

**Strengthening  
Pharmaceutical  
Systems  
Activity and  
Product Status  
Report**

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**Project Year 1,  
April – June 2008**

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



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FROM THE AMERICAN PEOPLE

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

*September 2008*



**Strengthening Pharmaceutical Systems Program  
Activity and Product Status Report**  
April- June 2008

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Strengthening Pharmaceutical Systems Program  
Center for Pharmaceutical Management  
Management Sciences for Health

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## **About SPS**

The Strengthening Pharmaceutical Systems (SPS) Program strives to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems and services. SPS focuses on improving governance in the pharmaceutical sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines.

## **Recommended Citation**

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## **ACRONYMS AND ABBREVIATIONS**

ACT	artemisinin-based combination therapy
ADDO	Accredited Dispensing Drug Outlets
AIDS	acquired immunodeficiency syndrome
AMR	antimicrobial resistance
ART	antiretroviral therapy
AQ	amodiaquine
ARV	antiretroviral
AS	artesunate
CESAG	Centre Africain d'Etudes Superieures en Gestion
COP	country operational program
CPDS	Coordinated Procurement and Distribution System [Rwanda]
CRS	Catholic Relief Services
DACA	Drug Administration and Control Authority [Ethiopia]
DOTS	internationally recommended strategy for tuberculosis control [WHO definition]
DTC	Drug and Therapeutics Committee
ECSA	East, Central, and Southern Africa
EML	essential medicines list
FHI	Family Health International
FTC	fixed-dose combination
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GDF	Global Drug Facility [Stop TB/WHO]
GLC	Green Light Committee
HIV	human immunodeficiency virus
IC	infection control
IMCI	Integrated Management of Childhood Illness
IR	intermediate result [USAID]
IRSP	Institut Régional de Santé Publique [Benin]
MCC	medicines control council [Namibia]
MDR	multidrug-resistant
MoH	Ministry of Health
MoHSS	Ministry of Health and Social Services
MSH	Management Sciences for Health
NASCOP	National AIDS and STD Control Programme [Kenya]
NCAIDS	National Center for AIDS [China]
NCTB	National Center for Tuberculosis Control and Prevention [China]
NDOH	National Department of Health
NGOs	nongovernmental organizations
NHTC	National Health Training Centre [Namibia]
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PMPB	Pharmacy Medicines and Poisons Board
PMTCT	prevention of mother-to-child transmission

PNA	Pharmacie Nationale d'Approvisionnement [Senegal]
PNLP	Programme National de Lutte contre le Paludisme [National Malaria Control Program]
PNLT	Programme National de Lutte contre la tuberculose [National Tuberculosis Control Program]
PSI	Population Services International
QA	quality assurance
RBM	Roll Back Malaria
REDSO	Regional Economic Development Services Office [USAID]
RDMA	Regional Development Mission–Asia
RMU	rational medicines use
RPF	Regional Pharmaceutical Forum
RPM Plus	Rational Pharmaceutical Management Plus [Program]
SOP	standard operating procedure
SPS	Strengthening Pharmaceutical Systems
STG	standard treatment guidelines
TA	technical assistance
TB	tuberculosis
TFDA	Tanzania Food and Drug Authority
TIPC	Therapeutics Information and Pharmacovigilance Center [Namibia]
TOT	Training of Trainers
TWG	technical working group
UNION	International Union Against Tuberculosis and Lung Disease
URC	University Research Corporation
USAID	U.S. Agency for International Development
USD	U.S. dollar
USG	U.S. Government
USPDQI	U.S. Pharmacopeia Drug Quality and Information [Program]
WARP	West Africa Regional Program
XDR-TB	extensively drug-resistant TB

## **FINANCIAL INFORMATION**

### ***Strengthening Pharmaceutical Systems Program Fiscal Data: January 1, 2008– March 31, 2008***

#### ***GHN-A-00-07-00002-00***

On June 29, 2007, Management Sciences for Health was awarded the SPS leader with associate cooperative agreement. The cumulative obligation for SPS currently stands at US\$38,078,988.

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 Program Elements designated by USAID when funding is received (e.g., Maternal Child Health (MCH) [and sub-elements Antimicrobial Resistance (AMR), Child Survival and Reproductive Health], HIV/AIDS, Tuberculosis (TB), Malaria and Other Public Health Threats (OPHT)).

The Fiscal Data chart shows the Year 1 through Year 2 obligations, cumulative funds obligated, quarter three expenditures, in addition to the cumulative to-date (June 29, 2007 to June 30, 2008) expenditures of US\$15,200,556 by funding source.

The SPS leader with associate cooperative agreement stipulates that MSH should cost-share an amount not less than US\$7,375,000 over the life of the program (5% of actual total activity costs). As of June 30, 2008, SPS continues to reach this cost-share requirement, generating US\$1,278,329 in non-Federal funding, within the technical scope of work for SPS.

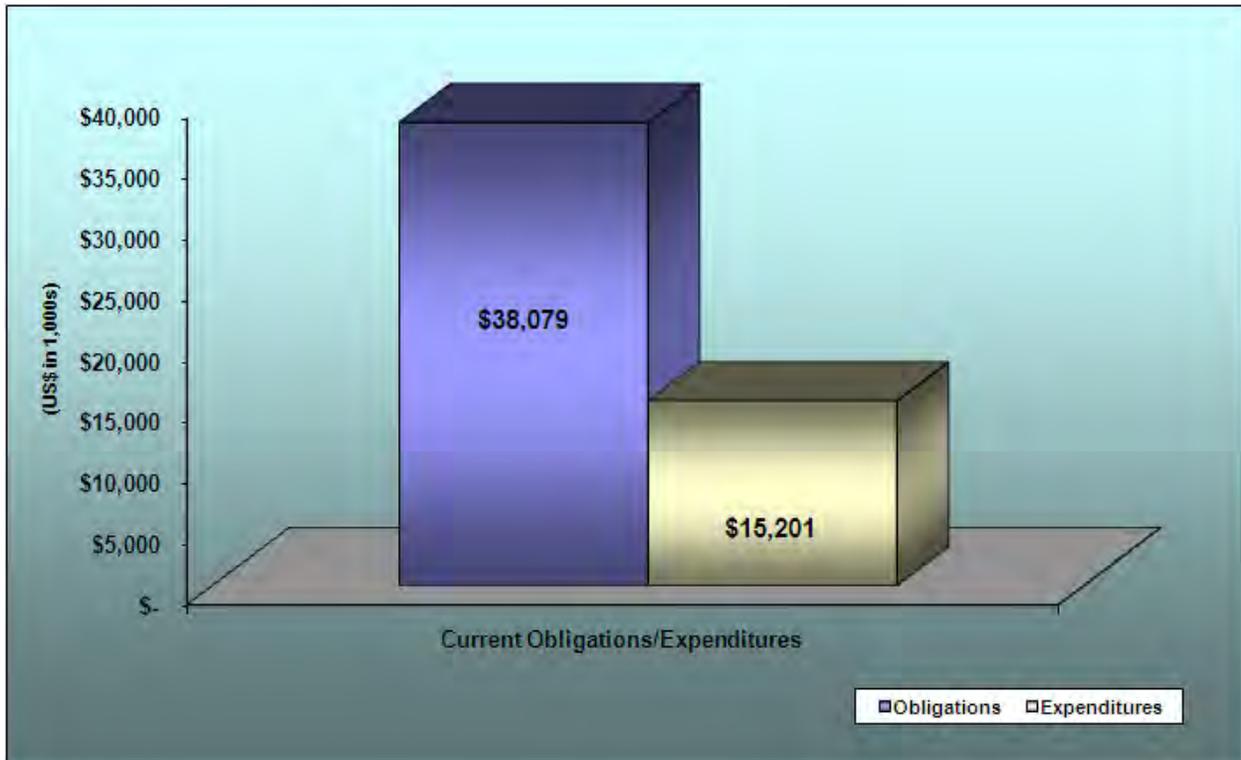
*SPS Activities and Products Status Report*

**SPS Program Fiscal Data; Close of Fiscal Year 2008, Quarter 3  
GHN-A-00-07-00002-00**

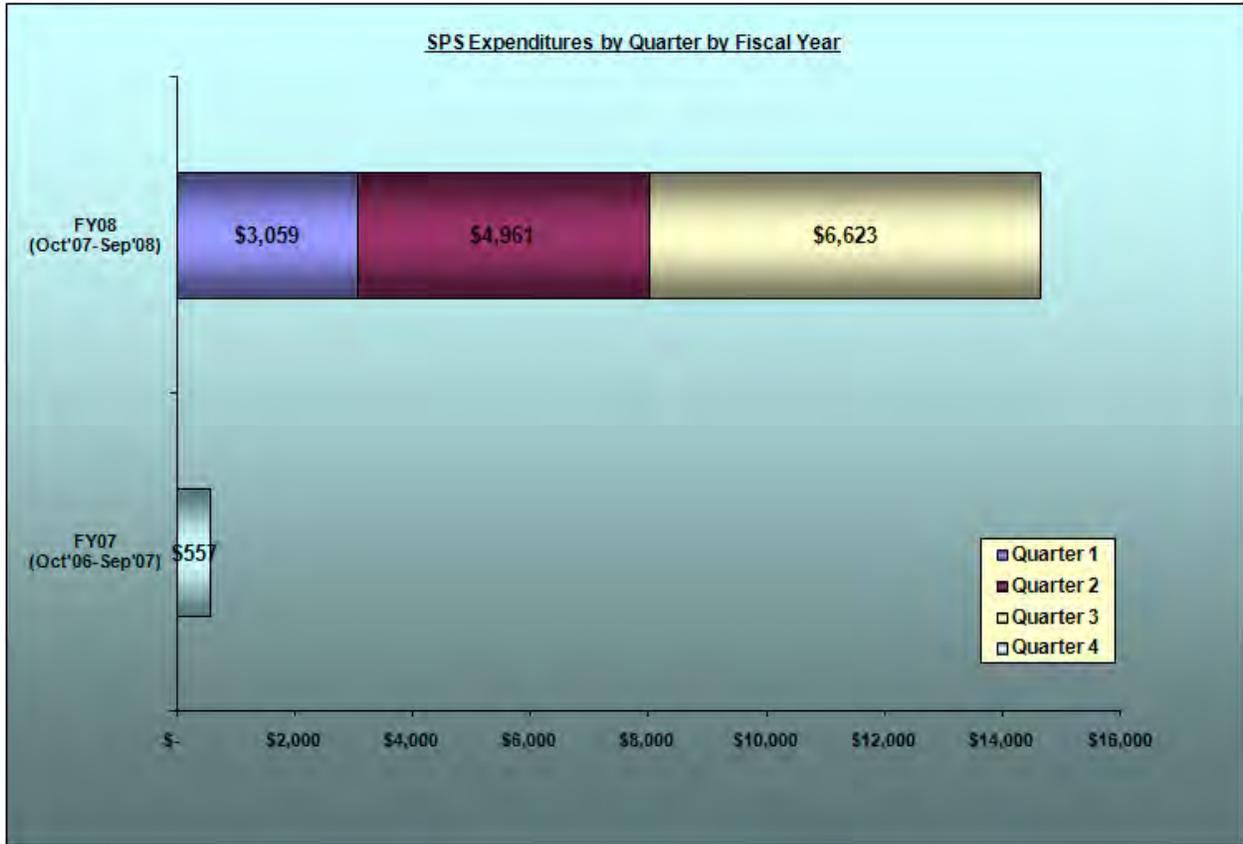
Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Cumulative Obligated 30-Jun-08	Q3 Expenditures Jan-Mar 2008	Grand Total Spent 30-Jun-08	Grand Total Remaining 30-Jun-08
<b>Worldwide/Core</b>							
	AMR Core	\$ 998,000		\$ 998,000	\$ 235,176	\$ 421,631	\$576,369
	Child Health Core	\$ 758,000		\$ 758,000	\$ 176,977	\$ 176,977	\$581,023
	Common Agenda Core	\$ 861,262		\$ 861,262	\$ 82,467	\$ 484,569	\$376,693
	Malaria Core	\$ 200,000		\$ 200,000	\$ 73,277	\$ 158,657	\$41,343
	Reproductive Health (RPH)	\$ 252,000		\$ 252,000	\$ 70,788	\$ 74,456	\$177,544
	TB Core	\$ 1,217,000		\$ 1,217,000	\$ 235,077	\$ 659,789	\$557,211
<i>Worldwide/Core Subtotal</i>		\$ 4,286,262	\$ -	\$ 4,286,262	\$ 873,761	\$ 1,976,080	\$ 2,310,182
<b>Core</b>		<b>\$ 4,286,262</b>	<b>\$ -</b>	<b>\$ 4,286,262</b>	<b>\$ 873,761</b>	<b>\$ 1,976,080</b>	<b>\$2,310,182</b>
	Afghanistan		\$ 2,000,000	\$ 2,000,000	\$ 30,851	\$ 82,972	\$1,917,028
	Angola			\$ -	\$ 49,909	\$ 49,909	(\$49,909)
	Benin			\$ -	\$ 43,706	\$ 77,875	(\$77,875)
	Brazil - TB	\$ 400,000		\$ 400,000	\$ 134,767	\$ 251,810	\$148,190
	DCHA/OFDA (BHR/OFDA)	\$ 100,000		\$ 100,000	\$ -	\$ -	\$100,000
	Democratic Rep. Of Congo	\$ 350,000		\$ 350,000	\$ 115,673	\$ 254,066	\$95,934
	Dominican Republic - TB	\$ 300,000		\$ 300,000	\$ 28,118	\$ 39,604	\$260,396
	East Africa Regional	\$ 75,000		\$ 75,000	\$ 24,657	\$ 31,586	\$43,414
	Ethiopia - PEPFAR	\$ 2,950,000		\$ 2,950,000	\$ 77,965	\$ 77,965	\$2,872,035
	Ghana - PMI		\$ 75,000	\$ 75,000	\$ 47,626	\$ 47,626	\$27,374
	India	\$ 150,000		\$ 150,000	\$ -	\$ -	\$150,000
	LAC - MAL/AMI	\$ 725,000		\$ 725,000	\$ 150,032	\$ 180,623	\$544,377
	Liberia - PMI	\$ 150,000	\$ 300,000	\$ 450,000	\$ 54,518	\$ 65,789	\$384,211
	Madagascar - PMI		\$ 300,000	\$ 300,000	\$ 5,484	\$ 5,484	\$294,516
	Malawi - PMI	\$ 400,000		\$ 400,000	\$ 201,762	\$ 462,999	(\$62,999)
	Mali - PMI			\$ -	\$ 23,784	\$ 23,784	(\$23,784)
	Regional Development Mission/Asia	\$ 463,280		\$ 463,280	\$ 11,704	\$ 17,720	\$445,560
	West Africa Regional (WARP)	\$ 500,000		\$ 500,000	\$ 63,265	\$ 141,456	\$358,544
<i>Kenya Subtotal</i>		\$ 11,350,000	\$ -	\$ 11,350,000	\$ 1,909,730	\$ 4,496,620	
Namibia - PEPFAR		\$ 3,497,446		\$ 3,497,446	\$ 720,278	\$ 2,169,007	\$1,328,439
<i>Rwanda Subtotal</i>		\$ 3,287,000	\$ -	\$ 3,287,000	\$ 630,561	\$ 2,030,884	
<i>Senegal Subtotal</i>		\$ 225,000	\$ -	\$ 225,000	\$ 47,385	\$ 121,979	
	Southern Africa, Republic Of - PEPFAR	\$ 3,600,000		\$ 3,600,000	\$ 722,337	\$ 985,388	\$2,614,612
	Lesotho - PMI	\$ 300,000		\$ 300,000	\$ 98,439	\$ 142,380	\$157,620
	Swaziland - PEPFAR	\$ 525,000		\$ 525,000	\$ -	\$ -	\$525,000
	Southern Sudan	\$ 800,000		\$ 800,000	\$ 269,638	\$ 460,327	\$339,673
<i>Tanzania Subtotal</i>		\$ 650,000	\$ -	\$ 650,000	\$ 130,290	\$ 699,235	
	Uganda - PMI	\$ 320,000		\$ 320,000	\$ 156,676	\$ 307,391	\$12,609
		<b>\$ 31,117,726</b>	<b>\$ 2,675,000</b>	<b>\$ 33,792,726</b>	<b>\$ 5,749,156</b>	<b>\$ 13,224,477</b>	<b>\$20,568,249</b>
ACF Surplus/(Deficit)						(\$0)	
<b>Grand Total</b>		<b>\$ 35,403,988</b>	<b>\$ 2,675,000</b>	<b>\$ 38,078,988</b>	<b>\$ 6,622,917</b>	<b>\$ 15,200,556</b>	<b>\$22,878,432</b>

