

Activity and Product Status Report

**Project Year 7,
Quarter 2
January–March
2007**

Management Sciences for Health
is a nonprofit organization
strengthening health programs



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

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

June 2007

**Rational Pharmaceutical Management Plus Program
Activity and Product Status Report
January–March 2007**

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

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About RPM Plus

RPM Plus works in more than 20 developing and transitional countries to provide technical assistance to strengthen pharmaceutical 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.

Recommended Citation

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Rational Pharmaceutical Management Plus. 2007. *Rational Pharmaceutical Management Plus Program: Activity and Product Status Report, January – March, 2007*. Published for the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.



MANAGEMENT SCIENCES for **HEALTH**

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ACRONYMS AND ABBREVIATIONS

AB	Africa Bureau
ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services [program—USAID-funded consortium]
ACT	Artemisinin Combination Therapy
ACTMalaria	Asian Collaborative Training Network for Malaria
AFR/SD/HRD	Bureau of Africa/Office of Sustainable Development [USAID]
AFRO	Regional Office for Africa [WHO]
AIDS	Acquired Immunodeficiency Syndrome
ALu	Artemether Lumefantrine
AMI	Amazon Malaria Initiative
AMR	antimicrobial resistance
AMTSL	Active Management of the Third Stage of Labor
ANE	Asia and Near East [Bureau, USAID]
APP	Adherence Promotion Planning
APUA	Alliance for the Prudent Use of Antibiotics
ARCH	Applied Research for Child Health [Project]
ART	antiretroviral therapy
ARV	antiretroviral
BASICS	Basic Support for Institutionalizing Child Survival [Project]
BASICS II	Basic Support for Institutionalizing Child Survival II [Project]
BGH	USAID Bureau of Global Health
CA	cooperating agencies
CAMEWA	Centrale d'Achat des Médicaments Essentiels du Rwanda
CCM	country coordinating mechanisms
C-DMCI	Community Level Drug Management for Childhood Illness
C-IMCI	Community-Integrated Management of Childhood Illness
CDC	U.S. Centers for Disease Control and Prevention
CPDS	Coordinated Procurement and Distribution System
CPG	Clinical Practice Guidelines
CNM	National Malaria Center
CPM	Center for Pharmaceutical Management
CRHC	Commonwealth Regional Health Community
CRHCS	Commonwealth Regional Health Community Secretariat
CTT	Commodity Tracking Tool
DFID	Department for International Development [U.K.]
DILSAT	District Integrated Logistics Self-Assessment Tool
DMCI	Drug Management for Childhood Illness
DMIS	Drug Management Information System
DOMC	Division of Malaria Control [Kenya]
DR	Dominican Republic
DQI	Drug Quality and Information
DTC	Drug and Therapeutics Committee
ECSA	East, Central, and Southern Africa
E&E	Europe and Eurasia [Bureau, USAID]
EDM	See WHO/EDM

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E&E/EEST/HRHA	Bureau for Europe and Eurasia, Office of Environment, Energy and Social Transition, Health Reform and Humanitarian Assistance Division (USAID)
FDC	fixed-dose combination
FHI	Family Health International
FHI/IMPACT	FHI/Implementing AIDS Prevention and Care [Project]
FPLM	Family Planning Logistics Management [Project]
FY	fiscal year
GDF	Global Drug Facility
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation Agency)
IC	infection control
ICIUM	International Conference on Improving Use of Medicines
IMCI	Integrated Management of Childhood Illness
INRUD	International Network for Rational Use of Drugs
IPT	intermittent preventive treatment
IT	information technology
IUATLD	International Union Against Tuberculosis and Lung Disease
JSI	John Snow, Incorporated
KEMSA	Kenya Medical Supplies Agency
KfW	German Development Bank (German acronym)
LAC	Latin America and the Caribbean
LFA	local funding agency
MAC	Malaria Action Coalition
MCH	maternal and child health
MEDS	Missions Essential Drugs Store
MNH	Maternal and Neonatal Health [Project]
MoH	Ministry of Health
MOU	Memorandum of Understanding
MSD	Medicines Stores Department
MSH	Management Sciences for Health
MTP	monitoring, training, planning (methodology)
NACC	National Antibiotic Coordinating Committee [Nepal]
NFHP	National Family Health Program
NGO	nongovernmental organization
NIS	Newly Independent States
NMCC	National Malaria Control Center
NMCP	National Malaria Control Program
NMS	National Medical Stores
NTP	national tuberculosis program
OECS	Organization of Eastern Caribbean States
OHA	Office of HIV/AIDS Services (USAID)
PAHO	Pan American Health Organization
PEPFAR	President's Emergency Plan For AIDS Relief
PHC	primary health care
PHN	Population, Health and Nutrition [Center for, USAID]
PMI	President's Malaria Initiative
PMTCT	prevention of mother-to-child transmission
POPPHI	Prevention of Postpartum Hemorrhage Initiative
PPH	postpartum hemorrhage

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PRDU	Promoting Rational Drug Use
PY	Project Year
QA	quality assurance
RBM	Roll Back Malaria
REDSO	Regional Economic Development Support Office [USAID]
RMU	rational medicine use
RPM	Rational Pharmaceutical Management [Project]
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
TBCTA	USAID TB Coalition for Technical Assistance
TOR	terms of reference
TOT	Training-of-Trainers
TRAC	Treatment and Research AIDS Center
UK	United Kingdom
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USAID/G/PHN	U.S. Agency for International Development/Global Bureau Center for Population Health and Nutrition
USG	U.S. Government
USP	U.S. Pharmacopeia
VCT	Voluntary HIV/AIDS Counseling and Testing [USAID initiative]
WHO	World Health Organization

NARRATIVES—GLOBAL PROGRAMS

SO2: MATERNAL HEALTH AND NUTRITION

Overview

RPM Plus continues to provide technical assistance to the Prevention of Postpartum Hemorrhage Initiative (POPPHI) in medicine 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 will be focusing on West Africa. Some countries in West Africa namely Ghana, Senegal, Burkina Faso, Benin, and Mali have introduced and expanded the use of AMSTL. Others have recently begun expanding use with support from earlier USAID-funded activities. Major hurdles related to the range of drugs, their availability and routes of administration exist to prevent AMSTL from becoming a universally available intervention. RPM Plus is supporting the expansion of means to make AMTSL more widely available through addressing some of these hurdles.

RPM Plus activities under USAID/G/PHN SO2 focus on three main technical objectives:

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

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

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

Major Activities this Quarter

The analysis of POPPHI AMTSL study data in Benin is nearly complete. Preliminary findings have been discussed with MoH. RPM Plus will begin working with the MoH, USAID Mission, bilaterals, and other partners to determine a time table and best approach, and dissemination is planned for May/June 2007.

Regarding the POPPHI AMTSL Study in Ghana, RPM Plus has worked with Ghana Health Services (GHS) to identify and contract a lead investigator, Dr. Osei Ivy. Ethical approval has been obtained in Ghana and the process of collecting birth data per facility to determine the study sample has begun. Training of data collectors and data collection is planned for next quarter.

On February 12, in Bamako, Mali, RPM Plus staff attended a national one-day meeting to launch prevention of postpartum hemorrhage (PPH) activities. During this meeting, RPM Plus presented "Management of Uterotonics for AMTSL," and participated in the Drug and Logistics Working Group. While in Mali, RPM Plus also met with partners from the MoH (district public health officer, PPM, and Division of Reproductive Health) and with Intrahealth, PATH, ATN, and CARE to discuss current issues affecting availability, storage, and use of uterotonics in Mali. Based on identified gaps as they relate to availability and storage of uterotonics, RPM Plus will coordinate with partners and propose areas for TA to Mali MoH, DSR. Uterotonics information sheets were also translated into French for this meeting and have been posted on the RPM Plus and POPPHI websites.

On March 26, 2007, RPM Plus attended the PPH Working Group meeting organized by POPPHI. AMTSL study findings, including those from the Benin study were presented. Additionally, RPM Plus participated in the UDD Task Force meeting.

SO3: CHILD SURVIVAL

Overview

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

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

RPM Plus activities under USAID/G/PHN SO3, "increased use of key child health and nutrition interventions," focus on four main technical objectives during year 4 (fiscal year [FY] 03):

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 SO3, USAID supports interventions and activities to address child survival problems. In response to the USAID initiatives, RPM Plus has established a strong working relationship with groups and organizations to develop activities aimed at improving the IMCI drug management system in countries of interventions. IMCI is implemented as a comprehensive strategy including preventive and curative interventions to ensure high quality of care to sick children and to facilitate behavior changes of caregivers for children. However, the supply and management of essential drugs and vaccines have been identified as critical pieces to allow an

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

Major Activities this Quarter

During this quarter, RPM Plus private sector activities progressed in several countries. In Rwanda, the final external evaluation report of the home-based management of malaria program pilot phase in Rwanda was finalized, published, and disseminated to stakeholders. RPM Plus was responsible for the pharmaceutical management components of the evaluation. A formal presentation of final results and recommendations was presented in-country to the MoH and other key stakeholders.

In Tanzania, implementation continued with the child health component of the accredited drug dispensing outlet (ADDO) program. A child health training module was incorporated into the standardized ADDO dispenser's training manual. The Centre for Enhancement of Effective Malaria Interventions (CEEMI) submitted completed reports to RPM Plus and collaborating partner BASICS on the formative research and qualitative baseline survey; these will be used to develop the community mobilization piece of the child health package and as a baseline to measure future evaluations. The ADDO supervision checklist was revised to incorporate child health indicators. This revised checklist was used to conduct supervision visits in 170 ADDOs in the Ruvuma region.

In Cambodia, RPM Plus received official MoH support authorizing the training of private counter sales assistants in select pharmacies in three provinces. RPM Plus draft training materials were reviewed by key partners including representatives from the public and private sectors. The Training-of-Trainers is expected to occur next quarter with participants from each of the three provinces.

RPM Plus also advanced initiatives in several countries to incorporate the revised WHO/UNICEF recommendations for management of diarrhea which includes use of the new oral rehydration solution (ORS) formulation and zinc treatment.

In Indonesia, RPM Plus collaborated with BASICS and the MoH to conduct an assessment, and to engage local leaders and stakeholders in the decision-making process to incorporate the revised recommendations for management of diarrhea. RPM was responsible for the pharmaceutical management components of the assessment. Data was collected at the central, district, and peripheral level using structured interviews, questionnaires, observations, self checks, and simulated client scenarios. Initial results and recommendations were presented to the USAID Mission and in country stakeholders, including the MoH and the local Zinc Task Force.

In the Democratic Republic of the Congo (DRC), RPM Plus participated in several partner meetings and a national workshop to discuss plans to support promotion of the new ORS formulation and zinc treatment for diarrhea management. RPM Plus presented on key pharmaceutical management issues including procurement, distribution, cost, and development of collection tools for the upcoming situational analysis (expected next quarter).

In Madagascar, an RPM Plus team conducted an assessment of existing pharmaceutical products stocks used for to manage malaria and other childhood illnesses, funded with Malaria Action Coalition (MAC) funds. During the trip, RPM Plus coordinated with BASICS to discuss CCM activities and points of collaboration. RPM Plus also met with the MoH Director of Family Health to discuss the roll-out of community case management activities including zinc treatment implementation in target areas. A report on the assessment is expected next quarter.

In addition to country level activities, MSH was accepted as an official member of the Partnership for Maternal, Newborn & Child Health (PMNCH). RPM Plus will attend the first PMNCH Partner's Forum Meeting early next quarter in Tanzania to explore its possible role in the partnership's working groups.

Also, an abstract based on experiences with the drug management for childhood illness (DMCI) tool was accepted by the Global Health Council for a panel presentation at the annual conference in June 2007.

SO4: HIV/AIDS

Overview

The availability of pharmaceutical drugs and commodities is an essential component of HIV/AIDS health strategies in developing countries. However, the vast majority of people living with HIV/AIDS in developing countries do not have access to the pharmaceutical products that could prolong and improve their lives. Improving access to HIV/AIDS-related pharmaceutical products presents many challenges, including those that are directly related to pharmaceutical commodity management. RPM Plus activities under USAID/G/PHN SSO4, “increased use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic,” focus on four main technical objectives:

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

Major Activities this Quarter

During this quarter, the first technical review of the Adherence Promotion Planning (APP) Tool was completed, and a number of changes were introduced to better adapt the tool to resource-constrained settings. The tool was shared with the International Network for Rational Use of Drugs (INRUD) coordinator for discussion of piloting options with members of the INRUD adherence initiative. Options for an additional external review of the APP tool are currently being explored. In addition, MSH/RPM Plus participated in the second international conference on HIV/AIDS adherence organized by the International Association of Physicians in AIDS Care (IAPAC) held in Jersey City, New Jersey, USA, March 28-30, 2007. A poster presentation documented the results of the survey on adherence practices in five East African countries conducted in February/March 2006 in collaboration with INRUD.

In addition, RPM Plus has begun developing a guidance/lessons learned document for TB/HIV collaboration activities. This document will summarize experiences and main lessons learned from five African countries in TB/HIV collaboration in pharmaceutical management. All individual country studies have been finalized; however, information verification with stakeholders is still ongoing. The next steps in this activity are the finalization of the guidance/lessons learned document, technical review, and dissemination of findings.

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Work continued during this quarter on the development of the HIV test kits listed in the USAID source and origin waiver procurement information document. The document is being finalized and should be ready for online dissemination next quarter.

RPM Plus also attended the first WHO/AIDS Medicines and Diagnostic Services meeting on procurement and stock management tools for HIV/AIDS held in the Netherlands in January 2007. A presentation was made of RPM Plus tools which are expected to be included in the WHO/AIDS Medicines and Diagnostic Services matrix of available HIV/AIDS pharmaceutical management tools being developed in collaboration with International Dispensary Association solutions. RPM Plus also 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.” RPM Plus worked with a UNICEF representative to review the section on supply management, one of the six strategic components of the document.

SO5: ANTIMICROBIAL RESISTANCE

Overview

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

Under USAID results framework (BGH SS05—increased use of effective interventions to reduce the threat of infectious diseases of major public health importance), RPM Plus is currently working on several activities that address AMR problems in developing countries.

Major Activities this Quarter

Substantial progress was made this quarter on infection control activity. Based on formal communications from the Ministry of Health and Social Welfare in Swaziland and the National Department of Health in South Africa, RPM Plus collaborated with in-country partners to hold three-day infection control training and implementation workshops in Mbabane and in Pretoria. Following the workshops, representatives of the participating hospitals (four hospitals in Swaziland and four in South Africa) developed infection control workplans for their respective hospitals. Some hospitals have already started implementing their plans and the early results are encouraging.

Zambia's major AMR advocacy and containment activity was completion of an undergraduate medical curriculum review workshop at the University of Zambia School of Medicine on basic science and AMR-related topics. At the workshop, key AMR, rational antimicrobial use, and infection control topics were discussed and identified—these will be recommended for the next level of the curriculum review process.

Communications with an in-country MoH stakeholder was also initiated during this quarter for a possible initiation in Cambodia of a country-level AMR approach similar to those in Zambia and Ethiopia. Progress relating to DTC training and DTC follow-up included an abstract accepted for poster presentation at the upcoming 2007 Global Health Council conference; identification of regional facilitators and preparation of a draft course announcement flyer for the locally-led regional DTC-TOT training in Uganda; finalization of the China DTC course for July 23–27, 2007; RPM Plus technical staff visit to Armenia to advocate for DTCs and to gather local input and information to help form an appropriate rational medicine use (RMU) training plan; workshop in Ethiopia for pharmacists from Regional Health Bureaus and RPM Plus field offices to orient them for effective implementation and follow-up support on AMR, DTC, and RMU activities; technical assistance to past DTC participants from Aga Khan University Hospital (AKUH) and Mater Hospital for presentations of their DTC-related activities at a national symposium and technical assistance to AKUH staff for submission of a DTC-related abstract for the 2007 FIP Conference in Beijing. Also during this quarter, RPM Plus staff further revised the

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ART adherence measurement tool and its accompanying instruction sheet, and briefed Dr. David N. Kalombo (Project Manger at the National Department of Health for HIV and AIDS Care, Management and Treatment Plan) about the progress to date and proposal for future activities in South Africa.

With regard to the drug quality work in Zambia, a five-day training was conducted for the staff of Pharmaceutical Regulatory Authority (PRA), Churches Health Association of Zambia, and National Institute for Scientific and Industrial Research. After the training RPM Plus helped develop a draft implementation plan to assist the in-country stakeholders. Additional progress during this quarter included: a draft outline of an AMR Module developed for USAID E-Learning Center; a full draft of the AMR workbook completed and sent for review by internal RPM Plus staff and Links Media staff; and two pages added in the AMR section of MSH/RPM Plus website—one on drug quality and the other on infection control.

SO5: TUBERCULOSIS

Overview

Even with joint efforts of many international organizations such as those in the Stop TB partnership, control of tuberculosis (TB), endemic in many countries worldwide, needs much more support. National TB programs are learning mechanisms to improve case detection, how different treatment regimens such as fixed-dose combination products and patient kits can improve patient and prescriber compliance, and importance of case management monitoring and reporting. However, this has become complicated when the number of cases increases due to changes in population migration and number of patients co-infected with HIV/AIDS.

Since 2000, RPM Plus has worked to bring the issues of pharmaceutical management for TB to national agendas. Through international organizations like the Stop TB working groups, RPM Plus contributed to the Global Plan to Stop TB for 2006–2015. The most significant achievement for RPM Plus with USAID/BGH funding to date has been providing ongoing technical leadership and assistance to the GDF/GLC. RPM Plus activities with the GDF/GLC increase the availability and access to DOTS in priority countries thus contributing to DOTS expansion and strengthening. The development of human capacity in TB commodity management has also been a focus of RPM Plus work. The demand for RPM Plus training from national tuberculosis programs (NTPs) and WHO regional offices currently exceeds RPM Plus capacity and available funding. The tools and methodologies developed by RPM Plus are available to country programs and NTPs through the RPM Plus website and dissemination of documents during international TB meeting such as IUATLD World Congress.

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

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

Major Activities this Quarter

Provide Technical Leadership to WHO TB Working Groups and Stop TB Partners

In April 2006 during a meeting in Abuja, Nigeria, the Stop TB Coordinating Board endorsed the terms of reference for a retooling task force, which is comprised of designates from six of the working groups. During this quarter, the retooling paper, *New Technologies for TB Control: A Guide for their Adoption, Introduction and Implementation*, was completed and approved by the Stop TB Task Force at the 11th Stop TB partnership coordinating meeting.

Provide Assistance to GLC in Expediting Response to DOTS Plus Projects

RPM Plus and GLC are working on the final draft of a report of the Global Market Survey of second line TB Medicines.

Increase Human Capacity of StopTB Partners in Pharmaceutical Management for TB

A nine-day regional training on *Tuberculosis Control Program Management* for senior staff working in TB control in Central and Eastern Europe and newly independent states was held November 13–21, 2006 at the National Tuberculosis and Lung Diseases Research Institute in Warsaw, Poland. The RPM Plus TB program manager facilitated the *Management of TB Drugs and Supplies* course in which 26 participants attended. The training aims at improving management skills in program planning, training, logistics, laboratory support, recording, and reporting, and provides trainees with ample opportunities to reflect and plan for the challenges they are facing.

Develop a Guidance Document on Effective Commodity Management to Complement WHO TB/HIV Guidelines

RPM Plus has completed phase two study in Ethiopia and Malawi, while the review and analysis of study reports in the two countries are ongoing. The final report is being done for Ethiopia. Draft summary case study reports for Uganda, Tanzania, and Kenya have been completed. RPM Plus has commenced the process of information verification with stakeholders in these three countries after which case studies can be finalized.

Disseminate RPM Plus Pharmaceutical Management for TB Tools and Maintain Website

The RPM Plus TB website is updated on a regular basis, while TB tools such as the *Pharmaceutical Management for TB Assessment Manual* and the *Managing Pharmaceutical and Commodities for Tuberculosis Guide* continue to be in demand and were distributed during the 37th IUATLD Congress held in Paris, France, October 31–November 5, 2006. Furthermore, two-page flyers on various TB activities and tools have been finalized.

Formulate and Disseminate Global Policy Recommendations for Use of Incentives and Enablers in TB Control

During this quarter, RPM Plus completed the final draft of the RPM Plus report, “Evaluating Tuberculosis Incentives and Enablers in the Context of Scale-up: Evidence and Experiences.” RPM Plus also revised the operations research and evaluation guide to better support NTPs in evidence-based decision-making regarding I&E. A two-page briefing document summarizing this four-year operations research activity of RPM Plus was developed.

Provide Technical Leadership to the GDF and GLC in Expediting Response to DOTS and Strengthening and Addressing MDR/XDR TB

The RPM Plus TB program manager provided technical leadership for monitoring forms and checklists from various countries regarding pediatric formulations during the Technical Review Committee meeting held at the Global Drug Facility in Geneva, November 13–16, 2006.

Provide Technical Leadership to WHO, StopTB Working Groups and Partners, and Other Global Initiatives to Ensure that Pharmaceutical Management Considerations Are Addressed

MSH RPM Plus in collaboration with the GDF held a one day workshop titled *Building capacity in pharmaceutical management for TB, MDR-TB and TB/HIV* at the 37th International Union

Against TB and Lung Disease in Paris, France on November 1, 2006. A total of 71 participants from various parts of the world such as Afghanistan, India, Philippines, Romania, Japan, Kenya, Uzbekistan, Kazakhstan, Turkey, and South Africa attended the workshop.

COMMON AGENDA

Overview

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

Overall objectives for the Common Agenda topics include:

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

Major Activities this Quarter

RPM Plus continues to provide technical assistance to Makerere University in Uganda to develop and coordinate a regional network of institutions to build capacity in supply management of medicines and other commodities used for HIV/AIDS, tuberculosis, and malaria treatment programs. In April 2006, RPM Plus sponsored and facilitated a regional meeting to improve adherence to ART in East Africa. The meeting was held to develop adherence indicators and an adherence monitoring tool. RPM Plus also developed and field-tested an assessment tool for monitoring, training, and planning (MTP) indicators in the Kiboga district in Uganda. The tool is expected to be the basic assessment tool in ART facilities before rolling out HIV/AIDS pharmaceutical management training in countries using MTP as an implementation strategy.

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 this Quarter

The *Health Systems Assessment Approach* manual was completed and printed. A technical seminar is being planned for April to launch the manual. All other activities under this initiative are being reprogrammed in coordination with the USAID team leader.

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NARRATIVES—REGIONAL PROGRAMS

AFRICA BUREAU: CHILD SURVIVAL

Overview

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

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

This quarter, RPM Plus continued collaborating with WHO AFRO to incorporate pharmaceutical management into several ongoing WHO activities related to the IMCI strategy. The standardized entry and analysis sheets for the pharmaceutical management component of the IMCI health facility assessment were finalized and are ready for in country use. In Kenya, these standard entry and analysis sheets were used and the final IMCI health facility report including the drug management component was completed and disseminated to partners and stakeholders.

Discussions were held with WHO AFRO representatives regarding several points of potential collaboration including the standardized integration of the pharmaceutical management component into all IMCI health facility surveys. Also discussed was incorporating key pharmaceutical management points for child health into the IMCI clinical training course and training modules for WHO and MoH staff. RPM Plus will collaborate with WHO AFRO and WHO Child and Adolescent Health Department (Geneva) to review existing course materials and develop appropriate pharmaceutical management content. Discussions also continue with WHO AFRO on the relevance of the C-DMCI assessment tool in relation to the C-IMCI situational analysis tool and also integration of pharmaceutical management into the WHO guidelines for CCM that are under development.

In addition, RPM Plus continued country specific activities in community case management. In DRC, the final assessment report of the C-DMCI survey was published (in French) and disseminated to in country stakeholders and partners. RPM Plus and partners completed and shared with stakeholders the workshop report on the strategy meeting held to disseminate the results from the C-DMCI survey and plan next steps. RPM Plus also collaborated with partners to write an article based on the CCM experience that was published in the January 2007 issue of the WHO Bulletin for DRC.

ASIA AND THE NEAR EAST

Overview

RPM Plus has been providing technical assistance in pharmaceutical management of malaria, TB, HIV/AIDS, and child survival in the Asia and the Near East (ANE) region since 2000. This technical assistance has included identifying problematic household and providers behaviors in the diagnosis and treatment of malaria, strengthening TB pharmaceutical management in China, and addressing issues in pharmaceutical management of HIV/AIDS.

In years 2002–2005, much of the emphasis was on developing appropriate methodologies to gather information. RPM Plus efforts are now focused on assisting counterparts to utilize this information to guide decision-making in malaria program management, and to critically evaluate implementation of ACT drug policy. RPM Plus technical assistance will complement efforts undertaken under the Global Fund and focus on hot spots of antimicrobial resistance.

In late 2004, the National Center for Tuberculosis Control and Prevention (NCTB) in China initiated a program of activities to strengthen TB drug management in collaboration with WHO Beijing and MSH RPM Plus. In 2006, new standard operating procedures (SOPs) and a training program to improve TB pharmaceutical management were developed and implemented at provincial, prefecture, and county levels in Henan Province, China. In addition, RPM Plus provided general training on TB drug management to pilot facility staff. Based on feedback received from participants, SOPs manuals were refined to make them more effective and user friendly. The introduction of new systems was supervised by NCTB officers based in Henan province and Beijing.

As countries in Southeast Asia and the Pacific embark on HIV/AIDS treatment and care programs, it is clear that effective management of HIV/AIDS medicines, including antiretroviral drugs (ARVs), and related commodities remain huge hurdles and constraints to maximizing the number of patients treated. There is also a keen need to coordinate pharmaceutical management of HIV/AIDS medicines and other commodities, regardless of their source, given global initiatives, such as PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). RPM Plus will collaborate with WHO/WPRO to conduct a regional workshop on quantification, and identify countries that would benefit from follow up technical assistance.

RPM Plus Technical Objectives and Rationale

Objective 1: Strengthen the capacity of regional, national, country, and local decision makers to systematically identify, prioritize, and monitor pharmaceutical problems that promote the emergence of antimicrobial resistance

Objective 2: Enhance the capacity of governmental and NGO counterparts to utilize indicator-based information to guide the development and implementation of drug management systems strengthening strategies

Objective 3: Expand the evidence base for developing and implementing effective drug interventions in commodity management for infectious diseases

Objective 4: Increase the capacity of USAID, governmental, or NGO counterparts 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

Major Activities this Quarter

RPM Plus field staff conducted a mid-term review of Chinese facilities in Henan province following SOP implementation, held a workshop to review SOP use, provided on-the-job training to reinforce procedures, collected and analyzed indicator data, and collaborated with Chinese counterparts to start developing a strategy for SOP scale-up in 2007 and beyond. RPM Plus is revising the plan of work for China to reflect the scope of scale-up activities, which include collecting data for indicators as a baseline in all implementing facilities, development of a monitoring and supervision checklist, and a formal training program for SOP implementation.

RPM Plus participated in the USAID TB Partners review meeting in Bangkok in February 2007, and gave a presentation on work in TB pharmaceutical management since November 2002. The presentation included results of the Drug Management for TB survey and the experience of developing and introducing the SOPs to TB facilities in Henan. The presentation generated interest in the SOPs among the attendant WHO and USAID implementing organizations. RPM Plus shared the SOPs with the RPM Plus Vietnam Global Fund bottlenecks team, which is currently adapting them for use in Vietnam.

As a follow-up to the quantification workshop held in December 2006 in Manila and, as agreed with the RDM/A, RPM Plus corresponded with Lao and Chinese counterparts and partners about exploring the need for TA in pharmaceutical management for HIV/AIDS. Consistent with the approach of supporting efforts funded through Global Fund grants, RPM Plus staff reviewed Global Fund, WHO, and other nonprofit activities in Laos and China to determine activities and gaps in pharmaceutical management for HIV/AIDS.

In January 2007, RPM Plus participated in the Cambodia Malaria Drug Policy workshop and the WHO Informal Consultation on Multidrug Resistant (MDR) Malaria on the Cambodian-Thai border. RPM Plus made a presentation on rational medicine use in malaria and participated in discussions about pharmaceutical management aspects of changes in malaria policy. Consensus at the meeting was to optimize the current first-line combination by increasing the amount of mefloquine for adults and developing a new blister package for children aged one to five years. The Cambodian National Malaria Center (CNM) requested RPM Plus assistance in developing an implementation plan for introducing the new dosage and packaging. RPM Plus is working with the CNM to identify key partners in the process, and to agree on an appropriate timeline for the plan and next TA visit.

RPM Plus delivered presentations on the national Pharmaceutical Management of Malaria (PMM) course, in Cambodia in December 2006, to the ACTMalaria Executive Board and

Partners Meeting in March 2007. RPM Plus then participated in the Mekong Malaria Program meeting on the topic of Mekong malaria challenges, sponsored by WHO and RDM/A. The meeting provided a platform for all Mekong malaria program partners to determine priority areas for USAID support.

One topic recently under discussion with USAID/RDM/A was the creation of a sustainable network in the South-East Asia region to build pharmaceutical management capacity at both the pre-professional and professional levels. RPM Plus identified potential collaborative partners in Thailand, and is exploring other potential human resource needs and partners in the region. In a related activity, RPM Plus is mapping donor-funded pharmaceutical management activities in TB, HIV/AIDS, malaria, and micronutrients in Cambodia. RPM Plus is in the process of developing a questionnaire to collect detailed information and assist in identifying gaps in capacity and technical assistance.

EAST AFRICA REGION

Overview

Since 2000, USAID/REDSO and the Bureau for Africa, Office of Sustainable Development (AFR/SD/HRD) have funded the Rational Pharmaceutical Management Plus (RPM Plus) program to support their strategic objectives (SO) in health in the East, Central, and Southern Africa (ECSA) region. In particular, SO7—“Enhanced regional capacity to improve health systems in the ECSA Region” and SO8—“Strengthened HIV/AIDS Programs in Region” have received technical assistance to strengthen pharmaceutical management systems with the aim of increasing access to quality pharmaceuticals and health commodities.

Towards this goal, RPM Plus has provided technical assistance to regional organizations, disseminated state of the art assessment tools, shared better practices and strategic information on drug management and logistics in the ECSA region. Specifically, interventions included institutional and human capacity building and direct technical assistance in selection, quantification, and procurement of public health supplies. The technical assistance and support has been channeled through the Regional Logistics Initiative (RLI), a unit established by the then USAID/REDSO’s PHN office, (now USAID/EA). The RLI’s mandate is to provide technical resources in various aspects of health commodity management systems including pharmaceutical policy development and systems management.

To facilitate activities, the Regional Pharmaceutical Forum was established in 2003, at the ECSA Health Community Secretariat, with RPM Plus as technical lead and with funding from REDSO. The RPF has four Technical Working Groups (TWGs) each made up of experts in a given field. The TWGs are Policy, Legal Framework and Management Support; the Procurement and Distribution Systems; the Promoting Rational Drug Use (PRDU); and HIV/AIDS-related Pharmaceuticals.

During the previous two years, the TWGs, with technical assistance from RPM Plus, developed several documents, including Standard Treatment Guidelines for HIV/AIDS, TB and malaria. The guideline was developed through harmonization of country specific treatment protocols. A complementary Regional Formulary, containing information on the products included in the STG, and a generic regional medicines policy were also drafted. These documents are intended to serve as entry points for the promotion of other pharmaceutical management activities e.g. the proposed Coordinated Informed Buying. In addition, malaria control activities, particularly in support of ACT policy implementation, were undertaken.

Under this work plan efforts will be directed at disseminating and advocating for country buy-in so that application and implementation of these documents and tools is obtained in order to achieve the stated goal. This will involve engaging various stakeholders including MOHs, Divisions of Pharmacy, USAID country missions, ECSA and other existing vehicles for improving and accelerating appropriate medicine use in a sustainable manner, e.g., national Pharmacy and Therapeutics Committees. The selected activities will be implemented in synergy with other RPM Plus regional activities conceptualized under different Strategic Objectives such

as SO4 (HIV/AIDS), SO5 (AMR/ID)etc. Furthermore, RPM Plus will aim to collaborate with other health promoting organizations in the region, for example, East African Community, Arusha, and ANECCA (Makerere University, Uganda), etc.

Technical Objectives

1. To develop and advocate for implementation of enabling pharmaceutical policies for efficient commodity management systems to increase access to public health commodities in ECSA Region
2. To increase the capacity for providing effective drug management within health delivery institutions and systems in the ECSA Region.
3. To apply commodity management tools aimed at strengthening the pharmaceutical systems of countries in the ECSA Region
4. To document and disseminate strategic pharmaceutical management information and better practices within ECSA Region.

Major Activities this Quarter

- Completed a dissemination plan for the RPF/RPM Plus documents including endorsement from the Executive Secretary, ECSA HC Secretariat. The documents include; “Guidelines for the Management of HIV/AIDS, TB and Malaria in East Central,” “Model Formulary for HIV/AIDS, TB and Malaria for ECSA Countries,” the “Generic National Medicines Policy for ECSA Countries,” and the “Pre-service Curriculum for Pharmaceutical Management in Support of ART.” In addition, a first draft of a ‘Medicines Policy Implementation Plan’ was developed and is ready for sharing with the RPF.
- Participated in the 44th Regional Health Ministers’ Conference held on February 12– 16, 2007, in Arusha, Tanzania. A trip report has been submitted.
- Completed data analysis and the report on the assessment of pharmaceutical management systems in ten of the fourteen ECSA countries. The results are a basis for a new poster on the RPF.
- Attended and presented a paper on the RPF to the First East African Community Health and Scientific Conference. The conference had 446 participants from the 5 partner states and an observer delegation from Southern Sudan.
- Conducted two workshops on planning for the implementation of the Pre-service Curriculum for Pharmaceutical Management in Support of ART for the National University of Lesotho, (February 5–10) and Makerere University, Uganda (March 29–April 1, 2007). Twenty-two and 24 lecturers, respectively, were orientated to the curriculum. A similar workshop for the University of Malawi is planned for the fourth quarter.
- Successfully advocated for strengthening of the Pediatric Cohort study site inventory management—Association Nationale de Soutien aux Séropositifs– Bujumbura, Burundi. Planning is under way to implement this activity in the third quarter of this fiscal year.

