

# Activity and Product Status Report

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**Project Year 6,  
Quarter 4  
July - September  
2006**

Management Sciences for Health  
is a nonprofit organization  
strengthening health programs



**USAID**  
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**A report on quarterly  
progress achieved towards  
activities, products, and  
results**

**October 2006**

**Rational Pharmaceutical Management Plus Program  
Activity and Product Status Report  
July to September 2006**

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October 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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## 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
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]
CPM	Center for Pharmaceutical Management
CTT	Commodity Tracking Tool
DFID	Department for International Development [U.K.]
DMCI	Drug Management for Childhood Illness
DMIS	Drug Management Information System
DMTB	Drug Management for Tuberculosis
DR	Dominican Republic
DQI	Drug Quality and Information
DTC	Drug and Therapeutics Committee
E&E	Europe and Eurasia [Bureau, USAID]
EDM	See WHO/EDM
FY	Fiscal Year
GDF	Global Drug Facility
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IICIUM	International Conference on Improving Use of Medicines
ID	Infectious Disease
IDI	Infectious Disease Initiative
IMCI	Integrated Management of Childhood Illness
INRUD	International Network for Rational Use of DrugsIPT Intermittent Preventive Treatment

## *RPM Plus Activities and Products Status Report*

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IT	Information Technology
IUATLD	International Union Against Tuberculosis and Lung Disease
KEMSA	Kenya Medical Supplies Agency
KNCV	Royal Netherlands Tuberculosis Association (Dutch acronym)
LAC	Latin America and the Caribbean
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
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
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
PAHO	Pan American Health Organization
PHC	primary health care
PHN	Population, Health and Nutrition [Center for, USAID]
PMTCT	Prevention of Mother –to-Child Transmission]
PPH	Post Partum Hemorrhage
PPS	Pharmaceutical Procurement Service
PRDU	Promoting Rational Drug Use
QA	Quality Assurance
RBM	Roll Back Malaria
REDSO	Regional Economic Development Support Office [USAID]
RLI	Regional Logistics Initiative [REDSO]
RPM Plus	Rational Pharmaceutical Management Plus [Program]
SEAM	Strategies for Enhancing Access to Medicines [Program]
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
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
USP	United States Pharmacopeia
VCT	Voluntary HIV/AIDS Counseling and Testing [USAID initiative]
WHO	World Health Organization

## **GLOBAL PROGRAMS**

### **SO2 MATERNAL HEALTH**

#### ***Overview***

RPM Plus has been providing technical assistance to the Prevention of Post-Partum Hemorrhage Initiative (POPPHI) in pharmaceutical and supply management issues that might hinder active management of the third stage of labor (AMTSL) to prevent PPH. POPPHI is a consortium of partners 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). These partners work together at the policy and program levels to both support interventions through expanded use of Active Management of the Third Stage of Labor (AMTSL) and to develop structures that sustain the continued emphasis on the practice over the long term.

In particular, RPM Plus has been focusing on West Africa. Some countries in this region, namely Ghana, Senegal, Burkina Faso, Benin and Mali, have introduced and expanded the use of AMSTL. Others have only recently started to expand use with support from earlier USAID-funded activities. Major hurdles related to the range of pharmaceuticals, their availability and routes of administration exist to prevent AMSTL from becoming a universally available intervention. RPM Plus is working to make AMSTL more widely available through addressing some of these hurdles.

RPM Plus activities under USAID/G/PHN SO2 focus on three 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 pharmaceutical and commodity management issues.

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

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

#### ***Major Activities this Quarter***

RPM Plus visited Mali and Benin, July 3-14 to meeting with MoH and stakeholders in preparation for AMTSL facility level studies. We met with USAID, MoH Division of Reproductive Health, MSD, DPM, and other CAs involved in scale up of AMTSL.

- After three months with the ethical review committee, the study plan was approved in Benin. Data collection should be completed by mid November.
- In Mali, the MoH was most concerned with increasing program coverage and wanted to defer the study until next year. As a result, RPM Plus will be involved in stakeholder discussions to determine the best means for supporting the MoH, collaborating with partners and contributing to scale up efforts.
- Ghana has also expressed interest in the study, so USAID-MH and POPPHI have asked RPM Plus to explore the feasibility of administering the study there. RPM Plus will meet with the MoH, USAID and partners in Dec 2006 to determine best way forward.

In July, RPM Plus attended and presented a poster at the *International Congress for Prevention of Postpartum Hemorrhage*, in South Goa, India. RPM Plus is also preparing to present in coordination with POPPHI Global Survey findings from Tanzania and Ethiopia, our *Four Country Review of Policies and Procedures on Use of Uterotonics for the Active Management of the Third Stage of Labor (AMTSL) and the Prevention of Post Partum Hemorrhage* at the 2006 FIGO World Congress of Gynecology and Obstetrics in Kuala Lumpur, Malaysia in November.

In collaboration with AWARE-RH, RPM Plus conducted a Quantification Workshop in Dakar, Senegal for procurement personnel from countries in francophone West Africa. The training included sessions on the quantification of ARVs, anti-malarials and uterotonics as well as an introduction to Quantimed. Participants were introduced to AMTSL and the issues and challenges related to quantifying uterotonics not only for prevention of post partum hemorrhage (PPH) but also other indications such as induction of labor and the treatment of PPH. RPM Plus will be facilitating another such workshop with AWARE-RH for Anglophone West Africa in Nov/Dec 2006.

## **S03 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 in this Quarter***

During this quarter progress continued with private sector initiatives in Tanzania, Rwanda and Senegal. In Tanzania, the MoH officially approved implementation of the child health component (IMCI) into the accredited drug dispensing outlets (ADDO) program. As part of the RPM Plus collaboration with BASICS, a contract was awarded to the Centre for Enhancement of Effective Malaria Interventions (CEEMI) to be administered by BASICS to complete the baseline and formative research for the child health component of the ADDO program, under the technical guidance of RPM Plus and BASICS. The qualitative and quantitative tools were revised for use by CEEMI in the field. Advocacy work was conducted by RPM Plus in the Ruvuma region to introduce all stakeholders (regional committee members, district committee members and ADDO owners) to the implementation of IMCI in the ADDOs, to address concerns and explain the program and to discuss responsibilities. RPM Plus also participated in a strategic planning meeting in Bagamoyo to think through the process of scaling up the ADDO program nationwide and discuss possible changes in the ADDO model needed to facilitate nationwide roll-out. An ADDO roll-out strategy document resulted which is being circulated in the MoH.

In Rwanda, RPM Plus will collaborate with BASICS on the evaluation of the home-based management of malaria (HMM). During this quarter, an HMM assessment proposal was developed jointly between BASICS and RPM Plus and includes a pharmaceutical management component assessing knowledge and practices of private sector providers and investigating the existing pharmaceutical management system at the community level. RPM Plus also developed a job description for a drug management specialist to be included in the implementation. Data collection instruments for the pharmaceutical management component of the assessment are being drafted.

In Senegal, the activity in the private sector, co-funded by the Senegal USAID Mission, continued and the final report on all 11 of the private sales assistant trainings was completed and circulated for review. Discussions were held with partners including the DPL and syndicate of pharmacists on developing and implementing an ongoing supervision mechanism that will involve a combination of questionnaires and simulated client scenarios to evaluate knowledge and practices.

In addition to private sector activities, RPM Plus continued to advance community case management (CCM) activities in DRC and Bolivia. In DRC, revisions continued on the baseline C-DMCI survey report describing drug availability in the community in Kenge and Demba. Supervision reports were completed for the second and third site visits to Demba. A report was also drafted detailing the community case management training that occurred in the Bilomba Health Zone where TA was provided by RPM Plus to a partner organization (Healthnet). Revised drug management tools for CCM use were circulated to partners for review. Revisions were based on the lessons learned during initial CCM activities. In addition to these activities, a draft document was completed describing the drug management systems at the community level in three regions.

In Bolivia, RPM Plus continued to dialogue with the Save the Children team and the CORE group regarding TA needed to support the CCM expansion and institutionalization of the *boticas comunales* (communal pharmacies in remote communities). A scope of work was developed for a consultant in Bolivia who will supervise and implement the pharmaceutical management assessment in collaboration with Save the Children and other NGO partners, once agreement is reached on the extent of the collaboration.

In the global child health context, RPM Plus was invited to and participated in the high level symposium hosted by UNICEF to discuss and evaluate progress towards attaining MDG-4. Discussion focused on the 60 priority countries assessed in the Countdown Report published in the *Lancet*.

## **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. 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 FY06 Q4.

### **Major Activities this Quarter**

The country-level/regional AMR advocacy and containment efforts progressed during this quarter in Zambia, Ethiopia and SAIDI countries. In Zambia, the AMR Advocacy Working Group (AWG) held a meeting in July to disseminate the results of the completed curriculum reviews for AMR topics to the medical, nursing, pharmacy and in-service training stakeholders. The Zambia National Formulary Committee (ZNFC) held a meeting in August to plan further steps for STG review. This was followed by a 3-day retreat on September 22-24, 2006, where the ZNFC reviewed the Zambia STGs focusing on infectious diseases of major public health importance. In Ethiopia, the AMR Advisory Committee, now officially AMR Task Force, met in September 2006 to finalize their TOR and set up a planning committee for the call-to-action meeting that is now scheduled for November 16-18. To get the preparations going, RPM Plus initiated communications and drafted templates of objectives, an agenda and a draft call-to-action document for review by the in-country partners. RPM Plus also initiated collaboration with the technical staff of APUA and Links Media for their participation in the call-to-action meeting. Regarding SAIDI progress, APUA held a seminar in Bolivia on prudent use of antibiotics that was attended by over 80 health professionals. Also during this quarter, APUA worked with national partners to develop country-specific workplans for next year.

In South Africa, piloting continued for validation of adherence measurement tool against the electronic medication events monitoring system (MEMS). RPM Plus participated in the XVI International AIDS Conference held in Toronto in August to present a poster on “Analyzing medication adherence measurement tools in predicting ART outcomes in resource-limited settings.” Communication and meetings with local counterparts were held for the initiation of the adherence activity in Namibia.

During this quarter, ORC Macro and RPM Plus identified Zambia as the most likely country for field test of the DHS AMR module. ORC Macro communicated with the

Central Statistical Office (CSO) of the Ministry of Economic Planning of Zambia for collaboration to conduct the field study and also provided the module to CSO for review. Tentative planning is for the field test to occur in Jan/Feb 2007.

Two national/local DTC courses were planned and conducted during this quarter – in Rwanda and in Ethiopia – in collaboration with in-country counterparts and RPM Plus country offices. Follow-up with participants from these two countries was initiated. Follow-up also continued with the 2005 December Malaysia course participants, some of whom have demonstrated significant progress to advance DTCs in their home countries. Additionally, RPM Plus received requests from in-country partner in China and WHO to collaborate for assistance to MOH in conducting a second DTC course in China. RPM Plus also made an oral presentation on "The role of Drug and Therapeutics Committees in addressing AMR" at the August 2006 FIP Conference in Brazil.

On the antimicrobial quality assurance (QA) “rollout” activity, RPM Plus supported a team from the Pharmaceutical Regulatory Authority (PRA) of Zambia on a visit to Tanzania in July to learn first hand of QA activities of the Tanzania Food and Drugs Authority (TFDA), including registration, inspection, and drug quality laboratory testing, especially at non-central facilities (or Minilab centers). In August, an RPM Plus technical staff made a presentation on lessons learned from the inspection system in Tanzania at a 3-day capacity building workshop in Zambia (supported by WHO) aimed at strengthening skills for inspection of medicines and herbal products. RPM Plus also continued to provide TA and support to TFDA on validating testing methods using densitometry to test selective antimicrobials. Some good preliminary results, e.g. for quinine, have been obtained by TFDA staff. Additionally, during this quarter the AMR and malaria programs jointly supported a 2-day consultative meeting in Bagamoyo, Tanzania to assist TFDA in identifying ways to improve their ADR reporting system, with a focus on use of ACTs in pregnant women in Tanzania.

Regarding Voice of America (VOA) activity, APUA technical staff provided interview to a Bangladeshi reporter on AMR issues in Asia. APUA also started a VOA AMR list-serv during this quarter. This list-serv is intended to serve as a resource to reporters for developing broadcast concerning AMR topics.

The RPM Plus infection control tools were disseminated to three countries during the quarter—South Africa, Swaziland, and Zambia. Contact persons in all the three countries have expressed interest in implementing the tools in their facilities. RPM Plus continued to communicate and plan with in-country partners to move this process forward. In-house work continued to reorganize the infection control CD that was delivered by Harvard in June to make the contents more generic and further develop them into a package of self-learning materials and resources that would be utilized by hospital infection control teams.

## **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:**

Three monitoring missions and evaluations were conducted in July to the GDF recipient countries in Rwanda, Congo-Brazzaville and Uganda by RPM Plus.

RPM Plus continues to support the secondment of a procurement specialist to the GDF office housed in the StopTB secretariat, WHO Geneva.

RPM Plus' TB Program Manager participated and contributed to the second Technical Advisory Group (TAG) meeting held in Lithuania from September 27-28. As follow-up of the recommendations of the First Meeting of the European TAG for tuberculosis (September 2004), the Resolution on TB endorsed by the 58 World Health Assembly (May 2005), as well as a letter of the Regional Director to all Member States declaring TB as regional emergency, to provide technical advise to WHO and partners on future strategic directions of TB control in the WHO European Region in order to reach the Millennium Development Goals (MDG).

RPM Plus supported two international leaders to present during Brazil's Second TB Network Conference held in São Paulo, Brazil. Dr. Richard Chaisson, Johns Hopkins University covered the topic of new medicines under clinical review and Dr. Bernard Fourie, developer of the four-drug fixed dose combination (4-drug FDC) product for WHO shared South African national TB program experiences with switching from separate drug regimes to the 4-drug FDC. RPM Plus will sponsor international facilitators for the next South-to-South conference to be held in Johannesburg, South Africa during November 2006. The Johannesburg conference which has high-level support from leaders of the three countries will include the sharing of TB control measures among leaders of the three countries Brazil, South Africa and India including TB pharmaceutical management.

RPM Plus participated in a TBCAP workshop conducted in Kampala Uganda from August 9 -11 2006. The purpose of the workshop was to introduce TB MOST tool to five country NTPs. TB MOST tool is a structured participatory process for assessing NTP and organization's management performance; that allows country identify weak management components, develop a concrete action plan for improvement and carry out the plan. Workshop was attended by 18 participants from five countries (Uganda, Pakistan, Mozambique, Zambia and Namibia) and a WHO Stop TB Geneva representative. The diverse country teams included national TB program managers, regional and provincial TB managers, and TB laboratory personnel.

RPM Plus conducted two TB francophone workshops in Cotonou, Benin during the first two weeks of August both in collaboration with the Global TB Drug Facility (GDF). The first was a *TB Pharmaceutical Management Workshop for GDF Consultants* in which 15 participants from various francophone African countries participated. The workshop trains TB consultants how to serve as GDF consultants for annual monitoring missions. The second on *Managing Medicines and Pharmaceutical Supplies for Tuberculosis* consisted of 35 participants also from various francophone African countries and was primarily for National TB managers and Essential Drugs Programs managers.

RPM Plus participated in the TB pharmaceutical management session at the WHO course for TB Consultants in Sondalo, Italy in July and September-October on TB and TB/HIV pharmaceutical management. Eighteen participants partook in the July session, while 23 participated in the September-October session.

During this quarter, a consultant was identified and contracted to conduct TB/HIV study in Ethiopia. The first phase of the study which involves key stakeholder interviews at national and regional levels has been completed. Study phase two that involves visits to 10 health facilities in 4 regions in the country has commenced. Site selection was done in collaboration with the MOH. Study phase two data collection has also commenced in Malawi. Sites to be visited were selected in collaboration with MOH.

## *RPM Plus Activities and Products Status Report*

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The translation of the Guide on Managing Pharmaceuticals and Commodities for TB in French was finalized. Over 350 copies of the guide have been disseminated in English, Spanish, and French.

## **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***

Final editing of assessment tool is underway.

The SOW has been developed and preparations are underway for a follow-up visit to Azerbaijan by an expert in pharmaceutical quality assurance. The visit is expected to take place during quarter 1 of FY06.

RPM plus received a draft SOW for technical assistance resulting from the assessment conducted earlier in the year. Next steps are pending final approval by the MOH.

## **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:

- 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
- 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
- To increase access to and use of child health drugs through initiatives involving the private sector.
- 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 in this Quarter***

This quarter, RPM Plus continued to partner with WHO AFRO to advocate for and integrate a pharmaceutical management component into the WHO IMCI Health Facility Survey in several countries. RPM Plus is involved in all stages of the IMCI survey including planning, adapting data collection instruments, training data collectors, supervising data collection, analyzing data and disseminating results.

In Senegal, the IMCI facility report was revised and finalized and partners met to plan for dissemination activities regionally and nationally. Dissemination workshops are scheduled to take place early next quarter.

In Kenya, the pharmaceutical management component was presented to partners and stakeholders implementing the IMCI facility survey with the result of acceptance to integrate the pharmaceutical component into the survey and allocation of resources for an extra data collector to cover the extra work during the data collection phase. Survey implementation is scheduled to take place early next quarter.

Progress continues in developing a standard data entry and analysis sheet designed for in country use to facilitate data analysis for the pharmaceutical management component of the IMCI survey. A draft has been developed in English and French. In addition to activities with the IMCI facility surveys, RPM Plus has collaborated with partners in Rwanda to successfully advocate and gain approval from the IMCI working group to integrate a pharmaceutical management component into the IMCI training and follow up program that will be rolled out nationwide later this year.

## **ASIA AND NEAR EAST BUREAU**

### **Overview**

Since 2000, RPM Plus has been providing technical assistance in several areas of pharmaceutical management in the ANE region. These have included community drug management of malaria, drug management in support of child survival, support for conducting operations research and documenting the use of incentives and enablers in case-finding and treatment of TB, identifying strengths and weaknesses of TB drug management in China, and support for the development of regional capacity in drug management. A mainstay of the RPM Plus strategy has been to help to build the capacity at country level to identify and seek solutions to pharmaceutical management issues and to work together with partners to leverage collaborative efforts.

The availability of good quality pharmaceuticals and commodities at reasonable prices is an essential component of maintaining an effective tuberculosis program in developing countries. In a country like China, with a very big burden of over 1 million new TB patients a year, the therapeutic as well as financial gains to be derived in operating an efficient TB drug supply system would be very significant. With this in view, the National Center for Tuberculosis Control and Prevention (NCTB) initiated a program of activities to strengthen TB drug management in collaboration with WHO Beijing and RPM Plus of Management Sciences for Health in late 2004.

Whereas in years 2002-2005, much of the emphasis has been on developing appropriate methodologies to gather information, there is now a need to focus on utilizing information from various surveys and other sources to develop recommendations for next steps in a coordinated approach to the diagnosis and treatment of malaria, tuberculosis and childhood illnesses with quality antimicrobials. Such plans should incorporate pharmaceutical use, pharmaceutical quality, and AMR monitoring as integral parts of the management of national programs. RPM Plus will provide technical assistance to enable the decision makers to identify, develop and implement selected interventions.

As RPM Plus experience in Vietnam and other PEPFAR countries has demonstrated, quantification is one of the key aspects of managing ARVs and other commodities for diagnosis and treatment of HIV/AIDS. RPM Plus will consult with USAID and regional partners to identify priority countries for participation, and conduct a regional workshop on how to quantify pharmaceuticals and other commodities for HIV/AIDS, and how to utilize monitoring information to produce accurate estimates of need, as well as reports needed for national or donor decisionmaking. RPM Plus will provide TA to country counterparts to prepare for the workshop, and, after consultation with the RDM/A and other regional partners, identify countries for follow on technical assistance.

Discussions in the region indicate that there is a continued urgent need to examine the role of the private sector in the diagnosis and treatment of malaria and other health conditions. Such efforts would build on MSH/RPM Plus efforts in other areas to engage the private sector to meet public health goals. One focus of activities that engage the private sector is likely to be child health

(ARI, diarrheal disease and malaria, micronutrient supplementation with vitamin A and zinc), and other priority health conditions identified together with USAID and local partners. In FY05, RPM Plus will, in consultation with USAID/ANE, RDM/A, and Missions, provide technical assistance to country counterparts in designing and implementing appropriate, sustainable approaches to engage the private sector.

### **Major Activities this Quarter**

During this quarter RPM Plus continued activities to enhance TB drug management in China. Two visits were made to China, the first in June-July, and the second in September 2006.

A training program was conducted on use of Standard Operating Procedure Manuals (SOPs) developed on TB drug management for use at provincial, prefecture and county levels. Over 25 drug managers attached to seven pilot facilities in Henan Province received SOP training in July 2006. In addition, general training on TB drug management was also provided to pilot facility staff. Based on feedback received from participants during training, number of changes was made to SOPs manuals to make them more effective and user friendly.

As discussed and agreed at the end of the training program, new TB drug management systems were implemented as scheduled in all 7 pilot facilities in July 2006. The introduction of new systems was supervised by NCTB officers based in Henan province and Beijing.

A visit was made to China in September 2006 to review progress and challenges in introducing new TB drug management systems as per SOPs and provide on the job training where necessary to pilot facility staff. During this visit, all 7 pilot facilities were visited and it was heartening to note that all facilities had made good progress in operating drug management systems in conformity with SOPs. Staff attached to pilot facilities provided many valuable suggestions for making SOPs more user friendly. These have been noted, discussed with National Center for Tuberculosis Prevention and Control (NCTB) in Beijing and WHO staff and steps are being currently undertaken to make suitable modifications to SOPs to reflect required changes.

A work plan was developed for undertaking a set of key activities that are still necessary for the successful completion of the program of work initiated by RPM Plus and WHO for strengthening TB drug management activities in pilot facilities. These activities would be a prerequisite for replicating TB drug management systems as per SOPs in other TB facilities in Henan province and throughout China.

During this period, RPM Plus, in consultation with the Cambodia Mission, ACTMalaria, and WHO/WPRO, undertook preparations for conducting a national Pharmaceutical Management of Malaria (PMM) course in Cambodia. The course will be refined following its completion in December 2006, and then will be offered as one of the standard courses available for ACTMalaria member countries.

RPM Plus initiated planning a course on quantification of ARVs and other commodities. Following a request from WHO/WPRO, however, RPM Plus agreed to co-sponsor a workshop

on quantification and management of ARVs and other commodities for HIV/AIDS. The workshop will take place in Manila, Philippines, in December 2006. To-date the agenda has been finalized, and staff is refining course sessions to be appropriate to the Asian setting. RPM Plus staff in Vietnam will also participate in the course, to share their experiences in implementation of PEPFAR.

RPM Plus sought to identify organizations and their activities that aim to increase private sector involvement to meet public health goals. RPM Plus contacted a number of individuals and organizations in Cambodia to investigate the potential of working with private retail and wholesaler drug vendors and other potential stakeholders, to improve access to basic essential medicines. RPM Plus plans to travel to Phnom Penh in the next 6 quarter to confer with key stakeholders and identify potential collaborators.

## **LATIN AMERICAN AND CARIBBEAN REGION - Amazon Malaria Initiative**

### **Overview**

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

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

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

### **Major Activities this quarter**

RPM Plus provided additional technical assistance to Guyana as part of its on-going work with the national malaria control program and the Materials Management Unit (MMU) on the quantification of malaria medicines and supplies with the Quantimed computer program and the improvement of supply chain management. RPM Plus facilitated the development of a definitive list of medicines to be provided by the country's malaria clinics (antimalarials as well as select non-malarial medicines); arranged a meeting for the quantification of these medicines with the malaria program and the national Quantimed user group; and, assisted with the organization of a follow-up stakeholder meeting to identify and document recommendations arising from the supply chain management assessment (MalRAT).

Three facilitators from RPM Plus conducted a workshop on Quantification for Malaria August 23-25 in Santa Cruz, Bolivia. The training materials, which RPM Plus' global malaria team developed and used earlier in the project year for regional courses in East

and West Africa, were adapted to the Amazon region context and translated into Spanish in preparation for the course. Session topics included: quantification methods, data needed to estimate needs, assumptions in quantification, calculating estimates, and monitoring and evaluation. The 17 participants in attendance at the workshop represented six of the eight Initiative countries and were directly involved in their countries' quantification of malaria medicines and supplies. At the end of the workshop, RPM Plus provided country-specific technical assistance to those countries that brought their data (as requested in the invitation) and organized an extra session to demonstrate the use of the Quantimed computer program.

## **LATIN AMERICA AND CARIBBEAN BUREAU – South American Infectious Disease Initiative**

### **Overview**

Antimicrobial resistance (AMR) is threatening to undermine the advances achieved through priority health programs including tuberculosis, malaria, and HIV/AIDS, by rendering currently available treatments ineffective. AMR is the result of an increased exposure of microorganisms to antimicrobial medicines and the subsequent development of survival mechanisms in these microorganisms. The consequences of AMR include an increase in mortality, morbidity and in the cost of health care worldwide.

Among the many factors that influence the development of AMR, the major contributors from a public health perspective are the unnecessary use of antimicrobials for common conditions, the use of inappropriate doses of antimicrobials in cases when they are required, and the proliferation of poor quality or substandard medicines. Health systems contribute to this situation by lacking the proper legal frameworks to ensure the quality and appropriate 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 unnecessary use of these drugs by prescribing and selling inappropriate treatments. Likewise, patients experienced with the benefits of antimicrobials tend to self-medicate inappropriately. The implication is that new strategies and more resources for second-line medicines may be needed in the near future for these highly prevalent diseases as conventional treatments fail.

An example of AMR of particular concern is multi-drug resistant tuberculosis (MDR-TB). The existence of strains of the TB bacteria that are resistant to multiple medicines traditionally used to treat TB is evidence of AMR in progress. Unfortunately, the prevention and containment of MDR-TB presents additional challenges to health systems because not only are the usual concerns regarding the appropriate use of antimicrobials applicable but because of the lengthy duration of the standard TB treatment (6 months), patient adherence also becomes an important issue. The emergence and spread of MDR-TB has serious implications for a national TB control program: treatment is longer and less effective than treatment of non-resistant tuberculosis and is significantly more costly.

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 antimicrobials of assured quality. Thus, the central focus of SAIDI is rational use of antimicrobials and AMR control, with a special emphasis on preventing the emergence of MDR-TB.

Since FY04, RPM Plus and the other SAIDI international partners have been working with national counterparts in Bolivia, Peru and Paraguay to create a new, evidence-based

and stepwise approach to local solutions for containing AMR. This approach considers the factors contributing to AMR within the context of existing systems and not in isolation, and thereby takes advantage of the interaction among stakeholders. To date, national working AMR working groups have been formed in Peru and Paraguay. These groups, in conjunction with SAIDI international partners, conducted various assessment activities which lead to a holistic local view of the factors contributing to AMR. Currently, international and national partners are working together to develop and implement intervention strategies to address these contributing factors.

### ***Major Activities this Quarter***

In Peru, RPM Plus continued to assist the Peru working group in defining and coordinating activities listed in the logical framework developed for interventions in Callao, the selected site for SAIDI efforts.

In August, RPM Plus consultant traveled to Peru to assess the storage conditions in drug warehouses in Callao, and assess the distribution system for medicines currently in place in Callao. Preliminary findings were shared with staff from the national and regional drug regulatory authority. Recommendations for specific and immediate changes in the storage areas of the visited health facilities were provided. Long-term changes in storage and distribution were also discussed. A follow up visit is planned for the next quarter to discuss potential implementation of these recommendations.

Also in August, RPM Plus met with the head of the national TB program in Bolivia to discuss its needs for technical assistance in pharmaceutical management issues. As a result of this discussion, two concept papers were developed. RPM Plus will continue to work with the national TB program to develop these ideas further in the next quarter.

In Paraguay, RPM Plus and other SAIDI partners met with Graciela Gamarra, SAIDI coordinator for Paraguay in Washington, to develop the plan of action for interventions in Paraguay. Following this meeting, RPM Plus continued to coordinate with SAIDI/Paraguay in programming its activities.

In September, RPM Plus conducted a second course on pharmaceutical management for TB program staff and regional drug warehouse staff in Asunción. During his visit, he also assisted the TB program in expanding the use of individualized patient treatment boxes. Based on RPM Plus recommendations made at the beginning of 2006, the TB program is now using treatment boxes in 350 facilities throughout the country as a way to better manage the inventory of tuberculosis medicines.

## **LATIN AMERICA AND CARIBBEAN BUREAU - Tuberculosis**

### **Overview**

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. RPM Plus has been working to address these challenges since 2004.

### **Major Activities this Quarter**

RPM Plus participated in the Regional Meeting of TB Managers organized by PAHO in Rio de Janeiro on September 12 – 15, 2006. During this meeting RPM Plus presented the Spanish, English and French versions of the *Guidelines*. This document was distributed to all TB managers and other decision makers attending the meeting.

An RPM Plus consultant visited Paraguay from September 2 to 9, 2006. During this visit technical assistance was provided for the improvement of the pharmaceutical management system and facilitated the training course on “Distribution of Medicines and Pharmaceutical Supplies for Tuberculosis”. As a result of a similar workshop in March 2006, Paraguay introduced individualized TB patient kits in 350 health facilities. A visit to health facilities in two provinces showed that the pharmaceutical management was significantly improved by this strategy. The Bolivia NTP has requested technical assistance to introduce TB patient kits. RPM Plus has provided technical assistance to develop an implementation plan. A follow up visit is scheduled for 2007.

RPM Plus prepared illustrative case studies on TB Pharmaceutical Management. The introduction of FDC in Dominican Republic was documented and shared with LAC countries during the Regional Meeting of TB Managers (Rio de Janeiro, September 12-15). This experience will also be presented at the TB UNION meeting (Paris, November 1, 2006).

## **MALARIA ACTION COALITION (Core and Country)**

### **Overview**

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

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

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

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

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

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

### **Major Activities this Quarter**

RPM Plus wrote a chapter on pharmaceutical management and provided tools and templates for JHPIEGO's Malaria in Pregnancy Toolkit. Provided support to Tanzania for a national TOT workshop in pharmaceutical management with REDSO funds.

RPM Plus finalized the drug use study report carried out in Quarter 3. Recommendations from this study will form the basis of the workshop that is expected to be carried out in Dec. 2006.

Based on the malaria information acquisition system assessment findings in Kenya RPM Plus worked with the DOMC to develop an implementation plan to strengthen M&E.

Drug Management Technical Guidelines (DMTG) were finalized and presented to DRC stakeholders and 2450 copies were reproduced and distributed to the national and provincial levels. The PNLP received support from RPM Plus to develop plan of action and activities to address identified bottlenecks in support to GFATM malaria activities.

Orientation workshop for Malaria Treatment Guidelines review was held in Burundi. The IEC poster was produced and is ready for testing in Burundi. An assessment of Burundi drug distribution system started in 8 provinces out of 17.

RPM Plus supported Southern Sudan NMCP/MOH to define the long term structure and function of the Malaria Control Program at National, State and County levels. NMCP was also supported to harmonize and integrated the different malaria control work plans into a joint national malaria control plan. Support to roll out the new malaria treatment policy was provided in training 20 trainers/supervisors for two states and updating the case management guidelines at the primary health care unit level. The NMCP is being supported to establish an M&E system and set up a database on basic malaria indicators.

RPM Plus traveled to Mali to meet with the NMCP to plan additional support for ACT policy implementation, and support the team working on the Round 6 GFATM malaria proposal. WHO and NMCP agreed to have ACT and ITN as the two priorities to be funded in the proposal.

An assessment of antimalarial management at the community and private sector levels was conducted in Mali. A debriefing of the assessment was organized by the Drug Regulation Authority to share findings and lessons learned from the assessment with stakeholders and discuss implications for the PNLP and other sectors of the health system.

## **REDSO- SO 7**

### **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, 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 strengthening.

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 are the Policy, Legal Framework and Management Support; Procurement and Distribution Systems; Promoting Rational Drug Use (PRDU), and HIV/AIDS-related Pharmaceuticals TWGs.

### **Technical Objectives**

RPM Plus activities, under REDSO's SO 7 – “Enhanced Regional Capacity to Improve Health Systems in the ECSA Region”, are focused on four objectives:

*Objective 1: To develop and advocate for implementation of enabling pharmaceutical policies on efficient commodity management systems for increased access to public health commodities in the ECSA region.*

*Objective 2: To increase the institutional and human resource capacity for providing effective drug management within health delivery institutions and systems in the ECSA region.*

*Objective 3: To apply commodity management tools aimed at strengthening the pharmaceutical systems in ECSA region.*

*Objective 4: To document and disseminate strategic drug management information and better practices within ECSA region.*

### **Major Activities This Quarter**

In this quarter, activities were directed at completing the ECSA documents developed so far with the aim of presenting these to the Directors' Joint Consultative Committee (DJCC), the technical arm of the ECSA HC, in a step towards recognition and adoption in the region. Also, work on implementing PTC activities continued.

