

Health Systems Portfolio Review



*Health Systems Division
Office of Health, Infectious Disease and Nutrition
Bureau for Global Health*

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The Health Systems Projects to be reviewed in the HIDN Portfolio Review include projects under the Health Policy and Systems Strengthening Framework (PHRplus, RPM Plus, USP DQI, WHO Health Systems Strengthening, and QA/WD) and MEDS. Other Health Systems Projects including GHC, PHNI and the MEASURE Projects are all being reviewed in the Bureau-wide Results Review with Senior Management on December 2nd.

HSD Portfolio Review

November 21, 2003

11:00-1:00pm

RRB 4.08 E/F

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PORTFOLIO REVIEW

| | |
|--------------------------------|--|
| Project Title/Activity: | Partners for Health Reform <i>Plus</i> (<i>PHRplus</i>) |
| Project Number: | 936-3104.01 |
| CTO: | Karen Cavanaugh |
| Technical Advisor: | Bryn Sakagawa |

I. Discuss the Activity's Role in GH/HIDN Results Framework:

PHRplus fits into HIDN's results framework in two ways. First, it provides PHN priority service operations with technical assistance in health system strengthening. Second, it works to ensure that the global agenda in health system strengthening and health reform advances in ways that protect and enhance PHN priority services. The project fulfills these dual roles by providing expertise in health sector reform, health financing and health information and by advancing the state of the art in these areas. PHRplus contributes to the GH/HIDN objectives of developing and piloting proven system strengthening interventions and taking them to scale. The project also partners with bilateral projects to help overcome health system constraints so countries can improve access to priority services that have public health impact.

The capacity that PHRplus offers to HIDN to influence the global health systems agenda is particularly valuable in light of the historic opportunities in international health and the high demand from USAID field missions for support in health systems. PHRplus can play an important role in helping USAID to address these challenges in its remaining two years of implementation. PHRplus is in greater demand from the field than any other HIDN project. It receives the highest level of field support of any HIDN project. In FY03, the project received \$17.9 million in field support. It has 22 mission field clients (12 in AFR, 4 in LAC, 4 in ANE and 2 in E&E) and serves all 6 of USAID's regional PHN units. In FY03, PHRplus spent \$18 million. At \$1.5 million, it has a higher monthly burn rate than almost any other project in HIDN.

II. Key Life of Project Results, Progress to Date in Achieving these Goals

PHRplus takes on health system challenges that are specific to each SO as well as the broad health system challenges of importance for PHN priority services. This section is divided into two parts. The first describes the life of project objectives for SOs 1-5 and progress to date. The second describes cross-cutting health systems activities and the progress to date.

SO-SPECIFIC ACTIVITIES

1. Keeping reproductive health in the health reform agenda

PHRplus is helping to insert reproductive health into the health system strengthening agenda and to understand how countries finance reproductive health care. By the end of the project, PHRplus will understand how contraceptive security and reproductive health can be enhanced in the context of new development instruments, engage with missions and other donors to influence these instruments so they incorporate reproductive health, and carry out NHA subanalysis to

understand financing patterns for reproductive health. In NHA, PHRplus will develop the subanalysis methodology, apply it to several countries, and disseminate findings. The project will work with USAID to link UNFPA with WHO for ongoing NHA support. PHRplus will work with the reproductive health community to participate in shaping new development instruments so they enhance reproductive health.

Progress to Date:

Madagascar contraceptive security assessment: In FY03, PHRplus helped the Pop Office conduct an assessment of contraceptive security, piloting the SPARHCS (Strategic Pathways for Achieving Reproductive Health Commodity Security) methodology and helping the government to identify contraceptive security solutions.

Egypt RH NHA: PHRplus worked with the mission and MOH to study reproductive health financing patterns by piloting a new methodology for an NHA subanalysis. This is expected to lead to greater understanding of the role of households in financing reproductive health care.

Health reform for reproductive health advocates: PHRplus worked with PRB on a review of health reform measures and how they affect reproductive health to improve the awareness of the reproductive health community about health reform.

2. Financing assisted deliveries

PHRplus has been at the forefront in attempting to place financing at the top of the international community's agenda on maternal health and to determine how to use health financing to increase assisted deliveries. By the end of the project, PHRplus will identify which financing arrangements improve assisted deliveries and disseminate this. The project will participate in major maternal health fora to promote viable financing options to improve assisted deliveries.

Progress to Date:

Insurance increases assisted deliveries: PHRplus documented and disseminated evidence from Bolivia and Rwanda of how health insurance increased use of assisted deliveries.

Family Care International Profiles: During FY'03, PHRplus drafted maternal health financing profiles for Tanzania and Burkina Faso for Family Care International that analyze the financial factors affecting access to skilled birth attendants (SBAs).

3. Financing child health services

PHRplus is helping to figure out how the global community can finance child health services including immunizations. By the end of the project, PHRplus will reach MHOs throughout West Africa to ensure that they include priority services, including child health, in their benefits packages. In immunizations, PHRplus will ensure that GAVI and its recipient countries can implement financial sustainability strategies. To advance polio eradication efforts, it will disseminate the findings of the cost analysis of switching from OPV to IPV, post-polio eradication.

Progress to Date:

GAVI Financial Sustainability Plans: PHRplus led in the design and guidelines for financial sustainability plans (FSPs) for all GAVI countries and helped prepare FSPs in 6 countries (Uganda, Rwanda, Malawi, Ghana Tanzania and Zanzibar, and Kenya).

Polio eradication: PHRplus disseminated findings of a paper on the OPV-IPV switch post-polio eradication.

Mutual health organizations and child health services: PHRplus began a study to see what child health services MHOs cover and what influences their decisions.

National Expanded Program on Immunization (UNEPI) in Uganda.

Uganda is receiving support from GAVI and the Vaccine Fund to strengthen immunization service delivery, introduce the DTP-Hepatitis B-Hib vaccine, and improve injection safety. PHRplus supported UNEPI's GAVI-required FSP by building local capacity in conducting analyses and advocating for program resources. These internal advocacy efforts, combined with improved submissions to GAVI, will help Uganda achieve sustainable financing from country and donor funds to ensure child survival efforts beyond the period of GAVI support.

Advancing Child Health Care and Development in Albania.

PHRplus initiated pilot projects in Berat and Koçova to increase the utilization of primary care services for children and mothers. In addition to developing clinical practice guidelines and standards for child growth and development, the project conducted training for doctors and nurses on various primary health care topics. PHRplus also delivered obstetrical delivery kits, infant resuscitation kits, glucometers, sphygmomanometers, stethoscopes, and weighing scales to the facilities. The equipment and health education materials will improve the quality of the provider training and will also benefit the community as part of a community outreach program. PHRplus is translating pictures, charts, and diagrams into Albanian to ensure advances in child health are maintained and further developed. The two pilot sites demonstrate to Albanian policymakers the benefits and necessity of reforms, and provide data that can guide national child health policy.

4. Allocating the President's Emergency Plan For AIDS Relief to Reach its Goals

PHRplus is helping to plan for the implementation of PEPFAR. By the end of the project, PHRplus will help the 14 PEPFAR countries prepare for implementation by carrying out national health accounts for HIV and by conducting the AIDSTREATCOST-GOALS planning work in conjunction with the POLICY project. This analysis will facilitate planning for both the PEPFAR resources and the other resources flowing into these countries. PHRplus will train host country staff in quantitative skills they need to oversee the human resource planning and management function in the context of HIV/AIDS.

Progress to Date:

Advising the State AIDS Coordinator: In FY03, PHRplus used the AIDSTREATCOST model to help the State Department Office of the Global AIDS Coordinator estimate the resource requirements for comprehensive HIV/AIDS programs for the 14 countries included in the PEPFAR.

Planning national AIDS programs: The project helped Zambia and Uganda to estimate the resource requirements for ARV treatment and helped in policy formulation of HIV/AIDS service delivery options. PHRplus also worked to estimate HIV/AIDS expenditures in Kenya and Zambia using the National Health Accounts tool to assist with government resource allocation decisions.

Providing the Tools for Scaling Up HIV/AIDS Care and Treatment Programs in Zambia

In Zambia, PHRplus assisted in the implementation of a wide range of resource planning tools to help plan the scale-up of HIV/AIDS-related interventions. First, the MOH and National AIDS Commission (NAC) applied the AIDSTREATCOST model in order to prepare the way for an expanded and evidence-based treatment response. Second, PHRplus conducted a cost study to identify the implications of HIV/AIDS for the country's basic health care package. Finally, for national HIV/AIDS programs, an important part of effective management is keeping track of scarce resources. Thus, a National Health Accounts (NHA) sub-analysis focusing on HIV/AIDS will help inform policy decisions related to scaling up the full range of HIV/AIDS interventions.

5. Building infectious disease surveillance from the ground up

PHRplus helps figure out how to make infectious disease surveillance systems work by starting at the facility level; it helps the global community figure out how to finance new malaria treatment options; and it estimates public and private spending on TB services. By the end of the project, PHRplus will have made substantial contributions to the design and implementation of a model integrated infectious disease surveillance capacity in Tanzania, Ghana and Georgia by developing programs in a specified number of districts and establishing the basis to take these district level programs to scale. PHRplus will conduct research into the feasibility of specific communications technologies, the cost implications of developing a national integrated surveillance program, and methods to ensure that proper responses to disease surveillance are being conducted at the district and national level. PHRplus will work with international organizations and WHO headquarters and regional offices to solicit their participation in country programs and to make sure that USAID perspectives on infectious disease surveillance are represented in international fora.

In malaria, the project will work to understand the impact of MHOs on malaria among members; introduce interventions to enhance their impact; and disseminate findings. PHRplus also will support the Roll Back Malaria working group on financing to find solutions to finance more effective but more costly anti-malarials.

To combat tuberculosis, the project will estimate the public and private expenditures for TB in all 14 President's Emergency Plan countries and provide technical assistance to support policy change using NHA findings.

Progress to Date:

Country ID surveillance systems in place: In FY03, PHRplus supported SO5 priorities by helping to develop infectious disease surveillance systems in Tanzania, Georgia, Ghana, and Cambodia.

NHA for TB: PHRplus conducted NHA HIV/AIDS and TB subanalyses in Kenya and Zambia.

RBM explores financing new anti-malarials: Through its financial analysis, PHRplus is helping the global community explore ways of financing new malaria treatment.

Accurate Data Help Improve Child Immunization Program in Georgia.

With support from USAID, a new immunization MIS pilot tested in Georgia in 2002 is now being rolled out nationwide. In the pilot Kacheti region, the new system found 829 previously uncounted children, a number that increased the child population of the region by 25 percent. Correct identification of the target child population enables health workers to better project vaccine needs and budget for those needs, evaluate and improve program performance by facility and district, and identify problems such as area-specific vaccine wastage and factors preventing children from being immunized. In the words of the immunization program manager, "Accurate determination of the child population is the cornerstone for ...the immunization program."

Training Ghana's Health Workers to Deal with Disease Outbreak.

Children under five constitute the majority of people who suffer – and die – from the 23 priority infectious diseases in Ghana. Only with careful and standard diagnosis and reporting can outbreaks be properly responded to when they happen – and appropriate policies adopted to prevent illness in the first place. In an effort to decrease child morbidity and mortality, Ghanaian health care administrators and USAID have taken training in infectious disease surveillance to front-line health workers. The training of 450 health workers from eight districts in the north of the country in summer 2003 provides technical knowledge, understanding of why individual tasks are important, and skills in problem solving of operational issues that arise at far-flung duty stations. Careful follow-up monitoring and supervision, as well as specific feedback about the

how data reported from front-line facilities are used at the district, regional, and national levels, are producing improvements in implementation of the disease surveillance system. Tools and materials developed for and tested at the 2003 training are being edited for use elsewhere in Ghana and other countries in the region.

Funding New Malaria Drugs to Protect Children.

As the malaria parasite develops resistance, new drugs are coming to market. But the increased cost of the new drugs poses a challenge to providing them, especially for target populations such as poor children and pregnant women in rural sub-Saharan Africa. A recent PHRplus study for a Roll Back Malaria Partnership meeting at the World Bank informed participants of the financing issues to be considered in the introduction of the new, more expensive drugs. The study developed a conceptual model that was used to provide a range of estimates of financing needs and stressed addressing financing in the broader context of regulation, appropriate treatment protocol, and efforts to improve compliance. It also recommended steps for countries to follow in creating new drug treatment policy, including determining who and how many are most at risk, laying out targeting options, and developing a sustainable financing plan.

CROSS-CUTTING HEALTH SYSTEMS WORK

In a rapidly changing global environment, new funding mechanisms, initiatives and health reform activities impact health systems profoundly. PHRplus continues to expand the knowledge base on health systems through its cutting-edge research agenda and state-of-the-art resource center on health reform. PHRplus also helps USAID take on broad health system challenges, including financing PHN priority services, enhancing the health impact of new development assistance mechanisms, strengthening the role of the private sector in achieving health objectives, promoting health system accountability, and shaping the debate on the role of health in development. PHRplus helps USAID advance the state of global understanding about how health systems work. The following section describes the five activities that PHRplus is implementing to address these challenges.

1. Developing health financing options for PHN priority services: In a globally competitive environment, USAID host countries strive to find cost-effective health financing solutions that protect labor productivity. PHRplus helps shape these solutions so that they finance PHN priority services. Building on the Foreign Assistance in the National Interest (FANI) Report, the project helps identify and promote health financing options that cover PHN priority services and protect labor productivity. This includes work on national health accounts, mutual health organizations, pre-payment schemes, informal sector insurance, social insurance and national health insurance.

1A. In National Health Accounts (NHA), PHRplus works to make NHA an integral part of the health information system in USAID's PHN countries and to ensure that it leads to better use of PHN priority services and better health outcomes. By the end of the project, PHRplus will expand the use, sustainability and health impact of national health accounting to reach all of USAID's regions.

Progress to date:

Developing countries institutionalize NHA as policy instrument: In FY03 PHRplus assisted 7 countries (Kenya, Zambia, Rwanda, Egypt, Jordan, Guatemala and Peru) to conduct and use NHA and supported five regional networks in the Middle East, Europe and Eurasia, Africa and Latin America and the Caribbean. In NHA countries, policymakers now use data in resource planning, advocacy, reform and targeting.