**SPS Financial Status Overview**  
**Cumulative Expenditure activity through June 30, 2008**

Total Funding Received to date:	\$38,078,988
Total Amount Spent to date:	\$15,200,556
Pipeline:	\$22,878,432
Percent of Funds Spent:	39.92%
Cost-Share Earned to Date:	\$1,278,329
Target Cost-Share Amount:	\$7,375,000
Percent of Cost-Share Realized:	17.34%



**Strengthening Pharmaceutical Systems Program  
Expenditures through June 30, 2008**



## **GLOBAL PROGRAMS**

### **ANTIMICROBIAL RESISTANCE**

#### ***Overview***

The rapidly growing problem of antimicrobial resistance (AMR) is rendering many first-line treatments useless, seriously impacting the treatment of malaria, tuberculosis (TB), HIV/AIDS as well as all other infectious diseases of major public health significance. Unless urgent, adequate, concerted, and sustained containment efforts are made, AMR will soon reverse all the gains achieved so far in treating infectious diseases and throw us back into a pre-antibiotic era. The AMR portfolio of Management Sciences for Health (MSH)/SPS will direct work to support the key activity areas identified in the U.S. Agency for International Development (USAID) intermediate results (IR) for SPS and AMR pathway. The activity areas are—

- Scaling up proven institutional interventions to minimize the spread of AMR
- Designing and implementing AMR interventions to improve medicines use behavior at the community level
- Implementing innovative AMR containment strategies and approaches at the global and country levels

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

- SPS (core-supported AMR portfolio and Kenya Country office) coordinated and collaborated with the Regional Pharmaceutical Forum (RPF) of the East, Central and Southern Africa Health Community (ECSA HC) to hold a regional RPF-AMR meeting from April 28-30, 2008 in Kampala, Uganda. RPF recognized that AMR is a public health emergency and that they are the appropriate body to spearhead a regional AMR advocacy effort in ECSA. The Promoting Rational Use of Pharmaceuticals Technical Working Group (TWG) of RPF readily took on the challenge of incorporating AMR advocacy and containment into their 2008-2012 strategy. Important outcomes of the meeting included: (1) AMR advocacy and containment issues and related activities were incorporated into the Regional Pharmaceutical Strategy. (2) An AMR Call-to Action was created by the meeting participants and disseminated to the RPF members after the meeting. Additionally, the Call-to-Action was posted on the ECSA HC website. (3) Key next steps identified, including efforts towards securing a slot for AMR at the Directors Joint Consultative Committee (DJCC) scheduled for later this year and, after that, a resolution on AMR at the 2009 Health Ministers' Regional Conference.
- SPS staff contributed to the final technical review of the infectious diseases component of the revised national STG in Zambia. The MOH is now in the process of tendering for the printing and publication of the guideline.

- SPS collaborated with the Ministry of Health Hospital Administration and the Department of Medical Policy, Jiangxi Province Public Health Bureau to conduct a DTC Training course in Nanchang, China May 5-10, 2008, which was attended by 47 pharmacists, physicians and managers from 44 hospitals.
- following the Regional DTC-TOT course in Uganda in January 2008, follow-up activities have started with a number of participants and countries. A training course at the Nairobi Hospital was completed in May 2008 and was assisted by the SPS program in Kenya.
- SPS and its partner—University of Washington (UW) Department of Global Health—conducted a widely-participated pharmacovigilance meeting at the MSH Arlington Office on May 30<sup>th</sup>. During the meeting UW staff presented an initial draft of the SPS pharmacovigilance framework and concept paper. Subsequently various MSH/SPS staff provided feedback on the draft, which was consolidated and sent to UW. Also, during this quarter work toward indicator-based assessment tool progressed with literature review to identify all related publications and resources, and the development of an initial draft of candidate indicators.
- Three infection control training of trainer (TOT) workshops were held in different provinces of South Africa during the last quarter. NDOH, SPS and provincial quality assurance staff continued to coordinate and collaborate during this quarter as well to conduct 5 more TOTs—in Kimberley, Northern Cape Province (April 1-4 ; 19 participants), Pietermaritzburg, KwaZulu Natal Province (April 8-11; 26 participants), White Water, Mpumalanga Province (April 15-18; 22 participants), Mafikeng, North West Province (June 17-20, 20 participants) and Bloemfontein, Free State Province (June 24-27; 25 participants).
- SPS staff presented a poster on the infection control self-assessment tool (ICAT) implementation experiences from South Africa and Swaziland at the 35<sup>th</sup> Global Health Council (GHC) conference in Washington DC, May 29, 2008.
- Training of hospital staff in different provinces of South Africa on the use of the adherence measurement tool (developed under RPM Plus) was initiated during the last quarter, with 141 staff trained during that quarter. Another 307 staff from hospitals in three more provinces (Limpopo, Mpumalanga, Free State) were trained during this quarter.
- SPS staff presented a session on the current state of the art in adherence at the African SOTA meeting in Johannesburg on the 3<sup>rd</sup> of April 2008.
- An additional major accomplishment during this quarter included the finalization of the Antimicrobial Resistance (AMR) Module for Population-based Surveys (developed under RPM Plus jointly by MSH and Macro International) and its final uploading into the Demographic and Health Surveys (DHS) website for global use. The link is <http://www.measuredhs.com/aboutsurveys/dhs/questionnaires.cfm>. The Module Package

includes: Module Description (including the Indicators), Tabulation Plan, Questionnaire, Data Collector's Guide, and the Pretest of the Module in Zambia.

## **MATERNAL AND CHILD HEALTH**

### ***Overview – Maternal Health***

SPS provides technical assistance to the USAID supported Prevention of Post-Partum Hemorrhage Initiative (POPPHI) in drug and supply management issues that might hinder active management of the third stage of labor (AMTSL) to prevent post-partum hemorrhage (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 Obstetricians (FIGO). Supporting partners include SPS, 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 support interventions for scaling-up use of AMTSL and to develop structures that sustain the continued emphasis on AMSTL over the long term.

SPS activities will be focused on three countries Ghana, Benin and Mali that have been introduced and are in the process of expanding the use of AMTSL. SPS support is focused on three main technical objectives–

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
2. Enhance the capacity of government and non-governmental organizations to manage drugs and supplies for key maternal health services
3. Improve the capacity and awareness of global maternal health initiatives and partners in addressing maternal health pharmaceutical management issues

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

SPS, carried out the collaborative work with POPPHI on maternal health issues primarily centered on the studies of AMTSL practices in various countries.

During this quarter, at the request of the Ministry of Health (MOH) in Benin, two regional disseminations of results from the 2006 AMSTL study were held in Bohicon for the southern provinces and Parakou for the northern provinces in Benin from. The workshops were held between May 12- June 4, 2008. Participants at these workshops included 41 females and 10 males for Bohicon workshop and 34 females and 10 males for Parakou workshop. As part of the workshop activities one-year action plans (2008 – 2009) for the scale-up of AMSTL in the participating regions were developed and plans for the implementation of the action plans were made. SPS plans to provide technical assistance to the health region teams for the implementation for these action plans.

Prior to the workshops, a national consensus meeting was held to review the proposed changes to the standard AMSTL protocols for the country and to adopt the changes. SPS participated in this

consensus meeting and will continue to provide technical support to the MOH in Benin as it finalizes these protocols and implements them.

In Mali, job aids (in the French language and the local language Bambara) on the management of the transfer of uterotonics from the pharmacy to the delivery room that had been developed by SPS on behalf of the MOH were presented to the MOH by POPPHI during their field trainings. These job aids were reviewed by collaborating stakeholders from the Ministry of Health and successfully tested at two field sites. The jobs aids are now being finalized and will be available for dissemination in Mali in the next quarter.

### **Overview – Child Health**

Pharmaceuticals and related health supplies are essential for the successful implementation of child health programs. The RPM Plus Program developed a variety of tools to assess the strengths and weaknesses of pharmaceutical management systems to guide intervention development in support of child health programs. In collaboration with other key players in child health, SPS plans to apply these tools and the technical expertise developed under the RPM Plus program to implement activities geared at strengthening the pharmaceutical systems for child health programs. This includes advocating for the inclusion of pharmaceutical management concepts and activities to the global, regional and national child health agendas of donors, ministries of health and other organizations and developing and implementing interventions in the private sector to increase access to medicines for child health, as it is recognized that many sick children do not obtain treatment from the public sector. Lessons learned and the experiences from these interventions, as well as those in the public sector, will be shared and used to raise awareness of the importance of pharmaceutical management for child health.

Reflecting the many facets to child health, SPS will consider in its activities, commodities for preventive as well as curative measures thereby covering vaccines and supplies, micronutrients and pharmaceuticals for case management. Within SPS itself, wherever possible, there will be leveraging and coordination of child survival activities with other SPS portfolios, particularly the malaria portfolios. In FY08, there will continue to be a close collaboration between SPS and the BASICS project in child survival specifically in the community case management of Acute Respiratory Infections (ARI), malaria and diarrhea, and in private sector interventions. This collaboration will be of mutual benefit to both BASICS and SPS, improving the quality of activities on both sides and contributing to the wider inclusion of pharmaceutical management in global and country level child survival activities.

SPS under the child health portfolio will support the USAID “Investing in People” objective “To help nations achieve sustainable improvements in the well-being and productivity of their populations through effective and accountable investments in education, health, and other social services.” The activities will contribute to the Program Area 1 of “Health” and specifically to the Program Element 1.6 Maternal and Child Health.

The SPS Child Health activities will also support the USAID/HIDN ARI and Zinc Results Pathways. The USAID/HIDN ARI Pathway supports activities to introduce and scale-up the

community-based management of ARI (and other childhood illnesses) in selected countries through both public and private sector interventions. The USAID/HIDN Zinc Pathway supports activities to increase the availability of quality zinc products; and support the introduction and scale-up of Zinc and low-osmolarity ORS for the case management of diarrhea in children.

### **ARI Pathway – community case management (CCM)**

- Two panel presentations drawing on results from DRC and Rwanda CCM activities were presented at the Global Health Council annual conference held in May 2008. The DRC presentation was part of a pre-formed panel focusing on CCM that was put together and coordinated by SPS. Three other presentations by BASICS, IRC and the CORE Group were also included as part of this panel. The SPS presentation focused on the crucial role of pharmaceutical management in community case management programs and drew on the experience of the ongoing SPS work in DRC. The Rwanda presentation summarized on the methodology and the results of using community members as mystery clients in assessing compliance of private sector pharmacies with the national treatment guidelines. This assessment was part of the evaluation of the Rwanda Home Based Malaria treatment program that was conducted in collaboration with BASICS and the Ministry of health (MOH) in 2006.
- In DRC, 223 participants in Kasai Oriental health zone, including 133 community health workers, 32 trainers and 58 health facility workers were trained using the basic CCM curriculum which includes an integrated pharmaceutical management component developed by SPS and collaborating stakeholders including Catholic Relief Services and the Ministry of Health

### **ARI Pathway - Private Sector**

- In Senegal, representatives from the MOH and the National Private Pharmacies Syndicate (8 males, 3 females), and SPS participated in a dissemination meeting on April 19, 2008 to discuss the results of an evaluation of knowledge and practices of the sales agents in private pharmacies trained on the management of three key childhood conditions (ARI diarrhea, and malaria). This was a follow-up evaluation following training that had been provided to the private pharmacists by RPM Plus, the MOH and the Private Pharmacies Syndicates in April 2006. The evaluation determined that the absence of ongoing supervision after the training, which was the responsibility of the Syndicate and the MOH, had resulted in a decline in the practices of the private pharmacies. As a result of the discussions at the meeting, the Syndicate, the MOH and SPS are developing a plan for ongoing supervision and refresher orientation of the private pharmacists.

### **Zinc Pathway**

- In Senegal, SPS provided technical support to collaborators including the MOH to draft a situational analysis that will be conducted by the MOH as part of the plans for the introduction of the new guidelines for diarrheal disease management that include zinc treatment

- In Tanzania, zinc treatment was integrated into the updated dispenser's guide of the ADDO standard training manual. With DANIDA funding, 78 ADDO trainers received the zinc treatment orientation as part of the integrated ADDO training
- In DRC, a workshop was held in collaboration with the National Program for Procuring Essential Medicines with a total of 25 participants (Regional Distribution Agency managers and Provincial Pharmacy Inspectors) to discuss the new diarrheal disease management guidelines, which include zinc treatment and the low osmolarity oral rehydration salts. This orientation of key pharmaceutical procurement agents raised their awareness of the new treatment policy, and prepared them for the incorporation of the new products into future procurement requests.
- In DRC, data was collected and analysis began from a sample of 5 health zones in Kinshasa related to the availability, use and monitoring of zinc (visited 41 community health worker sites, 40 health centers and 5 central health zone offices). This information will be submitted to the drug regulatory authority in support of the application for full registration of zinc tablets in the country.

## MALARIA

### Overview

Every year, malaria causes 300 to 500 million cases of acute illness resulting in more than a million deaths worldwide of which 90 percent occur in sub-Saharan Africa. Most affected populations are children under five, pregnant women and people living with HIV/AIDS. The burden of malaria has been intensified by *Plasmodium falciparum* resistance to chloroquine and sulfadoxine-pyrimethamine (SP), forcing countries to change their first-line therapies for malaria. The World Health Organization (WHO) recommends that all countries should adopt an artemisinin-based combination therapy (ACT)<sup>1</sup> as first-line treatment of choice for uncomplicated malaria when revising their treatment policies. Similarly, WHO recommends the use of parenteral quinine or artemisinin derivatives in the management of severe malaria.

As ACT procurement funds are increasingly becoming available through the GFATM, the World Bank Booster Program, the President's Malaria Initiative (PMI), UNITAID, and other interventions such as the Affordable Medicines Subsidy for malaria mechanism; and more ACT suppliers are being prequalified by WHO, there are growing challenges to ensure adequate coordination among partners and dissemination and application of best practices for optimal health impact at country level.

In FY 2007, SPS will provide technical assistance to the PMI, other global malaria initiatives, and the Roll Back Malaria (RBM) Procurement and Supply Management working group in harmonizing and coordinating the capacity building efforts for effective national and global pharmaceutical supply systems for malaria.