LATIN AMERICA AND CARIBBEAN—AMAZON MALARIA INITIATIVE

Overview

The Amazon region began to experience a reemergence of malaria in the early 1990s, including the appearance of *Plasmodium falciparum* and resistance to inexpensive, first-line antimalarial medicines. In response to increasingly high malaria incidence and treatment failure rates, the USAID launched the Amazon Malaria Initiative (AMI) in 2001, specifically to address the problems of ineffective control and treatment of malaria in the Amazon Basin countries of Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, and Venezuela. Since then, with AMI's support, these countries have changed their medicine policies for malaria to include new, more efficacious combination therapies. Strengthening the core elements of pharmaceutical management—including the policy and legal framework, selection, procurement, distribution, use, and managerial support—is essential to the effective implementation of these new policies.

RPM Plus has been AMI's technical partner for pharmaceutical management since 2002. Other partners include the Pan American Health Organization (PAHO) Division of Disease Prevention and Control, the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Pharmacopeia Drug Quality and Information (USP DQI) Program, national malaria control programs in the Amazon region, and the local USAID Missions. RPM Plus collaborates with these partners and local counterparts to develop and implement strategies to strengthen pharmaceutical management for malaria in the region, particularly related to the new treatment policies.

To date, RPM Plus has developed training materials focusing on how to assess and improve the management of antimalarials; conducted three regional workshops on priority areas in pharmaceutical management; provided country-specific technical assistance to five countries to assess and improve their pharmaceutical supply systems for antimalarial medicines; contributed to AMI's technical documents and study protocols; participated in annual meetings, regional workshops and dissemination activities; and served on the initiative's Steering Committee.

Major Activities this Quarter

Provide Follow-Up Technical Assistance to Five Initiative Countries to Plan and Implement Activities That Will Strengthen the Availability and Use of Malaria Medicines

In January, RPM Plus visited Guyana to follow up with on-going supply chain management activities. During the visit, RPM Plus worked collaboratively with the Chief Pharmacist to adapt and apply the Malaria Rapid Assessment Tool for assessing supply chain management capacities and newly developed monitoring tools at health facilities in Region 10. Many of the problems identified through applying the tool were immediately addressed on-site by the Chief Pharmacist and the head of the National Malaria Program. Additional problems were to be addressed with the central-level agency responsible for the procurement and distribution of essential medicines. RPM Plus also helped arrange follow-up assistance from SCMS for the annual quantification of malaria medicines using the Quantimed computer program. Further opportunities for

collaborating with SCMS, and other international agencies involved in procurement and pharmaceutical management in the country, were explored and proposed for the future.

Ecuador finished its analysis of the PMM assessment data and sent its preliminary results to RPM Plus in late February. At the annual meeting, RPM Plus and Ecuador made tentative plans to review the results together, use the results to identify appropriate activities, and then present both the results and the proposed activities at a meeting with the Minister of Health in mid-April. On the same visit, RPM Plus and the AMI country coordinator will conduct a two-day quantification workshop with the regional program officers.

During the annual meeting, RPM Plus also discussed technical assistance needs with Bolivia, Brazil, and Suriname. RPM Plus will work with the AMI coordinators in these countries to develop more specific scopes of work and to schedule technical assistance visits during the next six months.

Develop And Translate Training Materials and Conduct a Regional Workshop on Supply Chain Management for Malaria Medicines and Supplies

The steering committee reconfirmed its approval of this activity during the review of partners' work plans at the steering committee meeting in Brazil. The country representatives also reiterated their interest in the topic during the annual meeting. It is tentatively scheduled for late summer or early fall.

Collaborate With Other Initiative Partners on Activities Related to Pharmaceutical Management

RPM Plus and the PAHO regional coordinators simplified and adapted the PMM assessment tools to create a monitoring tool for measuring the availability and use of malaria medicines and supplies. RPM Plus piloted the tools in Guyana and presented the results of that pilot at the annual meeting. All of the countries expressed interest in the simplified tools and asked for assistance from RPM Plus or PAHO.

RPM Plus has been working with USP-DQI on a regional drug quality assurance workshop. As proposed, the workshop would involve participants from AMI as well as the South America Infectious Disease Initiative (SAIDI). The concept paper was circulated at the steering committee meeting in March for approval and feedback. The workshop is proposed for the last week in June in Lima, Peru.

During the annual meeting, RPM Plus also identified opportunities for collaboration with other regional efforts to improve availability and use of antimalarials, namely PAHO's Strategic Fund and the Drugs for Neglected Diseases Initiative's research and development of pre-packaged malaria treatments. These opportunities will be explored in more specific terms in the coming months.

Participate in Annual, Steering Committee And Other Regional Meetings With Initiative Countries and Technical Partners

In March, RPM Plus attended the semiannual steering committee meeting (March 7) and the annual RAVREDA/AMI meeting (March 8-10) in Campos do Jordao, Brazil. At the steering committee meeting, RPM Plus gave a short presentation on its activity progress since October and its plans for the second half of the project year.

Document and Disseminate AMI Results, Experiences, and Lessons Learned

RPM Plus has reviewed several versions of the document that PAHO wrote on AMI's work to date in each of the main technical areas, focusing specifically on the Access and Use chapter and the Introduction.

RPM Plus is in the process of updating its website to include more information about its work with AMI, including an updated overview of activities and links to tools, reports and partners' websites.

In March, RPM Plus sent a full set of documents (work plans, progress reports, workshop concept papers, and tools) to the external evaluation team and then participated in an interview with the team leader.

LATIN AMERICA AND CARIBBEAN—SOUTH AMERICAN INFECTIOUS DISEASE INITIATIVE

Overview

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 and 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 subregional strategy for the Andean countries and Paraguay, called the South American Infectious Disease Initiative (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

RPM Plus traveled to Peru in January to follow up on SAIDI activities. RPM Plus held a workshop to identify problems in the regional pharmaceutical management systems of first- and second-line TB drugs. Although standard procedures to manage first-line TB drugs are in place and operating well, there are no standard procedures in place for second-line TB drugs. At present, each regional health office has created its own system for managing second-line drugs, resulting in decreased patient access to treatment. To address this deficiency, RPM Plus contracted with a consultant to assess the current situation in Callao and develop standard procedures for managing second-line TB drugs. While in Peru, RPM Plus met with and provided support to national partners and consultants working on SAIDI projects. These projects include: the creation of a Drug Information Center (DIC) in Callao, a study on the availability of first-line TB medicines in private pharmacies in Callao, activities to improve drug storage and distribution practices in Callao, and develop standard implementation plans for regional storage facilities; plans to apply a intra-hospital infection assessment tool in Callao's principal hospitals; and, activities to develop and disseminate standard treatment guidelines to improve prescribing practices in Callao. Additionally, RPM Plus met with an advisor to Peruvian Congresswoman Sucari to discuss proposed plans to reorganize DIGEMID and improve requirements and procedures for drug registration.

In Paraguay, RPM Plus continued to work with national and international partners on SAIDI activities. In March, in collaboration with the DIC of the Universidad Nacional de Asunción, RPM Plus conducted a three-day "Training of Trainers" workshop in pharmaceutical management for 18 pharmacists, university professors, and final-year pharmacy students from several different regions. The workshop's objective was to present a practical overview of the pharmaceutical management cycle and provide the necessary tools for participants to facilitate a similar workshop in their respective regions. Participants drafted a plan for future activities during the workshop. RPM Plus contracted the director of the DIC to coordinate these trainings in partnership with the Ministry of Health. This activity falls under the overarching activity of strengthening the DIC in the SAIDI logical framework for Paraguay. During the March visit, RPM Plus also conducted three one-day workshops with regional health authorities in pharmaceutical management. These workshops were requested by personnel in charge of regional warehouses during the November 2006 RPM Plus workshop in pharmaceutical management. During these trainings, 44 regional managers developed action plans to implement improved pharmaceutical management activities in their districts; these activities will be

supported by RPM Plus, the DIC, and the newly trained trainers. RPM Plus also contracted a consultant to evaluate the impact of the use of individualized treatment kits on the management of TB medicines.

In March 2007, RPM Plus traveled to Bolivia to facilitate a three-day workshop in the distribution and management of TB medicines and supplies with a group of 21 pharmacists and regional managers responsible for drug storage. During the meeting, participants developed a plan to implement the individualized treatment kits in a pilot area of Bolivia. RPM Plus created a scope of work and began the contracting process a consultant to coordinate and evaluate the project.

The abstracts submitted to the 2007 Global Health Council Conference were accepted for a panel presentation by SAIDI partners. The presentations will focus on the benefit of the partnerships formed under SAIDI in containing and preventing AMR.

LATIN AMERICA AND CARIBBEAN—TUBERCULOSIS

Overview

Since FY03, RPM Plus has provided technical assistance on TB pharmaceutical management to prioritized countries in LAC. With FY04 USAID LAC Bureau resources RPM Plus adapted, translated and disseminated *TB Pharmaceutical Management Guidelines*, and provided technical assistance to the NTP in Ecuador and Paraguay. Remaining FY04 resources (7,000 U.S. dollars) will be used to respond to specific requests from both countries.

Major Activities this Quarter

No activities planned for this quarter. RPM Plus will explore the need of additional TA in January 2007.

MALARIA ACTION COALITION (MAC)

Overview

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

The burden of malaria has been intensified by the appearance of chloroquine and sulfadoxine-pyrimethamine-resistant *P. falciparum* forcing countries to change their first line therapies for malaria. To address this challenge, WHO recommended that all countries, revising their first-line treatment policies for malaria, should opt for a combination treatment preferably an artemisinin-based combination therapy (ACT).¹ In accordance with this recommendation, the GFATM 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 GFATM 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 Good Manufacturing Practices requirements.

Given the current context of malaria in Africa, the Malaria Action Coalition (MAC)² underwent a strategic reorientation in 2004, placing a greater focus on technical assistance related to ACT policy design and implementation 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.

Officially USAID has ended MAC; however, at country level some missions still have remaining funds and a small amount of core funding that can be utilized for the same intermediate results. The RPM Plus Malaria MAC portfolio has been developed as a result of a joint work plan among the MAC partners and the work plan reflects activities exclusively planned under the MAC "core" funds (1.1 million).

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

² The MAC is a partnership of the U.S. Centers for Disease Control and Prevention, MSH/Rational Pharmaceutical Management Plus Program, JHPIEGO/ACCESS Program, and WHO (both Geneva and AFRO offices)

Major Activities This Quarter

- RPM Plus Program staff participated in the first quarter East Africa Roll Back Malaria Network teleconference. The conference addressed a number of issues including developing a joint work plan for 2007.
- Submitted abstract on “Global fund grants for malaria: Lessons learned in the implementation of ACTs in Ghana, Guinea Bissau, and Nigeria” to the American Public Health Association.
- Reviewed comments on pharmaceutical management chapter for the malaria in pregnancy guide implementation guide and submitted a new version to ACCESS.
- Following discussions with USAID/Madagascar, RPM Plus staff traveled to Madagascar to coordinate existing stocks of pharmaceutical products used for the management of malaria. Following this visit, work has begun on quantification of needs for antimalarials for gap analysis for period of 2007–2009.
- A draft is being finalized of the monitoring and evaluation guide for pharmaceutical management aspects of ACT implementation. Once finalized, the guide will be shared internally and externally for review and comments.
- The RPM Plus Regional Technical Adviser (RTA) for malaria provided TA to the Mali Programme National de Lutte contre le Paludisme (PNLP) in developing the procurement and supply management plan for GF Round 6 funds.
- Coordinated with Kenya Alliance of NGOs working in malaria (KeNaam) and with JHPIEGO on training activities and scope of work on TA for GFATM bottlenecks.
- In efforts to strengthen the Kenya Department of Malaria Control’s (DOMC) Monitoring and Evaluation System, RPM Plus supported the DOMC and partners to improve GFATM monitoring and evaluation reporting and attended DOMC Systems Development Workshop aimed at strengthening the antimalarial medicine supply chain and reporting system.
- RPM Plus continued to support the Kenya DOMC through the drug policy technical working group. Through RPM Plus support in proposal writing, DOMC secured 3 million U.S. dollars from the USAID in support of IRS. Activity implementation will be through RTI and Crown Agents.
- The Senegal PNLN was supported through developing draft SOPs for pharmaceutical management at the health centers and the health posts and developing a district level pharmaceutical management supervision guide. Additionally, the RPM Plus technical advisor for Senegal participated in various workshops and meetings including pharmacovigilance workshops and quarterly meetings to review the PNLN activities.
- Technical assistance was provided to Burundi National Malaria Control Program (NMCP) through supporting the NMCP in developing and distributing new standard treatment guidelines for ACTs, supporting la Central d’Achat de Médicaments Essentiels du Burundi (CAMEBU) and DPML in developing Drug Management Technical Guidelines, distributing developed BCC materials (posters), revising the National Essential Drug List, and also through supporting the MoH and CAMEBU to finalize the drug management assessment report.

WEST AFRICA REGIONAL PROGRAM (WARP)

Overview

Overview

In January 2007, the Niger GFATM principal recipient sent a technical assistance request to USAID/West Africa (WA). In response, USAID/WA mandated RPM Plus to work with the principal recipient to identify specific priority procurement and supply management problems that could be tackled through short-term technical assistance.

Also within this quarter, USAID received a request for assistance in strengthening the Guinea Conakry GFATM Country Coordinating Mechanism (CCM). In response, USAID/WA has commissioned MSH/RPM Plus and MSH/LMS to conceptualize a diagnostic approach to identify specific needs for CCM and pharmaceutical supply system strengthening in Guinea.

Furthermore, as follow up to the development of generic pharmaceutical management training material that took place in the last two quarters, RPM Plus started the planning for a TOT for two regional training institutions—Centre Africain d'Etudes Superieures en Gestion (CESAG) and IRSP. This TOT will train lecturers in the use of the generic pharmaceutical management materials necessary to conduct training in their institutions.

Major Activities this Quarter

As a result of the discussions and work with the Niger GFATM principal recipient, a trip was undertaken by a team of three RPM Plus staff March 7–23, 2007, to provide technical assistance to the MoH and the principal recipient in—

- Strengthening supply management capacity with focus on the areas identified in their action plan
- Improving medicines and commodities management information system
- Developing terms of reference (TOR) for the quantification committee.

As a result, two training workshops were held, targeting national and regional level resource persons. In the national level training, 15 resource persons were trained. The regional level training of 25 regional-level resource persons was conducted by the national level resource persons with the support of the RPM Plus team.

Coordination with MSH/LMS, discussions with USAID/WA and USAID/Conakry took place to reach consensus on the approach and budget for the joint Guinea Conakry CCM and pharmaceutical system diagnostic visit. The visit is planned for May 18–June 8, 2007.

Discussions were held with CESAG, IRSP, and AWARE-RH to determine dates for the TOT on use of generic pharmaceutical management training materials developed by RPM Plus under AWARE-RH. The TOT will take place May 14–18, 2007. Three participants are expected from each institution.

A series of meetings were held to determine how to translate the HIV/AIDS training materials into French. The size of the materials is very large in relation to a limited budget. The discussions are aimed at coordinating with other RPM Plus portfolios to leverage funds for the realization of the French translation.

NARRATIVE: COUNTRY PROGRAMS

ANGOLA—PMI

Overview

In August 2005, USAID/PMI conducted an initial assessment to identify appropriate areas for PMI investment in Angola. An important consideration was the Global Fund grant obtained by Angola to support the national malaria control program and procure 1.1 million ACTs. The treatments were distributed in 9 of Angola's 18 provinces but preparations to appropriately receive, distribute, manage, and use ACTs at the health facility level and in the distribution system were not completed. In light of this, RPM Plus was solicited to improve the ACT implementation and recommended the integration of ACT management into the essential drug program (EDP) system with the subsequent adaptation of their procedures and tools to train the health agents. RPM Plus also developed a draft ACT distribution plan and proposed strategic approaches to finalize the plan with PMI partners, including a coordinated procurement and distribution system, the consolidation of the pharmaceutical information system and support to Angomedica.

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,” and SO2 “Increased use of key maternal health and nutrition interventions.” RPM Plus’ activities under the Angola PMI country program will focus on the following technical objective—improve the management and use of antimalarials.

Major Activities this Quarter

- Conducted the initial Coartem management training in Huambo province. The workshop was jointly organized with MENTOR, PNMC, and PNME. Participants included partners from WHO, United Nations Development Programme/GFATM, PMI, NMCP, EDP, and Huambo provincial and health facility staff totaling 49 participants.
- Based on the lessons from the initial training, the training materials have been revised and the training of trainers materials are being prepared.
- Supported port clearance and coordinated with the recommended shipment agency, the delivery of PMI procured ACTs to Angomedica, a private warehouse rented and used by the MoH as its national medical store.
- Worked with UNDP, WHO, and PMI to quantify ACT needs for all 18 provinces in the country.
- Support was provided to NMCP and EDP in presenting the malaria achievements and improved mechanisms to accelerate GF malaria grant Round 3 phase one.
- Supported the NMCP and EDP in organizing and structuring the national malaria partners forum, building on RPM Plus experiences in Kenya, Tanzania, and Uganda.

ARMENIA

Overview

RPM Plus received FY05 Armenia Mission funds to support technical activities in pharmaceutical management. In May 2005, a team from RPM Plus conducted a rapid assessment of the pharmaceutical system in Armenia. Based on findings from this assessment, 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 STGs and their costs, and exploring alternative supply chain strategies for the Basic Benefits Package. To implement these activities, baseline data of current practices and costs were collected in May–September 2006. On November 21, 2006, RPM Plus carried out a workshop, to validate the findings from the study and discuss next steps to improve pharmaceutical management system in support of primary health care reform. Workshop participants included the MoH officials, marz health authorities and Yerevan municipal department of health, managers of marz and Yerevan polyclinics, State Health Agency drug regulatory authority, PHCR, and AUA.

Major Activities this Quarter

Based on findings from the study and feedback received from the stakeholders during the workshop, RPM Plus team prepared a technical report that provides analysis of the data and the way forward to improve pharmaceutical management system. In February-March 2007, RPM Plus team visited Armenia to finalize the list of RPM Plus year 2 activities that can contribute to improving pharmaceutical management practices, and to coordinate next steps with key stakeholders. RPM Plus met with USAID, USAID partners, Ministry of Health (Dr. Darbinyan, First Deputy Minister of Health; Dr. Hakobyan, Deputy Minister of Health, Dr. Yuzbashyan, Head of PHC program, Dr. Daveyan, Head of Pharmaceutical Management Department, and Dr. Ter Grigoryan, SHA), WHO, World Bank, SCDMTE, and educational institutions. During the meetings, RPM Plus shared the findings and recommendations from the study/report; provided a copy of the report or presentations from the workshop in Armenian and other materials, such as DTC manual; provided information about strategies for improving use of medicines, and discussed upcoming RPM Plus activities that can contribute to improvements in use of medicines. Based on feedback received from the key stakeholders, a decision was made to carry out two workshops in June, to disseminate the results of the study and RPM Plus technical report, and provide a training on rational medicine use in July 2007. RPM Plus held a number of meetings with PHCR team to discuss main areas of collaboration. PHCR supported RMU and DTC trainings, and also requested technical assistance for the development of job aids. However, due to time limitations and lack of consensus among key stakeholders regarding job aids, it was decided that RPM Plus will focus on providing RMU training and disseminating the results and recommendations from the study. RMU training can cover methodologies for evaluating drug use and compliance with guidelines that can be utilized by PHCR for implementation of QI initiative, and two people from PHCR will participate in it.

National Institute of Health, Yerevan State Medical University, and American University of Armenia requested participation in RMU training. NIH and YSMU anticipate including the RMU course in the training/retraining programs and continuing medical education for family physicians and training programs for residents and physicians in other areas of medicine. Therefore, the RMU course can be institutionalized as a part of in-service and pre-service trainings.

RPM Plus reported a progress with the program implementation to the MOH and shared the results of recommendations from the study with the MOH officials who were not aware of the RPM Plus work. The head of PHC program requested technical assistance in developing five year national plan (2008-2013), specifically support in developing a section on DTC implementation. All MOH officials/experts met with RPM Plus supported the RPM Plus upcoming activities.

Future Activities

RPM Plus started translation of the technical report, which will be finalized in April and distributed to MOH and other officials and stakeholders. In the meantime, RPM Plus will start developing a training plan and materials for the RMU course.

BENIN

Overview

In 2002, the first regional depot was established in Parakou as a subsidiary of the CAME Cotonou. Its purpose was to strengthen the logistics system and reduce stock-outs at the health centers in the Borgou/Alibori region. As a subsidiary of the CAME Cotonou, products (essential drugs, vaccines and contraceptives) were to be sold at the same prices offered by the CAME. It was created for the exclusive distribution of products from the CAME Cotonou.

The regional depot was designed to maintain autonomous internal management, but placed under the responsibility of a steering committee, which reports to the management committee of the CAME. Yet since its establishment, there have been reports of frequent stock outs of essential medicines in the Borgou/Alibori region, and studies showing that the system had not truly decentralized to provide greater autonomy to the region.

With the extension of PROSAF and given the requirement for sustainability, USAID considers it crucial to create an environment that secures the effective management and availability of family health products in health zones. Also, given the new context of decentralization, the health system should allow communities representatives to better participate in management of medicine chain.

It is expected that the decentralization of the drug management system will result in an increased participation of stakeholders in decision-making and also bridge the gap between the management of drug and the impact of drug delivery on the health conditions of end users.

In response, USAID/Benin requested RPM Plus to complete a study that would assist them and the MoH to determine a plan for the further development of the public pharmaceutical supply system in Benin. The study objectives are aimed specifically to:

- Determine the current effectiveness and efficiency of the distribution system
- Identify opportunities for improvements in effectiveness and efficiency
- Assess options for further decentralization based on the above

Major Activities this Quarter

The report has been finalized and distributed to USAID Benin.

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 multidrug 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

Major Activities this Quarter

Monitor National Study to Re-evaluate Appropriate Medicine Regimen for TB Failures

After the withdrawal of clofazimin in the MDR TB standardized regimen in 2006, and the need to reformulate a new regimen, technical discussions have been carried out on potential reformulation of Brazil TB re-treatment regimens. RPM Plus and TB National Reference Center and NTP discussed the current treatment schemes used in Brazil with Union TB suggesting some major changes in the current schemes, particularly using only one re-treatment scheme, instead of RI and RIII. Several changes and protocols for treatment have been proposed and worked on. Supported by RPM Plus and MoH/NTP, a committee of Brazilian and international experts met on March 21 in Brasilia and achieved a consensus on simplifying the treatment regimen by having only one re-treatment regimen in case of failure to the first scheme. In addition, all re-treatment cases are to be transferred to Reference Centers for better monitoring and to prevent emergence of MDR-TB, since current results show a low performance of TB facilities in supervising re-treatment cases. Meeting conclusions will be presented and discussed at the TB/MoH technical committee for further application.

Support National Study to Reformulate First-line TB Medicines to Fixed-Dose Combination Products

RPM Plus continued to interact with the technical expert group in charge of developing a scope of South-to-South collaboration between Brazil, South Africa, and India in TB for pharmaceutical-related issues like production of fixed-dose combinations (FDCs) or MDR TB

monitoring. RPM Plus had several meetings with Farmanguinhos during this quarter to monitor results and progress on the workplan for FDCs production.

Coordinate Decentralization of the Quality Control System for TB Pharmaceutical Management

RPM Plus monitored ongoing progress in the established workplans to meet quality standards of the three state laboratories—Amazonas, Goiás, and Ceará—using the Management and Organizational Sustainability Tool (MOST) tool in partnership with Instituto Nacional de Control de Qualidade em Saúde (INCQS). Final edition of the LabMost was produced using results and observations from its application in different labs in partnership with INQS. RPM Plus also assisted INQS and Helio Fraga TB Reference Center with recruiting and hiring a consultant specialist in TB laboratory quality for implementing the quality system of the national TB reference lab. An audit has been conducted and all quality procedures and manuals are currently under revision to meet Health Surveillance Department national guidelines and criteria for the reference laboratory competency. In addition, RPM Plus re-adapted the MOST for laboratories by updating recent changes on ISO IEC 17025 norm, and has been conducting an ongoing quality control of TB medicines samples.

Expand the Drug Management Information System Surveillance System for Managing MDR TB Patients

RPM Plus finalized system validation and implemented last adjustments for the new epidemiological reports for cohort results consolidations and finalized system validation and ongoing implementation for medicines management and stock control at central and periphery levels. A new and revised version of the *Guide for Epidemiological Surveillance and Information System for MDR TB Control* is projected to be edited April 2007. There has also been a continued process of revision and updating of data in the database for the drug management information system (DMIS). A policy for MDR TB information release at the National TB Reference Center Helio Fraga in coordination with the MoH Epidemiological Surveillance Department has been defined for application at national level. Assistance is provided to CRPHF on the process of transferring all responsibility for hosting the MDR TB system to a separate server managed by the MoH Health Surveillance Department and for future system's maintenance.

Partners conducted technical discussions design new functionalities to adapt the current system for all re-treatment cases monitoring. RPM Plus participated in the seminar organized by WHO/PAHO and Union/IUATLD on MDR TB surveillance and control in the Americas region in Dominican Republic by supporting the NTP manager and Reference Lab manager on data extracted from the new DMIS and assisting them during technical discussions on MDR TB systems.

Three of the four abstracts submitted to the Global Health Council 2007 that proposed a cross-cutting look at the initiatives on MDR TB surveillance systems in Brazil, Moldova, and Romania supported by RPM Plus have been accepted. One abstract on co-infected HIV/MDR TB data extracted from the new system has been submitted to the next IUATLD conference in Cape Town, November 2007.

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

In March, RPM Plus staff traveled to Cambodia to follow up with the Mission about ongoing activities in the country and to participate in an ACTMalaria and USAID partner meetings (under the RDMA portfolio). The Mission agreed to designate remaining FY05 field support funds for supporting the USAID SO3 activity: improving access to medicines for child health through the private sector. This activity focuses on improving the dispensing and referral practices of sales assistants in private pharmacies in common childhood conditions: diarrhea, acute respiratory infections, and malaria. Future activity progress will be documented in the child health portfolio.

RPM Plus and Mission staff also discussed the proposed Operational Plan for FY07. In this plan, RPM Plus was identified as the lead organization to perform a systematic analysis of key

components of the pharmaceutical management system and to identify and analyze options to improve the supply system. It is anticipated that funds will be made available in the near future. As agreed with the Mission, the first step will be a mapping of donor-funded pharmaceutical management related activities, their scope, and objectives.

RPM Plus presented key results from the 2004 Community Drug Management of Childhood Illnesses (C-DMCI) survey at the Child Survival Management Committee meeting in Cambodia and at the Asian Collaborative Training Network for Malaria meeting (ACTMalaria) in the Philippines. Based on feedback from the USAID Regional Development Mission/Asia (RDM/A), RPM Plus re-analyzed data from the C-DMCI survey to ascertain whether or not differences in selected measures were statistically significant. Further dissemination of these data will be discussed with RDM/A.

The contract for the RPM Plus local consultant was extended through December 28, 2007. The consultant assists RPM Plus to implement the work plan for Cambodia and RDM/A Cambodia-related activities. These include pharmaceutical management in support of the national malaria control program, the child survival strategy, and other activities to strengthen the pharmaceutical sector.

DOMINICAN REPUBLIC

Overview

The Dominican Republic (DR) National TB Program (NTP) is currently receiving support from the USAID Mission in Santo Domingo to expand the implementation of the WHO-supported DOTS strategy. One of the main pillars for DOTS success is to ensure the continuous supply of quality medicines and pharmaceutical supplies for TB and their appropriate use according to standardized treatment regimens.

With USAID DR funds, the MSH/RPM Plus Program is currently providing technical assistance to the NTP in DR to strengthen the Pharmaceutical Management Information System (PMIS), and to introduce FDC.

Major Activities this Quarter

RPM Plus consultants visited Dominican Republic from November 7 to 10, to assess the availability of TB medicines in the central medical store, and health facilities (through information provided by the PMIS). As a result decisions were taken to adjust the estimation of needs for future procurements of loose medicines and FDC.

Health facilities in pilot areas for the introduction of FDC were visited. Few problems were identified and solved during the visit. The scale up to the rest of the country is scheduled for March, 2007.

RPM Plus and CHO consultants visited Dominican Republic (November 13 – 17) to facilitate a meeting to update the standard operating procedures (SOP) manual and the technical guidelines of the NTP. A draft version of the SOP and the guidelines was elaborated during the meeting. A local team is responsible for the elaboration of the final documents.

ETHIOPIA

Overview

MSH /RPM Plus Program is collaborating with USAID/Ethiopia in the provision of technical assistance in drug and related commodities management; ARV procurement for and the President's Emergency Plan for AIDS Relief (PEPFAR); and the Prevention of Mother to Child Transmission (PMTCT) Initiative in Ethiopia.

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

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

Major Activities this Quarter

TA and Office Management

There is a three-person management team at the head office. RPM Plus has nine new regional pharmaceutical management associates assigned to serve all the regions. In addition, there are eight drivers and two engineers who are fully on board. In collaboration with the Supply Chain Management System (SCMS) recruitment for five laboratory associates to be stationed in regions for supporting Pharmaceuticals and Medical Supplies Import and Wholesale Enterprise (PHARMID) capacity to store and distribute lab commodities is finalized. Regular updates on the national uptake level of ART patients is given at the biweekly TWG meeting with USAID and other partners.

RPM Plus's quarterly review meeting was held on February 12, 2007, to review activities and discuss future plans. A meeting was also held with the leadership of Ethiopian Pharmaceutical Association (EPA) to review past RPM Plus support in conducting HIV/AIDS training to pharmacists in the private sector.

Procurement and Distribution

ARVs procurement previously handled by SCMS and RPM Plus staff has moved to SCMS. RPM Plus' work in procurement has focused on PMTCT products. On January 26, 2007, 350 Determine Test kits were received on from Axios International and are being distributed to PMTCT sites. Currently, 100 hospitals and 266 health centers (HCs) receive PMTCT supplies across the nation. In addition, 214 health facilities received first- line adult and pediatric ARVs. Second-line preparations are still being distributed to major regional hospitals. Regular re-supply and scale-up distribution was made to all ART sites throughout Ethiopia. PHARMID is receiving frequent technical assistance in storage, distribution, and clearance

Infrastructure Improvement

Renovation and upgrading of structures (dispensing pharmacy, drug store, counseling rooms, laboratory, incinerator, and dispensing booths) at 14 sites has been completed and handed over to the health facilities. Renovation and upgrading structures at 42 sites is progressing well and near completion.

The Minister of Health, Dr. Tedros Adhanom; and Janet Wilgus, Deputy Chief of Mission at U.S. Embassy, officially presented the renovated sections of St. Peter's TB Specialized Hospital to the facility on March 13, 2007. Present for the ceremony were USAID Acting Mission Director, CDC D/Director, and other invited guests.

Equipment and Supplies

RPM plus covered the communication costs for 35 installed telephone lines and 16 Internet connection at 35 ART pharmacies. RPM Plus has distributed computers with printers and UPS; shelves; lockable and filing cabinets; computer and office tables; chairs; refrigerators; and lab benches during this reporting period.

Training and Staffing

RPM Plus gave two trainings during this quarter—

- ARV drugs management, adherence, and ARV drugs data management and reporting
- “Scaling up Antimicrobial Resistance (AMR), Drug and Therapeutics Committee (DTC), and Rational Drug Use (RDU) Activities in Ethiopia: A Collaborative Strategy for Success.” The training took place at the MSH/ RPM Plus conference hall, February 5-10, 2007. The objectives of the training program were to orient RHB, DACA, and RPM Plus staff on the progress made in AMR, DTC, and RDU; activities in Ethiopia to enhance technical and operational capacity in AMR, DTC, and RDU; and to develop Joint Operational Action Plans for the Regions. Ms. Melissa Jones (USAID-ADDIS\HAPN) awarded certificates to 47 participants.

Nurses from five new PMTCT sites received on-site training. Training on PMTCT supplies management, nevirapine (NVP) suspension dosage determination using the NVP suspension dosing chart, and administration of NVP suspension using the oral syringe was also provided to PMTCT sites.

Inventory Control, MIS, and Reporting

The number of ART sites has expanded in the first quarter (January 1–March 15, 2007) from 204 to 214 sites and from 50,867 to 62,976 ART patients.

Stock status of ARV drugs and PMTCT supplies is regularly monitored and is communicated to different stakeholders. Revised ARV drugs management and PMTCT registers were as designed and distributed to all ART/PMTCT sites.

Quality Control/Quality Assurance

RPM Plus staff attended the HIV Care and ART for Pharmacists training organized by RPM Plus and the Drug Administration and Control Authority (DACA) in Nazareth Town, January 25–28, 2007. Laboratory benches and cupboards have been purchased and delivered to DQCTL.

Discussion was held with the Dean and Head of the Pharmaceutical Chemistry Department, School of Pharmacy, Addis Ababa University, on the training of the senior undergraduate and postgraduate students on the Drug Quality Assurance and Quality Control management, Good Drug Quality Control Laboratory Practice, and Laboratory Safety. Agreement has been reached to conduct the training in the third or fourth week of March.

The Comprehensive Pharmaceuticals QA Training Manual to be used to train quality assurance personnel is in its stage of final editing.

