

## **SPS Activity and Product Status Report**

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

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Project Year 2 Quarter 1

October-December 2008



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Strengthening Pharmaceutical Systems Program  
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## **About SPS**

SPS works in more than 20 developing and transitional countries to provide technical assistance to strengthen pharmaceutical and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

## **Recommended Citation**

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## ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ADDO	accredited drug dispensing outlet
ADR	adverse drug reaction
ADT	ARV Dispensing Tool [MSH]
AHSEP	Afghanistan Health Services Enhancement Project
AIDS	acquired immunodeficiency syndrome
ALCO	Abidjan to Lagos Corridor Organizations
APR	annual progress report
AQ	amodiaquine
APR	annual progress report
ART	antiretroviral therapy
AS	artesunate
AWARE	Action for West Africa Region
CAMERWA	Centrale d'Achat des Médicaments Essentiels du Rwanda (CMS of Rwanda)
CBO	community-based organization
CMS	Central Medical Store
COP	chief of party
CPDS	Coordinated Procurement and Distribution System
DTC	Drug and Therapeutics Committee
EML	essential medicines list
EU	European Union
FDC	fixed-dose combination
FEFO	first expiry, first out
FHI	Family Health International
FY	fiscal year
GDF	Global Drug Facility
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoB	Government of Bangladesh
GoK	Government of Kenya
HBC	home-based care
HIV	human immunodeficiency virus
HMM	home management of malaria
HSSP	Health Systems and Services Strengthening system
IC	infection control
ICAT	Infection Control Assessment Tool
IEC	information, education, and communication
INRUD	International Network for Rational Use of Drugs
IPT	intermittent prevention treatment
IRS	indoor residual spraying
JSI	John Snow, Inc.
M&E	monitoring and evaluation
MDR	multidrug resistant
MIS	management information system
MoH	Ministry of Health

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MoHSW	Ministry of Health and Social Welfare (Swaziland)
MoPH	Ministry of Public Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MTP	Monitoring, training, planning (methodology)
NASCOP	National AIDS and STD Control Program
NDTC	National Drug and Therapeutics Committee
NGO	nongovernmental organization
NMCP	National Malaria Control Program (Senegal)
NSP	National Strategic Plan (South Africa)
PCI	Pharmaceutical Control and Inspection [Namibia]
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PM	pharmaceutical management
PMI	President's Malaria Initiative
PMIS	pharmaceutical management information system
PMTCT	prevention of mother-to-child transmission
PSI	Population Services, International
PV	pharmacovigilance
QA	quality assurance
RBM	Roll Back Malaria
RDT	rapid diagnostic test
REACH	Rural Expansion of Afghanistan's Community-based Healthcare
RH	reproductive health
RMU	rational medicine use
RPM Plus	Rational Pharmaceutical Management Plus
SCMS	Supply Chain Management System
SOW	statement of work
SPS	Strengthening Pharmaceutical Systems (Program)
STG	standard treatment guideline
STI	sexually transmitted infections
TA	technical assistance
TB	tuberculosis
TBCAP	TB Control Assistance Program
TOR	terms of reference
TOT	training of trainers
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNION	International Union Against Tuberculosis and Lung Disease
URC	University Research Co.
USAID	U.S. Agency for International Development
USG	United States Government
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis

## FINANCIAL INFORMATION

### **Strengthening Pharmaceutical Systems Program Fiscal Data: October 1, 2008 – December 30, 2008 GHN-A-00-07-00002-00**

On June 29, 2007, Management Sciences for Health was awarded the SPS leader with associate cooperative agreement. The cumulative obligation for SPS currently stands at US\$84,307,090.

MSH tracks and reports expenditures by source of funding (Global or Core and Field Support, by Bureau, Region, and Country). MSH further subdivides Global or Core expenditures based on the various Program Elements designated by USAID when funding is received (e.g., Maternal Child Health (MCH) [and sub-elements Antimicrobial Resistance (AMR), Child Survival and Reproductive Health], HIV/AIDS, Tuberculosis (TB), Malaria and Other Public Health Threats (OPHT)).

The Fiscal Data chart shows the Year 1 through Year 2 obligations, cumulative funds obligated, quarter one of Year 2 expenditures, in addition to the cumulative to-date (June 29, 2007, to December 31, 2008) expenditures of US\$33,979,586 by funding source.

The SPS leader with associate cooperative agreement stipulates that MSH should cost-share an amount not less than US\$7,375,000 over the life of the program (5% of actual total activity costs). As of December 31, 2008, SPS continues to reach this cost-share requirement, generating US\$2,790,205 in non-Federal funding, within the technical scope of work for SPS.

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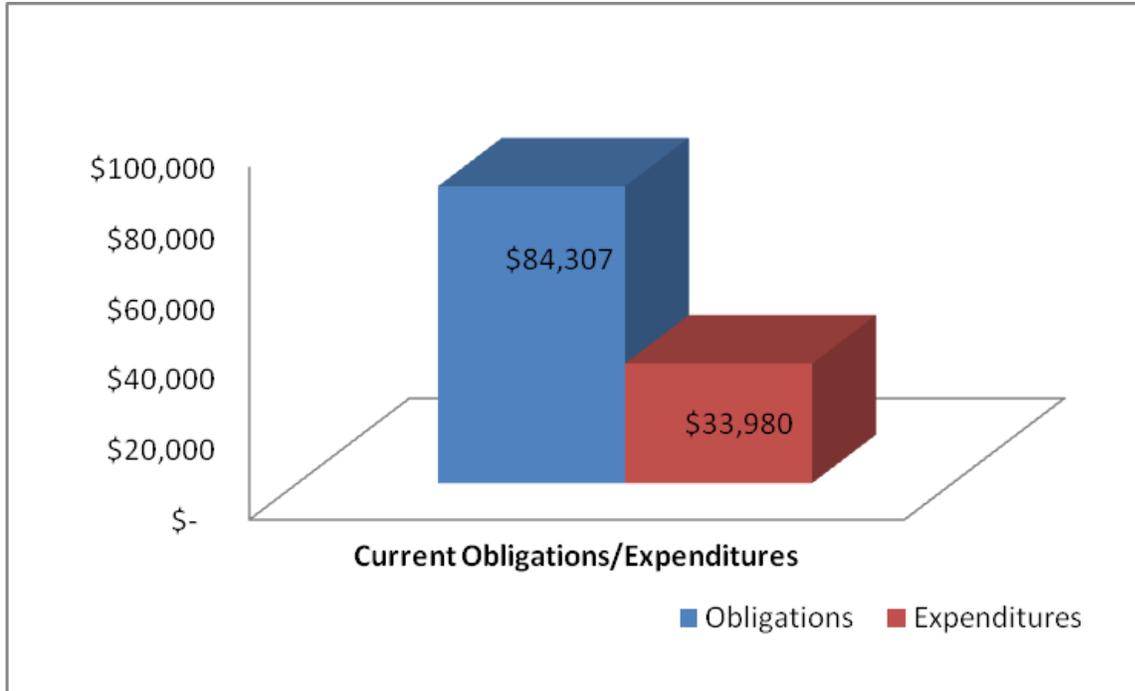
**Strengthening Pharmaceutical Systems Program  
Fiscal Data: Fiscal Year 08, Quarter 1  
GHN-A-00-07-00002-00**

Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Cumulative Obligated 31-Dec-2008	Q1 Expenditures Oct-Dec 2008	Grand Total Spent 31-Dec-2008	Grand Total Remaining 31-Dec-2008
<b>Worldwide/Core</b>							
MCH (Child Reproductive Health)	AMR Core	\$ 998,000	\$ 800,000	\$ 1,798,000	\$ 108,024	\$ 747,871	\$ 1,050,129
	Core	\$ 1,010,000	\$ 1,110,400	\$ 2,120,400	\$ 201,578	\$ 810,017	\$ 1,310,383
	Common Agenda	\$ 861,262	\$ 664,809	\$ 1,525,871	\$ 136,405	\$ 740,551	\$ 785,320
	Malaria	\$ 200,000	\$ 400,000	\$ 800,000	\$ 64,265	\$ 270,865	\$ 329,135
	TB	\$ 1,217,000	\$ 1,300,000	\$ 2,517,000	\$ 334,237	\$ 1,225,137	\$ 1,291,863
	POP			\$ -			\$ -
<b>Worldwide/Core Subtotal</b>		<b>\$ 4,286,262</b>	<b>\$ 4,275,009</b>	<b>\$ 8,561,271</b>	<b>\$ 844,509</b>	<b>\$ 3,794,441</b>	<b>\$ 4,766,830</b>
	Core	\$ 4,286,262	\$ 4,275,009	\$ 8,561,271	\$ 844,509	\$ 3,794,441	\$ 4,766,830
0							
	Afghanistan		\$ 4,500,000	\$ 4,500,000	\$ 219,479	\$ 430,356	\$ 4,069,644
	Angola-PMI		\$ 500,000	\$ 500,000	\$ 104,589	\$ 205,769	\$ 294,231
	Angola - HIV/AIDS			\$ -			\$ -
<b>Angola Subtotal</b>		<b>\$ -</b>	<b>\$ 500,000</b>	<b>\$ 500,000</b>	<b>\$ 104,589</b>	<b>\$ 205,769</b>	<b>\$ 294,231</b>
	Bangladesh-POP			\$ -			\$ -
	Bangladesh-MCH/CSMH			\$ -			\$ -
<b>Bangladesh Subtotal</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
	Benin-PMI		\$ 700,000	\$ 700,000	\$ 139,515	\$ 258,809	\$ 441,191
	Brazil - TB	\$ 400,000	\$ 978,000	\$ 1,378,000	\$ 141,742	\$ 521,595	\$ 856,405
	Burundi-PMI			\$ -			\$ -
	DCHA/OFDA (BHR/OFDA)	\$ 100,000		\$ 100,000	\$ -	\$ -	\$ 100,000
	Democratic Rep. Of Congo	\$ 350,000	\$ 2,200,000	\$ 2,550,000	\$ 177,277	\$ 526,694	\$ 2,023,306
	Dominican Republic - TB	\$ 300,000	\$ 250,000	\$ 550,000	\$ 59,859	\$ 165,368	\$ 384,632
	East Africa Regional	\$ 75,000	\$ 50,000	\$ 125,000	\$ 9,615	\$ 50,350	\$ 74,650
	Ethiopia - PEPFAR	\$ 2,950,000	\$ 4,130,000	\$ 7,080,000	\$ 2,168,505	\$ 2,294,206	\$ 4,785,794
	Ethiopia - PMI		\$ 715,000	\$ 715,000	\$ 44,930	\$ 53,246	\$ 661,754
<b>Ethiopia Subtotal</b>		<b>\$ 2,950,000</b>	<b>\$ 4,845,000</b>	<b>\$ 7,795,000</b>	<b>\$ 2,213,434</b>	<b>\$ 2,347,451</b>	<b>\$ 5,447,549</b>
	Europe and Eurasia-TB		\$ 616,800	\$ 616,800	\$ 51,355	\$ 51,355	\$ 565,245
	Ghana - PMI		\$ 600,000	\$ 600,000	\$ 118,605	\$ 249,848	\$ 350,152
	Guatemala MAARD		\$ 200,000	\$ 200,000	\$ 15,124	\$ 16,572	\$ 183,428
	India-HIV/AIDS	\$ 150,000		\$ 150,000			\$ 150,000
	LAC - AMR/SAIDI-TB		\$ 81,000	\$ 81,000	\$ 6,389	\$ 6,389	\$ 74,611
	LAC - MAL/AMI-MAL	\$ 725,000	\$ 800,000	\$ 1,525,000	\$ 169,239	\$ 451,520	\$ 1,073,480
	Liberia - PMI	\$ 150,000	\$ 300,000	\$ 450,000	\$ 87,862	\$ 197,794	\$ 252,206
	Madagascar - PMI		\$ 400,000	\$ 400,000	\$ 80,589	\$ 128,205	\$ 271,795
	Malawi - PMI	\$ 400,000	\$ 550,000	\$ 950,000	\$ 152,416	\$ 797,134	\$ 152,866
	Malawi - PEPFAR	\$ 230,993	\$ 500,000	\$ 730,993	\$ 76,714	\$ 76,714	\$ 654,279
<b>Malawi Subtotal</b>		<b>\$ 630,993</b>	<b>\$ 1,050,000</b>	<b>\$ 1,680,993</b>	<b>\$ 229,130</b>	<b>\$ 873,848</b>	<b>\$ 807,145</b>
	Mali - HIV/AIDS		\$ 100,000	\$ 100,000	\$ -	\$ -	\$ 100,000
	Mali - MAL/PMI MAARD	\$ 299,999	\$ 450,000	\$ 749,999	\$ 192,847	\$ 293,017	\$ 456,982
	Mali - POP	\$ 516,794	\$ 233,386	\$ 750,180	\$ -	\$ -	\$ 750,180
<b>Mali Subtotal</b>		<b>\$ 816,793</b>	<b>\$ 783,386</b>	<b>\$ 1,600,179</b>	<b>\$ 192,847</b>	<b>\$ 293,017</b>	<b>\$ 1,307,162</b>
	Regional Development Mission/Asia	\$ 463,280	\$ 300,000	\$ 763,280	\$ 122,959	\$ 243,235	\$ 520,045
	West Africa Regional (WARP)	\$ 500,000	\$ 100,000	\$ 600,000	\$ 121,133	\$ 490,709	\$ 109,291
	Kenya - PEPFAR	\$ 6,150,000	\$ 5,500,000	\$ 11,650,000	\$ 1,422,243	\$ 4,893,363	\$ 6,756,637
	Kenya - POP		\$ 1,300,000	\$ 1,300,000	\$ -	\$ -	\$ 1,300,000
	Kenya - KEMSA	\$ 1,950,000		\$ 1,950,000	\$ 59,743	\$ 1,948,329	\$ 1,671
	Kenya - Malaria	\$ 1,250,000	\$ 1,622,500	\$ 2,872,500	\$ 470,360	\$ 1,140,877	\$ 1,731,623
	Kenya - MCA	\$ 2,000,000	\$ 2,275,000	\$ 4,275,000	\$ 348,864	\$ 1,307,717	\$ 2,967,283
<b>Kenya Subtotal</b>		<b>\$ 11,350,000</b>	<b>\$ 10,697,500</b>	<b>\$ 22,047,500</b>	<b>\$ 2,299,211</b>	<b>\$ 9,290,285</b>	<b>\$ 12,757,215</b>
	Namibia - PEPFAR	\$ 3,497,446	\$ 3,924,426	\$ 7,421,872	\$ 697,418	\$ 3,858,723	\$ 3,563,149
	Rwanda - PEPFAR	\$ 2,300,000	\$ 760,000	\$ 3,060,000	\$ 503,092	\$ 2,406,769	\$ 653,231
	Rwanda - PMI	\$ 987,000	\$ 100,000	\$ 1,087,000	\$ 248,763	\$ 1,068,782	\$ 18,218
<b>Rwanda Subtotal</b>		<b>\$ 3,287,000</b>	<b>\$ 860,000</b>	<b>\$ 4,147,000</b>	<b>\$ 751,856</b>	<b>\$ 3,475,551</b>	<b>\$ 671,449</b>
	Senegal - PMI	\$ 175,000	\$ 250,000	\$ 425,000	\$ 37,876	\$ 208,583	\$ 216,417
	Senegal - TB	\$ 50,000	\$ 50,000	\$ 100,000	\$ 22,153	\$ 48,189	\$ 51,811
<b>Senegal Subtotal</b>		<b>\$ 225,000</b>	<b>\$ 300,000</b>	<b>\$ 525,000</b>	<b>\$ 60,029</b>	<b>\$ 256,772</b>	<b>\$ 268,228</b>
	South Africa, Republic Of - PEPFAR	\$ 3,600,000	\$ 5,412,600	\$ 9,012,600	\$ 608,453	\$ 2,816,367	\$ 6,396,233
	Lesotho-PEPFAR	\$ 300,000	\$ 538,378	\$ 838,378	\$ 109,772	\$ 367,814	\$ 470,564
	Swaziland-PEPFAR	\$ 525,000	\$ 600,000	\$ 1,125,000	\$ 116,244	\$ 194,346	\$ 930,654
	Southern Sudan-MAL	\$ 800,000	\$ 1,000,000	\$ 1,800,000	\$ 214,659	\$ 955,597	\$ 844,403
	Southern Sudan-MCH			\$ -			\$ -
<b>Southern Sudan Subtotal</b>		<b>\$ 800,000</b>	<b>\$ 1,000,000</b>	<b>\$ 1,800,000</b>	<b>\$ 214,659</b>	<b>\$ 955,597</b>	<b>\$ 844,403</b>
	Tanzania - PEPFAR	\$ 550,000	\$ 413,417	\$ 963,417	\$ 175,245	\$ 829,222	\$ 134,195
	Tanzania - PMI	\$ 100,000	\$ 200,000	\$ 300,000	\$ 62,581	\$ 291,380	\$ 8,620
<b>Tanzania Subtotal</b>		<b>\$ 650,000</b>	<b>\$ 613,417</b>	<b>\$ 1,263,417</b>	<b>\$ 237,827</b>	<b>\$ 1,120,601</b>	<b>\$ 142,816</b>
	Uganda - PMI	\$ 320,000	\$ 380,000	\$ 700,000	\$ 106,239	\$ 540,206	\$ 159,794
	Ukraine - TB			\$ -			\$ -
	Vietnam-PEPFAR			\$ -			\$ -
<b>Grand Total</b>		<b>\$ 32,165,512</b>	<b>\$ 43,580,307</b>	<b>\$ 75,745,819</b>	<b>\$ 9,462,451</b>	<b>\$ 30,185,145</b>	<b>\$ 45,560,674</b>
<b>ACF Surplus/(Deficit)</b>							
<b>Grand Total</b>		<b>\$ 36,451,774</b>	<b>\$ 47,855,316</b>	<b>\$ 84,307,090</b>	<b>\$ 10,306,960</b>	<b>\$ 33,979,586</b>	<b>\$ 50,327,504</b>

**Strengthening Pharmaceutical Systems Financial Status Overview**  
**Cumulative Expenditure activity through December 31, 2008**

Total Funding Received to Date: \$ 84,307,090  
Total Amount Spent to Date: \$ 33,979,586  
Pipeline \$ 50,327,504

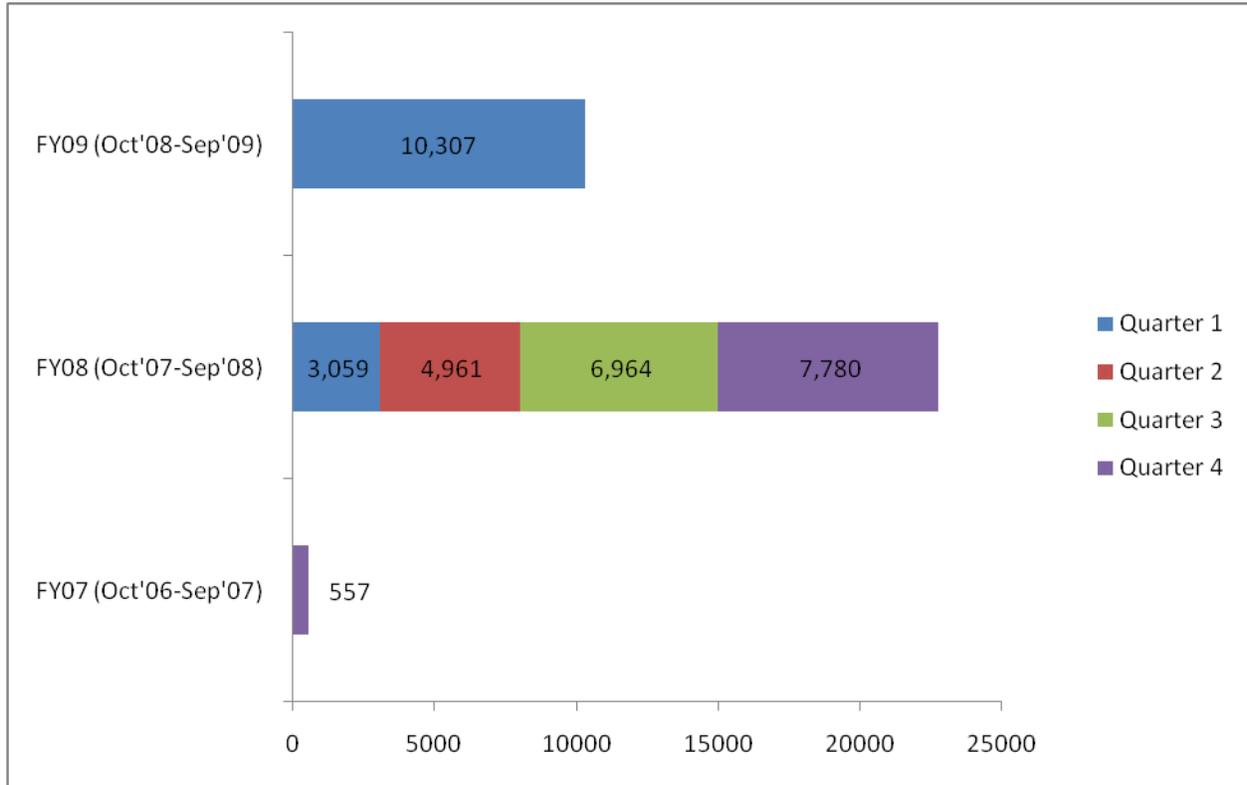
Percent of Funds Spent 40.30%



Cost Share Earned to Date: \$2,790,205  
Target Cost Share Amount \$7,375,000

Percent of Cost Share Realized 37.85%

**SPS Program Expenditures through December 31, 2008 (in 1,000s \$)**



## GLOBAL PROGRAMS

### Antimicrobial Resistance

**Workplan:** AMR    **Year** 08

**Funding Level:** \$800,000.00

#### Workplan Background

Diseases such as tuberculosis, malaria, sexually transmitted infections (STIs), bacterial dysentery, typhoid, and pneumonia are no longer as readily manageable with available first-line antimicrobial agents as they were only a few decades ago. This is due to antimicrobial resistance (AMR) that is threatening all the countries of the world as an extremely serious public health problem. Even for HIV/AIDS treatment, drug resistance is already a major concern. While all countries are being affected, the impact is greatest in developing countries due to the financial, technical and management challenges involved in responding to such a complex problem. In 2001, the World Health Organization (WHO) published The Global Strategy for Containment of Antimicrobial Resistance. This key document provides an operational framework and a comprehensive set of containment-related interventions that reflect AMR's multifactorial nature. However, countries have been slow to set the strategy into operation, particularly in resource-constrained settings. As global health initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and the President's Emergency Plan for AIDS Relief (PEPFAR) increase the flow of medicines to developing countries, the urgency to confront the potential for the accelerated development of resistance increases. Counting primarily on new antimicrobials to deal with AMR is no longer a dependable or even a viable option, as the antimicrobial development pipeline is increasingly dry.

The key emphasis should therefore be on preventing the development of AMR and preserving the effectiveness of the existing antimicrobials. More recently, an increasing number of stakeholders, including development partners, are emphasizing these strategies to combat AMR. Over the last several years, the USAID has made significant investments to address the problem of resistance. The Agency's continued priority to address this area is evidenced by the inclusion of a dedicated AMR-related intermediate result (IR3) in the SPS award made to MSH in 2007. SPS will continue to build on the efforts, experiences, and lessons of its predecessor—the Rational Pharmaceutical Management Plus (RPM Plus) Program—to increase the capacity of local stakeholders in resource-constrained countries to fight the problem of AMR. SPS will use the US\$800,000 budget received for AMR work for the period October 2008 September 2009 to address all the components of IR3, which are (1) proven institutional interventions implemented to minimize the spread of AMR, (2) AMR interventions designed and implemented to improve medicines use behaviors at the community level, and (3) innovative approaches implemented at the global and country level to mobilize resources and action to help contain the development of AMR. It will also derive guidance from the USAID AMR pathway to prioritize its actions.

SPS AMR Technical Objectives

Objective 1: Increase capacity of in-country and regional stakeholders to advocate and network for AMR containment and implement interventions to improve antimicrobial management and use at institutional and community levels. The activities that SPS will carry out during October 2008 and September 2009 to support this objective are: (1) scale up the regional level AMR advocacy recently initiated in East, Central and Southern Africa (ECSA) by strengthening collaboration with the Regional Pharmaceutical Forum (RPF), (2) work with SPS's core partner, Ecumenical Pharmaceutical Forum (EPN), to capacitate its network members to develop AMR-related messages and actions using tools developed by RPM Plus/SPS, (3) collaborate with ministries, hospitals and other groups to improve antimicrobial use in institutional settings through drug and therapeutics committees (DTCs) and other interventions, (4) help roll out the adherence measurement and improvement program in the antiretroviral therapy (ART) facilities of South Africa and start a similar initiative in Namibia, (5) utilize the unique private-sector

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platform of Accredited Drug Dispensing Outlets (ADDOs) in Tanzania to improve AMR awareness and antimicrobial use in the community, and (6) finalize the AMR module for USAID eLearning Center and make it available for global use through this portal. This objective contributes to all three AMR-related USAID IRs for SPS (3.1, 3.2, and 3.3).

Objective 2: Increase in-country stakeholders' capacity to implement interventions to improve infection prevention and control practices at health facilities and in the community SPS will continue to support wider utilization of the infection control self-assessment tool (ICAT) that has been embraced by multiple facilities in South Africa, Swaziland and Guatemala as a simple and user-friendly tool. The main focus for this workplan year will be to scale up the on-going infection control (IC) program in South Africa, and start a similar one in Namibia, and also possibly in Lesotho. An additional target is to produce a revised version of ICAT that includes an additional module on IC in tuberculosis. This objective contributes to IRs 3.1 and 3.2.

Objective 3: Increase capacity of in-country stakeholders to strengthen pharmacovigilance systems focusing on medicine safety, therapeutic ineffectiveness, and pharmaceutical product quality SPS collaborated with the University of Washington (UW), another SPS partner, to finalize a conceptual framework to guide its pharmacovigilance activities in resource-constrained countries. To facilitate the assessment-based approach recommended by this framework, SPS will work further on an existing draft of its indicator-based pharmacovigilance assessment tool and field test it. SPS will also draft a standard set of pharmacovigilance training materials adequately covering areas of medicine safety, therapeutic ineffectiveness, and pharmaceutical product quality. This objective contributes to IRs 1.1, 1.2, and 3.3.

**Activity Title:** Support local coalition building for AMR advocacy and containment at country and regional levels

**Activity Manager:** Joshi, Mohan **Activity #:** 2 **Task:** LFWW08AMR **Subtask:** 60AXP2

**Activity Description:** In FY08, the USAID core-supported AMR portfolio as well as USAID East Africa-supported regional SPS portfolio will primarily work with national and facility-level drug and therapeutics committees (DTCs) to advance this RPF-AMR initiative. These DTCs will be strengthened to form a regional coalition that will build the evidence base, formulate appropriate approaches, and design interventions to control the rising tide of AMR in ECSA. Another new initiative at the regional level will be to collaborate with EPN of SPS—to organize a five-day workshop on local and regional actions to address AMR in November 2008 in Tanzania. The workshop participants will mainly be the staff of two EPN member organizations—Drug Supply Organization and Christian Health Association. SPS will orient them on AMR-related RPM Plus/SPS tools and help build their capacity to initiate local and regional coalition advocacy and actions to address the rapidly growing AMR threat. The SPS AMR portfolio will also continue a small-scale technical support for the ongoing country-level AMR advocacy and containment initiatives in Zambia and Ethiopia. For Zambia, the focus will be to continue to assist the counterparts in the University of Zambia to include topics related to AMR and RMU in the medical curriculum that is currently in an advanced stage of revision. For Ethiopia, the focus will be to provide the required technical support to the SPS Country Program as it is trying to assist the national counterparts implement AMR-related actions.

**Budget:** \$135,801.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Trip report of the SPS-EPN AMR workshop held in Moshi, Tanzania in November 2008  
SPS presentation on its regional AMR advocacy activity at FIP World Congress, Sep 2009  
Report by EPN on the SPS-EPN Regional AMR workshop in Moshi, Tanzania in Nov 2008  
SPS presentation on its regional AMR advocacy activity at FIP World Congress, Sep 2009  
SPS presentation on its support for regional AMR advocacy activity at FIP World

Congress, Istanbul, 2009

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** An AMR Workshop was conducted in Moshi, Tanzania, November 10-14, 2008. Co-organized by EPN and SPS, the workshop's objective was to build the capacity of EPN as the core partner of SPS. Both EPN and SPS worked jointly for over a month to prepare for and convene the course, which was attended by 26 participants from different EPN faith-based member organizations. The participants, who were a mix of physicians, pharmacists, drug distribution officers, and health care administrators, came from 12 countries in Africa--Cameroon, Ethiopia, Ghana, Kenya, Malawi, Nigeria, Rwanda, Sierra Leone, Tanzania, Uganda, Zambia, and Zimbabwe. The workshop emphasized coalition-building as a key strategy to generate local and regional advocacy and interventions to contain AMR. Several USAID-supported AMR tools were distributed and discussed, including those on AMR coalition-building, DTCs, infection control, and indicator-based hospital antimicrobial use study. In terms of immediate output, the participants developed many AMR key messages and action plans. They also drafted an EPN call-to-action document on AMR.

**Next Steps:** Provide follow-up technical assistance to the participants to help implement their action plans in their respective health facilities/organizations.

**Activity Title:** Support Drug and Therapeutic Committees and other rational medicines use activities in institutional settings

**Activity Manager:** Joshi, Mohan **Activity #:** 3 **Task:** LFWW08AMR **Subtask:** 60B4H3

**Activity Description:** SPS will provide technical assistance in FY08 for DTC activities in two countries--China and Afghanistan. SPS supported national stakeholders to hold three regional DTC courses in Liaoning, Shandong, and Jiangxi provinces of China and will continue the collaboration for a fourth course during this workplan year. Similarly the AMR portfolio will provide technical support to the SPS Afghanistan portfolio in creating a comprehensive multiyear RMU plan for Afghanistan, a key part of which will consist of working with the national counterparts to establish a national DTC, conduct a national DTC training course, and implement hospital DTCs in Kabul. Additionally, an interested center of excellence in Asia or Africa will be identified and engaged during this workplan year in order to move forward with the plan of co-organizing an international DTC-TOT course during FY09. This international course will be staged in collaboration with WHO. Initial indicator-based antimicrobial use studies to identify problem areas followed by focused medicines use evaluation programs can effectively remedy specific medicines use problems. SPS will promote this process in resource-constrained settings by supporting the uptake and use of its indicator-based tool for investigating antimicrobial use in hospitals. SPS will also explore other opportunities to collaborate with in-country stakeholders to advance RMU through additional proven tools and approaches.

**Budget:** \$136,852.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Trip Report of Afghanistan Drug Use Study Planning and Training (SPS/Afghanistan with technical support from Core AMR Portfolio)  
Trip report of Afghanistan DTC Training (SPS/Afghanistan with technical support from Core AMR Portfolio)

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** RMU/DTC, Afghanistan--An initial start-up visit for the Afghanistan RMU activity was conducted December 9-20, 2008. The work was funded primarily by the SPS country program with some leveraging from the core-supported AMR stream of fund. This start-up visit accomplished the following: (1) oriented the staff of SPS and MoPH/Directorate of Pharmaceutical Affairs on DTCs and RMU, (2) assisted the SPS and MoPH team with the identification of RMU activities, materials, and

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key players within the pharmaceutical sector in Afghanistan, and (3) began the process of developing operational/implementation plans to address the issues associated with RMU. During the visit, a review of all Afghanistan RMU-related documents was conducted and these were subsequently cataloged and summarized. An RMU rapid appraisal was conducted during this initial visit that will be used for conducting future RMU activities. Initial planned activities for this project include: Development of a national level DTC, review of training materials for Health Services Support Project (HSSP) to provide comments and suggestions for strengthening their RMU training activities, develop and conduct a drug use study in the public and private sectors, and conduct DTC training and a STG workshop. SPS revised, edited, and published a manual How to Investigate Antimicrobial Drug Use in Hospitals in November 2008. The final version was used for the Moshi AMR workshop held in Tanzania in November 2008.

**Next Steps:** Roll out Afghanistan RMU activity initiated in December 2008. Collaborate with WHO to stage an international DTC-TOT course in early 2010.

**Activity Title:** Provide follow-up technical assistance to participants of Drug and Therapeutic Committees and rational medicines use trainings

**Activity Manager:** Joshi, Mohan **Activity #:** 4 **Task:** LFWW08AMR **Subtask:** 60B4H4

**Activity Description:** SPS will support an active DTC/RMU follow-up program in order to maintain regular contact with the past participants and also provide them necessary desk-top technical assistance. Illustrative methods for such a desk-top support will include (1) review and revision of participants' workplans and their implementation; (2) brainstorming and encouragement; (3) document review and feedback; (4) proactive help with relevant technical materials, articles, and reports; (5) strategic communications and networking; (6) developing interviews and narratives depicting local success stories; and (7) maintaining and updating the DTC website (<http://erc.msh.org/dtc/>). Participants' accomplishments will be shared with the entire participant network through the DTC website, e-mails, telephone communications, and a newsletter. Where relevant, the AMR portfolio staff will work in close collaboration with SPS country programs to achieve better outcomes from these activities. The DTC accomplishment report will also be updated periodically. For this workplan year, SPS will mainly concentrate its follow-up activities on countries where DTC training courses have recently been conducted or will be conducted soon. These countries include Namibia, Afghanistan, and several countries (Sudan, Kenya, Tanzania, and Uganda) that were in attendance at the Uganda DTC training course in January 2008.

**Budget:** \$39,048.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** During this quarter, a former DTC-TOT participant's colleague at the Mater Hospital, Kenya, wrote and sent another Medicines Use Evaluation (MUE) report on antimicrobial prophylaxis for cesarean section at the hospital for the period January 2008 to April 2008. This was a fifth in the series and interest in continuing MUEs is strong despite change of staff in this hospital. The report evaluated the impact of the dissemination of the findings from a previous baseline and intervention on prescribing trends among ob/gyns and anesthetists. Communication with the hospital staff was maintained via e-mail and availability for technical assistance assured. A participant in 2005 DTC-TOT Course in Malaysia, Dr. Rani Fernando, Deputy Director, National Hospital of Sri Lanka, reported that DTC pilot projects started in three main hospitals in Sri Lanka-- Colombo National Hospital, Karapitiya Teaching Hospital in Galle, and Peradeniya Teaching Hospital. Follow up meetings are in progress. The participant intends to establish DTCs in all teaching and Provincial hospitals in the second phase. In the February 2007 DTC-TOT training for RPM Plus, SPS, and Ethiopia Drug Administration Agency (DACA) staff, it was clear that lack of related guidelines

hindered progress in establishing or maintaining DTCs in Ethiopia. These guidelines are also needed by DACA and SPS staff to provide follow-up technical support to hospitals throughout Ethiopia. The AMR portfolio strongly recommended developing these guidelines including a sample TOR. As a result, in September 2008, a customized guideline for the establishment of DTC in Ethiopia was developed by RPM Plus/SPS-Ethiopia and DACA with the financial support from USAID. This guideline was adapted from WHO/MSH DTC Manual 2003. 2008 DTC TRAINING COURSE, UGANDA: Two participants from Afghanistan continue to work (along with the local SPS program) to establish a national level DTC and hospital DTCs in Afghanistan. The national DTC is to be implemented in March and DTC training course is scheduled for July 2009. : After the 2008 DTC training course in Nanchang, China, the participants have taken the following actions: (1) Several hospitals re-organized their DTCs including the appointment of hospital leaders to the committee. Major changes in the DTCs included new policies and procedures that affect drug procurement, quality control, and storage. (2) In conjunction with MOH, several hospitals invited national experts to educate doctors and pharmacists on hospital RMU. Major topics discussed were antimicrobial agents, rational use and drug administration issues in hospitals. (3) Hospital prescription auditing: Clinical pharmacists from DTCs took the responsibility of prescription review in one hospital. Major prescription errors and irrational drug use were reported to hospital administrative authority and prescribers subsequently counseled. (4) Clinical pharmacist and clinical pharmaceutical service: Several tertiary hospitals appointed pharmacists to join the clinical daily work to enhance their capability for future clinical services. The clinical training will be given over one year and these pharmacists will take clinical pharmaceutical service position after the training is over. After the 2008 national DTC training course in Namibia was conducted in August 2008, much progress has been made. Some recommendations regarding strategies to implement follow-up technical support, provided by AMR portfolio to the SPS office in Namibia, was implemented. The following progress was noted: a training course has been completed in one district; IC program began in one hospital; follow-up visits were completed in 2 districts; a protocol was developed to conduct haloperidol use evaluation in 3 hospitals in Namibia. Support was provided to MSH/SPS Namibia office in the form of review and feedback to the protocol to be implemented in 2009.

**Barriers to Progress:** E-mail communication is not always effective to reach all former participants and response is limited.  
**Next Steps:** Follow-up support will continue in the form of e-mails and phone calls. Feedback through SPS country offices is another route.

**Activity Title:** Improve Community Use of Antimicrobials through the Private Accredited Dispensing Drug Outlets in Tanzania

**Activity Manager:** Joshi, Mohan **Activity #:** 5 **Task:** LFWW08AMR **Subtask:** 60C5H5

**Activity Description:** In FY08, SPS will draw from the findings of the baseline survey and design information, education, communication (IEC)/behavior change communication (BCC) materials such as posters for consumers as well as supporting materials for dispensers (such as simple sensitization materials on AMR/RMU and job aids for customer/patient counseling on antimicrobial use). These materials will be field-tested, revised, and printed, and then distributed and implemented through the ADDOs and their dispensers. The implementation process will be reinforced through the use of training and supportive supervision of the ADDO dispensers (as a part of the regular supervision/inspection activities in the district). M&E will start under this work plan year and continue in the following year, with a final dissemination of the Kilosa pilot intervention results to national stakeholders for possible rollout of the approach to other districts.

**Budget:** \$88,472.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Products Planned:** Draft IEC materials and job aids for ADDO customers and dispensers for pre-testing

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** The result of the baseline assessment was analyzed and a report drafted, which includes recommendations on the IEC/BCC approaches and materials. The materials planned include an AMR dispensing aid (guide) for ADDO staff and four IEC/BCC materials with tailored messages on AMR and antimicrobial use for ADDO dispensers and consumers. The ADDO staff will use the existing ADDO drug register and ADDO supervision tool to monitor dispensing process as well as antimicrobial medicine use-related outcome indicators during and after implementation of the intervention. Development of the identified IEC/BCC materials also started this quarter.

**Next Steps:** Complete development of IEC/BCC materials and finalize them after field testing.

**Activity Title:** Expand support to improve infection control practices in resource-constrained countries

**Activity Manager:** Joshi, Mohan **Activity #:** 6 **Task:** LFWW08AMR **Subtask:** 60E3H6

**Activity Description:** SPS's South Africa country program staff and AMR portfolio will continue collaborating with the National Department of Health (NDoH) to implement IC activities, including scaling up IC support in tuberculosis (TB). The module on TB IC will be finalized, incorporated into the Infection control Self-Assessment Tool (ICAT), and used with other ICAT materials to improve IC practices in health facilities that provide TB/HIV services. Additionally, relevant behavioral change and communication materials promoting TB IC, such as cough etiquette posters and leaflets, "Keep fresh air flowing" stickers, and videos promoting airborne precautions in health facilities will be developed and disseminated. The ongoing collaboration with NDoH and the Soul City TV program on promoting hand hygiene will be continued. Following the successful implementation of eight TOTs in different provinces in the previous work plan year, one more TOT will be conducted in the Western Cape to enhance the IC training capacity of local staff. Additional activities will include finalizing two IC documents--the national IC self-assessment tool adapted for South Africa; and the national IC manual that is currently being drafted by the University of KwaZulu Natal. The AMR portfolio will collaborate with SPS country program in Namibia also to launch IC activities as proposed in its FY08 country operational plan. The anticipated approach is to work with therapeutics committees to facilitate such activities, starting with ICAT implementation in three major health facilities, and support development of IC policies, procedures, and tools for country-wide application. In addition, SPS will work with relevant stakeholders including TBCAP to support IC in TB management.

**Budget:** \$74,128.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Trip Report of Infection Control Assessment Tool Provincial Training-of-Trainers Workshop, South Africa, May 25-June 2, 2009  
Trip Report of Implementation Workshop on Improving Hospital Infection Control Practices in Namibia, Windhoek, Namibia, August 3-6, 2009

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** The Soul City producers in South Africa have incorporated some of the hand hygiene ideas into a series that is scheduled to start broadcasting on TV and radio in early 2009. A copy of the script will be provided later. The ICAT tool and approach were presented to the Western Cape Provincial Infection Prevention and Control Committee in early December 2008. The tool and approach were well received and accepted. It was agreed to conduct an ICAT TOT for the Quality Assurance Managers at a date to be decided by the province. All ICAT modules except no. 2 (Sterilization--gloves and Sterilization--needles and syringes) were

adapted to South Africa context and 3 modules were added (TB Precautions, Renal Unit, and Transplant Unit). MSH staff participated in global health hand washing day activities in Atteridgeville to sensitize the community on proper hand hygiene.

**Next Steps:** Continue collaboration with SA Department of Health to further roll out the successfully implemented infection control activities. Initiate activities in Namibia, with a start-up implementation workshop.

**Activity Title:** Support country-level pharmacovigilance using SPS conceptual framework and operational approach

**Activity Manager:** Joshi, Mohan **Activity #:** 7 **Task:** LFWW08AMR **Subtask:** 60B2H7

**Activity Description:** SPS pharmacovigilance activities will build on work done with FY07 funding to collaborate with countries and obtain field experiences with the use of the indicator-based assessment tool. In many resource-limited countries, there is often no clear understanding of even the essential elements and basic health system-related issues that affect the safety and effectiveness of medicines. The use of the indicator-based assessment tool will assist countries to better understand their situation, identify gaps, and inform the development of relevant and feasible interventions and then prioritize them for implementation to improve in-country safety monitoring. The SPS pharmacovigilance conceptual framework and one-page flyer developed in FY07 will be printed and extensively distributed to all the SPS country programs. Feedback from the use of the concept paper and framework will be monitored. SPS will further revise the draft indicator-based assessment tool and field test it in at least one resource-limited country. With experiences from this field-test SPS will revise the tool and subsequently distribute to country programs for their use. Feedback from the country programs will inform the final revision and the publishing of the tool. In-country pharmacovigilance activities including development of standard operative procedures (SOPs), trainings, and other related technical assistance will be supported. Standard pharmacovigilance training materials will be drafted based on the outline developed under last year's work plan.

**Budget:** \$142,548.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Indicator-based Pharmacovigilance Assessment Tool: Manual for Conducting Assessments in Developing Countries  
Outline of a standard training materials package on pharmacovigilance suitable for resource-constrained countries  
Report of Assessment of Pharmacovigilance and Medicine Safety System in Rwanda  
Trip Report of Consultations on Pharmacovigilance and Medicine Safety Systems in South Africa, 2nd- 7th June, 2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Work on the indicator-based pharmacovigilance assessment tool progressed with analysis of the feedback from the 1st round of the Delphi group and development of strategies for the second and last rounds of consultations. Draft of outline for the generic training material was developed. SPS technical staff provided assistance to Rwanda towards the development of a national curriculum for medicine safety and pharmacovigilance. Progress during this quarter also included development of draft national guidelines for medicine safety surveillance for Rwanda and Namibia.

**Next Steps:** Continue drafting the details of the indicator-based pharmacovigilance assessment tool and the generic training materials.

**Activity Title:** Support ART programs to measure and improve medication adherence

**Activity Manager:** Joshi, Mohan **Activity #:** 8 **Task:** LFWW08AMR **Subtask:** 60EXH8

**Activity Description:** In FY08, the AMR portfolio staff will collaborate with SPS/South Africa to maintain

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TA to NDOH in its ongoing efforts to (1) continue the use and roll-out of the ART adherence measurement tool and adherence improvement support strategy in adult treatment settings, and (2) develop and pilot adapted versions of the tool for measuring adherence to pediatric ART and to TB treatment. With technical assistance from the SPS country office, the Namibian Ministry of Health and Social Services (MoHSS) is planning to conduct a national adherence survey to provide information on current practices and determinants of adherence to ART. The survey was earlier planned since 2006 but could not be conducted due to delays in obtaining necessary approvals. The survey findings will inform the subsequent development and implementation of national standards for monitoring and measuring adherence and national strategies for improving adherence. The AMR portfolio will provide support to SPS/Namibia to conduct the survey and subsequent development and piloting of appropriate interventions in five health facilities. The AMR portfolio staff will also work with SPS/Namibia to ensure that experiences gained from the South Africa adherence activities, including the use of the multi-method adherence measurement tool, are shared with MoHSS for potential adaptation in Namibia. In addition, SPS/Namibia has been invited by MoHSS to participate in national monitoring efforts to minimize preventable HIV drug resistance. The WHO recommends the monitoring of a feasible set of early warning indicators by ART programs at all or selected ART sites. There are plans in Namibia to utilize the ART dispensing tool (ADT) which is widely deployed and covers more than 90 percent of patients on treatment for the indicators monitoring. The AMR portfolio will collaborate with SPS/Namibia in improving the capacity of Namibia to routinely monitor these indicators.

**Budget:** \$79,326.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** The ART adherence measurement tool rollout continued in South Africa during this quarter, with 20 staff members trained on the use of the tool at Scottburgh in Kwazulu Natal Province. A section on adherence to long-term therapies and chronic care was prepared for the 2009 edition of the Primary Health Essential Medicines List (EML) which includes the adherence measurement tool developed by RPM Plus/SPS. SPS was invited to present on the planned pediatric adherence activities at the SCC meeting on the October 28, 2008. This is a forum where the MoH and the various provinces review the planned activities of USAID-funded PEPFAR projects. The presentation on developing a pediatric adherence measurement tool was well received and positive feedback has been received from the HIV/AIDS Treatment and Care Directorate.

**Next Steps:** Continue developing pediatric ART adherence measurement tool. Complete the adult ART adherence measurement tool rollout in the three remaining provinces.

**Activity Title:** Finalize AMR Module for USAID eLearning Center

**Activity Manager:** Joshi, Mohan    **Activity #:** 9    **Task:** LFWW08AMR    **Subtask:** 60F1L9

**Activity Description:** In FY08, SPS will further revise and finalize both parts of the AMR module and work with USAID INFO project to make it publicly available through the eLearning Center. Once that happens, SPS will use various communication channels to publicize the module's availability.

**Budget:** \$39,762.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

**Products Planned:** Finalized PART 1 of the AMR Module for USAID E-Learning Center. Advanced draft of PART 2 of the AMR Module.

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Further literature review and revision of the module continued during the quarter.

**Next Steps:** Finalize revision.

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## Common Agenda

**Workplan:** Common Agenda    **Year** 08

**Funding Level:** \$664,482.00

### Workplan Background

During Year 1 of the SPS Program, the USAID CTO and SPS developed a list of topics that were considered both vital and difficult to classify within a particular Health Element. The Common Agenda funding is made up of a proportion of all the separate Health Elements and, with this funding and guidance from USAID, SPS is expected to identify overarching pharmaceutical management issues that have emerged as key technical areas for SPS but are not limited to any particular Health Element. The Common Agenda also supports activities that recur each year and are essential to the programmatic expansion of SPS. These topics have been classified into the strategy areas listed below. Not all issues need to be addressed in any one year, but all need to be addressed over the lifetime of the SPS Program. Strategic Approach—Expanding access to essential medicines and health commodities. Both poor availability and irrational use of essential medicines for priority Population, Health, and Nutrition interventions in developing countries are well documented. Although product availability is only one aspect of the broader concept of access to medicines, barriers such as geographic accessibility, financial affordability, and cultural acceptability must also be addressed. For example, cost is clearly an important factor in product selection, but it should not be the exclusive criteria determining which products are purchased.

Other key factors include safety, efficacy, and medical need, as well as the total delivery system and the impact on health outcomes. In addition, inappropriate use of medicines by providers, patients, and the private sector may produce negative health outcomes. Understanding these issues and addressing them are key to ensuring access. Building increased human resources and local institutional capacity in pharmaceutical and laboratory management to improve health system performance—USAID cooperating agencies (CAs) and contractors as well as managers of health systems and programs addressing the diagnosis and treatment of malaria, TB, reproductive health, maternal and child health conditions, and HIV/AIDS and sexually transmitted infections, routinely report that the lack of medicines and their inappropriate use represent major impediments to program success. Further, programs such as PEPFAR, PMI, and other globally supported initiatives now have mandates to scale up to national levels. The need to ensure that pharmaceutical and laboratory management systems are robust enough to support expansion of these health programs presents serious challenges at all levels—national, regional, district, and health facility.

These programs and others are increasingly seeking help from pharmaceutical management experts. This increased demand can only be addressed in a sustainable way if investments in building local human resources and institutions are made. Providing technical leadership and support to global pharmaceutical management initiatives—Many important global initiatives, such as PEPFAR, PMI, Stop TB, the Global Fund, and RBM, all depend on having adequate supplies of medicines and other health products. In addition, these global initiatives all face similar challenges in scaling up these programs, particularly in the area of pharmaceutical management system strengthening. Even in countries where pharmaceutical management system strengthening efforts are making improvements, best practices, tools, and approaches often are not shared. SPS will seek to participate on major health initiatives both at global and country levels to provide technical assistance, advocate for more attention (and funding) to pharmaceutical management system strengthening, and promote donor coordination, as well as the sharing and harmonization of best practices. The work on this activity will continue through the end of the program, as appropriate.

**Activity Title:** Strengthening Local Institutions

**Activity Manager:** Keene, Douglas    **Activity #:** 5    **Task:** LFWW08CAX    **Subtask:** 60AXH5

**Activity Description:** With FY08 funding, EPN and SPS will conduct a TOT training on key SPS tools

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and target several countries for EPN implementation of the selected tools. The Infectious Diseases Institute (IDI) in Uganda will be proposed as the site for the training of EPN members. Several other regional pharmaceutical management trainings will also be coordinated and held at the IDI facilities. In addition, SPS will support the technical expansion of IDI's AIDS Treatment Information Centre (ATIC) to address broader pharmaceutical management issues. Part of the support will be to expand the scope of the ATIC newsletter (which currently has a readership of over 10,000) to include information on pharmaceutical management for other infectious diseases as well as system strengthening issues. Funding will also be provided to the Department of Pharmacy and the Department of Pharmacology and Therapeutics at Makerere University to support training, curricular reform, and operations research.

**Budget:** \$305,598.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

**Products Planned:** Training materials, conference and/or workshop proceedings

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Raise awareness about tools and approaches for identifying and addressing pharmaceutical management problems and to enhance their dissemination and application in church health institutions. The image of the AMR campaign was finalized and disseminated along with the final call to action to all the participants of the Moshi meeting and further to all the members of the network. EPN members who attended the Moshi meeting continued to be encouraged to submit information regarding AMR activities undertaken so that these can be tracked centrally. By the end of March reports on follow up activities had been received from Uganda, Kenya, Tanzania, Sierra Leone, Malawi, and Rwanda.

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## Malaria

**Workplan:** Malaria Core    **Year** 08

**Funding Level:** \$400,000.00

### Workplan Background

SPS has received FY08 malaria funds (\$300,000) to support pharmaceutical management activities. These funds will be used to provide global leadership in pharmaceutical management for malaria to USAID and the PMI as well as to other global malaria initiatives such as the RBM Procurement and Supply Management working group. This support will ensure that best practices for pharmaceutical management for malaria are disseminated appropriately, that lessons learned from the field are communicated and incorporated into policy, strategy, and implementation plans; and that this builds upon RBM and PMI partners shared goals for optimal reduction in malaria morbidity and mortality among vulnerable populations.

**Activity Title:** Provide technical leadership and support to the President Malaria Initiative

**Activity Manager:** Diara, Malick    **Activity #:** 2    **Task:** LFWW08MAL    **Subtask:** 60F4H2

**Activity Description:** The first component of the monitoring system will periodically collect data on ACT stocks at the national level. The second component will consist in monitoring on a quarterly basis the malaria medicines and commodity availability and use at the decentralized level. SPS will also prepare and disseminate periodic reports on the SPS malaria activities implemented at the global and country levels.

**USG Sub-element** Treatment with Artemisinin-Based Combination Therapies  
Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine  
Pyrimethanine  
Health Governance and Finance (Malaria)  
Program Design and Learning

**Budget:** \$70,000.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

**Products Planned:** Periodic reports & dissemination of SPS malaria activities & results

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** The SPS Program has been working closely with JSI-DELIVER project to develop PMI tools, particularly the PMI systems strengthening, end use verification tool and Procurement Planning and Monitoring Report for Malaria (PPMRm) tool. The PPMRm tool is based on PPMR originally developed by JSI-DELIVER for tracking contraceptive commodities. The End Use Verification Tool was piloted in Kenya during this quarter. The PMI end-use verification tool was adapted following country consultations with the Division of Malaria control. The pilot was carried out in 6 districts of varied malaria endemicity that were randomly selected. Additional indicators were included to suit the country.

**Next Steps:** Continue

**Activity Title:** Publish and disseminate a complete package of tools to support countries in making the full transition to ACTs

**Activity Manager:** Diara, Malick    **Activity #:** 3    **Task:** LFWW08MAL    **Subtask:** 60G2F3

**Activity Description:** SPS will promote the state-of-the-art knowledge and lessons learned related to pharmaceutical management for malaria, including proven approaches and evidence-based tools. SPS will publish and disseminate key new tools such as Policy Implementation Monitoring and Evaluation Guide.

**USG Sub-element** Treatment with Artemisinin-Based Combination Therapies  
Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine  
Pyrimethanine  
Program Design and Learning

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**Budget:** \$100,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** M&E Guide Reports  
M&E guide  
M&E guide

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** The team has been working to develop the monitoring and evaluation of ACT implementation guide. During this quarter, the guide was sent to colleagues for review and work is ongoing to incorporate comments.

**Next Steps:** Finalize the guide.

**Activity Title:** Global malaria leadership with support to the Roll Back Malaria Secretariat

**Activity Manager:** Diara, Malick **Activity #:** 5 **Task:** LFWW08MAL **Subtask:** 60F4H5

**Activity Description:** As the PSM WG working group is becoming operational, SPS will progressively reduce its involvement in co-chairing the group while maintaining its involvement in the global and regional malaria meetings to continue to ensure that pharmaceutical management issues are included and addressed in global and regional dialogue for malaria control.

**USG Sub-element** Malaria

**Budget:** \$60,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Trip and meetings reports PSMWG meeting minutes work plan, and reports

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** Participated in and contributed to RBM LLIN task force bottleneck questionnaire and presentation made during R8 signature acceleration workshop in Dakar. Planned, made final arrangements, and participated in R8 workshop (December 2008 in Dakar, Senegal). This workshop was attended by 14 countries and over 120 participants. SPS chaired several sessions, managed the PSM portion of the workshop and made 2 presentations. Follow up TA to countries for signature and implementation planned. TA for signature support identified and consultants identified for fielding in January. Workshop received good evaluation by participants. Contributed to RBM FTF proposal for funding to UNITAID. Contributed to position paper on active pharmaceutical ingredients requirements for ACTs. Developed workplan and targets for next year. Provided support to Guinea to resolve PSM bottlenecks. Planned and attended RBM Board Meeting in New Delhi, India. Contributed to report and 2 presentations for WB Booster Program Meeting. Attended RBM Harmonization Working Group (HWG) meeting in Geneva with the GFATM for R8 signature support. Met with co-chairs of RBM HWG to resolve collaboration between PSMWG and HWG for R8 workshop. Provided input into RBM conflict of Interest discussions and declaration form. Posted consultant roster on RBM website.

**Barriers to Progress:** Funding

**Next Steps:** Continue

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## Maternal and Child Health

**Workplan:** MCH (RH + CHS) Core    **Year** 08

**Funding Level:** \$1,110,400.00

### Workplan Background

Pharmaceuticals and related health supplies are essential for the successful implementation of maternal and child health (MCH) programs. The SPS Program developed a variety of tools to assess the strengths and weaknesses of pharmaceutical management systems to guide intervention development to support MCH programs. In collaboration with other key players in maternal and child health, SPS plans to apply these tools and the technical expertise developed by SPS (and previously the RPM Plus program) to implement activities geared at strengthening the pharmaceutical systems for child health programs. This includes advocating for the inclusion of pharmaceutical management concepts and activities to the global, regional, and national maternal and child health agendas of donors, ministries of health, and other organizations; and developing and implementing interventions in the private sector to increase access to medicines for MCH, as it is recognized that many sick children do not obtain treatment from the public sector. Lessons learned and the experiences from these interventions, as well as those in the public sector, will be shared and used to raise awareness of the importance of pharmaceutical management for MCH. Reflecting the many facets to MCH, SPS will consider in its activities, commodities for preventive as well as curative measures, thereby covering vaccines, supplies, micronutrients, and pharmaceuticals for case management. Within SPS itself, wherever possible, there will be leveraging and coordination of maternal and child survival activities with other SPS portfolios, particularly the malaria and HIV/AIDS portfolios. In FY08, there will continue to be a close collaboration between SPS, the BASICS project, and the POUZN in child survival, specifically in the community case management of acute respiratory infections (ARI), malaria, and diarrhea; and in private sector interventions. This collaboration will be of mutual benefit to both BASICS and SPS, improving the quality of activities on both sides and contributing to the wider inclusion of pharmaceutical management in global and country child survival activities.

**Activity Title:** TA to support the scale-up of AMSTL in Ghana

**Activity Manager:** Adeya, Grace    **Activity #:** 11    **Task:** LFWW08MCH    **Subtask:** 60FXH0

**Activity Description:** SPS conducted a nationally representative survey of the practice of AMSTL in Ghana in 2007 and a workshop was held in February 2008 to disseminate the survey's results. Several gaps related to the supply of uterotonic medicines were identified and a list of activities developed to address these gaps. SPS plans to provide TA to the Ghana MoH to address some of the identified gaps. Planned activities include the adaptation of existing SPS pharmaceutical training materials to focus on uterotonic medicines, followed by training of selected personnel in the country. SPS will also focus on developing appropriate job aids and SOPs to improve the pharmaceutical management of the uterotonics.

**USG Sub-element** Treatment of Obstetric Complications and Disabilities

**Budget:** \$93,461.00    **Start Date:** Jan/2009    **End Date:** Sep/2009

**Products Planned:** trip report

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**Reporting Period:** Year: Project Year 2    **Quarter:** Q1

**Activity Progress:** Planning began for a training workshop on pharmaceutical management which was one of the follow-up activities identified during the dissemination workshop held February 2008 during PY 1 Q2. Most of the activities in preparation for the dissemination workshop centered around identifying the elements of pharmaceutical management that would be highlighted as part of the sessions as well as preparation of the session materials. The workshop is expected to be held in Ghana during PY2 Q2.

**Next Steps:** Continue to prepare for the pharmaceutical management workshop in coordination

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with the Ghana country team.

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## Tuberculosis

**Workplan:** TB Core    **Year** 08

**Funding Level:** \$1,299,606.00

### Workplan Background

According to the WHO 2008 Global TB Report, tuberculosis remains a major public health challenge with about 9 million new cases reported every year, of which over 0.5 million are multi-drug resistant (MDR) TB cases, and the number is rising. Spreading drug resistance and the emergence of extensively drug resistant (XDR) TB thus becomes a major threat to reaching Millennium Development Goals that call for halving TB prevalence and deaths by 2015 (relative to 1990 baseline). SPS has responded to the Global Plan to Stop TB 2006 – 2015 by addressing its strategic components: the ongoing technical leadership to the Global Drug Facility and technical missions to the GDF recipient countries ensures the timely availability of quality TB medicines for expanding DOTS programs and their enhancement and prevention of drug resistant tuberculosis; SPS growing involvement with the Green Light Committee contributes to expedited delivery of second-line medicines for programmatic management of drug resistant TB (PMDRT) ; the SPS studies and tools for the management of TB/HIV related commodities supply help countries that face the challenge of the co-morbidity; the SPS electronic tool e-TB Manager contributes to health system strengthening through engaging providers at all levels, and better outcomes in managing susceptible and MDR; SPS involvement with the Stop TB Retooling Task Force and Global Laboratory Initiative prepares the ground for expedited uptake of new TB tools through the development of frameworks and implementation tools. The SPS extensive training program based on pharmaceutical management tools has contributed to strengthening human resources for DOTS and PMDRT programs, and expanding a pool of consultants capable of addressing problems with both first and second line TB medicines. SPS Technical Objectives have thus been formulated to address USAID Tuberculosis program Results Pathway and The Global Plan to Stop TB 2006 – 2015. Technical Objective will also contribute to the SPS Result Areas: Strengthen Pharmaceutical Management Systems to Support Priority Public Health Services and Interventions Improve Governance in the Pharmaceutical Sector Contain the Emergence and Spread of Antimicrobial Resistance (AMR)

**Activity Title:** Provide technical leadership to the GDF

**Activity Manager:** Zagorski, Andre    **Activity #:** 2    **Task:** LFWW08TBX    **Subtask:** 60F3H2

**Activity Description:** As part of ongoing technical activities, SPS will provide TA to the GDF operations in Geneva as requested. SPS will also provide targeted TA to the GDF countries to relieve bottlenecks with the GDF products, and participate monitoring missions. Support Technical Review Committee.

DOTS Expansion and Enhancement

**USG Sub-element** Increasing Availability of Drugs for Treatment of TB  
Program Design and Learning

**SPS Partners** GDF/GLC

**Budget:** \$225,522.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

**Products Planned:** Trip Report

**Reporting Period:** **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** In addition to the regular support provided to GDF in Geneva through SPS pharmaceutical management specialist, SPS conducted a GDF monitoring mission to the Sudan NTP which was combined with the fourth in-depth review mission organized by LHL in November 2008. During this mission, SPS assessed the Sudanese TB drug supply system in Khartoum, Sinner, and Gezira states. Conducted a one-day workshop on drug management where the draft assessment report and recommendations was issued, reviewed, and discussed. SPS also conducted a regional training workshop on TB Control Program

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Management in Warsaw, Poland, in collaboration with WHO/KNCV, November 4-12, 2008. It was attended by 25 participants from 12 countries.

**Activity Title:** Provide technical leadership to the GLC

**Activity Manager:** Zagorski, Andre **Activity #:** 3 **Task:** LFWW08TBX **Subtask:** 60F3H3

**Activity Description:** SPS will: Develop drug management section of GLC application Provide TA to the GLC technical review panel (new activity) Provide TA to GLC countries and monitoring missions Strengthen PM Capacity for FLD and SLD Increase pool of GLC/GDF consultants Provide TA to MDR TB Working Group Drug Management Sub-Committee (DMSC)

**USG Sub-element** Increasing Availability of Drugs for Treatment of TB  
Multi Drug Resistant TB  
Program Design and Learning

**Budget:** \$351,060.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Trip Report

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS updated the training material for GDF consultants to conduct drug management missions for NTP and developed a five-day course material on TB drug management. A GLC/GDF monitoring mission was conducted in Nepal during this quarter to evaluate the National TB program's adherence to terms and conditions of the grant/contract.

**Next Steps:** The training materials will be used for a workshop in Tajikistan in January 2009.

**Activity Title:** Respond to Global MDR/XDR TB Threat

**Activity Manager:** Zagorski, Andre **Activity #:** 4 **Task:** LFWW08TBX **Subtask:** 60F3M4

**Activity Description:** SPS will: Finalize field tests of e-TB Manager, make necessary revisions, and promote it via GDF/GLC mechanism In conjunction with the GDF/GLC share the experience of e-TB manager development and implementation and its impact on system strengthening and the ability of users to rapidly respond to threats of MDRTB (at the UNION world and regional TB conferences) These are ongoing activities

**USG Sub-element** Multi Drug Resistant TB  
Host Country Strategic Information Capacity

**Budget:** \$158,589.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Trip Report

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** An SPS pharmaceutical management specialist traveled to Philippines in December 2008 to discuss implementation of e-TB Manager in Philippines with partners. It was agreed to merge the ETR (existing system) and the e-TB Manager into one web-based platform which will be called the Phil e-TB Manager.

**Next Steps:** Discussions including such issues as the finalization of data entry forms and nationwide site implementation will be addressed for implement of the Phil e-TB Manager.

**Activity Title:** Provide technical leadership to StopTB and WHO

**Activity Manager:** Zagorski, Andre **Activity #:** 5 **Task:** LFWW08TBX **Subtask:** 60F3H5

**Activity Description:** As part of its ongoing activities, SPS will conduct sessions on pharmaceutical management at four WHO courses for TB consultants--Implementing STOP TB Strategy for Consultants (three courses), and WHO Training on TB/HIV Collaborative Activities, at the WHO Collaborative Center, Sondao, Italy. SPS will also facilitate sessions on pharmaceutical management for TB with a focus on drug quality assurance and M&E at the regional WHO/KNCV Course for TB Managers held in Warsaw. SPS will provide technical leadership to WHO regional Technical Advisory Groups.

**USG Sub-element** DOTS Expansion and Enhancement  
**Budget:** \$49,967.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** Trip report

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** SPS attended the Eighteenth Meeting of the TB training and Education Collaborative for the WHO European Region, November 20-21, 2008, at WHO Regional Office for Europe in Copenhagen. Meeting attendees were introduced to the e-TB Manager and discussions on potential collaboration with WHO/Euro and agreement on information sharing took place.

**Activity Title:** Strengthen Laboratory Systems

**Activity Manager:** Zagorski, Andre **Activity #:** 6 **Task:** LFWW08TBX **Subtask:** 60L1H6

**Activity Description:** SPS will provide technical leadership at the meetings of GLI at the UNION Conference and other global and regional meetings. Adapt SPS drug quantification and forecasting tools specifically to meet the needs of laboratories.

**USG Sub-element** Development of New Tools and Improved Approaches

**Budget:** \$98,953.00 **Start Date:** Oct/2008 **End Date:** Aug/2009

**Products Planned:** Trip Report

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** SPS attended the Global Laboratory Initiative working group and facilitated the one-day workshop, "Streaming TB Case, Medicine and Commodity Management Information: Strengthening Health System Response," held with GDF at the 39th IUATLD Conference in Paris in October 2008.

**Activity Title:** Disseminate SPS tools

**Activity Manager:** Zagorski, Andre **Activity #:** 7 **Task:** LFWW08TBX **Subtask:** 60G2D7

**Activity Description:** SPS will maintain the Pharmaceutical Management for TB website; upload, maintain, and continuously improve a demonstration version of e-TB Manager; and respond to requests from partners in the field for SPS tools and materials.

**USG Sub-element** DOTS Expansion and Enhancement  
Program Design and Learning

**Budget:** \$34,216.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** English and French version of Managing TB Pharmaceuticals at the Primary Level as well as English, French and Spanish versions of Managing Pharmaceuticals and Commodities: A Guide for National Tuberculosis Programs and Pharmaceutical Management for Tuberculosis Assessment Manual were disseminated during the 39th IUATLD Conference in Paris October 2008.

**Activity Title:** Field test and promote the TB/HIV commodity management assessment guide

**Activity Manager:** Zagorski, Andre **Activity #:** 8 **Task:** LFWW08TBX **Subtask:** 60F2C8

**Activity Description:** SPS will field test this tool in three countries. Results of field tests will be published and disseminated at regional and international conferences as a means to promote the tool and to bring attention to the challenges/solutions associated with appropriate management of TB/HIV preventive and curative medicines.

**USG Sub-element** Improve Management of TB/HIV

**Budget:** \$149,859.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** The development of the assessment guide is still ongoing.

**Next Steps:** Finalization and review of the guide.

**Activity Title:** Provide technical leadership to the Retooling Task Force

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**Activity Manager:** Zagorski, Andre **Activity #:** 9 **Task:** LFWW08TBX **Subtask:** 60F3H9

**Activity Description:** SPS will continue to support TFR and will: Provide technical leadership to Retooling Task Force meetings (two meetings per year, assuming trips to Geneva and/or Union Conference meeting site) to build on assistance that started with development of framework document, stakeholder engagement plan, and customizing checklists for retooling diagnostics. Support the Retooling Task Force to develop three checklists for retooling diagnostics: changing to revised case definition of a sputum smear positive TB case, reducing the number of specimens investigated for suspected TB; and introducing line-probe assays for MDR-TB screening. Support Retooling Task Force technical activity at the annual Union Conference, to be determined. Provide support to unplanned Retooling Task Force opportunity. Technical activity (TBD) at annual Union Conference on Lung Health;

**USG Sub-element** Development of New Tools and Improved Approaches

**Budget:** \$150,933.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS produced 900 CDs that were distributed at the 39th UNION Conference in Paris, France, 2008. CDs contained the RTF framework and publications and WHO retooling documents. SPS presented on "Retooling for Tuberculosis control" as part of the workshop on "Streamlining TB Case, Medicine and Commodity Management Information: Strengthening Health System Response" organized by GDF and SPS.

**Next Steps:** SPS will continue to support the RTF as requested

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## REGIONAL PROGRAMS

### East Africa (REDSO)

**Workplan:** East Africa (REDSO)    **Year** 08

**Funding Level:** \$50,000.00

#### Workplan Background

Countries in the East Central and Southern Africa Health Community (ECSA HC) region face a tremendous burden from infectious diseases, as exemplified by the high prevalence of HIV/AIDS, TB, and malaria. This is compounded by a rising incidence of non communicable diseases, which currently accounts for more than 50 percent of deaths in the region. The situation is exacerbated by inadequate pharmaceutical management systems in member states leading to frequent outages of essential medicines and medical supplies. Over the last five years, SPS, and previously RPM Plus, in continuing collaboration with ECSA HC, and funding from USAID/EA, established the Regional Pharmaceutical Forum as part of the Regional Logistics Initiative. This is a network comprising experts in various areas of pharmaceutical and clinical management whose purpose is to provide technical leadership in initiating and scaling up best practices in pharmaceutical management in the ECSA member states. The forum's work has contributed to the rationalization and establishment of a pharmaceutical program at the ECSA Secretariat to increase visibility of pharmaceutical issues and to facilitate implementation of identified and focused interventions hitherto undertaken under Health Systems Development Program. The forum has been incorporated into the ECSA organizational structure to ensure sustainability beyond the funding support. The Regional Pharmaceutical Forum has recorded various achievements, e.g., in the area of improved governance in the pharmaceutical sector, a model national medicines policy and medicines policy implementation plan have been developed to expedite member states review/development of the same. Similarly, the TWG on Promoting Rational Medicine Use will advocate for a common approach to containment of emergence and spread of AMR.

**Activity Title:** Provide technical assistance to the Regional Pharmaceutical Forum (RPF) to strengthen national DTCs to form a regional AMR coalition that will build the evidence base and appropriate interventions to control the spread of AMR in ECSA Region

**Activity Manager:** Thuo, Michael    **Activity #:** 2    **Task:** LFRD08XXX    **Subtask:** 60AXH2

**Activity Description:** SPS will support the Promoting Rational Drug Use TWG of the Regional Pharmaceutical Forum to develop informed advocacy packages to bring this public health concern to policy makers in the ECSA region. This will be done through identifying and supporting national medicines policy committees to collect current data for a review paper on AMR in the region. In addition, a workshop for the DTCs will be held to equip them in identifying potential intervention areas for AMR containment so that a common regional approach is adopted. This will facilitate these interventions to be value-added activities undertaken within existing programs. An expanded AMR package containing the ECSA Call to Action document will be developed and disseminated to stakeholders.

**Budget:** \$36,900.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Both SPS/USAID/East Africa and AMR Washington scheduled and budgeted for the workshop for the second and third quarters, PY 2. No progress on products.

**Next Steps:** Select the countries to be initially included in DTC strengthening. Plan for the Workshop.

**Activity Title:** Disseminate the findings of the third regional assessment of performance of

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pharmaceutical management systems in ECSA

**Activity Manager:** Thuo, Michael **Activity #:** 3 **Task:** LFRD08XXX **Subtask:** 60CXD3

**Activity Description:** Use of assessment tools or data will provide a mechanism for member states to monitor the performance of their pharmaceutical systems.

**Budget:** \$0.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Scheduled a workshop for February 10 for principal pharmacists of 10 ECSA member states for dissemination of findings. Developed a presentation format for country reports.

**Next Steps:** Conduct the workshop to disseminate PA tool findings.

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## **Europe and Eurasia (E&E)**

**Workplan:** Europe and Eurasia    **Year** 08

**Funding Level:** \$616,600.00

### **Workplan Background**

Tuberculosis is a serious public health threat in many countries of the Newly Independent States (NIS). Despite the efforts made by the governments and donors in scaling up the WHO-recommended diagnostic and treatment strategies, the current epidemiological situation is marked with high rates of MDR-TB, with most countries of the region reporting MDR-TB in higher than 5 percent of new cases, and in over 50 percent of previously treated cases.[1] Possible factors contributing to such situation include misdiagnosis due to poor laboratory capacity, improper prescribing and use of medicines, inadequate procurement and distribution practices resulting in potentially poor quality medicines and stock-outs. Often the exact reasons for poor outcomes of TB programs are impossible to identify because the information required for analysis and managerial decision making is not readily available. Through its USAID-funded SPS program, MSH has developed an approach and electronic web-based software that addresses strengthening of TB programs and outcomes through the implementation of an information system that pulls together all elements of DOTS strategy and supporting data bases and information flows into one comprehensive management tool. The original web-based tool was developed by MSH in 2004 in Brazil for the management of MDR-TB cases, and was later adapted and implemented in Romania and Moldova; the adaptation and implementation of the tool was also started in Ukraine in March 2008 and in the Philippines and Dominican Republic in the summer of 2008.