### Major Activities this Quarter

SPS continues to participate in the RBM PSMWG with a staff member holding a co-chair position of the working group. SPS contributed to the working group by providing support through consultants to countries for preparing their Global Fund Round 7 PSM plans and year one workplans for the same round. SPS, through the PSMWG also organized and participated in a workshop in Kampala, Uganda with countries with approved Round 7 funding. SPS provided administrative as well as technical support to this workshop through field level staff. In addition, follow up support to this workshop was provided to finalize and submit the plans and facilitate grant signing. An evaluation of the consultants was carried out and roster was developed and available for use. A new task force was created on Long Lasting Nets to respond to the RBM partnership commitment to scaling up this strategy. A meeting report was developed and disseminated.

SPS also provided input into the Global Fund Round 8 proposal development being organized by the Harmonization Working Group through the PSMWG by providing input into the mock Technical Review Panel (TRP) process.

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

SPS provided input into the procurement and supply management sections of the Global Malaria Business Plan (GMBP). SPS participated in a meeting at the UN Foundation to review and contribute to the development of the GMBP.

SPS participated in and chaired the PSMWG semi annual meeting in Amsterdam. As part of the support to the PSMWG, this included preparation of background documents for the meeting. Minutes of the meeting were recorded and disseminated. As part of the support to the PSMWG, SPS also prepared relevant conflict of interest documents including declarations of conflict of interest.

SPS also reviewed PSM plans for Round 6 and 7 additional countries including Guinea Bissau and Benin.

SPS developed a document on the estimation of needs of severe malaria medicines. The draft was completed and submitted to USAID and was well received. Comments from USAID and CDC were reviewed and discussions were held to clarify them. Finalization of the report is underway.

SPS continues to play a role in global malaria leadership. SPS presented a poster that Global Health Council on the implementation of Global Fund grants in Ghana, Guinea Bissau and Nigeria as well as a malaria poster on RPM Plus accomplishments at an auxiliary event hosted by SPS. In addition SPS reviewed and provided comments for the revised Global Fund Quality Assurance policy.

## **TUBERCULOSIS**

### **Overview**

The Stop TB Partnership members have been busy promoting DOTS and DOTS Plus activities in developing countries. Even with greater support than previous years from partners and donors alike including GFATM, the Global Drug Facility (GDF), and the Green Light Committee (GLC), the millennium development TB goals for increased case detection and reduced prevalence by 2015 are not likely to be met by the majority of countries. Support by Ministries of Health only covers part of the TB populations in many countries. For partners and country TB programs alike, how to maintain this support plus expand to reach the rest of the TB population (private sector, rural residents, prisoners, HIV patients, and drug-resistant patients) remains a formidable task. In the area of TB drug resistance control alone (multidrug and extensively drug-resistant [XDR]), the DOTS Plus Working Group at WHO estimates that the number of treatable patients will reach 50,000 cases in 2007 and 800,000 in 2015.

With medicines and commodities being an integral part of TB control whether for first-line or drug-resistant disease, attention must continue to focus on TB pharmaceutical management components to assure medicines being available when patients need them and their rational use. This can only be done by strengthening both human resources and pharmaceutical supply and monitoring systems, and improving pharmaceutical governance in developing countries.

Through the RPM Plus program, the MSH TB team has developed TB pharmaceutical management tools, facilitated national, regional and country workshops on TB pharmaceutical management, provided technical assistance to international and local partners, and become a dependable source of expertise in the area of TB pharmaceutical management. The following outlines how the SPS program will continue to build on these activities to strengthen TB pharmaceutical systems.

SPS technical objectives have been formulated to address the pharmaceutical management component of USAID TB program results pathway and the Global Plan to Stop TB 2006–2015.

These technical objectives will also contribute to the SPS result areas—

- Expand access to essential medicines
- Strengthen pharmaceutical management systems to support priority public health services and interventions
- Improved governance in the pharmaceutical sector
- Contain the emergence and spread of antimicrobial resistance (AMR)

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

1. Strengthen capacity of TB global initiatives and Stop TB partners in managing pharmaceutical commodities to address the goals of the Global Plan to Stop TB for DOTS expansion and strengthening
2. Increase the capacity of national health programs to design, apply, and monitor appropriate interventions to ensure uninterrupted supply of quality commodities for TB/HIV co-infection
3. Provide technical leadership in pharmaceutical management to Stop TB partners engaged in the development of new tools for tuberculosis

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

#### **Provide Technical Assistance to GDF**

SPS Program Manager to TB and Principal Program Associate attended Technical Review Committee meeting in Geneva, Switzerland April 2008.

SPS Senior Program Associate conducted two short workshops on Pharmaceutical Management and more specifically on quantification of TB medicines and their in-country logistics and warehousing for the Timor Leste National TB Program. The workshops focused on different managerial levels (5 Central and District) and were organized in co-operation with WHO WEPRO and the WHO country office for Timor Leste.

SPS also conducted a GDF monitoring mission in Cambodia. The National TB program and its adherence to GDF terms and conditions and support were assessed during this mission.

#### **Provide Technical Assistance to GLC**

SPS conducted a GDF/GLC monitoring mission in Mongolia in collaboration with the MoH TB control program personnel. Several recommendations, in particular on drug procurement and central and satellite storage were made, while further technical assistance from the participants was made.

SPS started work on developing the course material on drug management for drug resistance tuberculosis for training GDF consultants to conduct drug management missions for NTP.

“Pharmaceutical Management for Drug Resistant Tuberculosis,” a 5-day workshop was conducted and facilitated by SPS in collaboration with GDF and WHO/EMRO in Cairo, Egypt in June 2008. 19 participants from the Middle East region attended the workshop (10 males, 9 female).

#### **Respond to MDR/XDR TB threat**

SPS provided technical assistance to PATH TASC 2 TB by providing comments and revising the PM component of MDR/XDR-TB Country Assessment Tool

SPS program managers in Brazil, Dominican Republic and Ukraine then field-tested the tool and provided feedback to PATH.

In the Philippines, SPS collected information and set up the technical basis for development and adaptation of a generic version of the MIS for managing TB and MDR/XDR cases and 1<sup>st</sup> and 2<sup>nd</sup> line medicines in the Philippines to strengthen TB control activities within the country. A first-pilot training of the trainers for the TB MIS users was also conducted during this time.

### **Strengthen Laboratory Systems Management**

SPS attended the 1<sup>st</sup> meeting of the Global Laboratory Initiative in Annecy, France and presented the following:

1. Mapping partner resources for lab strengthening in the 22 high burden countries:  
Preliminary Survey Results
2. MSH expertise and activities in TB lab systems strengthening
3. TBCTA expertise and activities in TB lab systems strengthening

### **Provide technical leadership to Stop TB partners and WHO in strengthening the pharmaceutical management capacity for TB, MDR-TB and TB/HIV programs**

SPS facilitated in two TB pharmaceutical management sessions at the WHO global course on implementing STOP TB Strategy for consultants in Sondalo, Italy. The first one was in April, 2008 with 20 participants and the second one was held in May, 2008.

### **Disseminate pharmaceutical management for TB tools and materials**

*Managing TB Pharmaceuticals at the Primary Level* has been finalized and 20 copies were disseminated during the TB drug management workshop in Egypt, along with other tools: *Managing Pharmaceuticals and Commodities: A Guide for National Tuberculosis Programs* and *Pharmaceutical Management for Tuberculosis (PMTB) Assessment Manual*.

### **Develop an Assessment Guide for TB/HIV Collaboration in Pharmaceutical Management**

The development of the assessment tool is ongoing.

### **Provide Technical Leadership to StopTB Retooling Task Force**

SPS produced a draft for StopTB Retooling Task Force publication on MDRTB quarterly newsletter in the June 2008 issue.

## **REGIONAL PROGRAMS**

### **EAST AFRICA REGIONAL PROGRAM (REDSO)**

#### **Background**

Since 2000, USAID/REDSO (now USAID/EA) and the Bureau for Africa, Office of Sustainable Development (AFR/SD/HRD) have funded the Rational Pharmaceutical Management Plus (RPM Plus) program to enhance capacities in health systems in the region and particularly, pharmaceutical management systems and HIV/AIDS programs. Specifically, interventions included pharmaceutical policy development, institutional and human capacity building and direct technical assistance in selection, quantification, and procurement of public health supplies with the aim of increasing access to quality pharmaceuticals and health commodities.

To facilitate implementation of activities, the Regional Pharmaceutical Forum (RPF) 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), namely; Policy, Legal Framework and Management Support; Procurement and Distribution Systems; Promoting Rational Drug Use (PRDU), and HIV/AIDS-related Pharmaceuticals.

Under the auspices of the RPF,, several documents have been developed on pharmaceutical management. These include Standard Treatment Guidelines for HIV/AIDS, TB and malaria; a complementary Regional Formulary on the same and a generic regional Medicines Policy. For capacity building, Curricula on Commodity management at District level and pre-service training on Pharmaceutical Management in support of ART services, were developed and implemented. These documents are intended to serve as entry points for the promotion of other pharmaceutical management activities e.g. Coordinated Informed Buying. Achievements have included the proposed/on-going roll-out of CIB by the East African Community and the application of the pre-service Curriculum in 6 countries.

In addition, malaria control activities, particularly in support of ACT policy implementation, were undertaken.

In FY 07, these efforts will be continued and focused on dissemination and advocacy for country buy-in and application. This will involve engaging various stakeholders including Divisions of Pharmacy of MOHs and USAID country missions. Other recognized vehicles for improving and accelerating appropriate medicine use in a sustainable manner e.g. national Pharmacy and Therapeutics Committees will be targeted. The selected activities will be implemented in synergy with other RPM Plus regional activities conceptualized under different Strategic Objectives e.g. SO5 -AMR / ID.

#### **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.*

### **Major Activities This Quarter**

- Held the 5<sup>th</sup> Regional Pharmaceutical Forum Meeting jointly with the AMR portfolio, focusing on incorporating Antimicrobial Resistance containment activities, in Kampala, Uganda, on 28<sup>th</sup> – 30<sup>th</sup> April, 2008. Nineteen participants from 11 ECSA countries attended.
- Finalized various documents such as the ECSA Regional Pharmaceutical Strategy, 2008 – 2010 and the draft “Medicines Policy Implementation Plan”.
- Initiated the application of the Performance Assessment Tool for Pharmaceutical Management Systems in ECSA countries for the third time. The activity is in progress.

## LATIN AMERICA AND CARIBBEAN—AMAZON MALARIA INITIATIVE

### Overview

The Amazon Malaria Initiative (AMI), launched in March 2002, through USAID LAC/RSD-PHN, to address malaria in the Amazon countries (Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, and Venezuela), which have experienced a re-emergence of malaria in the early 1990s, including the appearance of *Plasmodium falciparum* and resistance to inexpensive, first-line antimalarial drugs. *P. falciparum* resistance to chloroquine was common throughout the region, with treatment failure rates of 20 percent and higher being reported in some areas. Colombia, Peru, and Venezuela also reported resistance to sulfadoxine-pyrimethamine, a second-line antimalarial drug. With AMI's technical and financial support, the eight participating countries responded by conducting in vivo efficacy studies of antimalarials and changing their drug 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 management—is essential to the effective implementation of these new policies.

SPS has received \$725,000 in FY 2007 funds to support pharmaceutical management activities under AMI. These funds will be used to provide technical assistance and build the capacity of the AMI country counterparts to improve the countries' pharmaceutical supply systems for malaria and to manage them effectively. The focus will be on filling gaps in information systems, establishing a baseline for monitoring and evaluating activities, engaging strategic partners within the countries, and helping the national malaria programs plan and implement activities that will directly improve the availability and use of malaria medicines and supplies based on their specific circumstances.

### Major Activities this Quarter

During this quarter SPS worked on a revised version of the “drug access and use master plan”, incorporating comments and suggestions from USAID. The plan was presented to USAID on June, 2008.

On April 7-11, SPS participated in the VII Technical Annual Meeting of AMI/RAVREDA, and in the AMI steering committee meeting, held in Lima, Peru. SPS presented the activities carried out during the previous year and a strategic approach to confront the still existing problems on pharmaceutical management.

SPS gathered information produced on malaria pharmaceutical management during previous years to elaborate a pharmaceutical management situation analysis for each of the AMI countries. This document was completed with information that the participants on the *regional workshop for the improvement of the supply chain and quality of antimalarials* (Bogota, May 2008) brought with them. The first draft of this document was sent to AMI focal persons and counterparts for their comments and suggestions on June 2008. The final version will be edited, translated and published by August, 2008.

The *regional workshop for the improvement of the supply chain and quality of antimalarials* was carried out on May 12-16, 2008 in Bogota, Colombia. Fifty participants from 7 AMI countries

discussed particular problems on pharmaceutical management and agreed on a work plan to elaborate pharmaceutical management standard operating procedures and to confront the most urgent problems on pharmaceutical management. The proceedings and conclusions of the workshop were included in the trip report distributed to the participants and USAID officials. On the second semester of 2008, SPS will conduct follow up visits to all AMI countries to support the implementation of the interventions proposed during the workshop.

On April 2 – 4, 2008, SPS visited Lima, Peru to analyze with local counterparts the pharmaceutical management of the national malaria program and to elaborate a detailed technical assistance program for the rest of the year. SPS discussed with local counterparts specific problems on pharmaceutical supply management and different options to confront them. The analysis of the problems and recommendations were included in the trip report.

During this quarter SPS prepared the first draft of the agenda for a work shop on *prescription, dispensation and adherence to malaria treatments*, and generic terms of reference for local consultants to be contracted in each country to implement studies on use of medicines and adherence to treatment. Draft versions of the agenda and ToR were shared with AMI focal persons and local counterparts. The results of the studies will be presented and discussed during a regional workshop to be organized around October 2008.

SPS contacted PAHO regional and national malaria advisors to start planning the organization of a regional workshop in Central America on Pharmaceutical Management for Malaria. Following the successful experience of the workshop organized in Bogota (May 2008), SPS will carry out a rapid review of the situation in all Central American countries to center the attention of the workshop in real problems that may need immediate attention.

One important activity in the *regional workshop for the improvement of the supply chain and quality of antimalarials*, was the analysis of the implementation of pilot tests of the supervision tool on availability and use of anti-malarials. Most countries were in advanced stages of implementation. For most countries the evaluation of the results of the pilot tests and the scale up to the rest of the country is programmed for the second semester of 2008.

SPS elaborated a technical report on the situation of malaria pharmaceutical management in AMI countries. The first draft will be revised and commented by national counterparts before the edition and distribution of the final version. The document includes a compilation of experiences and practices promoted by AMI partners.

SPS will participate in the AMI Steering Committee meeting scheduled for the first week of September 2008.

## **REGIONAL DEVELOPMENT MISSION—ASIA AND NEAR EAST**

### ***Overview***

The SPS Program is a five-year, 147.5 million U.S. dollars (USD) Leader with Associates Cooperative Agreement being implemented by MSH. In 2007, the Regional Development Mission—Asia (RDMA) supported the establishment of a collaborative forum of USG partners addressing malaria control in the Greater Mekong sub-region. SPS will work with the Mekong forum and build upon existing collaborative partnerships with regional and country institutions to ensure complementary expertise under a framework of common objectives. As a partner, SPS will provide technical assistance and training to build capacity in pharmaceutical management and strengthen pharmaceutical systems.

SPS will build on existing work in HIV and TB pharmaceutical management and share the lessons learned from China with other countries in the region to strengthen local capacity to manage ARVs and other commodities. SPS will further promote the introduction of pharmaceutical management best practices and innovative approaches to build requisite competencies to ensure improved access to quality care, support, and treatment.