Linkages and Collaboration

- RPM Plus provided training support to Jimma University Specialized Hospital on ART adherence and DMIS.
- RPM Plus representatives participated in PMTCT training organized by Family Health International (FHI) at Woldia HC. The training was given to nurses from five HCs.
- The RPMA participated in the ART/PMTCT/VCT six months review meeting organized by the Tigray RHB and I-TECH Ethiopia.
- DACA-Eastern Ethiopia office and the RPMA had a meeting on how to prioritize areas of collaboration.
- RPM Plus and the Amhara RPMAs participated in ART sites catchment meeting held at Gondor Hospital. Progress of ART service and constraints were discussed in the meeting.
- RPM Plus was represented at the “TIMS Follow-up and Developments” meeting organized by JHPIEGO.
- RPM Plus participated in a meeting organized by JHPIEGO and HAPCO on developing performance standards for HIV/AIDS services.

KENYA—PEPFAR

Overview

PEPFAR 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 continues 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. The key objectives under this portfolio are:

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

Support to PEPFAR Supply Chain Management

RPM Plus worked collaboratively with Mission Essential Drugs Store, National AIDS and STD Control Programme (NASCOP) and the USG Interagency team in ensuring that the ARV drugs were distributed for over 65,000 ART patients in 205 Kenya PEPFAR program-supported sites. About 64 percent of these sites are public sector sites. In addition, a total of 177 sites (of which 67 percent are public sector sites) were receiving PMTCT ARV drugs through RPM Plus support.

RPM Plus also responded to various requests from the USG team—

- Prepared and made presentations on commodity status during several meetings, such as United Nation's (UN) ART team (from WHO and UNAIDS); a representative from Office of the U.S. Global AIDS Coordinator (OGAC) headquarters; AIDS, Population and Health Integrated Assistance (APHIA) II partners, USG/Kenya Mission, and a write-up to OGAC in preparation for a congressional hearing.
- On behalf of the USG/Kenya Mission, RPM Plus joined the UN ART Mission to Kenya to assess the ART program and provided guidance on monitoring and evaluation and on sustainability of financing for the ART program
- Supported the quantification of pediatric ARV needs, collaboratively with MOH/NASCOP, Clinton Foundation, KEMSA, MEDS and the USG team. Quantimed was used during this quantification exercise.

Support to NASCOP and the National ART Program

RPM Plus has continued to support NASCOP centrally through providing TA and support to institutional and human capacity development efforts as follows—

Initiating and strengthening commodity management activities at ART sites in support of program scale up—

- Trained five staff from five ART partners (EDARP, Children of God Relief Institute (COGRI), UNITID, COPTIC, Liverpool VCT) on use of an electronic inventory tracking tool
- Implemented electronic Inventory Tracking tool for Nyumbani (COGRI) which distributes commodities to eight satellite sites
- Assisted 17 faith-based ART sites to develop SOP implementation plans using the MTP approach
- Trained key dispensing staff in five public sector facilities on SOP development and implementation using MTP approach

Support to ART treatment partners in the private sector in collaboration with the Pharmaceutical Society of Kenya

- Trained 73 health care workers in private and community settings on rational medicine focusing on ART treatment guidelines

RPM Plus conducted rapid assessments—

- In collaboration with NASCOP at five selected sites in January and March as part of the MTP approach. The assessments of these MTP sites revealed weaknesses in the monitoring and evaluation framework and systems for tracking adverse drug reactions.
- In collaboration with the Nairobi Province Medical Office at 37 health facilities. The key findings of the assessments revealed weaknesses in various areas of pharmaceutical management such as MISs, human resource capacity, infrastructure, medication use counseling, and SOPs.

Strengthening Laboratory Systems at National and Site Levels to Support ART services

RPM Plus continued to provide TA to strengthen laboratory services in support of ART as follows

- Worked collaboratively with the NPHLS and other national laboratory Interagency Coordinating Committee stakeholders and subcommittees.
- Implementing a laboratory commodity management curriculum which accompanied by a continuous site-based performance improvement program (monitoring training and planning approach) targeting 6 selected ART sites. The training drew 25 participants as multidisciplinary facility teams from NPHLS, public sector, and faith based-sites.
- Supporting the development and dissemination of SOPs and job aids aimed at strengthening the laboratory quality assurance and human resource systems.

MALAWI

Overview

Malaria control interventions in Malawi are guided by the recently developed four-year (2006-2010) Malaria Strategic Plan which focuses on scaling up the delivery of appropriate WHO-recommended malaria interventions. The plan outlines three strategic areas to be scaled up over the stated four-year period: (1) case management, (2) intermittent presumptive treatment, and (3) vector control and personal protection interventions using insecticide-treated mosquito nets.

The strategies will be implemented on the basis of the Malawi sector-wide approach arrangement and plan of work, and guided by the national policies and guidelines. Malawi is one of the high malaria burden countries in sub-Saharan Africa that has been selected in the second round of beneficiary countries by the USG PMI.

In May 2006, in preparation for PMI country planning and implementation, the USG conducted a rapid assessment and subsequently requested RPM Plus to provide support to key technical areas of the Malawi PMI Country Operational Plan. RPM Plus activities will support technical including regulatory and operational aspects of national ACT policy implementation.

RPM Plus support to prompt and effective malaria case management is based on a comprehensive approach proposed in the Implementation Guide “Changing Malaria Treatment Policy to Artemisinin-Based Combinations” prepared by RPM Plus in 2005 in collaboration with the RBM partnership and the Global Fund. Activities will focus on supporting the drug supply and pharmaceutical management with a comprehensive implementation plan to address regulation, procurement, storage, distribution and rational use of ACTs.

RPM Plus activities will focus on two main technical objectives:

1. Improving the supply and quality of antimalarials and related supplies
2. Improving the case management and use of appropriate antimalarials

Major Activities this Quarter

In November/December 2006 and January/February 2007, a MSH/RPM Plus team (Michael Gabra, Oliver Hazemba, and Edmund Rutta) traveled to Lilongwe and held a series of consultations with USAID/PMI team, NMCP, and other stakeholders.

The RPM Plus team had the opportunity to participate in the Malawi PMI stakeholders and planning meetings as well as the MoH Malaria Technical Working Group Meeting in Zomba. During these trips, the RPM Plus team was able to learn the PMI and NMCP plans for ACT implementations. Based on information gathered at these meetings, RPM Plus has developed a work plan and consulted partners and stakeholders for comments and feedback. A job description for Senior Technical Advisor has also been developed and posted for applications.

Discussions are on-going with the MSH-Malawi bilateral concerning office management issues, e.g., mechanisms for office sharing and logistics.

In April, RPM Plus will participate in the NMCP drug supply and management subcommittee meeting and will provide support to the subcommittee in the quantification review process of ACT quantities to be procured.

MEXICO MAARD FOR TB

Overview

Since 2001 RPM Plus has been working to develop methodologies and tools to help National Tuberculosis Control Programs (NTPs) to identify opportunities for utilizing the concepts of incentives and enablers specifically for the improvement of TB program performance. These may target patients, providers (e.g., public or private health workers at all levels, treatment supporters), and/or managers. Work on incentives and enablers represents one component of the larger RPM Plus portfolio that aims to improve access to and use of medicines and diagnostics for tuberculosis. In June 2006 the USAID Mission in Mexico requested technical assistance from RPM Plus to assist the Mexican NTP with the development of a comprehensive incentives program for the health personnel.

Major activities in this quarter

A final draft of the guide for the incentives program for NTP was presented during a visit in March. This draft was based on feedback and comments received during the workshop that took place in December 2006. The draft was thoroughly reviewed and finalized in collaboration with the NTP and other relevant entities at the Ministry of Health. In addition, schedule was developed for implementation and monitoring of the new incentives program.

NAMIBIA

Overview

The MSH/RPM Plus Program has received additional funds from USAID/Namibia under the PEPFAR Country Operational Plan (COP 06) to continue technical assistance activities initiated with PMTCT, Track 1.5, Track 2.0 and COP05 funding to assist the Namibia Ministry of Health and Social Services (MoHSS). The funds will continue to assist in the review of appropriate recommendations for the development and implementation of various interventions to strengthen pharmaceutical management systems in Namibia in order to continue and sustain the scale-up of HIV/AIDS activities. Activities under COP 05 funding were grouped within four broad objectives.

Under COP 06, activities will continue to be carried out through the same four main objectives. The first is to strengthen the policy and legal framework as well as the national management support systems for HIV/AIDS-related pharmaceuticals and commodities. The second is to strengthen human resources for the management of HIV/AIDS related pharmaceuticals. The third is to strengthen pharmaceutical and commodity management systems and procedures of Central Medical Store, Regional Medical Stores, and treatment facilities for HIV/AIDS-related pharmaceuticals. The fourth is to strengthen the rational use of HIV/AIDS-related pharmaceuticals and the provision of comprehensive pharmaceutical care in treatment facilities in support of the provision of PMTCT and ART services.

Major Activities this Quarter

During this quarter, the ART dispensing SOP was finalized including the result from the testing. The SOP was also sent to the MoHSS Permanent Secretary for approval and adoption, and then circulated to the ART treatment facilities. Implementing this ART SOP will ensure standardization of pharmaceutical services provided to patients at the ART facilities. Meanwhile, RPM Plus conducted a training on SOP, monthly reporting forms, and on quantification. This was attended by 36 participants comprised of 8 regional pharmacists, 11 pharmacists, 13 pharmacist's assistants, 3 nurses, and 1 ART program manager.

RPM Plus delivered equipment and supplies to facilities including storage equipment, computers for the installation of the ART Dispensing Tool (ADT) and various dispensing aids. The procurement and the distribution of the equipment were accomplished in collaboration with the Directorate of Special Programs (DSP).

Also, during this quarter, RPM Plus continued to provide HR support to the MoHSS by providing funds to Potentia for the salaries of seven pharmacists, the QSL manager, the CMS Network administrator, and a pharmacist's assistant; all seconded to various health facilities. In addition, RPM Plus also provided the bridge funding for the salaries of six physician assistants just graduating from their certificate program so to retain them in the public sector until they are hired by the MoHSS.

Meanwhile, RPM Plus obtained necessary approvals to support a coordinator's position for the Therapeutics Information and Pharmacovigilance Center (TIPC), which has been filled. The TIPC, the first such center in Namibia, will provide unbiased information to health care workers on ARVs and other medicines, and will also collect data to monitor adverse drug reactions to medicines used in Namibia. The center, located in Windhoek Central Hospital, has started furnishing, equipping, and delivering key resources. A functional TIPC will also provide an opportunity for the strengthening of the post-marketing surveillance and regulatory roles of the MCC.

To support decentralization of ART services to health centers and clinics, RPM Plus provided training on rational medicine use in the community to home-based care and community based organizations in Ohangwena region. RPM Plus continued to collaborate with DSP and ITECH to deliver adherence training for health care workers.

The ADT was implemented in more ART treatment facilities—during the quarter under review, four more facilities were provided with equipment, trained, and are now using the tool. This brings the total ADT coverage to 23 of the 35 (65 percent) public health facilities providing ART. Currently, 63.3 percent of the patients on ART in public facilities in Namibia are managed through the ADT. Its use provides numerous benefits to facilities that use it; some of those benefits include generation of daily expected patient list which helps track defaulters, improved inventory management of ARVs, and the potential to reduce dispensing time and dispensing errors.

Through RPM Plus support, the Oshakati Hospital pharmacist was invited to Amsterdam for a WHO/AMDS (AIDS Medicines and Diagnostic Service Network) meeting to review procurement and supply management tools for AIDS commodities. The field experience of RPM Plus Namibia application of ADT was presented. RPM Plus supported the MCC by jointly funding with MoHSS the dossier review training for members of the Pharmaceutical and Analytical Committee. The training provided an opportunity for 10 PAC members to improve their skills in dossier review and registration procedures. RPM Plus has also continued to provide support to the Medicines Control Council registration database. Such improvement in registration continued to increase the availability and accessibility of cheaper ARVs, particularly to the private sector.

NICARAGUA

Overview

USAID/Nicaragua has been supporting Rational Pharmaceutical Management Plus (RPM Plus) technical assistance in pharmaceutical management since 2002 as part of the overall support to health sector reform. RPM Plus analyzed the Nicaraguan Ministry of Health's (MoH) pharmaceutical supply system. As a result of this study and following workshops, the MoH decided to support the establishment of private sector mechanisms modeled after the "Programa de Ventas Sociales de Medicamentos" (VSM) to promote the creation of a network of retail outlets to sell low-cost quality-assured essential medicines. RPM Plus has supported the strengthening of the VSM network in the areas of financial management, pharmaceutical quality assurance, and the training of dispensers. Standardized procedures for each of these areas were developed in FY05. For FY06 RPM plus will support the implementation and evaluation of these proposals.

Major Activities this Quarter

The final versions of the reports "*Standardized Manual for Quality Assurance*" and "*Standardized Manual for the Training of Dispensers*" was completed, edited and distributed to USAID and local counterparts. The implementation of the *Quality Assurance Manual* will start on February 2007 with the presentation of the document, and training of the pharmacists. The implementation of the *Manual for the Training of Dispensers* will star on March 2007 with the training of the facilitators of the course. RPM Plus will support the implementation process and evaluation of both activities.

Regarding the study on "*Financial Administration of the VSM*," the first draft of the report was submitted on November 2006. It did not met the ToR, so RPM Plus did not accepted it as a final product. A local health economist was hired for five days to support the analysis of the information. With this input and comments provide by RPM Plus, the final version of the report should be ready by the end of December 2006.

REGIONAL HIV/AIDS PROGRAM (LESOTHO AND SWAZILAND)

Overview

The Regional HIV/AIDS program (RHAP) works in the 10 countries in the region, including five PEPFAR focus countries and five non-focus countries. The program has special focus in non-presence countries such as Lesotho and Swaziland which have some of the highest HIV prevalence rates in the world. In these two countries, the program aims at increasing access to the full package of prevention, treatment, care and support activities necessary to accomplish the goals outlined in the PEPFAR.

USAID provided FY05 funds to the Rational Pharmaceutical Management (RPM) Plus Program of Management Sciences for Health to improve drug and commodity supply systems in support to the scale-up of HIV/AIDS programs, in the two countries of Lesotho and Swaziland. In response, RPM Plus conducted a number of visits in the two countries and met with key stakeholders to ascertain commodity priority needs. Priority activities in the two countries include the facilitation of the assessment of ART sites to identify gaps in meeting standard ART pharmaceutical services; improving commodity information systems and standard quantification methods; improving capacity of personnel in commodity management skills through training; and support to the national structures in key national pharmaceutical policy priorities.

Major Activities this Quarter

Swaziland

During this quarter, a task team was put in place to assist Swaziland with drafting legislation regulating the practice of pharmacy and the control of medicine. The legislation needs to be amended to address deficiencies that were identified during the baseline study in the ART sites.

To leverage with GFATM bottleneck funds, RPM Plus conducted follow-up visits to 11 public ARV sites in Swaziland. Some of these visits, done in collaboration with National Emergency Response Council on HIV/AIDS staff, were an opportunity to identify equipment and infrastructure gaps. Since then, most of these have been addressed by council and the Swaziland MoH (MoHSW). In addition, RxSolution was implemented in a new ARV site, the King Sabusa II Clinic in Manzini. RPM Plus staff also made a presentation to the visiting LFA consultants whose mission was to assess the suitability of the ARV program before authorizing the disbursement of GFATM funds to Swaziland. As a result, it was recommended that the non-commodity Patient Management System (Epi Info-based) be integrated into Rx Solution. A task team had several meetings to develop a strategy to ensure the smooth integration. Meanwhile, an abstract on the activities to date in this area was developed and submitted to the PEPFAR implementers' meeting.

Follow-up visits were made to Mbabane Government Hospital, RFM hospital, and Sithobela and Dvokolwako Health Centres in Swaziland. These sites have implemented stock cards following training in medicine supply management. The visits were to ascertain progress made with implementation of the stock cards.

Preparations were done for the HIV/AIDS pharmaceutical management course to be held in Swaziland in the middle of April 2007. Dates and venues were finalized, and the training materials dispatched. Also, activities of the PTC at RFM hospital were followed up.

An Infection Control Assessment Tool (ICAT) implementation workshop was held in Mbabane. The workshop, convened in collaboration with the MoHSW, was intended to provide guidance to pilot sites on the implementation of the ICAT tools. A number of support visits to implementing sites were undertaken prior to the workshop and included meetings with the MoHSW. A total of 21 participants from 4 pilot sites attended the workshop. Follow up activities on the ICAT implementation took place. Assistance was provided to pilot sites to write and finalize proposals. Proposals for RFM, Sithobela, and Mbabane were submitted; the Dvokolwako proposal is still to be finalized.

RPM Plus has been asked to provide support to the MoHSW to review the terms of reference and operations of the National Drug Advisory Committee. It was agreed that this will be done when the recent audit report prepared by Ernst & Young is made available.

Lesotho

RPM Plus received a request from the Clinton Foundation to help with the quantification of required laboratory reagents and related commodities at district and central levels. Obtaining the standard list of laboratory reagents and commodities, especially for HIV and AIDS, from the Directorate of Laboratory Services is difficult. Meanwhile, potential collaboration with SCMS on this activity is being explored.

Seven pilot sites have been identified for RxSolution implementation to start in April. The sites include two sites from the Christian Hospitals Association of Lesotho (CHAL). Fourteen users, 3 information technology department officials, and the director were all trained over two and a half days. Also, the computers for the sites were installed.

A three-week follow-up visit was conducted from 3i to help implement ORION@MSH at the NDSO. The NDSO staff was trained and the program was customized for NDSO. The system is scheduled to go live on April 1. Meanwhile, a request was received from NDSO to provide TA with the development of a Strategic Plan and Performance Management System for the organization.

The HIV and AIDS pre-service curriculum development workshop was held in Maseru, Lesotho (February 6–8, 2007). The workshop aimed to adapt and incorporate the training material related to HIV/AIDS presented by RPM Plus Kenya into the pre-service curriculum of pharmacy and nursing students at the training institutions in Lesotho.

RWANDA - PEPFAR

OVERVIEW

MSH/RPM Plus has continued its efforts aimed at strengthening district pharmacies and ART sites, reinforcing institutional and organizational capacity of Central Medical Stores (CAMERWA), and providing appropriate TA and support to MoH through Pharmacy Task Force, Coordinated Procurement and Distribution System (CPDS), and Training and Research AIDS Center (TRAC).

With CAMERWA, several joint technical and management meetings were held to finalize the strategy for the upcoming active distribution of ARVs and other essential drugs. A joint team made of CAMERWA and MSH/RPM Plus staff visited the warehouses of the Fuel Group in South Africa to learn from their experience in active distribution of drugs both in the public and private sector. Lessons learned will be used in the development and implementation of the active distribution system in Rwanda. MSH/RPM Plus has organized a strategic planning retreat with the top management of CAMERWA facilitated by an external consultant assisted by the Senior Resident Advisor. The strategic plan to be developed will reflect the new vision of CAMERWA as well as its strategic axes, resources and targets for the period of 2007–2010. The first draft is expected by January 2007. In addition, MSH/RPM Plus has provided CAMERWA with a data assistant to enter patient records and monthly consumption data from July to December 2006 using an updated version of the ART Tracking Tool. Another consultant has started the process leading toward the development and implementation of CAMERWA's procurement plan, which needs to reflect the requirements of the National Tender Board. Small equipment and materials for the active distribution are being purchased in anticipation of the imminent launching of the new system. Finally, several coordination meetings were organized between CAMERWA, SCMS, DELIVER, and MSH/RPM Plus to harmonize the interventions of each agency to avoid duplication and waste of resources.

MSH/RPM Plus has provided assistance and support to technical committees of the CPDS on issues related to quantification, data management and inventory management. MSH/RPM Plus coordinated the work of USG clinical partners as it pertains to the pharmaceutical sector. HIV/AIDS rapid test kits for USG supported partners were managed by MSH/RPM Plus during the last quarter.

Major Activities this Quarter

RPM Plus concentrated its efforts in propelling the interventions at the peripheral level, in support to the decentralization policy of the MoH, in addition to the ongoing activities related to the CPDS and CAMERWA.

RPM Plus' TA to CAMERWA helped produce the CPDS Inventory Report for 2006, which is scheduled to be disseminated by CAMERWA. RPM Plus has continued the secondment of the data entry assistant for an additional six month. In collaboration with CAMERWA, RPM Plus organized and implemented a plan to recover lamivudine and stavudine from ART sites and

replace them with Coviro and duovir. The quantities of lamivudine and stavudine recovered were redistributed by CAMERWA. RPM Plus, in collaboration with SCMS, identified the need for two consultants to support CAMERWA specifically in the areas of warehouse management and active distribution. RPM Plus assisted with developing terms of reference for both consultants and provided draft outline of strategic and operational plans for active distribution.

RPM Plus supported the CPDS implementation committee by providing an orientation on the use of an Excel tool to monitor the distribution of reporting tools that are provided to ART sites. A refresher orientation on the quantification tool was provided to committee members. In preparation for the next procurement of ARVs, refresher quantification training is scheduled for April 17 and quantification begins on April 18. RPM Plus also continues its search for an appropriate individual to fill the position of CPDS coordinator.

In regards to the effective implementation of the decentralization policy, MSH/RPM Plus focused in the in the area of providing technical supervision and support to the 8 district pharmacists hired by RPM Plus and seconded to the MoH. The inauguration for all district pharmacists and pharmacies took place on January 30 in the District of Ruhango. The event was attended by representatives of nine districts, USAID, partners, RPM Plus, CAMERA, other stakeholders, and the Minister of Health. Since the inauguration, the district pharmacists have been engaged in various activities at the district level ranging from the preparation of their respective pharmacies for opening to actively operating the district pharmacies.

RPM Plus continued its support to eight hospitals that are in various stages of establishing DTCs in their respective hospitals. RPM Plus' TA resulted in two of the eight hospital holding their very first DTC meetings and adopting TOR for their respective DTCs. In addition, RPM Plus field staff during the latter part of February began the process of developing a comprehensive operational plan in collaboration with the PTF to conduct field visits to district and health center pharmacies to assess the current functioning of the district pharmacies relative to their readiness for active distribution and provide TA and training.

In February at the MoH technical meeting, MSH (RPM Plus/PBF) shared with various partners (Intrahealth, Rwanda National Malaria Control Program [PNILP], PNILT, and WHO) the integrated supervision tools it developed. The tools will be reviewed by a MoH consultant to assess the differences/similarities between the tools and the MoH norms and standards.

RWANDA - PMI

Overview

Rwanda is one of the high burden malaria countries in sub-Saharan Africa that was selected by the USG in May 2005 to benefit from the PMI. Malaria is the leading cause of morbidity and mortality in Rwanda, with over 1.4 million outpatient cases, 127,000 hospitalizations, and 888 deaths reported in 2005 (PNILP annual report 2005). Malaria caused nearly half of the cases and half of the deaths among the ten highest causes of morbidity and mortality in 2005. Children under five years of age are especially vulnerable; in 2005, they represented one-third of consultations and 40 percent of hospital deaths due to malaria.

In May 2005, USAID/PMI team conducted an initial assessment to identify appropriate areas for PMI investment in Rwanda. An important consideration was that Rwanda is the recipient of Rounds 3 and 5 of GFATM grant to support the national malaria control program, including the procurement of ACTs, training providers, and establishing a viable distribution system, among other activities. Based on the assessment findings and recommendations formulated during the country visits, RPM Plus activities will focus on two main technical objectives—

- Improving the case management and use of appropriate antimalarials
- Improving the supply and quality of antimalarials and related supplies

Major Activities this Quarter

Willy Kabuya, RPM Plus Regional Technical Advisor, participated in the PMI partners meeting in February and continued discussions with USAID mission and partners to develop and finalize the RPM Plus workplan. The job description for Senior Program Associate Position was developed and posted for applications.

Discussions are ongoing with CAMERWA to organize the active distribution of ACTs. So far, 42,000 treatments of 20 mg/ml and 33,000 treatments of 80 mg/ml artemether injectable were procured and stored at CAMERWA. Ongoing assistance is being provided in the process to order Coartem. Tables of quantified needs per district have been developed and made available. The draft quarterly distribution plan was developed with PNILP and CAMERWA. The next delivery planned to start mid-April 2007. Discussions are ongoing to realize the delivery of ACTs to the 30 districts. In addition, RPM Plus reviewed draft MIS tools for district level.

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 this Quarter

This quarter, RPM Plus continued to advance malaria activities in support of the national malaria program (PNLP). RPM Plus completed an antimalarial assessment through Global Fund bottleneck activity funding. Data collection tools were developed and circulated to partners for review before survey implementation. Data collection occurred over a ten-day period (Oct 16-26th, 2006). Data was analyzed and a workshop was held to share recommendations with stakeholders. Based on the results and recommendations generated from the assessment and

subsequent discussion with stakeholders, RPM Plus suggested installing a committee responsible for follow-up on the recommendations generated by the assessment. In addition to encouraging committee development, RPM Plus initiated contacts and discussed with partners from the Ministry of Health possible collaboration on the development of a district level drug management reporting tool to be used for monthly supervision.

In activities related to TB, RPM Plus participated in several meetings with stakeholders and partners to discuss options for providing technical assistance to the national TB program in response to the planned change in national policy in TB treatment to reduce the length of treatment. The national TB program coordinator met with RPM Plus and approved organization of a workshop led by RPM Plus focused on exploring pharmaceutical procurement options through the Global Drug Facility (workshop tentatively planned for April 2007). RPM Plus also participated in a dissemination meeting to discuss results of an external review of the national TB program. Recommendations generated from the review included improving the management of pharmaceutical products for the management of TB as well as developing a quality assurance system and a surveillance system to monitor HIV/TB co-infection and drug resistance.

All budget lines are now closed for Senegal activities and continuing support to ongoing activities will continue through core funding where appropriate.

SOUTH AFRICA

Overview

The mission of RPM Plus, as related to the USAID Presidential Emergency Plan in South Africa, is to strengthen national and provincial pharmaceutical services in order to adequately support the “Operational plan for comprehensive HIV and AIDS care, management and treatment for South Africa”. One of the main objectives of this Plan is to avoid the creation of vertical programs and to use the implementation of the Emergency Plan as an opportunity to strengthen the delivery of health services at all levels. The delivery of pharmaceutical services is one of the key components of the implementation of the “Comprehensive Plan” and includes accreditation of pharmacies at service points; the availability of a sufficient number of personnel who have the necessary competencies; procurement and distribution of appropriate medicines; pharmacovigilance; drug information and systems for the monitoring and evaluation of the aforementioned.

Using FY06 funding, RPM Plus will continue to focus on strengthening the National, Provincial and Metropolitan Pharmaceutical Departments to ensure the implementation and sustainability of the national Comprehensive Plan. This focus directly addresses the fact that the effectiveness of commodity management systems determines the success or failure of many public health programs. Unless essential quality commodities are available in the right quantities, where and when needed, and are used correctly, the objectives of providing quality care for the treatment and prevention of HIV and AIDS cannot be met.

RPM Plus will continue to build on MSH experience and the lessons learned under previous years funding including COP05. The program will continue to coordinate and collaborate with the Pharmaceutical Policy and Planning Cluster of the National Department of Health, USAID and local partners to address key pharmaceutical priority areas, at the national and provincial levels, aimed at strengthening an integrated commodity management system with the aim of improving access to and use of health commodities for the treatment and care of those affected by HIV and AIDS.

RPM Plus activities in South Africa can be categorized under the following technical objectives

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- To increase the capacity of health facilities (hospitals, community health centers and PHC clinics) located in the provinces and Metro areas to deliver quality responsive pharmaceutical services
- To improve the availability and the appropriate use of ARVs and HIV/AIDS- related commodities at service delivery points providing services to HIV and AIDS patients
- To improve the availability and accessibility of information on medicines used for HIV/AIDS treatment and prevention

Major Activities this Quarter

As part of activities to facilitate compliance with the new Medicines and Pharmacy Act and the Comprehensive Plan accreditation requirements, RPM Plus received a request during this quarter to provide support to the Department of Correctional Services to conduct an assessment of the pharmacies operated by the government department. In addition, the Limpopo Compliance Report was completed and submitted in January. RPM Plus also provided support for the licensing process of the Provincial Repackaging Facility in the North West province by providing assistance with guidelines, specifications, and SOPs.

RPM Plus continued to provide support to the National Department of Health in the implementation of the new Drug Supply Management System (DSMS). RPM Plus also participated in a meeting of the National Human Resources Task Team and is providing technical assistance with the drafting of the National Human Resources plan for pharmacy. In addition, RPM Plus facilitated two meetings of the Research and Development Task Team

During this quarter, RPM Plus attended the Annual South African Association of Hospital and Institutional Pharmacists conference held in March 2007 in the Drakensburg, Kwazulu Natal. RPM Plus staff made presentations on GFATM's support in Swaziland, and on pharmacovigilance—these presentations have helped increase the RPM Plus's visibility in the region. As part of efforts to implement medicine management computerized systems at the facility level as well as strengthen the capacity for the use of pharmaceutical information, the RxSolution was implemented in a number of provinces—Free State, Mpumalanga, Eastern Cape, and North West. The RxSolution manual is also being updated to reflect new enhancements and features included in the current version.

RPM Plus continues to provide support the Pharmacy and Therapeutic Committees (PTCs) and strengthen evidence-based principles for the selection of medicines by providing a three-day provincial PTC training which was held in January in Limpopo Province—a total of 17 people were trained. In March, assistance was also provided to the Western Cape province to hold a planning and orientation workshop for the newly appointed Provincial Committee, and in addition, a tool was developed to use to assess the committee's functionality. Support was also provided to the PTCs in Northern Cape and Mpumalanga. In February, an ICAT implementation workshop was held to provide guidance to pilot sites on how to implement the ICAT tools.

During this quarter, data from the pilot sites where the ARV adherence tools were be tested was analyzed. In addition, the adherence measuring tool was revised and presented to the NDOH.

SOUTHERN SUDAN

Overview

The Southern Sudan Interim Health Policy (Draft December 2005) mentions malaria as a particular challenge and gives priority to maternal and child health interventions. As a key step, the Government of South Sudan with inputs from key partners has drafted the first national Roll Back Malaria (RBM) strategic plan 2006 – 1011. Most national public health programs such as malaria control have been disrupted by several years of conflict; such programs will therefore require comprehensive support to achieve the expected health results while developing the technical, organizational and institutional capacities of their staff. In this context, USAID Sudan Field Office (SFO) has mandated RPM Plus, to provide support to the Ministry of Health in establishment of a functional NMCP. The support is part of the USAID SFO multi-sectoral strategy³ for infectious diseases including malaria.

The RPM Plus strategy is composed of a two pronged approach that builds the NMCP capacities while supporting its coordination within the Government and with the different actors involved in malaria activities. RPM Plus activities under USAID/G/BGH SSO5 focus on the following technical objectives:

1. Support the development of effective antimalarial drug policies at the global, regional and country level;
2. Enhance the understanding by policy makers of household and community antimalarial drug use by effective development of interventions for implementation of drug management;
3. Enhance the rational use of antimalarials through interventions at global, regional and country provider and user levels;
4. Enhance the capacity of prenatal services to improve the treatment and prevention of malaria in pregnant women.

Major Activities this Quarter

Supported NMCP to finalize the national RBM strategic plan 2006/7 – 2010/11. NMCP was also supported to integrate the updated case management guidelines into technical guidelines and to develop a national integrated vector management (IVM) strategy.

Support to roll out the new malaria treatment policy was provided in developing a roll out plan, support supervision checklists for all levels of health services and mapping of health partners for all 10 states.

Supported the NMCP to refine the core malaria indicators in the M&E plan and update its KAP study tools to include standard RBM indicators.

³ USAID Sudan Strategy Statement (2006-2008)

Facilitated the NMCP participation at the EARN annual malaria planning and review meeting and visiting the Tanzania pharmaceutical management system to share lessons and adopt best practices.

TANZANIA

Overview—Roll Out of Accredited Drug Dispensing Outlets

Following successful pilot program to transform Duka la Dawa Baridi (DLDBs) in Ruvuma, USAID provided funding to extend Accredited Drug Dispensing Outlets (ADDOs) program in Morogoro region. DLDBs constitute the largest network of licensed retail outlets for basic essential drugs in Tanzania. It is estimated that there are more than 4,600 DLDBs across all districts in the country; over 50 percent more than all public health facilities and 11 percent higher than all public, voluntary, and religious facilities combined. According to the Tanzania Food and Drug Administration, only 19 councils out of the 128 have at least a registered private pharmacy. In the absence of private registered pharmacies and with the critical shortage of essential medicines in public facilities still being experienced, what alternatives patients have other than using the existing DLDBs?

Patients continue to use drug outlets due to frequent stock outs of essential medicines in public health facilities, whereby 90 percent of patients who do not have their prescriptions completely filled by the public health facilities buy their drugs from the drug outlets, mostly from DLDBs. Nevertheless, although DLDBs provide this essential service, they are still not operating within the regulations as had been intended; prescription drugs that are prohibited for sale by the TFDA are invariably available for sale, quality cannot be assured, and the majority of DLDB's dispensing staff lack basic qualification, training, and business skills.

To date, the program has been able to establish a total of 479 accredited drugs outlets in Ruvuma (210); Morogoro 263 (Ulanga, 50; Kilombero, 114; Kilosa, 99); and 200 outlets for Mvomero and Morogoro rural districts will be accredited in the coming months.

General Comments on this Quarter Performance for ADDO and Pharmaceutical Management Initiatives

Implementation of activities as per plan and time line has not been very possible this quarter because of the program's very constrained financial position. Many activities had to be suspended waiting for the release of funds for COP 07. The following are a few activities which were covered during this quarter—

Training of ADDO Owners in Mvomero and Morogoro Rural Districts in Collaboration with MEDA (January 15–21 and 22–27, 2007)

A total of 257 owners have been trained in principles of good business, ADDO regulations, ethics, documentation, and community role in the fight against HIV/AIDS and Stigma. This is one of the major stages and a requirement to owners before accreditation.