1B. In Mutual Health Organizations (MHOs), PHRplus works to broaden global understanding of community based health insurance and to improve its operation so that it enhances health. By the end of the project, PHRplus will build capacity in African institutions to sustain CBHIs and strengthen African governments' capacity to interact with community schemes.

Progress to Date:

MHOs ensure access to priority services: In FY03, PHRplus supported 66 CBHI schemes in Ghana, Senegal, Mali and Tanzania and built the capacity of local, regional and national level organizations to provide technical assistance to CBHI schemes. PHRplus began work with the Government of Ghana to institutionalize the MHO movement and integrate it into national health financing schemes.

2. Global Alliances

2A. Helping the Millennium Challenge Corporation invest in health: The US Government is launching the Millennium Challenge Corporation as a new way of engaging in development assistance. This is an opportunity for USAID to shape large new pools of foreign assistance in ways that enhance health. PHRplus will help the Millennium Challenge Corporation to develop indicators to ensure that country selection and monitoring of progress pays attention to health. PHRplus will help develop approaches to ensure that the MCC finances activities that benefit people's health.

Progress to Date: In FY02, PHRplus helped to develop the health sector selection criteria for country eligibility.

2B. Enhancing GFATM impact on health systems: The GFATM offers new resources that dwarf national health systems and calls for countries to find new and rapid solutions to entrenched problems. This initiative makes major new demands for health system strengthening in largely uncharted territory. USAID has an interest in ensuring that the GFATM succeed. By the end of the project, PHRplus will consolidate results of a study on the impact of the GFATM on the health systems of Benin, Ethiopia, Nicaragua, Georgia, Cambodia and Thailand. Based on lessons, PHRplus will work with the Secretariat and the MEFA Committee to modify guidance to the Technical Review Panels and to introduce M&E for early detection of any negative health system impacts.

Progress to Date:

PHRplus studies impact of GFATM on national health systems: PHRplus launched an M&E analysis of health system effects of the GFATM through country studies to maximize positive and mitigate negative impacts. PHRplus leveraged core funding and partnered with research organizations to conduct additional studies in Georgia, Cambodia and Thailand. The project worked with the London School of Health and Tropical Medicine to incorporate the study protocol developed by PHRplus in four additional countries--Uganda, Zambia, Mozambique, and Tanzania. The GFATM Secretariat will incorporate lessons learned into the next round of requests for funds based upon the results from this effort.

2C. Enhancing health through new development instruments: As the donor community focuses on poverty alleviation and the Millennium Development Goals and moves toward common instruments such as Medium-Term Expenditure Frameworks (MTEFs), Global Budget Support (GBS), Poverty Reduction Strategy Projects (PRSP) and outcome-based assistance, USAID will want to shape these instruments to enhance PHN objectives. By the end of the project, PHRplus will improve our understanding about how PHN priority objectives fare in

MTEFs, GBS, PRSPs and outcome-based assistance and how to enhance it. The project will help USAID engage the World Bank, DfID and other donors to improve the public health impact of these instruments.

Progress to date:

Understanding how reproductive health fares in new development instruments: With FY03 funds from the Pop Office, the project is exploring how reproductive health fares in SWAps and PRSPs. With FY03 support from HIDN, the project is developing a practical guide to new development assistance instruments for PHN staff.

3. Enhancing health system accountability: In an era of democratization and transparency, host countries are seeking ways to manage health sector information and participation for greater accountability. PHRplus works to help countries improve health system transparency. Building on FY02 and FY03 work that fed into the USAID Anti-Corruption Strategy, the project will continue to explore what changes the Albania health system needs to make to reduce unofficial payments for health services and to generate greater accountability. It will explore what a country such as Egypt can do to create greater accountability of the health system in the absence of broadly democratic institutions.

Progress to Date: In FY03, the project applied a conceptual framework to explore options to promote greater accountability around informal payments in the Albanian health sector.

4. Harnessing private sector capacity to benefit child health and combat malaria: In the context of increasing health demands from AIDS, malaria and TB, countries need to harness private sector capacity to meet health objectives. Governments cannot address the major health challenges they face without mobilizing the private sector. Private sector providers may not be fully engaged in helping to achieve national child health objectives because of limited familiarity with the health marketplace and limited access to credit and other support. This work will seek to increase understanding of the barriers that keep private sector providers from participating fully in fostering child health and develop and test interventions to respond to these barriers. It will share lessons with institutions including the IFC that have the capacity to respond.

Private sector participation in combating malaria is widespread. Informal drug sellers are the principal providers of anti-malarials and the private sector distributes insecticide-treated bednets (ITNs). The SEAM Initiative is working to upgrade the quality of private sector provision of anti-malarials. The PHRplus project will work to develop financing measures to shift demand to these high quality providers. The project will then track the impact of financing interventions on patterns of malaria care.

5. Focusing on the relationship between health and wealth: The context for health systems work is at an historic juncture. The US Government has identified health and development as critical global security instruments, providing USAID with opportunities to cast its PHN work in new terms for a broader support group. The ensuing global debate about the respective merits of PHN priority interventions versus broader economic development directly challenges support for PHN work. PHRplus will help USAID work to influence this debate.

Progress to Date: With support from the ANE Bureau, PHRplus developed a primer on the importance of investing in health to achieve economic development. PHRplus will disseminate findings in the primer to key audiences, including USAID's PPC Bureau, the Millennium Challenge Corporation and the State Department's Middle East Peace Initiative

III. Implementation Problems/Constraints, Actions Planned to Resolve Them:

HIDN relinquishes strategic role: PHR*plus* was designed to be the primary vehicle for enabling USAID to achieving the results of : (a) appropriate health sector reforms effectively implemented; (b) health financing increased and more effectively used; and (c) health information available and appropriately used. USAID defined PHR*plus*' tasks as: (1) technical leadership to inform and influence global strategies, program directions and approaches in health reform; (2) health systems research (implementation, dissemination and application) into six to eight key knowledge gaps of health system operational constraints and solutions; (3) field support for the diagnosis and assessment of health sector performance; the design, review and approval of sector reform strategies; and the development and implementation of adopted reforms; (4) performance monitoring and results tracking to increase understanding of the relationship between health system strengthening inputs and health system performance; (5) training and capacity development to build local capacity for more effective health reform implementation and improved health system performance; and (6) strategic documentation and transfer of experience to developing country and other cooperating agency users of the expertise the project gains through direct assistance in health policy, management and systems strengthening. Sharp reductions in GH funding for the project over time have restricted the contractor's capacity to fulfill all but the field support task.

Increasingly, HIDN is relinquishing the use of PHR*plus* to influence the global health reform and health systems strengthening agenda. As non-earmarked HIDN core funding to PHR*plus* declined from \$2.06 million in FY02 to \$1.45 million in FY03 (a decline of 30% in one year) and overall core funds declined by 37% from \$4.8 million to \$3 million, HIDN becomes an ever smaller player in setting the project's strategic agenda. By FY03, among PHR*plus* field, regional and SO clients, HIDN's common agenda funding ranked it fifth out of thirty clients in terms of level of resources, surpassed by missions in AFR, LAC, ANE and E&E. The limited funds that HIDN provides are not sufficient to complement the project's field resources and to mine the project's field activities for broader lessons on health systems strengthening. USAID is missing out on opportunities to influence the way new development instruments address PHN priority services. The project is leveraging other funding as much as possible and bringing these opportunities to the attention of the HIDN office leadership for its support.

Security concerns hamper East Africa activities: PHR*plus* faced unexpected challenges in carrying out and supervising its work for the Kenya mission and with REDSO due to extraordinary security restrictions that have limited travel and field work. PHR*plus* is addressing this by using alternative means for communication and by coordinating field work as much as possible in other countries in East Africa.

Lack of core SO4 funding limits project's ability to respond: PHR*plus* has been called upon to provide HIV/AIDS technical assistance to USAID/Washington and to missions. Since PHR*plus* did not receive core support from SO4, the project was forced to leverage cross-cutting health systems funding to pay for activities such as the project's GFATM research, AIDSTREATCOST dissemination, and Human Capacity Development work. To address these funding deficiencies, the Division is working closely with OHA to develop a clearer understanding of SO4 needs and to help identify key HIV/AIDS resource allocation and policy issues.

No cost extension: An analysis of planned work and expenditure patterns suggests that the project will not reach the \$98 million ceiling by the end of FY05. HIDN could process a no-cost extension in FY05 to continue the work of the project through FY06.

IV. Strategic Activities and Results to be Achieved in FY 04:

Strategic Objectives

SO1 Reproductive Health/Family Planning

- Examine impact of health systems strengthening activities on contraceptive security and reproductive health
- Conduct NHA sub-analysis for reproductive health in Egypt
- Examine factors that affect mutual health organization decisions to include family planning services in Ghana, Mali, and Senegal

SO2 Maternal Health

- Evaluate impact of new financing mechanisms, particularly CBHI, on MCH services in Mali
- Pilot contracting, payment modes to promote quality, continuity of care

SO3 Child Health

- Provide technical assistance to countries to determine how to implement financially sustainable immunization programs in 1-2 countries
- Provide technical assistance to new financing mechanisms, particularly CBHI, to promote MCH services in 1-2 countries
- Disseminate findings on OPV-to-IPV switch post-polio eradication through international consultations and journal publications

SO4 HIV/AIDS

- Apply AIDSTREATCOST software tool in 10 of 14 PI countries and respond to requests for TA from missions
- Use NHA framework to estimate HIV/AIDS, TB expenditures and assist 4-5 PI countries in resource planning and policymaking based on these results
- Disseminate findings of costs of home based care to provide guidance on resource allocation for HIV/AIDS
- Examine effect of CBHI schemes on HIV/AIDS services and ways to expand these services

SO5 Infectious Disease Surveillance (IDS)

- Develop framework for IDS system strengthening. Monitor, evaluate, share lessons.
- Strengthen IDS systems through technical assistance in Georgia, Tanzania, Ghana, and Cambodia
- Strengthen immunization management information systems in Ghana

Cross-Cutting Health Systems Work

Mutual Health Organizations

- Promote MHO schemes' sustainability and role in broad health financing objectives in Ghana
- Ensure that MHO schemes promote access, quality and use of priority PHN services in Ghana, , Senegal, Tanzania and Mali

National Health Accounts

- Further develop and refine methodologies for HIV/AIDS, TB, and Reproductive Health sub-analyses

- Support country capacity, regional networking and global leadership
- Develop NHA policy indicators to measure NHA data

Global Alliances

- Monitor and evaluate Global Fund-supported activities to help ensure that they do not negatively affect other priority services in Benin, Ethiopia, and Nicaragua
- Learn and disseminate lessons about how best, large increases in health sector funding can support broader health system development

Accountability

- Implement and evaluate mechanisms to strengthen accountability of health workers in Albania
- Develop lessons regarding appropriate strategies to address informal payments for health care

V. Budget Request FY04:

SO2: \$720,000
SO3: \$1,440,000
SO5: \$1,440,000

HIDN BASELINE REPORT -- 10/03, FY04

Section I

AAD LEVEL INFORMATION

AAD Title: Health Policy and Systems Strengthening

AAD Number: 936-3104

Initial FY: 2000

Final FY: 2009

AAD End Date: 9/30/2009

Section II

ACTIVITY LEVEL INFORMATION

Activity Title: Partnerships for Health Reform Plus

CTO/TA: Karen Cavanaugh, Bryn Sakagawa

Activity Number: 936-3104.01

Contractor/Grantee: Abt. Associates

Start Date: 9/29/00

End Date: 9/29/2005

DATE LAST MGT REVIEW: _____

Section III

BUDGET AND FINANCIAL INFORMATION (\$000)

| | C O R E | | | | | | FS | MAARDs | GRAND TOTAL |
|---|---------|----------|---------|---------|---------|---------|--------|--------|-------------|
| | Total | SO 1 POP | SO 2 MH | SO 3 CS | SO4 HIV | SO 5 ID | | | |
| 1. Total Estimated Cost: | | | | | | | | | 62,000 |
| 2. Cumulative Obligations (Thru 9/30/02): | 14,045 | 500 | 1,305 | 3,270 | 3,310 | 5,630 | 22,352 | 2,150 | 38,547 |
| 3. Obligated (FY 03): | 3,325 | 400 | 400 | 1,100 | 440 | 985 | 12,232 | 5,655 | 21,212 |
| 4. TOTAL Obligated todate (Thru 9/30/03): | 17,370 | 900 | 1,705 | 4,370 | 3,750 | 6,615 | 34,584 | 7,805 | 59,759 |
| *5. Cumulative Expenditures = (a) + (b), thru 9/30/03: | 11,498 | 387 | 995 | 2,409 | 3,394 | 4,313 | 21,697 | 3,974 | 37,164 |
| (a) Total Vouchered: | 11,283 | | | | | | | | |
| (b) Total Accruals: | 215 | | | | | | | | |
| 6. Pipeline (as of 10/1/03): | 5,872 | 513 | 710 | 1,561 | 386 | 2,302 | 12,892 | 3,831 | 22,595 |
| *7. Expended in Past Year = (a) + (b), 10/1/02--9/30/03: | 4,550 | 151 | 285 | 225 | 1,185 | 2,699 | 10,719 | 2,808 | 18,076 |
| (a) Total Vouchered: | 4,335 | | | | | | | | |
| (b) Total Accruals: | 215 | | | | | | | | |
| 8. Actual Monthly Burn Rate (10/1/03--9/30/03): | 376 | 13 | 74 | 19 | 99 | 225 | 893 | 234 | 1,507 |
| *9. Planned Expenditures Next 12 months (10/1/03--9/30/04): | 5,577 | 500 | 710 | 1,951 | 386 | 2,020 | 12,645 | 4,185 | 22,412 |
| 10. Planned Monthly Burn Rate (10/1/03--9/30/04): | 465 | 42 | 59 | 163 | 32 | 168 | 1,054 | 349 | 1,868 |
| 11. Months Funding After 10/1/03: | 13 | 12 | 12 | 12 | 12 | 14 | 12 | 11 | 12 |

* Cooperating agency/grantee/contractor to complete lines 5, 5a, 5b, 7, 7a, 7b and 9 only.
 Shaded areas NOT be filled in by cooperating agency, grantee, or contractor.
 All Core "SO columns" may not apply to you for reporting purposes.

