

WHO/UNICEF Child Survival Workshop, Lao PDR and Key Partner Meetings in Cambodia. May 2006: Trip Report

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Printed: August 2006



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Strategic Objective 3

This report was made possible through support provided by the U.S. Agency for International Development, under the terms of cooperative agreement number HRN-A-00-00-00016-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

About RPM Plus

RPM Plus works in more than 20 developing and transitional 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.

Abstract

RPM Plus traveled to Lao PDR and Cambodia, May 6-25, 2006 to meet with key child survival partners in both countries. At the request of WHO Regional Office for the Western Pacific requested, RPM Plus participated as an observer at the WHO and UNICEF joint regional child survival strategy workshop in Lao PDR. Since 2001, MSH conducted a series of pharmaceutical management assessment surveys in Cambodia which all indicate limited improvements in pharmaceutical management. Through discussions, RPM Plus explored with the Mission and key MOH staff among other child survival partners, several potential interventions to reduce infant and child mortality in line with the MDGs by strengthening pharmaceutical management in support of child survival programs. Proposed interventions include providing TA to counterparts to integrate store management practices into the IMCI Program and provide training and follow up to private sector practitioners in select pharmaceutical management practices that are key to child survival.

Recommended Citation

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Lynders, Marion. 2006. *WHO/UNICEF Child Survival Workshop, Lao PDR and Key Partners Meetings in Cambodia, May 8-25, 2006*. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.

Key Words

Child Survival Strategy, Lao PDR, Cambodia, Malaria,

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ACRONYMS

BCC	behavior change communication
DDF	Department of Drugs and Food
DFID	Development Fund for International Development
IMCI	Integrated Management of Childhood Illnesses
MCH	Maternal Child Health
CNM	National Center for Parasitology, Entomology and Malaria Control
MSH	Management Sciences for Health
RPM Plus	Rational Pharmaceutical Management Plus
ORS	Oral Re-hydration Salts
PSI	Population Services International
PFD	Partners for Development
TA	Technical assistance
ITN	Insecticide Treated Nets
LLIN	Long lasting Insecticide Nets
VMW	Village Malaria Worker
WHO	World Health Organization
MDG	Millennium Development Goal
WHO	World Health Organization
UNICEF	United Nations Children's Fund
AUSAID	Australia Aid for International Development
NGO	Non Government Organizations
BASICS III	Basic Support for Institutionalizing Child Survival
CSMC	Child Survival Management Committee
CCSS	Cambodia Child Survival Strategy
CMPE	Center for Malaria, Parasitology and Entomology
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
RDT	Rapid Diagnostic Test
ACT	Artemisinin Combination Therapy
EDAT	Early Diagnosis and Treatment
GF	Global Fund
KPC	Knowledge, Practices and Coverage
WPRO	World Health Organization Pacific Regional Office
NTP	National Tuberculosis Program
C-DMCI	Community Drug Management of Childhood Illnesses
FHI	Family Health International
RACHA	Reproductive and Child Health Alliance
GTZ	Cambodian-German Development Cooperation

BACKGROUND

As RPM Plus was involved in child survival and malaria drug management studies in Cambodia, Lao PDR and Thailand, the WHO Regional Office for the Western Pacific requested RPM Plus to participate as an observer at the joint regional child survival strategy workshop during May 9-11, 2006 in Vientiane, Lao PDR. WHO and UNICEF proposed this meeting to officially launch their child survival strategy with government representatives from priority countries, discuss implementation issues and plan for a common monitoring framework to track progress involving all stakeholders.

Since 2001, MSH conducted a series of pharmaceutical management assessment surveys in Cambodia. They have included Strategies to Enhance Access to Medicines (SEAM, 2001), community pharmaceutical management of malaria (2002, 2004) and pharmaceutical management in support of child survival (2004). The 2001 SEAM survey offered comprehensive baseline data, but, as subsequent surveys indicate, improvements in pharmaceutical management have been limited. With this experience, and understanding of the issues and challenges facing the national malaria program, the Mission requested RPM Plus to participate in the planning workshop to prepare the malaria proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Previously, RPM Plus submitted a concept paper to the Mission on different ways to approach strengthening drug management in child survival. This concept paper was developed as a result of formerly held discussions and focused on proposed interventions to improve drug management in the public and private sectors. As RPM Plus prepares to transition from discussion to action, we wish to further explore with Mission staff and key child survival partners, some potential interventions to improve drug management in child survival.

RPM Plus discussed with the Mission, the notion of identifying a local consultant who can potentially be a local point of contact for key child survival partners in between TA visits. RPM Plus would like to pursue this option and survey potential candidates for local hire.

Purpose of Trip

Marion Lynders from RPM Plus traveled to Lao PDR to attend the WHO/UNICEF Child Survival workshop during May 9-11, 2006. Following this meeting, RPM Plus traveled to Cambodia to meet with partners from MOH, WHO, other NGOs and bilateral agencies in Cambodia to discuss key pharmaceutical management issues affecting child survival. RPM Plus also contacted several potential candidates for a temporary consultant position to facilitate RPM Plus activities in Cambodia.

Scope of Work

Lao DPR

- Attend the WHO/UNICEF workshop on child survival May 9-11, 2006
- Discuss issues related to child survival drug management with country partners, and, if appropriate, provide assistance in developing appropriate interventions for improvement

Cambodia

- Provide a briefing/debriefing with USAID/Cambodia as requested
- Meet with representatives of the MOH/IMCI, MOH/MCH, CNM, WHO, other NGOs and stakeholders to discuss pharmaceutical management issues affecting child survival
- Identify potential candidates for a temporary and local consultant position
- Participate in the planning workshop to prepare the malaria proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria

ACTIVITIES

The following key activities as outlined in the scope of work were accomplished during the visit.

