Dar es Salaam to participate in and monitor the 5-day densitometry training at TFDA, co-organized by RPM Plus/MSH and TFDA. This technical training was provided by Mr. T. B. Thite of Anchrom laboratory services (Mumbai, India), a consultant to the densitometer manufacturer CAMAG (Chemie-Erzeugnisse und Adsorptionstechnik AG, Switzerland).

- 13 trainees, 10 from TFDA and 3 from the School of Pharmacy (Muhimbili University), were trained on the operation of the TLC Scanner 3 and the accompanied sample applicator Linomat 5. This high throughput instrument, unlike traditional thin layer chromatography (TLC), is able to quantify amount of active ingredient and will greatly enhance TFDA's capacity to test the quality of antimicrobials. In addition to drug analysis, the instrument will also be an important tool for TFDA in the research area of method development.

- During his trip to Dar es Salaam, Dat Tran discussed with TFDA about next steps related to densitometry training. RPM Plus will provide technical assistance to TFDA to develop a protocol for the validation of the newly acquired densitometer, which includes a list of antimicrobials to be tested (selective antimalarials, antibiotics, and antiretrovirals).

- Discussion also touched on TFDA's request for technical assistance in the areas of laboratory accreditation and management. TFDA's goal is to achieve accreditation ISO 17025 within 2 years

- To prepare for the next phase of the regional rollout, RPM Plus will draft a concept paper, which outlines these key elements: i) the QA program implementation in Tanzania and lessons learned ii) potential benefits of a regional technical collaboration in QA iii) roles and expectations for the partners in this collaboration. The concept paper will be shared with TFDA for comments before being finalized.

- RPM Plus will also draft a plan of action for the regional rollout, detailing specific actions to be taken by all partners involved. The plan will also outline key indicators and benchmarks for monitoring and evaluation purposes, so that the impact of the projects can be clearly demonstrated.

- RPM Plus will begin to gather background information for the potential country partners (Zambia, Uganda, and Ethiopia) to gauge their QA infrastructure and interest in forming a regional technical partnership.

- RPM Plus will develop a protocol for the validation of

Workplan: Antimicrobial Resistance**Year** 05**Activity Title** Help ensure selected antimicrobial and antiretroviral drug product quality and promote efforts to eliminate substandard/ counterfeit

(this ISO is concerned with general requirements for the competence to carry out tests and/or calibrations, including sampling. TFDA indicated that it needs hands-on and practical assistance in defining clearly steps that need to be taken to achieve this goal.

- RPM Plus and TFDA planned next steps for the "regional rollout," an initiative to establish a regional technical collaboration to improve the quality of antimicrobials. This initiative will build on the quality assurance program – based on TLC and standardized inspection – in Tanzania. The partners identified 3 countries in the region as potential partners for this initiative: Zambia, Uganda, and Ethiopia.

the newly acquired densitometer. It will outline the criteria for testing, using a selected list of antimicrobials, including antibiotics, antimalarials, and ARVs. This will be shared with our partner at TFDA for further comments. RPM Plus will continue to provide technical assistance to TFDA in the testing phase.

- With regard to TFDA's request for technical assistance with laboratory accreditation, RPM Plus will discuss this issue internally to define, if it is appropriate, a role for RPM Plus. RPM Plus will also explore the possibility of forming partnerships with other organizations to provide this needed technical assistance to TFDA.

Last Updated: 04/06/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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

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

Workplan: Antimicrobial Resistance**Year** 05**Activity Title** Disseminate customized information on antimicrobial resistance in HIV / AIDS, malaria ad tuberculosis and other priority infectious**Project
Year 6 Q2**

-Terry Green met and discussed with VOA officials on March 30, 2006. VOA was in agreement about pursuing more AMR related programs in developing countries. One radio interview was provided concerning general AMR issues. Interviews were planned and support for the upcoming AMR reporter's education program was discussed. It was agreed that RPM Plus and APUA would provide more interesting "stories" about AMR as well as informational packets and contacts with knowledge of AMR issues.

-VOA manager, Mr. Brian Amrstead sent Dr. Anibal Sosa at APUA a tentative course agenda to begin planning activity in India. Activity will take place on September 13-16, 2006 in New Delhi.

-The subject of AMR is difficult to understand for most reporters. There is need for much education, good story lines, and technical assistance to the reporters.

-Work with AMR reporters in Uganda and Bangladesh to develop AMR reports.

-Plan to support AMR training conference in India later this year.

-In cooperation with APUA, develop more technically sound training and information packets.

-Continue to identify contacts for AMR interviews and story lines as they develop in African and Asian countries

-APUA Program Manager has begun preparation of support materials for the India training. APUA will prepare power point presentation for the course on issues related to antimicrobial resistance in India and its impact in their public health system. An EndNote database on AMR will be available for journalists and other interested individuals.

Last Updated: 04/07/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	- Wonder Goredema has started working on the activity.	-Ross Holland, who was the designated activity manager for this activity, recently retired from MSH and this temporarily delayed progress on the activity.	-Wonder will review the Zambia AMR-related in-service training assessment done by a local consultant last year. He'll also do relevant literature search and begin drafting the guidance document.		

Last Updated: 07/07/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Antimicrobial Resistance**Year** 05**Activity Title** Provide Technical Assistance for Country-level Implementation of Infection Control Tools**Project
Year 6 Q2**

None

-The second Infection Control workshop was held in Uganda from January 3–5, 2006. All of the teams have made progress in implementing programs to improve hand hygiene. They have all made improvements in the facilities and supplies available for hand hygiene, including fixing sinks, setting up water canisters to provide running water when a sink is not easily accessible, and ensuring a supply of soap and single use cloth hand towels. Two sites set up mobile trolleys with a water canister, soap, and hand towels that can be wheeled around the ward where needed. One site, Jinja Regional Hospital, has also implemented a waterless, alcohol-based hand rub and has demonstrated impressive improvements in hand hygiene compliance during morning rounds, which is largely due to increased use of the hand rub. All 4 hospitals made plans to extend their hand hygiene work to other areas of the hospital and 3 plan to initiate the use of a hand rub (given the experience at Jinja). All 4 hospitals also designed additional projects (3 to improve injection safety and 1 to improve waste disposal after delivery). Some ideas were developed on how to scale up the intervention to other sites both horizontally (to other regional hospitals) and vertically (to district hospitals and health centers).

-The final CD-ROM with the Infection Control tools was submitted to RPM Plus by Harvard partners in January 2006.

-Wonder Goredema was identified as the RPM Plus activity manager for AMR portfolio's infection control activity.

-A summarized proposal for next steps

-Discuss with Oliver regarding the potential to approach JHPIEGO again for collaboration to further implementation of infection control activities in Zambia.

-Include infection control within the scope of work for Wonder's potential field visit to Zambia in the near future for AMR work.

-Explore opportunities for disseminating and implementing the infection control tools in other countries.

Workplan: Antimicrobial Resistance**Year** 05**Activity Title** Provide Technical Assistance for Country-level Implementation of Infection Control Tools

for country-level implementation of the infection control tools was drafted and discussed within the AMR portfolio. It was agreed to identify and focus on simple short-term activities that would be accomplished by the end of FY05 and built upon in FY06.

Last Updated: 04/07/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	-The abstract submitted for the 2006 Global Health Council Conference on lessons learned from the AMR country-level activity in Zambia was accepted for presentation as poster. -During this quarter, abstracts were submitted for 2006 APHA Conference on AMR portfolio's DTC and ART adherence activities.	None	-Finalize the poster for the June 2006 GHC Conference. -Continue to identify other opportunities for AMR advocacy and dissemination of AMR work done by RPM Plus.		

Last Updated: 07/07/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	'Final' revisions to database and to web interface finished. Expected launch of web site April 2006. Disclaimer drafted.	Technical issues within WHO IT system have temporarily prevented the synchronization of data. Resolution of these issues expected within the next few weeks.	Testing of web site interface within WHO Intranet. Also plan to produce 'movie' to show functionality to external stakeholders, such as MSH colleagues and USAID, of fuller functionality of the database, which will not be available externally.		

Last Updated: 03/16/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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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 Q2**

Attendance at Copenhagen meeting in February 2006 noted in earlier report.

Participation in PSM workshop in Accra, Ghana for Francophone countries.

Participation in meetings with The Global Fund to find ways to collaborate, across MSH, with, and to support The Global Fund recipient countries.

Planned participation in upcoming GFATM/RBM workshop in Dakar, Senegal to support West and Central African countries in identifying and overcoming bottlenecks to implementation of their GF-funded projects.

There is some concern over how the independent consultants identified by AMDS could be used by countries.

MMSS, without its own resources, is dependent on AMDS taking the lead to identify individuals who can assist countries experiencing bottlenecks in the area of PSM for their Global Fund grants.

How countries will actually be able to engage these consultants remains to be identified.

Information sharing, both within agencies at all levels, continues to be incomplete.

MMSS, in its role and objective of coordinating drug management-related activities across RBM Partnership, has received almost no response to a proposed framework for doing so.

Continued engagement with MMSS and other partners to identify and find ways to more effectively collaborate with other partners working on drug management related issues.

Continued information sharing seen as critical.

Last Updated: 05/12/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Roll Back Malaria (RBM)**Year** 05**Activity Title** Production of a guide on API production for ACT manufacturing**Activity Manager** Citysoft Admin**Activity #** 5**Task:** A1WW05MAL**Sub-Task:** 60DXF5

Activity Description MMSS has received numerous requests from NGOs, private industry, technical consultants, and other stakeholders regarding the status of API production from Artemisia Annuua. In order to facilitate MMSS's ability to respond to these requests, and to facilitate collaboration among the diverse group of stakeholders involved (who include agricultural partners that have traditionally not been included in public health dialogues), MSH/RPM Plus proposes to collaborate with MMSS to produce a guide to API production which will cover cultivation issues and constraints; and the status of extraction capacity and quality issues that are involved, including adherence to GAP, GMP and the production of Drug Master Files.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	TORs have been drafted and a consultant identified to do this work. Discussions need to take place with MMSS and with WHO to avoid duplication of efforts and to identify and agree on the list of key individuals and institutions who should be contacted to gather information.	Identified consultant was not available prior to mid-March of 2006. Shift of responsibilities within WHO GMP department has led to lack of clarity as to whom our counterpart should be for this work.	Plan meetings with WHO Finalize TORs and contract with consultant.		

