

SPS Activity and Product Status Report

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

Project Year 2 Quarter 2

January-March 2009



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

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

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FINANCIAL INFORMATION

Strengthening Pharmaceutical Systems Program Fiscal Data: January 1, 2009 – March 31, 2009 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 two (January to March 2009) expenditures, in addition to the cumulative to-date (June 29, 2007 to March 31, 2009) expenditures of US\$43,592,161 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 March 31, 2009, SPS continues to reach this cost-share requirement, generating US\$3,448,804 in non-Federal funding, within the technical scope of work for SPS.

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Year 2 Quarter 2*

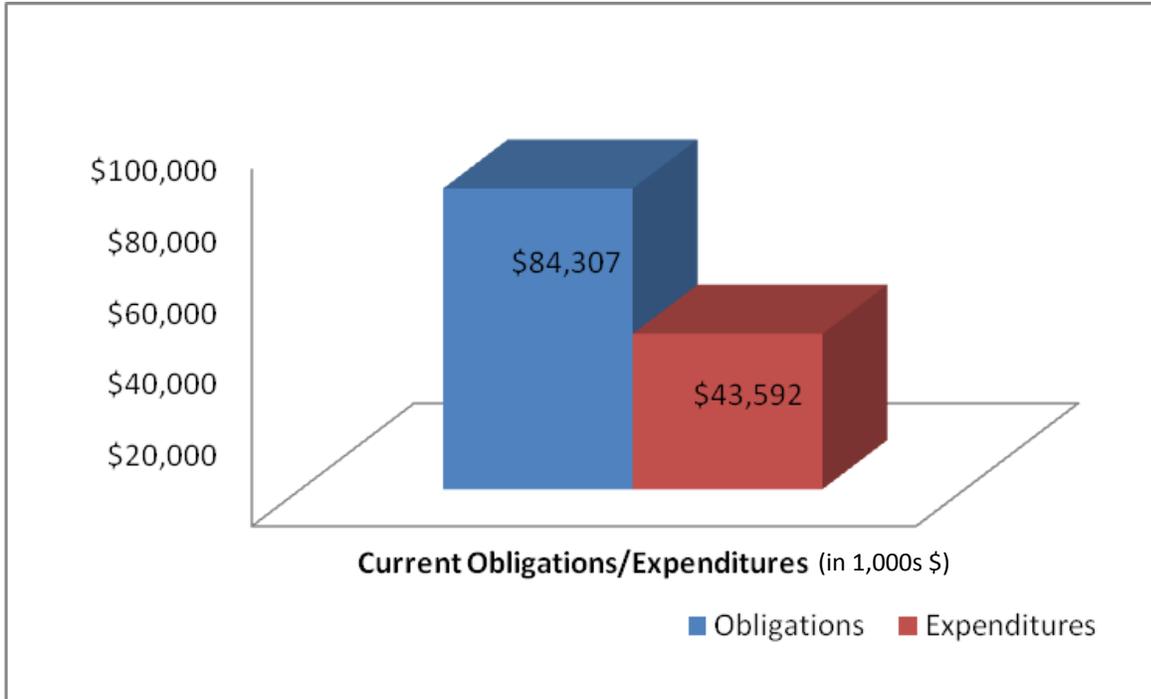
**Strengthening Pharmaceutical Systems Program
Fiscal Data: Fiscal Year 08, Quarter 2
GHN-A-00-07-00002-00**

Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Cumulative Obligated 31-Mar-2009	Q2 Expenditures Jan-Mar 2009	Grand Total Spent 31-Mar-2009	Grand Total Remaining 31-Mar-2009
Worldwide/Core							
	AMR Core	\$ 998,000	\$ 800,000	\$ 1,798,000	\$ 128,887	\$ 876,758	\$ 921,242
	MCH (Child & Reproductive Health) Core	\$ 1,010,000	\$ 1,110,400	\$ 2,120,400	\$ 303,485	\$ 1,113,502	\$ 1,006,898
	Common Agenda Core	\$ 861,262	\$ 664,609	\$ 1,525,871	\$ 173,929	\$ 914,480	\$ 611,391
	Malaria Core	\$ 200,000	\$ 400,000	\$ 600,000	\$ 60,945	\$ 331,810	\$ 268,190
	TB Core	\$ 1,217,000	\$ 1,300,000	\$ 2,517,000	\$ 254,169	\$ 1,479,306	\$ 1,037,694
	POP Core			\$ -		\$ -	\$ -
Worldwide/Core Subtotal		\$ 4,286,262	\$ 4,275,009	\$ 8,561,271	\$ 921,415	\$ 4,715,856	\$ 3,845,415
Core		\$ 4,286,262	\$ 4,275,009	\$ 8,561,271	\$ 921,415	\$ 4,715,856	\$ 3,845,415
0							
	Afghanistan		\$ 4,500,000	\$ 4,500,000	\$ 203,362	\$ 633,718	\$ 3,866,282
	Angola-PMI		\$ 500,000	\$ 500,000	\$ 61,804	\$ 267,573	\$ 232,427
	Angola - HIV/AIDS			\$ -		\$ -	\$ -
Angola Subtotal		\$ -	\$ 500,000	\$ 500,000	\$ 61,804	\$ 267,573	\$ 232,427
	Bangladesh-POP			\$ -		\$ -	\$ -
	Bangladesh-MCH/CSMH			\$ -		\$ -	\$ -
Bangladesh Subtotal		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Benin-PMI		\$ 700,000	\$ 700,000	\$ 189,524	\$ 448,333	\$ 251,667
	Brazil - TB	\$ 400,000	\$ 978,000	\$ 1,378,000	\$ 113,819	\$ 635,414	\$ 742,586
	Burundi-PMI			\$ -		\$ -	\$ -
	DCHA/OFDA (BHR/OFDA)	\$ 100,000		\$ 100,000	\$ 666	\$ 666	\$ 99,334
	Democratic Rep. Of Congo	\$ 350,000	\$ 2,200,000	\$ 2,550,000	\$ 113,006	\$ 639,700	\$ 1,910,300
	Dominican Republic - TB	\$ 300,000	\$ 250,000	\$ 550,000	\$ 36,639	\$ 202,007	\$ 347,993
	East Africa Regional	\$ 75,000	\$ 50,000	\$ 125,000	\$ 12,758	\$ 63,108	\$ 61,892
	Ethiopia - PEPFAR	\$ 2,950,000	\$ 4,130,000	\$ 7,080,000	\$ 1,888,686	\$ 4,182,891	\$ 2,897,109
	Ethiopia - PMI		\$ 715,000	\$ 715,000	\$ 54,613	\$ 107,859	\$ 607,141
Ethiopia Subtotal		\$ 2,950,000	\$ 4,845,000	\$ 7,795,000	\$ 1,943,298	\$ 4,290,750	\$ 3,504,250
	Europe and Eurasia-TB		\$ 616,600	\$ 616,600	\$ 76,491	\$ 127,846	\$ 488,754
	Ghana - PMI		\$ 600,000	\$ 600,000	\$ 116,397	\$ 366,246	\$ 233,754
	Guatemala MAARD		\$ 200,000	\$ 200,000	\$ 34,873	\$ 51,445	\$ 148,555
	India-HIV/AIDS	\$ 150,000		\$ 150,000		\$ -	\$ 150,000
	LAC - AMR/SAIDI-TB		\$ 81,000	\$ 81,000	\$ 20,080	\$ 26,469	\$ 54,531
	LAC - MAL/AMI-MAL	\$ 725,000	\$ 800,000	\$ 1,525,000	\$ 255,199	\$ 706,718	\$ 818,282
	Liberia - PMI	\$ 150,000	\$ 300,000	\$ 450,000	\$ 33,655	\$ 231,450	\$ 218,550
	Madagascar - PMI		\$ 400,000	\$ 400,000	\$ 30,298	\$ 158,502	\$ 241,498
	Malawi - PMI	\$ 400,000	\$ 550,000	\$ 950,000	\$ 64,624	\$ 861,759	\$ 88,241
	Malawi - PEPFAR	\$ 230,993	\$ 500,000	\$ 730,993	\$ 75,794	\$ 152,507	\$ 578,486
Malawi Subtotal		\$ 630,993	\$ 1,050,000	\$ 1,680,993	\$ 140,418	\$ 1,014,266	\$ 666,727
	Mali - HIV/AIDS		\$ 100,000	\$ 100,000	\$ 30,138	\$ 30,138	\$ 69,862
	Mali - MAL/PMI MAARD	\$ 299,999	\$ 450,000	\$ 749,999	\$ 179,158	\$ 472,175	\$ 277,824
	Mali - POP	\$ 518,794	\$ 233,386	\$ 750,180	\$ 29,688	\$ 29,688	\$ 720,492
Mali Subtotal		\$ 816,793	\$ 783,386	\$ 1,600,179	\$ 238,984	\$ 532,001	\$ 1,068,178
	Regional Development Mission/Asia	\$ 463,280	\$ 300,000	\$ 763,280	\$ 122,021	\$ 365,256	\$ 398,024
	West Africa Regional (WARP)	\$ 500,000	\$ 100,000	\$ 600,000	\$ 24,669	\$ 515,378	\$ 84,622
	Kenya - PEPFAR	\$ 6,150,000	\$ 5,500,000	\$ 11,650,000	\$ 1,544,911	\$ 6,438,274	\$ 5,211,726
	Kenya - POP		\$ 1,300,000	\$ 1,300,000	\$ 33,712	\$ 33,712	\$ 1,266,288
	Kenya - KEMSA	\$ 1,950,000		\$ 1,950,000	\$ 6,350	\$ 1,954,679	\$ (4,679)
	Kenya - Malaria	\$ 1,250,000	\$ 1,622,500	\$ 2,872,500	\$ 305,662	\$ 1,446,539	\$ 1,425,961
	Kenya - MCA	\$ 2,000,000	\$ 2,275,000	\$ 4,275,000	\$ 860,250	\$ 2,167,966	\$ 2,107,034
Kenya Subtotal		\$ 11,350,000	\$ 10,697,500	\$ 22,047,500	\$ 2,750,885	\$ 12,041,170	\$ 10,006,330
	Namibia - PEPFAR	\$ 3,497,446	\$ 3,924,426	\$ 7,421,872	\$ 646,393	\$ 4,505,116	\$ 2,916,756
	Rwanda - PEPFAR	\$ 2,300,000	\$ 780,000	\$ 3,080,000	\$ 314,900	\$ 2,721,889	\$ 338,331
	Rwanda - PMI	\$ 987,000	\$ 100,000	\$ 1,087,000	\$ 44,011	\$ 1,112,792	\$ (25,792)
Rwanda Subtotal		\$ 3,287,000	\$ 860,000	\$ 4,147,000	\$ 358,911	\$ 3,834,461	\$ 312,539
	Senegal - PMI	\$ 175,000	\$ 250,000	\$ 425,000	\$ 50,694	\$ 259,276	\$ 165,724
	Senegal - TB	\$ 50,000	\$ 50,000	\$ 100,000	\$ 3,278	\$ 51,468	\$ 48,532
Senegal Subtotal		\$ 225,000	\$ 300,000	\$ 525,000	\$ 53,972	\$ 310,744	\$ 214,256
	South Africa, Republic Of - PEPFAR	\$ 3,600,000	\$ 5,412,800	\$ 9,012,800	\$ 602,377	\$ 3,218,743	\$ 5,793,857
	Lesotho-PEPFAR	\$ 300,000	\$ 538,378	\$ 838,378	\$ 66,377	\$ 434,191	\$ 404,187
	Swaziland-PEPFAR	\$ 525,000	\$ 600,000	\$ 1,125,000	\$ 75,026	\$ 269,372	\$ 855,628
	Southern Sudan-MAL	\$ 800,000	\$ 1,000,000	\$ 1,800,000	\$ 216,546	\$ 1,172,143	\$ 627,857
	Southern Sudan-MCH			\$ -		\$ -	\$ -
Southern Sudan Subtotal		\$ 800,000	\$ 1,000,000	\$ 1,800,000	\$ 216,546	\$ 1,172,143	\$ 627,857
	Tanzania - PEPFAR	\$ 550,000	\$ 413,417	\$ 963,417	\$ 79,918	\$ 909,139	\$ 54,278
	Tanzania - PMI	\$ 100,000	\$ 200,000	\$ 300,000	\$ 22,910	\$ 314,290	\$ (14,290)
Tanzania Subtotal		\$ 650,000	\$ 613,417	\$ 1,263,417	\$ 102,828	\$ 1,223,429	\$ 39,988
	Uganda - PMI	\$ 320,000	\$ 380,000	\$ 700,000	\$ 49,885	\$ 590,091	\$ 109,910
	Ukraine - TB			\$ -		\$ -	\$ -
	Vietnam-PEPFAR			\$ -		\$ -	\$ -
		\$ 32,165,512	\$ 43,580,307	\$ 75,745,819	\$ 8,691,159	\$ 38,876,305	\$ 36,869,514
ACF Surplus/(Deficit)							
Grand Total		\$ 36,451,774	\$ 47,855,316	\$ 84,307,090	\$ 9,612,574	\$ 43,592,161	\$ 40,714,929

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

Total Funding Received to Date: \$84,307,090
Total Amount Spent to Date: \$43,592,161
Pipeline \$40,714,929

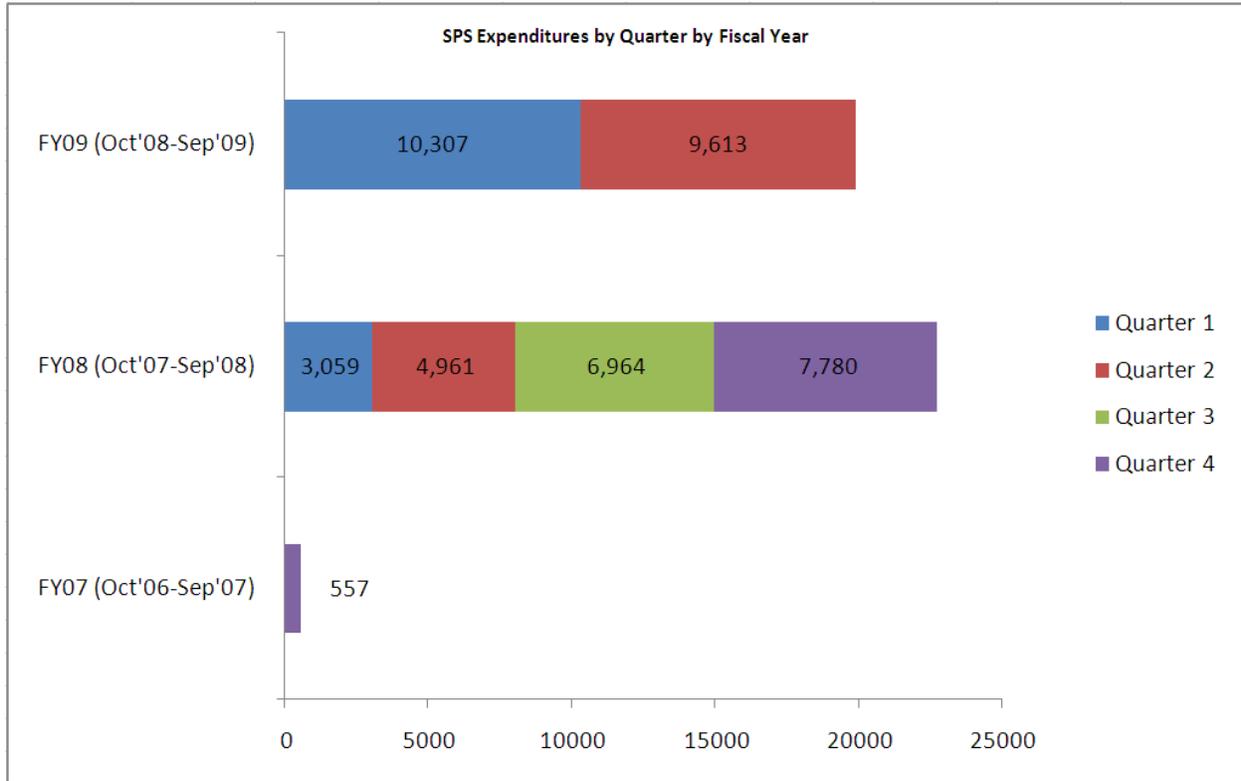
Percent of Funds Spent 48.29%



Cost Share Earned to Date: \$3,448,804
Target Cost Share Amount \$7,375,000

Percent of Cost Share Realized 46.76%

SPS Program Expenditures through March 31, 2009 (in 1,000s \$)



GLOBAL PROGRAMS

Antimicrobial Resistance

Work Plan: AMR **Year** 08

Funding Level: \$800,000.00

Work Plan Background

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), an extremely serious public health problem that is threatening the world. Drug resistance is a major concern for HIV/AIDS treatment. While every country is affected, the financial, technical and management challenges involved in responding to such a complex problem amplify their impact in developing countries. 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 multi-factorial 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. 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. USAID'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: (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 has the following 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. Activities 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 platform of Accredited Drug Dispensing Outlets (ADDOs) in Tanzania to improve AMR awareness and antimicrobial use in the community. (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

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focus for this work plan year will be to scale up the on-going infection control (IC) program in South Africa, start a similar program in Namibia, and 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 its partner the University of Washington (UW), 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 the tool. 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 Lead: 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.

SPS Partners None.

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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: REGIONAL AMR ACTIVITY: The EPN-SPS AMR meeting in Moshi that was reported in the last quarter has generated a shared vision and a regional platform to help address the AMR problem. The coalition is expanding and the work is continuing. The participants are now implementing the action plans developed during the workshop. They have taken the following steps/actions. In Nov 08: sensitization of communication staff in the network (Kenya, EPN). In Dec 08: publication of AMR article in MEDS update (Kenya); sensitization of MEMS staff on AMR (Tanzania); sensitization of medical staff of Kibogora hospital on AMR

(Rwanda, Dr. Damien). In Jan 09: circulated call to action to Uganda Medical Association (Dr. Najjuka – MUK); AMR survey at hospital and community level in Sierra Leone (CHASL); sensitization of JMS Staff on AMR (Uganda); sensitization of APUA Uganda chapter on Moshi call to action (Dr. Najjuka – MUK); sensitization of staff in various health centers on AMR (Rwanda, Dr. Damien et al.). In Feb 09: development of AMR campaign image (Kenya, EPN); publication of AMR article in JMS Info bulletin (Uganda, JMS); raising awareness among BFW meeting participants (Kenya, EPN); sensitization of participants at the JMS Kampala RCD (Uganda, JMS). During this quarter, EPN also finalized and widely circulated the AMR Call-to-Action (CTA) document with inclusion of an AMR Campaign Image as its cover page. Motivated by the immediate outputs and the follow-up after the Moshi AMR workshop in English, EPN has requested SPS support to conduct a similar workshop in French for members of EPN from Francophone countries. Discussions between EPN and SPS led to a plan for a French AMR workshop with a focus on infection control. It is tentatively schedule for Rwanda in November. To facilitate this, SPS agreed to support translation of its Infection Control Self-Assessment Tool (ICAT) into French. The English version of the tool has already been translated into Spanish and implemented in Guatemala with much success. This French translation will further contribute to its applications. As a follow-up to last year's Uganda RPF, AMR and DJCC meetings, SPS technical staff attended the 48th Regional Health Ministers Meeting of the ECSA Health Community in Swaziland, In March. The theme of the meeting was "Strengthening Health Systems to Achieve Millennium Development Goals." Prior to the meeting, SPS prepared and finalized a review paper on AMR in the ECSA Region (Antimicrobial resistance: the need for action in the east, central and South African region). The paper was displayed and disseminated at this high level ministerial meeting to continue AMR advocacy in the region. Other materials disseminated were: (1) the Generic Medicines Policy for ECSA, (2) the Generic Medicines Policy implementation plan for ECSA, (3) a report on the assessment of the performance of pharmaceutical management system in ECSA countries, (4) a CD-ROM with AMR materials and resources, (5) a technical report on the RPF-SPS AMR meeting on antimicrobial resistance (April 28-30 2008, Kampala), and (6) MSH/RPM Plus and SPS tools related to AMR advocacy and containment. GLOBAL ADVOCACY/ COORDINATION AND INFORMATION DISSEMINATION: USAID's SPS CTO and AMR technical staff met with Drug Resistance Working Group members of the Center for Global Development (CGD) on February 19th and with ReAct members on February 24th. In both the meetings, discussion centered on current AMR-related activities, and potential collaborations in the future. SPS provided hard and soft copies of all the USAID-supported AMR tools and documents developed by RPM Plus and SPS to both groups. During this quarter, SPS submitted an abstract on regional-level AMR activity for presentation at the 69th International Congress of FIP scheduled to be held in Istanbul, Turkey in early September.

Barriers to Progress:

None.

Next Steps:

Make further plans with EPN about the French workshop on AMR in November. Follow up with EPN about further progress made by the participants of last year's AMR training in Moshi. Carry out a survey of the current status and activities of DTCs in some key facilities of the ECSA Region to help support this body as a vehicle for advancing AMR advocacy and containment in the Region. Explore with CGD the possibility of conducting a joint training for journalists on AMR.

Indicators:

None.

Activity Title:

Support Drug and Therapeutic Committees and other rational medicines use activities in institutional settings

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

Activity Description:

SPS will provide technical assistance in FY08 for DTC activities in two countries--

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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 work plan 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 work plan 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 the 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.

SPS Partners

None.

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).

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

The DTC and Rational Medicines Use (RMU) initiative in Afghanistan has progressed well after the start-up visit to Kabul reported in the last quarter. Activities accomplished in this quarter include the following: (1) establishment of a national level DTC at MoPH. A proposal for the establishment of this committee was developed and approved by the MoPH pharmaceutical affairs. The Deputy Minister of Health is currently reviewing the proposal and it is expected to be approved. The committee's first order of business will be to develop a TOR and it is anticipated they will recommend a DTC training course for national level committee members and for local hospital professionals. (2) A medicine use study started in March 2009. Activities included preparation of policies and procedures, training of data collectors, pilot testing of the data collection forms and procedures, and beginning data collection in five provinces of Afghanistan. Completion of the data collection is expected in early April. This study has involved information collection on selected indicators included in the WHO indicators manual (for out-patient settings) and in the SPS antimicrobial use indicator manual (for in-patient settings).

Barriers to Progress:

None.

Next Steps:

Analyze the Afghanistan medicines use study data. Revise DTC training materials for a potential DTC training course in July 2009 in Kabul. Start initial work toward developing a national STG in Afghanistan and explore interest of other partners, such as the WHO, in this process. Make minor revisions to the SPS Manual, "How to Investigate Antimicrobial Drug Use in Hospitals", based on the feedback obtained during the EPN-SPS AMR workshop in Moshi last year, as well as from the experiences gained during its use in the medicine use study in Afghanistan.

Indicators:

None.

Activity Title:

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

Activity Lead: 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 past participants and provide them necessary desk-top technical assistance. Illustrative methods for such a desk-top support will include (1) review and revision of participants' work plans 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 work plan 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.

SPS Partners

Budget: \$39,048.00

Products Planned:

None.

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

None planned.

Reporting Period:

Activity Progress:

Year: Project Year 2 **Quarter:** Q2

PARTICIPANT FROM DTC-TOT COURSE MALAYSIA (2005) – SITAL SHAH (KENYA): Sital's DTC successfully withdrew cough syrups for children from all pharmacies at their Aga Khan Hospital network in Nairobi and other parts of Kenya. The discussion to delete cough syrups for children from the formulary was based on evidence and it took over 3 months to ultimately arrive at a decision. The DTC successfully involved other policy makers in the hospital in the decision. The DTC implemented a series of continuing medical education for pediatricians and other physicians, to inform them of and guide them through this change. The decision to withdraw pediatric cough syrups leaked out into the city (general public) and caused panic, becoming an issue of national concern. Subsequently, the DTC fielded questions via 500 emails and 500 phone calls from worried parents and consumers. **NATIONAL DTC COURSE, NAMIBIA (2008):** The Medicine Use Evaluation (for haloperidol) which was planned for Windhoek Central Hospital is awaiting endorsement from the head of the psychiatry department and other hospital wide stakeholders. This process of "buy-in" from key leaders will take some time before the actual study and subsequent intervention can be implemented. One hospital completed its internal training and sensitization of staff for a functional PTC. This was the second hospital to conduct such training in Namibia. **PARTICIPANTS FROM THE UGANDA DTC COURSE (2008):** The Sudan DTC team is forming DTCs and has requested information on developing a small drug use study. The following materials were sent to (through SPS/country office staff) in this endeavor: (1) MSH/SPS hospital antimicrobial indicator manual ("how to investigate antimicrobial use in hospitals"), which provides directions and data collection instruments for performing a hospital antimicrobial indicator study. (2) The WHO's "How to Investigate Drug Use in Health Facilities", which provides the most concise information and data collection forms for completing a health facility indicator study. (3) The DTC training course module on applying indicators. Advice was also provided on developing a short (3-day) DTC training course for local hospitals and clinics. This training course is expected to be conducted in April 2009.