Lao PDR

1. Attend the WHO/UNICEF workshop on child survival in Vientiane, Lao PDR

As part of the ANE activities, RPM Plus Lynders attended the WHO/UNICEF three day child survival workshop May 9-11, 2006. The purpose of this workshop was to provide an opportunity for WHO and UNICEF to officially launch their joint regional child survival strategy with government representatives from priority countries, to discuss implementation issues, and to plan for a common monitoring framework to track progress involving all stakeholders. The strategy attempts to intensify child survival actions in countries with the highest burden of childhood deaths under five and outlines a unified direction to accelerate and sustain progress towards the national targets and reduce inequities in child survival in the regions.

Participants included representatives from Cambodia, Lao PDR, China, Papua New Guinea, Philippines, Vietnam, USAID, AUSAID, temporary advisors, international NGOs, WHO and UNICEF.

The agenda concentrated on issues related to monitoring and evaluating child survival indicators that will enhance national strategies.

Objectives of the workshop included:

1. Review the child survival situation in the region and introduce the WHO/UNICEF Regional Child Survival Strategy to countries with a high burden of deaths among children under 5 years of age
2. Review country experiences and plans and identify next steps to maximize child survival outcomes in collaboration with key stakeholders including funds and development partners
3. Discuss and agree upon a common monitoring framework for implementing national strategies that aim at taking to scale the “Essential Package for Child Survival in line with the Regional Strategy

Over the course of the three days, participants contributed to small group discussions and plenary sessions that revolved around the roles of different stakeholders in child survival and approaches to enhancing national child survival strategies.

The primary focus of this strategy was on the implementation of the “Essential Package for Child Survival”. This includes the regular monitoring of progress in improving child survival indicators so that decision makers can evaluate progress and identify problems. At the meeting, it was noted that the collection and analysis of data used to compute the indicators are also collected and analyzed by other related programs, such as ARI and malaria. As a result, there is

a high probability that data collection efforts are duplicated and results presumably suffer from lack of comparability and standardization.

To minimize this, the Child Survival Strategy is advocating the use of one single monitoring and evaluation (M&E) process to which all stakeholders adhere. In order to facilitate the adoption of a single M&E plan within a country, and which can also be applied across countries within the region, a document titled “A Framework for the Child Survival Monitoring and Evaluation Framework System” was disseminated among participants. This document is intended to serve as a guide for countries on how to operationalize the implementation of the monitoring and evaluation component of the WHO/UNICEF Regional Child Survival Strategy.

2. Discuss issues related to child survival drug management with country partners, and if appropriate, provide assistance in developing appropriate interventions for improvement

While attending the WHO/UNICEF workshop, RPM Plus met with many country representatives from key partner organizations also attending the same meeting:

1. A meeting was arranged to allow representatives from the MOH/Cambodia, BASICS III, USAID/Cambodia and RPM Plus to meet and discuss the Cambodian Child Survival Strategy. Included in this meeting were:

- Dr. Hong Rathmony, MOH/IMCI Cambodia
- Dr. Bun Sreng, MOH/Cambodia
- Dr. Nong Saokry, Malaria Control Program/Cambodia
- Dr. Severin von Xylander, WHO/Cambodia
- Dr. Hen Sokun Charya, USAID/Cambodia
- Dr. Diane Silimperi, BASICS III
- Maria Francisco, CTO/USAID
- Marion Lynders, RPM Plus

Discussions revolved around how RPM Plus and BASICS III could support the Child Survival Management Committee (CSMC) to coordinate and sustain implementation of the Cambodian Child Survival Strategy (CCSS). As Dr. Silimperi and RPM Plus were traveling to Cambodia after the workshop, it was agreed that each would follow up with MOH and USAID delegates to continue to discuss strategies for implementation.

2. RPM Plus also met with Dr. Deyer Gopinath and Mr. Pricha Petlueng of WHO, who also attended the workshop. As follow up to the malaria drug use survey conducted in October 2005, RPM Plus discussed the identified pharmaceutical management issues. This survey was conducted by the Center for Malaria, Parasitology and Entomology (CMPE) of the Ministry of Health in collaboration with the World Health Organization with TA provided by RPM Plus. Dr. Deyer, Mr. Pricha and RPM Plus discussed key preliminary results from the survey, including: 1) a low use of rapid diagnostic tests among providers; 2) few patients receive Coartem

(artemether-lumefantrine), the recommended first line treatment, and 3) prescribing practices of providers in the private sector remain unknown.

Based on these findings, Dr. Gopinath proposed two activities to improve malaria control in Lao PDR which are included in round 6 GFATM proposal activities;

- A. Conduct a baseline survey to evaluate RDT and ACT use in the private sector
- B. In select provinces, evaluate EDAT with specific focus on village malaria worker's use of arthemeter suppositories, and the diagnoses and treatment of severe malaria at district and referral level hospitals

From the discussion, it was not apparent how findings from these proposed activities will contribute to policy refinement or development. Also, it was not clear how the expected outcomes relate to other partners project components included in the proposal. To achieve maximum impact and coordinate planned interventions, RPM Plus advised Dr. Gopinath to explore the possibility of arranging a meeting with members from CMPE, Global Fund and RPM Plus to determine roles and plan future involvement.