Pre-qualification Examination for Prospective ADDO Dispensers (January 16–17, 2007)

A total of 285 candidates sat for the examination for the 257 ADDO applying outlets. The examination targets only those with basic training as nurse assistants. The exam eliminates or

reduces possible very weak candidates and increases the rate of success for the dispensers' course.

Technical Assistance to TFDA on ADDO TOTs to Support Rollout. (January 15–27, 2007)

Fifty-eight trainers were trained and qualified as ADDO-dispensers' trainers—11 out of this group were directly funded by RPM Plus and the majority was from the private sector. The training was co-sponsored by DANIDA. Establishing a core group of trainers will speed up roll out activities. Some of these trainers would be used in the training of dispensers in Morogoro, Rukwa, and Mtwara regions.

TFDA/MSH ADDO Coordination Team Meeting (February 3, 2007)

The meeting was conducted to discuss the status of implementation and progress of ADDO activities in Morogoro, Rukwa, and Mtwara region. A total of 13 participants from TFDA and MSH attended the meeting which was held at TFDA ADDO office. Major areas discussed included:

- Development of new generic MOU between MSH and MOH & SW now that ADDO intervention is being diversified including issues such as IMCI in ADDO, ACT in ADDO and HIV/AIDS related components.
- Discussed on a functional structure of the program including expansion of the Steering Committee to include other stakeholders and financing development partners.
- Reviewed the progress of roll out of the program in Morogoro, Rukwa and Mtwara, identified shortfalls and set next steps
- Underscored the importance of marketing the program to other development partners and local government, through a formation of a special task force to carry out this activity.

Supervision and data collection in ADDOs in Ruvuma region

In collaboration with TFDA and local governments in Ruvuma region, RPM Plus carried out a general supervision of the ADDO shops in the region aiming at providing supportive supervision to ADDO dispensers following training on basic principles of IMCI /Child Health in ADDOs as well as providing support to members of the Council Health Management Team (CHMT) in all districts to be able to carry out supervision in ADDOs. The activity was also combined with data collection on various aspects (utilization of essential medicines, how well does the decentralized regulation works etc) as part of M&E activity of ADDOs. During this supervision 210 ADDOs were visited and supervised and a range of basic data collected. The data is being analyzed now and will form part of the supervision report.

Overview—Strengthening HIV/AIDS Pharmaceutical Management

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

problems in the public facilities as well and, as a reaction to the recent regionalization approach, RPMPlus has extended its technical support to all facilities under other PEPFAR implementing partners if partners have indicated need of such support.

To make this sustainable beyond the program period MSH/RPM Plus program is also providing technical assistance to universities in East Africa to develop and coordinate a regional network of institutions to build capacity in general supply management of medicines and other commodities used for routine services and HIV/AIDS, tuberculosis, and malaria treatment programs.

Major Activities this Quarter

Training on computerized ART dispensing tool

A two-day training course on computerized ART dispensing tool was organized and held February 6–7, 2007, at MSH/RPM Plus offices, Dar es Salaam. A total of 21 participants attended, including 12 dispensing staff from 11 ART sites, representatives from MUCHS-RTRC, Care and Treatment Unit of NACP and USG partners' institutions which included Clinton HIV/AIDS Initiative (CHAI), Muhimbili University College of Health Sciences–Dar es Salaam City Council–Harvard School of Public Health collaboration) and MSH/RPM Plus. The activity was aimed at strengthening pharmaceutical management information system for HIV/AIDS related medicines.

Adaptation of SOPs for ART Pharmaceutical Management

RPM Plus supported the National AIDS Control Program (NACP) in adapting generic SOPs for ART pharmaceutical management. The first draft of SOPs was shared with NACP. The activity will be followed by stakeholders meeting to review the draft SOPs before finalizing them.

Participation in Regional Training Resource Collaboration Planning Meeting

RPM Plus participated in pre-assessment planning meeting for MTP activities under the collaboration. The meeting was attended by members from NACP, Muhimbili University College of Health Sciences, and data collectors. The assessment tool was reviewed and modified accordingly and was then pre-tested in one hospital. The tool will be used in baseline survey of 12 ART sites before implementation of MTP activities and evaluating their impact.

Consultative Meetings with NACP

A consultative meeting was held between MSH/RPM Plus and NACP Manager Dr. Swai and with NACP pharmaceuticals contact person to discuss RPM Plus support provided so far in strengthening pharmaceutical management system for HIV/AIDS at facility level. NACP appreciated and showed great interest in what MSH/RPM Plus has been able to achieve through working with other USG partners.

Overview—Implementation of IMCI through ADDOs in Tanzania

In Tanzania, malaria, pneumonia and diarrhea are the main causes of morbidity and mortality in young children. Together they account for over 50 percent of all cases of childhood morbidity and mortality (Health Statistics Abstract, Ministry of Health, 1995). Private health service providers such as ADDO play a major role in the management of sick children in Tanzania, and

they are often cited as the first port of call for treatment when parents/caretakers seek care for their sick children.

In July 2006, the Ministry of Health and Social Welfare approved the implementation of IMCI through established ADDOs in Ruvuma and Morogoro regions as an entry point for involving the private sector in IMCI in the spirit of public-private partnership. MSH is working collaboratively with TFDA to implement the strategy by providing technical guidance and to assist in strategy development and program implementation, both in improving the availability of health commodities and pharmaceutical services rendered to sick children who seek medical care in ADDOs.

The goal of IMCI in ADDOs is to help quickly reduce child mortality and improve the well-being of children through improved practices of ADDO dispensers with regards to common childhood conditions of malaria, acute respiratory infections (ARI), and diarrhea. The IMCI implementation in ADDOs has three major components—training and continuing education, community mobilization, and monitoring and supervision.

Major Activities this Quarter—Child Health Survival

Incorporation of IMCI through ADDOs in the ADDO General Training Manual

IMCI through ADDOs was successfully incorporated into the general ADDO dispensers' skill set through the training manual's sixth module for the purpose of rolling out its implementation together with the ADDO program rollout in Morogoro and subsequent regions. This has made it possible for all of the 58 ADDO dispensers' trainers who had undergone training would also become trainers for IMCI through ADDOs.

Planning for Community Mobilization for Child Health Survival

Joan Schubert, a communication specialist from BASICS, together with staff from MSH Dar es Salaam office, and Centre for the Evaluation of Effective Malaria Interventions developed a plan for Community Mobilization for CHS to involve Electronic and print media to disseminate results and address issues that emerged from the baseline survey in Ruvuma and Morogoro regions. A dissemination meeting for stakeholders and a workshop with electronic media people will both be held in mid-April 2007.

Review of ADDO Supervision Checklist

The previously existing supervision checklist did not include the child health component. With the final training of ADDO dispensers in Ruvuma region and the start of implementation of IMCI through ADDOs, it was necessary to review and update the checklist. It was reviewed and CHMT members of the five districts of Ruvuma region oriented on its use.

ADDO Supportive Supervision

The aim of supportive supervision in the implementation of IMCI in ADDOs is to determine the status of performance and assist in bridging the performance gap of IMCI trained ADDO dispensers with regard to the practices in attending a child who is suffering from Malaria, ARI and Diarrhea diseases.

Specifically this supportive supervision is aimed at—

- Providing technical support to CHMTs and strengthening their capacities to successfully carry out supervision of ADDOs on quarterly basis using a structured checklist
- Reviewing various records established within ADDOs and collect data as part of M&E system for performance monitoring. This includes data/information in the following areas—
 - District profiles, patient attendance, consumption of selected pharmaceutical products, availability of IEC materials and other health products distributed through ADDOs for malaria, IMCI, HIV/AIDS, and reproductive health
- Discussing with ADDO owners on business management and the link to MFI as established by MEDA and assess improvement or challenges in their business
- Reviewing inspection reports and assessing regularity of carrying out inspection
- Distributing working tools (IEC material, monthly report forms, and referral forms to ADDOs that did not have them
- Interacting with dispensers to check their knowledge and skills on dispensing practices

A team of supervisors comprising of 10 individuals comprising of those from national level and program (MoH and SW, TFDA, and RPM Plus) and four persons from each of the respective district took part in supervision activity conducted from February 4 to March 6, 2007, in the five districts of Ruvuma.

Coverage and Implementation Status of ADDO Program in Ruvuma District

All wards in Songea Municipal and Songea Rural have at least one ADDO with an exception. Nevertheless, the business community needs to be encouraged to establish more ADDOs in underserved wards of Namtumbo and Tunduru districts where the coverage is still low. The premises are clean and tidy. Rooms have adequate spaces and medicines are generally well stored. There is high adherence to regulations probably due to regular inspections done by members of Ward Drug and Food Committee and District Drugs and Food Committee (DDFC). Pharmaceutical services are being provided by dispensers approved by TFDA to carry out dispensing practices in all outlets and they have their certificates and IDs displayed for easy reference. However, very few ADDOs have more than one dispenser; this situation leads into overworking the dispenser and negatively affects her/his performance. It is also a reaction of the businessmen to low income generated through sales which hardly can cover salaries for two dispensers.

Inclusion of ADDO Program in the Council Comprehensive Health Plan

To ensure sustainability of ADDO activities, MSH/TFDA have been working with local government to incorporate the program activities into their regular plan. Mbinga district has managed to include some activities of ADDO program in the Council Comprehensive Health Plan and allocated some funds. The rest of the districts are planning to include them in the financial year 2007/2008. MSH/TFDA will closely monitor this to happen and assist them technically.

Recording and Reporting in ADDOs

Data is being collected in many ADDOs; tools for collecting data are available in almost all the ADDOs with a few exceptions. These include patient registers, inspection report forms, expired drug forms, cash books, analysis books, and others. During their basic training, dispensers are

taught on data management (collection, compilation, keeping). However, there is gross under-recording, especially in the patient attendances and drug utilization. The following factors could be contributing to this prevailing situation—

- Weak monitoring and supervision that do not create demand for data, thus both the owners and dispensers do not see the importance of collecting, keeping, and forwarding it to higher levels
- Fear of Tanzania Revenue Collectors raise the shops' taxes
- Negligence among main actors, in this case the dispensers and the owners

Inspection Activities

Inspectorate activities within the ADDO program are being carried out well and regularly. There has been capacity development that is enabling them to perform. However, the inspection by the WDFC needs to be emphasized, so that the activity becomes more localized rather than depend on availability of persons from the district level.

Status of Dispensers' Knowledge and Skills in Dispensing Practices

Generally the dispensers are showing adequate levels of knowledge and skills in attending sick children with malaria, ARI and diarrhea. This has been shown through answering supervisors' questions and through the records in the patient register books in the column of classification of diseases. The following was observed to be happening—

- Many dispensers are classifying childhood illnesses according to IMCI format
- They are able to identify and distinguish mild from severe conditions of sick children; they adequately mention the general danger signs. Strikingly enough, some could mention all the 10 general danger signs for children aged younger than two months
- Currently they are appropriately referring those who need referral to nearby health facilities
- Dispensers provide appropriate information and counseling to caretakers with regards to childhood illnesses.

ADDO dispensers are showing that they provide high quality service and are reliable partners in the efforts to speed up the reduction of U5MRs in Ruvuma and where else they exist. However, for those dispensers who are performing poorly, supportive supervision and close follow-up by CHMT members needs to be institutionalized, strengthened, and supported both technically and financially.

Availability of Medicines and Related Health Commodities on the ADDO List

Of the 37 authorized prescription medicines as part of essential medicines to be sold through the ADDOs, on average it is above 75 percent of the listed medicines being stocked. However, some ADDOs stock fewer types of these medicines, thus not making essential medicines easily available to communities they serve. Most likely the reason for this is the actual low stable market demand for these types of drugs. Medicines missing with great frequency are—

- Cardiovascular (antiarrhythmic)
- Antiepileptics and antifungals
- Other commodities like the ITNs

Distribution of IEC materials

One of the functions of ADDOs other than that of facilitating access to quality medicines is to act as centers for dissemination of information to communities they serve.

- Dispensers are trained to give appropriate health information to the public
- Posters are posted on the walls of ADDOs for the public to read messages on various health issues
- Fliers are distributed to people who seek services from the ADDOs
- IEC materials such as posters and flyers were distributed to ADDOs during supervision. These included 190 posters for posting on the walls
 - 190 Mtoto mgonjwa
 - 190 Degedege
 - 190 Tambua mapema dalili za malaria
 - 190 Dawa mseto ni dawa sahihi ya malaria
 - 190 Utaona malaria kwa kumaliza dozi ya dawa mseto

Flyers

- 2,000 IMCI mother's cards
- 2,000 Maziwa ya mama
- 1500 Matibabu ya mtoto mgonjwa nyumbani
- 4000 Matibabu ya dawa mseto za malaria

Overview—PMI Support to Malaria Control in Tanzania

In 2005, the USG conducted a rapid assessment in Tanzania and in March 2006 asked the RPM Plus Program to provide technical support for the implementation of the PMI in Tanzania. In the context of the national policies, the RPM Plus/PMI program activities will support the NMCP's ACT policy implementation through private sector distribution of subsidized ACTs through the ADDO program, and will support TFDA to strengthen pharmacovigilance systems in the country with the view of monitoring possible adverse drug reactions (ADR) including those due to ACTs.

RPM Plus strategy in this program can be summarized into two objectives namely to improve the supply and quality of antimalarials and related supplies and improving the management and use of antimalarials in particular through the private sector, using the accredited drug outlets.

Major Activities this Quarter

Support private sector subsidized ACT delivery through ADDO programs

- Designed a specific sticker for the ADDO-distributed ACT as part of efforts to monitor for leakage and discouraging the potential pilferage and unauthorized sale of subsidized ACT to other outlets. The design was shared with USAID/PMI and Novartis.
- Developed distribution plan of ACT in ADDO, including identification of sub-distributors in Songea and Morogoro regions.
- Drafted memorandum of understanding with national ACT distributor (Pyramid Pharma Ltd) was shared with the distributor and MSH contract office for review.

- Submitted WHO order submission form to USAID/PMI for processing Coartem order. Ordering process under way.
- Developed sensitization materials for regional officials (RS/RHMT), District officials (CHMT/DDTC) and ADDO owners on ACT policy
- Adapted training materials for ADDO dispensers to capture the recording and reporting mechanism (monitoring) of ACTs in ADDO.
- Sensitized 17 members of RS/RHMT, 73 members of CHMT/DDTC, and 155 ADDO owners on ACT policy implementation and distribution of subsidized ACT through ADDOs in Ruvuma region
- Trained 290 ADDO dispensers in Ruvuma region on ACT policy implementation and distribution of ACTs through ADDOs including recording and reporting mechanism.
- Held discussion with PSI on social marketing activities for ACT in ADDOs. Budget was presented by PSI and reviewed to accommodate major activities basing on the available funds.

Supporting TFDA in Undertaking ADR Monitoring and Pharmacovigilance

- Developed sensitization materials for regional and district officials and ADDO owners on ADR monitoring in pilot districts of Songea Urban/Rural–Ruvuma region, Ulanga and Kilombero–Morogoro region.
- Developed guidelines and SOPs for distribution and collection of ADR reporting forms
- Sensitized 17 members of regional officials, 73 district officials, 155 ADDO owners, and 154 ADDO dispensers on ADR monitoring in Ruvuma region
- Trained 97 health workers from public, voluntary agencies; private health facilities; and 146 ADDO dispensers from the pilot districts of Songea Urban and Rural, Ruvuma region on ADR monitoring

Other Malaria-Related Activities

- Participated in the first ALU monitoring and supportive supervision visit in Singida and Dodoma regions as part of four teams comprising of members from NMCP, MSD, and Pharmaceutical Services Unit of MoH and SW. The teams visited 4 MSD zonal stores, 11 regional and 22 district hospitals.
- Participated and presented implementation status of PMI funded activities to the NMCP-PMI partners meeting.
- Participated in a joint meeting with TFDA and NMCP and discussed issues related to distribution of subsidized ACT through ADDOs with main emphasis on implementation of the program, rescheduling of ACT from POM to OTC and exemption of 2 percent importation fee for ACT in ADDOs
- Compiled documents for RPM Plus activities under PMI plans and submitted to USAID/PMI for audit review

Overview—AMR and Quality Assurance

The use of poor quality antimicrobials continues to be a major public health concern in developing countries, as they play a key role in the treatment of major infectious diseases such as malaria, tuberculosis, and HIV/AIDS. Poor quality antimicrobials present a substantial barrier to

providing proper clinical care, often leading to decreased treatment effectiveness, increased morbidity and even mortality, and the development of antimicrobial resistance (AMR). The key factor contributing to poor quality medicines is weak pharmaceutical quality assurance (QA) systems. A good QA system has many interlinked components, which must be applied in concert to be effective. The major challenge for many resource-limited countries is priority – how best to allocate limited resources to accommodate the greatest needs in both technical (e.g., registration, laboratory testing, inspection, etc.) and managerial (e.g., laboratory management, documentation, training, etc.) areas of regulation.

The AMR program of RPM Plus has developed a wide range of initiatives, designed to contain AMR by improving the quality of antimicrobials. RPM Plus strategic objective is “Support the development of policies and strategies at the national and local levels to improve antimicrobial drug use and subsequently slow the spread of AMR.”

RPM Plus strategic objectives for AMR are—

- Support the development of policies and strategies at the national and local levels to improve antimicrobial drug use and subsequently slow the spread of AMR.
- Increase capacity of decision-makers, managers, service providers and health institutions to effectively prevent and manage infectious diseases in order to contain AMR

Major Activities this Quarter

Technical Assistance to the Pharmaceutical Regulatory Authority of Zambia (PRA) to Establish a Medicine QA System

During second quarter, we provided technical assistance to PRA by developing SOPs and work instructions for structured Port of Entry (POE) inspection. To add further to the SOPs, in this quarter we developed a training module for PRA inspectors for POE inspection and Minilab screening. After PRA agreement on the training module, we conducted a five-day training for nine people, seven of them being PRA inspectors, one from Churches Hospital Association of Zambia (CHAZ), and another from the National Scientific and Industrial Research Institute (NISRI). The CHAZ trainee is the responsible for quality assurance of medicines purchased and distributed by the organization which serves about 60 percent of all health facilities in rural Zambia. The NISRI trainee was trained as a back-up for PRA in case the POE inspector is not able to perform screenings as the institute is located nearest to the airport and the PRA Minilab is located at the premises of this institute. After the training, monitoring tools were developed for PRA and also a draft implementation plan defining priority target drugs and were developed for both PRA and CHAZ.

Development of Densitometry Validation Methods

Thin layer chromatography method offers a possibility of high throughput analysis and screening of fake or grossly substandard medicines. The method, however, suffers from deficiency that the detection of the chromatographic spots is based on visual acuity of the personnel performing the screening. The use of high performance thin layer chromatographic methods coupled with densitometry for detection maintains the high throughput and inexpensive, and it improves reliability to support a regulatory action.

We are providing technical assistance to the TFDA, in collaboration to with the School of Pharmacy to develop analytical methods for seven drugs: antibiotics (co-trimoxazole),

antimalarials (amodiaquine and artemether/lumefantrine) and ARVs (nevirapine and zidovudine/lamivudine). During this quarter we have been able to develop an analytical method for quinine with adequate and acceptable precision, accuracy, and linearity. The method has already been transferred to the TFDA quality control laboratory for inter-laboratory confirmation of precision, accuracy, and linearity before being adopted for official use. In addition, we have already obtained methods with acceptable specificity for determination of nevirapine and co-trimoxazole finished dosage forms. The determination of precision, accuracy, and linearity is ongoing.

Technical Assistance to the TFDA to Strengthen Zonal Minilab Centers

During the MSH/SEAM /TFDA Quality Assurance project implementation, the TFDA was able to expand its regulatory reach by establishing regional Minilab centers in different areas of the country (based on zones) to focus on post-marketing surveillance as means to improve market compliance. However, after the end of the project, the centers did not perform as expected mainly for structural reasons. There were no clearly outlined reporting structures and the regional authority did not feel ownership of the centers thus failing to ensure availability of human resources for screening activities. A proposal has been written to TFDA recommending working with one center to develop improved reporting system M&E tools and sensitizing regional leaders with objective of building center ownership. This month, TFDA has principally agreed to the proposal and we are working on detailed implementation plan.

Pharmacovigilance—Technical Assistance to TFDA to Strengthen ADR Reporting

Training materials for health workers and ADDO dispensers in addition to sensitization materials for Regional and Council Health Management Teams on drug safety monitoring have been developed and shared with partners, such as TFDA, NMCP and IHRDC for concurrence. The materials have successfully been used for training health workers and ADDO dispensers and also to sensitize R/CHM members in Ruvuma region during ACT implementation in ADDO sensitization and training in the region (as is included in PMI report). Currently, the material used for Ruvuma is being reviewed to for improvement to make it better and include lessons learned during the Ruvuma training before being used in Kilombero/Ulangua training and sensitization.

TANZANIA—PEPFAR

Overview

Roll Out of Accredited Drug Dispensing Outlets (ADDOs)

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

Although they provide an essential service, DLDBs are not operating as had been intended; prescription drugs that are prohibited for sale by the TFDA are invariably available for sale, quality cannot be assured, and the majority of DLDBs dispensing staff lack basic qualification, training, and business skills. In response to these problems, the TFDA and MoH developed a new approach to improve access to quality-assured non-prescription and a limited number of prescription drugs from regulated and properly operated drug outlets staffed by trained drug dispensers' services in rural and peri-urban areas. The success of TFDA/MSH/SEAM collaborative pilot program in establishing a network of Accredited Drug Dispensing Outlets (ADDOs) in Ruvuma region led the MoH and TFDA to roll out the program throughout the country.

The proposed roll out for ADDO in Morogoro and other regions in Tanzania would run in two phases: first introduce the basic elements of ADDO and phase two would focus on incorporating Child survival and HIV/AIDS prevention, treatment and care components.

Strengthening Pharmaceutical Management in Mission Hospitals

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

As part of this strategy, MSH/RPM Plus will provide technical support to Christian Social Services Commission (CSSC) and Mission for Essential Medical Supplies (ELCT/MEMS) affiliated hospitals to strengthen pharmaceutical management (quantification, forecasting, RMU, information management, etc.) in support of HIV/AIDS national response. CSSC represents a group of 81 Lutheran, Catholic, and Anglican hospitals in Tanzania. In view of the regionalization approach, RPM Plus will also collaboratively work together with implementing partners to provide TA to strengthen pharmaceutical management in the facilities for which they are responsible. This means RPM Plus activities widen from only CSSC/ELCT/MEMS affiliated hospitals to any hospital (government or NGO) in the country as requested by any of the implementing partners.

Major Activities this Quarter

Implementation of activities as per plan and time line has not been very possible this quarter because of very constrained financial position of the program. Many activities had to be suspended waiting for the release of funds for COP 07.

Activities Related to ADDO

RPM Plus facilitated a Training of ADDO owners in Mvomero and Morogoro rural districts in collaboration with MEDA (January 15–21, and 22–27, 2007). Also in January, A total of 285 dispenser candidates sat for the Pre-qualification examination for Prospective ADDO Dispensers of 257 ADDO applying outlets. 58 trainers were trained and qualified as ADDO-dispensers' trainers, 11 out of this were directly funded by RPM Plus the majority being from the private sector. The training was co-sponsored by DANIDA and RPM Plus. Establishment such a core group of trainers will speed up roll out activities. Some of these trainers would be used in the training of dispensers in Morogoro, Rukwa, and Mtwara regions.

A TFDA/MSH ADDO coordination team meeting was conducted in February to discuss the status of implementation and progress of ADDO activities in Morogoro, Rukwa, and Mtwara region. A total of 13 participants from TFDA and MSH attended.

RPM Plus in collaboration with TFDA and local governments in Ruvuma region carried out a general supervision of 168 ADDO shops in the region aiming at providing supportive supervision to ADDO dispensers following training on basic principles of IMCI/Child Health in ADDOs as well as providing support to members of the Council Health Management Team (CHMT) in all districts to be able to carry out supervision in ADDOs. The activity was also combined with data collection on various aspects (utilization of essential medicines, how well does the decentralized regulation works etc) as part of M&E activity of ADDOs.

Activities related to strengthening HIV/AIDS pharmaceutical management system -

A two day training course on computerized ART dispensing tool was conducted in February. A total of 21 participants attended, including 12 dispensing staff from 11 ART sites, representatives from MUCHS-RTRC, Care and Treatment Unit of NACP and U.S. G partners' institutions. The activity aimed at strengthening pharmaceutical management information system for HIV/AIDS related medicines.

RPM Plus Supported NACP in adaptation of generic MSH SOPs for ART Pharmaceutical management. The first draft of SOPs was shared with NACP. The activity will be followed by stakeholders meeting to review the draft SOPs before finalizing them.

RPM Plus participated in pre-assessment planning meeting for Monitoring Training and Planning (MTP) activities under RTRC. Also attended were members from NACP, Muhimbili University College of Health Sciences, and data collectors. The assessment tool was reviewed and modified accordingly and was then pre-tested in one hospital. The tool will be used in baseline survey of 12 ART sites before implementation of MTP activities and evaluating their impact.

RPM Plus Activities and Products Status Report

A consultative meeting was held between MSH/RPM Plus and NACP Manager Dr. Swai and with NACP pharmaceuticals contact person to discuss RPM Plus support provided so far in strengthening pharmaceutical management system for HIV/AIDS at facility level.

TANZANIA - PMI

Overview

In 2005, the U.S. Government conducted a rapid assessment in Tanzania and in March 2006 asked the 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 NMCP's 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 ADRs including those due to ACTs.

RPM Plus is currently providing technical support to Tanzania for the implementation of ACTs 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).

RPM Plus strategy under the Tanzania PMI country program focuses on the following technical objectives—

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

Major Activities this Quarter

- The quantification assessment report to determine ACT needs for approximately 400 ADDOs in Ruvuma and Morogoro regions was finalized. Annual estimates of 661,393 treatment courses of artemether-lumefantrine have been determined.
- Identified a potential pharmaceutical wholesaler/distributor in Dar es Salaam for distribution of ACT through ADDOs. The terms, scope of work, and financial implications have been discussed with the wholesaler/distributor and forwarded to RPM Plus contract office and the PMI team.
- Developed pricing mechanism and determined the price of ACT through ADDOs—the price determination was based on operation costs, port clearance including destination inspection fee, storage and distribution, incentives for regional distributors and ADDOs and percentage recovery of FOB value of procured ACT. The prices of 1,500 Tanzanian shillings (TZS)/treatment course for adults and TZS 500 for children were shared with NMCP, PSU, and TFDA.

- Developed ACT distribution plan, in which there will be one main distributor in Dar es Salaam and at least one in each region where ADDOs have been accredited. Terms and scope of work for each have been developed.
- TFDA management approved the proposed work plan for pharmacovigilance (PV) implementation. A PV working group has been formed and started working on the planned PV activities in the two selected pilot districts (Ulanga and Kilombero).
- 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 consumption data related to ACT distribution and use at facility level
- In support of the ACT Policy Implementation, supported and facilitated training of 139 pharmaceutical personnel in the districts of Arusha, Dodoma, Mtwara, Lindi, Shinyanga, Kagera, Mara, Mwanza, Manyara, Kilimanjaro and Tanga Regions
- NMCP requested MSH/RPM Plus to participate in preparation of launching of ACT in Tanzania; the launching is scheduled for 15th January 2007.
- Participated in PMI coordination meeting and discussed the progress of implementation of activities under PMI funding, challenges, possible solutions and next steps.

UGANDA - PMI

Overview

RPM Plus assistance is solicited to support and strengthen the distribution of insecticide-treated bed nets 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 (NMS) and Joint Medical Stores and will benefit malaria case management and prevention at the community and health facility levels. While

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.

RPM Plus activities under the Uganda PMI country program focus the following technical objectives:

- 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 NMS costs of handling and distribution of 261,200 PMI-procured treatment doses of Coartem.
- To provide technical support to the Uganda MoH 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

- Assisted the NMS in updating the SOPs for picking and packing medicines, sales order processing, and receiving medicines; the SOPs are currently under consideration for adoption by NMS management
- Supported the NMCP to carry out a rapid survey to ascertain malaria attendances by collecting data (from 20 representative districts) based on Coartem use by age groups; the data will help ascertain the adequacy of ACT orders by health facilities and in reviewing of procurement quantities
- Assisted the NMCP in the development of a two-year operational plan for antimalarial medicines procurement, storage, and distribution
- Supported the NMCP and pharmacy department to develop a tool for routine collection of Coartem consumption by age group for incorporation into the national HMIS system
- Finalized the report of the workshop conducted by RPM Plus and National Drug Authority (NDA) for developing guidelines and road map for the phasing out chloroquine and other monotherapies; the report will be distributed following approval by the NDA

- As a member of the national supplies logistics committee, contributed to leverage GFATM resources for national chloroquine and sulfadoxine-pyrimethamine phase out coordinated with ACT phase in, national harmonized quantification and national planning for phasing out chloroquine and other monotherapies
- Assisted the national logistics committee in developing a plan and timeline for the national rollout for ACTs in the community
- Developed a concept paper for improving ACTs access through the private sector
- Worked with the NMCP to prepare the GFATM round 7 proposal

VIETNAM

Overview

In June 2004, Vietnam was selected as the 15th country to receive USG assistance under PEPFAR; 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 MoH 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.

Major Activities this Quarter

During this quarter, RPM Plus focused on completing activities and transitioning operations from RPM Plus to SCMS by April 1, 2007, consistent with the decision to fund only SCMS activities in COP07 in Vietnam.

Throughout the quarter, RPM Plus and SCMS staff continued to hold regular pharmaceutical management status update meetings with the MOH, USG partners, and other donors. Meetings focused on general pharmaceutical management problem resolution to site-specific issues. Examples of topics discussed include monthly meetings with USG partners, a review and explanation of ARV patient costs for 2006, lab reagent supply, methadone supply, pharmaceutical management issues at specific clinics, and rational use of ARVs and medicines for opportunistic infections.

RPM Plus and SCMS/Vietnam staff currently support ARV management for 40 USG-supported (PEPFAR) clinics. Staff coordinates closely with the Ministry of Health, Clinton Foundation, and GFATM on quantification, training, distribution, and technical assistance. The Vietnam Administration for HIV/AIDS Control (VAAC) requested that SCMS work closely with the Global Fund and other partners to help streamline distribution of ARVs through a single distribution center, CPC#1. This is consistent with RPM Plus recommendations since the inception of the project in Vietnam

RPM Plus began monthly site monitoring visits in early 2006 to all USG-supported ART sites. RPM Plus staff share reports of these visits with facility staff, and with USG partners that are supporting those sites. A review of ARV monthly stock reports from USG-supported sites showed that expired medicines stocks are less than 1 percent of the total stock. This is remarkable given that there are 35 pediatric and 19 adult drug protocols in use.

To facilitate further scale up of activities and to improve the site monitoring visits, RPM Plus conducted a review and analysis of the substance and consistency of the monthly monitoring reports submitted following regular visits to USG-supported sites. Analysis showed several frequently reported issues related to shipping, temperature maintenance and monitoring, medicines monitoring, record keeping, and tools or other resources required by sites to improve and expand existing procedures. The analysis also showed a need for a standardized checklist to improve consistency of monitoring and reporting amongst sites and between the team of field pharmacists. RPM Plus adapted the checklist from other RPM Plus country programs for the purposes of (1) evaluating site readiness, (2) providing consistency in observations and reporting among existing staff and to facilitate follow-up, (3) using as a training tool for new field pharmacists, and (4) identifying common pharmaceutical management issues that could be addressed through training site staff or other means.

As planned under RPM Plus and SCMS, MSH took possession of new HCMC offices and immediately began refurbishing the space. Establishing an MSH office in HCMC is advantageous since approximately two-thirds of the PEPFAR ARV commodities are distributed in southern Vietnam. This office will allow the team to provide monitoring support to USG-supported sites and direct product importation to HCMC, which will increase cost effectiveness.

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 three 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\$153,857,808.

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 8 obligations, cumulative funds obligated, quarter four expenditures, in addition to the cumulative to-date (October 1, 2000 to March 31, 2007) expenditures of US\$124,025,680 by funding source.

The RPM Plus cooperative agreement stipulates that MSH should cost-share an amount not less than US\$21,000,000 over the life of the program. As of March 31, 2007, 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.