Last Updated: 05/12/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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**

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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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 Q2**

This quarter, RPM Plus initiated discussions with stakeholders and partners regarding the incorporation of drug management indicators into the planned IMCI facility surveys in Kenya and Senegal and shared background information and draft instruments for the actual data collection. In Kenya, initial discussions were held with the AFRO regional advisor for West Africa and the IMCI representative at WHO Kenya and Kenya is still in the initial planning period for the IMCI facility survey. They will share details with RPM Plus once finalized. In Senegal, RPM Plus staff participated in meetings with partners including WHO, DANSE and UNICEF for the preparation of the IMCI facility survey; the IMCI facility survey is expected to take place in May 2006. In addition to investigating these new opportunities in Kenya and Senegal, RPM Plus followed up with WHO AFRO regarding collaboration with ongoing dissemination activities for the results of the Mozambique and Malawi IMCI facility surveys.

RPM will continue to be involved with the planning process for IMCI facility surveys in Kenya and Senegal and will provide assistance in defining selection criteria, sampling, as well as financially supporting the drug management component of the survey. Development will begin on 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. In Mozambique and Malawi, RPM Plus will continue to work with the WHO team to ensure that the DMCI results are disseminated with the IMCI facility survey results. 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.

Last Updated: 05/04/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	An award has not yet been made on the Child Survival Grant Program application that was submitted to USAID by IRC, Concern and World Relief for Rwanda, in which RPM Plus offered to 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: 05/04/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	Refer to the next steps section.		RPM Plus will follow up on actions proposed to be carried out by MSH in the global action plan developed at the forum.		

Last Updated: 05/04/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	Activity still pending.	A change in PAHO personnel in Nicaragua and a series of strikes organized by physicians have further delayed this activity.	RPM Plus is discussing the workshop with partner organizations, currently working under the South American Infectious Disease Initiative to evaluate the relevance of this activity in the current context in the region, and to determine how it could be restructured to fit current needs better.		

Last Updated: 06/05/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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**Project
Year 6 Q2**Activity pending completion of Activity
2.**Last Updated:** 06/05/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	<p>In January, RPM Plus and SAIDI-Peru partners, specifically DIGEMID, conducted a rapid pharmaceutical assessment focused on AMR, in Callao (the selected intervention area).</p> <p>RPM Plus also contributed to the design of the qualitative assessment data collection tools for a study of consumer practices and perceptions, lead by SAIDI partner Links Media and SAIDI-Peru counterparts.</p>	None.	Analyze data from Peru assessment and prepare report to be shared during SAIDI planning workshop scheduled for late April in Peru.		

Last Updated: 06/08/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	Nothing to report for this quarter. Assessment activities still underway.	None.	Pending assessment results.		

Last Updated: 06/08/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	Preliminary results in Paraguay shared at meetings of national SAIDI Partners. Rough draft of the Results of assessment activities in Peru.	None.	A presentation of the Peru results will be prepared for the April parnters' meeting. SAIDI-Paraguay partners are drafting a report of the assessment findings.		

Last Updated: 06/08/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	Nothing to report for this period.	The meeting scheduled for March in Peru had to be rescheduled for late April.	Meet with SAIDI national partners in Peru in late April and conduct international partners meeting at that time.		

Last Updated: 06/08/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	Responding to a request of the NTP in Paraguay, RPM Plus organized a 3 day workshop on Distribution of Pharmaceutical Supplies for local coordinators of the TB Program and the managers of regional warehouses. The course was held on March 27-29 with the assistance of 32 participants. During the next two days (March 30 – 31) Senior RPM Plus Associate, Edgar Barillas, provided TA to NTP to improve the performance of the pharmaceutical supply system. The recommendations are included in his trip report, already distributed to the NTP.	No constraints	The NTP in Paraguay requested a second workshop for personnel that did not participate in the February workshop. It will be programmed for August 2006 if resources from co-sponsors (PAHO and the Global Fund) are available.		

Last Updated: 04/14/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	No activities planned for this quarter	No constraints	RMP Plus experience in providing TA to LAC countries will be presented during the UNION TB conference (November 06).		

Last Updated: 04/14/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Malaria (MAC) Core**Year** 04**Activity Title** Support Global Fund (GFATM) recipient countries to implement ACTs**Activity Manager** Diara, Malick**Activity #** 8**Task:** A1WW04MAC**Sub-Task:** 60F4H8

Activity Description RPM Plus will provide technical assistance to six countries in their implementation efforts in the areas of procurement, quantification, distribution, inventory control, quality assurance, rational pharmaceutical use and monitoring and evaluation. Preliminary exploratory visits will be carried out to determine the nature of the TA that will be needed in the priority countries identified.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	<p>RPM Plus participated in the GFATM PSM Plan development workshops in Accra, Ghana and Nairobi, Kenya in January and February 2006. RPM Plus assisted 6 countries with their PSM plans for malaria. RPM Plus also made a presentation on quantification and forecasting of medicines with the special considerations for quantification of antimalarials.</p> <p>RPM Plus also collaborated with the GFATM and the RBM partnership in a workshop discussing implementation bottlenecks for malaria for West African GFATM recipient countries. RPM Plus made three presentations on impementation of ACTs, procurement and distribution bottlenecks for malaria commodities and capacity building. During this workshop assistance was provided to countries for developing workplans and identifying TA needs from partners. As a result of this collaboration, RPM Plus was requested to further assist the GFATM to develop case studies for documenting lessons learned in implementation in three countries; Nigeria, Ghana and Guinea Bissau.</p>	None	Develop and conduct the case studies in Nigeria, Ghana and Guinea Bissau. Continue to collaborate with GFATM to assist countries with implementation issues.		

Last Updated: 06/16/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Malaria (MAC) Core**Year** 05**Activity Title** Provide subsequent technical assistance support to scoping mission countries based on the identified needs validated with the**Activity Manager** Diara, Malick**Activity #** 7**Task:** A1WW05MAC**Sub-Task:** 60F4HA**Activity Description** Benin

- support for the revision of standard treatment guidelines for malaria
- support provider training on treatment guidelines
- TA for pharmaceutical management in support of ACT implementation
- (development of an implementation plan)

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

**Project
Year 6 Q2**

Discussions on potential RPM Plus technical assistance to Benin begun with the PNLIP team participatig in the PMM workshop in Dakar, Senegal.

Continue with discussions

Last Updated: 07/06/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: MAC-Field Support-REDSO **Year** 05**Activity Title** Document and disseminate lessons learned on ACT implementation**Activity Manager** Citysoft Admin **Activity #** 1 **Task:** A1RD05MAC **Sub-Task:** 60F4D1**Activity Description** RPM Plus will work to document lessons learned in a number of countries in the REDSO region including Kenya, Tanzania, Zanzibar, Ethiopia, Zambia and Rwanda. These lessons will be disseminated to all countries in the region.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	Activity scheduled for implementation in Q3. Planning for this activity begun in this quarter.	None.	Identification of potential consultants and continued planning.		

Last Updated: 06/22/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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

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

Workplan: REDSO/RLI**Year** 05**Activity Title** Provide technical assistance to the RPF's Technical Working Groups**Project
Year 6 Q2**

- After an in-house technical review, the draft STGs and the Formulary were submitted to RPM Plus Washington for content, technical and editorial review and formatting and document style setting. The edited Draft will be then discussed by a panel of regional experts in Quarter 3.
- An expert from ECSA region was engaged to complete the generic "National Medicines Policy". The work started in mid-march and will be completed after the draft is reviewed by the Policy, Legal Framework and Management Support TWG in May, 2006.
- The website for Coordinated Informed Buying (CIB) being prepared by ECSA HC Secretariat was discussed by the Procurement and Distribution TWG of the RPF. The data capture instrument was finalized and information on HIV/AIDS products should be available by mid-April.

• None

- Plan for the meeting of the TWGs of the RPF to receive, discuss and own the two documents (STG and Formulary).
- Supervise and facilitate the expert who is drafting the Regional Medicine Policy to ensure timely completion and presentation to the Policy TWG.
- Prepare presentations for dissemination of the three documents to the Expert Committees and the DJCC.

Last Updated: 04/13/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	<ul style="list-style-type: none">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 was re-scheduled to the third quarter.Workshop preparations are on-going (Course Facilitators identified; Background manuals from which to prepare training materials collected).	<ul style="list-style-type: none">Additional funding to Malaria Programs in the region, through the PIM, led to conflicting timelines for activity implementation leading to a postponement of the training.	<ul style="list-style-type: none">Plan and implement the training activity in late May, 2006		

Last Updated: 04/13/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**Workplan:** REDSO/RLI**Year** 05**Activity Title** Provide technical support to PTCs in selected ECSA countries (as a follow-up activity to the PTC Workshop held in Nairobi in 2004).**Activity Manager** Thuo, Michael**Activity #** 4**Task:** A1RD05XXX**Sub-Task:** 60CXH4**Activity Description** In FY 05, RPM Plus will work with Ministries of Health and Drug Regulatory authorities in selected 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. This activity will take place starting in the second quarter of FY 05.**Project
Year 6 Q2**

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
<ul style="list-style-type: none">• Based on a preliminary assessment to gauge the functional status of each committee, two facility Pharmacy and Therapeutics Committees were identified for strengthening, namely, Kenyatta National and Moi Referral and Teaching Hospital (KNH and MTRH) in Kenya and in Zambia, the national Pharmacy and Therapeutics Committee. For KNH and MTRH, a two day orientation and training workshop was held for each. In addition, Bugando Medical Center (BMC), Tanzania was added to the list following assessment. Contact people were identified and tentative dates for orientation and training Workshops set.• Discussions were held with the Ecumenical Pharmaceutical Network (EPN) to explore the possibility of holding similar training and orientation workshops for mission hospitals in Malawi. These discussions will be concluded in April and a way forward planned.	<ul style="list-style-type: none">• None	<ul style="list-style-type: none">• Follow-up on the implementation of the KNH and MTRH PTCs' Action Plan for FY 05 with specific TA per the plan.• Conduct a training and orientation Workshop for BMC.• Plan with EPN for the training in Malawi.		