The proposed time frame for these two activities was August through October 2006, making it problematic for RPM Plus to participate, given prior work commitments. While there is a role for RPM Plus to play in providing technical assistance to strengthen drug management in the malaria program, the current ANE work plan does not include specific activities in Lao PDR. Marion agreed to follow up with the RPM Plus/ANE project manager about the possibility of securing funds and resources to allow RPM Plus to work on malaria related activities in Lao PDR.

3. RPM Plus also met with Robert Kolesar, Project Coordinator for the Integrated Child Health Project in Cambodia. This American Red Cross (ARC) project is funded through USAID and is in partnership with the Cambodia Red Cross. The project's goal is to reduce child morbidity and mortality in a sustainable fashion in one of the areas of Cambodia with the worst health statistics, the Angkor Chum Operational District in Siem Reap province. In 2005, a baseline survey assessed the community's knowledge, practices and coverage (KPC) of nutrition and breastfeeding, immunizations and community management of a sick child focusing on pneumonia, diarrhea and malaria. Not surprisingly, results were similar to those of the RPM Plus Community Drug Management of Childhood Illnesses (C-DMCI) survey conducted in the same year across five provinces. Select findings common to both surveys include; 1) delayed care seeking outside the home for children with symptoms of fever, 2) caregivers seek care first from shop keepers and purchase medicines following their recommendations, 3) Malarine is not widely available and the price can be increased by up to six times the recommended selling price, and 4) inappropriate medicines are sold and used to treat malaria like symptoms.

Mr. Kolesar described how ARC made a concentrated effort to mobilize community leaders and help build strong coalitions between Provincial and Operational District Health Departments. The survey described how stakeholders at all levels united in their approach to develop and

implement a comprehensive strategy to overcome the challenges for effective malaria prevention and treatment. This exemplary level of effort shows that a strong level of commitment from stakeholders at all levels is essential if malaria is to be brought under greater control in Cambodia.

Cambodia

1. Provide a briefing/debriefing for USAID as requested

RPM Plus provided a briefing to the Mission on Wednesday May 17, 2006. Staff from the USAID Office of Public Health attending the meeting included, Jonathan Ross, Interim Director, Dr. Chanta Chak, Infectious Disease Officer and Dr. Hen Sokun Charya, Development Assistance Specialist for MCH/RH.

Previously, results from the 2004 Community Drug Management in Childhood Illness (C-DMCI) survey report was shared with Mission staff. Two foremost findings include low availability of antimalarials in the public sector and questionable practices of providers in the private sector. Based on RPM Plus suggested recommendations to address these issues, the Mission requested RPM Plus to estimate costs for two proposed interventions to strengthen pharmaceutical management of childhood illnesses:

1. Provide TA to counterparts and partners to integrate store management practices into the IMCI program
2. Provide training and follow up to private sector practitioners in select pharmaceutical management practices that are key to child survival

RPM Plus pointed out that while these recommendations are designed to address areas in drug management that are problematic, however, implementation will ultimately depend upon partners consensus. Using current FY 05 funds, RPM Plus proposed RPM Plus facilitate a child survival partners work shop with MOH/WHO/UNICEF/other NGOs and bilateral agencies to discuss pharmaceutical management issues affecting child survival and malaria. Mission staff supported the idea and agreed it was necessary for partners to discuss potential interventions to strengthen the management of pharmaceuticals within national programs.

Over the next two weeks, RPM Plus met with numerous counterparts to identify cross cutting themes related to medicines and supply management. It was noted that partners are keen to participate in the upcoming partners work shop and collaborate on developing a more comprehensive and cohesive plan of action so that resources can be leveraged for maximum programmatic impact.

Jonathan Ross described RACHA's work to strengthen the existing logistics drug management system, the drug inventory database. Currently, RACHA is linking telecommunications between the operational district drug information database (ODDID) with the national database (NatDID).

Jonathan suggested there may be an opportunity in the future for RPM Plus and RACHA to collaborate on evaluating the functionality of the database system to ensure the system works properly and to make adjustments as necessary to fit the changing needs of the central medical stores.

2. Meet with representatives of the Cambodian MOH/IMCI, MOH/MCH, CNM, WHO, other NGOs and stakeholders to discuss pharmaceutical management issues affecting child survival

As follow up to previous meetings in Lao PDR, RPM Plus met with Dr. Hong Rathmony MHO/IMCI to discuss how RPM Plus can best assist the MOH implement interventions to improve drug management in child survival programs.

Dr. Rathmony described one issue in particular, which has the potential for impeding progress to implement the Cambodia Child Survival Strategy. The issue is the fundamental lack of coordination among key stakeholders. This sentiment was echoed by Dr. Severin von Xylander, WHO/Child and Adolescent Health and Development who pointed out the lack of coordination at the national level among the strategy's coordinating bodies; Child Survival Management Committee, Secretariat and the Steering Committee. Furthermore, Dr. von Xylander mentioned this lack of coordination existed at the peripheral level also. Dr. von Xylander suggested MSH undertake the initiative to strengthen the leadership and management capacity of staff at both levels. While this proposed intervention is beyond that of drug management and the role of the RPM Plus program, RPM Plus agreed to explore if the MSH Leadership, Management and Sustainability (LMS) Program is a suitable approach to strengthen the way committee members lead and manage their programs.