- ◆ Receipt and critique of the first draft of the generic “Regional Medicines Policy” from the consultant. The purpose of the generic Policy is to inform and speed-up the review and update of national medicines policies of the ECSA countries. The Draft was shared with the Policy TWG for ownership and presented to the Expert Committee of the RPF. Once completed, the document will be moved upwards by the Expert Committee towards adoption by the ECSA Health Community through the DJCC.
- ◆ The “Drafts for Discussion” of the “Guidelines for the Management of HIV and AIDS, Tuberculosis and Malaria in East, Central and Southern Africa” and “ECSA Model Formulary for HIV and AIDS, TB and Malaria”, were printed in a final format and presented to the Expert Committee of the RPF, whose meeting preceded the 16<sup>th</sup> DJCC. Also, the documents were made available for limited circulation to the TWGs and a few stakeholders for additional comments from the region.
- ◆ Participation in the review of the Kenya National Drug Policy by a Task Force steered by the Department of Pharmacy, Ministry of Health. The revised draft was informed by the “Draft Medicines Policy for ECSA” and will be used as the working document in the consensus building meeting for finalization of the Policy’s and implementation planning.
- ◆ Two workshops, (comprising 1 day training and 1 day drafting) were held for the Formulary Sub-Committees of the Pharmacy and Therapeutic Committees in two referral hospitals (Kenyatta and Moi Referral and Teaching Hospitals). The purpose of the training was to enable the PTCs to develop hospital Formulary Lists and eventually hospital Formulary manuals. Each training was immediately followed by a Formulary List drafting process producing “Formulary List –Draft 1” for each Hospital. These Draft Lists were then subjected to internal consensus building activities before production of the KNH and MTRH Formulary Lists.
- ◆ Participation in the Expert Committee Meeting of the RPF and the 16<sup>th</sup> DJCC (23<sup>rd</sup> – 28<sup>th</sup> July, 2006). The DJCC, being a technical committee and the one charged with setting the agenda for the Regional Health Ministers’ Conference, affords the best opportunity for dissemination of RPF activities at the regional level.

## **REDSO HIV/AIDS SO 8**

### **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. For this reason, RPM Plus has continued to receive funding from and 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, the mechanism established by USAID for this purpose.

In order to implement pharmaceutical management strengthening activities within the region, RPM Plus/RLI operationalized the Regional Pharmaceutical Forum (RPF), with REDSO 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. The latter is the primary mover of SO 8/RPM Plus activities.

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

### **Technical Objectives**

*Objective 1: Document And Disseminate Strategic Drug Management Information And Better Practices within ECSA Region.*

*Objective 2: Increase the Institutional and Human Resource Capacity For Providing Effective Drug Management in Health Delivery Institutions and Systems In The ECSA Region.*

*Objective 3: Apply Commodity Management Tools Aimed At Strengthening the Pharmaceutical Systems in ECSA Region.*

*Objective 4: Develop and Advocate for Implementation of Enabling Pharmaceutical Policies for Efficient Commodity Management Systems so as to increase Access to Public Health Commodities in ECSA Region*

### **Major Activities This Quarter**

During this quarter, activities focused on capacity building both at institutional level and in human resource through application of the above mentioned mechanisms. Efforts went into:

- ◆ Provision of technical and material support to an additional three Universities, which had ready proposals for implementation of the Pre-service Curriculum on ART commodity management. In Ethiopia, the workshop was expanded to include seven universities in the country. In two of these Universities (Jimma and Addis Ababa), it was immediately taught as a six-day stand-alone module for graduating students. In Tanzania, the School of Pharmacy, Muhimbili University College, held a four-day Workshop to customize the generic Curriculum to Tanzanian setting. The material can now be taught as a stand alone module as well as units incorporated into the Pharmacy School's undergraduate Curriculum. In Kenya, the Faculty of Pharmacy, University of Nairobi, incorporated the material into the undergraduate program and also into a post graduate diploma in pharmaceutical management.
- ◆ Strengthening of the three selected "Learning Sites" continued; technical support was given to Kilimanjaro Christian medical Center (KCMC) to hold a day-long RDU training as follow up to the basic training given through the HIV/AIDS Control program- TACAIDS. The training's emphasis was on Paediatric ART and Adverse Drug Reactions monitoring and reporting. KCMC serves as the training unit for ART for the Northern Zone of Tanzania. Participants in the training were 3- 4 man, multidisciplinary teams, drawn from ten public and mission hospitals in the region. For Ndola Hospital, Zambia, adaptation of SOPs was completed and implemented. The newly developed patient information leaflets were made available to the patients and shared with REDSO.
- ◆ At the request of REDSO, briefing papers were prepared to show-case what MSH has to offer in pharmaceutical management. The purpose of this activity was to enable REDSO/SO 8 to "market" technical documents, products and tools that RPM Plus can share in the region towards improved pharmaceutical management systems.

## **WEST AFRICA REGIONAL PROGRAM**

### ***Overview***

HIV, TB and Malaria continue to be top three public health priority diseases with an important burden on affected communities globally. The international community expects universal access to antiretroviral treatment (ART) by 2010, cure 85% of TB cases and halt the incidence of Malaria by 2015 necessitating added efforts in strengthening health systems, which include pharmaceutical supply systems. Supporting someone on treatment for any of the three diseases requires a range of activities and resources, including drug provision, human resources, treatment of opportunistic infections (in case of HIV), laboratory and testing facilities, and health systems strengthening. In close coordination with other USAID partners working in the region, RPM Plus is working to improve pharmaceutical management in the region.

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

RPM Plus, in collaboration with JSI/DELIVER, organized a regional logistics management training activities for francophone West African countries. This also addressed the TA requests made under the GFATM activity stream. A two week training workshop took place during the month of July 2006 in Senegal. Two regional training institutions – Centre Africain d'Études Supérieures en Gestion (CESAG), and Institut Régional de Sante Publique (IRSP) participated at the workshop and assisted in trainings as part of their capacity building process.

In collaboration with AWARE-RH, RPM Plus also organized a one week training workshop during the period from August 21 to 25, 2006 for nine USAID/WA Francophone countries to address quantification of medicines for HIV/AIDS, Malaria and Reproductive Health. The program included training on manual quantification methods as well as on the RPM Plus electronic quantification tool, Quantimed. CESAG and IRSP also participated in this training as trainers. Their ability to play this role was made possible through a training of trainer's session that was organized for staff of these two institutions by RPM Plus just prior to the main training of participants from the nine counties.

## **COUNTRY PROGRAMS**

### **ANGOLA - PMI**

#### **Overview**

Malaria is a major cause of morbidity and mortality in Angola. In 2004, 3.2 million cases of malaria were reported with about 38,000 malaria-related deaths. The disease accounts for 35% of the overall mortality in children, 25% of overall maternal mortality and is the cause of 60% of hospital admissions for children under five and 10% for pregnant women. For this reason, Angola was among the first countries selected as focus countries for the President's Malaria Initiative (PMI).

In August 2005 USAID conducted an initial assessment to identify appropriate areas for PMI investment in Angola. An important consideration was that Angola had obtained a Global Fund (GF) grant to support the national malaria control program, including the procurement of ACTs, training providers, and establishing a viable distribution system, among other activities. The 1.1 million treatments procured under the GF grant arrived in Luanda February and April 2006. The distribution was scheduled to start in Luanda province immediately after their arrival.

Unfortunately, preparations to receive, distribute and appropriately manage and use the ACTs had not been finalized nor were did conditions allow effective receipt and distribution of the ACTs. In light of this, RPM Plus received support from USAID FY06 funds to assess the existing plans for the distribution of ACTs procured with the Global Fund resources and make recommendations for how to ensure the future effective and efficient management of the ACTs under PMI.

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

The RPM Plus Malaria overall strategic objective "*Strengthened health systems for the appropriate management of malaria*" supports the USAID/Bureau for Global Health (BGH) SO5 "*Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance*", SO3 "*Increased use of key child health and nutrition interventions*" as well as SO2 "*Increased use of key maternal health and nutrition interventions.*".

#### **Objective 1: Improve the supply and quality of antimalarials and related supplies**

RPM Plus plays a strong role in advocacy for appropriate policies and practices that contribute to the reduction of morbidity and mortality due to malaria. Policies need to be supported by the availability of recommended treatments and mechanisms to access them. A key issue is the procurement and distribution of quality antimalarials in quantities sufficient to meet anticipated demand, both in the public and private sector.

#### **Objective 2: Improve the management and use of antimalarials**

The appropriate management and use of antimalarials is essential to ensure continuous availability and to curb malaria morbidity and mortality while reducing the development of resistance. For this, countries should follow standard methodologies and use reliable tools. Forecasting of antimalarials and related commodities is required at both the global and country levels: manufacturers of antimalarials, nets, and rapid diagnostic kits require accurate forecasts to plan their production, and countries need to know how many cases are expected to be treated to know how many drugs and commodities to procure. This technical objective is the primary focus of RPM Plus activities in Angola.

**Major Activities this Quarter:**

A draft national ACT distribution plan was developed and shared with USAID/Angola for review in September. The plan was based on a field visit to Huambo Province, discussions with local partners and counterparts at the MOH. In the process of developing the plan, RPM Plus worked with counterparts to realign roles and responsibilities of the EDP and the NMCP for the management of ACTs. Revisions to the draft will be based on comments received from USAID, additional information expected from EDP, and local partners in Huambo. A follow up mission is planned for October 2006.

## **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**

RPM plus US-based team members visited Armenia to lead further technical work with the teams. The RPM Plus team held several meetings with SCDMTE research team to review data on operations costs from selected facilities in four marzes and Yerevan. The team visited the Erebuni warehouse to interview the manager to understand better the changes that occurred in the warehouse management over the past year. During the visit, the RPM Plus team met with the research team of the American University of Armenia (AUA) to develop an approach for data entry and to preview data entered from one set of facilities. The consultants also updated the director of the State Health Agency (SHA) on the status of the work done so far, as well as discussed the current system of financing of health facilities.

Another meeting was with the head of the MOH Pharmacy department to update on the status of the project activities and also to request information on types and values of humanitarian assistance medicines, as well as medicines procured by MOH in the past two years.

In the scope of the visit RPM Plus organized an interactive lecture/seminar for the Primary Health Care Reform project (PHCR) on improving the use of medicines, including the concept of STGs. Similarly, RPM Plus made a presentation to public health students at AUA introducing the MSH, its history, main activities, and discussing rational pharmaceutical management for public health.

RPM Plus team received the deliverables from the Drug Utilization Research Group, including price lists of five wholesalers and a review of STGs for selected conditions.

In September, RPM Plus team conducted an additional follow-up visit to work with the data on prescribing, and availability and costs of tracer medicines collected by AUA.

In the scope of this visit, another seminar discussion was organized with the PHCR team to continue exchange of MSH/RPM Plus lessons learned about improving the use of medicines, DTCs, STGs, and provide more direct input to the work they are doing with training on Urinary Tract Infections.

## **BRAZIL**

### **Overview**

WHO ranks Brazil among the 22 highest burden countries for tuberculosis (TB) in the world. Brazil's national TB program estimates that it has approximately 110,000 cases annually with 3,000 TB patients dying each year. In 1995 the Government of Brazil (GOB) moved TB control back to the federal level and established the currently existing Program for the Control of Tuberculosis (PCT). In early 2003 as part of its TB management reform, the GOB appointed the *Hélio Fraga TB Reference Center* (Helio Fraga TB Center) as the matrix for controlling the quality of TB diagnostics and treatment in the GOB's national Single Health System (*Sistema Única de Saúde*). Overall, the Helio Fraga TB Center is responsible for developing, analyzing and transferring technologies to combat TB in the country and to monitor the approximately 1,300 cases of multi-drug resistant TB (MDR-TB).

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

- Objective 1: Improve the appropriate use of TB drug regimens
- Objective 2: Strengthen the national TB control program

### **Key Activities this Quarter:**

#### ***Monitor national study to re-evaluate appropriate drug regimen for TB failures***

One of the RPM Plus activities has been to facilitate a study to replace clofazimine a TB medicine known to cause undue side effects. In previous quarters a protocol was developed and a consensus reached by an expert working group facilitated by RPM Plus. The ethics committee had approved the protocol and it was ready to start when the National TB Program decided not to conduct the study but to take a known replacement and change the regimen for re-treatment patients. After this decision was made RPM Plus and TB National Reference Center plus the NTP had the opportunity to discuss all current treatment schemes used in Brazil with Union TB specialists like Dr Caminero of PAHO who suggested some major changes in the current schemes, in particular using only one re-treatment scheme, instead of RI and RIII (with and without ethambutol). November 20th was marked as the date to present conclusions of the expert groups and define if the schemes will be changed, and how the study protocol will need to be adapted to measure results of the new schemes.

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

RPM Plus coordinated several sessions at the Second National Conference of the TB Network in São Paulo, Brazil, July 19-22, 2006. One such session was conducted with all Brazilian TB medicine producers of the official laboratory network, private producers of 2<sup>nd</sup> line drugs and raw material producers in attendance. The session included a strategic discussion on Fixed Dose Combination (FDC) tuberculosis drugs, quality assurance for TB drug products, and national

productive capacity and perspectives to respond to global needs of WHO/GDF/GLCRPM as well as the needs of the NTP.

RPM Plus was asked by NTP-MOH/Ministry of Science and Technology to join the technical expert group in charge of developing a scope of South-to-South collaboration among Brazil, South Africa and India on TB pharmaceutical related issues like production of FDCs and MDR-TB monitoring.

***Coordinate decentralization of the quality control system for TB pharmaceutical management***

RPM Plus coordinated a workshop on TB drugs production at the Second National TB Meeting in Sao Paulo 19-22<sup>nd</sup> July, 2006 where quality testing difficulties for TB drug rifampicin have been addressed and discussed with the TB producers, the director of INCQS, the NTP manager and international experts.

There is continued monitoring of 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.

***Implementation of new DMIS system for management of MDR-TB patients***

RPM Plus was invited to participate as facilitator at the MDR-TB course for the LAC region in Mexico in July 2006 to share the Brazilian successes and experiences with MDR-TB DMIS.

An expert group for data analysis and scientific publication on MDR-TB treatment outcomes and related aspects in Brazil has been created. On demand by Helio Fraga Center, RPM Plus will support participation of Dr Caminero from the Union as a collaborator for these publications. Procurement problems of second line TB drugs at the pharmacy department of MOH led to exceptional situations of shortage of 2<sup>nd</sup> line drugs, and affected the current process of implementation of the DMIS module for stocks control at regional and Reference Centers level.

## **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. 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. Key findings from the C-DMCI survey, in addition to similar and recent 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 sponsored study of the MOH capacity to scale up HIV/AIDS treatment programs 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.

### **Major Activities This Quarter**

RPM Plus developed and submitted a draft agenda for the proposed child survival partners meeting to the Ministry of Health. This meeting was scheduled for September 2006, however, due to priorities within the Ministry, the meeting is now tentatively rescheduled for early 2007. RPM Plus met with representatives from USP/DQI and USAID/DC to discuss potential opportunities for more effective collaboration on drug quality issues.

A short term technical consultant was hired to assist RPM Plus implement the work plan for Cambodia. Technical activities will focus on pharmaceutical management primarily in support of the national malaria control program and the child survival strategy. The 2004 Community Drug Management of Childhood Illnesses survey was finalized and disseminated to all child survival partners.

## **DOMINICAN REPUBLIC**

### ***Overview***

Dominican Republic has one of the highest incidences of Tuberculosis (TB) in Latin America. A high drop-out rate contributes to a prevalence of multi-drug resistance for anti – TB drugs of 6.6% among new cases, one of the highest rates in the Americas.

The National TB Program (NTP) of the Dominican Republic (DR) is currently receiving support from USAID Mission in Santo Domingo to expand the implementation of the WHO-supported strategy Directly Observed Treatment Short Course (DOTS). Ensuring the supply and management of TB drugs and their use according to treatment regimens is one of the main pillars for the success of DOTS. With USAID funds, Rational Pharmaceutical Management Plus (RPM Plus) is supporting the drug management component of DOTS in Dominican Republic.

### ***Major Activities this Quarter***

The first shipment of FDC arrived on August 2006. Due to delays in customs, the distribution to pilot areas V and VIII started in September 2006. The application for a second procurement to the GDF was submitted on August 2006. GDF has changed the procurement agency. This delayed the elaboration of the quote required by the MoH to start processing the payment for a second procurement.

## **ETHIOPIA – President’s Emergency Plan**

### **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

### **Major Activities This Quarter**

RPM Plus participated in the Gap/Cost analysis meeting at Bahar Dar Papyrus Hotel on September 20, 2006 where all USAID supported partners working on ART gathered and discussed the details of the cost analysis for rapid implementation of ART service in 24 new health centers in the Amhara region.

RPM Plus participated in the discussion of the Logistics Master Plan at the Ministry of Health. The draft Plan is now ready to be submitted to Ministry officials for further action. The draft “Pharmaceutical Master Plan” being developed by DACA is also being finalized. It is anticipated that the two Master Plans will be merged so that there will be one Master Plan for the Pharmaceutical Sector.

RPM Plus participated in the GF stakeholders 2007-2009 planning meeting held at HAPCO.

RPM Plus has purchased 8 vehicles: 2 are in Addis finalizing clearance from Road Authority, 6 are under clearance at Djibouti Port. New arrival of ARVs were inspected and received at Pharmid. RPM Plus coordinated the clearance, site identification, delivery and installation of five FACS Caliber machines worth \$650,000 (GF Source). 400 Determine Test Kits were received from MOH and are being distributed to PMTCT sites.

ARV drugs were distributed to sites with no incident of stock outs. A plan for distribution of Sulfadoxine-pyrimethamine (Fansidar) 500mg to 100 ART sites was prepared and submitted to Pharmid. Plastic bags, used by patients to carry ARVD, were delivered to Health Facilities.

Quantification of PMTCT supplies was sent to the donor, AXIOS International. ARV drugs stock status at PHARMID stores was regularly communicated to MOH/RPM Plus representative to facilitate the transfer of ARV drugs from MOH to PHARMID. Laminated Nevirapine Suspension Dosing Charts have been distributed to different PMTCT sites.

Renovation and upgrading of dispensaries, drug stores, counseling rooms, PMTCT sites, laboratories and incinerators were done at Health Facilities. Minor construction and maintenance works were carried out at DQCTL. In collaboration with John Hopkins University, specification and drawing is under process for renovation of new ART sites at Minilik II, St. Peter and Gandhi Hospitals. Renovation of Jijiga, Dubti, Yergalem, Hiwot Fana, Dill Chora, Harare Army, Soddo, Jimma, Alert Referral Hospitals, Soddo and Yergalem HCs is completed and handed over to the facilities. Renovation of Minilik II, Alert, Ambo, Debre Berhan, Jimma Referral Hospitals and Kirkose HC is near completion. Renovation of Yekatit 12, St. Peter, Chiro, Bishoftu, Awasa, Shashemene Referral Hospitals, Teklehaimanot, Selam, Gulele, Kolfe, Kotebe, Shashemene Health centers, including regional warehouses at Harari and Dire Dawa has started. Renovation bid documents and selection of contractors is complete for Debre Markos, Fenote Selam, Debre Tabor, Axum, Gonder and Nekemte Hospitals. Signing of agreement and site handover will be complete before mid October/06. Renovation drawings and specifications are done and bid documents are under process for Assossa, Arbaminch, Hosanna Referral Hospitals, Butagira, Hosanna, Woreda18, Woreda19 HCs.

Ten computers were distributed to various ART sites to strengthen data processing. A bench was purchased and installed at DQCTL's Pyrogen Test room and a shelf was also supplied to the office. In addition, 750 shelves, filing and lockable cabinets were distributed to targeted Health Facilities.

New staffs are seconded to EHNRI and Pharmid.

RPM Plus staff participated in trainings organized by partners on ARV drugs management such as SOP/MIS for Health Facilities and other topics as demanded.

During the stated period, training on various topics was given to a total of 430 personnel (312 males and 118 females).

RPM Plus trained and deployed 61 5th year pharmacy students to 58 different ART sites in all regions within the country to support the ART related pharmacy activities during the two months vacation time. This was based on the previous year's experience which has greatly contributed to the improvement of pharmacy ART activities at different ART sites.

The professional mix of participants during the whole training events include: 148 pharmacists, 140 druggists, 25 pharmacy technicians, 117 others (27 data clerks + 10 nurses + 18 physicians + 61 students (5th year) + 1 economist). Training is given to pharmacy personnel and data clerks to enable them carry out appropriate recording, reporting and filing of data.

MIS formats were revised to accommodate recently included ARV drugs and current information requirements. Computer based MIS system was developed and installed at different ART sites. New MIS format (register) for OI drugs information tracking was developed and distributed to targeted health facilities.

TIMS (Training Information and Monitoring System) forms filled and communicated to HO on time. PMTCT fact sheet was prepared and is to be used as on-job training material at Health Facilities. VCT and ART Lab supplies monthly stock monitoring format was prepared by EHNRI/RPM Plus. Physical Inventory of ARV Drugs was conducted at different HCs.

DACA's DQCTL staff was trained on current analytical methods. The lecture focused on Separation Techniques including Chromatographic method. Based on the comments from laboratory staff, the final draft of the Laboratory Quality Manual is submitted for approval.

In collaboration with JHPIEGO, PMTCT Supply Management training was held at Bahar Dar Papyrus Hotel (on July 7, 2006) for the staff from 5 hospitals in Amhara and two hospitals in Tigray Regions. In response to USAID's request, discussions were conducted with SCMS and JSI/DELIVER to coordinate activities while supporting the new HCSS Master Plan. RPM Plus, in collaboration with the School of Pharmacy of Gondar University, gave a comprehensive Pre-service ART training for 46 Pharmacy Diploma Graduating Students from July 10 to 14, 2006. RPM Plus participated in the FHI presentation of health center assessment findings at USAID. The assessment has implications on RPM Plus work in terms of ARV drugs delivery, infrastructure strengthening and provision of dispensing and storage.

RPM Plus collaborated with FHI and RHB in the pre-Assessments of Wereta and Addis Zemen Health Centers. RPM Plus attended the meeting called by FHI to set minimum criteria for the initiation of ART at HCs. During the course of the discussion, emphasis was given to the RPM Plus objectives of establishing reliable drug supply management at the HC pharmacies by installing DMIS and the required tools.

RPM Plus attended the consultative meeting of partners and the Oromiya RHB on the subject of the next ART expansion program. Situation reports on VCT, PMTCT, ART and status of the recently developed regional SOP for ART implementation were presented. The HC assessment report with the option of phased implementation approach selected by the region was then introduced for discussion. Outcomes of the meeting concurred with the option preferred by the region.

RPM Plus participated in The Catchments Meeting of North Shoa Zone organized by Amhara Region Health Bureau conducted at Debre Berhan Zonal Health Bureau office. The objectives of the meeting were reviewing the prevailing capacity of each health facility and forwarding proposals on how to conduct the next stage of the expansion of ART service in the zone. The meeting participants included medical doctors, pharmacists, nurses, pharmacy technicians, lab technicians, and administrators from three hospitals and two health centers including delegates from HAPCO, FHI and RPM Plus

## **KENYA – President’s Emergency Plan**

### **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 identified fourteen priority countries which have 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 2006, RPM Plus will continue to work with USG PEPFAR Team, Ministry of Health(MOH)/NASCOP, MOH/NPHLS, MOH/Department of Pharmaceutical Services, NGOs, Private sector, and other ART implementation partners to strengthen the commodity management system with an aim of improving access to , and use of health commodities for the treatment and care of those affected by HIV/AIDS.

### **Key Objectives**

Objective 1: To provide technical leadership and assistance to the PEPFAR Inter-Agency Team , MEDS and other Supply Chain organizations to plan, quantify, procure, and provide oversight to the distribution and use of quality pharmaceutical products for HIV/AIDS programs in support NASCOP ( National AIDS Control Program) and The Presidents Emergency Plan For Kenya.

Objective 2: To increase the capacity of Ministry Of Health to identify, prioritize and address pharmaceutical management issues in order to improve access to, and use of, quality pharmaceutical products for HIV/AIDS programs.

Objective 3: To increase the capacity of Ministry Of Health/NPHLS to identify, prioritize and address issues to improve access to and provision of quality laboratory services as needed for HIV/AIDS programs.

### **Major Activities This Quarter**

RPM Plus worked collaboratively with MEDS and the Inter-agency team in ensuring that the ARV drugs were distributed for over 45,020 patients in 121 Kenya PEPFAR program approved sites. 50% of these sites are public sector sites. Secondly, a total of 114 sites were receiving PMTCT ARV drugs through RPM Plus. RPM Plus also worked closely with NASCOP/MOH the USG team to quantify for the procurement of ARVs for 110,000 patients to be supported in COP 2007

RPM Plus continued to support NASCOP centrally through the provision of TA and support to institutional and human capacity development efforts, support and participation in all NASCOP ART Taskforce sub-committees, and in implementation of ART commodity management

curricular for training at various ART service levels. In August, 36 staff from 29 ART sites received training on data and information management. The aim of the workshop was to strengthen skills in accurate data collection and reporting to central level as well as to inculcate concepts of informed decision making using data collected at sites. Thirteen ART sites were able to report back on key ARV drug utilization parameters at their site using data collected between January-June 2006.

In order to demonstrate the effectiveness of the MTP approach in training, RPM Plus presented a Operational Research Plan for MTP in ten National ART Sites to NASCOP. Testing of the tools was completed in late September with role out anticipated in October 2006. The assessment tool was pre tested in 2 district hospitals successfully and finalized.

The assessment identified constraints in infrastructure, standard operating procedures (SOPs), pharmaceutical management information systems (PMIS) and human resource capacity. ART commodity management tools were not being used appropriately resulting in inaccurate reporting.

RPM Plus continued to provide TA to strengthen laboratory services in support of ART by working collaboratively with the NPHLS and other national laboratory ICC stakeholders and sub-committees. To support national level laboratory training efforts, RPM Plus worked collaboratively with the training sub-committee members to craft and adopt curricula for refresher training, and the clinicians' in-service curriculum on good diagnostic services. A TOT curriculum for strengthening laboratory systems was developed and pre-tested in a workshop involving 32 laboratory technologists. These health workers were drawn from the NPHLS including National HIV Reference Laboratory, Universities of Nairobi and Moi, Kenya Medical Research Institute, Kenya Medical Training College and NASCOP. RPM Plus also supported the adoption of generic national laboratory SOPs and development of lab job aids in support of ART.

### ***Key challenges encountered***

Challenges experienced in the pharmaceutical system strengthening included those related to procurement (long lead times and less than optimal performance by some suppliers), information systems (poor drug utilization data at central and peripheral level), limited human resource capacity for commodity management skills, and weak commodity management M&E systems.

Laboratory support to the ART program continued to elicit many challenges including weak QA/QC systems, enormous need for service provider training, poor state of equipment and lack of a maintenance strategy.

## **NAMIBIA – President’s Emergency Plan**

### **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 06) to continue technical assistance activities initiated with PMTCT, Track 1.5, Track 2.0 and COP 05 funding to support the ART programs of 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.

Under COP 06, 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 CMS, RMSs, 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.

### **Major Activities This Quarter**

During the quarter under review four pharmacists seconded to MoHSS were absorbed as MoHSS staffs. MoHSS uptake of the seconded staff is a major achievement that has confirmed this model as effective for addressing the acute human resources lack in a sustainable manner. The opportunities this success has provided include the hiring of more pharmaceutical officers into MoHSS positions with plans for subsequent uptake by MoHSS.

RPM Plus also provided support for the implementation of the CMS SOPs through routine TA, lamination of job aids and finalization of the SOPs for MoHSS endorsement.

During the quarter under review RPM Plus supported MoHSS supervisory visits to ART treatment facilities. The visits provided an opportunity to review the application of the SOPs, provide training on quantification and ensure secure availability and rational use of medicines at the facilities visited.

The RPM Plus developed model that merged the services of providing drug information and Pharmacovigilance into the Therapeutics Information and Pharmacovigilance Center (TIPC) was adopted by MoHSS. The final TIPC implementation plan with inputs from the Implementation Working Group was submitted to MoHSS.

## **NICARAGUA**

### **Overview**

RPM Plus has received support from USAID/Nicaragua to provide technical assistance in pharmaceutical management since 2002. Technical assistance from RPM Plus was to complement larger health sector reform activities by specifically addressing the pharmaceutical sector. RPM Plus conducted a review of the existing system for the procurement and distribution of medicines to the health facilities level and evaluated options for improvement. Also in support of the reform agenda, RPM Plus has worked to improve the quality assurance component of a private sector mechanisms modeled after the “*Programa de Ventas Sociales de Medicamentos*” (VSM), a network of retail outlets to sell low-cost quality-assured essential medicines.

### **Major Activities this Quarter**

RPM Plus participated in a meeting to discuss the final draft for the “standardization of materials and methods for the training of dispensers of VSM”. The comments and suggestions were included in the final version that was presented on August, 2006. The final version of the document is in its final stages of formatting and editing. On October 2006, it will be presented to USAID, the PRONICASS project and to the Nicaragua MoH. This document can easily be adapted to train MoH staff.

RPM Plus participated in a meeting to discuss the final draft on “the standardization of procedures used by the VSM quality assurance program” (July 11<sup>th</sup>). The comments and suggestions were included in the final version that was presented on August 2006. The final version of the document is in its final stages of formatting and editing. It will be presented to USAID and to the Nicaragua MoH on October 2006. This document can easily be adapted to train MoH staff.

A revised version of the protocol was discussed and validated. The criteria for the selection of the VSM to visit were revised and collection of information in the field started on August 2006. The first draft of the study should be presented by mid October 2006.

The strengthening of the central pharmaceutical and therapeutic committee (CURIM central) depended on the implementation of the new organization of the MoH, the appointment of directors, and the implementation of working processes where the technical assistance of a CURIM central will be demanded. This reorganization process is moving at slow pace, so there were no conditions to strengthen these committees. On a meeting on July 12, the USAID Mission in Nicaragua agreed with RPM Plus proposal to reprogram these resources to support the strengthening of the VSM.

## **RWANDA - President's Emergency Plan**

### **Overview**

Rational Pharmaceutical Management Plus (RPM Plus) Program received FY04 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. RPM Plus has provided direct technical assistance to the national, provincial and health facility level to improve the procurement, management and use of ARVs and related medicines and supplies.

### **Major Activities This Quarter**

The last quarter has been focused on the consolidation of activities aimed at strengthening district pharmacies and ART sites, and at responding to the needs of the CPDS and its technical committees. As part of its strategy for district pharmacy strengthening, RPM Plus has completed the process of recruiting eight district pharmacists to be seconded to MOH. These pharmacists will cover the following districts: Muyanze, Gicumbi, Karongi, Ruhango, Rubavu, Bugesera, Rusizi and Nyagatare. One month of training and orientation is scheduled to start by the end of October 30, 2006 to introduce the new pharmacists to their responsibilities and provide them with knowledge and skills to be effective as district pharmacists. For the remaining 22 districts, four RPM Plus pharmacy staff have been assigned each to cover each three to seven district pharmacies. They will provide technical assistance in supportive supervision, drugs and commodities management, pharmaceutical data management and reporting, training and needs' assessment for facilities' upgrading.

The upgrading of district pharmacies started in seven out of nine districts under consideration for this reporting period. The work is planned to start soon in the two remaining districts once all the administrative requirements are met

The MOU between MOH and PM Plus has been signed. It describes the mechanisms and general terms under which MSH, through RPM Plus, will provide support and technical assistance to and develop the capacity of the MOH to strengthen and improve the quality of pharmaceutical services at the peripheral level (districts, health centers). This document also outlines the channels of communication, reporting and decision making, as well as roles and responsibilities of both parties in the realization of activities of common interest.

With regard to CPDS, RPM Plus provided its technical assistance and support to the Planning and Coordination Committee in the realization of the August 2006 quantification of ARVs. The results of this exercise were approved by the RMC. In addition, the national quantification of OIs was concluded with technical assistance from RPM Plus. The same process is being used for the quantification of test kits in collaboration with NRL, CAMERWA and TRAC. RPM Plus also provided technical opinions on issues related to targets, projection, scaling up each time this was requested. The implementation Committee chaired by CAMERWA has launched the tender

requests for the upcoming CPDS drugs buy. RPM Plus has continued to provide technical assistance and support to both committees through regular meetings and as needs emerged.

Several technical meetings were held between CAMERWA and RPM Plus to discuss strategy and finalize mechanisms related to the active distribution of ARVs. A strategy for an integrated active distribution was presented to the Resource Management Commission of the CPDS and it is being tested for the active distribution of COARTEM by CAMERWA. The indicators for monitoring distribution and consumption of drugs have been finalized and used during the first phase of the distribution of COARTEM. Learnings from this exercise will be used for the distribution of ARVs and other commodities.

RPM Plus has also coordinated with CAMERWA and PEPFAR clinical partners the quarterly distribution of test kits to the sites. Quantities of tests distributed were based on consumption data and plans for opening new sites.

Discussions were held with SCMS to start the process of transitioning the procurement function from MSH to SCMS in the COP06.