Barriers to Progress:

None.

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Next Steps: Continue follow-up and TA to past DTC participants through SPS' head and country offices.

Indicators: None.

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

Activity Lead: 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, 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 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.

SPS Partners: None.

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

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Drafting of the IEC materials continued during this quarter.

Barriers to Progress: Progress was slow because the key technical person working for the activity took on a new responsibility as an "SPS country program manager" and, therefore, will no longer be available for this ADDO AMR task. Effort is on-going to identify another technical person to support the work.

Next Steps: Complete drafting the IEC materials, circulate for review, and pilot them.

Indicators: None.

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

Activity Lead: 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.

SPS Partners

None.

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.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

SOUTH AFRICA: (1) Continued editing of the South African version of the infection control self-assessment tool (ICAT). (2) Drafting of the South Africa IC manual by partners at UKZN entered its final phase, coordinated by the South Africa National Department of Health (NDOH). (3) Following the presentation of the IC tool and approach at the Western Cape Provincial Infection Prevention and Control Meeting in December 2008, the NDOH and MSH/SPS held further discussions with the Western Cape provincial authorities and presented the tool and approach again to the Quality Assurance Managers at the Provincial Quality Assurance Meeting in February 2009. Both the IPC Practitioners and QA managers agreed that the tool would add value to ongoing implementation of IPC Strategies in the province. It was agreed tentatively to hold the provincial ICAT TOT workshop end May 2009, and the information was communicated to the provincial IPC stakeholders. (4) Due to cholera outbreak in some parts of the country, field visits were made to the Limpopo province in collaboration with NDOH and the Limpopo provincial IPC Committee to assess IC practices in hospitals handling or admitting the cholera patients. Meetings were held at NDOH and at Soul City offices in January and February, with an ideate incorporate educational messages on cholera in the on-going public hand hygiene campaign program on TV and radio. (5) NDOH has requested MSH/SPS to second an IPC specialist for a one-year period as a replacement for the IPC manager who left the department at the end of February.

Barriers to Progress:

The IPC activity manager at NDOH in South Africa left the department at the end of February. NDOH is currently coordinating with MSH/SPS country office to develop terms of reference for an IPC Specialist to help push the activities forward.

Next Steps:

Assist the NDOH in hiring an IPC Specialist; complete editing and finalization of SA ICAT; finalize SA IPC manual; conduct ICAT TOT workshop in Western Cape; translate global ICAT materials into French.

Indicators:

None.

Activity Title:

Support country-level pharmacovigilance using SPS conceptual framework and operational approach

Activity Lead: 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

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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.

SPS Partners

Budget: \$142,548.00

Products Planned:

None.

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

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.

Reporting Period:

Activity Progress:

Year: Project Year 2 **Quarter:** Q2

During the quarter additional progress was made in the development of the indicator-based pharmacovigilance assessment tool. The final sets of indicators have been developed and are being reviewed by a Delphi group. This group was originally assembled to develop the indicators and has since gone through three consultations. The data collection templates providing a detailed description of each indicator, rationale for the indicator, assessment questions, data collection locations, documents to review, and how to compute values were finalized within the quarter. Plans were initiated for the field testing of the indicators in Rwanda, South Africa, and Namibia. Technical assistance and support to establish a national system for collecting and monitoring adverse drug reactions and for providing drug information was provided to the Vietnam Ministry of Health and the Hanoi University of Pharmacy. A national consensus meeting was held to harmonize ideas and develop a national framework on Pharmacovigilance. Subsequently a three-day training was held to improve the understanding of basic concepts in Pharmacovigilance. Some of the materials for the training were adapted from the previous pharmacovigilance training materials from Namibia and South Africa. Although funding support for this assistance came mainly from RPM Plus just before its closure, SPS also contributed by covering some of the LOE of the key technical staff involved in the process. Continued support, involving review of documents, consultations, and technical advice, was provided to Rwanda's MOH's efforts to establish pharmacovigilance systems. During the quarter, the MOH was also supported with the mapping of drug information resources needed for the proposed National Pharmacovigilance and Medicines information Center. Technical assistance was provided to Namibia to assist in the development of plans for the implementation of an active surveillance study. The Ministry of Health and Social Services, through the ART Technical Advisory Committee and the Therapeutics Information and Pharmacovigilance Center (TIPC), has requested support for a study to determine the incidence and severity of AZT-associated anemia in ART patients. This study may involve retrospective record linkage that will utilize the relatively reliable data available from the ARV dispensing tool (ADT), laboratory database (Meditech), other electronic health records, and the medical records in some selected sites from the Namibia ART Program. Reports and experiences from the Global Fund's award to KwaZulu Natal Province of South Africa, for the implementation of an active surveillance study within the antiretroviral program, were reviewed. A report generated from this review will guide other SPS offices to provide support to their countries for the inclusion of proposals for pharmacovigilance activities

Barriers to Progress:	within the Global Fund application. None.
Next Steps:	Conduct field testing of the draft indicator-based assessment tool. Submit the outline for the standard generic training material to SPS pharmacovigilance partner (the University of Washington). Provide continued technical assistance and support to selected countries in developing their medicine safety and pharmacovigilance systems.
Indicators:	None.
Activity Title:	Support ART programs to measure and improve medication adherence
Activity Lead: Joshi, Mohan	Activity #: 8 Task: LFWW08AMR Subtask: 60EXH8
Activity Description:	In FY08, the AMR portfolio staff will collaborate with SPS/South Africa to maintain 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.
SPS Partners	None.
Budget: \$79,326.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	None planned.

Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	SOUTH AFRICA: (1) Ongoing technical support was provided in the various provinces with respect to implementation of the adherence measurement tool. The tool is now in various stages of implementation in all 9 provinces. (2) Draft TB adherence strategy was developed for consultation. (3) Obtained permission to conduct INRUD adherence survey in KZN. NAMIBIA: (1) Continued TA to MoHSS for monitoring efforts to minimize preventable HIV drug resistance, with support from the AMR portfolio, the WHO recommends the monitoring of a feasible set of "early warning indicators" (EWI) by ART programs at all or selected ART sites. In Namibia the ART dispensing tool (ADT) has been identified as the electronic tool for monitoring EWI. During the quarter, SPS worked towards adapting the ADT for collecting the EWI. (2) Enhanced ADT to facilitate the collection of the INRUD-IAA indicators for health-system level measurement of adherence. (3) With support from the AMR portfolio, worked towards the finalization of plans for the national adherence survey in Namibia. A meeting was held with key partners including MoHSS and USAID. The ART

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Barriers to Progress: adherence measurement tool developed and implemented by RPM Plus/SPS in South Africa is being considered for use in Namibia.
Next Steps: None.

Indicators: SOUTH AFRICA: Develop a draft of the pediatric ART adherence measurement tool. Conduct INRUD adherence indicator study. Finalize TB adherence strategy. Develop and pilot TB adherence tools. NAMIBIA: Provide continued support for conducting the Namibian national adherence survey and adapting the ADT for monitoring the WHO-recommended EW1.

Activity Title: Finalize AMR Module for USAID eLearning Center

Activity Lead: 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.

SPS Partners: None.

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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Part 1 of the module was further reviewed and revised. New pages were created to include information on recent AMR-related activities. Some existing pages were updated. The latest round of USAID feedback was also incorporated. Pictures were added. References and glossary terms were updated.

Barriers to Progress: None.

Next Steps: Finalize Part 1 and send to USAID for approval to make it "live".

Indicators: None.

Common Agenda

Work Plan: Common Agenda **Year** 08

Funding Level: \$664,482.00

Work Plan 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 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 specific 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 to treatment. 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: Donor Coordination (International Meetings)

Activity Lead: Keene, Douglas **Activity #:** 3 **Task:** LFWW08CAX **Subtask:** 60A2H3

Activity Description: With FY08 funding, SPS will seek to meet with donors and multilateral organizations, including the World Bank, WHO, the Global Fund, UNICEF, SIDA, and others, to identify potential roles for SPS in providing technical support to global programs and for country level pharmaceutical management system strengthening in areas such as assessments, procurement, pharmaceutical policy including governance, registration, and others. For example, SPS will participate in meetings with and provide support to the WHO by serving on the WHO Good

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Governance for Medicines Program's Global Advisory Group and the AMDS Working Group. SPS will participate in the U.K. Department for International Development (DFID)-funded Medicines Transparency Alliance (MeTA) program. As is often the case, global meetings of critical importance to USAID and SPS are not scheduled or known at the time when the Common Agenda work plan is developed. Therefore, all meetings that SPS will attend cannot be identified at this time. Decisions about which meetings to attend will be made in conjunction with the USAID SPS CTO throughout the year.

SPS Partners

None.

Budget: \$54,607.00

Start Date: Jan/2009 **End Date:** Jan/2010

Products Planned:

Trip Reports, presentations, other meeting handouts/reports.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

In this quarter, SPS worked with WHO and UNICEF to review an Interagency Task Team (IATT) publication, Co-trimoxazole Preventive Therapy (CPT) for HIV-Exposed and HIV-Infected Infants and Children: Practical Approaches to Implementation, on the Prevention of Mother-to-Child Transmission (PMTCT). SPS was requested to revise the section on Supply Management, one of the six strategic components of the document and to prepare a case study for this section.

Next Steps:

The document will be published next quarter.

Indicators:

None.

Activity Title:

Development of Pharmaceutical Care Training Materials

Activity Lead: Keene, Douglas **Activity #:** 4 **Task:** LFWW08CAX **Subtask:** 60CXE4

Activity Description:

SPS's approach to pharmaceutical care is to target all members of the health care team (physicians, nurses, pharmacists, pharmacy assistants, community health workers, and the patient) and encourage them to take responsibility and collaborate to prevent or solve medicine use problems to ensure desired health outcomes. For FY08, SPS will develop a set of training materials on pharmaceutical care targeting health care providers, as well as revise existing key pharmaceutical management training materials to promote pharmaceutical care. SPS will work with key partners such as the University of Washington and an in-country institution to field-test the training materials.

SPS Partners

None.

Budget: \$51,394.00

Start Date: Jan/2009 **End Date:** Jan/2010

Products Planned:

Generic training materials (with participant and facilitator guides).

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

SPS team provided feedback to the draft concept paper for pharmaceutical care. As result, a SPS team was identified to take the lead in providing comments on the paper to the University of Washington.

Barriers to Progress:

No constraints to progress.

Next Steps:

SPS team provided feedback to the concept paper.

Indicators:

None.

Activity Title:

Strengthening Local Institutions

Activity Lead: 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 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.

SPS Partners

None.

Budget: \$305,598.00

Start Date: Jan/2007 **End Date:** Jan/2007

Products Planned:

Training materials, conference and/or workshop proceedings.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

A lot of time and effort in this quarter was spent on developing a strategic plan for EPN. The process started with an external analysis conducted by an independent consultant and an internal assessment of the organization that was carried out by the staff. The two assessments were used at the end of January to develop a SWOT analysis for EPN. From the SWOT analysis and other input, the staff proposed some areas of focus and action in the coming years. Draft objectives and strategies were developed and presented to the board. During the process of developing the plan, it became apparent that for the board to be able to fully engage in the process, it was necessary to have them trained in the basics of corporate governance and strategic management. This training was carried out by Mr. J. Maalu of the University of Nairobi. Later in February, a strategic planning stakeholders meeting was held to review the draft strategic plan. After receiving valuable input and insight, the stakeholders defined the following priority areas for EPN for the period 2010-2015: Access to and rational use of medicines, HIV and AIDS care and treatment, pharmaceutical information sharing, and increasing the professionalism of pharmaceutical services. Further work on polishing up the draft and developing indicators for the key areas was left to the Secretariat and the board of EPN. As part of further support to strengthen EPN, the director of MSH's Technical Strategy and Quality Assurance, Center for Leadership, Management, and Sustainability provided technical assistance to the EPN Secretariat March 10 through 14, 2009. The purpose of the mission was to provide a full diagnostic of EPN as a business entity and to define immediate steps for addressing EPN's most pressing challenges. The MSH director's work provided a solid bridge by which EPN can use to get itself ready to fully implement the strategic plan. A number of potential service providers were approached to submit quotations for revamping the EPN website. The process of reviewing the proposals and awarding the contract is expected to be complete by the end of March. Everything appears to be in order for the first training of the boards of four EPN member organizations from the SADC region on corporate governance. The training is scheduled for April 1-3 at the Giraffe Ocean View Hotel in Dar es Salaam, Tanzania. In addition to the lead facilitator, speakers have been invited from MSH, AidsRelief, and the Commonwealth Health Secretariat in Arusha to share information on the opportunities that exist for cooperation with their agencies. A similar training is planned for four boards from the francophone region in August 2009. The Institute for Infectious Disease Control (IDI) and MSH conducted a field assessment the week of February 8-14, 2009, to determine the feasibility of implementing a Virtual Pharmaceutical Training Program (VPMP) with health care workers in Uganda. The proposed Virtual Pharmaceutical Training Program would build upon MSH's previous experience teaching the monitoring, training, and planning (MTP) approach in face-to-face trainings. The vision for the VPMP is to scale-up the delivery of MTP to a national and then regional level. Two teams traveling around the country carried out the national survey with a representative sampling of Regional Referral Hospitals, District Hospitals, and Health Center IVs in each of Uganda's five main administrative regions. The study participants

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Barriers to Progress:	<p>included health care workers involved in pharmaceutical management such as pharmacists, nurses, nursing assistants, midwives, and pharmacy technicians, and the heads of clinics or officers in-charge at the selected health facilities.</p> <p>An opportunity was provided for EPN team members to attend a Virtual Strategic Planning Program (VSPP) for organizations and/or programs that provide HIV/AIDS services in Asia and Africa offered by MSH's Leadership, Management, and Sustainability (LMS) Program. Unfortunately, it was not possible to comply with all the requirements for the 17-week course and so the opportunity was not taken up.</p>
Next Steps:	<p>(1) The draft strategic plan will be presented to the board for approval by the end of May after the staff have developed an implementation matrix and done some costing of the plan. (2) The formal launch of the EPN campaign to fight AMR is scheduled for May 19, 2009, in Geneva during the World Health Assembly. It is expected that simultaneously activities will take place in member countries. The latter activities will be supported by funds from one of EPN partners DIFAEM in Germany. The development of AMR fact sheets for distribution to smaller church health institutions (clinics, dispensaries, health centers) through the members in different countries will be done in the following quarter. The secretariat will continue to track and document in country AMR activity by EPN members arising out of the Moshi Workshop. Next step is to field-test the Virtual Pharmaceutical Management Program (VPMP) by developing a working strategy to follow-up and providing ongoing support to health care workers on their pharmaceutical management skills.</p>
Indicators:	None.

Malaria

Work plan: Malaria Core **Year** 08

Funding Level: \$400,000.00

Work Plan 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 Lead: 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

SPS Partners None.

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

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Contributed to a presentation and participated in a meeting at USAID on community case management (CCM). Compiled a list of RPM Plus and SPS tools for CCM. The SPS program recently completed the translation of all PMI tools into French to benefit the four SPS PMI Francophone countries. These countries are planning to undertake the end-use verification tool assessment in this coming quarter. In preparation for visits by the MOP planning teams, the SPS teams in Malawi and Ghana worked with the JSI-DELIVER project in implementing the systems strengthening tool. The SPS program also conducted the assessment in Angola and Benin. The goal of the assessment was to inform the MOP planning teams before their visits in country about any improvements in the pharmaceutical management systems that receive support from PMI. The SPS Program is taking the lead in providing quarterly data for Procurement Planning and Monitoring Report for Malaria (PPMRm) in Angola, Benin, Ethiopia, Kenya, Mali, Senegal, and Uganda. SPS has obtained all reports detailing the current product stock levels and status of the malaria medicines and shared those with JSI-DELIVER team for compiling and sharing with PMI/Washington team. Efforts are underway to pilot the end-use verification tool in Uganda and Ethiopia for this coming quarter. Both countries are currently reviewing the tool guidance and the forms, and also preparing to meet with various stakeholders to customize the tool specific to their respective countries.

Barriers to Progress: N/A.

Next Steps: Continue as planned.

Indicators: None.

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

Activity Lead: 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

SPS Partners: None.

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

Products Planned: M&E guide reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: The team has been working to finalize the monitoring and evaluation of ACT implementation guide. The guide is an indicator-based tool designed to assist users in monitoring and evaluating the pharmaceutical management aspects of ACT policy implementation. The guide will soon be submitted to editorial. Compiled all RPM Plus and SPS tools. Developed definitions and categories for tools and documents. Developed an outline of the information to be included for each tool. Developed description pages for each tool. Evaluated options for a web-based toolbox.

Barriers to Progress: None.

Next Steps: Discussions with communication team on the format for a web-based toolbox.

Indicators: None.

Activity Title: Develop and disseminate pharmaceutical management approaches and tools for improved severe malaria case management

Activity Lead: Diara, Malick **Activity #:** 4 **Task:** LFWW08MAL **Subtask:** 60CXJ4

Activity Description: SPS will continue to work with the PMI team and its partners in disseminating the approaches for appropriate quantification of severe malaria medicines and develop additional technical materials and tools for their application in PMI and other malaria endemic countries.

USG Sub-element: Treatment with Artemisinin-Based Combination Therapies

SPS Partners: None

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

Products Planned: Short guide for severe malaria quantification.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Reviewed severe malaria tool with a view to making it into a more succinct and user-friendly tool. Initiated discussions with USAID on their expectations. USAID then stated that this may not be needed anymore and that they will inform us after internal discussions.

Barriers to Progress: Finding a mutually agreeable time for face-to-face discussions with USAID.

Next Steps: Confirm with USAID before proceeding with this tool.

Indicators: None.

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

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

Activity Description: As the PSM 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.

Global Programs

USG Sub-element Malaria
SPS Partners None.
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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: Planned, participated in, and chaired the RBM PSMWG meeting in Geneva. Participated in the Coartem dispersible tablet launch by Novartis, participated in GFATM meetings on voluntary pooled procurement. Participated in WHO regulatory meeting which included changing the legal status of ACTs to OTC. Continued to provide technical leadership for PSMWG as co-chair. As such, SPS submitted three proposals for funding—forecasting and ensuring adequate supplies of ACTs to UNITAID and delay mapping in the procurement and supply mapping for LLINs to the UN Foundation. Discussions with the World Bank, Red Cross, WHO Pesticide Evaluation Scheme, and GFATM on PSM bottlenecks for LLINs. Participated in HWG conference calls and activities for acceleration of signature for R8 proposals and R9 proposal development.

Barriers to Progress: Funding.

Next Steps: Continue providing leadership to PSMWG.

Indicators: None.

Activity Title: Angola swap - Support pharmaceutical management information system related work

Activity Lead: Diara, Malick **Activity #:** 6 **Task:** LFWW08MAL **Subtask:** 60G4H6

Activity Description: TBD

USG Sub-element Malaria

SPS Partners None.

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

Products Planned: PMIS design plan supervision reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: No activity reported during this quarter.

Barriers to Progress: N/A.

Next Steps: N/A.

Indicators: None.

Maternal and Child Health

Maternal and Child Health-07

Work Plan: MCH (RH + CHS) Core **Year** 07

Funding Level: \$758,000.00

Work Plan Background

The SPS Program provides technical assistance to strengthen pharmaceutical and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both to improve the availability of health commodities, including those needed for maternal and child health (MCH) programs. SPS contributes to the short- and long-term goals of the MCH element of increasing access to and appropriate use of key MCH interventions by ensuring availability of needed medicines and commodities. The primary beneficiaries are international MCH initiatives and in-country MCH programs. With respect to maternal health, severe bleeding after childbirth is the largest cause of maternal mortality, accounting for at least one-quarter of maternal deaths worldwide. In the African region, postpartum hemorrhage (PPH) contributes to an even higher proportion of maternal mortality. Active management of the third stage of labor (AMTSL) is a proven intervention that reduces the incidence of PPH by up to 60 percent. AMTSL consists of interventions, including the administration of a uterotonic, which facilitate the delivery of the placenta by increasing uterine contractions and averting uterine atony, the principal cause of PPH. Oxytocin is the recommended first-line medicine for AMTSL because it is effective within two to three minutes, has minimal side effects, can be used in all women, and when stored at room temperature can be used for up to three months (depending on the manufacturer). Clinical studies on the safety of misoprostol for the prevention and treatment of PPH are ongoing, however, and may affect future policy recommendations, especially when oxytocin is not an option because of lack of refrigeration for storage, and/or a skilled provider to administer the injection. Building on work completed in collaboration with the USAID-supported Prevention of Postpartum Hemorrhage Initiative (POPPHI), in previous years, SPS will continue to work to support prevention of postpartum hemorrhage and the introduction and expansion of AMSTL through the appropriate planning and implementation of product selection, quantification, storage, and use of high-quality uterotonics. Similarly, SPS will strive to ensure that priority interventions for case management of childhood illnesses are successfully introduced and integrated into the public and private sectors and that lessons learned in doing so are documented. Continuing from activities initiated in the previous year, SPS will support implementation and evaluation of private sector initiatives to improve pharmaceutical services in support of MCH priorities in Tanzania, Senegal, Rwanda, and Cambodia, with a focus on evaluation and lessons learned. Specifically, countries where case management for childhood illnesses and introduction of zinc will be supported include DRC, Senegal, and Rwanda. Countries where maternal health activities will be targeted include Benin and Mali. SPS will also continue to work with partners to accelerate the community case management global agenda.

Activity Title: Mainstreaming pharmaceutical management into the global child survival agenda

Activity Lead: Adeya, Grace **Activity #:** 8 **Task:** LFWW07CHS **Subtask:** 60AXH8

SPS Partners None.

Budget: \$49,796.00 **Start Date:** Oct/2007 **End Date:** Sep/2007

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS provided technical support to BASICS to quantify needs for antimalarials in 5 health zones in anticipation of implementation of a community case management program which includes treatment of malaria for children under five.

Next Steps: SPS will continue to provide technical support as needed to strengthen the pharmaceutical management of antimalarials at the community level.

Indicators: None.

Maternal and Child Health-08

Work Plan: MCH (RH + CHS) Core **Year** 08

Funding Level: \$1,110,400.00

Work Plan 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 of 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 for the scale-up of Community Case Management and Zinc in Tanzania

Activity Lead: Adeya, Grace **Activity #:** 2 **Task:** LFWW08MCH **Subtask:** 60C5H2

Activity Description: Continuing from FY 07 activities, SPS will support implementation of private sector initiatives to support the scale-up of CCM and Zinc in Tanzania. These activities build on the SPS work plans for the PMI and PEPFAR projects in Tanzania. As part of its ongoing support for the scale-up of CCM in Tanzania, through the accredited drug dispensing outlets (ADDO), RPM Plus developed a child health package of the ADDO intervention package. This training component of this child health package was piloted under the RPM plus program and successfully integrated into the ADDO training package by the SPS program during FY07. Two other components of the child health package were planned, a communications component and a monitoring and evaluation component. The communications component was developed in collaboration with during FY07 and two radio workshops were held to develop radio spots as part of this process. The piloting of these radio messages will occur during this fiscal year with a view to having a final communications package completed and incorporated into the ADDO communications strategy by the end of the fiscal year. Additionally, SPS will also focus on beginning the development of a more robust and sustainable the monitoring and evaluation strategy for the child health package. These activities will all be done in collaboration with the ministry of health. SPS has also collaborated with the POUZN project to introduce Zinc for the management of diarrhea into its ADDO training package and communications messages. As part of this collaboration, orientation sessions were held for some of the previously trained ADDO dispensers to familiarize them with the guidelines for the use of zinc in the treatment of diarrhea in children. SPS will continue this collaboration with the POUZN project in FY08.

USG Sub-element Treatment of Child Illness

SPS Partners None.

Budget: \$197,843.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

Products Planned: Trip report.

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Reporting Period: Year: Project Year 2 Quarter: Q2

Activity Progress: As part of strengthening the community mobilization component of the Accredited Drug Dispensing Outlet (ADDO) program, a baseline survey was conducted in Morogoro Region to assess community practices, perceptions, and opinions related to child health information on the radio before supporting paid broadcasting of child health radio spots for a limited time. The survey was led by a SPS consultant and involved structured interviews with 83 respondents (30 child caregivers, 18 dispensers in ADDOs, 18 health care workers, 12 community leaders, and 5 radio personnel). For more details refer to the baseline report. In addition to the baseline survey, ADDO dispensers in two regions participated in orientations led by SPS to provide updated guidelines on diarrheal disease management (including zinc treatment) as well as a review of selected reproductive health products and the current M&E system for the ADDOs. The SPS program collaborated with the Point-of-Use Water Disinfection and Zinc Treatment (POUZN) project and the Tanzania Marketing and Communications (T-MARC) project to plan and implement the refresher training sessions in the Ruvuma and Rukwa regions. A total of 342 ADDO dispensers (211 in Ruvuma and 131 in Rukwa), 31 CHMT members (16 in Ruvuma and 15 in Rukwa, and 16 cascade supervisors of health zones (9 in Ruvuma and 7 in Rukwa) oriented on the revised diarrheal disease management guidelines which include zinc treatment, the appropriate use of selected reproductive health products, and the current M&E system for the ADDOs. For more detailed information, refer to the training reports.