PORTFOLIO REVIEW

Project Title/Activity: RPM Plus Program
Project Number: 936-3104.02
CTO: Anthony F. Boni
Technical Advisor: Marni Sommer

I. Discuss the Activity's Role in BGH/HID Results Framework

The purpose of the RPM Plus Program is to improve the availability of health commodities of assured quality for PHN priority health interventions, and to promote their appropriate use in both the public and private sectors by providers and users. In addition to designing and implementing appropriate field interventions, a critical part of the RPM Plus mandate is to influence the global pharmaceutical management agenda and provide technical support to global initiatives such as the Global Fund to fight AIDS, TB, and Malaria, the Clinton Foundation, Roll Back Malaria, the Stop TB Partnership, and the Global Drug Facility, as well as international efforts to curb the emergence and spread of antimicrobial resistance. Donors, multilateral agencies, USAID partners, the NGO community, and the pharmaceutical industry now recognize USAID as a leader in pharmaceutical management. The RPM Plus Program directly contributes to Intermediate Result 3, "commodities are available and appropriately used," under the BGH/HIDN Health Policy and System Strengthening results framework.

II. Key Achievements in FY 2003 (October 2002-September 30, 2003)

1. **Raise global awareness of the central role of pharmaceutical management in enhanced access to medicines and improved quality of health care.**
 - RPM Plus hosted a **July 2, 2003 Donor Coordination Meeting** with representatives from the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM), the World Bank, and the U.S. government, including the State Department, the Centers for Disease Control and Prevention (CDC), HHS, HRSA, and USAID. The focus of the meeting was to **facilitate discussion and coordination, both at the global and country levels, about the many pharmaceutical management challenges posed by the expected deluge of pharmaceuticals into developing countries** for scale-up and expansion of treatment programs. Agreement was reached on the **need for establishing a mechanism to track the flow of HIV/AIDS pharmaceuticals** into developing countries, an activity that is now underway, and for **an ongoing process for consultation, coordination, and information sharing.**
 - **Technical documents** prepared to "set the stage" for the **July 2nd Donor Coordination Meeting** have become a **tool for technical leadership and global level advocacy** in the continuing USAID-led effort to raise awareness about the need for attention to pharmaceutical management. The documents were utilized to engage the WHO leadership of the new 3x5 HIV/AIDS Initiative, and have also proved a valuable mechanism for educating the Commonwealth Regional Health Community Secretariat (CRHCS), the Clinton Foundation, the Elizabeth Glaser Pediatric AIDS Foundation, Médecins sans Frontières (MSF), International Dispensary Association (IDA), PAHO, UNICEF, USAID missions, and

host country nationals on pharmaceutical management issues and the range of inputs and capacity needed for implementing and scaling up HIV/AIDS treatment programs. **The July 2nd Donor Coordination Meeting, including the preparation of important technical documents, was made possible with Health Systems Support funding provided by the SO teams. Such opportunities to influence global agendas will not likely be possible this fiscal year because of the overall 41% decrease in FY 2003 funding for these kinds of activities.**

- **Due to increased demand for RPM Plus technical assistance from USAID global and field programs to improve management and use of pharmaceuticals and to strengthen weak health systems, and the urgent need to respond quickly to USG global initiatives, the RPM Plus cooperative agreement was extended for three years (until September 2008) and the budget ceiling was increased from \$37.4 to \$98 million. In addition, RPM Plus now has the mandate to directly procure pharmaceuticals for PMTCT and PMTCT Plus (HAART, related opportunistic infections, and palliative care).**
- **In response to the unprecedented need for donors and other health care professional staff to understand the essential components of pharmaceutical management, RPM Plus developed a course that provides the basic information needed to address problems of drug availability and use in support of HIV/AIDS, TB, Malaria, and other health programs. The inaugural course, *Improving Health Outcomes through Effective Pharmaceutical Management*, was conducted April 28 – May 2, 2003 in Washington, D.C. and provided participants with a framework for understanding and addressing pharmaceutical management problems.**
- **RPM Plus sent representatives to the 13th International Conference on AIDS and STIs in Africa (ICASA), an event which brought together more than 7,000 scientists, health professionals, and social, political, and community leaders to share their experience. RPM Plus activities included a presentation entitled “*Rapid Assessment of Access to and Use of ARVS in Mombasa, Kenya*,” to which more than 2-3000 participants attended; a poster session entitled “*Going to Scale: Strengthening Commodity Management Systems*,” at which more than 1000 handouts were taken; a joint poster with FHI/IMPACT “*Assessment of Health Care Services before Introducing ART in Mombasa, Kenya*”; a joint RPM Plus and FHI/IMPACT satellite meeting, “*Managing Commodities for VCT in the Era of Scaling Up*”, with more than 100 participants; and a presentation entitled “*Assessing the Feasibility of HIV/AIDS Drugs and Medical Supplies for the ECASA Region: Results from a Viability Study of Eleven CRHC Countries*” at a CRHCS-sponsored session, “*Mobilizing Resources for Improved Care for HIV/AIDS in East, Central, and Southern Africa*.”**
- **RPM Plus is collaborating with the Green Light Committee (GLC) of WHO, Partners in Health (PIH), and USP DQI to build the capacity of local managers to manage pharmaceuticals for MDR-TB (second line drugs). Training modules were developed for a course entitled “*Pharmaceutical Management for Treatment of MDR-TB*” which was conducted in Russia in June 2003. USAID BGH SO5 funds will be used to translate the modules into Spanish, and adapt them for use in a regional workshop to be conducted in LAC in early 2004 through collaboration with CDC, Harvard, and other GLC partners. Participant countries will be selected from those that have applied or intend to apply to the GLC to establish DOTS-Plus pilot projects. LAC Regional Bureau funds will be used to sponsor some of the attendees.**

2. **Improve pharmaceutical management of tuberculosis by providing technical leadership and assistance to TB programs at the global, regional, and country levels.**

- **The RPM Plus pharmaceutical procurement officer seconded to the Global TB Drug Facility (GDF) provided technical assistance in pre-qualifying a pool of TB pharmaceutical manufacturers that meet WHO and international quality standards.**
- **The RPM Plus TB team assisted the GDF with harmonization of global TB pharmaceutical regimens and packaging of TB medicines into individualized kits called Stop TB Patient Kits.** Each kit contains a full course of treatment for one TB patient. The kits are expected to promote compliance with treatment regimens, thereby improving cure rates and helping to contain the emergence of resistant forms of TB.
- **The RPM Plus TB team evaluated six GDF grantee countries to determine the adequacy of their pharmaceutical management systems, and audited monitoring reports from GDF recipients to determine continued participation in the grant scheme.** To date, 34 countries have received TB medicines through the GDF, which are being used to treat approximately two million TB patients. These activities are essential to assuring the appropriate management and use of pharmaceuticals and contribute significantly to efforts to contain the development of drug resistant TB.
- **RPM Plus collaborated with Stop TB/WHO and the World Bank to develop a mapping tool that assists stakeholders in TB control programs in identifying key obstacles to optimal patient and provider performance and to determine possible incentive and/or enabler options for improvement.** With support from the Africa Bureau, the tool was used during mapping workshops in Uganda and Tanzania during 2003. Both the **Uganda** workshop, which focused on **scaling up community-based DOTS**, and the **Tanzania** workshop, which emphasized **improving case detection**, helped stakeholders identify concrete next steps to improving TB program performance. As part of its collaboration with Stop TB/WHO and the World Bank, RPM Plus also **developed an operations research and evaluation (OR&E) protocol development guide** which was field-tested in Bangladesh, with ANE funding, in preparation for a workshop in November 2003 on “Evaluating TB Enablers and Incentives.”
- **Major donors and international organizations are increasingly recognizing the need to develop TB experts and consultants skilled at responding to requests from countries and global initiatives for technical assistance and program evaluation (including in the area of pharmaceutical management).** One important mechanism for **developing consultancy capacity is the WHO Course for TB Consultants** in Sondalo, Italy, to which **RPM Plus has contributed a session on pharmaceutical management for TB since 2001.** To date approximately 50 consultants have been trained through the Sondalo courses, many of whom are now consultants for the WHO, GDF, and TB program assessors. The **WHO/KNCV Regional Training in Tuberculosis Control Program Management** (East Europe and Eurasia), to which **RPM Plus has been contributing sessions on TB pharmaceutical management since 2001,** is another important venue for strengthening TB pharmaceutical management skills. **In FY03, 42 participants from 26 countries were trained in TB medicines supply evaluation and strategies for improvement.**
- **The RPM Plus TB team participated in key regional and international conferences, such as the International Union Against Tuberculosis and Lung Disease Annual Conference and the DOTS Expansion Working Group in a continued effort to raise awareness about**

pharmaceutical management as a critical element for a successful TB program. The RPM Plus team is continuing to keep pharmaceutical management issues for TB on the agenda of global efforts to expand DOTS and reach global TB targets.

- RPM Plus has recently **updated and expanded its website to include many pharmaceutical management for TB-related materials.** This new information is made available to a larger public audience in order to highlight the importance of pharmaceutical management for TB and to describe efforts RPM Plus is making in this field. (www.msh.org/rpmplus/tb)
 - Three RPM Plus **country programs focused on strengthening local capacity in pharmaceutical management for tuberculosis.** In Romania and Moldova, RPM Plus began establishing **drug management information systems for TB**, while in Uzbekistan, RPM Plus was instrumental in fostering **collaboration between the MOH Center for Drug Policy and the national TB program**; both institutions now work together and have a **joint plan and curriculum for training pharmaceutical managers for TB using RPM Plus materials.**
3. **Support the containment of antimicrobial resistance through the development of policies and strategies to improve antimicrobial pharmaceutical use at the national and local levels.**
- RPM Plus and other collaborating agencies (CHANGE, APUA, ARCH, and Harvard) are developing **an antimicrobial resistance (AMR) implementation strategy for developing countries.** This ongoing activity is **an effort to operationalize the WHO Global Strategy for Containment of AMR** and is expected to be a multi-year investment in at least one country. The strategy includes leveraging resources of other health interventions relevant to containment of AMR and takes into account the recognition of AMR as a multi-faceted problem in need of a package of interventions. The activity is currently moving forward in Zambia, and will hopefully **serve to demonstrate the viability of addressing AMR in developing countries**, thereby serving as a model investment for USAID missions and other interested donors.
 - RPM Plus has been developing and implementing training materials and courses **to advance Drug and Therapeutics Committee (DTC) activities in low-resource countries.** DTCs play an important role in improving the selection and rational use of antimicrobials. Since February 2001, RPM Plus has been involved in 13 DTC courses, with 427 participants from 60 different countries. **In FY03, RPM Plus supported four DTC courses. The courses, leveraging multiple sources of funding, have provided the skills, knowledge, and motivation for participants to continue implementing DTC activities in their respective settings.** Results have included 34 training courses in 13 different countries; 73 DTCs created or restructured in 14 countries; and 12 new programs in 8 countries for pharmaceutical selection and formulary management.
 - In June 2003, RPM Plus hosted a **follow-up workshop in Zambia for former DTC participants from multiple countries/regions** to share experiences on workplan progress, accomplishments, challenges, and future plans to promote DTC objectives. **Of the 24 participants present, only five were funded by RPM Plus.** Funding for the other 19 participants was leveraged from other sources. RPM Plus will track progress in implementation of these workplans and provide technical assistance where possible.

- RPM Plus is currently **developing a Training of Trainers (TOT) course to accompany the DTC course**. Participants for the DTC-TOT course will be selected from centers with the potential to act as Regional Pharmaceutical Management Technical Centers (RPMTCs). The ultimate goal of this TOT program is **to transfer capacity to RPMTCs to develop, solicit funds for, and conduct local/regional DTC courses** with minimal or no external support. This is in line with the RPM Plus strategy for building capacity in pharmaceutical management.
 - In Russia and several other countries of the former Soviet Union (FSU) the slow acceptance of DOTS standard treatment regimens, coupled with interruptions in TB medicine availability due to financial constraints and poor pharmaceutical management during the 1990s, led to a rapid increase in MDR TB. **In 2003, RPM Plus in collaboration with the WHO, CDC, and Partners in Health (PIH) conducted a symposium on pharmaceutical management for MDR TB at the Man and Drugs Congress in Moscow**, an annual event attended by 70,000 people from the FSU and NIS. **The RPM Plus symposium was attended by over 100 people**, including representatives of Russian central TB institutions, *oblast*-level TB programs, the penitentiary TB system, and representatives from Moldova, Byelorussia, and Kazakhstan.
4. **To improve availability and use of pharmaceuticals for child health in the public and private sectors and at the community level through increasing the capacity of stakeholders to identify problems and design appropriate interventions.**
- RPM Plus developed a community pharmaceutical management assessment tool for decision-makers at the district or national level **to gather household and provider (public and private) data on pharmaceutical management practices in the community for adult malaria and childhood illnesses**. The **Community Drug Management in Childhood Illnesses (C-DMCI) tool** includes a manual explaining the methodology, an annex of data collection instruments, and indicators. **The C-DMCI tool has been produced in English and Spanish, with plans for translation into French**. The assessment tool was field tested in Zambia in January 2002 and applied in Senegal in September 2002 with a focus on childhood illnesses. Assessments were also carried out in Zambia and Cambodia focusing only on malaria. **The assessment findings will be used to guide interventions, with a focus on improving pharmaceutical management at the community level.**
 - **RPM Plus and BASICS II collaborated on the development of an action guide to assist child health managers in investigating elements of pharmaceutical management and help them identify strategies to address problems**. The action guide was developed to lead child survival managers through issues of drug management—from selection to use—enabling them to be advocates by raising drug issues at different forums to help assure drug availability and rational use for child survival programs.
 - RPM Plus participated in the fourth **joint task force meeting of the Malaria Control Program and Integrated Management of Childhood Illness in Zimbabwe in September 2003**. The presence of RPM Plus **helped assure that pharmaceutical management is kept on the global agenda for both Roll Back Malaria and IMCI initiatives**. Mechanisms for RPM Plus to collaborate with the WHO and AFRO IMCI teams were established.