The MOU between CAMERWA and RPM Plus was signed by the Chairperson of Camerwa's Board of Directors and the Senior Resident Advisor of RPM Plus. The signing ceremony was done in the presence of MOH officials, representative of the Mission, and members of staff of both institutions. In addition, RPM Plus has continued to provide technical assistance to CAMERWA to strengthen its data management system and other vital operations. Regular meetings were held between the management of both organizations to ensure that joint activities are being implemented as planned. The terms of reference for the consultant to be provided by RPM Plus to help CAMERWA set up its Quality Assurance system have been approved and the consultant was identified, contacted and is scheduled to start by the end of October 2006.

During the last reporting period, field visits were organized in collaboration with TRAC and PTF to strengthen data collection, management and reporting in 124 ART sites using the new PMTCT protocol. The data entry process at TRAC clinic was completed with the technical assistance and support of RPM Plus. The ART Dispensing Tool was implemented in four new sites (Bushenge, Gihundwe, Mibirizi and Gisenyi), and several field visits were organized in ART sites using the Dispensing Tool for maintenance and troubleshooting.

With regard to training and capacity building activities, 119 pharmacy staff were trained in Basic Pharmaceutical Management in collaboration with TRAC, PTF and the Department of Pharmacy of the University of Rwanda. In addition, 38 senior students in the Department of Pharmacy of the University of Rwanda received training in Drug Management related to HIV care and treatment. In order to strengthen the rational use of medicines in the FOSA, 39 health staff (pharmacists, physicians, nurses, laboratory technicians, hospital administrators) were trained in Drugs and Therapeutic Committee by two RPM Plus experts. This activity was done in collaboration with WHO.

Finally, RPM Plus assisted the Pharmacy Task Force by providing appropriate responses and technical opinions to the government on issues related to the establishment of the National Drug

Authority in Rwanda. The draft policy was submitted to the Cabinet after clearance from the Office of the Prime Minister.

## **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 a combination of amodiaquine and SP to an artemisinin combination treatment (ACT) of artesunate and amodiaquine 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 in this Quarter**

This quarter, RPM Plus completed the remaining trainings of the *agents de sante communautaires* (ASCs) on store management. The trainings so far have covered a total of 1069 out of a targeted 1433 ASCs (75%). In July, 552 ASCs were trained in store management in nine districts: Thies (74), Mecke (84), Louga (93), Kebemer (97), Dahra (29), Linguere (25), Nioro (56), Guinguineo (41) and Kounghoul (53).

In other training activities, RPM Plus completed and circulated for review a draft of the final report on all 11 of the private sales assistant trainings held in the USAID districts of Thies, Louga, Kaolack, Mbour and Ziguinchor. Discussions were held between partners including the DPL and the syndicate of pharmacists to continue exploring an appropriate supervision mechanism to set up. It was decided that a combination of questionnaires and simulated client scenarios would be used to evaluate knowledge and practices of private sales assistants. Continued discussions will be held and will include representatives from the syndicate that were unable to attend the schedule meeting held in September.

In malaria activities, RPM Plus continued partnering with the national malaria program (PNLP) to explore TA needs for supporting the Global Fund bottleneck proposal. Meetings and workshops were held with partners including the PNL, the Mission and WHO to explore supporting Global Fund activities through bottleneck funding and to revise the Global Fund bottleneck proposal. RPM Plus shared applicable drug management tools with partners, that could be adapted for use in Senegal and a potential schedule of site visits with an accompanying budget were developed as part of the evaluation outlined in the bottleneck proposal.

## **TANZANIA – President’s Emergency Plan**

### **Overview**

The RPM Plus strategy under PEPFAR in Tanzania includes the following objectives:

**Objective 1:** Increase the capacity of 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**

This quarter RPM Plus accomplished the following activities:

Activities related to ADDO roll out/accreditation in Morogoro region:

- Final inspection of the remaining 48 outlets in Ulanga district that did not meet basic standards before accreditation in April 2006 took place. Owners were given more time to upgrade their premises and 31 outlets met the standards and were approved by DDTC for accreditation. The remaining 17 will be followed by District Drug Therapeutic Committee (DDTC). The number of accredited ADDOs in Ulanga is now 50.
- The 97 local inspectors appointed by TFDA for Ulanga district were trained on inspection and regulatory of ADDO program. They will now assume new responsibilities of inspectors in their respective wards.
- Support supervision visits for ADDOs in Ulanga district was carried out by ADDO’s dispenser’s trainers and members of District Health Management Team (DHMT). A total of 50 outlets were visited.
- A total of 136 owners and 190 ADDO dispensers were trained and certified by TFDA in Kilombero district.
- A total of 120 ADDOs were accredited in Kilombero district. The remaining 28 outlets will be accredited after the approval by the DDTC.
- Stakeholder’s mobilization and advocacy seminars were held with Kilosa district authorities to discuss ADDO roll out implementation. The following participated in a series of seminars and meetings: 21 district officials including the District Commissioner, District Counsel Director, District Administrative Secretary, District Medical officer, District Health management Team and other heads of district departments, 75 Division Secretaries and Ward Executive Officers (DS/WEOs), 173 Village Executive Officers

(VEO), 76 participants from public and private health facilities, 155 DLDB owners and 45 local councilors for Kilosa district. These seminars are key to ensure major stakeholder for the ADDO program are aware of the goal, objectives and the implementation plan for ADDO and their new roles and responsibilities.

- Mapping and preliminary inspection of the DLDB was conducted in Kilosa. These two activities were done at the same time to improve efficiency. One hundred and sixty (160) DLDB outlets were identified in Kilosa and only 50% had a legal registration status.
- In collaboration with MEDA, the training of 148 DLDB Owners on business skills and management was conducted in Kilosa district.
- Preparation for the training of 209 ADDO dispensers in Kilosa district was completed and training is expected to be completed in end of October.

Activities related to strengthening HIV/AIDS pharmaceutical management for mission hospitals included:

- A three days workshop to disseminate findings and planning for implementation of ART pharmaceutical management activities with partners (NACP, JSI, AID Relief, CSSC, and MEMS) and facilities was conducted in Arusha. The workshop identified main priority areas for RPM Plus technical support and developed a consolidated action plan for implementation.
- Participation in NACP and PEPFAR partner's meeting organized by EGPAF which also involved 19 ART site coordinators. The meeting developed performance statements and indicators for measuring performance improvement in HIV/AIDS patients care and treatment.
- Participation in Muhimbili University College of Health Sciences (MUCHS) Regional Training Resource Collaboration (RTRC) strategic planning meetings and provide technical support in development of draft work plan for implementation of Monitoring Training and Planning activities in six selected ART sites.
- Adaptation of RPM Plus generic training package on ART Pharmaceutical Management to be in line with NACP guidelines and policy as well as to suit the target group and the local needs.

## **TANZANIA – President’s Malaria Initiative**

### **Overview**

In 2005 the US Government conducted a rapid assessment in Tanzania and in March 2006 asked the Rational Pharmaceutical Management Plus (RPM Plus) Program to provide technical support for the implementation of the President’s Malaria Initiative (PMI) in Tanzania. In the context of the national policies, the RPM Plus/PMI program activities will support the National Malaria Control Program’s (NMCP) ACT policy implementation through private sector distribution of subsidized ACT through the Accredited Drug Dispensing Outlet (ADDO) program, technical support to the Medical Stores Department (MSD) and support to Tanzania Food and Drug Authority (TFDA) to strengthen Pharmacovigilance systems in country with the view of monitoring possible Adverse Drug Reaction (ADR) including that due to ACTs.

RPM Plus is currently providing technical support to Tanzania for the implementation of Artemisinin-based Combination Therapy policies through USAID Regional Economic Development Services Office (REDSO) for Eastern, Central and Southern Africa (ECSA) but also support the distribution of essential medicines, including antimalarials pharmaceutical through the private sector under the Accredited Drug Dispensing Outlets (ADDOS).

The RPM Plus strategy includes the following objectives:

Objective 1: Improve the supply and quality of antimalarials and related supplies

RPM Plus plays a strong role in providing appropriate TA related policies and practices for effective management of pharmaceuticals and related services. RPM Plus assists in TA to MSD and NMCP in key areas of supply, quantification distribution, monitoring leading to effective management of antimalarials in, both public and private sector.

Objective 2: Improve the management and use of antimalarials

Due to increase in parasite resistance against the existing monotherapies, Tanzania NMCP adopted change of policy from SP as first line drug for treatment of uncomplicated malaria to ACTs with aim of improving efficacy and delaying development of resistance. In order to have successful implementation of the new policy, appropriate management and use of the recommended antimalarials is essential. This will ensure continuous availability and will curb malaria morbidity and mortality while reducing the development of resistance.

### **Major Activities this Quarter**

This quarter RPM Plus accomplished the following activities:

- Rapid quantification assessment to determine ACT needs for the ADDOs in Ruvuma and Morogoro regions was conducted in 63 ADDOs. Draft report has been shared with RPM

Plus Regional Malaria team leaders and RPM Plus Malaria Manager for their review and inputs before final submission to NMCP and PMI team.

- Series of meetings with identified potential pharmaceutical wholesalers/distributors for ACT in ADDOs were held. Discussions focused on operation costs, port clearance, storage, distribution, and incentives issues as a basis for price determination and level of subsidies needed. Final report will be finalized soon.
- Consultative meetings held with JSI/Deliver and MSD to discuss areas which should be prioritized for RPM technical support under PMI plans.
- RPM Plus participated in a joint meeting with MSD, NMCP, PSU on ACT distribution plan and inventory management. Integrated logistics management form was adapted and modified to capture more data related to ACT distribution and use at facility level.
- In collaboration with TFDA, RPM Plus organized a consultative meeting on pharmacovigilance (PV) with partners in Bagamoyo. Gaps in ADR reporting systems in Tanzania were identified and partnership (RPM Plus, TFDA, CDC/IHRDC and NMCP) for PV implementation was developed. The proposed activities/work plan has been shared with TFDA and CDC/IHDR.
- Held meetings with TFDA and CDC/IHRDC on the proposed PV activities. Inputs from TFDA and CDC/IHRDC were incorporated in the proposal and later submitted to TFDA management for approval.

## **UGANDA – President’s Malaria Initiative**

### **Overview**

RPM Plus assistance is solicited to support and strengthen the distribution of insecticide-treated bednets procured with GFATM funds to children under five years old, pregnant women, and other vulnerable populations, such as, people living with HIV/AIDS. The support is also needed for the handling and distribution costs of 261,200 PMI-procured treatment doses of artemether-lumefantrine as well as the pharmaceutical management aspects of the nationwide artemisinin-based combination therapy (ACT) roll-out led by the national malaria control program (NMCP). This support to NMCP will be provided through the Uganda National Medical Stores and Joint Medical Stores and will benefit malaria case management and prevention at the community and health facility levels. Whilst providing this technical assistance to the roll-out process, RPM Plus support will contribute to ensure the rational use of the selected national first-line treatment.

### **Objectives**

The objectives of the proposed scope of work are to:

- 1) To strengthen the existing pharmaceutical management system for the integration of 15.5 million treatment doses of Artemether-Lumefantrine (Coartem®) into the drug distribution system and for the phasing out of old malaria therapies while supporting the National Medical Stores costs of handling and distribution of 261,200 PMI-procured treatment doses of Coartem.
- 2) To provide technical support to the Uganda Ministry of Health to scale up its malaria control activities with an emphasis on malaria treatment activities, particularly the roll-out and rational use of ACTs.

### **Major Activities this Quarter:**

- Financed the distribution of 1.6 million doses of Coartem procured by the Global Fund as an emergency to act as buffer stock for the health facilities.
- Financed the distribution of Community Coartem for the 3 conflict districts of the North.
- Established a committee for supply chain management to improve the availability and use of antimalarial medicines.
- Developed terms of reference, work plan and budget for the supply chain management committee and held three meetings, during which working groups were established.
- Held one meeting for the quantification working group and the constraints working group
- Attended the Inter-Agency Coordination Committee meeting on malaria.
- As a member of the National Supplies logistics committee, participated in the developing a plan for the distribution of 1.8 million Global Fund procured ACTs and planning for the phase-out of Homapak (Chloroquine/SP) and phase-in of Coartem for community use.
- Quantified the phase-out and phase-in quantities for Homapak and Coartem for community use.

## *RPM Plus Activities and Products Status Report*

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- Finalized plan for a workshop to develop a road map for phasing out Chloroquine and other mono-therapies and phasing in of ACTs.

## **VIETNAM – President’s Emergency Plan**

### **Overview**

In June 2004, Vietnam was selected as the 15<sup>th</sup> country to receive USG assistance under The Emergency Plan; the intent is to bring a comprehensive response package to the HIV/AIDS problem in Vietnam through the development of sustainable prevention, care and treatment programs at all levels of the health care delivery system.

The HIV/AIDS epidemic in Vietnam is still in the “concentrated epidemic” stage by UNAIDS criteria. The disease has spread quickly in specific subpopulations, particularly among injecting drug users (IUD), commercial sex workers (CSW) and men who have sex with men (MSM). Through HIV/AIDS case reporting, the Ministry of Health estimates there are 76,189 HIV infected people in the country, of them 11,659 are AIDS patients. Deaths from AIDS reached 6,550 by the end of 2003. The current status of the epidemic does not mean it is restricted to these groups. With a population of 80.7 million (July 2004 est.), Vietnam is now facing a rapidly growing epidemic that is extending beyond the initial concentrations of drug injecting and commercial sex worker networks. Since 1998, all of Vietnam’s 61 provinces have reported HIV and 12 provinces have each reported more than 1,000 HIV infections.

RPM Plus visited Vietnam in September 2004 to discuss with key stakeholders how RPM Plus can best support efforts to mitigate the impact of the epidemic. In January 2005, RPM Plus began providing technical assistance in support of ART implementation, and opened an MSH office in Hanoi. Since that time, RPM Plus has provided technical assistance in quantification of ARVs and OI medicines, procurement, distribution, recording and reporting of pharmaceutical management information at implementation sites, and site system strengthening. In addition, RPM Plus has provided support to the Vietnam Administration for HIV/AIDS Control (VAAC) on issues of pharmaceutical management of HIV/AIDS.

The RPM Plus strategy calls for three objectives:

- **Objective 1:** Enhance the capacity of governmental, international or local partners in Vietnam to systematically identify, prioritize and address pharmaceutical management issues to improve access to and use of quality pharmaceutical products and other commodities for care, prevention and treatment of HIV/AIDS
- **Objective 2:** Strengthen the pharmaceutical management capacity of referral, provincial, district, and other facilities to ensure an uninterrupted supply of quality HIV/AIDS pharmaceutical and other commodities at ART service delivery sites
- **Objective 3:** Procure ARVs on behalf of selected ART implementation sites, in accordance with Vietnamese National Standard Treatment Guidelines and USAID procurement regulations

### **Major Activities This Quarter**

RPM Plus continues to provide support at national level to the Vietnam Administration for HIV/AIDS Control (VAAC). RPM Plus participated in approximately 30 meetings during this period with various stakeholders, including the Global Fund, USAID, CDC, VAAC, UNDP, VSO, and Clinton Foundation, were held throughout the period to review and update stakeholders on issues regarding the management of ARVs and other commodities.

RPM Plus provided Provincial AIDS Committees in six provinces with technical support and training on pharmaceutical management of ARVs and other commodities for HIV/AIDS in four national workshops. RPM Plus staff conducted 21 regular monthly visits and provided recommendations for improvements in pharmaceutical management to USG supported outpatient clinics and other sites in Hanoi, Ho Chi Minh City, Quang Ninh, Hai Phong, Can Tho and An Giang provinces, as well as at national sites in Hanoi. Site visit reports were shared with counterparts and partners to aid in implementing recommended improvements.

RPM Plus has been instrumental in facilitating cooperation on issues of pharmaceutical management of ARVs among various donors, including PEPFAR, the Clinton Foundation, Global Fund, WHO and the Government of Vietnam. RPM Plus provided technical assistance to the VAAC in distribution and monitoring of medicines provided by other donors, including pediatric ARVs, supplied by the Clinton Foundation, ARVs procured under the Global Fund, and medicines for opportunistic infections by the CDC. RPM Plus When nearly 80,000 does of ARVs purchased by another donor were about to expire, RPM Plus assisted the government in redistributing these medicines. As of September 30, approximately 3,100 patients are receiving ARVs under PEPFAR.

In response to a request from the VAAC, during this period, RPM Plus facilitated the receipt of five CD4 machines procured under PEPFAR by the Department of Defense (DoD). RPM Plus also placed the first order for laboratory supplies needed by USG supported sites.

RPM Plus provided assistance in quality assurance of ARVs and other commodities. Staff assessed the cold chain procedures of Central Pharmacy Company (CPC) #1 and provided recommendations on improving their procedures cold chain and storage procedures. To assure the quality of ARVs, RPM Plus developed SOPs for obtaining samples of procured ARVs; these samples were sent to S. Africa for analysis. During this quarter the RPM Plus staff assisted in the transition of ARV procurement to the Supply Chain Management Services (SCMS) Program.

RPM Plus negotiated an agreement with Voluntary Service Organization (VSO) to host a volunteer to provide support for RPM Plus activities. To-date this has resulted in a mapping of the entire process of permissions required for procurement of ARVs. This mapping will be utilized to identify potential ways of streamlining the process.

## **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. The cumulative obligation for RPM Plus currently stands at US\$148,497,808.

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 through Year 7 obligations, cumulative funds obligated, quarter four expenditures, in addition to the cumulative to-date (October 1, 2000 to September 30, 2006) expenditures of US\$107,457,958 by funding source.

The RPM Plus cooperative agreement stipulates that MSH should cost-share an amount not less than US\$21,000,000 over the life of the program. As of September 30, 2006, RPM Plus to date has surpassed this cost-share requirement, generating over the required US\$21,000,000 in non-Federal funding, within the technical scope of work for RPM Plus.

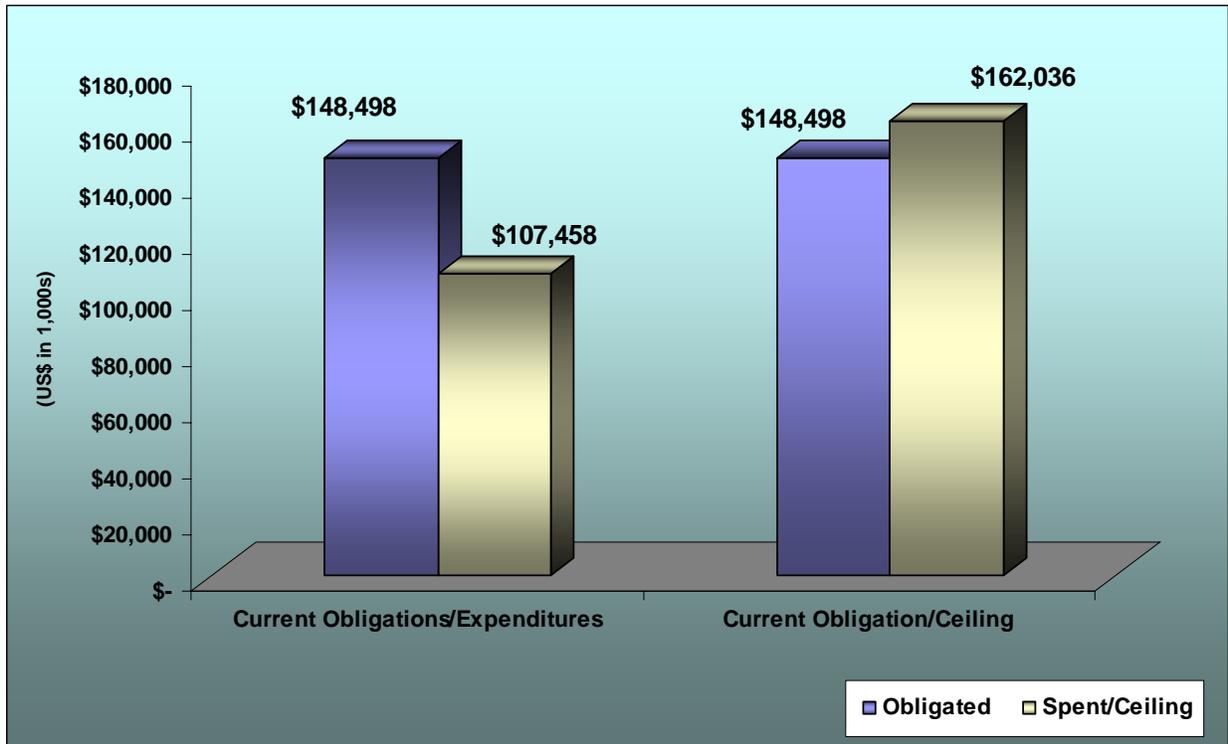
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**Rational Pharmaceutical Management Program Plus  
Fiscal Data; Close of Fiscal Year 05, Quarter 4  
HRN-A-00-00-00016-00**

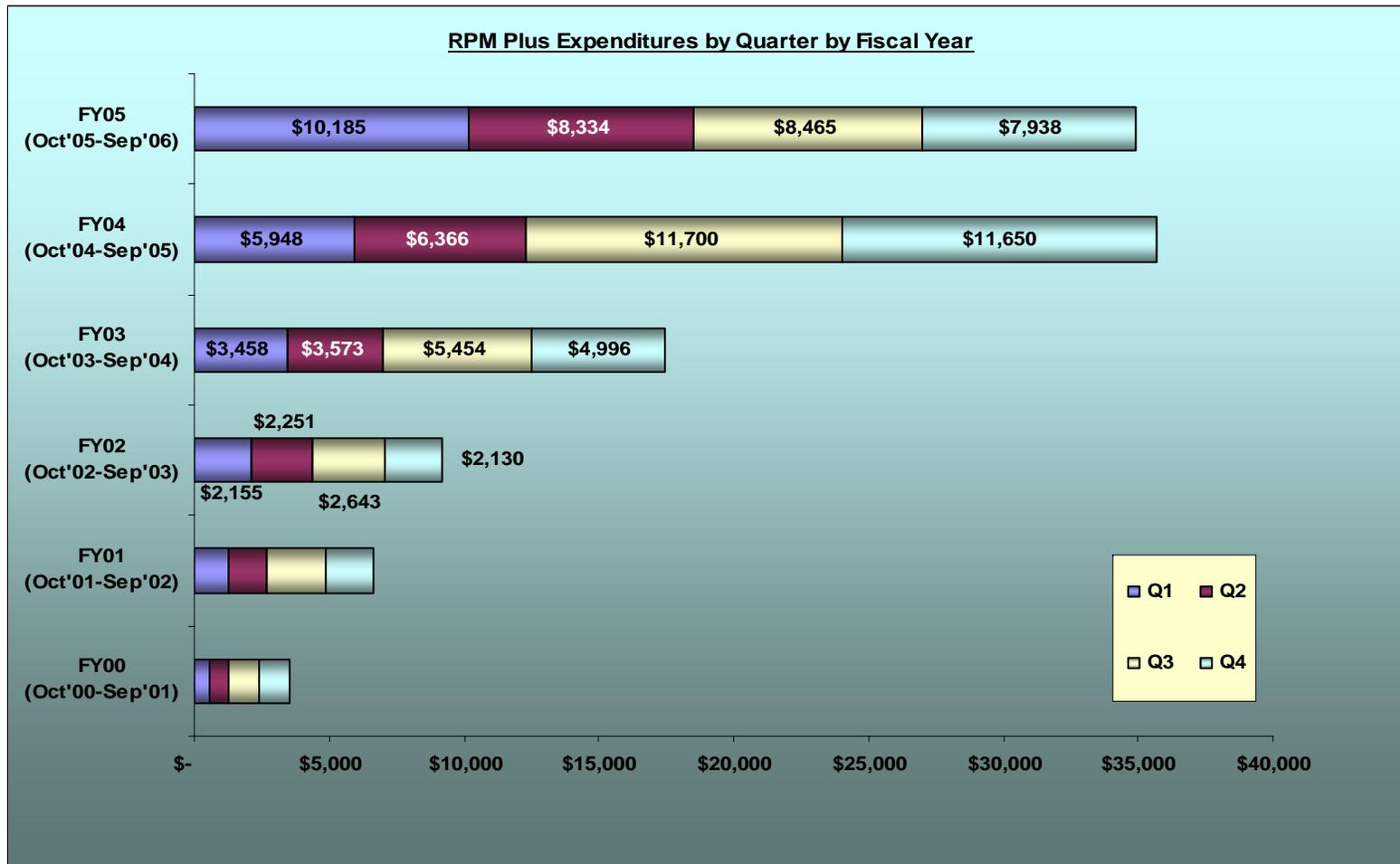
Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Total Obligated Year 3	Total Obligated Year 4	Total Obligated Year 5	Total Obligated Year 6	Total Obligated Year 7	Cummulative Obligated 30-Sep-06	Q4 Expenditures Jul-Sep 2006	Grand Total Spent 30-Sep-06	Grand Total Remaining 30-Sep-06
<b>Core</b>												
SO1: POP		\$ 100,000				\$ 250,000			\$ 350,000	\$ 136,957	\$ 298,749	\$ 51,251
SO2: Maternal Health	Core	\$ 275,840	\$ 354,000	\$ 230,000	\$ 200,000	\$ 230,000	\$ 349,450	\$ 315,000	\$ 1,954,290	\$ 70,220	\$ 1,314,169	\$ 640,121
SO3: Child Survival	Core	\$ 269,440	\$ 587,000	\$ 573,280	\$ 745,000	\$ 725,000	\$ 292,100	\$ 950,000	\$ 4,141,820	\$ 173,061	\$ 2,783,464	\$ 1,358,356
<b>SO4: Sub Total</b>		<b>\$ 200,000</b>	<b>\$ 650,000</b>	<b>\$ 900,000</b>	<b>\$ 1,300,000</b>	<b>\$ 800,000</b>	<b>\$ 500,000</b>	<b>\$ 1,120,000</b>	<b>\$ 5,470,000</b>	<b>\$ 73,022</b>	<b>\$ 3,936,005</b>	<b>\$ 1,533,995</b>
SO5: ID/AMR	Core	\$ 574,387	\$ 1,175,000	\$ 1,205,000	\$ 1,200,000	\$ 1,520,000	\$ 1,482,450	\$ 1,000,000	\$ 8,156,837	\$ 450,473	\$ 6,297,081	\$ 1,859,756
SO5: Malaria	Core		\$ 420,000			\$ 866,725	\$ 297,000		\$ 1,583,725	\$ 75,114	\$ 1,292,190	\$ 291,535
SO5: Malaria/MAC	Core			\$ 1,325,000	\$ 1,150,000	\$ 1,600,000	\$ 1,100,000		\$ 5,175,000	\$ 377,552	\$ 4,046,158	\$ 1,128,842
SO5: ID/TB	Core	\$ 410,333	\$ 810,000	\$ 1,200,000	\$ 1,250,000	\$ 1,188,000	\$ 1,290,000	\$ 1,120,000	\$ 7,268,333	\$ 506,750	\$ 5,715,492	\$ 1,552,841
<b>SO5: Sub Total</b>		<b>\$ 984,720</b>	<b>\$ 2,405,000</b>	<b>\$ 3,730,000</b>	<b>\$ 3,600,000</b>	<b>\$ 5,174,725</b>	<b>\$ 4,169,450</b>	<b>\$ 2,120,000</b>	<b>\$ 22,183,895</b>	<b>\$ 1,409,888</b>	<b>\$ 17,350,921</b>	<b>\$ 4,832,974</b>
Common Agenda	Core	\$ 800,000	\$ 1,030,538	\$ 1,650,000	\$ 973,000	\$ 773,000	\$ 800,000	\$ 773,940	\$ 6,800,478	\$ 206,328	\$ 5,899,119	\$ 901,359
Mainstreaming	Core					\$ 135,000	\$ 62,510	\$ 123,500	\$ 321,070	\$ 12,037	\$ 84,816	\$ 236,194
<b>Core</b>		<b>\$ 2,630,000</b>	<b>\$ 5,026,538</b>	<b>\$ 7,083,280</b>	<b>\$ 6,818,000</b>	<b>\$ 8,087,725</b>	<b>\$ 6,173,510</b>	<b>\$ 5,402,440</b>	<b>\$ 41,221,493</b>	<b>\$ 2,081,514</b>	<b>\$ 31,667,242</b>	<b>\$ 9,554,251</b>
<b>Bureau/Field Support Funds</b>												
LAC/SPO-PMCT	FS					\$ 1,200,000			\$ 1,200,000	\$ 22,829	\$ 1,098,828	\$ 101,172
<b>Africa Bureau Sub Total</b>		<b>\$ 290,000</b>	<b>\$ 700,000</b>	<b>\$ 250,000</b>	<b>\$ 650,000</b>	<b>\$ 250,000</b>	<b>\$ 70,000</b>	<b>\$ -</b>	<b>\$ 2,210,000</b>	<b>\$ 22,231</b>	<b>\$ 1,745,986</b>	<b>\$ 464,014</b>
<b>Asia/Near East Bureau Total</b>	FS	<b>\$ 200,000</b>	<b>\$ 150,000</b>	<b>\$ 590,000</b>	<b>\$ 400,000</b>	<b>\$ 200,000</b>	<b>\$ 200,000</b>	<b>\$ -</b>	<b>\$ 1,740,000</b>	<b>\$ 90,867</b>	<b>\$ 1,544,583</b>	<b>\$ 195,417</b>
<b>RDM/A Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 780,000</b>	<b>\$ 600,000</b>	<b>\$ 600,000</b>	<b>\$ 1,980,000</b>	<b>\$ 12,771</b>	<b>\$ 79,590</b>	<b>\$ 1,900,410</b>
G/PHN NGOs/OFDA	FS	\$ 50,000						\$ 120,000	\$ 170,000	\$ 17,873	\$ 61,780	\$ 108,220
E and E Bureau	FS		\$ 235,000	\$ 685,000	\$ 505,000	\$ 40,000	\$ 50,000		\$ 1,515,000	\$ 35,942	\$ 983,783	\$ 531,217
<b>REDSO Sub Total</b>		<b>\$ 300,000</b>	<b>\$ 315,000</b>	<b>\$ 320,000</b>	<b>\$ 800,000</b>	<b>\$ 725,000</b>	<b>\$ 340,000</b>	<b>\$ 357,000</b>	<b>\$ 3,157,000</b>	<b>\$ 2,328</b>	<b>\$ 2,897,796</b>	<b>\$ 259,204</b>
<b>WARP Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 250,000</b>	<b>\$ 340,000</b>	<b>\$ 500,000</b>	<b>\$ 150,000</b>	<b>\$ 1,240,000</b>	<b>\$ 200,321</b>	<b>\$ 958,610</b>	<b>\$ 281,390</b>
<b>LAC Bureau Sub Total</b>		<b>\$ 195,000</b>	<b>\$ 101,571</b>	<b>\$ 510,000</b>	<b>\$ 780,000</b>	<b>\$ 660,000</b>	<b>\$ 650,000</b>	<b>\$ 600,000</b>	<b>\$ 3,496,571</b>	<b>\$ 111,029</b>	<b>\$ 2,040,349</b>	<b>\$ 1,456,222</b>
<b>Bureau</b>		<b>\$ 1,035,000</b>	<b>\$ 1,501,571</b>	<b>\$ 2,355,000</b>	<b>\$ 3,385,000</b>	<b>\$ 4,195,000</b>	<b>\$ 2,410,000</b>	<b>\$ 1,827,000</b>	<b>\$ 16,708,571</b>	<b>\$ 516,191</b>	<b>\$ 11,411,306</b>	<b>\$ 5,297,265</b>
<b>Regional Mission Funds</b>												
<b>MAC Mission Funding</b>												
REDSO	FS			\$ 50,000	\$ 25,000	\$ 175,000	\$ 100,000		\$ 350,000	\$ 30,746	\$ 288,023	\$ 61,977
Democratic Rep. Of Congo	FS			\$ 10,000		\$ 200,000	\$ 100,000		\$ 310,000	\$ 13,440	\$ 272,285	\$ 37,715
Chana	FS			\$ 125,000	\$ 150,000	\$ 150,000			\$ 425,000	\$ 16,524	\$ 299,871	\$ 125,129
Kenya	FS			\$ 50,000	\$ 84,500	\$ 200,000			\$ 334,500	\$ (3)	\$ 346,482	\$ (11,982)
Madagascar	FS			\$ 75,000	\$ 100,000	\$ 150,000			\$ 325,000	\$ 2,488	\$ 129,246	\$ 195,754
Mali	FS				\$ 100,000	\$ 125,000			\$ 225,000	\$ 57,131	\$ 151,582	\$ 73,418
Nigeria	FS			\$ 100,000					\$ 100,000	\$ (13)	\$ 101,761	\$ (1,761)
Rwanda	FS			\$ 25,000					\$ 25,000	\$ 2	\$ 16,612	\$ 8,388
Senegal	MAARD			\$ 100,000			\$ 150,000		\$ 250,000	\$ 8,875	\$ 228,597	\$ 21,403
Sudan	FS					\$ 400,000			\$ 400,000	\$ 94,898	\$ 113,120	\$ 286,880
WARP	FS			\$ 38,750		\$ 191,250			\$ 230,000	\$ 4,726	\$ 203,448	\$ 26,552
<b>MAC Mission Funding Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ 498,750</b>	<b>\$ 334,500</b>	<b>\$ 1,116,250</b>	<b>\$ 1,025,000</b>	<b>\$ -</b>	<b>\$ 2,974,500</b>	<b>\$ 228,816</b>	<b>\$ 2,151,027</b>	<b>\$ 823,473</b>
Albania	FS		\$ 300,000		\$ 100,000		\$ 500,000	\$ 1,000,000	\$ 1,500,000	\$ 174,909	\$ 286,444	\$ 113,556
Armenia	FS								\$ 100,000	\$ 1,395	\$ 88,909	\$ 11,091
Central Asia Regional	FS				\$ 100,000				\$ 50,000	\$ 7	\$ 53,629	\$ (3,629)
Kazakhstan	FS			\$ 50,000					\$ 100,000	\$ 2,456	\$ 82,319	\$ 17,681
Kyrgystan	FS			\$ 50,000	\$ 50,000				\$ 275,000	\$ 6,255	\$ 235,420	\$ 39,580
Moldova	FS			\$ 100,000		\$ 175,000			\$ 150,000	\$ 7,111	\$ 236,279	\$ (86,279)
Romania	FS			\$ 150,000					\$ 150,000	\$ 7,111	\$ 236,279	\$ (86,279)
Tajikistan	FS				\$ 50,000				\$ 50,000	\$ 1,352	\$ 35,234	\$ 14,766
Turkmenistan	FS		\$ 91,208						\$ 91,208	\$ 2	\$ 81,551	\$ 9,657
Uzbekistan	FS		\$ 108,792	\$ 100,000	\$ 100,000				\$ 308,792	\$ 4,110	\$ 276,175	\$ 32,617
Brazil	FS				\$ 798,000	\$ 350,000	\$ 250,000	\$ 400,000	\$ 1,798,000	\$ 93,221	\$ 1,258,080	\$ 539,920
Dominican Republic	MAARD		\$ 103,389	\$ 100,000		\$ 100,000	\$ 100,000	\$ 30,000	\$ 433,389	\$ 4,346	\$ 295,796	\$ 137,593
<b>Haiti Sub Total</b>		<b>\$ -</b>	<b>\$ 110,000</b>	<b>\$ 100,000</b>	<b>\$ 1,390,000</b>	<b>\$ 1,950,000</b>	<b>\$ 3,750,000</b>	<b>\$ -</b>	<b>\$ 7,300,000</b>	<b>\$ 171,559</b>	<b>\$ 6,290,399</b>	<b>\$ 1,009,601</b>
Honduras Mission	FS	\$ 30,000	\$ 50,000						\$ 80,000	\$ (50)	\$ 57,985	\$ 22,015
Mexico	FS						\$ 49,957		\$ 49,957	\$ 11,409	\$ 11,409	\$ 38,548
Nicaragua	FS			\$ 100,000	\$ 150,000	\$ 394,581	\$ 90,000	\$ 50,000	\$ 784,581	\$ 15,843	\$ 652,005	\$ 132,576
Peru Mission	FS	\$ 100,000							\$ 100,000	\$ (50)	\$ 107,017	\$ (7,017)
Bangladesh Mission	FS	\$ 100,000							\$ 100,000	\$ 0	\$ 65,235	\$ 34,765
Cambodia	FS				\$ 150,000	\$ 100,000	\$ 150,000		\$ 400,000	\$ 19,224	\$ 318,548	\$ 81,452
India	FS					\$ 276,000			\$ 276,000	\$ 0	\$ -	\$ 276,000
Nepal	FS		\$ 413,000	\$ 300,000					\$ 713,000	\$ (26)	\$ 703,980	\$ 9,020
Vietnam	FS					\$ 1,000,000	\$ 2,847,000		\$ 3,847,000	\$ 103,753	\$ 3,546,602	\$ 300,398
Angola PMI	FS						\$ 100,000		\$ 100,000	\$ 58,200	\$ 58,200	\$ 41,800
Benin	MAARD						\$ 50,000		\$ 50,000	\$ 588	\$ 38,097	\$ 11,903
Benin-Malaria	MAARD						\$ 30,000		\$ 30,000	\$ 0	\$ 34,826	\$ (4,826)
<b>Ethiopia Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,500,000</b>	<b>\$ 3,000,000</b>	<b>\$ 22,300,000</b>	<b>\$ 7,586,000</b>	<b>\$ 36,386,000</b>	<b>\$ 2,031,523</b>	<b>\$ 23,375,460</b>	<b>\$ 13,010,540</b>
<b>Kenya Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,737,000</b>	<b>\$ -</b>	<b>\$ 2,194,850</b>	<b>\$ -</b>	<b>\$ 3,931,850</b>	<b>\$ 338,973</b>	<b>\$ 4,196,914</b>	<b>\$ (265,064)</b>
<b>Nambia Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 835,000</b>	<b>\$ 1,177,000</b>	<b>\$ 1,742,100</b>	<b>\$ 1,970,795</b>	<b>\$ 5,724,895</b>	<b>\$ 374,470</b>	<b>\$ 4,921,978</b>	<b>\$ 802,917</b>
<b>Rwanda Sub Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,600,000</b>	<b>\$ 665,000</b>	<b>\$ 1,938,109</b>	<b>\$ 2,695,465</b>	<b>\$ 6,898,574</b>	<b>\$ 613,038</b>	<b>\$ 4,710,038</b>	<b>\$ 2,188,538</b>
Senegal	MAARD				\$ 150,000	\$ 150,000			\$ 300,000	\$ 28,810	\$ 315,052	\$ (15,052)
<b>South Africa Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,000,000</b>	<b>\$ 1,400,000</b>	<b>\$ 2,550,000</b>	<b>\$ 3,600,000</b>	<b>\$ 8,550,000</b>	<b>\$ 513,785</b>	<b>\$ 4,600,584</b>	<b>\$ 3,949,416</b>
Sudan							\$ 600,000		\$ 600,000	\$ 0	\$ 0	\$ 600,000
<b>Tanzania Sub Total</b>		<b>\$ -</b>	<b>\$ 1,150,000</b>	<b>\$ 1,440,000</b>	<b>\$ 2,590,000</b>	<b>\$ 433,432</b>	<b>\$ 1,604,564</b>	<b>\$ 985,436</b>				
Uganda PMI	FS						\$ 300,000		\$ 300,000	\$ 82,158	\$ 33,082	\$ 216,918
Uganda - MAC Core	FS						\$ 200,000		\$ 200,000	\$ 0	\$ -	\$ 200,000
<b>Uganda Sub Total</b>		<b>\$ -</b>	<b>\$ 500,000</b>	<b>\$ 500,000</b>	<b>\$ 500,000</b>	<b>\$ 82,158</b>	<b>\$ 33,082</b>	<b>\$ 416,918</b>				
<b>Zambia Sub Total</b>		<b>\$ 100,000</b>	<b>\$ 280,000</b>	<b>\$ 780,000</b>	<b>\$ 1,865,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,025,000</b>	<b>\$ 4,846</b>	<b>\$ 3,018,887</b>	<b>\$ 6,113</b>
<b>Mission</b>		<b>\$ 330,000</b>	<b>\$ 1,456,389</b>	<b>\$ 2,328,750</b>	<b>\$ 13,909,500</b>	<b>\$ 11,853,831</b>	<b>\$ 40,667,059</b>	<b>\$ 20,022,217</b>	<b>\$ 90,567,746</b>	<b>\$ 5,340,297</b>	<b>\$ 64,379,410</b>	<b>\$ 26,188,336</b>
ACF Surplus/(Deficit)											\$ (0)	
<b>Grand Total</b>		<b>\$ 3,995,000</b>	<b>\$ 7,984,498</b>	<b>\$ 11,767,030</b>	<b>\$ 24,112,500</b>	<b>\$ 24,136,556</b>	<b>\$ 49,250,569</b>	<b>\$ 27,25</b>				