Barriers to Progress: There was a delay in initiating contracts with local radio stations to broadcast the child health spots because arrangements had to be made to appropriately reference the SPS program, along with USAID in the radio spots.

Next Steps: Child health radio spots will be broadcast by local radio stations in the Morogoro Region for two months during next quarter. Following this two-month period, a follow-on survey will be conducted to evaluate changes in community practices, perceptions, and opinions. Plans are being finalized with collaborating organizations to conduct refresher training for ADDO dispensers in the Mtwara region on the updated guidelines on diarrheal disease management as well as a review of selected reproductive health products and the current M&E system for the ADDOs. SPS will support activities to strengthen the pool of facilitators for the standard ADDO training in anticipation of the expansion of the ADDO program into an additional six regions. In addition, an assessment of the child health referral program in the ADDOs is being planned for next quarter.

Indicators: None.

Activity Title: TA to support the scaling up of Zinc and CCM in DRC

Activity Lead: Adeya, Grace **Activity #:** 4 **Task:** LFWW08MCH **Subtask:** 60C5H4

Activity Description: MSH/SPS will provide support to strengthening the capacity of the PNLMD to assess and address pharmaceutical management issues including integrating pharmaceutical management into strategic planning activities, developing an ongoing distribution plan for diarrhea medicines, contributing to the technical content and review of the national promotion campaign, developing and disseminating as appropriate guidance documents for pharmaceutical management to health workers to improve the management of diarrhea. MSH/SPS will support improvements in the ongoing monitoring system at the community level and link PNLMD with stakeholders to engage in broader discussions to investigate and advocate incorporation of appropriate community level indicators into the national level information system.

USG Sub-element Treatment of Child Illness

SPS Partners None.

Budget: \$87,020.00 **Start Date:** Oct/2008 **End Date:** Oct/2009

Products Planned: Diarrhea job aid; guidelines for diarrhea management.

Reporting Period: Year: Project Year 2 Quarter: Q2

Activity Progress: A follow up supervision visit was made by SPS staff in collaboration with the implementing NGO Catholic Relief Services (CRS) to support community health workers (CHWs) in the province of Kasai Oriental. The supervision team visited a total of 67 CHWs (23 in the Kalenda health zone and 44 in the Kanda-Kanda health zone) to assess knowledge and practices regarding the management of childhood illnesses and availability of medicines. Data collection included an interview with the CHWs, a review of records, and direct observation. Recommendations were made to improve availability of medicines and pharmaceutical management skills of the CHWs, including calculating the average monthly consumption. For more information, a detailed supervision report is available. SPS organized and facilitated a technical workshop to revise key guidelines for the MoH's Directorate of Pharmacies and Medicines (DPM). The documents focused on defining the organizational structure of the DPM and procedures for accepting and processing key documents and applications, including registration of medicines. Related to private sector involvement in improving child health, SPS organized and facilitated a workshop of key child health stakeholders in the public and private sector to discuss different methods to engage the private sector in strengthening child health at the community level. In addition, SPS facilitated the dissemination of the updated MoH guidelines for diarrheal disease management (which include practical guidelines for the use of zinc treatment for children) in USG-supported health zones.

Next Steps: The revised DPM guidelines will be finalized and disseminated. Work will continue to develop a strategy to engage the private sector in improving child health outcomes as well as providing technical support to strengthen pharmaceutical management at the community level.

Indicators: None.

Activity Title: Mainstreaming Pharmaceutical Management into the global MCH agenda

Activity Lead: Adeya, Grace **Activity #:** 5 **Task:** LFWW08MCH **Subtask:** 60FXH5

Activity Description: Pharmaceutical management is not always integrated into the child survival strategies, tools and programs at the global, regional and country level. SPS will continue working with other partners, including UNICEF, BASICS and WHO to incorporate ensure this integration occurs.

USG Sub-element Treatment of Child Illness

SPS Partners None.

Budget: \$59,068.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

Products Planned: GHC presentation.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: In Mali, SPS staff participated in the national-level workshop on community health (March 16-21, 2009) held in Bamako. SPS engaged in discussions related to standardizing the approach to community health in Mali and shared experiences from technical support provided to develop and strengthen the pharmaceutical management components of community case management programs in the DRC, Senegal, and Tanzania. In Washington, SPS staff participated in a meeting with USAID/PMI and USAID/MCH representatives focused on sharing community case management experiences and discussing moving forward in targeted countries. SPS presented a summary of contributions to improve pharmaceutical management within community case management programs in several countries.

Next Steps: SPS will continue to be involved with ongoing national level discussions in Mali and with USAID/Washington on strengthening community health.

Indicators: None.

Activity Title: TA to support the introduction of CCM and Zinc in Rwanda

Activity Lead: Adeya, Grace **Activity #:** 6 **Task:** LFWW08MCH **Subtask:** 60FXH6

Activity Description: The SPS activities in Rwanda will build on the existing infrastructure, personnel and experience of the SPS project in Rwanda, in close coordination with the work plans of

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the PEPFAR and PMI agendas. SPS will support the revision of tools, job aids, and training materials for pharmaceutical management at the community level in Rwanda. To improve the availability of medicines for use in the CCM activities, SPS will assist the MOH to compile the available data coming from CHW and health facilities, analyze the consumption patterns by medicine and health condition, and provide recommendations for effective estimation of needs and management of medicines at the community. SPS will also support the training and supervision of community health workers on good pharmaceutical management practices.

USG Sub-element Treatment of Child Illness
SPS Partners None.
Budget: \$68,064.00 **Start Date:** Jan/2009 **End Date:** Oct/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: In March 2009, a visit was made to Rwanda to present, with BASICS, the results and recommendations of the assessment of the home-based management of malaria strategy conducted in 2008. During this visit, SPS staff met with key stakeholders in country to develop a plan for SPS support to community case management. The key activities in this plan were oriented to the recommendations of the home-based management assessment related to pharmaceutical management. The MpH Rwanda has adopted CCM to cover cases of pneumonia, malaria, and diarrhea for children under age 5 and plan on scaling up nationwide in 2009. As there is no field test of the approach, lessons learned from home-based care are crucial in the expansion of CCM. SPS proposes to support the community desk in a rapid evaluation of CCM, in revising and developing materials and tools for information systems and training, training of CHWs in aspects of pharmaceutical management, and assisting the community desk in the monitoring of consumption and rational use of medicines by the CHWs.

Barriers to Progress: Because of MoH community desk staff illnesses, detailed discussions on the proposed plan could not be held during the visit. The SPS team on the ground will follow up with the MoH to finalize the plan and obtain approval.

Next Steps: The first SPS activity will be to support the rapid evaluation of CCM to be conducted in April/May 2009 by the MoH community health desk staff and the ministry's partners.

Indicators: None.

Activity Title: TA to support the scaling up of AMSTL in Mali

Activity Lead: Adeya, Grace **Activity #:** 7 **Task:** LFWW08MCH **Subtask:** 60FXH7

Activity Description: SPS will provide support to Mali to scale up the practice of AMSTL in the country. Specifically, SPS will provide support to coordinate the strategic planning for ensuring availability maternal health commodities, which includes the development of a commodity security plan, advocate to obtain MOH approval to authorize the use of oxytocin by Matrones - finding out what if any additional evidence/information the MOH needs to authorize the approval, and conduct a rapid assessment of the storage and use of uterotonics, which would feed into developing/improving appropriate job aids and improve training materials. These activities will be done in cofounded by USAID/Mali funds to SPS.

USG Sub-element Treatment of Obstetric Complications and Disabilities
SPS Partners None.
Budget: \$65,602.00 **Start Date:** Jan/2009 **End Date:** Sep/2009
Products Planned: None.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: SPS/Mali staff met with representatives from the POPPHI during a visit to Mali to discuss synergistic maternal health activities and coordinate plans for expected assessments related to maternal health that are planned for next quarter. The uterotonic assessment protocol and data collection forms were drafted and circulated

	for review.
Next Steps:	SPS will continue to coordinate with stakeholders to advance the rapid assessment on the availability and use of uterotonics planned for next quarter.
Indicators:	None.
Activity Title:	TA to support the scale-up of AMSTL in Ghana
Activity Lead:	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 uterotonics 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 uterotonics medicines, following 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
SPS Partners	None.
Budget:	\$93,461.00 Start Date: Jan/2009 End Date: Sep/2009
Products Planned:	Trip report.
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	The Pharmaceutical Management Training Workshop for Health Care Providers practicing active management of the third stage of labor was held during this quarter. The training workshop for 33 health care providers comprising nurse/midwives, OB/GYNs, and pharmacists was held from March 2-4 in Accra, Ghana. SPS (Ghana and USA) worked in collaboration with the Ghana Health Services to prepare the session materials as well as facilitate the training sessions.
Next Steps:	Immediate follow-up activities have been identified and will soon begin. These include developing job aids to provide guidelines for proper storage and developing key indicators to monitor proper pharmaceutical management of uterotonics.
Indicators:	None.

Tuberculosis

Work Plan: TB Core **Year** 08

Funding Level: \$1,299,606.00

Work Plan 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 Lead:	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 Increasing Availability of Drugs for Treatment of TB Program Design and Learning
USG Sub-element	
Budget:	\$225,522.00
Start Date:	Oct/2008
End Date:	Sep/2009
Products Planned:	Trip Report to be uploaded.

Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	SPS supported the GDF/GLC through (1) conducting a technical evaluation of TB drugs and suppliers and the development of the GDF TB drug product quality database; (2) providing information updates on various TB drugs and equipment; and (3) providing drug management tools for product quality assurance (QA). GDF carried out monitoring missions to Thailand, Malawi, and Tajikistan to determine NTP's compliance with the GDF terms and conditions, and its capacity to appropriately quantify, clear through port, distribute, control stocks and use TB medicines according to the criteria established by the GDF. During the third Stop TB Partners Forum in Brazil, SPS team actively participated and facilitated discussions in the GDF symposia titled "An introduction for potential suppliers-- first- and second-line anti-tuberculosis medicines pre-qualification of and access to second-line drugs for MDR-TB.

Next Steps: SPS will provide technical assistance to GDF to populate database with most recent quality data once adopted by GDF by May 16, 2009. Also, SPS will enter into the discussion with GDF regarding ways to keep the database current as products and suppliers and quality aspects of products will change over the course of months and years.

Indicators: None.

Activity Title: Provide technical leadership to the GLC

Activity Lead: 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

SPS Partners None.

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

Products Planned: Trip report.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: At the request of the GLC and GDF, SPS assisted in the evaluation of expression of interest of potential suppliers of second-line TB medicines. It is expected that this activity would expedite the WHO pre-qualification of second-line TB medicines. SPS also participated in the meetings and teleconferences of the drug management subgroup of the Stop TB MDR-TB Work Group. SPS conducted a monitoring to Mongolia to evaluate the utilization of second-line TB medicines by the NTP.

Next Steps: The evaluation of suppliers' expression of interest will be an ongoing activity.

Indicators: None.

Activity Title: Respond to Global MDR/XDR TB Threat

Activity Lead: 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

SPS Partners None.

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

Products Planned: Trip report.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS participated in the third Stop TB Partnership Forum in Brazil where a one-day skills building workshop was facilitated by a pharmaceutical management specialist. The workshop was conducted in collaboration with the GDF, UNITAID, and Partners in Health. It was attended by 43 people from 21 countries. SPS disseminated materials and tools through the SPS/Brazil project booth, and provided active internet demonstration of e-TB Manager. SPS also participated in a two-part workshop of Stop TB's TB-TEAM and contributed to the revision of its strategy for technical assistance. SPS team actively participated and facilitated

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discussions in the Global Drug Facility symposia: An Introduction for Potential Suppliers—First- and Second-Line Anti-Tuberculosis Medicines. Pre-qualification of and access to second-line drugs for MDR-TB. SPS continued upgrading web-based tool—e-TB Manager—for programmatic management of TB and drug-resistant TB. SPS communicated with StopTB and WHO working group on recording and reporting, and made changes to the tool to address the most recent changes made in the WHO data collection and reporting forms. SPS is field-testing the e-TB manager in the Philippines where the work on transferring the existing fragmented databases into e-TB Manager is being continued.

Indicators: None.

Activity Title: Provide technical leadership to StopTB and WHO

Activity Lead: 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.

SPS Partners None.

Budget: \$49,967.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Trip report.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS facilitated a five-day workshop in Tajikistan on pharmaceutical management of MDR-TB for central and regional staff of Tajikistan's NTP in preparation of a planned GLC project to treat MDR-TB patients. The workshop comprised of 19 participants (8 females and 11 males).

Next Steps: A follow-up workshop to evaluate progress and assist participants with the roll out of MDR-TB/GLC project in the country will be conducted six to eight months after the project starts. The follow-up will be build upon the participants individual improvement plans.

Indicators: None.

Activity Title: Strengthen Laboratory Systems

Activity Lead: 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

SPS Partners None

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS took part in a scoping/identification mission for the bank-funded Regional Health Systems Strengthening and TB Support Project in Uganda from March 30 to April 4, 2009. The main objective of the Uganda mission was to (1) review laboratory capacity and main challenges; (2) identify key areas which might be supported under the project, and (3) agree on the next steps for Uganda to participate in the regional project.

Next Steps: The bank team identified two major areas of potential support for Uganda. The first would be to assist Uganda to play a key regional role by becoming a center

of excellence in East Africa for diagnosis and treatment of TB and other infectious diseases. The second major area could include support to establish state of the art laboratories at regional centers of excellence outside of Kampala to make TB services within Uganda more accessible and to serve cross border patients coming into Uganda from neighboring countries. It was agreed that the government team would submit a project concept note on the regional operation to seek views from the key stakeholders at the MoH and to ensure ownership.

Indicators: None.

Activity Title: Disseminate SPS tools

Activity Lead: 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

SPS Partners None.

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Materials prepared and sent for the dissemination at the third StopTB Partnership Forum in Brazil, March 2009. Training materials for the pharmaceutical management for TB and MDR-TB finalized and translated into Russian. e-TB Manager web-based application was translated into Armenian. e-TB Manager training materials drafted in English based on the generic version of e-TB Manager. The content of SPS TB web page has been updated.

Next Steps: To be uploaded.

Indicators: None.

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

Activity Lead: 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

SPS Partners None.

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During this quarter, the first draft of the TB/HIV commodity management assessment guide was finalized. The guide is currently undergoing technical review.

Next Steps: To incorporate comments and suggested changes after review and field test in three countries.

Indicators: None.

Activity Title: Provide technical leadership to the Retooling Task Force

Activity Lead: 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, most likely 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: (1) changing to revised case definition of a sputum smear positive TB case, (2) reducing the number of

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	specimens investigated for suspected TB, and (3) 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
SPS Partners	None.
Budget: \$150,933.00	Start Date: Oct/2008 End Date: Sep/2009
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	This activity has been put on hold by StopTB; it is expected that the Retooling Task Force will be dismissed as having fulfilled its goals, and a permanent Work Group will be established in its place. SPS will then continue its active role with the retooling activities.
Next Steps:	SPS will support the newly established working group.
Indicators:	None.

REGIONAL PROGRAMS

East Africa (REDSO)

Work Plan: East Africa (REDSO) **Year** 08

Funding Level: \$50,000.00

Work Plan 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 noncommunicable 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 Lead: 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.

SPS Partners None.

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Jointly with AMR Washington, SPS developed a questionnaire on the functionality of the Drug and Therapeutics Committees and Antimicrobial Resistance for administration to country teams attending the dissemination workshop on PA tool findings in April. There was no progress on products.

Barriers to Progress: None.

Next Steps: Receive and analyze the responses from the DTC questionnaire. Select the countries to be initially included in DTC strengthening. Plan for a workshop.

Indicators: None.

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Activity Title: Disseminate the findings of the third regional assessment of performance of pharmaceutical management systems in ECSA

Activity Lead: 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.

SPS Partners None.

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Developed a presentation format for the report. Rescheduled the dissemination workshop for principle pharmacists of 10 ECSA member states to April 23-24, 2009.

Barriers to Progress: None.

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

Indicators: None.

Europe and Eurasia (E&E)

Work Plan: Europe and Eurasia (E&E) **Year** 08

Funding Level: \$616,600.00

Work Plan 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, 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

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

Activity Lead: 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.

SPS Partners

None.

Budget: \$42,412.00

Start Date: Oct/2008

End Date: Sep/2009

Products Planned:

Trip reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During the visit to Armenia in January 2009, the SPS team presented functionalities of e-TB Manager to MoH, penitentiary system, Marz (province) coordinators, members of MSF (Doctors Without Borders), and NTP. Because regular TB data was maintained by NTP while MDR-TB data was maintained by MSF, NTP expressed utmost interest in having one management program that would maintain data for all types of TB. It was agreed that e-TB Manager will be implemented at the central level initially because of the lack of internet connection in remote regions. SPS suggested using paper-based forms for TB facilities at the scale-up stage until the issue with internet connections is resolved. NTP suggested few changes to e-TB Manager to meet country specific needs. Upon the return of consultants, e-TB Manager system keys were translated into Armenian language and requested changes on e-TB Manager were implemented. SPS technical staff provided NTP and MoH with MOU for their review and comments.

Next Steps: Hosting the Armenian version of e-TB Manager during the validation phase on the MSH servers and providing access to it via the internet. Provide technical specifications for a server and software required to implement e-TB Manager in the country and technical assistance to Armenia after the release of the pilot version.

Indicators: None.

Activity Title: Caucasus: Adaptation and implementation of e-TB Manager

Activity Lead: Zagorski, Andre **Activity #:** 4 **Task:** LFRI08XXX **Subtask:** 60GXJ4

Activity Description: SPS will adapt the generic version to the local context to meet the MoH and NTP requirements and translate the e-TB Manager interface into local languages. The functionalities will be tested, including data entries and standard reports, and all

needed corrections or adaptations will be incorporated into pilot version after final evaluation with the working groups. The pilot versions will be then field tested using actual data input in selected provinces and TB facilities. Based on the results from field tests, all documentation for country-specific versions of e-TB Manager will be finalized (dictionary of data, data model, structure of database, manual for installation, user's manual). SPS will tailor the User's Manual and training materials to country specific versions of e-TB Manager, and conduct training-of-trainers. These activities will be carried out through quarterly technical visits by SPS team to Georgia, Armenia, and Azerbaijan, and coordinated in the field by local consultants hired by SPS. It is expected that by the end of FY09, all three countries will either have fully tested versions of e-TB Manager ready for country-wide implementation, or will have specific modules and functionalities of e-TB Manager imported into the existing MIS to strengthen its functions and output.

SPS Partners

None.

Budget: \$221,571.00

Start Date: Oct/2008

End Date: Sep/2009

Products Planned:

Trip report.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

After its first visit to Azerbaijan, SPS team provided user names and passwords to both the NTP and penitentiary group that allowed them to log into the demonstration version of e-TB Manager on the Internet. SPS team incorporated new changes suggested by NTP and penitentiary sector to the system. Since penitentiary sector and NTP used different information collection tools, the SPS team was successful in bringing together representatives from the penitentiary sector and the NTP to develop common data forms for MDR-TB to be used in e-TB Manager. E-TB Manager was translated into Azerbaijan language and validated by NTP representatives.

Barriers to Progress:

Because of the incompatibility of the data entry forms used by the NTP/SRILD and the penitentiary sector, the Azerbaijani version of e-TB Manager could not be setup for testing during the visit.

Next Steps:

Next steps for the SPS technical staff will include the following: release a pilot version of the e-TB Manager with changes already implemented; host the Azerbaijan version of e-TB Manager during this validation phase on the MSH servers and make it available through the Internet; provide technical specifications for the server and software required for maintaining e-TB Manager in the country; provide technical assistance after the release of the pilot version of e-TB Manager for Azerbaijan and make adjustments as requested; provide a copy of the MOU to be evaluated by the MoH and MOJ in Azerbaijan.

Indicators:

None.

Activity Title:

Central Asia: Technical assistance in e-TB Manager adaptation and implementation

Activity Lead: Zagorski, Andre **Activity #:** 5 **Task:** LFR108XXX **Subtask:** 60GXJ5

Activity Description:

Both Kazakhstan and Uzbekistan have electronic monitoring systems in place, both desk top based on Epi-Info. Being PC-based, these systems allow immediate access to information only to managers whose PCs on which they are installed, which in the case of Kazakhstan is not even within the National TB Center but a para-statal MOH contractor Medinform; every time the NTP requires information, it has to order it from Medinform. E-TB Manager on the other hand being a web-based system is open to all authorized users with internet access at any time. During FY09, SPS will conduct two technical missions to each country to identify the functionalities of e-TB Manager that could be transferred in order to pull together existing data bases and facilitate access to the information for TB managers at all levels. It is expected that by the end of FY09 SPS will identify and adapt the functionalities of e-TB Manager that are most likely to strengthen the

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existing information systems in Kazakhstan and Uzbekistan, and will develop a joint plan with NTPs for subsequent technical assistance. These activities will be coordinated and leveraged with USAID bi-lateral in the field (Project HOPE TB program) and CDC/Central Asia, as well as with the Global Fund.

SPS Partners

None.

Budget: \$110,681.00

Start Date: Oct/2008

End Date: Sep/2009

Products Planned:

Trip reports.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

In Kazakhstan, SPS team presented e-TB Manager to representatives of MoH, National TB Center, TB dispensaries, NGOs, and delegates from Uzbekistan who could not attend workshop in Georgia. During the discussion session, MoH representatives shared management information system (MIS) used for case management and how paper-based data on TB and MDR-TB goes from rayon level to oblast level for analysis and then is transferred to national database. However, currently used MIS did not address drug management. NTBC discussed possibility for the integration of the existing case management database with drug management module of e-TB Manager. It was decided to adapt the drug management module of e-TB Manager to meet country specific needs. Project Hope and KNCV expressed an interest in potential collaboration on the country level. Shortly after the trip, SPS implemented changes requested by the NTBC.

Barriers to Progress:

MOH and NTBC of Kazakhstan were not very responsive during the quarter.

Next Steps:

Next immediate steps for SPS team include preparation of a pilot version of the e-TB Manager and hosting it on MSH server. This version will be available for country use via internet. In the mean time, SPS will provide specification of a server and software required to implement e-TB Manager in the country.

Indicators:

None.

Activity Title:

Ukraine: Technical assistance in e-TB Manager implementation

Activity Lead: Zagorski, Andre

Activity #: 6

Task: LFRI08XXX

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 results 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).

SPS Partners

None.

Budget: \$117,486.00

Start Date: Oct/2008

End Date: Sep/2009

Products Planned:

Trip reports.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

New implemented changes were validated by the NTP and MoH Ukraine. MOU between SPS and MoH Ukraine was reached and signed.

Next Steps:

The next step for SPS team will consist of a technical visit to Ukraine where they will install e-TB Manager on MoH server and conduct a TOT for e-TB Manager

Regional Programs

Indicators: users.
None.

Latin America and Caribbean (LAC)

LAC-Amazon Malaria Initiative

Work Plan: LAC-AMI **Year** 08

Funding Level: \$800,000.00

Work Plan 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 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, Barillas, Edgar, Claudia Valdez y Silas Holland. 2008. Situación de la gestión del suministro de medicamentos para el tratamiento de la malaria los países que comparten la Cuenca Amazónica. Presentado a la Agencia de los Estados Unidos para el Desarrollo Internacional por el Programa

Regional Programs

Strengthening Pharmaceutical Systems (SPS). Arlington, VA: Management Sciences for Health.

Activity Title: Technical activity coordination and monitoring

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

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

SPS Partners: None.

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: NA.

Barriers to Progress: NA.

Next Steps: NA.

Indicators: None.

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

Activity Lead: 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)

SPS Partners: None.

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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Through local consultants and regular staff, SPS supported the institutionalization of SOPs for malaria pharmaceutical management in Colombia, Peru, Bolivia, Guyana, Ecuador, and Brazil. Following the guidelines provided during the Bogota workshop (May 2008), the first four countries have continued to implement SOPs using a more holistic approach, which benefits the whole national pharmaceutical system. SPS is supporting malaria-oriented SOPs in Brazil and Ecuador. These SOPs follow national guidelines and are actually supporting the integration of a national pharmaceutical system. For most countries, final versions of the SOPs will be completed by June 2009. SPS staff visited Colombia and Ecuador (January 26–February 6) to provide assistance for the implementation of these activities and others included in the FY08 work plan.

Barriers to Progress: None.

Next Steps: For most countries, final versions of the SOPs will be completed by June 2009.

Indicators: None.

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

Activity Lead: 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

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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
Program Design and Learning

SPS Partners None.

Budget: \$68,000.00 **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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During this quarter, Colombia, Brazil, Bolivia, and Guyana completed the implementation and evaluation of pilot studies on the monitoring and supervision tool proposed by SPS. SPS will support the elaboration of supervision guidelines in all these countries as a necessary step to scale up this practice to the rest of the country.