5. **Support the development of effective antimalarial pharmaceutical policies, enhance understanding of household and community antimalarial pharmaceutical use, and improve prenatal service delivery in the treatment and prevention of malaria in pregnant women.**
- **RPM Plus has provided technical assistance in support of introducing combination therapy for malaria.** In **Zambia**, RPM Plus participated in the **training of health workers on a new malaria treatment policy** and the introduction of a new treatment (Coartem®) in two districts, and RPM Plus continues to **work to develop methods of improving access to combination therapy in the private sector.** RPM Plus also assisted the National Malaria Control Center in Zambia by **assessing community pharmaceutical use practices at the household and private provider level.** Results will be used to develop interventions to address problems identified. In **Tanzania**, RPM Plus provided assistance to counterparts to **conduct a rapid assessment and utilize the findings to guide the development of a strategy to implement combination therapy in Rufiji District.** In **Senegal**, RPM Plus contributed to discussions regarding results from **antimalarial resistance monitoring studies and replacement options for the change in the first-line therapy for malaria.** Senegal has recently decided to change its recommended treatment and RPM Plus will provide technical assistance to implement this recommendation.
 - RPM Plus has **provided technical assistance for malaria control during pregnancy.** In **Zambia**, RPM Plus participated in the **study on the acceptability and health care worker prescribing practices of sulphadoxine/pyrimethamine in the Lusaka and Chipata Districts.** The results of this assessment helped to frame the training and communication messages for optimum implementation of the new interim first-line treatment policy. In **Senegal**, RPM Plus conducted **formative research on the factors that facilitate and hinder the implementation of intermittent preventive treatment (IPT);** RPM Plus also coordinated a workshop to develop key recommendations for the IPT strategy.
 - In **Cambodia**, RPM Plus participates as a partner in a **three-pronged approach, supported by USAID ANE Bureau, to develop effective surveillance and monitoring systems for drug sensitivity, drug quality, and drug use practices relating to malaria.** RPM Plus provided technical assistance to the National Malaria Center to conduct a study in October 2002 of malaria drug use practices in households and providers in nine districts on the Cambodian-Thai border. Priority drug management problems will be explored from the findings, and a monitoring system developed for key indicators.
6. **Improve the capacity of USAID, local government and the private sector to maximize the efficient and effective use of resources to meet the health commodity needs of HIV/AIDS programs in support of an expanded response to the HIV/AIDS pandemic.**
- In response to the President's **Emergency Plan for AIDS Relief**, RPM Plus conducted assessment visits to **Ethiopia, Haiti, Namibia, Rwanda, and Zambia** to rapidly **assess the country-level capacity of pharmaceutical management systems to support the scale-up and expansion of HIV/AIDS prevention, care, and treatment services.** These pre-assessment visits collected preliminary information to **identify problem areas and their probable causes and to start considering specific options for improvement,** while full assessments, which are currently underway or being planned, will provide more in-depth information regarding the **feasibility of various options for improving capacity and strengthening systems.** RPM Plus created a **common approach** based on lessons learned from the assessment methodology used in Mombasa, Kenya, to determine how to make

improvements in the provision of antiretroviral therapy (ART) using the existing (public and private) pharmaceutical management system.

- RPM Plus provided technical assistance to the **Commonwealth Regional Health Community Secretariat** which represents 14 African Ministries of Health. RPM Plus developed and presented to the Secretariat a concept paper on establishing a **Regional Pharmaceutical Forum (RPF)**. The RPF was **formally launched in August 2003**, during an inaugural workshop in Uganda. During the launch, **member state representatives adopted and endorsed the RPF concept paper, a pooled procurement feasibility study conducted by RPM Plus in partnership with CRHCS, and a business plan for coordinated informed buying as the basis for developing a regional pharmaceutical procurement strategy for East, Central, and Southern Africa.**
 - RPM Plus continued to partner with FHI/IMPACT and Population Council/Horizons to **implement an initiative for incorporating ARVs into the health care system in Mombasa, Kenya as part of an existing package of care and treatment.** An implementation plan was developed and executed for one site, Coast Provincial General Hospital, to support the start-up of the Mombasa ART Program, which began distributing ARVs in June 2003. **Capacity-building activities included developing and operationalizing standard operating procedures for the pharmacy and the laboratory, addressing essential infrastructure and equipment needs, improving guidelines availability, strengthening internal quality control in the laboratory, and putting systems in place to monitor the use of ARVs.** RPM Plus developed a training plan, curricula, and training materials for laboratory and pharmacy staff for all four proposed sites for an initial five-day training which was held jointly with FHI/IMPACT. Development of an implementation plan for the second site, Port Reitz District Hospital, has begun.
 - RPM Plus assisted USAID/W and FHI/IMPACT with **price negotiations and procurement of ARVs** for the USAID-supported ART programs in **Ghana, Rwanda, and Kenya.** RPM Plus led the price negotiations with brand-name pharmaceutical manufacturers to secure **Accelerating Access Initiative prices** for the three programs. **RPM Plus also assembled information on quality, safety, and efficacy of the products to be procured** and worked with FHI/IMPACT to draft letters of approval for submission to USAID Office of Procurement for each of the country programs.
7. **Improve the functioning of pharmaceutical management systems at the country level through technical assistance including indicator-based assessments, strategic planning activities, scaling up of commodity management programs and collaboration with donors, international organizations, and other cooperating agencies.**
- As a complement to the child health C-DMCI tool, work has commenced on the **development of a guide to identify specific intervention options that can be implemented for improving pharmaceutical management and use at the community level.** The guide, which will be available in early 2004, will be geared toward building the capacity of district managers and will provide direction for development, implementation, and evaluation of interventions.
 - Working closely in the field with HIV/AIDS programs that can be characterized as small-scale and resource-limited, RPM Plus is **adapting an existing quantification costing tool, Quantimed, to facilitate the estimation of pharmaceutical requirements for programs that are scaling up from pilot schemes.** New functionality is being incorporated into

Quantimed-HIV to enable the user to prepare estimates based on the numbers of additional cases, by facility, to be included in the treatment program. A further refinement to the application helps the user determine the proportion of patients that will be treated by a particular anti-retroviral therapy, taking into account the patients' gender and weight. **Quantimed-HIV will be used to determine pharmaceutical needs in Ethiopia, Namibia, and Rwanda in November 2003.**

- **As a result of the July 2 Donor Coordination meeting** hosted by RPM Plus, donors identified a need to monitor pharmaceutical flow into developing countries. RPM Plus has leveraged funds from the Gates-funded Strategies for Enhancing Access to Medicines (SEAM) Program to develop an HIV/AIDS pharmaceutical tracking tool to catalogue HIV/AIDS pharmaceuticals being provided to targeted developing countries by three major HIV/AIDS donor initiatives (i.e., the Global Fund, the World Bank and the U.S. President's HIV/AIDS Initiative). Priority is being given to the 14 U.S. AIDS Initiative target countries. **The database will include product procurement and source information and will be accessible by each donor.**
- 8. Contribute to the global research agenda on community pharmaceutical management through technical assistance to researchers, the development and application of diagnostic, planning and management tools, and through the identification and dissemination of information on best practices and lessons learned.**
- RPM Plus and Harvard University have collaborated to develop an **infection control training and quality improvement program for hospitals in developing countries**. The training program was field-tested in the Philippines in July 2002 and included **training in rapid cycle quality improvement (RCQI) methods**, design of quality improvement projects to improve infection control practices relevant to the prevention and control of AMR, and field-testing infection control survey instruments. **Work is currently underway to redesign and abridge the survey instruments used in the Philippines to make them more suitable for use in low resource settings**. The revised tool will be field tested in low resource hospitals in **Tanzania** during the first quarter of 2004.
 - The **Joint Research Initiative for Improving the Use of Medicines (JRIUM)** and RPM Plus are engaged in **building the capacity of researchers in developing countries to design and write fundable research proposals**. RPM Plus is providing technical assistance and funding for acceptable research projects that focus on **improving the use of antimicrobials in communities and households in Nepal, Vietnam, and Moldova**. In addition to research that contributes to the knowledge base of successful interventions, **RPM Plus is supporting three studies in Uganda and one in Kenya examining the impact of specific national, district, and local policies that affect pharmaceutical use**. Researchers will be able to present the results of their studies at the second **International Conference on Improving the Use of Medicine (ICIUM2)** to be held in **Thailand in April 2004**. **RPM Plus is a co-sponsor and organizer of ICIUM2.**
 - The **International Conference on Improving the Use of Medicine** second conference in Thailand will bring international experts together to **review progress made on recommendations from the first ICIUM**. The Conference will provide a **forum to review new research, discuss innovative methods to improve the use of medicines, determine current gaps in knowledge, and define a research agenda for the next 5 to 10 years**. Over the past year, with RPM Plus as the lead, the **ICIUM2 website has been developed**

and launched; registration and abstracts are being submitted and reviewed; support for the attendance of developing country researchers is being sought; conference announcements have been made; the local organizing committee (Thai INRUD) has gained support of the Ministry of Health; and a preliminary program has been drafted. **An additional \$150,000 has been leveraged from SIDA to support attendees from resource poor countries.**

9. Support improvements in maternal and reproductive health programs through technical assistance focused on pharmaceutical management issues to partner agencies and organizations, including USAID and their CAs, governmental, NGO and private sector programs in SO2 priority countries, and organizations in the broader RH donor community.

- **RPM Plus has been providing technical assistance to the USAID special initiative to reduce post-partum hemorrhage.** In collaboration with the Maternal and Neonatal Health Program and PRIME II, RPM Plus undertook **qualitative and quantitative baseline assessments of maternal health programs in four SO2 priority countries: Benin, Ethiopia, Mali, and Zambia.** Indicators of pharmaceutical management performance for post partum hemorrhage services were measured, and country-specific work plans are in development. These plans will be implemented this program year. **The assessment indicates four major crosscutting areas of concern with respect to pharmaceutical management that include quantification, selection, financing, and cold chain maintenance.**
- **RPM Plus, at the request of UNFPA, is undertaking a pharmaceuticals and commodities requirements and cost estimation exercise for selected reproductive health services and conditions.** Projected requirements are to cover the current calendar year through the year 2015. This activity was **initially funded by USAID and now will be supported with UNFPA funding in the future.** UNFPA will use the results, to be compiled in a report by RPM Plus, as an advocacy tool to communicate the need to continue focused attention on basic reproductive health services and the pharmaceuticals and commodities necessary to support these programs to the larger reproductive health, donor, governmental and NGO communities.

III. Major Implementation Issues/Constraints and Resolution.

- **In response to the ever increasing demand for pharmaceutical and health commodity management technical assistance, RPM Plus continues to mount an aggressive recruitment process.** Despite the recognized worldwide shortage of individuals and organizations with expertise to provide pharmaceutical management assistance, RPM Plus **has increased its staff by 35 in the past year**, and the recruiting process is on-going. **The challenge will be to provide, from the USAID and RPM Plus management teams, appropriate mentoring and quality control to maintain and assure the high quality of technical support services.**
- **RPM Plus funding has increased from less than \$4 million in Year 1 to close to \$18 million in Year 4** (once the anticipated FY 2003 PMTCT is provided to the CA), with a **corresponding exponential growth in the volume and technical complexity of program activities.** These activities **require increased management oversight and technical guidance** at the same time that **direct demands on USAID staff for pharmaceutical management support are growing exponentially** (from the USG HIV/AIDS activities, the Global Fund, international procurement and quality assurance initiatives, etc.). **At least one additional dedicated staff will be required to adequately manage the RPM Plus and**

USP DQI programs and provide expected technical leadership and support for activities that will impact programs in the international arena.

- The RPM Plus monthly burn rate has increased from an average of \$154,000 in Year 1, to \$354,000 in Year 2, and to \$784,000 in Year 3. Now the monthly burn rate has reached \$852,000, which demonstrates that the **RPM Plus program has been able to effectively receive large increases in funding, engage qualified staff, and be responsive to rapidly growing requests for technical support services.**
- **RPM Plus Health Systems Support funding was reduced by about 41% in FY 2003** (from \$1.65 million in FY 2002 to \$973,000 last year). **At the same time**, the global health environment continues to evolve at a rapid pace, and **there is increasing awareness about the need for human resource capacity to manage and use appropriately the enormous volume of drugs that will be arriving in developing countries with weak health systems. Without attention to and resources for building capacity in this critical sector, there is real potential for significant wastage, misuse, poor health outcomes, donor fatigue, and the accelerated development of drug resistance, thereby rendering these investments useless.** As a result of reduced funding, RPM Plus will be challenged to address the following critical issues, among others:
 - 1) **The program will likely be unable to create or take advantage of technical leadership opportunities (such as the July 2nd Donor Coordination Meeting) and be responsive to important requests from USAID and other international players for pharmaceutical management guidance and support.** These requests are unforeseen at the time of annual work planning, and the Health Systems Support funding has been instrumental in allowing RPM Plus to both leverage other funding and address critical technical concerns.
 - 2) Activities that were part of a **multifaceted RPM Plus strategy for capacity building** (which was developed two years ago) **will also be significantly affected, including: south-to-south capacity building** through strengthening regional institutions and **development of curricula** with U.S. Schools of Public Health and Pharmacy to create more northern pharmaceutical management capacity through pre-service training.
 - 3) The PHRplus directed **study of the impact of the Global Fund on health systems** is another of the important activities that **will be difficult to engage in.** Despite the huge volume of drugs flowing into country programs from multiple sources, including the Global Funds, RPM Plus will be unable to address this issue in the comprehensive manner that it deserves.
 - 4) At the global level, **the need for low-cost technologies to screen for and detect sub-standard, counterfeit and spurious pharmaceutical products** is becoming increasingly recognized as a requirement for effective quality assurance at the country level. This is another operational Health Systems initiative that has to be curtailed significantly because of the funding reduction.