The core USAID FY07 funding allowed SPS to develop a generic version of the tool compatible with most data bases used for the management of all types of TB. The tool, now called e-TB Manager exists in a generic form following the WHO recommendations for managing TB and MDR/extensively drug-resistant (XDR) TB. E-TB Manager is a system strengthening tool that addresses all aspects of TB program management as follows. (1) Treatment and case management which uses online notification and follow-up, records clinical and laboratory results, tracks patients' transfers in and out of facilities, and provides data for treatment adherence and patient contact evaluation. (2) First- and second-line medicines management: provides data for medicine consumption, forecasting, ordering, distribution, and dispensing; records stock movements, and tracks medicine batch numbers at all levels. Information and surveillance management: maps TB and MDR/XDR case patterns, epidemiological indicators, resistance patterns, co-morbidities, previous treatment history, and treatment cohort results; provides surveillance reports and updated information with ready access online at central and peripheral levels. (3) Operational and clinical research: provides easy methods for analyzing collected data, evaluating treatment costs, and exporting data to other statistical programs.

In FY09, SPS will use USAID Europe and Eurasia Bureau funding to strengthen existing management information systems in selected countries, including Georgia, Armenia, Azerbaijan, Ukraine, Kazakhstan, and Uzbekistan. These countries have been implementing WHO-recommended DOTS, including in the penitentiary system for about a decade, although none has yet reached the global goal of identifying at least 70 percent and successfully treating 85 percent of TB cases. One of the reasons could be a lack of management information that would allow making timely managerial decisions and providing feedback and incentives to TB programs. Countries vary in their approaches to the management of TB programs, and are on different stages of the implementation of management information systems, from basically nonexistent in Ukraine to a fairly elaborate one in Kazakhstan. The implementation will thus be tailored to specific country needs for a full system or for adaptation of individual modules to the existing MIS. It is expected that by implementing the e-TB Manager, the NTPs will significantly strengthen their capacity to manage national TB programs. While the evaluation of TB programs has been traditionally focused on retrospective cohort analysis and the WHO outcomes indicators that are measured 1.5-2 years after the start of the treatment, the e-TB Manager allows for concurrent and perspective identification,

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measurement and analysis of intermediate results, targets and indicators that are essential for the program's success. The information generated by the system will also be used for benchmarking, with regard to the results and indicators, between districts and even national programs in the region and can positively impact the TB programs performance. Availability of management information will also increase transparency of the processes, especially in the area of pharmaceutical management, and will contribute to the development of pharmacovigilance systems in countries through inbuilt function of reporting drug problems. [1]Anti-tuberculosis Drug Resistance in the World. Fourth global report. The WHO/IUATLD Global Project on Anti-Tuberculosis Drug Resistance Surveillance 2002-2007.

**Activity Title:** Regional workshop on e-TB Manager

**Activity Manager:** Zagorski, Andre **Activity #:** 2 **Task:** LFRI08XXX **Subtask:** 60G4M2

**Activity Description:** As a start-up activity, SPS will conduct a regional workshop to present e-TB Manager, and identify specific country needs for adapting the generic version of e-TB Manager to meet the local requirements in case management and treatment guidelines, drug management practices, information flows at all levels, required system lay-out, collection and presentation of data, and system functionalities to be incorporated. Participants from six countries will discuss implementation strategies, required human and financial resources, involvement of donors and technical agencies, roles and responsibilities, reporting and monitoring indicators and forms, and will develop country implementation plans. It is expected that the main outcome of the meeting will be country-specific implementation strategies and time lines.

**Budget:** \$85,688.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Trip report  
Trip Report

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS technical staff conducted a regional workshop on e-TB Manager in November 2009 in Tbilisi. Seventeen participants from 5 countries participated (10 male, 7 females). All participants were introduced to the e-TB Manager system and developed plans to adopt the system within their countries.

**Barriers to Progress:** Uzbek delegates could not attend Tbilisi workshop.

**Next Steps:** As requested by workshop participants, SPS technical staff will visit Azerbaijan and Uzbekistan to identify need for e-TB system. SPS team will visit Ukraine to finalize the pilot version of e-TB Manager. In Georgia, e-TB Manager will be evaluated and adapted for the country specific needs.

**Activity Title:** Caucasus: Evaluation of existing MIS and needs for e-TB Manager adaptation

**Activity Manager:** Zagorski, Andre **Activity #:** 3 **Task:** LFRI08XXX **Subtask:** 60G3A3

**Activity Description:** SPS will establish country-level interdisciplinary implementation working groups comprised of NTP managers and M&E specialists, MoH M&E specialists, donors, technical agencies, and bilateral projects, and will reach an agreement regarding mechanisms for information and experience exchanges between programs. The practical evaluation of MIS in Georgia will start immediately after the regional workshop. SPS will work directly with the NTP on the development of e-TB Manager adaptation requirements and will commence changes in the software. SPS will coordinate the adaptation of e-TB Manager with a joint Government of Georgia/French Aerospace agency project aimed at the development and implementation in Georgia of a telemedicine infrastructure and HMIS using satellite technologies for communication. It is expected that through this collaboration e-TB Manager, being a web-based program, will be accessible to users even in remote areas. E-TB Manager will be a part of national HMIS. Following the workshop and start up in Georgia, the SPS team will travel to either Armenia or Azerbaijan depending on the NTP readiness and openness to the initial survey of their MIS. A separate technical trip will be required at a later time

to the remaining country. It is expected that, as a result of these initial activities, SPS programmers will have enough information for the adaptation of e-TB Manager.

**Budget:** \$42,412.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Trip Report  
Trip Report

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** NTP Georgia decided to implement e-TB Manager but without its case management component because software for case management was being implemented by the European Space Agency. A demonstration version of e-TB Manager was established and user name/password was provided for NTP comments. Suggestions were noted during the quarter and incorporated into e-TB Manager. An exploratory visit to Azerbaijan took place in November 2009. After much discussion with NTP and MoH, it was identified that NTP will use e-TB Manager for MDR-TB cases while penitentiary system will use e-TB Manager for all TB cases. It was agreed that the e-TB Manager will be based and maintained on the server at National Scientific Research Institute of Lung Diseases and hold a joint patient databases for drug management. After the return of consultants, e-TB Manager system keys were translated into Azerbaijani language and validated by the NTP of Azerbaijan.

**Next Steps:** Next step in Georgia will be to contact the developers of the case management software and initiate a dialog for creating interface to connect the e-TB Manager Drug Management Module. The next step will be to test pilot version of e-TB Manager during the next technical visit to Azerbaijan.

**Activity Title:** Ukraine: Technical assistance in e-TB Manager implementation

**Activity Manager:** Zagorski, Andre **Activity #:** 6 **Task:** LFR108XXX **Subtask:** 60GXJ6

**Activity Description:** The adaptation and implementation of e-TB Manager in Ukraine began in March 2008 through a different USAID funding mechanism. The joint working group of TB Center, MoH, MSH and partners (PATH) has been established, and a strategic implementation plan was developed and signed by MoH and all parties. At the end of FY08, the data entry for e-TB Manager was put in accord with the MOH requirements, and the whole program was translated into Ukrainian. In FY09 with USAID's Europe and Eurasia Bureau funding SPS will finalize the pilot version and test it by entering real data; e-TB Manager will then be moved to the MoH server, and selected oblasts will have access to e-TB Manager for field testing. SPS will finalize a user's manual and training materials, and conduct a TOT. The pilot oblasts' experience will be summarized and presented along with a final version of e-TB Manager at a national conference by the end of FY09. It is expected that by that time, the final version of e-TB Manager will be ready for countrywide utilization. The actual implementation will be stepwise, starting with 10 oblasts that are supported through USAID bilateral TB program (PATH).

**Budget:** \$117,486.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Trip report  
trip report  
Trip Report

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** During the trip in November, SPS technical staff demonstrated new updates requested by the working group to harmonize the Case Management Module with changes made to the national data entry for regular TB. A translated and customized version of the e-TB Manager was put on the internet to be available to the working group for browsing and comments. As more changes were requested and new information was verified by the working group, the system was ready for final pilot testing.

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**Next Steps:**

As the next step, SPS team is planning to implement new requests and reports for case management, according to the templates provided by the working group. The purpose of the next trip will be to provide technical assistance for the implementation of the pilot version and conduct a TOT after the pilot version of the e-TB Manager System is validated by the Ukraine NTP and MoH.

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## **Latin America and Caribbean (LAC)**

### ***LAC-Amazon Malaria Initiative***

**Workplan:** LAC-AMI    **Year** 08

**Funding Level:** \$800,000.00

#### **Workplan Background**

The Amazon Malaria Initiative (AMI) was launched in March 2002, through USAID LAC/RSD-PHN, to address malaria in the Amazon countries (Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, and Suriname). This region began to experience a re-emergence of malaria in the early 1990s, including the appearance of *Plasmodium falciparum* and resistance to inexpensive, first-line antimalarial drugs. With technical and financial support from AMI, the seven participating countries conducted in vivo efficacy studies of antimalarials and changed their drug policies for malaria to include new, more efficacious combination therapies. Strengthening the core elements of pharmaceutical management—including the policy and legal framework, selection, procurement, distribution, use and management—is essential to the effective implementation of these new policies. Rational Pharmaceutical Management Plus (RPM Plus), the predecessor to Strengthening Pharmaceutical Systems (SPS), was invited to participate in AMI in 2002 as the technical partner for pharmaceutical management. The other partners in the Initiative include the Pan American Health Organization (PAHO) Infectious Disease Division, the Centers for Disease Control and Prevention (CDC), the United States Pharmacopoeia Drug Quality Information (USP-DQI) Program, National Malaria Control Programs in the Amazon region, and the local USAID Missions.

Between 2003 and 2007, RPM Plus collaborated with these partners to develop and implement strategies to strengthen pharmaceutical management for malaria in the region, particularly related to the new treatment policies. RPM Plus developed training materials; conducted regional workshops on pharmaceutical management issues to professionals representing all eight of the Initiative countries; developed and disseminated tools; provided country-specific technical assistance to five countries to assess and improve their pharmaceutical supply systems for malaria; contributed to the Initiative's technical documents and study protocols; participated in annual meetings, regional workshops and dissemination activities; and, served on the Steering Committee. These activities have resulted in a solid foundation upon which SPS can further strengthen pharmaceutical management systems in the region. With FY07 funds SPS conducted rapid assessments of pharmaceutical management and progress towards implementation of AMI-supported activities in all participating countries.

These analyses provided solid inputs for a workshop in Bogotá, Colombia in May 2008 where the main problems related to procurement, supply chain management, and drug quality in each country were analyzed and participants developed potential interventions. Since a lack of standard operational procedures (SOP) was seen as a major weakness in most countries, country teams drafted SOPs to be validated and implemented around the first quarter of 2008. During FY07 SPS supported studies that will document the current prescription and dispensation practices and the impact that innovative interventions are having on adherence to treatment. With the technical assistance of SPS, all AMI countries are implementing supervision systems to monitor the availability and use of medicines. In most countries this activity is in an advance implementation phase. The scale up phase is programmed for early 2009. SPS has received \$800,000 in FY08 funds to support pharmaceutical management activities under AMI.

These funds will be used to follow up on activities initiated on FY07. The FY08 focus will be to institutionalize the SOPs, scale up monitoring and supervision systems, develop guidelines to promote patient treatment adherence, and fill information gaps in critical areas such as the illegal commerce of antimalarials and the supply chain of laboratory reagents and other malaria supplies. In all these activities, MSH/SPS will address the implications of a decreased incidence of malaria in the core

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elements of pharmaceutical management in malaria control programs. SPS will also provide direct technical assistance to AMI countries on specific problem areas identified in the rapid assessment conducted in 2008. These proposed activities have been discussed with AMI partners during the AMI Steering Committee in September 2008, and follow the 2008 - 2010 Strategic Approach to Antimalarial Drug Access and Use for the Amazon Malaria Initiative.

**Activity Title:** Technical activity coordination and monitoring

**Activity Manager:** Barillas, Edgar **Activity #:** 1 **Task:** LAC-MAL/AMI **Subtask:** 97XXY1

**Activity Description:** This activity includes technical activity coordination, workplan development, budget monitoring, progress monitoring, reporting, meetings, and communication with partners and collaborators.

**Budget:** \$60,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** The SPS workplan for October 2008–September 2009 was approved during this quarter. SPS hired local short-term consultants for Colombia, Ecuador, Peru, and Brazil to support the implementation of the activities included in the workplan. SPS regular staff will provide direct technical assistance for Guyana and Suriname.

**Activity Title:** Institutionalization of standard operating procedures for malaria pharmaceutical management

**Activity Manager:** Barillas, Edgar **Activity #:** 2 **Task:** LAC-MAL/AMI **Subtask:** 60CXH2

**Activity Description:** For FY08, SPS will provide technical assistance to revise the SOPs final version, participate in validation workshops, support activities to disseminate them, and train all staff on their application. Revising and validating the SOPs will take into account emerging factors influencing the performance of the malaria control programs such as the decentralization of the public administration, the integration of the pharmaceutical management information systems and the significant reduction in the incidence of malaria. SPS will also explore the feasibility of implementing accreditation/certification systems to institutionalize and sustain the best practices already in place.

**USG Sub-element** Health Governance and Finance (Malaria)

**Budget:** \$90,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Communication about the progress in the implementation of SOPs for malaria pharmaceutical management

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** Through local consultants and regular staff, SPS supported the institutionalization of SOPs for malaria pharmaceutical management in Brazil and Ecuador. Following the guidelines provided during the Bogota workshop (May 2008), Bolivia, Colombia, and Peru have continued the implementation of the SOPs using local resources and a more holistic approach.

**Next Steps:** SPS will visit Colombia and Bolivia during January-February 2009 to follow up on these activities.

**Activity Title:** Scale up the supervision systems of malaria medicines availability and use

**Activity Manager:** Barillas, Edgar **Activity #:** 3 **Task:** LAC-MAL/AMI **Subtask:** 60AXH3

**Activity Description:** For FY08, SPS will provide technical assistance to analyze the results of these pilot tests, adjust the tools (as needed), and support scale-up to the rest of the country. The scale-up will consider the decentralization of the public administration (as in Brazil), and local initiatives to integrate the information and monitoring systems (as in Bolivia). Peru and Suriname have not yet implemented this tool (or any other). SPS will analyze the situation these countries and promote the use of the monitoring tool, if needed and requested. SPS will promote the use of a common set of pharmaceutical management indicators to compare the progress in AMI countries towards the improvement in the management of antimalarials.

**USG Sub-element** Host Country Strategic Information Capacity

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*Regional Programs*

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**Budget:** \$68,000.00 **Program Design and Learning**  
**Start Date:** Oct/2008 **End Date:** Oct/2009  
**Products Planned:** Newsletter communicating the progress in the implementation of supervision systems of malaria medicines availability and use in AMI countries.  
Pilot project proposal for the malaria supervision tool

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** Most AMI countries have implemented pilot studies of the monitoring and supervision tool proposed by SPS. During this quarter, the results of the pilot studies were presented and discussed with malaria program staff in Colombia and Brazil. SPS hired a local consultant to support the scaling up process in both countries and Ecuador. An SPS consultant will provide direct technical assistance to Guyana in this area.

**Next Steps:** SPS will visit Colombia on January 2009 to follow up on this activity.

**Activity Title:** Support the supply management of laboratory reagents and other supplies for malaria prevention

**Activity Manager:** Barillas, Edgar **Activity #:** 4 **Task:** LAC-MAL/AMI **Subtask:** 60L3H4

**Activity Description:** SPS will assess the current situation, with emphasis on decentralizing the distribution systems, and the need to integrate the pharmaceutical and the commodities management components of the supply chain management, particularly in low transmission settings. Interventions to confront current problems will be design and implemented with other partners and local counterparts, based on the results of the study.

**USG Sub-element** Program Design and Learning

**Budget:** \$55,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Assessment tool: Management of laboratory reagents and other supplies for malaria prevention

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** SPS developed data collection instruments and TORs for studies on the situation of laboratory reagents and malaria commodities.

**Next Steps:** Baseline studies will be implemented in Colombia, Ecuador, and Peru from January to March 2009.

**Activity Title:** Provide technical assistance to AMI countries to conduct initial and follow-up assessments on their pharmaceutical systems for malaria.

**Activity Manager:** Barillas, Edgar **Activity #:** 5 **Task:** LAC-MAL/AMI **Subtask:** 60CXA5

**Activity Description:** SPS will support initial and follow up assessments on these areas. SPS will also support the analysis of the influence of decreased incidence of malaria on the current and future operation of the NMCP, particularly the pharmaceutical management supply. Since the decreased incidence is affecting all the components of malaria control, other partners of the Initiative will be involved in this activity.

**USG Sub-element** Malaria Research

**Budget:** \$210,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Theoretical framework for the analysis of the implications of low incidence of malaria on pharmaceutical management  
Assessment Report: Availability of medicines for "special cases of malaria"  
Technical report on the implications of low incidence of malaria on pharmaceutical management  
Assessment reports on "Prescription, dispensation, and adherence to treatment practices in four AMI countries".

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** SPS developed data collection instruments and TORs for studies on patient

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adherence to malaria treatment, the performance of the malaria pharmaceutical information systems, and the situation of malaria pharmaceutical management in low transmission settings. During this quarter, the implementation of adherence studies continued in Peru and Ecuador, and a local consultant was hired to implement a similar study in Brazil. Local consultants were hired to implement the rest of the assessments.

**Next Steps:** The implementation of all the studies mentioned in the Activity Progress section will start on January 2009.

**Activity Title:** Provide direct technical assistance and collaborate with partners in the design and implementation of interventions to improve pharmaceutical management.

**Activity Manager:** Barillas, Edgar **Activity #:** 6 **Task:** LAC-MAL/AMI **Subtask:** 60CXH6

**Activity Description:** SPS will analyze with other AMI partners collaborating in the area of "Access and Use of Medicines," the results of a rapid assessment to develop individual or joint strategies to confront this and other problems derived from the continuous reduction in the incidence of malaria. A workshop in Central America on pharmaceutical management for malaria is scheduled for November 2008, using FY07 resources. The workshop will address common pharmaceutical management problems in Central America such as the absence of standardized procedures for malaria pharmaceutical management and the inconsistency of laboratory quality control in most countries. As a follow-up of the workshop, SPS will provide direct technical assistance to these countries, as needed. National teams/professionals who have demonstrated technical expertise in a particular area will be mobilized to other AMI countries to strengthen South-South collaboration.

**USG Sub-element** Program Design and Learning

**Budget:** \$110,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Trip reports, short-term workplans.

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** During this quarter, SPS staff visited Sao Luis Maranhao, Brazil (October 6-10, 2008) to participate in a workshop for the strengthening of pharmaceutical management in the Amazon departments. The SPS-supported SOPs and supervision instrument were revised and validated during this workshop. SPS staff also visited Guyana (October 20 -24) to provide assistance for the implementation of the activities agreed on during the Bogota workshop. During this quarter, SPS provided direct technical assistance to improve the storage practices of the National Malaria Program in Ecuador. On December 2008, SPS organized a workshop in Guayaquil, Ecuador, to support the implementation of good storage practices in Guayaquil and Machala. SPS participated in the elaboration of SOPs for both warehouses.

**Next Steps:** SPS staff will visit Colombia and Bolivia during January–February 2009 to provide direct TA for the activities included in the 2008/09 workplan.

**Activity Title:** Strengthening of pharmaceutical management information systems

**Activity Manager:** Barillas, Edgar **Activity #:** 7 **Task:** LAC-MAL/AMI **Subtask:** 60G4H7

**Activity Description:** SPS will organize a meeting with relevant stakeholders of AMI participant countries to analyze the situation and the feasibility of the alternative interventions proposed by AMI partners.

**USG Sub-element** Host Country Strategic Information Capacity

**Budget:** \$102,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Rapid Assessment Tool: Situation of Malaria Pharmaceutical Management Information Systems in AMI countries  
Trip report including the minutes of the meeting and the findings of a rapid assessment in AMI countries

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

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*Regional Programs*

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**Activity Progress:** SPS developed data collection instruments and TORs for studies on the performance of the malaria pharmaceutical information systems.

**Next Steps:** Data for a baseline study on the situation of the malaria pharmaceutical information systems will be collected during January–February 2009. A regional workshop to analyze the situation of pharmaceutical information systems is scheduled for March 24-26 in Lima, Peru.

**Activity Title:** Provide technical assistance to AMI countries in the dissemination of best practices and illustrative interventions and communications of research results to national and international audiences.

**Activity Manager:** Barillas, Edgar **Activity #:** 8 **Task:** LAC-MAL/AMI **Subtask:** 60F4H8

**Activity Description:** SPS will collaborate with Links Media and other AMI partners to develop and implement country-specific communications strategies and plans to raise awareness of supply chain management problems. SPS and Links Media will provide technical assistance to AMI countries to ensure that the results of all assessments conducted in AMI countries are disseminated to strategic audiences and used in the identification and prioritization of problems and the selection of appropriate interventions. SPS will also produce documents in collaboration with its partners on all pharmaceutical management activities that have taken place in the region, maintain up-to-date information about its involvement in AMI activities on the SPS program website, and contribute to coordinated efforts to disseminate information at conferences and meetings, and through publications.

**USG Sub-element** Host Country Strategic Information Capacity  
**Budget:** \$88,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** Trip reports, technical reports, presentations.

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS has periodically shared updated information with all AMI counterparts and partners on the progress of all the activities and relevant technical documents. The technical report State of Malaria Pharmaceutical Management in Amazon Basin Countries was shared with the participants on the Guatemala workshop (November 2008). The final results of the rapid assessment on the Availability of Malaria Medicines for Special Case, and Procurement Mechanisms, will be included in the same report. In Peru, the preliminary results of the assessment on perceiving, dispensing, and adhering to malaria treatments were presented to national and local authorities to plan appropriate interventions. Malaria patients in Colombia don't always know that malaria medicines are provided free of charge in any public health facility. SPS is supporting a comprehensive study of this problem to launch, based on the findings, a communications campaign to promote the services and medicines available in public institutions.

**Next Steps:** A technical report on the State of Malaria Pharmaceutical Management in Central American Countries will be published in February 2009.

**Activity Title:** Participate in the annual steering committee and other regional meetings with initiative countries and technical partners

**Activity Manager:** Barillas, Edgar **Activity #:** 9 **Task:** LAC-MAL/AMI **Subtask:** 60F4N9

**Activity Description:** SPS staff will participate in the annual meeting as well as the semi-annual steering committee meeting. Additional funds have been allocated to support SPS's attendance at any other AMI meetings, upon request.

**USG Sub-element** Host Country Strategic Information Capacity  
**Budget:** \$17,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** MSH/SPS presentation during the AMI steering committee meeting (Bogota, March 17-20, 2009)

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** No activities planned for this quarter.

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**Next Steps:** The next AMI steering committee meeting is scheduled for March 2009 in Santa Cruz, Bolivia.

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## **LAC-Antimicrobial Resistance**

**Workplan:** LAC-AMR    **Year** 08

**Funding Level:** \$81,000.00

### **Workplan Background**

The growing problem of antimicrobial resistance (AMR) is threatening to undermine the advances achieved through priority health programs including tuberculosis (TB), malaria, acute respiratory infections, sexually transmitted infections, and HIV/AIDS by rendering currently available treatments ineffective. AMR is the result of an increased exposure of microorganisms to antimicrobial medicines and the subsequent development of survival mechanisms in these microorganisms. The consequences of AMR include an increase in mortality, morbidity, and in the cost of health care worldwide. An example of AMR of particular concern is multidrug-resistant tuberculosis (MDR-TB). The emergence and spread of MDR-TB has serious implications for a national TB control program: treatment is longer and less effective than treatment of non-resistant tuberculosis and is significantly more costly. In response to this growing challenge, the USAID Bureau for the Latin America and Caribbean Region (USAID/LAC/SD) has proposed a subregional strategy for the Andean countries and Paraguay, called the South American Infectious Disease Initiative or SAIDI. The general objective of this initiative is to contain the emergence and spread of AMR by improving the availability and the use of antimicrobials of assured quality. Thus, the central focus of SAIDI is rational use of antimicrobials and AMR control, with a special emphasis on preventing the emergence of MDR-TB. Since FY04, the RPM Plus program and its follow-on program, SPS, and the other SAIDI international partners, including the Alliance for Prudent Use of Antibiotics (APUA), the U.S. Pharmacopeia Drug and Quality Information program (USPDQI), Links Media, the CDC, and the Infectious Disease Division of PAHO have been working with national counterparts in Bolivia, Peru, and Paraguay to create a new, evidence-based and stepwise approach to local solutions for containing AMR. This approach considers the factors contributing to AMR within the context of existing systems and not in isolation, and thereby takes advantage of the interaction among stakeholders. Over the past three years, national AMR working groups have been formed in Peru and Paraguay and these groups, in conjunction with SAIDI international partners, have conducted various assessment activities which led to a holistic local view of the factors contributing to AMR in each country. Based on these results, SPS and national partners have implemented activities to address the problem areas, including— Certification of DISA Callao warehouse in Good Storage Practices (GSP) (Peru) Development and implementation of SOP) for second-line TB medicines (Peru) Establishment and strengthening of a network of Drug Information Centers (DIC) (Peru and Paraguay) Communication campaigns targeting prescribers, dispensers, and patients (Peru and Paraguay) Pharmaceutical management capacity building (Peru and Paraguay) Improved facility-level management of first-line TB medicines (Paraguay and Bolivia) The major focus of the SPS workplan is to work with national partners to sustain SAIDI successes in Peru, Paraguay, and Bolivia. The overall goal is to ensure partners institutionalize these AMR control activities and extend the strategies developed through SAIDI to other regions. By the end of SPS, national partners in all three countries will be responsible for SAIDI AMR activities and SPS will have fully transitioned from an implementing to technical advisory role.

**Activity Title:** Support institutionalization of newly developed guidelines for the supply of 2nd line TB medicines at national level in Peru

**Activity Manager:** Barillas, Edgar    **Activity #:** 2    **Task:** LFLN08AMR    **Subtask:** 60AXH2

**Activity Description:** SPS will assist in finalizing the SOP manual, developed under RPM Plus, for the supply of second-line TB medicines. Once finalized, SPS in coordination with the national TB program, will develop and facilitate a TOT course to take the SOP manual to scale in all health regions in Peru.

**USG Sub-element**    Increasing Availability of Drugs for Treatment of TB

*Regional Programs*

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**Budget:** \$25,215.00    **Start Date:** Oct/2008    **End Date:** Sep/2009  
**Products Planned:** Finalized guidelines on management of 2nd line TB medicines

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**Reporting Period:** Year: Project Year 2    **Quarter:** Q1  
**Activity Progress:** In November, SPS revised the MDR-TB SOPs to reflect the suggestions and observations made by DIGEMID and the DGSP. In coordination with the person responsible for MDR-TB medicines and supplies, the revised version was then submitted to DIGEMID for approval. The Callao-specific SOPs were officially approved by the DISA Callao by Directorial Resolution 654-2008 DG/DISA I Callao on December 24, 2008. The SOPs are now the official guidelines for MDR-TB pharmaceutical management in Callao and will be implemented in all TB treatment facilities in the DISA.

**Next Steps:** Follow up with DIGEMID on the MDR-TB national SOPs.

**Activity Title:** Provide support to maintain SAIDI achievements in Callao

**Activity Manager:** Barillas, Edgar    **Activity #:** 3    **Task:** LFLN08AMR    **Subtask:** 60F3H3

**Activity Description:** This activity also includes funding for a SAIDI-Peru monitoring workshop to assess progress and determine next steps for national partners. One SPS staff member will attend the workshop. SPS will also provide direct technical assistance to DISA Callao to maintain the warehouse GSP certification and support the ongoing monitoring and evaluation of the DISA Callao DIC.

**USG Sub-element** Increasing Availability of Drugs for Treatment of TB  
Development of New Tools and Improved Approaches  
Program Design and Learning

**Budget:** \$26,555.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

**Products Planned:** Monitoring workshop report  
Callao warehouse certification in GSP  
Evaluation of DIC Callao  
SAIDI-Peru sustainability plan to systematize and institutionalize AMR-containment issues

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**Reporting Period:** Year: Project Year 2    **Quarter:** Q1  
**Activity Progress:** SPS continued to work with the national DIC and the regional DIC in Callao to train personnel and support operations. SPS also continued to provide support to the regional direction of medicines and supplies in Callao. A meeting of SAIDI partners is planned for next quarter. The purpose of this meeting is to discuss progress made to date, lessons learned, and next steps.

**Next Steps:** Continue to support the regional warehouse and DIC in Callao. Continue to plan SAIDI partner meeting scheduled for next quarter.

**Activity Title:** Support regional trainings in Good Storage Practices and Antimicrobial Use among dispensers in Paraguay

**Activity Manager:** Barillas, Edgar    **Activity #:** 4    **Task:** LFLN08AMR    **Subtask:** 60LXH4

**Activity Description:** SPS will conduct a set of three trainings with dispensers on GSP and antimicrobial use in three new health regions in Paraguay. Additionally, SPS will support implementation of GSP in participating facilities through provision of basic storage materials.

**USG Sub-element** Increasing Availability of Drugs for Treatment of TB

**Budget:** \$19,565.00    **Start Date:** Sep/2008    **End Date:** Oct/2009

**Products Planned:** Workshop materials  
Training reports

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**Reporting Period:** Year: Project Year 2    **Quarter:** Q1  
**Activity Progress:** The scope of work for this activity was finalized with the National University of Asuncion, Paraguay.. Work on this activity will begin next quarter.

**Next Steps:** The plan of activities will be presented in early February, with trainings scheduled

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to begin in late February.

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## **Regional Development Mission for Asia (RDMA)**

### ***RDMA (07)***

**Workplan:** RDMA Asia    **Year** 07

**Funding Level:** \$463,280.00

#### **Workplan Background**

The SPS Program is a 5-year, \$147.5M Leader with Associates Cooperative Agreement being implemented by Management Sciences for Health. The newly awarded SPS program is a follow-on to the RPM Plus program. Under SPS, we will update our strategic vision and technical approaches in pharmaceutical management in support of RDMA development strategies, while building on the work done under RPM Plus in the region. For FY 07, the RDMA is providing \$463,280 to the SPS program for work in the areas of malaria (\$163,000), HIV/AIDS (\$100,000), and tuberculosis (\$200,000). Following is a summary of the work that has been done in these three disease areas. Malaria—Since 2001, RPM Plus has been engaged in activities to strengthen pharmaceutical management for malaria in the Mekong region. Under RPM Plus, we sought to develop appropriate methodologies to gather information in support of malaria interventions.

Recently, RPM Plus efforts were focused on assisting counterparts on how to use the information to guide decision making in malaria program management. RDMA has supported the establishment of a collaborative forum of Mekong malaria partners that includes the WHO Regional Office for the Western Pacific (WPRO) and Regional Office for South-East Asia (SEARO), WHO/Cambodia, Keenan Institute, Asian Collaborative Training Network for Malaria (ACTMalaria), the U. S. Pharmacopeia's Drug Quality and Information (USP/DQI) Program and RPM Plus. RPM Plus's role has been to raise regional awareness of the importance of good pharmaceutical management practices, assist in evaluating medicines use practices, partner coordination and pharmaceutical management capacity development at country level – all of which are key objectives of the forum. Using our experience from participation in similar initiatives in other regions, such as the AMI, under SPS we will work with the Mekong forum and build upon existing collaborative partnerships with regional and country institutions to ensure complimentary activities under a framework of common objectives. As with AMI, SPS will develop a draft workplan that will then be shared with partners.

As a partner, SPS will provide technical assistance and training in pharmaceutical management of antimalarials and related supplies to strengthen pharmaceutical systems. Tuberculosis—The RPM Plus program has been providing technical assistance on pharmaceutical management for tuberculosis in China since late 2004. After conducting an assessment of TB pharmaceutical management practices in two Chinese provinces, RPM Plus has worked closely with WHO, the National Center for Tuberculosis Control and Prevention, and provincial counterparts to develop TB pharmaceutical management and implement SOPs for provincial, prefecture, and district levels in Henan Province. Work in support of TB programs has also included the development of pharmaceutical management indicators and SOP training materials, and technical assistance in monitoring SOP implementation. This year under SPS we will continue to support pharmaceutical management for tuberculosis in China and will share lessons learned from implementation of a management information tool for TB in the Philippines (carried out with core TB funds) with China and another priority country in the region. HIV/AIDS—During a visit to China in early 2007, RPM Plus provided a briefing to WHO and the National Center for AIDS (NCAIDS) on the SOPs implemented for TB pharmaceutical management.

Given the recent approval of funding for Round 6 of the GFATM proposals, the RDMA suggested that RPM Plus conduct an exploratory visit to Yunnan province to survey the pharmaceutical management system supporting the ART program. In June 2007, in consultation with the WHO/China and NCAIDS, RPM Plus visited the province and noted several areas of weakness including: inconsistent and inefficient

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methods of inventory management, lack of pharmaceutical management-related information systems, as well as a need to improve the capacity of MOH staff to manage the ART medicines. With FY07 funds, SPS will address issues related to product selection, quantification, and proper storage and use of quality medicines for antiretroviral therapy (ART). SPS will promote the introduction of pharmaceutical management best practices and innovative approaches to build requisite competencies to ensure improved access to quality care, support, and treatment.

**Overall Strategy**—The following strategy describes our vision for what we plan to achieve over the long-term (over the five years of SPS if funding is provided) and in the short-term (this workplan). SPS has a similar long-term strategy as RPM Plus: to strengthen the ability of policy makers, health care providers and institutions in the region to improve pharmaceutical management, with an added emphasis on governance, financing of pharmaceuticals and pharmaceutical services, institutional capacity building, pharmacovigilance, and other system strengthening initiatives. **Technical Objectives:** Improve governance in the pharmaceutical sector in the RDMA region, particularly in the areas of medicines policies, regulation, quality assurance, procurement practices and pharmacovigilance. SPS's approach to improve governance in pharmaceutical management is to reduce opportunities for corruption by helping to establish transparent management systems and processes grounded in policies based on best practices. SPS will also promote open and transparent approaches that facilitate multi-country information sharing on product registration status, procurement, and pharmacovigilance activities. As a member of the Global Advisory Group for WHO's Good Governance for Medicines Project (the SPS Deputy Director is a member of the Advisory Group) SPS will contribute to country-level interventions and lessons learned in improving governance in the pharmaceutical sector, especially with respect to increasing transparency through better management and promoting local civil society oversight, including the media, the international donor community working at the country level, and international consumer protection groups, such as Health Action International. For example, SPS through its participation in GGM has already been approached by WHO in Cambodia for assistance in following up on the national assessment of transparency and potential vulnerability to corruption. Improve the care and treatment of priority health conditions, including HIV and AIDS, TB, malaria, other childhood illnesses, and contain AMR by strengthening pharmaceutical management systems.

The improvement of care and treatment services is directly linked to the availability of essential medicines necessary to address priority health conditions. SPS will continue to support PHN service delivery in the region by determining the readiness of a facility to manage ARVs, new antimalarials, and other essential medicines, and point-of-care diagnostic services; helping local counterparts track availability of medicines and avoid stock outs; and monitor prescribing and dispensing practices. MSH has also developed several system-strengthening tools and a host of training materials covering all aspects of pharmaceutical management that can be implemented in RDMA focus countries. Strengthen regional and country-specific pharmaceutical management information systems to improve evidence-based decision making. Strategic planning is constrained by the lack of reliable data and lack of knowledge about using data to make good decisions. Decision makers may be paralyzed if they have no confidence in the available data or they are unable to interpret the data. Many countries in the region have poorly performing health information systems, and very little information on pharmaceutical management.

SPS anticipates determining the usefulness and if appropriate, disseminating a number of proven manual or electronic RPM Plus tools, such as the quantification software program Quantimed, a tool to monitor dispensing for HIV/AIDS-related medicines, several system assessment tools and RxSolution, an inventory management software program, that generate data to inform national quantifications, procurement planning, and budgeting. Increase the technical capacity of country and regional institutions and networks in pharmaceutical management through sharing information, replicating best practices, and collaboratively addressing pharmaceutical management issues of local and regional importance. A key component of SPS's mandate is to increase the capacity of local institutions and networks to provide pharmaceutical management technical assistance. MSH will use approaches for SPS similar to the strategy that RPM Plus used to develop the innovative Regional Technical Resource Collaboration (RTRC) for pharmaceutical management in four African countries (Tanzania, Uganda, Kenya, and Ethiopia). For the RTRC, very little, if any, money is provided for building; an institution. The funding provided to RTRC institutions is tied to specific deliverables that allow the institution to develop skills

while they perform technical work. Our approach will be to propose to RDMA and each country mission (if present), strategies based on the regional and country context that seek to capacitate local institutions by providing technical assistance and training in pharmaceutical management. We will also coordinate this initiative with other partners working in the region on similar initiatives such as the USP/DQI. These four objectives represent broad technical areas that will be achieved over several years. The technical activities that are described below in this workplan will contribute to the achievement of one or more of the technical objectives. While the activities are likely to change with each workplan (annually), the technical objectives will remain relatively the same (from workplan to workplan).

**Activity Title:** Continue support to the Bureau of Vector Borne Diseases in Thailand to improve pharmaceutical management practices during expansion of malaria posts under Global Fund Round 7

**Activity Manager:** Yeager, Beth **Activity #:** 2 **Task:** LFRN07IDX **Subtask:** 60F4H2

**Activity Description:** In response to general concerns about the impact of the scale-up of malaria posts under a GFATM Round 7 grant, Thailand's Kenan Institute Asia's (KIASIA) Borderless Action Against Microbes program requested RPM Plus's assistance to assess the procurement, distribution, and reporting issues of first-line antimalarials and RDTs. RPM Plus conducted a rapid assessment of malaria posts in three provinces. SPS funds will be used to support implementation of the resulting recommendations.

**USG Sub-element** Health Governance and Finance (Malaria)

**Budget:** \$61,642.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Report on findings of rapid assessment and recommendations for improvements  
Action plan for implementation of suggested

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** During this quarter, work on this activity was mostly financed with RPM Plus funds. The Thailand assessment report was drafted and distributed to partners for their feedback. Comments were incorporated in a final version that has been sent to editorial for review. The final, edited version of the report will be distributed to participants at training for provincial health personnel, scheduled for February 2009. An executive summary of this document will be translated into Thai as well. Also during this quarter, the training materials for the provincial-level training in pharmaceutical management for malaria were developed. These will be finalized next quarter.

**Next Steps:** The training of provincial health personnel is to be held in Bangkok in February 2009. During the training, the next steps towards SOP development will be discussed with national counterparts.

**Activity Title:** Continue support to the national malaria program in Lao PDR to improve pharmaceutical management practices, specifically information systems and quantification

**Activity Manager:** Yeager, Beth **Activity #:** 3 **Task:** LFRN07IDX **Subtask:** 60F4H3

**Activity Description:** The Office of the PR and WHO/Lao requested RPM Plus assistance. Under RPM Plus, a rapid assessment at the health center and village health volunteer levels was conducted. SPS funds will be used to support implementation of a pharmaceutical management information system and improved quantification.

**USG Sub-element** Health Governance and Finance (Malaria)

**Budget:** \$65,013.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Report on findings of rapid assessment and recommendations for improvements  
Action plan for implementation of suggested recommendations

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** During this quarter, work on this activity was mostly supported with RPM Plus funds. WHO/Lao requested assistance in preparing the annual quantification of antimalarial medicines and supplies for the next procurement. Technical staff

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reviewed the quantification numbers and provided feedback on the assumptions and calculations used. The draft of the assessment report was reviewed and will be finalized early next quarter.

**Next Steps:** A trip to Laos is planned for early February. During this visit, technical staff will present the assessment results and report to key national counterparts; the next steps in technical assistance will be determined.

**Activity Title:** Provide technical leadership in pharmaceutical management for malaria to key USG partners and regional organizations, such as ACTMalaria

**Activity Manager:** Yeager, Beth **Activity #:** 4 **Task:** LFRN07IDX **Subtask:** 60F4N4

**Activity Description:** This activity will include participation in key meetings in the Mekong subregion such as the Malaria Partners' meetings and the ACTMalaria annual meeting, as well as participation in the ACTMalaria discussion forum as a follow up to past RPM Plus pharmaceutical management workshops.

**USG Sub-element** Program Design and Learning

**Budget:** \$20,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Meeting presentations  
List of discussion points for ACTMalaria virtual forum

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS participated in the semiannual Mekong Malaria Partners' meeting in Bangkok, Thailand, in October. During that meeting, SPS provided an update on activity progress since the last meeting in April, and presented the workplan for the following year. During this quarter, SPS staff also visited the offices of ACTMalaria in the Philippines to discuss the lessons learned from the virtual follow-up provided to participants in the regional training course on pharmaceutical management for malaria. SPS will participate in the Management of Malaria Field Operations training course, organized by ACTMalaria and the Bureau of Vector Borne Diseases of Thailand in February. During this quarter, SPS prepared the materials to be used for the session on pharmaceutical management.

**Next Steps:** SPS will participate in the field operations training course in February, and the ACTMalaria partners' meeting scheduled for March.

**Activity Title:** Share findings and recommendations of a preliminary rapid assessment of ARV pharmaceutical management in Yunnan province, China

**Activity Manager:** Yeager, Beth **Activity #:** 5 **Task:** LFRN07IDX **Subtask:** 60F2A5

**Activity Description:** SPS staff will meet with authorities from the NCAIDS and other health offices in Beijing to present the findings from a visit to Yunnan province carried out under RPM Plus.

**USG Sub-element** HIV/AIDS Treatment/ARV Drugs  
Program Design and Learning

**Budget:** \$2,873.00 **Start Date:** Oct/2007 **End Date:** Sep/2008

**Products Planned:** Report on findings and recommendations

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** This activity concluded in FY07.

**Activity Title:** Introduce a site-evaluation tool in Guangxi Province to improve monitoring of drug management practices in ART facilities

**Activity Manager:** Yeager, Beth **Activity #:** 6 **Task:** LFRN07IDX **Subtask:** 60G4J6

**Activity Description:** The site-evaluation tool, developed initially for use in Vietnam, will be piloted in Guangxi province. SPS will monitor implementation of the tool. The experience will then be presented in a WHO co-sponsored workshop to share lessons learned with other interested provinces.

**USG Sub-element** HIV/AIDS Treatment/ARV Drugs

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**Budget:** \$48,934.00    **Start Date:** Oct/2007    **End Date:** Sep/2008  
**Products Planned:** Technical report on tool introduction

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Activity Progress:** This activity was completed in FY07 (project year 1, Q4).

**Activity Title:** Develop SOPs for management of ARVs and other commodities as appropriate (such as laboratory supplies), for use in USG supported provinces in China

**Activity Manager:** Yeager, Beth    **Activity #:** 7    **Task:** LFRN071DX    **Subtask:** 60F2H7

**Activity Description:** As part of Activity 6, the site-evaluation tool developed initially for use in Vietnam will be piloted in Guangxi province. Based on the results of the pilot experience in Guangxi and the workshop, SPS will assist in developing SOPs for management of ARVs and other related commodities.

**USG Sub-element:** Other/Policy Analysis and System Strengthening

**Budget:** \$38,250.00    **Start Date:** Oct/2007    **End Date:** Sep/2008

**Products Planned:** Finalized draft of SOPs

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** During this quarter, SPS conducted site visits in Guangxi Province, China, to review pharmaceutical management operations at ART and distribution sites and to work with key national stakeholders to develop an action plan for strengthening the system.

**Next Steps:** The report of the site visits will be drafted and shared with WHO/China. The final draft will be edited, translated, and then distributed to national stakeholders. SPS technical staff will then begin to draft SOPs on pharmaceutical management for HIV/AIDS.

**Activity Title:** Develop a lessons learned document on implementation of a TB pharmaceutical management information system in the Philippines

**Activity Manager:** Yeager, Beth    **Activity #:** 8    **Task:** LFRN071DX    **Subtask:** 60F3F8

**Activity Description:** Since many countries in the RDMA region could also benefit from the use of an electronic TB MIS tool, SPS/RDMA funds will be used to produce a document that describes the eTB Manager and lessons learned from its implementation in the Philippines which will be shared with other countries in the region.

**USG Sub-element:** Program Design and Learning

**Budget:** \$5,161.00    **Start Date:** Oct/2007    **End Date:** Sep/2008

**Products Planned:** Lessons learned document

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** During the quarter, SPS technical staff participated in a training on the newly developed electronic TB MIS tool, eTB Manager, in the Philippines. Information gathered during the training will contribute to drafting the lessons learned document.

**Next Steps:** SPS technical staff will continue to follow the implementation process in the Philippines.

**Activity Title:** Support implementation of the TB MIS tool in 2 priority countries in the region

**Activity Manager:** Yeager, Beth    **Activity #:** 9    **Task:** LFRN071DX    **Subtask:** 60G4J9

**Activity Description:** Based on previous experience with national TB control programs in the region, China could benefit from using an electronic MIS tool, as could Vietnam since both countries currently lack a strong MIS for TB management.

**USG Sub-element:** Program Design and Learning

**Budget:** \$163,510.00    **Start Date:** Oct/2007    **End Date:** Sep/2008

**Products Planned:** Technical report on introduction of the tool for each country

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

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**Activity Progress:** SPS coordinated with national TB stakeholders in China to arrange a visit to Beijing next quarter to present eTB Manager and discuss the possibility of piloting the MIS tool.

**Next Steps:** SPS technical staff will meet with key national stakeholders in January 2009 to present the tool and discuss next steps.

**Activity Title:** Support the attendance of TB managers in the region, specifically from China, to participate in international scientific meetings on tuberculosis, such as the annual Union World Conference on Lung Health

**Activity Manager:** Yeager, Beth **Activity #:** 10 **Task:** LFRN07IDX **Subtask:** 60F3N0

**Activity Description:** SPS will support attendance of TB managers from the Chinese NTP at the Union conference where they will present the findings and lessons learned from implementation of SOPs for first-line and second-line TB medicines management.

**USG Sub-element:** Host Country Strategic Information Capacity

**Budget:** \$11,696.00 **Start Date:** Oct/2007 **End Date:** Sep/2008

**Products Planned:** Trip report of participant supported

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Two representatives of the national TB control program in China attended the International Union Against Tuberculosis and Lung Diseases' 39th Union World Conference on Lung Health which took place in Paris, France, October 16–20, 2008. On October 17, these representatives also participated in the SPS sponsored workshop "Streamlining TB Case, Medicine and Commodity Management Information: Strengthening Health System Response."

**Next Steps:** Participation in the conference concludes this activity.

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## **RDMA (08)**

**Workplan:** RDMA Asia **Year** 08

**Funding Level:** \$200,000.00

### **Workplan Background**

The SPS Program is a 5-year, \$147.5M Leader with Associates Cooperative Agreement. It is a follow-on to the RPM Plus program. Under SPS, we will update our strategic vision and technical approaches in pharmaceutical management in support of RDMA development strategies, while building on the work done under RPM Plus in the region. For FY 09 (October 2008-September 2009), the RDMA is providing \$300,000 to the SPS program for work in the areas of malaria (\$50,000) HIV/AIDS in China (\$100,000), and tuberculosis (\$150,000). Following is a summary of the work that has been done in these three disease areas. Malaria in November 2007, RPM Plus conducted a regional course on the Pharmaceutical Management and Quantification of Antimalarials in Hanoi, Vietnam.

As a follow-up to that activity, RPM Plus provided technical assistance to two of the 13 participant countries—Thailand and Laos—to strengthen pharmaceutical management systems for antimalarials. In Thailand, RPM Plus collaborated with the Borderless Action Against Microbes program of the Keenan Institute Asia to conduct a rapid assessment of the system to manage antimalarials and share findings and recommendations with key stakeholders. In Laos, RPM Plus worked with the Office of the Principal Recipient of the Global Fund, the national malaria program and WHO/Laos to develop an action plan for meeting conditions precedent for disbursement of Round 7 funds. The plan includes quantifying medicines for a procurement order and conducting a rapid assessment to determine other areas for long-term systems strengthening strategies.

Finally, RPM Plus followed-up on the progress of country improvement plan implementation for all PMM

course participant countries by using the ACTMalaria web-based forum to conduct online discussions and address topics of common interest to participants including--data collection and reporting; quantification; inventory management and storekeeping; monitoring and evaluation; and budget management. Under SPS, we will continue to work with key stakeholders to appropriately analyze assessment data, diagnose system weaknesses, and provide existing or new tools to strengthen pharmaceutical management systems. SPS will also provide follow-up assistance to country programs to scale-up interventions, monitor and evaluate tools or other interventions, and measure system improvements. After conducting an assessment of TB pharmaceutical management practices in two Chinese provinces in 2005, RPM Plus worked closely with WHO, the National Center for Tuberculosis Control and Prevention, and provincial counterparts to develop TB pharmaceutical management and implement SOPs for provincial, prefecture, and district levels in Henan Province. Work in support of TB programs also included developing pharmaceutical management indicators and SOP training materials, and technical assistance in monitoring SOP implementation. As of July 2008, 18 out of 31 provinces in China have received training on implementation and use of SOPs for the management of first-line TB medicines with plans to incorporate second-line management.

This year under SPS, we will continue to support pharmaceutical management for tuberculosis in China; developing and taking initial steps to implement a strategy for harmonizing the TB pharmaceuticals management information at all program levels. Based on lessons learned in China, SPS will also assist other countries in the region to strengthen pharmaceutical management for tuberculosis. HIV and AIDS In 2007, RPM Plus initiated support to the WHO and the National Center for AIDS (NCAIDS) to strengthen ARV and other AIDS-related medicines management in China. RPM Plus conducted a visit to Yunnan Province; identifying areas for improvement in ARV management including inventory control, pharmaceutical management information systems, and antiretroviral therapy (ART) management capacity within the MOH. Based on this visit and stakeholder inputs, SPS continued with system strengthening activities by conducting a workshop in Guangxi Province; introducing a site evaluation tool to improve monitoring of drug management practices in ART facilities. In FY09, SPS will continue to work with local stakeholders to strengthen ART management by providing technical input, developing or adapting necessary tools and training materials, and providing follow-up support in implementing identified interventions for ART. The specific activities to be implemented in FY09 are presented in a separate work plan document and the mini COPs submitted to RDMA.

**Activity Title:** Continue support to the Bureau of Vector Borne Diseases in Thailand to improve pharmaceutical management practices during expansion of malaria posts under Global Fund Round 7

**Activity Manager:** Yeager, Beth **Activity #:** 2 **Task:** LFRN08IDX **Subtask:** 60F4H2

**Activity Description:** SPS funds will be used to support implementation of priority recommendations.

**USG Sub-element** Health Governance and Finance (Malaria)

**Budget:** \$18,200.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Training materials  
Training reports

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** During this quarter, work on this activity was mostly financed with RPM Plus funds. This is also the continuation of an activity in the FY07 workplan. As reported in the APSR for the corresponding activity in the FY07 workplan, the Thailand assessment report was drafted and distributed to partners for their feedback. Comments were incorporated in a final version that has been sent to editorial for review. The final, edited version of the report will be distributed to participants at training for provincial health personnel, scheduled for February 2009. An executive summary of this document will be translated into Thai as well. Also during this quarter, the training materials for the provincial-level training in pharmaceutical management for malaria were developed. These will be finalized next quarter.

**Next Steps:** The training of provincial health personnel is to be held in Bangkok in February 2009. During the training, the next steps towards SOP development will be

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discussed with national counterparts.

**Activity Title:** Continue support to the national malaria program in Lao PDR to improve pharmaceutical management practices, specifically information systems and quantification

**Activity Manager:** Yeager, Beth **Activity #:** 3 **Task:** LFRN08IDX **Subtask:** 60GXH3

**Activity Description:** Based on the results of this assessment, SPS funds will be used to support implementation of a pharmaceutical management information system and improved quantification.

**USG Sub-element:** Host Country Strategic Information Capacity

**Budget:** \$13,870.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Action plan based on findings of rapid assessment and recommendations for improvements

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** During this quarter, work on this activity was mostly supported with RPM Plus funds. This activity is also a continuation of an activity presented in the FY07 work plan. As reported in the Q1 APSR for activity 3 in the FY07 workplan, WHO/Laos requested assistance in preparing the annual quantification of antimalarial medicines and supplies for the next procurement. Technical staff reviewed the quantification figures and provided feedback on the assumptions and calculations used. The draft of the assessment report was reviewed and will be finalized early next quarter.

**Next Steps:** A trip to Laos is planned for early February 2009. During this visit, technical staff will present the assessment results and report to key national counterparts and the next steps in technical assistance will be determined.

**Activity Title:** Provide technical leadership in pharmaceutical management for malaria to key USG partners and regional organizations, such as ACTMalaria

**Activity Manager:** Yeager, Beth **Activity #:** 4 **Task:** LFRN08IDX **Subtask:** 60F4H4

**Activity Description:** This will include participation in key meetings in the Mekong subregion such as the Malaria Partners' meetings and the ACTMalaria annual meeting, as well as participation in the ACTMalaria discussion forum.

**USG Sub-element:** Program Design and Learning

**Budget:** \$13,120.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Presentations

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Progress on this activity is reported in the APSR for activity 4 in the FY07 workplan.

**Next Steps:** In February, SPS will facilitate a session on pharmaceutical management for malaria during the regional Management of Malaria Field Operations training course to be held in Bangkok, Thailand. SPS will also participate in the annual ACTMalaria partners' meeting in April in Laos.

**Activity Title:** Adapt an MDR-TB quantification tool developed under RPM Plus for use in Mongolia and train key counterparts on use of the tool in preparation for NTP scale-up

**Activity Manager:** Yeager, Beth **Activity #:** 5 **Task:** LFRN08IDX **Subtask:** 60F3H5

**Activity Description:** SPS will adapt the quantification tool and associated materials for MDR-TB, conduct a training course for key NTP managers and district supervisors on use of the tool, and provide modest technical support to monitor implementation and any subsequent scale-up.

**USG Sub-element:** Host Country Strategic Information Capacity

**Budget:** \$43,710.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** adapted MDR-TB quantification tool and instruction manual

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*Regional Programs*

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trip report describing the training process and outcomes

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** SPS communicated with the national TB control program in Mongolia and WHO to establish dates for the proposed training on pharmaceutical management for MDR-TB. SPS also drafted the training agenda.  
**Next Steps:** The training is scheduled for mid-March. SPS will adapt existing training materials and create new materials as necessary. SPS will also continue to coordinate with national stakeholders to organize the training.

**Activity Title:** Build regional capacity to improve pharmaceutical management practices for tuberculosis through the WHO Center of Excellence for TB at Makati University

**Activity Manager:** Yeager, Beth **Activity #:** 6 **Task:** LFRN08IDX **Subtask:** 60AXH6  
**Activity Description:** SPS will work with the Center of Excellence (COE) at Makati University to improve understanding of TB pharmaceutical management practices through curriculum introduction and experience sharing. It is anticipated that the COE will become the foundation for continued regional capacity development.

**USG Sub-element:** Host Country Strategic Information Capacity  
**Budget:** \$45,900.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** MDR-TB MIS and case management tool and associated training materials

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** SPS staff traveled to the Philippines in December to participate in a meeting to discuss the formation of a regional model center for MDR-TB management. The objectives of the regional center were discussed and potential support was outlined.  
**Next Steps:** SPS will participate in a meeting of national TB program managers in February to discuss the proposal for the development of regional model centers.

**Activity Title:** Continue to support the national TB program in China to improve the management information system (MIS) for tuberculosis

**Activity Manager:** Yeager, Beth **Activity #:** 7 **Task:** LFRN08IDX **Subtask:** 60G4J7  
**Activity Description:** SPS will present the web-based MIS tool to national stakeholders in China and develop a strategic plan for eventual implementation of the tool.

**USG Sub-element:** Host Country Strategic Information Capacity  
**Budget:** \$45,500.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** MIS tools and training materials adapted and piloted

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** As FY07 funds were used to support progress on implementation of the TB MIS tool in China, the progress report on this activity can be found in FY07 (activity 9).  
**Next Steps:** See report for Activity 9, FY07 workplan.

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## West Africa Region

**Workplan:** West Africa Region    **Year** 07

**Funding Level:** \$500,000.00

### Workplan Background

The USAID/West Africa (WA) health initiatives reflect a broader regional strategy for HIV/AIDS, reproductive health, and related health problems such as malaria, which is primarily implemented by the Action for West Africa Region (AWARE) program. AWARE is composed of AWARE–HIV/AIDS and AWARE-RH. All 15 Economic Community of West African States countries, as well as Cameroon, Mauritania, and Chad are supported by AWARE. In addition to its extended geographic reach, the AWARE–HIV/AIDS Project focuses on strengthening regional leadership through capacity development and systems strengthening. Other areas of focus include identifying, documenting, and disseminating best practices in HIV/AIDS/STI programming, supporting advocacy efforts for necessary policy changes, building partnerships, and leveraging funding from other sources in the region. AWARE–RH spearheads a regional reproductive health commodity security initiative, including HIV/AIDS and malaria commodities. Since 2003, MSH, through its RPM Plus program, has been collaborating with USAID/WA, AWARE–HIV/AIDS, AWARE/RH, and other USAID partners to implement a number of activities aimed at strengthening the capacity of pharmaceutical management systems in the WA subregion. TA has been provided to strengthen the pharmaceutical management training capacity of two regional institutions—Centre Africain d'Etudes Supérieures en Gestion (CESAG), Senegal; and Institut Régional de Santé Publique (IRSP), Benin; support to countries to prepare Global Fund grants, develop trainings and training materials, and technical assistance for quantification of pharmaceuticals, rational use, medicines management information systems, and quality control.

The SPS Program, the follow-on to the RPM Plus Program, has received FY07 funding from USAID/WA to build on previous achievements in the region under the HIV/AIDS/CSH and FP/RH. The framework that SPS will work with supports USAID/WA's strategy to increase the adoption of effective policies and approaches to reproductive health, child survival, and HIV/AIDS in the region. SPS is proposing activities within the framework of capacitating regional organizations and training institutions such as West Africa Health Organization (WAHO); Association des Centrales d' Achats Africaines de Médicaments Essentiels (ACAME); CESAG; IRSP; Kwame Nkrumah University of Science and Technology (KNUST), Ghana; and RPM Plus program, using core funds, recently provided technical assistance to KNUST Ghana and UNIJOS in Plateau State, Nigeria to set up the West Africa regional technical resource collaboration. This initiative complements the work already going on with two Francophone institutions—CESAG and IRSP. The goal of this effort is to foster a regional network of academic institutions to build capacity and develop skills for management of medicines and other commodities used for HIV/AIDS, TB, malaria, MCH, and other programs in West Africa. Under SPS, USAID/WA funds will be used to focus on capacity building with the goal of increasing capacity of local institutions and networks to provide pharmaceutical management technical assistance in the subregion. Countries where RPM Plus worked over the last two to three years included Benin, Ghana, Guinea Bissau, Guinea Conakry, Liberia, Mali, Niger, Nigeria, Senegal, and The Gambia. The selection of focus country under SPS shall be in line with USAID/WA strategy. The technical objective is to improve quality and increased quantity of human resources capable of performing pharmaceutical management functions and services.

**Activity Title:** Carry out a diagnostic of procurement and supply management for one USAID/WA focus country-Cameroon.

**Activity Manager:** Goredema, Wonder    **Activity #:** 5    **Task:** LFRA07XXX    **Subtask:** 60CXA4

**Activity Description:** The evaluation will be conducted as a joint collaboration between SPS and the Department of Pharmacy and Drug at the MoH. The National System of Essential Drugs' structures combine a group of national and international organizations including the European Union, the French Cooperation, the Deutsche Gesellschaft fur Technische Zusammenarbeit, the Belgium Cooperation, the Centrale Nationale

d'Approvisionnement en Medicaments et Consommables Medicaux (Central Medical Stores) operating at national level, and the Centre Provincial d'Approvisionnement en Produits Pharmaceutiques operating at the regional level. The Central Medical Stores have a mandate to make essential drugs and medical supplies available and accessible in public health facilities in Cameroun. The evaluation process will include a preparatory phase and a data collection phase. During the preparatory phase, administrative and technical issues (data collection tools, tracer list of drugs, and survey sites and logistics which include data collection teams), will be developed in collaboration with MoH representatives. Data collectors will also be trained. Data collection will include conducting direct interviews with key MoH informants to investigate policies and regulations supporting pharmaceutical activities in country, followed by collecting data at the survey sites. Team leaders will meet at the end of the data collection to review the work done, provide clarifications on the tools used, and discuss problems as needed. The data will then be aggregated and analyzed and an assessment report compiled and disseminated.

**Budget:** \$0.00

**Start Date:** Oct/2007      **End Date:** Mar/2009

**Products Planned:** Trip report, English and French versions of assessment report

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**Reporting Period:** Year: Project Year 2      **Quarter:** Q1

**Activity Progress:** The pharmaceutical system assessment centered on a general diagnostic and analysis of a set of 14 indicators. SPS received additional information from the field needed to process and analyze the Cameroun assessment data. The findings were shared in a draft report with the MoH/DPM which provided feedback and suggestions that were taken into account as appropriate. The updated version of the report was sent to SPS/Editorial for final editing and formatting. SPS responded to editorial queries and received a final copy of the French version of the report.

**Barriers to Progress:** There were delays due to the review of the draft report by MOH/DPM in Cameroun. However, persistent follow-up allowed SPS to receive (though late) the required information and feedback.

**Next Steps:** The revised version of the report will be translated into English while the French version is being formatted (French and English are two official administrative languages in Cameroun). Twenty copies in French and 20 copies in English will be sent to the MoH/DPM for local dissemination.

**Activity Title:** Provide support to WRTRC to develop pharmaceutical management supervision tool for ALCO countries.

**Activity Manager:** Goredema, Wonder      **Activity #:** 9      **Task:** LFRA07XXX      **Subtask:** 60AXJ9

**Activity Description:** The proposed activity is to provide support to the West Africa Regional Technical Resource Collaboration to develop a pharmaceutical management supervision tool for the Abidjan to Lagos Corridor Organization (ALCO) countries. Benin's IRSP, a WA Regional Collaboration member institution whose staff was previously trained in pharmaceutical management, will be supported to develop the draft generic tool. The tool will then be shared with WAHO and IRSP will involve them further in promoting its subsequent uptake, adaptation, and implementation by interested ALCO countries. SPS will support IRSP to develop the first draft tool in collaboration with MoH of Togo. IRSP will work with the Benin MoH to produce the draft tool, which will then be subsequently adapted and implemented by other countries. The proposed approach and steps will be phase one(FY08)--hold discussions with IRSP to obtain their buy-in and explore possibility of supporting or contracting with them to develop a generic tool in collaboration with Benin MoH and other relevant local stakeholders. Agree to SOW and draw and sign and sign contract for the work with IRSP. IRSP to develop the tool adapted from available supervision tools, in collaboration with MoH. IRSP and SPS to conduct a workshop in collaboration with MoH Benin and representatives of key disease programs

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(HIV/AIDS, malaria, and TB) to review and finalize a generic version of the tool. SPS translates, edits, finalizes, and prints the tool and makes it available to regional stakeholders and development partners (ALCO, WHO) to disseminate further. Phase two (beyond FY08)—the generic tool will be disseminated by regional stakeholders and partners to additional interested ALCO countries to further adapt and implement to supervise and monitor pharmaceutical management activities.

**Budget:** \$0.00

**Start Date:** Oct/2008      **End Date:** Nov/2009

**Products Planned:**

Report of tool review and finalization workshop, English and French versions of generic pharmaceutical management supervision tool.  
Report of tool review and finalization workshop, English and French versions of generic pharmaceutical management supervision tool

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**Reporting Period:**

**Year:** Project Year 2      **Quarter:** Q1

**Activity Progress:**

Following Mission approval to reprogram the remaining FY07 funds, SPS focused on the best approach for developing the generic supervision tool for pharmaceutical management in the five ALCO countries. The WARP work plan was revised consequently to incorporate the supervision tool as an additional (9th) activity. A series of discussions were conducted with SPS staff involved on the WRTRC activity and other SPS staff working in the region to explore and map out how best to initiate this activity. A two-phase approach agreed upon includes phase one (FY08)—support IRSP of Benin (regional institution capacitated by RPM Plus/SPS) to draft and finalize the generic tool in collaboration with in-country partners in Benin. Phase 2 two (beyond FY08)—collaborate with WAHO to disseminate and make the tool available to additional ALCO countries that will adapt the tool to country context and implement it. The SPS technical team initiated discussions with IRSP in December to explore interest of the organization for conducting this activity and set up an appropriate team to this end.

**Barriers to Progress:**

Minor delays were due to discussions with the Mission and internal SPS review of strategies and best approaches.

**Next Steps:**

IRSP will prepare and submit a draft budget to SPS which will review and analyze the budget and a contract will be drawn up if an agreement is reached between the two parties.

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## COUNTRY PROGRAMS

### Afghanistan

**Workplan:** Afghanistan    **Year** 08

**Funding Level:** \$2,000,000.00

#### Workplan Background

Problems associated with the availability and use of pharmaceutical products were identified when donors and implementing partners returned to Afghanistan early in 2002. A number of assessments conducted since that time [1] have confirmed much of the anecdotal information circulating about the presence and use of pharmaceutical products of unacceptable quality, poor access to life-saving medicines, and irrational prescribing and use. At present, the prevailing perception is that Ministry of Public Health (MoPH) stewardship in pharmaceutical management is weak. Since 2002, the U. S. Agency for International Development (USAID) has supported pharmaceutical management technical assistance to the Afghanistan MoPH and nongovernmental organizations (NGOs) through the Afghanistan Health Services Enhancement Project (AHSEP), the Rural Expansion of Afghanistan's Community-Based Healthcare (REACH) Program, and the MSH Tech-Serve Project, mainly in the area of policy development. Both AHSEP and REACH provided assistance directly to service provision grant recipients to facilitate ordering, storage, and use of pharmaceuticals. All three projects purchased pharmaceuticals for use by these grantees to provide the Basic Package of Health Services and Essential Package of Hospital Services.

Most recently, Tech-Serve program provided technical assistance to the MoPH to revise the national essential medicines list, facilitated general pharmaceutical management training in 13 provinces, and has provided \$5.6 million worth of essential drugs to nongovernmental organizations (NGOs). As a logical evolution of the work that began with AHSEP in 2002, USAID/Kabul has provided funds to the Strengthening Pharmaceutical Systems (SPS) Program to (1) improve the use of medicines, (2) build the capacity of the MoPH to manage pharmaceutical services, (3) build the capacity of the MoPH to ensure the quality of pharmaceutical products, (4) establish a coordinated procurement and distribution system, and (5) design a system for USAID procurement of pharmaceuticals to be used after the conclusion of the Tech-Serve Project. In January and February 2008, the Mission requested an initial planning visit which SPS carried out. The activities proposed below were developed during the planning visit, based on discussions with USAID, other donors, the MoPH, United Nations' (UN) agencies, NGOs, and current USAID health projects. Several documents were consulted including but not limited to Pharmaceutical Situation in Afghanistan: Preliminary Assessment (WHO 2002), Afghanistan Pharmaceutical Sector Assessment (MSH 2002), Baseline Drug Indicator Study (Swedish Committee 2003), and Afghanistan Pharmaceutical Sector Identification Mission Report (European Commission 2008.)

**Activity Title:** Technical activity coordination and monitoring

**Activity Manager:** Morris, Mark    **Activity #:** 1    **Task:** LFAF08XXX    **Subtask:** 97XXY1

**Activity Description:** This activity includes technical coordination, work plan development, meetings, and communication with partners and collaborators, and will be carried out by local and regional SPS staff with support from the Arlington-based SPS team.

**Budget:** \$93,535.00    **Start Date:** Jul/2008    **End Date:** Sep/2009

**Products Planned:** Workplan, quarterly reports, annual report, ad hoc reports, trip reports

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Considerable delays in the staff recruitment for the SPS Afghanistan Program resulted in initial delays in the planning and implementation of several key activities; however, as of October 2008, the SPS Afghanistan Program is fully staffed. The planning and implementation of key activities in collaboration with

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the MoPH/Directorate of Pharmaceutical Affairs are well on their way.  
**Barriers to Progress:** No constraints noted at this time.  
**Next Steps:** SPS will continue to work in close collaboration with the MoPH/Directorate of Pharmaceutical Affairs to ensure that sufficient and appropriate technical assistance (TA) and support are provided to the MoPH for the strengthening of various aspects of the pharmaceutical management system within the pharmaceutical sector in Afghanistan.

**Activity Title:** Initial visit/workplan development

**Activity Manager:** Morris, Mark **Activity #:** 2 **Task:** LFAF08XXX **Subtask:** 60AXQ2

**Activity Description:** In January and February 2008, the Mission requested an initial planning visit which SPS carried out with subsequent visits in June/July. The work plan development process entailed a collaborative process comprised of several scoping meetings with key government counterparts from the MoPH and other key stakeholders such as the World Health Organization (WHO), the European Union (EU), and the World Bank. The scoping meetings provided opportunities to clarify technical priorities and identify related programmatic needs.

**Budget:** \$114,630.00 **Start Date:** Jun/2008 **End Date:** Sep/2009

**Products Planned:** Draft work plan; trip report

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** This activity was completed with the finalization and formal approval of the SPS Afghanistan work plan by USAID/Afghanistan Mission in October 2008.

**Activity Title:** RMU- Establishment of a National Drug & Therapeutics Committee (conduct stakeholder mapping, conduct meetings to gain support, drafting & approval of NDTC goals, objectives, TOR, and action plan)

**Activity Manager:** Morris, Mark **Activity #:** 3 **Task:** LFAF08XXX **Subtask:** 60BXH3

**Activity Description:** The SPS approach to improving the use of medicines will be through establishment of a National Drug and Therapeutics Committees, initially at the central level with the goal to develop a plan for eventual roll out to the provincial level when appropriate. This approach involves getting the managers and professionals who are responsible for the many activities impacting the use of medicines to work together. SPS will present the concept of DTCs to the MoPH and relevant stakeholders to obtain consensus on this intervention and to develop the TOR and work plan for a National DTC.

**Budget:** \$71,000.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

**Products Planned:** Collection/catalog of materials; a document explaining current roles and responsibilities in the area of RMU; minutes of meetings; written mandate; NDTC guidance document

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** This activity officially commenced in December 2008 (9th Dec - 20th Dec) with the visit of a team comprised of two individuals (Dr. Mohan Joshi & Mr. Terry Green) who are SPS internal experts specializing in the area of RMU. SOW of work included: locating and cataloging of existing documents (policies, standards, & training materials) related to RMU and identification of actors (within and outside of the MoPH) responsible for activities influencing the use of medicines; development of a plan for the review and adaptation of existing SPS DTC/RMU materials to suit the context of Afghanistan incorporating facts and materials available in country; the provision of TA for the development of 1 & 3 year overall operational/implementation plan that will include among other things plans for training courses/schedules, development of the TOR and work plan for the National DTC, and implementation of indicator based studies in several Kabul hospitals. On the 17th of December, the SPS team (SPS local staff, Dr. Joshi, & Mr. Green) provided a comprehensive presentation at the Ministry of

Public Health on RMU, highlighting the issues and concerns, and the areas for interventions. The meeting was comprised of several senior staff of the MoPH, most notably Dr. Karkar, Deputy Minister Health. On the 29th of Dec , SPS local team conducted a two hour presentation for the staff of the General Directorate of Pharmaceutical Affairs to appropriately introduce them to the concept of RMU.

**Barriers to Progress:** None noted at this time. The MoPH and its staff are all eager and motivated to move this process forward.

**Next Steps:** Within the next quarter, the following next steps will be undertaken: completion of RMU Rapid Appraisal; completion of RMU Catalog (and summary of related RMU literature; commence initial activities to establish the NDTC; provision of training to the staff of API; development of TOR for NDTC; development of specific plan for introduction of the NDTC, establishment of the committee, schedule of training and getting all the necessary buy-in and approval for the committee; and actual implementation of the NDTC is planned for February.

**Activity Title:** RMU - NDTC conducts indicator based medicines use study and disseminates result.

**Activity Manager:** Morris, Mark **Activity #:** 4 **Task:** LFAF08XXX **Subtask:** 60EXA4

**Activity Description:** Conduct an indicator base medicine study using methods developed by the International Network for Rational Use of Drugs (INRUD) and WHO. Results of this study will help to guide the development of a work plan by the DTC and provide baseline data against which progress will be measured.

**Budget:** \$98,000.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

**Products Planned:** Study report/results

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** A December visit to Kabul by a team of two MSH RMU experts (Dr. Mohan Joshi and Mr. Terry Green) began the planning for this activity; the first draft of the drug use study (assessment) and criteria and plan will begin the first month of the next quarter.

**Barriers to Progress:** None noted at this time. The MoPH and its staff are all eager and motivated to move this process forward.

**Next Steps:** First draft of drug use study to be developed the first week of January 09; design and development of drug use data collection forms, training of data collectors, field testing of data collection forms and activities to be accomplished in February 09; and completion drug use study in March 09.