Barriers to Progress: No constraints. Note: Activity was co-funded using FY07 and FY08 funds.

Next Steps: The results of the pilot studies will be presented and discussed during the regional meeting in Lima, Peru (April 21-23).

Indicators: None.

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

Activity Lead: 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

SPS Partners None.

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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: The study on the situation of the supply chain of laboratory reagents and commodities was finished in Ecuador and Colombia. Data collection will be concluded before the end of April in Peru and Bolivia. SPS will prepare a technical report based on the country assessments. Based on the preliminary results of this study, the NMP in Ecuador introduced new procedures to correct a few problems identified in the supply chain of laboratory materials and reagents.

Barriers to Progress: No constraints.

Next Steps: Based on the country studies, SPS will produce a consolidated report by May 2009.

Indicators: None.

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

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

Regional Programs

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

SPS Partners None.

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".

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: A rapid assessment on the performance of the malaria pharmaceutical information systems was completed in five AMI countries. Data collection of the studies on prescription, dispensation, and adherence to treatment were completed in Peru and Ecuador; by the end of April 2009, data collection will also be completed in Colombia and Brazil. All country reports will be completed by May 2009. The field work of the study on the implications of low incidence of malaria on pharmaceutical management was concluded in all four sample countries: Colombia, Ecuador, Peru, and Bolivia. A final report will be shared with AMI partners and counterparts by the end of May 2009.

Barriers to Progress: No constraints. (Note: Activity was co-funded using FY07 and FY08 funds.)

Next Steps: Final reports of these studies will be ready by May 2009.

Indicators: None.

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

Activity Lead: 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

SPS Partners None.

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

Products Planned: Trip reports, short-term work plans.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During this quarter, SPS continued providing direct technical assistance to improve the storage practices of the National Malaria Program in Ecuador. A follow-up visit is scheduled for April 2009. The knowledge, attitudes, and

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practices study to support a communications campaign in Colombia was implemented during this quarter and will be completed around the first week of April 2009. During the visit to Colombia (January 2009), MoH authorities requested support to strengthen the warehousing conditions of the province stores. For this activity, SPS elaborated TORs that were annexed to the trip report shared with local counterparts mid-February 2009.

Barriers to Progress: No constraints. (Note: Activity was co-funded using FY07 and FY08 funds.)
Next Steps: The need of direct technical assistance for the improvement of the PMIS will be discussed during the Lima workshop, April 21-23, 2009.

Indicators: None.

Activity Title: Strengthening of pharmaceutical management information systems

Activity Lead: 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

SPS Partners None.

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 included the minutes of the meeting and the findings of a rapid assessment in AMI countries.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Base on the results of a rapid assessment on the performance of the malaria pharmaceutical management information systems (PMIS), SPS will organize a regional workshop to improve the performance of PMIS. This event will be held in Lima, Peru, on April 21-23, 2009.

Barriers to Progress: None.

Next Steps: This event will be held in Lima, Peru, on April 21-23. The need of direct TA will be discussed during this event.

Indicators: None.

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 Lead: 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

SPS Partners None.

Budget: \$88,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Trip reports, technical reports, presentations.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During the VIII AMI technical meeting (Bogota, March 17-19, 2009), SPS

distributed draft versions of the following documents: State of Malaria Pharmaceutical Management in Central American Countries; Availability of Malaria Medicines for Special Cases and Procurement Mechanisms; Development of Supervision Systems for Malaria Medicines Availability and Use; and Institutionalization of Standard Operating Procedures for Malaria Pharmaceutical Management. Final versions of these documents will be disseminated electronically and in hard copy to national counterparts and partners during April and May 2009. In coordination with Links Media, the AMI web page will be updated based on this information.

Barriers to Progress: No constraints. (Note: Activity was co-funded using FY07 and FY 08 funds.)
Next Steps: Final versions of these materials will be distributed to partners and counterparts during April and May 2009. Links Media will provide TA.

Indicators: None.

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

Activity Lead: 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

SPS Partners: None.

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).

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS participated in the VIII AMI technical meeting and the XII AMI Steering Committee Meeting (Bogota, Colombia, March 17-20, 2009).

Barriers to Progress: No constraints. (Note: Activity was co-funded using FY07 and FY08 funds.)

Next Steps: Next steering committee meeting will be held in Washington, D.C., September 9-11, 2009.

Indicators: None.

LAC-Antimicrobial Resistance

Work Plan: LAC-AMR **Year** 08

Funding Level: \$81,000.00

Work Plan 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 sub-regional strategy for the Andean countries and Paraguay, called the South American Infectious Disease Initiative or SAIDI. The general objective of this initiative is to contain the emergence and spread of AMR by improving the availability and the use of antimicrobials of assured quality. Thus, the central focus of SAIDI is rational use of antimicrobials and

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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 work plan 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 Lead: 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

SPS Partners None.

Budget: \$25,215.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Finalized guidelines on management of 2nd line TB medicines.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: The draft national TB SOPs still have not been reviewed by DIGEMID because of competing priorities. In Callao, SOPs were distributed to all facilities and are currently being implemented. In addition, all pharmacists in Callao were trained on how to conduct formative supervision for SOP implementation.

Barriers to Progress: DIGEMID has not completed revision of the SOPs for the national level.

Next Steps: SPS will follow up with DIGEMID to determine a deadline for SOP revision. SPS will provide support for SOP implementation in Callao. The pharmacists trained in formative supervision will conduct monitoring visits beginning in early April.

Indicators: None.

Activity Title: Provide support to maintain SAIDI achievements in Callao

Activity Lead: 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

SPS Partners Development of New Tools and Improved Approaches
Program Design and Learning

SPS Partners None.

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

Regional Programs

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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS met with SAIDI national partners in February to discuss progress made on SAIDI activities in Callao and decide on next steps. A one-day meeting was held during which Callao representatives presented activities in the five major lines of action. At the end of the meeting, a list of priorities was developed. These were to be reviewed by Callao and circulated among partners. SPS agreed to continue support to the Regional Direction of Medicine for the Drug Information Center (DIC) and for re-certification of the regional warehouse in good storage practices. SPS also agreed to provide technical support for quantification and procurement.

Barriers to Progress: The list of priorities generated during the February meeting has not been reviewed or circulated among partners. SPS will follow up with Callao to ask that this be done.

Next Steps: SPS will assist Callao in preparing the regional warehouse for re-certification. DIGEMID will work with Callao to prepare an action plan for future support of the DIC in Callao.

Indicators: None.

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

Activity Lead: 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

SPS Partners None.

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

Products Planned: Workshop materials; training reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: The first of the three sessions on pharmaceutical management were completed in all three regions this quarter, and session two was conducted in two of the regions. The MoH has been very supportive of these trainings and has provided invaluable support in extending the invitations to personnel and following up on their response.

Barriers to Progress: None.

Next Steps: The second and third sessions will be conducted in all three regions next quarter. The SPS consultant in Paraguay will provide support to participants. SPS will also provide simple materials needed to improve storage practices, such as pallets and shelves.

Indicators: None.

Regional Development Mission for Asia (RDMA)

RDMA (07)

Work Plan: RDMA Asia **Year** 07

Funding Level: \$463,280.00

Work Plan 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 work plan 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 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 work plan). 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 work plan will contribute to the achievement of one or more of the technical objectives. While the activities are likely to change with each work plan (annually), the technical objectives will remain relatively the same (from work plan to work plan).

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

Activity Lead: Yeager, Beth **Activity #:** 8 **Task:** LFRN07IDX **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

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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
SPS Partners None.
Budget: \$5,161.00 **Start Date:** Oct/2007 **End Date:** Sep/2008
Products Planned: Lessons learned document.

Reporting Period: Year: Project Year 2 Quarter: Q2
Activity Progress: No progress to report for this quarter.
Barriers to Progress: Training on eTB Manager in the Philippines is continuing; the tool has not yet been implemented.
Next Steps: SPS anticipates completing this activity after training is finished, and implementation initiated.

Indicators: None.

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

Activity Lead: Yeager, Beth **Activity #:** 9 **Task:** LFRN07IDX **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

SPS Partners None.

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

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

Reporting Period: Year: Project Year 2 Quarter: Q2
Activity Progress: SPS presented the eTB manager tool to the Chinese NTP in January 2009. During the visit, SPS presented a standard MOU for review in preparation for negotiation and signature. In addition to providing TA to improve their MIS, the NTP also requested assistance in (1) conducting a follow-up visit to sites where TB SOPs have been implemented since July 2008; (2) drafting an article on SOP implementation for publication in an international journal; and (3) supporting an NTP visit to Sri Lanka to learn from a model for successful implementation of FDCs. Following the meeting, SPS developed an activities matrix outlining next steps, roles and responsibilities needed to activate eTB Manager, and additional requests for TA. The next step in eTB Manager implementation is to conduct a visit to review the NTP's current MIS to determine information needs and adapt the system accordingly. With respect to additional TA requests (1) SPS will travel to China in May 2009 to visit sites where first-line TB SOPs have been implemented; (2) SPS staff members determined after reviewing funds that they could support TA and coordination for an experience exchange in Sri Lanka, provided that the NTP supports its own staff travel expenses. The NTP has decided to wait on this activity until funding has been identified for travel; (3) SPS has made progress identifying international journals that may be interested in the SOP implementation process and/or impact on TB outcomes in China and developing a content strategy. SPS will continue to work with the NTP to select the most viable options among those journals identified and draft an outline of the article.

Barriers to Progress: None.

Next Steps: SPS technical staff will work with key stakeholders to plan a visit to review the current TB MIS, draft an article for publication in an international journal, and conduct a field visit to review first-line SOP implementation.

Indicators: None.

RDMA (08)

Work Plan: RDMA Asia **Year** 08

Funding Level: \$200,000.00

Work Plan 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.

TUBERCULOSIS. 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
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Activity Lead: Yeager, Beth **Activity #:** 2 **Task:** LFRN08IDX **Subtask:** 60F4H2

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

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USG Sub-element Health Governance and Finance (Malaria)
SPS Partners None.
Budget: \$18,200.00 **Start Date:** Oct/2008 **End Date:** Sep/2009
Products Planned: Training materials; training reports.

Reporting Period: Year: Project Year 2 **Quarter:** Q2

Activity Progress: This quarter, SPS finalized the training materials and conducted a two-day training (February 16-17) on the management of malaria medicines and RDTs for provincial health offices in Bangkok, Thailand, in collaboration with the Bureau of Vector Borne Diseases (BVBD)/MoH. Thirty-six participants representing PHOs that had implemented malaria posts under the GFATM Round 2 grant attended as well as PHOs that would be implementing malaria posts under the Round 7 grant attended the training. The training included presentations on good pharmaceutical management practices, expectations of the BVBD for the PHOs, and malaria posts in terms of pharmaceutical management and lessons learned from Round 2 PHOs.

Barriers to Progress: The training was initially planned for 3 days, but the BVBD asked to shorten it from 3 to 2 days, so that they could cover a separate training topic on the third day.

Next Steps: SPS will discuss the further technical assistance needs with the BVBD in April.

Indicators: None.

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

Activity Lead: 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

SPS Partners None.

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.

Reporting Period: Year: Project Year 2 **Quarter:** Q2

Activity Progress: SPS presented the assessment findings to malaria stakeholders at a meeting in Vientiane (February 10, 2009) to solicit feedback, validate results, note progress to date, and begin defining next steps. At the end of the meeting, the partners agreed to fill out a matrix prepared by SPS to report progress to date on activities to strengthen the supply system, specifically in the areas identified in the assessment, and to schedule a meeting for April to define technical assistance needs from SPS and plan next steps. Also during this quarter, the report on the assessment of ACT and RDT management practices under implementation of GFATM malaria grants in Laos was finalized and disseminated to partners.

Barriers to Progress: None.

Next Steps: SPS will review the progress matrix filled out by stakeholders in preparation for a meeting scheduled for April to discuss next steps.

Indicators: None

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

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

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

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USG Sub-element Program Design and Learning
SPS Partners None.
Budget: \$13,120.00 **Start Date:** Oct/2008 **End Date:** Sep/2009
Products Planned: Presentations.

Reporting Period: Year: Project Year 2 Quarter: Q2
Activity Progress: In February, SPS conducted a one-day training session on procurement and supply management at the ACTMalaria Management of Malaria Field Operations course in the Bangkok, Thailand, and led a one-day field exercise with the participants on malaria medicines and RDTs management at malaria treatment sites in Kanchanaburi province. Twenty-three participants representing nine countries (Cambodia, Indonesia, Laos, Malaysia, the Philippines, the Salomon Islands, Thailand, Vietnam, and Vanuatu) attended the training and fieldwork.

Barriers to Progress: None.
Next Steps: SPS will attend the Mekong Malaria Partners' meeting in April.
Indicators: None.

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 Lead: 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

SPS Partners None.
Budget: \$43,710.00 **Start Date:** Oct/2008 **End Date:** Sep/2009
Products Planned: Adapted MDR-TB quantification tool and instruction manual; trip report describing the training process and outcomes.

Reporting Period: Year: Project Year 2 Quarter: Q2
Activity Progress: This quarter, SPS conducted a quantification and TOT course in Ulaanbaatar, Mongolia, March 24-27, 2009. Participants came from the central level TB program, eight district treatment centers, and two local NGOs. The course was divided in half, with the first portion dedicated to improving general pharmaceutical management, conducting field visits, and using GDF patient kits to improve patient treatment education and adherence. The second portion of the course was restricted to site staff responsible for quantification. New quantification tools for both TB and MDR-TB were presented. Participants exercised and selected the best tool; unanimously voting to implement the GDF tool for first-line quantification and the MSH tool developed for China in 2008 for second-line quantification.

Barriers to Progress: None.
Next Steps: SPS will return to Mongolia in September 2009 to follow up on training scale-up and quantification tool implementation.
Indicators: None.

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

Activity Lead: 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.

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USG Sub-element Host Country Strategic Information Capacity
SPS Partners None.
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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: SPS staff traveled to the Philippines in February 2009 to participate in a second meeting to discuss the formation of a regional model center for MDR-TB management at the Tropical Disease Foundation (TDF) in Manila. SPS and other partners presented to the group potential ways to support the new center. Representatives from China; Vietnam Cambodia; the Philippine; Papua, New Guinea; and Mongolia agreed to a statement of purpose for the centers. WPRO proposed organizing a team of partners from MSH, CDC, GDF, WHO, and USAID to conduct needs assessments in each of the partner countries before defining the functions of the model center. Once the assessments are complete, the roles and responsibilities of each implementing organization will be more clearly defined.

Barriers to Progress: None.
Next Steps: SPS will participate in the assessments and provide a report outlining the pharmaceutical management needs of each participating country.

Indicators: None.
Activity Title: Continue to support the national TB program in China to improve the management information system (MIS) for tuberculosis

Activity Lead: 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
SPS Partners None.
Budget: \$45,500.00 **Start Date:** Oct/2008 **End Date:** Sep/2009
Products Planned: MIS tools and training materials adapted and piloted.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
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).

Barriers to Progress: None.
Next Steps: See Activity 9, FY07.
Indicators: None.

West Africa Region

Work Plan: West Africa Region **Year** 07

Funding Level: \$500,000.00

Work Plan 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 sub-region. 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 sub-region. 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 Lead: 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 für Technische Zusammenarbeit, the Belgium Cooperation, the Centrale Nationale d'Approvisionnement en Médicaments et Consommables Médicaux (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

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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.

SPS Partners

None.

Budget: \$67,000.00

Start Date: Oct/2007

End Date: Mar/2009

Products Planned:

Trip report; English and French versions of assessment report.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

In previous quarters, SPS worked closely with the Cameroon Ministry of Health/Division of Pharmacy and Medicines (MoH/DPM) to conduct an assessment of the National System of Essential Drugs (SYNAME). A report that included feedback from the Cameroon MoH/DPM was produced in English. In this quarter, the English report was translated to French and copies were shipped to MoH/DPM for local dissemination. The evaluation shows the need to strengthen procurement and reinforce human capacity in quantification, inventory management, and use of management tools for a better operation of the SYNAME. It was also found that the National Essential Medicines and Medical Supplies Store (CENAME), which plays a critical role in supplying about 400 medical commodities to more than 75 health facilities in Cameroon and whose sales reached XAF 8.27 billion in 2007, has adequate capacity to procure, manage, and distribute medicines and medical supplies to support quality services in the health facilities. However, the general management and availability of some medicines was a problem in the health facilities, either as a result of stock-outs at CENAME or in regional pharmaceutical supply centers, or because of inadequate capacity of managers to quantify needs. Therefore, there is need to strengthen procurement mechanisms and improve managers' capacity to quantify needs, manage inventory, and use pharmaceutical management tools to improve the operation of SYNAME.

Barriers to Progress: None.

Next Steps:

This activity has been concluded.

Indicators:

None.

Activity Title:

Provide support to WRTRC to develop pharmaceutical management supervision tool for ALCO countries.

Activity Lead: 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

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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 (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.

SPS Partners

None.

Budget: \$96,396.00

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.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

The USAID/WA approved approach for developing and disseminating the tool involves first supporting IRSP to develop, field-test, and finalize a generic version of the tool in Benin, and then disseminate and promote uptake of the tool in interested ALCO countries in collaboration with WHO and other regional stakeholders. During this quarter SPS assisted the IRSP to finalize the technical proposal and budget for the work. The IRSP six-member development team includes a representative of the Benin MoH in order to promote local ownership. While on other MSH business in Benin in February 2009, SPS technical staff finalized the draft contract with IRSP, leading to the signing of the contract by MSH and IRSP on February 25 and 28, respectively. No training was conducted this quarter.

Barriers to Progress:

Some delays resulted from contractual administrative procedures to ensure the signed contract complied with USAID and organizational regulations. Also, communication with the contractor was sometimes slow due to technological challenges (internet, mobile phone).

Next Steps:

IRSP will collect and review relevant reference materials for the supervision tool, then draft and share a first version with a small group of representatives from the public and private health sectors in Benin. An updated version incorporating feedback from this round will be field tested in three health facilities in Benin for adjustment and validation, and then the final version will be submitted to SPS for finalization and dissemination. The work is expected to be completed by September 2009.

Indicators:

None.

Activity Title:

Technical Activity Coordination

Activity Lead: Goredema, Wonder **Activity #:** 1 **Task:** LFRA07XXX **Subtask:** 97XXY1

Activity Description:

Implementation of work plan activities will involve close coordination among SPS staff, USAID/WA Mission staff, MOH and other local counterparts and partners in countries in the West African region where activities are implemented. SPS technical staff in Arlington are supported by relevant SPS regional and country staff as and when needed.

SPS Partners

None.

Budget: \$40,000.00

Start Date: Jan/2007

End Date: Jan/2007

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Coordination included regular e-mail communication and teleconferences between SPS Arlington staff and Mali and IRSP staff in Benin.

Barriers to Progress:

None.

Next Steps:

Proceed as in previous quarter.

Indicators:

None.

COUNTRY PROGRAMS

Afghanistan

Work Plan: Afghanistan **Year** 08

Funding Level: \$2,000,000.00

Work Plan Background

Problems associated with the availability and use of pharmaceutical products were identified in early 2002, when donors and implementing partners returned to Afghanistan. A number of assessments conducted since that time [1] have confirmed much of the anecdotal information circulating about the presence and use of poor quality pharmaceutical products, limited access to life-saving medicines, and irrational prescribing and use of pharmaceutical products. 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 the Essential Package of Hospital Services. Most recently, the 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 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 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. [1] 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 Lead: 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.
SPS Partners	None.
Budget: \$93,535.00	Start Date: Jul/2008 End Date: Sep/2009
Products Planned:	Work plan, quarterly reports, annual report, ad hoc reports, and trip reports.
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	As of October 2008, the SPS Afghanistan Project is fully staffed and operational. The country program manager based in Arlington, VA, continues to coordinate with local staff to ensure that all required activities are appropriately planned and executed with the technical assistance and support of SPS international consultants.
Barriers to Progress:	The lack of interest of SPS consultants wanting to travel to Afghanistan to render technical assistance because of ongoing security concerns.

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Next Steps: The country program manager will continue to work in close collaboration with the field staff in Afghanistan to ensure that all activities are planned and executed with effective TA and support.

Indicators: None.

Activity Title: Initial visit/work plan development

Activity Lead: 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 and 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.

SPS Partners: None.

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

Products Planned: Draft work plan; trip report.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Activity completed.

Barriers to Progress: None noted.

Next Steps: None required; activity completed.

Indicators: None.

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 Lead: 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.

SPS Partners: None.

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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During the reporting period, the ministerial instruction authorizing approval for the official creation of a National Drug and Therapeutics Committee (NDTC) was approved by the Deputy Minister of Technical Affairs of the MoPH; Dr. Kakar, Deputy Minister of MoPH has agreed to assume the position of chairman for the NDTC once established. SPS assisted with the identification of NDTC members; training for NDTC members scheduled to begin July 12, 2009.

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 steps will be undertaken (1) complete identification of NDTC members/gain approval of membership; (2) plan and conduct training for committee members in July 09; (3) plan and conduct standard treatment guidelines (STG) workshop August 2009.

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Indicators: None.

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

Activity Lead: 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.

SPS Partners: None.

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

Products Planned: Study report/results.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS and MoPH/GPDA developed a comprehensive plan for the implementation of a drug use study. The study begun March 22, 2009, in five provinces (Kabul, Mazar, Herat, Nangarhar, and Badakshan), and continued through April 7. Prior to conducting the study, a four-day training course was conducted to orient 29 Directorate of Pharmaceutical Affairs data collectors, including 5 medical doctors from Kabul hospitals. Training occurred March 16-19, 2009. Data was collected from randomly selected hospitals and health facilities in five provinces. Criteria for randomization included variation of funding streams (i.e., MoPH, USAID, EC, and World Bank) and different types of health facilities (comprehensive and basic health centers). Security concerns limited greater expansion of sampling size. SPS is currently cleaning the collected data in preparation for data analysis. Analysis will be used to generate hospital-level in-patient, out-patient, and pharmacy data on medicine use to fill the current gap in availability of such hospital-level data in Afghanistan, and to make comparisons in the practices of the studied hospitals. Findings will be used to carry out evidence-based advocacy for the establishment of Drug and Therapeutics Committees (DTCs) in health facilities as well as to identify specific problem areas in drug use that will either lead to designing suitable interventions or indicate the need for further focused probing. Ultimately, the results from the study will be used to generate a set of standard baseline data to enable longitudinal comparison after educational and remedial interventions are introduced in facilities in the future.

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

Next Steps: Finalization of data analysis, development of report, dissemination of findings, and development of interventions/activities based upon drug use study results/findings.

Indicators: None.

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

Activity Lead: 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

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	evaluation, education programs, containing Antimicrobial Resistance, and infection control.
SPS Partners	None
Budget: \$222,165.00	Start Date: Jul/2008 End Date: Sep/2009
Products Planned:	Training report, training materials, trip reports.
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	During the reporting period, SPS worked very closely with the MoPH's GDPA to establish the NDTC; it was previously agreed by all that the DTC training would not commence until the NDTC was established and members appointed. The NDTC was established through the official approval of the Deputy Minister of Technical Affairs of the MoPH and the members were appointed. The NDTC members will assist SPS and the GDPA in the planning of the DTC training scheduled for July 2009. The NDTC members, various staff of several major hospitals, and select MoPH staff members will be trained in July.
Barriers to Progress:	None noted at this time. The MoPH and its staff are eager and motivated to move this process forward.
Next Steps:	Planning of the DTC training in collaboration with the GDPA and newly selected members of the NDTC.
Indicators:	None.
Activity Title:	RMU - Support the NDTC with the development of 1 & 3 year plans to improve pharmaceutical use & monitor progress
Activity Lead: 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.
SPS Partners	None.
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.
<hr/>	
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	During the reporting period, the ministerial instruction authorizing the official creation of a National Drug and Therapeutics Committee (NDTC) was approved by the Deputy Minister of Technical Affairs of the MoPH; Dr. Kakar, Deputy Minister of MoPH has agreed to assume the position of chairman for the NDTC once it is established. SPS assisted with the identification of NDTC members; training for NDTC members scheduled to begin July 12, 2009.
Barriers to Progress:	None noted at this time. The MoPH has approved the memo for the creation of the NDTC and the process has already begun for the identification of committee members and DTC training already being planned for July 2009.
Next Steps:	During the next quarter, SPS in collaboration with the MoPH/Directorate of Pharmaceutical Affairs will continue to finalize selection of committee members, and continue to finalize a training plan for DTC training for implementation in July 2009.
Indicators:	None.
Activity Title:	RMU - Provide support to HSSP with implementation of Rational Medicine Use

trainings for NGOs

Activity Lead: 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, 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.

SPS Partners: None.