**Rational Pharmaceutical Management Plus Financial Status Overview  
Cumulative Expenditure activity through September 30, 2006**

Total Funding Received to date:	\$148,497,958
Total Amount Spent to date:	\$107,457,958
Pipeline:	\$41,039,852
Percent of Funds Spent:	72.36%
Cost-Share Earned to Date:	+\$21,000,000
<i>Target Cost-Share Amount:</i>	<i>\$21,000,000</i>
Percent of Cost-Share Realized:	100%+



## Rational Pharmaceutical Management Plus Program Expenditures through September 30, 2006



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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Maternal Health **Year** 04**Activity Title** Collaborate with partners to analyze STGs for AMSTL and PPH and explore the potential for their harmonization and eventually**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 a study in 4-5 countries to identify issues at the central level that might negatively affect the quality of services at the facility level, looking specifically at—

- Factors affecting the widespread availability of uterotonics in health facilities
- Training initiatives to ensure that staff are well trained in AMTSL and the storage requirements for uterotonics
- Systems to ensure quality products, maintained through a secure distribution chain. Areas for possible harmonization of AMTSL training as well as the supply and storage procedures for uterotonics to support the adoption and scale-up of AMTSL in several countries were also identified.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Report being finalized and translated for final draft.	The consultant who prepared the report is located in Cote d'Ivoire. He travels often which has affected the pace which questions have been addressed. But after several communications, most of the issues have been addressed.	This paper will be shared with the countries included in the report (Benin, Burkina Faso, Cameroun, Mali)and will be presented at FIGO 2006 in Malaysia and the SAGO conference in Kinshasa, December 2006.		

**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Maternal Health **Year** 04**Activity Title** Adapt Survey tools to be used by sub grantees under the POPPHI framework to assess current drug mgmt. practice and the capacity**Activity Manager** McCollum, Jennifer **Activity #** 3 **Task:** A1WW04RPH **Sub-Task:** 60CXH3**Activity Description** RPM Plus will adapt tools so that they can be quickly administered locally, and will focus on aspects of the drug management cycle. RPM plus will support the subgrantees as appropriate in carrying out the surveys and dissemination of the findings to policy makers.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM Plus visited Mali and Benin, July 3-14 to conduct a series of meetings with MoH and stakeholders in preparation for AMTSL facility level studies. We met with USAID, MoH Division of Reproductive Health, MSD, DPM, and other CAs involved in scale up of AMTSL. Based on meetings with MoH, we decided to move forward with the study in Benin. After three months with the ethical review committee, the study plan was approved. Data Collection should begin in Benin by the end of October. In the case of Mali, the MoH was most concerned with increasing program coverage and wanted to defer the study until perhaps next year. As a result, RPM Plus will be involved in stakeholder discussions to determine the best way in which we can support MoH and contribute to scale up efforts. In addition, USAID-MH and POPPHI have asked RPM Plus to explore the possibility of administering the study in Ghana. RPM Plus will meet with the MoH, USAID and partners in Dec 2006 to determine best way forward.	Ethical Review and approval in Benin have forced long delays in starting the process.	Data Collection to be completed by mid November. Consultant will participate in Data Analysis workshop in Baltimore, MD December 12-19.		

**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Maternal Health **Year** 05**Activity Title** Develop and implement advocacy strategies to promote inclusion of AMTSL in national RH policies in African countries in**Activity Manager** Ndyanabangi, Bannet **Activity #** 2 **Task:** A1WW05RPH **Sub-Task:** 60F5H2**Activity Description** From the results of a review of national policies and standard treatment guidelines initiated in 2004 and currently in progress in selected AWARE countries, and also from information obtained from a POPPHI global survey of AMTSL practices also currently underway, advocacy materials, such as policy briefs and fact sheets will be developed to promote the inclusion of AMTSL in STGs and other national policies.

RPM Plus will also participate in national and regional workshops and conferences to present pharmaceutical management issues in the practice of AMTSL.

This activity will take place throughout the year as opportunities are identified in coordination with POPPHI partners.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM Plus attended and presented a poster at the International Congress for Prevention of Postpartum Hemorrhage in South Goa, India, 12-15 July, 2006. In collaboration with POPPHI, RPM Plus is preparing to present our Four Country Review of Policies and Procedures on Use of Uterotonics for the Active Management of the Third Stage of Labor (AMTSL) and the Prevention of Post Partum Hemorrhage at the 2006 FIGO World Congress of Gynecology and Obstetrics in Kuala Lumpur, Malaysia in November.		Present paper at FIGO, November 2006.		

**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM Plus has reviewed comments and the district DMCI and DMCI are awaiting final revisions.		RPM Plus will incorporate the comments received and finalize the revisions to the D-DMCI and DMCI tools.		

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM Plus is awaiting final revision to the DMCI tool before producing a draft curriculum package.		RPM Plus will draft a curriculum package and incorporate any revisions made to the DMCI tool.		

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Child Survival**Year** 03**Activity Title** Developing interventions guide to improve child survival drug management at community level**Activity Manager** Briggs, Jane**Activity #** 3**Task:** A1WW03CHS**Sub-Task:** 60F6K3**Activity Description** A guide to interventions is being developed in order to orient district managers as well as policy makers, in the selection and development of interventions to improve availability and use of medicines in the community.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	This quarter RPM Plus circulated the revised draft of the interventions guide to internal MSH staff for review, before requesting a review from WHO.		RPM Plus and WHO staff will review the revised guide and the guide will be finalized. A suitable country will be identified 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.		

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q4**

This quarter the consultant continued to revise the analysis database and indicator reports for the C-DMCI assessment tool. The database is now awaiting review by RPM Plus technical staff and a user manual is under development. In addition to ongoing work with the database, RPM Plus updated the child survival webpage to include information on activities focused on zinc treatment as part of diarrhea management. RPM Plus also internally discussed submitting abstracts to the Global Health Council and APHA.

RPM Plus will coordinate with the consultants to finalize the software and user manual for C-DMCI analysis. A CS brochure will be finalized for dissemination at conferences and meetings. The RPM Plus child survival web pages will continue to be updated as necessary on a quarterly basis. A final draft of the BASICS RPM Plus action guide on drug management will be completed and published.

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Child Survival**Year** 03**Activity Title** Implement community drug management interventions in the LAC region**Activity Manager** Briggs, Jane**Activity #** 7 **Task:** A1WW03CHS **Sub-Task:** 60F6H7

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

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	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:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**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.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Based on discussions with USAID it seems unlikely that commodity tracking will be a priority within Child Survival portfolio activities.		The final report will be circulated to country contacts and consultants. RPM Plus will continue collaboration with the PMNCH working groups and involvement with monitoring and evaluation activities.		

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	This quarter the new senior program associate that will serve as portfolio teamleader was introduced to the child survival team and partners and was briefed on child survival activities.				

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	No progress this quarter.		RPM Plus will continue support the technical assistance needs of Madagascar in zinc implementation. In DRC, discussions regarding the zinc assessment have been postponed until further information is received from USAID regarding the work of local partners.		

**Last Updated:** 10/05/2006



**Workplan:** Child Survival**Year** 04**Activity Title** Implement private sector initiatives in Tanzania.**Project  
Year 6 Q4**

This quarter private sector initiatives in child health advanced in Tanzania and Senegal. The Ministry of Health in Tanzania officially approved implementation of the child health component (IMCI) into the ADDOs. The contract between BASICS and CEEMI was finalized and awarded for completion of the baseline and formative research. CEEMI revised the quantitative and qualitative tools and after piloting the tools in the field, the quantitative and qualitative data collection was conducted. Advocacy work was carried out by RPM Plus in the Ruvuma region to introduce stakeholders to the implementation of IMCI in the ADDOs. At the regional level, RPM Plus met with 20 members of RDTCC to address concerns and explain the program. At the district level, workshops were held with 73 members of CHMTs and DDTCs along with 189 owners of ADDOs to discuss responsibilities and next steps. One problem that emerged was that there is a high demand to open up ADDO shops, but there are not enough trained shop keepers to employ. In addition to these activities in Ruvuma, RPM Plus participated in a strategic planning meeting in Bagamoyo to think through the process of scaling up the ADDO program nationwide and discuss possible changes in the ADDO model needed to facilitate nationwide roll-out. An ADDO roll out strategy resulted and is being circulated in the MoH.

In Senegal, a draft of the final report on all 11 of the private sales assistant trainings was completed and shared with partners for review. RPM Plus facilitated

In Tanzania, the analysis of the baseline assessment and formative research will be carried out. The training materials will be revised and finalized, and the training conducted in all districts of Ruvuma. A supervision mechanism will be developed. RPM Plus will continue to support the TFDA in strategic planning for the national roll-out of ADDOs. In Senegal, a final report summarizing results from the training of private sector sales assistants will be completed and disseminated. The systematic review of private sector interventions will be finalized.

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

a meeting with partners including the DPL and the syndicate of pharmacists to continue discussions on developing and implementing an ongoing supervision mechanism for monitoring and supporting the private sales assistants. It was decided that a combination of questionnaires and simulated client scenarios would be used. Unfortunately, representatives from the syndicate were unable to attend the arranged meeting (on Sept 28, 2006), but there will be continued follow up with the syndicate to schedule another meeting.

In other private sector activities, a final draft of the report of findings of the Kenya evaluation with the SEAM team was completed and awaits final editing. Also, progress was made with the private sector review of published articles. Citations of articles were organized systematically in the Reference Manger database and the electronic versions of the articles were filed systematically also.

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**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**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.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	This quarter RPM Plus participated in the high level symposium held by UNICEF to discuss progress towards MDG-4. Highlights included the Countdown Report assessing progress in 60 priority countries, published in the Lancet.		RPM Plus will continue to explore their role as a partner in the PMNCH. As a preliminary step, MSH will register as an official PMNCH partner. Follow up will continue on collaboration with PMNCH working groups.		

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	This quarter discussions continued with the child survival team to divide responsibilities among team members for child health activities. A draft of the FY 06 workplan was developed.		Finalize the FY 06 workplan.		

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Child Survival**Year** 05**Activity Title** Private Sector Initiatives**Activity Manager** Adeya, Grace**Activity #** 3**Task:** A1WW05CHS**Sub-Task:** 60A2H3

**Activity Description** RPM Plus will collaborate with BASICS, leveraging funds from BASICS and other projects in Rwanda such as Twubakane (the bilateral project), to explore the potential role of the private sector in Rwanda through an assessment and a process of options analysis and strategic planning. Also, technical assistance will be provided where necessary on a regional or global level to partnering public health organizations (such as the SARA project, WHO, UNICEF and the World Bank) in order to promote utilization of the private sector for child health as well as to provide guidance to countries.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	This quarter progress was made in planning for and scheduling the Rwanda home-based management of malaria (HMM) assessment in collaboration with BASICS. A HMM assessment proposal was developed and includes a pharmaceutical management component assessing knowledge and practices of private sector providers and investigating the existing pharmaceutical management system at the community level. RPM Plus also developed a job description for a drug management specialist to be included in the team members that will implement the HMM assessment. Data collection instruments for the pharmaceutical management component of the assessment are being drafted.		RPM Plus will collaborate with BASICS to conduct the Rwanda survey. Survey implementation is expected early next quarter.		

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Child Survival **Year** 05**Activity Title** Community case management of ARI and malaria**Activity Manager** Adeya, Grace **Activity #** 5 **Task:** A1WW05CHS **Sub-Task:** 60EXH5**Activity Description** Technical assistance will be provided as necessary to partners including expected input in the program design, development of training materials for the training of community agents, the organization of medicine distribution systems, monitoring and supervision, as well as evaluation and documentation.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	<p>This quarter in DRC revisions continued on the baseline C-DMCI survey report describing drug availability in the community in Kenge and Demba. Supervision reports were completed for the second and third site visits to Demba. A report was also drafted detailing the community case management training that occurred in the Bilomba Health Zone, where TA was provided by RPM Plus to a partner organization (Health net). Revised tools for CCM use were circulated to partners. Revisions were based on the lessons learned during the initial CCM activities. In addition to these activities, a draft document was completed describing the drug management systems at the community level (including three regions: Demba, Kenge and Mont Ngafula II).</p> <p>Activities with the CORE group continued this quarter. External reviewers sent comments on the draft chapter on the Management of Medicines for the CCM Essentials Guide. Comments will be incorporated into a revised version of the chapter.</p>		<p>In DRC, the baseline survey report will be finalized and a dissemination workshop will be held with local stakeholders. The CCM Management of Medicines chapter will be revised according to reviewer comments and finalized for integration into the CCM Essentials Guide. Technical assistance will continue in finalizing drug management tools for CHWs and extending CHW training into additional health zones. Sites where CCM has been implemented will continue to be monitored with documentation of visits. Discussion will continue with USAID on CCM ARI activities in other interested countries.</p>		

**Last Updated:** 10/05/2006



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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** HIV/AIDS**Year** 04**Activity Title** Development of Enhancers and Monitoring Tools to promote patient adherence to ART**Activity Manager** Witt, Hella**Activity #** 5**Task:** A1WW04HIV**Sub-Task:** 60EXH4

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

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** HIV/AIDS**Year** 04**Activity Title** Development of Enhancers and Monitoring Tools to promote patient adherence to ART**Project  
Year 6 Q4**

A report analyzing the results of the survey was developed by RPM Plus. RPM Plus also began the process of adapting the 'Motivations Mapping Tool' developed for the TB portfolio. The technique of this tool will be applied to HIV treatment settings and the adapted tool will be called - the Adherence Promotion Planning Tool. An initial concept paper was developed and shared within RPM Plus. Options are also being explored to tie in the adherence activity to similar activities being conducted by INRUD using funds from SIDA. Discussions are underway to see how best this can be done. The pilot test of the tool is expected to take place in collaboration with INRUD in one of the countries which participated in the survey carried out in the previous quarters

None

The Adherence Promotion tool - User's Guide will be reviewed within RPM Plus and also shared with INRUD. Options for pilot testing the tool will continue to be explored.

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**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q4**

Structured questionnaires for the second phase study in Malawi have been developed, and data collection at facility level was conducted in collaboration with the NPT. Write up of study findings by the study team is ongoing. A consultant was contracted to conduct the TB/HIV study in Ethiopia. The first study phase was conducted and a draft report received. Based on the findings RPM Plus developed structured questionnaires for the second phase. Data collection for the second phase has started in Ethiopia. Efforts to clarifying some issues in the study reports received from Tanzania, Brazil and Uganda are ongoing.

**Last Updated:** 10/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** HIV/AIDS**Year** 04**Activity Title** Present and Disseminate Materials at Workshops, Conferences and Meetings**Activity Manager** Ndyanabangi, Bannet**Activity #** 8**Task:** A1WW04HIV**Sub-Task:** 60F2D8

**Activity Description** With FY05 funding, RPM Plus will work on actively disseminating these materials using a variety of approaches and media channels. This funding will also be used to present and disseminate materials on RPM Plus products and experiences in strengthening pharmaceutical management systems at conferences and meetings. RPM Plus will send representatives to the ICASA conference in 2005 to present abstracts, participate in satellite sessions and to disseminate tools and materials as appropriate. RPM Plus will work with OHA to identify other opportunities and appropriate topics to present at workshops, conferences and meetings

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Work began on abstracts to be submitted for the International Association of Physicians in AIDS Care (IAPAC) 2007 and the Global Health Conference in 2007. Abstracts are being prepared for the adherence activity	None	Conference abstracts will be submitted during PY7 FY06 Q1.		

**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** HIV/AIDS**Year** 05**Activity Title** Work with USAID, the World Bank, the World Health Organisation, the Global Fund for AIDS, TB and Malaria (GFATM) and other**Activity Manager** Ndyabangi, Bannet**Activity #** 4**Task:** A1WW05HIV**Sub-Task:** 60F2H4**Activity Description** RPM Plus will continue to work with USAID/OHA in collaborating with international agencies including UNAIDS WHO,GFATM, the World Bank and other donors and organizations to exchange information related to HIV/AIDS health commodity management and to identify opportunities for collaboration to address health commodity management issues. These may include collaborating on assessments, follow-on health commodity management technical assistance and training and assisting countries to scale-up activities.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** HIV/AIDS**Year** 05**Activity Title** Work with USAID, the World Bank, the World Health Organisation, the Global Fund for AIDS, TB and Malaria (GFATM) and other**Project  
Year 6 Q4**

RPM Plus responded to a request from UNICEF to assist in finalizing the WHO/UNICEF publication "Programming Framework to Scale up Pediatric Care, Support and Treatment in Resource-Constrained Settings." An RPM Plus representative joined a small working group for a two day meeting in July 2006 to review the sections written and to draft missing sections. RPM Plus worked with a representative from UNICEF to draft the section on Supply Management, one of the six strategic components of the document.

RPM Plus partnered with IDA, SCMS and JSI/DELIVER to assist WHO AMDS to prepare and facilitate a skills building workshop at the XVI International AIDS Conference in Toronto, Canada, 13-18 August 2006. The skills building workshop entitled "Assessment and Monitoring Supply Chains of Anti-Retroviral Drugs" used an interactive case study to achieve its objectives to (1) increase the ability of participants to assess supply chains and plans for their scaling up and monitoring supply chain of ART program; (2) improve the skills of monitoring supply chain operations in ART programs (3) improve the ability of participants to implement Quality Assurance within ART supply chains. The workshop was well received by participants. WHO AMDS plans to use the case study as part of its strategy to disseminate the indicators prepared for the interagency guidelines for "National Reporting Requirements and Monitoring of Medicine Flows in Antiretroviral Treatment Programmes" which were

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** HIV/AIDS**Year** 05**Activity Title** Work with USAID, the World Bank, the World Health Organisation, the Global Fund for AIDS, TB and Malaria (GFATM) and otherdeveloped by WHO AMDS in  
partnership with RPM Plus,  
JSI/DELIVER and Booz Allen/SCMS.**Last Updated:** 10/13/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** HIV/AIDS**Year** 05**Activity Title** Updating the Rapid HIV test kits procurement information document**Activity Manager** Johnson, Abiola**Activity #** 8**Task:** A1WW05HIV**Sub-Task:** 60AXF8**Activity Description** RPM Plus will use funds from FY06 to update the document to reflect changes in supplier and price information. The document was web-enabled using FY04 funds and this will be updated to reflect any further changes.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	A tentative copy of the updated USAID source and origin waiver was made available to RPM Plus. Five additional HIV test kits have been included and work began in contacting the representatives of the manufacturing companies and the suppliers.	None	Information received from the representatives will be compiled and prepared for the reviewers. Preliminary work on the web version of the document will commence in the next few months		

**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** HIV/AIDS**Year** 05**Activity Title** Update the VCT Planning Guide**Activity Manager** Walkowiak, Helena**Activity #** 10**Task:** A1WW05HIV**Sub-Task:** 60EXE0**Activity Description** Originally planned using FY03 funding, the review and update of the document is now being done in FY05. The aim of the document is to provide practical guidance on commodity management issues related to establishing, managing and scaling up testing and counseling programs. The document will be completed and disseminated.**Project  
Year 6 Q4**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
RPM Plus field staff were interviewed in Rwanda to solicit information on tools and methodologies developed and in use for VCT commodity management, lessons learned and to identify potential case studies.	Competing priorities	The document will be drafted in the next quarter for review by colleagues and partners.		

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Document has been reviewed by the first reviewer and a number of modifications are required		Incorporation of the suggestions made by the first reviewer		

**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** HIV-PMTCT**Year** 03**Activity Title** Update and Disseminate the VCT Planning Guide**Activity Manager** Johnson, Abiola**Activity #** 13**Task:** A1WW03HIP**Sub-Task:** 60EXEB

**Activity Description** With FY02 funding, RPM Plus and FHI/IMPACT published the document Commodity Management in VCT Programs: A Planning Guide. At a joint satellite session, during the ICASA conference in 2003, feedback was obtained from the users of the document to assess the usefulness of the document. Originally planned using FY03 funding, the review and update of the document is now being done in FY05. The aim of the document is to provide practical guidance on commodity management issues related to establishing, managing and scaling up testing and counseling programs. The document which is also being co-funded with SO4 funds will be completed and disseminated.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Minimal progress due to lack of response from field office representatives who should provide information on testing and counseling programs	Information on the testing and counseling programs in countries has been difficult to obtain due to poor communication links with the field offices	Continue to try to obtain information on testing and counseling programs in countries		

**Last Updated:** 10/11/2006

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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 Q4**

For the phase II studies:

None

**VIETNAM:**

The data has been analyzed and a final report has been sent to and approved by RPM Plus. Significant improvements were seen. A technical dissemination seminar took place in July as planned. The seminar was prepared with collaboration between the Institute of Health Environment and Development, the Vietnam Association of Family Physicians, Thang Long University and the Dept. of Social Affairs of the National Assembly (to introduce the component of health insurance the promotion of rational drug use). The seminar was convened by the Vietnam Association of Family Medicine. Dennis Ross Degnan from Harvard attended. Participants came from the Vietnam National Association of Family Medicine, the Dept. of Therapy of the Ministry of Health, the Dept. of Health Insurance Policy of the Ministry of Health, Hanoi Medical University, the Institute for Health Strategy and Policy, the Institute of Health Environment and Development, the Dept. of Social Affairs of the National Assembly, the Dept. of Health of the Science and Education Commission of the Central Committee Office of the Leading Party (the Communist Party), etc.

**THAILAND:**

All the intervention and post-intervention data collection has been done and the final data are being analyzed. Apparently the process was quite slow and late since some of the research assistants, who are students, graduated and were focused more on their job hunting and

- In Vietnam an advocacy meeting will be 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.

- Receive Thai analysis.

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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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)

moving rather than the data entry. The  
summing up will be presented soon.

**Last Updated:** 10/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q4**

All course participants for the Namibian course have been e mailed twice to ask for progress in their work as a result of the course. Fifteen of the 35 participants have responded. Results have been compiled and submitted as a draft report. All course participants for the Kenyan course have also been e mailed twice to ask for progress in their work as a result of the course. Twenty two of the 35 participants have responded. Results have been compiled and submitted as a draft report.

- Not all participants responded.

**Last Updated:** 10/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	<ul style="list-style-type: none"><li>- The SIDA contract was finally agreed and signed on September 1st 2006. This includes core support for INRUD for the next five years including an upgrading and maintenance of the web site, support for two web based INRUD News's a year, maintenance of the bibliography and writing a regional project proposal annually. This means that RPM Plus has helped to keep INRUD alive and has now passed on the burden of finance. USAID are to be warmly thanked for this.</li><li>- A group in Vietnam has applied for and been accepted for membership.</li><li>- China has changed their invitation to the coordinator to address a quality improvement cycle in Hangzhou for November. They will pay travel costs.</li><li>Rwanda is still planning to apply for membership.</li><li>- TA has been continued to groups who are undertaking consultancies. The Tanzanian group, commissioned to develop gold standards for drug indicators in different institutions has been progressing well.</li><li>- The next INRUD News is planned for November 2006. This will mainly be with SIDA funding.</li></ul>	None	<ul style="list-style-type: none"><li>- INRUD News</li><li>- Updated web site</li><li>- Updated bibliography</li><li>- Visit China</li><li>- Regional proposal</li></ul>		

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**Last Updated:** 10/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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

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**Workplan:** Antimicrobial Resistance**Year** 04**Activity Title** Support Implementation of Research Agenda Identified by ICIUM 2004**Project  
Year 6 Q4**

None

- Four Data collection instruments were developed: patient exit interviews, recent retrospective, long retrospective and facility interviews.
- The intention is to do 30 exit interviews per facility with the main indicator being a self report on adherence in recent days and collecting other factors affecting adherence such as the time to clinic, time spent in clinic, adverse drug reactions (ADRs), whether medicines are labeled correctly and whether the patient has correct knowledge on taking medicine.
- Recent Retrospective will include a random sample of 100 patient files sampled from patients on ART who attended the clinic 3 months ago. Most of the data will come from clinical records and will focus on whether the patient attended the next appointment and if not whether they attended within the next 60 days. If recorded self report and pill count will be noted as well as the presence of opportunistic infections and ADRs and CD4 counts or viral loads.
- The Long Retrospective will include a random sample of 100 patient files sampled from patients on ART who attended the clinic a year ago. Most of the data will be gleaned from pharmacy dispensing records or clinical records where copies of prescription were available. The main interest will be the number of days of pills dispensed over the period and whether there has been a gap of more than 30 days. Additionally recorded will be whether the patient attended the next appointment and if not whether they attended within the next 60 days and whether they are still on treatment a year later. Pill counts where recorded will be noted. Where available

- The first feasibility survey is planned for September/October with SIDA and PEPFAR funding.

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

CD4, viral loads, OIs, ADRs will be recorded.

- Facility Interview will include the days and hours the clinic is open and whether they are open at convenient times such as evenings or weekend. The workload per clinician and per support staff will be noted as well as the availability of key ARV and non ARV medicines, private space for counseling and laboratory services for CD4 and viral load.

- Each instrument will have a reliability module where patients and records will be looked at by two different people to check agreement.

- SIDA signed an adherence program agreement at the beginning of September. The first feasibility survey is planned for September with SIDA and PEPFAR funding.