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

SPS participated in the USAID Mekong Malaria Partners Meeting in Bangkok in April 2008. Current partners provided an update on progress within the last year, and discussed, along with new partners, planned activities to allow coordination of work plans, facilitate collaboration at country level, and contribute to improved malaria control in the region. SPS agreed to provide technical assistance to two RDMA countries (Laos and Thailand). Activities are expected to continue after September 2008 under SPS.

Based on the success of the work on pharmaceutical management of TB medicines in China from 2006-2008; the Chinese National Center for AIDS Prevention and Control, requested technical assistance from SPS in conducting a workshop for ARV management in Nanning, China. Plans may also include adaptation of the TB SOP manuals and associated tools, produced under RPM Plus in 2008, to the management of ARVs. The workshop is scheduled for early July 2008.

## **WEST AFRICA REGIONAL PROGRAM (WARP)**

### ***Overview***

The 2008 implementation year workplan for SPS regional portfolio has seven activities centered on building capacity for training institutions and supporting countries in pharmaceutical management for HIV and malaria programs. Key among the activities is SPS's technical assistance to build pharmaceutical management capacity for four anglophone and two francophone training institutions in West Africa. The anglophone institutions are the Ghana Institute of Management and Public Administration (GIMPA), Ghana, Kwame Nkrumah University of Science and Technology (KNUST), Ghana; University of Jos, Nigeria, and University of Liberia. The francophone institutions are Centre Africain d'Etudes Superieures en Gestion (CESAG), Senegal, and the Institut Régional de Santé Publique (IRSP), Benin.

The anglophone institutions have organized themselves into the West Africa Regional Technical Resource Collaboration KNUST's Dean Prof. Duwiejua is the current chair, assisted by Prof. Sokomba of the University of Jos.

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

Planning and preparation of material for an assessment of country-wide pharmaceutical supply in Cameroon was completed this quarter. SPS received the Terms of Reference for the assessment, made modifications, which were approved by the ministry of health. Two consultants have been identified to do the assessment. Logistic arrangements and budget for the assessment have also been finalized. The assessment is scheduled to take place from September 8 to 26, 2008.

Planning for technical support to be given to two West African regional training institutions CESAG/Senegal and IRSP/Benin, so that they can organize a regional workshop in inventory and medicine supply management was completed in this quarter. The regional workshop will take place from July 9 to 11, 2008. The target audience for the workshop is district level logistic managers from seven West African francophone countries.

## COUNTRY PROGRAMS

### BRAZIL

#### **Overview**

SPS attended a TAG meeting in Brasilia and engaged in a discussion by the committee on the proposals submitted last quarter by the treatment working group. These proposals have been organized, formalized and presented during the national TB consensus/congress held in Salvador de Bahia in June 2008, where SPS Senior Program Associate Joel Keravec presented the related challenges of second line drugs management in Brazil and in the global world as well.

For the re-formulation of the first-line TB fixed-dose combination (FDC) drugs, two SPS consultants, international TB FDCs experts, provided technical assistance to Farmanguinhos for the development of new formulation of first-line TB FDCs and for the definition of an adequate framework to conduct all studies required by the NRA. A workplan was produced to boost the development of FDCs and to address all current bottlenecks identified to date. SPS also continued to provide support for the implementation of capillary electrophoresis methodology at Farmanguinhos and National Institute for Quality Control to allow expanded testing of drug samples to support the development process of new formulations

SPS consultant with a specialty in laboratories continued work with the new reference laboratory facility at Helio Fraga. Several meetings with the direction and technical team were conducted with the following accomplishments this quarter:

- Complemented the implementation of a laboratory quality system based on the ISO IEC norm 17025 and revised the several SOPs:
- Analysis and follow-up on conclusions of the external audit conducted in March 2008 by the CGLAB to assess the technical capability of Helio Fraga Laboratory to maintain its status of National Reference for TB
- Conducted a revision and up-date of the Quality Manual (MQ 01 / revision 04) and of master lists of SOPs and QA documents + forms
- Defined a list of indicators for monitoring and evaluation of Lab Quality Processes

Drafted a first version of a bacilloscopy proficiency testing project for the Public Laboratory Network (Lacens)

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## **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 the success of DOTS 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 funds, the SPS Program will continue to provide technical assistance for the implementation of a Pharmaceutical Management Information System (PMIS) and to scale up the use of fixed-dose combination medicines (FDC).

The SPS work plan for FY07 (October 2007–September 2008) also includes the scale up of the introduction of FDC, technical assistance to strengthen the management of TB laboratory supplies, implementation of an electronic application for clinical and pharmaceutical management of MDR-TB, and institutionalization of procuring and distributing TB medicines and laboratory supplies.

### **Major Activities this Quarter**

SPS visited Dominican Republic on April 21 – 25 to assess the availability of TB medicines, the progress in the introduction of FDC and the procurement of a new lot of FDCs through the GDF. The arrival of the next procurement of FDC is scheduled for July, 2008. The scale up of the introduction of FDC to all the country will start immediately after.

During the same visit, SPS organized a meeting to present the results of the study on the situation of the laboratory supply chain management. The participants concluded that immediate actions were needed to confront the problems exposed by the study. Based on the recommendations of the study, SPS will support the elaboration of standard operating procedures for laboratory supply management, and the procurement of TB-laboratory kits through the GDF.

As a result of the conclusions of the study, SPS also supported the elaboration of a proposal for the reorganization of the laboratory network. SPS visited Dominican Republic the last week of May 2008 to present and discuss the proposal with national counterparts. The final version will be presented to health authorities by mid July, 2008.

One of the main conclusions of the mentioned study was that the Central Medical Store (CMS) was not keeping accurate inventory controls to support the distribution of medicines and laboratory supplies. The NTP and USAID requested SPS assistance to strengthen the operations of the CMS. SPS visited DR on June 9, 2008 to assess the situation of the CMS and to determine the areas that demand immediate intervention. A proposal for the reorganization and operation of the CMS, considering the demands imposed the health sector reform, will be presented to local counterparts, health authorities and USAID officials by mid July, 2008.

A SPS team visited DR on the second week of June 2008 to initiate the implementation of an

electronic application that will support the pharmaceutical management of 2<sup>nd</sup> line TB medicines. During that visit SPS consultants assessed the technical requirements to adapt the system, and trained MoH staff on its use. A follow up visit is programmed for August 2008.

During this quarter, SPS assessed the different medicine procurement mechanisms used by the MoH. The results of this study (along with information from other SPS assessments) will be presented to local counterparts during a meeting tentatively scheduled for mid-July, 2008. The purpose of the meeting is to agree on an action plan considering the findings of the studies and the demands of the health sector reform process.

No internal or external evaluations of the NTP were planned during this quarter.

## **ETHIOPIA - PEPFAR**

### **Overview**

SPS/MSH is collaborating with USAID/Ethiopia in the provision of technical assistance in drug and related products rational use and management for ART and PMTCT Programs in Ethiopia. Under this effort, SPS assists in national, regional, district, & health facility-level capacity development for delivery of ART and related services by ensuring access to and rational use of basic ART products through various interventions.

SPS will continue to work in all the RPM Plus technical areas, but the new program incorporates additional technical components on governance in the pharmaceutical sector and drug financing, in addition to more systematic efforts to contain the emergence of resistance and improve medicines use. SPS will strive to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems.

### **Major Activities This Quarter**

- Training and deployment of university pharmacy students
  - Pre service ART training

Pre service comprehensive basic ART training and ARV drugs supply management was given to graduating pharmacy students from the School of Pharmacy at Jimma University for seven days. The topics covered in the training were overview of HIV/AIDS in Ethiopia; ARV drugs policy and its implementation status; HIV and Diagnosis of HIV Infection; HIV: stage of disease and initiation of treatment; Clinical pharmacology of antiretroviral therapy; significant drug interactions with ART drugs; women, HIV and ART in pregnancy; ART in children; Prophylaxis and treatment of opportunistic infections; TB and HIV co-infection; adherence to ART and others.

- Orientation and deployment of 3<sup>rd</sup> year students

More communications were made with universities regarding the orientation programs on management and inventory control of pharmaceuticals at health facilities and deployment of 3rd year students. Job description and the corresponding contractual agreement were developed, and orientation program standardized.

The purpose of this program is to assist facilities in pharmaceutical activities at out patient, inpatient, antiretroviral therapy (ART) pharmacies and warehouses as well as to give opportunities to the deployed students to gain practical knowledge on the services.

- DTC Training and establishment

A functional DTC in a hospital provides a forum to bring together all stakeholders to jointly work to improve health-care delivery.

Drug Administration and Control Authority of Ethiopia (DACA) in collaboration with Management Sciences for Health/Strengthening Pharmaceutical Systems (SPS) has planned to establish/strengthen DTCs in 100 hospitals in the country. To this effect the two collaborators have designed a training course on DTC that is being given in rounds for health care providers who are members of DTC in the hospitals through out the country.

So far, a total of 307 health professionals have been trained on DTC who were drawn from 97 public hospitals. In the reporting quarter, the fourth DTC/DIC training was conducted from May 6-10, 2008 at Jimma and Mekele.

A day long sensitization workshops were conducted at various hospitals of Addis Ababa and SNNP regions. Hospital's DTC members and representatives from RHB, Clinton Foundation, DACA and SPS were attending these workshops.

MSH/SPS, in collaboration with DACA, has also provided TA to establish Drug and Therapeutics Committee (DTC) at health facilities and as a result 44 DTCs have been established in this quarter, which brings the total number of established DTCs to 72. The plan is to establish 100 DTCs throughout the country by September 2008. The TA provided to the health facilities includes, sensitization to familiarize DTC and follow up assessment on its establishment.

- Ethiopian Pharmaceutical Association (EPA) Ethics training

A two days three workshops have been organized by EPA in collaboration with MSH/RPM plus/SPS on "Familiarizing Pharmaceutical Ethics and Promoting Standard Practice". These workshops were conducted at Mekele, Jimma and Dire Dawa towns.

The objective of the workshop was to familiarize the revised code of ethics, ethical principles and standards of practice, relevant legislation and associated legal issues to EPA members to enable them to uphold ethical and legal principles in their practice.

A total of 173 pharmacists practicing in the Tigray, Amhara, Afar, Oromia, Harari, Somali, SNNP, Benshangul Gumuz and Gambella regional states attended the workshops. Participants came from different pharmaceutical sectors namely, community pharmacy (21), hospital and health center pharmacy (45), wholesale distribution and pharmaceutical manufacturing (26), educational institutions/government and private (58), regional and zonal health bureaus (13) and the regulatory body (6). Out of the total participants only 23 (13.3%) were females.

- ARV treatment Adherence baseline survey results dissemination

In collaboration with DACA and INRUD, SPS supported Adherence study in selected six ART hospitals drawn from three major regions to determine the level of adherence and quality of counseling. In the reporting quarter, findings of the Antiretroviral Treatment (ART) Adherence baseline assessment was disseminated at a workshop held On June 24, 2008. This workshop was organized by MSH/SPS in collaboration with DACA and FHAPCO with financial support from

USAID and over 110 participants from key stakeholders from all over the country attended the meeting.

### ***Major constraints***

Although trainings have been conducted for establishing DTCs and some DTCs have been established, most have challenges such as high turn over of trained staff. Furthermore, participation of local health management (RHB/ZHB/WHO) is not conspicuous.

### ***Next steps***

- Train and deploy about 250 3<sup>rd</sup> year pharmacy students drawn from A.A, Jimma, Gondar and Mekele Universities to ART sites all over the country to support the facilities.
- Establish additional DTCs in about 30 hospitals, organize addition DTC trainings, conduct sensitization seminars, and prepare plan for the follow-up and TA delivery to the DTCs.
- Promote tripartite (SPS/DACA/Health management in the catchment area) collaboration on DTC matters to ensure sustainability of the venture.
- Develop implementation action plan based on findings of adherence survey and start actual execution
- Facilitation and follow up - distribution of code of Ethics to:
  - EPA Members
  - Final year pharmacy students
  - Respective organizations/associations
  - Assessment of level of compliance of the practice with code of Ethics
  - Advocate for the inclusion of the Ethiopian code of Ethics in the Pharmacy curriculum
  - Collection of information on current edition of Code of ethics for revision (additions, deletion, modification...)
  - Translation of the current code of ethics in to Amharic language.

## KENYA – PEPFAR

### **Overview**

The President's Emergency Plan for AIDS Relief (Emergency Plan) supports prevention and control of HIV/AIDS on a large scale in afflicted countries. Kenya is one of the fourteen priority countries to receive this aid.

Under COP 2007, MSH/SPS continues to work with USG PEPFAR Team, Ministry of Health(MOH) departments (NASCOP, NPHLS, DLTLD, Pharmaceutical Services) NGOs, Private sector, and other ART implementation partners to strengthen the pharmaceutical management systems in support of HIV/AIDS. Also MSH/SPS will partner with Ecumenical Pharmaceutical Network and other SPS associates to undertake its activities under the following technical objectives;

*Objective 1:* Expand access to ARVs and other essential medicines by providing TA in pharmaceutical management to the PEPFAR Inter-Agency Team, MEDS, NASCOP and other Supply Chain organizations.

*Objective 2:* Increase the capacity of NASCOP to address pharmaceutical management issues in use of, quality commodities.

*Objective 3:* To increase the capacity of NPHLS and NASCOP to improve access to quality laboratory services.

*Objective 4:* To strengthen the pharmaceutical and logistic information management systems in support NASCOP, NPHLS, and KEMSA (P/LMIS).

*Objective 5:* To provide administrative and TA to National TB & Leprosy (DLTLD) to improve access to pharmaceutical services at site level in support of case detection, DOTS expansion and TB/HIV collaboration and services.

### **Major Activities this Quarter**

#### **Support to PEPFAR Supply Chain Management.**

- MSH/SPS worked collaboratively with MEDS, NASCOP and the USG Inter-agency team to ensure that the ARV drugs were distributed to **327 ART sites** for over **102,000 patients** receiving HAART. Secondly, a total of **306 PMTCT sites** received medicines directly through MEDS for PMTCT with MSH/SPS support.
- MSH/SPS also continued working with NASCOP, DRH, USG team and other partners in developing a logistics system for PMTCT commodities.
- Using Quantimed, MSH/SPS supported the quantification of paediatric ARV needs, collaboratively with MOH/NASCOP, Clinton Foundation and its stakeholders. MSH/SPS also developed projections for COP 2008 planning as requested by Kenya USG team

#### **Support to NASCOP, DOP and the National ART Program centrally.**

- Developed draft Decentralization Guideline in support of ART commodity management
- Conducted a training for 26 healthcare workers from 5 provinces on Mentorship for Pharmaceutical Services in Support of ART commodity Management
- Supported NASCOP and ART stakeholders in the development of the national HIV mentorship guidelines and training curriculum.
- Collaborated with NASCOP and other key ART providers to prepare overall National ART Stock status report for presentation to ART Taskforce.
- Provided TA to support monthly physical stock counts and tracking of ART and Blood safety commodity stock issues and receipts from KEMSA warehouses
- Participated in the ART Taskforce, ART Drugs sub-committee and ART Commodity sub-committee meetings in support of ART commodity security
- Participated in the PMTCT Logistics sub-committee of PMTCT TWG in support of PMTCT commodity security
- MSH/SPS continued to Strengthen Medicines Therapeutic Committees (MTC) in private sector by training 27 staff on MTCs
- Finalized Training plans for the 5<sup>th</sup> session on Pharmacotherapy of opportunistic infections.
- Trained 26 Central and Regional PSK leaders trained as National Trainers (TOTs).