**Activity Title:** RMU - Implementation of a national DTC training for key staff of MoPH & health facilities

**Activity Manager:** Morris, Mark **Activity #:** 5 **Task:** LFAF08XXX **Subtask:** 60BXM5

**Activity Description:** The SPS approach to improving the use of medicines will be through establishment of a National Drug and Therapeutics Committee, initially at the central MoPH level with the goal to develop a plan for eventual roll out to the provincial level when appropriate. This approach involves getting the managers and professionals who are responsible for the many activities impacting the use of medicines to work together. SPS will provide technical assistance to the NDTC in the following area: conduct a course to train MoPH officials and key health facility personnel in the concepts of an effective DTC that actively manages drug use in healthcare facilities. The course will address developing and maintaining Essential Medicines Lists, determining efficacy of drugs, drug safety issues, quality, cost, identifying drug use problems, treatment guidelines, drug use evaluation, education programs, containing Antimicrobial Resistance, and infection control.

**Budget:** \$222,165.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

**Products Planned:** Training report, training materials, trip reports

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*SPS Activity and Product Status Report  
Year 2 Quarter 1*

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** A December visit to Kabul by a team of two MSH RMU experts (Dr. Mohan Joshi and Mr. Terry Green) began the planning for this activity; an initial training was provided to the staff of MoPH/Directorate of Pharmaceutical Affairs (API) in December 08. In the first month of the next quarter, the first draft of the TOR will be developed and finalized.

**Barriers to Progress:** None noted at this time. The MoPH and its staff are all eager and motivated to move this process forward.

**Next Steps:** Within the first month of the next quarter, drafting and finalization of the TOR for the NDTC/DTCs, development of a specific plan for introducing the NDTC, and establishment of the committee. Actual implementation of the NDTC is planned for February 09. In January 09, SPS will develop plans, timeline, facilitators, attendees, specific activities for DTC training course which is scheduled to take place in July 09.

**Activity Title:** RMU - Support the NDTC with the development of 1 & 3 year plans to improve pharmaceutical use & monitor progress

**Activity Manager:** Morris, Mark **Activity #:** 6 **Task:** LFAF08XXX **Subtask:** 60E3H6

**Activity Description:** The SPS approach to improving the use of medicines will be through establishment of a National Drug and Therapeutics Committee, initially at the central MoPH level with the goal to develop a plan for eventual roll out to the provincial level when appropriate. This approach involves getting the managers and professionals who are responsible for the many activities impacting the use of medicines to work together. SPS in collaboration with the MoPH/Directorate of Pharmaceutical Affairs will develop one- and three- year plans to improve the use of medicines and monitor progress. Implementation of interventions will likely occur by the end of the first year of the project and continue throughout the life of the project.

**Budget:** \$30,000.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

**Products Planned:** A plan to address the immediate and medium term needs in developing a comprehensive program to improve the use of medicines

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** In collaboration with the MoPH/Directorate of Pharmaceutical Affairs, SPS in December 08 facilitated a TDY comprised of a team of SPS HQ experts (Dr. Mohan Joshi and Mr. Terry Green). Dr. Joshi and Mr. Joshi have gained a great deal of information and understanding of the contextual status of the pharmaceutical sector in Afghanistan and have begun the process of assisting the SPS team and the MoPH with identifying specific areas for intervention relative to the need to address broadly and specifically the area of RMU. Through the December visit, a 1 and 3 year plan is already begin developed. The 1 and 3 year plans will be finalized within the first quarter simultaneously as year 1 activities are being developed and implemented.

**Barriers to Progress:** None noted at this time. The MoPH and its staff are all eager and motivated to move this process forward.

**Next Steps:** During the next quarter, SPS in collaboration with the MoPH/Directorate of Pharmaceutical Affairs will continue to finalize the 1 and 3 year plans while at the same time continue to develop and implement activities for year 1.

**Activity Title:** RMU - Provide support to HSSP with implementation of Rational Medicine Use trainings for NGOs

**Activity Manager:** Morris, Mark **Activity #:** 7 **Task:** LFAF08XXX **Subtask:** 60E3H7

**Activity Description:** SPS will provide technical assistance and support to Health Systems Strengthening Project (HSSP) for strengthening the capacity of its training staff to better support USAID supported NGOs around Rational Medicine Use. This support will include the following: revision of RMU training materials,

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strengthening the RMU capacity of HSSP through a TOT exposure of its training staff, and support in the supervision and follow-up of HSSP's TOT participants.

**Budget:** \$40,000.00

**Start Date:** Jul/2008      **End Date:** Sep/2009

**Products Planned:**

Revise training materials, training reports

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**Reporting Period:**

**Year:** Project Year 2      **Quarter:** Q1

**Activity Progress:**

During TDY of SPS HQ RMU experts, SPS held several meetings with HSSP to determine how SPS may be of assistance and support to HSSP in the area of RMU. SPS and HSSP were able to identify specific areas in which SPS could be of support to HSSP. HSSP requested that SPS assist with the review training materials that it has been utilizing in the provision of training for NGOs. SPS will review the training materials and provide recommendation for the revision of the materials. In addition, HSSP has requested the assistance of SPS with coordinating efforts among HSSP, GMCU, and Tech-Serve for addressing the issue of RMU among USG funded NGOs. On the 23rd of October, SPS convened a coordination meeting comprised of all of the aforementioned organization. The purpose of the meeting was to allow for clarification role and responsibilities among all relevant organization on the area of RMU and to ensure that there is a coordinated effort to address the issue of RMU among the NGO supported health facilities.

**Barriers to Progress:**

None noted at this time. The MoPH and its staff are all eager and motivated to move this process forward.

**Next Steps:**

Review HSSP Rational Medicine Use training materials, development of recommendations for strengthening HSSP's RMU trainings and training approach, and finalize SPS' recommendations for HSSP RMU training.

**Activity Title:**

MoPH - Conduct three-week overview course on managing drug supply

**Activity Manager:**

Morris, Mark      **Activity #:** 8      **Task:** LFAF08XXX      **Subtask:** 60CXM8

**Activity Description:**

Pharmaceutical management is one of the eight priority areas included in the draft MoPH Health and Nutrition Sector Strategy of 2008. The strategy identifies the need to establish a procurement system, ensure access to and availability of safe, effective and affordable pharmaceuticals, and ensure the quality of pharmaceuticals, particularly in the private sector. In response to this, SPS will conduct a general course in pharmaceutical management based on the standard Managing Drug Supply (MDS) text. This course will target staff at the Directorate for Pharmaceutical Affairs and serve as the foundation for work in all pharmaceutical management technical areas, including selection, procurement, distribution, use, policy, and management. Participants will understand the need to use a systems-based model for managing the sector, and will learn a common vocabulary.

**Budget:** \$225,000.00

**Start Date:** Jul/2008      **End Date:** Sep/2009

**Products Planned:**

Training report, training materials, trip report

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**Reporting Period:**

**Year:** Project Year 2      **Quarter:** Q1

**Activity Progress:**

SPS conducted a comprehensive MDS training course for the General Directorate of Pharmaceutical Affairs' senior technical staff. The course started on November 4 and ran through December 4, 2008. This course covered all topics related to pharmaceutical management which is based on the standard Managing Drug Supply text. The course targeted the staff of the General Directorate of Pharmaceutical Affairs and served as the foundation for work in all pharmaceutical management technical areas including selection, procurement, distribution, use, policy, and management. Participants gained an understanding of the need to use a systems-based model for managing the sector and were provided an opportunity to learn a common language related to pharmaceutical management. The official opening of the training was attended by approximately 380 individuals and a total of 59 individuals participated in the overall training.

*SPS Activity and Product Status Report  
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**Barriers to Progress:** Experienced difficulties in coordinating the official opening of the course.  
**Next Steps:** In collaboration with the staff of the Directorate of Pharmaceutical Affairs, SPS will develop and implement within the next quarter a series of targeted MDS cascading trainings beginning with a Training of Trainers (TOT) at the central level before moving to the provincial level.

**Activity Title:** MoPH - Provide TA to the MoPH to revise and finalize draft laws, policies, and regulations

**Activity Manager:** Morris, Mark **Activity #:** 9 **Task:** LFAF08XXX **Subtask:** 60AXH9

**Activity Description:** SPS will engage the services of expert Dr. Graham Dukes for the review, revision, and finalization of all relevant policies, laws, and regulations to enhance and build the pharmaceutical sector. Dr. Dukes is quite familiar with the dynamics of the pharmaceutical sector and was instrumental, under the REACH Program, in assisting the Afghanistan MoPH with the drafting of several policies, laws, and regulations. SPS will also provide targeted intervention in legislation/regulations and training in stock management.

**Budget:** \$60,845.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

**Products Planned:** The following legal, policy, and regulation documents: Medicine Law, National Medicines Policy, API Mandate, Regulations on import/wholesale, price control, manufacturing, licensing, advertising and pharmacies

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** The MoPH/Directorate of Pharmaceutical Affairs expressed reluctance in moving forward with revision and approval of draft laws and regulations due to upcoming elections in 2009. Dr. Hafiz was unsure of the status of draft laws and regulations created in 2003-2004 with assistance from MSH/REACH project. It is his understanding that a draft law on medicines is currently with the office of the President but he is not sure what version was submitted. SPS sent Dr. Hafiz all draft documents created in 2003-2004, and with the MoPH, will compare the draft law developed in 2003 with the version sent to the office of the president for approval. Dr. Hafiz requested SPS assistance in implementing selected aspects of existing Medicines Law.

**Barriers to Progress:** The MoPH has asked for a delay in implementing this activity because of scheduled upcoming elections.

**Next Steps:** SPS will await the direction of the MoPH with respect to planning and implementing this activity. In the interim, SPS will assist the MoPH with comparing and reviewing the draft of the law developed in 2003 with the version sent to the office of the president for approval and will determine with the MoPH the aspects of the existing Medicines Law that it would like to implement.

**Activity Title:** MoPH - Provide TA to the MoPH to improve internal and external coordination and communication on pharmaceutical management activities

**Activity Manager:** Morris, Mark **Activity #:** 10 **Task:** LFAF08XXX **Subtask:** 60AXD0

**Activity Description:** Provide TA to identify available resources, donors and partners involved in providing resources; and development of an action plan to effectively coordinate the resources and communicate with donors/partners and the various departments within the MoPH and the Directorate of Pharmaceutical Affairs. SPS will also assess the basic equipment needs of the various departments of the MoPH/Directorate of Pharmaceutical Affairs and donate the required equipment (i.e., computers, printers, photocopiers, scanners, cameras). SPS will assist with providing basic infrastructure equipment required to render the Directorate of Pharmaceutical Affairs capable of accessing the internet to improve coordination and communication internal and external to the MoPH and the Directorate of Pharmaceutical Affairs.

**Budget:** \$30,000.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** During the reporting period, SPS identified several issues with the MoPH/Directorate of Pharmaceutical Affairs that significantly impede the MoPH/Directorate's effective internal and external communications. Two such areas were the lack of internet access and the lack of equipment such as computers, printers, scanners, and photocopying machines. During the reporting period, SPS undertook the steps necessary to ensure that internet access is granted to select departments/members of the Directorate and began the process of procuring equipment (i.e., computers, printers, scanners, and photocopying machines) which will be delivered to the MoPH within the first month of the next quarter (January 2009). SPS will continue to work closely with the MoPH and the Directorate to assist with identifying areas in need of coordination and improving communications internally and externally.

**Barriers to Progress:** None noted at this time. The MoPH and its staff are eager and motivated to move this process forward.

**Next Steps:** SPS will deliver equipment and ensure the effective installation of internet access in January 2009; SPS will continue to meet with the MoPH/Directorate of Pharmaceutical Affairs to identify opportunities to effectively improve its internal and external coordination and communication capacities.

**Activity Title:** MoPH - Conduct targeted training for warehouses, hospitals, and health facilities staff in stock management.

**Activity Manager:** Morris, Mark **Activity #:** 11 **Task:** LFAF08XXX **Subtask:** 60C3MA

**Activity Description:** In collaboration with the MoPH/Directorate of Pharmaceutical Affairs, SPS will plan and implement training in basic and advanced pharmaceutical management with particular emphasis on stock management for staff of warehouses, hospitals, and health facilities.

**Budget:** \$50,000.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

**Products Planned:** Training report(s), training materials, trip report(s)

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** SPS conducted MDS training from November 4 through December 4, 2008; the training covered all aspects of pharmaceutical management. As a direct follow up to the MDS training, SPS in collaboration will be developing a training plan and schedule for the implementation of trainings for warehouse, hospitals, and health facilities staff in stock management. SPS will also be working closely with Tech-Serve in this endeavor.

**Barriers to Progress:** Scheduling time with MoPH and Tech Serve to clearly identify training needs of warehouse, hospital, and health facilities staff. Tech-Serve and the staff of MoPH are committed to ensuring that a plan is developed and executed.

**Next Steps:** In collaboration with MoPH and Tech Serve, develop a plan of action for implementing stock management trainings.

**Activity Title:** MoPH - Assist the MoPH to compile, review, and revise standards and training materials on pharmaceutical management and Rational Medicine Use

**Activity Manager:** Morris, Mark **Activity #:** 12 **Task:** LFAF08XXX **Subtask:** 60AXEB

**Activity Description:** In collaboration with the MoPH/GDPA and other key stakeholders, SPS will take the lead and facilitate the process required for compiling, reviewing, and revising available training materials with the goal of establishing a standard set of training materials for each relevant aspect of pharmaceutical management.

**Budget:** \$20,000.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

**Products Planned:** One set of standards and training materials to be followed by and used by all stakeholders

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** During the reporting period, SPS headquarters experts undertook a temporary

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duty assignment (TDY) to Kabul in December 2008 to catalog existing RMU literature and training materials as a first step in the process of planning to standardize training materials on pharmaceutical management and RMU in particular. The goal is to use the National Drug and Therapeutics Committee (NDTC) as the mechanism through which the RMU training materials will be standardized.

**Barriers to Progress:** There will be a need to establish the NDTC through which the RMU materials will be standardized. In the interim, SPS will assist the Health Systems and Services Strengthening Partnership (HSSP) with the reviewing and revising of its RMU training materials.

**Next Steps:** In collaboration with the GDPA staff, SPS will continue to assist with the steps necessary for the establishment of NDTC. Once the NDTC has been established, SPS will help develop an action plan for the NDTC which will include compiling, reviewing, and revising of the RMU for the standardization of the training materials. SPS will continue to assist HSSP with the reviewing and revising its training materials while it awaits the formal establishment of the NDTC.

**Activity Title:** Quality Assurance -Conduct mapping of pharmaceutical QA activities and responsibilities and conduct overview training in Quality Assurance

**Activity Manager:** Morris, Mark **Activity #:** 13 **Task:** LFAF08XXX **Subtask:** 60DXMC

**Activity Description:** A comprehensive system requires involvement of multiple actors, within and outside of the MoPH. Following a training course to introduce the concept of a comprehensive approach to QA, SPS will facilitate the formation of a QA Committee, located within the MoPH but comprised of representatives of various ministries and organizations, including the private sector. This committee will identify and address those areas mainly responsible for the presence and use of counterfeit and substandard products. While laboratory testing capacity will be addressed by the committee, the initial focus will likely be defining and strengthening the MoPH stewardship role through an evaluation of the current product registration system to identify improvement opportunities, inspection capacity, and related legal and regulatory issues. SPS has expressed interest in participating in a planned United Nations Population Fund (UNFPA) study of drug quality. The activities described above will be completed during the first year of the project with targeted technical assistance continuing throughout the life of the project.

**Budget:** \$55,000.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

**Products Planned:** Single document showing where the many activities impacting quality of drugs are occurring

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** In June, the senior manager for STTA carried a mapping exercise which allowed SPS, in collaboration with the Directorate of Pharmaceutical Affairs, to identify the various partners that are involved in the area of RMU and QA and clearly note their individual roles in the these two specific areas. In addition, in August, a SPS QA expert visited Kabul to begin the process of planning and implementation of this activity. The QA specialist had opportunities to meet with the Directorate and other key staff members to discuss the gaps in the pharmaceutical sector relative to QA. SPS is currently in process of developing a plan for the implementation of overview training in QA in collaboration with the Directorate.

**Barriers to Progress:** Coordinating SPS specialist's schedule.

**Next Steps:** Through the assistance of the QA specialist, SPS will develop overview training in QA to be implemented the first quarter of 2009.

**Activity Title:** QA - Conduct study on quality of pharmaceutical products for BPHS & EPHS

**Activity Manager:** Morris, Mark **Activity #:** 14 **Task:** LFAF08XXX **Subtask:** 60D2AD

**Activity Description:** In collaboration with the MoPH/GDPA, SPS will plan and conduct a study aimed at assessing the quality of pharmaceutical products that are being used in the BPHS and EPHS packages. Study findings will be used as one source of information for determining areas of interventions that are required to enhance and further strengthen the QA system in Afghanistan.

**Budget:** \$228,487.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

**Products Planned:** Study report

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** During the previous reporting period, the SPS QA consultant developed in collaboration with the GDPA a list of products that need drug quality testing. SPS is currently in the process of developing the study design for implementation. In an effort to ensure that the study to be carried out does not duplicate the recent Johns Hopkins study, SPS has asked the MoPH to request Johns Hopkins University's raw survey data and a list of facilities from which samples were taken for the study; the requested information was only provided during this reporting period and is being used to finalize the drug quality study. It is anticipated that the drug study design will be finalized by the first month of the next quarter and the study will be implemented shortly thereafter.

**Barriers to Progress:** SPS is taking considerable amount of time to ensure that the study to be designed and carried out not only answers the question of drug quality, but also provides information that will be utilized for designing, planning, and implementation of activities that will impact positively several aspects of the pharmaceutical sector of Afghanistan.

**Next Steps:** SPS to finalize the study design, implement the testing of products, and develop and disseminate results in collaboration with the Directorate of Pharmaceutical Affairs; SPS anticipates the implementation of the study within the next quarter.

**Activity Title:** QA - Create a MoPH committee on Drug Quality; create workplan to address known problems with drug quality and provide targeted TA to address gaps in management of QA activities.

**Activity Manager:** Morris, Mark **Activity #:** 15 **Task:** LFAF08XXX **Subtask:** 60DXHE

**Activity Description:** A comprehensive system requires involvement of multiple actors within and outside of the MoPH. Following a training course to introduce the concept of a comprehensive approach to QA, SPS will facilitate the formation of a QA committee, located within the MoPH but comprised of representatives of various ministries and organizations, including the private sector. This committee will identify and address those areas that contribute the most to the presence and use of counterfeit and substandard products. While laboratory testing capacity will be addressed by the committee, the initial focus will likely be defining and strengthening the MoPH stewardship role through an evaluation of the current product registration system to identify areas for improvement, inspection capacity, and related legal and regulatory issues.

**Budget:** \$110,000.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

**Products Planned:** MoPH Drug Quality Committee TOR; work plan to guide Drug Quality Committee; technical trip reports

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** The SPS QA consultant is currently assisting with the development of a plan for the establishment of a MoPH committee on drug quality. The plan will include developing terms of reference (TORs) for the committee and an action plan for the identification and for addressing known issues of drug quality; this activity is slightly behind as SPS and the MoPH/Directorate of Pharmaceutical Affairs has determined that this committee needs to fit within the larger framework of a QA

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system. SPS is currently in the process of assisting the MoPH with the exploration and development of such a system.

**Barriers to Progress:** SPS and MoPH have determined that there is a need to slightly delay establishing the QA committee needs to be slightly delayed until the larger QA system framework has been developed.

**Next Steps:** SPS to develop an overall operational plan for assisting the MoPH with addressing gaps in the QA systems in the pharmaceutical sector; develop a QA framework that will encompass the QA committee, provide written plans to establish a MoPH committee on Drug Quality, and develop TORs for the committee.

**Activity Title:** QA - Participation in the implementation of Drug Quality Study with UNFPA

**Activity Manager:** Morris, Mark **Activity #:** 16 **Task:** LFAF08XXX **Subtask:** 60DXAF

**Activity Description:** A comprehensive system requires involvement of multiple actors, within and outside of the MoPH. USAID informed SPS of a study UNFPA has indicated that it would undertake and suggested that SPS participate in the study. SPS will identify with UNFPA areas of mutual interest and thus determine the most appropriate areas for collaboration relative to the study.

**Budget:** \$1,847.00 **Start Date:** Jan/2007 **End Date:** Sep/2009

**Products Planned:** Study report

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** During the reporting period, SPS reached out to UNFPA to ascertain the status of and ways in which SPS could participate in the study. UNFPA indicated that while the study was included in the action plan, there were no immediate plans for the study to be implemented. The UNFPA indicated that it would like to collaborate with SPS in the drug quality study on quality of pharmaceutical products for BPHS and EPHS by perhaps identifying other products to be added to the list of products SPS will be assessing, as well as paying any additional costs that are associated with products. After several weeks, the UNFPA indicated that it would only recommend that condoms be added to the list of products. SPS determined that it will carry out the study on its own. As UNFPA will not be carrying out a study, SPS will replace this particular activity with an activity to conduct a comprehensive assessment of the Central Medical Stores (CMS). USAID's Mr. Randolph Augustin agreed to the need for SPS to conduct a comprehensive assessment of the CMS.

**Barriers to Progress:** UNFPA determined that it will not plan or implement its study.

**Next Steps:** In collaboration with the MoPH, SPS will develop a plan of action for the implementation of a comprehensive assessment of the CMS. A TOR for the assessment will be developed within the second month of the next quarter.

**Activity Title:** QA - Provide TA to improve policies and management of QC laboratories

**Activity Manager:** Morris, Mark **Activity #:** 17 **Task:** LFAF08XXX **Subtask:** 60LXHG

**Activity Description:** SPS will provide technical assistance and support to the MoPH/Directorate of Pharmaceutical Affairs to review and revise existing policies and management procedures related to laboratories' QC. Where appropriate, SPS will assist with the development of SOPs and training materials for QC management.

**Budget:** \$60,000.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

**Products Planned:** Technical and trip reports

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** This activity will be part of the larger operational plan that is currently being developed by SPS for implementation within the next quarter.

**Barriers to Progress:** The availability of SPS HQ expert.

**Next Steps:** The SPS senior quality assurance adviser will assist with the planning and implementation of this activity.

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**Activity Title:** CPDS - Support the establishment of a CPDS in Afghanistan; develop a CPDS concept paper & implementation plan; conduct a series of stakeholders meetings to secure buy-in for the CPDS.

**Activity Manager:** Morris, Mark **Activity #:** 18 **Task:** LFAF08XXX **Subtask:** 60C2HH

**Activity Description:** SPS will work with the MoPH to develop and disseminate a concept paper explaining the rationale for a Coordinated Procurement and Distribution System and how the system will be designed and implemented. After gaining support and identifying stakeholders who will be responsible for ongoing work, SPS will help to develop a governance framework that lays out the objectives of the system and how various parts of the system, such as quantification, procurement, storage and distribution will function. SPS anticipates having an approved Governance Framework by the end of the first year of the project, with implementation beginning early in the second year. SPS will also serve in a supporting role to enhance stock management training activities undertaken by the Tech Serve project that target NGOs.

**Budget:** \$117,036.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

**Products Planned:** Concept paper; meeting minutes

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS HQ experts on the Coordinated Procurement and Distribution System (CPDS) conducted a TDY to Kabul in December 2008. The TDY resulted in several meetings with the MoPH and key stakeholders to introduce the concept of a CPDS. On December 17, the SPS experts convened a meeting comprised of senior MoPH staff including the Deputy Minister of Public Health. The MoPH has embraced the need to move forward with the process of establishing this much needed system. SPS provided a comprehensive presentation highlighting the CPDS concept and it could be of assistance to the MoPH and key stakeholders in Afghanistan. SPS has developed a questionnaire to be administered to various stakeholders that are involved in the procurement of drugs in Afghanistan. The questionnaire results will allow SPS and the MoPH to determine who is doing what in the system relative to the procurement of drugs and, importantly, determine where the gaps are in the system and identify specifically where coordination is required. The questionnaire is ready for review by the Directorate of Pharmaceutical Affairs; however, it will not be implemented until the middle of December. SPS has assisted the MoPH with drafting a memo introducing and endorsing the work to be carried by SPS and the Directorate of Pharmaceutical Affairs in their mutual quest to move along the process necessary for establishing the CPDS.

**Barriers to Progress:** None noted at this time; however, SPS anticipates that it will be quite challenging to secure the buy-in of all of the critical players and stakeholders initially.

**Next Steps:** Finalization of questionnaire with the MoPH/Directorate of Pharmaceutical Affairs staff; development of an overall implementation plan for this activity with SPS consultants, implementation of the questionnaire from mid-January to mid-February 2009, and convening a stakeholders' meeting to be scheduled for the end of February 2009.

**Activity Title:** CPDS - Develop CPDS Governance Framework

**Activity Manager:** Morris, Mark **Activity #:** 19 **Task:** LFAF08XXX **Subtask:** 60C2FI

**Activity Description:** SPS will work with the MoPH to develop and disseminate a concept paper explaining the rationale for a CPDS and how the system will be designed and implemented. After gaining support and identifying stakeholders who will be responsible for ongoing work, SPS will help to develop a governance framework that lays out the objectives of the system and how its various parts, such as quantification, procurement, storage, and distribution, will function. SPS anticipates having an approved governance framework by the end of the first

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project year, with implementation beginning early in the second year. SPS will also support enhancing stock management training activities undertaken by the Tech-Serve project that target NGOs.

**Budget:** \$40,000.00    **Start Date:** Jul/2008    **End Date:** Sep/2009  
**Products Planned:** CPDS Governance Framework document

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Activity Progress:**    This activity will be carried out in a logical sequence subsequent to implementing the questionnaire and developing a concept paper.  
**Barriers to Progress:**    This activity will be implemented only after the development of a concept paper.  
**Next Steps:**    Await the development of concept paper and implementation of overall CPDS plan.

**Activity Title:** CPDS - Provide support to Tech-Serve stock management training for NGOs.

**Activity Manager:** Morris, Mark    **Activity #:** 20    **Task:** LFAF08XXX    **Subtask:** 60C2MJ

**Activity Description:**    In collaboration with Tech-Serve, SPS will develop and conduct trainings for U. S. Government (USG)-funded NGOs that procure their drugs from Tech-Serve. The trainings will cover various aspects of pharmaceutical management including stock management.

**Budget:** \$52,000.00    **Start Date:** Jul/2008    **End Date:** Sep/2009  
**Products Planned:**    Training report; training materials; trip report

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Activity Progress:**    During the reporting period, upon the request of Tech-Serve, SPS provided technical assistance and support to Tech-Serve for the planning of a two-day workshop to all PPG NGO pharmacy and project managers. The workshop was conducted from November 14 to 15, 2008. The workshop covered the following topics--drug distribution based on average monthly consumption and revision of the average monthly consumption per type of health facility. SPS will continue to work with Tech-Serve to identify areas in which SPS may be of assistance.  
**Next Steps:**    SPS will continue to schedule time with Tech-Serve to identify the Tech-Serve staff training needs and to develop a training schedule.

**Activity Title:** CPDS - Remain current on all Tech-Serve pharmaceutical related activities through receipt and review of reports and regular meetings with Tech-Serve staff.

**Activity Manager:** Morris, Mark    **Activity #:** 21    **Task:** LFAF08XXX    **Subtask:** 60CXNK

**Activity Description:**    In an effort to render appropriate and consistent technical assistance and support to Tech-Serve in the area pharmaceutical management, SPS will maintain close contact with the relevant staff of Tech-Serve through ongoing meetings. In addition, SPS will request and review monthly reports from Tech-Serve as a means by which to further identify areas of support needed by Tech-Serve with respect to pharmaceutical management.

**Budget:** \$15,000.00    **Start Date:** Jun/2008    **End Date:** May/2009  
**Products Planned:**    Updates in trip reports

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Activity Progress:**    SPS continues to meet frequently with Tech-Serve to remain current on all Tech-Serve Pharmaceutical related activities.  
**Next Steps:**    SPS Country Team Leader will continue to engage in weekly meetings with Tech-Serve.

**Activity Title:** Office Management

**Activity Manager:** Morris, Mark    **Activity #:** 22    **Task:** LFAF08XXX    **Subtask:** 97XXYX

**Activity Description:**    This activity includes the field administration and logistics expenditures, including salaries of local staff, rental, transportation costs, office supplies and

*Country Programs*

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other related expenses.  
**Budget:** \$184,302.00    **Start Date:** Jun/2008    **End Date:** May/2009  
**Products Planned:** Monthly financial reports; administrative reports

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Activity Progress:**    SPS continues to receive operational and administrative support through the Tech-Serve program on the ground in Afghanistan. The office continues to function without any concerns or issues.  
**Next Steps:**    Continue to effectively operate the office

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## Angola-PMI

**Workplan:** Angola PMI    **Year** 08

**Funding Level:** \$500,000.00

### Workplan Background

SPS has received FY08 malaria funds (\$500,000) to support pharmaceutical management activities in Angola. These funds will be used to provide leadership in pharmaceutical management for the PMI in Angola. This support will ensure that pharmaceutical management approaches and tools developed with country partners for malaria are appropriately disseminated. In addition, the funds will help ensure that tracking distributed malaria medicines is implemented in a coordinated manner, and includes designing and implementing an appropriate pharmaceutical management information system, thereby optimizing reduction in malaria morbidity and mortality among vulnerable populations in Angola.

**Activity Title:** Technical Activity Coordination and Monitoring

**Activity Manager:** Goredema, Wonder    **Activity #:** 1    **Task:** LFAO08PMI    **Subtask:** 97XXY1

**Activity Description:** Implementation of the work plan activities will involve close coordination among the Luanda-based local SPS consultant and Arlington-based staff, USAID/Angola Mission, national and PMI partners, and other MOH partners such as the World Bank, UNICEF, and WHO. The local SPS consultant in Luanda will be supported by an SPS Regional Advisor based in Ghana, one SPS senior program associate in Brazil and the Portfolio Manager in Arlington. This is expected to occur throughout the year.

**Budget:** \$40,000.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

**Products Planned:** Work plans, quarterly reports; financial reports; coordination meeting minutes

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Coordination included regular e-mail communication and teleconferences among SPS staff in Arlington, Kinshasa, Rio de Janeiro, and PMI partners.

**Next Steps:** Coordinate as in previous quarter.

**Activity Title:** Scale up ACT management and kit management trainings of trainers with PNME and other PMI partners

**Activity Manager:** Goredema, Wonder    **Activity #:** 2    **Task:** LFAO08PMI    **Subtask:** 60CXM2

**Activity Description:** As the ACT distribution is being scaled up in all provinces; SPS will support PMI-awarded NGOs in having ACT and kit management TOT sessions. Ideally, two TOT sessions will be organized in two provinces with participants coming from the targeted provinces. A maximum of 30 participants per session is anticipated. Additional support will be provided to the NGOs and provincial authorities during the subsequent trainings that will be performed by NGOs themselves to insure the quality of the trainings and continue to build the capacity of the partners in ACT management training.

**Budget:** \$100,000.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

**Products Planned:** ToT materials, attendance lists, training report

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** As a result of the Malanje ACT and kit management TOT workshop with 40 participants from 5 PMI-supported provinces that SPS conducted collaboratively with the National Division for Medical Equipment and Supplies (DNME), NMCP, and PMI-awarded NGOs in Malanje in June 2008, PMI-awarded NGOs have now conducted rollout trainings in five provinces (Huambo, Kwanza Sul, Kwanza Norte, Malange, and Zaire). A total of 349 people were trained using SPS materials during the review period. SPS continued to work with PMI-funded

NGOs to follow up on the training and oversee ongoing implementation and management of ACTs.

**Barriers to Progress:** TOTs could not be conducted in additional provinces this quarter because of non availability of local SPS staff in Angola. The search for a long-term local consultant continued.

**Next Steps:** Continue working with PMI-funded NGOs to follow up on the training and oversee on-going implementation and management of ACTs. Continue search for a long-term local consultant and conduct TOTs in two additional provinces.

**Activity Title:** Provide support in developing PMIS for antimalarials and other essential medicines

**Activity Manager:** Goredema, Wonder **Activity #:** 3 **Task:** LFAO08PMI **Subtask:** 60G4H3

**Activity Description:** Sub activities will include (1) review of warehouse management needs and MSH electronic tools capabilities to select and implement the most appropriate MSH tool at Angomedica and two provincial warehouses; (2) review existing information system for managing and tracking of medicines and supplies that are in use or planned for implementation in Angola by MOH and partners; (3) adapt the selected warehouse management tool and install it in Angomedica and two provincial warehouses with electronic equipments and staff training in tool utilization; (4) coordinate with partners the implementation of the PMIS components under SPS responsibility such the warehouse inventory management tools and trainings, and the ACT and kit management trainings of provincial warehouse and health facility staff; and (5) support the DNME in coordinating the implementation of the designed comprehensive PMIS across Angola.

**Budget:** \$100,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Trip reports, assessment reports

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** During an SPS visit to Angola in October/December 2008, the National Malaria Control Program (NMCP) and PMI Angola team requested SPS to provide TA to the MOH in preparing an implementation plan for a fully operational PMIS, and in progressively implementing an electronic tool for warehouse management at the national and provincial warehouses as a way to assist PMI partners implement a tracking system for the distribution of medicines and commodities down to the health facility level. An implementation plan was developed to assess, select, and adapt an existing MSH PMIS tool as appropriate and provide TA to train and implement the PMIS by March 2009.

**Barriers to Progress:** The agreed implementation plan could not be realized because of competing commitments.

**Next Steps:** Continue to coordinate and support MoH/DNME, NMCP, PMI-awarded NGOs, and PMI partners in implementing the supervision checklist, and end-use evaluation tool to monitor availability and rational use of antimalarial medicines and commodities.

**Activity Title:** Provide technical assistance in monitoring management and availability of malaria medicines and commodities at the national and provincial levels

**Activity Manager:** Goredema, Wonder **Activity #:** 4 **Task:** LFAO08PMI **Subtask:** 60CXH4

**Activity Description:** First develop a monitoring plan with periodic visits to be performed by either SPS and/or PMI-awarded NGOs and national partners (National Directorate of Monitoring and Evaluation, NMCP) in all 18 provinces of Angola, using a standardized supervision checklist and approach. Then perform quarterly monitoring visits at the provincial level in coordination with national and provincial authorities and PMI-awarded NGOs. Prepare quarterly reports with data and key findings from the monitoring visits performed at the provincial level and recommendations for improving ACT availability and rational use, and share

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with PMI partners in Angola and in Washington.  
**Budget:** \$100,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** Supervision plans, supervision reports, trip reports

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** SPS coordinated closely with World Learning, EDP, NMCP, and PMI partners and PMI-awarded NGOs to finalize the MoH/EMP supervision tool to monitor the management and availability of malaria medicines and commodities. In November 2008, SPS held a meeting with 16 PMI stakeholders to further revise and adapt the draft supervision tool, previously developed by the National Malaria Control Program. The tool was later revised and shared with PMI partners with SPS support to incorporate the PMI end-use verification tool approach and feedback from the field. The tool has since been finalized.

**Barriers to Progress:** National supervisors are facing funding challenges.  
**Next Steps:** Initiate implementation of the supervision tool in provinces with PMI-awarded NGOs. Disseminate and initiate implementation of the end use evaluation tool as part of the supervision system.

**Activity Title:** Review and disseminate SOPs for delivery and receipt of ACTs and other essential medicines at the national and provincial levels

**Activity Manager:** Goredema, Wonder **Activity #:** 5 **Task:** LFAO08PMI **Subtask:** 60F9D5

**Activity Description:** In FY08, SPS will review the warehouse SOPs in the existing Manual de Procedimientos and adapt them for provincial warehouses. The adapted SOPs will subsequently be validated with DNME, provincial authorities, and relevant PMI partners prior to their dissemination through training and periodic supervision of provincial warehouse staff.

**Budget:** \$100,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Adapted procedures for provincial warehouses-a training package including a procedure manual and supporting materials Training/trip report, provincial warehouse supervision report

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** There was no progress in this activity this quarter.  
**Barriers to Progress:** Shortage of staff  
**Next Steps:** Continue search for a long-term local consultant. Develop new SOPs and training materials on procedures and forms for drug management at provincial warehouse.

**Activity Title:** Improve national coordination for procurement and distribution of antimalarials and other medicines with DNME, national programs and commodities

**Activity Manager:** Goredema, Wonder **Activity #:** 6 **Task:** LFAO08PMI **Subtask:** 60CXH6

**Activity Description:** SPS will support the DNME in review of procurement and distribution of antimalarials and other medicines with the partners, including the NMCP and other key national programs, the UN agencies, Global Fund, and all other relevant partners active in pharmaceutical management. Then a national coordination committee for procurement and distribution of antimalarials and other medicines will be established under the DNME with the involvement of all national programs and partners. The committee will then receive information periodically on antimalarial availability and RMU in Angola. SPS will also support the DNME and the NMCP in quantifying and planning distribution of malaria medicines in Angola.

**Budget:** \$20,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** trip reports technical assistance reports assessments

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** SPS worked with John Snow, Inc. (JSI)/Deliver and other PMI partners in

October/November 2008 in supporting NMCP/PNME and Angomedica to effectively prepare for and receive a shipment of Coartem and ensure that inventory was properly carried out. All 1,883,970 blisters of Coartem that were shipped by the manufacturer were received at Angomedica. To support future shipments, SPS provided technical assistance to PMI partners to strengthen their local capacity to validate and finalize the distribution plan for the Coartem shipment and to quantify requirements for the next 12 months. First, representatives of PMI-awarded NGOs were trained on quantification, and then a meeting was held with the Essential Drugs Program (EDP), PMI representatives, and 26 provincial EDP and NGO participants to review and update delivery and receipt procedures for antimalarials and to agree on an appropriate quantification approach for national and provincial levels. SPS also worked with the EDP and the NMCP to develop and implement distribution schedules for the Coartem and follow up supervision schedules for monitoring the distribution. SPS technical staff subsequently conducted joint follow up visits with EDP and NMCP staff to monitor distribution of the PMI-procured ACTs in 5 provinces (Namibe, Huila, Bengo, Kwanza Sul, and Cabinda) in December 2008. Common findings included not up-to-date stocks records in two out of five provincial warehouses, insufficient stock levels and long stock-out periods for Coartem, warehouse temperatures too high for Coartem, incorrect stock card balances, and shortage of PNME procedures document.

**Next Steps:**

Conduct PMI systems strengthening assessment and make results available for 2010 MOP planning. Collect Procurement Planning and Monitoring Report for Malaria data for current and next quarter and submit to PMI.

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## **Benin-PMI**

**Workplan:** Benin PMI    **Year** 08

**Funding Level:** \$700,000.00

### **Workplan Background**

Malaria is the leading cause of morbidity and mortality in Benin. The burden of the disease primarily affects children under five and pregnant women and significantly limits the economic development of the country. The Government of Benin (GoB) considers malaria a public health priority and allocated 7 percent of its national budget to malaria control and prevention interventions. [2] In March 2004, Benin adopted the new malaria treatment policy with artemether-lumefantrine (AL) as the first-line treatment for uncomplicated malaria. To support the policy implementation, the 2001-2005 Malaria Strategic Plan was assessed and a Malaria Strategic Plan was developed for the period 2006-2010. The GoB efforts in malaria control and prevention are supported by partners such as WHO, UNICEF, USAID, the Global Fund, the African Development Bank, and the World Bank. The GFATM grants (Round 4: \$2.3 million and Round 7: \$34 million) are focused on community-based distribution of ACTs and selected health zones with Catholic Relief Services as Principal Recipient while the \$31 million World Bank Booster program and PROSAF (the University Research Co. program funded by USAID) support ACT distribution in the public health sector. In 2006, Benin was selected as one of the eight African countries added to the PMI. The goal of the initiative is to assist African countries in collaborating with partners to rapidly scale up coverage of the most vulnerable groups with proven interventions for preventing and treating malaria, including ACTs, insecticide-treated bed nets (ITNs), intermittent preventive treatment (IPT) of pregnant women, and indoor residual spraying (IRS).

In 2007, the U.S. Centers for Disease Control and USAID conducted the PMI needs assessment in Benin with support from RPM Plus which identified opportunities to support implementation of the existing national malaria control plan and assure achievement of Roll Back Malaria goals. The assessment identified several gaps in the supply management system such as lack of coordination mechanisms for malaria commodity management, absence of an operational drug management information system, lack of procurement and distribution planning at the Centrale D'Achats de Médicaments Essentiels et Consumables Médicaux ([Central Medical Stores] CAME), the absence of a detailed plan for phasing out old antimalarials and phasing in ACTs to cover the entire country, and lack of SOPs for drug management at department level and health facilities. These findings fed into the development of the 2008 Malaria Operational Plan (MOP) and identified the SPS program as a partner to support the MoH in improving the management of medicines and supplies for malaria in Benin. RPM Plus, the predecessor of the SPS program of MSH, provided technical assistance to more than 20 developing countries to strengthen medicines and health commodity management systems.

Within Benin, RPM Plus assisted the GoB in conducting the 2005 feasibility study on the decentralization of the CAME in Parakou. In 2006, RPM Plus led the USAID-funded health system assessment team which assisted the GoB in identifying the health system's strengths and weaknesses and provided recommendations that were subsequently included in the national health development plan (PNDS). RPM Plus also worked with the Family Health Division (MoH/DSF) and the Prevention of Post Partum Hemorrhage Initiative (POPPHI) to promote appropriate management practices of uterotonics for the Active Management of the Third Stage of Labor (AMTSL). With the Regional Institute of Public Health (IRSP) of Benin, RPM Plus supported the development of a curriculum and a pool of trainers in medicine management. Specifically for malaria and in the context of regional initiatives, RPM Plus supported the NMCP and CAME in developing their capacities in quantification, pharmaceutical management of malaria medicines. Technical assistance was also provided in the development of Global Fund procurement and supply management plans and in the identification of technical assistance required to address Global Fund grant implementation bottlenecks. In March 2008 and at USAID's request, SPS initiated its activities in Benin by conducting a review of the PMI needs assessment findings and identifying the key

pharmaceutical management interventions required to support NMCP for the nationwide scale up of malaria control and prevention interventions with the President Malaria Initiative. These proposed interventions are described in this work plan. [1] Republique du Benin, Annuaire des Statistiques Sanitaires, Annee 2006. [2] Plan Stratégique Quinquennal de lutte contre le Paludisme au Benin.

**Activity Title:** Technical Activity Coordination and Monitoring

**Activity Manager:** Onyango, Christine **Activity #:** 1 **Task:** LFBJ08PMI **Subtask:** 97XXY1

**Activity Description:** This activity includes technical coordination, work plan development, meetings, and communication with partners and collaborators, and will be carried out by local and regional SPS staff, with support from the Arlington-based SPS team. A set of indicators will be defined for the monitoring of SPS activities and will serve as a basis for reports provided to the USAID mission, as well as for revising targets to contribute to reaching PMI goals in Benin.

**Budget:** \$74,000.00 **Start Date:** Oct/2008 **End Date:** Dec/2008

**Products Planned:** Workplan and budget. Trip reports for TDYs.

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** The early part of Q1 was focused on obtaining approval of the FY08 work plan. Approval was obtained in late October, 2008 after a number of revisions. Following approval of the work plan, however, the Benin mission subsequently asked that SPS change the focus of the work plan. Initially, the work plan had consisted of four activities all focused on tracking the availability and use of antimalarials in support of the PMI. First activity focused on strengthening Benin's public pharmaceutical information system. Second activity focused on strengthening the existing supervision system in the public health sector at the health zone level to enable tracking of the availability of antimalarials as well as improvement in stock management practices. Systems improvements were to be enhanced through the development of harmonized training materials (third activity) and developing and setting into motion operations of SOPs (fourth activity). However, the mission requested that SPS shift the focus of the work plan to identifying weaknesses in transparency and governance at the CAME. The mission's concern was that the CAME's central role in ensuring the availability and appropriate use of malaria products procured for Benin through PMI meant that institutional weakness that was not addressed could hamper the success of the PMI. The mission thereby requested that SPS modify its work plan to include an assessment of Benin's CAME with the ultimate aim of proposing an action plan to address weaknesses identified through this exercise. This modification was made in late October 2008. The initial FY08 budget that had been approved by the Benin mission also had to be modified to accommodate this activity, as additional funds were not provided for this new activity. Consequently, the budgets for the four other activities were reduced. The mission subsequently asked that SPS carry out this assessment before initiating any of the other four activities from the original work plan. The mission also mentioned that depending on the assessment results, the mission foresaw that SPS might be asked to further modify the FY08 work plan activities to add activities growing out of the recommendations from the CAME assessment.

**Barriers to Progress:** Finalizing work plan activities was challenging because of changes in priorities of the USAID Benin mission between the time the work plan was initiated and the time in what approved. However, the SPS Benin team remained responsive to the mission's needs to adapt the work plan to new priorities. Work plan activities may change further in quarter 2, as the results of the CAME assessment are reviewed by the USAID Mission and in-country collaborators such as the CAME and the MoH.

**Next Steps:** The SPS Benin team will review the FY08 work plan in light of the results of the CAME assessment. An updated work plan will be submitted to the USAID/Benin mission for approval at the beginning of quarter 2.

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**Activity Title:** TA for SPS/PMI Program Planning  
**Activity Manager:** Onyango, Christine **Activity #:** 2 **Task:** LFBJ08PMI **Subtask:** 60F4Q2  
**Activity Description:** This activity will include conducting an assessment to determine the major bottlenecks to managing anti-malarials in Benin's pharmaceutical system. The assessment will be carried out by 3 SPS/MSH technical staff and will culminate in a technical report which will include specific recommendations to alleviate bottlenecks. A 2-3 week TDY will be required to carry out this assessment. This activity will also include TDY's by the Program Manager for Benin to conduct discussions with USAID in the course of formulating the work plan. Additionally, this activity will include some elements of the establishment of an MSH office in Benin and recruitment of local technical and administrative staff.  
**Budget:** \$75,000.00 **Start Date:** Oct/2008 **End Date:** Dec/2008

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** In February/March 2008, SPS conducted a trip to lay the groundwork for its technical assistance work in Benin during which findings from the 2007 PMI Assessment were validated and an initial work plan drafted. After subsequent revisions, this draft work plan was sent to the USAID mission in Benin for comment. Another trip was conducted by SPS in June 2008 during which progress was made in recruitment for key positions for the MSH office in Benin, and feedback was provided by the USAID mission on the work plan. In particular, the USAID/Benin mission wished SPS to clarify the various ways in which the activities in the FY08 work plan would contribute to increasing transparency and accountability in the management of malaria products procured for Benin through PMI. Additionally, the Mission requested that SPS be available to present the work plan to the USAID Mission Director before presenting it at a two-day meeting of PMI partners in Benin where all PMI work plans would be presented. Ahead of the June visit, interviews had been carried out for candidates for an Office Manager for the SPS Benin office. During the visit, five candidates were interviewed for Senior Technical Advisor and Senior Program Associate positions. Additionally, discussions were held with Africare to finalize arrangements for subletting office space. Following the June visit, SPS was informed of a reduction in the funding envelope available for its activities for Benin from \$800,000 to \$700,000. Additionally, a meeting was held between PMI and SPS staff in Washington, DC, where agreement was reached on appropriate indicators for measuring transparency and accountability in the management and use of malaria products. On July 3, a revised work plan was sent to the USAID/Benin mission with the required clarifications, updated indicators and a revised budget reflecting the reduction in funding. SPS is awaiting final approval from the USAID Mission on the revised work plan and budget.

**Next Steps:** N/A—This activity has been completed.

**Activity Title:** Office set up and management  
**Activity Manager:** Onyango, Christine **Activity #:** 3 **Task:** LFBJ08PMI **Subtask:** 97XXYX  
**Activity Description:** While a solid technical expertise is provided for malaria interventions, SPS will ensure that financial and administrative procedures in place are in compliance with USAID and MSH rules and regulations, and that timely budget planning and reporting is ensured in coordination with headquarters and USAID Benin and Washington. Office rental and associated costs for communication, computer networking, office maintenance, and logistics will be covered by this activity.  
**Budget:** \$120,000.00 **Start Date:** Oct/2008 **End Date:** Dec/2008

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** During Q1 of Year 1, SPS hired a staff of three persons consisting of a Senior Technical Advisor, a Senior Program Associate, and an Office Manager. All staff

had begun working by November 2008. Additionally, an MSH office was located and opened, and administrative and financial systems were established. MSH hired a consultant to assist with the process of registering MSH as an organization in Benin. A registration application was submitted and follow up on the progress of the application was ongoing during this process.

**Barriers to Progress:** Finalizing an office location was a challenge as a couple of possibilities were identified; only to have the opportunity fall through before a lease could be signed. The registration application process has taken longer than expected, which has prevented MSH from hiring staff as regular personnel. As a result, all three MSH staff are currently on consultant contracts, but will be converted to regular staff once the registration process is finalized.

**Next Steps:** The registration process is ongoing.

**Activity Title:** Develop harmonized inventory and pharmaceutical management training materials

**Activity Manager:** Onyango, Christine **Activity #:** 4 **Task:** LFBJ08PMI **Subtask:** 60C3E4

**Activity Description:** Facilitate the revision of existing inventory management training materials(including the MSH module--Basic techniques for the management of medicines and supplies)of the NMCP, the CAME, the Department of Pharmaceutical Management (DPM), Pharmaciens Sans Frontières, Project Intégré de Santé Familiale, Africare, and all other partners involved in pharmaceutical management in Benin with a view to developing a national harmonized, comprehensive, and practical inventory management training module for health facilities and health zone depots. Facilitate developing materials for TOT and validate these through a national workshop. Collaborate with partners to train a pool of national trainers in pharmaceutical management in collaboration with the Institut Régional de Santé Publique. Trainers will be selected among national level staff from the NMCP, CAME, and the DPM. Support the NMCP, the Global Fund, and PMI implementing partners at the departmental level to train health facility and health zone staff in medicine management. Collaborate with the DPM, the CAME, and the NMCP and other partners to revise training materials and the training approach as needed based on the observed behaviors and practices adopted by health facility and health zone staff managing medicines. Develop job aids to promote good practices in pharmaceutical management and to ensure quality services in malaria case management. Collaborate with the NMCP, DPM, DDS, and Health Zone management teams and other MoH institutions to disseminate training materials and job aids within the health system. Participate in revising the national pharmaceutical policy planned to begin in late 2008 with a focus on the training and capacity building element.

**Budget:** \$50,000.00 **Start Date:** Oct/2008 **End Date:** Dec/2008

**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** This activity has not yet begun. The USAID mission in Benin has requested that SPS hold off on starting this activity pending conclusions of the assessment of Benin's CAME and its regional depots conducted by SPS in December 2008. The mission expects that it will request that MSH modify its work plan to prioritize the implementation of recommendations from the assessment over activities in the original work plan.

**Barriers to Progress:** SPS was requested by the USAID Mission in Benin to hold off on starting this activity pending the outcome of the assessment of the CAME carried out by SPS in December 2008.

**Next Steps:** The scope of this activity may be reduced pending the outcome of SPS discussions with the USAID Mission in Benin.

**Activity Title:** Conduct an evaluation of the Central Medical Stores (CAME)

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**Activity Manager:** Onyango, Christine **Activity #:** 5 **Task:** LFBJ08PMI **Subtask:** 60CXA7

**Activity Description:** Developing TOR for the evaluation. Collaborate with the CAME, DPM, and other relevant parties to conduct an evaluation of the CAME over a period of 10 days based on the TOR. Presenting the preliminary results and recommendations to key stakeholders in Benin and soliciting feedback. Developing strategic and operational plans to implement recommendations from the study.

**Budget:** \$250,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** This activity was added after the FY08 work plan had initially been approved by the USAID Mission in Benin. The mission requested that the first activity of this work plan be an evaluation of the CAME focused on transparency and governance. The terms of reference for the activity were approved by the USAID mission in October and the activity began in mid-November 2008. A multidisciplinary team consisting of two pharmacists, two physicians, one central medical stores expert, and one human resources expert carried out the assessment. Among this team were three MSH staff, one international consultant and two local consultants. Data for this assessment was collected using a variety of methods: a review of key documents, including past evaluations of the CAME; interviews with key informants, direct examination of CAME systems at the central level, direct review and examination of the CAME's systems in its regional depots, interviews and observations at selected health facilities and implementation of the Inventory Management Assessment Tool to determine available of key health products in regional depots and health facilities. The team began work as scheduled on November 17, 2008, and completed the assessment within the time allotted by December 12. Report writing was initiated during the week of December 9. The assessment team presented the preliminary results of the assessment to USAID, CAME staff, the MoH's Division of Pharmacy and Medicines, and other key partners on December 5, 2008. Subsequently, the SPS team held discussions on the findings and recommendations of the assessment with the Deputy Chief of Mission at the U.S. Embassy in Benin, the USAID Mission Director in Benin, Benin's Minister of Health, and Benin's Minister of State for Development on December 11 and 12. The major recommendations from the assessment included the following. (1) The need to address the legal vacuum within which the CAME exists to pave the way for the CAME to explore a contracting approach with its various clients and collaborators. (2) the need to reinvigorate and strengthen the CAME's main governance structures and introduce greater transparency in their procedures and effectiveness in management. (3) The need to update the software used to manage the CAME's commercial and pharmaceutical management operations to enable it to generate the statistics needed to evaluate performance, thereby bringing about greater transparency in its operations. (4) The need to accompany the aforementioned improvements in the CAME with strengthening of the pharmaceutical management information system in the public sector and the system for supervising the availability and use of medicines at public health facilities and health zone depots. An immediate concern of the USAID mission is the assessment finding a large stock of Coartem that has been sitting at the Central Medical Stores while some health centers (visited during the assessment) reported zero stocks of ACTs. The USAID mission then called a meeting on December 22 of the CAME, the National Malaria Program, and health zone directors to discuss this problem and plan for the distribution of the ACT stocks. SPS summarized the findings and recommendations from the assessment at this meeting and subsequently participated in working group discussions which were to form the basis of eventually improving coordination in distribution of antimalarials and other health

**Next Steps:** products by the MoH.  
In January 2009, assessment report will be finalized along with the action plan. An executive summary in English will be developed for Anglophone audiences. Dissemination of the report will begin during the last week of January 2009. The MSH work plan will be updated to reflect activities in the CAME evaluation recommendations which are relevant to MSH's mandate. Meetings with USAID and partners to begin planning for the supervision activity began during the week of January 12, 2009.

**Activity Title:** Assist the NMCP, DPM and CAME in strengthening the pharmaceutical management information system (PMIS)

**Activity Manager:** Onyango, Christine **Activity #:** 6 **Task:** LFBJ08PMI **Subtask:** 60G4H3

**Activity Description:** Revise and finalize key indicators for monthly reporting on malaria products at each level of the health system. Collaborate with the NMCP, CAME, and other RBM partners to review existing tools used by NMCP to track malaria products, and adapt them by drawing from RPM Plus and SPS experiences from tools developed for other countries to the Benin context. Tools will be developed for each level of the health system and will serve to allow aggregation of data up to the central level. Assist the DPM, the CAME, and the NMCP with analyzing and reporting pharmaceutical management data (e.g., antimalarial medicine availability and consumption) and other data on malaria cases generated using these tools. This assistance will include feedback on pharmaceutical management information to lower levels in USG supported health zones and recommendations on corrective actions to take when problems are detected. Follow up with the CAME, the NMCP, and partners on the resolution of problems linked to the detection of anomalies or discrepancies between malaria products entering the health system and the consumption levels of these products at peripheral and zonal levels. Advise the SNIS-MED on the expansion of this malaria product tracking system to include other essential medicines and products. Participate in the revision of the national pharmaceutical policy planned to begin in late 2008 with a focus on the information systems element.

**Budget:** \$115,000.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** This activity has not yet begun. The USAID mission in Benin has requested that SPS hold off on starting this activity pending conclusions of the assessment of Benin's CAME and its regional depots conducted by SPS in December 2008. The mission expects that it will request that SPS modify its work plan to prioritize the implementation of recommendations from the assessment over activities in the original work plan.

**Barriers to Progress:** SPS was requested by the USAID Mission in Benin to hold off on starting this activity pending the outcome of the assessment of the Central Medical Stores (CAME) carried out by SPS in December 2008.

**Next Steps:** The scope of this activity may be reduced pending the outcome of SPS discussions with the USAID Mission in Benin.

**Activity Title:** Establish a coordinated supervision system for monitoring the use of malaria medicines

**Activity Manager:** Onyango, Christine **Activity #:** 7 **Task:** LFBJ08PMI **Subtask:** 60CXH5

**Activity Description:** Collaborate with NMCP and RBM partners to review and revise existing supervision guide for malaria products (using Senegal supervision check list as a reference). The supervision guide will serve to monitor pharmaceutical management procedures, stock availability, and medicine consumption in relation to patient load. Test, finalize, and disseminate this supervision guide for health zones and health facilities. Support the NMCP to develop a supervision plan and to carry out supervision visits in collaboration with partners at jointly

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agreed upon health facilities, health zones, and departments. Coordinate with the MoH to organize supervision visits to follow up on actions taken by health facilities and health zones in reaction to problems or anomalies in malaria product supply that are triggered by the PMIS. Support the NMCP in preparing supervision reports to guide program implementation and to identify any problems with the continuous availability and appropriate use of malaria medicines and commodities. Revise supervision approach and routine information data collected through SNIGS and the PMIS based on lessons learned. Collaborate with the NMCP and other partners to use information generated through supervision visits to conduct joint reviews of malaria product needs. This will include determining the accuracy of delivery schedules and making necessary adjustments in distribution plans and what corrective actions should be taken when problems such as expiries, leakages, and wastage are detected. These joint reviews will be conducted through a national coordination mechanism that will consist of a subcommittee of the existing RBM and donor coordination mechanisms. Participate in the revision of the national pharmaceutical policy planned to begin in late 2008.

**Budget:** \$113,000.00    **Start Date:** Jan/2009    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:**    This activity has not yet begun. The USAID mission in Benin has requested that SPS hold off on starting this activity pending conclusions of the assessment of Benin's CAME and its regional depots conducted by SPS in December 2008. The mission expects that it will request that MSH modify its work plan to prioritize the implementation of recommendations from the assessment over activities in the original work plan.

**Barriers to Progress:**    SPS was requested by the USAID Mission in Benin to hold off on starting this activity pending the outcome of the assessment of the CAME carried out by SPS in December 2008.

**Next Steps:**    The scope of this activity may be reduced pending the outcome of SPS discussions with the USAID Mission in Benin.

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## Brazil TB

**Workplan:** Brazil TB    **Year** 08

**Funding Level:** \$1,000,000.00

### Workplan Background

Brazil continues to be ranked as one of the 22 highest burden countries for tuberculosis (TB) in the world. Although Brazil adopted the DOTS strategy in 1998, it was a slow process implementing the strategy, but DOTS is estimated to have now reached approximately 80 percent of government health facilities where TB is treated. Brazil's national TB program in the 2007 WHO global TB report estimated there are approximately 111,000 cases annually and 6,000 TB patient deaths. Multidrug-resistant TB (MDR-TB) is also a serious concern and between 2000 and 2007, around 2,800 cases of MDR-TB were reported and treated. The MDR-TB patient is resistant to TB's most potent medicines used to date—rifampicin and isoniazid. Presently, approximately 500 MDR-TB cases are under treatment. USAID expanded its TB assistance in Brazil by funding the RPM Plus Program and, since 2007, the SPS program to work with its primary partners the National TB Program (NTP), the Hélio Fraga TB Center, and the National Institute of Quality Control (INCQS/Fiocruz).

Major accomplishments to date follow. (1) Strengthened diagnosis and treatment of MDR-TB patients through a web-based surveillance system which has been decentralized to 122 state and regional reference centers/treatment units. (2) Development of procedural guidelines and training of trainers (TOT) materials, with standardized guidelines on clinical case management, team integration, and information management at all levels. (3) Strengthened diagnostic capacity, treatment provision, pill-taking (directly observed treatment), and monitoring of MDR-TB cases in all reference centers. (4) Training of 666 health professionals in the reference centers, including medical doctors, nurses, social assistants and pharmacists. (5) Increased MDR-TB case detection by 20 percent following training of trainer workshops with current trends showing a 12 percent increase in cure rate. (6) Improved integration and information sharing among all TB reference centers, TB municipal or state coordinators, and MDR-TB national reference at Helio Fraga Center. (7) Strengthened DOTS through the institutionalization of a product quality assurance testing program where TB products are sampled from health system delivery points. (8) Support in the move to fixed-dose combination (FDC) TB products. (9) Increased awareness of national TB program and local TB experts for a need to change current treatment schemes after treatment failures for new regimens more in line with WHO recommendations. Based on the success of this work, the USAID mission has indicated its interest in continuing technical assistance to Brazil during FY08 through the SPS program managed by MSH.

**Activity Title:** Technical activity coordination and monitoring.

**Activity Manager:** Zagorski, Andre    **Activity #:** 1    **Task:** LFBR08XXX    **Subtask:** 97XXY1

**Activity Description:** This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators. SPS will carry out its work in Brazil through a series of MOUs with the National TB Program, state and municipal TB Programs, Oswaldo Cruz Foundation, MoH, local partners, and each of the stakeholders to clarify objectives and promote transparency of all activities.

**Budget:** \$70,000.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

**Products Planned:** Finalize a new edition of the MOU and of our current workplan to get them registered at Fiocruz juridical department Conclusion of the recruitment process with best candidates hired as soon as possible  
Negotiate signature of the new workplan with Farmanguinhos Protocol and final project for the new PPP (introduction of new rapid diagnostic tests in Brazil for earlier detection of TB and DR-TB) to be designed and finalized

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Year 2 Quarter 1*

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** The Secretary of Health Surveillance (SVS) of the MoH nominated Dr. Margareth Dalcolmo as new director of the Professor Helio Frago Reference Center in December 2008 to replace Dr. Miguel Aiub Hijjar. In the meantime, the reference center also was officially transferred from the SVS to the Oswaldo Cruz Foundation (Fiocruz) as a department of the National School of Public Health (ENSP). During this interim phase, the SPS team provided managerial and technical support to Dr. Dalcolmo, SPS renovated its cooperative agreement and a new Memorandum of Understanding was signed to continue to work closely with the CRPHF according to the agreed cooperative work plan for FY08, without significant changes. The work plan was reviewed and all activity streams agreed upon by Dr. Dalcolmo for continuing execution. Co-sharing of expenses as previously established (around 50 percent) were also maintained and agreed upon with the new director. Since November 2008, SPS started a recruitment process to identify two new candidates to be in charge of the positions of Senior Program Associate at Project MSH. Process is still under evaluation at MSH RH for conducting this activity. A SPS Senior Technical Adviser continues as a formal member of the technical committee of the MoH for TB and participates in the decision process for TB policies with the other TB experts called by the SVS of MoH treatment sub-working group

**Barriers to Progress:** Redefinition of the Professor Helio Frago Reference Center inclusion within the Oswaldo Cruz Foundation obliged a total reframing of all previous MOUs with the center and our partners and to consult legal advisers.

**Next Steps:** Continue the recruitment process to identify as soon as possible new candidates to carry out the extensive work plan for FY08

**Activity Title:** Strengthening the SVS information systems for TB.

**Activity Manager:** Zagorski, Andre **Activity #:** 2 **Task:** LFBR08XXX **Subtask:** 60G4H2

**Activity Description:** On a broader scale than during the past years, SPS will provide support to the working group in charge of the reformulation of the national TB register (SINAN) and harmonize the TB information policies with the successful approach developed by MSH for the on-line MDR-TB management information system. SPS will also contribute to the development and implementation of the new Information System for Laboratories (GAL) currently under development at the National Coordination for Public Health Laboratories (CGLAB). SPS will continue to consolidate the MDR-TB management information system by providing support to the MDR-TB reference centers and the Helio Fraga TB Reference Center, training MDR-TB health professionals on system use for information and second-line medicines management, and implementing electronic platforms of distance education learning for better dissemination of MDR-TB national guidelines.

**Budget:** \$240,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Integration proposal between the systems currently used in Brazil (Reporting and Recording System used by MoH for Cat I and Cat II patients = SINAN, and MDR-TB System); OK-drafted, discussed and distributed to NTP and main stakeholders Information Working Group Report MoH TB Advisory Committee Meetings Reports MDRTB Database updated and completed with quarterly information; Stop TB Partnership Symposium organization on Information Systems and Joint Workshop with GDF

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** Developed an integrated SITE TB system for all specific treatment situations of TB cases. Participated in Information Working Groups meetings in liaison with the MoH TB advisory committee. Conducted an evaluation of all variables and information to be collected to draft an integration proposal between the systems currently used in Brazil (Reporting and Recording System used by MoH for

Category I and II patients = SINAN, and MDR-TB System) to incorporate all specific treatment situations (Category II—re-treatment cases, hepatopathy, mono-resistance, poly-resistance other than MDR-TB. MDR-TB System Data Base Management: SPS consultants' task force at Helio Fraga Reference Center level, central unit for MDR-TB surveillance, contributed to validate data entered electronically to the DMIS from state MDR-TB reference centers level (this trimester throughout Brazil 167 new notification forms, 461 new patient follow-up forms, and 101 post-cure forms were validated). Total data currently available from the MDR-TB surveillance data base to date is--case notification forms: 3.796; patient follow-up forms: 11.416; post-cure forms: 1.971. On the job training on system functionalities conducted by SPS consultants' task force provided support to 25 system users from several MDR-TB centers.

**Barriers to Progress:** SINAN is not an exclusive system dedicated for TB but for all compulsory notification diseases, and is managed by the DATASUS, an external structure of MoH working in collaboration with the Secretary of Health Surveillance. Therefore, any change or modification to the current system has to pass through a long and complex chain of discussions and approvals.

**Next Steps:** Continue to provide support to MDR-TB system users. Continue to work towards completing database and updating missing data on case medical records within the MDR-TB system database. Continue to map data and variables, and to prepare a plan for the development of a new information system incorporating all re-treatment cases and specific treatment situations using the e-TB Manager as a benchmark for the new Brazil system layout and new functions development. Continue to participate to the Information Working Group Meetings and to the MoH TB advisory committee. Extract new data to prepare presentations of MDR-TB results for the period 2000-2009 to be presented by Dr. Margareth Dalcolmo and SPS Senior Staff during a symposium on information systems for TB at the Stop TB partnership in Rio scheduled for March 2009. Organize training at Sao Paulo State Clemente Ferreira MDR-TB Reference on system functionalities for using the module for data extraction and access to epidemiological reports.

**Activity Title:** Strengthening the national laboratory network to enhance a quality response for TB tests.

**Activity Manager:** Zagorski, Andre **Activity #:** 3 **Task:** LFBR08XXX **Subtask:** 60DXH3

**Activity Description:** Quality systems frameworks and tools to strengthen the laboratory management and technical response have been developed by MSH in partnership with INCQS and will continue to be decentralized to several Public Health State laboratories where a better response is crucial to support the on-going regimen changes and new re-treatment schemes.

**Budget:** \$200,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** 1) Strengthening the Reference National Laboratory of Tuberculosis – CRPHF Accreditation plan to CRPHF laboratory accreditation; SOPs for sample management and inventory management Information collected for upcoming Bill Gates and Melinda Foundation grant proposal. 2) LABMOST Action plan of INCQS/FIOCRUZ; Reports assessing of the stages of IPEC organizational development, and focused workshop conduction Supervision reports of LABMOST action plans monitoring in Lacens DF, BA, GO 3) Others List of comments for improving the GF proposal placed in Cat III by GF evaluators

**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** LABMOST--a quality system tool--has been developed by MSH in partnership with INCQS to strengthen the laboratory management and technical response to several Public Health state Laboratories (LACENS). Key activities for the period are listed as follows. October--Conducted exploratory and presentation visit to prepare the LACEN DF (Federal District) Workshop. Conducted a workshop in LACEN DF for validation of LABMOST before final revision (1 week) October 6-

*SPS Activity and Product Status Report  
Year 2 Quarter 1*

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10; 21 health professionals trained. Performed final revision of the LABMOST for editing and publishing the tool in partnerships with INCQS. LABMOST Tool sent for editing and printing in partnerships with INCQS. November--LABMOST presented and released during a symposium at the Brazilian Symposium of Health Sanitary Surveillance (SIMBRAVISA) in Ceara State. Fifty health professionals attended the session and a round table was organized to discuss LABMOST methodology and objectives with several LACENS and Public Health Laboratories. Conducted monitoring visit for the implementation of the LACEN DF LABMOST action plan. Presented at a plenary session the LACEN DF LABMOST action plan to LACEN DF workforce. 21 health professionals attended. Conducted exploratory and presentation visit to prepare the LACEN GO (Goias State) LABMOST Workshop. December--Conducted a comprehensive evaluation of all Quality System documents of LACEN DF. Conducted the LACEN GO LABMOST Workshop (3 days) December 5-29. Twenty-nine health professionals trained. Led a meeting for LACENS DF and GO workshops evaluation with the INCQS and MSH staff.

**Barriers to Progress:** LABMOST--Lack of LACENS cash flow and adequate funding source for the implementation of the action plans.

**Next Steps:** LABMOST--Regular monitoring of action plans development and planned activity completion through regular visits. Ad-hoc TA to be delivered according to workplan specificities.

**Activity Title:** Providing support to the MoH sub-group committee for TB Drug Management.

**Activity Manager:** Zagorski, Andre **Activity #:** 4 **Task:** LFBR08XXX **Subtask:** 60CXH4

**Activity Description:** In the recent past, the TB program has faced many problems in several aspects of first-line and second-line TB medicines management. SPS will support the TB treatment working group from the TB advisory committee and the MoH through the creation of a subgroup committee for medicine management and continue to work with all relevant MoH partners to develop a comprehensive strategic response and plan for TB drugs management, including FDC production, procurement issues for first- and second-line medicines, distribution systems, product quality control, and rational use of TB medicines.

**Budget:** \$120,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Reports of the MoH TB technical advisory committee and working groups meetings Strategic plan to capacitate a first group of health professionals as future ToTs in each state of Brazil; OK, drafted and discussed with NTP for approval Capacity building plan for 4 in 1 FDCs use for each state was drafted and contacts established for each state to start the ToTs program as soon as the FDCs will be available in country Finalize the project for the second phase of the quality control program of all TB drugs  
Report of the MoH TB technical advisory committee Technical note for FDCs quantification of 4 in 1 and 2 in 1 to be procured by the MoH Technical recommendations for pediatric forms procurement

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS had several meetings with NTP, Pharmacy department, CRPHF, and partners to elaborate a technical note for the MoH quantifying the future needs for FDCs (4 in 1 and 2 in 1 FDCs) projected to be used in the new TB treatment system. SPS participated in all meetings of the TB advisory committee (October 2008) and facilitated several meetings of the treatment working group to define the new regimen schemes of the new TB treatment system to be included in the next official guidelines. SPS served as a liaison between the stakeholders in charge of the production process of these new forms (Farmanguinhos/Fiocruz) and the NTP and MoH TB advisory committee responsible for policy definition (meeting and presentation realized in Brasilia, October 29, 2008, and update on work plan and activity follow-up with USAID mission), and the working groups for

treatment and information systems. SPS Brazil participated in a workshop on TB drugs management at the TB Union Congress in Paris, October 2008, where specific presentations on Brazil's information systems for better TB medicine management were realized with participation of MoH members (around 30 people attended the session).

**Barriers to Progress:** Definitions of pediatric formulations are still under revision by WHO's Children TB Working Group and were not released yet; preliminary reports indicate that the use of ethambutol would be allowed for children 25 kg, which would modify all current formulations proposed to date on the market by TB drug producers. Final results of Brazil second resistance survey need to be finalized to base the new regimens definitions and treatment schemes on scientific evidence. Delays occurred in the release of these results.

**Next Steps:** Continue to participate and discuss the new TB treatment system with all stakeholders, working groups and MoH TB advisory committee. Elaborate a first draft of the new TB treatment system for the new TB guidelines.

**Activity Title:** Providing technical support for FDCs development and use.

**Activity Manager:** Zagorski, Andre **Activity #:** 5 **Task:** LFBR08XXX **Subtask:** 60E3G5

**Activity Description:** FDC development will be a phased-in approach with overlapping activities of several different players as follows: (1) expert committee to decide on exact regimen changes based on international recommendations and evidence; (2) product development lab to find best method of formulation and best packaging for the final product; (3) Fiocruz to develop and validating production process based on best method of formulation; (4) Fiocruz and partners to develop and conduct appropriate stability tests and prepare appropriate laboratory monographs to test each active ingredient; (5) MoH pharmacy department to quantify FDC needs and relate to local manufacturers; (6) local manufacturers to run validation batches according to the approve production process; (7) NTP to train prescribers and all users within the health system and change treatment protocol materials. SPS will provide several expert international consultants to advise and work with the various partners involved in FDC development and provide technical assistance to NTP/MoH in conducting a study of use of TB fixed dose combination products including 3-in-1 and 4-in-1 products to show efficacy when compared with current use of single product formulations.