**Last Updated:** 10/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Implement a country level AMR advocacy and containment program**Activity Manager** Joshi, Mohan**Activity #** 2**Task:** A1WW05AMR**Sub-Task:** 60AXP2

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

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

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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Implement a country level AMR advocacy and containment program**Project  
Year 6 Q4**

- Finalization of the nursing and in-service curriculum reviews was completed and the pdfs disseminated to counterparts in Zambia. Final editing of the pharmacy report was also completed in September 2006. RPM Plus technical staff completed a field visit to Zambia from July 10 to 19 and during this period the staff met with the AWG and various in-country partners to review progress and map out next steps for implementation of AMR interventions in Zambia. A meeting was held on July 14, 2006 to disseminate the results of the completed curriculum reviews to the medical, nursing, pharmacy and in-service training stakeholders. Additional meetings were held with the AWG members and relevant officials at the University Zambia and the Zambia National Formulary Committee (ZNFC) to map out next steps for reviewing the medical curriculum, the STGs and in-service training. The RPM Plus infection control assessment tool (ICAT) was also disseminated and well accepted by the Zambia Infection Prevention Working Group (IPWG). Further discussions were initiated to explore opportunities for implementing the tool in a limited number of departments at the University Teaching Hospital (UTH). The ZNFC held a meeting on August 24, 2006 to plan further steps for curriculum review. This was followed by a retreat on September 22-24, 2006, where the ZNFC reviewed the Zambia STGs.

- Meanwhile, the national DTC course was held in Addis from August 25-September 2. AMRAC, now officially AMR Task Force, met in September 2006 to finalize their TOR and set up a planning committee for the call-to-action

- Work progress in Ethiopia was relatively slow in July and August due to competing priorities of in-country partners.

- Continue to provide technical assistance to the AMR Task Force in Ethiopia to prepare for the AMR call-to-action meeting in November. RPM Plus technical staff from Arlington and Zambia are planning to attend the meeting to provide assistance.

- Collaborate with the Zambia AWG to develop a task force to foster advocacy and inclusion of AMR topics within the medical curriculum review process at the University of Zambia Medical School.

- Follow up and move ahead with implementation of infection control tools at UTH

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

meeting. The AMR stakeholders' call-to-action meeting has been scheduled for November 16-18. RPM Plus is working with the AMR Task Force on preparations for the meeting. To get the preparations going, RPM Plus initiated communication and drafted templates of objectives, an agenda and a draft call-to-action document for review by the in-country partners.

**Last Updated:** 10/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Preventing Resistance to Antiretrovirals through ART Adherence Measurement and Support**Project  
Year 6 Q4**

- Patient enrollment progressing at Cecilia Makiwane Hospital (enrolment currently roughly 75% of target). - During this quarter the training material on motivational interviewing piloted in the Free State Province. This involved an initial 2 day contact session that consisted of didactic training and associated role play. A follow up session was held 2 months later to obtain feedback about the implementation in the practice session and provide supplementary training in order to address the learning gap identified by the participants at the end of the 1st session. Site visits are planned in order to provide technical support for implantation and develop success stories. - Two thirds of patients who have been recruited have returned for their follow up date and the data downloaded from the MEMS. The remainder have follow up dates planned for the next 3 weeks. - Poster on "Analyzing medication Adherence Measurement tools in predicting ART outcomes in resource-limited settings" was presented at the XVI International AIDS Conference – 13-18 August 2006 in Toronto.

- Communication and meetings with local counterparts were held on the conduct of the Namibia adherence survey. This was a follow-on to the pre-survey workshop held during the preceding quarter. - Presentation on "Effective Treatment Adherence Strategies in Namibia" was made at the USG/Namibia organized Care and Treatment Workshop held in Windhoek, Namibia from 26-27 July, 2006. - Followed up with MoHSS for a feedback on request for protocol approval for the

- Technical difficulties were experienced in reading the data from the MEMS when patients returned. These have been addressed.

- Recruitment is time consuming and each patient requires a 20-min session in order to obtain informed consent and train the patient on using the MEMS.

- Two patients have been lost to follow up, one of whom was admitted for surgery.

- Delays in securing approval for the Namibia adherence survey

- Complete final report on the piloting and calibration of the adherence assessment tool.

- National consultative meeting with all 9 provinces. - Piloting of the adherence assessment and improvement strategy in at least 1 selected site per province.

- Develop adherence training strategy.

- Develop a menu of adherence improvement interventions and supporting evidence.

- Develop and implement a policy for ward access to ART with associated quality improvement interventions.

- Obtain approval for the conduct of Namibia adherence survey, engage data collectors, print survey instruments and conduct survey

- Hold a national survey dissemination workshop under the auspices of MoHSS and involving all stakeholders

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

Namibia adherence survey activity

**Last Updated:** 10/03/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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

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

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

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

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

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

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Pilot the AMR Questionnaire Module for Use by the Demographic and Household Survey (DHS)**Project  
Year 6 Q4**

- During this quarter RPM Plus held a meeting with ORC Macro involving Ani Hyslop, Luis Ochoa and Adrienne Cox to discuss the possibilities for field testing the DHS-AMR module in Zambia. Adrienne Cox is Macro's M&E specialist who is currently coordinating the national DHS survey in Zambia. During the meeting it was also decided to integrate the Background, Rationale, Indicators, Tabulation Plan and Questionnaire into one document. With further refinement of a few questions, an integrated document was produced in July.

- RPM Plus subsequently provided names of key contacts in Zambia based on AMR team's work on AMR advocacy. During her ORC Macro-related recent visit to Zambia, Adrienne Cox took the opportunity to discuss the prospect of field testing the AMR module with in-country partner (Central Statistical Office (CSO) of the Ministry of Economic Planning). ORC Macro presented the AMR module to the CSO for review and requested review of the budget that was drafted for implementation of the module.

- CSO has reviewed the budget and is working on providing feedback. It was indicated that the field testing of the AMR module may take place in end of January or early February 2007.

- Convenience of in-country partners is a consideration. The larger nationwide DHS survey for Zambia is planned for November and a series of training is being organized. CSO felt that the AMR module cannot be field tested in the last quarter of 2006 due to competing priorities. However, the trained staff will be available for the first quarter of 2007.

- Develop Contract with ORC Macro and also directly with CSO for field test.

- Develop field testing methodology, including sampling framework and implementation plan. ORC Macro and RPM Plus will be developing this document in collaboration with CSO.

- Where necessary, future discussions will involve conference calls between ORC Macro, CSO and RPM Plus to harmonize the planning process for the field test.

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**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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

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**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 Q4**

- Two national/local DTC courses were planned and conducted during this quarter. The Rwanda DTC course was conducted July 25-29, 2006. This training was done in collaboration with the Ministry of Health and RPM Plus/MSH/Rwanda and trained 39 physicians, pharmacists and nurses. Follow-up activities for the training are being shared between RPM Plus Rwanda and RPM Plus Washington. A second course was conducted in Addis Ababa, Ethiopia. This training was done in collaboration with the Drug Authority and Control Administration (DACA) and RPM Plus Ethiopia. In this training, 40 participants from hospitals and Ministry of Health Offices were trained. Follow-up activities will be conducted by DACA, RPM Plus Ethiopia and RPM Plus Washington. Two new course modules were tested at the Ethiopia training, the role of the DTC in HIV/TB/Malaria and in AMR.

- Follow-up support for Malaysia DTC course participants continues with the individual e-mail exchange, group mailings and DTC website development. Several Malaysia participants have been standouts in their work and have demonstrated exceptional skills at developing and enhancing their DTCs in their home countries. The Rwanda DTC Course was originally planned and co-facilitated by one of these participants. A survey has been sent to all of the India, Uganda, Kenya, and Indonesia training course participants soliciting progress and constraints on their DTC activities. Feedback from several participants has been received. DTC participants' accomplishment report has been

- The DTC follow-up activity relies heavily on e-mail follow-up and this is not always effective for course participants. Many participants from Rwanda and Ethiopia lack e-mail access and therefore they will be more closely monitored by in-country programs. Follow-up with many past participants has been hampered by changes in their e-mail addresses.

- Continue follow-up activities with Malaysia participants. Ensure that in-country programs in Rwanda and Ethiopia are being monitored appropriately and that adequate follow-up and TA is being provided.

- Communicate with RDM/Bangkok and U.S. Embassy in China for guidance/approval on RPM Plus collaboration for a second DTC course in China.

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

updated up to September 2006 and placed on the G: drive.

- RPM Plus has received requests from in-country partners in China and WHO country office and WPRO to collaborate to assist the MOH in conducting a second DTC course in the Shandong Province of China.

- RPM Plus made an oral presentation on "The role of Drug and Therapeutics Committees in addressing AMR" at the August 2006 FIP Conference in Brazil.

**Last Updated:** 10/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Support SAIDI AMR containment and advocacy activities**Project  
Year 6 Q4**

- In July, technical staff from APUA/Boston traveled to Bolivia where he met with the local APUA chapter and discussed strategies for forming and leading a national AMR working group. On this trip, APUA held a seminar on the prudent use of antibiotics that was attended by over 80 health professionals from La Paz. The trip report was finalized and disseminated.

- Trip report of the May Paraguay visit by APUA/Boston technical staff was also finalized and distributed.

- The following reports of the trips taken by SAIDI partners to Peru and Paraguay in the previous quarter were also finalized: (1) Workshop with SAIDI National and International Partners to Prioritize the Objectives and Activities of a Plan to Contain and Prevent Antimicrobial Resistance in Callao and SAIDI Steering Committee Meeting, April 17 – 21, 2006.(2) Workshop with SAIDI national and international partners to prioritize the objectives and activities of a plan to contain and prevent antimicrobial resistance in Paraguay and SAIDI Steering Committee Meeting, June 20 – June 30, 2006.

- Also during this quarter, APUA worked with national partners to develop country-specific workplans for next year. In the case of Paraguay and Peru, these workplans are based on the logical frameworks for AMR containment interventions that resulted from workshops held in the previous quarter.

None

- Next quarter, APUA will participate in activities in Peru and Paraguay. In October, in collaboration with Links Media and RPM Plus, APUA will participate in a communications workshop in Lima, Peru. Also during this visit, APUA will work with the national APUA chapter to strengthen its role in SAIDI.

- Similarly, in Paraguay in November, APUA will contribute to communications activities in collaboration with Links Media and will work with the national chapter in planning activities for the upcoming year.

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**Last Updated:** 10/04/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**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.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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Workplan: Antimicrobial Resistance

Year 05

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

**Project  
Year 6 Q4**

QA “rollout” activities included: • RPM Plus supported a team from the Pharmaceutical Regulatory Authority (PRA) of Zambia on a visit to Tanzania in July to learn first hand of QA activities of the Tanzania Food and Drugs Authority (TFDA). The PRA team learned and discussed with their TFDA colleagues about Tanzania’s system of registration, inspection, and drug quality laboratory testing, especially at non-central facilities (or Minilab centers). • In addition to visiting TFDA, the PRA team also participated in a 2-day consultative meeting about pharmacovigilance in Bagamoyo (see more below). • During the trip to Tanzania, PRA and RPM Plus also discussed steps to move activities forward for implementation, which includes developing a work plan, outlining key training activities and time line. • In August, an RPM Plus technical staff attended a 3-day capacity building workshop in Zambia (supported by WHO) aimed at strengthening skills for inspection of medicines and herbal products. During this workshop, RPM Plus made a presentation on lessons learned from the inspection system in Tanzania. • RPM Plus is in the process of acquiring 1 Minilab test kit, which will be placed at a laboratory within the National Council for Scientific and Industrial Research (NCSIR) complex near Lusaka International Airport, to support PRA testing activities. • RPM Plus, in collaboration with PRA, is developing SOPs for training inspectors at proposed Minilab centers (Lusaka International Airport and Nakonde) on i) document verification ii) physical inspection iii) sampling and testing by Minilab kits. The

None

- The AMR and malaria programs are jointly organizing a regional consultative meeting on the quality of antimalarials in December 06. The meeting will bring together key QA partners (DRA and malaria control program) from 13 countries in East and West Africa to share experiences and lessons learned. The goal of the meeting is to come up with a regional approach to improve quality assurance systems for pharmaceuticals.
- With respect to Zambia, RPM Plus and PRA (and other partners from Zambia) will conduct training at least 2 sites (Lusaka International Airport and Nakonde) for inspectors, focusing on the use of SOPs for inspection, as well as testing methods using Minilab kits. The partners will also develop plan and protocols for testing selective antimicrobials at these sites.
- The partners will also jointly develop plan to strengthen the monitoring and reporting structures of the new sites (data/information management) to ensure proper follow up and measure performance of inspectors.

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

training is targeted for December 06.

Laboratory-related activities included: • RPM Plus continues to provide TA and support to TFDA on validating testing methods using densitometry to test selective antimicrobials (antimalarials, anti-TBs, and ARVs). Some good preliminary results, e.g. for quinine, have been obtained by TFDA staff. Other QA-related activities: • The AMR and malaria programs jointly held a 2-day consultative meeting in Bagamoyo, Tanzania to assist TFDA in identifying ways to improve their ADR reporting system, with a focus on use of ACTs in pregnant women in Tanzania. The 2-day meeting drew discussion from TFDA, CDC (Tanzania), Ikafara Health and Development Research Center (CDC partner for PV), as well as national PV programs of Ghana and Mozambique, which have faced similar experience in ADR of antimalarials in pregnant women.

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**Last Updated:** 10/02/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Disseminate customized information on antimicrobial resistance in HIV / AIDS, malaria ad tuberculosis and other priority infectious**Activity Manager** Citysoft Admin**Activity #** 8**Task:** A1WW05AMR**Sub-Task:** 60G2H8**Activity Description** RPM Plus and APUA will provide technical assistance to reporters to develop stories in Africa and Asia about the dangers of AMR to effectively deal with AMR and improve antimicrobial delivery and its effectiveness in HIV, Malaria, TB and other prevalent infectious diseases. VOA will be supported to explore the issues, problems, dynamics and conditions that lend themselves to the development of AMR and to promote policy discussions, accurate reporting, and consumer information on AMR. APUA will:

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Disseminate customized information on antimicrobial resistance in HIV / AIDS, malaria ad tuberculosis and other priority infectious**Project  
Year 6 Q4**

- There was limited progress on this activity during this quarter. Anibal Sosa of APUA visited New Delhi, India to arrange and make final preparations for the training that has now been postponed until the Spring of 2007. One interview was arranged for Anibal Sosa with the Bangladeshi reporter on AMR issues in Asia. Interviews and VOA broadcast are being developed on AMR issues in Ethiopia for November 2006. These interviews and stories will be centered on the AMR stakeholders meeting. AMR stories will tentatively be broadcast (radio and TV) in English and Amharic. The VOA AMR list serve was started this quarter by APUA. This list serve is intended to serve as a resource to reporters for developing broadcast concerning AMR topics.

- There are numerous problems in educating VOA reporters about AMR and how it should be reported. The subject is not main stream and is difficult to understand for most reporters. AMR, although an important issue within VOA, is still treated at a lower priority than many other healthcare topics.

- Complete plans to support AMR training conference in India for next year. Develop plans for East Africa training in 2007. Complete plans for AMR interviews with Ethiopia healthcare officials in November 2006. Provide assistance and speakers for the VOA launch of the Health Journalism CD-ROM for Africa in January 2007. Continue to identify contacts for AMR interviews and story lines as they develop in African and Asian countries. Provide TA as requested by VOA.

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**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	- The literature review continued in quarter 4. - A first draft of the in-service guidelines was written and revised twice based on AMR Portfolio internal feedback. - AMR Portfolio’s related technical staff (NN, MJ, TG) also held an internal meeting in order to ensure that the two draft guidelines (in-service and pre-service) look complementary and provide similar messages and approaches where appropriate.	None	- The document will continue to be refined. A list of recommended core AMR topics will be determined and added in the draft. Once this has been completed, the draft guide will be disseminated within CPM for review and comments.		

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** Provide Technical Assistance for Country-level Implementation of Infection Control Tools**Project  
Year 6 Q4**

None

- RPM Plus technical staff visited South Africa July 19-August 3 to meet with relevant in-country partners, including officials at the Ministry of Health and hospital management and infection prevention and control teams at identified hospitals to define infection control problems and explore possibilities for applying the RPM Plus infection control assessment tool (ICAT). The tools were well accepted during discussions at the National Department of Health (DOH), at Kimberley Hospital Complex in the Northern Cape Province and at Rustenberg Provincial Hospital in the North-West Province. After the visit, the tools were also disseminated by RPM Plus/South Africa technical staff to three hospitals in Swaziland, which have expressed interest in the infection control tools. Swaziland has been identified as a possible additional country for RPM Plus to assist in the tool implementation.

- During an earlier visit to Zambia, the tools were also disseminated and well accepted by the Zambia Infection Prevention Working Group (IPWG). Further discussions have been initiated to explore opportunities for implementing the tools in a limited number of departments at the University Teaching Hospital (UTH).

- In-house work continued to reorganize the CD, edit the training materials to be more generic and further develop them into a package of self-learning materials and resources that would be utilized by hospital infection control teams. A brief introductory write-up is also being developed to put in the infection control CD that will act as a quick guide for the

-RPM Plus will continue to disseminate and provide technical assistance and support for implementation of the tools in South Africa, Zambia and Swaziland in collaboration with the relevant DOHs. Planned next steps include:-  
-holding orientation meetings with the coordinators and infection prevention and control teams from the identified hospitals in South Africa, Swaziland and Zambia. The objectives of the orientation meeting would be to familiarize the teams more with the CD guide and tools and have them review and adapt the materials to suit their settings and also to draft plans for implementing the tools. The meetings would be less of training, but rather more interactive in nature to discuss and get the teams to start the process of mapping out the appropriate approaches for implementing the tools and adapting the tools and guide for use in their own settings. The teams would be expected to also use interactive approaches in their self-learning sessions to collaboratively analyze their problems and develop, test and implement focused and affordable solutions.

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

content, organization and suggested  
sequence of use of the contents in the  
CD.

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Antimicrobial Resistance**Year** 05**Activity Title** International Advocacy and Coordination to Contain AMR**Project  
Year 6 Q4**

- Poster on "Analyzing medication Adherence Measurement tools in predicting ART outcomes in resource-limited settings" was presented at the XVI International AIDS Conference, 13-18 August 2006 in Toronto. The poster attracted about 50 conference attendees who indicated interest in the work. Report of the Toronto presentations was finalized and archived.

- Preparations continued for the oral presentation at the November APHA Meeting on the work done in South Africa on ART adherence measurement tool.

- Work on updating the MSH/RPM Plus AMR Website was initiated in September.

- RPM Plus gave an oral presentation on "The role of Drug and Therapeutics Committees in addressing AMR" at the World Congress of Pharmacy and Pharmacy and Pharmaceutical Sciences, 25-31 August 2006, Salvador Bahia, Brazil. The presentation was made at the "antimicrobial resistance symposium" organized by the Pharmacy Information Section of FIP.

None

- Present the South Africa ART adherence measurement tool work at the upcoming APHA meeting in Boston.

- Update the RPM Plus/AMR website.

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**Last Updated:** 10/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Malaria**Year** 05**Activity Title** Collect, compile, and provide support for the use of RDTs.**Activity Manager** Citysoft Admin**Activity #** 7**Task:** A1WW05MAL**Sub-Task:** 60DXH7**Activity Description** As ACT programs scale up, there is increasing demands for guidance on the procurement, distribution and use of RDTs. RPM Plus proposes to assist MMSS in compiling information on the procurement, distribution and use of RDTs, as well as to assist MMSS with the forecasts of demand for RDTs.**Project  
Year 6 Q4**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
A scope of work/cocept paper for this activity was developed including the methodologies to be used. This was shared with others in-house and refined. Ethiopia was chosen as one of the countries for the assessment. A list of tools to developed for the assessment was made.	None	Refine the methodology. Complete the development of tools/checklists. Conduct the assessment.		

**Last Updated:** 10/04/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Roll Back Malaria (RBM)**Year** 04**Activity Title** Support to USAID to conduct initial situation analysis for planning for the President's Malaria Initiative.**Activity Manager** Citysoft Admin**Activity #** 8**Task:** A1WW04MAL**Sub-Task:** 60F4A8**Activity Description** RPM Plus will participate as a team member on initial country assessments to determine priority needs and most appropriate approaches for pushing the malaria agenda forward in selected countries.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	TA to the planning session in Rwanda	None			

**Last Updated:** 12/18/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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

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**Project  
Year 6 Q4**

Three monitoring missions and evaluations were conducted in July to the GDF recipient countries in Rwanda, Congo-Brazzaville and Uganda by RPM Plus.

RPM Plus continues to support the secondment of a procurement specialist to the GDF office housed in the StopTB secretariat, WHO Geneva.

**Last Updated:** 10/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Tuberculosis**Year** 05**Activity Title** Provide technical leadership to StopTB TB Working Groups and StopTB partners**Activity Manager** Citysoft Admin**Activity #** 3**Task:** A1WW05TBX**Sub-Task:** 60CXH3

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Tuberculosis**Year** 05**Activity Title** Provide technical leadership to StopTB TB Working Groups and StopTB partners**Project  
Year 6 Q4**

RPM Plus' TB Program Manager participated and contributed to the second Technical Advisory Group (TAG) meeting held in Lithuania from September 27-28. As follow-up of the recommendations of the First Meeting of the European TAG for tuberculosis (September 2004), the Resolution on TB endorsed by the 58 World Health Assembly (May 2005), as well as a letter of the Regional Director to all Member States declaring TB as regional emergency, to provide technical advise to WHO and partners on future strategic directions of TB control in the WHO European Region in order to reach the Millennium Development Goals (MDG).

The successful adoption, introduction, and uptake (introduction and implementation) of new tools for TB diagnosis, prevention, and control is integral to achieving one of the 4 objectives that have been adopted for the new Stop TB Strategy for 2006-2015. A paper has been commissioned by the Retooling Task Force of the Stop TB Partnership "to assist members of the Stop TB Partnership to engage in informed decision making about facilitating the adoption of new drugs, diagnostics, and vaccines and guide smooth introduction of those technologies on a global and national level" as well as to address "issues related to the decision to adopt new technologies as well as the implementation plans once those decisions have been made." The chief objective of this document is to highlight the key issues involved in policy change, and the adoption, introduction, and implementation of new TB tools. In turn,

Preparations for the upcoming IUATLD Congress have begun. Technical and logistical coordination on the joint workshop between RPM Plus and the GDF on Building capacity in pharmaceutical management for TB, MDR-TB and TB-HIV has commenced, while facilitators have already been identified.

**Workplan:** Tuberculosis**Year** 05**Activity Title** Provide technical leadership to StopTB TB Working Groups and StopTB partners

it is hoped that this will lead to the discussions, interactions, and planning among the key constituents at global, country, and community levels so that the new tools for TB will be available to those who need them most as rapidly as possible. RPM Plus is providing technical assistance for this paper.

**Last Updated:** 10/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Tuberculosis**Year** 05**Activity Title** Provide assistance to GLC in expediting response to DOTS Plus projects**Activity Manager** Zagorskiy, Andrey**Activity #** 4**Task:** A1WW05TBX**Sub-Task:** 60F3H4**Activity Description** Develop the methodology for a global study on 2nd line drugs for the GLC and coordinate data collection and analysis. In addition, RPM Plus will revise the Managing Pharmaceuticals and Commodities: A Guide for National Tuberculosis Programs developed with FY04 funding, and prepare its second edition specifically tailored for use by DOTS Plus pilots.**Project  
Year 6 Q4**

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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Results from the global survey on second-line anti-TB medicines, which was done in coordination with the WHO, have been compiled and entered in a database created specifically for the survey. The objective of the survey is to investigate the availability and use of second-line anti-TB medicines in the public and private sectors as well as to explore the role of local manufacturers in the production of second-line anti-TB drugs. Surveys from 53 different countries were collected and entered into the database. RPM Plus and GLC are in the process of cleaning and analyzing the data.

A draft report of findings is expected to be ready by next quarter.

**Last Updated:** 10/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Tuberculosis**Year** 05**Activity Title** Conduct a South-to-South conference on strengthening pharmaceutical management for TB**Activity Manager** Zagorskiy, Andrey**Activity #** 5**Task:** A1WW05TBX**Sub-Task:** 60F3M5**Activity Description** Conduct a conference for the exchange of experience and information of specific relevance to high-burden countries with larger populations.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM Plus supported two international leaders to present during Brazil's Second TB Network Conference held in São Paulo, Brazil. Dr. Richard Chaisson, Johns Hopkins University covered the topic of new medicines under clinical review and Dr. Bernard Fourie, developer of the four-drug fixed dose combination (4-drug FDC) product for WHO shared South African national TB program experiences with switching from separate drug regimes to the 4-drug FDC. RPM Plus will sponsor international facilitators for the next South-to-South conference to held in Johannesburg, South Africa during November 2006. The Johannesburg conference which has high-level support from leaders of the three countries will include the sharing of TB control measures among leaders of the three countries Brazil, South Africa and India including TB pharmaceutical management.				

**Last Updated:** 10/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q4**

TBCAP requested assistance from RPM Plus in implementing certain activities in their workplan regarding programs in Cambodia, Namibia and Indonesia. For example RPM Plus was requested to assist in the revision of the Drug Management component of the WHO TB handbook.

RPM Plus participated in a TBCAP workshop conducted in Kampala Uganda from August 9 -11 2006. The purpose of the workshop was to introduce TB MOST tool to five country NTPs. TB MOST tool is a structured participatory process for assessing NTP and organization's management performance; that allows country identify weak management components, develop a concrete action plan for improvement and carry out the plan. Workshop was attended by 18 participants from five countries (Uganda, Pakistan, Mozambique, Zambia and Namibia) and a WHO Stop TB Geneva representative. The diverse country teams included national TB program managers, regional and provincial TB managers, and TB laboratory personnel.

**Last Updated:** 10/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Tuberculosis**Year** 05**Activity Title** Increase human capacity of StopTB partners in pharmaceutical management for TB (PMTB)**Project  
Year 6 Q4**

MSH RPM Plus for the first time conducted two TB francophone workshops in Cotonou, Benin during the first two weeks of August both in collaboration with the Global TB Drug Facility (GDF). The first was a TB Pharmaceutical Management Workshop for GDF Consultants in which 15 participants from various francophone African countries participated. The workshop trains TB consultants how to serve as GDF consultants for annual monitoring missions. The second on Managing Medicines and Pharmaceutical Supplies for Tuberculosis consisted of 35 participants also from various francophone African countries and was primarily for National TB managers and Essential Drugs Programs managers.

MSH RPM Plus participated in the TB pharmaceutical management session at the WHO course for TB Consultants in Sondalo, Italy in July and September-October on TB and TB/HIV pharmaceutical management. Eighteen participants partook in the July session, while 23 participated in the September-October session.

**Last Updated:** 10/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Tuberculosis**Year** 05**Activity Title** Develop a guidance document on effective commodity management to complement WHO TB/HIV guidelines**Activity Manager** Owunna, Chinwe**Activity #** 8**Task:** A1WW05TBX**Sub-Task:** 60CXE8

**Activity Description** In collaboration with StopTB TB/HIV working group and UNAIDS, RPM Plus will finalize the two-phased activity. A guidance document based on the study findings will be developed. It will highlight different pharmaceutical management considerations of TB/HIV programs to address policy and organizational development, pharmaceutical management of collaborative interventions requiring pharmaceuticals, information management and monitoring. The document will provide guidance for TB and HIV program collaboration in commodity management; it will complement the WHO TB/HIV interim policy and guidance to decrease the co-infection rate.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	During this quarter, a consultant was identified and contracted to conduct TB/HIV study in Ethiopia. The first phase of the study which involves key stakeholder interviews at national and regional levels has been completed. Study phase two that involves visits to 10 health facilities in 4 regions in the country has commenced. Site selection was done in collaboration with the MOH. Study phase two data collection has also commenced in Malawi. Sites to be visited were selected in collaboration with MOH.		RPM Plus has begun to write summary draft reports for Uganda and Tanzania. Final reports will be reviewed by one or two stakeholders in the country before it can be finalized.		

**Last Updated:** 10/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q4**

The translation of the Guide on Managing Pharmaceuticals and Commodities for TB in French has been finalized. Over 350 copies of the guide have been disseminated in English, Spanish, and French. The TB Guide continues to be a popular tool.

**Last Updated:** 10/24/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Mainstreaming Initiative                      **Year** 04**Activity Title** General Technical Assistance**Activity Manager** Miralles, Maria                      **Activity #** 2    **Task:** A1WW04MNS    **Sub-Task:** 60AXH2**Activity Description** General technical assistance for mainstreaming. This may include participate in technical meetings and seminars, development or reviews of documents on pharmaceutical management and health systems, or mission requests for assistance.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	A Scope of Work was drafted based on the initial RPM Plus assessment last quarter (April)and agreed upon with the Mission. The follow-on work would focus on quality assurance issues. RPM Plus will coordinate activities with USP DQI, which also has a pharmaceutical quality activity in the country.	None.	In coordination with USP DQI, RPM Plus will conduct a training on pharmaceutical quality in October 2006.		

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Mainstreaming Initiative                      **Year** 05**Activity Title** Follow-up activities resulting from the development of the health system performance assessment tool.**Activity Manager** Citysoft Admin                                      **Activity #** 1    **Task:** A1WW05MNS    **Sub-Task:** 60AXJ1**Activity Description** RPM Plus will respond to requests from USAID to provide technical assistance within the mainstreaming initiative framework in one or two countries. RPM Plus may also bring such opportunities to the attention of USAID.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Final edits to the tool were discussed, including formatting and lay-out.	None	Expected completion date for the final product is October 31.		

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q4**

This budget line is closed. Activities continue under TB and SO4 funding.

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	No progress this quarter.		RPM Plus will continue to follow up with partners in Rwanda to provide technical support in their baseline assessments as well as in the technical implementation. Additionally RPM Plus will collaborate with BASICS to support an assessment of the home based management of fever (implemented by three PVOs and UNICEF) including a component assessing the private sector. This evaluation will be funded primarily through SO3 funds.		

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Africa Bureau/Child Survival      **Year** 04**Activity Title** Technical activity coordination and monitoring**Activity Manager** Briggs, Jane**Activity #** 1**Task:** A1AB04CHS**Sub-Task:** 97XXY1**Activity Description** n/a

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project** Monthly and quarterly reporting continue.  
**Year 6 Q4****Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Africa Bureau/Child Survival      **Year** 04**Activity Title** Continued collaboration with AFRO**Activity Manager** Briggs, Jane      **Activity #** 3      **Task:** A1AB04CHS      **Sub-Task:** 60F6H3**Activity Description** Promote and plan pharmaceutical management by regional AFRO and the country offices. RPM Plus will provide specific technical assistance to the AFRO team to integrate drug management into the child survival programs in the region.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Africa Bureau/Child Survival**Year** 04**Activity Title** Continued collaboration with AFRO**Project  
Year 6 Q4**

Progress continues in integrating a pharmaceutical management component into country level IMCI facility surveys. In Senegal, RPM Plus collaborated with partners to revise and finalize the IMCI survey report. Partners met to discuss and plan for regional and national dissemination activities, including developing a timeline for activities and a budget dividing remaining costs among the partners. Dissemination workshops are scheduled to take place early next quarter.

In Kenya, RPM Plus presented information on the pharmaceutical management component to IMCI survey partners and stakeholders. As a result, the pharmaceutical management component was accepted for integration into the survey (scheduled to take place early next quarter) and an extra data collector was allocated to the data collection team to cover the additional work. Data collection instruments were shared and discussions began for adapting the instruments to the local context. A draft has been developed by the consultant in English and French for the standard entry and analysis sheets for in country use to input and analyze the data for the pharmaceutical management component of the IMCI facility survey.

In Rwanda, advocacy work done by RPM Plus and partners resulted in the acceptance by the country IMCI working group to integrate a pharmaceutical management module into the national IMCI training and follow up program. RPM Plus will contribute to collaborate closely with the IMCI working group to

In Senegal, the regional and national dissemination workshops are scheduled to take place early next quarter. In Kenya, data collection will take place at the end of October and RPM Plus will work with the IMCI working group in Kenya, to train data collectors and conduct the data collection of the pharmaceutical management component. A consultant will be hired to supervise and facilitate training, data collection, analysis and dissemination for the pharmaceutical management component of the survey. The standard entry and analysis sheets for the pharmaceutical management component of the IMCI facility survey will be finalized in English, French and Spanish for in country use. Development will begin, in collaboration with AFRO, 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. To promote dissemination of the country specific results and experience using the DMCI and C-

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Africa Bureau/Child Survival**Year** 04**Activity Title** Continued collaboration with AFRO

ensure implementation of the integrated pharmaceutical management module.

In addition to country level activities, discussions were held with the child survival team and RPM Plus communication team on developing an action plan for submitting a journal article reviewing the DMCI experience. Topics addressed included which journals to target and the overall focus of the paper.

DMCI tools, work will begin on drafting an article that reviews the experiences of implementing DMCI in several African countries.

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Asia Near East Bureau**Year** 04**Activity Title** Explore feasibility of private sector engagement to increase access to medicines**Activity Manager** Citysoft Admin**Activity #** 14**Task:** RN04IDX**Sub-Task:** 60A3HH

**Activity Description** The private sector in the ANE region continues to be a major source of pharmaceuticals for populations in need of medicine. Experience under SEAM indicates that, while implementing innovated strategies to engage the private sector, there is also a need to concurrently strengthen the capacity of the public sector to regulate and work with the private sector. Based on findings from previous pharmaceutical management surveys, appropriate incentives and disincentives need to be put in place for private practitioners to follow national treatment guidelines. RPM Plus will provide TA to counterparts, in one ANE country to explore feasible intervention strategies which are targeted towards enhancing access to essential medicines in the private sector while continuing to improve quality and access to care in the public sector.