**Strengthening of laboratory systems at national and site level.**

MSH/SPS provided TA to NPHLS/ MOH as follows:

- Finalized the national generic data capture and tracking manual tools for printing.
- Supported 3 LAB ICC meeting events,
- Provided TA to NPHLS in conducting national Lab networking workshop for MOH and partners.
- Supported NASCOP to conduct a targeted commodity management workshop geared towards increasing commodity usage and reporting rates from 108 districts.
- Supported NASCOP to conduct a survey on test kit usage in order to inform quantification process.
- Implemented Lab ITT in 3 sites and a total of 5 user points.

## KENYA - PMI

### Overview

RPM Plus, and now SPS with support from the USAID mission has been supporting the Division of Malaria Control through the process of implementing the new antimalarial policy. SPS is currently working with the DOMC to establish robust but practical M&E systems that will ensure that the limited resources it invests in malaria prevention and treatment are used in the most cost-efficient, effective and equitable way. In FY 2007, with funding provided by the USAID Kenya mission, SPS will build on lessons and work done by RPM Plus and continue to provide support to the DOMC in the early diagnosis and prompt treatment of malaria using effective medicines while achieving SPS technical objectives

### Major Activities This Quarter

- SPS participated in a series of meetings through the IRS M&E subgroup and the IRS Task Force to plan for the implementation of this year's IRS campaign.
- SPS supported the DOMC to prepare for the *Phones for Health* project by leading discussions on data integrity, filing of programmatic and financial reports received at the division, and scheduling for M&E supervisory visits.
- SPS took part in a debriefing meeting organized by the DOMC in support of a needs assessment undertaken by the Malaria Consortium on behalf of RBM. SPS was also a key informant in the needs assessment exercise and gave comments on the draft report circulated by the consultants.
- SPS attended four USAID/PMI partners briefing meetings convened to plan for and scope out the Malaria Operation Plan 2009. SPS gave a presentation on progress of its currently funded activities.
- SPS held a tools development workshop (May 15-16) in preparation for linking the interim DOMC ACT tracking system with the Logistics Management Unit/Logistics Management Information System at KEMSA. Draft commodity pipeline, information pipeline, daily activity register, quarterly consumption data reporting and request and quarterly district summary tool for antimalarial medicines were developed.
- SPS held a two day national quantification and *modus operandi* workshop (June 26-27). The meeting debated how a *modus operandi* for the quantification and forecasting of antimalarial medicines could be operationalised.
- SPS engaged Oxford Geoinformation Limited, UK in exploring ways in which space-time krigging (an operational research technique previously used in HMIS) could be used to account for missing data in routine imperfect consumption data and in obtaining better age-structured data on the burden of severe malaria in Kenya.
- SPS realized two quantification exercises this quarter: one on behalf of USAID/PMI and the other on behalf of the DOMC/Global Fund, both geared towards filling the current ACT gap
- SPS developed a module on drug management to be incorporated into the national curriculum for training health workers on case management.
- SPS held a five-day workshop (June 16-20) with over 26 participants from across Kenya and from several levels of care to develop a curriculum on the *Effective Management of*

*Antimalarial Medicines.* Draft curriculum & implementation guide, participants and trainers manuals were developed and will be circulated to stakeholders for comments and will be used to roll out a new logistics management information system as one of the critical components

- SPS held discussions with the PV focal point at the PPB on how the PV agenda could be pushed forward. The PPB has agreed to have SPS support it in developing a national curriculum on training health workers on PV as a starting point for rolling out the PV system.
- SPS took part in the development of a training curriculum for shopkeepers and community health volunteers that will be used by the on-going community access pilots such as the KEMRI/Wellcome Trust-PSI project and the Canadian Red Cross Project.
- SPS has made significant progress in implementing the MIAS system. A systems development partner has been identified. In addition, discussions have been held with various MOH divisions on data acquisition and a DEMO version of the core MIAS system and a detailed implementation plan are in place.
- SPS supported the DOMC in its Global Fund Round 8 proposal through inputs in budget and work plans in addition to validation of medicines quantities and general M&E support.

## **KENYA**

### **Overview**

The Kenya Medical Supplies Agency (KEMSA) is a state corporation that was established and mandated by Legal notice to operate a commercial service for procurement and sale of medicines and other medical supplies in order to secure health commodities for the public health institutions. Additionally, KEMSA advises the Health Management Boards and general public on matters relating to the procurement, cost effectiveness and rational use of medicines and medical supplies.

To date KEMSA has not fully realized its mandate owing to a myriad of constraints such as lack of adequate financial resources to capitalize its operations, procure enough medicines and develop requisite systems; inadequate facilities, lack of a procurement plan and skill-limited human resources, etc.

To its credit, KEMSA has been able to successfully undertake several reform initiatives including the appointment of an independent board, development of a business plan, recruitment of professional staff etc. These modest gains made by KEMSA provide fertile grounds for further improvements such as those envisaged under the Millennium Challenge Account-Threshold Program (MCA-TP) Component 2 (Improvement of Health Care Commodity Procurement and Delivery).

Under MCA- TP Component 2, the Government of Kenya has identified the Ministry of Health (MOH) and its medical supplies procurement and delivery body, KEMSA, as being particularly susceptible to waste, fraud and abuse throughout the procurement and delivery process. MCA-TP activities under this component will focus on improving KEMSA procurement capacity so that it is transparent and accountable and to strengthen the supply chain.

### **Key Objectives:**

Objective I: To Strengthen KEMSA's procurement capacity and accountability systems.

Objective 2: To improve supply chain management for health sector commodities

Objective 3: To establish institutional and human resources capacity to enable MOH monitor KEMSA procurement performance and compliance with good procurement practices

Objective 4: To strengthen support supervision mechanisms for improving timely access to drugs and medical supplies by rural health facilities (RHF).

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

1. Completed the comprehensive assessment of KEMSA's Procurement, Warehouse, Logistics/Distribution, ICT and Governance functions to inform MCA-TP planned interventions.

2. Disseminated the assessment report to KEMSA management, Board of Directors and USAID.
3. Assisted KEMSA management to articulate their automation needs and develop specifications for core function management systems i.e. KEMSA Enterprise Resource Planning Architectural Blueprint.
4. Conducted training on Quantification of Health Commodities for 23 National, Provincial and Program level staff.
5. Finalized the curriculum on Good Laboratory Practice and trained 26 NQCL, KEMSA, PPB and University of Nairobi Faculty of Pharmacy staff.
6. Finalized the curriculum on Laboratory Techniques and Sampling for Post market surveillance.
7. Trained 53 National and Provincial trainers on Health Commodity Management Support Supervision.
8. Finalized proposals and logistical arrangements for the Price, Leakage and Wastage Surveys.
9. Developed the Work plan for the Implementation of Component Two of MCA-TP FY 2008-2009.

## **KENYA – PUBLIC SECTOR WORK**

### **Overview**

The USAID/Kenya mission is committed to supporting the Ministry of Health (MoH) to reverse the declining trends in the health status of the Kenyan population as articulated in the National Health Sector Strategic Plan 2005-2010 (NHSSP II). The NHSSP II has enumerated key goals including ensuring the security of pharmaceutical products at all levels of health care.

Under COP 2007 MSH/SPS will provide technical and tactical assistance to strengthen the pharmaceutical systems for Tuberculosis and Reproductive Health commodities. This support will include strengthening human and institutional resource capacity with the aim of improving commodity security at all levels of healthcare.

MSH/SPS will work with MoH divisions (DRH, DLTLD), KEMSA and its partners to provide support and technical assistance in strengthening pharmaceutical management systems.

### **Key Objectives**

Under COP 2007 MSH/SPS has formulated a package of focused interventions in support of selected priority divisions of MoH, KEMSA and USAID/Kenya mission under following technical objectives:

Objective 1: To provide technical, administrative, and operational support for TB activities undertaken by the Division of Leprosy & TB and Lung Diseases Program (DLTLD) in order to strengthen national efforts to ensure provision of pharmaceutical services at site level in support of TB case detection, DOTS expansion and TB/HIV services.

Objective 2: To increase the capacity of the Division of Reproductive Health (DRH) to identify, prioritize and address pharmaceutical management issues in order to improve access to, and use of, quality pharmaceutical products for the RH program.

### **Major Activities This Quarter**

SPS worked collaboratively with the DLTLD as follows:

- Supported improvement of IT capabilities of DLTLD which included training Provincial TB and Leprosy Coordinators (PTLCs) on the use of IT equipment
- Supported Supportive supervision activities undertaken by Provincial TB and Leprosy coordinators (PTLCs) and District TB and Leprosy coordinators (DTLCs) as well as fuelling, vehicle repairs and airtime for PTLCs and DTLCs
- Supported printing and provision of office supplies for peripheral PTLCs and DTLCs.

SPS worked collaboratively with DRH in the following activities:

- Conducted a Training of Trainers (ToT) for provincial RH training and supervision teams using the Integrated Reproductive Health Commodity Management Outline & Implementation Guide, Trainers' and Participants' manuals for RH service providers.
- Collaborated with DRH and partners to train District RH staff on utilization of Data for Decision-making
- Conducted workshop in North-Eastern province for dissemination of revised commodity consumption reporting tools.

Also supported DRH in the following:

- Provision of TA to the FP Logistics subcommittee to aid with FP commodity security:
  - Updating of RH reports in collaboration with DRH and KEMSA to support monitoring of RH commodity security including RH commodity issues, receipts, stock status and pending consignments (using CYP tool) and RH commodity usage (using RH commodity supply chain information workbook).
  - Continuous provision of routine commodity usage data to inform RH commodity re-supply to districts and sites.

Continuing participation in the quarterly FP Technical Working Group and FP/RH/HIV services integration stakeholder meetings. Also participated in the RH ICC and the FP Compliance workshop for all USAID implementing partners.

## **LESOTHO – PEPFAR**

### **Overview**

Under this plan, SPS continues to provide support to the Government of Lesotho and to support its National Strategic Plan specifically for its strategic focus #3 for “Treatment, care and support.” In addition to addressing key pharmaceutical system gaps in support to the scale-up of Lesotho HIV/AIDS program, SPS also addresses key laboratory commodity priorities as identified during the recent joint RPM Plus/SCMS assessment. During FY 08, SPS thus aims to increase the capacity of ART health facilities to deliver quality responsive pharmaceutical services; to improve the availability and the appropriate use of ARVs and HIV and AIDS - related commodities including laboratory supplies at service delivery points; and to improve the availability and accessibility of information on medicines used for HIV/AIDS treatment and prevention

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

During this quarter, suitable office space was located in Maseru, the lease concluded and the project moved into the premises. Also the two positions for a Senior Program Associate and an IT/MIS person were advertised, as work continued on soliciting MSH registration.

The SPS work plan for Lesotho was finalized. Also a template MOU with key SPS national counterparts was finalized. This will be submitted to the Ministry of Health and Social Welfare for Lesotho for approval. Once signed, the MoU along with the approved plan will be the basis of SPS registration. The USG team conducted a performance review of MSH/SPS activities in Lesotho. During the review, the progress of MSH/SPS against planned activities was ascertained.

The Joint RPM Plus/SCMS assessment report was finalized and submitted to the relevant MOHSW units (laboratory services and pharmaceutical services) for verification.

Assistance was provided in the development and completion of the strategic plan for the Pharmaceutical Department of the Ministry. Areas where technical support will be provided by MSH/SPS were identified and highlighted. These areas were also incorporated in the SPS work plan.

The terms of Reference for the Donations Committee was developed. This committee will provide assistance to the Ministry of Health in developing a structure and process for the control and management of donations made to the MOHSW

A meeting was held between NDSO management, MSH and USAID representatives to discuss and map the way forward in replacement of the Orion software at NDSO. It was decided that an options analysis would be conducted to identify and select the most appropriate information management system. The pilot for the selected system will run concurrently with the existing system until the following stock take so to ensure the smooth transition to the new system following its review. A consultant was engaged to conduct the option analysis. The exercise was conducted and debriefing carried out for the management of NDSO for their inputs and decision making.

A cost analysis study to determine the mark-up on donated products handled by NDSO commenced in April and was completed. A preliminary report was prepared and submitted to NDSO and stakeholders for their review. Using the findings from the study, NDSO is preparing a proposal to the Global Fund to

finance the related costs of GFATM procurement, storage and distribution activities. SPS will undergo further analysis of the data, as needed by the GFATM and NDSO in support to this application.

Planning activities started for the Drug Supply Management training program targeting members of the District Health Management Teams. This will be conducted at the end of July 2008.

Meanwhile, a meeting was held on the 18<sup>th</sup> of June with a number of MOHSW units to discuss the re-introduction of the RxSolution tool at four sites. As a result, a pilot plan was developed and presented to the Ministry of Health and Social Welfare. The pilot will commence in July.

Finally the SPS Monitoring, Evaluation and Reporting Plan (MERP) update process was initiated so to reflect the outcomes and indicators delineated in the recent SPS Plan.

## **MALAWI—PMI**

### **Overview**

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 SPS activities support technical areas including regulatory and operational aspects of national ACT policy implementation. Activities 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.

SPS activities focus on two main technical objectives on improving the supply and quality of antimalarial and related supplies, and improving the case management and use of appropriate antimalarials. SPS works closely with NMCP and other RBM partners in Malawi to achieve these objectives.

### **Major Activities this Quarter**

#### **Support to improve effective management of anti-malarials**

Re-orientation of health facility staff responsible for drug stores in the districts in the reporting and recording requirements for artemether-lumefantrine. A total of 239 drug store-in-charges from 14 districts have been re-oriented.

Training of 18 clinical officers and medical assistants from Christian Health Association of Malawi health facilities from the Southern Region of the country in promoting rational use of medicines. Participants each came up with a project to implement in their facility to improve management of malaria.

Second review meeting on ACT implementation was held. Participants to the review meeting came from the district health offices, central hospitals, zonal offices, National Malaria Control Program, CHAM Secretariat and USAID/Deliver Project. The March Supervision report was disseminated and plans to improve the reporting rate for pharmaceuticals were drawn for each zone.

Quantification of Coartem for the second year of PMI implementation was conducted. Regional Malaria Advisor provided technical assistance to local SPS staff in the activity. The final quantification figures have been discussed at the ACT Task Force level and are awaiting the NMCP approval.

The quarterly ACT implementation supervision was postponed twice due to unavailability of NMCP staff.

#### **Technical support to the Pharmacy Medicine and Poisons Board to strengthen systems for monitoring drug quality and safety of ACTS**

Training of 5 Pharmacy Medicine and Poisons Board staff members in the use of mini-lab for testing quality of anti-malaria medicines. These were trained by the 2 PMPB staff members that SPS supported to go for training in Ethiopia with the assistance of 2 Senior Program Associates from Arlington.

Training of 6 sample collectors for the baseline survey on Quality of Anti-malaria Medicine in Southern Africa (QAMSA). The sample collectors all came from the PMPB.

Sample collection for the survey done at two levels and from 10 out of 27 districts:

Level I: Direct importers of pharmaceuticals

Level II: Facilities and organizations that purchase pharmaceuticals locally.

	<b>ACT</b>	<b>SP</b>	<b>Total</b>
Level I	29	3	32
Level II	72	46	118
Total samples	101	49	150

Sample testing has commenced and will continue into the next quarter. Testing has been delayed by unavailability of testing standard for SP.

Development of action points on implementation of a pharmacovigilance system at the PMPB.

### **Other Activities**

SPS contributed to the development of the pre-service training curriculum on Supply Chain Management for pharmacy technicians by MoH with support from USAID/Deliver.