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

Products Planned: Revise training materials, training reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS met with HSSP on March 18, 2009, to discuss current RMU training activities, including details of HSSP's presentations, scope of activities, methodology of presentations, and potential changes that are needed. In addition, SPS discussed HSSP's quality assurance activities relative to RMU and received additional information on RMU training and other HSSP training programs. SPS agreed to review all information received from HSSP and render recommendations for improvement of HSSP RMU training program by April 30, 2009. SPS requested to participate in one or two of HSSP's trainings as an observer. HSSP will inform SPS of the earliest possible point in time that SPS will be able to observe one of its trainings in progress. SPS has invited the participation of HSSP's training staff in the DTC training which will be scheduled for July 2009. In addition, information gained from the medicine use study recently implemented by SPS in collaboration with the GDPA will be used to further assist HSSP to effectively render its RMU training program and tailor it to its intended audience's needs.

Barriers to Progress: None noted at this time.

Next Steps: Review HSSP RMU training materials, develop recommendations for strengthening RMU trainings and training approach, and finalize SPS's recommendations for the training. Include HSSP training staff in DTC training in July 2009, and use results from drug use study for improving HSSP RMU training materials and program.

Indicators: None.

Activity Title: MoPH - Conduct three-week overview course on managing drug supply

Activity Lead: 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.

SPS Partners: None.

Budget: \$225,000.00 **Start Date:** Jul/2008 **End Date:** Sep/2009

Products Planned: Training report, training materials, and trip report.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

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Activity Progress: Activity completed in November 2009.

Barriers to Progress: NA.

Next Steps: NA.

Indicators: None.

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

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

Activity Description: SPS will engage the services of expert Dr. Graham Dukes for the reviewing, revising, 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 in helping Management Sciences for Health (MSH), under the REACH Program, assist 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.

SPS Partners None.

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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: There has been no further action as this activity the MoPH/GDPA continues to indicate that this activity will need to be placed on hold until the conclusion of the elections planned for August 2009.

Barriers to Progress: The MoPH has requested that implementation of this activity be delayed because of scheduled upcoming elections.

Next Steps: SPS will await the direction of the MoPH with respect to planning and implementing this activity.

Indicators: None

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

Activity Lead: 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.

SPS Partners None.

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

Products Planned: MoPH SOPs.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During the reporting period, SPS facilitated the GDPA's first meeting with the EC. SPS hopes to encourage and further assist the GDPA facilitate meetings with other key stakeholders. During the previous reporting period a selected and hired English/computer skills instructor decided to take another position just prior to

commencing instructions for the GDPA. Unfortunately, the second candidate also did not work out. SPS has determined that rather than seeking one instructor to orient the GDPA staff on English and computer skills, it would be most effective to engage the services of two separate instructors each fully engaged to teach English and computer skills to the GDPA staff. The GDPA was in agreement with this approach. SPS has identified two candidates and is hopeful to wrap the recruitment process by the first month of the 4th quarter. SPS received and delivered all equipments to the GDPA.

Barriers to Progress: Difficulties securing the services of one instructor to teach both subject (English and computer skills). GDPA staff still not available to develop stakeholders directory; SPS will continue to reach out in this regard.

Next Steps: SPS will identify and procure computer and internet services, hire English instructors, and assist the GDPA develop a directory of stakeholders that are involved in pharmaceutical sector activities.

Indicators: None.

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

Activity Lead: 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.

SPS Partners: None.

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

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: API requested several SPS trainings--in January 2009, SPS conducted a five-day training in Herat Province for 50 participants to build the capacity of pharmacists and pharmacy technicians from 9 provinces in MDS including warehouse management. Based upon request of Tech Serve, SPS in February 2009 provided TA for planning and facilitation of the training of five newly hired Tech Serve hospital advisors in the areas of stock management, pharmacy hospital management, and rational medicines use (RMU). In March 2009, SPS conducted a five-day training for 100 participants in Kabul province to build the capacity of pharmacists and pharmacy technicians from approximately 13 provinces.

Barriers to Progress: Scheduling time with MoPH and TechServe to clearly identify training needs of warehouse, hospital, and health facilities staff. However, Tech Serve and MoPH staff 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 the implementation of stock management trainings. SPS will continue to respond effectively to requests for trainings as they come up.

Indicators: None

Activity Title: MoPH - Assist the MoPH to compile, review, & revise standards and training materials on pharmaceutical management and RMU

Activity Lead: 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.

SPS Partners: None.

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

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stakeholders.

Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	During the reporting period, SPS engaged in several meetings with the MoPH/GDPA to develop and fine tune the TOR for the establishment of the NDTC; as mentioned in the previous reporting period, while the available and existing materials on RMU were compiled and reviewed by two consultants of SPS, the actual harmonization and standardization of the training materials will be carried out by the NDTC once established. The draft TOR was first reviewed by the GDPA and then submitted to the Deputy Minister of Technical Affairs for final review and approval. SPS awaits the final approval of the draft TOR by the MoPH. At the tail end of the reporting period, official news of the approval of the TOR for the NDTC by the Deputy Minister of Technical Affairs was shared with everyone.
Barriers to Progress:	Delays in the approval process for the draft TOR for the NDTC; additional delays in moving the process forward for the full establishment of the NDTC due to lack of availability of key staff within the MoPH to engage in the necessary planning process to move things forward.
Next Steps:	SPS will assist the MoPH with the selection of the membership of the NDTC. Once selection of the membership is completed, the MoPH will official assign the membership and then SPS in collaboration the MoPH will conduct a training for the new NDTC members.
Indicators:	None.
Activity Title:	Quality Assurance -Conduct mapping of pharmaceutical QA activities and responsibilities and conduct overview training in Quality Assurance
Activity Lead: 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.
SPS Partners	None.
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.

Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	During the reporting period, SPS developed a basic overall strategy establishing a comprehensive QA system within Afghanistan that builds on existing mechanisms. The first portion of the strategy calls for the completion of a desk review of all existing reports/studies on drug quality in Afghanistan. The desk review will be finalized during the next reporting period. Information gathered through the desk review will be used to design a drug quality study which will be implemented within the next two quarters. It is expected that results from the desk review combined with the results from the drug quality study will be used to

formulate a set of priority intervention areas for the Ministry QA task force to address. It is anticipated that one of the initial duties of the task force will be to organize a comprehensive training on QA with SPS TA and support.

Barriers to Progress: Coordinating schedules of SPS external consultants.

Next Steps: Completion of the desk review; Information gained from desk review and then the planning and implementation of drug quality study. Establishment of the QA task force will follow the results of the drug quality testing and the desk review.

Indicators: None.

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

Activity Lead: 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.

SPS Partners: None.

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

Products Planned: Study report.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During this reporting period, the GDPA and SPS determined that in order to plan and implement an effective drug quality testing assessment along with the information it already received from JHU, it need to conduct a desk review of all available reports, studies, and general information relative drug quality in Afghanistan. This was part of an overall strategy developed by SPS in collaboration with the GDPA. It was determined that information from the desk review would be utilized for the development of the proposal for the drug quality testing assessment. Information resulting from the drug quality testing assessment would then be utilized to by a QA task force which would be established to address the priority issues of QA in Afghanistan. It was generally acknowledged by all this approach would significantly delay the QA intervention activities, but it was determined by all that this would be the most effective means by which to address the QA issues in Afghanistan.

Barriers to Progress: Changes in the initial approach have delayed the process. 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 serves provides information that will be used for designing, planning, and implementing activities that will have a positive impact on aspects of the pharmaceutical sector of Afghanistan.

Next Steps: SPS to finalize desk review of existing materials on QA issues/activities in Afghanistan and then develop the drug quality testing assessment for implementation.

Indicators: None.

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

Activity Lead: 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

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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.

SPS Partners None

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: The desk review of existing reports, studies, and documents on QA activities in Afghanistan was completed. During the reporting period SPS started the process for the development of the drug quality testing assessment. The established QA task force has been instrumental in the development of the assessment, which is anticipated to be completed during the third quarter and implemented during the fourth quarter due to the availability of the SPS consultant.

Barriers to Progress: SPS and MoPH have determined that there is a need to slightly delay establishing the QA committee until the larger QA system framework has been developed. In the interim a QA task force has been established to assist with implementation of QA activities.

Next Steps: Finalization of the drug quality testing assessment proposal, implementation of the assessment, produce the report, establish QA committee, assist the QA committee with development of a plan of action prioritizing the activities for implementation.

Indicators: None.

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

Activity Lead: 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.

SPS Partners None.

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

Products Planned: Study report.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: This activity was effectively abandoned with the knowledge and permission of USAID/Kabul; it has been replaced by another activity.

Barriers to Progress: None noted.

Next Steps: No further actions are required under this activity.

Indicators: None.

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

Activity Lead: 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.

SPS Partners None.

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

Products Planned: Technical and trip reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: This activity will be part of the larger SPS QA strategy in collaboration with the GDPA. This activity will not be implemented until year 3. This activity will be part of the larger operational planning process for QA.

Barriers to Progress: Implementation of several key steps in the overall QA strategy that needs to be in place to allow for this activity to be effectively addressed; it will be addressed under the overall QA strategic framework.

Next Steps: SPS to work very closely with the General Directorate of Pharmaceutical Affairs to implement this activity as part of the overall QA strategic framework which is being developed and implemented in various aspects. It is anticipated that this particular activity will not be fully realized until year 3.

Indicators: None

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 Lead: 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.

SPS Partners: None.

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

Products Planned: Concept paper; meeting minutes.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During the reporting period SPS administered a questionnaire to approximately 30 key stakeholders that are involved in the procurement of drugs in Afghanistan. The results from the questionnaire will allow SPS and the MoPH to determine who is doing what in the system relative to the procurement of drugs and most importantly determine where the gaps are in the system, as well identify specifically where coordination is required. A stakeholders' roundtable meeting is scheduled to occur on the 3rd of May 09. Observations gathered from the questionnaire will be shared with stakeholders during the roundtable, as well as presentations on the need for coordination. Through guided discussions the stakeholders will identify the objectives and priority actions of the CPDS; a task force with a leader will be appointed to develop an initial draft proposal of the CPDS framework including basic lines for organization chart and roles and responsibilities.

Barriers to Progress: It is anticipated that there will be some difficulty involved in securing the initial buy-in of all of the key stakeholders that are relevant to the procurement and distribution processes of the pharmaceutical sector in Afghanistan.

Next Steps: Implementation of the stakeholders' roundtable meeting on the 3rd of May 09; establishment of task force, identification of priority areas for action, and development of first proposal for CPDS framework.

Indicators: None.

Activity Title: CPDS - Develop CPDS Governance Framework

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

Activity Description: SPS will work with the MoPH to develop and disseminate a concept paper

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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 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.

SPS Partners

None

Budget: \$40,000.00

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

Products Planned:

CPDS Governance Framework document

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

A questionnaire was developed as a means by which to gather preliminary information from various stakeholders that are involved in some way in the procurement and distribution of medicines in Afghanistan. The questionnaire was implemented throughout February and part of March 09. The data gathered from the questionnaire is now being analyzed via a developed data analysis tools. Information gathered from the questionnaire will be presented during the roundtable meeting which is scheduled to take place on the 3rd of May 2009. During the implementation visits there were some stakeholders that were not receptive and supportive of the implementation of the CPDS questionnaire and as such did not submit completed questionnaires. Sufficient number of questionnaires were completed and submitted and will provide invaluable information necessary to inform the next critical step in the process of establishing the CPDS. Regular meetings have been conducted with the GDPA (CPDS Unit) concerning the analysis of data captured through the implementation of the questionnaire. The governance framework will be developed after the CPDS roundtable meeting which is scheduled for May 2009.

Barriers to Progress:

Lack of receptivity to the implementation of the CPDS Questionnaire. This activity will be implemented only after the establishment of the CPDS Task Force; it is expected that CPDS TF will be assigned during the scheduled roundtable meeting.

Next Steps:

Await the implementation of the initial stakeholders roundtable meeting scheduled for May 3, 2009 and establishment of CPDS Task Force.

Indicators:

None.

Activity Title:

CPDS - Provide support to Tech-Serve stock management training for NGOs.

Activity Lead: 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.

SPS Partners

None.

Budget: \$52,000.00

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

Products Planned:

Training report; training materials; trip report.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

During the reporting period, based upon request of Tech-Serve, SPS in February 09 provided technical assistance for the planning and facilitation of the training of 5 newly hired Tech-Serve Hospital Advisors in the areas of stock management, pharmacy hospital management, and rational medicines use. SPS will continue to work with Tech-Serve to identify and address the training needs of the Tech-Serve DMU staff. During the reporting period, SPS met with Dr. Paul Ickx of Tech-

Country Programs

	Serve to identify the training needs of NGOs supported by Tech-Serve staff and develop a plan in collaboration with the General Directorate of Pharmaceutical Affairs (GDPA).
Barriers to Progress:	The availability of Tech-Serve and GDPA staff for planning and implementation.
Next Steps:	SPS will continue to reach out to Tech-Serve with the goal of assisting with the identification of training needs of Tech-Serve staff and NGOs supported by Tech-Serve, and development of a training schedule.
Indicators:	None
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 Lead: 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.
SPS Partners	None.
Budget: \$15,000.00	Start Date: Jun/2008 End Date: May/2009
Products Planned:	Updates in trip reports.
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	SPS continues to meet frequently with Tech-Serve to remain current on all Tech-Serve Pharmaceutical related activities.
Barriers to Progress:	None noted at this time.
Next Steps:	SPS Country Team Leader will continue to engage in weekly meetings with Tech-Serve.
Indicators:	None.
Activity Title:	Office Management
Activity Lead: 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 other related expenses.
SPS Partners	None
Budget: \$184,302.00	Start Date: Jun/2008 End Date: May/2009
Products Planned:	Monthly financial reports; administrative reports
Reporting Period:	Year: Project Year 2 Quarter: Q2
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.
Barriers to Progress:	None to note.
Next Steps:	Continue to effectively manage the functions of the office and program.
Indicators:	None.

Angola

Work Plan: Angola PMI **Year** 08

Funding Level: \$500,000.00

Work Plan 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 Lead: 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.

SPS Partners

None.

Budget: \$40,000.00

Start Date: Oct/2008

End Date: Sep/2009

Products Planned:

Work plans, quarterly reports, financial reports, coordination meeting minutes.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

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

Barriers to Progress:

None.

Next Steps:

Proceed as in previous quarter.

Indicators:

None.

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

Activity Lead: 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.

SPS Partners

None.

Budget: \$100,000.00

Start Date: Oct/2008

End Date: Sep/2009

Products Planned:

TOT materials, attendance lists, training report.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: PMI-awarded NGOs conducted additional roll out trainings in ACT and kit management in five provinces (Huambo, Kwanza Norte, Uige, Malange, and

Zaire). A total of 78 people were trained using SPS materials during this quarter. In March 2008, SPS held discussions in Angola to review progress with PMI partners (USAID/PMI, CDC/PMI, DNME, NMCP, World Learning, and Consuade), and it was agreed to plan for two additional TOTs in Luanda and Benguele provinces. SPS and World Learning then initiated preparations to review and update the training materials in preparation for the TOTs. The search for a local consultant was intensified; by the end of the quarter a contract agreement was about to be signed with a prospective consultant (an Angolan) who was expected to be on board early in the next quarter.

Barriers to Progress:

Progress continued to be slow due to lack of long-term local staff.

Next Steps:

Continue to provide technical assistance and coordinate with PMI-awarded NGOs to review and update ACT/kit management training materials as appropriate to incorporate feedback from the on-going supervision, and to continue rolling out trainings in their respective provinces. Continue to provide technical support to the EDP, NMCP, and PMI NGOs to promote rational management of ACTs and to ensure that consumption of antimalarial medicines and supplies is documented and reported, and that the consumption data are used to quantify future requirements. Support the EDP and NMCP to ensure ongoing collection, review and reporting of Procurement Planning and Monitoring Report for malaria data to PMI.

Indicators:

None.

Activity Title:

Provide support in developing PMIS for antimalarials and other essential medicines

Activity Lead: 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.

SPS Partners

None.

Budget: \$100,000.00

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

Products Planned:

Trip reports, assessment reports.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

SPS became aware in March that MOH has installed a new warehouse management software called UNILog at Angomedica. It was agreed with the EDP and in-country PMI partners that SPS will conduct an assessment of UNILog in June 2009 to identify if further gaps in the information system need to be addressed and to make appropriate recommendations. It was also agreed that the MSH RxSolution tool will be presented to the DNME and NMCP in June.

Barriers to Progress:

Delays in conducting the assessment of the existing MIS at the national and provincial warehouses in Angola (as agreed previously with PMI partners) resulted in the installation of the different warehouse management software at the national warehouse (a lost opportunity). However, there is still need for a PMIS tool for better warehouse management outside the Central Medical Store.

Next Steps:

Conduct an assessment of the newly installed UNILog software at Angomedica and make recommendations to address any identified gaps. Present available

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MSH software to the PNME and NMCP to review, in case they are interested and wish to install in provincial stores.

Indicators: None.

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

Activity Lead: 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 with PMI partners in Angola and in Washington.

SPS Partners: None.

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

Products Planned: Supervision plans, supervision reports, trip reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Implementation of the supervision tool was initiated in eight PMI-awarded, NGO-supported provinces in January 2009, with a three-month pilot test period. In general, supervision reports were being submitted quarterly to World Learning on a reporting template that summarizes important impact indicators such as number of days without Coartem, and number of people trained. A stakeholders' review meeting was scheduled with World Learning and PMI-awarded NGOs at the end of March 2009 to share and discuss feedback on challenges and recommended improvements from on-going implementation of the supervision tool, as highlighted in the quarterly supervision reports. This feedback will be included in a new session on supervision to be added to the training materials on ACT/kit management. Initial feedback suggests that the tool has been embraced as user-friendly. Additionally, SPS disseminated the EUV tool to the NMCP for implementation as part of the supervision system.

Barriers to Progress: National supervisors' ability to go out and supervise is limited by lack of budget for supervision.

Next Steps: Continue to coordinate and support MOH/DNME, NMCP, PMI-awarded NGOs, and PMI partners in implementing the supervision checklist and EUV tool to monitor availability and rational use of antimalarial medicines and commodities. Provide funding support to enable national partners to participate in planned provincial supervisions.

Indicators: None

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

Activity Lead: 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.

SPS Partners: None.

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, and provincial warehouse supervision reports.

Reporting Period: Year: Project Year 2 Quarter: Q2

Activity Progress: Following the formation of a new SPS team to support Angola PMI activities, the team members held a series of conference calls to allocate this task and discuss appropriate next steps. It was agreed to first update existing training materials on ACT/Kit management to include feedback from the field and an additional session on supervision, and then proceed to revise existing national warehouse procedures and forms for medicine management at provincial warehouses. In addition, the team agreed to produce associated training materials, excluding the TOT component as there are much fewer staff members in provincial warehouses. Considered including municipal warehouses in Luanda and perhaps Bengale provinces.

Next Steps: Review and adapt existing national procedures and forms for use at provincial warehouses. Validate the revised procedures with DNME, NMCP, and relevant stakeholders. Conduct one or two trainings with provincial warehouse staff on applying the procedures for inventory management of antimalarials and other essential medicines. Follow up implementation of revised procedures as part of on-going supervision (activity 3).

Indicators: None.

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

Activity Lead: 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.

SPS Partners: None.

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

Products Planned: Trip reports, technical assistance reports, assessments.

Reporting Period: Year: Project Year 2 Quarter: Q2

Activity Progress: To initiate distribution planning for the next Coartem shipment, SPS technical staff reviewed and provided feedback on the current Coartem distribution plan to the NMCP data manager and logistician in March 2008. In an effort to improve security at Angomedica, SPS technical staff conducted joint support visits to Angomedica with EDP and PMI partners in March 2008. Following discussions and physical inspections of the warehouse, it was observed that a fence has been constructed within the warehouse to secure high-cost medicines, including Coartem. Key challenges in the store include lack of temperature control, poor ventilation, a leaking roof, lack of shelves, and no clear division of the warehouse into standard receiving, order assembly, bulk storage, and dispatch areas. SPS will coordinate and follow up with the EDP and partners to ensure that these challenges are addressed. PPMRm data for October-Dec 2008 and January to March 2009 were collected and submitted to PMI. The PMI Systems Strengthening assessment was conducted in March-April 2009.

Barriers to Progress: None.

Next Steps: Support and coordinate as appropriate with JSI/Deliver, MoH/DNME, NMCP, and PMI partners to manage the receipt of a new shipment of Coartem at Angomedica next quarter and develop and monitor implementation of a new distribution plan and quantify requirements for the next 12 months.

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Indicators: None.

Benin

Work Plan: Benin PMI **Year** 08

Funding Level: \$700,000.00

Work Plan Background

Malaria is the leading cause of morbidity and mortality in Benin [1]. 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 the 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 President's Malaria Initiative (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, and 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 Consommables Médicaux ([Central Medical Stores] CAME), 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 Postpartum Hemorrhage Initiative (POPPHI) to promote appropriate management practices of uterotonics for the active management of the third stage of labor (AMTSL). With Benin's Institute of Public Health (IRSP), 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 and 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, 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 (PMI). These proposed interventions are described in this work plan. [1] Republique du Benin, Annuaire des Statistiques Sanitaires, Année 2006. [2] Plan Stratégique Quinquennal de lutte contre le Paludisme au Benin.

Activity Title: Technical Activity Coordination and Monitoring

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Activity Lead: 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.

SPS Partners: None.

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

Products Planned: Work plan and budget. Trip reports for TDYs.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During the second quarter of the first year of SPS activity in Benin, technical activity coordination continued to be carried out by the Arlington-based Country Program Manager for Benin and the Senior Technical Advisor in Benin. During the second quarter, it was necessary to revise the budget. An activity had been added to the Benin FY08 work plan shortly after it was initially approved (the assessment of Benin's Central Medical Stores), and it was anticipated that additional financial resources would be required to finish the final report for this activity. During the second quarter, it became increasingly clear that the USAID Benin mission expected that SPS would be actively involved in implementing the recommendations from this assessment--this would potentially require further reallocation of financial resources to the CAME activity from the remaining pipeline. An updated budget (for the remaining pipeline of Benin FY08 funds) and a proposed budget (for FY09 funds allocated to SPS in the FY09 MOP) were produced and shared with the USAID/Benin mission. The cover note to the USAID mission for these budgets described the rationale for SPS's prioritization of the implementation of CAME evaluation recommendations and expressed to the mission the projected FY08 and FY09 gap in funding, assuming that all CAME recommendations would be implemented. SPS/Benin is awaiting a response from the mission on the final version of the revised FY08 budget and the proposed FY09 budget. Another activity that was not specifically mentioned in the initial Benin FY08 work plan which the USAID mission asked SPS to carry out during Q2 was the distribution of ACTs in danger of expiry to some of Benin's health zones.

Barriers to Progress: None.

Next Steps: This is an ongoing activity.

Indicators: None.

Activity Title: Office set up and management

Activity Lead: 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.

SPS Partners: None.

Budget: \$120,000.00 **Start Date:** Oct/2008 **End Date:** Dec/2008

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS's application for official registration with the Benin government was approved during Q2. Approval was formalized through a gazette notice in the newspapers. During Q2, the process was initiated to adjust local staff consultant contracts to regular employment contracts.

Barriers to Progress: None.

Next Steps: During Q3, local staff currently on consultant contracts will be converted to regular

staff.

Indicators: None.

Activity Title: Develop harmonized inventory and pharmaceutical management training materials

Activity Lead: 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.

SPS Partners None.

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Ground work was laid for this activity during Q2 during a TDY carried out by SPS Senior Program Associate in February 2009. The approach discussed with and agreed to by the USAID mission will be to review all existing training materials for management of malaria medicines known to exist in Benin during a national workshop and reach consensus on what should be retained in the training curriculum for management of malaria medicines. SPS planned to work closely with the Regional Institute for Public Health based in Ouidah (IRSP) and the Directorate of Training and Research within the Benin Ministry of Health on this activity. Staff from the IRSP had received training from SPS within the last two years to build their capacity to develop and deliver this type of training. However, upon reviewing the CAME assessment report and action plan, the MoH's Department of Pharmacy and Medicines has requested that SPS reconsider doing this activity during FY08. The reason given is that another organization, Pharmaciens sans Frontieres, is already doing this activity. SPS was able to confirm that PSF is carrying out training, but this differs from the activity that SPS proposed, which was to harmonize training materials so as to create a nationally agreed upon set of training materials for managing malaria medicines using various existing training materials (including PSF's) as input. The DPM would like to substitute this activity with one of the CAME assessment recommendations - the revision of the National Essential Medicines List. Due to the DPM's reluctance to move forward with the harmonization of training materials at the moment, SPS proposes that the training materials be harmonized using funds from the FY09 work plan and that the NEML be revised under the FY08 work plan. This substitution has been proposed to the USAID Benin.