Last Updated: 04/13/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	PSM workshop took place as planned in Accra Ghana on January 16-21, 2006. A total of 20 countries were in attendance. At the end of the workshop 5 PSM plans were completed and 15 plans were in an advanced stage of development. It is estimated that when all PSM plans being developed are submitted to GFATM, an approximate \$100 millions would be released to support HIV/AIDS, TB and Malaria programs in participating countries.	None	To provide Technical Assistance to countries that participated in the workshop. This will depend on requests received from the countries. The matrix of requests for TA received from countries is in the products section of SMS).		

Last Updated: 04/14/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: West Africa Regional (WARP) **Year** 04**Activity Title** Provide technical assistance to plan and implement a workshop for countries in Francophone Africa receiving GFATM grants to**Activity Manager** Ndyanabangi, Bannet **Activity #** 3 **Task:** A1RA04HIV **Sub-Task:** 60CXM3**Activity Description** This workshop will target GF principal recipients and CCM members responsible for writing PSM plans. Workshop participant travel and accommodation fees will be covered by GF grants, while the costs of the workshop will be covered using USAID WARP field support funds to RPM Plus.

This workshop will be modeled after the Nairobi workshop with SOTA presentations in the morning and country group work on PSM plans in the afternoon. Separate afternoon sessions for countries which are already in the implementation phase, but have PSM issues to address will be planned and break out rooms for individual countries working on their PSM plans will be arranged at the workshop venue. Main workshop outcomes will be:

- Finalized PSM plans for each country attending (HIV/AIDS, TB and malaria)
- Regional issues and approaches to PSM affecting implementation of GFATM grants in the West African Region identified and discussed.
- Identification of key constraints and gaps in GFATM grant implementation related to PSM

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	In collaboration with WHO, RPM Plus participated in a seminar that took place in Dakar Senegal from March 05 to 09, 2006 for PSM Consultants in francophone Africa. RPM Plus facilitated discussions on treatment adherence and RPM Plus PSM tools. After the seminar, partners had a meeting to brainstorm on way forward; RPM Plus collected information on these consultants that will form a part of a Consultants database. A total of 26 consultants from the region attended this seminar.	None	To work with countries that have requested technical assistance (TA) for implementation of GFATM PSM grants. This TA will be provided in collaboration with consultants identified from the consultants list that is available.		

Last Updated: 04/14/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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).

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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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**Project
Year 6 Q2**Following discussions with AWARE-RH, None
three activities were identified namely:

1. development of pharmaceutical management training materials for two regional Public Health Institutions (CESAG and IRSP),
2. a regional training course on quantification with focus on QUANTIMED. Course shall target francophone countries and therefore conducted in french
3. a Regional Technical Resource Collaboration (RTRC) that would involve several training institutions (in addition to CESAG and IRSP).

PROGRESS: Curriculum; Agreement has been reached with both CESAG and IRSP on the content and structure of the curriculum and work is progressing with the development.

Quantimed training; agreement on dates, venue, language and content of training has been reached with AWARE-RH. Training shall target francophone countries and conducted in french. Venue shall be Dakar Senegal on August 21-25, 2006.

Regional Technical Resource Collaboration (RTRC); a draft proposal has been submitted to AWARE for comments. RPM Plus is also discussing the proposal to identify best strategy/way forward.

1. To work with IRSP and CESAG to review the pharmaceutical management curriculum that should be completed by the first week of June 2006
2. To organise the regional training on quantification, with emphasis on QUANTIMED. Training is planned for August 21-25, 2006
3. To develop a proposal for the Regional Technical Resource Collaboration (RTRC) for West Africa

Last Updated: 04/14/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Brazil

Year 05

Activity Title Support national study to re-formulate first line TB drugs to fixed-dose combination (FDC) products

**Project
Year 6 Q2**

. Regular meetings are carried out, and action plan is being carried out by all stakeholders as originally established but it is unlikely that the team will be able to shorten the lead time for introducing FDCs into the national TB treatment regimen (projected to be first semester of 2007)
 . A new directory for Farmanguinhos / Fiocruz and IPEC / Fiocruz have been elected end of 2005– New articulations were made, and the commitment of treating the production of FDCs as a priority by the new board was obtained. The working group is now co-managed by Joel Keravec and Jorge Costa, direct assessor of Farmanguinhos Director.
 . Methods for quality testing of 3 products in 1 were implemented during this trimester, but need still to be validated
 . New products formulations which were on last stage of stability testing have been tested and some assays revealed non conformities : a new pilot batch will be needed with eventually some changes in the formulation for the 2 products in 1 and the 3 products in 1
 . New equipment with higher performance to be projected to produce TB FDCs has been acquired by Farmanguinhos and is currently implemented
 . The production of pediatric forms is still under discussion since the appropriate equipment is not available yet : formulations are developed and in a process of stability testing. Possibility of sub-contracting the production of pediatric forms with these formulations is still in study

- Difficulties in obtaining Drug Regulatory Authority for entry of Rifinah projected to be used as a reference for the bio-equivalence studies (only drug available with similar strength as the one developed by Farmanguinhos according to the NTP needs) – This problem recently solved: expecting a new batch from the producer Aventis beginning of April
- Political changes occurred in the process of election of a new directory for Farmanguinhos / Fiocruz and IPEC / Fiocruz – New articulations were made, but unclear perspectives of further funding for this activity line makes it difficult to determine the next steps, especially on bioequivalence studies
- Some delay will occur since the results of the stability testing revealed non-conformity for some assays after the month 12, consequently new pilot batches will have to be produced
- Obtaining raw materials of rifampicin within short terms and within the standards of quality required is a challenge to shorten the lead time for introducing FDCs into the national treatment regimen this current year

. Provide technical assistance in developing a study protocol for evaluating changes of current treatment regimens to FDCs
 . Provide assistance for developing bioequivalence and bioavailability studies necessary to register the new formulations with ANVISA through the Center for Research of IPEC/Fiocruz
 . Hire TB experts to provide technical assistance in conducting appropriate studies

Last Updated: 05/11/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Brazil**Year** 05**Activity Title** Coordinate decentralization of the quality control system for TB pharmaceutical management**Project
Year 6 Q2**

- . Third phase quality tests are being performed by INCQS and Goiás State laboratories according to the Brazilian Pharmacopoeia and USP standards
- . Monitored on-going progress in the established workplans to meet quality standards of the 3 state laboratories Amazonas, Goiás, and Ceará using the MOST tool in partnership with INCQS
- . On going 5th revision of the LabMost using results and observations from its application in different labs
- . Facilitated the second convention on Lab management processes of the Lacen Goiás on the 21th-24th- of March applying the LabMost techniques for Quality System Implementation of Drug Quality Testing Labs

- . Analytical results of the third phase involving a new sampling plan started in November 2005 are still in process due to the holiday period during January and February 2006 and were not compiled

- . 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, terezidon 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: 05/11/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Cambodia**Year** 04**Activity Title** Technical activity coordination and monitoring**Activity Manager** Lynders, Marion**Activity #** 1**Task:** A1KH04XXX**Sub-Task:** 97XXY1**Activity Description** This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	This activity and code is now closed	none	none		

Last Updated: 01/09/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.**Project
Year 6 Q2**

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
-RPM Plus completed and sent a final draft of the Community Drug Management of Childhood Illness (C-DMCI) survey report to counterparts in the MOH, WHO, RACHA, and other organizations with child survival programs.	Technical difficulties and slow email exchanges resulted in unexpected delays in completing the survey report .	RPM Plus will contact Dr. Hong Rathmony, Director IMCI/MOH to arrange a planning meeting with child survival partners to determine interventions and develop an action plan for next steps.		

Last Updated: 04/05/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	RPM Plus proposed this strategy development workshop to disseminate findings from the C-DMCI survey to donors and key stakeholders. Based on discussions in August 2005 with Mission staff, it was decided not to host this workshop, and instead, present the survey results at a subsequent child survival partners' conference. RPM Plus revised the work plan to reflect this discussion. Consequently this activity is now closed.	none	In FY05, 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. It is anticipated that 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 inform the National Child Survival Strategy on issues related to access to and use of medicines for childhood illnesses.		

Last Updated: 01/09/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**Workplan:** Cambodia**Year** 04**Activity Title** Provide technical assistance with development of selected programmatic interventions**Activity Manager** Lynders, Marion**Activity #** 4**Task:** A1KH04XXX**Sub-Task:** 60EXH4

Activity Description RPM Plus will provide TA to counterparts to develop selected interventions to strengthen pharmaceutical management in support of child survival. Although the nature of the intervention development undertaken will only be determined following examination of the C-DMCI findings, it is possible that RPM Plus may provide TA to child survival partners to develop and implement interventions within their planned activities to leverage funds and increase the potential reach of these interventions. Further implementation of these interventions may be undertaken in FY05, subject to additional funding.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	Intervention development will be included in the FY05 work plan.	none	Although the nature of intervention development undertaken will be determined following examination of the C-DMCI findings, RPM Plus will endeavor to provide TA to child survival partners to develop and implement interventions within their planned activities to leverage funds and increase the potential reach of these interventions		

Last Updated: 01/09/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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

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 = Q2

Workplan: Cambodia**Year** 05**Activity Title** Technical activity and coordination**Project
Year 6 Q2**

USAID/Cambodia requested RPM Plus to estimate costs for proposed interventions to strengthen pharmaceutical management of childhood illnesses as described in an earlier concept paper. A budget, separate from the current work plan was subsequently submitted to the Mission for review.

none

Continue discussions with the Mission regarding next steps for the proposed interventions.