This activity will take place in 3rd and 4th quarters of RPM Plus Year 5.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM Plus conducted a literature review to identify organizations and their activities that aim to increase private sector involvement to meet public health goals. RPM Plus also contacted a number of stakeholders in Cambodia to investigate the potential of working with private retail and wholesaler drug vendors, and possibly manufacturers, to improve access to basic essential medicines. Among those contacted include representatives from WB, MOH-Department of Drug and Food and IMCI, PSI, PATH, Pharmacy Association of Cambodia, and the Clinton Foundation.	Due to time difference and slow email exchanges, it has been difficult to identify and finalize appropriate contacts and establish convenient meeting appointments. Such delays have contributed to the slow progress in moving this activity forward.	RPM Plus is expecting to travel to Phnom Penh, October 13-27, 2006 to confer with key stakeholders and identify potential collaborators		

**Last Updated:** 10/06/2006

**Workplan:** Asia Near East Bureau**Year** 04**Activity Title** Explore feasibility of private sector engagement to increase access to medicines**Project  
Year 6 Q4**

RPM Plus conducted a literature review to identify organizations and their activities that aim to increase private sector involvement to meet public health goals. One of the countries, where engagement of the private sector may be feasible is Cambodia, given the prominence of the private sector and RPM's previous involvement through SEAM and malaria activities. RPM Plus contacted a number of organizations in Cambodia to investigate the potential of working with private retail and wholesaler drug vendors, NGOs, and other potential stakeholders, to improve access to basic essential medicines. Those contacted include representatives from: the World Bank; Ministry of Health, Departments of Drug and Food and IMCI; PSI; PATH; Pharmacy Association of Cambodia; and the Clinton Foundation.

Due to time difference and slow email exchanges, it has been difficult to identify and finalize appropriate contacts and establish convenient meeting appointments. Such delays have contributed to the slow progress in moving this activity forward.

RPM Plus plans to travel to Phnom Penh, Cambodia from October 13-27, 2006 to confer with key stakeholders and identify potential collaborators.

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q4**

Nothing to report for this quarter. Activity still pending.

**Last Updated:** 10/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Nothing to report for this period. Additional assessments that have been included in country workplans, such as the storage and distribution assessment undertaken in Callao, will now be reported on in later workplans.	None.	None.		

**Last Updated:** 10/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Latin America Caribbean SAIDI      **Year** 05**Activity Title** Assist in the development and implementation of AMR containment strategies in collaboration with national SAIDI parnters.**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 nd international SAIDI partners.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM Plus continued to assist national partners in Peru and Paraguay in the further development of their action plans for interventions. Specifically in August, RPM Plus worked with national partners in Peru on a rapid assessment of storage and distribution practices in Callao. In September, in Paraguay, RPM Plus provided additional technical assistance to the national TB control program for expansion of the use of individualized patient treatment boxes as a mechanism for improving inventory management at the facility and regional levels.	No national working group has been formed in Bolivia. RPM Plus is currently exploring possibilities to support the TB program.	Trips to Peru and Paraguay are planned for the next quarter to develop implementation plans for the other interventions listed on the country workplan.		

**Last Updated:** 10/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	National partners in Peru and Paraguay continued to disseminate assessment findings where appropriate.	None	Next quarter country profiles for each SAIDI country will be drafted.		

**Last Updated:** 10/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	In this quarter, SAIDI partners based in the Washington DC area met with the SAIDI coordinator from Paraguay (Dr. Graciela Gamarra) to revise the workplan for intervention activities in Paraguay. Also, partners met with Links Media to discuss the dissemination plan for SAIDI. RPM Plus as coordinator of SAIDI met with partners on an individual basis throughout the quarter.	None.	The SAIDI biannual partners meeting will be held in early October. The main purpose of this meeting will be to discuss workplans for FY06.		

**Last Updated:** 10/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Latin America Caribbean IDI for TB    **Year**    04**Activity Title**    Technical assistance to follow up on specific country requirements**Activity Manager**    Barillas, Edgar**Activity #**    3**Task:**    A1LN04TBX**Sub-Task:**    60F2H3

**Activity Description** This work plan includes resources to cover technical assistance missions to two countries in the form of country visits for a period of 10 days each on average. If an in-depth assessment or further technical assistance is needed, RPM Plus will explore with the USAID local mission, or other partners, the availability of financial resources to support the more intense activities in the country.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Senior Program Associate, Dr. Edgar Barillas visited Paraguay from September 2 to 9, 2006. During this visit he provided technical assistance for the improvement of the pharmaceutical management system and facilitated the training course on "Distribution of Medicines and Pharmaceutical Supplies for Tuberculosis". As a result of a similar workshop in March 2006, Paraguay has introduced individualized TB patient kits in 350 health facilities. A visit to health facilities in two provinces showed that the pharmaceutical management was significantly improved by this strategy.	No constraints	Bolivia NTP has requested technical assistance to introduce TB patient kits. RPM Plus has provided technical assistance to develop an implementation plan. A follow up visit is scheduled for 2007.		

**Last Updated:** 09/26/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM Plus prepared illustrative case studies on TB Pharmaceutical Management. The introduction of FDC in Dominican Republic and Paraguay was documented and shared with LAC countries during the Regional Meeting of TB Mangers (Rio de Janeiro, September 12-15).	No constraints	This experience will also be presented at the TB UNION meeting (Paris, November 1, 2006).		

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**Last Updated:** 09/26/2006



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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Malaria (MAC) Core**Year** 04**Activity Title** Develop and review documents for USAID, Global Fund (GFATM) and other Roll Back Malaria partners**Activity Manager** Diara, Malick**Activity #** 6**Task:** A1WW04MAC**Sub-Task:** 60G3H6**Activity Description** RPM Plus will continue to draft and review documents and tools for USAID, Global Fund (GFATM) and other Roll Back Malaria partners to ensure appropriate consideration of pharmaceutical management issues in relevant documents and publications.**Project  
Year 6 Q4**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
RPM Plus participated in discussions with the World Bank regarding the development of WB Booster program training tools in supply chain management. Information and documents were provided. An intensive review of the draft materials was done in September 2006.	None	Provide more comments to WB on subsequent drafts.		

**Last Updated:** 10/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Malaria (MAC) Core **Year** 05**Activity Title** Participation in global and regional meetings and work with RBM sub regional networks**Activity Manager** Citysoft Admin **Activity #** 2 **Task:** A1WW05MAC **Sub-Task:** 60F4N2**Activity Description** As needed, RPM Plus will support RBM subregional network coordination and facilitate the exchange of information among partners.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Registration and development of APHA presentation (November 2006). Contribution to presentation for MIP working group to be held in October 2006.	None	Presentation at APHA (November 2006)		<b>Last Updated:</b> 10/04/2006
<b>Project Year 6 Q4</b>	RPM Plus participation in quarterly Eastern Africa Roll Back Malaria Network Meeting held on August 8th and 9th in Nairobi Kenya.  During the meeting, planning was achieved for the Annual Review & Planning Meeting of the EARN.	None	RPM Plus will participate in the EARN Annual Review & Planning Meeting in Zanzibar from November 20-25, 2006. Support will be provided to technical discussions and country planning for malaria control.		<b>Last Updated:</b> 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Malaria (MAC) Core**Year** 05**Activity Title** Document and disseminate lessons learned, best practices, approaches and tools developed from experiences with ACT**Project  
Year 6 Q4**

The documentation of lessons learned on ACT implementation in four African countries in the ECSA region is in process. None

Data collection, analysis, report writing and dissemination of lessons learned will occur in the upcoming quarter.

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**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.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	In this quarter a consultant was recruited to initiate the documentation and dissemination of lessons learned on ACT implementation in four African countries in the ECSA region. A draft study protocol, the list of products and plan/audience for dissemination was developed as well as a draft data collection guide. A proposed list of countries to be surveyed include (Kenya, Tanzania, Rwanda & Zanzibar). The criteria and rationale for selection have been stated. An implementation plan and timeline for data collection has been developed.	None	Data collection, analysis, report writing and dissemination will take place in the upcoming quarter.		

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**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** MAC-Field Support-REDSO                      **Year** 05**Activity Title** Technical assistance to regional malaria programs for ACT implementation**Activity Manager** Citysoft Admin                                              **Activity #** 2                      **Task:** A1RD05MAC                      **Sub-Task:** 60F4H2**Activity Description** Within this activity, RPM Plus will provide TA to training of pharmaceutical staff in Standard Operating Procedures at all levels of the distribution system.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	<p>In this quarter, RPM Plus provided support to Tanzania for a national training of trainers workshop in pharmaceutical management. This activity was led by the Pharmaceutical Supplies Unit of the Ministry of Health and Social Welfare.</p> <p>Uganda received support from the RPM Plus regional office for malaria activities within the PMI country operational plan.</p> <p>The RPM Plus regional program provided support to Kenya and Ethiopia.</p>	None	A zonal training of selected pharmaceutical management staff on the management of medicines is planned for the next quarter in Tanzania. In addition, orientation by the regional malaria program of new senior program associate, Tanzania on malaria programs in Tanzania and in the region is planned. Continued RPM Plus support to Ethiopia, Tanzania, Kenya and Uganda by the regional technical team.		

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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

**Project  
Year 6 Q4**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<ul style="list-style-type: none"><li>A Print-ready "draft for discussion" of the Guideline for the Management of HIV/AIDS TB and Malaria was prepared for the 16th DJCC and each country delegation given a copy. This served as a good starting point for advocacy for country level adoption and utilization of the Guideline. Critique/comments were actively sought from the delegates. These were incorporated into a "final draft" which was then sent to Washington for technical review and editing.</li></ul>	<ul style="list-style-type: none"><li>Country buy-in is challenging and will require some innovative planning.</li></ul>	<ul style="list-style-type: none"><li>Receive completed documents from Washington by early January in time for the proposed "show and tell" meeting currently under joint planning with ECSA HC and USAID EA.</li></ul>		

**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** REDSO/HIV**Year** 05**Activity Title** Provide technical assistance to the HIV/AIDS Technical Working Group of RPF to disseminate the Regional Formulary containing**Activity Manager** Thuo, Michael**Activity #** 3**Task:** A1RD05HIV**Sub-Task:** 60B4H3

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

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	<ul style="list-style-type: none"><li>A Print-ready "draft for discussion" of the Model Formulary for HIV/AIDS TB and Malaria for ECSA Countries was prepared for the 16th DJCC and each country delegation given a copy. This served as the starting point for advocacy for country level utilization of the Formulary. Critique/comments were actively sought from the delegates. These were incorporated into a "final" draft which was then sent to Washington for technical review and editing.</li></ul>	<ul style="list-style-type: none"><li>None</li></ul>	<ul style="list-style-type: none"><li>Receive completed document from Washington by early January in time for the proposed "show and tell" meeting currently under joint planning with ECSA HC and USAID EA.</li><li>Plan for wide dissemination and distribution of the Formulary.</li></ul>		

**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** REDSO/HIV**Year** 05**Activity Title** Advocate for and provide technical support for Inclusion of Drug Management into the Pre-service Curricula of Institutions and**Activity Manager** Thuo, Michael**Activity #** 4**Task:** A1RD05HIV**Sub-Task:** 60A4H4

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	<ul style="list-style-type: none"><li>In this Quarter, three Workshops were held for universities in the region to incorporate the "Pre-service Curriculum in Pharmaceutical Management in support of ART "into the existing Curricula. These were: in Ethiopia, seven universities (Addis Ababa, Gondar, Jimma, Haramaya, Mekelle, Hawassa and the Defense University College), the University of Nairobi and Muhimbili University College of Health Sciences, Tanzania. In Ethiopia, the Curriculum was also taught as a stand alone course for graduating students of two Universities (Jimma and Addis) with support from MSH office, Ethiopia..</li><li>Trip/Activity Reports are ready.</li></ul>	<ul style="list-style-type: none"><li>None</li></ul>	<ul style="list-style-type: none"><li>Plan to provide TA to an additional three universities or middle level management health institutions and to continue advocacy so that other health training institutions and organizations may adapt and utilize the Curriculum.</li></ul>		

**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** USAID E.A /RLI**Year** 05**Activity Title** Provide technical assistance to the RPF's Technical Working Groups**Activity Manager** Thuo, Michael**Activity #** 2**Task:** A1RD05XXX**Sub-Task:** 60AXH2

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

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

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

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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** USAID E.A /RLI**Year** 05**Activity Title** Provide technical assistance to the RPF's Technical Working Groups**Project  
Year 6 Q4**

- Print-ready 'Drafts for Discussion' of the "Guidelines for the management of HIV and AIDS, TB and Malaria" and "ECSA Model Formulary for HIV and AIDS, TB and Malaria" were presented to the Expert Committee of the RPF and shared with a wider, but limited number of professionals for critique/comments. The comments were incorporated into the documents and the drafts were sent to Washington for technical review and editing.
- A draft of the generic "National Medicines Policy" was also presented to the Expert Committee. Comments obtained from the region were incorporated and the document was then sent to Washington for technical review and final editing. This print-ready version was used by Kenya to inform the review of the National Pharmaceutical Policy.
- A presentation of the activities under the RPF was made to the 16th DJCC meeting held in Arusha in July, 2006.
- Obtaining country buy-in is challenging and requires support from USAID country missions. However, the REDSO office, Nairobi, is willing to support this activity.
- Finalization of the three documents by Washington office.
- Advocacy for country buy-in so that wider dissemination is achieved. The purpose of this would be to obtain financial support in-country so that wide distribution and utilization is reached.
- Prepare presentations slides for dissemination at the regional and country level.

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**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

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

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	In 2005, RPM Plus provided TA to countries in the ECSA region to enable them meet the challenges and complexities presented by the policy change to ACTs as first line treatment for malaria. Specifically, in Tanzania, an assessment of the pharmaceutical system, to gauge its readiness to handle ACTs was carried out and gaps were identified in human resource capacity as well as in storage and distribution systems	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• Application of the Manual in training activities in Tanzania and other countries.</li></ul>		

**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** USAID E.A /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.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	<ul style="list-style-type: none"><li>Two Pharmacy and Therapeutics Committees have been identified for strengthening, namely, in Kenya, Kenyatta National Referral and Teaching Hospital; in Zambia, the national Pharmacy and Therapeutics Committee. A Preliminary assessment to gauge the functional status of each committee was done.</li><li>Contact people for each country have been identified and tentative Action plans presented to them for in-house discussion before meeting with RPM Plus to concretize the plans.</li></ul> <p>Products Progress</p> <ul style="list-style-type: none"><li>Results of the Preliminary assessment which has led to a listing of possible activities.</li></ul>	<ul style="list-style-type: none"><li>None</li></ul>	<ul style="list-style-type: none"><li>Meet with the Secretariats of the KNH PTC and the National PTC of Zambia to prioritize, budget and put timelines on the selected activities.</li></ul>		

**Last Updated:** 08/26/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** USAID E.A /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).**Project  
Year 6 Q4**

- RPM Plus received funds to provide technical assistance in pharmaceutical management issues for the implementation of the ACT treatment policy. In Tanzania, RPM Plus developed materials for training in stores and inventory management for regional and district pharmacists. This activity was completed in Quarter 3 and the product - "Training Manual for Training of Pharmaceutical Personnel and Dispensers on New Malaria Treatment Regimen" – Gladys Tetteh and C. Adegoke; is now available.

- None

- Application of the Manual in training activities in Tanzania and other countries.

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**Last Updated:** 10/11/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Regional Development Mission (Mala Year 04**Activity Title** Conduct a PMM course in the region**Activity Manager** Lynders, Marion**Activity #** 8 **Task:** RN04MAL**Sub-Task:** 60E3H4

**Activity Description** As a result of the partners meeting, key findings from the qualitative survey on anti-malarial drug use conducted in 2004 will most likely contribute to the development of interventions to improve drug use in malaria. RPM Plus will work with key stakeholders to refine or develop selected interventions to improve malaria drug use in Cambodia. This activity will take place in the 4th quarter of RPM Plus Year 5.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM Plus established with National Center for Malaria (CNM) program staff that the course will be offered from December 4-8, 2006 in Phnom Penh, Cambodia at the National Center for Parasitology, Entomology and Malaria Control. RPM Plus began revising the original eight course modules to present as a national level course in Cambodia. RPM Plus sent course announcements to representatives from CNM, the Mission, ACTMalaria, WHO, and other interested parties. The CNM staff is also coordinating logistics for the meeting in partnership with RPM Plus staff.	None	RPM Plus will travel to Cambodia to work with CNM staff on continued preparations for the course. RPM Plus will also orient its new consultant, so that she can provide additional support in Phnom Penh to the CNM. RPM Plus in partnership with CNM will: 1) arrange course materials to be translated into Khmer, 2) prepare a list of participants from key provinces, including Phnom Penh, 3) identify appropriate health facilities to receive participants during field work, and 4) arrange interpreting services to facilitate simultaneous translation from English into Khmer during presentations.		

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** West Africa Regional (WARP)      **Year** 03**Activity Title** Technical Assistance to support Malaria activities in West African countries**Activity Manager** Nfor, Emmanuel      **Activity #** 2      **Task:** A1RA03XXX      **Sub-Task:** 60AXN2**Activity Description** RPM/Plus shall work with countries in the region to improve supply of antimalarials. This shall be through technical assistance in estimation of needs, storage, distribution and use of antimalarials.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM Plus organized a regional training workshop in Dakar, Senegal from August 21-25, 2006, on quantification of pharmaceuticals for HIV/AIDS, Malaria and Reproductive Health programs. Training on the use of the quantification tool, Quantimed also took place. The training workshop was targeted at francophone West African countries and was organized in collaboration with the AWARE-RH project. The following countries participated in this quantification training: Benin, Cameroun, Cote d'Ivoire, Guinea Conakry, Mali, Mauritania, Niger, Senegal, and Togo.	None	None		

**Last Updated:** 10/25/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** West Africa Regional (WARP)      **Year** 04**Activity Title** Provide technical assistance in pharmaceutical management to countries in the USAID/WARP region in operationalizing their PSM**Activity Manager** Ndyanabangi, Bannet      **Activity #** 5      **Task:** A1RA04HIV      **Sub-Task:** 60CXH5**Activity Description** Following the Global Fund related workshops listed above, RPM Plus, in collaboration with USAID/WARP, AWARE HIV, AWARE RH and other partners will identify specific activities and opportunities to provide technical assistance on pharmaceutical management to facilitate implementation of GFATM funded activities. Specific details will follow after completion of these workshops and meetings.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM/Plus conducted training on methods and approaches for quantifying medicines for HIV, TB and Malaria treatment programs. The course took place from July 03 to 14, 2006 in Dakar Senegal. The aim of the course was to strengthen technical capacity of participants thus enabling them to improve the performance of their respective countries with regards to GFATM grant implementation. Other technical issues addressed at this course were to do with challenges and experiences in: 1. Quality assurance of medicines 2. Rational use of medicines	No constraints	In-country follow on Technical assistance in quantification using manual and electronic methods such as the RPM Plus tool called QUANTIMED.		

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**Last Updated:** 10/25/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Albania **Year** 01**Activity Title** Home office project management**Activity Manager** Staley Jr., Robert **Activity #** 1 **Task:** A1AL01XXX **Sub-Task:** 97XXY1**Activity Description** The Albania Mission requested retargeting of the project. Technical Assistance (TA) in Pooled Procurement for the Albania hospitals and TA for the hospital drug reimbursement system to support procurement were not to be further developed. RPM Plus was directed to work on Standard Treatment Guidelines (STGs) collaboratively with the PHR Plus project working on developing Clinical Practice Guidelines (CPGs) and agree on work that did not duplicate the PHR Plus work.

Active discussions between PHR Plus and RPM Plus developed minor semantic differences between STGs and CPGs.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	<p>Previous work on the Drug of Choice list for primary health care conditions got interrupted as there was limited interest at the time [2001-2005] in drug procurement and treatment guidelines, and uncertainty whether the timing was right to continue until more progress had been made in primary health care and related health financing reforms.</p> <p>From 18 to 26 July, 2006, a consultant from RPM Plus revisited Albania to investigate how MSH can use remaining funds to support efforts of the Ministry of Health in pharmaceutical management. Meetings were conducted with different departments of the MOH, Health Insurance Institute, University of Tirana, National Centre of Drug Control, USAID, and at a number of public health facilities to discuss possible interventions and collaboration. As a result of the visit MSH proposed three options for technical support to USAID to improve (1) drug prescribing for primary health care; (2) availability of drugs at public hospitals; or (3) drug quality assurance.</p>		<p>After USAID has discussed options for technical support with the MOH and decided on the area of work, RPM Plus will contact in country partners to plan the activity.</p>		

**Last Updated:** 10/27/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Benin**Year** 04**Activity Title** Assess the Impact of Decentralization on the Pharmaceutical Supply System in Benin**Activity Manager** Citysoft Admin**Activity #** 1**Task:** A1BJ04XXX**Sub-Task:** 60C4A1**Activity Description** RPM Plus will be contracting two consultants to complete the study including 1) document review; 2) rapid assessment including visits to CAME (CMS), the regional store in Parakou, and health facilities supplied by the regional store; and 3) present results, options and recommendations to USAID/Benin, MOH and other stakeholders

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q4**

No feedback from USAID Benin has been provided on draft report. RPM Plus decided to move forward with finalizing report.

The draft report is in French and needs significant editorial review.

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	After the withdrawal of clofazimin in the MDRTB standardized regimen, and the need to re-formulate a new regimen (clofazimin had been substituted by pyrazinamid for sensitive patients) new discussions are on-going on potential re-formulation of Brazil TB re-treatment regimens; RPM Plus and TB National Reference Center + NTP had the opportunity to discuss the current treatment schemes used in Brazil with Union TB specialists like Dr Caminero of PAHO suggesting some major changes in the current schemes, in particular using only one re-treatment scheme, instead of RI and RIII. A committee of Brazilian and international experts has been formed and is studying these hypotheses which might orient some changes in the study protocol recently approved by Anvisa and which RPM Plus helped to develop. November 20th has been defined as the date to present conclusions of the experts groups and define if the schemes will be changed, and if the study protocol will have to be adapted. RPM Plus identified a consultant with study monitoring experience to train cohort center personnel, set up data collection sites, and coordinate the analysis of study data.	Unsure of funding to RPM Plus for partial support of the 3 year study. Because of the slowness in adding patients to the cohort, the study will likely require three years to complete from the date of initiation.	<ul style="list-style-type: none"><li>•Develop information system for tracking study</li><li>•Develop training materials for study investigators</li><li>•Identify investigators at each study site</li><li>•Conduct informational meeting with study investigators to prepare for launch of study</li><li>•Prepare monitoring and supervision system</li><li>•Analyze the patient treatment outcomes of regimens used in the studies</li><li>•Report findings and recommendations for regimen change</li></ul>		

**Last Updated:** 10/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**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.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Brazil**Year** 05**Activity Title** Support national study to re-formulate first line TB drugs to fixed-dose combination (FDC) products**Project  
Year 6 Q4**

Laboratory methods for quality testing of the 3-drug FDC product developed during the first trimester of 2006 are in a final process of validation. The largest government manufacturing laboratory Farmanguinhos, acquired new equipment in its facility, is in a process of validation of the installation of these equipment, and defined the plans of the new area dedicated to TB drugs production (FDCs and pediatric sachets) for obtaining Anvisa authorization. Formulations of 2 in 1 FDC (tablet) passed the 18 months of stability testing phase. RPM Plus coordinated several sessions at the Second National Conference of the TB Network (in São Paulo, Brazil on 19-22 July, 2006) especially with all Brazilian TB drugs producers of the official laboratories network + private producers of 2nd line drugs + raw material producers for a strategic discussion on Fixed Dose Combination (FDC) tuberculosis drugs, quality assurance for TB drug products, and national productive capacity and perspectives to respond to global needs of WHO/GDF/GLCRPM. RPM Plus was asked by NTP-MOH/Ministry of Science and Technology to join the technical expert group in charge of developing a scope of South-to-South collaboration between Brazil, South Africa and India in TB area for pharmaceutical related issues like production of FDCs or MDRTB monitoring.

Some delay will occur for 3 in 1 and 4 in 1 FDCs production plan 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 time frame 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 of 2 in 1 FDC (R+H , tablet) with ANVISA through the Center for Research of IPEC/Fiocruz  
-Hire TB experts to provide technical assistance in conducting appropriate studies  
-In FY06 RPM Plus plans to support a South-to-South approach for further developing and implementing FDCs in Brazil. Assistance from the NIPER lab in India which did considerable testing on the 4-FDC will also be provided as necessary

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**Last Updated:** 10/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Brazil**Year** 05**Activity Title** Coordinate decentralization of the quality control system for TB pharmaceutical management**Activity Manager** Keravec, Joel**Activity #** 4**Task:** A1BR05XXX**Sub-Task:** 60DXH4**Activity Description** RPM Plus will continue to use the LabMost tool adapted by RPM Plus in collaboration with local partner INCQS for strengthening the capacity of lab managers and technicians in state laboratories to test TB products and conduct microscopy for TB diagnosis.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Brazil**Year** 05**Activity Title** Coordinate decentralization of the quality control system for TB pharmaceutical management**Project  
Year 6 Q4**

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 – 3 capacity building courses on the norm 17025 conducted in Amazonas and Goiás Lacens by INCQS. Final edition of the LabMost using results and observations from its application in different labs in partnership with INCQS – Poster submitted and accepted at the 2006 IUATLD congress. Oral presentation at the Second National Conference of the TB Network ( in São Paulo, Brazil on 19-22 July, 2006) on the results of the three first phase of the program with the following results: 70 samples representing 14 different drugs and 11 different producers were collected during the first phase. 68 samples analyzed, of which 46 were approved and 22 considered as non-satisfactory. Of these 22 samples, 9 were found with labeling non-conformities, 13 for not meeting product quality standards. RPM Plus coordinated a workshop on TB drugs production at the second National TB Meeting in Sao Paulo 19-22nd July, 2006 where quality testing difficulties for TB drug rifampicin have been addressed and discussed with the TB producers, the director of INCQS, the NTP manager and international experts. RPM Plus provided TA to the NTP for the quality testing process of the first line TB drugs received as an emergency donation from Paho.

- 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
- RPM Plus will collaborate to organize technical visits from INCQS technicians to the TB drugs producers of the public lab network
- Edit the final version of the LabMost

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Brazil**Year** 05**Activity Title** Coordinate decentralization of the quality control system for TB pharmaceutical management**Last Updated:** 10/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Brazil**Year** 05**Activity Title** Implementation of new DMIS system for management of MDR-TB patients**Activity Manager** Keravec, Joel**Activity #** 5**Task:** A1BR05XXX**Sub-Task:** 60G4H5**Activity Description** RPM Plus will continue to provide technical assistance to the Helio Fraga TB Center through local experts knowledgeable in computer manipulation, clinical aspects of MDR-TB and training to carryout implementation of the management information system (DMIS) for improving diagnosis, treatment and management of MDR-TB cases.**Project  
Year 6 Q4**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<ul style="list-style-type: none"><li>•New epidemiological reports designed for consolidating data from MDR-TB cohorts throughout Brazil and are currently being applied to the DMIS system</li><li>•On-going revision and updating of data in the database for the DMIS system</li><li>•On-going revision of the user's manual + development of a help tool on-line</li><li>•State Reference Centers are accessing data from the system for electronic case notification and follow-up information</li><li>•Results of data from the new DMIS show an increase of 15 to 20 % in the MDRTB case detection rate for 2005 bringing the national TB program closer to the 2010 WHO target of 70%</li><li>•RPM Plus were invited to participate as facilitators at the MDRTB course for LAC region in Mexico during July 2006 to share the Brazilian successes and experience with MDRTB DMIS</li><li>•An expert group for data analysis and scientific publication on MDRTB treatment outcomes and related aspects in Brazil has been created. On demand by Helio Fraga Center, RPM Plus will support participation of Dr Caminero from the Union as a collaborator for these publications.</li></ul>	<ul style="list-style-type: none"><li>•Difficulties in obtaining permission to host the DMIS program on the national website of MoH Health Surveillance for offering automatic download of new datasheets and electronic data transmission</li><li>•Slowness in getting server setup at CRPHF, so RPM Plus is still assuming the hosting of the DMIS on the Web</li><li>•Procurement problems of second line TB drugs at the pharmacy department of MOH led to exceptional situations of shortage of 2nd line drugs</li><li>•The majority of trimestral follow-up forms from 2000 till 2006 have not been elaborated by the TB specialists of the reference centers : RPM Plus contracted 2 more TB consultants for data revision and patients files analysis at the MDRTB ambulatory of Helio Fraga Center.</li></ul>	<ul style="list-style-type: none"><li>•Publish the final version of the DMIS user guide for the new DMIS</li><li>•Publish the user manual of the system</li><li>•Field test the updated DMIS computer application for accuracy and flow of data</li><li>•Fully decentralize the management of MDR-TB cases in Brazil (during 2nd semester of 2006)</li><li>•Define model and methods for conducting an evaluation of the decentralized DMIS for strengthening diagnosis, treatment and management of MDR-TB cases in Brazil</li></ul>		

**Last Updated:** 10/06/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**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.

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Cambodia**Year** 05**Activity Title** Participate in Child Survival and other meetings to increase pharmaceutical management awareness among counterparts**Project  
Year 6 Q4**

RPM Plus discussed with Dr. Gopinath, WHO representative of the Lao PDR malaria program the option of the PR of CMM submitting a request for funds to alleviate bottlenecks in implementing current GF malaria grants through USAID.

RPM Plus met with USAID/DC and the newly appointed director of OPH at the Mission in Cambodia to provide an update on RPM Plus activities in the country and discuss potential future activities.

RPM Plus met with representatives from USP/DQI and USAID/DC to discuss potential opportunities for the two NGOs to collaborate more effectively. Through discussion, it was noted there are potential areas for greater collaboration, however, as RPM Plus has not received Mission funds for FY06, USAID/DC agreed to follow up to determine if funds were allocated.

RPM Plus received an invitation from the MOH to attend the Inter Ministerial Advocacy meeting on counterfeit and substandard medicines in Phnom Penh. The newly appointed consultant will attend this meeting Oct 9-11, 2006 on behalf of RPM Plus. RPM Plus received and accepted an invitation to attend the MOH/WHO sponsored National Antimalaria Drug Policy workshop Dec 11-13, 2006 in Phnom Penh.

ACTMalaria requested RPM Plus to submit an abstract for the symposium during Nov 28-30.

none

Dr. Gopinath will follow up with the malaria program counterparts in Lao PDR. RPM Plus will discuss with the Mission and BASICS III how best to proceed in implementing activities to strengthen pharmaceutical management through the BASICS III child survival mandate. Submit an abstract to ACTMalaria as requested.

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Cambodia**Year** 05**Activity Title** Conduct a strategy development workshop to address identified pharmaceutical management issues**Activity Manager** Lynders, Marion**Activity #** 3**Task:** A1KH05XXX**Sub-Task:** 60CXM3

**Activity Description** The workshop will provide an opportunity for RPM Plus and in country partners to collaborate on developing interventions through existing programs 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.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM Plus developed and submitted to Dr. Rathmony, MOH/IMCI a draft agenda and tentative schedule for the proposed child survival partners meeting.	Dr. Rathmony submitted the proposed agenda and schedule to MOH counterparts for approval. No response was obtained and so the child survival meeting is tentatively rescheduled to occur early in 2007.	Continue to follow up with the Mission and the MOH regarding this child survival meeting		

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Cambodia**Year** 05**Activity Title** Provide TA with the development of selected drug management interventions**Activity Manager** Lynders, Marion**Activity #** 4**Task:** A1KH05XXX**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 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

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project**  
**Year 6 Q4**

No progress. Please see activity #3

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	No activities were planned for this quarter.	The NTP is still implementing the recommendations left during last RPM Plus visit to Dominican Republic on June 2006.	RPM Plus will visit Dominican Republic on November 2006. The implementation of the drug management information system and the availability of TB medicines will be assessed during this visit.		

**Last Updated:** 09/26/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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

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

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	No activities were planned for this quarter	The first shipment of FDC arrived on August 2006. Due to delays in customs, the distribution to pilot areas V and VIII started around September 2006. The application for a second procurement to the GDF was submitted on August 2006. GDF has changed the procurement agency. This has delayed the elaboration of the quote required by the MoH to start processing the payment for a second procurement.	A RPM Plus mission to Dominican Republic is scheduled for mid November 2006. The utilization of FDC in two pilot areas will be evaluated during this visit. The training on the management of FDC for the rest of the provinces was postponed for January or February 2007, just before the arrival of the second procurement.		