**Budget:** \$200,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Technical reports from SPS consultant and ad-hoc technical answers provided by email Identification of APIs suppliers and pre-qualification of a list of potential suppliers for Brazil according to the evaluation of their proposal Conduction of an effective procurement of key items to match study timeline Identification of needed steps and importation process of reference medicines for conducting studies Analysis of formulation and analytical dossiers of United Lab TB products (2 in 1 and 4 in 1 FDCs) to be performed by Farmanguinhos technical team Trip Reports of the visit to United Laboratory / Manila  
Technical reports from SPS consultant and ad-hoc technical answers provided by email Analyze stability studies and analytical profile of all new batches developed and propose conclusions/recommendations Follow-up on recommendations from the technical visit of Dr Bird Fourie Development of a new pilot batch Final protocol for bioequivalence studies Acquisition of reference medicines recommended to be used as comparative form

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS had several meetings with Farmanguinhos team in charge of developing the new FDCs to monitor the progress realized to date on the working plan defined for this partnership. SPS continues to provide an international consultancy to Farmanguinhos (Dr. Bernard Fourie and Dr. Bird Fourie from South Africa) to support the new formulation of 2-in-1 and 4-in-1 FDC products

for adult and pediatric forms according to international quality standards--60 key laboratory items were identified as target activities to strengthen this process. Some activities key to procure quality assured raw materials (APIs) and were completed as follows: identification of APIs suppliers and list of potential suppliers, evaluation of proposals from suppliers, effective procurement of these key items, identification of reference medicines to be used as standards for bio-equivalence studies, and elaboration of the importation process of these reference medicines for conducting comparative studies. An SPS consultant reviewed with Farmanguinhos team all data collected on different sources of rifampin procured and received by Farmanguinhos, reviewed data on rifampicin testing and specifications comparison among the different suppliers, such as granulometry and densitometry profile assays, projected to be used in new experimental batches. Since SPS office in Brazil is also collaborating with the Philippines NTP for the implementation of the e-TB Manager with the support of USAID core funds, SPS made possible a technical visit of Farmanguinhos product formulators and analysts at the United Laboratory plant in Manila (producing TB drugs like 4-in-1, and 2-in-1 tablets, and pediatric forms) strengthening a south to south technical collaboration and experience sharing in December 2008. Complete formulation and analytical dossiers of United Lab products were made available to Farmanguinhos technicians. New batches with a new formulation of 2-in-1 FDCs were developed by Farmanguinhos and studies of stability testing started.

**Barriers to Progress:** Farmanguinhos has been in a process of transferring its production lines from Fiocruz site to the new plant of Jacarepagua during 2008-2009, and needed to follow the legal process with Anvisa (NRA) to get approval for the new production site and new equipment acquired. Farmanguinhos recognized a certain lack of technical capability in conducting projects of new formulations for TB after failure of several attempts to develop 2-in-1 formulations (analytical results did not pass control satisfactorily) and is appealing for more technical international consultancy. The main technical issues to be solved with MSH/SPS consultancy are as follows: (1) Out of specification dissolution rates for rifampicin and isoniazid; an exceptionally high hardness for certain batches; inconsistent supply of quality Rifampicin API; the coating formulation contains organic solvents which is a safety risk--opadry aqueous film coating should be considered; although disintegration results are within limits, the disintegration of the tablets during dissolution testing is slow; the choice of excipients and their sequence of addition could be one of the factors affecting the final product. A major difficulty and barrier to the development process of FDC has been the time frame and procedures to procure quality assured rifampicin salts and excipients with the adequate characterization for the needed formulation. Another barrier was the difference of dosage for isoniazid and pyrazinamid in Brazil compared to the other dosages recommended by WHO and used widely in other countries. This barrier was overcome by the decision taken this trimester by the NTP and TB Advisory Group to switch to international dosages forms--2-in-1 RH (150/75) FDC and 4-in-1 RHZE (150/75/275/400) FDCs. Definitions of pediatric formulations are still under revision by WHO's Children TB Working Group and not yet available; preliminary reports indicate that the use of ethambutol would be allowed for children 25 kg, which would modify all current formulations proposed to date on the market by TB drugs producers.

**Next Steps:** Continue to accompany and discuss with Farmanguinhos team the technical processes and data collection for FDCs development: stability studies of reference medicines procured, dissolution profile of current rifampicin API, analytical profile of R+H FDC. Finalize the process of acquisition of key items and reference medicines to perform studies. Monitor all technical definitions from the WHO Children Working Group to redefine adequate formulations for Brazil

pediatric TB drugs.

**Activity Title:** Provide technical support to the NTP/MoH to implement an operational study for Cat I treatment comparing the current regimen in use (2RHZ/4RH) with the new intended regimen scheme (2RHZE/4RH) in routine operation conditions.

**Activity Manager:** Zagorski, Andre **Activity #:** 6 **Task:** LFBR08XXX **Subtask:** 60BXG6

**Activity Description:** This study would start before switching to the future regimens and will be continued when routine conditions of use will be incorporated and standardized for the use of four drugs for the new regimen scheme intensive phase. Apart from producing strong scientific evidences to evaluate efficacy and effectiveness of the proposed new regimen versus the previous one, this approach is not yet documented in the TB literature and would constitute an innovative and interesting study benchmark for other countries as well. SPS will provide several expert international consultants to advise and work with the various partners involved in the study protocol development and provide technical assistance to NTP/MoH for conducting the study in selected areas.

**Budget:** \$170,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Literature research Study protocol

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** A preliminary round of discussions was conducted with key partners and stakeholders to explore this activity and reflect on a possible methodology and protocol to conduct this study.

**Barriers to Progress:** This activity could not be started yet since 4-in-1 FDCs are not yet procured by MoH Pharmacy Department. Numerous definitions need yet to be cleared to get an adequate framework to start to plan this activity.

**Next Steps:** Conduct a literature research on the subject and develop a study protocol with partners (NTP, CRPHF/Fiocruz, Rede-TB, state and municipality TB co-ordinators).

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## China

**Workplan:** China    **Year** 08

**Funding Level:** \$100,000.00

### Workplan Background

In 2007, the RPM Plus program of MSH initiated support to WHO and the National Center for AIDS (NCAIDS) to strengthen ARVs and other AIDS-related medicines management. RPM Plus conducted a visit to Yunnan Province; identifying areas for improvement in ARV management including inventory control, pharmaceutical management information systems, and ART management capacity within the MoH. Based on this visit and stakeholder inputs, SPS (the RPM Plus follow-on project) continued with system strengthening activities by conducting a workshop in Guangxi Province; introducing a site evaluation tool to improve monitoring of drug management practices in ART facilities. In FY09 (October 2008--September 2009), SPS will continue to work with local stakeholders to strengthen ART management by providing technical input, developing or adapting necessary tools and training materials, and providing follow-up support in implementing identified interventions for ART.

**Activity Title:** Develop the content of SOPs for ARV management in collaboration with stakeholders

**Activity Manager:** Yeager, Beth    **Activity #:** 2    **Task:** LFCN08IDX    **Subtask:** 60CXH2

**Activity Description:** SPS will work with national stakeholders to develop an action plan for ARV management system strengthening including the implementation of existing or development of new tools and SOPs. If necessary, conduct site evaluations at up to five additional sites in Guangxi Province for a more complete understanding of the current situation prior to executing the action plan.

**USG Sub-element:** Program Design and Learning

**Budget:** \$32,900.00    **Start Date:** Oct/2008    **End Date:** Jan/2009

**Products Planned:** Draft SOPs for ARV management

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Based on recommendations resulting from an SPS visit to Guangxi Province in July 2008 and national stakeholder inputs, SPS staff visited China in December to review the ARV pharmaceutical management systems in Guangxi Province and meet with stakeholders including WHO, NCAIDS, and provincial level CDC managers to develop an action plan for ARV pharmaceutical management system strengthening. SPS staff visited five areas of Guangxi province to map the flow of ARV medicines through the supply system, understand the roles and responsibilities of staff at each level in managing medicines and supplies for the ART program and to identify forms, tools, and procedures used for procuring ARV medicines, managing inventory, recording medicines transfers, dispensing, and reporting data. An action plan was drafted that includes streamlining existing pharmaceutical management tools, introducing new tools to fill gaps, and developing SOPs to standardize and strengthen operations.

**Next Steps:** The report of the site visits will be finalized, translated into Chinese and shared with national stakeholders. SPS will share sample SOPs from other countries with national stakeholders to get their feedback on the layout of the SOPs. SPS will review existing forms and tools and propose modifications to streamline processes. SPS will then begin to draft SOPs.

**Activity Title:** Conduct a workshop to assist national and provincial staffs in developing SOPs for ARV management and introduce associated ARV management tool(s)

**Activity Manager:** Yeager, Beth    **Activity #:** 3    **Task:** LFCN08IDX    **Subtask:** 60F2M3

**Activity Description:** SPS will facilitate a workshop with key national and provincial staff to review the

*Country Programs*

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**USG Sub-element** draft SOPs and associated management tools and receive feedback.  
Program Design and Learning  
**Budget:** \$11,995.00 **Start Date:** May/2009 **End Date:** Jun/2009  
**Products Planned:** Second draft of SOPs for ARV management

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1  
**Activity Progress:** Nothing to report for this quarter.  
**Next Steps:** Work on this activity will begin in January 2009.  
**Activity Title:** Finalize SOPs and assist stakeholders to develop training materials for a provincial level training-of-trainers program on the SOPs for ARV management

**Activity Manager:** Yeager, Beth **Activity #:** 4 **Task:** LFCN08IDX **Subtask:** 60F2E4  
**Activity Description:** SPS will finalize the SOPs and training materials in preparation for a TOT workshop.

**USG Sub-element** Other/Policy Analysis and System Strengthening  
**Budget:** \$8,830.00 **Start Date:** Jun/2009 **End Date:** Jul/2009  
**Products Planned:** Finalized draft of SOPs and associated training materials

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1  
**Activity Progress:** Nothing to report for this quarter.  
**Next Steps:** Work on this activity is planned for June 2009.  
**Activity Title:** Conduct training-of-trainers (TOT) workshop in Guangxi Province  
**Activity Manager:** Yeager, Beth **Activity #:** 5 **Task:** LFCN08IDX **Subtask:** 60CXM5  
**Activity Description:** The workshop will include theoretical and practical sessions. At the end of the workshop, participants will select pilot sites to begin training and implementation of SOPs.

**USG Sub-element** Other/Policy Analysis and System Strengthening  
**Budget:** \$26,985.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** Lessons learned document

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1  
**Activity Progress:** Nothing to report for this quarter.  
**Next Steps:** This activity depends on completion of Activity 4.  
**Activity Title:** Provide follow-up support in Guangxi province  
**Activity Manager:** Yeager, Beth **Activity #:** 6 **Task:** LFCN08IDX **Subtask:** 60F2H6  
**Activity Description:** Site visits will be conducted to monitor implementation of SOPs and assist stakeholders in ensuring success at existing sites and continued progress in scaling-up implementation.

**USG Sub-element** Program Design and Learning  
**Budget:** \$9,440.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** Report on implementation of the tool in Guangxi Province

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1  
**Activity Progress:** Nothing to report for this quarter.  
**Next Steps:** This activity depends on completion of Activity 5.

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## **Dominican Republic TB**

**Workplan:** Dominican Republic TB    **Year** 08

**Funding Level:** \$250,000.00

### **Workplan Background**

The Dominican Republic NTP is currently receiving support from the USAID Mission in Santo Domingo to expand the implementation of the WHO-supported strategy DOTS. One of the main pillars for the success of DOTS is to ensure the continuous supply of quality medicines and pharmaceutical supplies for TB and their appropriate use according to standardized treatment regimens. With USAID DR funds, the MSH SPS Program will continue the TA provided by RPM Plus for the implementation of a Pharmaceutical Management Information System (PMIS) and to scale up the use of FDCs. The SPS work plan for FY08 (October 2008-September 2009) also includes technical assistance to strengthen the management of TB laboratory supplies and to institutionalize the best practices already implemented for TB pharmaceutical management. Based on this experience, SPS will also support the MoH proposal to integrate all the vertical supply systems into a single national pharmaceutical system.

**Activity Title:** Technical activity coordination and monitoring  
**Activity Manager:** Barillas, Edgar    **Activity #:** 1    **Task:** TB-Dominican Republic    **Subtask:** 97XXY1  
**Activity Description:** Preparation of reports, planning, monitoring, technical coordination  
**Budget:** \$16,000.00    **Start Date:** Jan/2009    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Activity Title:** Strengthen the management of TB medicines and laboratory supplies  
**Activity Manager:** Barillas, Edgar    **Activity #:** 2    **Task:** TB-Dominican Republic    **Subtask:** 60C3H2  
**Activity Description:** For FY08, SPS will support the implementation of SOPs for laboratory supply management and the procurement of TB diagnostic kits through GDF.  
**USG Sub-element** Increasing Availability of Drugs for Treatment of TB  
Development of New Tools and Improved Approaches  
**Budget:** \$71,000.00    **Start Date:** Jan/2009    **End Date:** Sep/2009  
**Products Planned:** Standard Operations Guidelines: For supply management of TB laboratory reagents and diagnostic commodities  
Tool: Calculation/ converting factors to estimate use and requirements of TB diagnostic reagents  
Impact evaluation of MSH/SPS/USAID supported activities to improve the performance of the laboratory commodities supply system.  
Impact evaluation of the introduction of TB-FDCs on patient's default rate

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Activity Progress:** Through its local consultant, SPS provided TA to estimate the needs of FDCs for the procurement of these medicines through the PAHO/Strategic Fund mechanism. SPS elaborated guidelines for the estimation of needs of laboratory reagents and materials for TB microscopic diagnosis. SPS elaborated a first draft of the guidelines for the implementation of an electronic application for the management of second-line TB medicines. The next visit of SPS consultants to implement the application and train the personnel is scheduled for January 2009. Because of misinterpretations in the agreement between the GDF and the MoH for the procurement of TB medicines, SPS started the preparation of standardized procedures for the procurement through this mechanism. The document will be revised and validated by local counterparts on January 2009.  
**Next Steps:** A follow-up visit is planned for January 2009.

**Activity Title:** Technical assistance to institutionalize procurement and distribution of TB

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	medicines and laboratory supplies
<b>Activity Manager:</b>	Barillas, Edgar <b>Activity #:</b> 3 <b>Task:</b> TB-Dominican Republic <b>Subtask:</b> 60CXH3
<b>Activity Description:</b>	SPS will help develop guidelines to facilitate an understanding of the official procedures and times. This activity may also help other public health programs (such as HIV/AIDS) deal with similar problems.
<b>USG Sub-element</b>	Health Governance and Finance (TB)
<b>Budget:</b> \$27,000.00	<b>Start Date:</b> Jan/2009 <b>End Date:</b> Sep/2009
<b>Products Planned:</b>	Trip reports- SOP for the procurement of public health medicines and supplies
<hr/>	
<b>Reporting Period:</b>	<b>Year:</b> Project Year 2 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	Because of misinterpretations in the agreement between the GDF and the MoH for the procurement of TB medicines, SPS started the preparation of standardized procedures for the procurement through this mechanism. The document will be revised and validated by local counterparts on January 2009.
<b>Next Steps:</b>	A follow-up visit is planned for March 2009.
<b>Activity Title:</b>	Technical assistance for the development of SOP for pharmaceutical management.
<b>Activity Manager:</b>	Barillas, Edgar <b>Activity #:</b> 4 <b>Task:</b> TB-Dominican Republic <b>Subtask:</b> 60F3H4
<b>Activity Description:</b>	Based on the results and recommendations of this rapid assessment, SPS will provide TA for the development of SOPs for pharmaceutical management within the health sector reform program. This holistic approach will benefit other DR MoH programs, particularly the HIV/AIDS Program that recently requested technical assistance in this area.
<b>USG Sub-element</b>	Health Governance and Finance (TB)
<b>Budget:</b> \$60,000.00	<b>Start Date:</b> Jan/2009 <b>End Date:</b> Sep/2009
<b>Products Planned:</b>	Trip reports- SOP for the procurement of public health medicines and supplies Standard Operational Procedures for a national pharmaceutical management system
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 2 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	SPS staff visited Dominican Republic December 8 through 12 to present the results of the study on the situation of procurement and distribution of pharmaceuticals in the DR/MoH to national health authorities and public health sector technicians. The results were endorsed by health authorities and the interventions proposed by SPS were considered appropriate and feasible by MoH technicians and advisors of international cooperation agencies that participated in a meeting on December 12. As an immediate step to follow-up on the agreements, SPS will develop tools and methods to develop SOP for an integrated pharmaceutical management system. The proposal will be presented to a petit-committee on January 2009.
<b>Next Steps:</b>	A follow-up visit is planned for March 2009.
<b>Activity Title:</b>	Support the implementation of good storage practices in central and peripheral warehouses
<b>Activity Manager:</b>	Barillas, Edgar <b>Activity #:</b> 5 <b>Task:</b> TB-Dominican Republic <b>Subtask:</b> 60CXH5
<b>Activity Description:</b>	For FY08, SPS will reinforce good storage and inventory control practices in the central medical warehouse. If this experience proves to be successful, the implementation of SOPs and subsequent training will be replicated in other central and peripheral MoH warehouses. A certification/accreditation system may be implemented to institutionalize best practices.
<b>USG Sub-element</b>	Development of New Tools and Improved Approaches
<b>Budget:</b> \$54,000.00	<b>Start Date:</b> Jan/2009 <b>End Date:</b> Sep/2009
<b>Products Planned:</b>	Trip reports- Accreditation manual
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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** During previous quarters, SPS provided technical assistance to improve the storage conditions and practices in the MoH central medical store. An assessment visit on October 2008 documented the impact of this intervention. As part of a proposal presented to local authorities and technicians, SPS will provide support to improve the storage practices within the framework of an integrated public system. The SOPs will provide the guidelines to re-organize the pharmaceutical system and implement this particular activity.  
**Next Steps:** A follow-up visit is planned for March 2009.>  
**Activity Title:** Participate in internal and external evaluations of the TB Program  
**Activity Manager:** Barillas, Edgar **Activity #:** 6 **Task:** TB-Dominican Republic **Subtask:** 60F3A6  
**Activity Description:** SPS will participate in internal evaluations of the TB program to present the results and the SPS technical assistance work plan. SPS will also participate in external evaluations of the NTP as requested by the USAID missions and the GDF.  
**USG Sub-element:** Host Country Strategic Information Capacity  
**Budget:** \$22,000.00 **Start Date:** Jan/2009 **End Date:** Sep/2009  
**Products Planned:** Trip reports- Evaluation reports

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** SPS participated in the external evaluation of the TB program held September 22-30. During this quarter, a draft report was prepared as a contribution to the general evaluation report to be presented by the evaluation team leader.  
**Next Steps:** No external or internal evaluation has been planned yet.

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## Ethiopia-PMI

**Workplan:** Ethiopia PMI    **Year** 08

**Funding Level:** \$715,000.00

### Workplan Background

In June 2005, the USG announced a new five-year, \$1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions in high-burden countries in sub-Saharan Africa. The goal of this Initiative is to reduce malaria-related mortality by 50 percent after three years of full implementation in each country. This will be achieved by reaching 85 percent coverage of the most vulnerable groups, children under five years of age, pregnant women, and people living with HIV/AIDS, incorporating proven preventive and therapeutic interventions, including artemisinin-based combination therapies (ACTs), insecticide-treated bed nets (ITNs), intermittent preventive treatment of pregnant women (IPTp), and indoor residual spraying (IRS). The PMI began in three countries in 2006: Angola, Tanzania, and Uganda. In 2007, four countries were added: Malawi, Mozambique, Senegal, and Rwanda. In 2008, eight additional countries, including Ethiopia (Oromia Region) were added to reach a total of 15 countries covered under the PMI. PMI is focused on Oromia Region.

While overall systems support will benefit the central management at the Federal Ministry of Health and the other regions, coverage targets will be for Oromia, the largest region, covering 27 million people, of which 68 percent are at risk for malaria. Malaria is considered to be the most important communicable disease in Oromia. Three quarters of the region, (242 of 261 woredas (districts) and 3,932 of 6,107 kebele (the smallest administrative unit of Ethiopia similar towards or neighborhoods), are considered malarious, accounting for over 17 million persons at risk of infection. There are 1.5 to 2 million clinical cases per year, with malaria accounting for 20-35 percent of outpatient consultations, and 16 percent of hospital admissions. Malaria deaths, at a rate of 18-30 percent, are the leading cause of all hospital deaths. This one region was selected because it has a high malaria burden and is relatively underserved compared to other regions. In early 2007, RPM Plus/SPS was invited to join the first PMI assessment team composed of USAID, CDC, and other partners.

RPM Plus has in the recent past worked with the National Malaria Control Program (NMCP) to develop its new malaria treatment policy. SPS is one of the PMI implementation partners in Ethiopia selected to provide technical assistance in the area of antimalaria drugs management. RPM Plus has been working with the MoH to strengthen ARV drugs and related products management of ART and PMTCT programs since 2003 in all the 11 regions of the country. All proposed anti-malarial drug management (AMDM) activities will be in line with the Government of Ethiopia (GoE) Health System Development Program and the National Malaria Control and Prevention Strategy. SPS will play a strong role in working with Pharmaceutical Fund and Supply Agency and other country stakeholders in all aspects of the drug supply management system. SPS will build on relevant experiences and best practices of RPM Plus work under PEPFAR in the past five years. SPS will develop a framework that will use existing infrastructure, systems, tools, mechanisms, staff and support at both central and regional levels. The PMI initiatives for malaria products management in Ethiopia will focus on the following key interventions: Building partnership with key stakeholder—undertake participatory situation assessment, identify gaps, and address constraints. Improving storage, handling and security of antimalarial drugs. Improving inventory control, transaction and reporting including tracking expiry, stock status, and use of treatment registers. Training regional, zonal, district, and health facility personnel in AMDM. Seconding pharmacy personnel to Oromia Region Health Bureau (ORHB), zonal/district sites, and use existing SPS staff for site support, M&E, and reporting. At initiation, SPS will conduct a rapid operational situation analysis to be followed by a micro-planning workshop with key stakeholders and partners.

**Activity Title:** Technical Activity Coordination

**Activity Manager:** Daniel, Gabriel **Activity #:** 1 **Task:** LFET08PMI **Subtask:** 97XXY1

**Activity Description:** At the regional level, SPS will second a pharmacist who will physically be

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located at the main Oromia Region Health Bureau office. The main tasks of the pharmacist will be to serve as the liaison between SPS and the bureau office, ensure that storage meets acceptable standards at all levels, ensure uninterrupted supply of malaria products at all levels, and ensure that malaria information system is functional at all levels (stock status, consumption, patient profile, patient uptake, expiry tracking, tools for inventory control, reporting etc.). SPS will second about four pharmacists who will physically be located at the strategic sites in zones/districts in Oromia region to support zones, districts, and health facilities in their respective catchment areas. The main task of these pharmacists will be to serve as the liaison between health facilities and districts/zones, assist in training, ensure that storage meets acceptable standards at all levels, ensure uninterrupted supply of malaria products in their catchment areas, ensure that malaria information system is functional in all the health facilities and zones/districts that they are assigned to (stock status, consumption, patient profile, patient uptake, expiry tracking, tools for inventory control, reporting, etc.), and coordinate the movement of products from the supply depot to the districts and health facilities. All target health facilities in the region will be provided with TA, training, and resources to ensure proper storage condition including pallets, shelves, proper lighting and ventilation; proper stock movement/transaction activities using tools such as bin cards, stock cards (with minimum and maximum stock levels, expiry dates, batch numbers, etc.) requisition, issue, and receipt forms; summary reporting forms; and patient treatment registers. There will be monthly reports on stock status, consumption, expiry, stock-outs, losses, etc.; counseling patients on the proper use and handling of malaria drugs; and forms and registers available at all times. Selected health posts in selected target districts will be provided with TA, training and resources to ensure proper storage condition using storage cabinets and shelves/pallets; proper stock movement/transaction activities using tools such as stock cards, requisition, issue and receipt forms, summary reporting forms and patient treatment registers.

**Budget:** \$77,551.00

**Start Date:** Jan/2007

**End Date:** Jan/2007

**Products Planned:**

to be uploaded

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**Reporting Period:**

**Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:**

- Set up office (co-located with other MSH projects in MSH offices on Bole Road)
- Assigned technical coordinator and seconded a pharmaceutical management associate (PMA) to Oromia Region Health Bureau to assist in Anti-malaria Drugs Management (AMDM)
- Formed a working group composed of key technical SPS officers ( M&E, MIS, Training, Rational Drug Use and Partners Relations) including the deputy COP of SPS, as support to the core AMDM team members which is made up of the coordinator and the Oromia region seconded PMA. The purpose of the task force is to serve as a sounding board, to play an advisory role and to assist in harmonizing AMDM activities with other related SPS programs. Developed work plan for 2008/09 based on PMI/USAID issued scope of work (Jul/Sep'08)
- Gabriel Daniel and the Program Coordinator held discussions with heads of different Partner Organizations and included • Dr. Kassa Hailu, Mr. Addisu Mekasha, Mr. Abdulmalik Ebero, Mr. Mohammed Tussi, and Mr. Dawit Teshome from the Oromia Regional Health Bureau(ORHB), • Dr. Dadi Jima, Head of the National Malaria and Other Vector Borne Diseases Control Program (NMCP), • Dr. Afework H/Mariam, Deputy head of the Malaria Consortium which is a UK based International NGO, • Dr. Richard Reithinger, USAID-Ethiopia PMI Director. The discussions focused on introduction of the new AMDM/SPS –Ethiopia program, the major activities of each organization on malaria control, challenges, and areas of future cooperation between AMDM/SPS and each Partner. Attended the COP 08

workshop held in Hawassa between Dec. 10-12, 2008 and in meantime presented a paper on the PMI AMDM program and its key activity areas.

**Next Steps:** Plan Next TA

**Activity Title:** Micro-planning and consensus building workshop

**Activity Manager:** Daniel, Gabriel **Activity #:** 2 **Task:** LFET08PMI **Subtask:** 60A1M2

**Activity Description:** A small micro-planning workshop will be held where SPS, PFSA, and other key stakeholders will (1) discuss existing AMDM strategies and tools; (2) identify the number of locations to be included in PMI/E-supported AMDM activities; (3) discuss the approach and number of health personnel that will be trained; (4) identify and establish what training materials will need to be revised, modified, developed or translated; (5) discuss and finalize the AMDM approaches and activities that will be implemented with PMI/E support; (6) discuss plans for supportive supervision and process evaluation of to-be-implemented AMDM activities; and (7) outline a stakeholder information dissemination and communication plan. A report will be produced which will include a description of workshop findings and all planned AMDM activities, stakeholder input and coordination, and a management plan. Much of the ground work for this activity has already been done during a preliminary visits by SPS in 2008 as well as through ongoing activities funded by PEPFAR.

**Budget:** \$23,507.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

**Products Planned:** Micro-planning workshop report

**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Attended a two-day micro-planning workshop organized by ICAP, a USAID PMI executing partner agency on Laboratory Strengthening and Diagnostic Monitoring, organized for Dec. 2-3, 2008. The one-day AMDM/SPS micro-planning workshop was held on Dec. 23, 2008 at the Yoly Hotel, Addis Ababa. Thirty-five participants from partner and stakeholder organizations and the MSH/SPS programs attended. The workshop included paper presentations on pertinent topics, presentation on the findings of the Assessment study, and AMDM key Activity Areas. Finally, discussion was conducted and answers given to issues raised. The participants also gave recommendations towards strengthening the program. The proceeding of the workshop proceedings are being prepared and will soon be distributed to the concerned bodies.

**Next Steps:** Receipt of report.

**Activity Title:** Partnership meetings and coordination

**Activity Manager:** Daniel, Gabriel **Activity #:** 3 **Task:** LFET08PMI **Subtask:** 60F9N3

**Activity Description:** Inasmuch as possible SPS will support the FMOH and RHB AMDM activities using existing in-country FMOH and RHB structures and systems. Particularly, for drug management and implementation of the HCSS/PLMP, the GoE authority is under the mandate of the Pharmaceutical Supply Agency (PFSA).SPS shall develop the work plan in close consultation with relevant government entities and stakeholders, get approvals of plans from USAID/W, and implement the plan in collaboration with key in-country stakeholders, primarily PFSA, RHB and Zonal/District Health Offices.

**Budget:** \$51,461.00 **Start Date:** Sep/2008 **End Date:** Oct/2009

**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** No activity.

**Next Steps:** Nothing significant is planned at this time.

**Activity Title:** AMDM training materials and training

**Activity Manager:** Daniel, Gabriel **Activity #:** 4 **Task:** LFET08PMI **Subtask:** 60F9M4

**Activity Description:** Training materials--A list of training materials necessary to strengthen AMDM will be compiled. SPS will review training materials currently used and/or

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available in-country (e.g., those developed for drug management of ARTs) as well as internationally. Existing training materials will be revised, modified, or new training materials will be developed; training materials will include curricula for both trainees and trainers. Training uptake should also be assessed by pre- and post-training testing. Training for central, regional and zonal level health staff--SPS will conduct in-service training of AMDM for central, regional, and zonal level health professionals (e.g., staff from PFSA at central level as well as staff from health bureaus at regional level that may be involved in AMDM) using existing and/or developed training materials. Training will be as practical as possible and show trainees how to properly implement AMDM. It is anticipated that at least six training workshops will be carried out. Training of health facility staff--SPS will conduct in-service training in AMDM for health staff based at health facilities supported by PMI using existing and/or developed training materials (see above). Training will be as practical as possible and show trainees how to properly implement AMDM. It is anticipated that training workshops will be carried out in conjunction with those supported by PEPFAR.

**Budget:** \$70,922.00

**Start Date:** Sep/2008

**End Date:** Oct/2009

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** Oriented all SPS staff and selected Oromia Region Health Bureau staff in AMDM and expected roles. A training and orientation program was organized for the MSH/SPS RPMAs who were selected to carry out the data collection for the AMDM assessment study and for other staff. The training was given by SPS Senior Program Associate and focused on the national and international situations on malaria disease and the administration of the prepared assessment questionnaires. A draft training proposal for the first-year plan of action was prepared and submitted to the SPS Senior Program Associate for comments, which was returned with comments and suggestions. Draft training manuals for the first-year training plan of action and drafting of SOPs and other PMIS reporting formats have started. The draft SOPs and formats as well as the training manuals are based on the existing manuals and formats in use for the ART program of the organization. Once completed, they will be submitted for comments and approval for use.

**Next Steps:** Follow up with planned activities.

**Activity Title:** Secondment of Personnel

**Activity Manager:** Daniel, Gabriel **Activity #:** 5 **Task:** LFET08PMI **Subtask:** 60F9H5

**Activity Description:** SPS will second a pharmacist who will be located at the main Oromia Region Health Bureau office. The main task of the pharmacist will be to identify and plan TA needs, ensure uninterrupted supply of malaria products at all levels, and ensure that malaria information system is functional at all levels (stock status, consumption, patient profile, patient uptake, expiry tracking, tools for inventory control, reporting etc.). SPS will second about four pharmacists who will physically be located at the strategic sites in zones/districts in Oromia region to support zones, districts, and health facilities in their respective catchment areas. The main task of the pharmacists will be to serve as the liaison between health facilities and districts/zones, ensure that storage meets acceptable standards at all levels, ensure uninterrupted supply of malaria products in their catchment areas, ensure that malaria information system is functional in all the health facilities and zones/districts that they are assigned to (stock status, consumption, patient profile, patient uptake, expiry tracking, tools for inventory control, reporting etc.), and coordinate the movement of products from the supply depot to the districts and health facilities.

**Budget:** \$96,212.00

**Start Date:** Sep/2008

**End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** Four candidates were short-listed and interviewed for zonal secondment. A draft job description was prepared for the RPMA to be seconded to the ORHB and submitted to the MSH/SPS management for approval. Once approved, an official letter of assignment will be given to Mr. Amanu Nuru.

**Next Steps:** Finalize recruitment.

**Activity Title:** Baseline Assessment

**Activity Manager:** Daniel, Gabriel **Activity #:** 6 **Task:** LFET08PMI **Subtask:** 60EXA6

**Activity Description:** Complete a baseline survey to assess the state of AMDM systems at health facilities in Oromia. SPS shall survey the public sector health facilities that will be supported under PMI to assess whether these facilities provide antimalarial medicines and, if so, which type/class, specifying manufacturer, packaging, expiry date, and storage; and whether records exist collecting data on drug stocks, dispensary, receipt and other characteristics relevant to effective drug management. The survey shall also be used to assess human and infrastructure capacity, e.g., how many full-time employees are devoted to manage the pharmaceutical management system at facility level; the training they received; the feedback/support they receive from district /zonal health offices.

**Budget:** \$38,154.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** To get a good handle of the gaps and situation on the ground, SPS conducted a rapid operational situation analysis followed by a micro-planning workshop with key stakeholders and partners. The antimalarials and related supplies management assessment was conducted in October 2008 by SPS/MSH in all the regions of the country with focus on Oromia Region which is the PMI target region. The main objective of the assessment was to assess the current supply management system through identification of its strengths and weaknesses. The specific objectives include checking for availability of antimalarial, TB drugs, HIV/AIDS drugs, condoms, and other related products. Determining baseline logistics data for future monitoring purposes was also one of the objectives of the study. The questions and observations were based on availability, knowledge, storage and handling, record keeping, and reporting and security and availability of utilities. The assessment target included 19 hospitals, 31 health centers, 27 health posts, 33 private drug outlets, 18 zonal health offices, 29 district health offices, 44 laboratories representing hospitals and health centers, and 71 prescribers from selected hospitals and health centers. More than 50 percent of the target respondents were from Oromia Region and the rest from other regions (except Addis Ababa and Harare) which provided an overall national picture. The assessment was conducted by RPMAs, ORHB staff and facility personnel. This was done to make sure that the staff directly involved will get a better grasp of the situation and play an active role in interventions. Specific activities carried out included reviewing the draft assessment tools. These draft tools were reviewed by members of the Technical Group for easy administration of the assessment. Training and Orientation of the MSH/SPS RPMAs and other staffs on the AMDM Baseline Assessment Study--a training and orientation program was organized for the MSH/SPS RPMAs who were selected to carry out the data collection for the AMDM assessment study as well as other staffs. The training was given by the SPS Senior Program Associate and other MSH/SPS staff members and focused on the national and international situations on malaria disease and the administration of the prepared assessment questionnaires. Data collection, entry, and analysis activities included completing data collection, employing a professional on temporary contract basis to enter the data, and entering the data. The data collection was carried out from all the regional states. Once the data was

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entered, it was analyzed for the draft assessment report which is currently being prepared.

**Barriers to Progress:** Once the AMDM baseline assessment data was collected and entry started, there were problems with entering of some data especially those dealing with stock status of drugs at different service levels. This was due to non-uniform registration of the units of drug package by the different data collectors.

**Next Steps:** Follow up the data entry, analysis activities of the AMDM baseline assessment study.

**Activity Title:** AMDM framework implementation

**Activity Manager:** Daniel, Gabriel **Activity #:** 7 **Task:** LFET08PMI **Subtask:** 60BXH7

**Activity Description:** SPS will put into operation a AMDM framework with all the aspects of the drug supply management system (including ordering, receiving, storage, distribution, dispensing, use, inventory control). It is envisaged that such framework will make use of existing infrastructure, staff and support at both central and regional levels. How such framework will supply/be integrated into the developing HCSS/PLMP shall be considered, reviewed, and planned; linkages with other USAID/E supported activities shall be maximized. SPS shall also set up a number of tools at health facility level (e.g., log books, records, SOPs) and provide necessary equipment and infrastructure (e.g., shelves and pallets for drug storage). The AMDM framework shall ensure uninterrupted supply and rational use which will result in (1) strengthening the health facilities to forecast and report on their needs for antimalarial drugs and (2) reduce leakage or loss by comprehensively tracking stocks of (non-expired and expired) anti-malarial drugs at health facility level. SPS will pilot AMDM activities in 20 selected health posts in Year 1 of PMI support.

**Budget:** \$160,252.00 **Start Date:** Aug/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Prepared the COP 08 DIP which is a plan of action necessary for internal purpose for the monthly follow-up and monitoring and evaluation of activities. Based on the suggestions from the meeting, the final DIP was submitted for application. Discussion was held between the AMDM/SPS management group and the USAID-Ethiopia PMI group. The discussion focused on the progress of the AMDM/SPS work plan, findings of the assessment study, and preparations of the planned AMDM micro- planning workshop. An attendee suggested that in the future program activities, focus be placed on the problems of expiring drugs, training of facility level staff, and future schemes for organizing direct supply of drugs to health facilities to lower delivery time in cooperation with partners like UNICEF, etc.

**Next Steps:** Implementation of detailed implementation plan.

**Activity Title:** MIS tools design and printing

**Activity Manager:** Daniel, Gabriel **Activity #:** 8 **Task:** LFET08PMI **Subtask:** 60G4K8

**Activity Description:** Develop simple SOPs and forms that will be used for management of malaria products at all levels (e.g., requisitions, quantification, stock management, coordinating malaria products exchange/transfer, tracking expiry, ensuring data management, and reporting). Design and implement user-friendly medication record that features patient profiles, dispensing and rational use monitoring and summary reporting of the same. Print and disseminate all standard tools and forms for use and management of malaria products. Submit quarterly reports on stock-out, available stock, expired items, number of facilities, number of patients broken down by age and sex, etc.

**Budget:** \$82,967.00 **Start Date:** Sep/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

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*Country Programs*

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**Activity Progress:** Reviewing of existing SOPs and other PMIS reporting formats has started.  
**Next Steps:** The draft SOPs and formats will be based on the existing formats in use for the ART program of the organization.

**Activity Title:** Infrastructure improvement

**Activity Manager:** Daniel, Gabriel **Activity #:** 9 **Task:** LFET08PMI **Subtask:** 60AXH9

**Activity Description:** Improve the storage and organization capacity of health facilities and zones/districts that will provide malaria services with focus on the main drug store and dispensing pharmacy areas. Provide shelving units, filing and storage cabinets, thermohygrometers for monitoring temperature and humidity, and dispensing rooms and basic office furniture. Assist health facilities to reduce leakage or loss by comprehensively tracking stocks and reinforcing windows, doors and lockable partitions for better security.

**Budget:** \$83,254.00 **Start Date:** Sep/2008 **End Date:** Oct/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** No activity.

**Next Steps:** No activity.

**Activity Title:** Georeferencing and mapping

**Activity Manager:** Daniel, Gabriel **Activity #:** 10 **Task:** LFET08PMI **Subtask:** 60AXH0

**Activity Description:** Mapping of locations supported--SPS shall georeference all locations that are supported under this program description with global positioning systems. Data shall be forwarded to the International Rescue Committee (IRC), which is the USAID/E HAPN office implementing partner mapping USAID/E activities in the country under the Geospatial Analysis for Public Health Program. Maps of project activities should be included in all reports.

**Budget:** \$30,712.00 **Start Date:** Aug/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Six people sponsored by MSH/SPS participated in the GIS/GPS training organized by the International Rescue Committee (IRC) in Hawassa, Dec. 15-19, 2008. Four of the trainees were from MSH/SPS while the other two came from ORHB.

**Next Steps:** Plan to use GIS for inputting data.

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## **Ghana-PMI**

**Workplan:** Ghana PMI    **Year** 08

**Funding Level:** \$600,000.00

### **Workplan Background**

Malaria is hyperendemic and a major public health problem in Ghana where 80-90 percent of malaria infections are due to *Plasmodium falciparum*. The principal vectors are the *Anopheles gambiae* complex and *Anopheles funustus*, both very common, late night biting mosquitoes in rural and peri-urban areas. The Ghana MOH estimates that malaria accounts for over 40 percent of all outpatient visits and 22 percent of under age five mortality. In 2008, a new Malaria Strategic Plan 2008-2012 was developed in Ghana as the follow-on to the previous Malaria Strategic Plan (2001-2005) whose intention was to create a framework, giving strategic direction to attaining the goal of reducing the country's malaria disease burden.

The current strategic plan lists four main strategies, namely: (1) improve malaria case management at all levels, (2) pursue multiple prevention strategies, (3) promote focused and evidence-based research, and (4) improve partnerships to reduce the current malaria disease burden by 50 percent by the year 2015 in line with the attainment of the Millennium Development Goals (MDGs). Malaria control in Ghana has always been based on partners working together on an agreed plan; implementation of intense, evidence-based, results, focused interventions against malaria based at the community level, high-level political backing leading to substantial increases in resources for health development, and strategic investments in better tools. A key principle of the Ghana NMCP is therefore to increase participation in malaria control through bringing key stakeholders to work together in concert based on their comparative strengths. It is worth noting that the principles of malaria control are in accordance with the objectives of the MoH's Medium-Term Health Strategy--increasing access, improving quality and efficiency in service delivery, and building partnerships in the context of overall sector-wide development.

Ghana was selected in the third round of beneficiary countries by the USG's PMI which seeks to dramatically reduce malaria as a major killer of children in sub-Saharan Africa. [1] The overall five-year \$1.2 billion initiative is targeted towards the rapid scale up in 15 African countries of malaria prevention and treatment interventions such as promotion of ITNs, indoor residual spraying IRS, prompt and effective case management of malaria and intermittent preventive treatment. The goal is to reduce malaria-related mortality by 50 percent after three years of program implementation in targeted countries. In early 2007, a PMI team consisting of USAID, CDC, WHO, RPM Plus [2] and the Ghana NMCP conducted a needs assessment in Ghana to identify areas of PMI support within the context of the national malaria policy and strategic plan that would complement RBM partner interventions in Ghana. The findings fed into the development of the 2008 PMI Malaria Operational Plan (MOP) for Ghana.

The assessment identified a number of critical issues related to the management and use of antimalarials and ITNs that, if addressed, would further the progression towards attainment of national, donor, and international targets. These included quantification and procurement planning, warehousing, training in drug management at all levels of the distribution system, inventory control and information management, training in malaria case management (pre-service and in-service), behavioral change communication for proper management and use of ACTs, ACT management and use in the private sector (chemical sellers, pharmacies, and private clinics), and quality assurance. In January 2008, two PMI partners, the SPS Program (the follow-on to the RPM Plus project) and the USAID/DELIVER PROJECT conducted a joint assessment of medicines supply and logistics management systems in Ghana, including appropriate use of malaria medicines. The joint team provided several recommendations and developed implementation plans for strengthening this activity area under PMI support as well as proposed follow-on activities that if implemented by the Ghana MoH and its partners would strengthen medicines supply and logistics management and benefit malaria control. The team also agreed on how to coordinate TA with delineation

of roles and responsibilities for each project under the Ghana MOP based on project strengths and competence. In the Ghana MOP, the USAID/DELIVER Project has been mandated for the procurement of second-line ACTs, rectal artesunate, and severe malaria treatment and supplies; procurement of some LLINs for the public sector subsidized net distribution; systems support for strengthening management of public/private partnership for ITNs; and logistics support for a national integrated child health/ITN campaign.

The SPS program on the other hand has been assigned through the MOP to support strengthening of drug management system capacity including development of a comprehensive drug logistics information system, supervision, forecasting, warehousing, etc., at regional and district levels. Both partners bring unique strengths to supply chain management and pharmaceutical management and together offer an excellent resource for the MoH and the Ghana NMCP. This FY08, SPS PMI work plan for Ghana intends to build upon work already accomplished by the Ghana MoH during FY07 and also take into consideration the joint coordination and identified responsibilities between SPS and USAID/DELIVER summarized in a submitted report of the joint assessment. SPS technical objectives and rationale--The SPS overall strategic objective "increase access to and appropriate use of medicines of assured quality" supports the USAID/Bureau for Global Health SO5-- Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance; SO3--Increased use of key child health and nutrition interventions; and SO--Increased use of key maternal health and nutrition interventions.

Under this work plan, SPS/Ghana will focus on the following three key results: (1) improve governance in the pharmaceutical sector, (2) strengthen pharmaceutical management systems to support public health services, and (3) expand access to essential medicines. Even though SPS/Ghana will not undertake further research and development of improved malaria technologies including new malaria candidates and new malaria drugs, SPS activities in strengthening pharmaceutical management systems will have an overall positive impact on containing the emergence and spread of antimicrobial resistance in Ghana. All planned activities will incorporate strengthening MoH and private sector counterparts in planning and coordination, financing, organizational support and monitoring and evaluation for malaria medicines supply and use. <http://www.whitehouse.gov/news/releases/2005/06/print/20050630-08.html>; [2] Rational Pharmaceutical Management Plus Project of Management Sciences for Health.

**Activity Title:** Provide technical support to the finalization, adoption and implementation of new amendments in the malaria treatment policy by the NMCP

**Activity Manager:** Owunna, Chinwe **Activity #:** 2 **Task:** LFGH08PMI **Subtask:** 60AXH2

**Activity Description:** Following the launch of the old policy in 2004, an implementation plan was developed. However, because of challenges that occurred with the introduction of AS/AQ, this implementation plan was not rolled out. SPS will provide support to the NMCP to attain a revision of the pharmaceutical management components of the implementation plan for the new policy. Subsequent to the MoH sign-off on the new policy, provide support to the NMCP for printing copies of the amended policy document and to support dissemination to health facilities. Collaborate with Ghana Sustainable Change Project (GSHP) to review, print handbook on new malaria policy for chemical sellers. In collaboration with National Health Insurance Authority and Ghana National Drug Program, provide support for the amendment of malaria treatment guidelines and for the harmonization with relevant drug lists and guidelines (essential medicines list, STGs, and National Health Insurance Medicines List etc.). Provide support to NMCP for the review and update of pharmaceutical management components of the malaria training curriculum, and training materials and pharmacy staff training curriculum to support capacity and skills building of health workers. In collaboration with other stakeholders, provide relevant drug management messages in upcoming review of malarial; job aids to support communication and behavior change communication for appropriate malaria treatment. This activity is expected to occur in the second and third calendar quarters of the year.

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**Budget:** \$39,816.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Update the new Malaria Policy Implementation plan in collaboration with the NMCP. The new malaria policy has not been signed by the MoH. SPS has been following up with MOH and NMCP about signing policy. Provide support to NMCP to print 2,000 copies of the Malaria Treatment Policy for distribution to the private sector medical and pharmaceutical service providers, this activity is still pending since new malaria policy has not been signed. Collaborate with Ghana Sustainable Change Project to review and print handbook on new malaria policy for chemical sellers. SPS participated in the revision of the handbook and the final draft has been submitted to the NMCP for comments. Provide support to the National Health Insurance Authority and the Ghana National Drug Programme to amend the treatment guideline for malaria on the NHIA Drug and Tariff List and the STGs in line with new malaria policy. SPS provided technical and financial support and participated in the revision of the STGs for pharmacists and NHIA Drug and Tariff List. STG/EML finalization meeting was held in October 2008 by the Ghana National Drugs Programme (GNDP); SPS, along with other key stakeholders, participated in the finalization of the documents. Provide relevant drug management job aids to support communication for appropriate malaria treatment. Ghana Sustainable Change Project is charged with the broad communication and advocacy under PMI, and SPS's task is to provide the relevant drug management job aids to support this activity. GSCP has not been initiated this activity yet.

**Barriers to Progress:** Because of the national elections in December 2008, there is currently no active Minister of Health who can sign the new malaria policy.

**Next Steps:** NMCP and SPS will await the appointment of a new health minister before follow up visits can be initiated. SPS USAID Ghana CTO will follow up with NMCP about the handbook on new malaria policy for chemical sellers. Comments from NMCP are expected back by the end of January 2009. SPS will provide GNDP with appropriate acknowledgment and branding message in line with USAID and SPS requirements once the final version of the STGs is ready. Follow up with Ghana Sustainable Change Project.

**Activity Title:** Provide support for promoting and ensuring rational use of antimalarials as part of strengthening the implementation of malaria treatment policy in public and private sectors of Ghana

**Activity Manager:** Owunna, Chinwe    **Activity #:** 3    **Task:** LFGH08PMI    **Subtask:** 60EXH3

**Activity Description:** Provide technical assistance for a rapid assessment using both retrospective and prospective methods to review prescribing and dispensing practices of antimalarials; in particular and to assess their clinical and cost implications of sustainable treatment pricing within the national health insurance scheme. Findings will be disseminated and expected to guide the correction of specific health worker behaviors through training, monitoring and supervision. Undertake further assessment of the key needs of the private sector supply chain components and provide support to pharmaceutical Society of Ghana, Society of private Medical and Dental Practitioners, and Ghana Registered Nurses and Midwives Association for Continuing Education on rational prescribing and dispensing of antimalarials. Provide technical support for the design and promotion of strategies (curriculum update, continuing medical education) for Pharmaceutical Society of Ghana, Pharmacy Council, and Private Medical Practitioners to strengthen rational use of antimalarials in Ghana. Review in collaboration with MoH/GHS the curriculum for strengthening of dispensing practices for pharmacy staff; assessment and improvement of monitoring and supervision processes for pharmacy staff. In collaboration with the Pharmacy Council and Chemical Sellers Association revise SOPs and guidelines, and

improve monitoring and supervision processes for members. Provide technical support to the Ghana Food and Drug Board for the institution enforcement of the legal arrangements for phasing out antimalarial monotherapies. This activity is expected to occur in the second and third calendar quarters of the year.

**Budget:** \$75,604.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Undertake a rapid assessment to review prescribing and dispensing practices of antimalarial in the private and public sectors of Ghana. The data collection materials for the assessment have been developed. Consultants that will participate in the assessment have been identified and formal contracts have been issued. The actual assessment is planned for January 2009. Update curriculum, support continuing education training for Pharmaceutical Society of Ghana, Pharmacy Council, and Private Medical Practitioners on rational prescribing and dispensing. SPS worked with a selected team of pharmacists to develop a draft curriculum for pharmacists and for licensed chemical sellers which is a simplified version of the pharmacists' manual. The final draft has been submitted the NMCP manager for review and comments. Review the malaria guidelines and SOPs for malaria management of the MoH/GHS at the regional and district levels and train staff to strengthen prescription and dispensing practices. This activity is planned for Q2. Provide technical support to the Ghana Food and Drug Board for the development of institution and enforcement of the legal arrangement for phasing out antimalarial monotherapies. SPS participated in the development of the draft schedule for phasing out monotherapies. The initial advertisement to importers on planned phase-out has been done.

**Barriers to Progress:** Because of the delay with signing of the new malaria policy, the Pharmaceutical Society of Ghana has changed the theme of the continued medical education for pharmacists from malaria.

**Next Steps:** Finalize the assessment tools with key stakeholders and get their input. Finalize recruitment of local data collectors, undertake training and carry out the assessment. 10. Quality Health Partners (USAID funded) has available funding to roll out training of LCS. NMCP has funding for training pharmacists and LCS on new policy. SPS will fund the trainer of trainers activities.

**Activity Title:** Support strengthening of capacity for quantification at regional, district and facility level

**Activity Manager:** Owunna, Chinwe    **Activity #:** 4    **Task:** LFGH08PMI    **Subtask:** 60C2H4

**Activity Description:** Provide support for the curriculum development and capacity building for the quantification of antimalarials at district and health facility levels. Quantification training will be delivered in a two-fold process (1) through institution of a TOT workshop targeting pharmacists and selected District Health Management Team members from all ten districts of Ghana to be followed by a one-off simultaneous cascade training of relevant health facility staff in each district; and (2) provision of tools to district level pharmacist to enable them provide on-the-job-training support either during routine facility supervision and/or through support by the district level pharmacist during an actual facility level quantification exercise. 15. Provide support for TOT workshop targeted at selected number of pharmacists and dispensary officers and selected District Health Management Team members from all ten regions followed by a one-off simultaneous cascade training to all relevant health facility staff on quantification of antimalarial medicines. This activity is expected to occur in the second, third, and fourth quarters of the year.

**Budget:** \$19,714.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Develop curriculum for quantification at the district and health facility levels and

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undertake TOT workshop targeted at selected pharmacist, dispensary officers and District Health Management Team members from all 10 regions. SPS participated in preparatory meetings with GHS and MoH for development of curriculum. Quantification tools used at central and regional levels (developed by John Snow, Inc. [JSI]) have also been reviewed.

**Next Steps:** Implementation of this activity is planned for Q 1 2009 after the assessment.

**Activity Title:** Provide technical support to strengthen capacity for warehousing and storage of antimalarials including ACTs

**Activity Manager:** Owunna, Chinwe **Activity #:** 5 **Task:** LFGH08PMI **Subtask:** 60C3H5

**Activity Description:** Conduct an assessment of medical stores at regional, and health facility levels to evaluate inventory management and storage requirements needed to improve practices and minimize stock-outs, wastage, and leakage of antimalarials. 17. In collaboration with NMCP and partners, initiate discussions on how to support a phased implementation of relevant infrastructural upgrades based on assessment findings and develop an implementation plan to ensure adequate storage and warehousing of antimalarials. Provide technical support for monitoring distribution of ACTs from regional to health facilities in selected sites to determine leakages, availability and functionality of the distribution system. 19. Support district level prioritization of supervision and provide inventory management/ warehousing tools for district level pharmacists to use during on - the-job training by district level pharmacists for health facility staff. 20. Provide support for the adaptation of an existing SPS training package -Basic techniques for the management of malaria medicines and supplies at the health facility level; and conduct a TOT targeting pharmacists, selected District Health Management Team members, and stores officials from all ten regions. (This activity will be implemented jointly with activity 15 above.) This activity is expected to occur in the third and fourth calendar quarters of the year.

**Budget:** \$155,776.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Even though this activity is approved in the SPS work plan and SPS team had informed JSI DELIVER about proposed assessment; JSI DELIVER during USAID's partners meeting held in November 2008 included the same activity in their quarterly work plan. To resolve the confusion, SPS had a meeting with JSI DELIVER who informed SPS that JSI was awarded the follow on logistics activity for PMI in MOP 2009. SPS scheduled a meeting with USAID/Ghana PMI CTO and the HPN officer to get more clarity about how to proceed with this activity. The meeting has been postponed three times now. As has been the case throughout the year, SPS has worked synergistically through our work plans. The overarching outcome of JSI-SPS meeting was to continue working on various components of PMI Ghana work, update the mission on all collaborative efforts, and work towards meeting USAID/GHANA strategic objectives while noting and accessing the available tools and expertise in the two projects.

**Next Steps:** SPS will meet with USAID/Ghana, PMI CTO, and HPN officer to obtain more clarity about how to proceed with this activity.

**Activity Title:** Provide technical support for the Logistics Management Information Systems

**Activity Manager:** Owunna, Chinwe **Activity #:** 6 **Task:** LFGH08PMI **Subtask:** 60GXH6

**Activity Description:** Provide support in mapping out commodity flow of ACTs in the mission (private not-for-profit) and private sector to determine wholesaler/distributor/drug outlet inventory management needs, appropriate tools needs and training and capacity building needs. Provide support to establish an information and a feedback system for data collected from mission and private sectors on consumption of ACTs; determine reporting needs, frequencies, tools, staffing and training needs. This activity is expected to occur in the third and fourth calendar quarters of the year.

*Country Programs*

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**Budget:** \$144,368.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:**    SPS has developed data collection materials for the proposed assessment. This activity was initially planned for November-December 2008; however, USAID PMI CTO requested that data collection materials be reviewed by other partners to avoid overlap in activities. This has been done and assessment will be undertaken in Jan 2009.

**Next Steps:**    The activity is planned for Jan.-Feb. 2009.

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## **Guatemala**

**Workplan:** Guatemala    **Year** 08

**Funding Level:** \$200,000.00

### **Workplan Background**

Since their discovery during the 20th century, antimicrobial agents (antibiotics and related medicines) have substantially reduced the threat posed by infectious diseases. The use of these "wonder drugs," combined with improvements in sanitation, housing, and nutrition, and the advent of widespread immunization programs, has led to a dramatic drop in deaths from diseases that were previously widespread, untreatable, and frequently fatal. Over the years, antimicrobials have saved the lives and eased the suffering of millions of people. By helping to bring many serious infectious diseases under control, these medicines have also contributed to the major gains in life expectancy experienced during the latter part of the last century. These gains are now seriously jeopardized by the emergence and spread of germs that are resistant to cheap and effective first-choice, or first-line medicines. The bacterial infections which contribute most to human disease are also those in which emerging and microbial resistance is most evident: diarrheal diseases, respiratory tract infections, meningitis, sexually transmitted infections, and hospital-acquired infections.

Some important examples include penicillin-resistant *Streptococcus pneumoniae*, vancomycin-resistant enterococci, methicillin-resistant *Staphylococcus aureus*, multi-resistant salmonellae, and multi-resistant *Mycobacterium tuberculosis*. The development of resistance to medicines commonly used to treat malaria is of particular concern, as is the emerging resistance to anti-HIV and anti-TB medicines. Hospitals are a critical component of the antimicrobial resistance problem worldwide. The combination of highly susceptible patients, intensive and prolonged antimicrobial use, and cross-infection have resulted in nosocomial infections with highly resistant bacterial pathogens. Resistant hospital-acquired infections are expensive to control and extremely difficult to eradicate. Failure to implement simple infection control practices, such as hand washing and changing gloves before and after contact with patients, is a common cause of infection spread in hospitals throughout the world. Hospitals are also the eventual site of treatment for many patients with severe infections due to resistant pathogens acquired in the community. In the wake of the AIDS epidemic, the prevalence of such infections can be expected to increase. IC is a key strategy to slow the spread of antimicrobial resistance.

Hospital-acquired infections remain a global problem, despite the availability of guidelines at both global and local levels. Under MSH's the previous RPM Plus program, now SPS, financed by USAID, a self-assessment and quality improvement approach for district and provincial hospitals was developed. The approach uses an infection control self-assessment tool (ICAT) of 21 modules and rapid cycle quality improvement methods to identify problems and develop and implement low-cost interventions. The modules of the ICAT cover various aspects of hospital infection control including for example medical waste disposal, hand hygiene, labor and delivery, and injections; each module containing questions and check lists for self assessment, a scoring system and notes for reference outlining the current internationally recognized practices.

Drawing from experiences and lessons learned from applying the approach in two African countries, SPS collaborated with the Guatemala MoH Hospital Technical Assistance Unit to provide technical assistance to apply the approach in 5 pilot hospitals in Guatemala. Hospital IC team members attended an implementation workshop in November 2007 to understand the ICAT and continuous quality improvement approach. In the following months the hospital teams, with support from the local consultants, SPS staff and the MoH developed and implemented infection control quality improvement plans in certain areas of infection control, monitoring indicators to track their progress. A review workshop held in July 2008 gave the pilot hospital teams an opportunity to share their activities and results with each other. Each hospital demonstrated improvements in their areas of interventions

although recognized the need for scale-up to other areas of the hospital as well as to ensure sustained results. Scale-up plans were drafted and discussed with other participants at the end of the workshop. The central MoH hospital coordination team has embraced the ICAT approach as useful to strengthen the hospital IC committees, recognizes the value of the approach in complementing on-going IC activities and played a leading role in the workshop. They hope to distribute a revised Guatemalan version of the tool to an additional 20 hospitals in August and to use that revised version to update the MoH infection control protocols.

The team is also currently planning for potential further expansion of the use of the ICAT tool and the quality improvement approach as well as to study sustainability issues in the current five pilot hospitals. However, it is neither prudent nor appropriate to leave the MoH to expand this approach alone. SPS is working with the USAID bilateral project URC/Calidad en Salud to develop a module in infection control to complement their quality improvement work in the field of maternal, newborn and child health. This module will contain, among others, aspects of bio-safety and medical waste disposal. Strategic Approach--The long term objectives over several years are as follows. (1) Raise awareness of infection prevention in all MoH and Association Pro-bienstar de la Familia de Guatemala (APROFAM) facilities. (2) Reduce the rate of nosocomial infections in all MoH and APROFAM facilities through implementation of a QI methodology and the ICAT self assessment tool. In the first year, the approach to be used to implement the activities is that the MoH coordination of hospitals unit will be leading the activities in the hospitals according to the plan developed jointly and SPS will provide technical assistance. After an initial pilot experience with five hospitals, the MoH wants to expand the ICAT approach to all 43 hospitals nationwide.

The method to expand to all hospitals will be to train a pool of trainers, including the supervisors of the hospitals, and then each supervisor with support from central level, SPS and other peer supervisors will train his group of hospitals in the ICAT tool and the quality improvement methodology. The supervisor will then be responsible for following up individually with each hospital in his group to conduct the ICAT assessment, to finalize the development of the quality improvement plan including indicators and to support the hospital teams in follow-up monitoring. The programming of the trainings will be over the year of this workplan to cover all hospitals by the end of the year; the hospitals of USAID interest will be targeted in the early trainings. The objectives of the approach are to (1) strengthen the technical capacity of the hospital infection control committees, (2) improve waste management practices in the hospitals, improve hand hygiene practices in the hospitals, (4) reduce the rate of nosocomial infections, and contribute to an improved quality of care in the hospitals. For each hospital, a baseline rate of nosocomial infections will be obtained prior to starting work with the hospital. A set of defined indicators related to the specific activities, the rate of nosocomial infections and where possible any associated indicators such as economic costs and use of antibiotics associated with cases of nosocomial infections in the hospital will be monitored over time. A final evaluation of the rate of nosocomial infections will be realized in each hospital at the end of the year.

**Activity Title:** Technical activity coordination and monitoring

**Activity Manager:** Yeager, Beth **Activity #:** 1 **Task:** LFGT08XXX **Subtask:** 97XXY1

**Activity Description:** This activity includes TA coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

**Budget:** \$37,232.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** A number of meetings were held with the MoH Coordination of Hospitals unit of the Vice Ministry of hospitals to brief them on the pilot experience in 5 hospitals using the ICAT self assessment tool and quality improvement methodologies and to explore and plan expansion with them. A workplan was drawn up with the MoH, and approved by USAID/ Guatemala. A technical working group to deal with nosocomial infections was established from within the coordination of hospitals unit, with a representative from epidemiology and the SPS team. The local consultant of MSH SPS will be the main link with the MoH working group.

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**Next Steps:** Maintain constant communication with the MoH working group to move the plan forward. It is expected to have at least one meeting per month to coordinate activities.

**Activity Title:** Revision of the medical waste module and finalization of the Guatemalan version of the ICAT tool

**Activity Manager:** Yeager, Beth **Activity #:** 2 **Task:** LFGT08XXX **Subtask:** 60FXJ2

**Activity Description:** In collaboration with USAID's partners, SPS shall revise the ICAT module on waste disposal to be incorporated into the Guatemala version of the ICAT. The hand hygiene module will also be revised to include quality of hand washing. Additionally, any modules relating to preparedness for avian influenza, such as isolation and airways suctioning, will be revised to assure consistency with the material of Stop Avian Influenza. The Guatemalan version ICAT will be reviewed and approved by the MOH and MSH will support its printing, distribution, and application. The module on waste disposal and hand hygiene will then be priority modules to be applied in all the hospitals in the country during the first year of the expansion process.

**USG Sub-element** Anti-microbial Resistance (MCH)

**Budget:** \$13,789.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Finalized modules on hand washing, medical waste disposal and isolation Guatemala version of ICAT

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** On request of USAID and through the application of the ICAT in the pilot hospitals, it was necessary to make some revisions to the hand hygiene and waste management modules of the ICAT. Also, given the upcoming activities of Stop Avian Influenza, it is pertinent to review the module on isolation and airway suctioning. The hand hygiene module was revised with staff designated by the coordination of hospitals unit from the two national hospitals. A hand washing procedure was established to add into the module references, as well as check lists on hand washing technique, supplies for hand washing and the condition of the sinks. Similarly, the waste management module was reviewed by an engineer working within the MoH coordination of hospitals unit. We have worked with the MoH working group and the MoH communication unit to design a cover for the Guatemala ICAT. Quotes have been obtained for the printing of the eventual document to budget appropriately.

**Barriers to Progress:** In designing the cover, it has been difficult to find the appropriate photos.

**Next Steps:** Share the waste management module with other USAID partners. Revise the isolation and airway suctioning modules. Share the revised modules with the MoH for final approval. Incorporate the revised modules and checklists into the final Guatemalan version of the ICAT. Complete the design of the cover with the necessary logos. Adapt the introduction to convert the document into a MoH document. Do a final edit of document prior to printing. Share with USAID for approval. Print sufficient copies of the Guatemalan ICAT for all training participants.

**Activity Title:** Training of hospital staff in the use of the ICAT tool and quality improvement methodology.

**Activity Manager:** Yeager, Beth **Activity #:** 3 **Task:** LFGT08XXX **Subtask:** 60EXM3

**Activity Description:** A TOT course will be conducted in Guatemala City to form a pool of regional trainers. The trainers to be oriented during the TOT will be the hospital supervisors as well as one epidemiologist from each of the two national hospitals. Each supervisor with support from central level MoH, SPS, the consultant and other peer supervisors, will train his or her group of hospitals on the ICAT and the quality improvement methodology and in their application. It is proposed that about 10 workshops could be held to orient the IC teams from the

hospitals outside of the capital city. The consultant and the central level MoH team will assist the regional trainers to prepare for and conduct the regional workshops. The methods and materials used would ensure that the information and processes presented are standard. Staff from the five pilot hospitals will be used as resources during the trainings. The training will be planned by the MoH coordination of hospitals unit and coordinated with the Stop Avian Influenza project to assure synergy and avoid duplication of effort.

**USG Sub-element:** Anti-microbial Resistance (MCH)  
**Budget:** \$98,078.00 **Start Date:** Oct/2008 **End Date:** Aug/2009  
**Products Planned:** Training materials for TOT and hospital trainings  
 Reports of trainings

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1  
**Activity Progress:** The training material has been revised taking into account the comments from those involved in the training in the initial orientation of the five pilot hospitals. The power point presentations have been revised and the exercise using the quality improvement techniques has been redesigned and further examples developed. A training agenda for the hospital staff training and for the TOT were also developed. To orient the trainers, a guide or set of instructions for the facilitators was developed to cover each activity in each session of the training. Additional Spanish reference material was found including the translation of the QAP quality paradigm document. A profile for the hospital participants was developed as well as for the TOT.

**Barriers to Progress:** No official PowerPoint template exists for the MoH, so we will have to adapt one and include logos of USAID and SPS.

**Next Steps:** Finalize the training material. Share training material with the MoH hospital units for their comments and eventual approval. Share material with USAID. Develop material for TOT course. Plan and conduct TOT and trainings. Train hospital IC committees in use of the ICAT and the quality improvement methodology.

**Activity Title:** Monitoring of activities in hospitals

**Activity Manager:** Yeager, Beth **Activity #:** 4 **Task:** LFGT08XXX **Subtask:** 60AXH4

**Activity Description:** Standard checklists will be developed to assist the MoH in its follow-up. All hospitals will initially apply hand washing and waste disposal modules. Follow up to the Stop Avian Influenza activities in the hospitals will be coordinated with the IC follow-up as the supervisor will be conducting both activities, this will assure a consistent approach. For each hospital, a baseline rate of nosocomial infections will be obtained prior to starting work with the hospital. A set of defined indicators related to the specific activities, the rate of nosocomial infections and where possible any associated indicators such as economic costs and use of antibiotics associated with cases of nosocomial infections in the hospital will be monitored over time. A final evaluation of the rate of nosocomial infections will be realized in each hospital at the end of the year. Additional support will be provided by the supervisors to the initial pilot hospitals to review the progress of the hospital teams according to the plan they developed in the review workshop July 2008. As an alternative to visits, the use of available tools such as telecommunication and video-conferencing will be explored.

**USG Sub-element:** Anti-microbial Resistance (MCH)  
**Budget:** \$14,420.00 **Start Date:** Dec/2008 **End Date:** Sep/2009  
**Products Planned:** Each hospital has an IC plan with defined indicators  
 Monitoring guides  
 Checklists  
 Reports of monitoring

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

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**Activity Progress:** A visit was planned to each of the five initial pilot hospitals to see whether they had maintained the results they had presented in the evaluation workshop in July 2008 and if they had implemented other modules in line with the plans they drew up in the workshop. Instruments were developed for the visits: a check list and a table of the indicators. The MoH hospital team was not available to accompany SPS on the visit but authorized the activity. The hospital visits took place on December 12--Amatitl and Escuintla; December 15--Coatepeque; 16 December 16--Quiche; December 17--Quetzaltenango. Appointments were set up with each hospital and, during the visit, meetings were held with the hospital team, data gathered on implementation, and some visits were made to the hospital departments to see the progress in hand hygiene and waste management. A table of indicators to be used for monitoring the indicators for both hand hygiene and waste management in each hospital was developed to be filled out by the hospital teams. However, few hospitals had conducted any follow-up measurements of the indicators and although most had started activities in waste management, they had not done the initial evaluation using the module or measured any relevant indicators as a baseline. The main finding of the visits is that more frequent follow-up is needed and this will be discussed with the hospital unit at central level. A detailed report of the visits is available.

**Barriers to Progress:** There is no habit among the hospital staff to show evidence, hence measurement of progress is a struggle. Although the hospital teams are starting to implement good interventions, there is no baseline to show their improvements. Close follow-up is needed from the supervisors at central level from the vice ministry of hospitals. Some hospitals not only did not progress, but their progress reversed. Maintaining availability of supplies seems to present a big problem to the hospital teams, although this is primarily through not involving the relevant stakeholders. Staff turnover has affected some of the teams.

**Next Steps:** Present the report to the vice ministry of hospitals technical team and share the findings with the hospital supervisors. Hand over the supervision of the five pilot hospitals to the hospital supervisors who will continue to monitor and support the hospitals in their plan implementation. During the transition handover to the MoH, follow-up by telephone will be provided by SPS. Develop a supervision check list for the hospital supervisors to use.

**Activity Title:** Develop and field test materials promoting infection control practices.

**Activity Manager:** Yeager, Beth **Activity #:** 5 **Task:** LFGT08XXX **Subtask:** 60FXC5

**Activity Description:** The supervisors for each region will organize competitions in each hospital and in the region to shortlist winning entries for national level judging within the MoH. The adaptation and field-testing of the materials as well as their printing and distribution nationwide will be conducted in the next year's activities.

**USG Sub-element:** Anti-microbial Resistance (MCH)

**Budget:** \$3,820.00 **Start Date:** Mar/2008 **End Date:** Sep/2009

**Products Planned:** Posters produced by each hospital and winning poster at national level

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** No progress as yet this quarter, this activity will start later in the year.

**Next Steps:** This activity will start later in the year.

**Activity Title:** Support to the MoH in revising the surveillance system for nosocomial infections

**Activity Manager:** Yeager, Beth **Activity #:** 6 **Task:** LFGT08XXX **Subtask:** 60G4H6

**Activity Description:** Once the protocols and forms currently in use for monitoring nosocomial infections are revised, assistance will be provided to implement the system using the hospital supervisors.

**USG Sub-element:** Anti-microbial Resistance (MCH)

**Budget:** \$8,295.00 **Start Date:** Jan/2009 **End Date:** Mar/2009

**Products Planned:** Revised forms and protocols

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Guidance for supervisors  
Formal launch by MoH

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** No progress as yet this quarter.  
**Next Steps:** A meeting is planned for February 2, 2009, to present the draft protocol and forms for a surveillance system for nosocomial infections to the team from MSH and the MoH hospital supervisors. The system will be reviewed, and revised and plans made for implementation.

**Activity Title:** Support to the MoH in revising the IC norms  
**Activity Manager:** Yeager, Beth **Activity #:** 7 **Task:** LFGT08XXX **Subtask:** 60A2H7  
**Activity Description:** Information for the revision on the internationally recognized practices can be found in the notes in the ICAT modules. Technical assistance will be provided to the MoH to update the national IC guidelines. This activity will be conducted in collaboration with other key players such as PAHO which, it is hoped, will cover reproduction of the guidelines. In the event that no funding is found for the printing of the revised norms, it could be funded through the next years plan.  
**USG Sub-element:** Anti-microbial Resistance (MCH)  
**Budget:** \$10,179.00 **Start Date:** Jan/2009 **End Date:** Apr/2009  
**Products Planned:** Revised infection control norms

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** No progress this quarter.  
**Next Steps:** A list of members of the working group will be drafted. Contact with PAHO and CDC will be made to assure funding for the reproduction of the guidelines. A first meeting with the working group will be planned to start the process of revising the IC guidelines.

**Activity Title:** Work with the bilateral URC/Calidad en salud to implement the IC module  
**Activity Manager:** Yeager, Beth **Activity #:** 8 **Task:** LFGT08XXX **Subtask:** 60AXH8  
**Activity Description:** SPS will work with Calidad en Salud to finalize the self-assessment module and assess its feasibility in a field setting. If feasible, the module will be incorporated into the packet of modules applied by the units that Calidad en salud works with in a total of seven departments.  
**USG Sub-element:** Anti-microbial Resistance (MCH)  
**Budget:** \$7,964.00 **Start Date:** Oct/2008 **End Date:** Jan/2009  
**Products Planned:** IC module  
Module incorporated into the URC package

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** The modules of indicators in four key aspects of infection control (hand hygiene, injection, waste management, and delivery room, were finalized and sent to the Calidad en Salud project of URC to be reviewed and finalized with the MoH.  
**Barriers to Progress:** Availability of URC staff.  
**Next Steps:** Follow up with Calidad en Salud to finalize the modules and to present to MoH. Pre-test in San Marcos.

**Activity Title:** Explore the possibility to use the ICAT and QI approach in the CAIMIs and in APROFAM  
**Activity Manager:** Yeager, Beth **Activity #:** 9 **Task:** LFGT08XXX **Subtask:** 60FXA9  
**Activity Description:** SPS will explore the possibility of applying the ICAT and QI approach to these facilities.  
**USG Sub-element:** Anti-microbial Resistance (MCH)  
**Budget:** \$6,307.00 **Start Date:** Jan/2009 **End Date:** Sep/2009  
**Products Planned:** Documented discussions with MoH and APROFAM

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**Reporting Period:**      **Year:** Project Year 2    **Quarter:** Q1  
**Activity Progress:**    No progress this quarter  
**Next Steps:**            Plan meetings with the Primary health care unit of MoH (SIAS)

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## Kenya

### Kenya-KEMSA

**Workplan:** Kenya KEMSA    **Year** 08

**Funding Level:** \$1,350,000.00

#### Workplan Background

The USAID/Kenya mission is committed to supporting Ministry of Public Health and Sanitation/Division of Reproductive Health (DRH) to successfully deliver reproductive health services as stipulated in the National Health Sector Strategic Plan 2005-2010 (NHSSP II). The NHSSP II has enumerated key goals which include ensuring the security of pharmaceutical and non-pharmaceutical products at all levels of health care. Also, these commodities are to be properly accounted for and used efficiently and effectively. Previously, commodity security has been weak and largely inadequate because of less than optimal commodity financing and weak pharmaceutical management systems that are evident from assessments conducted in most areas of the country.