IV. List the Strategic Activities and Results to Be Achieved in FY 04:

1. RPM Plus will continue to **provide technical assistance to the Stop TB Secretariat and global TB initiatives.** RPM Plus will support the secondment of a pharmaceutical

procurement specialist to the GDF during FY04. RPM Plus will also assist the TBCTA in conducting country assessments and in helping assure that pharmaceutical management issues are integrated into TB program efforts, including determining the content of appropriate interventions in priority countries

2. RPM Plus is providing technical assistance to strengthen the pharmaceutical management system and laboratory services in **support of the USAID antiretroviral therapy initiative** as part of a comprehensive HIV/AIDS care and treatment program. FY03 funding will be used to provide technical assistance to this initiative to support program expansion. **Findings and lessons learned will be presented at the XV International AIDS Conference in Thailand in 2004.**
3. RPM Plus proposes to continue work with the Office of HIV/AIDS, REDSO, and the Commonwealth Regional Health Community Secretariat to provide ongoing support to the **Regional Pharmaceutical Forum and the regional pooled procurement process**. An initial step will be developing or harmonizing standard treatment guidelines for ARVs and other pharmaceuticals to be procured under this regional initiative.
4. In support of USAID's **AMR portfolio**, RPM Plus, along with its partners APUA, AED/CHANGE, Harvard and ARCH, will implement the AMR containment strategy in two countries during FY04. In each country, the process will include a situation analysis, a policy options workshop, and follow-up assistance in developing interventions to control antimicrobial resistance.
5. RPM Plus will revise and update **the five-day course "Improving Health Outcomes through Effective Pharmaceutical Management."** The course, which targets USAID health, population, and nutrition officers and other health professionals, will be offered twice during FY04.
6. Should adequate funding be made available, RPM Plus will continue its **Regional Pharmaceutical Management Technical Centers** initiative in FY04. The overall RPM Plus Training of Trainers program, developed in FY03, will be used to facilitate "handing off" the DTC course, the RPM Plus procurement course, and the PRDU course to Centers in Africa and Asia. Funding for training courses will be leveraged with WHO, USAID missions, and other donors.
7. RPM Plus will co-sponsor, develop, and coordinate the **International Conference on Improving the Use of Medicines 2 (ICIUM 2)**. The second ICIUM, scheduled for April 2004 in Thailand, will bring together international pharmaceutical use experts to **review progress made on recommendations from the first ICIUM, review new research, discuss innovative methods to improve the use of medicines, define current gaps in knowledge, and define a research agenda for the coming years.**
8. RPM Plus will move forward, at a slower pace than desired, with the development of course materials for the **proposed curriculum for a U.S. university-based, graduate-level program in pharmaceutical management** and pilot use of the curriculum in at least two U.S. health care professional training institutions. It is further proposed that based on the pilot and evaluation of the curriculum, several different curricular applications will be recommended for ongoing use of the materials.

9. To the extent that available funding allows, RPM Plus will apply the approach and materials developed for use in the Tanzania MSH/SEAM-funded **tiered-testing initiative for pharmaceutical quality**. The focus will be on antimicrobials that have not already been addressed by the SEAM Program and that are particularly problematic in relation to the development of antimicrobial resistance. Documentation of experience in another sub-Saharan African country will help provide valuable lessons learned and **a possible, cost-effective quality assurance model for use in the many countries that will be receiving huge volumes of health commodities**.
10. RPM Plus will be contributing to the **development of a PHN Officers Field Guide on Antimicrobial Resistance (AMR)** which will provide guidance and suggestions on specific AMR interventions, both stand alone and those that can be incorporated into existing infectious disease or other health programming activities.
11. RPM Plus will provide technical assistance to the **Green Light Committee in developing a computerized pharmaceutical management and monitoring tool for tracking drug orders of second-line TB medicines, inventory, and rational drug use**. It is expected that this system will link DOTS-Plus sites, recipients of WHO/GLC medicines, the WHO/GLC and pharmaceutical suppliers. RPM Plus will work in collaboration with the WHO/GLC drug specialist hired in the Spring 2003 to work specifically on this activity.
12. RPM Plus has participated in meetings and discussions with WHO, World Bank, USAID, and other organizations on the use of private providers to improve child health. **RPM Plus will explore and develop interventions using franchising and accreditation schemes in the upcoming year to improve access to pharmaceuticals for child health**.

V. Budget Request FY04:

SO2: \$700,000
SO3: \$1,800,000
SO5: \$6,300,000

HIDN BASELINE REPORT -- 10/03, FY04

Section I

AAD LEVEL INFORMATION

AAD Title: Health Policy and Systems Strengthening

AAD Number: 936-3104

Initial FY: 2000

Final FY: 2009

AAD End Date: 9/30/2009

Section II

ACTIVITY LEVEL INFORMATION

Activity Title: Rational Pharmaceutical Management Plus

CTO/TA: Anthony Boni, Marni Sommer

Activity Number: 936-3104.02

Contractor/Grantee: Management Sciences for Health

Start Date: 9/28/00

End Date: 9/30/2008

DATE LAST MGT REVIEW: _____

Section III

BUDGET AND FINANCIAL INFORMATION (\$000)

| | C O R E | | | | | | FS | MAARDs | GRAND TOTAL |
|---|---------|----------|---------|---------|---------|---------|--------|--------|-------------|
| | Total | SO 1 POP | SO 2 MH | SO 3 CS | SO4 HIV | SO 5 ID | | | |
| 1. Total Estimated Cost: | | | | | | | | | 98 036 |
| 2. Cumulative Obligations (Thru 9/30/02): | 14 640 | 0 | 1 325 | 2 758 | 2 545 | 8 012 | 8 904 | 203 | 23 747 |
| 3. Obligated (FY 03): | 6 818 | 0 | 400 | 1 020 | 1 300 | 4 098 | 9 738 | 150 | 16 206 |
| 4. TOTAL Obligated todate (Thru 9/30/03): | 21 458 | 0 | 1 725 | 3 778 | 3 845 | 12 110 | 18 142 | 353 | 39 953 |
| *5. Cumulative Expenditures = (a) + (b), thru 9/30/03: | 13 106 | | 1 262 | 2 491 | 2 523 | 6 830 | 7 048 | 125 | 20 279 |
| (a) Total Vouchered: | 12349 | | | | | | | | |
| (b) Total Accruals: | 757 | | | | | | | | |
| 6. Pipeline (as of 10/1/03): | 8 352 | 0 | 463 | 1 287 | 1 322 | 5 280 | 11 094 | 228 | 16 674 |
| *7. Expended in Past Year = (a) + (b), 10/1/02--9/30/03: | 6 778 | | 564 | 1 216 | 1 349 | 3 649 | 3 359 | 87 | 10 224 |
| (a) Total Vouchered: | 6021 | | | | | | | | |
| (b) Total Accruals: | 757 | | | | | | | | |
| 8. Actual Monthly Burn Rate (10/1/03--9/30/03): | 565 | 0 | 47 | 101 | 112 | 304 | 280 | 7 | 852 |
| *9. Planned Expenditures Next 12 months (10/1/03--9/30/04): | 6 530 | 0 | 463 | 1 287 | 1 500 | 5 280 | 9 500 | 228 | 16 758 |
| 10. Planned Monthly Burn Rate (10/1/03--9/30/04): | 685 | 0 | 45 | 107 | 125 | 405 | 792 | 23 | 1 522 |
| 11. Months Funding After 10/1/03: | 12 | #DIV/0! | 10 | 12 | 11 | 13 | 14 | 10 | 13 |

* Cooperating agency/grantee/contractor to complete lines 5, 5a, 5b, 7, 7a, 7b and 9 only.
 Shaded areas NOT to be filled in by cooperating agency, grantees, or contractor.
 All Core "SO columns" may not apply to you for reporting purposes.

PORTFOLIO REVIEW

Project Title/Activity: USP DQI
Project Number: 936-3104.03
CTO: Anthony F. Boni
Technical Advisor: Marni Sommer

I. Discuss the Activity's Role in GH Results Framework

As the principal HIDN technical resource on drug quality and drug information, the primary objectives of **USP DQI** are 1) to improve availability and appropriate use of good quality pharmaceutical products and 2) to increase availability and use of health information. In addition to designing and implementing appropriate field interventions, a critical part of the USP DQI mandate is to raise the issue of drug quality within the global health agenda, and provide technical support to global initiatives such as RBM, GFATM, WHO's Model Quality Assurance System, Stop TB, and the Global Drug Facility, as well as international efforts to curb the emergence and spread of antimicrobial resistance.

II. Key Achievements in FY2003 (October 1, 2002-September 30, 2003)

1. **Raise global awareness of the central role of drug quality assurance in increased access to better health care through provision of safe and effective products.**

To highlight the problems of counterfeit and substandard drugs in USAID-presence countries, USP DQI developed a matrix of all such reports during the past five years. The matrix was presented as a poster, "Substandard and Counterfeit Drugs—a Global Problem, a Menace to Health," at the Global Health Council (GHC) conference May 2003 where USP DQI staff were interviewed by Voice of America correspondents who videotaped the presentation for use in their AMR CD-ROM for health reporters. Information in the matrix includes published and unpublished data, is updated every quarter, and is available at www.uspdqi.org.

USP DQI followed up on last year's workshop for drug regulators and quality control directors of South and Southeast Asian countries on quality assurance for antiretroviral drugs (ARVs), and on regional cooperation and harmonization of drug regulatory procedures by preparing a report on workshop proceedings and recommendations. Funding for the workshop was leveraged from WHO/SEARO. The report has been disseminated to workshop participants, USAID and within WHO.

USP DQI completed a draft technical review of antimicrobial drug quality in the Asia/Near East Region. This comprehensive review of existing studies (published and unpublished) on the quality of antimicrobials focuses on drugs used for treating malaria, TB, ARI, diarrheal diseases, STIs, and HIV/AIDS. The document is an important tool for advocacy, but also provides a valuable foundation for making future decisions on expanding work to address drug quality problems in the region.

In an effort to raise awareness among U.S. policy-makers, USP DQI delivered a presentation on drug quality issues and the link to antimicrobial resistance for a congressional briefing

organized by USAID and the Global Health Council. An additional focus was on the low-cost investments that can be made to improve drug quality in low-resource settings.

USP DQI conducted a symposium on drug quality and safety in collaboration with the Russian Pharmacopeia at the Man and Drugs Conference in Moscow in April 2003.

Approximately 70,000 professionals in medicine and pharmacy attend this annual conference. The quality of drugs, particularly TB drugs, had not been previously discussed in a public forum in Russia. **This collaboration with the Russian Pharmacopeia is particularly significant, as demonstrated by the willingness to discuss drug quality problems with non-Russian colleagues and conference participants.**

“Fake and Sub-Standard Drugs and the Problem of Drug Resistance” was a USP DQI presentation at the 63rd International Congress of Federation Internationale Pharmaceutique (FIP), in Sydney, Australia, September 3–9, 2003. **USP DQI has become a member of the new FIP working group on antimicrobial resistance.**

USP DQI has been providing on-going technical leadership in drug quality in discussions at the World Bank, PAHO, WHO/RBM, Malaria Action Coalition and ACT Malaria, among others. In general, **USP DQI is the only attendee at these global level discussions with expertise and credibility in quality assurance and drug quality areas, and its participation has greatly influenced the growing dialogue and awareness of critical issues.**

To increase dissemination of information on drug quality and clinical information on priority drugs, USP DQI **launched a new website, www.uspdqi.org.** The website includes current discussions on drug quality issues, drug information updates related to HIV/AIDS, TB, Malaria and childhood illnesses, recent USP DQI publications, and information on country and global level activities.

2. Improve regional capacity for pharmaceutical quality control.

USP DQI continues the collaboration with WHO/WPRO and Roll Back Malaria to establish a regional antimalarial drug quality assurance system in Mekong region countries. In FY 03 USPDQI:

- **Conducted training workshops for sentinel surveillance sites in Cambodia and Laos on Good Laboratory Practices, Sampling Procedures, Basic Tests, and Data Reporting.** Participants from the Ministries of Health, drug regulatory authorities, malaria control programs, national drug quality control labs, and other stakeholders involved in pharmaceuticals attended the courses. **Partial funding for the training workshop in Cambodia was leveraged from WHO/WPRO and WHO Cambodia.** USP DQI has **provided mini-labs for the sentinel sites in five countries that will be performing drug testing after the training**
- **Held a training-of-trainers workshop in Bangkok on the above subjects for participants from Vietnam, Thailand, and China.** **Partial funding for the training workshop was leveraged from WHO RBM Mekong and German Pharma Health Fund, a nongovernmental organization.** Related training was also implemented at the provincial level in Yunnan Province, China. The local malaria and/or laboratory people trained from the sites in Cambodia are already generating drug quality data.
- **Took a leadership role on drug quality issues at the Roll Back Malaria meeting held in Manila this year and developed draft indicators for monitoring drug quality surveillance programs in the Mekong and other regions.**

USP DQI, as a partner in the USAID/LAC Amazon Malaria Initiative (AMI), conducted an assessment of sentinel surveillance sites in Ecuador and Peru and has planned a training workshop in antimalarial drug quality control for the national drug quality control lab and the national malaria program of both countries. Additional funding was leveraged from USP to replicate USP laboratory training conducted this year in Central America in collaboration with PAHO; this training will be added to the AMI program in Ecuador.

USP DQI continues to work in Senegal to build local capacity to control and improve the quality of antimalarial drugs, laying a foundation for future quality control for HIV/AIDS drugs and other priority medicines.

- **USP DQI conducted a training workshop on Dissolution, HPLC, UV, and TLC and Good Laboratory Practices** in Dakar for the National Drug Quality Control Laboratory and the University of Dakar, which included participants from local industry and WHO-Senegal. **USP DQI was able to leverage the provision of a dissolution machine from USP's Research and Development Laboratory** for the National Drug Quality Control Laboratory in Senegal.
 - **In collaboration with the University of Cheikh Anta (UCAD) Department of Parasitology in Dakar**, USP DQI selected five provinces in Senegal (Kaolack, Touba, Richard Toll, Velingara, and Guediawaye) where the malaria incidence is especially high for drug quality monitoring, and **organized a training workshop for these sites on good laboratory practices, drug sampling, and basic tests using the German Pharma Health Fund (GPHF) mini-lab**. Testing will cover all antimalarial drugs used in Senegal. **This activity established the first drug quality control system at the provincial level in Senegal, and will build future capacity by involving college students in drug quality issues.**
 - USP DQI is working with the Parasitology Department of UCAD University to **establish a reporting network for collecting and sharing drug quality and drug resistance data** among the provinces, the University, the National Laboratory, and the National Malaria Program.
3. **Increase availability of effective antimalarial drugs through collaborative efforts with WHO, academia and industry.**

For the past three years, USP DQI has participated in efforts by Roll Back Malaria and Medicines for Malaria Venture (MMV) to evaluate several combination anti-malarial products under development, and select drugs for further investment. In FY 03, a USP DQI team provided technical assistance in good manufacturing practices (GMPs) to three factories in China responsible for various phases of the production of Artekin. Considerable funding was leveraged from KMI-PAREXEL, a U.S. corporation, to help provide this technical assistance. This collaborative process is one that will make affordable and safe combination treatment for malaria available not only for Southeast Asia, but for Africa as well.