RPM Plus reviewed key findings from the C-DMCI survey with Dr. Rathmony and the suggested recommendations included in the draft report. The two foremost problems identified by the C-DMCI survey include, low availability of artemisinin combination therapy (ACT), chloroquine and rapid diagnostic tests (RDT) in public health facilities and questionable provider practices in the private sector. During discussion RPM Plus mentioned that low availability of first line antimalarials at the peripheral level in public health facilities could be due to deficiencies at the central level. However, RPM Plus advised Dr. Rathmony that mechanisms to increase the availability of essential childhood medicines, especially A+M₂ can also be targeted at provincial and district levels. RPM Plus proposed the possibility of integrating store management practices into the IMCI training program as a means to address this issue.

Dr. Rathmony agreed with this proposed intervention and also suggested expanding the current IMCI curriculum to include the principles of cold chain management as well as a component on neonatal care. Dr. Rathmony and RPM Plus agreed to discuss these proposed curriculum changes at the child survival partners meeting, which is tentatively scheduled for September 2006.

A second problem identified through the 2004 C-DMCI study, was that private drug sellers serve as the first point of contact when seeking medical care for most Cambodians, and 72% of such

providers had no medical background. While providing important frontline access to health care and essential medicines, these retail drug sellers remain largely unsupervised and prescribe and dispense medicines of uncertain quality, all of which contribute to undermining the integrity and values of the services provided. These problems pose a threat to the health of patients using the shops and exacerbate the rising problem of drug resistance, adversely effecting the treatment of malaria, pneumonia and diarrheal diseases in children. So far, few interventions have focused on improving the prescribing and dispensing practices of retail providers. However, Dr. Rathmony agreed that drug retailers would be an important focus of attention to improve access to essential medicines and pharmacy services through the private sector and consequently should be a priority on the child survival partners agenda.

RPM Plus met with Dr. Duong Soheat, Director of the National Malaria Program to discuss logistics for the upcoming Pharmaceutical Management of Malaria (PMM) training course. RPM Plus explained that initial funding for this training course will be provided by the USAID Regional Bureau while the option of conducting future training courses with ACTMalarial support is furthered explored.

Dr. Duong Soheat suggested three provinces to implement the PMM training program; Preah Vihear, Mondul Kiri and Oddar Meanchey because each have reported a high prevalence of malaria in forested areas and all are rural with hard to reach populations.

This RPM Plus course provides information and hands-on practice to facilitate national program staff's understanding and implementation of basic pharmaceutical supply concepts and methods. As such, the theories and activities included in the training serve as valuable support tools for those responsible for national malaria programs in terms of planning, procurement, logistics, and appropriate use of medicines and supplies. While the training course is an occasion to strengthen the management of antimalarials, it is also an opportunity to strengthen the capacity of health care staff to more effectively manage medicines from other therapeutic groups, such as pneumonia, diarrhea and tuberculosis. RPM Plus suggested and Dr. Duong Soheat agreed, to invite central and select provincial and district level pharmacists and medical store personnel to participate in this training course.

RPM Plus also met with Dr. Pratap Jayavanth, WHO/National Center for TB and Leprosy Control and Dr. Mao Teneang, Director of the National Tuberculosis Program (NTP) in Cambodia. Dr. Teneang discussed the need to continuously monitor TB intervention strategies to help identify gaps existing in the national TB control program. As such, he is very keen to have RPM Plus provide TA to evaluate Cambodia's pharmaceutical system capacity to provide an uninterrupted supply of TB medicines. Previously, RPM Plus provided assistance to the JICA consultant when adapting the RPM Plus PMTB assessment tool.

RPM Plus was made aware that WHO recently conducted an assessment of the national TB program and Dr. Jayavanth and Dr. Teneang agreed to share results once they become available in August 2006. It was agreed that Ms. Lynders would follow up with the RPM Plus/ANE program manager and provide feedback.

While in Phnom Penh, RPM Plus also met with representatives from the following partner organizations: CARE, FHI, GTZ, PATH, PSI, RACHA, URC, UNICEF, USAID, WHO/Cambodia to learn more about their current programs, discuss lessons learned and plans for the future. As a result of these meetings, stakeholders expressed the need to address identified pharmaceutical management issues. To meet this need, and with Mission agreement, RPM Plus will facilitate the proposed strategy development workshop. The workshop will provide an opportunity for RPM Plus and in country partners to collaborate on developing interventions to address the gaps in drug management. It is anticipated that key partners will actively participate to identify priorities and explore ways in which RPM Plus may provide TA to improve pharmaceutical management. RPM Plus is currently working with the MOH to define the goals and expected outcomes of this meeting.

3. Identify potential candidates for a temporary and local consultant position

To better facilitate RPM Plus participation in key in-country meetings and after consultation with the Mission, RPM Plus elected to hire a local consultant to be a point of contact for key child survival partners and assist RPM Plus implement the work plan for Cambodia. The overall technical activities will focus on pharmaceutical management in support of the national malaria control program and the child survival strategy. While in Phnom Penh, RPM Plus contacted nine potential candidates for this consultant position. Resumes were collected and are currently being reviewed. It is anticipated the consultant will resume the position in September 2006.

4. Participate in the planning workshop to prepare the malaria proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria 6th round.

The planning workshop to prepare the malaria proposal was held May 23-25, 2006, at the Hotel Le Royal, Phnom Penh. Opening remarks were presented by H. E. Eng Hout, Secretary of Health, Royal Government of Cambodia, Dr. Duong Sochet, Director, National Center for Parasitology, Entomology and Malaria Control (CNM) program and Mr. Michael O Leary, WHO Representative. Participants included CNM representatives from district, provincial and national levels, WHO/Cambodia, WHO/WPRP, RPM Plus, PSI and PFD.