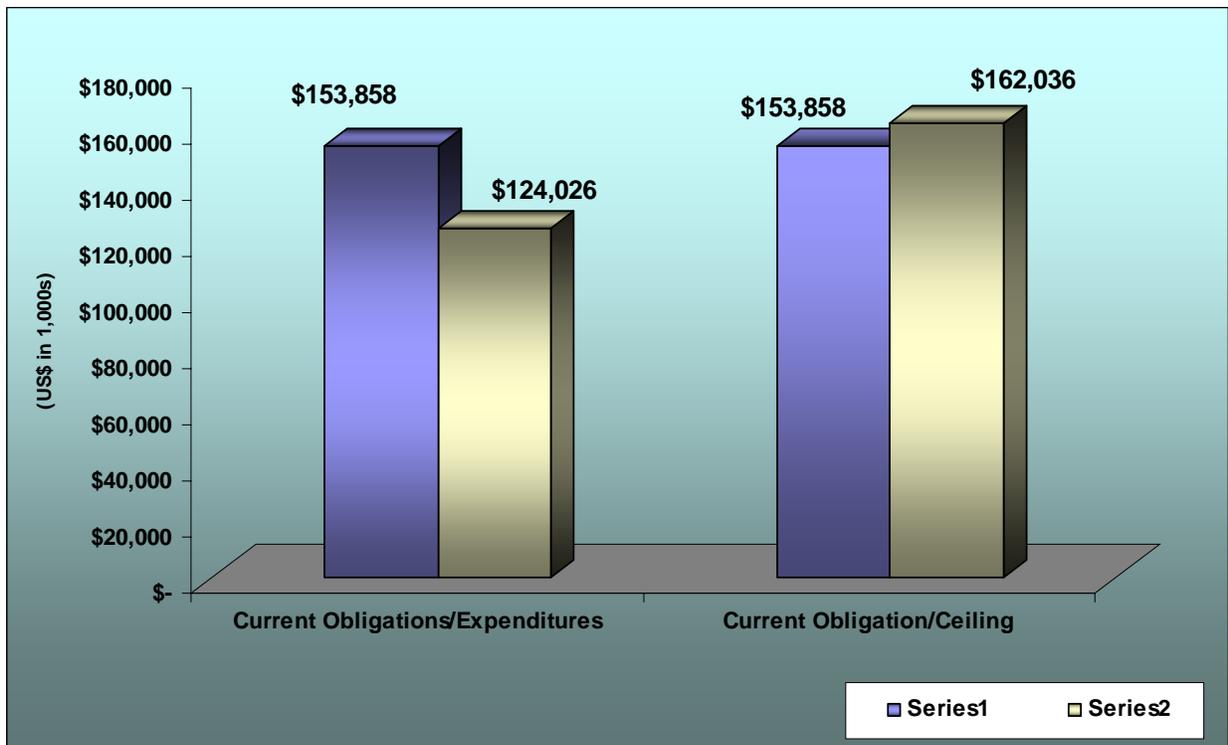
RPM Plus Activities and Products Status Report

**Rational Pharmaceutical Management Program Plus
Fiscal Data; Close of Fiscal Year 06, Quarter 2
HRN-A-00-00-00016-00**

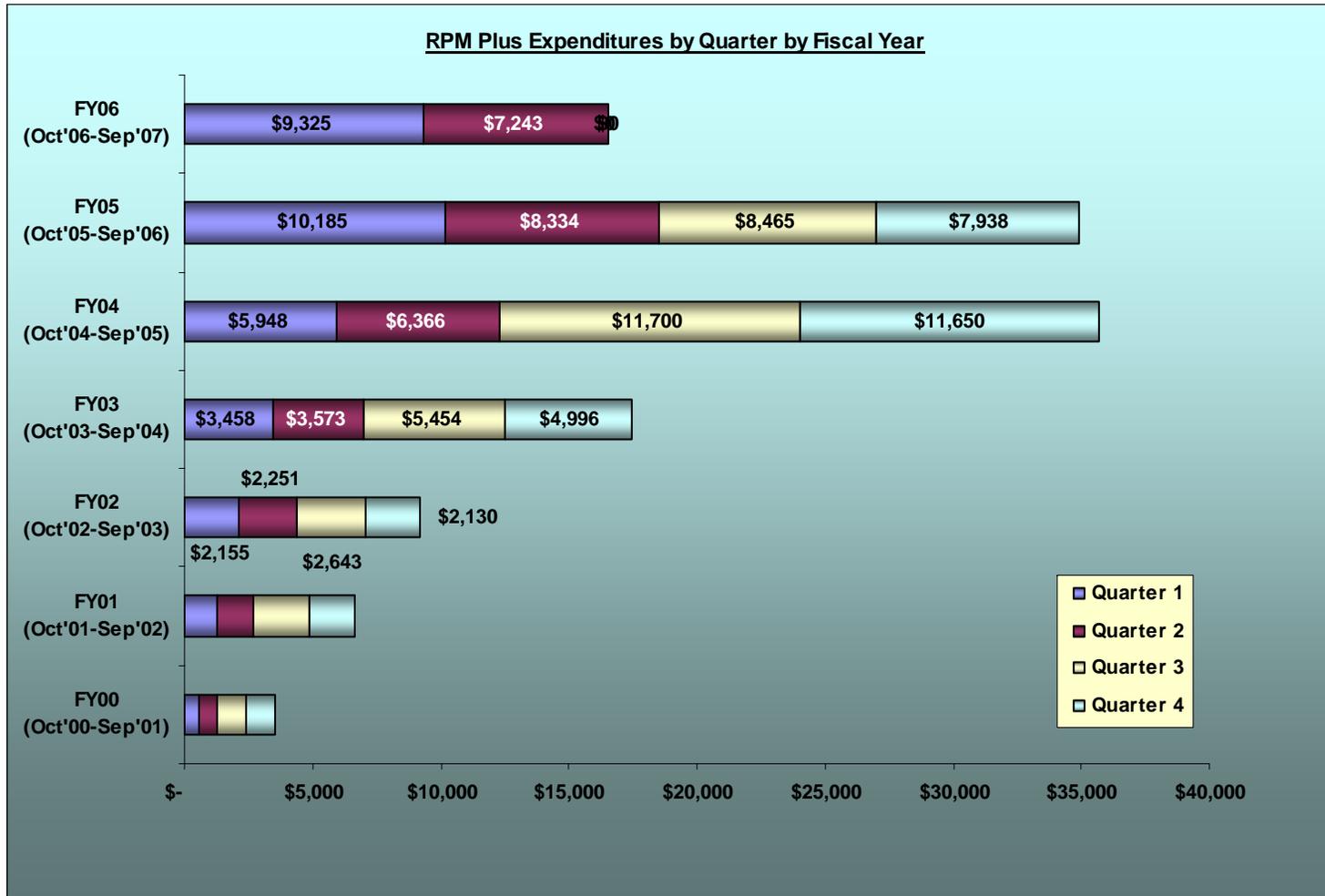
Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Total Obligated Year 3	Total Obligated Year 4	Total Obligated Year 5	Total Obligated Year 6	Total Obligated Year 7	Total Obligated Year 8	Cummulative Obligated 31-Mar-07	Q2 Expenditures Jan-Mar 2007	Grand Total Spent 31-Mar-07	Grand Total Remaining 31-Mar-07
Core													
SO1: POP	Core	\$ 100,000				\$ 250,000				\$ 350,000	\$ 6,097	\$ 387,308	(\$37,308)
SO2: Maternal Health	Core	\$ 275,840	\$ 354,000	\$ 230,000	\$ 200,000	\$ 230,000	\$ 349,450	\$ 315,000		\$ 1,954,290	\$ 84,959	\$ 1,467,285	\$487,005
SO3: Child Survival	Core	\$ 269,440	\$ 587,000	\$ 573,280	\$ 745,000	\$ 725,000	\$ 292,100	\$ 950,000		\$ 4,141,820	\$ 258,722	\$ 3,232,104	\$909,716
SO4: Sub Total		\$ 200,000	\$ 650,000	\$ 900,000	\$ 1,300,000	\$ 800,000	\$ 500,000	\$ 1,220,000	\$ -	\$ 5,470,000	\$ 381,554	\$ 4,493,824	\$976,176
SO5: ID/AMR Core	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	\$ 391,840	\$ 7,007,344	\$1,149,493
SO5: Malaria Core	SO5: Malaria Core		\$ 420,000			\$ 866,725	\$ 297,000			\$ 1,583,725	\$ 162,327	\$ 1,518,726	\$64,999
SO5: Malaria/MAC Core	SO5: Malaria/MAC Core			\$ 1,325,000	\$ 1,150,000	\$ 1,600,000	\$ 1,100,000			\$ 5,175,000	\$ 231,475	\$ 4,713,625	\$461,375
SO5: ID/TB Core	SO5: ID/TB Core	\$ 410,333	\$ 810,000	\$ 1,200,000	\$ 1,250,000	\$ 1,188,000	\$ 1,290,000	\$ 1,120,000		\$ 7,288,333	\$ 300,608	\$ 6,360,331	\$908,002
SO5: Sub Total		\$ 984,720	\$ 2,405,000	\$ 3,730,000	\$ 3,600,000	\$ 5,174,725	\$ 4,169,450	\$ -	\$ -	\$ 22,183,895	\$ 1,086,251	\$ 19,600,027	\$2,583,868
Common Agenda	Core	\$ 800,000	\$ 1,030,538	\$ 1,650,000	\$ 973,000	\$ 773,000	\$ 800,000	\$ 773,940		\$ 6,800,478	\$ 223,525	\$ 6,286,480	\$513,998
Mainstreaming	Core					\$ 135,000	\$ 62,510	\$ 123,500		\$ 321,010	\$ 25,583	\$ 157,146	\$163,864
Core		\$ 2,630,000	\$ 5,026,538	\$ 7,083,280	\$ 6,818,000	\$ 8,087,725	\$ 6,173,510	\$ 5,402,440	\$ -	\$ 41,221,493	\$ 2,076,691	\$ 35,624,174	\$5,597,319
Bureau/Field Support Funds													
LAC/SPO-PMTCT	FS					\$ 1,200,000				\$ 1,200,000	\$ 854	\$ 1,097,911	\$102,089
Africa Bureau Sub Total		\$ 290,000	\$ 700,000	\$ 250,000	\$ 650,000	\$ 250,000	\$ 70,000	\$ -	\$ -	\$ 2,210,000	\$ 17,707	\$ 1,800,419	\$409,581
Asia/Near East Bureau/ID	FS	\$ 200,000	\$ 150,000	\$ 590,000	\$ 400,000	\$ 200,000	\$ 200,000			\$ 1,740,000	\$ 144,046	\$ 1,803,468	(\$63,468)
RDMA Sub Total		\$ -	\$ -	\$ -	\$ -	\$ 780,000	\$ 600,000	\$ 600,000	\$ -	\$ 1,980,000	\$ 29,394	\$ 160,185	\$1,819,815
G/PHN NGOs/OFDA	FS	\$ 50,000						\$ 120,000		\$ 170,000	\$ 20,171	\$ 115,492	\$54,508
E and E Bureau	FS		\$ 235,000	\$ 685,000	\$ 505,000	\$ 40,000	\$ 50,000			\$ 1,515,000	\$ 50,407	\$ 1,093,779	\$421,221
REDSO Sub Total		\$ 300,000	\$ 315,000	\$ 320,000	\$ 800,000	\$ 725,000	\$ 340,000	\$ 357,000	\$ -	\$ 3,157,000	\$ 149,977	\$ 3,092,783	\$64,217
WARP Sub Total		\$ -	\$ -	\$ -	\$ 250,000	\$ 340,000	\$ 500,000	\$ 150,000	\$ -	\$ 1,240,000	\$ 65,398	\$ 1,046,954	\$193,046
LAC Bureau Sub Total		\$ 195,000	\$ 101,571	\$ 510,000	\$ 780,000	\$ 660,000	\$ 650,000	\$ 600,000	\$ -	\$ 3,496,571	\$ 166,158	\$ 2,294,231	\$1,202,340
Bureau		\$ 1,035,000	\$ 1,501,571	\$ 2,355,000	\$ 3,385,000	\$ 4,195,000	\$ 2,410,000	\$ 1,827,000	\$ -	\$ 16,708,571	\$ 643,111	\$ 12,505,222	\$4,203,349
Regional Mission Funds													
MAC Mission Funding													
REDSO	FS			\$ 50,000	\$ 25,000	\$ 175,000	\$ 100,000			\$ 350,000	\$ 5,837	\$ 311,707	\$38,293
Democratic Rep. Of Congo	FS			\$ 10,000		\$ 200,000	\$ 100,000			\$ 310,000	\$ 12,149	\$ 308,127	\$1,873
Ghana	FS			\$ 125,000	\$ 150,000	\$ 150,000	\$ 425,000			\$ 1,013	\$ 346,075	\$78,925	
Kenya	FS			\$ 50,000	\$ 84,500	\$ 200,000	\$ 334,500			\$ 0	\$ 349,462	(\$14,962)	
Madagascar	FS				\$ 75,000	\$ 100,000	\$ 150,000			\$ 325,000	\$ 66,365	\$ 215,087	\$109,913
Mali	FS					\$ 100,000	\$ 125,000			\$ 225,000	\$ 39,959	\$ 223,948	\$1,052
Nigeria	FS			\$ 100,000						\$ 100,000	\$ 0	\$ 101,762	(\$1,762)
Rwanda	FS			\$ 25,000						\$ 25,000	\$ 0	\$ 16,612	\$8,388
Senegal MAARD	MAARD			\$ 100,000			\$ 150,000			\$ 250,000	\$ 0	\$ 242,226	\$7,774
Sudan	FS						\$ 400,000			\$ 400,000	\$ 190,766	\$ 388,511	\$11,489
WARP	FS			\$ 38,750		\$ 191,250				\$ 230,000	\$ 5,201	\$ 235,511	(\$5,531)
MAC Mission Funding Sub Total		\$ -	\$ -	\$ 498,750	\$ 334,500	\$ 1,116,250	\$ 1,025,000	\$ -	\$ -	\$ 2,974,500	\$ 321,291	\$ 2,739,047	\$235,453
Albania	FS		\$ 300,000		\$ 100,000		\$ 500,000	\$ 1,000,000		\$ 400,000	\$ 2,127	\$ 290,409	\$109,591
Armenia	FS									\$ 1,500,000	\$ 135,767	\$ 852,748	\$647,252
Central Asia Regional	FS				\$ 100,000					\$ 100,000	\$ 79	\$ 94,583	\$5,417
Kazakhstan	FS		\$ 50,000							\$ 50,000	\$ 0	\$ 53,629	(\$3,629)
Kyrgyzstan	FS		\$ 50,000	\$ 50,000						\$ 100,000	\$ 258	\$ 84,886	\$15,114
Moldova	FS		\$ 100,000			\$ 175,000				\$ 275,000	\$ 5,749	\$ 248,335	\$26,665
Romania	FS		\$ 150,000							\$ 150,000	\$ 0	\$ 236,504	(\$86,504)
Tajikistan	FS			\$ 50,000						\$ 50,000	\$ 169	\$ 37,989	\$12,011
Turkmenistan	FS		\$ 91,208							\$ 91,208	\$ 0	\$ 81,551	\$9,657
Uzbekistan	FS		\$ 108,792	\$ 100,000	\$ 100,000					\$ 308,792	\$ 367	\$ 279,285	\$29,507
Brazil	MAARD				\$ 798,000	\$ 350,000	\$ 250,000	\$ 400,000		\$ 1,798,000	\$ 61,108	\$ 1,419,017	\$378,983
Dominican Republic	MAARD		\$ 103,389	\$ 100,000		\$ 100,000	\$ 100,000	\$ 30,000		\$ 433,389	\$ 12,999	\$ 353,072	\$80,317
Haiti Sub Total		\$ -	\$ 110,000	\$ 100,000	\$ 1,390,000	\$ 1,950,000	\$ 3,750,000	\$ -	\$ -	\$ 7,300,000	\$ 2,799	\$ 6,886,283	\$413,717
Honduras Mission	FS	\$ 30,000	\$ 50,000							\$ 80,000	\$ 0	\$ 58,059	\$21,941
Mexico	FS						\$ 49,957			\$ 49,957	\$ 12,244	\$ 47,344	\$2,613
Nicaragua	FS			\$ 100,000	\$ 150,000	\$ 394,581	\$ 90,000	\$ 50,000		\$ 784,581	\$ 40,314	\$ 711,812	\$72,769
Peru Mission	FS	\$ 100,000								\$ 100,000	\$ 0	\$ 107,017	(\$7,017)
Bangladesh Mission	FS	\$ 100,000								\$ 100,000	\$ 0	\$ 65,235	\$34,765
Cambodia	FS			\$ 150,000	\$ 100,000	\$ 150,000				\$ 400,000	\$ 40,670	\$ 402,613	(\$2,613)
India	FS					\$ 276,000				\$ 276,000	\$ 0	\$ -	\$276,000
Nepal	FS		\$ 413,000	\$ 300,000						\$ 713,000	\$ 0	\$ 704,070	\$8,930
Vietnam	FS					\$ 1,000,000	\$ 2,847,000			\$ 3,847,000	\$ 184,873	\$ 3,858,269	(\$11,269)
Angola PMI	FS							\$ 100,000		\$ 600,000	\$ 118,026	\$ 217,103	\$382,897
Malawi	FS								\$ 200,000	\$ 200,000	\$ 49,687	\$ 80,235	\$119,765
Benin	MAARD						\$ 50,000			\$ 50,000	\$ 7,243	\$ 49,254	\$746
Benin-Malaria	MAARD						\$ 30,000			\$ 30,000	\$ 0	\$ 34,826	(\$4,826)
Ethiopia Sub Total		\$ -	\$ -	\$ -	\$ 3,500,000	\$ 3,000,000	\$ 22,300,000	\$ 7,586,000	\$ -	\$ 36,386,000	\$ 879,403	\$ 27,321,359	\$9,064,641
Kenya Sub Total		\$ -	\$ -	\$ -	\$ 1,737,000	\$ -	\$ 2,194,850	\$ 4,496,000	\$ -	\$ 8,427,850	\$ 1,063,117	\$ 5,511,567	\$2,916,283
Namibia Sub Total		\$ -	\$ -	\$ -	\$ 835,000	\$ 1,177,000	\$ 1,742,100	\$ 1,970,795	\$ -	\$ 5,724,895	\$ 331,134	\$ 5,880,626	\$144,269
Rwanda Sub Total		\$ -	\$ -	\$ -	\$ 1,600,000	\$ 665,000	\$ 1,938,109	\$ 2,809,465	\$ 50,000	\$ 7,082,574	\$ 743,988	\$ 5,966,593	\$1,095,981
Senegal	MAARD				\$ 150,000	\$ 150,000				\$ 300,000	\$ 0	\$ 314,873	(\$14,873)
South Africa Sub Total		\$ -	\$ -	\$ -	\$ 1,000,000	\$ 1,400,000	\$ 2,550,000	\$ 3,600,000	\$ -	\$ 8,550,000	\$ 699,014	\$ 6,630,642	\$2,919,358
Sudan								\$ 600,000		\$ 600,000	\$ 12,833	\$ 20,876	\$579,124
Tanzania Sub Total		\$ -	\$ 1,150,000	\$ 1,440,000	\$ -	\$ 2,590,000	\$ 263,611	\$ 2,270,613	\$319,387				
Uganda PMI	FS							\$ 300,000		\$ 300,000	\$ 119,833	\$ 265,609	\$34,391
Uganda - MAC Core	FS							\$ 200,000		\$ 200,000	\$ -	\$ -	\$200,000
Uganda Sub Total		\$ -	\$ 500,000	\$ -	\$ 500,000	\$ 119,833	\$ 265,609	\$24,391					
Zambia Sub Total		\$ 100,000	\$ 280,000	\$ 780,000	\$ 1,865,000	\$ -	\$ -	\$ -	\$ -	\$ 3,025,000	\$ 288	\$ 3,02	

Rational Pharmaceutical Management Plus Financial Status Overview
Cumulative Expenditure activity through March 31, 2007

Total Funding Received to date:	\$153,857,810
Total Amount Spent to date:	\$124,025,680
Pipeline:	\$29,832,130
Percent of Funds Spent:	80.61%
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 March 31, 2007**



RPM Plus Activity and Product Status Report

Selection Criteria: Reporting Year = Project Year 7 Reporting Quarter = Q2

Workplan: Global Fund Bottleneck-HIV **Year** 06
Activity Title: Vietnam - enhance the quality of TB pharmaceutical procurement and management.
Activity Manager: Citysoft Admin **Activity #:** 5 **Task:** A1WW06GFH **Subtask:** 60CXH5
Activity Description: Activity 1: Standardize TB procurement process and build capacity and skills of procurement team MSH/RPM Plus will: -Review existing bidding documents for procurement -Revise bidding documents for procurement according to international recommendations and Vietnam national regulation. - Develop training materials to build capacity and skills on procurement including tender process and management, supplier selection, negotiations, contracting, quality assurance etc -Train procurement staff using training materials. Training to include second line TB drugs procurement requirements Activity 2: Develop standard operating procedures drug distribution, distribution planning and build capacity and skills of TB staff MSH/RPM Plus will: -Investigate and explore feasibility of rationalizing buffer stock levels -Investigate feasibility of introducing a second inventory records at stores -Develop SOPs for drug distribution processes. Content of SOPs will include; procedures for receiving supplies, inventory management, etc -Review distribution planning guidelines and processes for TB drugs and materials for central, regional, provincial and district levels
Planned Products TB Pharmaceutical Supply System Analysis in Vietnam January 22 to February 14, 2007: Trip Report; procurement and bidding documents; distribution SOPs; M&E materials and supervisory check list; distribution planning materials for pharmaceuticals and lab commodities,

Activity/Product Progress

Constraints to Progress

Next Steps

Workplan: Global Fund Bottleneck-Malaria **Year** 06
Activity Title: Nigeria-Provide TA to the Global Fund Primary Recipient and Sub-recipient to develop management and procurement plans for malaria commodities
Activity Manager: Citysoft Admin **Activity #:** 2 **Task:** A1WW06GFM **Subtask:** 60C2H2
Activity Description: Since the Nigerian partners are in the process of requesting a merger of Round 2 and 4 grants, the request for technical assistance will address the totality of the two grants. Deliverables expected A) Principal Recipient (Yakubu Gowon Centre): 1. Provide skills in detailed programme management (planning, commodity supply management, monitoring and evaluation) B) Sub-Recipient (National Malaria Control Program): 1. Develop plans for policy dissemination and implementation for Case management, MIP and ITN. 2. Plans/guides for supportive supervision and post training follow up for malaria control specifically and health care generally. 3. Plans for a functional procurement and supply chain management especially with the new policy of ACTs, LLINs and IPT. 4. Plans for M&E integration with National Health Management Information System (NHMIS) and a linkage with the PR TA reports, Policy implementation documents, Manuals, guidelines,
Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

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 coordination with POPPHI and existing networks
Activity Manager: Ndyanabangi, Bannet **Activity #:** 2 **Task:** A1WW05RPH **Subtask:** 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.

Planned Products Presentation Materials, Trip Reports,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007	Uterotonics Information Sheets were translated into French for Mali GATPA Stakeholders Meeting and posted on RPM Plus and POPPHI websites. Work commenced on the research on the use of misoprostol in AMSTL comprising a	
Project Year 7 Q2		

Last Updated: 2007-04-12 16:08:00.0

Workplan: Maternal Health **Year** 05
Activity Title: Provide technical assistance on pharmaceutical management components of the POPPHI Global Survey.
Activity Manager: McCollum, Jennifer **Activity #:** 3 **Task:** A1WW05RPH **Subtask:** 60F5H3
Activity Description: Continuing collaboration with POPPHI partners, RPM Plus will continue to support the POPPHI Global Survey of current AMTSL practices in West Africa. Through this process, RPM Plus will identify potential areas for technical assistance to improve the availability and management of uterotonics. This activity will take place throughout the year.

Planned Products Trip Reports, Assessment Tools, AMTSL Study Findings from Benin,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007	RPM Plus has worked with Ghana Health Services to identify and contract a lead investigator, Dr. Osei Ivy. Ethical approval has been obtained in Ghana and the process of collecting birth data	
Project Year 7 Q2		

Training of data collection teams is scheduled for April with data collection to be completed by end of May.

Last Updated: 2007-07-05 13:48:00.0

Workplan: Maternal Health **Year** 05
Activity Title: Working with local government and professional institutions to provide technical assistance in pharmaceutical management of Uterotonics in selected Leopold, Jennifer **Activity #:** 4 **Task:** A1WW05RPH **Subtask:** 60F5A4
Activity Description: RPM Plus will work with national MoH, USAID and partners to facilitate a national dissemination of study findings. In coordination with POPPHI partner intervention initiatives, RPM Plus will identify needs for technical assistance in proper management of uterotonics necessary for AMTSL. Assistance may include workshops for health providers in commodity management of uterotonics; the development and distribution of job aids, for the storage and use of uterotonics in addition to other activities to improve the availability and use of high-quality medicines to prevent postpartum

Planned Products Trip Reports, Workshop Reports,

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March Project Year 7 Q2	Discussions and planning for the Dissemination meetings in Benin have		Continued planning and dissemination planned for next quarter.
Last Updated: 2007-07-05 13:53:00.0			

Workplan: Maternal Health **Year** 06
Activity Title: Support implementation of interventions in two to four selected countries to improve the management of uterotonics in support of expanded AMTSL
Activity Manager: Leopold, Jennifer **Activity #:** 2 **Task:** A1WW06RPH **Subtask:** 60F5H2
Activity Description: In addressing these challenges, RPM Plus will work with the MoHs and partner agencies currently working to expand AMTSL to support their current efforts. This may include working at the national and/or the facility level, with the central medical stores to improve storage practices and estimation of needs, providing assistance with facility-level quantification and training, and incorporating pharmaceutical management issues in pre- and in-service Trip Reports, Training Reports and Materials,

Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	RPM Plus attended a national one-day meeting, Monday February 12th, in Bamako, MALI to launch prevention of postpartum hemorrhage (PPH) activities. During this meeting, RPM Plus presented on the "Management of Uterotonics for GATPA" and participated in the Drug and Logistics Working Group. While in Mali, RPM Plus also met with partners from the MOH (DPM, PPM, and Division of Reproductive Health) and with		Based on identified gaps as they relate to availability and storage of uterotonics, RPM Plus will coordinate with partners and propose areas for TA to Mali MoH, DSR.
Project Year 7 Q2			
Last Updated: 2007-03-28 15:18:00.0			

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 to appropriately manage utero-tonics for AMSTL at facility and district level.
Activity Manager: McCollum, Jennifer **Activity #:** 3 **Task:** A1WW04RPH **Subtask:** 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.
Planned Products Assessment Tools, Trip Reports, Study Proposal,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007
 Analysis of Benin AMTSL Study data is nearly complete. Preliminary findings have been discussed with MoH and PPH Working group under POPPHI, as part of a larger presentation of the Global Survey findings. RPM Plus to facilitate dissemination strategy with MoH, USAID mission, bi-lateral and other partners and

Last Updated: 2007-03-28 15:22:00.0

Workplan: Child Survival **Year** 04
Activity Title: Mainstreaming health systems strengthening
Activity Manager: Briggs, Jane **Activity #:** 8 **Task:** A1WW04CHS **Subtask:** 60AXH8
Activity Description: n/a
Planned Products Pharmaceutical management component of the health systems survey.,

Activity/Product Progress **Constraints to Progress** **Next Steps**

January 1 2007 to March 31 2007
 This quarter, Save the Children shared their final report on boticas comunales (communal pharmacies in remote communities) activities and expressed interest in RPM Plus to review and

RPM Plus will continue to provide technical assistance to the boticas comunales program and the Save the Children team in Bolivia as appropriate, including the review of materials.

Last Updated: 2007-04-12 16:18:00.0

January 1 2007 to March 31 2007
 This quarter, Grace Adeya, and Katie Senauer traveled to Tanzania to participate in the first Partnership for Maternal, Newborn and Child Health (PMNCH) Partner?s forum meeting (17-20 April). In addition to attending this important meeting, Grace Adeya and Katie Senauer used the opportunity in Tanzania to provide technical support to current RPM Plus activities in Tanzania (refer to A1WW05CHS 60A2H2 for further information concerning activities in Tanzania). During the PMNCH meeting, RPM Plus participated in the Non-Governmental Organization (NGO) constituency meeting as well as the working group sessions for the Monitoring & Evaluation group and the Effective Interventions group. At the working group meetings participants

Refer to A1WW06CHS 60F6H8 for continuing activities. This budget line is now closed.

Project Year 7 Q2

discussed the Terms of Reference for

Last Updated: 2007-07-20 15:29:00.0

Workplan: Child Survival **Year** 01
Activity Title: Revision of the DMCI Tool.
Activity Manager: Adeya, Grace **Activity #:** 2 **Task:** A1WW01CHS **Subtask:** 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.
Planned Products A district DMCI tool for problem identification and monitoring (manual and analysis software), Revised DMCI tool (manual, guide, and software) in

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March
Project Year 7 Q2

RPM Plus has reviewed comments and has begun final revisions of the district

RPM Plus will incorporate the comments received and finalize the revisions to the D-DMCI and DMCI tools.

Last Updated: 2007-04-12 15:58:00.0

Workplan: Child Survival **Year** 01
Activity Title: Produce a DMCI training materials package.
Activity Manager: Adeya, Grace **Activity #:** 3 **Task:** A1WW01CHS **Subtask:** 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.
Planned Products Training materials package in English and French, Training package,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March
31 2007
Project Year 7 Q2

This budget line is closed. All continuing work developing the DMCI training materials will occur under A1 WW04CHS

This budget line is now closed. The curriculum will be revised in line with the DMCI revisions under A1 WW04CHS 60F6M4 funding.

Last Updated: 2007-04-13 10:26:00.0

Workplan: Child Survival **Year** 03
Activity Title: Developing interventions guide to improve child survival drug management at community level
Activity Manager: Adeya, Grace **Activity #:** 3 **Task:** A1WW03CHS **Subtask:** 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.
Planned Products Intervention Guide for improving use and availability of medicines for child health in the community.,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007
 Project Year 7 Q2

This quarter, Harvard completed the second review of the interventions guide and is currently simplifying the language and shortening the length of the manual before sending the finalized version to

World Health Organization staff will review the revised guide (after Harvard completes the second review) and the guide will be finalized. Additionally, the draft will be reviewed by field staff to incorporate perspectives from the field.

Last Updated: 2007-04-13 08:58:00.0

Workplan: Child Survival **Year** 03
Activity Title: Implement community drug management interventions in the LAC region
Activity Manager: Adeya, Grace **Activity #:** 7 **Task:** A1WW03CHS **Subtask:** 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

Planned Products Trip report of strategy planning workshop containing recommendations report of Peru C-DMCI survey, Report of Peru C-DMCI survey in French and

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007
 Project Year 7 Q2

This quarter, revisions continued on the English translation of the Peru C-DMCI report.

RPM Plus will complete the English translation of the Peru C-DMCI report and disseminate to partners and stakeholders, where appropriate (the Spanish version has already been disseminated).

Last Updated: 2007-04-12 16:06:00.0

Workplan: Child Survival **Year** 03
Activity Title: Development of the Commodity Tracking Tool for child survival
Activity Manager: Briggs, Jane **Activity #:** 10 **Task:** A1WW03CHS **Subtask:** 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.

Planned Products

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007
 Project Year 7 Q2

From discussion with USAID it was decided that commodity tracking is not a priority for USAID CS funds. The report of the commodity tracking in two countries was shared with partners and the consultants in the study countries.

In case the Partnership for Maternal, Newborn and Child Health (PMNCH) Monitoring and Evaluation working group request further support from RPM Plus on commodity tracking, any future commodity tracking activities will be reported under FY06 activities.

Last Updated: 2007-04-13 08:59:00.0

Workplan: Child Survival **Year** 04
Activity Title: Technical activity coordination and monitoring
Activity Manager: Adeya, Grace **Activity #:** 1 **Task:** A1WW04CHS **Subtask:** 97XXY1
Activity Description: n/a
Planned Products

Activity/Product Progress **Constraints to Progress** **Next Steps**

January 1 2007 to March 31 2007
 Project Year 7 Q2

This quarter standardized monthly and quarterly reporting of child survival

Last Updated: 2007-04-12 16:11:00.0

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: Adeya, Grace **Activity #:** 2 **Task:** A1WW04CHS **Subtask:** 60CXH2
Activity Description: Promote the roll-out of zinc treatment for diarrhea in public and private facilities of specific countries.
Planned Products

Activity/Product Progress **Constraints to Progress** **Next Steps**

January 1 2007 to March 31 2007
 Project Year 7 Q2

This budget line is now closed. All zinc activities are now reported in

Continuing activities are reported under A1WW05CHS 60BXH6.

Last Updated: 2007-04-12 16:13:00.0

Workplan: Child Survival **Year** 04
Activity Title: Implement private sector initiatives in Tanzania.
Activity Manager: Adeya, Grace **Activity #:** 3 **Task:** A1WW04CHS **Subtask:** 60AXH3
Activity Description: RPM will provide technical assistance to improve access to child health medicines in intervention areas through community mobilization and improved service delivery through the private sector. Activities will include implementation of a package of interventions focusing on child health as part of the ADDO program in Tanzania. Core funds will also be used to support a Mission funded activity in Senegal, working with sales assistants of private Baseline assessment on child health practices., A package of materials for training of ADDO workers in Tanzania, including a child health training module and job aids., Trip reports,
Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	This budget line is now closed. All Tanzania private sector activities are reported under A1 WW05CHS 60A2H2. Continuing private sector activities in other areas (including Senegal and		This budget line is closed. Refer to A1 WW05CHS 60A2H2 and A1 WW06CHS 60A2H4 for continuing private sector activities.
Project Year 7 Q2			Last Updated: 2007-04-12 16:15:00.0

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

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	RPM Plus was in contact with WHO AFRO representatives regarding several points of potential collaboration and integration of pharmaceutical management into WHO ongoing activities. The integration of key points of pharmaceutical management for child health into the IMCI clinical training course as well as into training modules for WHO and MOH staff was discussed. WHO AFRO is now in the process of developing child survival Program		RPM Plus will follow up with the WHO focal people to collaborate on revising the Resource Management Module of the WHO Child Survival Program Management Training Guidelines to include pharmaceutical management components. In addition, RPM Plus will send the finalized versions of the training in store management and inventory control developed for Senegal to the WHO focal person for revision of the IMCI training course.
Project Year 7 Q2			Last Updated: 2007-04-13 13:58:00.0

Workplan: Child Survival **Year** 04
Activity Title: Global advocacy for pharmaceutical management in child survival programs
Activity Manager: Adeya, Grace **Activity #:** 6 **Task:** A1WW04CHS **Subtask:** 60GXD6
Activity Description: Promote pharmaceutical management for child health as an item on international agendas.
Planned Products Trip reports, Reports of meetings,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007

This quarter, MSH was accepted as an official member of the Partnership for Maternal, Newborn and Child Health (PMNCH). In addition to this, RPM Plus participated at several important global level meetings including: an update meeting on PMNCH activities and plans, the Global Health Council sponsored event "Affordable Interventions to Save Children's Lives", and the Newborn

As members of the PMNCH, Grace Adeya and Katie Senauer will participate in the first PMNCH Partner's Forum Meeting (17-10 April 2007) in Dar es Salaam, Tanzania. During this meeting RPM Plus will further explore their role in the Partnership working groups.