Follow up with Dr. Galang re: community level antimalarial use survey.

RPM Plus provided technical feedback to Dr. Hong Rathmony, Director of IMCI/MOH and the child survival working group on their first draft of the Cambodian Child Survival Strategy document. RPM Plus suggested placing a stronger emphasis on the importance of pharmaceutical management in the document as a means to improving the availability and rational use of medicines among child survival programs. A subsequent modified second draft was distributed among key partners.

Dr. Galang, Director, National Malaria Program Philippines, contacted RPM Plus about possibly conducting a national level malaria drug use survey. RPM Plus emailed a copy of the Community Drug Management Assessment Tool for Childhood Illnesses(C-DMCI) to review. Dr. Galang was advised this tool can be adapted to assess practices of antimalaria drug management in adults and children among household and providers.

Last Updated: 04/05/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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**Project
Year 6 Q2**

No activity to report

Last Updated: 04/05/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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).

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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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**Project
Year 6 Q2**

Jointly with the RPM Plus local advisor, the PSP-CI training coordinator ensured the preparation of materials and equipment needed for a third round of training for pharmacists scheduled for January. In anticipation of the workshop in Bassam, a meeting was conducted with the group of trainers in Abidjan. The group shared information on key issues and lessons learned from the previous training sessions, adjustments made to the curriculum, and their vision about the validation of the curriculum. It was agreed to prepare a plan of action targeting all categories of service providers according to the PSP-CI three-year workplan.

Also during this quarter, RPM Plus discussed with the PSP-CI training coordinator the results of the first training session in inventory management conducted for a group of midwives and nurses from PMTCT centers. The content of the course was too ambitious and far beyond responsibilities of these categories of personnel. It was agreed to simplify the topics identified to focus mainly on stock inventory management and data to fill in the information system. A curriculum targeting PGP will also be developed and will be used soon for this category in post at PSP-CI as well as at peripheral level.

Due to the deterioration of the political situation in Côte d'Ivoire, this activity was tentatively re-scheduled for February 20, and postponed again because of the visit of the USG team to Cote d'Ivoire to launch the new project Supply Chain Management System (SCMS).

Transition of RPM Plus activities to SCMS

Last Updated: 06/30/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Cote d'Ivoire - PEPFAR**Year** 05**Activity Title** Build drug management capacities for quantifying needs and tracking ARV and other HIV/AIDS related commodity**Activity Manager** Derosena, Michael**Activity #** 3**Task:** A1CI05HIP**Sub-Task:** 60C3H3

Activity Description A quantification exercise using "Quantimed" is planned to take place in Namibia in July 2005. RPM Plus will first target two PSP-CI staff to participate in the Namibia workshop, precisely the pharmacist in charge of ARV management, and the pharmacist in charge of purchases to avoid dependency on one staff. RPM Plus will also disseminate the manual quantification sheet and train pharmacists/managers at accredited centers to the use of this tool. It is estimated that between 72 and 92 combinations of ARV are currently in use in Côte d'Ivoire with around 40-50 combinations used in most of the accredited centers, generating significant constraints on the quantification process. In collaboration with the National HIV/AIDS program (PNPEC) and EGPAF, RPM Plus will look for strategies to assist ART centers for using protocols of the Standard Treatment Guidelines. Also, a reconnaissance visit will be conducted for a diagnosis on lab commodity management and appropriate interventions to improve availability and use of lab products needed for the expansion of the program.

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 = Q2**Workplan:** Cote d'Ivoire - PEPFAR**Year** 05**Activity Title** Build drug management capacities for quantifying needs and tracking ARV and other HIV/AIDS related commodity**Project
Year 6 Q2**

ARV managers from PSP-CI and from EGPAF conducted a quantification exercise for the next procurement of ARVs targeting 27,000 patients to be under treatment by the end of 2006. Although Quantimed was implemented at PSP-CI and appropriate training provided to users, the software was not used for this exercise. However, RPM Plus provided feedback and recommendations on the exercise. It is anticipated that the new SCMS project will undertake another training for more staff while reviewing the quantification figures every quarter.

One of the main recommendations of the SCMS visiting team in Cote d'Ivoire was to extend the use of the SIMPLE program to all ART centers. A first draft of the plan of expansion was prepared by the RPM Plus local advisor and the computer specialist for approval by the PSP-CI Director and implementation. Availability of information is critical for the scale up of the HIV/AIDS program. Following the introduction of the manual sheet for quantification of ARVs at ART centers and feedback received from users, an Excel version developed by RPM Plus and in use in Zambia was adapted to the Cote d'Ivoire context and implemented in one ART center for testing. If successful, the Excel version will be disseminated in other centers.

Slow involvement of district pharmacists and limited resources at district level to oversee drug management operations at the treatment sites.

Transition of activities to SCMS

Last Updated: 06/08/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

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 = Q2

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 Q2**

The MOST report was finalized and submitted to PSP-CI and USAID. It was recommended that the PSP-CI Director looks for external financial resources for follow up and development of the MOST process.

Transition of RPM Plus activities to SCMS

During the site visits to launch the SCMS project, the SCMS team had the opportunity to observe an excellent demonstration of the use of the "Expiry tracking sheet" at CAT Adjamé by one of the pharmacists trained by RPM Plus. The result was very impressive. The team also recommended to extend the use of the tracking sheet at PSP-CI while expecting the installation of the drug management software ORION. RPM Plus will provide quantities for testing and use by the PSP-CI ARV managers.

This quarter, the RPM Plus local advisor continued to ensure supervision and monitoring of ARV management activities at health districts and treatment sites. In total, 20 ART sites were visited with an average of 2 visits for sites in Abidjan. These visits offered another opportunity to assess HIV/AIDS commodity storage and general conditions of pharmacies at health districts and treatment sites. Recommendations were provided to pharmacists in charge for improving drug management practices while looking for approval from the USG team for interventions focused on physical rehabilitation, storage capability and practices, security, etc.

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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

Expansion of SIMPLE-1 continued, and the team included 4 new ART centers in the network using the program, totaling 20 ART centers with the tool.

Last Updated: 06/08/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**Workplan:** Cote d'Ivoire - PEPFAR**Year** 05**Activity Title** Develop new drug management software ORION at PSP-CI in response to problems identified by RPM Plus during the recent**Activity Manager** Derosena, Michael**Activity #** 5**Task:** A1CI05HIP**Sub-Task:** 60G4J5

Activity Description The diagnosis of the PSP-CI computerized DM system highlighted the incapacity of the system to track products in the warehouse due to the absence of three major functions: tracking products by batch number, tracking products by expiration date, tracking products by location in the warehouse. Following the initial visit of the ORION team in Côte d'Ivoire, RPM Plus plans to move forward with the preparation process, transfer of data from the current program to ORION, training and installation of ORION at PSP-CI. The installation and training will center on the different modules selected by PSP-CI. RPM Plus will prepare a memorandum of understanding detailing commitments and responsibilities of both parties. This activity will be conducted in collaboration with the MSH/SEAM project (Strategy For Enhancing Access to Medicines) that supported the development of ORION.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Cote d'Ivoire - PEPFAR**Year** 05**Activity Title** Develop new drug management software ORION at PSP-CI in response to problems identified by RPM Plus during the recent**Project
Year 6 Q2**

The installation of ORION at PSP-CI is in addition to other interventions for building or rehabilitating the drug management information system. A major gap in the national health information system is the absence of data on pharmaceutical management. RPM Plus met with the Information, Planning and Evaluation (DIPE) unit staff of the MoH, and the local JSI/MEASURE advisor, that has been assisting DIPE in the reinforcement of the national health information system. Among key points discussed were the inaccuracy of the current health information system due to new indicators introduced by PEPFAR, absence of drug management indicators - specifically HIV/AIDS commodity management indicators - and lack of coordination in the national reporting system. The DIPE Director emphasized on the ongoing collaboration DIPE/RPM Plus, the need to establish a coordinated HIV/AIDS management information system, the standardization of pharmaceutical management tools at peripheral level, the data collection process, treatment, dissemination of information, and mechanisms to make the health information system more efficient and sustainable. RPM Plus clarified the transition process with SCMS and potential opportunities for MSH to support DIPE with the preparation and dissemination of the HIV/AIDS commodity management report forms needed at sites and at national level. It was agreed that the drug management indicators identified by RPM Plus will be included in the set of tools to be disseminated. In order to reinforce

Delays in the signature of the MOU

Transition of RPM Plus activities to SCMS

Workplan: Cote d'Ivoire - PEPFAR**Year** 05**Activity Title** Develop new drug management software ORION at PSP-CI in response to problems identified by RPM Plus during the recent

coordination mechanisms, it was also agreed to continue regular meetings with RPM Plus and MEASURE, extended to the HIV/AIDS national program, the TB national program, and the Population and Community Health Department of the MOH.

With regard to ORION, changes in the government impacted on the implementation of the software at PSP-CI. RPM Plus was requested to provide new information on the recurrent costs and a timeframe for the implementation, training and the operating process of ORION in order for the Cabinet staff to move forward with the signature of the MOU that has been pending for months at the MoH.

Last Updated: 07/04/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	No activities were programmed for this quarter.	An automated version of the DMIS will be module of the NTP epidemiological information system (EIS. The scaling up for a full implementation of the EIS has been delayed.	The manual version of the TB-PMIS will be consolidated during the first semester of 2006. The design and implementation of a automated version will be postponed for July-August 2006.		