Dr. Duong Sochet began the workshop by providing a presentation on the context of malarial problems in Cambodia along with a number of approaches for extending the reach of the current program.

Previously, the National Center for Parasitology, Entomology and Malaria Control (CNM) received funds during the 2nd and 4th rounds of GFATM. The 2nd round extends January 2004 to December 2008 with the overall goal of reducing malaria related mortality and morbidity through the improvement of prevention, diagnosis and treatment in the public and private sectors. The 4th round extends from October 2005 through September 2010 and includes the same goal with two additional components: Behavior Change Communication and increasing the distribution of LLINs.

Dr. Sim, CNM, gave a progress report on the implementation of activities during rounds 2 and 4. Preliminary results indicate the malaria control program is achieving many of its intended targets. However, appropriate management of antimalarial pharmaceuticals and related commodities remain an issue according to indicator based results.

Dr. Sean Hewitt, an independent consultant and Dr. Eva Christophel, WHO/WPRO presented key issues and recommendations from the recent DfiD/WHO gap analysis for the National Malaria Control Program. Key points included:

Building national capacity

Dr. Hewitt suggested that more should be done to capitalize on the expertise available locally within the various partner agencies. He advises that every effort should be made by the CNM to engage more fully with the various technical partners in country so as to take full advantage of the many valuable opportunities that they offer.

Cost Effectiveness

It is not known if malaria control interventions in Cambodia are cost effective and therefore should be a key consideration during the development of round 6 application. Dr. Hewitt states the cost per treatment delivered through the VMW project, now that it has gone to scale, is not known and the potential cost benefits of add on interventions such as cotrimoxazole for acute respiratory tract infections and ORS for diarrhea have not been formally assessed. Furthermore, he states there are no plans to investigate the cost per ITN delivered to a person at risk (people living between 1-2 kilometers from the forest) through PSI's planned social marketing initiative. Similarly the cost benefits of rapid diagnostic tests such as Optimal and Paracheck should be carefully considered before a policy decision is made on which type of test to adopt as the national standard. This issue becomes ever more pressing as the proportion of cases caused by *Plasmodium vivax* increase each year.

Synergy

While the CNM has made progress in developing synergistic links with different organizations and programs, there are still unidentified areas to develop plans to take advantage of this potential. Dr. Hewitt described two examples for developing linkages. First, the national TB and Malaria Control Programs could work more closely together to ensure quality assurance and maintenance of microscopes. Second, integrate malaria BCC within the general health messages delivered by agencies involved in other health and development programs.

Dr. Christophel presented recommendations in key areas as suggested by the gap analysis report:

Village Malaria Workers

- Develop a national policy on the roles and functions of village volunteers

ITN Program

- When scaling up the ITN program, western provinces should be give priority due to severe multi-drug resistance.
- Develop a national ITN policy and delivery strategy for scaling up ITNs
- re-impregnation of existing nets using KO tablets 123 must be considered

Controlling malaria at the Cambodia/Thai border

- Improve the quality of supervision, management and reporting by skilled district health staff.
- Strengthen existing or build new health posts with skilled motivated staff at cross border points

Diagnosis and treatment

- Strengthen microscopy quality assurance procedures

Counterfeit medicines

- Increase regional and global cooperation
- Promote interaction and collaboration between DDF and the National Drug Quality Control Laboratory

Private Sector

- Provide follow up to ensure providers are complying with standard treatment guidelines
- Consider evaluating the ongoing Malarine project

Monitoring and evaluation

- Strengthen and better define impact indicators

Linking with other programs and decentralization policy

- Consider linking with the Child Survival Initiative and with programs that package integrated interventions for remote areas
- Delegate more responsibilities to provincial and health center level staff including surveillance and monitoring and evaluation

Capacity development

- Continue capacity building at all levels especially at the peripheral level
- Review training curricula and outcomes with a view to developing a long term capacity building plan

Following these presentations, Mr. Sombat Jengsubant, the workshop facilitator asked participants to provide information on how they perceive malaria drug use problems, the potential causes of these problems and to rank those problems according to their understanding of the related causes. The team reviewed these rankings and used them to assign topic areas for small group discussion. The table below indicates the list of problems and related causes, identified as priority issues by participants:

Problem	Related cause
High antimalarial drug resistance especially in western border provinces	<ol style="list-style-type: none"> 1. Irrational use of antimalarials due to lack of basic education 2. Weak procurement and distribution system leading to inadequate supply of first and second line antimalarial drugs 3. Lack of coordination between DDF and national program at all levels 4. Existence of counterfeit and sub standard medicines in the market 5. Inadequate regulations and action related to sale and use of counterfeit and substandard medicines
Few people with malaria receive correct diagnosis and treatment	<ol style="list-style-type: none"> 1. Limited access to Early Diagnosis and Treatment (EDAT) in some areas 2. Poor quality of health services 3. Inadequate laboratory and RDT supplies 4. Low patient awareness
People at risk do not adequately protect themselves	<ol style="list-style-type: none"> 1. Under utilization of preventative measures especially among forest workers and mobile populations 2. Delay in procurement of LLIns and low re-treatment rate
Weak targeting of interventions	<ol style="list-style-type: none"> 1. Weak surveillance system 2. Incomplete data 3. Limited feedback mechanism for information sharing
Management of malaria control measures are fragmented and weak at peripheral levels	<ol style="list-style-type: none"> 1. Lack of financial management and allocation of funds for local response 2. Lack of coordination and cooperation among partners involved 3. Lack of coordination and engagement of local stakeholders at community level

Over the following two days, participants analyzed each problem further and recommended activities to address each problem, taking into account the ongoing activities included in rounds 2 and 4. Unfortunately, participants continued their discussion beyond the allotted time, so the group did not complete the task of identifying the objectives and indicators for the proposal. As a result, a task force of representatives from CNM, DDF, WHO/WPRO and PSI continued to work on the proposal before submitting it to the GFATM.