Project Year 7 Q2

Last Updated: 2007-04-12 16:17:00.0

Workplan:

Child Survival

Year 04

Activity Title:

Mainstreaming health systems strengthening

Activity Manager:

Briggs, Jane

Activity #: 8 **Task:** A1WW04CHS **Subtask:** 60AXH8

Activity Description:

n/a

Planned Products

Pharmaceutical management component of the health systems survey.,

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007

This quarter, Save the Children shared their final report on boticas comunales (communal pharmacies in remote communities) activities and expressed interest in RPM Plus to review and

RPM Plus will continue to provide technical assistance to the boticas comunales program and the Save the Children team in Bolivia as appropriate, including the review of materials.

Project Year 7 Q2

Last Updated: 2007-04-12 16:18:00.0

January 1 2007 to March 31 2007

This quarter, Grace Adeya, and Katie Senauer traveled to Tanzania to participate in the first Partnership for Maternal, Newborn and Child Health (PMNCH) Partner's forum meeting (17-20 April). In addition to attending this important meeting, Grace Adeya and Katie Senauer used the opportunity in Tanzania to provide technical support to current RPM Plus activities in Tanzania (refer to A1WW05CHS 60A2H2 for further information concerning activities in Tanzania). During the PMNCH meeting, RPM Plus participated in the Non-Governmental Organization (NGO) constituency meeting as well as the working group sessions for the Monitoring & Evaluation group and the Effective Interventions group. At the working group meetings participants discussed the Terms of Reference for

Refer to A1WW06CHS 60F6H8 for continuing activities. This budget line is now closed.

Project Year 7 Q2

Last Updated: 2007-07-20 15:29:00.0

Workplan:

Child Survival

Year 05

Activity Title:

Technical activity coordination and monitoring

Activity Manager:

Adeya, Grace

Activity #: 1 **Task:** A1WW05CHS **Subtask:** 97XXY1

Activity Description:

This activity includes technical activity coordination, workplan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007
Project Year 7 Q2

This budget line is now closed. All continuing TA activities are reported

Refer to A1 WW04CHS 97XXY1 for continuing activities.

Last Updated: 2007-04-12 16:24:00.0

Workplan:

Child Survival

Year 05

Activity Title:

Private sector initiatives - Tanzania

Activity Manager:

Adeya, Grace

Activity #: 2 **Task:** A1WW05CHS **Subtask:** 60A2H2

Activity Description:

RPM Plus will work with partners to implement a package of interventions focused on child health as part of the Accredited Drug Dispensing Outlet (ADDO) program in Tanzania. The package consists of community demand creation, capacity building to improve quality of care provided at outlets, oversight and regulation and monitoring and evaluation. RPM Plus will work with the BASICS project on the implementation of this package. The child health package (IMCI in the ADDOs), once it has been developed and evaluated, will be incorporated into the national ADDO program.

Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	This quarter private sector activities progressed in Tanzania, with the incorporation of a child health training module into the standardized ADDO dispenser's training manual. The child health training manual is just one piece of the entire child health component (IMCI in the ADDOs) that will be implemented as part of the ADDO program. As part of IMCI in the ADDOs, the final reports on the qualitative research and baseline quantitative survey from the Centre for Enhancement of Effective Malaria Interventions (CEEMI) were received and reviewed by RPM Plus and BASICS. The reports will require additional revisions before dissemination with a broader audience. Joan Schubert from BASICS visited Tanzania (19-25 January, 2007) to help plan for the community mobilization part of the IMCI in the ADDOs component. In		In Tanzania, the final reports of the analysis of the baseline assessment and formative research will be completed and disseminated. The training materials will be translated into English from Swahili. A supervision mechanism will be developed and the supervision checklist used in the field will be revised. The final report from the supervision visits will be completed. The entire child health package will be incorporated into the ADDO program. RPM Plus will continue to support the TFDA in strategic planning for the national roll-out of ADDOs. In addition, Grace Adeya, Katie Senauer of RPM Plus and Joan Schubert of BASICS will visit Tanzania in April 2007 to attend the Partnership for Maternal, Newborn and Child Health (PMNCH) Partners' meeting and to participate in the dissemination workshops of the formative research results and begin the community mobilization piece of the child health component in the ADDOs.
Project Year 7 Q2			

Last Updated: 2007-04-12 16:26:00.0

Workplan: Child Survival **Year** 05
Activity Title: Private Sector Initiatives
Activity Manager: Adeya, Grace **Activity #:** 3 **Task:** A1WW05CHS **Subtask:** 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

Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March Project Year 7 Q2	This budget line is now closed. All continuing activities are reported under		This budget line is now closed, refer to A1 WW06CHS 60EXH5 for continuing activities.

Last Updated: 2007-04-12 16:27:00.0

Workplan: Child Survival **Year** 05
Activity Title: Community case management of ARI and malaria

Activity Manager: Adeya, Grace **Activity #:** 5 **Task:** A1WW05CHS **Subtask:** 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

Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	Activity/Products Progress This budget line is now closed. All activities related to the CCM Essentials Guide chapter are reported under A1WW06CHS 60EXH5.		This budget line is now closed. Refer to A1 WW06CHS 60EXH5 and A1 AB03CHS 60E3H5 for continuing activities.
Project Year 7 Q2	All continuing CCM activities in DRC are		

Last Updated: 2007-04-12 16:29:00.0

Workplan: Child Survival **Year** 05
Activity Title: TA to support the roll-out of zinc treatment for diarrhea management
Activity Manager: Adeya, Grace **Activity #:** 6 **Task:** A1WW05CHS **Subtask:** 60BXH6
Activity Description: RPM Plus will technical support the introduction of treatment of diarrhea with zinc as necessary. The technical assistance will be in the form of developing and revising global and national guidelines and other guidance documents on the implementation of zinc treatment, review of job aides globally and nationally for health care workers in the public and private sector, and participating in the development of a generic assessment tool for

Planned Products

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007

This quarter, in DRC and Indonesia, RPM Plus provided support for integration of the revised WHO/UNICEF diarrhea management guidelines including zinc treatment into national policies. In DRC, RPM Plus participated in a national MOH workshop (10-12 January, 2007) financed by UNICEF to discuss plans for supporting promotion of the new ORS formulation and zinc treatment for diarrhea management with partners including (AXxes, BASICS, Helen Keller International, and WHO). RPM Plus presented key points of developing collection tools for the upcoming situational analysis. In addition to this workshop, RPM Plus participated in a meeting (16 February, 2007) to orient partners and stakeholders on the introduction of zinc treatment for diarrhea management. RPM presented on key pharmaceutical management issues

Project Year 7 Q2

In DRC, RPM Plus will continue to provide technical assistance for aspects of the national roll-out of zinc treatment related to pharmaceutical management, including input into data collection tools, plans for a situational analysis, and continued participation in partner meetings and workshops. In Indonesia, the final assessment report will be completed and disseminated. In addition to country activities, RPM Plus will continue to follow up and support Nutriset in pharmaceutical management aspects of zinc treatment.

Last Updated: 2007-04-12 16:30:00.0

Workplan: Child Survival **Year** 05
Activity Title: Assist BASICS in the roll-out of zinc in Madagascar
Activity Manager: Adeya, Grace **Activity #:** 7 **Task:** A1WW05CHS **Subtask:** 60BXH7
Activity Description: As Madagascar is planning on implementing a community case management program for diarrhea (including zinc treatment) as well as ARI and malaria, a baseline survey is proposed, using an adapted version of the C-DMCI, to collect information on current drug use practices of facilities and the community, leveraging funds from BASICS & the RPM Plus malaria portfolio.

Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007

This quarter, an RPM Plus team traveled to Madagascar from Feb 4 ? 24th to conduct an assessment of existing stocks in pharmaceutical products used for the management of malaria and other childhood illnesses, funded with MAC funds. During the trip, RPM Plus coordinated with BASICS to discuss CCM activities and points of collaboration. RPM Plus met with Dr. Perline Rahantanirina (MOH, Director of

Project Year 7 Q2

RPM Plus will complete and disseminate the final report on the assessment of pharmaceutical products for the management of malaria and childhood illnesses. In addition, RPM Plus will continue to collaborate with BASICS to support the integration of zinc treatment into diarrhea management in CCM pilot districts and beyond.

Last Updated: 2007-04-12 16:34:00.0

Workplan: Child Survival **Year** 03
Activity Title: Dissemination of tools
Activity Manager: Adeya, Grace **Activity #:** 5 **Task:** A1WW03CHS **Subtask:** 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.
Planned Products Software package for C-DMCI analysis.,

Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	This quarter, an abstract based on DMCI experience was accepted by the Global Health Council for a panel presentation at the annual conference. RPM Plus also wrote and submitted an abstract based on C-DMCI experience in Senegal to the annual American Public Health Association conference. In addition to these abstracts, the RPM Plus child survival webpages were updated to include recent products and the monthly child health updates summarizing relevant child health articles continued with contributions from RPM Plus. This budget line is now closed. All future	This budget line is now closed. All continuing dissemination activities will be reported under FY06 activities and C-DMCI activities under A1AB03CHS 60F6J7.
Project Year 7 Q2		

Last Updated: 2007-04-12 16:04:00.0

Workplan: Child Survival **Year** 06
Activity Title: Support for Private Sector Initiatives in Cambodia
Activity Manager: Adeya, Grace **Activity #:** 3 **Task:** A1WW06CHS **Subtask:** 60C5H3
Activity Description: The SO3 funding will be used for the adaptation of the materials and approaches used in Tanzania and Senegal to the Cambodia setting and the initial implementation of these materials and approaches in priority regions in Cambodia, as agreed with the Mission.
Planned Products

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007

This quarter, RPM Plus received official Ministry of Health support authorizing the training of private counter sales assistants in select pharmacies in 3 provinces (Pailin, Battambang and Bantay Mean Chey). RPM Plus shared with key partners (including representatives from MOH IMCI, MOH Department of Drugs and Food (DDF) and PSI) current training materials. Feedback was given for incorporation into revised versions. RPM Plus received and reviewed standard IEC materials used in country by the MOH to incorporate into training materials for

The final training materials will be translated into Khmer. The private sector training on management of ARI, pneumonia and diarrhea will be completed in 3 provinces. The Training-of-Trainers in Phnom Penh is anticipated to occur in May 2007.

Project Year 7 Q2

Last Updated: 2007-07-20 15:54:00.0

Workplan:

Child Survival

Year 06

Activity Title:

Other Private Sector Initiatives

Activity Manager:

Adeya, Grace

Activity #: 4 **Task:** A1WW06CHS **Subtask:** 60A2H4

Activity Description:

In Senegal, RPM Plus will continue to support the MoH and syndicate of pharmacists to set up and establish a regular supervision mechanism to monitor the performance of the sales assistants in private pharmacies. The intervention package of training and follow-up will be evaluated. In addition, RPM Plus will continue to build from initial assessment trips and the evaluation of home based management of malaria in Rwanda. In collaboration with partners (particularly BASICS), RPM Plus will further investigate and develop a private sector strategy to improve child health

Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

Workplan:

Child Survival

Year 06

Activity Title:

Community Case Management of ARI, malaria and diarrhea

Activity Manager:

Adeya, Grace

Activity #: 5 **Task:** A1WW06CHS **Subtask:** 60EXH5

Activity Description:

Technical assistance will be focused on the development of programs targeted in specific countries and training materials for community agents, pharmaceutical distribution systems, and ongoing monitoring, supervision and evaluation mechanisms. Where possible, the new WHO recommendation will be applied into practice emphasizing that a three day course of antibiotics is sufficient, minimizes cost and facilitates compliance. Collaboration will continue with partners to accelerate the CCM global agenda and scale-up of CCM activities including support to CORE

Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007

This quarter, revisions continued on the third draft of the management of medicines chapter for the CCM Essentials Guide incorporating previous reviewer comments. A list of tools and

RPM Plus will finalize the management of medicines chapter for the CCM essentials guide.

Project Year 7 Q2

references from RPM Plus was drafted

Last Updated: 2007-04-12 16:55:00.0

Workplan: HIV/AIDS **Year** 05
Activity Title: Update the VCT Planning Guide
Activity Manager: Walkowiak, Helena **Activity #:** 10 **Task:** A1WW05HIV **Subtask:** 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

Planned Products

Activity/Product Progress	Constraints to Progress	Next Steps
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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 donors and multilateral organizations to identify opportunities to provide technical assistance and support to HIV/AIDS global and regional initiatives to address
Activity Manager: Ndyanabangi, Bannet **Activity #:** 4 **Task:** A1WW05HIV **Subtask:** 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.

Planned Products

Power Point presentation , Trip reports, draft indicators for "National Reporting Requirements and Monitoring of Medicine Flows in Antiretroviral Treatment Programmes", Trip Report, Trip Report,

Activity/Product Progress	Constraints to Progress	Next Steps
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Workplan: Antimicrobial Resistance **Year** 06
Activity Title: Implement a country-level AMR advocacy and containment program
Activity Manager: Goredema, Wonder **Activity #:** 2 **Task:** A1WW06AMR **Subtask:** 60AXP2
Activity Description: In FY06 activities in Zambia will be further advanced. In Ethiopia, recommendations generated at the November 2006 Call to Action Workshop in Adama will be utilized to strategize further AMR containment and advocacy activities. Drawing from the ongoing experiences in Zambia and Ethiopia, the approach will be initiated in a third country.

Planned Products

AMR Curriculum Review Workshop, Lusaka, Zambia March 12 ? 16, 2007: Trip Report, A Call-to-Action National Workshop on Antimicrobial Resistance Containment: Adama, Ethiopia, November 16-18, 2006: Trip Report,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007

In February 2007 the RPM Plus Ethiopia office held a DTC/AMR orientation workshop for RPM Plus and regional health bureau staff. A representative of the AMR Advocacy Coalition presented an overview of AMR in Ethiopia and update on progress to date, including feedback on the AMR Call-to-Action meeting held in Adama in November, 2006. The US partners (RPM Plus, Links Media, and APUA) held a series of conversations regarding next steps and collaboratively tailored a plan for further supporting the Advocacy Coalition in Ethiopia. In Zambia the AWG successfully advocated for the inclusion of AMR as a key topic of discussion at the University of Zambia (UNZA) School of Medicine undergraduate curriculum review workshop, which was held in March 2007. Two RPM Plus technical staff participated in the review session

- In Ethiopia, progress on the immediate follow-up steps after the Nov 2006 Call-to-Action has been slow due to competing priorities in-country. The Adama Declaration and AMR Action Plan are yet to be finalized and disseminated. - In Zambia, the momentum that was generated at the September 2006 STGs retreat has slowed down significantly mainly because some of the contributing experts have not submitted their comments/sections yet. - An AMR presentation aimed at introducing the country-level approach that was expected to be presented to the Cambodia MOH's Child Health group in March couldn't happen due to competing agenda items.

In ZAMBIA: - Finalize, print and disseminate the reviewed STGs in Zambia - Continue providing support and technical assistance to incorporate AMR issues in the UNZA undergraduate medical curriculum - Provide support and technical assistance for implementation of the RPM Plus infection control assessment tool (ICAT) at the University Teaching Hospital. In ETHIOPIA: - The US partners plan to hold a planning meeting with the Advocacy Coalition in Ethiopia to develop work plans and strategize on how to move the advocacy process forward. The plan for the meeting will include advocacy training as well. - Possible areas of direct RPM Plus support in Ethiopia (if identified by in-country partners as priority interventions) - in-service and pre-service training utilizing the guidelines prepared by RPM Plus; infection control self-assessment and improvement program. In CAMBODIA: - Continue dialogue with Cambodia stakeholder to determine in-country interest and readiness for the approach.

Project Year 7 Q2

Last Updated: 2007-04-13 13:29:00.0

Workplan:

Antimicrobial Resistance

Year 06

Activity Title:

Provide technical assistance for country-level implementation of infection control tools

Activity Manager:

Goredema, Wonder

Activity #: 9 **Task:** A1WW06AMR **Subtask:** 60E3H0

Activity Description:

Building on the communication and tool dissemination process started in South Africa and Swaziland under last year's workplan, RPM Plus will leverage technical assistance for initial tool utilization, training and follow up activities for rapid cycle quality improvement (RCQI) at selected hospitals in these two countries. The finalized CD materials will also be translated into Spanish and piloted in selected hospitals in Paraguay and Peru with leveraging of FY06 SO5/AMR fund and the remaining LAC funding from previous years for infection control. African and LAC experiences will form the basis for an updated version of the CD and a self-learning tool suitable for availability on the MSH/RPM Plus website. This task will be initiated in Report of an Implementation Workshop held in Mbabane, Swaziland, January 29-31, 2007, Report of an Implementation Workshop held in Pretoria, South Africa February 5-7, 2007,

Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007

- Early in 2007, the Ministry of Health and None Social Welfare in Swaziland and the National Department of Health of South Africa formally communicated to collaborate with RPM Plus for infection control activity. Based on these developments, RPM Plus AMR portfolio and South Africa country office technical staff worked with in-country partners to implement Infection control training workshops in Mbabane from Jan 29 to 31, 2007 and in Pretoria from Feb 5 to 7, 2007. Representatives of the participating hospitals in both the countries found the tool and the approach user-friendly and useful. The workshop participants subsequently developed infection control workplans for their respective hospitals (4 hospitals in Swaziland and 4 in South Africa). The

- Continue to provide technical assistance to national partners in Swaziland and South Africa in their implementation efforts and collaborate to hold review workshops in both the countries to assess progress and identify further actions (tentatively in August 2007). - Complete the on-going Spanish translation of infection control self-assessment tool and manual and use the materials to conduct infection control training and implementation workshops in LAC countries. RPM Plus LAC technical staff recently initiated communications with national partners in Paraguay and received interest for holding such a workshop for MOH hospitals in Asuncion. - Explore opportunities for infection control activities in Ethiopia as a mechanism to further complement the on-going AMR country-level advocacy and containment approach in this countries.

Project Year 7 Q2

Last Updated: 2007-04-13 13:44:00.0

Workplan:

Antimicrobial Resistance

Year 06

Activity Title:

Technical Activity Monitoring and Coordination

Activity Manager:

Joshi, Mohan

Activity #: 1 **Task:** A1WW06AMR **Subtask:** 97XXY1

Activity Description:

This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, meetings, and communications with partners and collaborators. It will also include updating of the RPM Plus Strategic Monitoring System (SMS) with quarterly progress reports and

Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007

- Two pages on AMR section of MSH/RPM Plus website added: one on infection control and the other on antimicrobial quality. Accomplishment stories of past DTC participants also added on the DTC section of the website.
- Communication and coordination with RPM Plus South Africa, Namibia, Ethiopia, and Zambia office continued with regard to on-going implementation of AMR related activities in these countries. Communication with in-country stakeholders continued in Uganda for locally-led regional DTC course, in China with WHO staff for the upcoming July DTC in the Shangdong Province, and in Cambodia for potential AMR country-

None

- Continue website updates - Continue communications with in-country partners in Cambodia and Uganda

Project Year 7 Q2

Last Updated: 2007-04-13 14:02:00.0

Workplan:

Antimicrobial Resistance

Year 06

Activity Title:

Provide sustained follow-up technical support to DTC-TOT participants to enable them to implement their work plans

Activity Manager:

Konduri, Niranjan

Activity #: 6 **Task:** A1WW06AMR **Subtask:** 60B4H6

Activity Description:

In FY06, RPM Plus will continue and intensify provision of follow-up assistance to the DTC-TOT participants from past and future courses by continued relationship building and technical assistance through email, conference call for participants to share experiences, documenting success of the participants on the DTC website, gathering lessons learned, use of a continuously updated matrix of participants? progress, and provision of small grants to participants who develop viable DTC- and training-related proposals.

Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

<p>January 1 2007 to March 31 2007</p>	<p>- An orientation program for forty health professionals comprising staff from the Ethiopian Drug Administration and Control Authority (DACA), Ethiopian Regional Health Bureaus (RHB) and RPM Plus/Ethiopia held between February 5 and 10. This was a follow-on to last year's national DTC-TOT training course. The objective was to build capacity of this cohort of staff to enable them to provide technical support to past year's DTC trainees in their hospitals. Another objective was to scale up the initiatives in DTCs, DICs, AMR and RDU activities throughout Ethiopia through effective collaboration between RHB,DACA, and RPM Plus field staff. - RPM Plus Washington DTC follow up team reviewed trainee workplans and provided comments and suggestions. Feedback was also provided to DTC/DIC</p>	<p>None</p>	<p>- continue follow up technical support to past participants, especially those from the more recent courses in Malaysia, Ethiopia and Rwanda. - Update the DTC participants' accomplishment report. - Develop a third DTC News and circulate to DTC participants. - Coordinate with RPM Plus Ethiopia and Rwanda country offices to provide effective on-going support to the national course participants.</p>
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Last Updated: 2007-04-12 17:32:00.0

<p>Workplan: Activity Title: Activity Manager: Activity Description:</p>	<p>Antimicrobial Resistance Help strengthen quality assurance of selected antimicrobials through a regional approach Tran, Dat The process of validating level two TLC/densitometry as a methodology to effectively assess the quality of additional antimicrobials, particularly antiretrovirals (ARVs) which was initiated in Tanzania in FY05 will be completed in FY06. Also, the program initiated in Zambia to roll out the Tanzania model of Level One Drug Inspection and Minilab testing will be further advanced. In addition to focusing on product quality, the AMR portfolio of RPM Plus will also explore opportunities to further collaborate with PMI to strengthen pharmacovigilance of antimalarials in Tanzania to support a broader QA system. The AMR and malaria portfolios will also collaborate to organize a regional consultative meeting on the quality of antimalarials with the goal of forging a practical regional approach to assist all countries improve their quality assurance systems for antimalarials and antimicrobials at Port of Entry Inspection and Minilab Training, 26 February - 2 March, 2007, Lusaka, Zambia; Trip Report,</p>	<p>Year 06 Activity #: 7 Task: A1WW06AMR Subtask: 69DXH7</p>
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Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007

In ZAMBIA: - RPM Plus, in collaboration with the Pharmaceutical Regulatory Authority (PRA) of Zambia, conducted a 5-day (February 26 ? March 2) training course on port of entry (POE) inspection and Minilab in Lusaka, Zambia. The training module focused on key inspection activities at POEs: document verification; visual and physical inspection (packaging, labeling, and dosage form integrity); and hands-on use of TLC/Minilab. The course trainees included pharmacists, pharmacy technologists, and a laboratory assistant from PRA and other quality assurance (QA) partners: Churches Health Association of Zambia (CHAZ) and National Institute for Scientific and Industrial Research (NISIR). After the training, RPM Plus discussed ways to put an implementation plan in place both at PRA and CHAZ. Toward this goal, RPM

- For QA activities in Zambia, RPM Plus will continue to provide technical assistance to PRA and CHAZ to develop a detailed implementation plan, with inspection and Minilab testing activities targeted to begin in April. - For the validation studies in Tanzania, RPM Plus will continue to support efforts to finalize the validation protocols. It is anticipated that external laboratories (outside of TFDA) will begin to validate the quinine (qualifying standard) during the next quarter. - RPM Plus expects to begin implementing a standardized reporting system for the Minilab centers in Tanzania during the next quarter. This effort will aim to ensure that drug quality data and information will be reported efficiently and timely to TFDA headquarter. - For pharmacovigilance, RPM Plus will continue to work with TFDA and CDC to finish training district level health workers of the target districts (Kilombero/Ulanga) on the need for ADR reporting and how to do it. The partners will also visit the sites to meet with distri

Project Year 7 Q2

Last Updated: 2007-04-13 18:19:00.0

Workplan:

Antimicrobial Resistance

Year 06

Activity Title:

Prevent resistance to antiretrovirals through ART adherence measurement and support

Activity Manager:

Steel, Gavin

Activity #: 4 **Task:** A1WW06AMR **Subtask:** 60EXA3

Activity Description:

In FY06 a nationwide ART adherence assessment and support pilot will be launched after a national consultative meeting. The pilot program will include one or two sites from each of the nine provinces in the country. RPM Plus will also collaborate with in-country stakeholders to initiate a similar ART adherence program in Namibia. The implementation of these adherence measurement and support activities will result in the availability of national data on ART adherence and current adherence support practices, availability of national standards for measuring adherence and strategies for improving adherence. The experiences in South Africa and Namibia will form the base for a generic ART adherence measurement and support

Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007	In SOUTH AFRICA: - In March 2007 Mohan Joshi and Jude Nwokike traveled to Pretoria South Africa and worked with Gavin Steel to plan and develop the adherence improvement strategy. The team further revised the adherence measurement tool and instruction sheet. The team also briefed Dr. David N. Kalombo, Project Manager for HIV & AIDs Care Management and Treatment Plan, regarding the proposed project and its outcomes. It was agreed that the proposed National Consultative Meeting (NCM) would support current NDoH policy and that an opportunity would be given to RPM Plus to present the planned activity to the management team in order to plan the way forward. The team then held a meeting with Marie McLeod at the USAID/South Africa and briefed her on the progress so far and future plans. In NAMIBIA: - Held a	- The National department of Health was busy planning and revision of the National Policy for the Prevention and Treatment of HIV & AIDS for the period 2007 to 2011. This policy focus made it difficult to schedule the national consultative meeting as key role players had to provide their full attention on the policy review. - Final approvals from the Ministry for the conduct of the survey is yet to be obtained in Namibia due to need to provide some clarification on the proposed plan	In SOUTH AFRICA: - Further revise adherence improvement strategy. - Compile an inventory of adherence improvement strategies currently practiced in ART clinics. - Review current ART data management and finalize data management strategy. - Plan and execute the national consultative meeting. In NAMIBIA: - Hold a second meeting with the DSP M&E Sub-division - Obtain approvals for the survey - Award survey data collection to a survey organization, train data collectors and monitor data collection - Obtain final survey data from the survey organization and conduct analysis of the data, produce final reports - Conduct survey dissemination workshop
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Last Updated: 2007-04-12 16:30:00.0

Workplan: Antimicrobial Resistance **Year** 06
Activity Title: Support SAIDI to advance AMR advocacy and containment
Activity Manager: Yeager, Beth **Activity #:** 11 **Task:** A1WW06AMR **Subtask:** 60F1H6
Activity Description: The AMR Portfolio will consolidate the RPM Plus contribution to SAIDI by leveraging further support for APUA to expand and build on FY05 activities. APUA Headquarter will continue to use existing APUA country chapters to work with SAIDI working groups to disseminate AMR information. All three SAIDI countries currently have APUA chapters whose representatives are part of the local SAIDI stakeholder group. Through the AMR Portfolio's support, APUA will continue to work and strategize with stakeholders and opinion leaders to strengthen local SAIDI groups. In collaboration with selected SAIDI international and national partners, APUA will provide technical assistance in surveillance, assessment and development of country specific AMR plans as well as provide training on Risk Perception and Communication in AMR alert.

Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007

During this quarter, the local chapters of APUA in Peru, Paraguay and Bolivia presented lists of activities they would be willing to support or conduct in the context of SAIDI. In Peru and Paraguay, the chapter coordinators are working with the national SAIDI coordinators to ensure that these activities fit into the national SAIDI workplan. In Bolivia, the chapter coordinators are working with PAHO and Links Media to support the communications activities planned by these organizations. In all three

Project Year 7 Q2

None

In the following quarter, the plans will be finalized and implementation will begin.

Last Updated: 2007-04-12 15:24:00.0

Workplan:

Antimicrobial Resistance

Year 06

Activity Title:

Strengthen hospital drug and therapeutics committees through locally-led DTC-TOT training courses

Activity Manager:

Green, Terry

Activity #: 5 **Task:** A1VW06AMR **Subtask:** 60B4M5

Activity Description:

FY06 funds will support a locally-led DTC-TOT course in one region in Africa led by individuals identified from previous DTC-TOT courses who would provide primary technical assistance and follow-up to participants after training. Although RPM Plus will leverage support and assistance, the implementation will be handled mainly by a local organization in collaboration with the Regional Technical Collaboration (RTRC) network currently active in East Africa. RPM Plus will also collaborate with WHO China and WPRO Offices to support the second DTC-TOT course in China. Additionally, efforts will be made to finalize versions of the DTC and TOT materials for wide dissemination. The materials will then be translated into Spanish and French. With this effort, DTC capabilities will be enhanced, DTCs in hospitals will be strengthened, and evidence-based interventions will

Planned Products Scaling up AMR, DTC, and Rational Drug Use Activities in Ethiopia: A Collaborative Strategy for Success: Addis Ababa, Ethiopia; February 2007 ,

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007	<p>LOCALLY-LED DTC TRAINING COURSE: ? Makerere University (Paul Waako) in Uganda has agreed to host this training course. Logistical and managerial progress on the development of the locally-led training course has taken place, including discussions to identify partners, location, funding sources and potential collaborators. Plans continue for the training course for Aug/Sep 2007. Local organizing committee has met (March 20, 2007) and is making progress on implementing the course. Contract for the Secretariat is in progress. CHINA DTC TRAINING COURSE - Plans for the DTC training course in China has now been finalized with confirmed dates of July 23-27 in Shandong Province. This training will be given in conjunction with WHO. RPM Plus participation in the course will include course training materials (5 day</p>	<p>For the locally-led training course, communications from local partners have been slow, mainly due to problems in their email system.</p>	<p>- Continue communications with Makerere University to determine appropriate facilitators and best site for the training - Work with collaborators to complete plans for training workshops in China and Armenia</p>
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Last Updated: 2007-04-12 17:05:00.0

<p>Workplan: Activity Title: Activity Manager: Activity Description:</p>	<p>Antimicrobial Resistance Finalize and distribute AMR country-level approach workbook Joshi, Mohan</p>	<p>Year 06 Activity #: 3 Task: A1WW06AMR Subtask: 60F1F3</p>	<p>The planning and implementation experiences in Zambia and Ethiopia are yielding several lessons that will be of much practical value to add to the workbook. So the plan is to further revise the workbook incorporating experiences and lessons learned in Zambia and Ethiopia as work continues in those countries. Under this workplan the workbook will be revised and finalized by RPM Plus in collaboration with country partners and made available for guidance in initiating the approach by additional interested countries.</p>
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Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	A full draft of the working book was completed with substantial work on Chapters on "implementation" and "monitoring and evaluation." The completed draft was distributed to AMR-	None	- Incorporate reviewers' feedback - Pilot the workbook in Cambodia (if invited) in conjunction with the initiation of the Country-level Advocacy and Containment Activity.