Development of the MoH (Health Technical Support Services) Master plan to improve coordination among all stakeholders involved in pharmaceuticals. SPS activities were incorporated into the Ministry's workplan

## NAMIBIA PEPFAR

### Overview

The SPS Namibia project objectives address key areas related to governance in the pharmaceutical sector, strengthening pharmaceutical management systems, containing the emergence and spread of AMR, and expanding access to essential medicines. The SPS project focuses on building and strengthening institutional capacity under the following objectives—

*Objective 1. Strengthen relevant policies, legal framework and national management systems that support the implementation of the National Medicine Policy*

This objective aims at providing support to build capacity and strengthen medicines regulation systems that will enable the medicines control council (MCC) to achieve and sustain a strengthened regulatory system that assures quality, safety, and effectiveness of medicines used in Namibia. SPS will achieve this by applying an integrated approach to medicines regulation through supporting the MCC secretariat, registration, inspection and quality surveillance activities, and therapeutics information and pharmacovigilance center activities. The integrated approach to strengthening medicines regulation with focus on ARVs will improve local capacity and lead to sustained awareness, improve stewardship in safeguarding public health, contain safety scares, and guarantee public trust in the safety of program medicines. Under this objective, the SPS project also provides support to Ministry of Health and Social Services (MoHSS) in its review of the National Medicines Policy (NMP) and development of an implementation master plan. SPS also provides technical assistance and support for setting up a functional pharmacy MIS and other management supports to ensure that the National Medicines Policy Coordination (NMPC) subdivision has the capacity for coordination, monitoring, and evaluation of the NMP implementation.

*Objective 2. Strengthen human resources capacity through institutional capacity building, human resources development and improving systems capacity for the management of pharmaceuticals*

SPS develops and implements strategies that strengthen human resources and institutional capacities for the delivery of pharmaceutical services. SPS works with the National Health Training Centre (NHTC) to strengthen the institution's Pharmacists Assistants training program, support the program's curricular review, and provide equipment and other infrastructure that will improve the institution's capacity to produce mid-level pharmacy staff. SPS support salaries for staff recruited through a local human resource company and seconded to work full-time with MoHSS. SPS Namibia is also working with partners like the Interim Health Professions Council and Pharmaceutical Society of Namibia to implement continuing professional development programs. These activities will be aimed at strengthening health systems and building human resource capacity.

*Objective 3. Strengthen health commodity management in treatment facilities through the development and implementation of relevant manual and electronic tools and improving inventory management*

SPS provides technical assistance and support for improving systems for the quantification and ordering, storage and inventory management, tracking and reporting on medicines consumption in the treatment facilities. Currently, SPS supports the deployment and use of the ART dispensing tool (ADT) in virtually all ART facilities in Namibia. SPS provides pharmaceutical management training, support for development and implementation of the SOPs, and provision of infrastructures to ensure adequate storage, inventory control, and good dispensing practices.

*Objective 4. Strengthen the selection, monitor effectiveness, and improve RMU through the implementation of proven strategies medicines*

SPS provides technical assistance and support in establishing and sustaining of an efficient, rigorous, and transparent essential medicines management system in Namibia. SPS supports processes for the use of evidence-based approach for medicines selection and the implementation of proven strategies for the improvement of rational use of medicines. MoHSS requested SPS to provide support for the review and update of the pocket manual for health workers and the Namibia essential medicines list. SPS provides technical assistance to the therapeutics committees to cover areas of containment of AMR, drug utilization reviews, compliance with clinical practice guidelines, and infection control. SPS works closely with the therapeutic committees in providing them technical assistance and support for the development of locally relevant projects and in their implementation to improve medicines use in the treatment facilities.

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

#### *Supervisory Support Visits by regional pharmacists*

In order to facilitate easier compilation and submission of reports by the regional pharmacist, ten data collection formats have been revised into user-friendly PDF formats, incorporated, and distributed to all the regions. All the forms have the option of submitting the report by email, printing or saving to disk. The forms have been incorporated into handheld PDAs for the regional pharmacists to facilitate data collection during support supervision. These data collection tools include support supervision forms, Adherence monitoring forms, Adverse Drug Reaction reporting forms and Monthly ART reporting forms.

#### *Activity: Provide TA to strengthen Therapeutics Committees*

Two training workshops for nurses on promoting rational medicine use were held in Opuwo in collaboration with the regional TC. The main objective of the training was to increase awareness and understanding of rational medicine use, to refresh the knowledge of existing treatment guidelines and to address issues of inappropriate use of medicines identified from the medicine use survey carried out in the region in February 2008. In the two trainings, 45 nurses from 25 out of the 28 health facilities in Kunene were trained. Also two regions held regional therapeutics committee meetings with MSH support during the quarter. These were: Erongo Region- meeting held in Omaruru with 28 participants attending; and Omaheke region- Meeting held in Gobabis with 30 participants attending

*Activity: Support to NHTC for improving quality and quantity of Pharmacists Assistants and CPDs for pharmacists*

MSH/SPS renovated classrooms and provided pharmaceutical laboratory and equipment for the training of pharmacists' assistants to the NHTC. Renovations will be completed in the next quarter and the facility will be officially handed over to the MoHSS. MSH/SPS organized a CPD on medicine safety and pharmacovigilance for members of the Pharmaceutical Society of Namibia. Fourteen (14) pharmacists, mostly from the private sector attended this CPD session. MSH/SPS continues to work closely with the Pharmaceutical Society of Namibia. In the same quarter under review, MSH/SPS also supported the printing of bounded forms for reporting of prescribing and treatment errors by members of the society, with an aim of monitoring and improving rational prescribing and dispensing within the private sector in Namibia.

*Activity: Provide support to Pharmacy management Information Systems (PMIS) Task Force*

During the quarter, MSH/SPS continued providing TA for the development and implementation of the Pharmacy Management Information System (PMIS). Twelve (12) regions and the national referral hospital collected data for the various PMIS indicators and submitted regional reports to the Division: Pharmaceutical Services. MSH/SPS provided technical assistance for the data analysis and the preparation and printing of the national feedback report that was disseminated to all regions and health facilities in the country. The feedback report summarizes performance in respect to the standards for each indicator, highlights areas requiring action and recommends possible interventions that can contribute to the improvement in service delivery and quality of services.

*Activity: Support the Roll-out of ART Commodities Tracking System*

The roll out of the ADT and ongoing support to the facilities continued. The development of the National Data Base (NDB) that banks national data on ART use in Namibia has been completed. Presentation of the tool to the MoHSS and USAID has been planned. During this quarter 33 (94%) of the 35 ART facilities submitted their ART consumption reports on time. A quarterly report based on ART Monthly Reports (AMRs) from facilities has been designed, compiled and distributed to provide feedback to the facilities and all other stakeholders. At the end of the quarter, ADT training was conducted for 37 participants' nation wide. The ADT trainings will continue to be an ongoing support to the facilities and the regions.

*Activity: Provide TA for the implementation of the Therapeutics Information and Pharmacovigilance centre (TIPC)*

A major achievement during the period under review was the successful launch of the TIPC and also the launch of the maiden edition of the Namibia Medicines Watch. Since 2006 MSH had provided technical assistance and support for the conceptualization and development of an integrated service unit to address the provision of medicine information and pharmacovigilance services in Namibia. MSH/SPS provided technical assistance and support to MoHSS for the launch of the center under the theme "Know your medicine". The launch was presided over by the Deputy Permanent Secretary in the MoHSS-Dr. Norbert Forster, with about 120 attendees including MoHSS senior health officials, USAID/Namibia, WHO Collaborating Centre for

International Drug Monitoring, PEPFAR partners, healthcare workers from the public and private health facilities, and the general public. There was extensive media coverage of the launch in the local television, radio and newspapers. The TIPC launch was followed by the national TIPC training for healthcare workers drawn from public sector facilities throughout the country. MSH/SPS provided technical assistance for the training. Thirty-one (31) participants were trained on pharmacovigilance and medicine safety. As part of the training, the participants developed a total of 14 medicine safety improvement activities for implementing at their work places. MSH/SPS will continue to provide follow-up technical guidance and support in the implementation of these activities. Through MSH/SPS technical assistance, a team of Trainers of Trainers has been developed across the regions in Namibia. These trainers, working through their therapeutics committees (TC), will be pivotal in coordinating TIPC activities in the regions. They provide support to regional and facility TCs to create awareness on medicine safety and promote TIPC services. The trainers/coordinators motivate healthcare workers to report suspected ADRs. In the period under review, MSH/SPS provided technical assistance and support to TIPC related trainings conducted in Omusati region (Oshikuku and Tsandi Districts) and Karas region. At the same time, MSH/SPS supported training of about 40 private and public sector practitioners in Oshakati, in conjunction with I-TECH. TIPC in conjunction with the Catholic Aids Action also trained 17 community based home based care providers as ToTs for volunteers in their communities about adverse drug reactions especially related to ART and antiTB medicines. Since the set up of the TIPC more than 120 health care workers has been trained in medicine safety. For the period under review, TIPC received 22 ADR reports and 40 therapeutics related queries.

#### *Treatment literacy*

During the quarter under review, MSH/SPS in collaboration with BroadReach Health Care, carried out a rapid assessment of Therapeutic Information and literacy activities in Namibia. The report was shared with the MoHSS and implementation of interventions begins in the next quarter. Following the findings and recommendations of the treatment literacy assessment by BroadReach Healthcare, the Catholic Health Services (CHS) requested MSH/SPS for technical and financial support in developing and implementing audiovisual patient treatment literacy materials focusing on selected priority themes. MSH/SPS has since then been holding consultative meetings and discussions with CHS to implement this objective.

#### *Activity: Provide TA for the update, printing and distribution of the Essential medicines list*

The EMLC which has the overall responsibility for managing the essential medicines selection process was reactivated and held its first meeting after 5 years of inactivity. Recommendations made by the committee during this meeting include the addition of medicines for HIV/AIDS, TB and other essential medicines to the Nemlist and the reclassification of some medicines for use at lower levels of the health care system for IMAI & palliative care. These recommendations have been forwarded to the Policy Management Development and Research Committee (PMDRC) of the ministry for approval. The updated Nemlist will increase access to medicines and ensure their availability in all health facilities. During this quarter, MSH/SPS also supported the secretariat of the EMLC in developing 3 SOPs for the essential medicines selection process. The purpose of developing these SOPs is to ensure that the processes of selecting medicines are standardized

and known by all the stakeholders and that this is carried out in an objective and transparent manner. These SOPs cover the following areas:

Procedures to be followed by health care workers for submitting requests to the EMLC for changes to the Nemlist

Procedures to be used by the EMLC for evaluating requests for changes to the Nemlist

Procedures to be followed by Therapeutics Committees for evaluating requests for procurement of non Nemlist medicines

These draft SOPs have been circulated to all stakeholders for comments and will be submitted for adoption by the EMLC during the next meeting scheduled for October 2008.

*Activity: Provide TA for the development of a National Formulary*

During the quarter, MSH/SPS supported the North-West TCs formulary/ treatment guidelines development. The North-West formulary / treatment guideline meeting was held in Ondangwa. Eleven (11) committee members drawn from Omusati, Oshana, Ohangwena and Oshikoto regions attended the review meeting. The team successfully completed the 1<sup>st</sup> draft guidelines and these are ready for review. The review is currently underway.

MSH/SPS has continued to support MoHSS in the revision of the National pocket-sized treatment guidelines. In this period, MSH/SPS provided technical assistance and support for three (3) end-users consultative focus group discussions (FGDs) on the design, format and contents of the revised pocket sized treatment guidelines. The consultant leading this activity has provided a report on the findings. The medical consultant is still developing the treatment guidelines. A disease template has been proposed and the graphic design/ layout of the pocket manual are under development. The disease areas to be covered have been identified and the list of specialists to be consulted proposed. Discussions on the topics and lists of specialists are ongoing between the consultant and the MoHSS. The preliminary draft of the treatment guidelines has been submitted to the MoHSS and MSH for comments.

*Constraints*

Delays in obtaining MoHSS approvals for some activities

Lack of adequate human resources at the MoHSS level to counterpart and follow through SPS proposed interventions

Need for additional staff in the project to ensure implementation of approved activities and commitments.

*Next steps*

Official opening of the renovated classrooms at the NHTC and the installation of the lab equipment

National Therapeutics committees training

Launching of the NMRC website

Implementation of PC&I SOPs and systems in all units including registration, inspection, quality surveillance, and TIPC

## **RWANDA—PEPFAR**

### **Overview**

The MSH program has been working in Rwanda since 2003 with funding from the USAID under PEPFAR and, most recently, under the PMI agenda. Currently, the PEPFAR initiative in Rwanda is making ARVs much more accessible to the population. Between August 2004 and December 2007, the number of patients on ART supported by PEPFAR increased from 1,000 to more than 20,000 patients, which represents around 50 percent of the 48,300 patients that were under ARVs in the country by the end of 2007. This figure indicates the significant financial contribution of PEPFAR for the procurement of ARVs. However, PEPFAR's contribution to the Rwandan pharmaceutical sector goes far beyond the purchase of medicines. Indeed, maintaining patients in treatment and scaling up to new patients is a challenge that requires multidisciplinary efforts at all levels of the health system and the social network, and ensuring a continuous availability of quality ARVs is crucial to build trust in the health system, and ensure patients' adherence to the treatment.

SPS collaborates with clinical agencies and other donors to coordinate the actions conducted at the pharmacy level with clinical interventions. As such, SPS works collaboratively with clinical partners to ensure adequate implementation and maintenance of the ADT, which allows dispensers to properly manage patients' files and medicines data. SPS also participates in the trainings conducted by clinical partners for clinical staff on basic concepts of pharmaceutical management. In addition, SPS works collaboratively with SCMS under the PEPFAR agenda in complementary pharmaceutical management areas. Since SCMS started to work in Rwanda in mid-2006, the two agencies have divided responsibilities and elaborated joint action plans according to their respective strengths.

During 2008, SPS will also transfer the responsibility of supporting the Coordinated Procurement and Distribution System (CPDS) for implementing technical activities related to efficient supply chain, including quantification, forecasting, procurement, and distribution, while SPS will maintain the leadership for ensuring the integrity and good governance of the CPDS in line with the pharmaceutical policy. As such, while SCMS will be responsible for ensuring availability of quality ARVs and other HIV/AIDS pharmaceuticals in the country by following procedures established by the MoH through the CPDS, SPS will strengthen the policy framework and human capacities, at both central and peripheral levels, for effective and rational use of the HIV/AIDS medicines, health commodities, and other essential medicines.

### **Major Activities this Quarter**

Over the course of the reporting period, SPS rendered technical assistance (TA) and support to the CPDS Coordinator. SPS provided TA for the finalization of the semi-annual CPDS Report for 2007. SPS is currently in the process of providing assistance to the CPDS for the finalization and dissemination of CPDS reports for 2008. SPS has assisted the CPDS Coordinator with the development of a one year work plan, which outlines activities to be implemented with stakeholders/partners throughout the year; the plan has been finalized and disseminated to members of the CPDS. SPS assisted the CPDS Coordinator with the development of a process for revising the CPDS Governance Framework, which will allow for extensive involvement of

members of the government to promote ownership of the process and the CPDS; the proposal is still under review by the Permanent Secretary. SPS continues to render ongoing assistance and support to the CPDS Coordinator and the technical committees of the CPDS.