Last Updated: 04/14/2006

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Technical activity coordination and monitoring**Project
Year 6 Q2**

Gabriel Daniel was in Ethiopia from 08 Jan until 11 March. He visited 24 hospitals. He helped in orientation of newly employed staff, participated in the Optimizing ART discussion workshop and the training organized by the Ethiopian Pharmaceutical Assoc. He worked with the RPM Plus engineer in the renovation needs of the visited hospitals and assisted in the development of the COP06 work plan which is submitted to USAID/Eth for review.

Maria Miralles, Mohan Joshi and Michael Gabra visited for the initiation of an AntiMicrobial Resistance containment activity. A stakeholders meeting was conducted and an AMR working group formed. AMR plans to hire an associate with 50% level of effort to sit at RPM Plus/Eth to serve as the focal person for following AMR matters with the stakeholders.

Two consultants from MSH (Stephen reed and Anapum Chandra) spent a week reviewing drug supply management MIS need based on the Orion/MSH software. The software was demonstrated to senior staff of PHARMID and PASS.

Gladys Tetteh from RPM Plus/Malaria visited to work with the MOH on Malaria strategy development and malaria commodities management. RPM Plus headquarters assisted in the follow up of procurement of ARVs, computers, printers, UPS, reference books and other materials. These commodities were all received during the reporting quarter.

The rapid increase in number of hospitals beginning ART services was done without adequate preparation by the MOH and partners. The quality of pharmacy equipment and furniture local available in the last round was not appropriate. Finding accommodation at acceptable hotels was very difficult s there was many events in the capital. Internet connectivity is slow and that has implications in efficient communication. The construction going around the new office is making parking and moving around difficult. Getting staff with good experience and the competition for higher pay is limiting the choice of qualified personnel. The long bureaucratic process and delay in procurement of computers and now vehicles from the US has a slowing effect on the progress of the project.

Follow up with the procurement of about eight four wheel drive vehicles for filed work.
Work with MSH in speeding up the recruitment of additional staff for AMR, malaria, deputy technical officer, pharmacy associate and laboratory associates. Gabriel will participate in the writing of the implementation plan logistics management master plan in April.

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Technical activity coordination and monitoring

The country office got the distribution contract with PHARMID signed and sent the original to MSH.

RPM Plus recruited 6 pharmacy associates and one communication officer. Orientation and placement has been completed.

Negussu and a rep of the school of pharmacy in Tanzania attended Workshop on drug supply management training module development.

At the request of the MOH, RPM Plus/Eth participated in the assessment for the design of the national pharmaceutical logistics master plan spearheaded by unicef and Deliver.

The country office signed a lease for a new office and moved in February 2006. The new office occupies three spacious floors with adequate training and office rooms.

The country team worked on a list of basic ART pharmacy equipment and furnishing to be provided to newly started ART hospitals. The process of procurement of these materials from local suppliers is started and the necessary clearance from USAID and MSH will be obtained.

Last Updated: 04/06/2006

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Provide TA in drug supply management**Project
Year 6 Q2**

There are currently eight RPM Plus pharmacy associates providing TA to regions, hospitals and health centers in ARV drugs and PMTCT products management as well as MIS.

There are two (Tesfaye and Samuel) in Amhara Region, two (Mulugetta and Debebe) in SNNP Region, one (Daniel) in the East, one (Mulu) in the Tigray Region, two (Amanu and Addissu) in Oromia Region, and one (Yilma) in Addis Ababa. Yaregal is based in RPM Plus office and provides support in PMTCT.

A newly hired communication officer (Ms. Berhan) has started working on regular weekly and monthly reports.

Haile is promoted to deputy position to Negussu and is responsible for regional coordination and PMTCT oversight.

Hailu and Aby are focusing their attention on both manual and electronic MIS. All monthly reports on patient uptake and ARVs consumption, expiry and stock status are entered into the central data repository.

Shimels is following up with stock status at regional, hospital and PHARMID level.

RPM Plus had several meetings with PASS to have a comprehensive information on the total ARVs in the country (PHARMID and PASS), their expiry dates, their distribution to the regions and hospitals, balance on hand at various levels and what there are in the pipeline.

MOH distributing incomplete set of drugs to the same facilities that PEPFAR products are sent to. There is a large stock of Stavudine 40mg bought by MOH that may expire soon and there will be need to collect back these and replace them with active stock. The RPM Plus regional pharmacists don't have their own transport means and are dependent on government or private sector rental vehicles, which are not readily available when needed. The lack of consistency in prescription pattern has an implication on the stock status of some ARV drugs. Although PHARMID is delivering ARV drugs directly to hospitals, sometimes the regions are insisting that these products go through the regions that usually create delay in moving them to the facilities as quickly as needed. Delay in clearance of PMTCT products by MOH.

Arrange with PHARMID to transfer active ARV drugs from PASS and distribute them in a harmonized manner. Speed up the purchase of vehicles so that RPM Plus pharmacists will have an efficient transport system in place. Ensure active information flow on stock status and condition at each level through direct calls and internet communication. Prepare a list of ARVs for supplemental procurement and distribution.

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Provide TA in drug supply management

Based on this information a distribution plan based on the national ART road map has been developed.

Due to the limited capacity of PASS to distribute/deliver ARVs to the facilities the Minister of Health has requested and USAID supported the request to consolidate the ARV drugs from PEPFAR and GF and distribute them through PHARMID under the management of RPM Plus in collaboration with PASS.

RPM Plus regional pharmacy associates are working closely with PHARMID and regions to distribute to the hospitals according to their respective quota and at times according to the uptake.

RPM Plus pharmacists are also moving ARVs from facility to facility to avoid expiry, overstock or under stock.

RPM Plus is working on a list of ARVs to be procured to supplement existing stock to avoid interruption of treatment due to the inconsistent prescription pattern to replace some expiring second line drugs.

RPM Plus has maintained its active support to PMTCT program through the procurement and distribution of Determine test kit and Nevirapine from Axios Donation Program to all the target hospitals and health centers.

Last Updated: 04/06/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**Workplan:** Ethiopia COP 05**Year** 05**Activity Title** Provide assistance in the procurement, clearance, storage and distribution contract for HIV/AIDS commodities (IDA & PHARMID)**Activity Manager** Daniel, Gabriel**Activity #** 3**Task:** A1ET05HIP**Sub-Task:** 60CXH3

Activity Description Provide assistance to PASS, RHBs, HFs in selection, quantification, procurement, clearance, storage and distribution of ARVs in collaboration with PHARMID and key partners with TA from RPM Plus.
Support PMTCT products procurement from Axios and their management at all levels.
Oversee delivery of ARVs directly to facilities by PHARMID.
Establish an approval system of distribution by RHBs so that duplication of supplies will be avoided.
Establish a system where ARVs and PMTCT products are requested, received and stored separately at the main pharmacy store of the facility and issued to user units (dispensing pharmacy, ANC, in-patient ward etc) on standard requisitioning, issue and receipt form. Document and make use of lessons learned and best practices to support rollout of ARVs in line with Road Map of the Ministry of Health.

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

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Provide assistance in the procurement, clearance, storage and distribution contract for HIV/AIDS commodities (IDA & PHARMID)**Project
Year 6 Q2**

MSH contract for second round storage and distribution by PHARMID signed. A supplemental negotiation with PHARMID will be concluded to warehouse and distribute GF provided (transferred from PASS) ARVs along with PEPFAR ARVs. RPM plus will take the management and reporting role in collaboration with PASS.

IDA has ensured the delivery of all shipments according the agreed upon schedule, including the timely sending of shipping documents.

Procurement funds for COP06 is not given to RPM Plus/MSH and will liley go to SCMS. The role of RPM Plus will be limited to provision of TA in capacity building such as training, renovation, supply of pharmacy and data equipment and reporting.

MOU between PEPFAR and MOH/GF indicates that all first line adult ARVs will be procured with GF funds while all second line and all pediatric ARVs will be procured by PEPFAR, including a small quantity of first line drugs as safety stock. All OI drugs will be provided with GFI funds.

Incomplete shipping documents pause timely clearance and result in demurrage. Change of schedules of delivery experienced some times. Incomplete information on consumption, and other constraints in scale-up (such as shortage of manpower, limited testing capacity and poor infrastructure) affect quantification. Road map projection not in line with actual scale-up trend.

Preparation for new supplemental procurement (selection, quantification and consensus), preparation of PHARMID branches and distribution to target hospitals. Getting distribution list and quota. Signing agreement with PHARMID on trasfer of GF ARVs from PASS.

Last Updated: 04/06/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Improve the infrastructure of selected pharmacies, drug stores and laboratories to ensure security and quality of PMTCT/ART and**Activity Manager** Daniel, Gabriel**Activity #** 4**Task:** A1ET05HIP**Sub-Task:** 60A2H4**Activity Description** Renovate and upgrade pharmacy and laboratory infrastructures of remaining facilities.

Provide adequate shelving and lockable cabinets for secure storage of ARVs .

Provide refrigerators and cold boxes for storage and transport of heat sensitive ARVs such as Kaletra, Test kits and pediatric syrups as required .

Introduce counseling and dispensing booths and rooms so that patient and pharmacist communication results in improved adherence and on-going support.

Furnish the renovated facilities with chairs and desks so that proper recording is maintained and counseling is done in a conducive environment .