**Last Updated:** 09/26/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Dominican Republic**Year** 05**Activity Title** Update monitoring and evaluation procedures for the NTP**Activity Manager** Barillas, Edgar**Activity #** 4**Task:** A1DO05XXX**Sub-Task:** 60G3H4**Activity Description** During the last quarter of FY05, RPM Plus, with the support of MSH/CHO, will provide technical assistance to review the norms and adjust the monitoring and evaluation procedures and forms of the NTP.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	The update of the standard operating procedures of the NTP was postponed for October 2006.	The NTP re-schedule the updating of the SOP for October.	MSH Senior Program Associate Pedro Guillermo Suarez, will visit Dominican Republic from October 9 to 14. With the participation of NTP technicians he will elaborate the draft of a new version of the standard operating procedures		

**Last Updated:** 09/26/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Dominican Republic**Year** 05**Activity Title** Automated information system adjustment for the incorporation of the DMIS**Activity Manager** Barillas, Edgar**Activity #** 5**Task:** A1DO05XXX**Sub-Task:** 60G4H5**Activity Description** RPM Plus has programmed resources for the development of the module and training exercises in the provinces / areas.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	No activities were programmed for this quarter	No constraints	With the agreement of the USAID mission in Dominican Republic, the resources for this activity will be re-programmed to support the introduction of FDC. The work plan for October 2006 – September 2007 was approved by the USAID mission.		

**Last Updated:** 09/26/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Honduras**Year** 01**Activity Title** Technical assistance and follow-up visit.**Activity Manager** Paredes, Patricia**Activity #** 3**Task:** A1HN01XXX**Sub-Task:** 60F3H3

**Activity Description** Follow-up of country activities will be done in coordination with the national TB managers. RPM Plus will communicate through telephone and electronic mail, providing technical assistance to country managers during the stages of monitoring activities. A report will be prepared after this second workshop to assess the need for further technical assistance by RPM Plus and the areas where this assistance might have more impact.

**Project  
Year 6 Q4**

In a meeting with Honduras NTP manager, it was agreed that the remaining resource will be used for a follow up visit to support procurement and inventory management at the central level. This activity will be programmed for Q2 PY07.

Schedule follow up visit for  
January - March / 07

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Last Updated:** 10/27/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Kenya COP**Year** 05**Activity Title** Plan and coordinate collaboratively with MEDS and USG PEPFAR Inter-agency team for procurement and distribution**Activity Manager** Wangai, Mary**Activity #** 2**Task:** A1KE05HIP**Sub-Task:** 60CXH2**Activity Description** RPM Plus will work closely and collaboratively with USG PEPFAR Inter-agency team , MEDS and NASCOP to assist in the timely national planning of drug requirements, quantification/forecasting, procurement , distribution planning and documentation of the utilization of ART commodities by USG supported sites. Activities will include gathering and collating information stock levels and usage rates to assist commodity planning, acquisition and distribution to sites in a timely manner.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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Workplan: Kenya COP

Year 05

Activity Title Plan and coordinate collaboratively with MEDS and USG PEPFAR Inter-agency team for procurement and distribution

**Project  
Year 6 Q4**

1. Procurement of ARVs  
RPM Plus worked closely with the USG PEPFAR inter-agency team and MEDS to monitor the rate of delivery of the procured ARV drugs in to MEDS so as to inform the rate of program growth. In addition, RPM Plus provided TA in the initial quantification of ARVs for both the ART program and the PMTCT program as part of the procurement planning for COP 2007 for the Kenya PEPFAR program.

2. Distribution of ARVs to sites  
RPM Plus worked collaboratively with MEDS and the Inter-agency team in ensuring that the ARV drugs were distributed to Kenya PEPFAR program approved sites (both ART and PMTCT sites). By 30th September 2006, the following 121 sites were receiving ARVs from MEDS for their ART program, with assistance of RPM Plus:

- 60 public sector facilities
- 39 faith based facilities
- 13 community based facilities
- 5 private sector facilities
- 4 NGO-based facilities

RPM Plus also supported the PMTCT program, by coordinating the ARV drug distribution to PMTCT sites. By the end of this reporting period, a total of 114 sites were receiving PMTCT ARV drugs through RPM Plus.

RPM Plus was also instrumental in coordinating the distribution of pediatric ARVs procured by Clinton Foundation, through KEMSA. This was in ensuring that those at risk of expiring are issued to sites, while with-holding the ones at MEDS which had a long expiry. Further, by virtue of RPM Plus coordination role in the ARV ordering process, it provided information crucial to inform the national

1. Procurement of ARVs

- Long lead times by suppliers in delivering ARV drugs to MEDS. This was even more pronounced with the paediatric formulations (e.g. Stavudine 15mg and 20mg caps, Efavirenz 50mg & 200mg caps), where generic alternatives are not yet even available.
- Lengthy and cumbersome procurement procedures especially for drugs for opportunistic infections. These have not yet been procured by the Kenya PEPFAR program. Whatever is being issued to sites had been procured through another donor.

2. Distribution of ARVs to health facilities

- Erratic stability in the availability of ARV drugs supplied under the GOK program meant that many public sector sites utilized drugs from the PEPFAR program. This meant that only a few sites could be started up as the existing sites had to be stabilized.
- Dual supply of ARV drugs to some public-sector sites posed a challenge to some sites as it was not clear on which patients to be put on ARVs supplied through MEDS and which ones to be put on the FDCs supplied through the public sector.
- Some sites were still not able to place their orders in a timely manner. This was due to various reasons e.g. excessive workload, responsible persons for placing

1. Work collaboratively with MEDS and the Inter-agency in the timely quantification and forecasting of ARVs and procurement from approved suppliers.

2. Work closely with NASCOP to streamline the dual supply of ARVs to public-sector sites.

3. Assist MEDS in following up with suppliers in an attempt to shorten the lengthy lead times for specific drugs.

4. Continue providing technical assistance to sites to improve their management of data and subsequent reporting on ARV drug utilization. This includes the use of tried and tested manual tools developed by RPM Plus for commodity management. For those sites that are able to afford computers, they will be provided with the computer based ART Dispensing Tool developed by RPM Plus to assist in managing data for both the patients receiving drugs, and the stocks within the pharmacy.

5. Work closely with the PMTCT group in ensuring that the system for ordering ARVs by sites and reporting on utilization is strengthened.

**Workplan:** Kenya COP**Year** 05**Activity Title** Plan and coordinate collaboratively with MEDS and USG PEPFAR Inter-agency team for procurement and distribution

ARV drug supply chain. This was necessary to leverage the drug resources available under both the Kenya PEPFAR program and the GOK program to ensure continuous drug availability.

3. Monitoring utilization of ARVs by sites RPM Plus worked with the Kenya PEPFAR Inter-agency team to monitor the utilization of ARVs at points of service. A monthly summary report was used to collect information on ART & PMTCT commodity status/utilization as well as on patient service statistics. This information was used to ensure that sufficient ARV drugs were maintained at the central stores (MEDS) all the time. Follow ups were made by RPM Plus to the sites to discuss the status of their ARVs and advise on issues related to ARV utilization, as well advise on scale up.

The feedback from sites was thus useful in informing the Interagency team, MEDS and NASCOP on effective and efficient planning for commodity acquisition and distribution to sites in a timely manner.

orders being absent etc.

3. Data collection and collation on ARV drug utilization
- Lack of tools to track commodity utilization and patient service statistics at the points of service.
  - Some sites had a very high patient load and their use of manual data collection tools made the process slow and cumbersome.
  - Some sites do not have skilled staff to manage their data in order to prepare accurate reports on drug utilization.
  - Missing data from the sites at times in some of the reports
  - Late reporting by sites.

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**Last Updated:** 10/30/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to build the capacity of MEDS to support the scale up of access to and rational use of ART in Kenya**Activity Manager** Thuo, Michael**Activity #** 3**Task:** A1KE05HIP**Sub-Task:** 60EXH3**Activity Description** RPM Plus will work with MEDS and USAID/Kenya , CDC/Kenya to identify activities and technical assistance inputs needed to build the capacity of MEDS to support the USG strategy for Kenya. Activities will include;

- Technical assistance to strengthen MEDS Management Information Systems (MIS),
- Improving the HR Capacity for commodity management through training and mentoring,
- Strengthening the Quality Control (QC) Laboratory,
- Strengthening the Training, Supervision and M&E initiatives.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to build the capacity of MEDS to support the scale up of access to and rational use of ART in Kenya**Project  
Year 6 Q4**

1. TA to strengthen MEDS staff in quantification and inventory management techniques. During this period, RPM Plus supported MEDS in an initial quantification exercise for PEPFAR procurement under COP07. This is aimed at providing drugs for up to 110,000 ART patients by September 2008.

2. Technical Assistance to strengthen MEDS Management Information System and client service  
RPM Plus has supported MEDS in strengthening the management information systems in order to improve the client service. In so doing, RPM Plus has worked closely with MEDS to establish a demand driven system for ordering ARV drugs through MEDS. RPM Plus has also coordinated the ordering by sites so that the information captured by MEDS is already cleaned up and ready for inputting into the MEDS system.

3. Improving the HR Capacity for commodity management through training and mentoring, and regional study tours  
• With the increasing need for training at sites, MEDS has received funds from USAID, to assist in the training efforts. RPM Plus will continue to support MEDS in realizing this goal since it is already involved in training staff from most of the ART sites being serviced through MEDS. RPM Plus plans to conduct a national quantification training, incorporating staff from MEDS and other key stakeholders, later in the year. During this quarter.

3. Strengthening the training, supervision and M&E Initiatives

- The rapid scale up of the program has put a lot of strain on the normal operations of MEDS. The staff at MEDS have therefore found themselves with limited time to develop or improve their skills in specific areas of commodity management e.g. quantification, management information systems, monitoring and evaluation etc
- As the program expands, there is an increased need to get more staff skilled in specific areas of commodity management to support the supply chain activities. These are however not always available.

1. Continue working closely with MEDS staff on strengthening their ability to quantify, conduct M&E and improve various components in their MIS.
2. Support MEDS initiatives' to train facility staff in commodity management
3. Train more MEDS' staff in specific areas of commodity management e.g. quantification and forecasting of ART commodities

**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to build the capacity of MEDS to support the scale up of access to and rational use of ART in Kenya

- MEDS has been putting together information needs for the various departments in order to strengthen their M&E system. This is ongoing.
- RPM Plus assisted MEDS in tracking commodities from suppliers into MEDS and between MEDS and the PEPFAR-assisted sites.
- RPM Plus also continued providing support to MEDS in monitoring the utilization of ARV drugs by sites, and sharing this information with MEDS.

4. Strengthening MEDS capability to support both the public and private ART sites through appropriate linkages and synergies

With the continued scaling up of the program to more sites, RPM Plus supported MEDS to be able to service all sites from public, FBO, community and private sectors. During this quarter, RPM Plus supported MEDS in reaching out to other partners supporting the program at various sites. One such linkage this quarter was Clinton Foundation, who initiated discussions with MEDS to work out ways of accessing more patients using the MEDS supply system.

**Last Updated:** 10/30/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to build the capacity of MOH/NASCOP to support access to , and rational use of, quality pharmaceutical**Activity Manager** Thuo, Michael**Activity #** 4**Task:** A1KE05HIP**Sub-Task:** 60AXH4**Activity Description** RPM Plus will work with Ministry of Health, USAID/Kenya, CDC/Kenya , other USG agencies and cooperating partners to identify activities and technical assistance inputs needed to build the capacity of NASCOP to improve access to and use of quality pharmaceutical products for national ART programs

Activities will include :

- ? Support to the MOH/NASCOP national ART Task Force Drug sub-committee activities;
- ? Support to the MOH/NASCOP national ART Task Force Training sub-committee activities ;
- ? Support to the MOH/NASCOP national ART Task Force Planning & Operations sub-committee activities.

Other central level activities include participating in workshops to develop national training curricula on commodity management; training of regional ART teams management and leadership elements in support of ART commodity management activities; developing/updating standard treatment guidelines, developing monitoring and evaluation indicators and instruments, and patient medication counseling materials and methodologies.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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Workplan: Kenya COP

Year 05

Activity Title Provide technical assistance to build the capacity of MOH/NASCOP to support access to , and rational use of, quality pharmaceutical

**Project  
Year 6 Q4**

Activity Progress:

1. Support to NASCOP National ART Task Force Subcommittees

- Pediatric subcommittee: The meeting was held on September 5th. Issues discussed included systems, training & mentorship, psychosocial issues, pediatric communications campaign, early infant diagnosis and monitoring and evaluation of pediatric ART.
- ART Drug subcommittee: Participated in joint NASCOP/PPB meetings to plan the way forward for ART Pharmacovigilance. ADR reporting form completed. Proposal to work with TB and malaria programs acknowledged. Discussions ongoing.

2. Support to NASCOP training efforts

- Conducted workshop for annual review of Commodity management curriculum-review completed
- Completed draft training curriculum for TOT on effective management of ART commodities
- Completed draft training curriculum on Standard Operating Procedures for ART commodity management staff.

- Completed training materials on Data & Information Management for ART commodity management staff

3. MTP Operational Research

- Completed review and pre-testing of MTP checklist
- Completed review of MTP Indicators, Training materials for Commodity Management and implementation plan for MTP Operational Research in Kenya
- Held briefing meeting with NASCOP Progress On Products

1. National ART Task Force-Drug subcommittee

- Q/A paper on ARVs: Draft completed and shared with the Division of

- Staff turnover at Central Level has had a significant impact on operations of various ART taskforce subcommittees and has slowed down progress in various initiatives
- Slow progress in harmonization of ART tools continue to hamper rapid gathering of strategic information needed for planning at central level

- Continue to support and contribute to various National ART Task Force subcommittees
- Continue to support NASCOP in pharmaco vigilance issues by increasing linkages with TB and Malaria in order to have stronger advocacy for this issues a National level.
- Continue to participate in ongoing discussions to identify how IT technologies available in Kenya can be exploited to enhance data collection for ART Program at Central Level
- Continue to support national training efforts by developing more targeted curricula and disseminating nationwide e.g. curricula on SOPs, Rational Drug Use.
- Identify regional training teams for commodity management and build their capacity to train, mentor and supervise staff at regional level
- Develop and test a strategy for pharmaceutical services support supervision
- Support follow up work to design harmonized drug management data collection system for all art providers.

**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to build the capacity of MOH/NASCOP to support access to , and rational use of, quality pharmaceutical

Pharmacy for incorporation into the revised National Medicines Policy

2. National ART Task Force-Systems Subcommittee
  - Reviewed manual MIS/M&E ART tools. Tools currently undergoing pre-testing in Eastern Province
3. National ART Communication subcommittee
  - National Communication Strategy: To be initiated
  - Pediatric IEC materials: Draft circulated for review.
4. Pediatric Steering Committee: Minutes of Meeting on September 5th pending
5. Support to NASCOP training efforts
  - Tested draft curriculum and implementation guide for ART commodity management for health care workers in primary health care settings available
  - Draft curriculum on TOT for ART commodity management available
  - Draft curriculum on Standard Operating Procedures for ART commodity management staff available
  - Draft training materials for Data & Information Management for ART commodity management staff available
- 6.MTP Operational Research
  - MTP Checklist and indicators, implementation plan and assessment tool available
  - Minutes of meeting with NASCOP on MTP: In progress

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**Last Updated:** 10/18/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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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**Activity Manager** Thuo, Michael**Activity #** 5**Task:** A1KE05HIP**Sub-Task:** 60CXA5**Activity Description** RPM Plus will continue conducting the rapid commodity management site assessments of potential sites as requested by the USG team and PEPFAR treatment partners in order to establish their readiness for providing pharmaceutical services in support of ART program scale up. The rapid assessments (usually lasting for a duration of one day), are also intended to elicit commodity management gaps existing at the sites and to guide system strengthening efforts.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Kenya COP**Year** 05**Activity Title** Conduct assessments in potential ART service delivery points to determine their readiness for the provision of Pharmaceutical**Project  
Year 6 Q4**

1.1 Assessments were done in 2 facilities (Kajiado DH and Kerugoya DH)

? Both Kajiado and Kerugoya DH are Ministry of Health facilities

? Assessments were done during a pre-testing exercise of an assessment tool to be used to document the effectiveness of Monitoring Training and Planning (MTP) approach for improving HIV/AIDS Pharmaceutical management practices.

? 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) Inventory management and distribution
- g) ART dispensing and counseling practices

? Review of ART Inventory records was done in the two facilities visited.

1.2 Identification and documentation of gaps and challenges in the key areas assessed.

This was done in the 2 facilities. Both facilities had a pre-existing GoK supported ART programs

1.3. Stipulation of recommendations/interventions to

Observation of dispensing encounters and execution of patient exit interviews was not possible in Kajiado DH as it was not an ART clinic day.

Share assessment findings with site managers and National AIDS and STD Control Program

Training of staff dispensing ARVs to accurately forecast and quantify for replenishment on a timely basis

Installation of the ART dispensing tool at Kajiado DH and training staff it's use.

**Workplan:** Kenya COP**Year** 05**Activity Title** Conduct assessments in potential ART service delivery points to determine their readiness for the provision of Pharmaceutical

address the identified gaps and challenges was done in both sites.

1.4. Progress on products  
2 site assessments reports were written and are available.

**Last Updated:** 10/18/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to national efforts in strengthening pharmaceutical services in support of ART**Activity Manager** Thuo, Michael**Activity #** 6**Task:** A1KE05HIP**Sub-Task:** 60CXH6**Activity Description** RPM Plus will provide technical assistance to strengthen pharmaceutical services in support of ART services. Technical assistance will include:

- ? Initiating and strengthening commodity management activities at ART sites in support of program scale up
- ? Initiating commodity management plans of action collaboratively with site staff
- ? Supporting ART treatment partners

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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Workplan: Kenya COP

Year 05

Activity Title Provide technical assistance to national efforts in strengthening pharmaceutical services in support of ART

**Project  
Year 6 Q4**

Activity Progress

1.0 Initiating and strengthening commodity management activities at ART sites in support of program scale up

- Trained 36 staff from 29 ART sites on data & information management for ART commodity management
- Trained 8 staff from 3 ART sites and 2 IT support staff based at Merlin, Nyanza province on MSH/ART Dispensing Tool
- Applied rapid results questionnaire to 55 ART Sites to gather information on use of MSH/ART Dispensing tool with the aim of using results to improve the tool and future trainings.
- On site visits and TA to KNH on SOPS, inventory management, human resource utilization to strengthen ART pharmacy services.
- TA assistance through provision of training materials, software and training of IT staff to 9 EDARP ART sites on implementation of MSH/ART dispensing tool
- Dissemination of ART commodity management tools (dispensing tools, job aids, & inventory management tools) to 18 ART Sites

2.0 Initiating commodity management plans of action collaboratively with site staff to address:-

- Assisted 2 MoH ART sites supported by EGPAF in development and "jump starting" of on site MTP action plan

3.0 Support to ART treatment partners

- Ongoing technical assistance to ART program pharmacist at AIDSRelief on follow up and expansion of MTP activities at 3 mission hospitals
- Ongoing technical assistance to AIDS Relief Pharmaceutical Technical Advisor

- Limitations in ability to assist sites with infrastructure and equipment needs which is a major constraint to program scale up
- Lack of institutionalized systems (e.g. DTCs) in facilities which can house or drive efforts that support ART management structures or site based implementation plans e.g. MTP to improve ART services
- Lack of National standardized pharmaceutical ART SOPs and forms to harmonize activities in support of ART
- Lack of clear National guidelines on best practices standards for ART sites or an accreditation system
- Lack of a support supervision structure for pharmaceutical services to ensure sustained improvements in ART commodity management practices
- Poor quantification skills continue to result in significant stock outages for ARV and OI drugs in ART facilities

- Train core group of regional pharmacist as TOT and provide mentorship skills
- Finalize training curriculum on Standard Operating Procedures for commodity management
- Develop support supervision manual and training guide for ART commodity management
- Conduct quantification workshop using Quantimed for central level and program level pharmacists
- Continue responding to requests for training in ART commodity management by ART partners nationwide
- Continue roll out and follow up MTP process at selected sites
- Continue to disseminate ART commodity management tools nationwide
- Continue to work with sites to build robust ART drug management information systems in support of ART using available electronic or manual tools
- Continue to strengthen skills in data & information management for ART commodity management staff as the initial step to implementing ART drug utilization reviews

**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to national efforts in strengthening pharmaceutical services in support of ART

on use of MSH/ART Dispensing tool to support PMIS at all sites in Kenya

- Provided technical assistance and follow up on ART program pharmacist at WRP on decentralization and on job training for ART commodity management staff at lower levels
- Responded to request for TA assistance to INSTA for management of food commodities-demonstrated available tools and suggested possible interventions and plan of action

Progress On Products

- Training report on Data and Information Management for ART commodity management staff, August 9th to 11th available
- Training report on MSH/ART dispensing tool for Merlin supported sites, August 24th 2006: In progress
- Technical report on MTP approach for EGPAF supported sites, August 25th 2006. Available
- Technical report on findings of questionnaire on MSH/ART Dispensing tool, August 2006: In progress
- Follow up report on TA to KNH: Available
- Minutes of meeting with INSTA: In progress
- List of facilities received ART commodity management job aids: Available on request in Database

**Last Updated:** 10/18/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to the Department of Pharmaceutical Services to strengthen ART policy, practice, and regulatory**Activity Manager** Thuo, Michael**Activity #** 7 **Task:** A1KE05HIP**Sub-Task:** 60A4H7**Activity Description** RPM Plus will work with the Department of Pharmaceutical Services and its institutions,( eg, the Pharmacy and Poisons Board, National Quality Control Laboratory, ) to support the policy and practice reform agenda aimed at strengthening national skills and capacity in commodity selection, quantification, procurement, distribution, quality assurance and appropriate use of commodities needed for the treatment and care of PLWHA. RPM Plus will also support activities by the Pharmacy professional association, the NGO/private sector aimed at improving access and use of ARVs and other medicines in support of the national ART programme.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	<p>This quarter RPM plus along with other stakeholders continued to provide TA to the Division of Pharmacy/MOH in the following areas:</p> <ol style="list-style-type: none"><li>1. To review the draft Kenya National Pharmaceutical Policy document. RPM Plus assisted in facilitating a second workshop for reviewing the draft policy document.</li><li>2. To continue advocating for linkages between the Division of Pharmaceutical Services, NASCOP, PPB, NQCL in specific areas including pharmaco-vigilance, post-marketing surveillance and in development of tools for adverse drug reaction monitoring and reporting.</li></ol>	<p>Building consensus among stakeholders is time consuming</p>	<ol style="list-style-type: none"><li>1. Finalized Kenya National Pharmaceutical Policy document</li><li>2. Development of a strategic plan corresponding with the policy</li><li>3. Pretesting of ADR tools developed by PPB</li><li>4. Development of national pharmacovigilance frame work</li></ol>		

**Last Updated:** 10/18/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to national efforts in strengthening laboratory services in support of ART programs**Activity Manager** Thuo, Michael**Activity #** 8**Task:** A1KE05HIP**Sub-Task:** 60DXH8**Activity Description** RPM Plus will provide technical assistance to strengthen laboratory services in support of ART by working synergistically with other members of the national laboratory team. All RPM Plus laboratory activities will be conducted under the auspices of the National Public Health Laboratory Services—the department of Kenya MOH charged with providing technical and tactical oversight for all laboratory services in Kenya

Technical assistance will include:

- Support to National Level activities
- Supporting NPHLS activities aimed at scaling up laboratory activities
- Implementing good laboratory practices in support of ART

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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Workplan: Kenya COP

Year 05

Activity Title Provide technical assistance to national efforts in strengthening laboratory services in support of ART programs

**Project  
Year 6 Q4**

• Continued support to national Lab ICC efforts in the following :  
 -Convene one planning and one activity meeting for the Lab ICC sub-committee on Systems for partners  
 - As chair of Systems sub-committee, table and achieve Lab ICC consensus on four priority laboratory systems ( QA, LIMS, Specimen Transfer, and M& E) for strengthening in the next one year and list of priority activities based on the Lab Strategic Plan  
 -Supported Technical Support to the Training sub-committee in field testing and finalization of the Lab Refresher curriculum on Good Diagnostic Practices for clinicians and lab technologists  
 - Participated with other partners in training 56 clinicians and laboratory technologists from 16 ART sites in Good Lab Practices in Machakos ( 30) and Nakuru( 26)  
 -Convened and supported 3 Lab ICC meetings in support of NPHLS and partner coordination efforts  
 - Minutes of the meetings available  
 • Support capacity strengthening activities for NPHLS headquarter and field level to improve quality and scale up of lab monitoring services in support of ART program :  
 - Developed a draft Training of Trainers Curriculum on ART Laboratory Monitoring and Strengthening  
 - Conducted a Training of Trainers Workshop for a pool of 32 NPHLS senior technologists to roll out the 5-day comprehensive ART Laboratory

None

• Disseminate the 5 day-Comprehensive Laboratory Strengthening curriculum and guide in support of ART program  
 • Finalize the draft TOT lab curriculum and training materials for use by NPHLS in 2007  
 • Support training on quality control in CD4 Testing for priority ART sites  
 • Design and disseminate at least 4 types of Job Aids in support of quality lab monitoring for ART  
 • Support NPHLS compile ,review and print ART SOPs for a) national ART sites, and b) NHIV Ref Lab  
 • Finalize SOP curriculum and Conduct training on laboratory SOPs for specimen and results management Conduct data collection and advocacy meetings with NPHLS in preparation of the Lab Inventory Management Training scheduled for end January 2007.  
 • Use the MTP approach to implement one Follow up activity for lab staff trained from UNITID and Nairobi province sites in March 2006  
 • Support the Nairobi province with tools and data management services to conduct a rapid assessment for laboratory

**Workplan:** Kenya COP**Year** 05**Activity Title** Provide technical assistance to national efforts in strengthening laboratory services in support of ART programs

Monitoring and Strengthening Curriculum to the provinces and districts at the request of NPHLS  
Draft curriculum available  
-TOT workshop  
Proceedings draft report available  
- Based on ART Lab strengthening work from Mombasa , developed , compiled and disseminated 150 generic ART Lab SOPs to 20 partners and organizations for adoption and adaptation at ART sites.  
- Copy of generic SOPs available  
- Developed a draft curriculum and training guide for training on laboratory SOPs  
- Jointly with NPHLS, convened and conducted a work session for 13 selected NPHLS and key ART sites staff on development of Laboratory Job Aids in support of ART  
- A list of priority job aids and key messages in place awaiting design  
- Updated , printed , and revised the design , of SOPs for Mombasa sites for ease of use  
- Revised SOPs for CPGH and BOMU available

in support of ART  
• Convene at least one activity meeting for the Lab ICC sub-committee on Systems for partners  
• Participate jointly with other partners in on-going Lab ICC and other sub-committee meetings as necessary  
• Present progress report on Lab ICC Systems sub committee to the central ICC

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**Last Updated:** 10/30/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Kenya COP**Year** 05**Activity Title** Respond to requests to participate and support Emergency Plan national coordination meetings, workshops, site visits/study tours as**Activity Manager** Thuo, Michael**Activity #** 9**Task:** A1KE05HIP**Sub-Task:** 60F8N9**Activity Description** This activity includes responding to requests from USG partners, collaborators, and MOH counterparts to support meetings, training workshops, and site visits as requested. RPM Plus will also undertake regional and site based stakeholder support supervision missions jointly with other stakeholders.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Kenya COP**Year** 05**Activity Title** Respond to requests to participate and support Emergency Plan national coordination meetings, workshops, site visits/study tours as**Project  
Year 6 Q4**

1. Responding to requests from Kenya None

PEPFAR Inter-agency team

RPM Plus responded to the following technical requests:

- Quantify jointly with MEDS for the COP 2006 on behalf of the USG Inter-agency team for the Kenya PEPFAR Program.
- Update the Inter-agency team on the status of the commodity supply for the PEPFAR assisted sites.
- Regular updates to the USG Inter-agency team on the local registration status of FDA-approved ARV generic drugs
- Communication to other partners on the commodity supply related issues
- Attending briefing meetings at the USAID-Kenya offices, and updating the USG-Kenya mission on RPM Plus activities.

2. Coordinating Inter-agency meetings  
RPM Plus coordinated and participated in the following meetings:

- A meeting held at CDC offices to review the ARV stock position. The meeting was between the USG inter-agency team, MEDS, RPM Plus and AIDS Relief/CRS.
- A PEPFAR drug team meeting to review the status of ARVs being procured for the Kenya PEPFAR Program.
- Quantification meetings between the Inter-agency team, NASCOP, Clinton Foundation, MEDS and RPM Plus to review assumptions used in quantification prior to procurement for COP 2006 for the Kenya PEPFAR program.

3. Participation in important

- Continue working closely with the Inter-agency team, MEDS, NASCOP, other partners and sites in ensuring uninterrupted supply of ARVs at sites to support the program.
- Provide progress reports on the Kenya PEPFAR program to the USG Interagency team.

**Workplan:** Kenya COP**Year** 05**Activity Title** Respond to requests to participate and support Emergency Plan national coordination meetings, workshops, site visits/study tours as

International PEPFAR Meetings  
RPM Plus, Kenya participated in a PEPFAR implementer's conference held in Durban, South Africa from 12th to 15th June 2006. At this meeting, RPM Plus made a total of 6 presentations (5 oral and 1 poster presentation). These were derived from the work carried out by RPM Plus in its activities in Kenya. The presentations made at the conference included the following:

- Using Rapid Assessment Results to Strengthen Pharmaceutical Systems for National ART Program Scale-up in Kenya
- Applying a computer-based tool at ART Sites to improve Pharmaceutical Management Information Systems: The Case of Coast Provincial General Hospital in Kenya
- Tracking ARV Medicines for Rapidly Expanding Programs: Use of an Electronic Inventory Tracking Tool to Support ARV Supply Chain Management
- Strengthening and Integrating Laboratory Services in Resource-Limited Settings to Support ART: The case of Coast Provincial General Hospital, Mombasa, Kenya
- Integrating Pharmaceutical Management Systems In support of ART programs: Experience from Three Coastal Sites In Kenya
- Human Capacity Development for Quality Laboratory Services in Support of Antiretroviral Therapy

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**Last Updated:** 10/18/2006

**Workplan:** Kenya COP**Year** 05**Activity Title** Respond to requests to participate and support Emergency Plan national coordination meetings, workshops, site visits/study tours as**Project  
Year 6 Q4**

1. Responding to requests from Kenya PEPFAR Inter-agency team  
RPM Plus responded to the following technical requests from the Inter-agency team:

- Conduct an initial quantification jointly with MEDS for the COP 2007 on behalf of the USG Inter-agency team for the Kenya PEPFAR Program. This is aimed at reaching upto 110,000 patients by September 2008.
- Provide regular updates to the Inter-agency team on the status of the commodity supply for the PEPFAR assisted sites.
- Provide communication to other partners on the commodity supply related issues e.g. advise sites on scale up following shortages of specific first line ARV drugs supplied under PEPFAR.
- Attend briefing meetings at the USAID-Kenya offices, and updating the USG-Kenya mission on RPM Plus activities.
- Prepare presentations on behalf of the USG team on various issues, as requested. These included the following meetings:
  - National ART Stakeholders Conference, organized by NASCOP on 28th – 29th September 2006
  - Meeting between USAID, SCMS and MSH/RPM Plus on the Supply chain system strengthening activities in Kenya

2. Coordinating Inter-agency meetings  
RPM Plus coordinated and participated in the following meetings:

- A meeting held at NASCOP to discuss scale up issues with respect to the availability of ART commodities, both in MEDS and KEMSA.
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3. Participation in important meetings

None

- Continue working closely with the Inter-agency team, MEDS, NASCOP, other partners and sites in ensuring uninterrupted program expansion in support of the national program goal.
- Provide progress reports on the Kenya PEPFAR program to the USG Interagency team.

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Kenya COP**Year** 05**Activity Title** Respond to requests to participate and support Emergency Plan national coordination meetings, workshops, site visits/study tours as

RPM Plus, Kenya participated in a Kenya PEPFAR partners meeting held in Nairobi Safari Park Hotel, to discuss the implementation of an electronic database for program monitoring by the Kenya USG team. During the meeting, RPM Plus also facilitated by making a presentation on its experience, having used the system. This was upon an urgent request from the Kenya USG team.

**Last Updated:** 10/30/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** MAC-Field Support-Democratic Repu Year 05**Activity Title** Documentation of ACT roll out and use in 2 provinces**Activity Manager** Kabuya-Mutshipayi, Willy**Activity #** 3**Task:** A1ZR05MAC**Sub-Task:** 60E3H3**Activity Description** RPM Plus will assist NMCP to collect and analyze ACT roll out. Thus data will be utilized in decision-making.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Worked with PNLN to revise ACT roll out monitoring tool. Continued to work on training manuals. Together with PNLN developed a plan of action and activities to address identified bottlenecks in support to GFATM malaria activities. Assisted the DRC CCM to review M&E system and discuss procurement mechanisms.	None	Support PNLN to conduct monitoring in the planned provinces. Develop operational plan to address the bottlenecks. Support PNAM to progressively intergrate CCM procurement mechanisms		

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** MAC-Field Support-Democratic Repu Year 05**Activity Title** Support for training of HW in health zones in drug supply management (SANRU and CRS zones).**Activity Manager** Kabuya-Mutshipayi, Willy**Activity #** 5**Task:** A1ZR05MAC**Sub-Task:** 60CXH5**Activity Description** RPM Plus will assist SANRU and CRS to expand their experience of drug management system to other in country health zones and pharmaceutical depots.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Officially presented the Drug Management Technical Guidelines(DMTG) and supported reproduction of 2450 copies for national and provincial levels. Quartely servision to Vanga medical warehouse , Kikongo and Vanga health zones	None	Send DMTG to the mission, RPM Plus and other partners. Compare prograss between trained and untrained health zones.		