Last Updated: 2007-04-12 17:14:00.0

<p>Workplan: Activity Title: Activity Manager:</p>	<p>Antimicrobial Resistance Develop a training session on AMR for USAID's global health E-learning Center Citysoft Admin</p>	<p>Year 06 Activity #: 12 Task: A1WW06AMR Subtask: 60F1MB</p>
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Activity Description: In FY06 RPM Plus and APUA will provide further technical assistance to VOA reporters and also directly to in-country media professionals to develop stories in Africa and Asia about the dangers of AMR in order to effectively deal with AMR and improve antimicrobial delivery and its effectiveness in HIV, Malaria, TB and other prevalent infectious diseases. RPM Plus, in collaboration with VOA and APUA, will engage, inform and train health reporters on AMR issues in Africa and Asia and conduct a 3-day training program in East Africa. The partnership will ensure active and accurate AMR

Planned Products

Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	Planning for healthcare (AMR) journalist training programs for India and Africa continued through this quarter. The India training program got delayed due to issues around course content and training methodology. USAID, RPM Plus, VOA, and APUA will work collaboratively to finalize content and methodology for this training. The India training program is now planned for September. Once the	Need for futher work on training content and methodologies for the India training program has delayed implementation.
- Finalize content and training methodologies for the Indian and African training programs. - Encourage VOA to complete 5-part series on AMR for Ethiopia as planned previously	Project Year 7 Q2	Last Updated: 2007-04-12 16:44:00.0

Workplan: Malaria **Year** 05
Activity Title: Collect, compile, and provide support for the use of RDTs.
Activity Manager: Citysoft Admin **Activity #:** 7 **Task:** A1WW05MAL **Subtask:** 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 RDT implementation guide ,

Planned Products

Activity/Product Progress	Constraints to Progress	Next Steps
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 Subtask: 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	Guidance document on effective commodity management complementing WHO TB/HIV guidelines ,	Planned Products
Activity/Product Progress	Constraints to Progress	Next Steps

January 1 2007 to March 31 2007	RPM Plus has commenced development of the guidance/lessons learnt document for TB/HIV collaboration activities. This document will summarize experiences from five African countries in TB/HIV collaboration in pharmaceutical management and the main lessons learnt. All individual country studies have	Non availability of key stakeholders to verify information and provide input as required.	Next steps include finalization of guidance/lessons learnt document; technical review and dissemination of findings.
Project Year 7 Q2			

Last Updated: 2007-07-17 15:43:00.0

Workplan:	Tuberculosis	Year 06
Activity Title:	Provide technical leadership to the GDF in expediting response to DOTS strengthening and addressing MDR/XDR TB	
Activity Manager:	Citysoft Admin	Activity #: 2 Task: A1WW06TBX Subtask: 60F3H2
Activity Description:	?Continue to provide ongoing technical leadership and assistance to the GDF through RPM Plus staff permanently based in Geneva. (ongoing) ?Provide technical assistance and leadership during the GDF survey and monitoring missions and conduct audits of the GDF country monitoring reports (ongoing) ?Assist the GDF in the development of tools and survey mechanisms to ensure that new GDF products - laboratory commodities and pediatric TB medicines - are used in accordance with the GDF terms and conditions. ?Provide short-term TA to recipient countries where urgent problems have been identified and where donor support for TA is not available (new)	
Planned Products	-Ongoing technical leadership from a resident consultant -GDF country monitoring reports -GDF audit reports -Monitoring tools for MDR TB (GLC) -	

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007	RPM Plus provided short-term TA to GDF recipient countries where urgent problems have been identified and where donor support for TA is not available. In Haiti and Georgia, RPM Plus provided technical assistance and leadership during the GDF survey and monitoring missions and conducted audits of the GDF country monitoring reports worked with the NTP. RPM Plus also participated in a regular GDF mission in view that Benin is going to receive their final year of GDF support. The mission coincided with the annual evaluation mission by the Union and the Swiss co-operation. RPM Plus developed two tenders during this quarter. One tender concerns the supply of the newly developed Diagnostic kits. The second tender is a GDF tender for 1st line TB drugs prepared by GDF/MSH and issued by GTZ, the Procurement
Project Year 7 Q2	

Last Updated: 2007-04-13 09:46:00.0

Workplan: Tuberculosis **Year** 06
Activity Title: Finalize paper on New Technologies for TB Control: A Guide for their Adoption, Introduction, and Implementation
Activity Manager: Citysoft Admin **Activity #:** 3 **Task:** A1WW06TBX **Subtask:** 60F3F4
Activity Description: RPM plus will provide technical leadership to StopTB partners in revising major TB tools, such as the WHO TB Handbook, and preparing for re-tooling in light of new TB products expected in future.
Planned Products Paper on New Technologies for TB Control: A Guide for their Adoption, Introduction, and Implementation,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March Project Year 7 Q2	RPM Plus initialized preliminary discussion w/USAID team regarding	
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Last Updated: 2007-04-13 09:47:00.0

Workplan: Tuberculosis **Year** 06
Activity Title: Assist Laboratory working group in the development of its strategy and business plan
Activity Manager: Citysoft Admin **Activity #:** 3 **Task:** A1WW06TBX **Subtask:** 60DXH6
Activity Description: Assist the Laboratory sub working group of the DOTS Expansion Working Group in the development of its strategy and a business plan for the lab capacity strengthening.
Planned Products Business plan for Lab sub-WG,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007 Project Year 7 Q2	In January 2007, MSH RPM Plus engaged Strategy Works, a strategy development specialist firm based in Netherlands, on a business planning development project for the laboratory working group. RPM Plus Tuberculosis Project Manager represented MSH and	
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Last Updated: 2007-04-13 09:48:00.0

Workplan: Tuberculosis **Year** 06
Activity Title: Strengthen human capacity for TB pharmaceutical management at Global and NTP level
Activity Manager: Citysoft Admin **Activity #:** 4 **Task:** A1WW06TBX **Subtask:** 60F3M7
Activity Description: With FY06 funding, RPM Plus will: a. Conduct a regional Course on Pharmaceutical Management for TB in collaboration with the GDF and WHO regional offices; region to be defined (ongoing) b. Conduct targeted regional training of DOTS Plus programs with the focus on quantification, ordering, and monitoring the use of second-line medicines; the course will be conducted in conjunction with the GLC (ongoing) c. Facilitate sessions on pharmaceutical management for TB at four WHO courses for international TB and TB/HIV consultants (Sondalo), and at the annual WHO/KNCV Course for NTP Managers in Warsaw; (ongoing) d. Field-test and finalize TB drug management capacity-building tool for lower level facilities and providers (PHC). Potential field test in Pakistan (new) e. Develop training modules on management of TB laboratory commodities, patient kits, and Workshop proceedings; Updated training materials; New modules on diagnostic lab commodity management, patient kits, and pediatric TB medicines
Planned Products Finalized management tool for PHC level ,

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	RPM Plus Principal Program Associate, at the request of WHO collaboration, traced materials for TB PPM. In February 2007, RPM Plus field-tested a TB drug management capacity-building tool for lower level facilities and providers, ?Managing TB Medicines at the Primary Health Care,? at a training seminar in Islamabad, Pakistan. RPM Plus produced the pre- and post test, evaluation for the guide and the test, and protocol for the training. In March 2007, RPM Plus conducted ?GDF workshop for follow-up on Pharmaceutical		
Project Year 7 Q2	Management Plans in francophone		Last Updated: 2007-04-13 09:50:00.0

Workplan: Tuberculosis **Year** 06
Activity Title: Provide technical leadership in pharmaceutical management to TB CAP
Activity Manager: Citysoft Admin **Activity #:** 5 **Task:** A1WW06TBX **Subtask:** 60F3H8
Activity Description: In FY06, RPM Plus has committed to provide technical input to the revision of the WHO TB Handbook used extensively by National TB Programs and partners which will be managed by TBCAP. RPM Plus will take the responsibility for revising Part V of the Handbook: Planning Supplies and Logistics. RPM Plus will also continue to provide technical leadership to TBCAP in developing its interventions strategies.
Planned Products Contributions to TBCAP workplans; Revised Part V: Planning Supplies and Logistics of the WHO TB Handbook ,

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	In February 2007, RPM Plus hosted a TB CAP Board meeting at Arlington, VA. RPM Plus participated in the technical meetings and presented a formal meeting on recent RPM Plus findings. In addition, RPM Plus team has contributed to the revision of WHO TB handbook.		
Project Year 7 Q2	Two outlines for a chapter on drugs and		Last Updated: 2007-04-13 09:52:00.0

Workplan: Tuberculosis **Year** 06
Activity Title: Disseminate RPM Plus Pharmaceutical Management for TB tools and materials

Activity Manager: Citysoft Admin **Activity #:** 6 **Task:** A1WW06TBX **Subtask:** 60G2D9
Activity Description: In FY07 RPM Plus will: a.Maintain RPM Plus Pharmaceutical Management for TB website (ongoing) b.Translate RPM Plus guidelines for PHC level into French for use in francophone Africa (continued) As a result, organizations working in TB control will have access to a wide range of resources related to best practices in pharmaceutical management for TB.
Planned Products -Up-to-date RPM Plus TB drug management website -RPM Plus Guidelines for PHC level translated into French ,

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	The RPM Plus TB website has been updated on a regular basis, while various TB tools continue to be in demand. In March 2007, 4 tools were disseminated to the consultant of Ministry of Health & Family Welfare in India. In addition, 40 copies of the new TB tool in field-test has been distributed during the one-day seminar on managing TB medicines at primary level in Islamabad, Pakistan.		
Project Year 7 Q2	Last Updated: 2007-04-13 09:53:00.0		

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:** A1AB03CHS **Subtask:** 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 Trip report, C-DMCI survey report,

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	This quarter, RPM Plus and collaborating partner BASICS completed the final report and dissemination to stakeholders of the evaluation of the home based management of fever (HBMF) program in Rwanda. All HBMF activities are funded by SO3 funds and reported in A1WW06CHS 60A2H4. In addition to the HFBM assessment, RPM Plus provided		RPM Plus will continue to follow up with PVO partners in Rwanda to provide technical support in their baseline assessments as well as in the technical implementation of the activities under the Expanded Impact Child Survival project which has a large community component.
Project Year 7 Q2	Last Updated: 2007-04-13 09:54:00.0		

Workplan: Africa Bureau/Child Survival **Year** 03
Activity Title: Technical Papers
Activity Manager: Briggs, Jane **Activity #:** 4 **Task:** A1AB03CHS **Subtask:** 60F6F4
Activity Description: RPM Plus will document the experiences of the use of the DMCI and C-DMCI assessment tools in the countries in which they have been used.
Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	RPM Plus has begun drafting a paper on the DMCI experience. Abstracts have been developed on the DMCI and C-DMCI experiences for presentation at international conferences. In addition, an abstract based on the DMCI experience		Complete papers on the DMCI and C-DMCI experiences.
Project Year 7 Q2			Last Updated: 2007-04-13 09:57:00.0

Workplan: Africa Bureau/Child Survival **Year** 03
Activity Title: Support to Community Case Management in DRC
Activity Manager: Briggs, Jane **Activity #:** 5 **Task:** A1AB03CHS **Subtask:** 60E3H5
Activity Description: Based on the lessons learned from monitoring, supervision, and evaluation activities in pilot areas where CCM was implemented in DRC, RPM Plus will work with partners to support the national roll out of CCM into other districts, adapting tools and training materials as necessary.
Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	This quarter, the final assessment report of the C-DMCI survey in DRC was published (in French) and disseminated to in country stakeholders and partners. RPM Plus and partners completed and shared with stakeholders the workshop report on the strategy meeting held to disseminate the results from the C-DMCI survey. RPM Plus also collaborated with partners to write an article based on the CCM experience that was published in the January 2007 issue of the World Health Organization Bulletin for DRC. In		RPM Plus will continue to support the roll-out of CCM and provide technical assistance to other implementing partners where necessary.
Project Year 7 Q2			Last Updated: 2007-04-13 10:02:00.0

Workplan: Africa Bureau/Child Survival **Year** 03
Activity Title: Finalize the C-DMCI database
Activity Manager: Briggs, Jane **Activity #:** 7 **Task:** A1AB03CHS **Subtask:** 60F6J7
Activity Description: An Access-based data analysis package is being developed to generate the standard indicators of the C-DMCI survey in three languages (English, Spanish and French).

Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007 Project Year 7 Q2	This quarter, work advanced in finalizing the C-DMCI database with several rounds of comments given to the consultant and revision to the database		RPM Plus will finalize the revised database and the user manual of the C-DMCI analysis software.
Last Updated: 2007-04-13 10:04:00.0			

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

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March Project Year 7 Q2	This quarter, standardized reporting continued.		
Last Updated: 2007-04-13 10:05:00.0			

Workplan: Africa Bureau/Child Survival **Year** 04
Activity Title: Continued collaboration with AFRO
Activity Manager: Briggs, Jane **Activity #:** 3 **Task:** A1AB04CHS **Subtask:** 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.

Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007

This quarter, RPM Plus continued initiatives to integrate pharmaceutical management into work currently underway at WHO with the Integrated Management for Childhood Illnesses (IMCI) strategy. The standardized entry and analysis sheets for the pharmaceutical management component of the IMCI health facility assessment were finalized and are ready for in country use. In Kenya, where these standard entry and analysis sheets were used, the final IMCI health facility report including the pharmaceutical management component was completed and disseminated to partners and stakeholders. RPM Plus was in contact with WHO AFRO representatives regarding several points of potential collaboration and integration of pharmaceutical management into WHO ongoing activities. The integration of the

The standard data entry and analysis sheets for the pharmaceutical management component of the IMCI facility survey will be finalized in French and Spanish for in country use. RPM Plus will follow up with the WHO focal people to collaborate on incorporating the pharmaceutical management component into the standard IMCI health facility survey and revising the Resource Management Module of the WHO CHS Program Management Training Guidelines to include a pharmaceutical management component. RPM Plus will also continue to explore the usefulness of the C-DMCI as part of the situational analysis tool for C-IMCI and integration of a pharmaceutical management component into the CCM guide under development at WHO. RPM Plus will send the finalized versions of the training in store management and inventory control developed for Senegal to the WHO focal person for revision of the IMCI training course as appropriate.

Project Year 7 Q2

Last Updated: 2007-04-13 10:07:00.0

Workplan:

Asia Near East Bureau

Year 04

Activity Title:

Conduct one TA visit to South Asian countries in support of OR&E studies

Activity Manager:

Mookherji, Sangeeta

Activity #: 4 **Task:** A1RN04IDX **Subtask:** 60F3A4

Activity Description:

Building on the experience using the OR&E protocol development guide, protocols will be implemented in country settings to assess the impact of incentives and enablers on TB program performance. The RPM Plus team will provide technical assistance to the ongoing TB I&E OR activities in Bangladesh, including the design, analysis and dissemination of individual OR studies. Currently, two protocols have been implemented, and an additional three protocols are in the process of seeking financial support for implementation in Bangladesh. This activity will take place in all 4

Planned Products

Trip report,

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007
Project Year 7 Q2

There has been no activity.

Last Updated: 2007-07-23 15:27:00.0

Workplan:

Asia Near East Bureau

Year 04

Activity Title:

Conduct a mapping of capacity in the ANE to conduct drug management TA

Activity Manager:

Duzey, Olya

Activity #: 9 **Task:** A1RN04IDX **Subtask:** 60CXAD

Activity Description:

In the ANE region there is a great need for pharmaceutical management technical assistance in various areas, including community pharmaceutical management. One means for meeting this need is the development of South to South capacity. In the ANE, a first step in the process is to map existing pharmaceutical management capacity, so that strengths and gaps can be identified. This activity will take place in 3rd and 4th quarters of

Planned Products Trip report,

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007

RPM Plus has developed a regional technical resource network in Eastern Africa, based at Makerere University. This model was examined for potential application in Asia to build human resource and pharmaceutical management capacity. In a desktop review, RPM Plus identified existing regional models in the Greater Mekong Sub-region (GMS), and potential

Some pharmaceutical management activity is not well known outside of countries in the GMS, as such efforts may not be documented, may not appear in English, and may not appear on the Web.

RPM Plus will continue to develop the mapping approach, and explore collaboration with existing academic or regional organizations to address existing pharmaceutical management needs and the potential for South-to-South collaboration.

Project Year 7 Q2

Last Updated: 2007-04-13 15:14:00.0

Workplan:

Asia Near East Bureau

Year 04

Activity Title:

Adapt and field test a guide to implementation of ART

Activity Manager:

Walkowiak, Helena

Activity #: 12 **Task:** A1RN04IDX **Subtask:** 60F2C9

Activity Description:

Preliminary experience with the ACT implementation guide in malaria suggests that there is a need to consider multiple factors when implementing a change in first line treatment policy. Similarly, RPM Plus experience in PEP countries indicates that implementation of ART is even more complex, and countries would benefit from the development of a similar guide for implementation. RPM Plus will develop a planning guide with emphasis on commodity management for ART programs. The goal of the Commodity Management in ART Programs Planning Guide will be to provide practical guidance on commodity management issues related to establishing, managing and scaling up ART programs both at the national and program levels. This will be developed in collaboration with RPM Plus and Global HIV/AIDS activities. This activity will take place in 3rd and 4th quarters of RPM Plus ART guide and check lists,

Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007
Project Year 7 Q2

After discussion with the RDM/A on priorities in the region, this activity will not take place and funds will be

Reprogram funds to activity number 13: Provide TA in pharmaceutical management for HIV/AIDS, as agreed with the RDM/A.

Last Updated: 2007-04-13 15:16:00.0

Workplan:

Asia Near East Bureau

Year 04

Activity Title:

Provide TA in pharmaceutical management for HIV/AIDS as agreed with RDM/A

Activity Manager:

Duzey, Olya

Activity #: 13 **Task:** A1RN04IDX **Subtask:** 60F2H0

Activity Description:

RPM Plus will provide TA to identify key programmatic issues in HIV/AIDS-related pharmaceutical management and help develop recommendations for the application of specific approaches and initiatives to address such issues. These activities could include reviews and studies in the areas of enhancers and monitoring tools for patient adherence to ART and HIV/TB commodity management integration. Other potential activities could address commodity management issues related to HIV/AIDS pediatric treatment, or the integration of PMTCT and child survival pharmaceutical management systems. This activity will take place in 3rd and 4th quarters of RPM Plus Year 5.

Planned Products Technical report, Trip report,

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	As quantification and management of ARVs is a priority issue for many countries in the ANE region, RPM Plus collaborated with the WHO/WPRO to conduct the Joint WHO and MSH Workshop on Forecasting, Stock Management, Monitoring, and Reporting of Antiretroviral Commodities in Manila, Philippines in December 2006. The course was very well received by representatives of 9 East Asian and Pacific countries. Participants also benefited from hands on experience with Quantimed, an RPM Plus tool for quantification of ARVs and related commodities. A number of the countries, whose representatives participated in the course, have requested technical assistance in all aspects of pharmaceutical management for HIV/AIDS. As agreed with the	The dates for RPM Plus visits to Laos and China will occur following official invitation and agreement on suitable timing.	RPM Plus will continue communication with Lao and Chinese counterparts and partners to conduct initial visits. Continue document review for Laos and China.
Project Year 7 Q2	USAID/RDMA, RPM Plus is following up		

Last Updated: 2007-07-23 16:19:00.0

Workplan: Asia Near East Bureau **Year** 04
Activity Title: Explore feasibility of private sector engagement to increase access to medicines
Activity Manager: Duzey, Olya **Activity #:** 14 **Task:** A1RN04IDX **Subtask:** 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 Strategy recommendations, Trip report,

Planned Products

Activity/Product Progress	Constraints to Progress	Next Steps
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<p>January 1 2007 to March 31 2007</p> <p>Project Year 7 Q2</p>	<p>Following discussion with the RDM/A health team and the Regional Alliance Builder, RPM Plus is exploring the possibility of working with the commercial sector on a regional alliance to improve access to essential medicines. Two potential companies have been identified and approached. In recent years, there is a greater emphasis on engaging the private sector in addressing public health needs, however, countries often have little experience in working with the private sector. In October 2006, RPM Plus participated in facilitating a workshop on the development of a public private mix (PPM) framework in malaria, similar to what was developed for DOTS in TB. RPM Plus has shared MSH experience with the private sector and PPM DOTS, and will explore how such efforts might be synergistic in one or</p>	<p>Engagement of the private sector (commercial) will depend on the priorities of such organizations. Work on pharmaceutical management to improve access amongst migrant populations presents a number of logistical challenges. It will be necessary to review these carefully.</p>	<p>RPM Plus will continue communication with identified companies for the potential formation of an alliance.</p>
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Last Updated: 2007-04-13 15:48:00.0

<p>Workplan:</p> <p>Activity Title:</p> <p>Activity Manager:</p> <p>Activity Description:</p> <p>Planned Products</p>	<p>Latin America Caribbean SAIDI</p> <p>Participate in the design of and conduct rapid assessments in initiative countries</p> <p>Yeager, Beth</p> <p>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.</p> <p>Reports of assessments, Trip reports of assessment visits,</p>	<p>Year 04</p> <p>Activity #: 3 Task: A1LN04AMR Subtask: 60F1H3</p>
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Activity/Product Progress	Constraints to Progress	Next Steps
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<p>January 1 2007 to March 31 2007</p> <p>Project Year 7 Q2</p>	<p>Revised versions of assessment reports were sent to national partners for their final input. Reports to be finalized in</p>	<p>None</p>	<p>Final versions of reports available and disseminated.</p>
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Last Updated: 2007-04-16 16:08:00.0

<p>Workplan:</p> <p>Activity Title:</p> <p>Activity Manager:</p> <p>Activity Description:</p> <p>Planned Products</p>	<p>Latin America Caribbean SAIDI</p> <p>Dissemination of assessment results in all three initiative countries</p> <p>Yeager, Beth</p> <p>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 Publications, presentations, or policy briefs describing key AMR assessment results available,</p>	<p>Year 05</p> <p>Activity #: 3 Task: A1LN05AMR Subtask: 60F1D3</p>
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Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March Project Year 7 Q2	Dissemination activities will now be reported under Activity 6, of the FY06	
Last Updated: 2007-04-16 16:21:00.0		

Workplan: Latin America Caribbean SAIDI **Year** 06
Activity Title: Strengthen pharmaceutical management of antimicrobials in selected hospitals in Asuncion, Paraguay
Activity Manager: Yeager, Beth **Activity #:** 3 **Task:** A1LN06AMR **Subtask:** 60e3h3
Activity Description: RPM Plus will contribute by providing technical assistance selection, storage and dispensing of antimicrobials, and by strengthening the hospitals? drug and therapeutic committees.
Planned Products Trip reports, Training materials, Tools adapted to local context,

Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	RPM Plus conducted a workshop with regional health directors and hospital directors on key elements of pharmaceutical management. During the workshop, participants were asked to develop draft work plans for interventions to improve an area of pharmaceutical management in their settings. Personnel	None. Follow up on implementation of draft workplans and provide further support to selected hospitals in Asuncion.
Project Year 7 Q2		
Last Updated: 2007-04-16 16:28:00.0		

Workplan: Latin America Caribbean SAIDI **Year** 06
Activity Title: Strengthen Drug Information Centers in Paraguay and Peru
Activity Manager: Yeager, Beth **Activity #:** 4 **Task:** A1LN06AMR **Subtask:** 60gxh4
Activity Description: In Asuncion, the only available information center is operated by the National University of Asuncion. Working with other SAIDI international partners, in particular Links Media, RPM Plus will provide technical assistance and reference materials to the information center and support its development as a platform for other communication activities. In Peru, in collaboration with Links Media and national partners, RPM Plus will provide technical assistance and reference materials to the local information center in the DISA Callao.
Planned Products Trip Reports, Activity reports from functioning DICs ,

Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	In Peru, RPM Plus provided support for the adaptation of space designated for the new regional DIC in Callao. Support was also provided for the purchase of reference materials. In Paraguay,	None RPM Plus will continue to support the DIC's in both countries according to the workplans developed.

Project Year 7 Q2

equipment was purchased for the DIC to

Last Updated: 2007-04-16 16:36:00.0

Workplan: Latin America Caribbean SAIDI **Year** 06
Activity Title: Support the implementation of AMR containment strategies by awarding small grants to national SAIDI partners
Activity Manager: Yeager, Beth **Activity #:** 2 **Task:** A1LN06AMR **Subtask:** 60axh2
Activity Description: Some of the activities contained in these actions plans will be supported through grants from RPM Plus to local implementing partners
Planned Products Activity implementation plans, timelines and budgets, Reports of results of implementation,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007	The SAIDI communications working groups in Peru and Paraguay developed AMR communications plans with the technical assistance of Links Media. RPM Plus is coordinating with local NGOs in both countries on establishing contracts for them to administer the funds required for these activities. Also, RPM Plus covered the travel costs of	None. No progress in Bolivia to report on this quarter.	The draft communications work plans will be finished by the SAIDI communications groups. RPM Plus will contract local NGOs to manage the necessary funds.
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Last Updated: 2007-04-17 14:09:00.0

Workplan: Latin America Caribbean SAIDI **Year** 06
Activity Title: Provide technical assistance to the national TB control programs in all three initiative countries
Activity Manager: Yeager, Beth **Activity #:** 5 **Task:** A1LN06AMR **Subtask:** 60f3h5
Activity Description: One of the targeted activities this yearb will be an evaluation of how the TB program in Callao, Peru, manages their medicines, in particular second-line drugs. Based on the results of this evaluation, RPM Plus will provide recommendations and follow-up support for implementation. RPM Plus will conduct similar activities in Bolivia this year. Other activities in support of the national TB control programs may be considered.
Planned Products Trip reports, Activity reports,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007

In Peru, RPM Plus held a meeting with national partners to discuss the current procedures for managing second-line treatment of tuberculosis. As a result of that meeting, the need for standardized procedures for managing inventory of second-line drugs was indentified as a high priority. RPM Plus assisted national partners in drafting the terms of reference for a consultant to work on these procedures. In Paraguay, RPM Plus developed the scope of work for a consultant to monitor progress on the implementation of individualized patient treatment kits. In Bolivia, RPM Plus conducted a workshop on pharmaceutical management of TB medicines and

None

The national partners in Peru will send the CVs of potential candidates for the consultancy to RPM Plus, and RPM Plus will initiate the hiring process of the consultant. The potential candidate identified in Paraguay will comment on the draft SOW and RPM Plus will process the contract. In Bolivia, RPM Plus will continue to coordinate with PAHO/Bolivia, the MoH and the potential consultant to move this activity forward.

Project Year 7 Q2

Last Updated: 2007-04-17 14:33:00.0

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 **Subtask:** 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.

Planned Products Meeting minutes,

Activity/Product Progress **Constraints to Progress** **Next Steps**

January 1 2007 to March 31 2007
Project Year 7 Q2

Progress on this activity will now be reported under the FY06 (PY 7)

Last Updated: 2007-04-17 15:56:00.0

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 **Subtask:** 60AXH2
Activity Description: The specific actions to be taken under this activity will be decided on by national nd international SAIDI partners.
Planned Products Document describing strategies for AMR containment in each country Report on results of implementation of at least part of strategy in each country.

Activity/Product Progress **Constraints to Progress** **Next Steps**

January 1 2007 to March 31 2007 RPM Plus continued to coordinate with national partners in Peru and Paraguay to determine which activities in the FY06 workplan require additional support. See Activity 2 in the SAIDI FY06 work plan for

Project Year 7 Q2

None

RPM Plus will continue to work with national partners and establish the contracts necessary to implement intervention activities.

Last Updated: 2007-04-23 10:42:00.0

Workplan: Latin America Caribbean SAIDI **Year** 04
Activity Title: Implementation of pharmaceutical management activities in national SAIDI workplans
Activity Manager: Yeager, Beth **Activity #:** 5 **Task:** A1LN04AMR **Subtask:** 60F1H5
Activity Description: RPM Plus under SAIDI will work with national partners to address the identified problem areas. Specifically, in Peru, RPM Plus will work with national partners to improve storage and distribution in Callao. RPM Plus will also support activities aimed at improving prescribing practices in Callao. In Paraguay, RPM Plus will work with national partners to strengthen capacity in pharmaceutical management at the regional level. As other opportunities to improve pharmaceutical management develop during activity implementation, RPM Plus will continue to work with national partners to

Planned Products

Activity/Product Progress	Constraints to Progress	Next Steps
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<p>January 1 2007 to March 31 2007</p> <p>Project Year 7 Q2</p>	<p>In Peru, the consultant hired by RPM Plus continued to work on storage and distribution practices in Callao. The changes required in the warehouse for MoH accreditation in Good Storage Practices have been identified. Work on these changes began this quarter. Also, the consultant drafted SOPs for the regional warehouse and facilities which are currently under revision. Additionally, personnel from the DISA have received training in GSP. In Paraguay, a pharmaceutical management workshop</p>	<p>None</p> <p>The RPM Plus consultant in Peru will continue to work with the DISA according to the agreed on work plan. In Paraguay, the group of trainers will develop a work plan to conduct regional trainings in pharmaceutical management.</p>
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Last Updated: 2007-04-23 11:13:00.0

Workplan: Regional Development Mission/Asia **Year** 05
Activity Title: Provide TA in training and implementing revised systems and SOPs in TB pharmaceutical management
Activity Manager: Dias, Vimal **Activity #:** 7 **Task:** A1RN05IDX **Subtask:** 60F3H7
Activity Description: RPM Plus will provide technical assistance in developing a training plan and materials for implementation of SOPs. This activity will be carried out in close collaboration and co-funding from the WHO/China. It is anticipated that, once these SOPs are implemented and refined, a plan for scaling them up to other provinces will be developed.

Planned Products Training plan and materials,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March
Project Year 7 Q2

This activity is scheduled to begin following agreement on the plan for scale

Last Updated: 2007-04-17 15:44:00.0

Workplan: Regional Development Mission/Asia **Year** 05
Activity Title: Provide TA to counterparts in one country to utilize the ACT Implementation guide to develop an implementation strategy and identify technical
Activity Manager: Duzey, Olya **Activity #:** 4 **Task:** A1RN05IDX **Subtask:** 60F4H4
Activity Description: RPM Plus will identify, together with the RDM/A and the appropriate Mission, a country, where there is a need to develop an implementation plan, and provide technical assistance throughout the process.
Planned Products Trip reports, Plan for implementation of changes in ACT policy in one country,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March
31 2007

As a follow up to the Cambodian malaria drug policy meeting, the National Malaria Center (CNM) requested RPM Plus technical assistance in development of a implementation plan for the introduction of the dosage change for adults, and introduction of a new blister package for first line therapy for children one to five years of age. This is particularly important, as the previous malaria and chld survival drug use surveys found very poor prescribing/dispensing of first line therapy for falciparum malaria in children. RPM Plus staff and consultant are working with the CNM and WHO to identify all the key decision-makers, who may be involved in development of the

This task is somewhat complicated by the fact that there is a shortage of artesunate in Cambodia, which may result in a stock out of the first line therapy. It may be necessary to focus on resolution of this problem, before CNM staff can focus fully on the next steps in implementing the change in policy.

Fix the dates for the visit by RPM Plus staff for work on the implementation plan, and continue to engage the CNM staff in making preparations for the visit.

Project Year 7 Q2

Last Updated: 2007-04-13 18:21:00.0

Workplan: Regional Development Mission/Asia **Year** 05
Activity Title: Provide TA in development and implementation of interventions to enhance access to antimalarials
Activity Manager: Duzey, Olya **Activity #:** 5 **Task:** A1RN05IDX **Subtask:** 60F4H5
Activity Description: RPM Plus will work with one country to adapt or develop and implement interventions to enhance access to antimalarials. It is anticipated that RPM Plus will work with in-country partners to implement and monitor interventions.
Planned Products Trip reports,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007
 Project Year 7 Q2
 Activity will commence after approval of the plan for implementation of the new dosage for adults and new blister

Last Updated: 2007-04-13 18:23:00.0

Workplan: Regional Development Mission/Asia **Year** 05
Activity Title: Provide TA to scale up standard operating procedures (SOPs) for TB pharmaceutical management in one or more Chinese provinces
Activity Manager: Dias, Vimal **Activity #:** 6 **Task:** A1RN05IDX **Subtask:** 60F3H6
Activity Description: During FY05, a plan for refinement of drug management systems will be developed with counterparts, and in collaboration with WHO/China. Interventions may include the development of more detailed standard operating procedures and an SOP manual. RPM Plus will also work with counterparts to prioritize problems in DMIS and develop recommendations for improvements.
Planned Products Trip report, SOPs in TB pharmaceutical management in English and Chinese,

Activity/Product Progress	Constraints to Progress	Next Steps
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<p>January 1 2007 to March 31 2007 Project Year 7 Q2</p>	<p>The TB pharmaceutical management SOPs have been well accepted by the national TB control program and pilot facilities. During this period, the SOPs were also shared with RPM Plus staff and consultant providing technical assistance in Vietnam to address Global Fund bottlenecks in TB. The SOPs will be</p>	<p>Scale up of SOPs for Henan provinces, which has a population of 200 million, and 110 dispensaries, will require a presence in China to follow up, and a more intensive effort by RPM Plus staff. Anything beyond the one province will require careful planning and execution.</p>	<p>Revise the plan of activities for scale up in China. This will include development of a monitoring and supervision checklist, more formal training materials, back translation of the Chinese version, and coordination and planning of scale up of activities among RPM Plus, the WHO staff, the NCTB, and other potential donors or implementing agencies.</p>
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Last Updated: 2007-04-13 18:42:00.0

Workplan: Regional Development Mission/Asia **Year** 04
Activity Title: Provide TA to identify next steps in Cambodia
Activity Manager: Duzey, Olya **Activity #:** 7 **Task:** A1RN04MAL **Subtask:** 60F4H3
Activity Description: RPM Plus will participate in a malaria partners meeting in Cambodia to discuss findings from the 2004 malaria pharmaceutical management problem exploration and the CNM baseline survey which was carried out as a requirement of a successful GF proposal. To facilitate the development of a consistent and comprehensive approach, RPM Plus, WHO, CNM and other key stakeholders will review findings from these surveys and utilize them to refine or revise planned interventions during the malaria partners meeting, tentatively planned for the third or fourth quarter. RPM Plus will provide guidance on the actions that are needed to implement national policy changes for the first-line treatment for malaria to an artemisinin-based combination treatment (ACT) consistent with WHO's policy recommendations. The guide, Changing Malaria Treatment Policy to Artemisinin-Based Combinations will be used as a planning tool to identify technical assistance and resource needs. This activity will take place in the 4th quarter of
Planned Products Trip report, Action plan,

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007

Project Year 7 Q2

This activity will be undertaken under the next year's work plan, as a follow up to the pharmaceutical management of malaria course. Funds will be

Last Updated: 2007-04-13 15:53:00.0

Workplan:

Regional Development Mission/Asia

Year 04

Activity Title:

Conduct a PMM course in the region

Activity Manager:

Lynders, Marion

Activity #: 8 **Task:** A1RN04MAL **Subtask:** 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.

Planned Products

Trip report, Adapted training modules and PowerPoint presentations in English and Khmer,

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007
Project Year 7 Q2

This activity has been completed.

None

Potential technical assistance needs will be discussed with country counterparts and the RDM/A.

Last Updated: 2007-04-13 16:07:00.0

Workplan:

Regional Development Mission/Asia

Year 05

Activity Title:

Technical activity coordination

Activity Manager:

Duzey, Olya

Activity #: 1 **Task:** A1RN05IDX **Subtask:** 97XXY1

Activity Description:

This activity includes technical activity coordination, workplan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

Planned Products

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007

RPM Plus has revised the work plan to reflect priorities, as discussed during the November malaria partners review, and the February TB partners review meeting. It was also necessary to review the plan of work for China, as Chinese counterparts are quite enthusiastic about scaling up the implementation of TB pharmaceutical management standard operating procedures (SOPs) in provincial, prefecture, and health facility levels. To facilitate technical assistance in Cambodia on malaria and child

None

Continue communication with the RDM/A, country Missions, and partners.