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	<p>Completed renovation work at Harar military, Jimma, Yirgalem, Soddo, Dessie and work in progress at Yirgalem health center, ALERT. Several renovation was done at quality control lab. Incinerators were completed at quality control lab and Zewditu hospital.</p> <p>Drawing and specifications are prepared for Fitcha, Debremarkos, Finotesealam, Bahirdar, Gonder, Debretabor, Debreberhan, Menelik II and Yekatit 12 hospitals.</p> <p>Work will be contracted out with close supervision by RPM Plus engineers.</p> <p>All the newly added ART hospitals will be provided with adequate shelves, lockable storage and filing cabinets, computer and office furniture as well as booths where appropriate. Selections have been made and proformas collected to effect competitive purchases.</p>	<p>The price of construction material is rising and there is also shortage. The distance of the facilities in the regions makes work a challenge. The renovated facilities are used for other related services contrary to agreements.</p>	<p>Assigning renovation team to each facility and having the RPM Plus pharmacy associates to supervise closely.</p> <p>Purchase construction material in advance and in large quantities to be delivered in portions.</p>		

Last Updated: 04/06/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Improve quality of essential drugs including ARVs by strengthening quality control system. The efficacy of ARVs and related drugs is**Activity Manager** Daniel, Gabriel**Activity #** 5**Task:** A1ET05HIP**Sub-Task:** 60C3H5**Activity Description** Assign a quality control pharmacist to provide on-going technical assistance to the national drug control laboratory of DACA.

Collaborate with USP in the review of the QC needs of ARVS, TB and malaria drugs and ensure that their analysis and control is done according prescribed norms.

Provide reference chemical and book standards.

Review, update and ensure adherence to a QC standard operating procedure (SOP).

Strengthen QC MIS and introduce an electronic system to support the manual system.

Explore and when feasible introduce a mini-lab QA system at regional level for monitoring quality of ARVs and drugs for OIs.

Undertake simple improvement work on safety, organization and working environment including sample and reagent management .

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Ethiopia COP 05**Year** 05**Activity Title** Improve quality of essential drugs including ARVs by strengthening quality control system. The efficacy of ARVs and related drugs is**Project
Year 6 Q2**

RPM Plus seconded quality control pharmacist is providing various critical support in management and development of a manual. The pharmacist in collaboration with the RPM Plus engineer identified areas of renovation and clean up and work has been largely completed. Electrical system has been made safe. Exhaust for a flame photometer was installed. Room for storage and organization reference standards and samples for analysis has been expanded and shelved. An incinerator for disposing unusable products has been provided. The library has been organized and a data room has been prepared.

The manual system of data management is being prepared so that it will be organized for ease of entry and access using the RPM Plus provided computers.

Two computers, printer and USP are provided.

A special arrangement with a quality control lecturer from the school of pharmacy is made so that on site training is provided to staff. This will avoid taking staff from their busy schedule.

Persons with hands on experience in QC are in short supply. The shortage of staff in the lab and the simultaneous graduate study that some follow makes full engagement difficult.

Finalize draft manual. Work on development of various SOPs. Develop a user-friendly software to manage QC analysis client and product data. Identify supply of mini-labs for regional surveillance work on essential drugs.

Last Updated: 04/06/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Strengthen the human resources capacity of pharmaceutical and associated professionals to effectively manage PMTCT/ART**Activity Manager** Daniel, Gabriel**Activity #** 6**Task:** A1ET05HIP**Sub-Task:** 60CXM6

Activity Description Provide technical assistance in training and provision of reference materials in ARV drug management and ART.
Train pharmacists from ETAEP and GF sites in ARVs, adherence, and use of developed tools.
Provide reference books in drug management and ARVs
Sponsor RHB and other MOH personnel to external workshops to update knowledge and share experiences.
Support national and regional workshops for updating knowledge, exchanging experiences.
Train a team of trainers in each region to ensure sustainability of training.
Include professionals involved in ARVs from the private sector e in workshops/conferences so that the quality of services in relation to ARVs is harmonized and they benefit from the materials developed.

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

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Strengthen the human resources capacity of pharmaceutical and associated professionals to effectively manage PMTCT/ART**Project
Year 6 Q2**

Training of pharmacists, druggists and pharmacy technicians conducted in ARV drug management with focus on drug management information system (MIS) in collaboration with ITECH. 27 participants from the newly added ART hospitals were trained. The training was hands-on and conducted by the staff of MSH/Ethiopia.

Two staff from RPM Plus/Ethiopia attended training in drug supply management module development and malaria commodities management in Tanzania.

RPM Plus funded the Ethiopian Pharmaceutical Association to conduct a series of trainings in ART and ARV drugs for members practicing in the private sector. The first training was opened by Gabriel and had 45 participants. This was the first time the private sector pharmacists were trained in HIV/AIDS. This will prepare them to knowledgeably educate their clients about the disease, its prevention and treatment.

RMP Plus in collaboration with DACA and HAPCO conducted three rounds of discussion forum on the topic "Optimizing ART – Current Status and the Way Forward". The participants are from all the target hospitals and represented ART physicians, pharmacists, nurses and RHB focal persons. Each group ranged from 75-80 persons. The participants discussed prescription pattern or behavior, implementation challenges and scale-up plans.

RPM Plus office organized a three day

The target facilities don't have adequate staff. Hence can not keep a participant at the training without affecting the service. Time taken for travel because of distance is usually long. There is a very high attrition rate. There is no institutional memory as a result. Books are sometimes taken away by people who leave their jobs. The private pharmacists can not be away from their place of work without having another pharmacist to replace them, which is not possible for many. DACA has to give special permission for these pharmacies to operate without a pharmacist for a couple of days as the training is organized to take the week end into consideration.

Preparation of training for second phase training of pharmacist from the private sector. Getting more books for updating knowledge of professionals. Production of proceedings from the workshops and trainings.

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Strengthen the human resources capacity of pharmaceutical and associated professionals to effectively manage PMTCT/ART

orientation and experience exchanging meeting for the senior and newly hired staff. The orientation was to introduce the staff about the modes of MSH operations, roles and responsibilities, PEPFAR Ethiopia plans and RPM Plus role in the program. The different program components were also described to the participants by senior staff. Pharmacist from the field also shared their experiences. A study tour was organized to three hospitals so that the newly employed pharmacists can witness the system in real life.

Books on HIV/AIDS and ARV drugs management received from headquarters was distributed to the technical staff and the rest will go to target facilities.

Last Updated: 04/06/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Strengthen MIS, monitoring & evaluation and reporting to track stock level, expiry and use of PMTCT/ART products**Activity Manager** Daniel, Gabriel**Activity #** 7**Task:** A1ET05HIP**Sub-Task:** 60CXH7

Activity Description Provide technical assistance to PASS, RHBs, DACA, PHARMID and health facilities in the development and implementation of practical MIS and M&E.
Assist in the refinement and printing of the national ARV drugs management SOP and make them available to facilities involved in ARV handling.
Closely monitor that individual patient ARV drug information sheets completed accurately and consistently every time there is a transaction.
Ensure that the individual patient information is transferred accurately, timely and consistently to the ARV drug register and summarized on a monthly basis.
Ensure that the monthly report of ARV drug use and patient information is completed and submitted .
Ensure that adequate forms are supplied to the facilities to avoid shortage. Create a mechanism whereby the facilities can produce the forms in the event of shortage.
Introduce an electronic system of patient and drug information system parallel to the manual system.
Provide the necessary equipment, electronic tool and communication support to ensure transfer of electronic data to a higher level.
In consultation with PASS, CDC, USAID and other partners introduce LMIS developed by RPM Plus for national and regional level forecasting, tendering, procurement, receipt, distribution and stock and financial accounting.
Ensure monthly internal and semi-annual external audit using the tool in the SOP.
Institute a quarterly update or newsletter for information sharing with partners and stakeholders

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

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Strengthen MIS, monitoring & evaluation and reporting to track stock level, expiry and use of PMTCT/ART products**Project
Year 6 Q2**

SOP and MIS forms developed by RPM Plus in collaboration DACA are in use in all target hospitals – currently about 60. Training is provided in their use. Forms are printed and provided for each facility by RPM Plus. The use of individual patient card, treatment register, monthly combined patient and ARV uptake and stock status are key tools for the success of the program.

RPM Plus has seconded about twenty pharmacy data clerks to assist in data entry so that pharmacy professionals will concentrate on their technical work.

The basic manual forms are computerized using a custom-developed software by RPM Plus. Currently two hospitals (Zewditu and Paulos) are using the software.

Biweekly patient/ARVs uptake is reported to PEPFAR treatment working group, MOH and all partners. These information are collected from each of the facilities by calls or internet by RPM Plus pharmacists. For one year since free ARVs were available, the only source of treatment uptake nationally was provided by RPM Plus.

Monthly comprehensive reports received by the office are consolidated by month, region and facility. These are reflected and updated on special regional maps and charts created by RPM Plus.

Forty desktop and seven laptop computers are received from headquarters for distribution to staff, target regions and facilities and selected groups such as the school of pharmacy and the Ethiopian pharmaceutical

Lack of manpower (clerks) in many facilities will make the MIS a challenge. The absence of adequate space in the pharmacy for data management including space for computers and printers will be a strain on space. Communication is difficult as most of the pharmacies don't have telephone or internet access.

Development of treatment register for OI drugs. Provision of furniture for target facilities to use computers. Scale-up of computerized software to second batch of hospitals. Provide on-going TA at facility level. Recruit more pharmacy data clerks. Finalize review of forms and get them printed. Review and print the final ARV MIS SOP. Install telephone and help in internet connectivity.

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Strengthen MIS, monitoring & evaluation and reporting to track stock level, expiry and use of PMTCT/ART products

association. Printers and UPS are also provided.

PMTCT sites are also provided with PMTCT products management forms and SOP.