USP hosted a meeting of U.S.-based organizations working in malaria drug quality that included USP DQI, the Centers for Disease Control (CDC), RPM Plus, and the Gates-funded SEAM program. The group discussed current testing methods as well as what is needed to validate methods, survey methodology, drug quality surveillance, training requirements, and policy implications. CDC and USP DQI prepared a report with follow-up recommendations.

4. **Reduce the spread of antimicrobial resistance by developing approaches to improve prescribing, dispensing and drug-taking practices for antimicrobial drugs.**

Over 15,000 copies of the second edition of the *Russian Antimicrobial Textbook* were disseminated in FY 03. The full text of the *Antimicrobial Textbook* was made available on the Internet at <http://www.antibiotic.ru/ab/>. Funding was leveraged from Smolensk Medical Academy for the development of the electronic version. The on-line version has been visited more than 100,000 times since it was uploaded. The Textbook content was revised in FY 03 to include monographs on newly registered antibiotics and important new treatment guidelines. In addition, new chapters on HIV/AIDS, antifungal, antiviral, antiprotozoal, and antihelminthic drugs were added.

The Smolensk Medical Academy completed the Russian translation and adaptation of *A Guide to Infection Control in the Hospital*. This pocket-size manual contains key principles and guidelines for reducing nosocomial infections, improving quality of care, and reducing costs. Hospital-acquired infections have been noted by WHO and others as a key driver of increasing antimicrobial resistance.

USP DQI conducted a second symposium at the Man and Drugs conference devoted to rational antibiotics use to prevent antibacterial resistance. This symposium was organized in cooperation with American International Health Alliance (AIHA). USP DQI sponsored the participation of the ARDIN centers, Moldova "DrugInfo" Center, the National Coordinator of TB in Moldova, and the Director of Infection Control Center-Kiev (Ukraine). Funding was also leveraged from AIHA to sponsor the participation of the head of the Department of Epidemiology and Parasitology of Postdiploma Professional Education, St.Petersburg. More than 200 physicians and pharmacists from Russia and the NIS attended the symposium..

USP DQI has provided technical materials and guidance to the Voice of America to educate journalists about how to report on AMR; the potential impact of poor drug quality on increasing drug resistance was also emphasized.

5. Increase drug information content within medical and pharmacy academic programs and increase availability of model continuing education programs in pharmacotherapeutics.

Nearly 100 physicians and pharmacists in Russia and the NIS completed the Distance Learning Continuing Education Course developed in partnership with Smolensk Medical Academy. The Prototype distance-learning modules focusing on antimicrobial drugs for STI's, tuberculosis, HIV/AIDS, and acute respiratory infections were completed in FY 03. The 29 modules are internet-based; the participants lacking their own internet access use the drug information centers of the All Russia Drug Information Network (ARDIN) established under the earlier RPM/USP project. (ARDIN continues to function without external support from USAID.) Hard copies via post are also available.

- This year the distance learning course has been expanded by composing new groups of students and training seven new trainers – four instructors from Ural Medical Academy (Yekaterinburg, Russia) and three professors from Charkov Medical Academy (Charkov, Ukraine).
- Smolensk Medical Academy conducted a course for 39 students in Krasnodar Region of Russia, which included 72 hours of distance education and 72 hours of classroom education. Smolensk and USP DQI co-funded the activity.
- The Distance Learning Continuing Education Course is beginning to reach other countries in the NIS. Although the majority of the 210 applicants for the course came from Russia (76%), applications were received from the Ukraine (10%), Byelorussia (4%), Georgia (2%), Azerbaijan (2%), Kazakhstan (2%), Armenia (1%), Lithuania (1%), Estonia (1%), and Bulgaria (1%). The medical specialties of applicants include internists (19%),

pediatricians (13 %), surgeons (11%), anesthesiologists (11%), and obstetricians and gynecologists (10%).

6. **Provide new and/or updated drug and therapeutics information to meet the needs of HIDN priority interventions requiring pharmaceutical commodities.**

Access to appropriate information is a prerequisite to appropriate drug prescribing and use. A study of drug information in six developing countries done under the previous RPM/USP cooperative agreement found objective information sources were limited and not effectively used. In general, information was not readily available to practitioners; and when available, most of it came from the pharmaceutical industry. **Information on proper indications, dosage (including length of treatment), precautions, and side effects -- including information on antimicrobial resistance issues -- was typically lacking** in the countries surveyed. Official regulatory-agency approved drug information was usually not available. **To address these concerns, USP DQI has continued to develop and disseminate evidence-base drug information for priority diseases.**

AMR

- **“Comparative Analysis of Canadian, British, Australian, and Russian Antimicrobial Formularies”** presented at the All-Russia Conference on the Treatment of Nosocomial Infections held in Moscow, January 2003.
- **“Clinical and Pharmacoeconomic Aspects of Antibiotics Safety”** presented at the II Conference on Clinical Trials held in Moscow, January 2003.
- **The following articles were published in Russian medical journals (*Pharmateca, Antibiotiki and Chimioterapia, and Atmosfera*):**
 - “Azithromycin in the treatment of community-acquired pneumonia in children and adults”
 - “The role of levofloxacin in the treatment of community-acquired pneumonia”
 - “Clinical and pharmacoeconomic aspects of ceftriaxone use in surgery”
 - “Respiratory fluoroquinolones”
 - “Safety aspects of levofloxacin use”
- **“Ceftazidime and Imipenem for the Treatment of Melioidosis”** was presented as a poster at the 30th Global Health Council Annual Conference, Washington, D.C., on May 28, 2003. The presentation was videotaped by VOA reporters for use in their AMR CD-ROM for health reporters’ project.

HIV/AIDS

- **“Prevention of Mother-to-Child Transmission of HIV-1 Infection: Initiatives of the United States Pharmacopeia Drug Quality and Information Program (USP DQI)”** was presented at the Second International AIDS Society (IAS) Conference on HIV Treatment and Pathogenesis, Paris, France, July 12 – 16, 2003.
- **Evidence tables for short-course zidovudine in the prevention of mother-to-child transmission (MTCT) of HIV-1 infection** in resource-poor countries have been finalized by USP expert committees and ad hoc reviewers. **Based on their recommendations, prevention of MTCT has been accepted as an off-label indication for short-course zidovudine.** This recommendation will be reflected in the USP DI® Zidovudine (Systemic) monograph.

Tuberculosis

- **USP DQI co-facilitated a Drug Procurement for Tuberculosis course with RPM Plus in Bishkek, Kyrgyzstan (17-20 Feb 03), and Tashkent, Uzbekistan (24-27 Feb 03). USP DQI instructed on the TB drug selection, quantification, and quality assurance modules.** The courses were jointly organized by RPM Plus, Project HOPE, and USP DQI, in collaboration with the National Tuberculosis Programs (NTP) and national drug regulatory authorities. Participants were from the NTP, Department of Drug Policy MOH, DOTS centers, Drug Supply Centers, Pharmacopeia Committees, and TB Institutes.
- **“Identification of Counterfeit and Sub-Standard Fixed-Dose Combination Antituberculosis Drugs to Prevent the Emergence of Multidrug-Resistant Tuberculosis”** was a USP DQI presentation at the 2003 Annual Conference on Antimicrobial Resistance, Bethesda, MD, June 23–25, 2003.
- **USP DQI developed and facilitated specific modules of a workshop on Pharmaceutical Management for Treatment of MDR-TB (Moscow June 23-27).** The course was organized in collaboration with RPM Plus, the Green Light Committee (GLC), Partners in Health (PIH), WHO/Moscow, and Pharmedinfo. Participants were from GLC/WHO DOTS Plus pilot programs in Russia, Uzbekistan, Lithuania, Latvia, and Estonia. **USP DQI modules included “Anti-TB drug quality assurance”, “Evidence-based Drug Information” and “Cost Containment Strategies: ABC/VEN Analysis and Monitoring Drug Use.”**

Maternal Health

- **USPDQI gave a presentation on how USP developed the evidence-based review on the use of misoprostol for the prevention of postpartum hemorrhage, a USP accepted off label use, at the USAID/International Federation of Gynecologists and Obstetricians (FIGO)/International Council of Midwives (ICM) meeting on the active management of the third stage of labor (AMTSL) in Ottawa. The USP document was a key reference at this meeting. The discussion resulted in a decision by the group to include misoprostol in the FIGO/ICM joint statement on AMTSL, as one of the alternative agents for oxytocin when it is not available.**

A Research Letter on misoprostol for the prevention of postpartum hemorrhage in developing countries was published in the journal, *Tropical Doctor*, April 2003;33: 122.

The Society of Obstetricians and Gynecologists of Canada (SOGC) has been disseminating additional copies of the misoprostol document.

- 7. Raise awareness of drug information and increase local capacity to develop and disseminate high quality, unbiased information.**

Central Asian Republics: Four newly established drug information centers (DICs) - two from Kazakhstan and one each in Uzbekistan and Kyrgyzstan - requested USP DQI to provide technical assistance in collaboration with the USAID-funded ZdravPlus Project. Publications and training materials developed under RPM/USP and USP DQI were provided to the DICs including:

- **The Russian adaptation of the USP Drug Information Center Management Training Course Manual.**
- **A Microsoft Access database for recording inquiries to the drug information center and responses provided.**
- **An official regulatory document passed by the Oblast Health Committee, describing functions and responsibilities of the Vladivostok DIC**

- The **Rational Antibiotics Use Training Course Manual**
- **Drug information indicators for evaluating drugs** for inclusion in a formulary list, and other resources.
- The DICs were also given a subscription to *Drug Bulletin*, a bimonthly publication of the Vladivostok DIC.

Mozambique: USP DQI continued its support of the **Center for Drug Information in Mozambique (CiMed)** established under RPM/USP. **Four drug information bulletins were published during FY 03**, with a circulation of 1000 copies each. For the fourth consecutive year, CiMed prepared and presented a **week-long seminar on rational use of medicines for senior year medical, pharmacy and dental students in the Maputo area**. A report was also published on the CiMed seminar on HIV/AIDS drugs used in treatment. The report is available in English and Portuguese and will be accessible via www.uspdqi.org.

Nepal: The Drug Information Network of Nepal (DINoN) launched its new web page, www.dinon.org. The site will serve as a resource of drug information for health care professionals worldwide, particularly for those in developing countries. Regarding DINoN and its members:

- Prepared a **short program on proper use of antibiotics** that was **broadcast several times on Nepal National TV**.
- Participated in the **Second General Meeting of the Alliance for the Prudent Use of Antibiotics (APUA), Nepal**.
- A two-page DINoN advertisement (both in English and Nepali) was printed in the 2003 Pharmaceutical Products Directory of Nepal.
- **Two new DICs were opened outside the Kathmandu Valley, achieving a long-time goal of DINoN to provide more services to peripheral areas.** The new DICs are in Dharan and Pokhara.
- **DDA (the Nepal drug regulatory authority) published Issue #14 of *Drug Bulletin of Nepal*.** The Bulletin shares information on changes in drug retailer certification and education, the International Society of Drug Bulletin (ISDB) Workshop, promotion of rational use of drug and the role of the DTC, new drug information, and regulatory information.
- RECPHEC, the Drug Information Center for the NGO community, published and disseminated the 69th, 70th and 71st issues of the *Bhalukashari* newsletter that included **articles on prevention of antimalarial resistance, the role of pictorial leaflets for the rational use of antimicrobial drugs, asthma and other topics.**
- RECPHEC also **organized three regional workshops advocating the use of pictograms for Rational Drug Use** in Biratnagar (East Nepal), Pokhara and Butawal (West Nepal) for representatives of the Nepal Chemists and Druggists Association (drug retailers), and one for pharmaceutical company representatives.

Romania: A director has been hired and trained for the new DIC at Iuliu Hatieganu University of Medicine and Pharmacy (UMF) in Cluj-Napoca, **this is the first drug information center in Romania.** Equipment for the DIC is currently being procured. The DIC is expected to open in early FY 04.

III. Major Implementation Issues/Constraints and Resolution

The international landscape will soon witness an **unprecedented increase in the volume of drugs that will be arriving in countries with weak health systems, deficient regulatory oversight mechanisms and scarce human resource capacity to control the quality, safety and drugs entering the national market place.** Never has the need been greater to strengthen efforts

in this regard. A recent inquiry from congress requested that OHA report on specific strategies to combat counterfeiting “to ensure that the extraordinary benefit of HIV/AIDS pharmaceuticals (especially antiretrovirals) are not diminished”

Within this context, **USP DQI has made substantive contributions to the growing international recognition of the importance of drug quality issues to global health objectives and the public health threat posed by counterfeit and sub-standard products.** Global technical leadership and advocacy efforts in these important areas have been undertaken with minimal Health System Support funding, as **USP DQI has been extremely effective in leveraging resources from within its organization and from outside sources for these activities.** However, the **dramatic decrease in funding in FY 03 to less than \$300,000** (a 60% decrease from the previous year) for global activities means that USP DQI will not be able to carry out a role for which it has an acknowledged exclusive capability -- and USAID is missing an opportunity to carry out a critical technical leadership role on the international scene.

The major exceptions, of course, are in the malaria and TB fields where GH and ANE are funding innovative programs to improve drug quality and strengthen the relevant drug management components of TB programs.

USP DQI has **purposefully stretched FY 02 funds wherever possible to ensure continuity of key activities**, including complying with requests from missions to conduct assessment activities before mission funding is available. However, **it will be impossible to complete work and field testing on the “Operational Guide to Improve Drug Quality in Low-Income Countries,” an effort that has implications for drug quality across the HIDN portfolio.** Similarly, plans to recruit two additional staff at USP DQI to work on global drug quality initiatives and complete existing ones have been postponed.

IV. List the Strategic Activities and Results to be Achieved in FY 04.

1. Raise global awareness of the central role of drug quality assurance in increased access to better health care through provision of safe and effective products.