During the reporting period, SPS in collaboration with the CPDS Coordinator and the PTF continued implementation of the third phase of trainings on existing and new reporting tools (OIs, ED, malaria, TB, & labs) developed by SPS with PTF, PNILP, and CAMERWA in 2007. The third phase of the training consisted of recipients (district pharmacy managers, health directors, and supervisors of the district hospitals) of the second phase conducting trainings on the reporting tools at the health facility level. A total of 477 individuals from approximately 477 health facilities were trained on the use of the reporting tools.

In regard to the implementation of decentralization policy, SPS in collaboration with the PTF and respective district authorities conducted an evaluation of proposals received from prospective entrepreneurs who are bidding for contracts to carry out rehabilitations of district pharmacies. A total of nine entrepreneurs were selected and SPS is currently in the process of developing contracts with each of the nine entrepreneurs. Rehabilitations of five of the 10 pharmacies are scheduled to commence the first week of August.

During the reporting period, SPS in collaboration with the PTF successfully launched the first MTP session in May. The session was attended by all eight district pharmacists, the Coordinator of the PTF, and various staff of the PTF. During the first session topics for subsequent sessions were determined and dates scheduled. Sessions will occur every six weeks and each district pharmacist will be responsible for the facilitation of each session.

In support of the GOR, SPS retained the services of a consultant responsible for assisting the PTF with the establishment of National Pharmacovigilance (PV) System for Rwanda. In collaboration with the PTF, the consultant successfully facilitated a stakeholder's workshop on Pharmacovigilance in May. The workshop was attended by all public programs of the GOR and resulted in the development of a one year action plan for the establishment of a PV system in Rwanda.

SPS sponsored the participation of PTF Coordinator, Viateur Mutanguha in the 5<sup>th</sup> Regional Pharmaceutical Forum on AMR held in Kampala, Uganda from the 28<sup>th</sup> of April to the 1<sup>st</sup> of May 2008.

Finally, SPS continued its support to eight hospitals that are in various stages of establishing or strengthening existing DTCs. In addition, SPS assisted with the establishment of two new DTCs at Kabutare and Nyanza Hospitals; both DTCs held their first sessions during the reporting period.

## **SOUTH AFRICA – PEPFAR**

### **Overview**

Building on the achievements of its predecessor RPM Plus, SPS provides support to the Presidential Emergency Plan and the Government of South Africa for the scale up of the national HIV/AIDS program. The program focuses on strengthening the National, Provincial and Metropolitan (Metro) Pharmaceutical Departments to ensure the adequate 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. SPS coordinates and collaborates with the Pharmaceutical Policy and Planning Cluster of the National Department of Health, USAID, provincial departments of health and other local partners to address pharmaceutical priority areas with the aim of improving access to and use of health commodities for the treatment and care of those affected by HIV and AIDS.

### **Major Activities**

The national meeting of Heads, Pharmaceutical Services of provinces and Metros was addressed by the Deputy Regional Technical Advisor (D/RTA). Planning meetings also took place with counterparts in Mpumalanga, Limpopo, the Free State and the Northern Cape. The template of the memorandum of understanding to be signed with counterparts was finalized and reviewed by the USAID legal advisor.

The work plan for the Free State was finalized. In Limpopo a preliminary plan for support and training was developed. In the Northern Cape, SPS participated in the discussions related to the structure and roles of the provincial and district PTCs. SPS presented at the graduation ceremony for pharmacists’ assistants in Bloemfontein. SPS staff also attended the Limpopo provincial pharmaceutical conference. The adherence tool was distributed and a brief overview given to sensitize pharmacists on its use.

The provincial CCMT meeting held in Nelspruit was attended during which the roll out of PMTCT dual therapy was discussed. In the Free State, the program also attended the provincial PMTCT implementation meeting when the SPS PMTCT Assessment tool was shared with the provincial PMTCT coordinator. Meanwhile, a presentation was made to Tshwane Metro pharmacists on the new PMTC guidelines.

In support to the roll-out of RxSolution, training was conducted in the North West for 22 pharmacists and pharmacist’s assistants from seven hospitals in the Central District. The implementation process started at Mafikeng and Lichtenburg Hospitals. At Lichtenburg hospital, 1,500 ARV patients have been captured on the system. In the Free State, five training sessions were held with a total of 55 pharmacists and pharmacist’s assistants trained. In addition, 32 computers and printers were procured and distributed to facilities to support the implementation of RxSolution in the province. Also in Mpumalanga, 21 pharmacists and pharmacist’s assistants from Themba and Rob Ferreira hospitals were trained and the new version was installed. In the Support continued to maintain the dispensing pilot project at the ARV unit at Frere Hospital. Eleven (11) nurses and one (1) IT official received training on requisitions for ward stock and

connectivity management, respectively. At the PE Provincial Hospital, three pharmacists and one data clerk were trained on the dispensing module. Also, additional computers were set up in their pharmacy department.

Technical assistance was provided to Dora Nginza to reduce connectivity problems. At Settlers Day Hospital the dispensing module was updated. RxSolution was installed at Willowmore Hospital and training was provided on the use of the dispensing module. In the Gauteng province where Therapy Edge software is used to facilitate down-referral and management of ARV patients, SPS started the development of an RxSolution interface with Therapy Edge to allow dispensing and stock control. Meanwhile, the final testing for the revised version of RxSolution was completed this quarter and work is continuing on the revision of the manual. RxSolution reports were also written for the Free State according to their requirements.

Support was provided to the NDOH for the quantification for the new ARV tender. Work was done with the HIV/AIDS adult unit, PMTCT and ARV paediatrics to develop the quantification model. The model was completed and validated against the estimates forwarded by the provincial depots. Amendments were made where necessary. The quarterly quantification meeting was held in May 2008. Meanwhile, the training guidelines for quantification were updated in line with the new treatment regimens. One-day training in quantification was held in Kimberley in the Northern Cape for 19 provincial pharmacists.

Standard Operating Procedures (SOPs) for hospitals in Mpumalanga were finalized. The primary healthcare SOPs for the clinics have also been finalized and are awaiting final input from the PHC Directorate prior to printing. In the Eastern Cape, TA was provided to the East London Hospital Complex regarding compliance with the legislation with respect to formulary changes and the balancing of S6 registers. In Limpopo, the SOPs have now been finalized.

In the Western Cape, work continued on the Policy & Procedure Manual. Agreement was reached on the general framework of the manual. It is planned for the manual to be completed by the end of 2008. Work was done on urgent policies required by the province. This includes an HR policy outlining minimum requirements for the utilization of pharmacist's assistants (post basic) working under indirect supervision of a pharmacist.

The executive summary for the national status report on compliance with legislation relating to the supply of medicine was prepared. The completed questionnaires used in the legislation compliance audit were provided to respective provinces to support future re-audits. Assistance was also provided to the South African Pharmacy Council (SAPC) in drafting comments on the proposed amendments to the Medicines Act.

MSH/SPS presented to the USAID SOTA meeting held on 3<sup>rd</sup> April on pharmacovigilance and improving the rational use of medicines in resource-constrained settings. The presentation was extremely well received and several expressions of interest were received from USAID country missions.

At the East London Hospital Complex in the Eastern Cape, the pilot project to use patient reported symptoms for ADRs continued. The final report on the tool is expected to be completed

next quarter. As part of the pharmacovigilance (PV) elective offered at NMMU to final year pharmacy students, three lectures were given in April. A framework for the academic program, including assignments, projects and assessment methodology, has been developed.

In the Free State, a follow-up meeting on Pharmacovigilance implementation was held. A task team involving the DOH, UFS and SPS was appointed to develop the framework for reporting, collecting, handling and using ADR data. Training of CHWs at ARV treatment sites in the province will be undertaken by the UFS in collaboration with SPS.

The North West Provincial CCMT Meeting was attended on 19 June 2008. SPS was invited to make a presentation on monitoring and reporting HIV-medication-related ADRs in the province. The discussion focused on the development of a framework for reporting ADRs, handling of ADR data and training of ARV site staff. SPS will, in collaboration with the provincial CCMT program, provide assistance in these areas.

The HIV/AIDS course was restructured. The MTP follow up workshop was changed to a group site visit where participants will learn how to apply knowledge and skills acquired in the course, practice assessing ART pharmaceutical management practices at a site and discuss approaches and challenges in implementing the learned practices and skills. The adaptation of the HIV/AIDS course for presentation to pharmacist's assistants was also finalized. Also, the Therapeutic Counselor ARV Training Material was finalized. Two-day training was conducted in the Western Cape for ATTIC counselors.

Training of 12 community service pharmacists was conducted in Kimberly in the Northern Cape (NC) and for 22 pharmacist's assistants (PAs) in Upington. A follow up MTP was also conducted. Two HIV/AIDS Training courses were conducted in the North West. Participants included pharmacists, interns, CSPs and PAs from ART treatment sites in the province.

In Mpumalanga, training on the adherence tool took place for 34 participants from the 6 hospitals identified by the provincial CCMT manager. An implementation plan was devised. The provincial CCMT manager attended the last day of the training and this served as a stamp of approval of the tool. In Limpopo, 151 health care providers were trained in 7 hospitals in 4 districts. An additional two training sessions were held in the province. The tool was distributed at the Limpopo pharmacy conference. In the Free State, adherence workshops were conducted in 2 districts (Xhariep and Fezile Dabi). In the North West, training was conducted in April with staff at the four implementation sites in the province. Progress on the roll out of the adherence assessment tool was also presented to the NDOH cluster.

In the North West, SPS attended the CCMT Program Partners Meeting. The meeting provides a forum to coordinate the activities of the various partners that provide support for HIV/AIDS care in the province. Also, the Gauteng Provincial CCMT meeting was attended. SPS presented an update on the implementation of the adherence monitoring tool at the identified sites in the province. Sites visits have been undertaken to train ARV unit staff on the use of the tool. Further support will be provided at site level to ensure implementation.

A meeting was held in the Western Cape with respect to collaboration with the Medical Research Council (MRC) and the Human Sciences Research Council (HSRC) re generic course content for

the motivational interviewing course. The aim is to coordinate adherence related training in the province. Also, the ARV site audit tool was revised. An ARV dispensing competency assessment for PBPA's working under indirect supervision was developed.

Three meetings of the national EDL committee were attended (1 PHC and 2 Tertiary). Chapters of the PHC EDL were circulated to stake holders for comment. Evidence based medicine reviews were conducted on level 4 medications available to provincial PTCs and academic institutions. The use of pharmacoeconomic principles has been introduced into the EDL review process. The PTC manual used in the PTC training course was revised. In Limpopo, a follow up workshop to PTC training was conducted and a success story was developed describing the outcome of this training. In the Northern Cape, SPS attended the district pharmacists meeting and gave a presentation on the role of PTCs. The first district PTC workshop was subsequently held on 13 -15 May in Siyanda district. Nine (9) participants were trained. Also, PTC training took place in the Free State for 20 doctors, nurses and pharmacists. In Gauteng, TA was provided to the Provincial PTC for streamlining procedures for PTC activities and for capacity strengthening. A presentation was made at the provincial PTC meeting. A planning and strategy workshop was held with the PTC secretariat (26 June 2008) to further develop this process.

Technical assistance was also provided to the Provincial Pharmaceutical Services Directorate with respect to logistics management of PMTCT drugs and commodities, quantification and management of ARVs at site level, ADR monitoring and reporting and formulary management

During this quarter, five ICAT TOT workshops were held in the Northern Cape, KwaZulu-Natal, Mpumalanga, North West and Free State provinces where 112 infection control and quality assurance practitioners were trained. The teams trained in each province drafted an implementation plan for the implementation of the tool. A debriefing and a report of the workshops was submitted to USAID. A brownbag on ICAT activities was presented in Washington DC and a poster on IC experiences presented at the 35<sup>th</sup> Global Health Council conference. Also, a presentation on pharmaceutical waste management was made to final year pharmacy students at the Medical University of South Africa.

A proposal for the survey on the availability and distribution of pharmaceuticals in the Northern Cape was prepared and discussed with the HOD. In the Northern Cape, the first district DSM training was held in Mopani district; 23 nurses and 3 pharmacists attended. In the Western Cape, SPS provided TA in developing alternative systems to distribute medicines to patients. The chronic dispensing project in KZN continued during this reporting period. Patients commenced collecting medicines from three of the four private pharmacies involved. A number of changes were being made to the documents used in the project as a result of experience gained. It was agreed that the pilot phase would be extended until the end of the year. A revised MOU was also signed between the province and the pharmacies. The development of the project plan for Phase 2 of the project commenced.

In the Free State, SPS also provided TA in developing the Occupation Specific Dispensation (OSD) for Pharmacists. SPS attended the meeting with the NDOH to discuss provincial inputs and also attended a meeting of the Pricing Committee. Meanwhile, a report was developed on the dispensing fee for doctors and was subsequently adopted by the committee. Meetings of the

Medicines Control Council, the Clinical Trials Committee and the Scheduling Committee of the Council were also attended.

A meeting of the CCMT Research Reference Committee was attended on 8 April 2008. This committee involves a number of stakeholders including the Health Evaluation and Research Directorate (NDOH), MRC and HIV/AIDS researchers. It is tasked with identifying areas for research in line with the objectives of the national CCMT program and providing funding and coordination of all scientific, clinical and operational research. The committee considers and makes recommendations on research proposals and protocols submitted.

The first meeting of the ARVIR Scientific Advisory Board Meeting was attended on 16 May 2008. ARVIR is a public-private partnership established to promote local capacity for the manufacture of ARV active ingredients. It involves CSIR, R&D stakeholders in the private sector (including universities) and the Department of Arts, Culture, Science and Technology.

The pharmacy services research project re the activity times, costing and staffing norms conducted by the SAPC in collaboration with the pharmacy schools, with TA provided by SPS, continued during this period. Fieldworkers were trained and data collection took place in 690 pharmacies. By the end of the quarter, data collection was almost complete.

A meeting of the National HR task team was attended on the 15<sup>th</sup> of April. Assistance was provided in the revision of the scope of practice of pharmacy support personnel. A separate scope was prepared for technicians working in manufacturing pharmacies in both the public and the private sector. Minimum standards relating to the practice of pharmacy support personnel were also drafted and served at meetings of the Practice and Education Committees of the SAPC.

Communication took place with the South African Qualifications Authority (SAQA) and the SAPC re the competency standards for the existing two categories of pharmacy support personnel. The standards were published in the Government Gazette for a period of public comment. It was agreed with SAQA that all comment received would be submitted to the SPA involved for incorporation as applicable. Assistance was also provided to the South African Pharmacy Council in the evaluation of training material for the Basic Pharmacist's Assistant Course.

In the Western Cape, the report and the strategic plan developed after the planning workshop were finalized and submitted to the counterpart.

The quarterly and the semi-annual progress reports (SAPR) for South Africa were prepared and submitted to the PEPFAR data warehouse. A flyer narrating program activities was prepared for the Global Health Conference special event

An M & E partners meeting was attended on 19 June 2008. Input was provided on the new quarterly treatment form that had been revised and would be used for reporting at the end of Q3.

## **SOUTHERN SUDAN**

### **Overview**

With the signing of the Comprehensive Peace Agreement (CPA) (January 2005), the stage has been set in Southern Sudan for comprehensive reconstruction after years of conflict. The institutional, technical and organizational capacity of the health sector and public health programs that had been grossly disrupted is now being rebuilt. In this context, the USAID Sudan Field Office (SFO) has requested technical assistance from MSH/Strengthening Pharmaceutical Systems (SPS) program, to provide support to the Ministry of Health in establishment of a functional National Malaria Control Program and strengthening the national pharmaceutical management systems.