**Activity Title:** Support Family Planning (FP) pharmaceutical requirements planning and distribution from KEMSA to district stores

**Activity Manager:** Citysoft Admin    **Activity #:** 2    **Task:** LFKE08POP    **Subtask:** 60FXH2

**Activity Description:** SPS proposes to undertake efficient and transparent commodity distribution through the use of outsourced/subcontracted delivery mechanisms. Distribution from central level to district stores will be done quarterly and will allow for the maintenance of appropriate buffer stocks at the district stores. Also, SPS will develop and implement SOPs and tools to support FP commodities stock-taking and distribution activities. Periodic reports to support and document distribution will also be prepared. This activity is to enhance access to quality FP commodities at the periphery.

**Budget:** \$586,200.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

**Products Planned:** - Distribution master-plan - Distribution SOPs developed and implemented- Distribution and Stock status reports such as CYP- Quarterly distribution of FP commodities

**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Monitoring FP commodity stock levels in collaboration with DRH at KEMSA. Collaborated with DRH and KEMSA in conducting monthly stock inventory. Collaborated with KEMSA to obtain monthly stock summary report to track commodity stocks, issues, and receipts. Monitored upstream FP commodity delivery schedules in collaboration with DRH/CMU and partners. Determined the FP commodity requirements for districts in collaboration with DRH. Reviewed the RH commodity standard distribution kit used by KEMSA for direct distribution to facilities. Reviewed the RH commodities section of the KEMSA standard order for; this is expected to ensure adequate supply of commodities and minimize over-stocking at SDPs. Support distribution of FP commodities from KEMSA to district stores. Developed a draft distribution plan to inform the proposed distribution of RH commodities from KEMSA to district stores. Developed draft distribution SOPs in collaboration with DRH to cater for distribution of KEMSA to district stores and facilities.

**Barriers to Progress:** Commodity stock-outs at central level stalled distribution plans.

**Next Steps:** Continue to monitor RH commodity stock status at KEMSA. Finalize the distribution master plan in collaboration with DRH and KEMSA. Fine-tune the distribution SOPs and the KEMSA SOF in collaboration with DRH and KEMSA.

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Develop tools to support distribution activities. Undertake distribution of RH commodities for the first quarter of 2009. Prepare periodic reports to document commodity distribution.

**Activity Title:** Provide technical leadership to support the functions of the RH commodity security working group

**Activity Manager:** Citysoft Admin **Activity #:** 3 **Task:** LFKE08POP **Subtask:** 60AXH3

**Activity Description:** In FY 2008-2009, SPS will provide technical leadership, and in collaboration with DRH and its stakeholders, will support improved availability and appropriate usage of RH commodities, with the aim of assuring access to these commodities at the various levels of the health care system. Also, SPS will be involved in strengthening commodity security policies in collaboration with DRH and other stakeholders.

**Budget:** \$65,500.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** - National RH commodity forecasting and quantification report- Launch of the contraceptive commodity security strategy- Workshop reports- Technical Assistance record (TAR)- Global Commodity Status reports such as PPMR reports- Proceedings of meetings

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Provided technical leadership in forecasting/quantification and requirements planning of RH commodities. Continued to update the FP TWG on gaps in the procurement and supply of contraceptive commodities based on the forecast done in 2008. DRH used the figures to request donor support to make procurements to fill the gaps. Prepared and submitted monthly RH commodity stock status reports using the couple years protection (CYP) and Procurement Planning and Monitoring Report (PPMR) format. Prepared and submitted simple stock status report as per USAID request. Supported focused technical, tactical, and advocacy activities of RH commodity security working group. Prepared presentations for use by the USG team in advocacy activities to support the FP TWG. Participated in conferences, seminars, workshops, and various meetings as required by USG team, DRH, and partners. Participated in two meetings and one field trip with the Commodity Security and Logistics Advisor from USAID Washington.

**Barriers to Progress:** Availability of key MoH personnel was affected by scheduling of competing activities.

**Next Steps:** Launch Contraceptive Commodity Security Strategy. Regular review of the FP Commodities Quantification. Participate in FP TWG, RH interagency coordinating committee (ICC), USG team, and related DRH meetings. Continue support to the FP logistics working group through the provision of regular CYP and PPMR reports. Conduct rapid assessment and facilitative supervision visits in selected sites.

**Activity Title:** Provide technical assistance to build the human resource and institutional capacity of MOPH&S/DRH to improve access to, and rational use of, quality pharmaceutical products.

**Activity Manager:** Citysoft Admin **Activity #:** 4 **Task:** LFKE08POP **Subtask:** 60EXH4

**Activity Description:** In FY 2008-2009 MSH/SPS will provide technical assistance to build the human resource and institutional capacity of MOH/DRH. Also, MSH/SPS will be involved in strengthening policies that aim to improve access to and rational use of FP commodities in collaboration with DRH and other stakeholders.

**Budget:** \$247,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** -Technical Assistance Reports/Record (TAR)- Training curriculum, materials and Manuals printed and disseminated- Training Reports- SOPs and Job aids on commodity management printed and distributed- Printing of FP commodity management reporting tools- Workshops /Meeting proceedings- Regional

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trainings in pharmaceutical management

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** Conducted commodity management training for regional based trainers. Collaborated with partners in conducting a five-day training for RH service providers on using data for decision-making in lower Eastern province. Develop, print, and disseminate SOPs and job aids to strengthen pharmaceutical management systems. Conduct workshop for development of SOPs and job aids for RH commodity management. Provide data collection and reporting tools such as the DAR and CDRR. Printing of DRH commodity data collection tools, and nationwide distribution of the printed tools.

**Barriers to Progress:** Availability of key MoH personnel was affected by scheduling of competing activities.

**Next Steps:** Conduct pilot-testing of the job aids and SOPs, then finalize, print, and disseminate job aids and SOPs. Print RH commodity management curriculum and materials and conduct one regional RH commodity training. Conduct training for RH service providers on using data for decision-making. Revise/strengthen FP/RH facilitative supervision checklist.

**Activity Title:** Provide TA to strengthen and support the DRH activities and functions at the Logistics Management Unit

**Activity Manager:** Citysoft Admin **Activity #:** 5 **Task:** LFKE08POP **Subtask:** 60CXH5  
**Activity Description:** In FY 2008-2009, SPS will work collaboratively with MoH divisions (e.g., DRH, NLTP), KEMSA, and the staff at Logistics Management Unit to support activities aimed at improving management of consumption data and timely commodity resupply decisions.

**Budget:** \$150,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** LMU SOPS updated and implemented- LMIS Application of SOP - District based LMIS application pilot tested in selected Districts / Central sites; Sites assessment for electronic tools use capacity/capabilities report; Developed User Manuals- Training reports- Commodity Consumption reports-Quarterly reports- PMIS recommendations & policy developed

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** Continued support to Logistics Management Unit through providing and supporting unit's telephone communications, workstations, and the LMIS database. Supported improvements to telecommunication/electronic communication provided to DRH, and continued to provide mobile airtime to improve telecommunication and reporting between DRH field facilities and the Logistics Management Unit. Continued to provide DRH with courier service account for transmission of commodity consumption reports to LMU. Training MoH divisions and stakeholders on how to develop commodity usage reports. Updated and enhanced central level summary feedback report (Excel-based) to track commodity stocks, issues, and receipts in collaboration with DRH technical personnel. Worked in collaboration with DRH to develop national commodity stocks status reports. Support to improvement of reporting rates on commodity usage, including implementation of innovative strategies and technologies. Worked collaboratively with the DRH technical Staff to develop appropriate system requirements for a proposed LMIS application/database for the district level. Followed up on Non reporting districts and sites through the districts RH coordinators. Provided comprehensive national level Feedback reports (Excel-based) to the DRH with information on Commodity consumption, Data Quality issues, Reporting rates to guide M&E and Supervision activities. The reports also support evidence-based decision making by DRH technical staff. Progress on Products- Quarterly Reports- Monthly DRH Commodities Stock status report available

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**Next Steps:** Pilot-test the District LMIS application/database.

**Activity Title:** Contribute to the Mainstreaming of the LMU into KEMSA

**Activity Manager:** Citysoft Admin **Activity #:** 6 **Task:** LFKE08POP **Subtask:** 60AXH6

**Activity Description:** In FY 2007-2008, MSH/SPS will support the transitioning and mainstreaming of the LMU offices and LMIS system into KEMSA through leveraging with other funding lines to renovate space. In addition, this will also involve the adapting and expanding the current LMIS database and LMU SOPs to incorporate the new Programs (PMTCT, Malaria, etc). In tandem with the expansion of the LMIS will be the development of a corresponding LMIS user manual.

**Budget:** \$88,800.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Renovated Logistics Management Unit- Updated LMU SOPs to incorporate the new Programs (PMTCT, Malaria etc).- Develop/Update LMIS Application SOP and user manual

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Adapting and expanding the current LMIS database and the Logistics Management Unit SOPs to incorporate new programs (PMTCT, etc.), and continue to update the LMIS database. Develop a corresponding LMIS user manual and continually update it in line with changing requirements of DRH

**Next Steps:** Leverage with other funding lines to renovate space. Update Logistics Management Unit SOPs to incorporate the changes in distribution.

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### **Kenya-MCA**

**Workplan:** Kenya MCA **Year** 08

**Funding Level:** \$2,225,000.00

#### **Workplan Background**

The overall objective for the entire Kenya Threshold program (MCA-TP) is to reform public procurement and to improve health care delivery. In general, the activities proposed seek to reduce corruption, improve financial management, and enhance service delivery. The main objective of MCA-TP component 2 is to improve accountability and transparency in procuring health sector goods and providing services, thereby improving access to affordable health care.

**Activity Title:** Provide technical assistance/ support to the KEMSA procurement unit activities

**Activity Manager:** Thuo, Michael **Activity #:** 2 **Task:** LFKE08MCA **Subtask:** 60C2H2

**Activity Description:** Typical sub-activities will include: Sub-activity 1: Support KEMSA to develop Good Procurement Practices guidelines / SOPs in line with internationally accepted norms and current procurement laws. Sub-activity 2: Train KEMSA staff on the use of manual and electronic quantification tools to support the procurement planning and forecasting process. Sub-activity 3: Assist KEMSA to implement procurement performance tracking indicators Sub-activity 4: Assist KEMSA to fine-tune e-procurement module specifications in line with the proposed Enterprise Resource Planning Architecture.

**Budget:** \$105,768.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** One consultative meeting held with KEMSA Procurement Management staff to chart the way forward and to develop an action plan. Progress on Products. Minutes of meeting held available.

**Next Steps:** Review and update KEMSA Procurement SOPs and KPIs. Install electronic tools to support quantification and forecasting activities.

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**Activity Title:** Undertake limited automation of four selected KEMSA depots.  
**Activity Manager:** Thuo, Michael **Activity #:** 3 **Task:** LFKE08MCA **Subtask:** 60CXH3  
**Activity Description:** KEMSA will decentralize its warehouse and distribution functions initially to four of its depots i.e. Nyeri, Mombasa, Nakuru and Garissa. To facilitate processing of transactions and monitoring and evaluation aspects at these depots, MSH/SPS will work collaboratively with KEMSA in the implementation of limited automation. This will involve equipping of each depot with two computers, one printer, internet connectivity, and including local area network. This will allow KEMSA to be linked with its peripheral depots.  
**Budget:** \$164,270.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1  
**Activity Progress:** One consultative meeting held with KEMSA Management staff to chart the way forward. Determination of automation needs and procurement initiated. Progress on Products: Minutes of meeting held available List of ICT equipments available.  
**Next Steps:** Undertake depots site survey to identify network infrastructure, accessories and services requirements. Agree on schedule of automation. Provide internet connectivity and install ICT equipment/accessories.

**Activity Title:** Support to the development of KEMSA ERP implementation roadmap and relevant ICT governance structures.  
**Activity Manager:** Thuo, Michael **Activity #:** 4 **Task:** LFKE08MCA **Subtask:** 60C2P4  
**Activity Description:** MSH/SPS will work collaboratively with KEMSA staff and management to develop the KEMSA ERP implementation roadmap and relevant ICT governance structures. Development of the roadmap will involve building consensus on the implementation process.  
**Budget:** \$59,712.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1  
**Activity Progress:** Two consultative meetings held with KEMSA Management and ICT staff to chart the way forward and develop an action plan. Draft ERP Roadmap developed and shared with KEMSA ICT Staff. Progress on Products: Minutes of meeting held available Draft ERP Roadmap available  
**Barriers to Progress:** Availability of KEMSA staff was affected due to scheduling of competing priorities.  
**Next Steps:** Conduct a two day workshop to finalize ERP Roadmap

**Activity Title:** Support to the review and improvement of KEMSA governance policies and structures.  
**Activity Manager:** Thuo, Michael **Activity #:** 5 **Task:** LFKE08MCA **Subtask:** 60AXE5  
**Activity Description:** MSH/SPS will provide support to MOH, KEMSA management and Board in the review of existing governance policies and structures. SPS will then work collaboratively with other KEMSA and MOH stakeholders to contribute to activities aimed at strengthening KEMSA governance policies and structures  
**Budget:** \$62,273.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1  
**Barriers to Progress:** KEMSA is currently operating without a Board of Directors and Chief Executive Officer who are crucial to the review/ development of governance structures

**Activity Title:** Undertake tracking supply chain surveys on commodity prices, leakage and wastage within the public sector.  
**Activity Manager:** Thuo, Michael **Activity #:** 6 **Task:** LFKE08MCA **Subtask:** 60C3A6  
**Activity Description:** MSH/ SPS will facilitate KEMSA, MOH and other stakeholders to monitor and document the improvements made on the integrity of the supply chain through the implementation of the following sub-activities

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**Budget:** \$92,269.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Activity Progress:**    Developed one dispensing register and monthly reporting tool that would facilitate downstream tracking of commodities.  
**Next Steps:**    Pre-test, update and disseminate commodity dispensing register and monthly reporting tools. Review and update survey tracking tools based on baseline survey experiences.

**Activity Title:**    Provide targeted technical assistance to the KEMSA warehouse to strengthen systems

**Activity Manager:** Thuo, Michael    **Activity #:** 7    **Task:** LFKE08MCA    **Subtask:** 60C3H7

**Activity Description:**    MSH/SPS will work collaboratively with KEMSA to implement selected warehouse system strengthening activities. These activities will include updating; dissemination and implementation of warehouse implementation of warehouse SOPs and assisting KEMSA warehouse staff to implement warehouse performance tracking indicators.

**Budget:** \$125,077.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Activity Progress:**    Three meetings held with KEMSA Warehouse Management staff to chart the way forward and develop an action plan. Development of M&E tools for warehouse operations-ongoing Progress on Products Minutes of meeting held available. Draft Warehouse Action plan available.

**Barriers to Progress:**    Availability of KEMSA warehouse management staff was affected by the scheduling of competing priorities.

**Next Steps:**    Finalization of M&E tools for warehouse operations. Mapping of stock locations. Streamlining of manual stock record system

**Activity Title:**    Provide technical assistance to the KEMSA Logistics/Distribution activities.

**Activity Manager:** Thuo, Michael    **Activity #:** 8    **Task:** LFKE08MCA    **Subtask:** 60C4H8

**Activity Description:**    This will involve the following sub-activities: Sub-activity 1: Support KEMSA to develop a logistics/ distribution master plan Sub-activity 2: Disseminate and train KEMSA staff on the use of developed/ updated logistics/distribution Standard Operating Procedures (SOPs) Sub-activity 3: Assist KEMSA to implement distribution performance indicators

**Budget:** \$122,710.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Activity Progress:**    Two meetings held with KEMSA Logistics Management staff to chart the way forward and develop an action plan. Completed review of Logistics SOPs and KPIs. Development of M&E tools for logistics operations-ongoing. Progress on Products Minutes of meetings held available..Logistics Action plan available.

**Barriers to Progress:**    Availability of KEMSA warehouse management staff was affected by the scheduling of competing priorities

**Next Steps:**    In-house training on SOPs. Updating of Logistics SOPs and KPIs. Finalization of M&E tools for Logistics operations. Support KEMSA logistics staff to prepare an updated annual distribution schedule.

**Activity Title:**    Support training of TOTs to facilitate activities related to regional level roll out of the pull system.

**Activity Manager:** Thuo, Michael    **Activity #:** 9    **Task:** LFKE08MCA    **Subtask:** 60CXM9

**Activity Description:**    The training will focus on topics that support "pull" system such as determination of requirements, storage and distribution, stock management / inventory control.

**Budget:** \$63,752.00    **Start Date:** Jan/2007    **End Date:** Jan/2007

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Activity is completed. Reviewed, updated and finalized curriculum for Pull system ToT training. Developed 44 ToTs were trained in December 2008. Progress on Products. Draft Workshop Proceedings Report – Available  
Updated curriculum for Pull system ToT training – Available

**Activity Title:** Additional provincial roll out of commodity management HR capacity in support of the pull system by training DHMTs and RHF in-charges.

**Activity Manager:** Thuo, Michael **Activity #:** 10 **Task:** LFKE08MCA **Subtask:** 60CXMO

**Activity Description:** A total of five workshops will be conducted to support the roll out of the pull system in two additional provinces. A total of 200 health care workers will be trained.

**Budget:** \$119,474.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Completed pull system training implementation plan. Progress on Products: Pull system training implementation plan - Available

**Next Steps:** Review, update and finalize pull system training materials. Conduct training in the selected provinces.

**Activity Title:** Provide targeted technical assistance to strengthen institutional and human resource capacity for quantification of medical commodity needs in the MOH / Department of Pharmaceutical Services.

**Activity Manager:** Thuo, Michael **Activity #:** 11 **Task:** LFKE08MCA **Subtask:** 60EXHA

**Activity Description:** Sub-activity 1: Provide computer hardware and software to MOH/ DOP to support commodity quantification. Sub-activity 2: Hands on training and support on utilization of quantification tools provided to MOH staff.

**Budget:** \$62,506.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Initiated procurement of computers to support quantification capacity at the Department of Pharmacy.

**Next Steps:** Install related quantification software. Provide hands-on TA on the quantification software

**Activity Title:** Support Department of Pharmaceutical Services to conduct a national quantification exercise for Essential Medicines and Medical Supplies.

**Activity Manager:** Thuo, Michael **Activity #:** 12 **Task:** LFKE08MCA **Subtask:** 60C1HB

**Activity Description:** MSH/SPS will provide technical assistance to the MOH/ Department of pharmaceutical services to undertake a national quantification exercise that will assist in the preparation of appropriate procurement plans.

**Budget:** \$180,576.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Next Steps:** Develop and implement a quantification plan

**Activity Title:** Provide TA to strengthen the human resource and institutional capacity for Supply chain commodity audit at the procurement oversight unit at MOH

**Activity Manager:** Thuo, Michael **Activity #:** 13 **Task:** LFKE08MCA **Subtask:** 60CXHC

**Activity Description:** Sub-activity 1: Assist MOH headquarters to establish a medical commodity audit unit. This activity will involve the development of terms of reference, audit tools (criteria, checklists, SOPs), commodity audit training curriculum and materials, provision of equipment, manual and electronic tools. Sub-activity 2: Training commodity audit committee members to improve their capacity to collect and analyze KEMSA procurement and distribution data.

**Budget:** \$49,671.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

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**Next Steps:** Develop training materials on commodity audits. Train MOH staff on Commodity audits

**Activity Title:** Provide limited automation to support supply chain oversight activities for MOH.

**Activity Manager:** Thuo, Michael **Activity #:** 14 **Task:** LFKE08MCA **Subtask:** 60CXHD

**Activity Description:** To achieve this, the following ICT equipment will be procured and installed: a) At MOH Headquarters: 1 Printer, 1 Photocopier, 1 LCD Projector, 1 Blackberry Phone) At Provincial Level (per province) : 1 Computer, 1 Printer, 1 Blackberry Phone c) At District Level (per district hospital) : 1 Computer, 1 Printer, 1 Blackberry Phone

**Budget:** \$92,269.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Initiated procurement of ICT equipment.

**Next Steps:** Identify Facilities for automation. Install ICT equipment.

**Activity Title:** Train NQCL and National Quality Control Laboratory (NQCL) staff and Pharmacy and Poisons Board (PPB) staff on quality assurance systems.

**Activity Manager:** Thuo, Michael **Activity #:** 15 **Task:** LFKE08MCA **Subtask:** 60D2ME

**Activity Description:** The training to be conducted will focus on Laboratory Management and will aim at improving the capacity of NQCL staff to monitor the quality of products procured by KEMSA.

**Budget:** \$47,489.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Activity is planned for PY2 Quarter 3.

**Activity Title:** Provide NQCL with Laboratory Reference standards for quality control testing and system improvement.

**Activity Manager:** Thuo, Michael **Activity #:** 16 **Task:** LFKE08MCA **Subtask:** 60DXHF

**Activity Description:** MSH/SPS will provide support to NQCL through the procurement of Laboratory Reference Standards for quality control of products procured by KEMSA for use in Public Health Facilities.

**Budget:** \$49,864.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Initiated procurement of Laboratory reference standards.

**Next Steps:** Finalize procurement of Laboratory reference standards.

**Activity Title:** Training of regional TOTs to support facilitative support supervision.

**Activity Manager:** Thuo, Michael **Activity #:** 17 **Task:** LFKE08MCA **Subtask:** 60CXMG

**Activity Description:** This activity will involve development and dissemination of support supervision tools and job aids that will be used in the roll out of regional trainings on support supervision. Lessons learnt during the training of regional level TOTs will inform implementation roll –out activities involving district support supervision teams.

**Budget:** \$54,771.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Printing of Support Supervision training material –on-going.

**Next Steps:** Finalize printing of training material. Conduct training of regional TOTs

**Activity Title:** Roll out of commodity management support supervision to cover eight (8) provinces by training DHMTs and Hospital Management Teams (HMTs).

**Activity Manager:** Thuo, Michael **Activity #:** 18 **Task:** LFKE08MCA **Subtask:** 60CXMH

**Activity Description:** A total of 16 workshops will be conducted (two workshops per province) during which 640 health managers will be trained in support supervision.

**Budget:** \$299,771.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** One planning meeting involving 23 regional TOTs from all provinces was conducted in December 2008. Progress on Products. Draft Training implementation plans available  
**Next Steps:** Conduct training as per the training implementation plans.  
**Activity Title:** Support to strengthening the capacity of Rural Health Facility Committees in the oversight of receipt/ storage and usage of medical supplies.  
**Activity Manager:** Thuo, Michael **Activity #:** 19 **Task:** LFKE08MCA **Subtask:** 60CXMJ  
**Activity Description:** This will involve the development and dissemination of simplified commodity management job aids and checklists for use by the RHF committees.  
**Budget:** \$74,271.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

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**Reporting Period:** Year: Project Year 2 Quarter: Q1  
**Activity Progress:** Activity is planned for PY2 Quarter 3.

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## **Kenya-PEPFAR**

**Workplan:** Kenya PEPFAR Year 08

**Funding Level:** \$5,500,000.00

### **Workplan Background**

PEPFAR emphasizes prevention of HIV infection, care for HIV-infected individuals and AIDS orphans and treatment of HIV-infected people through provision of antiretroviral drugs on a large scale in the poorest, most afflicted countries. PEPFAR initially identified fourteen priority countries which had among the highest prevalence of HIV infection and account for nearly 20 million HIV-infected men, women, and children. Kenya was one of the priority countries for PEPFAR. The recent Kenya AIDS Indicator survey (2007) showed that an estimated prevalence of HIV is now 7.8 percent nationally, 8.9 percent in urban centers, and 7.0 percent in rural areas. And an estimated 1.4 million adults are living with HIV. AIDS was declared a national disaster and a public health emergency by the government of Kenya in 1999. The government then established the National Aids Control Council (NACC) to provide policy and strategic framework in order to mobilize and coordinate resources for prevention of HIV and care and support of persons infected with HIV.

Technical areas of HIV/AIDS (e.g. ART) are placed under the umbrella of the National Aids and STI Control Program (NAS COP). NAS COP/the Government of Kenya (GOK) and USG PEPFAR partners realize that providing ART has several challenges. Challenges in ART delivery include human resource capacity and training, sustainability of resources, poor infrastructure, weak management information systems, weak laboratory support services, and poor commodity management. Most public health facilities experience periodic medicine, medical supply and laboratory reagent stock-outs due to poor quantification and cumbersome procurement processes, inadequate drug record systems, weak distribution mechanisms, and financial constraints. With USAID funding under COP 2006 and COP 2007, RPM Plus worked closely with MEDS, NAS COP, and MoH to strengthen the ART Commodity Supply Chain to improve access and use of ART commodities to People Living with HIV/AIDS (PLWHA), HIV/AIDS Prevention (PMTCT), and for prophylaxis (co-trimoxazole). By the close of the COP 2007 performance year, MSH/SPS was providing direct ART pharmaceutical supply chain support to 330 ART sites and 307 PMTCT sites. Under COP 2008, the SPS program will continue to work with PEPFAR Team, NAS COP, MOH/DLTL (formerly NLTP), MOH/NPHLS, Department of Pharmaceutical Services, NGOs, private sector, and other ART implementation partners to strengthen the commodity management system with an aim of improving access to, and use of health commodities for HIV prevention, treatment, and care of those affected by HIV/AIDS.

In addition, SPS will also work collaboratively with MEDS, Kenya Medical Supplies (KEMSA) and MoH's

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key parallel programs (NAS COP, DRH, NLTP, NPHLS, DOMC) to strengthen their commodity management information support and more specifically to provide the TA support required to improve the acquisition and management of commodity access and use data. MSH/SPS will continue to support commodity supply chain activities both upstream and downstream by working collaboratively with MOH programs, sites, and supply chain agencies (e.g., MEDS, SCMS, KEMSA, and Donors) . See White House Fact Sheet <http://www.whitehouse.gov/news/releases/2003/01/20030129-1.html>. National AIDS and STI Control Programme, Ministry of Health, Kenya. July 2008. Kenya AIDS Indicator Survey 2007: Preliminary Report. Nairobi

**Activity Title:** Support to PEPFAR Supply chain Strategic Information for upstream planning, decision making and maintenance

**Activity Manager:** Thuo, Michael **Activity #:** 2 **Task:** LFKE08PEP **Subtask:** 60CXH2

**Activity Description:** Sub-activity 1: Provision of strategic information to NAS COP, USG team and partners MSH/SPS will continue to provide strategic commodity information to USG team, NAS COP, MEDS, KEMSA and other stakeholders for efficient commodity acquisition and distribution to sites in a timely manner. A key aspect will also be to provide strategic information to policy-makers and program managers for evidence-based decision-making. This will also include monitoring of stock status and usage rates at points of service, registration status, availability from various suppliers, producing stock reports and advise on required interventions to attain commodity security. Sub-activity 2: Support to implementing partners in strengthening information systems MSH/SPS will work with regional USG partners such as APHIA IIs and Track 1 partners to support implementation of commodity management MIS and M&E systems. MSH/SPS will collaborate with national and regional program staff and stakeholders to strengthen data management including improvement of data quality .MSH/SPS will also seek to strengthen linkages between the HIV/AIDS components of HMIS and LMIS for effective management of the commodity supply chain. Sub-activity 3: Support to commodity management M&E activities MSH will work with MoH and stakeholders to strengthen commodity management M&E at national, regional and health facility levels, including development of indicators and provision of related manual and electronic tools. This will include the training of program staff in commodity M&E at the central and programmatic levels, for all the various divisions supporting HIV/AIDS services.

**USG Sub-element:** HIV/AIDS Treatment/ARV Drugs

**Budget:** \$220,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Minutes for planning/review meetings with regional partners  
Monthly stock status reports

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Provision of strategic information to NAS COP, USG team and partners- Finalized and submitted the National Quantification report for HIV/AIDS drugs and lab commodities to NAS COP.- Advised USG team on additional procurements through AIDS Relief.- Prepared routine stock summary reports on a monthly basis on behalf of NAS COP and submitted to USG and partners.- Assisted NAS COP to review ART commodity gap for patients supported through the 2-major2. Support to implementing partners in strengthening information systems- Continued to provide information for commodity access and use to ART, PMTCT sites and partners within the regions- Continued to provide routine supply chain data to NAS COP, MEDS on behalf of USG team- Continued to review the ordering and reporting tools for the PEPFAR supply chain, to update and improve on their format and enhance supply chain data capture and reporting by facilities.- Continued to participate in development of ordering and reporting system for the PMTCT supply chain. Pilot testing of the tools is awaiting printing of tools through CDC.3. Support to commodity management M&E activities- Prepared and piloted a draft tool for supply chain M&E- Visited

various sites within Nyanza province, aimed at improving the management of HIV/AIDS commodities at sites

**Barriers to Progress:** Delays in getting some of the critical information on supply chain from some partners limited use of supply chain data for decision making by some partners within the regions

**Next Steps:** Work with NASCOP staff to assist them in the understanding of how to prepare routine stock summary reports. Develop simple supply chain decision making guide/booklet. Continue providing technical assistance to sites to improve their management of data and subsequent reporting on ARV drug utilization. This includes the use of electronic tools such as the Inventory Tracking Tool and others for commodity management. Work closely with the PMTCT group in ensuring that the system for ordering ARVs by sites and reporting on utilization is implemented and strengthened.

**Activity Title:** Support to PEPFAR Supply Chain Demand Driven (Pull) system by partners and facilities

**Activity Manager:** Thuo, Michael **Activity #:** 3 **Task:** LFKE08PEP **Subtask:** 60F8H3

**Activity Description:** Sub-activity 1: Technical support and leadership to NASCOP, USG agencies and partners in forecasting/quantification activities for the ART and PMTCT supply chain. MSH/SPS will work closely and collaboratively with USG PEPFAR Inter-agency team, NASCOP, KEMSA, MEDS and other stakeholders to assist in the timely national planning of ARV drugs and other pharmaceutical requirements, product selection, national quantification/ forecasting, procurement planning and development of rolling forecasts for critical commodities. This will contribute significantly to improving the overall ART commodity security. Sub-activity 2: Support for commodity re-supply to ART and PMTCT sites (both upstream and downstream support). MSH/SPS will continue to coordinate the routine resupply requests from Emergency Plan partners and institutions and ensure that both ART and PMTCT service delivery points have access to the required commodities. MSH/SPS will work to support the USG implementing partners, NASCOP and service delivery points to coordinate the resupply requests and advice on access to commodities. MSH/SPS will assist in reviewing the various requests before onward transmittal to KEMSA or MEDS for resupply. Sub-activity 3: Collection and collation of ART commodity utilization data. MSH/SPS will continue to work collaboratively with ART and PMTCT sites and other implementing partners to ensure that consumption data is aggregated routinely and used to improve supply chain decision making. This will entail making routine follow ups with sites and implementing partners in a bid to ensure that good quality data is submitted to central level and entered into a central database. MSH/SPS will ensure that the central database is also maintained and able to assist in generating user friendly reports as required. Feedback reports on commodity usage will also be provided to sites and implementing partners to improve reporting on commodity use. Sub-activity 4: Short term technical assistance to NASCOP, KEMSA, MEDS and other regional partners in building capacity for ART and PMTCT commodity supply chain. MSH/SPS will work to support all the various stakeholders in building capacity for supply chain coordination and support. This will include trainings on quantification and forecasting, implementation of quantification/forecasting tools, distribution resource planning and utilization of supply chain data. MSH/SPS will also continue to support ongoing review of supply chain tools and indicators to ensure they are in line with program goals (both for ART and PMTCT).

**USG Sub-element** HIV/AIDS Treatment/ARV Drugs

**Budget:** \$350,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Quantification/forecast reports  
Stock status reports  
Trip reports

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Quantification training reports

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** 1. Technical support and leadership to NASCOP, USG agencies and partners in forecasting/quantification activities for the ART and PMTCT supply chain. Supported regional / provincial partners in coordinating supply chain for their supported sites. Supported NASCOP with quantification of pediatric ARV needs for procurement by Clinton Foundation. Worked collaboratively with NASCOP and other partners in preparing a Continuity-of-Services proposal to Global Fund, following the cancellation of GF Round 2 funds to Kenya. Support for commodity re-supply to ART and PMTCT sites (both upstream and downstream support).- Provided ordering and reporting books to new PEPFAR supported ART & PMTCT sites. Supported the routine re-supply by sites. No stock outs of ARV drugs were reported at the supported sites.- Routine support to sites to quantify their needs for ART start-up and re-supply- Continued to participate and support in development of PMTCT logistics tools, in collaboration with other stakeholders- By end of the quarter, MSH/SPS was coordinating ordering for 353 ART sites and 306 PMTCT sites (implementing the more efficacious regimens). The ordering was being done through about 400 ordering points across all the 8 provinces. By end December 2008, over 122,000 patients were maintained on ART through MSH/SPS supply chain support through MEDS. Collection and collation of ART commodity utilization data - Continued to support in collection and collation of consumption reports received from facilities.- Continued to maintain the ACCU database on commodities consumption under the Kenya PEPFAR program. Short term technical assistance to NASCOP, KEMSA, MEDS and other regional partners in building capacity for ART and PMTCT commodity supply chain.- Continued to support various partners within the provinces in strengthening the supply chain and improve access to commodities. The support ranged from quantification, information support for decision making, and support to ART start up among others. Partners that were supported include ICAP, APHIA II Western and APHIA II Nyanza. Status of products:- Quantification/forecasting worksheets – available– Monthly commodity usage reports to NASCOP – available (NASCOP)– Minutes for supply chain meetings – available Consumption reports – available

**Barriers to Progress:** Delays in development of the PMTCT logistics system· Delays in ordering and/or submission of usage reports from health facilities· Poor quality data from the health facilities· Delays from KEMSA in ARV drug distribution to some facilities, hence undue pressure on the PEPFAR supported supply chain. There were also long lead times by suppliers in delivering some ARV drugs to MEDS e.g. Abacavir syrup, Zidovudine syrup.

**Next Steps:** Work with health workers to develop simple supply chain manuals/handbooks. Continue working with other stakeholders to develop and/or finalize the PMTCT logistics system. Work closely with NASCOP to implement supply chain M&E. Work with NASCOP to assist them schedule routine commodity review meetings

**Activity Title:** Support to LMU and MOH Public Sector Supply Chain

**Activity Manager:** Thuo, Michael **Activity #:** 4 **Task:** LFKE08PEP **Subtask:** 60F8H4

**Activity Description:** Typical sub activities with MSH/SPS TA support will include, but are not limited to the following: Sub-activity 1: Development and implementation of LMIS software training package (Curriculum and Training materials and LMIS user manuals). This will involve training staff from MOH divisions and KEMSA on the LMU database, to improve their proficiency and data management skills including basic trouble shooting. Sub-activity 2: Assist MoH divisions and KEMSA to develop and implement Standard Operating Procedures (SOPs), Job aids and OJT materials to strengthen the use of the pharmaceutical /Logistics information system (P/LMIS). This will involve support to staff at the national and

regional level, aimed at strengthening pharmaceutical information systems that support both priority MOH divisions and KEMSA. Sub-activity 3: Training MoH divisions and stakeholders on how to develop commodity usage reports. This will entail training staff from MOH divisions, KEMSA and stakeholders on the management of commodity consumption data to produce various reports that support supply chain decision making. Sub-activity 4: Support to improvement of reporting rates on commodity usage, including implementation of innovative strategies and technologies Under COP 2008, MSH/SPS will collaboratively work with MOH division staff to strengthen commodity usage reporting from service delivery points and regional focal points, using various strategies and technologies. Examples of such strategies may include use of electronic reporting tools, provision of courier services for delivery of reports to LMU, regularizing feedback reports, strengthening pharmaceutical management M&E systems for various MOH divisions.

**USG Sub-element:** HIV/AIDS Treatment/ARV Services  
**Budget:** \$700,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** Commodity Consumption reports  
 Quarterly reports  
 Technical Assistance record (TAR)

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** Support to Logistics Management Unit (LMU) Continued to provide and support telephone communication at LMU. Continued to provide and support workstations at LMU. Continued to support the LMIS Database at LMU. Training MOH division and KEMSA staff on how to use the LMIS database. Continuous On-the Job training on the LMIS to LMU users. Updating of the LMIS User manual, a customization of the LMIS application continues. Assist MoH divisions and KEMSA to develop standard Operating procedures (SOPs), Job aids and OJT materials to strengthen the use of the LMIS. Review and updating of the LMU SOPs. Ad-hoc orientation on the Logistics systems and Logistics Management Information system concepts. Training MoH divisions and stakeholders on how to develop commodity usage reports. Updated and enhanced summary feedback report (Excel-based) to track commodity stocks, issues and receipts in collaboration with MOH Divisions and KEMSA. Worked in collaboration with MOH Divisions to develop National Commodity stocks status reports. Support to improvement of reporting rates on commodity usage, including implementation of innovative strategies and technologies. Provided Feedback reports on commodity stock status to ART facilities and Central Sites. Followed up on Non-reporting sites. Provided comprehensive National Feedback reports (Excel-based) to the MoH Divisions with information on Commodity consumption, Data Quality issues, ordering point and service delivery point (health facility) reporting rates to guide M&E and Supervision activities. The reports also supports evidence-based decision making by MOH Program staff. Continued to provide MoH divisions with courier service account for transmission of commodity consumption reports to LMU. Worked with key ART sites to improve data accuracy for number of patients on ART so as to provide accurate information for commodity utilization reports. SPS worked collaboratively with the NASCOP ART program and Lab section to improve ART and Lab commodity consumption reporting rates, accuracy and completeness during this quarter by calling up sites with reporting problems. Continuing provision of commodity consumption data reporting tools for MoH divisions. Progress on Products: Quarterly Reports. Updated LMIS user manual available. Finalized LMU Data & Information processing SOPs available. Monthly ART and HIV/Aids Lab reagents (test kits) Commodities National Stock status report available

**Activity Title:** ART Commodity Management Systems Strengthening at Central level

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(Commodity Security, Policy formulation and support, curricula and tools)

**Activity Manager:** Thuo, Michael **Activity #:** 5 **Task:** LFKE08PEP **Subtask:** 60G4H5

**Activity Description:** Typical sub activities with MSH/SPS TA support will include, but are not limited to the following:- Sub-activity 1: Strengthening national level institutional and human capacity to respond and plan for sustainable commodity security. This will involve participation in the ART Task Force and other NASCOP subcommittees and technical working groups. Skills building in quantification, commodity data analysis and information management, M&E of the ART commodity supply chain and support to NASCOP's ART Adherence monitoring efforts. Sub-activity 2: Support to NASCOP to develop and implement strategies and build human resource capacity to strengthen the roll out of the decentralization initiative. MSH/SPS will collaboratively work with NASCOP to review, develop and implement National training materials, tools and job aids in various areas of pharmaceutical management to ensure continuous performance improvement in pharmaceutical management systems in support of ART. Sub-activity 3: Support to NASCOP in improving the policy and practice environment for pharmaceutical services in support of ARTMSH/SPS will support stakeholders, to review, develop and implement National ART policies, guidelines, standard operating procedures and strategic plans to guide the provision of pharmaceutical services in support of ART

**USG Sub-element** HIV/AIDS Treatment/ARV Drugs  
**Budget:** \$400,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** Technical Assistance Reports/Record (TAR)  
Training Curricula  
Training Manuals  
Workshops /Meeting proceedings

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1  
**Activity Progress:** Strengthening national level institutional and human capacity to respond and plan for sustainable ART commodity security. Provided TA to establish ART commodity security status at both health facility and national level Provision of information support to USG for the Public sector ART program: Prepared NASCOP ART Facilities Stock status report for USAID. Collaborated with NASCOP and other key ART providers to prepare overall monthly National ART Stock status report which has been approved for circulation to key policy makers in MoH by the ART Taskforce. Provided TA to support monthly physical stock counts and tracking of ART and HIV/AIDS Lab commodity stock issues and receipts from KEMSA warehouses. Developed simple national stock status report for HIV/AIDS Lab commodity stocks for presentation to the HIV Lab Logistics committee. Support to NASCOP to develop and implement strategies and build human resource capacity to strengthen the roll-out of the Decentralization of ART Pharmaceutical management initiative. Developed and Pretested M&E/SS checklist for NASCOP Logistic Team. Supported and participated in M&E visit to Nyanza and Rift Valley province. (25 facilities visited) Support to NASCOP in improving the policy environment for pharmaceutical services in support of ART. Ongoing participation in the ART Taskforce and its subcommittees: ART Drugs and ART Commodities sub-committees, PMTCT Logistics sub-committee of PMTCT TWG, HIV Laboratory commodities Logistics committee Continue to chair the ART systems subcommittee of the National ART Taskforce National Adherence Pilot Intervention Study Proposal completed and approved by Kenyatta IRB

**Barriers to Progress:** Time Delay in approval and allocation of COP 2008 Workplan and Funding  
Conflicting Priorities

**Next Steps:** Continue to Work collaboratively with NASCOP and INRUD to conduct Pilot Adherence Study Work collaboratively with NASCOP to strengthen

implementation of tools, job aids and curricula developed to support ART commodity management especially decentralization Work collaboratively with NASCOP, PPB and other treatment partners to strengthen pharmacovigilance and adherence Streamline lessons learned from ART Pharmaceutical services to Department of Pharmacy to strengthen pharmaceutical systems and policy environment for sustainability Continue to work collaboratively with NASCOP to ensure adoption and regular provision of the simple stock status report for HIV Lab commodities.

**Activity Title:** ART Commodity Management Systems strengthening at facility level (training, systems support, performance improvement, MIS and M&E tools)

**Activity Manager:** Thuo, Michael **Activity #:** 6 **Task:** LFKE08PEP **Subtask:** 60GXH6

**Activity Description:** Typical activities include but are not limited to the following:· Sub activity 1: Provide technical assistance in training to address skills and knowledge gaps in ART pharmaceutical management systems.· Sub activity 2: Work collaboratively with MOH/NASCOP, USG local implementing partners and other stakeholders to develop their institutional capacity and Quality Assurance systems to support the implementation of proven tools and approaches through technical assistance and training

**USG Sub-element** HIV/AIDS

**Budget:** \$1,000,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Technical Assistance Reports/Record (TAR)  
Training curriculum and Materials  
Meeting/Training/ Workshop proceedings reports

**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Sub activity 1: Provide technical assistance in training to address skills and knowledge gaps in ART pharmaceutical management systems Support trainings in National commodity management Trainings by printing and disseminating training materials to treatment partners as follows;-- MERLIN:5 Trainers, 30 participants from 17 facilities in South Nyanza APHIA II Western: 32 participants from 13 facilities in Western Province Support trainings in Mentorship for Pharmaceutical Services in Support of ART Support to APHIA II Eastern by providing Mentorship training materials for 6 trainers, 25 participants Support trainings in TOT for ART Commodity Management Trainings by providing training materials APHIA- II Western: 5 trainers and 25 participants from Western Province Sub activity 2: Work collaboratively with MOH/NASCOP, USG local implementing partners and other stakeholders to develop their institutional capacity and Quality Assurance systems to support the implementation of proven tools and approaches through technical assistance, training, and printing and provision of the various generic tools. o Support to NASCOP in Printing of ART Commodity reporting tools for central sites. Support to APHIA-II Eastern in Strengthening Mentorship for ART Commodity Management by facilitating Training of 25 Health Care workers and Development of Improved ART Commodity Management Mentorship Plan · Provide ART Commodity Management Job Aids and SOP Manual for 25 Trained Mentors. TA to National Referral Hospital (KNH) in development of ADR monitoring and reporting system implementation Plan for ART and other medicines. Disseminated National ART Commodity Management Job Aids to 60 ART Treatment Sites. Disseminated National ART Commodity Management SOPs to 30 ART Treatment Sites

**Barriers to Progress:** Time Delay in Approval and funding of COP 2008

**Next Steps:** Continue to work collaboratively with NASCOP and USG local implementing partners to roll out and implement SOPs, Job Aids, Training Curricula, manual and electronic tracking tools such as ADT and ITT in support of pharmaceutical management in public, private and faith based facilities

**Activity Title:** Support to Department of Pharmaceutical Services to strengthen ART policy,

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practice, and regulatory framework in support of ART Services

**Activity Manager:** Thuo, Michael **Activity #:** 7 **Task:** LFKE08PEP **Subtask:** 60AXH7

**Activity Description:** Sub-activity 1: Support to implementation of the revised National Medicines Policy. This will also involve support to the development and implementation of the National Medicines Strategic plan to include components supportive to the provision of effective ART commodity management services. Sub-activity 2: Support strengthening of Medicines Quality Assurance systems and Pharmacovigilance Framework. Sub-activity 3: Provide technical assistance for DOP and its partners to strengthen the provision of quality Pharmaceutical Care. This will involve supporting pharmaceutical management systems such as pharmacovigilance systems, and strengthening Drug and Therapeutic Committees at the various levels of public health care system. Sub-activity 4: Technical assistance to Pharmaceutical professional associations, NGO/private sector and community aimed at improving access and rational use of ARVs and other medicines in support of the national ART program.

**Budget:** \$850,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Sub-activity 3: Provide technical assistance for DOP and its partners to strengthen the provision of quality Pharmaceutical Care. Supported and Participated in the National Consensus Building Workshop on Strengthening Medicines and Therapeutics Committees. Sub-activity 4: Technical assistance to Pharmaceutical professional associations, NGO/private sector and community aimed at improving access and rational use of ARVs and other medicines in support of the national ART program. Direct support and TA to National and Regional Chapter of the National Pharmaceutical Society of Kenya to roll out targeted trainings to improve Rational use of ART in private sector in 7 chapters countrywide. Reached 430 Health care workers consisting of Pharmacists, Pharmaceutical Technologists, Clinical and Nursing Officers, Medical Doctors, Laboratory Technologists and other professionals. Practice Based Training on Management, Monitoring and Reporting of ART related ADRs; Coast Province-94 Community and Private Based Practitioners Practice Based Training on Rational Use of Medicines;- Nairobi Province;-83 Central Province:76 Nyanza Province:44 North Rift Valley Province; 61 Eastern South Province:54 Central Rift Valley Province:18. In collaboration with PSK developed Training Materials on 5 additional topics, identified through needs assessments in training sessions: HIV, Nutrition and ARTHIV, TB Medico-Legal issues in HIV/AIDS Management, Inventory Management of ART Related Commodities, Quality Improvement for ART Commodity Management Services: SOPs and MTP. Participated in two technical workshops and provided TA in development of PSK Strategic Plan

**Barriers to Progress:** Ongoing restructuring of Ministry of Health

**Next Steps:** Support to revision and launch of the Kenya National Pharmaceutical Policy TA for the development of Pharmaceutical Policy Implementation Plan for the revised KNPP especially MTC and pharmaceutical care framework TA to strengthen Department of Pharmacy Oversight on National Medicines and Therapeutic Committee Continue to work collaboratively with PSK to disseminate training materials, best pharmacy practice and support for training of healthcare workers in community and private based settings in strategies for improving ARV medicine use practices. Finalize MSH/SPS CME Accreditation through PSK Work collaboratively with NASCOP and DPS to streamline lessons learned, tools, strategies and approaches from ART Commodity Management to strengthen pharmaceutical services

**Activity Title:** Provide technical leadership to support the creation and functions of the TB commodity security/logistics sub-committees of the TB ICC in order to improve

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access to TB and TB/HIV commodities

**Activity Manager:** Thuo, Michael **Activity #:** 8 **Task:** LFKE08PEP **Subtask:** 60FXH8

**Activity Description:** Typical sub activities will include, but are not limited to the following:- Provide technical support and leadership in forecasting/quantification activities for the TB and TB/HIV supply chain by USG agencies and partners, and MOPHS/DLTLD- Provide support to the TB commodity security sub-committee which is comprised of DLTLD and Key stakeholders. This will involve supporting the preparation of commodity status reports and organizing quarterly meetings for the commodity security working group. - Participate in organizing conferences, seminars, workshops and various meetings as required by USG team, DLTLD and partners- Conduct rapid assessment and facilitative supervision missions at selected sites to trouble shoot and strengthen pharmaceutical management systems in support of TB and TB/HIV commodity security.

**Budget:** \$80,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** The first meeting with DLTLD was held in October 2008, to initiate effort to constitute a TB commodity security subcommittee. During this meeting a list of proposed members to the said subcommittee was, consisting of institutions and individuals was drawn. The DLTLD pharmacist was mandated to invite the proposed members for the first TB commodity security subcommittee.

**Barriers to Progress:** DLTLD pharmacist has not yet called the proposed members to official launch the TB commodity security subcommittee to date

**Next Steps:** Continue to lobby the DLTLD national management to launch the proposed commodity security committee to help in F&Q, quality assurance issues and revision of commodity management related policies and guidelines

**Activity Title:** Support to improve TB pharmaceutical supply chain management (forecasting, quantification, storage and distribution) including the use of Pharmaceutical / Logistics information systems (P/LMIS) in support of MOH/DLTLD

**Activity Manager:** Thuo, Michael **Activity #:** 9 **Task:** LFKE08PEP **Subtask:** 60EXH9

**Activity Description:** Technical assistance activities will include but not limited to the following: Develop regional and site-based TB/HIV pharmaceutical management system strengthening implementation strategies including facilitative supervision guides, SOPs and inventory management tools (manual and electronic) Support to provision of strategic TB/HIV policy, professional and operational information / material as needed by the sites Support to TB/HIV commodity management monitoring and evaluation systems, including Drug Utilization Reviews (DUR) Provide Technical Support to development and implementation of TB and TB/HIV manual and electronic tools, for supporting the TB and TB/HIV supply chain at the central level, regional and facility level. Support to central unit and regional level in commodity requirements planning a (forecasting & quantification). In collaboration with the APHIA IIs, MSH/SPS will provide TA to support TB commodity distribution and other aspects of TB supply chain management. Work collaboratively with MOPHS/DLTLD, USG local implementing partners (APHIA IIs) and other stakeholders to develop their institutional capacity and Quality Assurance systems to support the implementation of proven tools and approaches through technical assistance, training, and printing and provision of the various generic tools. Examples of the tools are:- TB/HIV Commodity Supportive Supervision tools (Manual, Handbooks, checklists)- Mentorship (Manual, Handbooks, checklists)- Job Aids to strengthen skills (inventory management, Pharmaceutical Care, information management, quantification,)- Electronic tools- TOT curricula Conduct a rapid assessment of the LMIS pilot study on going in Eastern South province and baseline survey of selected Districts in other provinces: To inform the planned phased roll out of the LMIS/ PMIS in Kenya. Conduct the Trainings of the DLTLD

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and KEMSA staff on how to use the LMIS database. This involves continuous data entry of site usage data and site drug order data. Support DLTLD and KEMSA staff on preparation of routine commodity usage reports from the LMU data base, to inform decision making on supply chain (for forecasting/quantification and re-supply

**Budget:** \$220,000.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Conducted a rapid assessment of the LMIS pilot study in Eastern South, as first step to inform the planned roll out of the "pull" procurement and LMIS for TB commodities in Kenya. Outcomes: Data collection tools designed and pre-tested. Data collected, cleaned and entered into the specially designed database. Analysis and report writing on-going. Products LMIS study data collection tools: the Questionnaire and data collection checklists. A specially designed database holding the LMIS data collected Draft technical report on the LMIS pilot study in Eastern South province

**Next Steps:** Jointly with DLTLD and partners review the LMIS tools a head of the proposed roll-out of the LMIS to other provinces in Kenya. Jointly with DLTLD, roll-out the LMIS implementation to at least 2 additional provinces to improve TB commodities' management. Develop a Tool for screening HIV positive clients for TB in health care settings, for use primarily in CCC, VCTs and OPD clinics. Aimed at reducing the burden of TB in people living with HIV. Print and distribute LMIS tools and job aids to all sites and support sending of data to the LMU in KEMSA Nairobi, for analysis.

**Activity Title:** Provide TA to build human resource and institutional capacity of MOPHS/DLTLD to improve access and use of TB and TB/HIV commodities

**Activity Manager:** Thuo, Michael    **Activity #:** 10    **Task:** LFKE08PEP    **Subtask:** 60CXH10

**Activity Description:** Typical sub activities to strengthen HR capacity will include, but are not limited to the following:- Strengthen DLTLD staff skills and practices on data management and preparation of commodity usage reports that support supply chain decisions.- Develop and implement the TB commodity management training curriculum and materials. - Conduct phased commodity management training for regional trainers (TOTs).- Implement TB/HIV pharmaceutical management trainings to address human resource needs at sites, to support task shifting. Typical sub activities to strengthen institutional capacity will include:- Develop, print and disseminate SOPs, and job aids to strengthen pharmaceutical management systems- Strengthen the inventory management at service delivery points (SDPs) and district health management offices through the provision of tools (such as the DAR and CDRR).- Support DLTLD to implement commodity tracking tool. This tool is designed to assist in the monitoring of commodities procured by government and various donors. It also maintains data on the value, lead times and scheduled deliveries of the commodities- Revise/ strengthening of supportive supervision manuals, and checklists

**Budget:** \$230,000.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Develop commodity management training materials, to train both TOTs and frontline health care workers: TB commodity management health workers training materials developed and pre-tested. Training frontline health care workers in preparation to roll out TB LMIS and 'PULL' Procurement: 60 health workers from newly opened TB care sites, Trained in TB/HIV commodity management/LMIS. Products: Draft forms of the training materials available and Training report available

**Barriers to Progress:** Funding available is not adequate to train all the staff handling TB/HIV products in Kenya.

**Next Steps:** Lobby the MOPHS/DLTLD to Adoption/Complete revision of the LMIS tools In collaboration with DLTLD and other partners, Continue Commodity management trainings. Roll out of the PULL system of commodity distribution( demand driven strategy) to several if not all provinces in the country

**Activity Title:** Support coordination and implementation of National Laboratory Inter-Agency Committee (ICC) activities aimed at policy development and implementation of Laboratory Strategic plan

**Activity Manager:** Thuo, Michael **Activity #:** 11 **Task:** LFKE08PEP **Subtask:** 60A4PA

**Activity Description:** Typical sub activities to strengthen institutional capacity will include:– Provide TA to MOH/NPHLS and the laboratory inter-agency coordinating committee (Lab-ICC) in the implementation of the National Medical Laboratory Policy and strategic plan to improve management of laboratory commodities.– Strengthen the national efforts to implement external quality assurance procedures– Support the national efforts to improve existing laboratory management information systems by developing, printing and enhancing use of basic test and commodity management manual and electronic tools.

**Budget:** \$80,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2008

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Supported a LAB ICC meeting on the MOH changes and the roles of the MOPHS for laboratories. Draft report for national survey on test kits ready for internal review and use to guide policy and standards. Supported NPHLS prepare and make a Poster presentation on: Capacity Development successes in support of ART, at the annual AKMLSO scientific conference

**Barriers to Progress:** Time constraints and competing priorities. Continuing profound changes in the functions and structure of NPHL. Change of counterparts delayed implementation of Lab ICC activities and policy related decisions

**Next Steps:** Support a second LAB ICC meeting in February Conduct an internal review of the Survey Report to identify policy shift elements for consideration by NASCOP and DDFS. Support at least one internal( SPS lab staff and DDFS) and one external Systems sub-committee meeting Participate in one other sub-committee activities

**Activity Title:** Provide technical support to Lab Commodity Management systems and Networking strengthening activities for priority sites in collaboration with partners

**Activity Manager:** Thuo, Michael **Activity #:** 12 **Task:** LFKE08PEP **Subtask:** 60LXHB

**Activity Description:** Typical sub activities to strengthen institutional capacity will include:– Support national level activities aimed at improving institutional capacity by adopting and disseminating laboratory commodity management SOPs and training on use.– Strengthen inventory management systems to reduce stock outs and improve access to priority lab commodities– Provide ongoing training and support on the use of laboratory MIS, M&E tools and the use of routine laboratory data in planning commodity requirements at 10 selected ART facilities, including timely reporting on usage. – Train and support human resource capacity on good laboratory practices, including improvement in handling, transportation of specimens and return of results, and implementing procedures and strategies on equipment maintenance.– Institutionalize laboratory quality assurance procedures including performance of internal QCs and calibration of equipment, laboratory guidelines and standard operating procedures.

**Budget:** \$190,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2008

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Trained 34 health staff from 21 facilities in Commodity Management Practices and implementation of the MTP. Supported MTP approach in2 facilities by visiting the site and providing guidance (Embu and Kisii). Provided a computer,

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UPS and installed Inventory Tracking Tool ( ITT) soft ware to Mbagathi Nodal site for lab commodity tracking. Updated 2 staff members on the job in the use of ITT( Mbagathi) Purchased 3 initial computers and UPS to support selected resource limited facilities to use the ITT

**Barriers to Progress:** Time constraints and competing priorities for SPS staff and stakeholders at sites. Continuing profound changes in the functions and structure of NPHL. Sand change of counterparts delayed implementation of Lab ICC activities and policy related decisions

**Next Steps:** Conduct formal training on the use of ITT for 8 sites that have shown interest to use the Lab ITT. Install LAB ITT in 2 WRP sites (Kericho, Tenwek). Install 2 computers and UPS in 2 MOH facilities (Nyeri PGH and Kisii DH). Develop guidelines for Lab networking. Develop SOPs for networking. Purchase 4 more computers and UPS. Install the 4 computers during the last month of quarter 2 ( for CPGH, Kitale, Embu, and Kakamega/Nakuru). Visit at least 10 MTP sites to support progress and assess readiness for LAB IT Finalize the 6 job aids drafted last quarter. Draft 4 more job aids on lab commodity management. Conduct training in Commodity Management practices for participants from districts and high volume sites Support capacity building for AIDS Relief through training trainers in lab commodity management

**Activity Title:** Provide TA to NPHLS Capacity building activities including, development of laboratory curricula, training materials, job aids, mentorship guides and refresher handbooks.

**Activity Manager:** Thuo, Michael **Activity #:** 13 **Task:** LFKE08PEP **Subtask:** 60F8HC

**Activity Description:** Typical sub activities to strengthen institutional capacity will include:– Work collaboratively with NPHLS and its partners in the development and implementation of in-service laboratory training curricula to build capacity in commodity management and laboratory network coordination– Train laboratory staff to address human resource knowledge and skills for pharmaceutical management systems for ART services including quantification for laboratory reagents and consumables, implementation of SOPs for quality and efficiency of laboratory services, using proven approaches such as MTP.– Assist in improving existing laboratory record keeping and management information systems to strengthen accountability and transparency – Provide technical support to NPHLS, NASCOP and partners (such as APHIA II) in their efforts to expand access to quality laboratory for ART including developing SOPs on commodity management and usage.– Strengthen sites to implement internal and external quality assurance procedures– Assist MOH (NASCOP and NPHLS) to improve its capacity for pediatric ART laboratory support

**Budget:** \$460,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Training: Trained 34 health staff from 21 facilities in Commodity Management Practices and implementation of the MTP Through AMREF sub award, trained Total – 91 (Lab staff-46; Clinicians 45) from 49 facilities in 4 provinces in Good Diagnostic Practices Training curricula and Materials developed(drafted/ piloted): 1 curricula-and materials for Commodity Management Practices and MTP developed and implemented 1 curriculum and materials revised- Good Laboratory Diagnostics and implemented CD4 and DBS curricula and materials( brought from previous quarter) improved after training Hand book on Management for Facility managers drafted QA materials: SOPs for Essential Laboratory Tests drafted Printed tools for tracking CD4 reagents and distributed to 80 public sector sites using FACSCCount or FACSCalibur equipment ( awaiting to distribute to NGO and Track One sites)

**Barriers to Progress:** Time constraints and competing priorities for SPS staff and stakeholders at sites. Continuing profound changes in the functions and structure of NPHL.

Sand change of counterparts delayed implementation of next steps after handbook was drafted.

**Next Steps:**

Training: Train Lab staff in Commodity Management and MTP Practices for participants from districts and high volume sites Support AIDS Relief with materials and in training their lab staff in commodity management Train 2 staff of 2 provinces in Good Diagnostic Practices( NE; & Coast) Conduct formal training on the use of ITT for 8 sites who have shown interest to use the Lab ITT Training Materials and Curricular Finalize the 6 job aids drafted last quarter ( design, layout ) and print seed copies Draft 4 more job aids on lab commodity management practices Conduct training in Commodity Management practices for participants from districts and high volume sites Finalize curricula and materials for commodity management practices ready for design and printing Submit Curricula and materials for CD4 and DBS for layout and design With AMREF, prepare a proposal for an e-learning component for updates of Lab staff for review and discussion QA materials Collaborate with AMREF to conduct a workshop(s)for Technical Review and adoption of the Managers' handbook and Essential Test SOPs Develop draft One of QA Handbook Develop generic SOPs for lab commodity management

**Activity Title:** Support to Laboratory Management Information Systems and Commodity Security strengthening efforts at national level

**Activity Manager:** Thuo, Michael **Activity #:** 14 **Task:** LFKE08PEP **Subtask:** 60LDHD

**Activity Description:** Typical sub activities to strengthen institutional capacity will include:– Provide technical leadership to MOH/NPHLS, NASCOP central level working groups and other stakeholders to improve the supply chain for laboratory commodities, including requirements planning, forecasting/quantification for HIV related laboratory reagents, commodity stock evaluation such as CD4 and HIV test kits – Support the activities of the lab commodity security committee to develop and distribute commodity security reports

**Budget:** \$150,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** Manual Data Tools: National Manual generic Data capture Tools for Tests and commodities (Registers and Forms disseminated and implemented in all 8 provinces Printed tools for tracking CD4 reagents and distributed and implemented to 80 public sector sites which are using FACSCount or FACSCalibur equipment ( awaiting to distribute the rest to NGOs and Track 1 sites) Printed manual tools for tracking consumption of Rapid HIV Test Kits at lower levels including H/Cs and dispensaries and disseminated to facilities in all 8 provinces. Supported training on use of the manual data capture tools at regional level by providing training materials Support to NASCOP's activities for HIV/AIDS Lab reagents Logistics committee including design and provision of a 2-pager commodity status report

**Barriers to Progress:** Time constraints and competing priorities for SPS staff and stakeholders at sites. Continuing profound changes in the functions and structure of NPHLS. and change of counterparts delayed implementation of next steps after handbook was drafted.

**Next Steps:** Implement Lab ITT in at least 7 more high volume facilities Support activities for ensuring manual data tools are used correctly Conduct formal training on the use of ITT for 2 additional strategic sites that have shown interest to use the Lab ITT. Continue to support NASCOP's activities for HIV/AIDS Lab reagents Logistics committee including provision of a 2-pager laboratory commodity status report Develop Supervision guidelines for lab services including data collection and reporting. Print pilot copies of MOH 706 for 10 labs to summarize test workload data captured in the lab registers. Support MTP approach in at least 15 of the 24 facilities where teams were trained by making at least one visit

to selected sites

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## **Kenya-POP**

**Workplan:** Kenya POP    **Year** 08

**Funding Level:** \$1,350,000.00

### **Workplan Background**

The USAID/ Kenya mission is committed to supporting Ministry of Public Health & Sanitation/Division of Reproductive Health (DRH) to successfully deliver reproductive health services as stipulated in the National Health Sector Strategic Plan 2005-2010 (NHSSP II). The NHSSP II has enumerated key goals which include ensuring the security of pharmaceutical and non pharmaceutical products at all levels of health care. Also these commodities are to be properly accounted for and used efficiently and effectively. Previously commodity security has been weak and largely inadequate due to less than optimal commodity financing and weak pharmaceutical management systems evident from assessments conducted in most areas of the country. The Division of Reproductive Health (DRH) is responsible for the delivery of reproductive health services within the Kenya Essential Package for Health (KEPH) at the different levels of the health system in Kenya. To ensure delivery of services DRH is involved in the development of Standards and Guidelines for each of the areas of RH intervention and the provision of the corresponding pharmaceuticals. Various assessments have shown that frequent stock outs of RH pharmaceuticals are experienced at the various levels of the health care system. In FY 2007-2008 and with USAID/Kenya field support, MSH/SPS worked collaboratively with select MoH divisions (that is DRH, NASCOP, and LMU) to provide technical and tactical assistance to strengthen the pharmaceutical management systems in support of RH commodities. Under similar and expanded USAID/K funding for FY 2008-2009 , MSH/SPS will continue TA to the DRH and also include support to FP/RH commodity distribution over and above human and institutional capacity building, pharmaceutical management information systems. The overall aim of MSH/SPS technical assistance will be to improve FP/RH commodity security in a bid to improving access those commodities at all levels of health care. Ministry of Health 2006 "The Second National Health Sector Strategic Plan of Kenya (NHSSP 2005-10): Reversing the Trends" Nairobi

**Activity Title:** Technical Support to DRH for FP/RH pharmaceutical requirements planning and distribution to district stores.

**Activity Manager:** Thuo, Michael    **Activity #:** 2    **Task:** LFKE08POP    **Subtask:** 60FXH2

**Activity Description:** MSH/SPS proposes to undertake efficient and transparent commodity distribution through the use of out-sourced/ sub-contracted delivery mechanisms. Distribution from Central level to district stores will be done quarterly and will allow for the maintenance of appropriate buffer stocks at the district stores. Also, MSH/SPS will develop and implement SOPs and tools to support FP commodities stock taking and distribution activities. Periodic reports to support and document distribution will also be prepared. The aim of this activity is to enhance access to quality FP commodities at the periphery

**USG Sub-element** Service Delivery

**Budget:** \$586,200.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

**Products Planned:** Distribution Reports  
Stock status reports such as CYPs

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Monitor FP commodity stock levels in collaboration with DRH at KEMSA. Collaborated with DRH and KEMSA in conducting monthly stock-take Collaborated with KEMSA to obtain monthly stock summary report to track commodity stocks, issues and receipts. Monitored upstream FP commodity delivery schedules in collaboration with DRH/CMU and partners. Determine the

FP commodity requirements for districts in collaboration with DRH Reviewed the RH commodity Standard distribution kit used by KEMSA for direct distribution to facilities. Reviewed the RH commodities section of the KEMSA Standard Order Form (SOF). This is expected to ensure adequate supply of commodities and minimize over-stocking at SDPs. Support distribution of FP commodities from KEMSA to district stores Developed a draft distribution plan to inform the proposed distribution of RH commodities from KEMSA to district stores Developed draft distribution SOPs in collaboration with DRH to cater for distribution of KEMSA to district stores and facilities.

**Barriers to Progress:** Commodity stock-outs at central level stalled distribution plans.

**Next Steps:** RH commodity Stock status monitoring at KEMSA· Finalize the Distribution master plan in collaboration with DRH and KEMSA· Fine-tune the Distribution SOPs and the KEMSA SOF in collaboration with DRH and KEMSA· Develop tools to support distribution activities· Undertake distribution of RH commodities for the first quarter of 2009· Prepare periodic reports to document commodity distribution.

**Activity Title:** Provide technical leadership to support the functions of the RH commodity security working group

**Activity Manager:** Thuo, Michael **Activity #:** 3 **Task:** LFKE08POP **Subtask:** 60AXH3

**Activity Description:** Typical sub activities will include, but are not limited to the following: Support to focused technical, tactical and advocacy activities of RH commodity security working group. This will involve supporting the preparation of commodity status reports and organizing quarterly meetings for the commodity security working group.- Provide technical leadership in forecasting/quantification and requirements planning of RH commodities in support of the DRH to improve the supply chain for RH commodities.- Participate in organizing conferences, seminars, workshops and various meetings as required by USG team, DRH and partners- Conduct rapid assessment and facilitative supervision missions at selected sites to trouble shoot and strengthen pharmaceutical management systems in support of commodity security. This will also involve linkages with APHIA 2 bilaterals and other USG field based mechanisms

**USG Sub-element** Service Delivery

**Budget:** \$65,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** National RH commodities quantification and forecasting report  
Stock status reports such as PPMR reports. Technical Assistance reports

**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Provide technical leadership in forecasting/quantification and requirements planning of RH commodities Reviewed the figures for the FP commodities Quantification for 2008 – 2010 in line with revised assumptions. DRH used the figures to make procurement decisions. Prepared and finalized the FP commodities Quantification report. Prepared and submitted monthly RH commodity stock status reports using the CYP and PPMR format. Prepared and submitted simple stock status report as per USAID request Identified action points in the Contraceptive Commodity Security Strategy that are within SPS mandate for technical assistance to DRH, as per request of USAID. Participate in conferences, seminars, workshops and various meetings as required by USG team, DRH and partners Participated in the RH – HIV integration stakeholder meetings to support development of RH/HIV integration strategy. Conduct rapid assessment and facilitative supervision missions at selected sites. Conducted desk review to assess FP commodity stock status at District stores. The information gathered will be used to ensure commodity security.

**Barriers to Progress:** Non-responsiveness of field MoH/RH staff at some districts. Availability of key MoH personnel was affected by scheduling of other competing activities

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**Next Steps:** Launch of the Contraceptive Commodity Security Strategy. Regular Review of the FP Commodities Quantification. Participation in the FP Technical working group, RH ICC, USG team and related DRH meetings. Continued support to the FP logistics working group through the provision of regular CYP and PPMR reports Conduct Rapid assessment and facilitative supervision visits in selected sites

**Activity Title:** Provide technical assistance to build the human resource and institutional capacity of MOPH&S/DRH to improve access to, and rational use of, quality FP/RH pharmaceutical products.

**Activity Manager:** Thuo, Michael **Activity #:** 4 **Task:** LFKE08POP **Subtask:** 60EXH4

**Activity Description:** Typical sub activities to strengthen HR capacity will include, but are not limited to the following:- Strengthen national level capacity to respond and plan for sustainable commodity security- Strengthen DRH staff on data management and preparation of commodity usage reports that support supply chain decisions.- Implement the RH commodity management training curriculum and materials. - Conduct commodity management training for regional based trainers.- Provide short term technical assistance to strengthen national level DRH staff on pharmaceutical management. Typical sub activities to strengthen DRH institutional capacity will include, but are not limited to the following:- Develop, print and disseminate SOPs, and job aids to strengthen pharmaceutical management systems- Strengthen the inventory management at service delivery points (SDPs) and district health management offices through the provision of tools such as the DAR and CDRR.- Support DRH to implement commodity tracking tool. This tool is designed to assist in the monitoring of commodities procured by government and various donors. It also maintains data on the value, lead times and scheduled deliveries of the commodities- Revise/ strengthening of FP/RH supportive supervision manuals, and checklists

**USG Sub-element**

Service Delivery

Host Country Strategic Information Capacity

**Budget:** \$247,000.00

**Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:**

Technical Assistance Record

SOPs and Job Aids

FP commodity management reporting tools

Training tools

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Conduct commodity management training for regional based trainers. Collaborated with partners in conducting a 5-day training for RH service providers on use of Data for Decision-making in lower Eastern province. Develop, print and disseminate SOPs and job aids to strengthen pharmaceutical management systems. Conducted a workshop for development of SOPs and Job aids for RH commodity management. Provision of Data collection and reporting tools such as the DAR and CDRR. Printing of DRH commodity data collection tools. Nationwide distribution of the printed tools

**Barriers to Progress:** Availability of key MoH personnel was affected by scheduling of other competing activities

**Next Steps:** Conduct Pilot-testing of the Job aids and SOPs Finalization and printing of the Job aids and SOPs Dissemination of the Job aids and SOPs. Printing of the RH Commodity management curriculum and materials. Conduct one regional RH commodity management training. Conduct a training for RH service providers on use of Data for Decision-making. Revise / strengthen FP/RH facilitative supervision checklist

**Activity Title:** Provide TA to strengthen, and support the DRH activities and functions at the Logistic Management Unit

**Activity Manager:** Thuo, Michael **Activity #:** 5 **Task:** LFKE08POP **Subtask:** 60CXH5

**Activity Description:** Typical sub activities with MSH/SPS TA support will include, but are not limited to the following:- Training MOH division and KEMSA staff on how to use the LMIS database which contains site usage and drug order data.- Support DRH to improve reporting rates on commodity usage from SDPs and district RH coordinators using various strategies and innovative technologies such as use of electronic reporting tools, provision of airtime and courier services for delivery of reports to LMU to improve reporting rates, and regularizing feedback reports. - Field-test the decentralization of LMIS tool to one district.

**USG Sub-element:** Communication  
Host Country Strategic Information Capacity  
**Budget:** \$150,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** LMU SOPs  
LMIS Application SOP

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Support to Logistics Management Unit (LMU). Continued to provide and support telephone communication at LMU. Continued to provide and support workstations at LMU. Continued to support the LMIS Database at LMU. Support to improve telecommunication/electronic communication provided to DRH. Continued to provide DRH with mobile airtime to improve telecommunication and reporting between DRH field facilities and the LMU. Continued to provide DRH with courier service account for transmission of commodity consumption reports to LMU. Training MoH divisions and stakeholders on how to develop commodity usage reports. Updated and enhanced central level summary feedback report (Excel-based) to track commodity stocks, issues and receipts in collaboration with DRH technical personnel. Worked in collaboration with DRH to develop National Commodity stocks status reports. Support to improvement of reporting rates on commodity usage, including implementation of innovative strategies and technologies. Worked collaboratively with the DRH technical Staff to develop appropriate system requirements for a proposed LMIS application/database for the district level. Followed up on Non reporting districts and sites through the districts RH coordinators. Provided comprehensive national level Feedback reports (Excel-based) to the DRH with information on Commodity consumption, Data Quality issues, Reporting rates to guide M&E and Supervision activities. The reports also support evidence-based decision making by DRH technical staff. Progress on Products: Quarterly Reports. Monthly DRH Commodities Stock status report available

**Next Steps:** Pilot test the District LMIS application/database.

**Activity Title:** Support the Mainstreaming of the LMU into KEMSA

**Activity Manager:** Thuo, Michael **Activity #:** 6 **Task:** LFKE08POP **Subtask:** 60AXH6

**Activity Description:** In FY 2007-2008, MSH/SPS will support the transitioning and mainstreaming of the LMU offices and LMIS system into KEMSA through leveraging with other funding lines to renovate space. In addition, this will also involve the adapting and expanding the current LMIS database and LMU SOPs to incorporate the new Programs (PMTCT, Malaria, etc). In tandem with the expansion of the LMIS will be the development of a corresponding LMIS user manual.