Barriers to Progress: SPS staff is unavailable for this activity, given the prioritization of the USAID mission on implementing the recommendations of the 2008 CAME assessment and

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redistributing ACTs at risk of expiring to various health zones. Consultants have therefore been hired from the Regional Public Health Institute in Ouidah to coordinate this activity. Funds for this activity have been reduced due to the USAID mission's request to prioritize the CAME assessment and implementation of its recommendations over other activities in the SPS FY08 work plan. This activity will therefore be restricted to development of training materials, and funds permitting, the organization of one training of trainers. Late in Q2, the DPM expressed reluctance to move forward with this activity.

Next Steps:

If the mission does not agree to this substitution, SPS will use Q3 to identify the key partners and organizations which traditionally are involved in drug management training activities along with representatives from the DDS and the health zones and work with the National Malaria Control Program, the Ministry of Health's Directorate of Training and Research, the DPM, and the IRSP to organize this work shop. The work shop's objective will be to develop a training curriculum for drug management for malaria. Using a participatory approach should facilitate ownership and acceptability of the training materials by the various actors who will use them. If the mission approves a substitution of activities, the SPS Benin staff will carry out this activity in Q3.

Indicators: None

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

Activity Lead: 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.

SPS Partners: None.

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During Q2, the CAME assessment report was finalized after extensive input from the mission and editing by MSH/SPS. The full report was in French. The action plan summarizing recommendations and times for implementing them was produced as an appendix to the assessment report. An English summary was also produced. Presentations were made to various stakeholders to present the CAME assessment results and/or recommendations. Of note among these, was a presentation made to the Minister of Health and members of his Cabinet. The budget for this activity has been updated to include additional funds (reallocated from other work plan activities) to cover report writing and implementation of a couple of key recommendations from the assessment. The USAID Benin mission has expressed on a number of occasions its wish that MSH/SPS prioritize the follow up to this activity over and above other work plan activities. MSH/SPS has therefore complied with the USAID mission's request. Work began to line up international consultants to carry out certain key CAME recommendations during Q2.

Barriers to Progress: Availability of funds for this activity is anticipated to be an obstacle that will manifest during Q3 and Q4. Remaining responsive to the mission on this activity continues to be a challenge because this activity was not the original Benin FY08 work plan. The small number of technical staff in the Benin office (2) has also affected the speed at which the implementation of CAME recommendations can proceed.

Next Steps: Contracts will be signed with international consultants at the beginning of Q3. These consultants will implement a couple of the CAME assessment recommendations, namely: the revision of the CAME articles of creation and; upgrading the CAME's information system for financial and commercial operations. One to two national consultants for the recommendation concerning updating the CAME articles of creation. A presentation on the CAME assessment results and recommendations will

be made to the Ministry of Economic Development in mid-April, 2009.

Indicators: None.

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

Activity Lead: 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.

SPS Partners None.

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: In January 2009, the SPS office in Benin provided data on ACT stocks available at the central level (CAME). The data was provided to the PPMR reporting system. The current first-line treatment for uncomplicated malaria in Benin is artemether-lumefantrine (AL). During an assessment of the CAME in December 2008, a large stock of AL was flagged as having expiration dates of less than one year, as well as having no immediate plans for distribution. Meanwhile, field visits to health facilities in December 2008 during the CAME assessment also identified that some health facilities were out of stock of AL. SPS shared this information with the National Malaria Control Program and other stakeholders at the end of the assessment, but the PNLP took no subsequent action to coordinate with the CAME to distribute these medicines to health facilities in need. In mid-March 2009, SPS led two workshops aimed at collecting consumption data on antimalarial medicines with a view to carrying out quantification. A stock take carried out by SPS and the CAME ahead of these workshops identified that there still remained a large amount of AL in danger of expiry. The workshops also provided information on stock levels at the health zone level, which revealed that redistribution of medicines might be necessary among health zones to address impending stock outs. Using data obtained at these workshops, SPS created a plan for distributing the AL currently in stock at the CAME.

Barriers to Progress: SPS has only two technical staff currently based in Benin, which limits the capacity of the office to conduct activities simultaneously. Also, the budget of this activity has been reduced to comply with the USAID mission's request that implementation of CAME assessment recommendations be prioritized over and above other work plan activities. Funds have therefore been reallocated from this activity to the CAME assessment activities. The decrease of the budget may pose an obstacle to carrying out PMIS activities in Q3 and Q4.

Next Steps: On April 8, 2009, SPS presented the distribution plan at a meeting of stakeholders that included the NMCP and USAID. At this meeting, the NMCP did not appear to be ready to take the lead on organizing this distribution exercise. USAID has therefore

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requested SPS to carry out the distribution of these medicines to Benin's health zones. The distribution exercise will be carried out by three teams over a two-week period, and will cover each of the Benin's six regions (known as departments). Because MSH only has two technical staff in Benin, additional support is required from the SPS's Regional Technical Adviser for Malaria (who is based in Dakar) for this exercise.

Indicators: None.

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

Activity Lead: 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 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.

SPS Partners None.

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: This activity aimed to improve the existing supervision system at the health zone level so as to ensure that review of pharmaceutical management elements becomes a part of the activities undertaken by multidisciplinary supervision teams during supervision visits. The main components of this activity are to improve existing tools used for supervision visits; to participate in multidisciplinary teams that will apply the tool during supervision visits; and follow up on the application of recommendations made to health facilities as a result of these supervision visits. During Q2, SPS discussed the possibility of collaborating with a USAID-funded bilateral project called PISAF. PISAF has a complementary supervision component in its work plan, and collaboration would therefore result in synergy. This collaboration is expected to get fully underway during Q3. It should also be mentioned that there is another activity underway in Benin which has a component related to strengthening supervision of pharmaceutical systems. The West Africa Regional Office (WARP) has provided SPS with funding to develop a generic supervision tool for pharmaceutical management in the five ALCO (Benin, Cote d'Ivoire, Ghana, Togo, and Nigeria). They will be using a two-phase approach. The first approach will be to support the Regional Public Health Institute to draft the generic tool in collaboration with the MOH and in-country partners. The second will be to field test it in one to two public health facilities, and incorporate any observations into a second draft to be finalized and submitted to MSH

for final editing and printing. The SPS Benin team will collaborate with the IRSP consultants, PISAF, the PNLN, and the DPM in the development of the generic supervision tool.

Barriers to Progress: Because the CAME assessment has been prioritized over all other activities in the SPS work plan, the elements initially planned under this activity have been scaled down. SPS is limited in its capacity to conduct various activities simultaneously because it has only two technical staff in Benin. For this reason, the Benin portfolio has relied heavily on support from SPS's Regional Malaria Advisor, Thidiane Ndoye, who is based in Senegal. The NMCP has proven to be difficult to collaborate with on most work plan activities to date. It may be a challenge to ensure their full, substantive involvement in this activity.

Next Steps: SPS will collaborate with the IRSP is to finalize the supervision tool focused on pharmaceutical management during Q3 and share with the National Malaria Control Program (PNLP), the Department of Pharmacy and Medicines, and PISAF (a USAID-funded health program that is already providing technical assistance to improve supervision of health services in Benin's health departments). Also in Q3, SPS will collaborate with relevant partners to pilot test this improved supervision tool.

Indicators: None.

Activity Title: Develop SOPs for the management of malaria medicines

Activity Lead: Onyango, Christine **Activity #:** 8 **Task:** LFBJ08PMI **Subtask:** 60CXE6

Activity Description: Collaborate with the DPM, CAME, NMCP and IRSP, to identify technical staff for a national team with the mandate of developing SOPs for ACT management. Provide technical and financial support to the SOP development team and assessing its progress in the development of SOPs. Provide input to SOP revision whilst the SOP documents are being produced. Provide assistance to CAME, DPM and NMCP in the production and dissemination of the SOPs and training of SOP users as needed. Participate in supportive supervision visits where the application and effectiveness of SOPs will be assessed.

SPS Partners None.

Budget: \$38,000.00 **Start Date:** Jan/2009 **End Date:** Jun/2009

Products Planned: Document summarizing standard operating procedures.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During Q2, SPS staff met with staff of the IRSP and the Central Medical Stores (CAME) to discuss the development of SOPs. In general, the public pharmaceutical sector in Benin does not have the practice of using SOPs at the operational level. Instead, managers tend to rely on lessons learned from occasional training sessions in drug management and established practices to guide their approach to work. The CAME does have a National Manual containing drug management procedures that it uses at both central and regional levels. A two-phase approach will be used for this activity. Key institutions with experience in drug management and development of procedures will be first to be identified. Potential institutions or departments include the CAME, the Department of Pharmacy and Medicines within the Ministry of Health, the DDS, health zone managers, and the Regional Institute for Public Health. SPS will support the National Malaria Control Program in convening a meeting of these key actors. At this meeting, each institution will share existing procedures and will agree on a methodology and mechanism for the revision of SOPs. During Q2, SPS has hired a consultant affiliated with the Regional Institute for Public Health in Ouidah (IRSP) to coordinate this exercise.

Barriers to Progress: The availability of the NMCP and the gaps in capacity of its staff has proved to be a challenge in organizing a number of activities in the SPS work plan.

Next Steps: A meeting led by the NMCP is to be organized during Q3 with key actors to share existing materials that would contribute to the development of procedures and to agree on an approach and specific methodology. SPS plans to support the NMCP in

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Indicators: organizing this meeting.
None

Brazil

Work Plan: Brazil TB **Year** 08

Funding Level: \$1,000,000.00

Work Plan Background

Brazil continues to be ranked as one of the 22 highest burdened countries for tuberculosis (TB) in the world. Although Brazil adopted the DOTS strategy in 1998, it was a slowly implemented strategy; however, DOTS is estimated to have now reached approximately 80 percent of government health facilities where TB is treated. In 2007, the WHO's Global TB Report estimated there were approximately 111,000 cases of TB reported annually, and 6,000 TB patient deaths during the year. Multidrug-resistant TB (MDR-TB) is a serious concern in the country, and between 2000 and 2007, approximately 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 in Brazil. 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 are: (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) A 20 percent increase in MDR-TB case detection following TOT 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 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 recognition by the national TB program and local TB experts of a need to change current treatment schemes (after treatment failures) for new regimens that are 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 Lead: 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.

SPS Partners: None.

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 work plan 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 work plan 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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: (1) In November 2008, MSH/SPS started a recruitment process to identify two new candidates to be in charge of the positions of Senior Program Associate at

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Projeto MSH. Among the 10 candidates short-listed to fulfill these positions, Dr. Jorge Luiz Rocha and Dr. Luis Gustavo Bastos joined formally Projeto MSH as full-time employees on March 2, 2009, and will coordinate the portfolio of technical activities under the leadership of Joel Keravec. Both employees are TB and DR-TB specialists and have further developed their expertise in TB pharmaceutical management during their work as part-time consultants with MSH/SPS. (2) New TB steering committee approvals include MSH/SPS Senior Technical Adviser continuing as a formal member of the MoH steering technical committee for TB (treatment working group member as well), a Senior Program Associate was accepted as a member of a sub-working group for information systems, and a MSH consultant was also invited as a member of the sub-working group for laboratory and diagnostics, reinforcing MSH presence in key technical discussion for national policy definition. (3) A new MOU between Farmanguinhos and Projeto MSH was developed and sent to be signed. (4) A new MOU with INCQS was developed and signed by both parties. (5) Projeto MSH offered strong support to the WHO, Stop TB partnership, GDF, and Unitaid in organizing the Stop TB partnership Forum in Rio de Janeiro in March 2009.

Barriers to Progress:

Redefinition of CRPHF inclusion within the Oswaldo Cruz Foundation necessitated a total reframing of all previous MOUs with CRPHF and our partners, and a need to consult legal advisers.

Next Steps:

Finalize a new edition of the MOU with CRPHF and our current work plan to get them registered at Fiocruz judicial department. Conclusion of the recruitment process with best candidates hired as soon as possible. Negotiate signature of the new work plan with Farmanguinhos.

Indicators:

None.

Activity Title:

Strengthening the SVS information systems for TB.

Activity Lead: 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.

SPS Partners

None.

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 is SINAN and the MDR-TB system). 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.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Developed an integrated SITE TB system for all specific treatment situations of TB cases. Participated in information working groups meetings that liaise with the MoH TB advisory committee. Presented to the NTP team in Brasilia, new functionalities and updates on the e-TB Manager, used by MSH in other countries.. Elaborated a draft proposal and discussed the proposed options with the information working group members for integration between the MDR-TB

system and the current reporting and recording system used by MoH for monitoring Category I and II patients. MDR-TB System Data Base Management. MSH/SPS' consultant task force at Helio Fraga Reference Center level, Central Unit for MDR-TB surveillance, helped validate data entered electronically to the DMIS from state MDR-TB reference centers level (in this trimester 117 new notification forms, 490 new patient follow-up forms, and 100 post-cure forms). Total data currently available from the MDR-TB surveillance database is as follows: 3,913 case notification forms; 11,906 patient follow-up forms; and 2,071 post-cure forms. The task force conducted on-the-job training on system functionalities, providing support to 36 system-users from several MDR-TB centers. Co-organized a symposium on information systems for TB at the Stop TB partnership in Rio, where new functionalities and developments of the e-TB Manager were presented by the senior technical advisor (March 2009, 35 people attended). Trained Sao Paulo State Clemente Ferreira MDR-TB Reference staff on the module for data extraction and access to epidemiological reports.

Barriers to Progress:

SINAN is not an exclusive system dedicated to TB, but is for all compulsory notification diseases. It 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 database completion and supply missing data on cases medical records within the MDR-TB system database. Continue to participate to the Information Working Group Meetings and to provide technical support to the MoH TB advisory committee. Conduct a visit to São Paulo state TB coordinator to discuss the proposal with São Paulo State Epidemiological Surveillance Department team (CVE) and further study potential integration with the current TB WEB. Elaborate, present, and discuss with PNCT team in Brasilia an action plan and chronogram for the SITE TB development and implementation.

Indicators:

None.

Activity Title:

Strengthening the national laboratory network to enhance a quality response for TB tests.

Activity Lead: 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.

SPS Partners

None.

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 the stages of IPEC organizational development; supervision reports of LABMOST action plans. 3) Others list of comments for improving the GF proposal placed in Cat III by GF evaluators.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

(1) 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). In this quarter, activities were completed at LACEN DF and BA. LACEN DF. In January, technical assistance was provided in evaluation of quality system documents, drafting the quality manual, and monitoring the implementation of the LACEN DF LABMOST

action plan. In February, continuation for technical assistance was provided for evaluation of quality system documents and the implementation of the LACEN DF LABMOST action plan was monitored. In March, a monitoring mission on the implementation of the LABMOST action plan was conducted. LACEN BA. LABMOST Workshop conducted March 4-6, 46 health professionals trained. (2) Strengthening the TB National Laboratory Network. In January a technical proposal for evaluation of the TB laboratory network, a technical proposal for implementation of a proficiency test scheme to BAAR, and a list of indicators for TB lab performance monitoring were elaborated. In February, an internal audit program for the CRPHF was completed. In March, new guidelines for the CRPHF lab on maintenance and distribution of reference materials were drafted and a first draft of the supervision and registration forms to support supervision visits of official TB laboratories was elaborated. (3) Evaluation of Bangu Penitentiary Complex DR-TB laboratory (Rio de Janeiro) for BAAR and culture tests (MDR-TB Center). The laboratory of Bangu Penitentiary Complex gets a lot of samples from DR-TB patients, but SOPs and quality systems are not fully in place and the lab needs further technical assistance. A first visit was conducted and a work plan for technical improvements elaborated. An evaluation mission conducted at Bangu Penitentiary Complex laboratory in January. Specification of equipment and supplies for the penitentiary's laboratory were drafted and submitted to the board in February. In March, a draft for a Technical Cooperation Agreement with the CRPHF and Bangu Penitentiary Complex laboratory was elaborated.

Barriers to Progress:

(1) LABMOST: Poor LACENS cash flow and inadequate funding for the implementation of the action plans. (2) Strengthening the TB National Laboratory Network: Problems with reagents quality was detected and led to some technical deficiencies in the overall response. Internal audit had to be postponed due to an overload of work and routine tests in the laboratory. There is a conflict in establishing priorities between routine test delivery and maintenance of the quality management system in the activities agenda of the CRPHF National Reference Laboratory. This is also a constraint in many other lab settings. Some deficiencies in the facility installations (the new lab was built recently has been recently built) and the lack of adequate number of trained workforce turn the implementation process of quality norms according to the ISO 17043 difficult. (3) DR-TB Laboratory of Bangu Penitentiary Complex: The laboratory has no financial support from federal and state governments; the only financial support is from the municipal government of Rio de Janeiro, so limited funding is hampering its activity.

Next Steps:

(1) LABMOST: Regular monitoring of action plans (activity execution, reformulation of strategies) through in sites visits. Organize a new LABMOST workshop with the INCQS Quality Management Department for action plan monitoring and strategy definition. (2) Strengthening the TB National Laboratory Network: Provide guidance to the CRPHF National TB Reference Laboratory to organize and implement the new BAAR proficiency scheme. Provide technical assistance to perform the internal audit at the reference laboratory. Assist TB technicians and lab managers to develop an information system to gather all the information from the evaluations. (3) DR-TB Laboratory of Bangu Penitentiary Complex: The only activity agreed yet with the board of the laboratory was the evaluation for this first step. Assist lab managers and technicians in discussing the development of an information system to gather all information produced through evaluations for regular monitoring and taking action.

Indicators:

None.

Activity Title: Providing support to the MoH sub-group committee for TB Drug Management.

Activity Lead: 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.

SPS Partners

None.

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 group of health professionals to act as future TOTs in each state of Brazil. Capacity building plan for 4-in-1 FDC use for each state was drafted and contacts established for each state to start the TOTs program as soon as the FDCs are available. 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 FDC quantification of 4-in-1 and 2-in-1 to be procured by the MoH. Technical recommendations for pediatric forms procurement.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

SPS continues to participate in all TB advisory committee meetings and facilitates treatment working group meetings to define the new TB treatment system regimen schemes that will 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 and the working groups for treatment and information systems. SPS had several meetings with NTP, Pharmacy Department, CRPHF and partners to discuss the new TB treatment system. SPS participated in all TB advisory committee meetings and facilitated a new meeting of the treatment working group (March 9 at FAP, Rio de Janeiro) to define the new TB treatment system regimen schemes to be included in the next official guidelines expected to be published in August 2009. To date, the main changes are as follows: (1) Adoption of internationally WHO-recommended dosages for isoniazid and pyrazinamid for the Category I treatment scheme. (2) Inclusion of ethambutol as a fourth drug for the first-line regimen (the preliminary results of the second resistance survey in Brazil were released and discussed by the TB treatment group members). (3) Removal of the first re-treatment regimen (2RHZE/4RHE) and RIII scheme (3SOEZ/9OE) for treatment failures, which was developed and used by Brazil but never an accepted scheme for Cat. II treatment by the WHO. (4) Reformulation of the MDR-TB scheme with a more efficacious regimen of medicines, which will be prescribed according to the DST results, and may include new medicines like PAS and capreomycin which have not been used in Brazil to date. (5) Better and earlier detection of MDR-TB cases by recommending culture and DST tests during the second month of category I treatment, in the case of a positive sputum smear. (6) Reinforcing MDR-TB operational procedures for better geographic coverage in the states; accomplished through reorganization of the reference system for MDR-TB cases to specialized centers and treatment units. SPS collaborated with the WHO, Stop TB Partnerships, GDF, and UNITAID to organize the Stop TB Partnerships meeting held in Rio de Janeiro in March 2009, contacting and inviting all Brazilian TB drugs suppliers. SPS participated in the GDF pre-meeting with suppliers, UNITAID, and partners (USAID), conducted a workshop on medicine management in close collaboration with GDF (around 28 persons attended the session), and participated in a satellite session for second-line drug production challenges and WHO suppliers pre-qualification programs, co-organized with UNITAID (around 20 persons attended the session at which the main Brazilian TB

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Barriers to Progress:	drug producers were represented). Conducted a meeting with USAID at Becton and Dickinson headquarters in Sao Paulo to explore potentials for establishing a public and private partnerships model to introduce new rapid diagnostic tests for TB and to strengthen new guidelines definitions. Definitions of pediatric formulations are still under revision by the WHO Children TB Working Group and were not released yet; preliminary reports indicate that the use of Ethambutol would be allowed for children greater than 25kg, which would modify all current formulations on the market by TB drugs producers. Final results of Brazil second resistance survey need to be finalized in order to base the new regimen definitions and treatment schemes on scientific evidences. 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 strategy and a first plan of health professionals' capacity building for 4-in-1 FDCs introduction and use at the primary care level. Draft first version of training materials for conducting trainings on 4-in-1 FDCs use.
Indicators:	None.
Activity Title:	Providing technical support for FDCs development and use.
Activity Lead: 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 validate 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 approved 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.
SPS Partners	None.
Budget: \$200,000.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	Technical answers and reports from SPS' consultants via email. A list of potential suppliers for Brazil based on evaluation of their proposals. 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 on the visit to United Laboratory in Manila. Follow-up on recommendations from the technical visit of Dr. Bird Fourie. Development of a new pilot batch. Final protocol for bioequivalence studies.
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	SPS had several meetings with the Farmanguinhos team in charge of developing the new FDCs to monitor the progress made to date on this partnership's working plan. 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 FDCs products for adult and pediatric forms according to international quality standards. Reference medicines were acquired to perform comparison testing between the new formulations developed by Farmanguinhos for the 2-in-1 FDC and the following products: Rifinah (referenced in Great Britain), Rimactazid (referenced in South Africa), and Bifix (2-in-1 FDC

Barriers to Progress:	commercialized in the Philippines). Several Twelve experimental batches of 2-in-1 FDCs were developed by Farmanguinhos, according to different profiles of these new drug formulations, including some coated tablet formulations, and some new models of formulations based on the Philippines' experience and benchmark. These new batches were tested on advanced stability and further monitoring studies were performed to study their analytical profile at several periods of time. Definitions of pediatric formulations are still under revision by the WHO Children TB Working Group and were not released yet; preliminary reports indicate that the use of ethambutol would be allowed for children greater than 25 kg, which would modify all current formulations proposed on the market by TB drugs producers. Farmanguinhos is subject to a lot of pressure to develop and produce several key medicines for the different government programs, but has a limited capacity to monitor all the new technical developments leading to a certain competition between projects or priority settings according to the political moment. The production process of efavirenz for HIV/AIDS was recently placed on an urgent status, which delayed some analytical analysis for the on-going development of TB products.
Next Steps:	Continue to accompany and discuss with the Farmanguinhos team the technical processes and data collection for FDCs development, including stability studies and analytical profile of all new batches developed. Prepare for the next technical visit of Dr. Bird Fourie (scheduled in May) to continue with the next steps of producing the pilot batch of 2-in-1 FDCs, and to finalize the formulation of the 4-in-1 FDCs. Monitor all technical definitions on the WHO Children Working Group to redefine adequate formulations for Brazil pediatric TB drugs.
Indicators:	None.
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 Lead: Zagorski, Andre	Activity #: 6 Task: LFBR08XXX Subtask: 60BXG6
Activity Description:	This study would start before a switch to future regimens and will continue when routine conditions of use are incorporated and standardized for the use of four drugs for the new regimen scheme's intensive phase. Apart from producing strong scientific evidence 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 . SPS will provide several expert international consultants to advise and work with the various partners involved in the study's protocol development and provide technical assistance to NTP/MoH for conducting the study in selected areas.
SPS Partners	None.
Budget: \$170,000.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	Literature research; study protocol.
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	No significant activity was carried-out to date due to the difficulties in obtaining a clear vision from PAHO on the procurement process of 4-in-1 FDCs for the NTP.
Barriers to Progress:	This activity could not be started, since 4-in-1 FDCs are not yet procured by the MoH Pharmacy Department through PAHO.
Next Steps:	Conduct literature research on the subject and develop a study protocol with partners (NTP, CRPHF/Fiocruz, Rede-TB, State and Municipality TB coordinators).
Indicators:	None.

China

Work Plan: China **Year:** 08

Funding Level: \$100,000.00

Work Plan 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 Lead: Yeager, Beth **Activity #:** 2 **Task:** LFCN08IDX **Subtask:** 60CXH2

Activity Description: SPS will work with national stakeholders to develop an action plan to strengthen the ARV management system, including the implementation of existing or development of new tools and SOPs. If necessary, conduct up to five additional site evaluations 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.

SPS Partners: None.

Budget: \$32,900.00 **Start Date:** Oct/2008 **End Date:** Jan/2009

Products Planned: Draft SOPs for ARV management.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Since January 2009, SPS has been reviewing existing manual forms and tools from Guangxi province to identify options for streamlining, consolidating, filling in gaps, and drafting SOPs. SPS hired a consultant to work with senior staff in drafting the SOPs. A final draft of the SOPs that includes proposals for new forms and tools will be presented to stakeholders during a workshop scheduled for early June.

Barriers to Progress: None.

Next Steps: SPS will finalize the draft SOPs and conduct a workshop with key stakeholders to review them in June.

Indicators: None.

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 Lead: Yeager, Beth **Activity #:** 3 **Task:** LFCN08IDX **Subtask:** 60F2M3

Activity Description: SPS will facilitate a workshop with key national and provincial staff to review the draft SOPs and associated management tools and receive feedback.