During the workshop, RPM Plus met with Ms. Diane Freeman, International Fellow for Malaria, for PSI in Cambodia. Ms. Freeman provided an update on PSI activities regarding the distribution of Malarine and RDTs in the country. From the discussion, Ms. Freeman indicated the scale up plan to distribute Malarine nationwide has resulted in created a higher demand for Malarine than existing stock levels can supply. Ms. Freeman further indicated the primary reason for lower stock levels is lack of funds to purchase additional Malarine.

RPM Plus and Ms. Freeman discussed the proposed RPM Plus activity which focuses on the retail pharmaceutical sector to improve access to essential medicines and pharmacy services through the private sector. As PSI continues to be interested in collaborating with RPM Plus on malaria monitoring activities, it was agreed that PSI and RPM Plus would look at possible opportunities for future collaboration. One possibility might be to look at developing and implementing short technical refresher trainings for private pharmacists who are part of PSI's network of pharmacists. PSI agreed to attend the upcoming partners meeting and participate in discussions regarding potential interventions to improve management of pharmaceuticals in malaria.

On the final day of the workshop, Dr. Amanda Torr, from the Essential Drugs Bureau, gave an ad hoc presentation about the GFATM round 5 award for general health systems strengthening in Cambodia. The primary thrust of this initiative is to improve planning capabilities, forecasting, procurement and supply of pharmaceuticals and related commodities for HIV/AIDS, TB and malaria. Although funds have yet to be dispensed, there are potential areas for RPM Plus to collaborate with the Ministry of Health and provide TA during the development and implementation of activities.

Collaborators and Partners

Key collaborators and partners met during this TA visit include Cambodia/USAID, key Cambodian MOH staff, WHO representatives from Lao PDR and Cambodia, BASICS III and PSI.

Adjustments to Planned Activities and/or Additional Activities

None

NEXT STEPS

Immediate Follow-up Activities

1. Review Lao PDR proposed activities submitted as part of the GFATM application for round 6 for the national malaria program and provide technical feedback to Dr. Gopinath
2. Develop a scope of work for the consultant position in Cambodia. Review resumes and select a candidate
3. Provide additional technical input on the pharmaceutical management activities for the GFATM 6th round proposal, that is being submitted by the national malaria program in Cambodia
4. Develop and forward to Dr. Hong Rathmony, a proposed agenda and schedule for the upcoming planning meeting with child survival partners. Continue to work with the MOH to define the goals and expected outcomes of this meeting
5. Explore with MSH Leadership, Management and Sustainability program the possibilities for collaboration with Cambodian Child Survival Strategy committees. Provide feedback to Dr. Severin von Xylander on outcomes
6. Disseminate the 2004 Community Drug Management of Childhood Illnesses survey report to key partners in Cambodia

Recommendations

1. RPM Plus recommends the CCM or PR of the malaria grant in Lao PDR to submit a request to USAID asking for technical assistance to help relieve the existing bottlenecks in implementing current GF malaria grants. These funds can be used to help diagnose a drug management problem and can be spent in the next fiscal year. A copy of the guidance document developed by USAID/US Government will be forwarded to Dr. Gopinath.

The suggested timeframe, August through October 2006, to conduct the drug management assessments makes it difficult for RPM Plus to participate due to current financial and manpower constraints. However, through these additional funds, costs to conduct the assessments at a later time as well as paying for a RPM Plus consultant to work in country could be covered.

2. RPM Plus recommends including health care staff from USAID priority provinces, such as Pailin and Battambang in the Pharmaceutical Management of Malaria training course. Based on results from the 2002 baseline malaria survey, these two provinces performed poorly and as such warrant further interest.

3. For the up coming Child Survival Strategy development workshop, RPM Plus recommends actively engaging select child survival partners in their participation. One option is to have key partners present the types of drug management issues and challenges their respective programs currently face. Using this approach will likely result in greater buy in from partners and yield a higher level of commitment when determining priority interventions.

Agreement or Understandings with Counterparts

RPM Plus will follow up with Dr. Rathmony, MOH/IMCI to plan for the child survival partners meeting later this year

Important Upcoming Activities or Benchmarks in Program

Child Survival partners meeting, tentatively planned for September 2006.

ANNEX 1.



WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC



UNITED NATIONS CHILDREN'S FUND
REGIONAL OFFICE FOR EAST ASIA AND PACIFIC

**WHO/UNICEF WORKSHOP
ON CHILD SURVIVAL**

**WPR/ICP/CAH/2.2/001/CHD(1)/2006.1
21 April 2006**

**Vientiane, Lao People's Democratic Republic
9 to 11 May 2006**

ENGLISH ONLY

PROVISIONAL AGENDA

1. Opening
2. Adoption of objectives and agenda
3. Overview of child survival in the Region
4. WHO/UNICEF Regional Child Survival Strategy
5. Coverage of essential child survival interventions
6. Group work: stakeholding in child survival
7. Plenary on stakeholding
8. Maternal and child health policy and strategy development in the Lao People's Democratic Republic
9. Newborn care strategy in Viet Nam
10. Assessment of national maternal and child survival strategies in China
11. Cambodian child survival score card
12. Coordinating child survival in Papua New Guinea
13. Child health care financing in the Philippines
14. Financing child survival
15. Applying equity to child survival

16. Framework for developing national policies and strategies for child survival
17. Consultative group work: enhancing national child survival strategies
18. Plenary on enhancing national strategies
19. Data for decision-making
20. Data for demand generation
21. Monitoring and evaluating child survival actions
22. Group work: monitoring progress
23. Plenary on monitoring progress
24. Panel: advocacy and resource mobilization
25. Summary and conclusions
26. Closing

ANNEX 2.

PERSONS MET

Lao PDR

- Dr. Deyer Gopinath, WHO Malarial Vectorborne and other Parasitic Diseases
- Mr. Pricha Petlueng, WHO, Project Coordinator, Mekong Malaria Control for Ethnic Minorities
- Dr. Reiko Tsuyuoka, WHO

Cambodia

American Red Cross

- Robert Kolesar, Project Director, Integrated Child Health Project

BASICS III

- Dr. Diana Similperi,
- Maria Francisco, USAID, Child Health Advisor, Division of Maternal and Child Health

CARE

- Sharon Wilkinson, Country Director
- Ms. Albertha Nyaku, Health Sector Coordinator

Consultant for GFATM malarial grant proposal

- Sean Hewitt, Vector Borne Disease Control Specialist

Family Health International (FHI)

- Dr. Chawalit Natpratan, Country Director
- Caroline Francis, Deputy Country Director

GTZ

- Ms. Nathalie Abejero, Public Health Advisor

Ministry of Health

- Integrated management Childhood Illnesses
 - Dr. Hong Rathmony, Vice Director, Communicable Disease Control Department
 - Dr. Bun Sreng, Chief, Communicable Disease Prevention and Control Bureau
- Department of Drug and Food
 - Dr. Chroeng Sokhan, Vice Director
 - Mam Boravann, Deputy Chief of Essential Drug Bureau
 - Dr. Amanda Torr, Pharmacist
- National Center for Parasitology, Entomology and Malaria Control
 - Dr. Duong Socheat, Director

- Dr. Chea Nguon, Vice Director
- Dr. Nong Saokry, Vice Director
- Dr. Lon Chan Thap

- National Center for TB and Leprosy Control
 - Dr. Mao Tan Eang, Director,

PATH

- Brian McLaughlin, Country Director
- Hara Srimuangboon, Program Director
- Bota Cheng Li, Senior Administrative Officer

Partners for Development (PFD)

- Dr. Philippe Guyant, Malaria Program manager

Populations Services International (PSI)

- Jacqueline Devine, Deputy Country Representative
- Nathalie Likhite, Training and Health Services Advisor
- Diane Freeman, International Fellow

RACHA

- Ms. Chan Theory, Executive Director

University Research Co., (URC)

- Margaret Cook, Country Director
- Dr. Peng Vanny, Technical Advisor-Planning, Monitoring and Supervision

UNICEF

- Thazin OO, Head, National and Nutrition Program

USAID

- Jonathan Ross, Interim Director, Office of Public Health
- Dr. Chanta Chak, Family Health Team Leader, Office of Public Health
- Dr. Hen Sokun Charya, Development Assistance Specialist for MCH/RH, Office of Public Health

WHO Cambodia

- Dr. Severin von Xylander, Child and Adolescent health and Development
- Dr. Massimo Ghidinelli, HIV/AIDS Advisor
- Dr. Junko Yasuoka, Scientist (Malaria)
- Dr. Pratap Jayavanth, National Center for TB and Leprosy Control
- Marie-Helene Bouchard, Pharmacist

WHO/WPRO

- Dr. Eva Christophel, Malaria, Vector Borne and other Parasitic Diseases

ANNEX 3.

Back stopper review [NR]
Program Manager review [OD]

Request for Country Clearance

TO: Jonathan Ross/USAID/Cambodia/PHN Officer
Chanta Chak, USAID/Cambodia/Infectious Diseases Team Leader

FROM: Management Sciences for Health (MSH)/Rational Pharmaceutical Management Plus (RPM Plus) Program, Cooperative Agreement # HRN-A-00-00-00016-00

SUBJECT: Request for Country Clearance for travel to Phnom Penh, Cambodia for MSH/RPM Plus Senior Program Associate, Marion Lynders

COPY: Anthony Boni/ GH/HIDN/HS, CTO RPM Plus
Kama Garrison/GH/HIDN
Douglas Keene, Director, MSH/RPM Plus

1. The RPM Plus Program wishes to request country clearance for proposed travel to Phnom Penh, Cambodia by Marion Lynders, MSH/RPM Plus Senior Program Associate for the period of May 13-20, 2006.

Background:

RPM Plus provided technical feedback to the child survival working group on their first draft of the Cambodian Child Survival Strategy document. This input from RPM Plus resulted in modifying the strategy document where a stronger emphasis is placed on the importance of pharmaceutical management to improve the efficiency and quality of health service delivery for child survival. As RPM Plus prepares to transition from discussion to action, we would like to meet with key partners to develop and assist with implementing concrete interventions to improve drug management in child survival.

Based on previous discussions with the Mission, RPM Plus prepared several concept papers on how to approach strengthening drug management in child survival. Although RPM Plus has communicated with various child survival partners, frequently, key meetings have occurred at short notice, making RPM Plus participation difficult.