**USG Sub-element:** Communication  
Host Country Strategic Information Capacity  
Program Design and Learning  
**Budget:** \$88,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** LMIS Application SOPs and User Manual

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

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**Activity Progress:** Adapting and expanding the current LMIS database and LMU SOPs to incorporate the new Programs (PMTCT, etc). Updating of the LMIS database is ongoing. Development of a corresponding LMIS user manual Ongoing updating of the LMIS user manual in line with changing requirements of DRH

**Next Steps:** Leverage with other funding lines to renovate space. Update LMU SOPs to incorporate the changes in distribution

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## Lesotho

**Workplan:** Lesotho    **Year** 08

**Funding Level:** \$538,378.00

### Workplan Background

AIDS constitutes an alarming threat to Lesotho and its people. HIV sentinel surveillance data from 2003 indicate that Lesotho has the third highest HIV prevalence in the world. According to the Joint United Nations Program on HIV/AIDS (UNAIDS); overall adult prevalence is estimated to be 28.9%. In the 2003 HIV Sentinel Survey Report, the MoHSW estimated that there were 100,000 children under 15 who had lost one or both parents to AIDS. The Government of Lesotho is committed to mitigating the effect of HIV/AIDS. Its current HIV/AIDS National Strategic Plan (NSP) 2006-2011 recognizes the need to provide treatment, care, and support services to cater to the large number of individuals testing for HIV/AIDS. The plan makes provision for the scale up of care and treatment by increasing access to ART services, ensuring quality and expanded capacity and efficiency of service provision in both the public and the private sector. It is aimed that access will be provided for ART therapy to more than 80% of individuals who need therapy by 2010.

One of the key challenges of this scale-up is to ensure that adequate human, technical, and infrastructural resources, and effective commodity procurement and distribution systems are put in place. Support from the United States Government (USG) to the Government of Lesotho is provided through its USAID Regional HIV/AIDS Program based in Pretoria, South Africa, in collaboration with the U.S. Embassy in Lesotho. In FY06 and FY07, and with funding from USAID, the RPM Plus program managed by MSH provided technical assistance support to the Government of Lesotho in the area of pharmaceutical management. Since FY08, technical assistance has been provided through the new SPS program, the follow-on to RPM Plus. Under FY09 plan, SPS will continue to support the Lesotho NSP Strategic Focus #3: Treatment, care, and support. In addition to addressing pharmaceutical system gaps in support of the scale-up of HIV/AIDS programs, SPS will also address key laboratory commodity priority areas as identified during the joint RPM Plus/SCMS assessment conducted during the last quarter of 2007. This plan delineates the activities that have been planned for Lesotho in consultation with key partners under COP08, the focus being on health system strengthening, policy, and strategic information support.

<b>Activity Title:</b>	Technical Activity Coordination
<b>Activity Manager:</b>	Saleeb, Sameh
<b>Activity #:</b>	1
<b>Task:</b>	LF LS08XXX
<b>Subtask:</b>	97XXY1
<b>Activity Description:</b>	This activity includes workplan and budget development, coordination and monitoring of activity implementation, routine M&E activities, reporting, attending meetings and coordination with PEPFAR partners and collaborators.
<b>Budget:</b>	\$67,850.00
<b>Start Date:</b>	Oct/2008
<b>End Date:</b>	Sep/2009
<b>Products Planned:</b>	Work plans, quarterly reports, budget reports, pipeline reports, coordination meeting minutes.

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** During this reporting period, two of the new positions were filled—the SPA began in November 2008 and the Program Associate (IT) in December. The office manager position is still pending. The activities outlined in the medicines policy and strategic plan of the Pharmaceutical Sector were incorporated in the SPS five-year workplan. The main counterparts (PD and NDSO) were consulted to assess the SPS five-year activity plan and inputs incorporated in the final document. The plan details the responsibilities of the in-country SPS officers and other SPS team members. The plan was attached to the MOU between SPS and MoHSW and is in its final stages of review by both parties.

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**Barriers to Progress:** Delays in the recruitment process have a negative impact on operations within the office. There were also delays in the MOU review by the MOHSW.

**Activity Title:** Provide technical assistance to the MOHSW and local partners on key pharmaceutical policy activities

**Activity Manager:** Saleeb, Sameh **Activity #:** 2 **Task:** LF LS08XXX **Subtask:** 60AXH2

**Activity Description:** SPS will assist the MoHSW in the adaptation/review of these guidelines. This includes support for the interim regulatory arrangements, including training of regulatory staff. Specifically, priority technical assistance would be required for the prequalification of products and sources, importation, registration, and safety monitoring and control of ARVs to support the scale up of ART.

**Budget:** \$49,044.00 **Start Date:** Sep/2008 **End Date:** Oct/2009

**Products Planned:** Established medicine legislation and registration guidelines.

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Title:** Implementation of business plan, standard operating procedures and supervisory checklists

**Activity Manager:** Saleeb, Sameh **Activity #:** 3 **Task:** LF LS08XXX **Subtask:** 60CXH3

**Activity Description:** During FY09, SPS focus will be on assisting the MoHSW and the NDSO with the implementation of this business plan and in implementing the necessary systems to monitor progress. As part of this assistance, SPS will provide technical assistance to individual target facilities in the implementation of the SOPs which have already been developed. Supervisory checklists which have been developed to support district teams to monitor the adequate implementation of these SOPs will also be applied.

**Budget:** \$38,723.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Business Plan

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Supervision training was conducted for eight participants from the District Health Management Teams (DHMTs) and the Pharmaceutical Directorate. The participants were trained in the use of the supervisory tool, focusing on the use and applications outlined in the DSM manual and the Lesotho SOPs. The DHMTs will conduct supervisory visits and submit a supervisory report to the Pharmaceutical Directorate (PD). The PD is also in the process of using the tool in their next scheduled supervisory visit to the District hospitals. The Leribe, Berea, Mafeteng, Quthing, and Qacha's Nek Districts Health center personnel were also trained on principles of supportive supervision and use of the supervisory tool. The supervisees and the supervisors are both sensitized about the use of the tool to enable appropriate supportive supervision.

**Activity Title:** Strengthen the operations of the National Drug Services Organization (NDSO)

**Activity Manager:** Saleeb, Sameh **Activity #:** 4 **Task:** LF LS08XXX **Subtask:** 60C2H4

**Activity Description:** Because of the increasing volume of donated products that are received at NDSO, SPS was requested to conduct an analysis of all costs associated with the handling/management of such donated products and to propose a reasonable handling fee that can be charged by NDSO to cover these costs. The study was completed and various fee-for-service options were developed. The report was presented to NDSO management, and when the NDSO board accepted the report, SPS helped NDSO implement the approved recommendations. SPS also assisted the MoHSW procurement coordination efforts by facilitating meetings and communications among donors and other key stakeholders. On the other hand, NDSO is now responsible for the procurement of laboratory reagents and related commodities. In response to the request of NDSO, SPS will provide assistance in supporting the organization in setting up procurement procedures for laboratory supplies. This will include the

development of a list of laboratory reagents, consumables, and other related products in line with the available equipment and the type of routine tests that need to be performed in Lesotho.

**Budget:** \$78,207.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

**Products Planned:**

Donated drug handling and management Technical Assistance reports.  
 Technical Assistance reports for procurement.  
 Implemented medicine information system software.  
 Implemented of laboratory reagents and related commodities procedures.  
 Implemented methods to include a fee for service on donated products.  
 Successfully implemented medicine information system software, including staff training on use of the system.  
 Option Analysis for drug supply management information system software and implementation  
 Mark-up Study  
 TA reports for procurement

**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** The final report on the NDSO Handling Fee Study was submitted to the NDSO management on October 29. A presentation was also made to representatives of the GFATM on 30 October 2008. This meeting was attended by NDSO and MoHSW officials. Different mark-up options were presented, and the NDSO management chose the one recommended by the SPS team as the most appropriate, which they would later present to the NDSO Board for approval to implement. Implementation of the mark-up will enable NDSO to cover the costs of providing procurement, warehousing and distribution services for donated items passing through their warehouse. Because of the fight against HIV/AIDS, the amount of donated ARVs and related products being handled by NDSO had grown and even surpassed the volumes of the commercial products for which a handling fee is charged. Rx Solution now being fully functional at NDSO. New reporting features were also installed into RxSolution and new customized reports installed and tested. On-site training was provided to staff on transactions in the different departments.

**Next Steps:** Continue providing support to NDSO. Need to review NDSO SOPs to ensure consistency with Rx Solution functions.

**Activity Title:** Development and implementation of pharmaceutical and laboratory quantification models

**Activity Manager:** Saleeb, Sameh    **Activity #:** 5    **Task:** LF LS08XXX    **Subtask:** 60C1H5

**Activity Description:** SPS will continue to implement standardized quantification approaches for ART, TB, and STI products and laboratory supplies. The program will also build local capacity of program managers in monitoring these estimates versus actual purchases and morbidity data. This activity will be conducted in collaboration with all relevant stakeholders.

**Budget:** \$24,069.00    **Start Date:** Sep/2008    **End Date:** Oct/2009

**Products Planned:**

Quantification Models  
 Technical Assistance reports for quantification.

**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** DSM roll out implementation plans that are to be prepared by the Health centers in all Districts. These plans will also detail activities which inform the quantification process. Queen II and Scott hospitals are now in a position to use the quantification tool to forecast and budget for FY08/09. DSM training of pharmacy and health centre personnel was conducted in the Leribe, Berea, Mafeteng, Qacha's Nek, Quthing and QEII Districts. The Districts and hospital staff were trained in DSM to prepare DSM roll-out implementation plans. The

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DSM implementation plan will include activities to be undertaken at Health centre level when: preparing a Health centre List; introducing tools used to monitor pharmaceutical consumption; quantifying and budgeting for requirements for the health centre; procuring and supplying at health centre level; managing inventory management of stock at health centre level; distributing stock from the supplier to the health centre and finally to the patient; monitoring the prescribing patterns and use of stock; following mechanisms of reporting and tools used; and conducting health centre supervisory visits.

**Activity Title:** Training of Pharmacists, Pharmacy Technicians and other health personnel on pharmaceutical management and infection control

**Activity Manager:** Saleeb, Sameh **Activity #:** 6 **Task:** LF LS08XXX **Subtask:** 60CXM6

**Activity Description:** During FY09, SPS will continue to conduct training workshops. However, the focus will be on on-site follow-up evaluation visits adopting the monitoring, training and planning (MTP) approach. This will ensure that acquired knowledge from the training is adequately reflected in applied skills and that pharmaceutical management improvement plans are adequately applied. Training programs also include the management of other HIV co-infections (TB, STIs, and OIs). Target audiences will include pharmacists and pharmacy technicians as well as DHMTs and personnel in medicines supply management with focus on supporting access to ART. Given the high burden of HIV co-morbidity, infection control has been identified as a critical area needing support. SPS has developed an Infection Control Assessment Tool (ICAT) which will be used to assess infection control practices at facilities. SPS will train pharmacy personnel and other health workers on improving infection control measures and procedures at facilities where ART and TB treatment are provided and will assist the MoHSW with the development and implementation of an infection control policy.

**Budget:** \$112,351.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Trained pharmacists, pharmacy technicians, and other health professionals medicine supply management and access to ART.  
Trained pharmacy personnel and other health workers on infection control practices at facilities.  
Workshop reports

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** No activity reported during this period.

**Activity Title:** Roll-out of Rx Solution at selected sites

**Activity Manager:** Saleeb, Sameh **Activity #:** 7 **Task:** LF LS08XXX **Subtask:** 60G4H7

**Activity Description:** Four hospital pilot sites have been identified for Rx Solution implementation. The implementation started in October 2008 and the staff has been trained. Once the pilot phase is completed in March 2009, RxSolution will be deployed to other selected sites (incl. CHAL hospitals, if approved). The activity will also include training of pharmacy management staff on the use of data for monitoring and decision-making. Regular stock status reports will also be generated to monitor availability at these target sites.

**Budget:** \$63,434.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Technical Assistance reports  
Implemented medicine information system along with training pharmacy management staff on system use at selected sites.

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Four hospitals QEII, Berea, Mafeteng, and Leribe, were identified for piloting RxSolution. All pilot sites were upgraded and now have a customized version of RxSolution. Trainings were conducted and technical support is being provided at

all four sites. An Rx task team was formed and three team meetings held. The team is made up of key stakeholders in the MoHSW and now has representation of the Global Fund Coordinating Unit. The task team is responsible for overseeing the activities of Rx Solution at national level, and thereby provides assistance and guidance in ensuring the success of the pilot phase and the rollout of Rx Solution in all chosen health care facilities.

**Barriers to Progress:** Hardware inadequacy and poor maintenance of hardware remain a challenge. Only the trained personnel operate the RxSolution program in the four hospitals, leading to poor implementation of the program in the facilities. There is a need to train more pharmacy personnel in the hospitals to operate Rx Solution.

**Next Steps:** The challenges in the implementation of the Inventory module were discussed and intervention strategies sought in the last task team meeting. The inventory module pilot will take place as planned. An interim report will be prepared and presented to the task team at the end of the pilot's implementation. Preparations (procurement of hardware and networking) are underway in preparation of introducing the dispensing module to all the pilot sites.

**Activity Title:** Provide technical assistance to review the National EDL and establish a Medicine Information / Pharmacovigilance function at the national level

**Activity Manager:** Saleeb, Sameh **Activity #:** 8 **Task:** LF LS08XXX **Subtask:** 60B2H8

**Activity Description:** Under this plan, SPS will continue to assist with the implementation and strengthening of PTCs at both the national and institutional levels. These committees will play a key role in promoting STGs (e.g., HIV/AIDS regimens) and reviewing and improving medicine use practices. SPS will assist with the review of the STGs and the EML, and the alignment of the NDSO catalogue with the EML. Appropriate support will also be given to publishing the EML and to the EMP in its review and implementation of the country National Medicines Policy (NMP). To respond to health care providers' growing need for information on ARV products and also the need to monitor ADRs, the establishment of a National Medicine Information and Pharmacovigilance Center (NMIPC) has been included in the Pharmaceutical Directorate strategic plan. The NMIPC is expected to provide timely on-line and off-line responses to all health workers on queries related to medicines including mode of action, side effects, etc. This service could also be expanded to serve the private sector. The core mandate of this center will be to record reported ADRs, strengthen the regulatory system, and establish systems for improving medicines safety. SPS will assist in developing the implementation plan and the TORs for the center. Training will also be provided to appointed staff.

**Budget:** \$67,332.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Technical Assistance reports for Pharmaceutical and Therapeutics Committee and Essential Medicine List  
Revised Standard Treatment Guidelines and Essential Medicine List  
Training and Technical Assistance reports

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** PTC committee members from Leribe (Motebang Hospital), Maseru-QEII, Mafeteng, Berea, Maseru Morija (Scott Hospital), and Qacha's Nek (Machabeng Hospital) were trained in the functions and responsibilities of PTCs. PTCs were formed and are functional at Leribe, Maseru-QEII, Scott, Leribe, Quthing, and Qacha's Nek hospitals. The trainings are targeted at PTC members and other department heads. The training highlights the principle of selection of essential medicines and the structure, responsibilities, functions, and importance of a PTC. It also provides tools for monitoring performance of the PTC. The participants include medical doctors, pharmacy staff, nursing staff, administrators, accountants, laboratory personnel, and other key personnel in the health care facility. Twelve participants from Machabeng Hospital were

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trained on 03/11/08. Six participants from Quthing Hospital were trained on 03/12/08.

**Next Steps:** All hospitals will prepare, and have in use, an EML. The NPTC members have been nominated and the first PTC meeting is scheduled for March 5, 2009. </w:l

**Activity Title:** Monitoring program results and documentation of/dissemination of replicable practices

**Activity Manager:** Saleeb, Sameh **Activity #:** 9 **Task:** LF LS08XXX **Subtask:** 60GXH9

**Activity Description:** During this period, the MERP will be updated to incorporate the activities and results that are incorporated in this SPS plan, and hence will serve for monitoring the results contained therein. This activity also aims at documenting the different lessons learned from the implementation of the different Lesotho interventions as applied in the pharmaceutical sector. It will document workable solutions and strategies. The program will identify success stories and ensure their documentation. The Program will work with the USG team and other partners to identify opportunities for the presentation and dissemination of lessons learned locally, regionally and/or internationally.

**Budget:** \$37,368.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Monitoring, Evaluation and Reporting Plan  
Success stories and lessons learned  
Conference/meeting reports and presentations

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** The annual progress report for Lesotho was finalized and submitted. Quarterly progress reports were also submitted as required by the USG team in Lesotho. The SMS reports for quarter 4 were submitted to the Washington office.

**Next Steps:** Load data on training needed for the USAIDTrainNet.

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## Liberia

### *Liberia-PMI (07)*

**Workplan:** Liberia PMI    **Year** 07

**Funding Level:** \$150,000.00

#### **Workplan Background**

The SPS program was awarded \$150,000 FY07 funds to support pharmaceutical management activities under the MOP. SPS program in Liberia will contribute to SPS Key Results 1—improve governance in the pharmaceutical sector, 2—strengthen pharmaceutical management systems to support public health services, and 3—contain the emergence and spread of AMR. To improve the supply and quality of antimalarials and related supplies, SPS will play a strong role in advocacy for appropriate policies, regulations, quality assurance, pharmacovigilance systems, and practices that improve efficiency and accountability in the pharmaceutical management system as well as address the need to preserve the effectiveness of the current recommended first-line treatment with ACT.

**Activity Title:** Design operational plan for pharmaceutical management for malaria commodities

**Activity Manager:** Matowe, Lloyd    **Activity #:** 4    **Task:** LFLR07PMI    **Subtask:** 60CXP4

**Activity Description:** To ensure the timely receipt and delivery of commodities through PMI, SPS will work closely with DELIVER, NMCP, and other stakeholders to develop a detailed operational plan that specifies roles and responsibilities, including SOPs, of all relevant parties in carrying out key functions and timelines.

**Budget:** \$36,797.00    **Start Date:** Oct/2007    **End Date:** Sep/2008

**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Work is ongoing to develop an operational plan for pharmaceutical management and logistics supply chain for antimalarials. The plan specifies roles, and responsibilities, and timelines of all relevant parties in carrying out key functions, including SOPs.

**Next Steps:** Finalize the first draft and discuss with in-county partners.

### *Liberia-PMI (08)*

**Workplan:** Liberia PMI    **Year** 08

**Funding Level:** \$300,000.00

#### **Workplan Background**

The SPS program was awarded \$300,000 FY08 funds to support pharmaceutical management activities under the MOP. The program will strive to achieve the following objectives—strengthen the capacity of the NMCP, NDS, and their key partners to assure an uninterrupted rational supply of malaria commodities and build human resources capacity in malaria case management and pharmaceutical management for malaria.

**Activity Title:** Technical Activity Coordination and Monitoring

**Activity Manager:** Matowe, Lloyd    **Activity #:** 1    **Task:** LFLR08PMI    **Subtask:** 97XXY1

**Activity Description:** SPS will work closely with PMI, NMCP, and partners.

**Budget:** \$46,965.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Products Planned:** • Workplan • Quarterly reports • Annual report • Ad hoc reports

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** Developed a scope of work (SOW) to hire a consultant who would support activities for the SPS Program in Liberia. Hiring process is ongoing.

**Next Steps:** Finalize consultant hiring process.

**Activity Title:** Provide ongoing quantification technical assistance for ACT and malaria commodities

**Activity Manager:** Matowe, Lloyd **Activity #:** 2 **Task:** LFLR08PMI **Subtask:** 60C1H2

**Activity Description:** SPS will provide ongoing technical assistance to NMCP, NDS, MoHSW, and other stakeholders for the quantification and forecasting of malaria commodities to ensure that orders are accurate and well timed. Essential to these quantifications is the ability to monitor them over time, ensuring that forecast assumptions continue to hold true. SPS will provide support to this monitoring process.

**USG Sub-element:** Treatment with Artemisinin-Based Combination Therapies

**Budget:** \$30,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** ? Technical reports

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** The SPS team met with Mr. Tolbert Nyenswah, the acting program manager for NMCP; Mrs. Yah Zolia, the M&E manager for NMCP; Mr. J. Julius Janafo, the Supply Chain Pharmacist for NMCP; and Mr. Paye K Nyansaiye, the Assistant Program Manager for Technical Quality for NMCP, to review the 2008-2013 draft strategic plan for malaria commodities quantification. Special attention was given to the treatment protocol, data sources, and assumptions used in projecting needs. This was used as an opportunity for NMCP to put into practice their newly acquired knowledge on quantification principles and procedures. Following these discussions, it was agreed that NMCP would revise their quantification figures and share these with SPS for validation. The SPS team also assisted NMCP to respond to queries posed by the UNDP on the quantities of artemether injections to be procured under the GFATM grants. It was noted that about 67% of the population with severe malaria are treated with artemether, therefore high quantities of the medicine are needed. The NMCP will present the revised figures for procurement to the UNDP.

**Next Steps:** Ongoing TA on quantification.

**Activity Title:** Conduct malaria commodities quantification workshop

**Activity Manager:** Matowe, Lloyd **Activity #:** 4 **Task:** LFLR08PMI **Subtask:** 60C1M4

**Activity Description:** SPS will work with the quantification team to ensure that they are capacitated in applying and validating quantification methods and tools, and in determining data needs for their quantification exercises. SPS will provide the necessary training to the quantification team members assigned to undertake the quantification task for antimalarials and will walk them through a simulated quantification exercise.

**USG Sub-element:** Treatment with Artemisinin-Based Combination Therapies

**Budget:** \$50,000.00 **Start Date:** Sep/2008 **End Date:** Sep/2009

**Products Planned:** • Workshop proceedings • Training materials

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** A three-day quantification training workshop was conducted to build capacity of the MoHSW, NDS, NMCP, and other relevant partners on quantification of malaria commodities. Workshop participants included 4 staff members from NMCP, 2 from NDS, 4 from MoHSW, 2 from the counties, 1 from UNICEF, 1 from Africare, and 1 from Firestone. This composition was arrived at during a

*Country Programs*

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consultative meeting between SPS, DELIVER, NMCP, MoHSW, and NDS.

**Activity Title:** Conduct a Training of Trainers (TOT) Course on pharmaceutical management

**Activity Manager:** Matowe, Lloyd **Activity #:** 5 **Task:** LFLR08PMI **Subtask:** 60CXM5

**Activity Description:** SPS will work closely with NMCP, NDS, and appropriate PMI partners to develop a national pool of trainers capacitated in pharmaceutical supply management for malaria. A training plan using the "MTP" training approach from central level to peripheral health facilities will be developed along with a detailed implementation plan. Training materials will be adapted as appropriate from existing materials already developed for other PMI countries.

**USG Sub-element:** Treatment with Artemisinin-Based Combination Therapies

**Budget:** \$30,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** • Training report • Adapted training materials

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS conducted a Training-of-Trainers (TOT) course from September 22 to 26, 2008, on pharmaceutical supply management. This was the first capacity building activity on pharmaceutical supply management since Liberia emerged from civil war. The training targeted public health pharmacists mainly, including MoHSW, county pharmacists, program pharmacists, and hospital pharmacists. Twenty-seven pharmacists completed the TOT, a number which is close to 70% of the pharmacist population in the country.

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## Madagascar-PMI

**Workplan:** Madagascar PMI    **Year** 08

**Funding Level:** \$380,924.00

### Workplan Background

RPM Plus and SPS have been providing TA to the MoH in Madagascar since 2005 in a number of activities such as the quantification of antimalarials under the Roll Back Malaria initiative, as well as support to the national malaria control program to finalize selection for first-line treatment of malaria and support to the drug regulatory authority to establish a national pharmacovigilance (PV) system and train staff on PV. RPM Plus also conducted an assessment on the use of zinc for treatment of diarrhea in children. With the announcement of Madagascar as one of the countries that will benefit from the PMI, RPM Plus also participated in the needs' assessment conducted with other organizations to assist the USG and the MoH in identifying lines of action to improve prevention, diagnosis, and treatment of malaria.

**Activity Title:** Support to strengthen the DPLMT pharmaceutical management capacity

**Activity Manager:** Adeya, Grace    **Activity #:** 2    **Task:** LFMG08PMI    **Subtask:** 60CXH2

**Activity Description:** This activity will include assistance to revise and update the national pharmaceutical policy and develop a medicines and medical supplies donation policy. Additional support will include revision of existing pharmaceutical management guidelines and development of training materials appropriate for the different levels (primarily district and health facilities). This support will be carried out in coordination with USAID/DELIVER as appropriate.

**Budget:** \$97,074.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** SPS participated in a variety of PAIS group meetings and worked with the DPLMT to provide technical assistance and guidance in moving forward on the PAIS annual workplan. This also included participation in the validation of the 2009 calendar year PAIS annual workplan, to which a number of donors and international organizations have committed to provide either financial and/or technical assistance in carrying out specific activities. In collaboration with the DPLMT, SPS developed SOPs for those responsible for managing medicines at the PhaGDis (district depot) and PhaGeCom (CSB) levels. These SOPs are essential to ensuring that medicines are managed appropriately and consistently at these levels, particularly given that often these responsibilities fall to contracted community organizations (PhaGDis) and community members (PhaGeCom) and the quality of services provided can depend largely on the individuals understanding of their responsibilities and their individual capabilities. These SOPs will be field-tested in a sample of sites in the next quarter. SPS, in collaboration with the DPLMT, developed a list of pharmaceutical management indicators to be used at all levels to monitor and evaluate the functioning and performance of the pharmaceutical management system. In mid-October, these indicators were presented to a large group of MINISAN representatives, vertical programs in particular, for selection of the most appropriate indicators to be used. The selected indicators were then validated by a group of central level MINISAN representatives in late November. These indicators will be field-tested along with the PhaGDis and PhaGeCom SOPs in the next quarter to validate their practicality for use at the operational level prior to wide rollout in the country.

**Next Steps:** Work with the DPLMT to carry out the field test of the PhaGDis and PhaGeCom

SOPs and the pharmaceutical management performance indicators in a sample of sites to ensure their utility and practicality for use at decentralized levels. Provide technical assistance to the revision of the National Pharmaceutical Policy to ensure that appropriate aspects are included, particularly regarding medicine donations.

**Activity Title:** Support to train personnel and support supervision

**Activity Manager:** Adeya, Grace **Activity #:** 3 **Task:** LFMG08PMI **Subtask:** 60AXM3

**Activity Description:** This activity will include review and revision of existing SLP and DPLMT supervision tools and carrying out an options analysis for an alternate supervision model for the SLP to allow monitoring of malaria activities, collect necessary data and address technical issues. Subsequently, SPS will assist the SLP and the DPLMT to develop an annual supervision plan. SPS will assist the SLP to explore challenges to rational prescribing and rational use. This will involve conducting focus group discussions with a sample of prescribers, dispensers, and patients. The results will guide interventions to promote rational use of antimalarials and RDTs. This activity will also include procurement of equipment (e.g., computers, printers, external hard drives, and video projectors) for the SLP (to be confirmed).

**Budget:** \$108,629.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** In collaboration with the USAID/Deliver project, SPS participated in and facilitated portions of a high-level supply chain management training course conducted Nov. 19-26, 2008, which targeted 24 participants from the central-level MINSAN directorates and vertical programs. The course objectives were (1) to increase the participants' understanding of the fundamentals of pharmaceutical and logistics management and the relationship between effective pharmaceutical management and supply chain logistics and commodity security; (2) to enable participants to understand how their role and function in the health system relates to different pharmaceutical and logistics management elements; and (3) to identify practices/elements that require strengthening and strengthen the participants' ability to make improvements to basic elements of their pharmaceutical management and logistics system. SPS also worked with the SLP to better understand their existing supervision process and tools to identify more efficient methods to allow the SLP to monitor ongoing RBM activities in Madagascar. This topic will be discussed during the workshop planned by the SLP (next point) with regional malaria representatives in coordination with related GF R7 activities. SPS participated in an SLP-organized meeting to prepare for a two-day workshop planned for Jan. 28-29, 2009, which will focus on developing a plan to strengthen antimalarial product management and logistics. This meeting was organized as part of the GFATM Fund R7 grant activities and both SPS and USAID/Deliver participated. The objective of the meeting was to review and polish existing management, monitoring, and supervision tools to be presented during the workshop and to develop a draft agenda for the workshop. SPS and USAID/Deliver are the SLP's key technical assistance partners to apply concepts addressed in the November 2008 joint training on pharmaceutical management and logistics. This will be particularly important to plan for integration of certain antimalarial products into the Salama system through PAIS, which is planned to occur in 2009.

**Next Steps:** Continue to work with the SLP and the DPLMT to evaluate their existing supervisions practices, procedures, and tools. Provide a summary report on this in the second quarter of the fiscal year. Procure office equipment for the SLP (computers, hard drives, printers, etc.).

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## **Mali**

### ***Mali-PMI***

**Workplan:** Mali PMI    **Year** 08

**Funding Level:** \$450,000.00

#### **Workplan Background**

Mali is a low-income country with a heavy burden of disease and poor levels of development indicators. Challenged with high under five mortality rates [1] over 900,000 cases of malaria cases per year [2] and an estimated 66,400 adults living with HIV cases, as well as other transmissible diseases, Mali has struggled to respond to the demands on its health system posed by this health burden.[3] Mali's participation in various international health initiatives aimed at preventing and fighting transmissible diseases such as the PMI, the GFATM, and the GAVI initiative have provided much needed additional financial resources. However, these additional resources have also brought along new pressures and challenges to a public pharmaceutical system that needs to adapt to dealing with an increased volume and variety of pharmaceutical products and with the requirements of the new donors. Following Mali's selection as one of the 15 countries participating in the PMI, the USAID mission in Mali has sought to collaborate with the Malian Ministry of Health and international partners such as the GFATM to strengthen the existing public pharmaceutical system in Mali in order to improve the management of all essential medicines, including products financed by international initiatives. In this context, SPS program participated in two USAID-funded assessments in 2007.

The first assessment was conducted in March 2007 with the objective of developing a three-year strategy and Year 1 Implementation Plan for Mali's activities under the PMI. Among other things, this assessment examined the challenges linked to implementation of recently introduced new malaria treatment protocols based on ACTs as well as those posed by the scaling up of the use of insecticide-treated nets.

The second assessment identified weakness in Mali's national pharmaceutical system and provided concrete recommendations on the technical assistance required to improve the capacity of the national medical stores (known as the Pharmacie Populaire du Mali or PPM) and to strengthen key public sector institutions involved in the management of pharmaceuticals. This assessment was jointly conducted in October 2007 by SPS and the USAID/DELIVER project. The results and recommendations from the assessment were shared and discussed with all relevant local counterparts, and a final report was produced and disseminated. Recommendations focused on actions required to improve capacity in quantification, procurement, distribution, and rational use of medicines whilst reducing the need for parallel logistical systems for the various disease programs.

Over the last few years, RPM Plus provided technical support to the MoH in Mali through country visits. Assistance has been provided for the quantification of products procured under the GFATM. Additionally, RPM Plus has contributed to the work of the Prevention of the PostPartum Hemorrhage Initiative (POPPHI) in Mali by conducting training in the management of uterotonics used in post partum hemorrhage and by developing job aids for management of these products. Starting in FY 2008, SPS program will consolidate and expand the work that was initiated under RPM Plus. With USAID/Mali mission support, SPS will assist the Ministry of Health to strengthen Mali's entire public sector pharmaceutical system through a comprehensive project to strengthen Mali's entire public sector pharmaceutical system to be implemented during the next three years.

During Year 1, SPS will receive funding under the Malaria Operational Plan (MOP) for FY08 to support specific activities focused on strengthening the capacity of the Mali's MoH to effectively manage malaria medicines and insecticide-treated nets. The MOP FY08 covers a broad range of interventions aimed at preventing and treating malaria. These include: the use of insecticide-treated nets (ITNs) and indoor

residual spraying (IRS); prevention and treatment of malaria in pregnancy; effective case management; capacity building of the national malaria program (PNLP) and; monitoring and evaluation. PMI also aims to increase the percentage of women receiving IPT, as well as to improve case management of malaria by improving diagnosis, introducing the use of RDTs, make RDTs available and promote their use. In addition, SPS will receive funding from USAID to improve management of sexual and reproductive health supplies, the management of HIV/AIDS-related products, and management of all essential medicines. These funds will also facilitate the implementation of cross cutting interventions aiming to build the capacity of pharmaceutical staff both national and community levels of the pharmaceutical system. SPS will build on the success of its experts in pharmaceutical policy, pharmaceutical procurement procedures, and pharmaceutical sector capacity building in a number of African countries to provide technical assistance and to build human capacity within Mali's public sector pharmaceutical system. SPS's collaborative approach aimed at the transfer of skills and building capacity of public sector staff working in pharmaceutical management is a strategy that has been successfully implemented in other African countries such as Rwanda. Funding Sources: FY 07 MAARD POP 516,794 USD, MAARD Malaria 300,000 USD, FY 08 POP 233,386 USD, Malaria-PMI 400,000 USD, and HIV/AIDS 100,000 USD, which totals 1,591,386 USD. The SPS implementation strategy for Mali will be three- fold—to build on existing systems and structures, to transfer capacity to local counterparts, and to balance short-term priority interventions aimed at resolving immediate issues with medium to long term actions to ensure sustainability.

There are four levels to Mali's health system. At the central level, the MoH provides strategic direction; creates policy and oversees its implementation; establishes systems for training medical staff; and sets standards and procedures. Also at this level are the three National Hospitals, which provide specialized care. At the regional level are the Regional Health Directorates (Direction Régionale de Santé) which supervise the district level of the health system and provide technical support. There are also seven regional hospitals. Eight regional depots have the responsibility for ensuring that pharmaceutical products are available for each region. Next is the district level. Also known as districts have referral health centers known as Centres de Santé de Référence (CSREF). The role of the CSREF is to be a link between community level health facilities and hospitals at the regional level as well as health centers at the district level. Dépôts repartiteurs de cercle (DRC) are depots for medicines and other health products and they supply hospitals, health centers and dispensaries. DRCs are considered part of the CSREFs and are supplied by the eight regional depots. The health system at the community level consists of community health centers known as Centres de Santé Communautaires (CSCOM), which are mandated to provide a predefined minimum package of primary health care services. Day-to-day management of the CSCOMs is the responsibility of Community Health Associations (Associations de Santé Communautaires). Technical supervision of the CSCOMs is the responsibility of the CSREF for each given district.

Several institutions within the MoH are involved in the management of pharmaceuticals at these different levels. The PPM is responsible for the procurement and distribution to the regional level of essential medicines which are subject to Mali's cost recovery scheme within the health sector. The PPMs responsibility for distribution only extends to the regional level. Responsibility for the distribution of pharmaceuticals provided free of charge by donors lies with a group of stakeholders coordinated by the Directorate of Health Care, and the national programs of HIV/AIDS and malaria (CSLS and PNL). In general, the Directorate of Pharmacy (DPM) in collaboration with the Directorate of Health Care (DNS) is responsible for establishing and enforcing the pharmaceutical laws and regulations for the procurement and distribution of essential medicines and other health supplies for the entire country. The National Health Laboratory (LNS) is charged with ensuring the quality of products circulating in both public and private sectors, and the Directorate of Financing and Administration (DAF) deals with the allocation of financial resources for pharmaceutical procurement. At regional level, representatives of the PPM, DPM, and DNS are responsible for reflecting the role played by each of these entities at the central level of the health system by ensuring availability and accessibility of pharmaceuticals at the regional, district levels and at the CSCOM level. The assessment conducted in October 2007 revealed that the pharmaceutical system in Mali is characterized by structural and operational weaknesses.

Although roles and responsibilities of the different institutions within the MoH are defined by ministerial

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decreases and in procurement guidelines, the mechanisms for communication and information flow among institutions are not established. This has led to ineffective communication which has operational consequences, as the pharmaceutical system operates without sufficient supervision and corrective mechanisms to ensure quality of pharmaceutical services. Hence, the availability of pharmaceuticals at the central level does not necessarily reflect availability at the regional or district, or community levels, and stock outs at these levels are frequent. These systemic weaknesses also increase the risk of over stocks and product expiry, conditions more likely to occur with products that are newer to Mali's pharmaceutical system such as ACTs and ARVs. Given the above, SPS works closely with the MoH Secretary General and all the institutions involved in the pharmaceutical system. At the national level, this includes the PPM, DNS, DPM, CSLS, PNL, and LNS. At the regional level, the PPM, DNS and DPM are the corresponding institutions at the community level.

During the first year of implementation, SPS aims to create coordinating mechanisms and protocols among key entities involved in pharmaceutical management at both national and regional levels. MSH / SPS will also play a catalytic role to ensure that national and regional entities and their international collaborating partners communicate effectively according to agreed work plans and priorities identified by different stakeholders. While building synergistic interactions among different stakeholders, SPS will collaborate with the DPM to facilitate revising key existing documents (such as the Schéma Directeur d'Approvisionnement et de Distribution des Medicaments Essentiels) and the development of other documents as needs are identified for specific programs or for general pharmaceutical management. SPS will also provide support and training for specific areas to key players such as the PPM and the DPM, in specific areas such as quantification, good procurement practices, and development of capacity building plans. At regional level, SPS will focus its first year of implementation on working with regional counterparts of the PPM, DNS and DPM to establish indicator-based work plans and problem solving mechanisms aimed at facilitating the availability of pharmaceutical products at regional and circle levels.

Furthermore, SPS will work closely with regional counterparts of the DPM, the PPM and the DNS to implement indicator-based supervision of pharmacy staff at the regional and circle level. A priority of the indicator-based work plans will be to produce quality data on the distribution and use of medicines for use in better planning and quantification at the community as well as national level. During Years 2 and 3, the coordinating mechanisms established in Year 1 will be consolidated and adapted as new needs arise and lessons learned in Year 1 are applied. It is expected that by the end of Year 1, comprehensive plans to expand pharmaceutical management information systems, as well as capacity building plans for pharmacy staff at all levels of the system would have been developed and ready for implementation. As such, strengthening activities for Years 2 and 3 can be expected to expand to improve pharmaceutical management at the community level.

**Activity Title:** Conduct period quality control exercises to monitor the quality of data reporting

**Activity Manager:** Onyango, Christine **Activity #:** 8 **Task:** LFML08PMI **Subtask:** 60DXA9

**Activity Description:** The quality of data reported by the improved PMIS will be as important as the timeliness with which data is transmitted. It is therefore recommended that a data quality control mechanism be built into the PMIS. Additionally, an element of quality control of data should be built into the supervision system at the regional level to the extent possible. Before this data quality control system is fully functional, it is recommended that joint field visits be conducted by the DPM, PPM and DNS with participation by MSH/SPS to identify problems and take corrective measures.

**Budget:** \$74,586.00 **Start Date:** Apr/2009 **End Date:** Sep/2009

**Products Planned:** Terms of reference; Technical reports

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** This activity has not yet started.

**Next Steps:** This activity is expected to begin in Q3.

**Activity Title:** Develop non-reproductive health product job aids

**Activity Manager:** Onyango, Christine **Activity #:** 1 **Task:** LFML07MAL **Subtask:** 60F4F1

**Activity Description:** SPS will provide assistance to the DPM, the DNS, and the malaria, TB, and

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*Country Programs*

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HIV/AIDS programs to develop job aids for dispensers to promote rational medicines use as well as to prevent medication errors.

**Budget:** \$19,995.00    **Start Date:** Jan/2007    **End Date:** Jan/2007

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:**    This activity has not started yet.

**Next Steps:**    This activity is due to take place during Q3.

**Activity Title:**    Office set up and Management

**Activity Manager:** Onyango, Christine    **Activity #:** 2    **Task:** LFML07MAL    **Subtask:** 97XXYX

**Activity Description:** This activity includes the field administration and logistics expenditures, salaries of administrative local staff, rental, transportation costs, office supplies and other related expenses. This activity will also include identification and rental of office space, and equipping of the office with furniture, office equipment and utilities. At least one trip will be required by the Country Program Manager for Benin to initiate office set up. Additionally, a trip by MSH's Senior Financial Services Officer will be necessary to ensure that financial and administrative structure set up is in compliance with MSH and USAID policy and regulations.

**Budget:** \$280,004.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Following an extensive search, an appropriate office building was identified and a lease signed by mid-October 2008. MSH/SPS hired an expatriate Senior Technical Advisor to be based in the Bamako, Mali office who started work on November 3, 2008. Three Senior Program Associates (specializing in information systems and procurement) were identified and hired. The position for the Senior Program Associate for capacity building was re-advertised and interviews carried out with shortlisted candidates. Three Program Associates to be based in the field were also hired, as was an Office Manager. With the exception of the Senior Technical Advisor, all staff are local hires. MSH had initiated the process of obtaining registration in Mali in June, 2008 and had gone through a number of steps in the process by December 2008. However, registration has still not been granted. As a result, all staff have been hired on consultant contracts which will be converted to full time contracts once registration is obtained.

**Barriers to Progress:** The lengthy and multi-step in-country procedure for registering NGOs has contributed to MSH/SPS not obtaining its registration to date, despite having initiated the process in July 2008.

**Next Steps:** Follow up on the registration process is ongoing. Administrative and technical orientations for the new staff will be carried out in January and February 2009 respectively. MSH's Senior Financial Officer will travel to Mali during the first week of January to carry out the administrative orientation and to assist in the set up of administrative and financial systems for the MSH/SPS office. MSH's Regional Malaria Advisor will join the Senior Technical Advisor during the first week of February 2009 to carry out a technical orientation for staff.

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### ***Mali-POP***

**Workplan:** Mali Pop    **Year:** 08

**Funding Level:** \$516,794.00

#### **Workplan Background**

Mali is a low-income country with a heavy burden of disease and poor levels of development indicators.

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Challenged with high under five mortality rates [1] over 900,000 cases of malaria cases per year [2] and an estimated 66,400 adults living with HIV cases, as well as other transmissible diseases, Mali has struggled to respond to the demands on its health system posed by this health burden.[3] Mali's participation in various international health initiatives aimed at preventing and fighting transmissible diseases such as the PMI, the GFATM, and the GAVI initiative have provided much needed additional financial resources. However, these additional resources have also brought along new pressures and challenges to a public pharmaceutical system that needs to adapt to dealing with an increased volume and variety of pharmaceutical products and with the requirements of the new donors. Following Mali's selection as one of the 15 countries participating in the PMI, the USAID mission in Mali has sought to collaborate with the Malian Ministry of Health and international partners such as the GFATM to strengthen the existing public pharmaceutical system in Mali in order to improve the management of all essential medicines, including products financed by international initiatives. In this context, SPS program participated in two USAID-funded assessments in 2007.

The first assessment was conducted in March 2007 with the objective of developing a three-year strategy and Year 1 Implementation Plan for Mali's activities under the PMI. Among other things, this assessment examined the challenges linked to implementation of recently introduced new malaria treatment protocols based on ACTs as well as those posed by the scaling up of the use of insecticide-treated nets. The second assessment identified weakness in Mali's national pharmaceutical system and provided concrete recommendations on the technical assistance required to improve the capacity of the national medical stores (known as the Pharmacie Populaire du Mali or PPM) and to strengthen key public sector institutions involved in the management of pharmaceuticals. This assessment was jointly conducted in October 2007 by SPS and the USAID/DELIVER project. The results and recommendations from the assessment were shared and discussed with all relevant local counterparts, and a final report was produced and disseminated. Recommendations focused on actions required to improve capacity in quantification, procurement, distribution, and rational use of medicines whilst reducing the need for parallel logistical systems for the various disease programs.

Over the last few years, RPM Plus provided technical support to the MoH in Mali through country visits. Assistance has been provided for the quantification of products procured under the GFATM. Additionally, RPM Plus has contributed to the work of the Prevention of the Postpartum Hemorrhage Initiative (POPPHI) in Mali by conducting training in the management of uterotonics used in postpartum hemorrhage and by developing job aids for management of these products. Starting in FY 2008, SPS program will consolidate and expand the work that was initiated under RPM Plus. With USAID/Mali mission support, SPS will assist the Ministry of Health to strengthen Mali's entire public sector pharmaceutical system through a comprehensive project to strengthen Mali's entire public sector pharmaceutical system to be implemented during the next three years. During Year 1, SPS will receive funding under the Malaria Operational Plan (MOP) for FY08 to support specific activities focused on strengthening the capacity of the Mali's MoH to effectively manage malaria medicines and insecticide-treated nets.

The MOP FY08 covers a broad range of interventions aimed at preventing and treating malaria. These include: the use of insecticide-treated nets (ITNs) and indoor residual spraying (IRS); prevention and treatment of malaria in pregnancy; effective case management; capacity building of the national malaria program (PNLP) and; monitoring and evaluation. PMI also aims to increase the percentage of women receiving IPT, as well as to improve case management of malaria by improving diagnosis, introducing the use of RDTs, make RDTs available and promote their use. In addition, SPS will receive funding from USAID to improve management of sexual and reproductive health supplies, the management of HIV/AIDS-related products, and management of all essential medicines. These funds will also facilitate the implementation of cross cutting interventions aiming to build the capacity of pharmaceutical staff both national and community levels of the pharmaceutical system. SPS will build on the success of its experts in pharmaceutical policy, pharmaceutical procurement procedures, and pharmaceutical sector capacity building in a number of African countries to provide technical assistance and to build human capacity within Mali's public sector pharmaceutical system.

SPS's collaborative approach aimed at the transfer of skills and building capacity of public sector staff

working in pharmaceutical management is a strategy that has been successfully implemented in other African countries such as Rwanda. Funding Sources: FY 07 MAARD POP 516,794 USD, MAARD Malaria 300,000 USD, FY 08 POP 233,386 USD, Malaria-PMI 400,000 USD, and HIV/AIDS 100,000 USD, which totals 1,591,386 USD. The SPS implementation strategy for Mali will be three- fold—to build on existing systems and structures, to transfer capacity to local counterparts, and to balance short-term priority interventions aimed at resolving immediate issues with medium to long term actions to ensure sustainability.

There are four levels to Mali's health system. At the central level, the MoH provides strategic direction; creates policy and oversees its implementation; establishes systems for training medical staff; and sets standards and procedures. Also at this level are the three National Hospitals, which provide specialized care. At the regional level are the Regional Health Directorates (Direction Régionale de Santé) which supervise the district level of the health system and provide technical support. There are also seven regional hospitals. Eight regional depots have the responsibility for ensuring that pharmaceutical products are available for each region. Next is the district level. Also known as districts have referral health centers known as Centres de Santé de Référence (CSREF). The role of the CSREF is to be a link between community level health facilities and hospitals at the regional level as well as health centers at the district level. Dépôts répartiteurs de cercle (DRC) are depots for medicines and other health products and they supply hospitals, health centers and dispensaries. DRCs are considered part of the CSREFs and are supplied by the eight regional depots. The health system at the community level consists of community health centers known as Centres de Santé Communautaires (CSCOM), which are mandated to provide a predefined minimum package of primary health care services. Day-to-day management of the CSCOMs is the responsibility of Community Health Associations (Associations de Santé Communautaires). Technical supervision of the CSCOMs is the responsibility of the CSREF for each given district.

Several institutions within the MoH are involved in the management of pharmaceuticals at these different levels. The PPM is responsible for the procurement and distribution to the regional level of essential medicines which are subject to Mali's cost recovery scheme within the health sector. The PPMs responsibility for distribution only extends to the regional level. Responsibility for the distribution of pharmaceuticals provided free of charge by donors lies with a group of stakeholders coordinated by the Directorate of Health Care, and the national programs of HIV/AIDS and malaria (CSLS and PNL). In general, the Directorate of Pharmacy (DPM) in collaboration with the Directorate of Health Care (DNS) is responsible for establishing and enforcing the pharmaceutical laws and regulations for the procurement and distribution of essential medicines and other health supplies for the entire country. The National Health Laboratory (LNS) is charged with ensuring the quality of products circulating in both public and private sectors, and the Directorate of Financing and Administration (DAF) deals with the allocation of financial resources for pharmaceutical procurement. At regional level, representatives of the PPM, DPM, and DNS are responsible for reflecting the role played by each of these entities at the central level of the health system by ensuring availability and accessibility of pharmaceuticals at the regional, district levels and at the CSCOM level. The assessment conducted in October 2007 revealed that the pharmaceutical system in Mali is characterized by structural and operational weaknesses.

Although roles and responsibilities of the different institutions within the MoH are defined by ministerial decrees and in procurement guidelines, the mechanisms for communication and information flow among institutions are not established. This has led to ineffective communication which has operational consequences, as the pharmaceutical system operates without sufficient supervision and corrective mechanisms to ensure quality of pharmaceutical services. Hence, the availability of pharmaceuticals at the central level does not necessarily reflect availability at the regional or district, or community levels, and stock outs at these levels are frequent. These systemic weaknesses also increase the risk of over stocks and product expiry, conditions more likely to occur with products that are newer to Mali's pharmaceutical system such as ACTs and ARVs. Given the above, SPS works closely with the MoH Secretary General and all the institutions involved in the pharmaceutical system. At the national level, this includes the PPM, DNS, DPM, CSLS, PNL, and LNS. At the regional level, the PPM, DNS and DPM are the corresponding institutions at the community level.

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During the first year of implementation, SPS aims to create coordinating mechanisms and protocols among key entities involved in pharmaceutical management at both national and regional levels. MSH / SPS will also play a catalytic role to ensure that national and regional entities and their international collaborating partners communicate effectively according to agreed work plans and priorities identified by different stakeholders. While building synergistic interactions among different stakeholders, SPS will collaborate with the DPM to facilitate revising key existing documents (such the Schéma Directeur d'Approvisionnement et de Distribution des Medicaments Essentiels) and the development of other documents as needs are identified for specific programs or for general pharmaceutical management. SPS will also provide support and training for specific areas to key players such as the PPM and the DPM, in specific areas such as quantification, good procurement practices, and development of capacity building plans.

At regional level, SPS will focus its first year of implementation on working with regional counterparts of the PPM, DNS and DPM to establish indicator-based work plans and problem solving mechanisms aimed at facilitating the availability of pharmaceutical products at regional and circle levels. Furthermore, SPS will work closely with regional counterparts of the DPM, the PPM and the DNS to implement indicator-based supervision of pharmacy staff at the regional and circle level. A priority of the indicator-based work plans will be to produce quality data on the distribution and use of medicines for use in better planning and quantification at the community as well as national level. During Years 2 and 3, the coordinating mechanisms established in Year 1 will be consolidated and adapted as new needs arise and lessons learned in Year 1 are applied. It is expected that by the end of Year 1, comprehensive plans to expand pharmaceutical management information systems, as well as capacity building plans for pharmacy staff at all levels of the system would have been developed and ready for implementation. As such, strengthening activities for Years 2 and 3 can be expected to expand to improve pharmaceutical management at the community level.

**Activity Title:** Assist the DPM to develop an HR strategy and one year operational plan  
**Activity Manager:** Onyango, Christine **Activity #:** 1 **Task:** LFML07POP **Subtask:** 60AXP1  
**Activity Description:** MSH/SPS plans to assist the DPM with the development of a human resources development strategy and a one year operational plan. The strategy and operational plan will cover all elements addressed in the SDADME as well as other topics such as human resources development /management within the pharmaceutical sector, and the development and updating of standards and tools. The DPM staff working within the DNS team at the regional level will be pivotal in supporting this process. As such, MSH/SPS will focus capacity building activities on these staff.  
**Budget:** \$16,073.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1  
**Activity Progress:** This activity has not yet started.  
**Next Steps:** This activity is expected to begin in Q2.

**Activity Title:** Strengthen indicator-based monitoring of pharmaceutical activities at the regional level  
**Activity Manager:** Onyango, Christine **Activity #:** 3 **Task:** LFML07POP **Subtask:** 60AXH3  
**Activity Description:** During the Q3, indicators will be developed and agreed upon at the national level to track the management of pharmaceuticals used in major disease programs in Mali. Pharmaceuticals will include products used for malaria, reproductive health, child survival, HIV/AIDS, as well as a tracer list of essential medicines. These indicators will be used to establish a baseline against which outcomes of the interventions will be measured.  
**Budget:** \$19,449.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1  
**Activity Progress:** This activity has not yet begun.  
**Next Steps:** This activity is expected to begin in Q2.

*Country Programs*

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**Activity Title:** Pilot improved logistics management information system

**Activity Manager:** Onyango, Christine **Activity #:** 4 **Task:** LFML07POP **Subtask:** 60CXK4

**Activity Description:** As in the original FY08 work plan, the objective of this activity remains to ensure that data and information on health products is routinely registered, compiled, used, and when necessary, reported to the next level of the pharmaceutical system. This activity will also put adequate procedures and tools in place to ensure that generation, transmission and use of this data occurs. These improvements will require a quality control mechanism to ensure the quality of the data reported. The system should be capable of generating periodic reports for information sharing with key national and international counterparts. However, it is planned that this activity be carried out as a pilot initially with an evaluation of the pilot before the approach piloted is generalize to the entire pharmaceutical sector. It is expected that the pilot will begin in Q4 following the evaluation of the logistics management information system.

**Budget:** \$270,180.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** This activity has not yet begun.

**Next Steps:** This activity has not yet begun.

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## Namibia-PEPFAR

**Workplan:** Namibia PEPFAR    **Year** 08

**Funding Level:** \$3,924,426.00

### Workplan Background

In COP 08, MSH/SPS will strengthen the partnerships that have been developed with MoHSS departments and USG partner agencies to maximize efficiency and leverage efforts in strengthening pharmaceutical management systems for the delivery of ART programs. MSH/SPS will partner with Pharmaceutical Services division, the Directorate of Special Programs (DSP), National Health Training Centre (NHTC), CDC/Namibia, Supply Chain Management Systems (SCMS), University Research Company (URC), International Training and Education Centre on HIV (ITECH), IntraHealth, Catholic Health Services and Catholic AIDS Action to strengthen pharmaceutical systems, improve pharmaceutical management, and improve rational use of medicines at treatment sites. MSH/SPS work falls under four key objectives: (1) to improve access to ART treatment and other essential medicines, (2) to improve RMU and strengthen interventions to contain antimicrobial resistance, (3) to strengthen management systems and human capacity development for pharmaceutical services, and (4) to strengthen medicine regulation and improve governance in the pharmaceutical sector. Implementation of SPS activities under COP 08 will involve a great deal of partnership, leveraging, linkages, and coordination to ensure efficiency and sustainability of interventions that will guarantee the development of sustainable systems, availability and the rational use of ARVs and other medicines.

**Activity Title:** Strengthen the regulatory framework to ensure safety and effectiveness of ARVs, TB and OI medicines

**Activity Manager:** Nwokike, Jude    **Activity #:** 2    **Task:** LFNA08HIP    **Subtask:** 60AXH2

**Activity Description:** Support registration and dossier review. This will include the provision of ongoing support to the registration database-- Pharmadex, the renovation and binning of dossier warehousing and conduct of a dossier review retreat. SPS will also support the registration unit to ensure timely review and approval of pediatric formulations to guarantee uninterrupted availability in support of better medicines for children initiatives. Introduction of second-line TB medicines. In collaboration with DSP/TBCAP, SPS will provide support for the registration of new second-line TB medicines, and support regulation and control of already existing ones including the introduction of kanamycin to replace amikacin.

**USG Sub-element:** Other/Policy Analysis and System Strengthening

**Budget:** \$121,289.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** SPS made contact with the Royal Netherlands Tuberculosis Association and MoHSS TB team to facilitate a meeting on collaboration in HIV/TB activities. The planned meeting did not materialize but was re-scheduled for early next quarter.

**Barriers to Progress:** No constraints were identified.

**Next Steps:** Develop PHE protocol. Expand content of training materials to include TB related topics.

**Activity Title:** Strengthen TIPC capacity and support implementation of activities

**Activity Manager:** Nwokike, Jude    **Activity #:** 3    **Task:** LFNA08HIP    **Subtask:** 60B2H3

**Activity Description:** The Therapeutic Information and Pharmacovigilance Center (TIPC) and adverse events data collection, analysis, and use for regulatory and policy decisions will be strengthened. Ongoing support to the TIPC includes continuing the subscriptions for software, databases, journals, infrastructure, and support for developing IEC materials. Also training on ADR reporting will be provided for 120 health care workers. Finally, support will be provided for highly skilled short-

term consultancies.  
**USG Sub-element** Other/Policy Analysis and System Strengthening  
**Budget:** \$285,317.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** Products on this activity include: 1) a website for NMRC (link provided)-  
<http://www.nmrc.com.na> log on to the website for more products including, the medicines watch publication issues 1, 2 and 3 and ADR Reporting forms and the recently launched nemlist

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** During the period under review, MSH/SPS provided technical and financial support to the TIPC to implement the following sub-activities. (1) Participation in EduSector Health Day Activities in Windhoek for the World AIDS Day. In November 2008, MSH/SPS received a request from the HIV/AIDS Management Unit of the Ministry of Education to support TIPC's participation in the World AIDS Day activities planned for Education Sector Health Day (EduSector Health Day) in Windhoek. The EduSector Health Day is a special day set apart for each region that provides an opportunity for TIPC to reach out to the community to create awareness for the TIPC among ambulant patients, teachers, and the general public. Teachers are an important, respected segment of the society, are widely deployed in most parts of the community, and offer a vital connection point between children of all ages and their parents, family, and guardians, and are commonly sought after for advice and direction in society. The EduSector health day/World AIDS day activities on December 5, 2008, were held at the Ministry of Education's auditorium in Windhoek. A total of 65 people were provided with free general and HIV/AIDS related therapeutics consultation, basic TIPC information, and materials by the TIPC personnel. In October 2008, MSH/SPS provided financial and logistical support to the two delegates nominated by the MoHSS and MSH/SPS to represent TIPC/Namibia in the 31st meeting of the national pharmacovigilance centers of the WHO-UMC drug monitoring program held October 20-24 in Uppsala, Sweden. At the end of the meeting, there was a one-day conference on impacting patient safety. This meeting provided an opportunity for the delegates to exchange ideas on the effective operation of national pharmacovigilance programs and to follow up on TIPC's application to be a member of the global medicine safety monitoring program. TIPC was effectively admitted into the global monitoring program in December 2008 as the 90th full member. Treatment literacy audiovisuals-- During this quarter, SPS, in collaboration with BroadReach Health Care, the Catholic Health Services (CHS), and the TIPC/MoHSS continued with the development of patient-based ARV treatment literacy videos and flip charts focused on four themes. The themes were (1) preparing to start ARV therapy, (2) starting ARV therapy, (3) alcohol and adherence, and (4) long-term adherence to ARV therapy. This project progressed well and the videos, developed in English and five other commonly spoken local languages, handed over to the CHS in December 2008. Implementation of these materials in treatment facilities will start in the next quarter. Therapeutics queries and ADR reports <http://www.nmrc.com.na/TIPC/tabid/1339/language/en-US/Default.aspx>. The current physical infrastructure of the TIPC is inadequate to effectively support the envisaged range and scale of activities. Consequently, MSH/SPS provided advocacy and technical guidance to the MoHSS on the need to find ways of expanding TIPC's physical space. These efforts are still ongoing and will continue into the next quarter.

**Barriers to Progress:** No constraints were identified.

**Next Steps:** Train 120 health workers on ADR reporting and advocacy for TIPC. Implement monitoring evaluation activities for the TIPC.

**Activity Title:** Improve quality assurance activities of Pharmaceutical Control and Inspection

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(PC&I)division of Ministry of Health

**Activity Manager:** Nwokike, Jude **Activity #:** 4 **Task:** LFNA08HIP **Subtask:** 60DXH4

**Activity Description:** SPS will support Pharmaceutical Control and Inspection (PCI) to develop inspection SOPs and provide training to 30 persons on medicines inspection. SPS will improve in-country monitoring of ARV medicines through the implementation of the Minilab technology at selected ports of entry in Namibia and provide other infrastructural support to improve inspection activities. PC&I has limited capacity to communicate to the large body of pharmacists in the country and applicants for medicines registration. SPS will continue work with PC&I on the development of a website and domain for MCC (now NMRC) and provide reference materials and equipment to enhance the capacity of NMRC towards greater attention to in-country quality assurance and post marketing surveillance activities.

**USG Sub-element:** Other/Policy Analysis and System Strengthening  
**Budget:** \$63,306.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** The SPS capacity was strengthened through the recruitment of an additional SPA to undertake the implementation in this area.

**Barriers to Progress:** Work visas were not granted on time so core tasks as outlined in the COP08 were not implemented.

**Next Steps:** Meetings with NMRC to strategize on implementation. Project concepts developed for implementation.

**Activity Title:** Provide TA for the implementation of the National Medicines Policy (NMP) and National Pharmaceutical Master Plan (NPMP)

**Activity Manager:** Nwokike, Jude **Activity #:** 6 **Task:** LFNA08HIP **Subtask:** 60BXH6

**Activity Description:** In FY2008 SPS will work with MoHSS to conduct a workshop for the update of the National Medicines Policy. To support the development of the national formulary/treatment guidelines initiated in FY2007, SPS will provide support for the finalization and launch of Namibia first national formulary/treatment guidelines. In addition, SPS will support the revision, printing, and distribution of the Namibia Essential Medicines List (NEMList) which was last updated in 2002. Procurement based on the revised NEMList will improve the availability of essential medicines and supplies to facilities and ensure quality service delivery. In accordance with the World Health Assembly resolution, SPS will advocate for and support the establishment of a multidisciplinary team at the national level to address issues of rational use including compliance to treatment guidelines.

**USG Sub-element:** Other/Policy Analysis and System Strengthening  
**Budget:** \$41,966.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** No progress on core activities was registered in this quarter. However the program was in the process of recruiting adequate personnel to facilitate this activity.

**Barriers to Progress:** Work visas were not granted on time to the selected staff.

**Next Steps:** Drafting the National Medicine Policy.

**Activity Title:** Support the policy framework to improve selection and access to palliative care medicines

**Activity Manager:** Nwokike, Jude **Activity #:** 5 **Task:** LFNA08HIP **Subtask:** 60B4H5

**Activity Description:** In FY2008, SPS will work with MoHSS to review the national policy to ensure that specific cadres of nurses trained in palliative care are allowed to prescribe and dispense morphine and other indicated palliative care medicines to PLWHA. Review of the policy will also ensure uninterrupted availability of morphine in health centers thus improving access of morphine and other palliative care

medicines to patients. SPS will also work with other partners including home-based care organizations and volunteers to ensure that the increased availability of morphine in the facilities is adequately utilized when indicated by home-based care providers in the communities. This is a new activity that will support the scaling-up of care services. In collaboration with ITECH, SPS will develop modules on rational use of palliative care medicines and train 120 community-based caregivers in palliative care medicines including narcotic medications.

**USG Sub-element** Other/Policy Analysis and System Strengthening  
**Budget:** \$49,369.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** Support to MoHSS for strengthening essential medicines selection and management systems. During this quarter, MSH/SPS continued working with MoHSS to strengthen the essential medicines selection and management system primarily through supporting the activities of the Essential Medicines List Committee (EMLC) and its secretariat. The following was accomplished during this period: A set of four SOPs covering important aspects of medicines selection were developed. Their purpose is to provide guidelines on how to apply for changes to the Nemlist and procedures that will be followed in evaluating such applications. These SOPs also cover procedures for applying for the procurement of non-Nemlist medicines at facility level and their evaluation. These have been approved by the EMLC and will be placed in the next edition of the Nemlist as annexes. The application form for requesting changes to the Nemlist has been revised and redesigned, and a new form for requesting procurement of non-Nemlist medicines at facility level also developed. These have also been approved by the EMLC and will also be included in the next edition of the Nemlist as annexes. EMLC meeting The second EMLC meeting of the year was held on November 5, 2008, and ten committee members and seven co-opted members attended. The committee made the following decisions. The committee approved eight applications for addition of new medicines to the Nemlist. These include medicines for the management of sexually transmitted infections (STIs) based on the revised guidelines for the syndromic management of STIs, solid oral forms of morphine for palliative care and oncology and dermatology medicines. Replacement and reclassifications. The committee approved the replacement of one medicine by another that is more readily available and the reclassification of one medicine for use at lower levels of care (PHC facilities). The revision of the Nemlist is now complete and the updated version is expected to be printed in January 2009. The launch of this 4th edition is set for March 2009.

**Barriers to Progress:** No significant constraints were identified.

**Next Steps:** Launch of Nemlist. Procure TA for policy development on selection of IMAIC/PC medicines.

**Activity Title:** Provide support through Potential for selected pharmacy positions

**Activity Manager:** Nwokike, Jude **Activity #:** 7 **Task:** LFNA08HIP **Subtask:** 60AXH7

**Activity Description:** In FY 2008, SPS will continue to provide funding through Potentia, a Namibian human resource consultancy, for the employment of 15 pharmacists and 10 middle level pharmacy staff—critical positions identified by the MoHSS.

**USG Sub-element** HIV/AIDS Treatment/ARV Services  
**Budget:** \$650,098.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** During this quarter, 14 technical staff were seconded to the MoHSS to deliver pharmaceutical support.

**Barriers to Progress:** No constraints were identified.

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**Next Steps:** Continue providing support to the seconded staff.

**Activity Title:** Support increased production of middle level pharmacy staff at the NHTC and continuing professional development activities.

**Activity Manager:** Nwokike, Jude **Activity #:** 8 **Task:** LFNA08HIP **Subtask:** 60AXH8

**Activity Description:** SPS will collaborate with the NHTC, Namibia Polytechnic, UNAM, Interim Health Professions Council (IHPC), Pharmaceutical Society of Namibia, MoHSS, and other stakeholders to develop a strategy for increased enrollment and training of pharmacist's assistants and other middle level pharmaceutical officers. SPS support will strengthen Interim Health Council and Pharmaceutical Society's continuing professional development programs to ensure that pharmaceutical officers are adequately trained on provision of pharmaceutical care. SPS will collaborate with UNAM, NHTC, and stakeholders to ensure sustainable leadership and management training programs and promote the incorporation of continuous quality improvement skills, such as the monitoring, training, and planning approach, into pre-service training for health providers.

**USG Sub-element:** HIV/AIDS Treatment/ARV Services

**Budget:** \$220,229.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** During the period under review, SPS continued with the process of recruiting two suitable candidates to be hired as tutors for the PA training course. The first round of interviews were conducted in the previous quarter and yielded one candidate who accepted the offer, while the second round of interviews were conducted in this quarter. One candidate was selected and the process of contracting her is ongoing, with the target of having her assume her duties within the next quarter. The revision of the PA training curriculum is ongoing. Two consultants are now driving the process. Key stakeholders including the MoHSS, the National Qualifications Authority, and the National Training Authority (NTA) have been engaged. After the development of a DACUM job profile for PAs, the next phase involved the development of unit standards based on the DACUM job profile for PAs and leveling them in conformity with the National Qualifications Authority's requirements for registration on the Namibia Qualifications Framework. The TWG, under the guidance of the two consultants held two workshops in October (Heja Lodge) and in December (Swakopmund) respectively, which produced the titles, special notes, elements, range statements, performance criteria, and levels for the draft unit standards. A smaller group met at NTA village to finalize the draft unit standards, benchmark with selected equivalent international unit standards, and align with the PA training curriculum. During the same period, MSH/SPS, in collaboration with I-TECH and TIPC, supported two CPD training sessions organized by I-TECH. The training focused on practical and interactive sessions. The training covered therapeutic information and pharmacovigilance, hepatic and renal conditions, and review of the national STI guidelines. The first CPD session was conducted in Keetmashoop on February 21 with 27 participants. The second session was conducted in Rundu on March 14, 2009, with 14 participants. A pre- and post-test assessment showed an overall 28 percent improvement. The average pre-test score was 59 percent while the average post test score was 77 percent. MSH/SPS supported the MoHSS participation in the career day at the Polytechnic of Namibia on March 26, 2009. The Career Day Fair provides a forum in which representatives of public and private sector industries and organizations interact with students in tertiary level learning institutions to educate them about a variety of fields including medicine and pharmacy. Information about pharmacy training and career opportunities in Namibia was provided. A total of 83 people registered at the MoHSS/pharmaceutical services booth, which was voted the best exhibitor. This activity will enhance interest in

the pharmaceutical career and ensure that high school students and science graduates consider pharmacy as a profession.

**Barriers to Progress:** No significant constraints were identified.

**Next Steps:** Monitoring the current PA training session. Analyze data for career day and compile a report for the career day.

**Activity Title:** Strengthen pharmacy training program at the University of Namibia

**Activity Manager:** Nwokike, Jude **Activity #:** 9 **Task:** LFNA08HIP **Subtask:** 60AXH7

**Activity Description:** SPS will support the UNAM pharmacotherapy program for nurses to incorporate HIV/AIDS pharmaceutical management module.

**USG Sub-element** HIV/AIDS Treatment/ARV Services

**Budget:** \$209,883.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** In October 2008, MSH/SPS received a request from the Dean of the Faculty of Health and Medical Sciences, UNAM for the support of two lecturer positions and office set as an initial phase towards the building of UNAM's capacity for local training of pharmacists, teaching pharmaceutical courses to other cadres of health care professions, and conducting of research that is related to promoting RMU in Namibia. Subsequently, SPS outlined a SoW to covering the various technical activities, sourcing of personnel, and equipment that are required in this project. This SoW will be finalized and implementation of activities started in the next quarter.

**Barriers to Progress:** No key constraints were identified.

**Next Steps:** Develop curriculum for the pharmacy course. Provide resources for lecturers and TA.

**Activity Title:** Strengthen regional pharmacists to conduct routine monitoring and supervision activities

**Activity Manager:** Nwokike, Jude **Activity #:** 10 **Task:** LFNA08HIP **Subtask:** 60CXH0

**Activity Description:** SPS will work with the MoHSS to develop policies and to support regional pharmacists to improve supervision to lower level facilities. Regional pharmacists will be supported to ensure availability of treatment data for compilation of information, analysis, and dissemination.

**USG Sub-element** HIV/AIDS Treatment/ARV Services

**Budget:** \$118,610.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** In November 2008, 8 of the 13 regional pharmacists conducted visits in this quarter. SPS continued to provide funds for transport, per diem, and accommodations.

**Barriers to Progress:** No key constraints were identified.

**Next Steps:** Standardize reporting templates. Provide resources for continued visits.

**Activity Title:** Support data quality, program monitoring and PMIS

**Activity Manager:** Nwokike, Jude **Activity #:** 11 **Task:** LFNA08HIP **Subtask:** 60B1HA

**Activity Description:** SPS will provide support to improve data quality including; improve timeliness, completeness, accuracy and quality of data collected and reported, conduct data quality audit activities in selected facilities, and provide training on data quality to all regional pharmacists from the 13 regions. Also. 30 pharmacy staff members will be trained on the PMIS. SPS will provide support data synthesis and triangulation of HIV treatment data and link this information with other care indicators, e.g., palliative care, IPT, CPT, CB DOTS. In FY2008, SPS will provide technical assistance for the PMIS in the following areas (1)use PMIS data to monitor quality of pharmaceutical care and services including ART services at treatment facilities, (2)identify weaknesses and design interventions

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to improve quality of treatment and care; (3) Incorporate key PMIS indicators into the national essential indicator framework for the health sector. SPS will also continue to provide technical assistance to the M&E committee by submitting reports on specific pharmaceutical indicators, as requested.

**USG Sub-element** Other/Policy Analysis and System Strengthening  
**Budget:** \$64,136.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** During the quarter under review, SPS continued to support MoHSS in data collection, analysis, and compilation and circulation of PMIS feedback reports. The national PMIS feedback report for the quarter—July to September 2008—was finalized during this quarter and sent out to the facilities and other stakeholders in December 2008. All 34 districts, 13 regions, and the national referral hospital are currently implementing the system and submitted data for compilation of this feedback report. The feedback report for the October-December quarter is currently being compiled and is scheduled for release and circulation in February 2009. Work on the electronic forms for submitting data from the facilities to the national database has been completed and successfully tested at a number of sites. Currently, software and e-mail connections to enable the regions to use these electronic forms are being installed. In addition, the reporting module of the database has been finalized and is due for testing in January/ February 2009 which will then be followed by the implementation of the electronic reporting system and database nationally to replace the current paper-based system.

**Barriers to Progress:** No key constraints were identified.

**Next Steps:** Provide technical support for PMIS and ADT.

**Activity Title:** Strengthen implementation of the ART commodity tracking system and ADT at treatment facilities

**Activity Manager:** Nwokike, Jude **Activity #:** 12 **Task:** LFNA08HIP **Subtask:** 60EXHB

**Activity Description:** FY08 funds will be used to (1) continue ADT roll out to about 10 new treatment facilities with the highest volume of patients; (2) train 20 pharmacy and nursing staff members who directly use the ADT in those new facilities, (3) support the use of data generated by the ADT for periodic review of use of ARVs and OI medicines, (4) support development of a national level database at the MoHSS, (5) support a technical position of an information systems administrator to ensure that the ADT and other electronic tools centrally provided to pharmaceutical services division are adequately supported and maintained. This position is part of the HTXS support through Potentia. SPS ACTs data will be provided to SCMS to ensure that monthly and quarterly reports are summarized and disseminated to MoHSS and other stakeholders and are used for making appropriate and timely quantification of medicines to the facilities to prevent under or overstocking. SPS will encourage the use of the ADT tool for periodic review of use of ARVs and OI medicines and to obtain data on number of patients by category receiving treatment at facilities, for promoting rational use, and planning of ART services.