- **To assist countries to evaluate and strengthen drug quality assurance, USP DQI will attempt to move forward work on an “Operational Guide to Improve Drug Quality in Low-income Countries” in collaboration with WHO, RPM Plus, PATH and four drug regulatory agencies in developing countries.** This essential guide will provide a common terminology for drug quality control and **will outline the minimum steps that must be taken to assure the quality of medicines in use in a country.** After completion and when funding becomes available, the guide will be field-tested in two African and two Asian countries. **It is anticipated that the Guide will be a tool not only for national drug regulatory authorities, but also for donors and NGOs who procure and distribute drugs in low income countries.**
- **To provide technical leadership to discussions on drug quality at the Strategies for Enhancing Access to Medicines (SEAM) Conference on Dec 10-12, 2003 in Dar Es Salaam,** USP DQI will give a presentation titled **“Registration, Inspection and Testing: How to Prioritize?”** and will facilitate a round table discussion on drug quality issues in national malaria control programs.
- **The completed technical review of antimicrobial drug quality in the Asia/Near East Region will be disseminated** throughout USAID, WHO, and via the e-drugs listserve and the USP DQI website. The ANE Bureau anticipates using the document for future program planning in the region.
- **USP DQI will provide technical guidance to WHO and its partners in antimalarial drug quality monitoring as well as pragmatic recommendations on regional and country**

strategies on combating counterfeit antimalarial drugs (e.g., attendance at the WHO Southeast Asia Regional Meeting on Counterfeits in Hanoi, November 2003).

2. Improve regional capacity for pharmaceutical quality control.

- **Sentinel sites in Cambodia, Laos, China, Thailand and Vietnam routinely will yield data on antimalarial drug quality, thereby providing evidence for national drug policy-making,** targeting future technical assistance in good manufacturing practices and links to antimicrobial resistance patterns in the region.
- **Results will be available of a collaborative TB drug testing activity currently underway for Kazakhstan,** providing the MOH and the USAID mission with evidence for TB drug policy making and program planning. **This activity will serve as a model for other countries in the region that would like to address drug quality issues with TB.**
- Sentinel sites in **Senegal** will regularly provide data on antimalarial drug quality to the national malarial program and the drug regulatory authority. **This will allow the government to identify manufacturers that are consistently producing poor quality medicines and target them for corrective action.** The latter may be either punitive or include capacity building in Good Manufacturing Practices, depending upon the potential contribution to the national medical supply.
- **Develop standard operating procedures for the national lab of Senegal** for antimalarial drug samples that fail quality tests.
- **Sentinel sites in Ecuador and Peru will begin collecting drug samples** and providing them to the national labs for quality testing.
- **USP DQI will complete development of a tool to assess the managerial and technical capability of a developing country drug regulatory authority.**
- **Refine indicators for drug quality surveillance,** test indicators with antimalarial drugs in Mekong countries, and disseminate for general use with all drugs in other regions.
- **Develop plan for addressing drug quality assurance in Madagascar** in cooperation with the MOH and the USAID mission.
- **Collaborate with the Malaria Action Coalition on drug quality issues** in selected countries in Africa (e.g., Ghana and Kenya); **collaborate with ACTMalaria on drug quality issues,** possibly on ACTMalaria training courses; **continue to collaborate with the German Pharma Health Fund on drug quality basic testing to assist countries in early detection** of substandard and fake antimalarial, TB and HIV/AIDS medicines; and continue to provide leadership to a drug quality subgroup of Roll Back Malaria.
- **Assess capacity of quality control systems in Pakistan** for anti-tuberculosis drugs.

3. Increase availability of effective antimalarial drugs through collaborative efforts with WHO, academia and industry.

- **Artekin will be approved by WHO and MMV for scale up production and use** in selected countries where first line malaria treatment is failing.

4. Reduce the spread of antimicrobial resistance by developing approaches to improve prescribing, dispensing and drug-taking practices for antimicrobial drugs.

- Following on the success of the *Antimicrobial Textbook*, USP DQI is **proposing to update the textbook on a periodic basis** (at a two- to three-year intervals) and **to develop a series of shorter textbooks focused on different medical specialties** (e.g., pulmonology, otolaryngology, STI's, etc.). **This project would be self-sustaining** because of the Textbook's strong popularity in Russia and NIS.
- **Funding will be leveraged from the Smolensk Medical Academy to upload the content of *A Guide to Infection Control in the Hospital* to the antibiotics website.**

- **Continue to support Voice of America** by providing technical assistance and information on drug quality issues.
- Nepal continues to strengthen its efforts against antimicrobial resistance. USP DQI is **working with the USAID-Nepal Mission in considering the possibility of writing a monograph on Miltefosine, the new drug used to treat visceral leishmaniasis (kala-azar)**. USP may develop a drug standards monograph for both the USP and International Pharmacopeias to provide Nepal, and other countries lacking strong regulatory authority, the capacity to properly review data or test samples and perform independent verification.

5. Increase drug information content within medical and pharmacy academic programs and increase availability of model continuing education programs in pharmacotherapeutics.

New centers of Distance Learning will be created in Russia and NIS by training trainers from medical and pharmacy schools for the Distance Learning Continuing Education Course developed with Smolensk Medical Academy and passing on the course technology to the participating schools. Smolensk will develop a training-of-trainers course to prepare the new centers that will be facilitating the Distance Learning Course.

6. Provide new and/or updated drug and therapeutics information to meet the needs of HIDN priority interventions requiring pharmaceutical commodities.

HIV/AIDS

- **The Nevirapine (Systemic) USP DI® monograph will be revised** to include the latest knowledge, based on published clinical trials.
- **Develop and disseminate technical paper on drug interactions in the treatment of patients co-infected with human immunodeficiency virus type 1 (HIV-1) infection and tuberculosis and/or malaria.**
- **Develop a review paper on the treatment of HIV patients and the problem of antiretroviral resistance based upon developing country experiences** (currently available reviews are of industrialized countries).

Tuberculosis

- Survey prescribing patterns for TB in central Russia and collect data on susceptibility to first line drugs to provide evidence to the MOH for revising TB drug policies when and if significant resistance develops.
- 7. Raise awareness of drug information and increase local capacity to develop and disseminate high quality, unbiased information.**

Every month new drug and therapeutic information on antimicrobial resistance, malaria, HIV/AIDS, tuberculosis and major childhood illnesses will be summarized and posted on the USP DQI website: www.USPDQI.org

Romania - Procurement of equipment and reference materials for the new drug information center in Cluj will be completed and the DIC will begin publishing a drug information bulletin.

Moldova – The National Pharmacy Institute Drug Information Center will expand activities by setting up an information hotline for consumers. Currently the DIC focuses primarily on regulatory issues and works with regulatory authorities and pharmacies. This will provide an

excellent opportunity for a collaborative effort, since USP DQI is facilitating establishment of a new DIC in Cluj, Romania, and both the countries communicate in the same language.

Nepal – The newly established DICs in the Manipal College of Medical Sciences, Pokhara, and the B.P. Koirala Institute of Health Sciences, Dharan, will supply objective, unbiased, up-to-date drug information to health care professionals by responding to drug information requests, publishing drug bulletins, and conducting training, primarily in the area of antimicrobial drugs.

Mozambique – CIMed, the drug information center at the University Eduardo Mondlane, will continue to provide responses to drug information inquiries from physicians in the greater Maputo area. In addition, CIMed will write and disseminate four drug information bulletins to all medical officers in Mozambique; advise the MOH on medicines that can be registered as “over the counter;” and work with health professionals to improve use of the national formulary.

Central Asian Republics - USP DQI will continue providing technical assistance to the newly established Drug Information Centers in Kazakhstan, Uzbekistan and Kyrgyzstan and facilitate cooperation of the DICs with All-Russia Drug Information Network members.

V. Budget Request FY 04:

SO2: \$355,000
SO3: \$575,000
SO5: \$1,250,000

HIDN BASELINE REPORT -- 10/03, FY04

Section I

AAD LEVEL INFORMATION

AAD Title: Health Policy and Systems Strengthening

AAD Number: 936-3104

Initial FY: 2000

Final FY: 2009

AAD End Date: 9/30/2009

Section II

ACTIVITY LEVEL INFORMATION

Activity Title: United States Pharmacopeia Drug Quality Information

CTO/TA: Anthony Boni, Mami Sommer

Activity Number: 936-3104.03

Contractor/Grantee: The United States Pharmacopeial Convention, Inc.

Start Date: 9/29/00

End Date: 9/30/2005

DATE LAST MGT REVIEW: _____

Section III

BUDGET AND FINANCIAL INFORMATION (\$000)

| | C O R E | | | | | | FS | MAARDs | GRAND TOTAL |
|---|---------|----------|---------|---------|----------|---------|-------|--------|-------------|
| | Total | SO 1 POP | SO 2 MH | SO 3 CS | SO 4 HIV | SO 5 ID | | | |
| 1. Total Estimated Cost: | | | | | | | * | * | 7,458 |
| 2. Cumulative Obligations (Thru 9/30/02): | 2,911 | 0 | 248 | 167 | 558 | 1,638 | 1,370 | 0 | 4,281 |
| 3. Obligated (FY 03): | 1,274 | 0 | 75 | 200 | 50 | 949 | 540 | 250 | 2,064 |
| 4. TOTAL Obligated to date (Thru 9/30/03): | 4,185 | 0 | 323 | 367 | 608 | 2,587 | 1,910 | 250 | 6,345 |
| *5. Cumulative Expenditures = (a) + (b), thru 9/30/03: | 2,530 | | 164 | 393 | 507 | 1,465 | 976 | 64 | 3,569 |
| (a) Total Vouchered: | 2,470 | | | | | | | | |
| (b) Total Accruals: | 60 | | | | | | | | |
| 6. Pipeline (as of 10/1/03): | 1,655 | 0 | 159 | 274 | 101 | 1,121 | 934 | 166 | 2,755 |
| *7. Expended in Past Year = (a) + (b), 10/1/02--9/30/03: | 1,013 | | 72 | 217 | 301 | 423 | 715 | 64 | 1,812 |
| (a) Total Vouchered: | 953 | | | | | | | | |
| (b) Total Accruals: | 60 | | | | | | | | |
| 8. Actual Monthly Burn Rate (10/1/03--9/30/03): | 64 | 0 | 5 | 18 | 25 | 35 | 60 | 7 | 151 |
| *9. Planned Expenditures Next 12 months (10/1/03--9/30/04): | 1,655 | | 159 | 274 | 101 | 1,121 | 934 | 166 | 2,755 |
| 10. Planned Monthly Burn Rate (10/1/03--9/30/04): | 166 | | 15 | 27 | 25 | 98 | 85 | 15 | 270 |
| 11. Months Funding After 10/1/03: | 10 | #012/01 | 10 | 10 | 4 | 11 | 10 | 11 | 10 |

* Cooperating agency/grantee/contractor to complete lines 5, 5a, 5b, 7, 7a, 7b and 9 only.
 Shaded areas NOT be filled in by cooperating agency, grantees, or contractor.
 All Core "SO columns" may not apply to you for reporting purposes.

PORTFOLIO REVIEW

Project Title/Activity: Health Systems Strengthening/under WHO Umbrella Grant
Project Number: 936-3104.04
CTO: Bob Emrey

I. Discuss the Activity’s Role in GH/HIDN Results Framework:

WHO Health Systems Strengthening activities under the WHO umbrella grant provide global leadership by improving the tools, norms, and evidence available to find and use resources and to effectively deliver services. An important contribution of WHO within this context is the development of the necessary tools and evidence to ensure that resources are targeted efficiently and equitably to the population and particularly the poor. This grant to the normative work of the WHO Evidence and Information for Policy (EIP) Cluster supported two of those tools: National Health Accounts and Health Financing reforms, corresponding to the HIDN core funding of those areas under other Health Policy and Systems Strengthening activities.

In addition, this grant links USAID in partnership with WHO and other donors on issues related to health system performance improvement that go beyond the specific activities delineated in the grant agreement.

II. Key Life of Project Results, Progress to Date in Achieving these Goals:

| Objective | Progress to Date | Progress in the last year | Expected progress in the next year |
|--|---|---|---|
| National Health Accounts | --Production of NHA summary tables for WHR --drafting NHA Producers Guide --Preparation of WHO Global NHA web site | --Published NHA Producer’s Guide --Held NHA producer’s workshop --Developed Global NHA website | --NHA tool for creating expenditure information in sustainability plans --Support to regional training and research on NHA |
| Health Financing – Distribution of health expenditure and financial protection | --Developing evidence-based tools to identify characteristics of households facing impoverishment from catastrophic expenditure | --Prepared draft tool to identify readily available household income and expenditure surveys for subnational analysis of families facing impoverishment | --Support to regional testing, training, and research on health financing tools and policies for identifying characteristics of those facing impoverished |

III. Implementation Problems/Constraints, Actions Planned to Resolve Them:

No issues

IV. Strategic Activities and Results to be Achieved in FY 04:

VI. Budget Request FY 04:

Total: \$100,000

PORTFOLIO REVIEW

Project Title/Activity: Quality Assurance/Workforce Dev
Project Number: 936-3104.05
CTO: James Heiby

I. Discuss the Activity's Role in GH/HIDN Results Framework:

In order to be effective, most of the services supported by HIDN require that large number of providers follow evidence-based guidelines. Evaluations consistently show that providers fall far short of guidelines, despite training. The field of modern quality improvement directly addresses the wide range of health systems factors that lower provider performance. QA/WD adapts methodologies from this field for use in developing country health systems and promotes their institutionalization as an integral part of health care.

An important set of factors that also affect the quality and availability of health care is related to the planning and management of human resources. There is a growing consensus that human resources represents a major weakness of virtually every developing country health system, directly affecting each HIDN strategic objective. The growing demand for human resources to deal with HIV/AIDS-related care threatens to undermine other health services. With limited resources, QA/WD focuses on expanding the extremely small evidence base in this field.

II. Key Life of Project Results, Progress to Date in Achieving these Goals:

Major End of Project Objectives:

1. Support the institutionalization of modern quality assurance programs in 10 large-scale health programs.
2. Expand the evidence base for the development of the health workforce through 15 studies.
3. Improve the cost-effectiveness and sustainability of quality assurance programs through research (35 studies), evaluation (including 8 evaluations of QA programs), and dissemination of knowledge (including 15 case studies, Internet web site, 5 publications in peer-reviewed journals.)
4. Provide technical leadership in improving health care quality and the development of the health workforce (including 10 technical collaborations with international organizations, 10 presentations at international conferences, 8 technical reviews, 15 consultations for CAs and international organizations, 5 policy level seminars on QA and HRM.)
5. Document the application and results of 10 distinct quality improvement interventions in each of 9 programs.