At a recent TB meeting, RPM Plus discussed the notion of identifying a local consultant who can participate in up coming events, follow up on activities in between TA visits and potentially be a local point of contact for key child survival partners. RPM Plus would like to pursue this option and survey potential candidates for local hire.

Purpose of Proposed Visit: Brief the Mission staff in Cambodia about RPM Plus activities; meet with partners from MOH/WHO/other NGOs and bilateral agencies in Cambodia to discuss

key pharmaceutical management issues affecting child survival. Identify potential candidates for a temporary consultant position.

2. **Scope of work**

Marion Lynders will:

- Provide a briefing/debriefing for USAID as requested
- Meet with representatives of MOH/IMCI, MOH/MCH, CNM, WHO, other NGOs and stakeholders to discuss pharmaceutical management issues affecting child survival
- Identify potential candidates for a temporary and local consultant position

3. **Anticipated Contacts:** Chanta Chak and Jonathan Ross, USAID; representatives of the MOH; and other donors and counterparts as required.
4. **Logistics:** Ms. Lynders will be arriving in Phnom Penh on May 14, 2006 on Vietnam Air flight 841N, and departing on May 25, 2006 on Bangkok Air flight 927M to return to the US. Ms. Lynders will be staying at the Himawari Hotel Apartments. No Mission assistance is required.
5. **Funding:** The work will be paid for with RPM Plus Cambodian field support funding.
6. **Action:** Please inform the RPM Plus Program of country clearance for Ms. Lynders as planned and confirm receipt of this email. Please reply via e-mail to the attention of Anthony Boni, USAID/G/PHN/HN/HPSR, e-mail address: aboni@usaid.gov, tel (202) 712-4789, fax (202) 216-3702. Please send carbon copies to Kama Garrison at kgarrison@usaid.gov, Douglas Keene at dkeene@msh.org, Olya Duzey at oduzey@msh.org, Marion Lynders at mlynders@msh.org and Nicolette Regis at nregis@msh.org.

Thank you for Mission cooperation.

ANNEX 4.

Back stopper review [NR]
Project Manager review [OD]

Request for Country Clearance

TO: Lois Bradshaw, USAID Director, Regional HIV/AIDS & Health Office
Matthew Friedman, Deputy Director, USAID Regional HIV/AIDS & Health Office
John McArthur, Infectious Disease Advisor, RDM Asia/OPH

FROM: Management Sciences for Health (MSH)/Rational Pharmaceutical Management Plus (RPM Plus) Program, Cooperative Agreement # HRN-A-00-00-00016-00

SUBJECT: Request for Country Clearance for travel to Vientiane, Lao PDR for MSH/RPM Plus Senior Program Associate, Marion Lynders

COPY: Andrew Clements/ANE Regional Bureau
Anthony Boni/Global HPSR/CTO RPM Plus
Kama Garrison/GH/HIDN
Douglas Keene, Director, MSH/RPM Plus

1. The RPM Plus Program wishes to request country clearance for proposed travel to Vientiane, Lao PDR by Marion Lynders, MSH/RPM Plus Senior Program Associate for the period of May 8-14, 2006.

Background:

In order to intensify child survival actions in countries and areas with the highest burden of child hood deaths, WHO and UNICEF developed a joint regional child survival strategy that outlines a unified direction to accelerate and sustain progress towards the national targets and reduce inequities in child survival in the region. WHO and UNICEF propose a meeting to officially launch their child survival strategy with government representatives from priority countries, discuss implementation issues and plan for a common monitoring framework to track progress involving all stakeholders.

The WHO Regional Office for the Western Pacific requested RPM Plus to participate as an observer at the meeting. Attending this regional level meeting offers RPM Plus a valuable opportunity to meet with country representatives, discuss issues related to drug management and child survival and remain abreast of the current lines of thinking with other partners in the region.

Purpose of Proposed Visit: Attend the WHO/UNICEF workshop on child survival May 9-11, 2006 in Vientiane, Lao PDR.

2. **Scope of work**

Marion Lynders will:

- Provide a briefing/debriefing for RDM/A as requested
- Attend the WHO/UNICEF workshop on child survival May 9-11, 2006 in Vientiane, Lao PDR
- Discuss issues related to child survival drug management with country partners, and, if appropriate, provide assistance in developing appropriate interventions for improvement.

3. **Anticipated Contacts:** Dr. Hong Rathmony, Director IMCI/MOH Cambodia, and other donors and organizations as required.

4. **Logistics:** Ms. Lynders will be arriving in Vientiane on May 8, 2006 on Thai Air flight 690 and departing on May 14, 2006 on Vietnam Air flight 841 to Phnom Penh, Cambodia. Ms. Lynders will be staying at the Don Chan palace Hotel. No Mission assistance is required.

5. **Funding:** The work will be paid for with RPM Plus ANE regional funding.

6. **Action:** Please inform the RPM Plus Program of country clearance for Ms. Lynders as planned and confirm receipt of this email. Please reply via e-mail to the attention of Anthony Boni, USAID/G/PHN/HN/HPSR, e-mail address: aboni@usaid.gov, tel (202) 712-4789, fax (202) 216-3702 and Andrew Clements at aclements@usaid.gov,. Please send carbon copies to Douglas Keene at dkeene@msh.org, Olya Duzey at oduzey@msh.org, and Nicolette Regis at nregis@msh.org.

Thank you for Mission cooperation