**USG Sub-element** Other/Policy Analysis and System Strengthening  
**Budget:** \$80,360.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** MSH/SPS has continued to provide support to treatment facilities that are using the ADT. On average, three queries were received from facilities per day. Most of these were user problems and telephone assistance was provided. When problems were software-related, the computers were sent to Windhoek for fixing. These included Katima Mulilo, Mariental, Rehoboth, and Luderitz and all these were virus infected. In the period under review, the 3G devices for data transfer

between ADT at facilities and the NDB were received from MTC already pre-loaded with one gigabyte of data transfer. These were installed in all 35 main ART facilities and testing commenced in December. All of the 35 facilities sent their reports every month (100 percent report submission) in this quarter. Timeliness and accuracy of the reports was not assessed and recorded. Since January 2008, a new system that enables us to assess the timeliness and accuracy of the report was developed and implemented. The averages for January to March 2008 are as follows Average timeliness of submitting reports = 85.7 percent. Average percentage of reports that are accurate = 74.9 percent.

**Barriers to Progress:** No key constraints were identified.

**Next Steps:** Continue to provide technical support to health facilities.

**Activity Title:** Provide integrated TB/HIV pharmaceutical care and services

**Activity Manager:** Nwokike, Jude **Activity #:** 13 **Task:** LFNA08HIP **Subtask:** 60AXHC

**Activity Description:** In FY08, SPS will conduct a public health evaluation to identify the extent of the IPT, CTX guidelines noncompliance, and identify factors associated with it. SPS will develop Prescription Quality Indicators to review providers' compliance to ARV, IPT, and CTX guidelines--this evaluation will be implemented in collaboration with TBCAP, Directorate of Special Programs Response M&E, the HIVQUAL project and Therapeutics Committees (TC) from selected facilities to build capacity and sustainability. SPS will work with the MoHSS to develop interventions to ensure that prescriptions are monitored so that patients qualifying for CPT and IPT according to the Namibia guidelines receive these medicines. Monitor side effects of second-line TB medicines. Concerns have been raised about the side effects of second-line TB medicines. In FY08, SPS, in collaboration with the TB CAP, will introduce and support patient-initiated adverse event reporting and train CBOs that support DOTS to monitor and report side effects and adverse drug reactions to TB medicines in Erongo, Caprivi, and Karas regions. Expand content of the HIV/AIDS pharmaceutical management training materials--SPS will expand the content of the training material to include topics on rational use of TB medicines, good prescription practices, prevention with positives, and palliative care medicines. To ensure sustainability through adoption into pre-service training programs, the National Health Training Center will be involved in the content review in close collaboration with I-TECH.

**USG Sub-element** Palliative Care: TB/HIV

**Budget:** \$200,238.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS made contact with KNCV and MoHSS TB team to facilitate a meeting on collaboration in HIV/TB activities. The planned meeting did not materialize but was re-scheduled for early next quarter.

**Barriers to Progress:** Staff recruitment process was not completed on time.

**Next Steps:** Organize activity start-up meetings with MoHSS.

**Activity Title:** Support standard treatment guidelines and ART guidelines committee

**Activity Manager:** Nwokike, Jude **Activity #:** 14 **Task:** LFNA08HIP **Subtask:** 60BXHD

**Activity Description:** In FY08, SPS will conduct the following activities:(1) participate in identified Technical Advisory Committee activities; (2) provide TA for the completion of the development of the STG-initiated in COP07 and support training for 75 health care workers; (3) provide technical assistance for the document review for the regional formulary development, dissemination, and monitoring process; (4) support the Essential Medicines Committee secretariat.

**USG Sub-element** HIV/AIDS Treatment/ARV Services

**Budget:** \$299,419.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** SPS has continued to support MoHSS in the revision of the national pocket-sized treatment guidelines. In the previous quarter, the medical consultant leading this activity developed draft treatment guidelines and circulated them to 66 specialists from both the private and public sector and from different parts of the country for review and input. Consultative meetings between the consultant, MoHSS, and SPS recommended the review and extension of the activity's time line to allow for ample time for input from the contacted specialists. In the quarter under review, the consultant started receiving input from these specialists to incorporate the inputs and compile them into a set of guidelines for nationwide pre-testing from a select group representing the target users. This process will continue into the next quarter. ART guidelines committee—SPS continued to support the TA committee by attending the scheduled meetings and participating in the committee's activities and discussions. SPS participated in the M&E Committee special meeting called by the TAC to review data sources in the country. SPS also participated in the ART guidelines review retreat organized by the TAC and furthermore, participated in ad-hoc TA committee meetings.

**Barriers to Progress:** No key constraints were identified.  
**Next Steps:** Completion of TA for the development of standard guidelines. Provide resources to the Essential Medicines Committee.

**Activity Title:** Provide technical assistance for the development and implementation of adherence interventions

**Activity Manager:** Nwokike, Jude **Activity #:** 15 **Task:** LFNA08HIP **Subtask:** 60EXH3

**Activity Description:** SPS will conduct PHE and other quality improvement initiatives to evaluate the impact of adherence interventions. The time trend analysis/interrupted time series methodology will be used for this evaluation. The study will involve the evaluation of the effectiveness of an adherence intervention, such as use of standardized adherence counseling tool in improving patient understanding of treatment goals, use of audiovisuals and patient information leaflets, use of reminders, reduction in dispensing waiting time. Repeated baseline measurements will be made before the implementation of interventions and repeated measurements will also be made after intervention to establish impact. The time trend analysis will be carried out across five selected sites simultaneously. This activity will be carried out in collaboration with DSP. Results will be disseminated through the annual program review meeting and to the regional medical teams to support evidence-based decision making. SPS will collaborate with expert patients, PLWHA, community counselors, CBOs, and DSP in carrying out this activity and in the implementation of interventions to ensure sustainability.

**USG Sub-element** HIV/AIDS Treatment/ARV Services

**Budget:** \$280,019.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1  
**Activity Progress:** In the previous quarter, SPS was co-opted to be part of the DSP Response Monitoring Team and in particular be a member of the TWG for HIV DR. SPS supported DSP with the drafting of the assessment on EWI conducted in the last quarter. Based on the feedback from the assessment, SPS started work on refining the EWI queries on the ADT. SPS plans to adapt the ADT such that it produces monthly EWI reports that will be compiled nationally by the Response and Monitoring Team. SPS also participated in the WHO Eastern and Southern African Sub-Region practical training workshop on HIV DR Tools in Tanzania from October 22 to 25, 2008. This provided a clear understanding of HIV DR and the WHO strategy, and gave an in-depth training on the HIV DR survey tools. During this workshop, plans for the Namibia Annual Patient Monitoring Review (APMR) were discussed and a date set. SPS participated in both the monitoring

review that was led by the WHO in Namibia in November 2008 and in report writing.

**Barriers to Progress:** No constraints were identified.

**Next Steps:** Continued analysis of ADT data to understand non adherence trends.

**Activity Title:** Improve infection control and safe disposal of pharmaceuticals

**Activity Manager:** Nwokike, Jude **Activity #:** 16 **Task:** LFNA08HIP **Subtask:** 60AXHF

**Activity Description:** In FY08, SPS will: (1) implement ICAT in three major facilities through Therapeutic Committee activities. SPS will collaborate with the University Research Co. (URC), MoHSS quality assurance unit, and other stakeholders to implement the infection control assessment tool (ICAT) for three major hospitals. Improving IC will contribute to containing AMR and the continuing effectiveness of ARVs. (2) Support therapeutics committees to assess and implement IC interventions. SPS will work with the MoHSS Quality Assurance unit, URC, and Therapeutic Committees to strengthen facility-level IC activities and improve awareness and behavior for good IC practices. SPS trainings will emphasize secure availability of IC commodities at facilities. (3) Support development/review of policies, procedures, and tools for IC countrywide. SPS will work with and the MoHSS Quality Assurance unit and URC to develop or review national policies, SOPs, and tools that will support efforts at improving infection control. (4) Support development/review of IEC materials for educating and training health care workers, patients, and nonmedical caregivers on IC. (5) Provide TA for the development and implementation of standard procedures for the safe disposal of pharmaceutical waste. (6) Support the adaptation and implementation of appropriate technologies and practices compliant with set environmental standards.

**USG Sub-element:** HIV/AIDS Treatment/ARV Services

**Budget:** \$174,567.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS in partnership with the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa held a sensitization and consultative meeting for environmental officers from four local authorities, Windhoek, Mariental, Otjiwarongo, and Outjo on October 24, 2008. Fourteen participants drawn from these local authorities, SPS, SCMS, the National Health Training Center (NHTC), and the Alliance attended this healthcare waste management meeting. This meeting was aimed at sensitizing officers from these selected local authorities on issues of safe disposal of pharmaceuticals and to develop plans for improving the same. Follow-up meetings and activities have been planned and will include a wider audience and other stakeholders from other ministries involved in dealing with environmental and health issues.

**Barriers to Progress:** No constraints were identified.

**Next Steps:** Conduct follow-up meetings with a wider audience.

**Activity Title:** Support pharmaceutical committees to improve rational use of medicines and mitigate antimicrobial resistance

**Activity Manager:** Nwokike, Jude **Activity #:** 17 **Task:** LFNA08HIP **Subtask:** 60EXHG

**Activity Description:** In FY08 SPS will: (1) Support Therapeutic Committees TCs in assessing medicine use at facilities through qualitative and quantitative methods. Five regional committees will be supported to assess medicine use in their facilities and develop reports based on those assessments. (2) Support committees to implement interventions/ projects from the national Therapeutic Committee course. The SPS/Namibia with support from the SPS AMR portfolio hosted a national TC course for 25 Namibian doctors, pharmacists and nurses. The course was tailored to the Namibian experience and included sessions on containing AMR, pharmacovigilance and IC. Participants will be supported with

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COP08 funds to implement interventions developed during the training. (3) Support TCs to train 120 health care workers on RMU at regional and district levels. The SPS program will provide support to all active TCs in Namibia to train health care workers within their regions on the importance of RMU. It is expected that a total of 120 health care workers will be trained through this initiative. The regional TCs at the end of this support will have available a training curriculum in rational use which they can use later on their own to train new workers posted to their regions. This will ensure sustainability. (4) Provide TA for the revision of TOR and implementation of TC indicators. The SPS program will work closely with the pharmaceutical services subdivision of national medicine policy coordination to revise the TOCs of the TCs. The revised TOR will be adopted by MoHSS, signed by the permanent secretary, and circulated to TCs nationwide. The SPS program will provide TA and support to the NMPC to finalize ongoing efforts at the development of the TC indicators initiated in COP07. These indicators will be used for periodic assessment of the performance of TCs.

**USG Sub-element** HIV/AIDS Treatment/ARV Services  
**Budget:** \$139,238.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** During the quarter under review, SPS, in collaboration with BroadReach Health Care, the Catholic Health Services (CHS), and the TIPC/MoHSS continued with the development of expert patient-based ARV treatment literacy videos and flip charts focusing on four priority themes. The themes were: (1) preparing to start ARV therapy, (2) starting ARV therapy, (3) alcohol and adherence, and (4) long-term adherence to ARV therapy. This project progressed well and the videos, developed in English and five other commonly spoken local languages, were handed over to the CHS in December 2008. Implementation of these materials in treatment facilities will start in the next quarter.

**Barriers to Progress:** No key constraints were noted.

**Next Steps:** Continue to support pharmaceutical committees.

**Activity Title:** Support scale-up and increased access to ART treatment through decentralization and public-private partnership

**Activity Manager:** Nwokike, Jude    **Activity #:** 18    **Task:** LFNA08HIP    **Subtask:** 60AXHI

**Activity Description:** In FY08, SPS will work with the MoHSS on the following items. (1) Provision of basic dispensing equipment to 10 health centers and clinics. SPS will strengthen storage, inventory control and dispensing practices to support the scale up of referral and outreach programs in 5 identified regions. (2) Develop a basic pharmaceutical management curriculum to support Integrated Management of Adolescent and Adult Illnesses (IMAI) program in Namibia. The new curriculum shall be used in training 30 pharmacy staff and nurses who are closely working on pharmaceuticals in the new ART facilities. SPS will also collaborate with other partners to enhance supportive supervisory activities that will improve the quality of ART services at the new facilities. Overall, the objective is to shift basic pharmaceutical duties to nonprofessional pharmaceutical officers in these new facilities where there are no pharmacists and pharmacists assistants. SPS will work closely with regional and district pharmacists on this activity to ensure sustainability. In the private sector, in FY08, SPS and partners will continue work with private providers (health insurance schemes, private clinics, and pharmacies) to develop appropriate interventions to reduce costs of ART and improve care for private sector patients. In FY07, SPS was invited by PricewaterhouseCoopers working in collaboration with German Development Cooperation (GDF) and the Ministry of Works, Transport, and Communication to partner in the activity--HIV/AIDS Impact Assessment for the Transport Sector in Namibia. In FY08, SPS will continue work on this partnership and others by

*Country Programs*

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**USG Sub-element** supporting the partnership with the review of documents.  
HIV/AIDS Treatment/ARV Services  
**Budget:** \$142,477.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** In the previous quarter, SPS worked with Medscheme, a private medical aid company providing medical insurance to low income earners through the Blue Diamond option, to conduct a survey on factors affecting costs and access of ART for low-income workers in the private sector. This study was conducted by Vision Africa. The quantitative part of the study was completed during the period under review. Three stakeholder meetings were held to review and discuss the results of the survey. The report was completed. Plans to disseminate the result in the last quarter were not successful.

**Barriers to Progress:** No significant constraints were identified.

**Next Steps:** Hold a stakeholder meeting to share the findings of the report.

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## **Rwanda**

### **Rwanda-PEPFAR**

**Workplan:** Rwanda PEPFAR    **Year** 08

**Funding Level:** \$760,000.00

#### **Workplan Background**

The USAID awarded MSH its five-year SPS Program in 2007 as a follow-on to its RPM Plus Program. The mandate of the SPS Program is to build capacity within developing countries to effectively manage pharmaceutical systems, successfully implement USAID priority services, and ultimately save lives and protect the public's health by improving access to and use of medicines of assured quality. The SPS Program focuses on achieving four key results— improving governance in the pharmaceutical sector; strengthening pharmaceutical and laboratory management systems to support public health/interventions; containing the emergence and spread of antimicrobial resistance; and expanding access to essential medicines.

In 2003, the RPM Plus Program was invited to evaluate the capacity and readiness of the pharmaceutical and laboratory systems for scaling up ART. As a result, RPM Plus and its continuation SPS have been working in since 2004 under the PEPFAR and PMI initiatives. SPS's mandate in Rwanda has changed over time. During the first years of implementation, RPM Plus was mainly focused in interventions related with quantification, procurement, distribution, and MIS at the national level (MoH and Centrale d'Achats de Médicaments Essentiels du Rwanda [CAMERWA]). The mandate was expanded to additional actions of capacity building and supervision in many different areas of pharmaceutical management at the district and facility level. During FY08, supply chain activities have been transferred to SCMS and the USAID/DELIVER projects, while SPS focuses its technical assistance in pharmacovigilance and rational medicine use (RMU) at both national and peripheral levels, which are specific domains of expertise of the SPS program. When RPM Plus started in 2003, decisions regarding the selection, procurement, distribution, and use of medicines were either taken by the national programs for HIV/AIDS, TB, and malaria, or left alone to the drug suppliers (CAMERWA, Bureau des Formations Médicales Agréées du Rwanda (BUFMAR), and private sector). The MoH Directorate of Pharmacy had very limited involvement in regulating drug management in the public sector.

Over the last few years, the Directorate of Pharmacy which became the Pharmacy Task Force has increased its presence as the authority to regulate medicine management in both public and private sectors. However, decisions related to drugs are still quite fragmented and not totally harmonized and coordinated. Long-term impact and sustainability of PEPFAR and PMI interventions require that the political and legal frameworks of the pharmaceutical system become better regulated, and cover all aspects of the pharmaceutical management, including RMU, quality, and pharmacovigilance. One of the main objectives of SPS interventions is to effectively transfer technical capacities to national counterparts. For achieving the aforementioned, SPS works very closely with all institutions that can directly or indirectly affect the pharmaceutical system, in the development of the plans, and in the implementation processes. SPS understands pharmaceutical management as a system where each element depends on the others to function properly. For example, quantification of ARVs is done according to the standard treatment guidelines and consumption patterns. If prescribers do not respect the STGs, there will be a risk of stock-outs or expiration of drugs because the medicine consumption will not correspond with the needs estimated. Therefore, ensuring availability of products is not just about good procurement and distribution models, but also about ensuring RMU.

**Activity Title:** Build the institutional capacity of the MOH/PTF in areas related to drug safety and rational medicines use

**Activity Manager:** Morris, Mark **Activity #:** 2 **Task:** LFRW08HIP **Subtask:** 60EXH2

**Activity Description:** During COP08, SPS will help build capacity for the Pharmaceutical Task Force (PTF) in areas of pharmacovigilance and RMU. These activities will be coordinated through SPS staff with significant experience in the pharmaceutical sector. The staff will be seconded part-time to the PTF during COP08. This staff member will advise the PTF chief pharmacist and further build the capacity of the pharmacists working at the PTF. Technical assistance and support will be provided to the PTF pharmacists for finalizing the National Pharmaceutical Policy which was drafted during COP06, and the updating of the EML and SOPs developed in COP07. During COP06 and COP07, SPS worked with PTF to help implement 10 DTCs in district hospitals and to monitor their activities. Under COP08, SPS will support the PTF with the establishment of a National Medicines Committee (NMC) which will monitor the DTCs activities and the various pharmacovigilance committees. This multidisciplinary committee with clinical, pharmacy, and laboratory specialists will coordinate and lead all activities at the national level related to pharmacovigilance and RMU. SPS will also assist the PTF to conduct a seminar on containment of antimicrobial resistance for NMC members and other interested partners. In addition, SPS will provide technical assistance and support to the National University of Rwanda for the development of pre-service training modules on RMU and pharmacovigilance for pharmacy students.

**Budget:** \$140,461.00

**Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:**

TOR of the NMC developed, adopted and signed by the MOH; Quarterly reports of the monitoring of the implementation of the activities of the NMC developed and disseminated; Standard Treatment Guidelines (STGs), National Essential Medicines List (EDL) and National Formulary (NF) revised and disseminated.

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**Reporting Period:**

**Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:**

During Q1, SPS had started with the implementation of activities related to COP08. One SPS staff Felix HITAYEZU has been part time seconded to the Pharmacy Task Force (PTF) of the Ministry of Health (MOH) as a permanent Technical Advisor in order to strengthen the team and to participate in PTF routine activities. The SPS Technical Advisor has supported PTF to prepare and organize two important meetings with partners as SCMS, DELIVER PROJECT, BUFMAR, CAMERWA, SPS, WHO, UNFPA and PSI to elaborate a joint action plan for 2009 with the objective to improve the collaboration with partners. A technical working was set up and at the end of Q1, a joint action plan with PTF and partners was developed. With the support of the SPS Technical Advisor and WHO, PTF had organized the revision of the National List of Essential Medicines (NLEM) through a workshop held from December 22nd to 23rd at la Palisse Hotel Nyandungu. The workshop was attended by 34 representatives of the following institutions: CHUK, BUFMAR, GAHANGA HC, NRL, RAMA, PNILT, SCMS, UNR, King FAYCAL Hospital, KIBUNGO DH, BIRYOGO HC, NDERA DH, MMI health insurance, DELIVER and KABGAYI DH. PTF had organized also a workshop from December 29th to 31st on the revision of the draft of the National Pharmaceutical Policy with the support of SPS and WHO. The workshop was attended by 33 representatives of the following institutions: NYAMAGABE, HUYE, GICUMBI and KARONGI district pharmacies; UNR, LABOPHAR, RAMA, Rwandan Bureau of Standard, CNLS, MINECOFIN, PNILP, PNILT, TRAC, UPDC, DELIVER, SCMS, NDERA DH. SPS worked together with PTF to support the National University of Rwanda in a successful training on Pharmaceutical Management and Rational Use of Medicines for Pharmaceutical Students held in BUTARE from October 13th to 17th, 2008. Twenty four students in pharmacy were trained. During COP07, SPS had supported PTF to strengthen district pharmacy by the rehabilitation and

equipment of 5 district pharmacies and by capacitating the district pharmacists using the Monitoring Training Planning (MTP) approach. In this line during Q1, 3 of the 5 district pharmacies building have reached over 80% completion: HUYE, NYAMASHEKE and NYARUGENGE. Reception provisoire of those buildings have been done with the district authorities and the equipment has been shipped in the 3 district pharmacies. SPS supported PTF to organize the fifth session of MTP (Monitoring, Training and Planning) with the 8 district pharmacists supported by SPS during COP06 and COP07 on October 24th and 24th, 2008. The theme was "Feed back". As SCMS will be supporting the district pharmacies in COP08 with the implementation of active distribution, SPS had worked closely with SCMS to initiate a forum for discussion between SCMS and the 8 district pharmacies during the MTP session. SCMS will continue to support PTF to conduct MTP sessions. SPS had also supported the MOH and PTF to finalized the 7th CPDS (Coordinated Procurement and Distribution System) quantification for HIV program (ARV, OI, Lab commodities); the Resource Management Committee of the CPDS organized a meeting on December 23rd with all donors to agree on the quantification results for ARV, OIs and Labs commodities needed for the ART and PMTCT program. Donors had approved the results and committed themselves for the 7th CPDS procurement. During Q1, SPS had supported PTF to revise the document of the National Pharmaceutical Policy which is a must for the establishment of the National Medicines Committee (NMC).

**Barriers to Progress:** The National Pharmaceutical policy document not yet approved by the MOH.

**Next Steps:**

- Finalization of the National Pharmaceutical Policy (NPP) and development of its strategic plan.
- Finalization of the National Medicines Essential List (NMEL) with the comments from the workshops.
- Consensus workshop to approve the revised documents (NPP, NMEL) will be organized in collaboration with WHO.
- Dissemination of the NPP after approval by the Ministry of Health.
- Reception provisoire of the building of KIREHE and BURERA district pharmacies and shipment of the equipment.
- Approval of the final document of the National Pharmaceutical Policy by the Ministry of Health
- Development of TOR of the NMC.
- Assessment of the current curriculum;
- Set up a TWG to revise the existing curricula
- Approval of the final document of the National Pharmaceutical Policy by the Ministry of Health
- Development of TOR of the NMC.

**Activity Title:** Support MOH/PTF to improve rational use of medicines and dispensing practices at site level

**Activity Manager:** Morris, Mark **Activity #:** 3 **Task:** LFRW08HIP **Subtask:** 60EXH3

**Activity Description:** SPS will consolidate and expand DTCs to 12 hospitals. DTC activities include the evaluation of how medicines are used in the hospital, to identify areas of improvement, to establish protocols for the utilization of medicines, to conduct trainings when needed, etc. The establishment of the National Medicines Committee (NMC) will be very helpful to have a reference at national level for the DTCs established at the hospital level. During COP08, SPS will continue to support the established DTCs by providing technical advice to the members and assisting in the implementation of the annual plans they develop. SPS will also facilitate the exchange of information, activities, and knowledge between DTCs and with the NMC (when established) in quarterly meetings. SPS will utilize public educational forums and the media in general to raise awareness of RMU. SPS will participate in the HIV/AIDS and Malaria day events with topics related to RMU. Once a month SPS will publish in newspapers an article related to different topics on RMU for the general public. The articles will be based upon specific topics and recommendations given for HIV positive patients. In addition, once a quarter SPS will participate in radio programs on topics related to RMU. SPS will conduct the INRUD adherence research study. The proposal for the research has already been approved by the CNLS ethical committee and it is an

activity developed in collaboration with TRAC Plus and INRUD. At the end of COP08, the research will allow everyone to know if adherence can be improved through performance-based financing with integration of adherence-related indicators at the pharmacy or if adherence improves when pharmacy services are linked with social services. SPS will further participate in the Community Health Desk activities related to monitoring treatment compliance at CCM, and RMU training of CHWs. SPS has participated with malaria funds on FY07 in an evaluation of CCM in the country, and has also participated in training CHWs to manage an integrated package of 12 medicines. SPS has also contributed to the revision of the training materials developed for CHWs. During COP08, SPS will make some staff available, to the extent possible, to participate in other trainings and will provide advice to the Community Health Desk on pharmaceutical issues. However, funds under PEPFAR will not allow SPS to take in charge the expenses of the trainings, or to conduct supervision visits.

**Budget:** \$224,179.00

**Start Date:** Oct/2008      **End Date:** Sep/2009

**Products Planned:**

Articles and public announcements on RMU; SOPs and training manual for dispensing practices; revised supervision checklist and revised curricula on RMU and dispensing practices; report of assessment on the readiness of selected private pharmacies to introduce pharmaceutical care; report on the training of selected private pharmacies on pharmaceutical care

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**Reporting Period:**

**Year:** Project Year 2      **Quarter:** Q1

**Activity Progress:**

A draft outline on the training module for good dispensing practices in public and private sector pharmacies was developed and shared with the PTF for comments. From December 4t to 5, SPS supported the medical store BUFMAR to conduct a training of faith-based health facilities where SPS facilitated two sessions on RMU and pharmacovigilance. Twenty-two nurses were trained. In collaboration with the PTF, an article on The Role of the Health System (Prescribers, Dispensers, Patients and Community) in the Rational Use of Medicines was published in Imvaho Nshya newspaper the week of October 27 and in La Nouvelle RELEVE during the first week of November. A show on RMU was broadcast in the national Rwanda radio and contact FM on Oct 25. On the World AIDS day December 1st, SPS organized a forum on Adherence of patients to ARV treatment on Radio Rwanda and Contact FM. With the PTF, SPS conducted two consecutive training on the roles of Drug Therapeutics Committees (DTCs): from December 15th to 16th where 28 participants from 17 district hospitals were trained, and from December 17th to 18th where 31 participants from 19 district hospitals were trained. Participants included clinical director and manager of hospitals pharmacies. During the trainings, 12 hospitals that had already implemented DTCs shared experiences and lessons learned with others. As a result of the trainings, SPS and PTF had helped the 12 existing DTCs to develop their action plan for the year 2009. Draft action plans were produced. With TRAC Plus, the baseline ARV adherence study research has been conducted in 12 selected ART sites (Mugina, Ruhango, Kivumu, Rilima, Gahanga, Kinihira Health centers and, Cor Unum clinic, Kibagabaga, Kiziguro, Gahini, Nemba, Rutongo District hospitals. Prior to data collection, data collectors had received training on the tools to be used. Data collected were gathered and analyzed, and will be used as baseline before the intervention is implemented. Data collectors were physicians (for quantitative data) and social workers (for interviews). A tool for tracking patient on ARV appointment was drafted also. An outline on the adherence training planned for January 09 was developed. One SPS staff and one representative from TRAC Plus attend a meeting from Nov 3rd to 6th in Addis Abeba organized by the International Network on Rational Use of Drug (INRUD) to present the pilot study of strategies to achieve optimal adherence to ART, the Rwandan case during the 10th

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pharmaceutical day organized by the Rwanda Pharmacy Students Association in October 10th, SPS participated in providing a presentation on The role of the pharmaceutical students and pharmacists in improving the service to the community in collaboration with other health care professionals In collaboration with BASICS and the community health desk, SPS staff has participated in the development of a supervision checklist to supervise CHWs training sessions. A TOT on integrated CCM was organized at the central level in Kigali for 5 districts (Gisagara, Ngoma, Nyamasheke, Nyaruguru, and Nyamagabe) on the invitation of the Expanded Impact Project (EIP). SPS participated in this training to provide RMU components. SPS met several time with the Community Health Desk and EIP to plan next steps for the finalization of the trainings sessions of CHWs. From November 12 to 14, SPS participated with EIP project on the supervision of the training of the Community Health Workers in the Kirehe district. From December 12 to 19, SPS participated in a TOT at the Gisagara district level. Nurses from different health centers of the district were trained to train CHWs. From November 24 to 28, together with BASICS and EIP, SPS participated in supporting the Community Health Desk on the revision of the CCM guideline and tools. The team then conducted a testing of the revised documents in Gisagara district. The tools revised included Fiche individuelle, fiche de reference contre, Registre de consultation, Fiche de stock, and Fiche de rapport mensuel; the facilitator guidelines were also revised.

**Next Steps:**

Develop a training module on good dispensing practices based on the assessment findings. Publish an article on the importance of using the National Essential Medicines List, National Formulary, and STGs in the February 2009 Imvaho Nshya and The New Times newspapers. Assist the PTF to participate in targeted DTCs' quarterly monitoring meetings. Develop and finalize the training materials on tracking patients on ARV appointments. Conduct training at 12 ART sites. Elaborate on performance contract for selected ART sites to measure the intervention of following patients on ARV treatment. Develop a performance evaluation tool. SPS will participate in the TOT on integrated CCM which will be organized for Ngoma, Nyaruguru, Nyamagabe and Nyamasheke districts.

**Activity Title:** Assist the MOH to implement a Pharmacovigilance/Adverse Drug Reaction (ADR) Notification System

**Activity Manager:** Morris, Mark **Activity #:** 4 **Task:** LFRW08HIP **Subtask:** 60B2H4

**Activity Description:** During this year of implementation, the country's priority is to have an ADR notification system in place. The following activities will be implemented— establishment of an accredited National Center for Pharmacovigilance (NCPV) in compliance with the requirements established the WHO. This center of pharmacovigilance will be located at the PTF, but will regroup clinical and pharmacy specialists. The NCPV will be the technical arm of the pharmacovigilance system as part of the National Medicines Committee. There are institutional requirements, such the MoH officially recognizing this center, having tested the ADR notification forms in a number of places, receiving a number of notifications accurately completed, and demonstrating the capacity to evaluate the forms. SOPs will be developed to facilitate quality reporting on ADRs. Protocols will be developed for prevention and prompt identification of ADRs, toxicities, and drug interactions for chronic patients, and especially for patients receiving ARVs, prophylaxis for OIs, and TB treatment. Monitor and supervise the implementation of ADR notification system in selected sites (mainly in Kigali). SPS has under MOP08 additional funds for PV that will be used to train and implement the ADR forms in selected facilities.

**Budget:** \$113,994.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** TOR for national center for pharmacovigilance (NCPV) developed and integrated into the NMC; formal application sent to UMC (Uppsala Monitoring Center) through WHO and 20 eligible reports registered

<b>Reporting Period:</b>	<b>Year:</b> Project Year 2 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	SPS supported PTF, PNILP, TRAC Plus, and the PV committee in bringing in an SPS Country Program Manager and coordinator of PV activities from SPS headquarters to push PV activities in Rwanda. The SPS manager spent three days with SPS local staff and staff from PTF and TRAC Plus to provide guidance in adapting PV training curriculum to the Rwandan context, to plan the cascade training process for pharmacy and medical staff of the Rwandan health system, to raise awareness for the need of PV, and to provide guidance for implementing the newly developed ADR notification system. Outlines were developed for drafts of the training curriculum and PV guidelines on the ADR system which describe how the reporting system will be organized. An outline of the preliminary plan for the cascade trainings has been developed. SPS worked closely with PTF to then develop drafts of the training curriculum and PV guidelines. These drafts along with a memo to be shared with the Ministry authorities on establishing the national PV committee were produced and ready to share with SPS HQ for comments. SPS held a meeting with TRAC Plus, PTF, USAID, and CDC to share discussion and orientation on active surveillance objectives, methods and experiences of others countries. PTF, PNILP, and PTF with WHO organized a meeting to discuss on the need for implementing the PV system in all 30 districts through trainings. The SPS 08 budget will allow establishing the national PV system and implementation in only 10 districts, PTF and PNILP will organize the next quarter a meeting to revised the training strategy according to additional available resources.
<b>Next Steps:</b>	PV guidelines finalized and approved by the MoH. Training module developed. Organized a meeting with PTF, PNILP and others partners like WHO and GF in PV to define appropriate training strategy for the implementation of the PV system. Each of the Public Health Program (TRAC, PNILP, and PNILT) will work with SPS under the lead of PTF to identify the monitoring objectives for active surveillance for each PHP and the monitoring method. The training plan on the implementation of the PV system will depend on the SPS, PNILP, PTF and others partners like WHO, and on Global Fund meeting results. There are plans to organize a TOT of 15 persons at central level late in March 2009. Therefore, the monitoring visits to evaluate the system will occur just after trainings at central and district level.

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## ***Rwanda-PMI***

**Workplan:** Rwanda PMI **Year** 08

**Funding Level:** \$100,000.00

### **Workplan Background**

As one of the highest malaria-burdened countries in sub-Saharan Africa, Rwanda was selected by the USG in May 2005 to benefit from the President's Malaria Initiative (PMI). The overall five-year \$1.2 billion initiative intends to rapidly scale up malaria prevention and treatment interventions with the goal of reducing malaria-related mortality by 50 percent with 85 percent coverage of at-risk groups with four key interventions: (1) ACT, (2) intermittent preventive treatment (IPT) for malaria in pregnancy, (3) insecticide-treated mosquito nets (ITNs), and (4) indoor residual spraying with insecticides (IRS) (MOP 07). While Rwanda, like most developing countries, is benefiting from the availability and accessibility of new drugs and easy pharmaceutical formulations (FDCs) for the treatment of HIV/AIDS and malaria, the lack of experience in the massive use of these products creates concerns about drug safety, and highlights the need to identify and evaluate ADRs to better understand possible risks and improve treatment protocols.

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As a result of the current situation in Rwanda, there is an absolute need for the implementation of a pharmacovigilance system. According to WHO (2002), pharmacovigilance is the science and activities relating to the detection, assessment, understanding, and prevention of adverse effects or any other drug-related problems. In many countries, national drug authorities are responsible of ensuring the quality, safety, and efficacy of the medicines consumed in the public and private sectors, through interventions such as registration of medicines, quality control testing, and pharmacovigilance. Although there is on-going process for the establishment of a National Drug Authority (NDA), it has not yet been implemented. Despite the fact that Rwanda does not have a NDA or experience in pharmacovigilance interventions, the PMI under MOP07 in collaboration with other donors (PEPFAR and Global Fund) offered the possibility to start the implementation of a PV system in Rwanda, which will be hosted by the Pharmacy Task Force. To date, SPS has assisted the Pharmacy Task Force, the National Malaria Control Program, and other counterparts with the development of a national plan for PV in FY07. SPS facilitated this process in close collaboration with CDC and the MoH of Health. During MOP08, implementation period, the priority of Rwanda is to have an ADR notification system in place.

**Activity Title:** Preparation/adaptation of Training Materials for ADR

**Activity Manager:** Morris, Mark **Activity #:** 2 **Task:** LFRW08HIP **Subtask:** 60AXE2

**Activity Description:** Critical to the implementation of the ADR reporting system is the need to ensure the appropriate preparation and adaptation of existing training materials on ADR. SPS Rwanda has procured the technical assistance of SPS headquarters to conceptualize and implement pharmacovigilance activities. Currently, SPS headquarters is coordinating the development of training materials on pharmacovigilance that can be adapted to address the needs of different countries. SPS Rwanda will benefit from such technical assistance and support through on-going communication with consultants from SPS headquarters. The SPS Rwanda team will receive guidance to facilitate the adaptation of the pharmacovigilance training curriculum which will reflect Rwandan context.

**Budget:** \$19,271.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Standardized set of training materials adapted to the Rwandan context

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** Prior to the implementation of PV trainings, a national system should be established for reporting ADRs. In this regard, SPS Rwanda had received also funds under COP08 to develop a PV system in Rwanda. Last May 2008, SPS supported the MoH Pharmacy Task Force by bringing in a consultant who did a preliminary assessment for the establishment of a national system. A workshop was conducted in May 2008 where the consultant shared with all public health programs, such as vaccination, HIV, malaria, TB, National Laboratory, and University, the framework of PV system in other countries and recommendation were made for the establishment of Rwanda PV system. As a result of this workshop, a national PV committee were established. Follow-up recommendations from May 2008 workshop. In October 2008, SPS HQ program manager came to support developing documents together with the PV committee, including drafts of the PV training curriculum, the PV guidelines, and preliminary draft of the cascade trainings. SPS also Initiated discussions with public health programs on active surveillance activities and gave orientation. In late December 2008, SPS supported the PV committee to finalize a draft of the Rwanda PV guidelines and the PV training curriculum. During the first quarter, SPS continue also reviewing the MOP 08 work plan by including PNILP comments. SPS had also organized meeting with PTF, PNILP, and WHO on the organizing PV trainings. A training strategy was initially proposed by SPS to the group.

**Barriers to Progress:** The workplan format template developed by PNILP for MOP08 seemed to be inappropriate for the information requested by the program. Therefore, the process for the approval of the MOP08 has been hampered by that. PTF

requested that the PV trainings should be implemented in the all the country's 30 districts. SPS highlighted that the fund for 08 will allow for training in 10 districts only and just at the district level. PTF and PNILP requested that SPS wait until they identify additional resources needed to fully cover 30 districts.

**Next Steps:**

Follow up with PNILP and USAID on the official approval of the SPS MOP 08 plan and finalization of the Rwanda PV guidelines. Detailed training plan finalized once strategy agreed on with PTF and PNILP. Elaboration of a draft memo to submit to the MoH authorities about setting up the PV system in Rwanda Plan for a PV partners meeting with PTF, PNILP, and WHO to agree on the numbers of district the implementation of PV activities will cover according to available funds and resources.

**Activity Title:** Conducting TOT

**Activity Manager:** Morris, Mark **Activity #:** 3 **Task:** LFRW08HIP **Subtask:** 60F9M3

**Activity Description:** Some of the training activities will involve but are not restricted to the following ones: correct use of ADR cards, and knowledge of the reporting system that will be put in place. Trainers of provincial and district level will then start a cascade training targeting health facilities at all levels, with focus on doctors, prescribers, nurses, and pharmacy staff (whether pharmacists or nurses). The objectives of this training will be to understand the reporting system for ADR or for other problems related to drug use.

**Budget:** \$39,904.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Training report & training materials

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Planned for March 2009.

**Barriers to Progress:** Consistent agreement among partners: PNILP, WHO, PTF and SPS. Availability of concerned parties to plan and implement activity.

**Next Steps:** During the reporting period, SPS to schedule and facilitate meetings with all relevant stakeholders and begin to move the process forward.

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## Senegal

### *Senegal-PMI*

**Workplan:** Senegal PMI    **Year** 08

**Funding Level:** \$252,214.00

#### **Workplan Background**

According to the Senegal national malaria control program (NMCP), in 2007, one million cases of malaria were reported and malaria accounted for 22 percent of all outpatient consultations in the public health system. This is a reduction from previous years where malaria accounted for roughly a third of outpatient consultations in public sector facilities. In 2005 Senegal followed WHO recommendations and adopted an artemisinin-based combination therapy (ACT) as the first-line treatment for uncomplicated malaria. Senegal is currently implementing their ACT policy with support from different funding mechanisms such as the Global Fund and the President's Malaria Initiative. During periodic supervision visits to regional and district stores, health centers, posts, and huts in recent years, SPS has identified the following major pharmaceutical management issues: the limited availability and inappropriate use of stock and inventory management tools, the lack of collaboration and exchange of information between the pharmaceutical distribution system and the public health system, inappropriate quantification methods, lack of distribution plan for antimalarials and other commodities, and inappropriate use of ACTs based on rapid diagnostic test (RDT) results.

**Activity Title:** Pharmaceutical Management Training at District level for Health Center and Health Post staff responsible for mgt. of medicines

**Activity Manager:** Webb, Kathy    **Activity #:** 2    **Task:** LFSN08PMI    **Subtask:** 60AXM2

**Activity Description:** This activity involves capacity building in pharmaceutical management for health center, health post, and TB treatment center staff responsible for managing and dispensing medicines. This training will rely upon regional trainers trained in August 2008 and will address the management of both antimalarial and anti-TB medicines and will be carried out in approximately 17 districts in 3 regions.

**Budget:** \$58,334.00    **Start Date:** Jan/2007    **End Date:** Jan/2007

**Products Planned:** Training reports and participant lists.

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** SPS participated in a meeting held at the WHO office Oct. 6-10, 2008, to review available pharmaceutical management training materials. The goal of this meeting was to review the existing training materials to select the components and tools to use during an upcoming NMCP training for regional medical stores pharmacists, hospital pharmacists, and district pharmacists. The MoH Pharmaceutical Affairs advisor, the PNA, the DPL, and the NMCP participated in this meeting along with MSH and WHO. This meeting also served to develop the TORs for the NMCP planned training as well as the training agenda and the logistics. MSH/SPS participated in the facilitation of the training sessions organized by the NMCP targeted for regional medical stores, hospital, and district pharmacists that were held Oct. 21-24 and 28-31, 2008. A total of 30 pharmacists from across the country (10 PRA, 16 hospital, and 4 district [Dakar region only]) participated in this training which was split into two sessions. The training included discussion of medicines selection, quantification, procurement and ordering, the distribution system, good warehousing/storage practices, inventory control, dispensing, rational use, and monitoring and evaluation. One of the main goals of the NMCP in organizing this training was to encourage exchange between the pharmacists working in the different health system levels

and geographic areas of the country. Although the group was split into two sessions, this was still a unique opportunity for the pharmacists working in these different levels and from across the country to share experiences related to the management of medicines with a particular focus on antimalarial and anti-TB medicines.

**Next Steps:** Organize trainings in pharmaceutical management for health center and health post staff responsible for managing medicines in Louga region. The regional pharmacist (PRA) is working on a schedule with area districts for the training sessions. Continue to work with regional medical store pharmacists, hospital pharmacy agents, and district pharmacy staff to strengthen their capacity for appropriate management of antimalarial and anti-TB medicines, including collecting and reporting relevant pharmaceutical management data to the appropriate persons.

**Activity Title:** Supervision on management of medicines in public health depots and facilities

**Activity Manager:** Webb, Kathy **Activity #:** 3 **Task:** LFSN08PMI **Subtask:** 60CXH3

**Activity Description:** To ensure that the data presented and reported are accurate and reliable and that medicines are being appropriately managed at the lower level, SPS plans to carry out supervision visits in a sample of health facilities each quarter. These supervision visits will focus on pharmaceutical management issues and will target regional medical stores, district stores, and health center and health post dispensing pharmacies. These supervision visits will also be used to collect data on key PMI pharmaceutical management indicators identified and requested by PMI Washington (End User Verification).

**Budget:** \$75,454.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

**Products Planned:** Supervision reports, data on PMI end user verification indicators are available.

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS participated in the most recent NMCP quarterly review meeting for the North axe which was held in Louga, December 17-18, 2008. During this review meeting, the general observation was that there was an improvement in the use of ACTs with respect to positive RDT results. However, the use rate of ACTs remains somewhat high compared to the number of positive RDTs for the group of health districts in the North axe (138 percent). The other element that should be improved is the community-level data which, in some cases, are included with the health post data while other districts report the two data sets separately. Clearly, many of these inconsistencies could be improved or resolved through targeted supervision.

**Next Steps:** Participate in the subsequent review committee meeting at the central level and the next NMCP quarterly review meeting.

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## **Senegal TB**

**Workplan:** Senegal TB **Year** 08

**Funding Level:** \$47,990.00

### **Workplan Background**

Although it is not considered one of the TB high-burden countries, TB remains a public health threat in Senegal. In 2006, WHO estimated that in Senegal, the incidence rate for positive microscopic-tested tuberculosis cases was 121 per 100,000 inhabitants, which is an increase over the 2004 estimates of 110 per 100,000 inhabitants. In 1994, Senegal adopted WHO's DOTS strategy that is being implemented in 68 diagnosis and treatment centers throughout the country. Yet, the case detection rate is still very low (56 percent in 2004). In 2006, the treatment success rate for TB cases registered in five regions

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supported by USAID was 72 percent. Also, according to sentinel surveillance, the morbidity rate for patients with HIV-tuberculosis co-infection is high at 15 percent. In 2007, the National Tuberculosis Control Program (NTP) adopted a new therapeutic approach effectively reducing the treatment period from 8 to 6 months. This change was coupled with the introduction of FDCs to improve patient adherence. The NTPs goal is to contribute to reducing the morbidity and mortality rates resulting from tuberculosis in an environment marked by poverty and the TB/HIV co-infection. The expected impact is the reduction by 2015 of the tuberculosis incidence by achieving a case detection rate of 70 percent and a treatment success rate of 85 percent.

**Activity Title:** Pharmaceutical Management Training at District level for Health Center and Health Post staff responsible for management of medicines

**Activity Manager:** Webb, Kathy **Activity #:** 2 **Task:** LFSN08TBX **Subtask:** 60AXM2

**Activity Description:** This training will rely upon regional trainers trained in August 2008 and will address the management of both antimalarial and anti-TB medicines. It will be carried out in approximately 17 districts in 3 regions (Thies, Kaolack, and Louga) and will target approximately 262 health center and health post staff responsible for managing medicines in their facilities.

**Budget:** \$3,092.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

**Products Planned:** Training reports and participant lists.

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS participated in the facilitation of the training sessions organized by the NMCP targeted for regional medical stores pharmacists, hospital and district pharmacists that were held on Oct. 21-24 and 28-31, 2008. A total of 30 pharmacists from across the country (10 PRA, 16 hospital, and 4 district [Dakar region only]) participated in this training which was split into two sessions. The training included discussion of medicines selection, quantification, procurement ordering, the distribution system, good warehousing/storage practices, inventory control, dispensing, rational use and monitoring and evaluation. One of the main goals of the NMCP in organizing this training was to encourage exchange between the pharmacists working in the different health system levels and geographic areas of the country. Although the group was split into two sessions, this was still a unique opportunity for the pharmacists working in these different levels and from across the country to share experiences related to the management of medicines with a particular focus on antimalarial and anti-TB medicines.

**Next Steps:** Organize trainings on pharmaceutical management for health center and health post staff responsible for managing medicines in Louga region. The regional pharmacist is working on a schedule with districts in this area for the training sessions. Continue to work with regional medical store pharmacists, hospital pharmacy agents and district pharmacy staff to strengthen their capacity for appropriate management of antimalarial and anti-TB medicines, including collecting and reporting appropriate pharmaceutical management data to the appropriate persons.

**Activity Title:** Supervision on management of medicines in public health depots and facilities

**Activity Manager:** Webb, Kathy **Activity #:** 3 **Task:** LFSN08TBX **Subtask:** 60CXH3

**Activity Description:** Under this activity, SPS will continue to participate in these quarterly review meetings in collaboration with USAID and its cooperating agencies as well as other MoH partners involved in malaria control activities. SPS will also engage a consultant for a week following each quarterly meeting to assist the NMCP staff responsible for compilation of district data to facilitate analysis, review, and sharing with interested parties. SPS will support the NTP during their periodic supervisions of TB treatment centers (a sample) to observe and correct, as needed, any identified TB medicines management problems. These supervision visits will focus on pharmaceutical management issues and will target regional medical stores, district stores, health center and health post dispensing

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pharmacies. SPS will also participate in the NTP's biannual review meetings.  
**Budget:** \$10,001.00    **Start Date:** Jan/2007    **End Date:** Jan/2007  
**Products Planned:** Supervision reports, data on PMI end user verification indicators are available.

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Activity Progress:**    No progress.  
**Barriers to Progress:** Unfortunately, SPS was unable to participate in the NTP biannual review because of late notification from the NTP and a conflict with other MSH activities in Senegal (pharmaceutical management trainings under the Global Fund project).  
**Next Steps:** Obtain information on the next planned NTP review well in advance to schedule other technical activities so that SPS can participate in the review meeting. Plan and carry out supervision visits in a sample of health facilities already trained on pharmaceutical management to follow up on implementation of concepts learned during the training and provide on-the-job reinforcement of pharmaceutical management issues or identified problems.

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## South Africa-PEPFAR

**Workplan:** South Africa PEPFAR    **Year** 07

**Funding Level:** \$3,600,000.00

### Workplan Background

Africa's AIDS epidemic is one of the worst in the world. It is a generalized epidemic, affecting all segments of society. The country is one of the PEPFAR's 15 focus countries, which collectively represent approximately 50 percent of HIV infections worldwide. Within the past 10 years, HIV infection rates among pregnant women in prenatal clinics in South Africa grew from less than 1 percent (1990) to nearly 25 percent (2001). [USAID. HIV/AIDS Country Profile, 2003] According to the UNAIDS report on the global AIDS epidemic (2006), national HIV/AIDS prevalence among adults (ages 15-49) was at 18.8 percent; adults and children (ages 0-49) living with HIV at the end of 2005 was 5.5 million and the number of individuals receiving ART as of September 30, 2007, reached 329,000. AIDS and STI Strategic Plan for South Africa 2007-2011 flows from the National Strategic Plan (NSP) of 2000-2005 and the Operational Plan for Comprehensive HIV and AIDS Care, Management, and Treatment. The plan identifies a range of interventions to address HIV/AIDS, including the scale-up of provision of ART. Through PEPFAR, the USG supports implementation of the South African's government strategic plan and works with more than 300 diverse partners to provide such support.

Over the next few years, South Africa will greatly increase the entire spectrum of HIV/AIDS interventions. The health system response must continue to scale up to provide ART for additional patients, and also must cope with long-term support for the increasing numbers of patients already on ART. [USAID. PEPFAR 2008 South Africa Country Profile] The national program is guided by the NSP. The delivery of pharmaceutical services is one of the key components of this plan. In previous years, as a key partner to PEPFAR and with funding through USAID, the RPM Plus program managed by MSH provided technical assistance to the Government of South Africa in pharmaceutical management. During FY08 (with FY 07 funding), technical assistance will continue to be provided through the new MSH SPS Program, the follow-on to RPM Plus. Under this plan, SPS will continue to focus on strengthening the national, provincial, and local pharmaceutical departments ensuring adequate support to the NSP.

This focus directly addresses the fact that the effectiveness of commodity management systems determines the success or failure of many public health programs. Unless essential quality commodities are available in the right quantities, where and when needed, and are used correctly, the objectives of providing quality care for the treatment and prevention of HIV/AIDS cannot be met. SPS will continue to build on MSH experience and the lessons learned under RPM Plus. The program will coordinate and collaborate with the National Department of Health (NDOH), specifically the Pharmaceutical Policy and Planning Cluster, the HIV/AIDS and Quality Assurance Directorates, and the National Tuberculosis Program (NTP). SPS will also collaborate with USAID and local partners to address key pharmaceutical priority areas at the national and provincial levels, with the aim of improving access to and use of health commodities for the treatment and care of those affected by HIV/AIDS. Memoranda of understanding will be put in place with each of the different local implementing partners, including the national and provincial departments of health, delineating key areas of collaboration and technical assistance.

**Activity Title:** Technical Activity Coordination

**Activity Manager:** Saleeb, Sameh    **Activity #:** 1    **Task:** LF ZA07HIP    **Subtask:** 97XXY1

**Activity Description:** This activity includes technical activity coordination, workplan development and implementation monitoring, routine M&E activities, budget and progress monitoring, reporting, meetings, and communications with PEPFAR partners and collaborators.

**Budget:** \$420,000.00    **Start Date:** Apr/2008    **End Date:** Mar/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** A regional staff meeting for staff from the Swaziland, Lesotho, and South Africa offices was held on October 16-18, 2008. Staff meetings for the South Africa office were held on November 21 and December 12, 2008. The MOU between SPS and the Western Cape has been signed. Prioritized TA needs and the training schedule for 2009 have been finalized and attached to the MOU (to be reviewed quarterly). Coaching and mentoring of head office staff in the province is working to achieve pharmacy services objectives and ownership of results. A strategic planning session for SPS activities in the Free State took place on November 6 and the provincial workplan for 2009 was finalized. In the Northern Cape, a draft plan of activities has been finalized. There was follow up for the signing of the MOU and comments have been received from the legal department of the province. In the North West, the draft training schedule for 2009 has been circulated to all district pharmacists for input and finalization with meetings being held with three of the four district pharmacists to discuss activities within each district. District pharmacists appreciated the presence of the provincial SPS coordinator and are involving the representative at all times. In Limpopo, the activities identified by the Limpopo delegation to the SPS launch were distributed to the district pharmacists. Each activity was discussed, and prioritized for the next year. The Eastern Cape Department of Health NGO Pharmaceutical Forum meeting hosted by SPS was held on 03/04 December 3-4, 2008. The calendar for 2009 was finalized. A joint presentation was made on December 4 by SCMS and SPS to the Mpumalanga Department of Health on potential collaboration between SPS, SCMS, and PHD to provide TA to strengthen the existing supply chain management systems at the Mpumalanga Depot as well as hospitals and clinics in the province. The expertise of the three organizations/projects complement each other and together provide a comprehensive drug supply management solution from the depot right down to facility level. The HOD indicated that the Pharmaceutical Services director will be the driver of the project from the province and will put together a task team in the new year to finalize the TORs for the project, and also be responsible to make sure that an MOU is in place.

**Activity Title:** Provide support to the PMTCT program both at the provincial and national levels

**Activity Manager:** Saleeb, Sameh **Activity #:** 2 **Task:** LF ZA07HIP **Subtask:** 60F8H2

**Activity Description:** Under this year funding, SPS will continue to support the NDOH Essential Drugs List Committee in reviewing PMTCT drug(s) of choice and Standard Treatment Guidelines (STGs); and the Medicine Control Council in addressing related regulatory issues. The activity will also address the review/development of training modules to include new PMTCT STG's. Under this plan, SPS will assist provinces and local government in using the tool to identify strengths and limitations of PMTCT services, with focus on the management of nevirapine donations, availability of co-trimoxazole, infant formula and rapid HIV test kits. It will support the implementation of PMTCT regimen change and will highlight integration of PMTCT commodities in the provincial supply chain. The role of pharmacy personnel in supporting PMTCT services will be ascertained and addressed. At the request of the NDOH, these assessments will be conducted in selected provinces. SPS also plans to conduct one national workshop for PMTCT program managers as well as provincial workshops for pharmacists, pharmacists' assistants and nurses to address issues identified during the assessment of PMTCT services.

**Budget:** \$270,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** A presentation was made on the pilot assessment of PMTCT sites conducted in the Ekurhuleni District in Gauteng at a meeting of the Strategic Co-coordinating Committee held in Pretoria on 28 October 2008. The presentation focused on

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the development and use of the site assessment tool as well as on the findings of the assessment. The ensuing discussions were very useful and highlighted current challenges being faced in the delivery of PMTCT services.

**Next Steps:** As a follow-up, MSH/SPS has been requested to present the tool and the findings of the assessment to USAID at a brown bag lunch next year.

**Activity Title:** Strengthen the capacity of pharmacy personnel in the area of medicine supply management including quantification for HIV/TB

**Activity Manager:** Saleeb, Sameh **Activity #:** 3 **Task:** LF ZA07HIP **Subtask:** 60F3E4

**Activity Description:** However the course, mentioned in the background, was reviewed before the start of the ARV program, therefore, SPS will include topics related to the treatment of TB patients on ART. The training program will cover clinical pharmacology principles and other relevant issues such as: drug-to-drug interactions between rifampicin and different classes of ARVs; immune reconstitution inflammatory syndrome (IRIS); rationale for changing ART regimen in the presence of TB; assessment of tolerance to TB drugs; increased toxicity; adherence to treatment and counseling. One National and 9 Provincial workshops will be conducted for doctors, pharmacists, and nurses involved in the management of the TB program. Meanwhile, A quantification model to forecast the need TB medicines was developed and tested. It was introduced to all provinces during the National quarterly ARV Quantification Forum. The model covers TB, MDR and XDR TB. The model is being accommodated for the change of the TB weekly regimen from 5 to 7 days. Also, the ARV quantification model also allows including treatment for patients with TB/HIV co-morbidity. SPS will train provincial and district pharmacists in the use of morbidity based quantification models for the quantification of ARV and TB medicines using National Standard Treatment Guidelines (STGs).The program will collaborate with the TB-TASC project on some of their training activities; and will also engage in the training of nurses from the University of Fort Hare in the Eastern Cape. A new training module aimed at undergraduate students will also be developed and tested.

**Budget:** \$110,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

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**Reporting Period:** Year: Project Year 2 **Quarter:** Q1

**Activity Progress:** Participated in a TB Integrated primary care meeting where strategies to implement among different partners were discussed. Work commenced on the drafting of new training material based on the most current DSM training material made available by the Arlington, VA, office. Assistance was provided to the global MSH/TB Alliance study, and during this quarter, a further four interviews were completed. This study has now been finalized with a total of 14 interviews being conducted in South Africa.

**Next Steps:** Waiting for official acceptance of the revised version before finalizing the DSM/TB material.

**Activity Title:** Provide TA to target sites to strengthen pharmaceutical services around TB/HIV

**Activity Manager:** Saleeb, Sameh **Activity #:** 4 **Task:** LF ZA07HIP **Subtask:** 60F3H5

**Activity Description:** Under this funding, SPS will provide assistance with queries relating to the legislation affecting provision of pharmaceutical services, including the usage of unregistered medicine for treatment of XDR-TB. The program will also work with the TB directorate to explore opportunities to adapt its adherence tool for antiretroviral treatment measurement for the benefit of TB patients. SPS will directly assist selected institutions, providing TB treatment, to implement adherence monitoring systems for TB patients on ARVs. The assistance will target recognition, treatment, and reporting of adverse drug reactions (ADRs) and medication errors; and to establish quality improvement strategies. The program will also strengthen the referral system for TB patient to access ARVs. In synergy with activity 12 detailed below, SPS will build on the previous

collaboration with the Quality Assurance Department to improve infection control practices addressing TB nosocomial infection. The ICAT, developed by RPM Plus, will be customized to address needs specific to Infection Control for TB. This includes occupational safety for health workers who deal with TB patients. Building on the study initiated at the East London Hospital Complex to assess medication errors and to elucidate the causes of the TB prescribing errors, SPS will develop a set of interventions to address identified gaps. South Africa has a South-to-South agreement with Brazil to collaborate on their TB program. Meanwhile, SPS/Brazil is assisting the S.A. government with the implementation of an electronic TB register. SPS/South Africa will explore opportunities to foster this collaboration.

**Budget:** \$125,000.00    **Start Date:** Apr/2008    **End Date:** Mar/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** With regard to TB/HIV collaboration with the TB Program at national and provincial level, MSH/SPS is currently providing technical assistance to counterparts in the TB program at national and provincial levels in implementing surveillance activities and systems for drug-related morbidity and mortality at MDR and XDR treatment sites. A protocol for the study methodology including data collection, management and assessment has been developed and is in the process of being implemented at selected sites in the various provinces. At least one MDR treatment site in each province has been proposed for inclusion in the study. Sites identified thus far for inclusion in the study are Sizwe Hospital (Gauteng), Klerksdorp-Tshepong Hospital Complex (North West), Nylstroom Hospital (Limpopo), King George Hospital (KZN) and Josie Pearson Hospital (Eastern Cape).

**Activity Title:** Implement Drug Supply and Patient Management computerized systems at facility level and strengthen capacity for the use of pharmaceutical information

**Activity Manager:** Saleeb, Sameh    **Activity #:** 5    **Task:** LF ZA07HIP    **Subtask:** 60C3J7

**Activity Description:** More ART accredited sites and no accredited sites (hospitals, wellness centers) have requested to use the RxSolution system. SPS will provide installation support to these sites and will use appropriate approaches to ensure the adequate support and system maintenance. In the Free State, the government has hired a pharmacist/IT manager to support RxSolution. SPS will support the new staff ensuring their capacity to maintain the tool in the province. Opportunities to link RxSolution to other systems will be explored.

**Budget:** \$550,000.00    **Start Date:** Apr/2008    **End Date:** Mar/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Continued to revise the RxSolution manual, five chapters remains to be done. Fifteen reports for Rustenburg Hospital were developed and are in use. Twelve more reports have been prepared and await approval and also a multi-language function is being implemented. Further work was done on the integration with the Therapy Edge application. The web services that is used to facilitate the integration between the two systems was developed. Also, work was done on the development of the Tender Module system. The design of the database and the prototype screens was completed and testing commenced. The master database for implementation in Ethiopia was completed. In Eastern Cape, one-on-one training was provided for users at Nelson Mandela Academic and Butterworth Hospitals while at CMH Hospital, the system was upgraded to the latest version of RxSolution. The patient database was synchronized with the patient administration system at Stutterheim Hospital. A provincial RxSolution report was prepared and presented at the ECDoH/NGO Forum meeting and was subsequently circulated for comment. A draft MOU on RxSolution between SPS and the North West Province was submitted to the province and a follow-up

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meeting was held. Using the inventory module, six hospitals performed stock-takes and all transactions are now captured on RxSolution. With regard to dispensing module implementation, all prescriptions are done through the system and patients are down-referred to clinics and CHCs. Continuous support and upgrades were done at three sites in Mpumalanga Province. Ermelo was also upgraded. Work continued on the patient system for Tshwane Metro, seven system administrative staffs were trained as super users. Super users can import and export data from the old system as well as install SQL server on user machines. Regular users gave feedback on the current system and constraints were addressed as a result of the training session. Installation at pilot sites took place. The distribution of computers and printers in Free State province is ongoing, pending on the site's progress with implementation and availability of IT support and infrastructure. The system is fully implemented at 7 of the 39 sites. The provincial IT coordinator continues to work with the SPS lead on support. A summary of a plan to introduce RxSolution into the Northern Cape was prepared. As a result, Northern Cape has expressed interest to implement Rx Solution in the new financial year. There is a need to formalize that partnership and develop an implementation plan.

**Barriers to Progress:** In Mpumalanga, network connectivity is still a challenge at Themba and Rob Ferreira Hospitals. Ermelo is still only dispensing referred ARV scripts. In the Eastern Cape, hardware inadequacy and breakages remain a challenge. The North West Province has delayed signing the MOU. The recent report is considered by some to be too complicated for the average user, thus SPS staff need to write the reports. Constant revision of the manual is needed because of changes to the program. Resources in the Free State resources remain a challenge; especially with the staff turnover rate, lack of support from local IT. and lack of space in some pharmacies for the computers.

**Next Steps:** Complete the integration with Therapy Edge. Follow up on signing of MOU in the North West. Follow up with the request for implementation of RxSolution at Oshakati Hospital in Namibia.

**Activity Title:** Update quantification models for HIV/AIDS, STIs, OIs and PEP in accordance to new guidelines and train national and provincial pharmacy and procurement staff in the application thereof

**Activity Manager:** Saleeb, Sameh **Activity #:** 6 **Task:** LF ZA07HIP **Subtask:** 60C1H8

**Activity Description:** SPS will constantly improve and develop new models to estimate and monitor medicine needs using morbidity and consumption data. These models are specifically tailored to the South African National STGs for HIV/AIDS, sexually transmitted infections (STIs), opportunistic infections (OIs), other priority diseases, and post-exposure prophylaxis (PEP). Provincial staff responsible for the submission of provincial estimates, provincial pharmaceutical warehouse managers, and pharmacists responsible for the procurement of ARVs, and medicines used for the treatment of OIs and STIs at the institutional level (hospital, community health center, and district) will be trained. The training will provide an opportunity to establish a national network to discuss and report consumption trends/issues, to maintain a dialogue with representatives from the pharmaceutical industry, and to prepare report for the National Comprehensive Care, Management, and Treatment of HIV/AIDS forum. Training in quantification needs to be an ongoing function, especially in the public sector in South Africa where Community service pharmacists are often in charge of the ARV pharmacy during their year of service, after which they leave the public sector. SPS will also work with the Pharmaceutical Department of the Correctional Services for ARVs quantification.

**Budget:** \$265,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** An update of all quantification tools and the quantification manual was completed. The last Quantification Forum meeting for the year was held; SPS distributed a CD containing all of the quantification tools approved to date, as well as the draft adult treatment guidelines. It was subsequently announced that the guidelines would be revised. A meeting was held with the North West Pharmaceutical Depot to discuss the ARV/TB estimates and implementation of the quantification tool in the province. Reporting on ART and Diflucan Partnership Program estimates and quantification has not been consistent, with delays in reporting from the districts contributing to poor reporting by the province. A proposal was made to train one of the Pharmaceutical Depot administration clerks on quantification.

**Barriers to Progress:** Unfortunately, the CD given to provinces is already outdated due to further changes to the ARV guidelines. National quantification workshops not well attended, partly due to poor communication from the NDOH.

**Next Steps:** Eastern Cape pharmacists need training on Excel and the quantification tools. Latest tool needs to be amended to be in line with new HIV/AIDS guidelines and re-circulated.

**Activity Title:** Provide support to National and Provincial pharmacy staff on monitoring and evaluation of pharmaceutical services (data for decision making and indicators)

**Activity Manager:** Saleeb, Sameh **Activity #:** 7 **Task:** LF ZA07HIP **Subtask:** 60CXM0

**Activity Description:** SPS will continue the training pharmacy personnel in using their data for decision making to ensure that the increasing demand for medicines required for the care and treatment of HIV and AIDS and other related programs is met, and to monitor national medicine supply management indicators. This will also provide an opportunity to strengthen the working relationship between pharmacists and other program managers. Staff members of the Provincial Pharmaceutical Services and the National Pharmaceutical Policy and Planning cluster will be trained.

**Budget:** \$175,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** A M&E workshop for pharmaceutical services was held in the Eastern Cape Province in November (24 participants). In this workshop, monitoring data for pharmaceutical services was evaluated and results framework developed. Work is ongoing to develop indicators. Two lectures on M&E for supply chain management were presented to SADC participants at the University Of Pretoria School Of Public Health. The North West Pharmaceutical Services requested that costing be done for the ART medicines to secure enough funds for the 2009/10 financial year. Data on the number of patients on ART as well as the estimated number of new patients per month is awaited. A draft document outlining criteria against which the performance of the Cape Medical Depot (CMD) in the Western Cape will be measured as well as the matching indicators was finalized and submitted to the province for comment. MSH/SPS is awaiting the go ahead from the CMD to provide assistance in analyzing work processes. Mentoring was provided to the M&E officer from the SPS Kenya, and work commenced on the development of a MERP for SPS Kenya. A meeting was held with the Director of Pharmaceutical Services at the NDOH to discuss the development of national indicators for pharmaceutical services.

**Barriers to Progress:** In the North West, the Comprehensive Care Management and Treatment directorate does not communicate with Pharmaceutical directorate, leading to a conflicting number of patients who are on treatment, which severely affects planning.

**Next Steps:** M&E plan for pharmaceutical services in the Western Cape will continue to be developed, indicators will be agreed upon for use in the province, and the collected data reviewed. Further work will be done on M&E plan for the Eastern



with the national and provincial departments of health and other key stakeholders to refine developed training materials to meet their need. It will further provide trainings to build the capacity on the principles of public health pharmacovigilance and the safety of antiretroviral agents. Doctors, nurses, pharmacists, pharmacy assistants, and laboratory technologists are expected to be trained. SPS will assist and advise HIV/AIDS programs on the planning and implementation of pharmacovigilance surveillance activities and will support scientific research related to key drug safety issues identified in a particular region.

**Budget:** \$160,000.00    **Start Date:** Apr/2008    **End Date:** Mar/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Ongoing support was provided to the pharmacovigilance elective program at NMMU where 15 pre-service pharmacy students completed the elective during this quarter. Conducted three pharmacovigilance training workshops for the Gauteng HAST program, 113 health care personnel (doctors, nurses, pharmacists, and facility managers from ARV sites) from West Rand, Ekurhuleni, and Johannesburg districts attended. A framework for cascading the training to other site personnel as well as for implementing monitoring and reporting systems in the province has been developed and implementation will be overseen by the provincial and regional HAST program in collaboration with SPS. In the Western Cape, a presentation on pharmacovigilance including implementing medicine safety systems in the province was made at the Metro District Health Services conference. SPS was requested to provide further assistance and support for this activity in the province. KwaZulu-Natal Department of Health has requested SPS to provide support for the implementation of focused surveillance activities at ARV sites in the province. This has involved training personnel, implementing ADR monitoring, and reporting activities at 14 selected sentinel surveillance sites. In addition, the province has implemented a cohort event monitoring program at 8 selected ART sites. Support for this program has involved training, implementation of data collection activities, as well as support the establishment of data management systems and framework for data assessment at the provincial level. A total of 280 persons from all 22 sites were trained and follow-up visits were conducted at the cohort sites. Participated in a meeting at the provincial department of health offices in Mpumalanga to discuss pharmacovigilance in the province; the meeting was attended by various role players in the province. Although three sentinel sites were set up in the Mpumalanga province, not much data was being obtained and analyzed. Further discussions with the Pharmaceutical Services Directorate are needed. With regard to the proposed MDR/XDR surveillance at Klerksdorp hospital in North West province, two meetings were held with the district pharmacist and the MDR/XDR unit manager on the possibility of commencing surveillance on TB drugs at the institution. The process of drafting the form and protocol for surveillance was commenced during this quarter with the target date for commencing set for January 2009.

**Next Steps:** Awaiting approval from relevant authorities before beginning surveillance in the North West province. Obtain buy-in from Pharmaceutical Services Directorate in Mpumalanga for pharmacovigilance activities in the province.

**Activity Title:** Strengthen management of HIV/AIDS at facility level through the training of pharmacy personnel and roll-out adherence measuring tools nationwide

**Activity Manager:** Saleeb, Sameh    **Activity #:** 10    **Task:** LF ZA07HIP    **Subtask:** 60EXMC

**Activity Description:** Under this year's funding, these training programs and tools will be implemented on a larger scale by SPS. Clinical staff (doctors, nurses, and pharmacists) will be trained in providing patient education on HIV/AIDS and ART and psychological and social screening of patients to assess readiness for treatment; facilitating

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resolution of barriers to adherence; and adequately referring patients to the PHC level. These efforts will contribute to the overall strengthening of the health system since medication adherence monitoring and support measures are generic tools that may be applied to settings providing treatment for other chronic diseases.

**Budget:** \$310,000.00    **Start Date:** Apr/2008    **End Date:** Mar/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** The national CCMT meeting was held in Kwazulu-Natal where, provinces were urged to update and confirm new patient enrollments and the number of patients on treatment to the NDoH. The second revision of the HIV/AIDS course to incorporate new guidelines commenced. It is anticipated that an advanced course covering pediatrics, new agents, resistance and TB co-infection will be completed by the 2nd quarter of 2009. Training of 24 pharmacists assistants and 6 pharmacists took place in Port Elizabeth, Eastern Cape. This was a collaborative effort between SPS and the Regional Training Centre (RTC) in the province. Fourteen pharmacists and 30 pharmacists assistants were trained in Mpumalanga. A follow up MTP session was held at Evander hospital, 13 of the 14 trained pharmacists attended, a need for improved counseling on medicine use was identified. In Limpopo, 23 pharmacists assistants were trained. In the Western Cape, two follow up site visits took place, 12 persons participated. A report on site visits was submitted to the HIV directorate in the province and MDHS. As a result of these site visits, problems in the quality of service delivery have been identified and the role of MSH/SPS in providing post training assessment and support was realized. Attended the International HIV Vaccine Conference held in Cape Town on 13-15 October 2008. The conference afforded the opportunity to network with all relevant stakeholders in the area of HIV prevention research and also highlighted a number of opportunities for SPS, particularly with regard to the need for strengthening regulatory activities and capacity-building in this area of research. In the Northern Cape follow up visits took place in the Siyanda and Namakwa districts to monitor the use of the adherence tool. The tool is currently in use at Gordonia hospital in Upington and at the clinics in the Namakwa district. In Kwazulu-Natal, the adherence tool was introduced at the eight cohort sites during the pharmacovigilance training. A pre-assessment questionnaire was given to each site; this was used to develop a strategy for on-site training. Training was subsequently conducted at two sites targeting 37 candidates. Ongoing planning for the pilot of the INRUD adherence indicator tool took place.