SPS will build on the achievements of, and platform laid under RPM Plus, to consolidate support to the Malaria Control Program and Directorate of Pharmaceutical Services of MOH. The SPS Sudan program has received \$800,000 in FY07 funds to support malaria and other public health threats programs including the pharmaceutical management aspects of the two elements. Broadly, the funds will be used to provide technical assistance, enhance capacity, and improve coordination and information systems for the two programs. Support will be provided to three states (Central Equatoria, Eastern Equatoria and Jonglei), in addition to overall support to the malaria control program and pharmaceutical management interventions in all the 10 states.

### **Major Activities this Quarter**

1. *Strengthen operational capacity of the Malaria Control and pharmaceutical management programs at central and state levels*
  - a. SPS Southern Sudan supported MOH to maintain the Malaria Control Program operations including logistics related to malaria control and pharmaceutical management program meetings and internet connectivity. SPS also participated in a number of MOH meetings aimed at strengthening overall administration.
  - b. SPS Southern Sudan coordinated and provided logistical support to missions: Grant Management Solutions (GMS) 2<sup>nd</sup> visit for strengthening the CCM; Arligton/Boston BRD, LMS and Malaria program staff and staff from Zambia and Tanzania MSH offices who came for a TB-CAP mission. This involved setting up a series of meetings with MOH and partners.
  - c. SPS acquired 2 land cruisers and 1 truck for MOH; the vehicles will be utilized to improve program operations and distribution of medicines respectively. Tax exemption was secured from Ministry of Finance and the 2 land cruisers have already been received and registered. The truck will be received early next quarter (at the beginning of July).

- d. SPS coordinated the logistics related to travel of Dr Thabo, the Malaria Program Manager at MOH/GoSS to attend a course “*Leading organizations to achieve Millennium Development Goals for Health*” at Boston University.
2. *Support MOH to strengthen planning and coordination of malaria control activities at central and state level*
    - a. SPS actively participated in 5 malaria technical working meetings; the first 3 meetings focused on preparations for commemoration of the World Malaria Day. The other meetings addressed aspects of LLIN distribution and strengthening M&E for malaria. SPS presented an overview of the draft LLIN strategy and provided guidance in the meetings. MOH was supported to draft briefs about World Malaria Day for top MOH officials and the media. Unfortunately the Malaria Day was postponed indefinitely.
    - b. SPS participated in 2 CCM-SS meetings and contributed to discussions on development of a round 8 HIV/AIDS proposal. SPS then reviewed the Health Systems (HSS) component and submitted comprehensive comments to the proposal drafting team.
    - c. MOH has been supported to publish a malaria newsletter. This involved drafting articles, soliciting and editing articles submitted by partners and proof reading the publication.
    - d. SPS actively participated in Disease Control Priorities (DCP) workshop organized by MOH GoSS and MDTF partners. SPS chaired the malaria session and made two presentations during group work and plenary sessions.
  3. *Support MOH to scale up implementation of effective malaria interventions - ITNs and ACTs*
    - a. SPS supported MOH to train 42 health workers (13 community health workers; 29 qualified health workers) in management of uncomplicated and severe malaria based on the new malaria treatment policy. The training of the community health workers only covered management of uncomplicated malaria.
    - b. SPS continued to support partners to plan distribution of LLINs in line with the MOH strategy. Discussions were held with both SHTP/JSI and UNICEF to ensure that the planned distribution of 180,000 and 30,000 LLINs respectively, is well aligned with MOH plans.
    - c. MOH is being supported to develop implementation guidelines for Home Management of Malaria. A draft document has been prepared for discussion and input of partners and other MOH departments.
    - d. MOH was supported to incorporate inputs from partners and finalize the national ITN strategy. The document has been submitted for endorsement by the MOH Executive board before printing.

4. *Support MOH to strengthen malaria M&E at national and state levels*
  - a. SPS supported MOH/GoSS and Eastern Equatorial state MOH to develop tools and set up a team for collection and reporting monthly morbidity data at Torit Civil Hospital. OPD and Inpatient morbidity data has been compiled for 2007 and up to June 2008 for most wards. Data collection has been initiated at Al Sabah and Juba Teaching Hospitals of Central Equatoria. SPS is supporting MOH to set up a malaria database.
  - b. SPS also facilitated the state MOH of Eastern Equatoria to conduct support supervision visits to 2 counties (Torit and Ikwotos) and 3 health facilities (Isoke hospital, Ikotos PHCC in Ikotos county and Hilanya PHCC in Torit county).
  - c. SPS actively participated in an M&E workshop conducted by the MEASURE Evaluation as part of strengthening M&E mechanisms for round 7 malaria grant. SPS supported MCP to make a presentation of the malaria M&E plans. SPS has actively participated in follow on meetings including discussions between MOH and WB to conduct a Malaria Indicator Survey (MIS) in Nov 2008.
  - d. SPS advertised for an M&E position, processed applications and made preparations for interviews – invitations, identifying interview panel, agreeing on an interview guide etc. The interviews are to be conducted in the next quarter (beginning of July).
  - e. Supported production of 500 copies of in-patient forms, 500 copies of ANC cards and 50 patient files for Torit Civil Hospital as part of improving data collection at the hospital.
5. *Support the Directorate of Pharmaceutical Services, MOH/GOSS to develop and implement Standard Operating Procedures for pharmaceutical management*
  - a. MOH was supported to develop job descriptions and clarify roles of key staff within Directorate of Pharmaceutical Services. SPS also facilitated the Directorate to develop and present its Organogram and Terms of Reference to the MOH Executive Board.
  - b. Eastern Equatoria state MOH was supported to reviewed medicine flow and data collection matrix at Torit Civil Hospital. Key tools required for the State Medical Stores (SMS), wards and pharmacy were identified. Stock cards, Requisition/Issue vouchers, Stock Receiving books, Daily Consumption Summary Sheets and spreadsheet for tallying monthly consumption have been designed to strengthen pharmaceutical management information systems at Torit Civil Hospital. SPS supported the printing of Stock cards (5000 sheets) Requisition/Issue vouchers (500 books) and Stock Receiving books (100 books). These tools will be disseminated to other stores/health facilities in the State to improve pharmaceutical management information systems.
  - c. MOH was supported to draft SOPs for the Central Medical Stores (CMS) to guide receiving, storage and issuing of pharmaceuticals.
  - d. SPS facilitated meetings with MOH, USAID and JSI/SHTP and other partners to discuss continued and coordinated support in area of pharmaceutical management. SPS drafted a

strategic approach document for the sector together with TOR for a pharmaceutical management TWG.

6. *Support the development and implementation of initiatives to capacitate and license private pharmaceutical premises for the provision of pharmaceutical services*
  - a. SPS participated in preparations for a consultative workshop to review the draft Pharmacy and Drugs Bill 2008. The workshop was organized by WHO, MOH and the Pharmaceutical Society of Southern Sudan.
  - b. Directorate of Pharmaceutical Services was supported to present to MOH Executive Board the *Guidelines for Registration and Issuance of License to Operate Pharmaceutical Business in Southern Sudan* and the *Guidelines for Importation of Pharmaceuticals into Southern Sudan*, together with related implementation tools (application forms, inspection checklists, licenses/certificates) to Executive Board. These Guidelines and tools were developed with MSH/SPS TA.
  - c. SPS completed the first draft of Malaria and Pharmaceutical Management Training Manual for private sector pharmacy personnel focusing on the new malaria treatment guidelines and rational use of medicines.
7. *Support quantification, procurement and distribution of essential medicines*
  - a. The Directorate of Pharmaceutical Services was supported to follow up procurement of ACTs for the public sector. This involved meetings and correspondences with IDA, Mission Pharma and Cipla to identify prospective suppliers.
  - b. SPS supported National Malaria Control Program (NMCP) to quantify and initiate procurement of RDTs for PHCCs and PHCUs.
  - c. SPS supported MOH Pharmaceutical Directorate and Procurement Department to revise the distribution plan for June 2008 round of essential medicines distribution. The Procurement Department was also supported to re-negotiate and finalize transport contracts for delivery of medicines to states and counties. In addition, SPS assisted to share with NGO partners the quantities, volumes and distribution schedule for dispatch of essential medicine kits from CMS to each State and county.
  - d. The Directorate of Pharmaceutical Services has been supported to develop a questionnaire for revising the current essential medicines procurement list. This is yet to be officially circulated by MOH/GoSS to the state MOHs and partners.
8. *Support MOH to strengthen mechanisms for rational drug use at health facilities through establishment of Drug Therapeutic Committees (DTCs)*

Planned activities under this objective have been completed. SPS is encouraging pharmacists who were trained on Drug and Therapeutics Committees (DTC), to set up committees at their places of work.

*9. Additional Results/Achievements*

- a. SPS participated in the monthly NGO Health Forum meetings and provided updates to partners on the status of distribution of essential medicines to county levels, how NGOs can support County Health Departments with delivery to health facilities, future distribution strategy and ongoing ACT procurement under MDTF financing.
- b. SPS also participated in the 3<sup>rd</sup> and 4<sup>th</sup> USAID Chief of Parties meetings held at Capacity and FHI offices. SPS documented the minutes for COP meeting at Capacity. SPS also participated in a USAID partners' meeting held in Mombasa.
- c. SPS participated in a Stake holders meeting organized by MOH, USAID/RTI and Malaria Consortium to discuss modalities for implementation of control programs for Neglected Tropical Diseases in Southern Sudan.
- d. SPS supported USAID mission to refine Terms of Reference for the SCMS mission for assessment pharmaceutical management systems for ARVs and other HIV/AIDS related commodities and supplies.
- e. Reviewed and provided technical comments to the Directorate of HIV/AIDS and Southern Sudan AIDS Commission on the draft Comprehensive HIV Care Guidelines for Adults and Children
- f. SPS was nominated and actively participated in the RBM coordinated workshop for drafting Procurement and Supply Management (PSM) plans for Global Fund round 7 proposals (Kampala, Uganda from April 8-10, 2008). Presence of a PSM plan is a pre-requisite for signing the GFATM Round 7 malaria grant for Southern Sudan.

**B) Status of Core USAID Indicators**

The status of the 2 core reporting indicators is as follows:

*Indicator 1: Number of Policies drafted with USG support*

The target for FY07 is to draft the following 3 key policies/guidelines:

Policy document	Status of development			Comments
	Draft	Policy	Bill	
Guidelines for implementation of Home Management of Malaria	1 <sup>st</sup> draft in place			To share draft with MOH and partners for input

*SPS Activity and Product Status Report*

Guidelines for registration of private pharmacies and drug shops.	√			Awaiting approval by MOH Executive Board. This can take a long time.
Guidelines for training private sector practitioners on treatment of malaria and basic pharmaceutical concepts	√			Awaiting approval by MOH Executive Board. This can take a long time.

*Indicator 2: Number of People trained in malaria treatment or prevention with USG funds*

A total of 95 in-service health workers have so far been trained in malaria case management (63) and pharmaceutical management (32). The target is to train 150 health workers.

During the quarter, 42 health workers from various counties of Eastern Equatoria state were trained in management of malaria based on the new treatment policy. The breakdown by gender, cadre and duration of training is as shown below:

Trainees	Duration of training			
	1 – 2 days	3-7 days	>7 – 30 days	>30 days
<b><i>Trainees by Gender</i></b>				
Female	0	7	0	0
Male	13	22	0	0
<b>Total</b>	<b>13</b>	<b>29</b>	<b>0</b>	<b>0</b>
<b><i>Trainees by Cadre</i></b>				
Pharmacists	0	1	0	0
Pharmacy Medical Assistant	0	2	0	0
Senior Inspector of Medical stores	0	0	0	0
Medical Assistant /Clinical Officer	0	6	0	0
Tutor	0	2		
Nurses/Midwives	0	14	0	0
Lab. Technician/Assistant	0	4	0	0
Community Health Workers	13	0	0	0
<b>Total</b>	<b>13</b>	<b>29</b>	<b>0</b>	<b>0</b>

## **UGANDA—PMI**

### **Overview**

Uganda 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. The country was selected because malaria is still a leading cause of morbidity and mortality and accounts for 40 percent of outpatient visits, 25 percent of hospital admissions, and 14 percent of hospital deaths. The burden of the disease is greatest among children under 5 years of age and pregnant women.<sup>1</sup> People living with HIV/AIDS (PLWA) have also increasingly become a vulnerable group. The RBM strategic plan (2006-2010) currently guides malaria control activities in Uganda and supports the use of (1) prompt and effective treatments, including home-based management; (2) vector control, including ITNs and IRS; (3) IPT during pregnancy; and (4) epidemic preparedness.

While there has been major progress in treatment and prevention efforts led by the MoH NMCP, it is envisaged that the implementation of the PMI Five-Year Strategy and Plan will continue to be achieved in close collaboration with the MoH in Uganda and will serve to address the major unmet needs in achieving the Abuja targets.

With the recent award to MSH of USAID's SPS cooperative agreement, contribution to national efforts to fight against malaria will be continued through the SPS program

### **Major Activities this Quarter**

Finalized the data need identification report and developed TOR for consultant to design the PMIS system

Supported Pharmacy and resource centre to plan field visit for the assessment of PMIS in three districts

Performed the assessment of the PMIS in NMS and in the districts of Iganga, Sembabule and Rakai.

Produced a draft report that presents the model that will enable adequately report and monitor key pharmaceutical management indicators

Supported the NMCP in preparing a PSM Plan for antimalarials medicines under GF Rd 4 phase II and Rd 7 phase I, and also the preparation of GF proposal for round 8

Conducted training for NMCP, Pharmacy division and key partners to build skills in quantification, introduce the team concept of quantification and empower them to use computerized quantification tools (Quantimed)

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<sup>1</sup> The Africa Malaria Report 2005

Presented to USAID the procedures and TOR for the quantification team document and got feedback.

Performed a stock taking of severe malaria drugs and collected morbidity data and other inputs for the quantification of antimalarial medicines

Quantified national needs for severe Malaria and presented them to USAID for review  
Presented the quantification study report to NDA management

Supported together with other partners the reclassification of ACTs to OTCs based on of the quantification that determined the feasibility of cessation of importation and manufacture of inappropriate mono-therapies in Uganda  
Followed up on recommendations for NMS after the assessment and developed action plans together with NMS on addressing the storage and distribution bottlenecks

Carried out an ABC analysis for the basic Health care package items and key programmatic medicines and made recommendation to ensure improvement in their stocking and order processing efficiency

Introduced an Inventory Management Assessment tool (IMAT) to staff in NMS and carried out a baseline assessment monitor inventory performance indicators using the IMAT tool

Produced a report containing recommendation for improvement of the inventory performance indicators

Supported the NMCP and NMS in the distribution of Coartem to health facilities by working with NMCP to prepare a letter that authorizes NMS to routinely substitute blue, green and brown Coartem with yellow Coartem considering that it is in very big quantities and has a shorter shelf life.

Organized and conducted training of health facility personnel on medicines supply management in the districts of Oyam and Amuru in Northern Uganda

Supported follow up MTP activities in the districts of Adjumani, Amuru, Arua and Moyo

Supported the follow up monitoring supervision visits from the center to Adjumani  
Supported interventions to achieve better planning and monitoring using the MTP approach in Nebbi district

Discussed modalities of collaboration with the malaria focal person of NUMAT for the trainings in Northern Uganda and follow up visits in pharmaceutical management  
Supported the development of the supply chain strategy for the MMV pilot district supply of ACTs

Supported a consultancy to develop a conceptual framework for pharmaceutical management issues for promoting access in the Ugandan private sector.