USG Sub-element: Program Design and Learning

SPS Partners: None.

Budget: \$11,995.00 **Start Date:** May/2009 **End Date:** Jun/2009

Products Planned: Second draft of SOPs for ARV management.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Country Programs

Activity Progress: Nothing to report for this quarter.
Barriers to Progress: None.
Next Steps: The workshop is scheduled for June 2009.
Indicators: None
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 Lead: 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
SPS Partners: None
Budget: \$8,830.00 **Start Date:** Jun/2009 **End Date:** Jul/2009
Products Planned: Finalized draft of SOPs and associated training materials

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: Nothing to report for this quarter.
Barriers to Progress: None.
Next Steps: This activity will begin following the June 2009 workshop.
Indicators: None.
Activity Title: Conduct training-of-trainers (TOT) workshop in Guangxi Province
Activity Lead: 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
SPS Partners: None.
Budget: \$26,985.00 **Start Date:** Oct/2008 **End Date:** Sep/2009
Products Planned: Lessons learned document.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: Nothing to report for this quarter.
Barriers to Progress: None.
Next Steps: This activity will begin once a final version of the SOPs is available.
Indicators: None.
Activity Title: Provide follow-up support in Guangxi province
Activity Lead: 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
SPS Partners: None.
Budget: \$9,440.00 **Start Date:** Oct/2008 **End Date:** Sep/2009
Products Planned: Report on implementation of the tool in Guangxi Province.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: Nothing to report for this quarter.
Barriers to Progress: None.
Next Steps: This activity depends on the completion of Activity 5.
Indicators: None.

Dominican Republic

Dominican Republic TB-07

Work Plan: Dominican Republic TB **Year** 07

Funding Level: \$300,000.00

Work Plan Background

The Dominican Republic (DR) National TB Program (NTP) is currently receiving support from the USAID Mission in Santo Domingo to expand the implementation of the WHO-supported strategy, Directly Observed Treatment Short Course (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. Since 2003, with USAID DR funds, the Management Sciences for Health Rational Pharmaceutical Management Plus (RPM Plus) Program provided technical assistance to the NTP in DR to ensure the implementation of a more efficient and effective supply system for anti-tuberculosis medicines and supplies needed by the National Tuberculosis Program (NTP). In January 2003, RPM Plus staff analyzed the processes of selection, purchase and distribution of medicines and pharmaceutical supplies for TB. During September 2003, RPM Plus provided technical assistance to the NTP by designing a functional managerial structure with standard procedures to ensure prompt supply of quality essential pharmaceuticals. After a training of trainers' workshop held on September 2006, the Manual of Technical and Administrative Procedures of the TB Drug Management System was pilot tested in two areas and by the end of 2006 had been scaled up for the rest the country. .In June 2005, based on information from assessments conducted by RPM Plus, the NTP decided to change the therapeutic regimens (based on individual medicines) to fixed-dose combinations (FDCs), and to procure these drugs through the WHO/Global Drug Facility (GDF) mechanism. The first procurement was delivered in August 2006. Two pilot areas (V and VIII) started using FDCs in September 2006. The scale up in the use of FDCs started on August 2007, after the second procurement of FDCs arrived to the country. The USAID-financed MSH program Strengthening Pharmaceutical Systems (SPS) focuses on the improvement of governance in the pharmaceutical sector, the strengthening of pharmaceutical management, the containment of antimicrobial resistance, and the expansion of the access to essential medicines. RPM Plus activities were in line with these objectives. The SPS Program will follow up on these activities and apply the lessons learned on TB pharmaceutical management to other priority areas.

Activity Title:	Technical activity coordination and monitoring		
Activity Lead: Barillas, Edgar	Activity #: 1	Task: LFDO07TBX	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 Partners	None.		
Budget: \$23,000.00	Start Date: Jul/2007	End Date: Sep/2008	
Reporting Period:	Year: Project Year 2 Quarter: Q2		
Activity Progress:	NA		
Barriers to Progress:	NA		
Next Steps:	Activity closed.		
Indicators:	None.		
Activity Title:	Technical assistance on pharmaceutical management of TB		
Activity Lead: Barillas, Edgar	Activity #: 2	Task: LFDO07TBX	Subtask: 60F3H2
Activity Description:	SPS will support the use of the information generated by the TB Pharmaceutical and Laboratory Supply Information System and provide TA to estimate the needs of FDC for the next procurement to the GDF.		
USG Sub-element	Increasing Availability of Drugs for Treatment of TB Development of New Tools and Improved Approaches		

Country Programs

SPS Partners None.
Budget: \$80,000.00 **Start Date:** Jul/2007 **End Date:** Sep/2008
Products Planned: Trip report (including estimation of needs); workshop proceedings.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: Through its local consultant, SPS provided TA to estimate the needs of FDCs for a third procurement using the GDF mechanism. The source of funding, for this time, will be the Global Fund/ProFamilia project, due to problems in the MoH cash flow. MSH/SPS through its local consultant elaborated guidelines for the procurement of TB medicines through international agencies.

Barriers to Progress: No constraints.
Next Steps: Medicines procured through the GDF should arrive on May/09. Follow up MSH/SPS visit programmed for May 2009.

Indicators: None.

Activity Title: Strengthen the management of TB laboratory supplies

Activity Lead: Barillas, Edgar **Activity #:** 3 **Task:** LFDO07TBX **Subtask:** 60L3H3

Activity Description: SPS will assess the availability of TB laboratory supplies and the access of the population to diagnostic methods current situation on TB laboratory supplies. The findings of this study will provide the bases for the implementation of interventions, including the full incorporation of the laboratory network to the TB Pharmaceutical and Laboratory Supplies Information System and a potential direct procurement of TB laboratory supplies (microscopy diagnostic kits) to the GDF, if needed.

USG Sub-element Development of New Tools and Improved Approaches

SPS Partners None.

Budget: \$30,000.00 **Start Date:** Jul/2007 **End Date:** Sep/2008

Products Planned: Instrument to collect information on TB Laboratory Supply Management; Laboratory supply chain assessment tool; Assessment Report on situation of Laboratory Chain Supply; Operational procedures for TB Laboratory Supply Management; Rapid evaluation of the supply of laboratory reagents and commodities.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: MSH/SPS provided technical assistance for the elaboration of guidelines for laboratory supply management, and for the estimation of needs. Based on this material, MSH/SPS supported the training of personnel to improve the supply management practices in four provinces.

Barriers to Progress: No constraints.

Next Steps: Follow up visit programmed for May/09

Indicators: None.

Activity Title: Implementation of an electronic application for clinical and pharmaceutical management of MDR-TB cases

Activity Lead: Barillas, Edgar **Activity #:** 4 **Task:** LFDO07TBX **Subtask:** 60CXJ4

Activity Description: SPS will assess the need of this tool and the feasibility to adapt it to fit the specific requirements of the Dominican Republic's R NTP. If the pre-assessment demonstrates the benefits of the tool for clinical and pharmaceutical management of MDR-TB cases, SPS will provide TA for the adaptation, training of users, and initial operation.

USG Sub-element Development of New Tools and Improved Approaches

SPS Partners None.

Budget: \$64,000.00 **Start Date:** Jul/2007 **End Date:** Sep/2008

Products Planned: Trip reports; reports generated by the automated system.

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Reporting Period: Year: Project Year 2 **Quarter:** Q2
Activity Progress: In previous quarters, SPS elaborated a first draft of the guidelines for the implementation of an electronic application for the management of 2nd line TB medicines (E-TB Manager).
Barriers to Progress: It was not until the last week of March 09 that the NTP organized a meeting to analyze the content of the operations manual and the implementation proposal. It was agreed that some adjustments are still required.
Next Steps: The next visit by SPS consultants to implement the application and train the personnel is scheduled for April 2009.

Indicators: None.

Activity Title: Technical assistance to institutionalize procurement and distribution of TB medicines and laboratory supplies

Activity Lead: Barillas, Edgar **Activity #:** 5 **Task:** LFDO07TBX **Subtask:** 60CXH5

Activity Description: SPS will assess the public procurement mechanism for TB and other medicines procured by the Dominican Republic's Health Secretary. The assessment will include a comparison of procurement prices and the efficiency of different procurement mechanisms and providers used in the public sector. It is expected that the presentation and discussion of these results with national technicians and authorities will lead to the implementation policies and procedures that will consolidate the mechanism already in place to procure TB medicines, and extend the benefits of implementing alternative procurement options to other programs.

USG Sub-element Health Governance and Finance (TB)

SPS Partners None.

Budget: \$42,000.00 **Start Date:** Jul/2007 **End Date:** Sep/2008

Products Planned: Technical report on the situation of the DR pharmaceutical procurement and distribution system of TB medicines and laboratory supplies.

Reporting Period: Year: Project Year 2 **Quarter:** Q2
Activity Progress: MSH/SPS visited the Dominican Republic on May 2 – 6 to present the study on the situation of procurement and distribution of pharmaceuticals to the Department of Regional Health Services. The results were endorsed by the authorities and technicians that attended that meeting, and the interventions proposed by MSH/SPS were considered appropriate and feasible. MSH/SPS also supported the MoH Department of Pharmaceutical Management in the elaboration of a pharmaceutical management "Process Flow diagram", describing major pharmaceutical management components. These flow diagrams will be the foundation for the elaboration of the standardized operation procedures (SOPs) of an integrated pharmaceutical management system. A national workshop for the elaboration of these SOPs is tentatively scheduled for the second week of May 2009.

Barriers to Progress: No constraints.

Next Steps: A national workshop for the elaboration of the Standard Operations Guideline is scheduled for May 2009.

Indicators: None.

Activity Title: Participate in internal and external evaluations of the TB Program

Activity Lead: Barillas, Edgar **Activity #:** 6 **Task:** LFDO07TBX **Subtask:** 60F3A6

Activity Description: SPS will participate in internal evaluations of the TB program and present the results and steps of 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

SPS Partners None.

Country Programs

Budget: \$51,000.00 **Start Date:** Jul/2007 **End Date:** Sep/2008
Products Planned: Trip report; evaluation reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: No internal or external evaluations were planned for this quarter.
Barriers to Progress: No constraints.
Next Steps: Activity completed.
Indicators: None.

Dominican Republic TB-08

Work Plan: Dominican Republic TB **Year** 08

Funding Level: \$250,000.00

Work Plan 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 Lead: Barillas, Edgar **Activity #:** 1 **Task:** TB-Dominican Republic **Subtask:** 97XXY1
Activity Description: Preparation of reports, planning, monitoring, technical coordination.
SPS Partners None.
Budget: \$16,000.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: NA
Barriers to Progress: NA
Next Steps: NA
Indicators: None.

Activity Title: Strengthen the management of TB medicines and laboratory supplies
Activity Lead: 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
SPS Partners None.
Budget: \$71,000.00 **Start Date:** Jan/2009 **End Date:** Sep/2009
Products Planned: SOPs for supply management of TB laboratory reagents and diagnostic commodities. Tool for 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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: Through its local consultant, SPS provided TA to estimate the needs of FDCs for

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a third procurement using the Global Drug Facility mechanism. The source of funding will be the Global Fund/ProFamilia project, because of problems in the MoH cash flow. MSH/SPS through its local consultant elaborated guidelines for the procurement of TB medicines through international agencies. MSH/SPS provided technical assistance for the elaboration of guidelines for laboratory supply management, and for the estimation of needs. Based on this material, MSH/SPS supported the training of personnel to improve the supply management practices in four provinces.

Barriers to Progress: No constraints. Note: Activity was co-funded using FY07 and FY08 funds.

Next Steps: Follow-up visit is scheduled for May 2009.

Indicators: None.

Activity Title: Technical assistance to institutionalize procurement and distribution of TB medicines and laboratory supplies

Activity Lead: Barillas, Edgar **Activity #:** 3 **Task:** TB-Dominican Republic **Subtask:** 60CXH3

Activity Description: 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.

USG Sub-element Health Governance and Finance (TB)

SPS Partners None.

Budget: \$27,000.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

Products Planned: Trip reports; SOP for the procurement of public health medicines and supplies.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Through its local consultant, SPS elaborated guidelines for the procurement of TB medicines through international agencies.

Barriers to Progress: No constraints. Note: Activity was co-funded using FY07 and FY08 Funds.

Next Steps: This guideline will have to be reviewed following the requirements of an integrated pharmaceutical management system. A national workshop to discuss these issues is scheduled for May 2009.

Indicators: None

Activity Title: Technical assistance for the development of SOP for pharmaceutical management.

Activity Lead: Barillas, Edgar **Activity #:** 4 **Task:** TB-Dominican Republic **Subtask:** 60F3H4

Activity Description: 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.

USG Sub-element Health Governance and Finance (TB)

SPS Partners None.

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

Products Planned: Trip reports; SOP for the procurement of public health medicines and supplies; SOP for a national pharmaceutical management system.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS visited Dominican Republic on May 2-6 to present the study on the situation of procurement and distribution of pharmaceuticals in the DR MoH to the Department of Regional Health Services. The results were endorsed by the authorities and technicians that attended that meeting, and the interventions proposed by SPS were considered appropriate and feasible. SPS also supported the MoH Department of Pharmaceutical Management developing the process flow diagram of the major pharmaceutical management components. These flow diagrams will be the foundation for the elaboration of the standardized operation

Country Programs

Barriers to Progress: procedures (SOPs) of an integrated pharmaceutical management system.
Next Steps: None.
A national workshop for developing these SOPs is tentatively schedule for the second week of May 2009.

Indicators: None.

Activity Title: Support the implementation of good storage practices in central and peripheral warehouses

Activity Lead: Barillas, Edgar **Activity #:** 5 **Task:** TB-Dominican Republic **Subtask:** 60CXH5

Activity Description: 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.

USG Sub-element Development of New Tools and Improved Approaches

SPS Partners None.

Budget: \$54,000.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

Products Planned: Trip reports; accreditation manual.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

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 in October 2008 documented the impact of this intervention. Unfortunately, the storage conditions deteriorated once again when the warehouse was moved to a new location in the MoH headquarters. SPS proposed that all storage and inventory control responsibilities be transferred to PROMESE (a semi-autonomous government organization responsible for drug procurement and logistics) to resolve the storage problems. Based on this recommendation, the MoH will negotiate with PROMESE the terms of this agreement.

Barriers to Progress: None.

Next Steps: A follow-up visit is scheduled for May 2009.

Indicators: None.

Activity Title: Participate in internal and external evaluations of the TB Program

Activity Lead: 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

SPS Partners None.

Budget: \$22,000.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

Products Planned: Trip reports; evaluation reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: No internal or external evaluations were planned for this quarter.

Barriers to Progress: None.

Next Steps: No date yet for internal or external evaluation.

Indicators: None.

Democratic Republic of the Congo

Work Plan: DR Congo **Year** 08

Funding Level: \$2,200,000.00

Work Plan Background

The Democratic Republic of the Congo, following a long period of civil war and unrest, is characterized by the presence of several public health problems and very limited resources (financial and human) to address them. For public health providers to effectively treat patients and improve health service delivery, the necessary essential medicines must be available in the public health facilities. However, in DRC an uninterrupted supply of essential medicines is not currently available throughout system. In USAID-assisted health zones, challenges related to pharmaceutical management include but are not limited to--lack of capacity to adequately quantify needs, inappropriate management of medicines, irrational prescribing, lack of funds to order sufficient quantities from the regional depots, and stock-outs at the regional depot level. Additionally, the distances and lack of infrastructure make distribution of medicines from the central level to the regional level and then to the health zone and facility levels expensive and time consuming. Although the MoH decentralization policy has been in effect for several years, the capacity, in terms of financial and human resources for pharmaceutical management, at the provincial level is insufficient. In addition, the linkages between health zones, districts, provincial inspection offices and international donors and partners working in pharmaceutical management are lacking. Besides the lack of available medicines, the DRC pharmaceutical sector, in general, has several problems ranging from the lack of necessary and up-to-date legislative and regulatory policy documents to the lack of an effective and sustainably functioning system. Since 2004, USAID has supported MSH's RPM Plus Program and its follow-on, the SPS program, in their efforts to assist the NMCP with malaria control and to strengthen the DRC pharmaceutical supply system and the related MoH counterparts. Under FY07 funding, SPS worked with the Direction of Pharmacy, Medicines and Therapeutic Plants (DPM) and the National Essential Medicines Procurement Program (PNAM) on various key legislative and strategy documents to facilitate more effective implementation of the national pharmaceutical supply system. However, there is still much to do on this front as the system is far from totally functional. There is significant need to strengthen the DPM's capacity to serve as the national drug regulatory authority and assure the quality of medicines within the public health system. Under this work plan, SPS activities will build on the work of previous years and focus on providing support at the health zone and provincial levels. The primary goal will be to ensure an uninterrupted supply of medicines necessary for the minimum package of activities in USAID-assisted health zones. This support will also include working with regional depots that are involved in supplying the USAID-assisted health zones. Additional support will be provided at the central level to help update, revise, and put in place necessary pharmaceutical laws and SOPs as well as examine financial flows through the pharmaceutical system. As FY08 funding is broader than previous support (includes HIV/AIDS, TB, POP/RH, malaria, and water funds) SPS will utilize these funds to provide broad support to strengthen the overall DRC pharmaceutical supply system.

Activity Title: TA to pharmaceutical management counterparts at the central level to establish national pharmaceutical laws and SOPs

Activity Lead: Webb, Kathy **Activity #:** 6 **Task:** LFZR08XXX **Subtask:** 60A5H6

Activity Description: Following support last year to update the national pharmaceutical law, SPS plans to assist MOH pharmaceutical management counterparts (DPM and PNAM) and stakeholders at the central level to prepare the national medicines social status legislation for consideration and adoption by the DRC parliament. This law considers medicines and related products as social goods, and as such, they should be exempt from taxation upon importation. However, due to the potential delay in review and consideration by the DRC parliament, SPS will work with appropriate government of DRC ministries to advocate for an official decree from the Minister of Finance to exempt any USAID or USAID implementing partner-purchased pharmaceutical products from taxation to reduce/eliminate delays in customs clearing that could result in stock outs at lower levels. Additional TA will assist in establishing procedures to standardize execution of tasks within the

MOH central level departments responsible for pharmaceuticals. Although the DPM has been in existence in DRC for many years, there is a lack of critical standard operating procedures for technical tasks that they regularly carry out. An example would be the lack of SOPs for the medicines registration process. The PNAM also lacks written procedures for their regular technical tasks and responsibilities. The primary SOPs will include the medicines registration process, revision of the national pharmaceutical policy, and revision of the national essential medicines list. Additionally, there are some administrative procedures, such as developing and regularly updating individual staff job descriptions, which lack SOPs. In addition, the procedures for financial management of funds generated by DPM activities (e.g., registration of medicines and pharmaceutical facilities, importation and exportation of medicines) need to be written. These SOPs will promote good governance and help ensure transparency, accountability and consistency in how tasks must be carried out. They will also serve as a tool for oversight to hold individuals responsible for their execution of these tasks. To streamline the medicines registration process MSH/SPS will also work with the DPM to develop a system for the registration of pharmaceuticals, including establishing a searchable database of registered products, imported products, products removed from the market, narcotic products and other pharmaceuticals. SPS will suggest adaptation and translation of the Pharmadex program that was developed in Namibia to reduce the time and effort required to establish this database. Building this capacity within the DPM will help facilitate the registration of all essential medicines including key MCH products such as zinc as well as uterotonics coming on the market such as the Uniject product for oxytocin. This activity will also be supported using SPS core maternal and child health funding. SPS will explore, together with the PNAM, donors and stakeholders that procure medicines for vertical programs such as HIV/AIDS, TB and reproductive health, opportunities to integrate these medicines into the national pharmaceutical management system at the decentralized level. This will consolidate tasks at regional stores and facilitate ordering by health zones by eliminating multiple mechanisms. SPS will ensure representation from the reproductive health program during these discussions with PNAM to discuss coordinating and integrating procurement, distribution and management of key MH medicines, including uterotonics. SPS will also provide technical assistance to strengthen the PNAM's role in pharmaceutical management coordination at the central level among other MOH units and other stakeholders involved in pharmaceutical management in DRC. This will include coordination between the pharmaceutical procurement task force members for quantification of needs and planning upcoming procurements so that donor resources can be maximized and to avoid duplication. As needed, SPS will provide direct TA for quantification of needs and provide tools for this purpose and guidance in using them. This task force will serve as a critical mechanism for bringing together procurement stakeholders for this essential coordination.

SPS Partners

None.

Budget: \$227,112.00

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

Products Planned:

DRC Pharmacy Direction / Drug Regulatory Authority standard operating procedures.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

SPS worked closely with the PNAM, other MoH agencies, and other international NGO partners to organize and facilitate the workshop to validate the training guidelines for trainers in using the Pharmaceutical Management Technical Guidelines (PMTG). These guidelines will be used by trainers at each level of the health system to facilitate and improve standardization of practical training of personnel responsible for management of medicines in public health facilities at

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the operational level (health facilities, referral hospitals, and health zone central offices) as well as intermediate and central levels, if necessary. To promote good governance in the pharmaceutical sector, SPS worked closely with the DPM, PNAM, and WHO to finalize SOPs for the DPM which include procedures for the registration of medicines, revision of the NEML, and obtaining authorization for medicine importation. Development of these SOPs was initiated under WHO financial and technical support. To finalize and validate these important SOPs, SPS provided additional technical and financial support to revise all documents and incorporate feedback from a technical review workshop held in December 2008. SPS assisted in organizing and facilitating the validation workshop, which was held in March 2009. These written SOPs will provide necessary guidance for those staff carrying out the specific technical tasks and will ensure standardization in how these tasks are completed.

Barriers to Progress:

None.

Next Steps:

Support the PNAM and provincial pharmacist inspectors to conduct training on pharmaceutical management for health workers in USAID-supported health zones in the Kasai provinces with a particular focus on quantification methods and practice. The MOH trainers will utilize the newly validated training guidelines developed by the PNAM for these trainings, along with the previously developed pharmaceutical management technical guidelines for each level (BCZS, HGR, CS, and regional depot). This will take place under activity #4. Develop, with the DPM, SOPs for financial management of funds collected through regular DPM activities. Finalize, print, and organize an official presentation of the DPM SOPs.

Indicators:

None.

Activity Title: Assist the DRC CCM and PRs on Global Fund PSM issues

Activity Lead: Webb, Kathy **Activity #:** 8 **Task:** LFZR08XXX **Subtask:** 60CXH8

Activity Description: Following the DRC R8 malaria and HIV/AIDS grant approval, SPS has worked closely with the NMCP and the two other identified PRs (PSI and SANRU) to develop their procurement and supply management (PSM) plans, which must be completed and approved, along with other key plans, prior to grant signature. SPS will continue this assistance to the R8 malaria grant PRs and national program and will also work with the HIV/AIDS national program and PRs on the R8 HIV/AIDS grant PSM plan. SPS will establish working relationships with the R8 HIV/AIDS and malaria PRs as well as the SRs and provide technical assistance for procurement and supply management issues to facilitate grant signature as well as continued support once grant implementation is underway. As USAID implementing partners rely upon GF for HIV/AIDS medicines in their geographic areas of intervention, SPS will work with GF implementing partners to ensure sufficient coordination and communication on quantification, procurement and help to avoid stock-outs of these life-saving medicines. Under this activity MSH/SPS will continue to participate in regular CCM and malaria technical secretariat meetings to ensure that pharmaceutical management and PSM issues are appropriately addressed, including sufficient and reasonable budgets for such aspects.

SPS Partners

None.

Budget: \$48,552.00

Start Date: Oct/2008

End Date: Sep/2009

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

After attending the Global Fund malaria grant signing acceleration workshop held in Dakar (December 11-13, 2008), the PSM plan, the monitoring and evaluation plan, the year-one work plan, and budget must be developed and approved before signature of this grant. For this purpose, SPS provided technical assistance to the principal recipients in developing the malaria component PSM plans. The ECC/SANRU PSM plan is close to being finalized and will soon be submitted to the Global Fund secretariat. SPS also contacted the PNLs to offer

Country Programs

Barriers to Progress: technical assistance in developing HIV/AIDS component PSM Plan.
None.

Next Steps: Assist ECC/SANRU and the respective HIV/AIDS principal recipients to finalize both malaria and HIV/AIDS component PSM plans to avoid further delays in grant signing.

Indicators: None.