Project Year 7 Q2 survival, RPM Plus extended the contract

Last Updated: 2007-04-13 17:30:00.0

Workplan: Regional Development Mission/Asia **Year** 05
Activity Title: Participate in meetings with partners and donors on pharmaceutical management issues in Asia
Activity Manager: Duzey, Olya **Activity #:** 2 **Task:** A1RN05IDX **Subtask:** 60EXN2
Activity Description: There is a continuing need to work with partners and donors to identify drug management issues within the context of regional or country level programs. In FY03 and FY04, RPM Plus was asked to provide presentations and act as a resource during a Global Fund PSM workshop, pediatric HIV/AIDS workshop and contribute to discussions in country level programs. RPM Plus will participate in meetings in the ANE region and in Washington, DC to address drug management strengthening needs in malaria, TB, HIV/AIDS, or other areas
Planned Products Trip reports,

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	RPM Plus participated in several regional meetings on infectious diseases. In January 2007, RPM Plus participated in the Cambodian National Malaria Drug Policy Review, and the WHO Informal Consultation on MDR Malaria on the Cambodian-Thai border. During the meetings, speakers and participants discussed issues that may be affecting the effectiveness of the current first line therapy in Cambodia and on the Cambodian Thai border. Consensus was to optimize the current artesunate/meloquin therapy and to closely monitor drug sensitivity, and other measures. RPM Plus briefed the Mission and the WHO Representative in Cambodia on the meeting outcomes, and coordination of upcoming activities. In February, RPM Plus participated in the USAID TB Partners Review Meeting in Bangkok, Thailand. The purpose of the	None. There is excellent communication among the WHO Western Regional office (WPRO), the Mekong Malaria program (WHO/Bangkok), and the RDM/A. The review meetings have been very helpful in facilitating information sharing amongst implementing organizations.	Continue communications with partners and counterparts. Provide inputs on meeting reports, if needed.
Project Year 7 Q2			Last Updated: 2007-04-13 17:50:00.0

Workplan: Regional Development Mission/Asia **Year** 05
Activity Title: Disseminate information on findings, tools, and lessons learned
Activity Manager: Duzey, Olya **Activity #:** 3 **Task:** A1RN05IDX **Subtask:** 60GXD3
Activity Description: RPM Plus has shared findings in country level and international meetings, however, the Web is also a growing medium for dissemination of findings and sharing tools and lessons learned. RPM Plus will, in this year, collaborate with the WHO and other partners to identify and make available tools that may be utilized by counterparts in ANE countries or other regions, and share reports, findings, and other information about RPM Plus approaches and interventions to addressing drug management issues, as well as progress on achieving desired outcomes.

Planned Products Updated information on activities in the ANE region on the MSH/RPM Plus website,

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	During the malaria and TB partners review meeting in the Mekong, there was considerable interest in the approaches and tools used by RPM Plus in country programs. As one means of making such information more available, the RPM Plus ANE team is working with communications staff to update the RPM Plus website with current information on pharmaceutical management issues and accomplishments within the ANE and access to documents or tools of interest.	None	Continue working with communications staff, share information with partners electronically, and participate in appropriate fora, as agreed with the RDM/A.
Project Year 7 Q2	Staff is reviewing how to best document		

Last Updated: 2007-04-13 18:00:00.0

Workplan: East.Africa /RLI **Year** 06
Activity Title: Provide support to ANECCA?s pediatric cohort study sites and selected PMTCT programs to improve commodity management.
Activity Manager: Thuo, Michael **Activity #:** 4 **Task:** USAID E.A-RLI **Subtask:** 60CXH4
Activity Description: In FY06 RPM Plus will support this international collaboration by providing technical assistance to strengthen commodity management at 2-4 selected project sites in the region. Site strengthening will involve the inclusion of commodity management and pharmacovigilance modules in the in-service training curriculum developed by ANECCA. In addition, installation of computers for dispensing and application of proven inventory control tools such as the electronic ART dispensing tool, will be supported.

Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
Workplan:	Brazil	Year 06	
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: A1BR06XXX Subtask: 60E3G3	
Activity Description:	RPM Plus during the last two years has mobilized a stakeholders group representing all necessary MoH agencies for FDC introduction (manufacturers, FDA, NTP, Pharmacy Department). A working plan with shared responsibilities was developed and RPM Plus is providing technical and managerial assistance through local and international experts. The largest government manufacturing laboratory Farmanguinhos, acquired new equipment in its facility which is dedicated to TB drugs production (FDCs and pediatric sachets). The following products are either in stability testing phase or are ready for production by the national laboratories. ? Moved from 2 products in 1-product FDCs in tablet form (was capsules) for better stability of the products ? Developing formulations for three products in one and four products in one FDCs (3-FDC, 4-FDC) in tablet forms ? Developed pediatric formulations including sachets which are in advanced stability testing Using the stakeholder?s working group approach which included the highest level personnel possible from the MoH has led to better integration of Brazil manufacturing potential and procurement strategy		

Planned Products

? Monitoring reports of working group ? Plan to carryout combination product reformulation activities ? Interim reports of accomplishments ? Report of working group ? completed and updated with the new monitoring meetings ? Plan to carryout combination product reformulation activities ? completed and revised/up-dated on a regular basis Interim reports of accomplishments ? ongoing ? Workshops realized as planned and technical groups formed among TB producers of the national public Lab network, ? Report of working group ? completed and updated with the new monitoring meetings ? Plan to carryout combination product reformulation activities ? completed and revised/up-dated on a regular basis Interim reports of accomplishments ? ongoing ? Workshops realized as planned and technical groups formed among TB producers of the national public Lab network, ? Monitoring reports of working group ? Plan to carryout combination product reformulation activities ? Interim reports of accomplishments. Progress on Products: ? Report of working group ? completed and updated with the new monitoring meetings ? Plan to carryout combination product reformulation activities ?

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007

? RPM Plus continued to interact with 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. ? RPM Plus had several meetings with Farmanguinhos to monitor results and progress on the workplan for FDCs production: ? 1) one of the main bottleneck for this project is the difficulty demonstrated by Farmanguinhos for procurement of Rifampin of good quality. Consistent progress have been made in Rifampin characterization and specifications, production standards and technical criteria have been defined to support this process. Farmanguinhos interacted with many international producers, identifying long term solutions

? The transferring of manufacturing activities from Manguinhos site to the new plant of Jacarepagua expected to be completed first trimester 2007 is going to be longer than estimated, making production's plans difficult to forecast ? 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 terms and within the standards of quality required is a challenge to shorten the lead time for introducing FDCs into the national treatment regimen this current year

? Provide technical assistance in developing a study protocol for evaluating changes of current treatment regimens to FDCs ? Provide assistance for developing bioequivalence and bioavailability studies necessary to register the new formulations 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

Project Year 7 Q2

Last Updated: 2007-04-13 11:46:00.0

Workplan:

Activity Title:

Activity Manager:

Activity Description:

Brazil

Year 06

Expand DMIS surveillance system for managing MDR-TB patients

Keravec, Joel

Activity #: 5 **Task:** A1BR06XXX **Subtask:** 60G4H5

During the past two years RPM Plus has worked with one of its main partners CRPHF to develop DMIS surveillance system for managing MDR-TB patients: Created a model for decentralization ?Developed course methodology and educational materials for training of MDR-TB reference center personnel?Is web-based for data entry facilitating use by local and national level MoH personnel?Created a procedural guide for both: ?use of the web-based system, and ?training plan so that reference centers can train additional personnel?Has been institutionalized whereby the computer server and system are managed by CRPHF (MoH organization operating at the national level)?Implemented in 27 states?Is a capacity building program where 450 health professionals in 61 MDRTB reference centers have been trained and are currently using the system?Increased case detection rate of MDR-TB significantly increased 2nd year after the project started.Plans for FY06 are to expand the surveillance model to include all re-treatment cases under the DOTS program to optimize monitoring and prevent risks of MDRTB. An evaluation will be done to determine the correct

Planned Products

? Description of decentralized DMIS system ? DMIS forms development ? DMIS software development ? on-going for some modifications ? Procedures for identifying and classifying TB cases ? Plan and schedule of activities for each target area ? Test procedures in target areas, revised accordingly , ? Description of decentralized DMIS system?completed September 2004 - revised December 2006 ? DMIS forms development?completed September 2004 ? revised December 2006 ? Procedures for identifying and classifying TB cases?completed September 2004- revised June 2006 ? DMIS software development ? ongoing ? new epidemiological reports added December 2006 ? Plan and schedule of activities for each target area? ongoing ? Guide for Epidemiological Surveillance and Information System for MDR-TB Control?first version edited November 2006 ? Increased MDRTB case detection rate by 15 to 20 % during year 2005. ? Description of decentralized DMIS system?completed September 2004 - revised December 2006 ? DMIS forms development?completed September 2004 ? revised December 2006 ? Procedures for

Activity/Product Progress**Constraints to Progress****Next Steps**

January 1 2007 to March 31 2007

? Finalized system validation and implemented last adjustments for the new epidemiological reports for cohort results consolidations ? Finalized system validation and on-going implementation of the routine for medicines management and stock control at central and periphery level ? A new and revised version of the ?Guide for Epidemiological Surveillance and Information System for MDR-TB Control??edited and distributed to TB professionals and MDRTB Reference Centers at the National Congress of Brazilian Society for Phtisiology and Pneumology in Fortaleza, November 2006 is projected to be edited April 2007. ? Continued process of revision and updating of data in the database for the DMIS , contributing to the quality and quantity of information of the MDRTB national database ? A policy for MDRTB

-- Due to the slowness in getting server setup at CRPHF, RPM Plus has still assumed the role of hosting of the DMIS on the Web -- The learning process for using the new system by operators at Reference Centers has been slow and not satisfactory in the completion of data to be sent to the national level, leading to a need to re-check and confirm missing information at the time of validation process -- 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.

? Publish the final version of the DMIS user guide for the new DMIS ? Publish the user manual of the system ? Continue to support the decentralization of the management of MDR-TB cases in Brazil ? Define model and methods for conducting an evaluation of the decentralized DMIS for strengthening diagnosis, treatment and management of MDR-TB cases in Brazil ? Define the model for designing new functionalities to adapt the current system to all re-treatment cases monitoring

Project Year 7 Q2

Last Updated: 2007-04-13 11:38:00.0

Workplan:

Brazil

Year 06

Activity Title:

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

Activity Manager:

Keravec, Joel

Activity #: 2 **Task:** A1BR06XXX **Subtask:** 60E3H2

Activity Description:

RPM Plus provided technical assistance and management support to Helio Fraga TB Center and an expert working group to develop a study protocol and methodology for testing resistance in the population to currently used TB medicines, and for testing appropriate regimens to remove the drug ethionamide which is not recommended by WHO due to potential serious adverse reactions. The study protocol was approved by local TB experts, the national TB program (NTP) and the national ethical committee. RPM Plus plans to continue this support in FY06 by monitoring the initiation and carrying out of the study. RPM Plus will hire a consultant with study monitoring experience to train cohort center personnel, set up data collection sites, and coordinate the analysis of study data. Because of the slowness in adding patients to the cohort, the study will likely require three years to

Planned Products

? Report of evidence to support regimen change ? completed ? Report on recommendations and experts meeting for regimen change ? completed ? Plan of specific activities ? continuing to review based on informational meeting with investigators ? Meeting recall to update study protocol -- completed ? Monitoring and supervision system -- ongoing ? Approved study protocol ? original protocol completed and approved by ethics committee; however, because of new MDR-TB evidence the study protocol has to be updated ? Interim reports of accomplishments ? ongoing ? Training materials for monitors ? final orientations need to be formalized by NTP before definition of these materials, ? Report of evidence to support regimen change ? completed ? Report on recommendations and experts meeting for regimen change ? completed ? Plan of specific activities ? continuing to review based on informational meeting with investigators ? Monitoring and supervision system -- ongoing ? Approved study protocol ? completed for the first one (final version submitted to Anvisa ethical committee was formally approved, but will need to be re-submitted after major

Activity/Product Progress

Constraints to Progress

Next Steps

January 1 2007 to March 31 2007

After the withdrawal of clofazimin in the MDRTB standardized regimen in 2006 and the need to re-formulate a new regimen (currently clofazimin has been substituted by pyrazinamid for sensitive patients), technical discussions have been carried out 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 with Union TB specialists like Dr Caminero suggesting some major changes, using only one re-treatment scheme, instead of RI and RIII. A committee of experts is studying these hypothesis which might orient some changes in the study protocol recently approved by Anvisa. RPM Plus is waiting for the conclusions to define if the schemes will be changed, and if the

? Divergences among TB experts community for deciding regimen changes ? Clear position expressed by a majority of TB experts of a study needed to support any decision for regimen change, even if the study will need more time and support to be performed ? 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.

- submit this proposal to an amplified group of TB professionals and to the technical committee for TB of MoH to obtain final approval for the NTP to edit final guidelines and regimen changes officially - when the composition of this re-treatment will be approved, a new study protocol would be elaborated and submitted to Anvisa: study could start to test this new regimen for re-treatment against the previous R3 by enrolling randomly new re-treatment cases to one of these 2 schemes and monitoring results. - Results would be closely monitored to observe the differences, and support decision changes ? Laboratory network will have to be strengthened to offer automated DST tests according validated methodology. Total number of DST to be performed by year to support these decisions is estimated to be around 10,000.

Project Year 7 Q2

Last Updated: 2007-04-13 11:55:00.0

Workplan:

Activity Title:

Activity Manager:

Activity Description:

Brazil

Year 06

Coordinate decentralization of the quality control system for TB pharmaceutical management

Keravec, Joel

Activity #: 4 **Task:** A1BR06XXX **Subtask:** 60DXH4

During the past two years RPM Plus used the stakeholder?s working group approach and established a sustainable system at the MoH for testing 1st and 2nd line TB drugs, the first testing program in Brazil of its kind. The working group highly mobilized persons from cross cutting agencies and stakeholder organizations to assure procurement, distribution, quality control and rational use of TB drugs. This is the first time such a group of stakeholders has taken a holistic, comprehensive approach to improve the quality of drugs all the way from national selection of medicines to their final use by health workers and patients in treatment settings. One of RPM Plus? main partners, INCQS was instrumental in supporting this work and RPM Plus has been the main catalyst in making this activity successful. Another important success factor has been the LabMOST a new tool for Quality Systems Implementation in Drugs Quality Testing Labs introduced by RPM Plus over the last two years. The LabMost is helping to move reference labs to ISO accreditation (norm ISO/IEC 17025) by providing a comprehensive set of management tools for strengthening lab capacity. The

Planned Products

? Reports of quality working group meetings ? Interim reports of follow-on recommendations and data consolidation of QA product testing ? Develop new management and technical tools adapting LabMost to identify problems in quality systems and needed activities to move to ISO. ? Reports of quality working group meetings--ongoing ? Interim reports of follow-on recommendations and data consolidation of QA product testing--ongoing ? Develop new management and technical tools adapting LabMost to identify problems in quality systems and needed activities to move to ISO ?field testing on going, ? Reports of quality working group meetings ? Interim reports of follow-on recommendations and data consolidation of QA product testing ? Develop new management and technical tools adapting LabMost to identify problems in quality systems and needed activities to move to ISO. Progress: ? Reports of quality working group meetings--ongoing ? Interim reports of follow-on recommendations and data consolidation of QA product testing--ongoing ? Develop new management and technical tools adapting LabMost to identify problems in quality systems and needed

Activity/Product Progress**Constraints to Progress****Next Steps**

January 1 2007 to March 31 2007

- 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 INCQSFinal edition of the LabMost and using results and observations from its application in different labs in partnership with INCQS - Assisted INCQS and Helio Fraga TB Reference Center in recruiting and hiring a consultant specialist in TB labs quality for implementing the quality system of the national TB reference lab. An audit has been conducted and all quality procedures and manuals are currently under revision to meet Health Surveillance Department national guidelines and criteria for the reference laboratory competency - Readapted the MOST for Lab using by up-dating recent

- Results of the elections for state governors may result in changes in state labs directions leading to the needs of renegotiate previous agreements signed for technical collaboration on using the Lab MOST for quality management strengthening and decentralization of the TB medicines quality control program - January and February are low activity months during summer in Brazil and new results on TB medicines quality control program will be released in April/May 2007

- 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) and one more Lacen (Amapa state, North region) is committed to use the MOST Tool for Lab to improve its quality management system - 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) - 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 netw

Project Year 7 Q2

Last Updated: 2007-04-13 11:43:00.0

Workplan:

Cambodia

Year 05

Activity Title:

Technical activity and coordination

Activity Manager:

Lynders, Marion

Activity #: 1 **Task:** A1KH05XXX **Subtask:** 97XXY1

Activity Description:

This activity includes activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings and communications with partners and collaborators

Planned Products**Activity/Product Progress****Constraints to Progress****Next Steps****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 **Subtask:** 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 Trip reports,

Planned Products

Activity/Product Progress	Constraints to Progress	Next Steps
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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 **Subtask:** 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 workshop proceedings,

Planned Products

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007	Based on feedback from RDM/A, RPM Plus conducted an additional analysis of key information from the Community Drug Management of Childhood Illnesses survey to determine if differences in	none Share the additional analysis with the RDM/A and others, as appropriate. This activity will be closed.
Project Year 7 Q2		

Last Updated: 2007-04-13 14:36:00.0

Workplan: Madagascar MAC **Year** 05
Activity Title: Technical Assistance for ACT policy change and implementation
Activity Manager: Adeya, Grace **Activity #:** 1 **Task:** A1MG05MAC **Subtask:** 60F4H1
Activity Description: MAC through RPM Plus is providing technical assistance to the MoH to change the antimalarials treatment policy and develop an implementation plan for the new policy. RPM Plus and WHO/AFRO will continue to support this implementation process. The specific activities will be determined once the ACT implementation plan is finalized and validated by the MoH and its RBM partners. This activity will occur throughout the year

Planned Products Trip reports Meeting and workshop reports ,

Activity/Product Progress	Constraints to Progress	Next Steps
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Workplan: Malawi PMI **Year** 07
Activity Title: Finalizing work plan and office set-up
Activity Manager: Rutta, Edmund **Activity #:** 1 **Task:** A1 MW07MAL **Subtask:** 60AXH2
Activity Description: ...
Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
Workplan:	Namibia COP	Year 06	
Activity Title:	Development and Rollout of ART Commodities Tracking System (ACTS)		
Activity Manager:	Nwokike, Jude	Activity #: 7	Task: A1NA06HIP Subtask: 60A2M7
Activity Description:	The development of the ART Commodity Tracking System (ACTS) encompassing the rollout of the ARV Dispensing Tool to treatment facilities and the National database will assist in the tracking of usage of ARV medicines in Namibia and providing relevant data for quantification of national ARV		
Planned Products	ART Dispensing Tool, National Database,		

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	? Procured 11 computer sets for installation of ADT at 11 facilities. ? Advocated for the installation of ADT at CHS facilities. ? Rolled out ADT to 11 more facilities. ADT is currently installed in 18 facilities countrywide. Patient numbers at each facility is the criteria used for selection of facilities for installation of ADT. ? The total number of patients on ART at facilities having ADT is currently 20,030 (63.3% of all patients on ART in the country) ? Trained 2 pharmaceutical staff on the ART Dispensing Tool ? Training on SOPs, monthly reporting forms and quantification conducted in Feb. 2007 with 36 participants comprising of regional pharmacists (8), pharmacist?s Assistants (11), nurses (3) and one ART program manager attended the training.	None	? Roll out of the ADT to more treatment facilities
Project Year 7 Q2	? ART SOP approved by MoHSS and		

Last Updated: 2007-04-11 15:32:00.0

Workplan:	Mexico	Year 06	
Activity Title:	Develop an incentives program for the national TB program		
Activity Manager:	Citysoft Admin	Activity #: 1	Task: A1MX06TBX Subtask: 60EXH1
Activity Description:	The activity will be carried out in three phases. The first phase includes an initial assessment of the current situation and identification of potential opportunities for making improvements. The second phase includes an options analysis workshop with staff and the third being the finalization and implementation of the new incentives programs.		
Planned Products	Guia de Incentivos del PNT (SIN-TB),		

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	<p>In September 2006, RPM Plus met with USAID and NTP representatives in Mexico City. One of the principal objectives of this visit was to analyze the actual usage of an incentive based system by NTP health care workers. Another objective of this visit was to evaluate the capacity of the NTP to organize and implement this incentives based system. A third objective was to organize a workshop to fully implement this system. In December a workshop entitled "Strategies to implement an incentive based system within the NTP?"</p>		
Project Year 7 Q2			Last Updated: 2007-07-24 16:18:00.0
January 1 2007 to March 31 2007	<p>A final draft of the guide for the incentives program for NTP was presented during a visit in March. This draft was based on feedback and comments received during the workshop that took place in December 2006. The draft was thoroughly reviewed and finalized in collaboration with the NTP and other relevant entities at the Ministry</p>		Completed
Project Year 7 Q2			Last Updated: 2007-07-24 16:18:00.0
Workplan:	Mexico	Year 06	
Activity Title:	Develop an incentives program for the national TB program		
Activity Manager:	Citysoft Admin	Activity #: 1	Task: A1MX06TBX Subtask: 60EXH1
Activity Description:	The activity will be carried out in three phases. The first phase includes an initial assessment of the current situation and identification of potential opportunities for making improvements. The second phase includes an options analysis workshop with staff and the third being the finalization and implementation of the new incentives programs.		
Planned Products	Guia de Incentivos del PNT (SIN-TB),		
	Activity/Product Progress	Constraints to Progress	Next Steps

January 1 2007 to March 31 2007
 Project Year 7 Q2

In September 2006, RPM Plus met with USAID and NTP representatives in Mexico City. One of the principal objectives of this visit was to analyze the actual usage of an incentive based system by NTP health care workers. Another objective of this visit was to evaluate the capacity of the NTP to organize and implement this incentives based system. A third objective was to organize a workshop to fully implement this system. In December a workshop entitled "Strategies to implement an incentive based system within the NTP?"

Last Updated: 2007-07-24 16:18:00.0

January 1 2007 to March 31 2007
 Project Year 7 Q2

A final draft of the guide for the incentives program for NTP was presented during a visit in March. This draft was based on feedback and comments received during the workshop that took place in December 2006. The draft was thoroughly reviewed and finalized in collaboration with the NTP and other relevant entities at the Ministry

Completed

Last Updated: 2007-07-24 16:18:00.0

Workplan: Rwanda PMI **Year** 07
Activity Title: Provide technical assistance in the quantification and procurement of antimalarials
Activity Manager: Kabuya-Mutshipayi, Willy **Activity #:** 2 **Task:** A1RW07PMI **Subtask:** 60C1H2
Activity Description: In order to collate accurate data on ACT consumption within public health facilities in Rwanda, there needs to be a mechanism in place that will enable the flow of feedback to the national level on facility-level use of ACTs. RPM Plus in conjunction with the NMCP will support CAMERWA by providing technical assistance for the development of an effective public sector ACT quantification and tracking system. The malaria case management strategy in Rwanda prescribes Artemether injectable for malaria cases that are likely to become severe. In collaboration with PNILP, RPM Plus will quantify and procure injectable Artemether for those cases based on the national available data and RPM Plus experience in

Planned Products

Activity/Product Progress	Constraints to Progress	Next Steps
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Workplan: Southern Sudan **Year** 06
Activity Title: Support MOH to establish/strengthen public sector ITN provision within the context of IVM
Activity Manager: Azairwe, Robert **Activity #:** 2 **Task:** A1SD06MAL **Subtask:** 60F4H2

Activity Description: RPM Plus will support MOH/NMCP to develop a proposal to seek additional funding to support public sector provision of ITNs/LLINs. Based on the proposal, MOH/NMCP will be supported to organize a partner's meeting to mobilize resources for public sector ITN provision. RPM Plus will also support NMCP/MOH to better track ITN distributions by different partners. In addition, RPM Plus will provide technical input to WHO and NMCP to support the ongoing process of developing a national Integrated Vector Management (IVM) strategy.

Planned Products Proposal for ITN provision through public sector Report of partner's meeting to mobilize resources for public sector ITN provision ,

Activity/Product Progress	Constraints to Progress	Next Steps
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Workplan:	Tanzania (PMI)	Year 06	
Activity Title:	Private sector distribution of subsidized ACT through the Accredited Drug Dispensing Outlet (ADDO) program		
Activity Manager:	Rutta, Edmund	Activity #: 2	Task: A1TZ06PMI Subtask: 60C4H2
Activity Description:	It is planned that under current USAID Tanzania funding for PMI activities, \$ 300,000 worth of ACT treatment (Artemether-Lumefantrine) will be procured from Novartis for ADDOs. RPM Plus will support the implementation of this strategy through the following sub-activities: Sub-activities planned: 2.1. Quantification of ACT consumption and morbidity data in Ruvuma and Morogoro regions to be used in quantification of ACTs for ADDOs. Share the estimated quantities with PMI team and Private whole seller for procurement purpose. 2.2. Assist MOHSW/NMCP, donors and other stakeholders to develop a model/mechanism for determining pricing for ACTs as a basis for pricing policy decisions within the private sector. 2.3. Develop distribution plan and map out all distributors for ACTs for ADDO. Conduct meetings with selected ACTs distributors for Ruvuma and Morogoro region to discuss the, distribution, storage, record keeping, pricing and incentives. 2.4. Develop and implement commodity tracking for ACTs consumption within the overall ADDO monitoring system. In particular, monitoring for leakage and discouraging the sale of subsidized products		
Planned Products	ACT quantification report, ADDOs ACT distribution plan, ADDOs monitoring and supportive supervision plan and reports, Training materials and reports for new ACT policy , ACT pricing policy for the private sector report,		

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007	Designed a packaging sticker for ACT in ADDO and ordered 661,393 treatment courses of Artemether-Lumefantrine (ALu). The first consignment of 113,280 treatment coursed is expected in early May. Drafted memorandum of understanding with national ACT distributor (Pyramid Pharma Ltd). Together with TDFA and NMCP prepared for and sensitized 17 Regional secretariat/RHMT, 73 CHMT/DDTC, 155 ADDO owners and 97 health workers on ACT policy change. Prepared training	Official MOH statement on rescheduling of ACT from POM to OTC not yet released	Immediate ditribution of the first Consignment. Finalize the MOU. Continue ACT policy Sensitization in Morogoro region. PSI to modify and finalize the social marketing proposal based on proposed changes.
Project Year 7 Q2			

Last Updated: 2007-04-02 14:49:00.0

Workplan:	Uganda (PMI)	Year 06	
Activity Title:	Work with NMCP to develop a plan of action to facilitate distribution, availability, use and reporting of ACTs including adapting an RPM Plus		
Activity Manager:	Kidde, Saul	Activity #: 5	Task: A1UG06PMI Subtask: 60CXHC

Activity Description: With the malaria supply chain committee and in accordance with the ACT roll-out strategy RPM Plus will support the development of a plan for distributing reporting and monitoring of ACTs by ensuring that there is establishment of: o national level capacity and plans for receipt, storage and distribution of ACTs o district health facility capacity and plans for receipt and storage of ACTs o plans for determination and provision of support to district health facilities to enable the proper quantification of ACTs and thus ensure adequate supply and availability of ACTs o a system for the determination, procurement and district distribution of other antimalarials. o mechanisms for maintaining accurate inventory records and tracking of Artemether-Lumefantrine and other antimalarial medicines in use within the public sector o strategies for covering storage and distribution costs and minimizing leakage to ensure malaria medicines availability at health facilities o support the existing commodity monitoring and evaluation system and strengthen key levels of the supply system in support of malaria control by adapting RPM Plus monitoring tools that have been tested and seen to work

Planned Products Document entailing plan of action for distribution and monitoring of ACTs, Tool adapted, available and functional,

Activity/Product Progress	Constraints to Progress	Next Steps
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Workplan:	Vietnam - PEPFAR	Year 06
Activity Title:	Provide TA to enhance decision-making capacity at the MOH, other collaborating agencies (CAs) and donors for HIV/AIDS-related pharmaceutical and commodity management	
Activity Manager:	Kuhl, David	Activity #: 3 Task: A1VN06HIP Subtask: 60F8N3
Activity Description:	RPM Plus will continue to provide support as needed to the VAAC in pharmaceutical management. RPM Plus will also explore mechanisms for supporting a medicines coordination unit within the VAAC, to enhance its capacity for decision-making relative to pharmaceutical management implementation issues, including training, integration of PMTCT and OPC, allocation of medicines in short supply, or prioritization of sites for scale up. As needed, RPM Plus will participate in meetings with partners, donors, and counterparts in Vietnam to facilitate ongoing constructive and collaborative dialogue and to facilitate implementation of activities. This activity will take place throughout the COP06 period.	
Planned Products	Policy changes or decisions made ,	

Activity/Product Progress	Constraints to Progress	Next Steps
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January 1 2007 to March 31 2007	Throughout the quarter, RPM Plus and SCMS staff continued to hold regular pharmaceutical management status update meetings with the MOH, USG partners and other donors. Meetings focused on general pharmaceutical management problem resolution to site-specific issues. Examples of topics discussed include monthly meetings with USG partners, a review and explanation of ARV patient costs for 2006, lab reagent supply, methadone supply,	The new director of VAAC stated that they no longer want to be involved in the administration of import permits and that SCMS needs a partner specifically for this.	RPM Plus and SCMS will inform partners that, as of April 1, SCMS will conduct follow-up on this activity.
Project Year 7 Q2			

Last Updated: 2007-04-16 15:59:00.0

Workplan:	Vietnam - PEPFAR	Year 06
Activity Title:	Provide support for site monitoring of HIV/AIDS-related pharmaceutical management practices	
Activity Manager:	Kuhl, David	Activity #: 4 Task: A1VN06HIP Subtask: 60F2H4

Activity Description: RPM Plus will continue these site visits throughout COP06, and will coordinate with SCMS on monitoring information and support for both pharmaceutical and supply chain management activities. During these visits, RPM Plus will also provide feedback and guidance to strengthen staff pharmaceutical management practices. This activity will take place throughout the COP06 period.

Planned Products Site visit reports,

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007	RPM Plus and SCMS/Vietnam staff currently support ARV management for 40 USG-supported (PEPFAR) clinics. Staff coordinates closely with the Ministry of Health, Clinton Foundation, and Global Fund on quantification, training, distribution and technical assistance. A review of ARV monthly stock reports from USG-supported sites showed that expired medicines stocks are less than 1% of the total stock. This is remarkable given that there are 35 pediatric and 19 adult drug protocols in use. To facilitate further scale up of activities, and to improve the site monitoring visits, RPM Plus conducted a review and analysis of the substance and consistency of the monthly monitoring reports submitted following regular visits to USG supported sites. Analysis showed several frequently reported issues related to shipping, temperature maintenance and	USG and the Government of Vietnam wish to increase the number of USG supported sites and to initiate ART in those sites. This, however, requires careful evaluation in advance of receipt of ARVs, so that systems can support their effective management. To facilitate this process, additional staff need to be recruited.	Vietnam staff will review and refine the site monitoring checklist. Further reporting will occur under the SCMS project.
Project Year 7 Q2			

Last Updated: 2007-04-16 16:06:00.0

Workplan: Vietnam - PEPFAR **Year** 06

Activity Title: Provide TA to strengthen drug management information systems (DMIS) at selected ART implementation sites for HIV/AIDS-related pharmaceutical and commodity management

Activity Manager: Kuhl, David **Activity #:** 5 **Task:** A1VN06HIP **Subtask:** 60GXH5

Activity Description: RPM Plus will work with the USG SI Manager, SCMS, and other partners to help implement and support appropriate information systems to allow accurate information and timely decision-making in pharmaceutical and supply chain management. This may include the use of the ARV Dispensing Tool, the Inventory Tracking Tool, or other mechanisms, to enhance the collection, processing, reporting and use of information to guide decision making. RPM Plus will also contribute to discussions of how DMIS may be integrated with health information systems. This activity will take place in DMIS tool, Trip reports, quarterly and other reports ,

Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March	This activity was completed.	Transfer of activities to SCMS Project.	None

Project Year 7 Q2

Last Updated: 2007-04-17 10:15:00.0

Workplan: Vietnam - PEPFAR **Year** 06
Activity Title: Provide TA in quantification of ARVs and other commodities for HIV/AIDS
Activity Manager: Barraclough, Andrew **Activity #:** 6 **Task:** A1VN06HIP **Subtask:** 60C1H6
Activity Description: RPM Plus will provide TA to sites to ensure accuracy of information used for reporting, so that monthly quantification adjustments may be made, to ensure adequate supplies of ARVs in USG-supported sites, and coordinate needs with other donors.

Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007 Project Year 7 Q2	RPM Plus provided technical assistance in reviewing the legal requirements for procurement of methadone for replacement therapy and its	None	Activities have been transferred to SCMS.

Last Updated: 2007-04-17 10:36:00.0

Workplan: Vietnam - PEPFAR **Year** 06
Activity Title: Provide TA in procurement of ARVs and other commodities for HIV/AIDS
Activity Manager: Barraclough, Andrew **Activity #:** 7 **Task:** A1VN06HIP **Subtask:** 60C2H7
Activity Description: RPM Plus will provide technical assistance in quantification and procurement of laboratory commodities, as agreed with USG partners for selected

Planned Products

	Activity/Product Progress	Constraints to Progress	Next Steps
January 1 2007 to March 31 2007 Project Year 7 Q2	This activity is completed. During this period, the laboratory commodities were received and distributed to selected USG-		The procurement function has been transferred to SCMS, including ARVs, methadone, and laboratory commodities.

Last Updated: 2007-04-17 10:34:00.0

Workplan: Vietnam - PEPFAR **Year** 06
Activity Title: Technical activity coordination and monitoring
Activity Manager: Duzey, Olya **Activity #:** 1 **Task:** A1VN06HIP **Subtask:** 97XXY1
Activity Description: This activity includes technical activity coordination, workplan development, budget monitoring, reporting, meetings, and communications with partners and collaborators. An effective monitoring and evaluation plan is required to monitor: pharmaceutical management in accordance with agreed operational procedures; drug quality and rational use; and overall progress. RPM Plus will develop such a plan to document and evaluate RPM Plus activities in Vietnam. This information will be used to guide program (RPM Plus/Vietnam) management and allow RPM Plus to report to MOH , USG, and other agencies, if needed, on a timely basis. This activity will take place throughout the COP06 period.

Planned Products

Work plan,