**Barriers to Progress:** Reluctance from pharmacists to use pharmacist's assistants to their full potential. Although collaboration between MSH/SPS and RTCs, where they exist is a good idea, an MOU should be in place and all parties should know what their individual roles are in such collaboration

**Activity Title:** Support rational drug use at national, provincial, district and institutional level and strengthen evidence based principles for the selection of medicine

**Activity Manager:** Saleeb, Sameh    **Activity #:** 11    **Task:** LF ZA07HIP    **Subtask:** 60BXHE

**Activity Description:** SPS will further build the capacity by training new PTCs at the provincial and institutional level and to carry out trainings as requested by provinces for their individual districts. SPS plans also to provide additional support in the areas identified by the PTCs including assistance in developing and implementing SOPs, formulary development, and selection. The program will also provide ongoing training to PTC staff on basic principles of pharmacoeconomics and the use of evidence-based principles for medicine selection. Meanwhile, the revised edition of the South Africa Adult and Pediatric STGs for the hospital level is being developed. These STGs include new chapters on HIV and AIDS care and treatment. SPS will assist the DOH in reviewing these STGs on an on-going

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basis and in promoting the new STGs through provincial workshops on RMU.  
**Budget:** \$185,000.00    **Start Date:** Apr/2008    **End Date:** Mar/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** An in-house workshop to review the training material was held and it was decided that site visits will form part of the three-day training session but final decisions were not made regarding the MTP training approach. A MTP follow-up workshop was given in the Free State for 11 participants and another was given in Mpulanga province where 15 people attended. A doctor from Mapulaneng Hospital presented his proposed plan to revive the hospital's ailing PTC. It was decided the proposed plans will be implemented with support from SPS and lessons learned in this process would be used to revive PTCs in other hospitals in the province. In Limpopo, 25 people were trained and capacity building within the provincial office continues. In the Northern Cape, follow-up TA was provided to the provincial and Siyanda district PTCs. Ongoing technical assistance and support was provided to the Gauteng Provincial Pharmaceutical Services Directorate and the Provincial PTC in logistics management of ARVs, PMTCT, and TB drugs. Likewise, ongoing TA was provided to provincial PTCs in the Free State and in Kwazulu-Natal. In KZN EBM, economic evaluation of new drugs was done and oncology protocols were presented to the KZN PTC. SPS participated in the Mpumalanga Provincial PTC meeting where the need to set up a Pharmacovigilance unit and collaboration were highlighted. TA was provided to the National EDL program including; compiling a chapter on adherence and chronic care for the PHC EDL; editing of the PHC for printing; and reviewing EBM oncology for the tertiary EDL committee. In the Free State top-up pharmacology lectures for post-basic PAs and Emergency Medical Services personnel were provided in collaboration with Pharmaceutical Services and the University of the Free State in all five districts of the province (127 people trained). The Dept. of Pharmacology developed the materials which were printed by the Pharmaceutical Services. SPS was an External Examiner for pharmacology for final-year pharmacy students at Rhodes University in the Eastern Cape. Four pharmacology lectures were provided to 78 pre-service nursing students at the University of Fort Hare. Two tests were set and evaluated. The final and supplementary examinations were set and assessed.

**Barriers to Progress:** Training organized in Pixley Ka Seme district in the Northern Cape could not take place due to insufficient number of participants

**Next Steps:** In Mpumalanga, SPS will work closely with the MPTC to set up a pharmacovigilance unit. Finalize revision of PTC training materials. Continue with TA to PTCs at a national and provincial level.

**Activity Title:** Support the national infection control program both at the national and provincial levels

**Activity Manager:** Saleeb, Sameh    **Activity #:** 12    **Task:** LF ZA07HIP    **Subtask:** 60E3HF

**Activity Description:** SPS will collaborate with the Quality Assurance Directorate of the NDOH to conduct TOT workshops and to roll out the tool to other new areas. The approach is expected to strengthen multidisciplinary hospital IC committees and implement low-cost interventions. SPS will assist implementing these interventions, as needed, which may include advocacy, promoting IC policies and procedures, developing IC posters and other materials, and training of staff in some IC areas, such as hand hygiene and waste management. In addition, SPS will work with the NDOH to further expand the tool to incorporate newly identified areas for infection control, including a module on TB IC, as indicated under activity 4.

**Budget:** \$105,000.00    **Start Date:** Apr/2008    **End Date:** Mar/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

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**Activity Progress:** A presentation on ICAT was made at the Tshwane IC workshop held in Pretoria on October 9, 2008. The ICAT manual and modules were revised to prepare the South African version. The materials were subsequently submitted to the CPM Editorial department for editing to conform with South African standards (SA ICAT Version). A template for the certificate of attendance for all the TOT sessions was prepared. The Global Health Hand Washing Day held in Atteridgeville to sensitize the community on proper hand hygiene was attended. Follow up with Soul City on the public health hand hygiene campaign took place. Screening on TV will start in early January 09 and on the radio in mid February. The ICAT plan of activities for South Africa and Lesotho was prepared. The budget for the planned activities FY09 was prepared and submitted to AMR Global. A conference call took place with AMR Global to discuss the plan of activities for South Africa, Lesotho, and Namibia. A success story on ICAT achievements was prepared and submitted. A presentation on ICAT was made at the Western Cape Infection Prevention and Control Committee meeting held on December 5, 2008. The province agreed that SPS would conduct ICAT TOT at a convenient date in the future.

**Next Steps:** ICAT TOT training to take place in the Western Cape.

**Activity Title:** Strengthen the capacity of pharmacy personnel in the area of medicine supply management

**Activity Manager:** Saleeb, Sameh **Activity #:** 13 **Task:** LF ZA07HIP **Subtask:** 60CXMG

**Activity Description:** During this funding year, SPS will adapt a simplified version of the materials specifically targeting nurses and PAs at the PHC level. Workshops will be conducted at provincial and district levels in collaboration with local counterparts. SPS will also provide technical assistance to pharmaceutical services in the provinces and districts to address issues related to medicine supply management at the facility level through site visits. The key objective is to build on-the-job skills around ordering, storage, receiving, inventory management, and disposal of expired products. This activity will contribute to the continuous availability of ARVs and other HIV/AIDS related commodities such as OIs and STIs.

**Budget:** \$110,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** TA was provided to the pharmacist in charge of the Pharmaceutical Depot in Northern Cape with regard to cost containment using ABC and VEN analyses. Work continued on the revision of the medicine supply management training materials to align them with current legislation for purposes of accrediting the course with the Health and Welfare Sector Education and Training Authority. Trainings on medicine supply management were conducted in the Free State (29 people trained) and the Eastern Cape (50 second-year pre-service pharmacy students). In the North West personnel to be trained in medicine supply management were identified. In Kwazulu-Natal, the pilot project for centralized dispensing of medicine and distribution. A protocol for a study to evaluate the cost and patient experience at the different collection points was finalized and approved by the ethics committee. Data collectors were trained and sampling was completed. Models depicting each method of distribution were developed and costing done. The report on the state of availability and delivery of medicines in the Northern Cape was finalized and submitted to the Heads of the Department of Health and Pharmaceutical Services. These findings were discussed with the department heads and were also presented at the district pharmacists meeting.

**Barriers to Progress:** Data collection in the Kwazulu-Natal project was delayed because of delays in the informed consent process.

**Next Steps:** MSM training in the North West will commence in February 2009. It will be done

in phases with a maximum number of 25 persons per session. Staff will be expected to implement DSM after training and monitoring, and support visits will be done to facilities by the district team comprising of pharmacists. Follow up MSM training and TA planned for the Free State for next year.

**Activity Title:** Overall TA to the national and provincial level (incl. staffing norms, accreditation, pricing and public-private partnerships, SOPs, pharmaceutical care, etc.)

**Activity Manager:** Saleeb, Sameh **Activity #:** 14 **Task:** LF ZA07HIP **Subtask:** 60AXHH

**Activity Description:** SPS will continue this TA activity. It will assist the MCC, the Clinical Trials Committee, and the MCCScheduling Committee of the MCC as well as the Pricing Committee in the form of attending meetings and the review of key research and policy documents. Technical support will be provided regarding international bench marking, pharmacoeconomic evaluation, and support to the Pricing Committee. It is expected that the assistance will extend to provide input to the Essential Drugs List Committee for evidence-based medicine reviews. As needed, assistance will be provided to the Research and Development Task Team constituted by the South Africa Pharmaceutical Committee. In addition, SPS will continue to respond to these matters and to new/emerging issues such as managed care, low-income medical scheme, and M&E. All these activities aim to directly build counterpart capacity and indirectly support the improvement of the quality of health services.

**Budget:** \$100,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

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**Reporting Period:** Year: Project Year 2 Quarter: Q1

**Activity Progress:** SPS staff attended the annual meeting for South African Pharmacy Council inspectors. SPS also attended the fifth annual Vaccine Conference and WHO Diagnostics Evaluation Expert Panel Meeting in Geneva, Switzerland. This meeting focused on developing strategies to address the need for improved regulatory control for infectious disease diagnostics in resource-limited settings. Pharmacist intern presentations were held in the Eastern and Western Cape provinces, SPS judged the presentations. Feedback was provided to the Quality Assurance Directorate of the NDOH on the national TB Core Standards and pharmaceutical aspects. SPS also provided input on the proposed new curriculum for training pharmacists as requested by the South Africa Quality Assurance Standards Generating Body. SPS participated in the Standards meeting and provided input on the proposed qualification for medical representatives. An article on the new scope of practice for mid-level pharmacy personnel was prepared for publication in *Pharmaciae*, the official publication of the South Africa Pharmacy Council. TA was provided to the NDoH in the implementation of the pricing regulations. Systems were implemented for the review of submissions in terms of pricing regulation 9. TA was also provided in the annual review of the single exit price. TA was provided to the Medicines Control Council regarding the regulation of medicines and clinical trials. SPS participated in several council meetings, the Clinical Trials Committee, and the Council Microbicide Task Team. Guidelines for the conduct and evaluation of microbicide clinical trials have been developed and a number of clinical trial applications submitted to the Council were reviewed. With regards to the project for determining fees for pharmacist services and staffing norms, data capturing and analysis were completed and work commenced on drafting the report. In the Free State, TA was provided in the delivery of ARVs borrowed from the Eastern Cape in response to shortages in the province and distribution of PEPFAR stock. TA was also provided on evaluation of building plans for 3 hospital pharmacies on the Hospital Revitalization Plan. The Medicines and Insurance Coverage Initiative Course in Pharmaceutical Policy Analysis held in Accra, Ghana, was attended. The course was designed by the Harvard Medical School and conducted in conjunction with WHO AFRO, the WHO Collaborating Centre

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in Pharmaceutical Policy at Harvard, and the Ghana Ministry of Health. Harvard Medical School and one of their South African-based collaborators have indicated interest in bringing the course to South Africa and involving SPS in conceptualization and delivery of a South African version of the course. To this end, a meeting was held with the CEO of Harvard's local collaborator and Health Econometric Outcomes Research (Hexor).

**Activity Title:** Disseminate results and lessons learned from the implementation of Emergency plan pharmaceutical services improvements

**Activity Manager:** Saleeb, Sameh **Activity #:** 15 **Task:** LF ZA07HIP **Subtask:** 60G2HI

**Activity Description:** SPS will now update and implement the plan in conformity with COP07. This activity also aims at the regular reporting on program implementation and documenting the different lessons learned from the implementation of the Emergency Plan interventions as applied to the pharmaceutical sector. It will document workable solutions and strategies. The program will identify success stories and ensure their documentation. SPS will work with the USG team and other partners to identify opportunities for the presentation and dissemination of lessons learned locally, regionally, and internationally.

**Budget:** \$80,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Completed and submitted the SMS reports for Q4 and the annual progress report (APR) for South Africa. The quarterly treatment report was loaded on the PEPFAR data warehouse. A review on pediatric adherence was presented at a meeting of the Strategic Coordinating Committee. A presentation on South African experiences regarding adherence was made at the INRUD second annual meeting on adherence to and retention of patients on ART. SPS terms of reference were presented to the National Strategic Committee. At the second Eastern Cape pharmaceutical NGO coordinating meeting held in Grahamstown, RxSolution was showcased to provincial pharmaceutical managers and other PEPFAR partners. Areas for collaboration with other PEPFAR partners were identified.

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## Southern Sudan

### *Southern Sudan (07)*

**Workplan:** Southern Sudan    **Year:** 07

**Funding Level:** \$800,000.00

#### **Workplan Background**

The SPS Sudan program has received \$800,000 in FY07 funds to support malaria and other public health threats programs, including the pharmaceutical management aspects of the two elements. Broadly, the funds will be used to provide technical assistance, enhance capacity, and improve coordination and information systems for the two programs. SPS will provide technical assistance to the overall malaria control program and pharmaceutical management interventions in all of the 10 states with special focus in Central Equatorial, Eastern Equatorial, and Jonglei states.

**Activity Title:** Technical activity coordination and monitoring

**Activity Manager:** Diara, Malick    **Activity #:** 1    **Task:** LFSD07MAL    **Subtask:** 97XXY1

**Activity Description:** This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

**Budget:** \$74,803.00    **Start Date:** Oct/2007    **End Date:** Sep/2008

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Technical activity coordination, work plan development, budget and progress, monitoring, reporting, meetings, and communications with partners and collaborators.

**Next Steps:** Continue with technical activity coordination.

**Activity Title:** Support MOH to strengthen planning and coordination of malaria control activities at central and state level

**Activity Manager:** Diara, Malick    **Activity #:** 3    **Task:** LFSD07MAL    **Subtask:** 60F4H3

**Activity Description:** To review progress in implementation of the national RBM strategic plan and provide technical updates in malaria control, the MoH/NMCP will be technically supported to hold a national RBM coordination meeting for all key partners and state malaria coordinators. NMCP will also be supported to organize regular malaria technical working group (TWG) meetings, at least on a bimonthly basis. In addition, SPS will support MoH/NMCP to draft and publish the 2008 malaria newsletter for advocacy, enhancing visibility of the program, and increasing awareness on program activities among partners.

**Budget:** \$112,358.00    **Start Date:** Oct/2007    **End Date:** Sep/2008

**Products Planned:** Malaria Newsletter

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** SPS actively participated in malaria Technical Working Group meetings and provided useful inputs. One of these meetings brainstormed on strategy for the upcoming distribution of up to 3 million nets through GFATM round 7 malaria grant. SPS participated in meetings to develop a malaria BCC strategy for Southern Sudan. UNDP as one of the local Global PR contracted a consultant to lead MOH and partners through the activity. SPS participated in the USAID health partner's meeting and presented the key achievements for the year and compiled the narrative summary for FY07 achievements. With support of the Arlington office, SPS presented a success story. Overall, SPS Southern Sudan

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was rated green = meets/exceeds all results. SPS attended USAID Chiefs' of Party (COP) coordination meetings and presented updates of MSH/SPS activities to the new USAID Health Team Leader and partners.

**Activity Title:** Support MOH to scale up implementation of effective malaria interventions - ITNs and ACTs

**Activity Manager:** Diara, Malick **Activity #:** 4 **Task:** LFSD07MAL **Subtask:** 60EXH4

**Activity Description:** SPS will support the distribution of over 1 million LLINs under the World Bank's Multi-Donor Trust Fund and more than half a million LLINs under USAID. Support will include developing distribution plans tools to ensure high and equitable LLIN coverage. To further improve access to effective treatment, SPS will support the MoH to build consensus on Home Management of Malaria strategy and develop appropriate implementation tools. SPS will continue to support rolling out the new ACT policy through training health workers and improving distribution of medicines.

**Budget:** \$45,957.00 **Start Date:** Oct/2007 **End Date:** Sep/2008

**Products Planned:** ITN distribution plan; HMM concept paper; Workshop report; Training reports; Training materials

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS supported the Global Fund round 9 malaria proposal drafting task force to define objectives and SDAs/interventions. SPS has also started drafting some sections of the proposal. SPS worked closely with the task force on home management of malaria to review and incorporate comments into the draft child survival implementation guide. The guide will be discussed at a wider forum in early 2009 to build consensus on key elements. As part of support supervision to Eastern Equatoria state, SPS participated in an Accelerated Child Survival Initiative micro-planning meeting organized by MoH and UNICEF. SPS was requested to make two presentations on MoH malaria policies and steps followed in the PSI-led distribution of Multi-Donor Trust Fund nets.

**Activity Title:** Support MOH to strengthen malaria M&E systems at central and state levels

**Activity Manager:** Diara, Malick **Activity #:** 5 **Task:** LFSD07MAL **Subtask:** 60GXH5

**Activity Description:** SPS will support MoH/NMCP to implement the malaria M&E plan and document key malaria indicators at three sentinel health facilities each in three states. The activity will involve developing appropriate data collection and reporting tools. SPS will also support the MoH/NMCP to undertake at least one support supervision visit to each of the 10 states. Central Equatoria, Eastern Equatoria, and Jonglei states will be facilitated to undertake at least one support supervision visit to each of their counties.

**Budget:** \$102,515.00 **Start Date:** Oct/2007 **End Date:** Sep/2008

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS carried out a support supervision visit to Eastern Equatoria state to consolidate malaria data collection and discuss activities to be supported under the SPS FY08 plan. A subsequent supervisory visit was made as part of the generator installation trip. This activity also involved discussions with the pharmacy and medical stores staff on improving medicine availability data. Work on building sentinel data surveillance picked up with the recruitment of the Senior Inspector for M&E. Malaria data collection and entry continued for Juba Teaching Hospital, El Sabah Teaching Hospital, and Muniki PHCC. Outpatient department treatment summaries, male morbidity numbers in the emergency ward from June to Oct. 2008, pediatric emergency morbidity summary from Jan. to Nov. 2008, and all hospital morbidity summaries Jan. to May 2008 have been compiled for Juba Teaching Hospital. Data collection was initiated at Nyakuron Health Center for the period beginning November 2007 (i.e., date when the health center was opened). Analysis of support supervision reports for the last

one year was also initiated and a report is being drafted. Tracing of health workers trained in malaria case diagnosis and management has been initiated. This is to gauge translation of knowledge into practice, and provide opportunity for on job training and mentorship. A data collection form for tracking daily availability of antimalarials was developed and introduced at the supported sentinel sites. A draft tool has also been developed for monitoring IPT.

**Activity Title:** Support the Directorate of Pharmaceutical Services, MOH/GOSS to develop and implement Standard Operating Procedures for pharmaceutical management

**Activity Manager:** Diara, Malick **Activity #:** 6 **Task:** LFSD07MAL **Subtask:** 60AXH6

**Activity Description:** SPS will spearhead the development, production and dissemination of Standard Operating Procedures (SOPs) for storage, inventory management. The SOPs will be disseminated at the Central and State Medical Stores in the supported areas utilizing on-job mentoring approaches. To aid future scale up, twenty (20) Pharmacists, pharmacy assistants, medical storekeepers and other health workers with sufficient experience and responsibility of medicines management will be trained on Pharmaceutical Management and implementation of SOPs. Support supervision by staff from the central level and institutional DTCs will be conducted to ensure the SOPs are implemented appropriately

**Budget:** \$61,984.00 **Start Date:** Oct/2007 **End Date:** Aug/2008

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Supervisory and job-based training on pharmaceutical management aspects was conducted at Torit Civil Hospital in Eastern Equatoria state as part of the generator installation trip in December 2008. The visit also acted as an opportunity to orient staff.

**Activity Title:** Support the development and implementation of initiatives to capacitate and license private pharmaceutical premises for the provision of pharmaceutical services

**Activity Manager:** Diara, Malick **Activity #:** 7 **Task:** LFSD07MAL **Subtask:** 60C5H7

**Activity Description:** To streamline and regulate the private pharmaceutical sector more effectively, SPS will support the Directorate in developing a guideline for registration and licensing of drug vendors and drug shops in collaboration with key actors and stakeholders. SPS will also lead the development of guidelines for training private sector practitioners on malaria treatment based on the new MOH/GoSS malaria policy.

**Budget:** \$23,547.00 **Start Date:** Oct/2007 **End Date:** Sep/2008

**Products Planned:** Training guidelines for private providers Training report. Guidelines for registration and licensing private vendors. Pharmacy and deruf act document

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS worked with MOH and PSF to plan and detail logistical requirements for the second pharmaceutical management TOT) conducted for Greater Upper Nile in Malaka, November 10-14, 2008. This was a follow on to the SPS-organized regional TOT in September 2008 and used the same materials developed by SPS, MoH, and other partners. Funding for the training was provided by Pharmacien San Frontieres (PSF) through UNDP/Global Fund. Thirty-four health workers were trained.

**Activity Title:** Support quantification, procurement, and distribution of essential medicines

**Activity Manager:** Diara, Malick **Activity #:** 8 **Task:** LFSD07MAL **Subtask:** 60CXH8

**Activity Description:** SPS will support setting up a TWG involving MoH/GoSS staff and key actors in the sector to inform decisions and guide leadership of the Directorate. SPS will support quantification of medicines and develop distribution plans and inventory management systems. SPS will organize sensitization workshops for partners on the newly approved donation guidelines at the central and state level.

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**Budget:** \$32,196.00    **Start Date:** Oct/2007    **End Date:** Sep/2008  
**Products Planned:** TWG meetings reports; Distribution plan; workshop proceedings

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Activity Progress:** SPS supported MOH to compile feedback from partners on the current essential medicines supply list and recommendations for improving future kits. This information was shared with the Euro Health Group that are expected to lead the finalization of technical specifications and quantification for the next pharmaceutical supplies tender. SPS has since taken part in consultative meetings organized by the Euro Health Group to review the MoH kits for health facilities. Based on these meetings, SPS also identified key areas for consideration by malaria partners and brought these to the attention of NMCP and other members of the malaria TWG. SPS developed a tool for assessing the antimalarial pipeline and circulated it to obtain procurement information from partners procuring antimalarials. The feedback was collated and provided the NMCP with informative picture of the supply situation in the next year. To expedite procurement of antimalarials for Southern Sudan, SPS actively followed up processing of the tax exemption for 544,000 treatments of AS + AQ procured by MoH from Mission Pharma. This document issued by Ministry of Finance is a prerequisite for customs clearance of the consignment. SPS also continued to follow up with Mission Pharma on delivery of this order and update partners on the procurement status. The consignment eventually arrived late November 2008. SPS worked with MOH to develop a distribution plan and mobilize support among partners for delivery of the AS+AQ to the ten states of Southern Sudan. Pharmacien Sans Frontieres, the United Nations Office for the Coordination of Humanitarian Affairs, and the United Nations Joint Logistics Centre responded to the call and facilitated complete distribution to the states by end of December 2008 with minimal expenditure on the part of MoH. SPS estimated quantities of AS + AQ, IPTp, and SPs that can be procured through USAID funding for Southern Sudan in FY08. Based on projections and anticipated consumptions, the mission was advised on proportions of each product to be procured. SPS also participated in developing draft scope of work for a joint TDY with JSI/DELIVER project for developing comprehensive distribution plan for the AS + AQ, IPTp, and SPs to be procured with USG funds.

**Activity Title:** Support MOH to strengthen mechanisms for rational drug use at health facilities through establishment of Drug Therapeutic Committees (DTCs)

**Activity Manager:** Diara, Malick    **Activity #:** 9    **Task:** LFSD07MAL    **Subtask:** 60BXH9

**Activity Description:** With view to future support in institutionalizing DTCs at national and State levels, MSH will facilitate four MoH/GOSS staff to attend the RPM Plus organized DTC training course in Kampala, January 2008. The trained staff will later serve as trainers and facilitate the establishment of DTCs in the states.

**Budget:** \$48,836.00    **Start Date:** Oct/2007    **End Date:** Sep/2008  
**Products Planned:** DTC training report

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1  
**Next Steps:**    Activities scheduled to commence in Q2.

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### **Southern Sudan (08)**

**Workplan:** Southern Sudan    **Year** 08

**Funding Level:** \$1,000,000.00

#### **Workplan Background**

The SPS Sudan program has received \$1,000,000 in FY08 funds to support malaria and other public health threats programs including the pharmaceutical management aspects of the two elements. In FY08, SPS will consolidate support to the Malaria Control Program and Directorate of Pharmaceutical Services of MoH while progressively focusing support on state and county levels. Broadly, FY08 funds will be used to provide technical assistance, enhance capacity, and improve coordination and information systems for the two programs. SPS will provide technical assistance to scaling up of all malaria control program and pharmaceutical management interventions. SPS will consolidate its focused implementation support to Central and Eastern Equatoria states and expand the support to Jonglei, Upper Nile, and possibly Warrap states.

**Activity Title:** Strengthen operational capacity of the Malaria Control and Pharmaceutical Management Programs at central and state levels

**Activity Manager:** Matowe, Lloyd **Activity #:** 2 **Task:** LFSD08MAL **Subtask:** 60F4H2

**Activity Description:** SPS will continue to provide essential supplies and maintain services at the NMCP offices including regular maintenance of the program vehicle and other equipment. Teleconference facilities will be installed in the malaria office boardroom, the capacity of the MoH's internet server will be upgraded and logistical support will be provided to staff/consultants.

**Budget:** \$163,459.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS contributed to providing an enabling environment for operations of the Malaria Control Program, including upgrading the MCP server, opening a local currency bank account and installing QuickBooks software. Also during this quarter, SPS procured and installed a generator set for Eastern Equatoria MoH. SPS actively participated in preparations and logistical coordination of the second National Health Assembly for Government of Southern Sudan. A senior Inspector for M&E was finally recruited.

**Next Steps:** Continue

**Activity Title:** Support MOH to strengthen planning and coordination of malaria control activities at central and state level

**Activity Manager:** Matowe, Lloyd **Activity #:** 3 **Task:** LFSD08MAL **Subtask:** 60F4H3

**Activity Description:** MSH will continue to provide continuous support in coordinating national-level meetings, participating in regional workshops, and publishing the 2009 malaria newsletter. SPS will also support five states in holding planning and review workshops. Coordination will be strengthened through regular supervision visits at the central, state, and county level.

**USG Sub-element:** Health Governance and Finance (Malaria)  
Program Design and Learning

**Budget:** \$129,133.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** 2009 Malaria Newsletter Reports  
2009 Malaria Newsletter

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** During this quarter, SPS participated and provided technical inputs in a number of meetings including malaria TWG meetings, UNDP-led meetings to develop a malaria behavior change communication strategy for Southern Sudan, USAID health partners' and USAID COPs' coordination meetings where SPS key achievements and activity updates were presented.

**Next Steps:** Continue to support the TWG.

**Activity Title:** Support MOH to scale up cost effective malaria control interventions

**Activity Manager:** Matowe, Lloyd **Activity #:** 4 **Task:** LFSD08MAL **Subtask:** 60EXH4

**Activity Description:** In FY08, MSH will work to finalize and distribute the HMM implementation guide, the ITN distribution guidelines, and the Integrated Vector Management

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guidelines and plans. SPS will also support MoH to develop a guideline for preparedness and response to malaria epidemics. SPS will continue to support the current process of rolling out the new ACT-based malaria treatment policy through training of health workers. SPS will support the MoH in the drafting of a malaria proposal for submission under Global Fund round 9.

**USG Sub-element** Treatment with Artemisinin-Based Combination Therapies  
Insecticide-Treated Nets (ITNs) to Prevent Malaria  
Indoor Residual Spraying (IRS) to Prevent Malaria  
Epidemic Preparedness and Response

**Budget:** \$83,206.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** GFATM proposal- TN distribution guidelines - VM guidelines- Guidelines for epidemic preparedness - Training/workshop reports  
ITN DISTRIBUTION

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Technical support was provided in drafting the GFATM round 9 malaria proposals. Support was also provided to the HMM task force to review and update the draft child survival implementation guide. As part of support supervision to Eastern Equatoria state, SPS participated in an "Accelerated Child Survival Initiative (ACSI)" micro-planning meeting organized by MOH and UNICEF. A presentation on MOH malaria policies and steps followed in the PSI-led distribution of MDTF nets was made

**Next Steps:** Continue to support scaling up

**Activity Title:** Support MOH to strengthen malaria M&E systems at central and state levels

**Activity Manager:** Matowe, Lloyd **Activity #:** 5 **Task:** LFSD08MAL **Subtask:** 60GXH5

**Activity Description:** SPS will continue to support the NMCP and partners to strengthen the malaria M&E system. SPS will support MoH and partners to plan and implement MIS. Technical support will also be provided in development of a plan for monitoring efficacy of antimalarial medicines. In addition, SPS will review and produce a report on the status of key malaria indicators on a biannual basis.

**USG Sub-element** Host Country Strategic Information Capacity  
Program Design and Learning

**Budget:** \$116,950.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** ToolsSupervision reports; MIS reports

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS carried out support supervision visits to Eastern Equatoria state to consolidate malaria data collection. Work on building sentinel data surveillance picked pace with the recruitment of the Senior Inspector for M&E. Analyzed support supervision reports for the last year and a report is being drafted. Tracing of health workers trained in malaria case diagnosis and management has been initiated so to provide opportunity for on-the-job training and mentorship. A data collection form for tracking availability of antimalarials was developed and introduced at selected sentinel sites. Likewise, a draft tool for monitoring IPTp was developed.

**Next Steps:** M and E support

**Activity Title:** Support Coordination and Policy Development for Pharmaceutical Management

**Activity Manager:** Matowe, Lloyd **Activity #:** 6 **Task:** LFSD08MAL **Subtask:** 60AXH6

**Activity Description:** In FY08, SPS will continue to guide and support the DPS in coordinating pharmaceutical management activities implementation. Support will be provided to draft/finalize and disseminate SOPs and other regulatory documents/guidelines. SPS will support the development of an operational plan based on the strategic approach for strengthening pharmaceutical management in Southern Sudan.

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*Country Programs*

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<b>USG Sub-element</b>	Health Governance and Finance (Malaria) Program Design and Learning
<b>Budget:</b> \$63,046.00	<b>Start Date:</b> Oct/2008 <b>End Date:</b> Sep/2009
<b>Products Planned:</b>	Reports; Operational Plans; Workplans; SOPs; Guidelines
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 2 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	During this quarter, SPS held with the Euro Health Group team of consultants to share experiences on the pharmaceutical situation in Southern Sudan and discuss ways of collaborating and coordinating pharmaceutical support to the MoH. Collaborated with Euro Health to facilitate putting into operation existing pharmaceutical policies and some of the guidelines. As a result, the Southern Sudan Pharmacy, Food and Medical Control Authority Board was established. The Strategic Approach to Strengthen Pharmaceutical Management in Southern Sudan document was finalized. SPS reviewed draft guidelines for notification of pharmaceutical products. This is the first step towards establishing a fully fledged marketing authorization/drug registration system. Subsequently, a simple data collection tool for the notification exercise was developed. Supported the MoH to convene the first Pharmaceutical Management Technical Working Group meeting where the rationale and terms of reference of the working group were discussed. Support was also provided to the Directorate of Pharmaceutical Services to prepare and present a plan of action to MoH Executive Board on key activities to be undertaken by December 2009. Also during this quarter, SPS participated in the WHO/UNICEF essential medicines and pharmaceutical policies technical briefing seminar in Geneva, from November 17-21, 2008.
<b>Next Steps:</b>	Support the pharmaceutical sector.
<b>Activity Title:</b>	Support Pharmaceutical Supply Management (Focus on ACTs & SPs Procured with USG Funds)
<b>Activity Manager:</b> Matowe, Lloyd	<b>Activity #:</b> 7 <b>Task:</b> LFSD08MAL <b>Subtask:</b> 60CXH7
<b>Activity Description:</b>	In FY08, SPS will facilitate/expedite clearance and transfer of ACTs and SP procured through USG funds from port of entry to warehouse in Juba. SPS will improve storage conditions at CMS. Provision will also be made for temporary renting of warehouse space in event of lack of space at the CMS. SPS will assist the CMS in developing distribution plans and arranging for transportation to ensure smooth supply of these products to identified sites. Treatment with Artemisinin-Based Combination Therapies Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine
<b>USG Sub-element</b>	
<b>Budget:</b> \$101,966.00	<b>Start Date:</b> Oct/2008 <b>End Date:</b> Sep/2009
<b>Products Planned:</b>	Reports; Distribution plans
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 2 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	SPS supported the MoH in collating feedback from partners as well as recommendations for improving essential medicines supply kits. SPS also participated in reviewing the MOH kits for health facilities. The malaria control program was supported in developing tools and collecting information on antimalarials in the pipeline from partners procuring antimalarials. The report provided the NMCP with informative picture of the supply situation in the next one year. To expedite procurement of antimalarials for Southern Sudan, SPS actively followed up processing of the tax exemption for 544,000 treatments of AS + AQ procured by the MoH from Mission Pharma. SPS also ensured that the orders were delivered on time. Developed a distribution plan and mobilized support among partners for delivery of the AS + AQ to the ten states of Southern Sudan. SPS also estimated quantities of AS + AQ and SP that can be procured through USAID funding for Southern Sudan in FY08. In addition, SPS

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participated in developing draft scope of work for a joint TDY with JSI/DELIVER project for developing comprehensive distribution plan for the AS + AQ and SP to be procured with USG funds.

**Next Steps:** Support antimalarial distribution.

**Activity Title:** Capacity Building in Pharmaceutical Management for the Public and Private Sectors

**Activity Manager:** Matowe, Lloyd **Activity #:** 8 **Task:** LFSD08MAL **Subtask:** 60AXH8

**Activity Description:** SPS will support the MoH to conduct training workshops for Greater Upper Nile Region (covering Unity, Upper Nile, and northern Jonglei) and in three states (Jonglei, Eastern Equatoria, and Central Equatoria) as well as training of private pharmaceutical personnel in Juba. SPS will facilitate and support internship/placement for key Directorate of Pharmaceutical Services staff in Namibia for orientation on proxy drug registration, dossier evaluation, and marketing authorization process. In addition, SPS will support a study tour for the Director General of Pharmaceutical Services to a model developing country with robust pharmaceutical regulatory systems.

**USG Sub-element:** Program Design and Learning

**Budget:** \$86,306.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Training/workshop reports

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS worked with the MoH and Pharmacien Sans Frontières to plan and detail logistical requirements for the second pharmaceutical management TOT conducted for Greater Upper Nile in Malakal, November 10-14, 2008. This was a follow on to the SPS organized regional TOT in September 2008 and used the same materials developed by SPS, MoH and other partners. Funding for the training was provided by Pharmacien Sans Frontieres through UNDP/Global Fund. Thirty-four health workers were trained.

**Next Steps:** Continue support.

**Activity Title:** Support Supervision, Inspection and Quality Assurance

**Activity Manager:** Matowe, Lloyd **Activity #:** 9 **Task:** LFSD08MAL **Subtask:** 60D2H9

**Activity Description:** In FY08, SPS will support the directorate to develop a supervision guide and checklist for the pharmaceutical sector and conduct biannual central-level and state-level support supervision for Central Equatoria, Eastern Equatorial, Upper Nile, and Jonglei states. SPS will also assist the MoH in inspecting pharmaceutical premises in some counties. SPS will support the MoH in setting up one Minilab testing site and for testing suspect samples through a reference laboratory in the region.

**USG Sub-element:** Host Country Strategic Information Capacity  
Program Design and Learning

**Budget:** \$55,821.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Supervision guide and checklist Reports

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** Supervisory and job-based training on pharmaceutical management aspects was conducted at Torit Civil Hospital in Eastern Equatoria state as part of the generator installation trip in December 2008. The visit also acted as an opportunity to orient staff.

**Next Steps:** Continue supervision visits.

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## Swaziland-PEPFAR

**Workplan:** Swaziland PEPFAR    **Year** 07

**Funding Level:** \$525,000.00

### Workplan Background

HIV/AIDS remains one of the major challenges to Swaziland's socioeconomic development. The epidemic has continued to spread relentlessly in all the parts of the country. In 2004, surveillance in prenatal women reported an overall prevalence of 42.6 percent. A prevalence of 28 percent was found among young women aged 15 to 19. In women aged 25 to 29, prevalence was at an alarming 56 percent. In 2003, the National Emergency Response Committee on HIV/AIDS was established to coordinate and facilitate the national multisector response to HIV/AIDS, while the MoHSW is responsible for delivering many of the services. The national HIV/AIDS strategic plan (NSP) makes provision, among others, for the scale-up of care and treatment by increasing access to ART services, ensuring quality and expanding capacity and efficiency of service provision. Both the Swaziland Government and the PEPFAR recognize the key challenge of having weak national pharmaceutical management systems to support this rapid scale-up. Support from the USG to the Government of Swaziland is provided through its USAID Regional HIV/AIDS Program based in Pretoria, South Africa, also in collaboration with the U.S. Embassy in Swaziland. In the previous two years, and with funding from USAID, the RPM Plus program provided technical assistance to the Government of Swaziland in the area of pharmaceutical management. As of this COP07 plan, technical assistance is continuing to be provided through the new SPS program, the follow-on to RPM Plus. Under this plan, SPS will continue to support objective 22 of the Swaziland NSP. In addition to addressing pharmaceutical system gaps in support to the HIV/AIDS program, SPS will also address key laboratory commodity priority areas. This plan thus delineates the activities that have been planned for Swaziland in consultation with key partners.

**Activity Title:** Technical Activity Coordination

**Activity Manager:** Saleeb, Sameh    **Activity #:** 1    **Task:** LF SZ07XXX    **Subtask:** 97XXY1

**Activity Description:** This activity includes work plan and budget development, coordination and monitoring of activity implementation, attending meetings and coordination with PEPFAR partners and collaborators.

**Budget:** \$25,000.00    **Start Date:** Jul/2008    **End Date:** Jun/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** During this quarter, SPS held various meetings with in- country partners (MSF, NICD team, EU consultant, URC, Nazarene ministries and the MoHSW) to discuss and plan for related activities. SPS also participated in the USG technical committee meeting on care and treatment, the HIV Drug Resistance Committee of the National ART program, and the condom launch organized by PSI. Meetings were held between the USG, Clinton Foundation, MoHSW and SPS to clarify the role of all parties versus the MoHSW's expectations and the USG. Progress was made with the registration of SPS in Swaziland in that a letter of support was obtained from the USG and the MoHSW and submitted to the Ministry of Enterprise. The final registration document is awaiting some minor revision and the signature of the new minister. A server was installed in the office and more office equipment is being procured.

**Barriers to Progress:** The internet network is not running smoothly. The recruitment of the Office Manager is taking too long.

**Activity Title:** Strengthen pharmaceutical services at target facilities

**Activity Manager:** Saleeb, Sameh    **Activity #:** 2    **Task:** LF SZ07XXX    **Subtask:** 60E3H2

**Activity Description:** In this year's plan, SPS will continue the activities initiated under RPM Plus; but specifically will complete the baseline study report, develop recommendations in

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collaboration with the MoHSW. SPS will also assist in the development and implementation of a business plan that delineates the different steps needed to improve pharmaceutical services at the health facilities. Since Swaziland is a recipient of Global Fund grants, it is expected that some of these funds would be allocated by the MoHSW to the upgrading of facilities. However, the USG team might also consider providing reasonable support to improve the delivery of pharmacy services whether through procuring equipment (i.e., Brazier bins, filing cabinets, drug information reference books) or the upgrade of the pharmacy infrastructure (as included in the PEPFAR plan). Meanwhile, SPS will also strengthen pharmacy supervision which will include the application of supervision checklists in target sites, the monitoring of tracer drugs availability, and the setting of optimum stock levels for all essential drugs.

**Budget:** \$50,000.00

**Start Date:** Jul/2008      **End Date:** Jun/2009

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**Reporting Period:**      **Year:** Project Year 2      **Quarter:** Q1

**Activity Progress:** SPS together with the Swaziland National AIDS Program ART office completed the phased round of visits to ART facilities to assess the storage capacity of the facilities. During this reporting period, Mankayane and Nhlanguano were visited and the report was submitted to NERCHA. An in-service lecture was provided at MGH on RMU. SPS donated 200 copies of the South African Medicines Formulary to CMS and facilities. These are been distributed.

**Activity Title:** Support to CMS operations

**Activity Manager:** Saleeb, Sameh      **Activity #:** 3      **Task:** LF SZ07XXX      **Subtask:** 60CXH3

**Activity Description:** During FY08, SPS will continue to provide this assistance to CMS. In addition, the program will be implementing RxSolution at the CMS to serve for the inventory management of ARVs. The program will also use FY07 funds to develop SOPs for the CMS and health facilities to optimize pharmaceutical management operations. SPS will train and assist senior and junior staff at CMS in the different areas of drug supply management. As an identified gap, the program will assist CMS in developing a plan for the implementation of a Quality Control Laboratory.

**Budget:** \$80,000.00

**Start Date:** Jul/2008      **End Date:** Jun/2009

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**Reporting Period:**      **Year:** Project Year 2      **Quarter:** Q1

**Activity Progress:** SPS continued to provide technical support to the CMS ART store including, follow up on ART supplies, monitoring, maintaining logistic report and orienting procurement officers on his job description. During this quarter, MSH completed the installation of RxSolution in the ART warehouse at CMS and provided assistance with network connections and implementation. Onsite training was conducted for the pharmacist, dispensers, ARV technician, store men and data clerks. SPS continues to provide IT support, follow-up and regular onsite support. Coordinated and sponsored a quantification meeting for all donors and partners (Clinton foundation, PEPFAR, SNAP ART, CMS, UNICEF, and Elizabeth Glaser Pediatric AIDS Foundation) to the ART program. The idea is to have a coordinated quantification exercise where all stakeholders will be involved in national quantification. Participated in three (out of seven) workshops that were organized to train staff at clinic and regional level on quantification. The workshops are collaborative effort with WHO in an effort to build a consumption-based quantification model across the primary health care facilities in the country. To facilitate the strengthening of the logistics information system for ART medicine supply, CMS was assisted in preparing a tool for quantification for hospital and clinic use. In addition, TA is provided to the CMS to set up a mini-laboratory for quality control activities. The minimum requirements for equipment and reagents are being sourced and assistance provided for procurement and the provision of the necessary staff training at CMS.

**Next Steps:** Continue setup of mini-lab and provide ongoing support to CMS.

**Activity Title:** Provide training to Pharmacists and Assistant Pharmacists (HIV/AIDS, MSM, and PTC)

**Activity Manager:** Saleeb, Sameh **Activity #:** 4 **Task:** LF SZ07XXX **Subtask:** 60AXM4

**Activity Description:** Another key area is that of adherence skills targeting pharmacists and dispensers. The program objective is to update communication and counseling skills of pharmacy based staff involved in adherence improvement strategies for patients who have been identified to have adherence problems. Participants are trained on motivational interviewing and counseling skills to assist patients to commit for a desired behavioral change. In addition, the global program for HIV/AIDS Pharmaceutical Management was adapted to the Swaziland context and has been targeted to pharmacists and pharmacy technicians at the ART sites. Also, the follow-on HIV/AIDS MTP methodology was introduced to the Swaziland program and was applied to ensure that knowledge learned is transformed into actual improvement action plans. As part of the MTP approach, training is also provided on the development of ARV SOPs. Also, at the request of the National TB Program, the MSH training curriculum for drug supply management for TB was adapted for Swaziland's treatment regimens and procurement policies and subsequently implemented. SPS plans to continue to scale-up these programs for the benefit of pharmacists and pharmacy technicians (as well as for other relevant health personnel) to continue to improve drug supply management practices and access to ART. Additional workshops and on-site follow-up/evaluation visits will also be conducted—these will include follow-up also on adherence monitoring training. Basic clinical training will be provided to pharmaceutical staff on the management of HIV/AIDS as well as other priority health conditions (TB, STIs, and OIs). As mentioned above, SPS will also strengthen pharmacy supervision through the application of supervision tick sheet and monitoring tracer drugs availability.

**Budget:** \$65,000.00 **Start Date:** Jul/2008 **End Date:** Jun/2009

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** A series of trainings were conducted in this quarter. In October, SPS trained 52 clinic nurses on medicine supply management. Also during this quarter, a total of 35 participants from MoHSW's ART Program and CMS (data clerks, dispensers, pharmacist assistants, nurses, and CMS Managers) were trained on RxSolution. Other trainings include the HTC Supply Management training targeting HIV testing and counseling program employees; and the Laboratory Supply Management training, targeting MoHSW laboratory service employees. There were 16 and 14 participants respectively.

**Activity Title:** Strengthen Pharmaceutical policy and provide national level support (Drug Advisory, PTC, DI)

**Activity Manager:** Saleeb, Sameh **Activity #:** 5 **Task:** LF SZ07XXX **Subtask:** 60BXH5

**Activity Description:** With this plan funding, SPS will continue to support the National Drug Advisory and the Pharmaceutical and Therapeutic Committees through additional training. Pharmacoeconomic principles will be introduced to support evidence based selection of medicines. The Swaziland STGs will be updated and a national formulary will be compiled. Meanwhile, the review of the ICAT will be finalized and handed over to the MoHSW. SPS will assist with the review and finalization of the tendering and procurement plan, this will address supplier pre-selection, tender analysis, and adjudication procedures. The program will also assist with the implementation of the revised pharmaceutical legislation, and drug registration regulations. The funding will allow SPS to assist with the finalization of the Pharmacy Bill and Medicines and Related Substances Control Bill, and also assist with the recommendations for the establishment of a Medicines Regulatory Authority which would include registration, manufacture, import and

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export control, licensing, inspections, labeling, and safety monitoring. The Southern African Development Community regional regulatory and registration guidelines have been finalized and will be adapted for Swaziland. Regulatory staff will be trained. Specifically, technical assistance would be provided for the prequalification of products and sources, importation, registration and safety monitoring (pharmacovigilance) and control of ARVs to support the scale-up of ART.

**Budget:** \$50,000.00    **Start Date:** Jul/2008    **End Date:** Jun/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Continued to provide TA to the office of the Chief pharmacist. In this regard, SPS is advising the Chief Pharmacist and the ART Program on minimum pharmaceutical management standards and requirements for the decentralization of ART services. Support was also provided in revising the organizational structure including job descriptions of the pharmaceutical division within the MOHSW, verifying the registration of certain medicines in South Africa, and planning for work in the pharmaceutical sector in the HSS Round 8 proposal. During this quarter, the draft Medicines and Related Substances Control Bill was finalized and submitted to the MoHSW. Further work was done on the Pharmacy Bill which will be finalized early in the next quarter. Also, collaborated with the WHO consultant for the MoHSW in drafting the national strategic plan for the National Pharmaceutical Policy. Prepared a draft scope of work/terms of reference for a forensic audit of the pharmaceutical supply chain at the request of the Government of Swaziland through the MoHSW, the document was approved.

**Next Steps:** A workshop on the draft legislation has been planned to take place at the beginning of February.

**Activity Title:** Strengthening Laboratory logistics and quantification Services

**Activity Manager:** Saleeb, Sameh    **Activity #:** 6    **Task:** LF SZ07XXX    **Subtask:** 60LXH6

**Activity Description:** In response to this important continuing need, SPS will continue to implement standardized quantification approaches for ART, TB, and STI products. SPS will start developing models for the quantification of laboratory commodities in anticipation of the technical support that SPS will provide to the Swaziland National Laboratory Services. The program will also build local capacity in monitoring these estimates vs. actual purchases and vs. morbidity data. Additional program managers will be targeted for training.

**Budget:** \$50,000.00    **Start Date:** Jul/2008    **End Date:** Jun/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** SPS is collaborating with the Laboratory Services management to set up a national store warehouse. During this quarter, site visits were organized to laboratory stores in Johannesburg, South Africa; measurement and costing of the shelving done; and requirements and specification discussed. In addition, a quantification model for laboratory commodities was developed. SPS also presented these activities to the annual workshop for all laboratory staff in the country. Also in this quarter, meetings were held with the PEPFAR, the USG Care and Treatment officer, Dr. Sukati, of the Laboratory and NERCHA, to address the issues of staffing, rental costs, equipment, and resource mobilization for the laboratory store room.

**Activity Title:** Provide TA to reviews the National EDL and establish Medicine Information (MI) and Pharmacovigilance (PV) function at the national level

**Activity Manager:** Saleeb, Sameh    **Activity #:** 7    **Task:** LF SZ07XXX    **Subtask:** 60BXH7

**Activity Description:** Under this plan funding, SPS will support the Swaziland Essential Medicines Program primarily ensuring the update of the STGs and the Swaziland Essential Medicines List (EML) so to align CMS procurement process with the EML.

Appropriate support will also be given to the publication of the EML. The program will also make recommendations for the implementation of a National Drug Information and Pharmacovigilance center. The main objective of this activity is to assure a national drug information/resource reference center that will provide on-line and off-line timely responses to all health workers on queries related to medicines (i.e., ARVs) mode of action, dosage, side effects). This service could also be expanded to the private sector. This center will also be responsible for recording, analyzing, and interpreting reported ADRs.

**Budget:** \$70,000.00    **Start Date:** Jul/2008    **End Date:** Jun/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:**    No activities took place during this quarter.

**Activity Title:**    Maintain Rx Solution after national roll-out at Public and Private Sites and Set-up National Data Warehouse

**Activity Manager:** Saleeb, Sameh    **Activity #:** 8    **Task:** LF SZ07XXX    **Subtask:** 60CXJ8

**Activity Description:**    Under this plan funding, SPS will continue the deployment and support of the integrated inventory, dispensing and patient management computerized system (RxSolution) at selected sites to support access to ART. During the course of the year, RxSolution will be deployed to "approved" private sector sites. The use of the system will be progressively expanded to other medicines and supplies besides ARVs. System support will also include the training of management staff on the use of data for monitoring and decision making.

**Budget:** \$100,000.00    **Start Date:** Jul/2008    **End Date:** Jun/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:**    The rollout (setup, train on site, support/follow-up) of RxSolution software to private sites as guided by the established timelines continued. During this quarter, SPS conducted onsite training at 10 of the 12 private sites providing ART services. It is expected that by March 2009 all 12 private sites should have been set up; to date one site is fully functional, one is pending, and three sites are expected to be completed soon. SPS continued to provide software updates on RxSolution design issues and needed functions. These included revising requisition batch and training MoHSW and M&E staff and assigned official. SPS will install the batch-driven management version of RxSolution to all the facilities. This involves system upgrades, physical stocktaking with batches (bulk and demander), resets to demander stock, and retraining on the module (stock taking). Upgrades have been done at 3 sites; the 10 remaining sites will be done in early 2009. SPS plans to clean old data for all facilities using a standard protocol list from Swaziland's National AIDS Program, for which a tool to be used has been developed and piloted. This exercise has been carried out in 2 of the 13 facilities. Two task team meetings were held during this quarter at which the system roll-out to the private sites was discussed as well as various reports that need to be finalized. SPS was requested by the HMIS unit of the MoHSW to support the unit through skills transfer and seconding IT personnel to maintain the RxSolution system. Also during this quarter, SPS assistance was requested by the M&E unit to carry out more detailed and scientific analysis of the data for strategic information and program planning purposes.

**Activity Title:**    Disseminate results and lessons learned from the implementation of emergency plan pharmaceutical services improvements

**Activity Manager:** Saleeb, Sameh    **Activity #:** 9    **Task:** LF SZ07XXX    **Subtask:** 60G2H9

**Activity Description:**    This activity aims at documenting the different lessons learned from the implementation of the different Swaziland interventions as applied in the pharmaceutical sector. It will document workable solutions and strategies. The program will identify success stories and ensure their documentation. The program will work with the USG team and other partners to identify opportunities

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for the presentation and dissemination of lessons learned locally, regionally and/or internationally.

**Budget:** \$10,000.00    **Start Date:** Jul/2008    **End Date:** Jun/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:**    SPS submitted a semi-annual report detailing its activities to the Deputy Director of Clinical Services and the Chief Pharmacist. Required USG reports were also submitted within the required timeframe.

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## Tanzania-PEPFAR

**Workplan:** Tanzania PEPFAR    **Year** 08

**Funding Level:** \$410,000.00

### Workplan Background

Over the past two years, RPM Plus has provided technical support to Tanzania Food and Drug Authority (TFDA) in Accredited Drug Dispensing Outlet (ADDO) program scaled-up in three regions of Morogoro, Mtwara, and Rukwa, with funding from the government of Tanzania (Mtwara and Rukwa regions) and USAID funding (Morogoro region) and prepared ADDOs to support community HIV/AIDS palliative care programs in Morogoro. By October 2007, 553 ADDOs were accredited in five districts of Morogoro region, with 728 dispensers trained. Preparations for integration of palliative care services into ADDOs involved several consultative meetings and discussions with National AIDS Control Program (NACP) and FHI, a major implementer of care, and treatment and support services in Morogoro to agree on the design, implementation arrangement, and the roles and responsibilities of each party. To appraise current community HIV/AIDS palliative care services coverage under the TUNAJALI project and familiarize the FHI team with ADDOs, a joint visit between SPS and FHI/TUNAJALI team was conducted in Kilosa district where the linkage of ADDOs with HBC kits distribution is going to be piloted. Following this visit, several recommendations were made including the need to increase quantities of HBC kit contents and the need for rapid expansion of TUNAJALI project to cover more wards in Kilosa district. Based on the observations from Kilosa and follow-up planning meetings with FHI, a MOU was developed and signed in April 2008. Under this work plan, SPS in collaboration with FHI/TUNAJALI will work together to link ADDOs with community HIV/AIDS palliative care services as part of community health intervention to overcome some of the identified supply chain barriers for the HBC kits.

**Activity Title:** Provide technical assistance to NACP and partners in ART pharmaceutical and lab supplies management trainings, strengthening pharmaceutical management information systems, and supervision.

**Activity Manager:** Rutta, Edmund    **Activity #:** 4    **Task:** LFTZ08HIP    **Subtask:** 60AXH4

**Activity Description:** TBD

**Budget:** \$70,000.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** Supported National AIDS Control Program's (NACP) initiative to build capacity of pharmacy and laboratory personnel in managing ARVs and HIV test kits. SPS participated in training 151 pharmaceutical and laboratory personnel on ARVs and HIV test kits logistics management systems from two regions--Tabora and Shinyanga. The training was conducted in collaboration with the National AIDS Control Program, SCMS, and Elizabeth Glaser Pediatric AIDS Foundation. SPS drafted the training report on management of ARV and HIV test kit logistics system trainings conducted in Arusha, Kilimanjaro, Shinyanga, and Tabora. The report was shared with NACP, SCMS, Glaser Foundation, and USAID. <http://spssms.msh.org/admin/editor/editor.html>. SPS provided technical assistance in training of pharmaceuticals and IT staff from 12 MDH-supported facilities on the using the ADT tool. The training was organized by Muhimbili University/Dar City Council/Harvard University (Cambridge, MA, USA), and was conducted November 3-7, 2008. SPS team organized a visit for Mr. Keith Hummel, new Commodities and Logistics Advisor at USAID Tanzania to the selected ART sites currently using the ADT. In this visit, he observed the use of ADT and the Inventory Tracking Tool (ITT) in one district hospital as well as use of ADT in one dispensary. SPS participated in an advanced pharmacy training for 64 pharmacy personnel from ART sites in Dar es Salaam November 17-22,

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2008. SPS co-facilitated sessions on overview of ADT and data entry. The training was organized by MDH. <http://spssms.msh.org/admin/editor/editor.html>. Antiretroviral and HIV Test Kits Logistics System: September 22-27, 2008 and October 20-25, 2008: Training workshop report.

**Next Steps:**

Hold planning meetings with NACP, the Glaser Foundation, and other partners on follow-up visits to the ART sites whose staff received training. Conduct follow up visits to the trained ART sites in Kilimanjaro, Arusha, Tabora, and Shinyanga. Work in collaboration with NACP, SCMS, and Harvard PEPFAR program in training of ART facilities in Dar es Salaam on ARVs and HIV test kits logistic systems. Work on job aids/posters for good dispensing practice and medication use counseling.

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## Uganda-PMI

**Workplan:** Uganda PMI    **Year** 08

**Funding Level:** \$380,000.00

### Workplan Background

Malaria is responsible for more illness and deaths than any other disease in Uganda. Nearly all of Uganda's residents are exposed to medium or high levels of transmission. As such, the burden of malaria can be felt throughout the health care system. One-quarter to one-half of all outpatient visits to health care facilities are due to malaria. Children under five are most affected by malaria, which causes half of in-patient pediatric deaths. In June 2005, the USG announced that Uganda had been selected to be included in a five-year, \$1.2 billion initiative to rapidly scale up malaria prevention and treatment interventions in high burden countries in sub-Saharan Africa. The PMI's goal is to reduce malaria-related mortality by 50 percent in vulnerable groups--children under the age of five and pregnant women. This will be accomplished by achieving 85 percent coverage of these groups with four key interventions: indoor residual spraying (IRS), ITNs, intermittent preventive treatment of malaria in pregnancy (IPTp), and ACT. Meanwhile, Uganda has been the recipient of two malaria grants from the Global Fund. The Global Fund Round 2 grant has disbursed \$21 million of Uganda's approved \$23 million mainly for the procurement and distribution of ITNs. Uganda's Round 4 grant, of which \$79 million of its approved \$89 million has been disbursed, funded the procurement and implementation of ACTs. Uganda has requested additional funds through Round 7 for scaling-up ITN procurement and distribution. As part of the PMI initiative, and as part of its Uganda Malaria Operational Plan for FY06, the RPM Plus Program was requested to provide technical support to PMI/Uganda in the area of pharmaceutical management. Subsequently, technical assistance under MOP07 continued through the SPS Program. Earlier on, the program provided assistance to support the NMCP and the NMS in the distribution of the ACTs to the public sector in support to the national roll-out of the ACTs. To enhance the efficient provision of ACTs in the public sector, the program supported the National Drug Authority in determining the availability of ACTs so to inform the development of guidelines for phase out of monotherapies. It also supported the NDA for the reclassification of ACTs as OTCs products to enhance their availability in the community and in the private sector. In addition, the program provided support to the Private Sector Task Force to develop strategies aimed at improving ACT access in the private sector. To address the challenges at the NMS, the program assisted with development of procedures to streamline the review and the dispatching of antimalarial orders received from the districts and facilities, and is currently assisting in improving storage efficiency for antimalarials and other fast moving products. Also in support to the NMCP and the MOH, the program is currently developing a quantification system for antimalarials and has trained key stakeholders on quantification procedures.

**Activity Title:** Technical Activity Coordination

**Activity Manager:** Saleeb, Sameh    **Activity #:** 1    **Task:** LF UG08PMI    **Subtask:** 97XXY1

**Activity Description:** SPS will collaborate with a number of partners in Uganda in the process of implementing these activities. Prime collaborators will include the PMI team, NMCP, NMS, Pharmacy Division and Resource Center of the MoH, and district and facility health teams. Other key collaborators will also include other implementing agencies particularly DELIVER, the northern Uganda Malaria AIDS & Tuberculosis Program, and MCP.

**Budget:** \$41,334.00    **Start Date:** Jul/2008    **End Date:** Jun/2009

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**Reporting Period:**    **Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:** The MOP08 work plan and budget were completed and the draft submitted to USAID. Attended several meetings including the USAID partners' quarterly meeting, M&E workshop for USAID partners, joint review mission and malaria quarterly partners' meeting. Reviewed activity progress with USAID CTO and

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**Next Steps:** Logistics Specialist. Submitted monthly reports to USAID on ACT stock levels and inventory pipeline.  
Discussion with USAID on the work plan and budget. Discuss the PMP with USAID and UMEMS.

**Activity Title:** Support the MOH to adopt an Integrated Pharmaceutical Management Information System (PMIS) for reporting and decision making

**Activity Manager:** Saleeb, Sameh **Activity #:** 2 **Task:** LF UG08PMI **Subtask:** 60G4H2

**Activity Description:** During FY07, SPS worked closely with the Pharmacy Division, the Resource Center, the NMCP, and other Ministry programs to determine system data needs. It was agreed that any new proposed system should aim at integration among the different disease programs including the essential medicine program; therefore, tracking pharmaceutical data elements pertaining to a tracer drug list should also include antimalarials. Subsequently, SPS conducted an assessment of existing information tools as well as the current system capacity at the different levels, with a view to develop a recommended PMIS model that captures key pharmaceutical data and indicators for a tracer drug list. The report is expected early in this FY08 plan. It will address the assessment findings and the proposed PMIS which is currently being conceptualized. Once developed, the model PMIS will be presented to stakeholders for feedback and subsequently, any agreed upon refinements or changes will be incorporated followed by submission of the model for adoption by the MOH. The PMIS model will focus on key commodity management indicators such as stock levels, consumption, eminent expiries,, and stock outs. However, in the future, the system could capture other functions such as those related to medicine budgeting and adverse effects monitoring. In addition to tracking tracer drugs including antimalarials, the model will also be open to absorb other additional products that are determined to be of special public health importance. During MOP 08, a national cadre will be trained to serve as national resource in supporting the roll-out of the PMIS. Also, SPS will support the Pharmacy Division and the Ministry Resource Center to develop a roll-out plan for the proposed system. The national cadre will also be expected to support the mobilization and leverage of resources to support the roll-out plan. During this plan, SPS also proposes to implement the system in two demonstration districts using the manual form of tools. However, as local funds and resources permit, automation of these tools at HSD and/or district level for the purpose of data aggregation will be considered. Essentially, the manual form would need to be well established before any automation is considered. Throughout the implementation, SPS will work closely with the Pharmacy Division, NMCP, the Resource Center, and the DHTs to leverage resources and to ensure expedited sustained implementation. SPS will ensure that all personnel responsible for system implementation, data compilation or reporting at facility, HSD, district or national level have received hands-on experience on data collection, compilation, and the completion of the tools. Simple procedures will be provided to ensure that each staff has a reference after the training. SPS will also ensure that the tools necessary for data collection are available prior to the training and that procedures are also established on how to report and best use the data at each level of the system for decision-making.

**Budget:** \$73,891.00 **Start Date:** Jul/2008 **End Date:** Jul/2009

**Products Planned:** Document detailing the conceptual PMIS model

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** The study to assess the current situation was completed and a draft report outline is under review.

**Barriers to Progress:** Reduced funding and other competing priorities led SPS to cut back on the level of implementation of this activity so to focus on the conceptualization and the

development of the framework. Staff overload and other competing priorities delayed in finalizing the framework.

**Next Steps:** Finalize the conceptual framework for PMIS and submit to the MoH for adoption.

**Activity Title:** Strengthen quantification capacity for medicines and antimalarials at the national level

**Activity Manager:** Saleeb, Sameh **Activity #:** 3 **Task:** LF UG08PMI **Subtask:** 60C1H3

**Activity Description:** Under MOP07 funding, SPS developed a proposed concept and TOR for a MoH quantification team. The concept is to benefit the NMCP, but its structure is also proposed to be applied to support any of the MoH programs or the essential drug program, with very little change in team composition. The TOR delineates the roles, responsibilities, and mode of operation and reporting for the team. The team is intended to provide an opportunity to coordinate malaria quantification exercises whether carried out for the Government of Uganda (GOU), the Global Fund or USAID. It will address medicine policy issues that would have implications on product selection or the quantities to be procured. The team will ensure that the exercises are carried out in a consistent manner over time and that assumptions are agreed upon by all parties. The team also ensures that the methodology and assumptions are well documented for future reference and validation. Early in MOP08, the concept will be finalized and submitted by stakeholders to the Procurement Supply Management Working Group for adoption. Also in MOP07, SPS provided quantification training to the proposed team members. Participants representing the Ministry, the NMS, the JMS, WHO, RBM, and other relevant USAID partners participated. They had the chance to learn about quantification principles and methodology and to develop hands-on experience in carrying out quantification using the Quantimed tool. Under MOP08, SPS will also support the team in coordinating quantifications for the GOU, the Global Fund, or USAID. SPS will also ensure that quantification skills are institutionalized within the team, and any new members are adequately trained. Currently, SPS is supporting DELIVER to quantify the necessary products to treat severe malaria. The quantities and methodology will be discussed with the NMCP for its endorsement. Subsequently determined quantities will be procured by DELIVER. Under MOP08, SPS will continue to provide same assistance in quantification to USAID partners and other donors such as the Global Fund, while the quantification team is being established and reaching full capacity.

**Budget:** \$35,410.00 **Start Date:** Jul/2008 **End Date:** Jun/2009

**Products Planned:** Terms of Reference for the Quantification team  
Quantification TA reports

**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** In this period, SPS conducted four quantification exercises for procurement of severe malaria medicines funded by USAID/PMI; ACTs funded by PMI; and ACTs, RDTs, severe malaria medicines, and other malaria commodities funded by the Global Fund. SPS provided TA to the NMCP to review the PSM for GFATM round 4 phase 2 and round 7 phase 1. SPS reviewed TORs for the quantification team with NMCP with an aim to encourage NMCP to spearhead institutionalizing quantification in the ministry's long-term institution framework.

**Barriers to Progress:** Change of NMCP management has slowed down the program's adoption of the quantification team TORs. The Procurement and Supply Management technical working group has not yet approved the concept of subgroups to pave the way for the quantification committee to be part of the MoH long-term institution framework.

**Next Steps:** SPS will advocate for adoption of the TORs and discussion of the subgroup concept by the working group. Intensify coordination efforts between donors and government to improve malaria medicines stock levels.

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**Activity Title:** Improve capacity of districts, facilities and communities to practice adequate pharmaceutical management including inventory control, storage and estimation of orders

**Activity Manager:** Saleeb, Sameh **Activity #:** 4 **Task:** LF UG08PMI **Subtask:** 60CXH4

**Activity Description:** Under the Malaria Operational Plan 2008, SPS proposes to document the capacity building model so that it is available as a reference for the Ministry and other partners to use for roll-out. Lessons learned so far will be reflected in the documented model. Materials, procedures, and tools used in the training will also be incorporated. Also under this plan, the training is proposed to be rolled out to two new districts—Kitgum and Gulu—thus reaching an additional five HSDs and approximately 60 new facilities representing the different levels of health delivery. The same approach will be adopted whereby sample baseline indicators will be assessed just prior to the training. During the training, improvement plans will be developed. Follow-on visits will also be conducted to support the implementation of these plans and to ensure the adoption of tools and procedures. To address the pharmaceutical management needs for the community level in support of the HBMF strategy, SPS proposes to develop a community pharmaceutical management program in line with that of the facility-based training, but a simpler version to address the key needs of community distributors. SPS will closely collaborate with the two projects in the North namely NUMAT and MCP in the review of this program. SPS will then ensure that partners' representatives of these two projects are well versed with this program and equipped to deliver this training to community agents in the program areas they serve. SPS will also initially support NUMAT and MCP in the rollout of this program. This collaboration will ensure program leveraging and will expand SPS ability to reach out to support the HBMF strategy with minimal additional funding.

**Budget:** \$86,022.00 **Start Date:** Jul/2008 **End Date:** Jun/2009

**Products Planned:** Report describing the Capacity Building Model and materials for Districts and facilities.  
PM Training program for community distributors (CMDs)  
Training reports

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** During the quarter, SPS carried out the MTP training in an additional two districts (Gulu and Kitgum), bringing the number of districts trained in pharmaceutical management to eight districts. This recent training included 58 participants and 7 supervisors, and targeted 48 facilities. As a next step, SPS will work with NUMAT for the integration of support supervision activities related to pharmaceutical management into the districts' system.

**Next Steps:** Work with NUMAT for integration of support supervision activities.

**Activity Title:** Strengthen district supervision for pharmaceutical management

**Activity Manager:** Saleeb, Sameh **Activity #:** 5 **Task:** LF UG08PMI **Subtask:** 60AXH5

**Activity Description:** During the 2008 Malaria Operational Plan, SPS will provide training to district supervision teams in the two new districts and will ensure that they are adequately equipped with the skills and tools needed to supervise pharmaceutical management practices, especially for antimalarials, at facility level; hence assuring adequate storing, receiving, estimating needs, and ordering. As in the past, SPS will accompany district and HSD supervisors during the initial follow-up monitoring visits to ensure that they are able to provide support and guidance to the facilities. After these visits, SPS will work with the DHTs to ensure that the supervision is integrated into their routine visits to the facilities and clear supervision schedules are in place. SPS will also collaborate with NUMAT and MCP to explore the potential of their participation in facilitating these future supervision visits. SPS will, however, provide further

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assistance and training as needed. The same approach of supervision integration will be applied to those districts already qualified through the capacity building model to ensure that achieved results are sustained.

**Budget:** \$34,028.00

**Start Date:** Jul/2008      **End Date:** Jun/2009

**Products Planned:**

Training reports  
Supervision/monitoring reports

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**Reporting Period:**

**Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:**

Follow-up visits were conducted for the initial MTP training to mentor trainees on implementing the agreed upon work plans in the Gulu district's 23 facilities. This was followed by a meeting with the District Health Team and the 23 facilities' in-charges to disseminate the results of the findings from the field, to share best practices, and to determine next steps and corrective interventions. Meanwhile, SPS shared best practices of the MTP approach with partners during the regional malaria workshop in Northern Uganda. This led to a decision to make pharmaceutical management an integral part of support supervision for health workers in PHC units and communities for Northern Uganda. In addition, SPS initiated preparation of the necessary materials for a joint training on support supervision in pharmaceutical management for the nine NUMAT districts.

**Barriers to Progress:**

Current funding levels do not allow SPS to implement this activity to the same scale as was implemented last year to ensure an effective intervention. Efforts to engage partners, as agreed with USAID, are being mobilized but have been slow with only NUMAT being the key responsive project.

**Next Steps:**

Develop a collaborative integration plan for the nine NUMAT districts and conduct a joint training to equip NUMAT supervisors and district officials with the necessary skills to integrate pharmaceutical management supervision in the district system.

**Activity Title:**

Continue to strengthen the capacity of the National Medical Stores (NMS) to manage their supply chain including antimalarials

**Activity Manager:** Saleeb, Sameh    **Activity #:** 6    **Task:** LF UG08PMI    **Subtask:** 60CXH7

**Activity Description:**

During the 2008 Malaria Operational Program, SPS will continue to provide assistance to the NMS. One critical area is the monitoring of the pipeline for antimalarials. A simple tracking tool will be developed. Data related to stock on hand, expected delivery of procurements, expected distribution of orders, and months of remaining stock will be captured. The tracking tool will serve as an early warning system for any eminent stock-outs. Data will also be shared with stakeholders for potential early action, whenever this is required. Meanwhile, SPS will continue to assist NMS with implementing recommendations developed as a result of the ABC and VEN analysis, thus optimizing use of space and resources and promoting efficient operations at the NMS. SPS will continue to facilitate the engagement of the NMS on the national quantification team ensuring that pipeline information is available for quantification exercises including those for antimalarials. As the PMIS system becomes established, NMS will also be assisted to make use of the information derived from facility and district levels and that has been aggregated at the MoH Resource Center to continuously ascertain the full pipeline situation.

**Budget:** \$37,835.00

**Start Date:** Jul/2008      **End Date:** Jun/2009

**Products Planned:**

Pipeline monitoring tool for antimalarials  
Pipeline monitoring reports  
TA reports

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**Reporting Period:**

**Year:** Project Year 2    **Quarter:** Q1

**Activity Progress:**

SPS provided technical assistance to NMS in its review of the consultancy report on NMS's business process review and recommendations of work flow methods for NMS storage and distribution operations and identification of appropriate

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automation needs for these processes. Subsequent to the review, the report was adopted. Meanwhile, SPS monitored the pipeline of ACTs and disseminated related reports to stakeholders on a monthly basis which encouraged government and donors including USAID and WHO to take actions to alleviate gaps in the pipeline. SPS also supported the equitable utilization of PMI-funded ACTs by assisting in the preparation of an allocation list for DHOs and hospitals. In addition, SPS assisted NMS in implementing the recommendations of the ABC and VEN analyses in relation to fast moving items to reduce travel time, assigning maximum, minimum, and reorder levels for "A" items, consolidating similar items to one unique identifier, and conducting cycle counts on fast moving items.

**Barriers to Progress:** The freeze of Global Fund funding to Uganda for procurement of ACTs led to stock-outs in some areas. The high staff turnover in NMS has hindered efficient operations. Also, the reduced TA funding has led to prioritization of the support that SPS can provide to NMS.

**Next Steps:** Discuss way forward with NMS now after the adoption of the Business Process Review recommendations.

**Activity Title:** Develop pharmaceutical counseling job aid to improve rational drug use of antimalarials

**Activity Manager:** Saleeb, Sameh **Activity #:** 7 **Task:** LF UG08PMI **Subtask:** 60EXF8

**Activity Description:** In response, SPS plans to develop and test simple messages to promote adequate dispensing, counseling, and rational medicine use by the patient. Priority messages will be presented on a poster that would be reproduced and disseminated to target facilities.

**Budget:** \$31,230.00 **Start Date:** Jul/2008 **End Date:** Jun/2009

**Products Planned:** Job aid developed and approved  
Dissemination report

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS designed a framework tool for collecting baseline data to aid in the development and the distribution of job aids targeted to dispensers to help them counsel their patients.

**Next Steps:** Conduct the survey to collect baseline data that will inform the job aid development.

**Activity Title:** Monitoring program results and key PMI commodity indicators

**Activity Manager:** Saleeb, Sameh **Activity #:** 8 **Task:** LF UG08PMI **Subtask:** 60GXH9

**Activity Description:** Early in Uganda's 2008 Malaria Operational Program, SPS will develop a methodology for collecting this information. The methodology will specify what data to be collected, its frequency, and the method for data collection. The methodology will be developed and refined in consultation with the PMI Uganda team. It will be finalized during the first half of 2008 Malaria Program, and applied in the second half of the program so that it is fully operational before the 2009 Malaria Operational Program. Many of the designated indicators would also be eventually collected on a routine basis when and where the PMIS system is established. The activity is also complemented by NMS data derived from the pipeline monitoring described under activity 6. To monitor SPS program results, the program will update its Monitoring and Results Plan developed for the previous year's implementation plan. The plan will be used to monitor the different activities, the results chain, and key indicators. Also, as lessons and best practices evolve from program implementation, SPS will document selected ones and will share them with the PMI team and partners as well as with the wider public health community through appropriate local, regional, or international venues.

**Budget:** \$40,250.00 **Start Date:** Jul/2008 **End Date:** Jun/2009

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**Products Planned:** Report of PMI Uganda commodity Indicators and methodology developed and agreed upon  
PMI commodity Indicators pilot report  
Updated MRP (PMP)

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**Reporting Period:** **Year:** Project Year 2 **Quarter:** Q1

**Activity Progress:** SPS coordinated the review of PMI commodity indicators and tools to collect them in preparation for the pilot test in the second quarter. Meetings were held with DELIVER and USAID staff to agree on the methodology, districts to use for the pilot, and the sampling frame. SPS reviewed the performance monitoring plan (monitoring and results) and incorporated a monitoring plan and a Gantt chart for timelines to measure activities and update the indicators to put the document in line with UMEMS requirements.

**Barriers to Progress:** Awaiting the final verification tool to be used by PMI so to conduct pilot data collection for the commodity indicators.

**Next Steps:** Update the Performance Monitoring Plan. Also, conduct pilot data collection for the commodity indicators for PMI.

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