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

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** MAC-Field Support-Ghana                      **Year** 04**Activity Title** Technical assistance to the National Malaria Control Program for implementation of the new antimalarial drug policy**Activity Manager** Tetteh, Gladys                                              **Activity #** 1    **Task:** A1GH04MAC                      **Sub-Task:** 60A4H1**Activity Description** RPM Plus will assist Ghana with the development of a transition plan which incorporates a strategic plan and an implementation plan to facilitate implementation of the new policy. In addition, RPM Plus will participate in and contribute to meetings concerned with malaria treatment and prevention and policies. Technical inputs into finalization of the antimalarial drug policy, guidelines and training manuals will also be activities used to support the NMCP during the period prior to and during implementation of the new drug policy.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	RPM Plus discussed with the NMCP and with the USAID Mission on the next steps for the activities. It was decided that the activity on drug quality remain and remaining funds be used for the following activities: 1) TA for choice and implementation of the 2nd line treatment and 2) TA for development of the malaria strategic document. RPM Plus core funds will also be used to support these activities. Discussions were also had on the drug quality activity with USP. A consultant was recruited for 3 months to provide on-going support to the Ghana NMCP for these activities.	Activities were slow due to the absence of a consultant in Ghana.	Reprogram activities. Continue with the activities as outlined.		

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**Last Updated:** 10/04/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** MAC-Field Support-Kenya      **Year** 05**Activity Title** Technical Activity Coordination**Activity Manager** Tetteh, Gladys      **Activity #** 1      **Task:** A1KE05MAC      **Sub-Task:** 97XXY1**Activity Description** This activity includes technical activity coordination, workplan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Technical activity coordination and monitoring achieved.	None	Continued technical activity coordination and monitoring.		

**Last Updated:** 09/21/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Nicaragua**Year** 04**Activity Title** Provide technical assistance to the Nicaraguan Technical Working Group on Essential Medicines (continuation of Activity 4, Year 3)**Activity Manager** Miralles, Maria**Activity #** 2**Task:** A1NI04XXX**Sub-Task:** 60B4H2**Activity Description** RPM Plus will continue providing technical assistance upon USAID Nicaragua Mission request. This could be related to the mechanisms to implement an improved procurement system for the potential program to expand non-for profit medicine outlets, or it may be related to the changes needed to modernize the capacity of the current warehouse and distribution system in the MOH.

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	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	On July 11th, Dr. Edgar Barillas participated in a meeting to discuss the final draft for the "standardization of materials and methods for the training of dispensers of VSM". The comments and suggestions were included in the final version that was presented on August, 2006.	No constraints	The final version of the document is in its final stages of formatting and editing. On October 2006, it will be presented to USAID, the PRONICASS project and to the Nicaragua MoH. This document can easily be adapted to train MoH staff.		

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**Last Updated:** 09/26/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Nicaragua**Year** 05**Activity Title** Technical assistance for the strengthening of the supply management and financial administration of the VSM**Activity Manager** Barillas, Edgar**Activity #** 2**Task:** A1NI05XXX**Sub-Task:** 60CXH2**Activity Description** RPM Plus will analyze the performance of the Ventas Sociales de Medicamentos networks. With this information RPM plus will elaborate recommendations to strengthen the supply management and financial administration of the VSM. The proposal will be developed with local counterparts.**Project  
Year 6 Q4**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
On July 12 2006, RPM Plus Senior Program Associate Edgar Barillas had meetings with the consultant hired to study the financial management of the VSM (Dr. Giovanni Delgado). A revised version of the protocol was discussed and validated. The criteria for the selection of the VSM to visit were revised. The collection of information in the field started on August 2006.	No constraints	As September 2006 the research team is processing the information collected on the field. The first draft of the study should be presented by mid October 2006.		

**Last Updated:** 09/26/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Nicaragua**Year** 05**Activity Title** Standardization of procedures and forms used by the VSM quality assurance program**Activity Manager** Barillas, Edgar**Activity #** 3**Task:** A1NI05XXX**Sub-Task:** 60DXH3**Activity Description** The Ventas Sociales de Medicamentos networks have already developed components of a comprehensive QA program. RPM Plus will provide TA to standardize the procedures among the different networks, develop an indicator base system to monitor the QA program, and to document the experience.**Project  
Year 6 Q4**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
Dr. Edgar Barillas participated in a meeting to discuss the final draft on "the standardization of procedures used by the VSM quality assurance program" (July 11th). The comments and suggestions were included in the final version that was presented on August 2006.	No constraints	The final version of the document is in its final stages of formatting and editing. It will be presented to USAID and to the Nicaragua MoH on October 2006. This document can easily be adapted to train MoH staff.		

**Last Updated:** 09/26/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Nicaragua**Year** 05**Activity Title** Strengthening of the Pharmaceutical and Therapeutic Committees**Activity Manager** Barillas, Edgar**Activity #** 4**Task:** A1NI05XXX**Sub-Task:** 60B4H4**Activity Description** As a follow up to this activity, RPM Plus will organize a workshop to strengthen the technical knowledge and skills of the members of DTCs operating in the public and private sectors. The participants will be the members of the CURIM Central, so no major expenses are anticipated in meals, per-diems and allocation.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	No activities planned for this quarter.	The strengthening of the central pharmaceutical and therapeutic committee (CURIM central) depended on the implementation of the new organization of the MoH, the appointment of directors, and the implementation of working processes where the technical assistance of a CURIM central will be demanded. This reorganization process is moving at low pace, so there were no conditions to strengthen these committees. On a meeting on July 12, the USAID Mission in Nicaragua agreed with RPM Plus proposal to reprogram these resources to support the strengthening of the VSM.	RPM Plus work plan for October 2006 – September 2007 was submitted to the USAID Mission in Nicaragua on September 2006; still pending approval.		

**Last Updated:** 09/26/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Rwanda COP 05**Year** 05**Activity Title** To provide TA to improve CAMERWA's management and services, with especial focus in procurement, distribution, inventory control,**Activity Manager** Ntumba, Georges**Activity #** 3**Task:** A1RW05HIP**Sub-Task:** 60CXH3**Activity Description** RPM Plus will continue to support CAMERWA in order to improve the management capacity and efficiency of its services. An external consultant will be based in CAMERWA for a period of 3-6 months, with focus in the following areas of action:

TA for reviewing/developing operating procedures: However, the implementation of regional depots, the expansion of stores, and the increased number of clients as a consequence of the scaling up of ART will require adaptation and implementation of operating procedures in depots, revision and update of other procedures that need to be modified, and development of new procedures in order to integrate all CAMERWA's new activities.

TA in procurement and distribution of drugs: In order to respond to the targets of scaling up ART, a national procurement plan needs to be developed and reviewed periodically according to achievements and challenges, which should include among other information quantification of drugs and procurement strategy. It will be necessary as well to develop and implement a distribution system consistent with the new decentralization plans of the MOH.

TA for QA/QC: Although a national QA/QC system should be implemented at national level by the Direction of Pharmacy through a National Drug Authority, CAMERWA has established an internal mechanism to guarantee the minimum requirements on quality of drugs. CAMERWA has requested MSH/RPM Plus to provide additional training in QA/QC and technical assistance to improve their internal system. The improvement of the QA/QC system will require to review and update the procedures according to international regulations (or national when developed), to adapt some elements to ensure quality at regional depots, and to establish a system for M&E.

TA for store management: Store management procedures should be reviewed according to the expected increase of volumes of drugs and clients in next years, as a consequence of scaling up ART and other programs.

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

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**Workplan:** Rwanda COP 05**Year** 05**Activity Title** To provide TA to improve CAMERWA's management and services, with especial focus in procurement, distribution, inventory control,**Project  
Year 6 Q4**

Updated pharmaceutical management SOPs developed by MSH Consultant Yves Barjaud are being implemented by CAMERWA as they pertain to procurement and inventory control. SOPs related to an active distribution for ARVs and other commodities are still in the process of being adjusted to fit the new demands and based on lessons learned with the first phase of the active distribution of COARTEM.

MSH/RPM Plus has identified a consultant to help CAMERWA to start the process of setting up its quality assurance system. The scope of work for the consultant has been approved and the work is scheduled to start in October 06. The consultant will also help with the development of the procurement plan and the setting up of the active distribution system.

As it was the case during the last reporting period, the quantifications for ARVs have been routinely conducted by the ad hoc committee of the CPDS. The discussions are underway between CAMERWA and the National Tender Board which will have an impact on the procurement plans for ARVs. As for other essential medicines, and in anticipation of the new integrated active distribution policies recommended by the GOR, CAMERWA and MSH/RPMPPlus are still working to determine the needs and time frame for this challenging activity which is expected to start by March 2007. The draft of the active distribution plan has been presented to partners and stakeholders and adopted during the

Delay in the launching of the active distribution. Internal divisions within CAMERWA busy to assure smooth implementation of SOPs.Lack of readiness at CAMERWA level. National Tender Board requirements.Bringing all stakeholders together and securing their commitment. agreeing on the basic principles and processes.

-Complete the implementation of existing SOPs. Use lessons learned from the active distribution of COARTEM to finalize SOPs for the active distribution.  
-Hire a consultant to work with CAMERWA to set up the system.  
-Assit Camerwa to develop and implement procurement plans for ARVs and then for other essential medecines.  
-Finalisation of the distribution plan.-Testing in selected districts.Launching the system. Integration of other essential medecines into the system. Monitoring and follow up.

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Rwanda COP 05**Year** 05**Activity Title** To provide TA to improve CAMERWA's management and services, with especial focus in procurement, distribution, inventory control,

Ressource Management Committee (RMC) meeting held in August 06. This plan is being tested with the active distribution of COARTEM. Lessons learned from this exercise will be used for the active distribution for ARVs and other pharmaceutical products planned to start in March 07.

**Last Updated:** 10/20/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Rwanda COP 05 **Year** 05**Activity Title** To support the plans for stores expansion and improvement of quality storage in CAMERWA with the procurement of some**Activity Manager** Ntumba, Georges **Activity #** 4 **Task:** A1RW05HIP **Sub-Task:** 60CXX4**Activity Description** RPM Plus plans to procure some equipment to CAMERWA in support to the plans for stores expansion. The external consultant (activity 3) will also provide recommendations for the selection of the adequate equipment according to the needs and development of the plans for store expansion and implementation of regional depots. This will require an important investment on equipment such as, but not limited to, furniture (shelves, cabinets and tables), temperature-alarm for cold room, pallets, forklift trucks, refrigerators, generators and an incinerator.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q4**

The list of small materials and equipments to be used for the active distribution has been approved and the process is underway for the purchase of these items in one of the neighboring countries. As for other warehouse equipments, the list submitted to MSH/RPMPlus by CAMERWA has been sent to our headquarters for the international tendering.

**Last Updated:** 10/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Rwanda COP 05**Year** 05**Activity Title** To provide TA for the development of governance documents for the definition and implementation of a functional Coordinated**Activity Manager** Tarrafeta, Belen**Activity #** 6**Task:** A1RW05HIP**Sub-Task:** 60C2F6

**Activity Description** The establishment of the Coordinated Procurement and Distribution System requires a solid structure for decision making and technical work. It is essential that all national and international members of the CPDS agree on the principles that will sustain the system, including the organization of the structures, the functions of the technical committees and the management commission, and roles and responsibilities of each of the members. RPM Plus will take the lead in developing the governance document that should be officially adopted by the national authorities with the agreement of all development partners involved.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	<p>The Governance Document for Procurement of ARVs under the CPDS is considered finalized under this COP. Since the document was adopted in February 2006, the revision of the document will be postponed to February 2007 under COP06, with the inclusion of other commodities such as OIs, Rapid Test Kits and CD4.</p> <p>The distribution strategy which is a priority element for the effective performance of the CPDS, was presented at the RMC, and approved. In September, donors have agreed to coordinate resources for the procurement and distribution of OIs. During COP06, the needed procedures and tools for monitoring distribution and consumption of OIs and Test Kits will be developed and put in place.</p>	<p>~ Changes of roles in the institutions under the MOH decentralization policy</p> <p>~ Change of the Permanent Secretary of the MOH</p> <p>~ Large number of national and international counterparts, with different visions and interests</p>	<p>This activity will be continued in next FY with the development of procedures for procurement of other HIV/AIDS commodities through the CPDS.</p>		

**Last Updated:** 10/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Rwanda COP 05**Year** 05**Activity Title** To provide TA for the implementation of the CPDS with especial focus in quantification, procurement and distribution of**Activity Manager** Tarrafeta, Belen**Activity #** 7 **Task:** A1RW05HIP **Sub-Task:** 60C2H7

**Activity Description** While the CPDS is officially established, RPM Plus will assume the leadership of some important functions, including quantification of needs, follow-up on the procurement process with CAMERWA, and monitoring the inventory level, distribution and consumption of ARVs against projections. However, once the CPDS will be officially adopted, RPM Plus will start to transfer capacities and responsibilities to the members of the public sector appointed by the GOR, in order to ensure the sustainability of the system. RPM Plus will also ensure that the CPDS is well integrated into the pharmaceutical management system.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	<p>The quantification of adult and pediatrics needs of ARVs has been conducted by the Quantification Committee with the technical support of RPM Plus. The results of the quantification were presented to the RMC, and approved. After having concluded the national quantification of OIs, RPM Plus is participating with NRL, CAMERWA, and TRAC in a national quantification of Test Kits. RPM Plus will continue to participate in the Quantification Committee as TA during COP06. Based on the recommendation of joint technical committee, MSH /CAMERWA, the scope of work for the a Data Assistant to be provided by MSH to CAMERWA has been drafted and adopted. The Data Assistant is scheduled to start in October - November 06 to input patient records and monthly consumption data from July to December 06. The work will be completed in 3 months period. It was agreed the person will be hired by CAMERWA by the end of 3 months period. The ART tracking tool has been adapted and will be implemented through the Data Assistant.</p>	<ul style="list-style-type: none"><li>~ Changes in the administration of CAMERWA</li><li>~ Overlap of other priority activities at CAMERWA</li></ul>	<ul style="list-style-type: none"><li>~ Recruitment of a temporary staff that will update the data entry in the ART tracking tool</li></ul>		

**Last Updated:** 10/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Rwanda COP 05**Year** 05**Activity Title** Develop and implement a monitoring and evaluation reporting system for the coordinated procurement mechanism**Activity Manager** Tarrafeta, Belen**Activity #** 8**Task:** A1RW05HIP**Sub-Task:** 60C2I8

**Activity Description** The CPDS will be based on an indicator-based monitoring system for key major areas of management of ARVs. These include quantification, procurement, distribution and consumption. The monitoring system will be supported and integrated within the existing systems for data collection and reporting, and the implementation of SOPs. In addition, periodic reports will be developed by the technical members of the CPDS in order to inform donors and the GOR on the technical performance of the system. External audits will also be conducted on a yearly basis.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	No progress has been made for this activity during this quarter due to non availability of an HR officer in TRAC. However, TRAC has requested to RPM Plus to recruit a coordinator for the CPDS to be seconded to the MOH as part of the workplan of COP06. Hence, this activity is postponed to COP06. No progress has been made for this activity during this quarter due to the delays in the recruitment of the data assistant (see activity 2.5)	Lack of leadership and availability of national staff to follow up effective implementation of the CPDS. Overlapping of other priority activities led by the key implementers of the CPDS (TRAC and CAMERWA). Lack of leadership of the current coordinator of the system (TRAC).	Recruitment of a temporary staff that will update the data entry in the ART tracking tool		

**Last Updated:** 10/19/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Rwanda COP 05**Year** 05**Activity Title** To provide TA to the MoH for implementation of an integrated system of pharmaceutical management including the update of SOPs**Activity Manager** Tarrafeta, Belen**Activity #** 9**Task:** A1RW05HIP**Sub-Task:** 60C5H9**Activity Description** In coordination with TRACT and COP targets, RPM Plus will work to strengthen 40 pharmacies at ARV clinical care sites and 20 district pharmacies. This will include scale up training on pharmaceutical management at all ART sites, scale-up implementation of SOPs at ARV pharmacies and district pharmacist, establish procedures for updates and reviewing SOPs at a national level, and improve the drug management information system at target ARV sites and district pharmacies including the implementation of the ARV dispensing tool.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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Workplan: Rwanda COP 05

Year 05

Activity Title To provide TA to the MoH for implementation of an integrated system of pharmaceutical management including the update of SOPs

**Project  
Year 6 Q4**

Eighth pharmacists have been selected and are being recruited to be district pharmacists in Karongi, Rubavu, Musanze, Gicumbi, Nyagatare, Bugesera, Ruhango and Rusizi district. One month training plan has been developed and adopted in collaboration with Camerwa, PTF, TRAC, Task Force Integration to ensure effective orientation and readiness of these pharmacists to carry out their future duties. They are expected to be in the field by December 2006. A draft MOU between MoH and MSH/RPMPlus has been finalized and submitted to the MoH for signature. Since the last reporting period, the ARVs Dispensing tool has been implemented in 4 new sites (Bushenge, Gihundwe, Mibirizi, Gisenyi) which brings to a total of 20 ART sites using the tool. Twelve staff from the above 4 sites have been trained in the management of ARVs using the Dispensing Tool. In addition, 2 data collectors have been hired to input patient data accumulated at TRAC clinic for the previous years. This process has been completed and data on patients are ready to be explored. Also, 20 flash disks are being distributed in 20 ART sites using the tool to ensure the backup of data. All ART sites report using the same updated tools (Monthly consumption and patient record). Regarding the quantification, the standardized model has been implemented both at CAMERWA and at the site. Field visits were organized in collaboration with TRAC to collect and verify data in 124 ART sites using the new PMTCT protocol. The report is being compiled and finalized by TRAC.

Delay in the signing of the MOU. Lack of computer and printer at dispensing window. Lack of trained staff. No telephone line for follow up in some sites. Mobility of trained staff. Gap between SOPs and reality of the site in terms of norms. Lack of common vision, strategy and understanding among stakeholders of what "Supervision" stands for and what should be done during its exercise. Unavailability of partners.

A training for 8 districts pharmacists will be conducted in November 06. After the training, they will be assigned to their respective duty stations. This will be done through an official ceremony to be held in each District. Upgrading of skills of the user of the Dispensing tool per District. Scaling up of the Dispensing tool in 5 sites. Maintenance and followup field visits to the sites. Follow up to see if the result of quantification done by CAMERWA and the site is the same. Development of strategy for a systematic evaluation of the use of SOPs by the site. Development of strategy, tools and plan for Integrated Supportive Supervision. Training in Supervision Techniques and follow up.

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Rwanda COP 05**Year** 05**Activity Title** To provide TA to the MoH for implementation of an integrated system of pharmaceutical management including the update of SOPs

In addition, briefings were organized with clinic partners to discuss issues related to data reporting and scale up of the number of patients.

**Last Updated:** 10/20/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Rwanda COP 05**Year** 05**Activity Title** Provide equipment and furnishing to 20 pharmacies at ART sites and district pharmacies**Activity Manager** Tarrafeta, Belen**Activity #** 10**Task:** A1RW05HIP**Sub-Task:** 60CXH9

**Activity Description** RPM Plus will scale up pharmacy capacity by improving basic infrastructures at 20 ART sites, with the following process: Assess pharmacy capacity for quality storage and good dispensing practices, through a rapid assessment tool developed; determine need for upgrades in infrastructure necessary to implement SOPs, and; prioritize and agree with authorities of each site the kind of intervention that MSH/RPM Plus will support, according to funding limitations. These might include, but not restricted to, procurement of shelves, filing cabinets, locked cupboards, and/or habilitation of space for confidential dispensing.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	Out of 9 District Pharmacies to be rehabilitated by MSH, the upgrading work has started in 7. The process is planned to be completed by November 2006. Once completed the pharmacies will be equipped according to norms. The work in the two remaining pharmacies will start soon after the project receives the report from the concerned Districts.	Single bidding in some Districts. Changes in the bidding conditions. Lack of follow up from Districts.	Reception of the upgrade facilities, provision of equipments and materials.		

**Last Updated:** 10/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Rwanda COP 05**Year** 05**Activity Title** Develop training materials and curricula and conduct training to improve pharmaceutical services at ART sites and District**Activity Manager** Tarrafeta, Belen**Activity #** 11**Task:** A1RW05HIP**Sub-Task:** 60CXM0**Activity Description** Training curriculums and materials need to be revised and updated according to experience, lessons learned, and new demands. During COP04 the priority in pharmaceutical management training has been to standardize procedures related to drug requisition, inventory control and record keeping on drug consumption. During COP05 RPM Plus will develop and provide other management modules related with good dispensing practices, rational drug use, with especial attention to pediatrics. National trainings will be conducted every quarter, with participation of the DOP and TRAC.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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Workplan: Rwanda COP 05

Year 05

Activity Title Develop training materials and curricula and conduct training to improve pharmaceutical services at ART sites and District

**Project  
Year 6 Q4**

The terms of reference and other training materials related to the course in Integrated Supportive Supervision have been developed as well as the plan and strategy for the implementation of the activities related to Integrated Supportive Supervision. This has been done in collaboration with HIV/PBF, TRAC and other partners such as PNILT and PNILP. The workshop on tools/manual adaptation or development is scheduled to take place in November 06 as planned. Two MSH consultants have been identified, their scope of work developed and submitted for approval to facilitate this activity. Once the tools and manual are adapted or developed, they will be tested during the Integrated Supportive Supervision training planned to take place in January 2007. The curriculum for Basic Pharmaceutical Management has been used in 4 training sessions in Basic Pharmaceutical Management for ART sites which took place between July to September 2006. The draft for Good Dispensing Practices of ARVs which has been translated into French is in the final review and will be soon submitted to MoH for approval. The curriculum for DTC training has been successfully used in July 06 to train 39 Health staff (Physicians, Pharmacists, Nurses, Lab Technicians and Hospital Administrators.). In collaboration with WHO, MSH/RPM Plus has facilitated a one week workshop to review the first draft of the National Standard Treatment Guidelines and the National Formulary. Four training sessions in Basic Pharmaceutical Management have been conducted in collaboration with TRAC for 112 service providers from 89 ART sites and 38 from the

Availability of the consultants and partners with stakes in the activity. Slow Technical reviewing process. Difficulty to identify a translator with knowledge of technical concepts. Language barrier during DTC training. Presence in training sessions of participants not involved in Pharmaceutical Management. Having participants with no real interest in becoming trainer of trainers. Unavailability of trained persons in TOT to facilitate the sessions. Unforeseen termination of the contract of the consultant.

The workshop on tools/manual adaptation or development, November 06. Testing of the tools and workshop training Integrated Supportive Supervision, January 2007. Submission of the final version to MoH for approval. Training in the use of Dispensing SOPs, Implementation in the sites then follow up. Strengthening 3 existing DTC and Implementing DTC in 5 Hospitals. Follow up of DTC activities. Advocacy for the establishment of DTCs and NPTC. Develop a guide to be used by partners to identify participants to training in Drug Management. Finalisation of the curriculum.

**Workplan:** Rwanda COP 05**Year** 05**Activity Title** Develop training materials and curricula and conduct training to improve pharmaceutical services at ART sites and District

Pharmacy Department of the National University of Rwanda. Participants acquired and developed skills and knowledge in care and treatment of PLVIH, in procurement and stock management of Drugs, quantification ,rational drug use, implementation of SOPs and tools.The persons trained in the 2 sessions of TOT have been used as facilitators in different training workshops in Basic Pharmaceutical Management. Out of 17 trainees in TOT, 9 were involved as facilitators in the last 4 training sessions organised by the project. The curriculum which has been used during the 2 sessions is being finilised to include lesson learnt.

**Last Updated:** 10/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Rwanda COP 05**Year** 05**Activity Title** Conduct a situation analysis of the feasibility of establishing a sustainable and credible national drug authority (NDA).**Activity Manager** Tarrafeta, Belen**Activity #** 12**Task:** A1RW05HIP**Sub-Task:** 60AXFA

**Activity Description** According to the experience of MSH in other countries, to assist the Ministry of Health to move forward with the establishment of the NDA, the first activity that needs to be carried out for the establishment of a NDA will be to outline a conceptual framework describing the roles and responsibilities of a regulatory authority for pharmaceuticals (and, optionally, expanded for food, medical devices, and/or cosmetics) in a resource-limited country setting. This should include, but not be restricted to the following: Identifying, defining, prioritizing, and establishing an appropriate sustainable mix of technically sophisticated activities to support the risk-based regulatory systems, and; identifying the conditions and resources necessary to justify, develop, and sustain a system capable of providing a comprehensive service in a resource-limited environment. RPM Plus will work closely with the Direction of Pharmacy.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	The process leading towards the establishment of NDA is still ongoing. The draft policy has been reviewed by the office of the Primer Minister for clearance before submission to Cabinet. As for Drug registration the policy has been reviewed by the Ministry of Justice and is being finalised by MoH for submission to the Cabinet for approval. MSH/RPMPlus is working closely with PTF in providing appropriate responses to issues raised by different stakeholders in relation to the establishment of the NDA.	Uncertainty of when this process will be completed. Competing interest among Stakeholders.	Once NDA is established MSH will provide MoH/PTF with a consultant to support the first stage of the establishment of the agency, development of the operational procedures and skills upgrading for technical staff and if needed study visit in country with well functioning Drug regulation agency.		

**Last Updated:** 10/23/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Senegal**Year** 03**Activity Title** Increase the capacity in store management, thus improving drug availability, at health centre, health posts and health huts.**Activity Manager** Briggs, Jane**Activity #** 2**Task:** A1SN03XXX**Sub-Task:** 60C3H2

**Activity Description** Over the last year BASICS II and RPM Plus started training the responsables of health posts in the principles of store management and MSH has been working with the district store keepers to improve store management at district store level. As well as finalizing the training of the responsables of the health posts, this activity targets the ASCs of health huts and the actual store keepers of health posts and health centers i.e. those who actually order drugs and manage the drug stores of the different facilities, who to date have limited skills in store management.

An appropriate training program will be scheduled in each district depending on the other activities so as to not overburden staff. If there is already some other training for that target group scheduled, the store management module will be added on to that, if not a separate training session will be planned. It is likely that regional or district-based training teams will conduct the trainings using materials and methods developed by RPM Plus in conjunction with BASICS II, MSH and various partners in the MoH. A draft of this training manual is already being tested in order to pitch the level of its contents appropriately. The material uses examples of certain drugs covering malaria and other childhood illnesses. Follow-up to this training will be carried out by the ICPs to which the health hut is attached or to whom the store keeper is responsible. The RPM Plus Senegal based technical advisor will oversee this activity

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Workplan:** Senegal**Year** 03**Activity Title** Increase the capacity in store management, thus improving drug availability, at health centre, health posts and health huts.**Project  
Year 6 Q4**

This quarter, RPM Plus completed the remaining trainings of the agents de santé communautaires (ASCs) on store management. All together, a total of 1069 out of a targeted 1433 ASCs were trained in store management. In July, a total of 552 ASCs were trained in 9 districts; Thies (74), Mecke (84), Louga (93), Kebemer (97), Dahra (29), Linguere (25), Nioro (56), Guinguineo (41) and Koungheul (53). Information collected during the trainings included price information on stock cards. It was found that stockcards can cost anywhere from 115 – 200 CFA and that this cost may contribute to the problem with stock card availability. Discussions were held with MOH DANSE representatives to explore supervision mechanisms to monitor and evaluate the knowledge and practices gained by ASCs during the trainings. It was decided that the "coordination committees" responsible for the oversight of the ARI community management activities should be reinstated. Once reinstated, these committees will explore feasible supervision mechanisms.

This budget line is closed. The few remaining trainings will be completed under FY05 funds (#2). Discussions on supervision mechanisms will continue between DANSE and the reinstated community coordination committees under FY 05 Senegal funding for Community ARI.

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**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**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 Q4**

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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This quarter, RPM Plus followed up with FHI to discuss TA needs with TB activities as well as participating in the GFTB proposal development. FHI will hire a person responsible for TB activities early next quarter, and once this person is hired, discussions will continue with the FHI TB representative as well as the TB program to determine the role of RPM Plus in providing specific technical assistance on drug management. RPM Plus also met with representatives from the United States Pharmacopeia Drug Quality and Information Program (USP DQI) to discuss common interests and synergy of activities with other partners including the DPL, the National Laboratory of Medicine, the PNA and the PNLP. An office manager was hired to support RPM administrative and financial activities as the RPM Plus team moves into sharing offices with Intrah, after the closure of the MSH PREMOMA project.

The workplan will be finalized and RPM Plus will continue to follow up with FHI on TB activities. Next quarter a new Malaria Program Associate for RPM Plus will begin and assume responsibility for completing and submitting the monthly and quarterly reports.

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Senegal**Year** 05**Activity Title** Dissemination of commodity survey on HIV, TB and malaria**Activity Manager** Briggs, Jane**Activity #** 2**Task:** A1SN05XXX**Sub-Task:** 60CXM2

**Activity Description** USAID requested RPM Plus, in collaboration with the Ministry of Health and other partners, to conduct an assessment survey in Senegal to review the logistics systems for the HIV, TB and malaria programs in order to strengthen and possibly integrate the current systems. RPM Plus developed and conducted an indicator-based assessment to evaluate the logistics systems (including aspects of quantification, distribution and supply) for HIV/AIDS, TB and malaria commodities (includes drugs and testing reagents) within the context of ISAARV, PNT and PLNP. Based on the results of the assessment, recommendations were drafted for improvement and possibly integration. To effectively apply the results and recommendations of the assessment, dissemination activities are planned, including a national workshop for stakeholders.

	<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
<b>Project Year 6 Q4</b>	No progress this quarter.		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:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**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.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q4**

During the quarter, discussions and planning advanced with the PNLP regarding TA needs for Global Fund (bottleneck funding) support. Meetings and workshops were held with partners including the Mission and WHO to explore supporting Global Fund activities and to revise the Global Fund proposal. RPM Plus shared applicable drug management tools with partners. A schedule of site visits and accompanying budget were developed as part of an evaluation Global Fund activity. RPM Plus also participated at the partners meetings of the PMI to help determine potential areas of technical assistance and to strategize action points.

RPM Plus will continue to explore and address the TA needs for the PNLP with specific focus on quantification for antimalarials with PNA. Awaiting the outcome of the PMI decisions for further malaria specific work.

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4

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**Workplan:** Senegal**Year** 05**Activity Title** Complete the training of private counter assistants**Activity Manager** Briggs, Jane**Activity #** 7**Task:** A1SN05XXX**Sub-Task:** 60CXM7

**Activity Description** This first phase of the activity will train the sales assistants from private pharmacies in the USAID regions. Then RPM Plus will work with different sections of the MoH (PNA, DPL and regional and district supervisors) and the order and syndicate to develop mechanisms to follow up and conduct supervision in the pharmacies after the training to monitor the improvement in drug use. Core SO3 funds will also be used to support this activity.

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<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
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**Project  
Year 6 Q4**

This quarter a draft of the final report on all of the private sales assistant trainings was completed and shared with partners for review. RPM Plus facilitated a meeting with partners including the DPL and the syndicate of pharmacists to continue discussions on developing and implementing an ongoing supervision mechanism. It was decided that a combination of questionnaires and simulated client scenarios would be used. Unfortunately, representatives from the syndicate were unable to attend the arranged meeting (on September 28, 2006), but there will be continued follow up with the syndicate to schedule another meeting.

The final report summarizing results from the training of private sector sales assistants will be completed and disseminated. A supervision mechanism will be developed with partners and will include standardized monitoring tools.

**Last Updated:** 10/05/2006

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**RPM Plus Activity and Product Status Report****Selection Criteria:** Reporting Year = Project Year 6 AND Reporting Quarter = Q4**Workplan:** Senegal**Year** 05**Activity Title** Community ARI**Activity Manager** Briggs, Jane**Activity #** 8**Task:** A1SNXXX**Sub-Task:** XXXXXX**Activity Description** Community case management of pneumonia and malaria is a priority of the MoH and the USAID Mission. RPM Plus will provide technical assistance in the implementation of this as necessary and appropriate for example in training ASCs, in supervision and follow-up**Project  
Year 6 Q4**

<b>Activity Progress</b>	<b>Barriers to Progress</b>	<b>Next Steps</b>	<b>Products Planned</b>	<b>Progress on Products</b>
Discussions were held with MOH DANSE representatives to explore supervision mechanisms to monitor and evaluate the knowledge and practices gained by ASCs during the trainings. It was decided that the "coordination committees" responsible for the oversight of the ARI community management activities should be reinstated. Once reinstated, these committees will explore feasible supervision mechanisms.		RPM Plus will continue to be involved in the implementation and refinement of a supervision mechanism for community ARI.		

**Last Updated:** 10/05/2006