Progress to date (essentially first year of project—second year started July 1, 2003):

Institutionalization

- Large scale, organized quality improvement activities are being carried out by ordinary service providers in South Africa, Nicaragua, Honduras, Rwanda, Russia, Ecuador, and Eritrea.
- In Russia, 48 organized quality improvement teams are active in 23 Oblasts and 10 Raions in Moscow Oblast, addressing 16 different health issues.

- In Honduras, project support for the National QA Unit is extending the program to most of the regions of the country.
- In Nicaragua, QA activities are under way in 9 of 16 local health systems, addressing EOC, RH, perinatal mortality reduction and pediatric hospital care (based on the WHO IMCI standards.)
- In S. Africa, the QA program is active in all 20 public hospitals and 150 clinics in Mpumalanga Province and in 8 hospitals and 45 clinics in KZN.

Workforce

- In Zambia, the project carried out a ground-breaking national study of the impact of HIV/AIDS on the health workforce, addressing the time devoted to different services and measuring the quality of the services, including counseling. The study also examined the relative performance of different categories of providers and showed no relationship between performance and length of HIV related training.
- In Eritrea, the project conducted a detailed assessment of the activities of hospital nursing staff. Rather than showing the expected shortage of staff, the study identified pervasive inefficiencies in the management of available staff.
- In Kenya, the project initiated scaling up of low-cost strategy to improve malaria treatment by drug sellers. Smaller scale efforts showed impact on both supplier and consumer.
- Study of competency of “skilled attendants” in 3 countries showed scores of about 50% for basic EOC knowledge and skills; active management of 3rd stage: 14%

Improve QA

- A study showing impact of a low cost job aid on patient adherence to pneumonia treatment in Niger was published.
- The project published 13 papers in a special supplement to the International J. for Quality in Health Care.
- Extensive upgrades to web site, www.qaproject.org
- The project is recognized as the world leader in adapting the US model for improvement collaboratives for middle- and low-income countries. This model leverages a small role for external consultants to 1) accelerate the pace of improvement, and 2) provide a framework for scaling up improved practices. Activities under way include:
 - Second phase expansion in Russia (see above)
 - Collaborative improvement and scaling up of HIV/AIDS care in Rwanda
 - First such intervention
 - 18 sites covering all provinces
 - 9 international organizations
 - MOH-endorsed plan for national coverage by 2008
 - Rwanda malaria case management collaborative
 - Baseline: 29% infants and children treated according to national guidelines
 - LAC Regional Collaborative to scale up EOC in 3 countries
 - Pediatric Hospital Improvement collaborative begun in Eritrea, Niger, and Nicaragua
 - Joint effort with WHO/CAH
 - Most detailed baseline assessment of hospital quality to date
 - Eritrea: 74% of children receive deficient care

Technical Leadership

- Active collaborations with ACTMalaria, Global Polio Eradication program; ITAC; MAQ; and at WHO, CAH, Chronic Care Model development; DG advisory group on 3X5 care strategy and human resources strategy

- Computer based training: WHO/IMCI revision; Bolivia TB program evaluation
- Multiple presentations at ISQua, European Forum (co-chairman), IUALTLD, APHA, GHC, ICSBHS, MAQ, White Ribbon Conf.
- Academic courses at JHU, Harvard; materials used at Tulane, Moscow Medical Academy, Makerere, others
- Produced guidelines for Global Commission on the quality of laboratory containment of the polio virus
- Published results of the first study to evaluate the health impact of hospital accreditation
- Conducted the first systematic review of current infant feeding practices in PMTCT programs in 17 countries, for distribution by WHO and UNICEF with new guidelines
- American Society for Quality requested permission to adapt and disseminate project QI monograph

Document Improvement

- QI team efforts in hospitals in Matagalpa (Nicaragua) show declines in maternal deaths over two successive years
- Critical care processes in delivery improved in Region 2 of Honduras: correct labor monitoring rose from 34% to 94%
- Compliance with infection control standards in 14 Eritrean hospitals increased by 24% (average)
- In S. Africa, local improvements include:
 - Compliance with labor monitoring standards rose from 59 to 82%
 - Perinatal morality dropped from 49 to 31/1000
 - DOTS coverage increased from 21 to 39%
 - TB sputum conversion rate rose from 36 to 48%
- Addition of consumer education element to malaria drug seller program raised correct treatment levels to 52% vs. 10% for control area

III. Implementation Problems/Constraints, Actions Planned to Resolve Them:

- AID/W funds are divided into 8 sources, each restricted; this complicates planning and limits initiatives in cross-cutting health systems issues. Action: F.O. may encourage more flexibility, including for SO 4.
- Recently launched collaboratives have not yet produced many results. Action: Increased focus on measurement, documentation of improvement process, and dissemination in 2004.
- Limited requests for HR assistance. Action: Disseminate summary of findings from completed HR studies to inform missions; develop collaborations with other donors concerned about HR; increase emphasis on improvement interventions.
- Acceptance of role for computer-assisted training is lagging, including USAID and other donors. Action: Develop additional cost-effectiveness comparisons with traditional training. F.O. may encourage OHA to support trials of training technology as part of addressing HR crisis.
- Improvement collaborative methodology is not understood by many GH staff. Action: Develop presentations based on initial results from field applications.
- CS Fellow not yet recruited. Action: Several promising candidates have submitted applications and need to be interviewed.

IV. Strategic Activities and Results to be Achieved in FY 04:

- Extend evaluation of AIDS-related burden on the health workforce to 3 additional countries
- Initiate HR intervention studies in 3 countries

- Document both process and results from 7 improvement collaboratives
- Conduct systems analysis of model PMTCT program in S Africa
- Develop first QA program in prosthetics and orthotics, in Vietnam
- Conduct first field test of a tool to systematically incorporate QA strategies into health reform initiatives
- Develop and apply an interactive computer-based projection model for estimating human resources needs and costs under different scenarios
- Incorporate community-based and clinic-based child care into collaboratives
- Develop first TB collaborative
- Develop large scale malaria collaborative

V. Budget Request FY 04:

| | |
|------------|-------------|
| SO2 | \$900,000 |
| SO3 | \$1,400,000 |
| SO5 | \$1,500,000 |

HIDN BASELINE REPORT -- 10/03, FY04

Section I

AAD LEVEL INFORMATION

AAD Title: Health Policy and Systems Strengthening

AAD Number: 936-3104

Initial FY: 2000

Final FY: 2009

AAD End Date: 9/30/2009

Section II

ACTIVITY LEVEL INFORMATION

Activity Title: Quality Assurance and Workforce Development

CTO/TA: James Heiby

Activity Number: 936-3104.05

Contractor/Grantee: University Research Corp. International

Start Date: 6/27/02

End Date: 6/26/2007

DATE LAST MGT REVIEW: _____

Section III

BUDGET AND FINANCIAL INFORMATION (\$000)

| | Total | C O R E | | | | | FS | MAARDs | GRAND TOTAL |
|--|-------|----------|---------|---------|----------|---------|-------|--------|-------------|
| | | SO 1 POP | SO 2 MH | SO 3 CS | SO 4 HIV | SO 5 ID | | | |
| 1 Total Estimated Cost: | | | | | | | | | 43 958 |
| 2 Cumulative Obligations (Thru 9/30/02): | 4 781 | 140 | 1 275 | 1 655 | 650 | 1 050 | 3 161 | 360 | 8 242 |
| 3 Obligated (FY 03): | 2 715 | 220 | 500 | 970 | 150 | 475 | 5 135 | 515 | 8 469 |
| 4 TOTAL Obligated todate (Thru 9/30/03): | 7 496 | 360 | 2 175 | 2 626 | 800 | 1 525 | 8 296 | 919 | 16 711 |
| *5 Cumulative Expenditures = (a) + (b), thru 9/30/03: | 2 631 | 88 | 591 | 995 | 574 | 383 | 3 190 | 413 | 6 241 |
| (a) Total Vouchered: | 6264 | | | | | | | | |
| (b) Total Accruals: | | | | | | | | | |
| 6 Pipeline (as of 10/1/03): | 4 865 | 272 | 1 594 | 1 641 | 226 | 1 142 | 5 106 | 476 | 10 447 |
| *7 Expended in Past Year = (a) + (b), 10/1/02--9/30/03: | 2 422 | 85 | 534 | 915 | 548 | 336 | 3 024 | 437 | 5 883 |
| (a) Total Vouchered: | 5883 | | | | | | | | |
| (b) Total Accruals: | | | | | | | | | |
| 8 Actual Monthly Burn Rate (10/1/03--9/30/03): | 202 | 7 | 45 | 77 | 45 | 78 | 252 | 76 | 450 |
| *9 Planned Expenditures Next 12 months (10/1/03--9/30/04): | 4 865 | 272 | 1 594 | 1 641 | 226 | 1 142 | 5 106 | 476 | 10 447 |
| 10 Planned Monthly Burn Rate (10/1/03--9/30/04): | 405 | 23 | 132 | 137 | 19 | 95 | 426 | 40 | 871 |
| 11 Months Funding After 10/1/03: | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |

* Cooperating agency/grantee/contractor to complete lines 5, 5a, 5b, 7, 7a, 7b and 9 only.
 Shaded areas NOT to be filled in by cooperating agency, grantee, or contractor.
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PORTFOLIO REVIEW

Project Title/Activity: Data for Decision-Making Project: New
Technical Assistance IQC
(MEDS/POPTECH)
Project Number: 936-3098
CTO: TBD (HIDN and/or PRH)

Illustrative areas of emphasis include: community mobilization; reaching adolescents; involving non-governmental organizations (NGOs); policy and advocacy; scaling-up interventions

I. Discuss the Activity's Role in BGH/HIDN Results Framework:

The purpose of this Project is to provide the Bureau for Global Health (GH), Regional Bureaus, and USAID field missions with the necessary technical expertise to design, manage, and evaluate program activities which contribute to the Agency's Strategic Objectives in the health goal area. The Project also will provide GH with the ability to subcontract with universities, not-for-profit and for-profit organizations to obtain short-, medium-, and long-term technical services of key experts to support areas of strategic interest to the Bureau and other parts of the Agency, and the ability to hire technical experts to provide technical leadership and support to these and other areas within USAID.

II. List Key Life of Project Results and Discuss the Progress to Date in Achieving These Goals:

Provide project technical assistance in the areas of health sector assessments, program designs, and evaluations and logistical and technical support to research, review and disseminate assistance.

III. Highlight Implementation Problems/Constraints and Actions Planned to Resolve Them (Note Front Office Attention When Appropriate):

This initiative is intended to be an FY04 procurement and that the Data for Decision-making AAD will be amended to increase ceiling and time sufficient to do this work.

Administrative items to be accomplished:

- Finalize all needed documentation (AAD amendment, single award justification, budget)
- Do the final review of the budget by GH senior staff
- Complete the Project RFP
- Receive and review proposals
- Select contractor
- Manage Project start-up
- Initiate initial activities

IV. List the Strategic Activities and Results to be Achieved in FY04:

(In Procurement)

V. Budget Request FY04

SO2: \$250,000

SO3: \$750,000

SO5: \$750,000

HIDN BASELINE REPORT -- 10/03, FY04

Section I

AAD LEVEL INFORMATION

AAD Title Child Health

AAD Number: 936-3096

Initial FY: 1998

Final FY: 2008

AAD End Date: 9/30/2008

Section II

ACTIVITY LEVEL INFORMATION

Activity Title: Monitoring, Evaluation and Design Support (MEDS)

CTO/TA: Bob Emrey

Activity Number: 936-3096.01

Contractor/Grantee: LTG Associates, Inc.

Start Date: 1/11/99

End Date: 1/10/2004

DATE LAST MGT REVIEW: _____

Section III

BUDGET AND FINANCIAL INFORMATION (\$000)

| | C O R E | | | | | | FS | MAARDs | GRAND TOTAL |
|---|---------|----------|---------|---------|----------|---------|-------|--------|-------------|
| | Total | SO 1 POP | SO 2 MH | SO 3 CS | SO 4 HIV | SO 5 ID | | | |
| 1. Total Estimated Cost: | | | | | | | | | 10,000 |
| 2. Cumulative Obligations (Thru 9/30/02): | 5,381 | 0 | 1,546 | 2,560 | 0 | 1,175 | 2,107 | 2,254 | 9,742 |
| 3. Obligated (FY 03): | 100 | 0 | 50 | 0 | 0 | 50 | 0 | 66 | 156 |
| 4. TOTAL Obligated to date (Thru 9/30/03): | 5,481 | 0 | 1,596 | 2,560 | 0 | 1,225 | 2,107 | 2,320 | 9,908 |
| *5. Cumulative Expenditures = (a) + (b), thru 9/30/03: | 5,369 | 0 | 1,525 | 2,560 | 0 | 1,184 | 1,754 | 2,012 | 9,135 |
| (a) Total Vouchered: | | | | | | | | | |
| (b) Total Accruals: | | | | | | | | | |
| 6. Pipeline (as of 10/1/03): | 112 | 0 | 71 | 0 | 0 | 31 | 353 | 308 | 774 |
| *7. Expended in Past Year = (a) + (b), 10/1/02--9/30/03: | 589 | 0 | 399 | 348 | 0 | 242 | 663 | 85 | 1,737 |
| (a) Total Vouchered: | | | | | | | | | |
| (b) Total Accruals: | | | | | | | | | |
| 8. Actual Monthly Burn Rate (10/1/03--9/30/03): | 87 | 0 | 33 | 29 | 0 | 20 | 55 | 7 | 145 |
| *9. Planned Expenditures Next 12 months (10/1/03--9/30/04): | 113 | 0 | 71 | 0 | 0 | 42 | 353 | 306 | 774 |
| 10. Planned Monthly Burn Rate (10/1/03--9/30/04): | 9 | 0 | 6 | 0 | 0 | 4 | 29 | 26 | 65 |
| 11. Months Funding After 10/1/03: | 12 | #011/01 | 12 | #011/01 | #011/01 | 12 | 12 | 12 | 12 |

* Cooperating agency/grantee/contractor to complete lines 5, 5a, 5b, 7, 7a, 7b and 9 only
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