Last Updated: 04/06/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**Workplan:** Ethiopia COP 05**Year** 05**Activity Title** Promote cross fertilization through collaborative links with programs, and public, private and educational entities to improve quality of**Activity Manager** Daniel, Gabriel**Activity #** 8**Task:** A1ET05HIP**Sub-Task:** 60E3H8

Activity Description Undertake initiatives to improve the quality of pharmaceutical services and promote cross fertilization through collaborative links between PASS at FMOH, DACA, RHBs and other relevant partners.
Support the establishment of a network of the School of pharmacy, the Ethiopian Pharmaceutical Association and DACA
Support continuing education of pharmaceutical professionals through TPA.
Support EPA to participate in public awareness and education campaign in rational drug use and adherence to ARV use.
Work with the school of pharmacy, EPA and DACA to develop IEC materials for use to the public.
Support the school of pharmacy to conduct training in ART/ARVs for pharmacy para-professionals who will work in health facilities.
Support the school of pharmacy to create a network pharmacy higher education institutions so that practical training and updates are provided .
Support joint workshops and seminars on best practices from facilities that provide ARVs.
Encourage operations research in ARVs dispensing, counseling, use dimensions.
In collaboration with DACA and USP, support the strengthening of Drug Info Centers by availing external TA.
Provide basic reference books and computers to Drug Information Centers (DICs) to ensure access of up to date information for physicians and other health professionals on ART/ARVs at facility and education institution levels.
Promote the collaboration of drug management and use in TB, malaria and ART programs at central, regional and facility level.

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

Workplan: Ethiopia COP 05**Year** 05**Activity Title** Promote cross fertilization through collaborative links with programs, and public, private and educational entities to improve quality of**Project
Year 6 Q2**

Collaboration with the Ethiopian Pharmaceutical Association has started with the funding of training in ART/ARVs for 45 pharmacists from the private sector. Trainees were provided with educational materials for their reference. The training will have to more rounds for other pharmacists from the private sector.

Collaboration with the School of Pharmacy started with the sponsoring of the deputy dean to travel with Negussu to Tanzania to participate in the development of a drug supply management module. The participant on return is expected to develop a plan to adopt the training material for use in training pharmacy para-professionals with RPM Plus support.

RPM Plus assisted in coordinating the collaboration of DACA with RPM Plus AMR program for establishing an AMR containment task force that will promote AMR and undertake specific related projects. DTC training will be one such project that will be conducted for regional participants. AMR plans to hire a pharmacist with 50% LOE to follow up AMR activities.

Plans to conduct an assessment of TB/HIV collaboration with focus on commodities management is under consideration to be undertaken in April.

RPM Plus participated in RPM Plus Malaria initiative and the Malaria initiative plans to second staff to the malaria unit of the Ministry of Health to promote malaria commodities management.

Time constraint with senior staff of the collaborating institutions slows the pace of project implementation.

Planning follow up activities
Ordering more books
Holding further training by EPA
Initiating training by School of Pharmacy.
Formation of AMR working or advocacy group.
Recruiting staff to be seconded for the Malaria and AMR activities

RPM Plus Activity and Product Status Report

Selection Criteria: Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Ethiopia COP 05

Year 05

Activity Title Promote cross fertilization through collaborative links with programs, and public, private and educational entities to improve quality of

Last Updated: 04/06/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**Workplan:** Ethiopia COP 05**Year** 05**Activity Title** Procurement of all ARVs required for ETAEP FY 05 target of 25,000 eligible persons (requires supplemental fund)**Activity Manager** Daniel, Gabriel**Activity #** 10**Task:** A1ET05HIP**Sub-Task:** 60C2XX**Activity Description** Procurement of ARVs worth \$14 million.

Work with partners in the selection and quantification of ARVs to be used as first and second line regimens, including ARVs for children.

Develop and submit to USAID waiver application for procurement of FDA approved ARVs through IDA.

Plan a delivery schedule that will ensure one large order for standard regimens to be supplemented with smaller orders for ARVs that dictate flexibility based on field realities.

Explore the procurement of recently FDA approved triple combination ARVs from ASPEN.

Assist MOH in the quantification of ARVs under the GF program. ***initial finding was later supplemented.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Ethiopia COP 05**Year** 05**Activity Title** Procurement of all ARVs required for ETAEP FY 05 target of 25,000 eligible persons (requires supplemental fund)**Project
Year 6 Q2**

The national ART Road Map puts the number of patients to be put on treatment in FY05 to 41,000.

All products procured under this grant are received except a couple of products that have a longer delivery schedule. It was possible to get a waiver from DACA to get some second line ARVs that were awaiting registration.

All the essential liquid preparations for use for children are received also.

This procurement includes newly pre-approved ARVs manufactured by generic makers, Aurobindo. These were supplied at record time and solved the problem of Stavudine and Combivir that had been problematic from GSK in terms of meeting demand.

PMTCT products ordering from Axios donation program has been spearheaded by RPM Plus. The reporting on use has not been satisfactory but was quite an improvement from previous practices. A report has been put together in collaboration with MOH and Intrahealth and RPM Plus submitted to Axios. Axios has responded fast in sending 50% of the requested test kits and Determine. Oral syringes are included in the supply this time.

Registration of some second line drugs has not speeded up. The lead time for some ARVs from innovators is still long.

Preparing a supplemental list for use of the balance fund.

Last Updated: 04/06/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**Workplan:** Haiti PEP COP 05**Year** 05**Activity Title** Procurement of selected HIV/AIDS pharmaceuticals**Activity Manager** Derosena, Michael**Activity #** 2**Task:** A1HT05HIP**Sub-Task:** 60C2X2

Activity Description USAID requested RPM Plus to procure OI and additional ARV products using funds still available in the RPM Plus budget. Given that RPM Plus does not have in-country technical assistance staff, the Mission in Haiti provided the best available information that allows staff in Washington to conduct the quantification exercise. The document serves to summarize to the Mission and key partners the parameters and assumptions provided to RPM Plus and upon which the ARVs and OIs orders, for both adults and pediatrics, are based upon.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	<p>Initiated during the last quarter, the quantification exercise for procuring OI drugs for 13,000 patients was completed. The list agreed upon includes 26 products for a total of \$ 145,341.22 according to quotes received. RPM Plus submitted and received approval from USAID for the waiver needed. The order was placed through, and the first shipment of OI drugs arrived in Haiti on the2006.</p> <p>Also during this quarter, RPM Plus completed an ARV quantification exercise for scaling up activities to cover 800 adult patients for the period February to September 2006. This exercise was extended to cover needs for 250 pediatric patients up to March 2007. The total cost for adult was estimated to \$410,829.85 and \$230,689.24 for pediatric patients.</p>	None	Since TA is being provided locally by HS2007 and the SCMS project, a coordinated national quantification exercise needs to be conducted taking into account the new targets, current procurements from all sources, current stock on hands and expiration dates, as well as enrolment rates and actual number of patients under treatment.		

Last Updated: 06/19/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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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 Q2**

1.1 Assessments were done in 2 facilities (Nyambene DH and Mbeere DH)
The 2 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 the 2 facilities. One facility (Mbeere DH) had a pre-existing GoK supported adult ART program whereas the other (Nyambene DH) had already received GoK supported ARVs and was enrolling patients.

1.3. Stipulation of recommendations/interventions to address the identified gaps and challenges was done in both sites.

Weak Management Information Systems (MIS) in sites visited delayed the data extraction process
Lack of ready lists of children to be started on Pediatric ARVs delayed the "demand-driven" quantification process

Share assessment findings with site managers and supporting partners
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 the two facilities.

The tools included: ARV Drug Daily Issues Record, Medication Use Counseling Checklist, Chart to Track the Expiry Dates of Drugs, ART Patient Dispensing Record, MSH designed ART prescription, Flow chart on Good Dispensing practices for ART programs, Flow chart on Good Storage practices for ART commodities and Flow chart on Good Inventory management practices for ART commodities.

Copies of the above MIS tools were given to each of the above facilities.

1.5. Progress on products

2 site assessments reports were written and are available.

Last Updated: 04/13/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	<ol style="list-style-type: none">1. A 16 member technical working group has been instituted by DOP with stakeholders to begin the process of revising the NDP2. Terms of reference for the drafting committee, National Medicines Policy task force was done3. ARV order books and monthly consumption reporting books distributed to 6 more PEP supported sites in Western, Rift Valley and Nairobi Province; Kakamega PGH, Kima Mission Hospital, Misikhu Mission Hosp, Nanyuki District Hosp, and Tumaini Childrens Home and SOS Children home,. Orientation on the use of the books was also conducted4. Daily dispensing record tools (manual) were formulated and are now being pretested.	<p>DOP had conflicting priorities followed by staffing constraints with the key contacts being on leave.</p> <p>Late receipt of 10% of monthly reports.</p> <p>Inconsistencies in the reporting in most sites</p>	<p>Conduct a workshop to craft a frame work for a draft national medicines policy in May 2006</p> <p>Improve the quality at sites by capacitating the focal persons on data cleaning.</p> <p>Supportive supervision to sites to improve data collection and reporting</p>		

Last Updated: 04/25/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	As part of their ACT implementation plan, the NMCP in Ghana is working with WHO to provide some training on the new treatment policy to the dispensers in the pharmacy retail outlets to improve their dispensing practices. RPM plus was asked to conduct a rapid assessment of their current knowledge and dispensing practices relative to malaria treatment. Questionnaires from the CIMCI assessment manual were used and data collection begun in January - February 2006. Data entry has begun is expected to be completed in the next quarter.	none	Complete data entry and prepare draft report.		

Last Updated: 06/16/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**Workplan:** MAC-Field Support-Kenya**Year** 05**Activity Title** Follow up on Artemisinin-based Combination Therapy implementation**Activity Manager** Tetteh, Gladys**Activity #** 3**Task:** A1KE05MAC**Sub-Task:** 60F4H3

Activity Description While there are some guidelines and documents on the elements that need to be considered when changing first-line treatment, there is no guidance on the steps required when rolling out a new treatment policy for national-level implementation. RPM Plus proposes to provide guidance to the Division of Malaria Control on the actions that need to be taken to implement policy change for first-line treatment for malaria to the ACT (artemether-lumefantrine) consistent with WHO's policy recommendations.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	<p>RPM Plus in this quarter provided technical and financial support to district trainings for pharmaceutical health workers in the 46 malaria endemic districts of Kenya – at least one health worker per facility was trained in basic techniques for managing medicines and supplies.</p> <p>RPM Plus provided support to other aspects of ACT implementation including the development and production of malaria treatment guidelines, malaria facilitator and participant training manuals and tools for tracking antimalarial medicines.</p>	None	<p>The Ministry of Health has requested support from RPM Plus to train pharmaceutical management staff in the remaining malaria non-endemic districts of Kenya. Support for this will be explored with the USAID Kenya Mission.</p>		

Last Updated: 06/22/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	<p>A local consultants was identified and hired to work on the strengthening of the supply management and financial administration of the VSM.</p> <p>On March 2006 RPM Plus Senior Program Associate, Edgar Barillas, visited Nicaragua to provide technical assistance to the local consultant who has taken responsibility of this area. During this visit he discussed potential problems in the implementation of the scope of work, agreed on the tentative dates for working workshops and the presentation and validation of final products and explain RPM Plus administrative procedures for the presentation of the final products, payments and reimbursements. The implementation of the work plan has already started. The discussion of the draft reports is programmed for the first week of July 2006.</p>	No constraints	Visit Nicaragua around the first week of July 2006 to participate in the discussion of the first draft of the report.		

Last Updated: 04/14/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	<p>A local consultant was identified and hired to work on the standardization of procedures used by the VSM quality assurance program.</p> <p>On March 2006 RPM Plus Senior Program Associate, Edgar Barillas, visited Nicaragua to provide technical assistance to the local consultant who will take responsibility of this area. During this visit he discussed potential problems in the implementation of the scope of work, agreed on the tentative dates for working workshops and the presentation and validation of final products and explain RPM Plus administrative procedures for the presentation of the final products, payments and reimbursements. The implementation of the work plans has already started. The discussion of the draft reports is programmed for the first week of June 2006.</p>	No constraints	RPM Plus will visit Nicaragua on the first week of June 2006 to participate in the presentation and discussion of the first draft of the report.		

Last Updated: 04/14/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	No activities were programmed for this quarter.	The MoH is still on the implementation phase of a comprehensive administrative reorganization. Most of the heads of the new departments and divisions have not been appointed yet. A central pharmaceutical committee (CPC) will support the activities of the newly created Regulation Division, but since the staff has not been appointed yet, all the technical activities of these Division (including the training of a CPC) have been postponed.	During the next visit to Nicaragua (around the first week of June 2006), RPM Plus will discuss with MoH authorities the pertinence and best dates for the training.		

Last Updated: 04/14/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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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 Q2**

RPM Plus took advantage of the training to orient trainers in the store management module for a cascade training to then train the agents de santé communautaires (ASCs). RPM Plus staff participated in the TOT workshop of community ARI in Thiès (02/01/06) and presented on the management of drugs. Participants included 30 members of district teams. Also this quarter, RPM Plus Senegal staff participated in the training of trainers (TOT) for the extension phase of the community case management of ARI in Kaolack (01/20/2006) and Louga (1/28/06). During this quarter, 38 ASCs in the Darou Mousty district and 84 ASCs in the Kaolack district were trained in store management by a team of trainers from the districts. Plans were made with districts that were not included in the ARI TOT on how to proceed with roll out of ASC training.

Plans for the trainings of head nurses (Infirmier Chef de Poste) in store management in the three remaining districts continued. In Louga, MSH was able to share resources and combine costs with a separate MSH/PreMoMa training. Nine head nurses and members of the district team of Dahra were oriented in drug management issues.

RPM Plus will follow up with the district teams on the training of ASC in the community management of ARI to ensure that the ASCs are well trained in the management of drugs. In collaboration with partners, RPM Plus will reflect on the best method to use for future ASC trainings. Discussions will continue with the district Supervisor in Thies on when to begin rolling out the ASC trainings and design a training program at the district level. RPM Plus will reschedule the participation in the coordination meeting in Dahra, Thiadiaye and Popenguine for the orientation of the district teams and facility nurses on store management.

Last Updated: 05/16/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

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, PNLP, the DSSP, the PNA, DPL, the IMCI technical committee and other relevant bodies in reviewing any documents

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	This quarter, RPM Plus Senegal staff participated in several meetings with partners to provide and plan for technical assistance. A meeting was held with the WHO Essential Medicines representative in Dakar to discuss collaboration and current needs. RPM Plus staff participated in a two-day meeting with BASICS to review and revise the IMCI training modules. A meeting was held with the Director of the PNA to provide logistical support to ensure the distribution of contraceptive products in all zones and to discuss recruiting a staff member for PNA focused on provisioning of peripheral structures with contraceptives. The PNA Director requested additional assistance from RPM Plus to provide samples of the developed store management tools.		RPM Plus will work with BASICS to finalize the IMCI store management training modules. Contact with WHO will be continued to ensure collaboration and where possible synergy of activities and efforts. Follow up will be provided to the PNA Director to ensure that all technical requests are fulfilled.		

Last Updated: 05/16/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	All of the training materials for the sales assistants training in private pharmacies were revised and finalized incorporating feedback from partners. The training of trainers was held in Dakar (March 28-29) with 15 pharmacists participating and the first training of 22 sales assistants took place in Thiès (March 31-April 1). The remaining trainings are scheduled for April-May 2006. Participating collaborators (DPL, DANSE, PNL, BASICS, syndicat) met to discuss and plan for mechanisms of supervision after the trainings. This budget line is now closed and the activity will continue under FY05.		The remaining trainings will take place in the next quarter. Dialogue and discussion will continue with partners to develop an appropriate supervision mechanism to evaluate sales assistant's knowledge and practices.		

Last Updated: 06/21/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**Workplan:** Senegal**Year** 05**Activity Title** Technical Activity Coordination**Activity Manager** Briggs, Jane**Activity #** 1**Task:** A1SN05XXX**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.**Project
Year 6 Q2**

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
In the beginning of the quarter, the quarterly narrative reports for calendar year 2005 were sent to the Mission in response to a request for an annual report. The Senegal workplan was completed and submitted to the Mission for feedback and final revision. RPM Plus staff met with the Mission team in March 2006 to discuss the workplan and priorities. Codes were opened for FY 05 and activities were rebudgeted.		As more information is received about the possible funding opportunities for Senegal, the workplan will be finalized.		

Last Updated: 05/16/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	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: 05/16/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**Workplan:** Senegal**Year** 05**Activity Title** TA to PNLP for procurement and quantification of antimalarials (particularly ACTs)**Activity Manager** Briggs, Jane**Activity #** 5 **Task:** A1SN05XXX**Sub-Task:** 60C2H5**Activity Description** RPM Plus will provide input and TA where necessary for procurement and quantification of antimalarials, particularly with regards to the newly introduced ACTs but also SP for IPTp. Technical assistance may also be provided to the PNLP to orient private pharmacists and practitioners on the new ACT treatment protocols. If necessary, RPM Plus will assist the PLNP and PNA to phase out the older antimalarials that are no longer consistent with the national policy.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	During the quarter, RPM Plus continued to support national malaria activities. A meeting was held with the national malaria coordinator to begin discussion on how to best provide technical assistance. RPM Senegal staff participated in a PNLP planning meeting to discuss an orientation on the introduction of ACTs and a meeting of the commission receiving ACTs at PNA. Specific problems were discussed between the PNA and PNLP such as the agreement between the MoH and the PNA, and the logistics of receiving the ACTs. A presentation on rational drug use was given by RPM Plus at a workshop orienting regional and district medical officers in the introduction of ACTs (March 2-3). The presentation will be used by the PNLP for future orientations. The PNLP has adopted the tools proposed by RPM Plus for managing drug supplies including the use stock cards and registration systems for the use and distribution of drugs.		RPM Plus will continue to explore and address the TA needs for the PNLP with specific focus on quantification for antimalarials with PNA. RPM Plus will participate and provide technical support at the upcoming orientations of the regional medical officers, district medical officers, and distributors in the introduction of ACTs.		

Last Updated: 06/02/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	Advocacy seminars and sensitization with Kilombero district authorities and other stakeholders finalized. Report on the advocacy seminar for Morogoro regional authorities and Ulanga district finalized.	None	Continue with implementation of roll out activities particularly the pre-inspection activity followed by training of dispensers from Kilombero.		

Last Updated: 05/18/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.**Project
Year 6 Q2**

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
The pre-inspection of DLDB services and on going renovation and changes in Kilombero and Ulanga districts has been completed.		Select dispensers to attend the dispensers training. Organize the final inspection of the premise before accreditation.		

Last Updated: 05/31/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	? First draft of ADDO dispenser's manual completed.	None	Use the draft dispenser's manual in the first group of trainee in Ulanga district. Observe and collect comments from trainers and trainee to finalize the preparation of the manual.		

Last Updated: 05/18/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2**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.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	? Rapid ART pharmaceutical management assessment in five mission hospitals in Tanzania was conducted. The hospitals are St Elizabeth hospital, Selian Lutheran hospital in Arusha, Haydom Lutheran hospital in Manyara, Muheza DDH in Tanga and Mvumi hospital in Dodoma. ? Assessment report completed.	None	? In collaboration with CSSC, finalize plans for the assessment report dissemination and planning workshop with missionary hospitals and other stakeholders.		

Last Updated: 05/18/2006

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q2

Workplan: Zambia PEP 1.5**Year** 04**Activity Title** ORION Installation**Activity Manager** Hazemba, Oliver**Activity #** 2**Task:** A1ZM04HIP**Sub-Task:** 60CXJ2**Activity Description** Activity code created at the end of project to reserve funds for this activity.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 6 Q2	Medical Stores failed to move forward with installation. Last of funds were reprogrammed to final close-out activities.				

Last Updated: 04/11/2006