Ethiopia

Ethiopia PEPFAR

Work Plan: Ethiopia PEPFAR **Year** 08

Funding Level: \$4,130,000.00

Work Plan Background

The USAID awarded MSH five-year funding for the 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. SPS is collaborating with USAID/Ethiopia in the provision of technical assistance in medicine and related products, rational use and management for ART, and Prevention of Mother to Child Transmission Programs (PMTCT) in Ethiopia. Under this effort, SPS assists in national, regional, district, and health facility-level capacity development for delivery of ART and related services by ensuring access to and rational use of basic ART products through various interventions. SPS will continue to work in all the RPM Plus technical areas, but the new program incorporates additional technical components on governance in the pharmaceutical sector and drug financing, in addition to more systematic efforts to contain the emergence of resistance and improve medicines use. SPS will strive to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems. Continuing the global technical leadership role of RPM Plus, SPS will advance the science and art of strengthening pharmaceutical management systems. All 11 regions of the country receive SPS assistance. Over 450 health facilities, comprising public and private hospitals and health centers, benefit from various forms of capacity building support, including improvement of infrastructure, training (2000 persons trained in MIS/SOP, DTC), mentorship, manual and automated record keeping, inventory control tools, computers (100 computers and printers), and improved dispensing and promotion of RMU. There are about 40 professionals at central and regional levels providing direct assistance to regions and health facilities in all facets of pharmaceutical supply management. Their assistance will focus on training, monitoring, supportive supervision, assisting in quantification, ordering and distribution, and recording and reporting. The regional pharmacists are located at strategic locations in the country and provided with 4-wheel drive vehicles so that they can effectively do their job. The role of SPS in PMTCT products management will continue to be to provide support in procurement, distribution, and reporting of nevirapine tablets and suspension, and determine test kits and fluconazole formulations through the Axios Donation Program, used in over 400 health facilities. SPS will play key role in pharmaceutical management support to Care, in support of bilateral programs, of SCMS programs (managed by MSH), and to all other PEPFAR partners as appropriate.

Activity Title: Technical activity coordination and monitoring

Activity Lead: Daniel, Gabriel **Activity #:** 1 **Task:** LFET08HIP **Subtask:** 97XXY1

Activity Description: This activity includes headquarters technical activity coordination, work plan development, budget monitoring, program oversight, progress monitoring, reporting, meetings, communication with partners and collaborators, and managing country-support.

USG Sub-element Other/Policy Analysis and System Strengthening

SPS Partners None.

Budget: \$210,000.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

Products Planned: Work Plan; reports; minutes; TA coordinated; SPS representation and communication with PEPFAR-E; collaboration with partners;

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: MSH Board of Directors visited MSH Ethiopia from March 24 to 28, 2009. While in Ethiopia, the board met and discussed SPS Ethiopia's contribution towards better health services in the country with the Minister of Health (MoH), the General Director of Drug Administration and Control Authority (DACA), and the Deputy of

Pharmaceutical Fund and Supply Agency (PFSA). In addition, the board visited three health facilities where they got first-hand experience of One MSH Ethiopia activities. The visitors witnessed the three projects actively changing lives of patients with proper counseling, dispensing, adherence, and uninterrupted supplies of drugs.

Next Steps: Set up field visit for review of programs.

Indicators: None.

Activity Title: Improve Drug Supply Management (DSM) system including RDU and site-level inventory management

Activity Lead: Daniel, Gabriel **Activity #:** 2 **Task:** LFET08HIP **Subtask:** 60CXH2

Activity Description: The program will have a RDU unit that will spearhead this activity and will work in collaboration with other technical units that contribute towards achieving synergy. TA and resources for promoting rational drug use will be provided to stakeholders at all levels. The unit will provide technical guidance and assist in formulating approaches to enhance rational use of drugs and other related products. Activities undertaken in rational drug use to date will be reviewed and scaled up.

SPS Partners None

Budget: \$270,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Reports; manuals and SOPs; workshop/ training proceedings; registers; IEC materials.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Resources and reference materials provided. In the reporting period, various workshops on development of hospital medicines formulary were organized and conducted. Objective of the workshop was to lay the foundation and pave ways of preparation of medicines formulary for the hospitals and to select list of drugs to be included in the formulary. In total 77 participants from five hospitals attended in the workshops and from the discussions and participations, it was learned that the events were good opportunity to change attitudes of the health providers who were reluctant to involve in DTC. One notable achievement in this quarter is handing over of 500 printed formularies to one of the hospitals in the capital, ALERT Hospital. TA on ART medicine supply management and ART drug management information system was made to over 400 ART sites throughout the country. The technical assistance mainly focused on patient counseling and dispensing as well as drug supply management giving emphasis to ARVs. The TA was also to update dispensers at ART pharmacy on main areas of focus on counseling when ARVs are dispensed. ARV treatment guidelines and reference manuals have been used for the purpose. Technical and financial support were also provided to most health facilities on segregation and disposal of expired drugs and obsolete equipment, rearrangement of some health facilities stores, rearranged and drugs labeled pharmacologically. ARV drugs delivered and over-stock and near expiry ARV drugs exchanged between HFs. During the quarter, pharmacy professionals of HFs have been mentored on proper dispensing and counseling of ARV drugs and practically started patient education on rational medicine use. Health professionals at ART sites were technically supported on the documentation system and how to create files of patient information sheet based on regimen, and patient status (active, lost, transferred out, stopped, and died).

Barriers to Progress: Shortage of some OI medicine in most health facilities. Increased number of ART and PMTCT and PMTCT only sites and their distance created difficulties to provide the required support and mentorship. Shortage of ARV prescriptions in some ART sites.

Next Steps: Support supervision of ART/PMTCT sites and replenish PMIS formats. Provide mentoring to selected ART sites. TA provided on DSM, disposal of expired

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	pharmaceuticals, and obsolete items.
Indicators:	None
Activity Title:	Establish/strengthen Drug and Therapeutic Committees (DTCs) at health facilities
Activity Lead: Daniel, Gabriel	Activity #: 3 Task: LFET08HIP Subtask: 60BXH3
Activity Description:	In collaboration with DACA and RHBs, technical assistance will be provided for establishing/strengthening drug therapeutic committees (DTCs) at health facilities. Close follow up and mentorship will be heightened. Computers, reference books, internet facility and other resources will be provided so that professionals will have access to up-to-date technical information.
SPS Partners	None.
Budget: \$242,000.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	Reports; MOUs; manuals; SOPs.
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	In the reporting period, three regional workshops on developing hospital medicines formulary were organized and conducted. The workshop objective was to lay the foundation and pave ways for preparing medicines formulary for the hospitals and to select a list of drugs to be included in the formulary. In total, 77 participants from five hospitals attended the workshops; from participant discussions, it was learned that the events were good opportunity to change attitudes of the health providers who were reluctant to be involved in DTCs. One notable achievement in this quarter is handing over of 500 printed formularies to one of the hospitals in the capital, Alert Hospital. Supportive follow-up and DTC training gap assessments were carried out by RPMAs to identify and measure training needs of health facilities. According to the reports received, training to 267 health providers from 107 hospitals is needed. The supportive follow-up, on the other hand, was mainly focused on orientation to the DTC members about the guidelines on establishment and operation of DTCs and preparing action plans, how to conduct drug use evaluation and identify problems and outlining possible interventions to be taken by DTC. The RPMAs have also mentored DTCs on the preparation of formulary list and DSM guidelines (selection, procurement, distribution. and use of medicine guidelines). Drug information IEC print materials have been received and transferred for distribution by DACA. Most retail pharmacies in the capital seem to have received these materials which they have posted in appropriate sites for the public. RPMAs have also distributed the materials to the health facilities. The first meeting between interested parties to establish a Drug Information Center (DIC) took place at the Department of Pharmacology of the Medical Faculty. A concept paper was presented at the meeting where MSH's role was clearly spelled out. An expected time frame of one month had been allocated for the establishment of the Center. An appropriate room for the intended DIC at the Department of Pharmacology had been selected and plans made to furnish it.
Barriers to Progress:	Some hospital DTCs are becoming weak because trained members have the facility and other members have very busy schedules. Regional DTC training is delayed though gap analysis has been done. The concept of DIC/S has been associated with the provision of office and supplies by most health institutions whereas the head office greatly believes that DISs should be established after operating DTCs have been established. Earlier promises made have not been kept which has led to the non-recognition of the activity.
Next Steps:	Conduct DTC sensitization workshop and DTC strengthening activities in selected hospitals. Facilitate sensitization and formulary development workshops. Organize a familiarization workshop on drug formulary. Continue supportive supervision to strengthen hospital DTCs and provide the necessary support for established hospital DTCs. Finalize the screening report and prepare preliminary activities to facilitate experience sharing events among DTCs and provision of

materials (computers and reference books to selected hospitals). Distribute pharmacy text books to serve as drug information material for pharmacists and pharmacy professional in hospitals situated in the regions. Follow up on the DIC establishment at the medical faculty. Participate in the mentoring program planned for RPMAs regarding DIC and its proper functioning.

Indicators: None.

Activity Title: Promote containment of the emergence and spread of Antimicrobial Resistance (AMR)

Activity Lead: Daniel, Gabriel **Activity #:** 4 **Task:** LFET08HIP **Subtask:** 60F1H4

Activity Description: Proven institutional interventions will be implemented to minimize the spread of AMR. DTCs will play a pivotal role at facility level to promote and ensure the implementation of activities related to AMR. DACA, the national AMR advisory committee and SPS will work closely to ensure that awareness about the problems and challenges of AMR are raised and resources mobilized to assist health facilities to take appropriate interventions to contain AMR. Sub-activities: (1) Strengthen capacity of the national AMR advisory body to play an active advocacy role at central level. (2) Strengthen the capacity of DTCs to play an active role in the implementation of AMR containment interventions in their respective health facilities. (3) Assist in organizing a national base-line survey on antimicrobial resistance extent, magnitude and pattern. (4) Assist the development of a national action plan for the promotion and advocacy of AMR containment. (5) Promote the awareness of the general public on the proper use of antimicrobials drugs. (6) Undertake facility level AMR containment interventions such as provision of information, infection prevention products, and proper waste disposal.

SPS Partners None.

Budget: \$148,750.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Reports; manuals; SOPs; media spots; IP products; workshop proceedings; action plan.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: National AMR Advocacy Committee operating and national action plan on AMR containment developed. Communicating with DACA and SPS to update the status of the "Antimicrobial use, resistance, and containment baseline survey", and discuss next steps which includes the dissemination of a national plan of action. Media personnel trained and events to increase awareness of AMR organized. Facility-level ARM interventions implemented.

Next Steps: Completion of the baseline assessment and dissemination of findings.

Indicators: None.

Activity Title: Promote Adherence to ARVs and related drugs.

Activity Lead: Daniel, Gabriel **Activity #:** 5 **Task:** LFET08HIP **Subtask:** 60EXH5

Activity Description: Health facilities will be supported in ensuring that patients are given proper counseling in adherence. Active monitoring of adherence of patients to treatment will be made using devices such as pill boxes that will inform the system the status of adherence. Peer discussions will be promoted as a way to improve adherence. Other interventions recommended from studies on adherence will also be implemented as appropriate. Sub-activities: (1) Disseminate results of the adherence study conducted with support by RPM Plus through a national workshop. (2) Undertake adherence promoting activities based on findings of the baseline assessment including the provision of pill boxes to selected facilities. (3) Conduct active monitoring of adherence status of patients and take timely corrective measures.

SPS Partners None.

Budget: \$130,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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Products Planned: Reports; manuals & SOPs; workshop/ training proceedings; pillboxes.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: The continued effort and communication to bring FHAPCO to the leading position on ART adherence has matured and born fruit. Under its leadership, an ART Adherence Intervention Workshop was organized for the first time. As a follow-up to these efforts, SPS has been closely working with FHAPCO to incorporate its activities in the annual plan of action and also to have ART adherence intervention plan at different levels of the health care system with the involvement of key stakeholders. The ART Adherence and Retention Intervention Plan strategy development workshop was co-organized with FHAPCO. The workshop was financially and technically supported by SPS and its staff has facilitated the workshop and presented papers. Side effects and ADRs are some of the barriers affecting adherence. Therefore, taking these barrier to ART adherence intervention on management of side effects of ARVs to empower clients to be adherent to their treatment is being proposed. It mainly focuses to empower the client. An attempt to initiate the local production of pill boxes for continued supply by SPS/MSH and others was made. Four plastic factories and one mold manufacturing plant (government owned) have been surveyed. This discussion is still continuing. The patient education program has been strengthened in some health facilities and topics on infection prevention (maintaining personal and community hygiene, what to do if hygiene maintenance fails, and detailed information on the dispensed drugs and what to do if problems arose) were covered.

Barriers to Progress: Promoting adherence activities, supply of pill boxes, and preparation of supplementary labeling with local language.

Next Steps: Promoting adherence by providing technical assistance for pharmacy professionals on inventory management (store arrangement, documentation, and report preparation on drug consumption). Distributing pillboxes to health facilities.

Indicators: None.

Activity Title: Support DACA to strengthen pharmaceutical good governance, QA and regulatory activities

Activity Lead: Daniel, Gabriel **Activity #:** 7 **Task:** LFET08HIP **Subtask:** 60A5H7

Activity Description: SPS will also work closely with DACA in the promotion of activities that strengthen good governance, rational drug use and capacity building DTCs will be the main targets for the promotion of good governance at facility level. Support will be given to the revision of guidelines, standard treatment guidelines (STGs), development of formularies, DTCs role in transparent procurement and rational use, ethical practice in drug registration and inspection etc. Sub-activities: (1) Provide technical assistance to DACA in reviewing regulatory practices and addressing gaps. (2) Provide TA (consultancy) and financial support to DACA to conduct annual sector review and consultative workshop with clients. (3) Provide TA to facilitate implementation of national Pharmaceutical sector master plan and logistics master plan. (4) Provide TA to DACA in business process re-engineering (BPR) development to improve performance, promote transparency and instill efficiency. (5) Provide TA to DACA and PSLD/MOH in the development of public awareness materials to be used by the media. (6) Provide support to DTCs to conduct training and implement good pharmacy management practice at health facility level.

SPS Partners: None.

Budget: \$8,362,500.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Reports and SOPs; STGs; computers, printers, UPS; seconded pharmacists; media spots; workshop proceedings.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Country Programs

Activity Progress: The capacity of DACA to respond to clients' needs increased. The public readily has access to regulatory and other documents and information. BPR document was made operational to improve quality of services and efficiency. Annual sector review and consultative workshop conducted.

Next Steps: Share BPR document.

Indicators: None.

Activity Title: Strengthen the capacity of the Ethiopian Pharmaceutical Association (EPA) to reach out to its membership with focus on the private pharmacy professionals

Activity Lead: Daniel, Gabriel **Activity #:** 8 **Task:** LFET08HIP **Subtask:** 60C5M8

Activity Description: SPS in collaboration with other partners will support the Ethiopian Pharmaceutical Association (EPA) to implement a program of continuing education to pharmacy professionals on ART to impart current knowledge and practice in the field. EPA will also be supported to provide education to the general public in promoting the rational use of ARV drugs and encourage adherence to therapy. SPS will second data clerks and pharmacy professionals in hospitals where there is critical manpower shortage. Sub-activities: (1) Train pharmacy professionals in the private sector in proper management of pharmaceuticals and related products. (2) Educate the public on rational drug use and AMR. (3) Capacity building of the association through staff secondment and logistics support.

SPS Partners: None.

Budget: \$260,500.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Reports; MOUs; workshop proceedings; seconded staff; furniture & equipment.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: The Ethiopian Pharmaceutical Association (EPA), in collaboration with MSH/SPS has organized a national curriculum workshop, where more than 58 experts coming from different sectors/stakeholders throughout the country participated. The outcome of the workshop has been a tremendous success to all, especially to the Schools of Pharmacy and EPA in terms of clarifying concerns, accommodating necessary amendments and creating consensus on the importance and/or justifications of revising the curriculum and new approaches to pharmacy education. The support provided by MSH/SPS has received a warm acknowledgement from all stakeholders. The constructive feedbacks obtained from the stakeholders have given a great relief and confidence to the pharmacy schools in terms of pushing forward to gain acceptance of the revised curriculum by their respective universities. The approaches in the revised curriculum have taken into account the new developments in pharmacy education and its implementation is believed to bring about a significant change in the practice of pharmacy in Ethiopia. The Drug Information Center Management Guideline, a working document providing a guide to the management of a drug information center was finalized, following feedback from the workshop.

Barriers to Progress: The delay in implementation of a national pharmacy event, intended to be launched in the form of a Pharmacy Week and a public education program on rational drug use. Lack of timely response from some collaborators for execution of some tasks. Namely, the difficulty getting consent from professional associations abroad for execution of the study tour needed for experience sharing in professional registration and licensing.

Next Steps: Implementation of Pharmacy Week and public education activities on projects approval by the head office. Design an alternate mechanism for experience sharing in institutionalization of continuing pharmacy education, and professional licensing.

Indicators: None.

Activity Title: Support the four schools of pharmacy and other related institutions to network

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and collaborate with each other and involve in PEPFAR initiatives	
Activity Lead: Daniel, Gabriel	Activity #: 9 Task: LFET08HIP Subtask: 60CXH9
Activity Description:	Schools of Pharmacy (at Addis Ababa, Jimma, Gondar and Makelle) will be supported to assess the need of mid-level pharmacy personnel, design a curriculum to fill gaps in the knowledge of these professionals, and finally conduct trainings to make these personnel proficient in handling ARVs. The schools will be supported with latest reference materials and to create a network for sharing experiences and resources. Sub-activities: (1) Support of the four schools of pharmacies to form a joint working group that will promote networking and experience sharing. (2) Provide TA for the schools to conduct needs assessment for training of mid-level pharmacy professionals. (3) Assist in the schools of pharmacy with mini-labs and training in managing mini-labs. (4) Institutionalize the training of graduating pharmacy students in ARVs and related products management and current trends in pharmacy practice in Ethiopia. (5) Provide reference books, computers, printers and office furniture for the schools as part of capacity building. (6) Institutionalize the training and deployment of senior pharmacy students to undertake practicum during long school closings in project ART sites.
SPS Partners	None.
Budget: \$461,000.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	Reports; MOUs; training proceedings; support kit (reference materials, computers, printers, and office furniture).
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	MSH/SPS has performed the following activities with the schools of pharmacy (SOP) of the four national universities. Jimma University: (1) The signing of MOU with Jimma University completed. (2) Clinical pharmacy post-graduate program familiarization workshop conducted. (3) Implementation strategies of the joint work plan thoroughly discussed with head of SOP of JU. (4) The scope of work of consultants expected to support the clinical pharmacy program was discussed with the head of SOP of JU. Addis Ababa University: (1) Areas of collaboration identified (by discussion of SOP with dean). (2) Repeated follow up discussions conducted with staff assigned to work further details and same will continue until done. Gondar University: (1) The University sent one proposal on DIC and they were advised to come up with one proposal inclusive of all focus areas. (2) Discussion carried out on SOP with heads of Gondar. (3) Advised staff on the development of joint work plan and shared relevant information. (4) GU developed and sent first draft work plan, proposed to be implemented jointly with MSH/SPS. (5) Reviewed the work plan and planned to finalize, in consultation with head of SOP and COP and MSH/SPS. Mekele University: (1) Discussion carried out with heads of the school of pharmacy. (2) Advised staff on the development of joint work plan and shared relevant information. (3) MU developed and sent first draft work plan, proposed to be implemented jointly with MSH/SPS. (4) Reviewed and finalized the work plan in consultation with head of SOPd COP.
Next Steps:	Finalization and signing of MOU with Mekele and Gondar Universities; develop detailed SPS-AU joint plan of action and MOU.
Indicators:	None.
Activity Title:	Promote public-private partnership by working with private and quasi-private entities to scale up public efforts initiated under PEPAFR programs
Activity Lead: Daniel, Gabriel	Activity #: 10 Task: LFET08HIP Subtask: 60A2H0
Activity Description:	The private sector, which includes the private pharmacies, special pharmacies, private hospitals/clinics, NGOs/FBOs, Kenema/Red Cross pharmacies, pharmaceutical import/distribution/manufacturing groups, will be supported with

training to be part of the promotion of proper management of drugs and ethical practice. SPS in collaboration with DACA will make relevant regulatory and practice information materials available. Cost recovery and the revolving drug fund scheme proposed under the Logistics Master Plan will be tailored to be operational in the quasi-private sector. Sub-activities: (1) Assessment to identify needs in the private sector. (2) Assist in the training of private and quasi-private sector pharmacy professionals in management of key ART and related products. (3) Provide guidance on roles that the private sector can play in AMR containment, adherence, ADR monitoring/reporting, pharmacovigilance, and good dispensing practice. (4) Provide materials that will help them participate as members of the public health team. (5) Support public and private media to disseminate regular drug related educational programs. (6) Provide materials that will increase public awareness and education in drug use.

SPS Partners

None.

Budget: \$273,000.00

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

Products Planned:

Needs assessment and reports. Improvement in knowledge of HIV/AIDS, ART and management of ARVs and related products by the private sector, including rural drug vendors (RDV).

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

MSH/SPS, in collaboration with the Ethiopian Druggists Association (EDA), has organized basic comprehensive ART training to 59 druggists drawn from the private sector. A consultative meeting was organized to initiate ART services at 15 higher private clinics in Addis Ababa. Participants of this meeting were representatives from MSH/SPS, HAPCO, Addis Ababa Region Health Bureau, DACA and ABT Associates.

Barriers to Progress:

Delay in getting feedback on the assessment report of pharmacy practice of private community pharmacies submitted to home office, therefore, the findings of the assessment could not be disseminated to stakeholders as planned.

Next Steps:

Disseminate the findings of the baseline assessment of pharmacy practice of private community pharmacies in Addis Ababa to partners and stakeholders. Conduct Rural drug Vendors (RDV) assessment in 106 RDVs. Distribute reference materials to private pharmacies.

Indicators:

None.

Activity Title:

Strengthen pharmaceutical manpower at different levels to ensure proper management and use of pharmaceuticals

Activity Lead: Daniel, Gabriel **Activity #:** 11 **Task:** LFET08HIP **Subtask:** 60CXHA

Activity Description:

SPS will collaborate with DACA, EPA, PSLD and Schools of Pharmacy (at Addis Ababa, Jimma, Gonder and Makelle) to implement a various forms of training to assess the need of mid-level pharmacy personnel, design a curriculum to fill gaps in the knowledge of these professionals, and finally conduct trainings to make these personnel proficient in handling ARVs and related products. Sub-activities: (1) Provide practical training to pharmacy personnel in target facilities. (2) Provide pre-service training on ART products and their management for graduating pharmacy students. (3) Train pharmacy personnel on inventory management tools/ SOP, in RDU, on the establishment and operations of DTC and DIC. (4) EPA will be provided with TA and resources to train mid-level pharmacy personnel. (5) DACA will be provided with TA and resources to train pharmacists in private pharmacy practice on ART and good dispensing. (6) Provide external short term trainings for about twenty regional and federal MOH staff and DACA. (7) Train and deploy third year pharmacy students to ART facilities under "on-the-job" summer arrangement.

SPS Partners

None.

Budget: \$435,000.00

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

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Products Planned:	Training materials and reports.
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	A mentoring manual was developed and distributed to the concerned staff of MSH/SPS for comments and further refinement. While preparing this manual, different units of MSH/SPS and RPMAs made their contributions to their areas of expertise; different reference materials were consulted in the process, and relevant websites were browsed for additional materials. Second round of training on ART management was organized to members of the Ethiopian Druggist Association (EDA). The training was aiming at equipping druggists who are working at private pharmacies with the necessary knowledge and skills on ART. A total of 59 pharmacy professionals (two pharmacists and 57 druggists) attended the comprehensive basic ART training. The trainees were drawn from 44 private drug stores, three private business/commercial entities, three private universities, and from local NGOs. Other quarter activities: meeting with HAPCO on ART training manual revisions, preparation of TOR for revision of ART training materials, TIMS preparation for Pedi ART, facilitation of pediatric ART training and participation to AMDM workshop, and HCSP SOP training.
Barriers to Progress:	Some of the planned activities could not be carried out because of budget constraints. These activities include coordination of DTC/DIS regional training, training on EPINFO statistical software package to SPS staff, and training of media personnel and health professionals on AMR and ADR training.
Next Steps:	Organize orientation on mentoring tool; facilitate ADR and ART training for generic trainees (if budget is released); participate in AMDM training; coordinate DTC/DIS regional training.
Indicators:	None.
Activity Title:	Strengthen Pharmaceutical Information Management System to track facility-level patient uptake and use of ART and related products
Activity Lead: Daniel, Gabriel	Activity #: 12 Task: LFET08HIP Subtask: 60G4HB
Activity Description:	In collaboration with MOH/HAPCO and DACA, SPS will distribute Pharmacy SOPs and forms developed by RPM Plus to all ART and other facilities to ensure uniform practice, inventory management and reporting. At least two pharmacy professionals and one pharmacy clerk will be trained in the use of manual and computerized version of the forms in the SOP. Target hospitals and selected health centers will be provided with computers and printers. The current manual drug inventory and patient drug-use monitoring tools will be fully computerized at all the target facilities as appropriate. The program will deploy pharmacy data clerks at eligible health facilities as overburdened pharmacy personnel are having difficulty properly filling the ART and other treatment registers and formats while serving the increasing pool of patients on ARVs in addition to other patients. These will be supported by data managers placed at regional levels with communication means (telephone and internet) and cover cost for selected target ART sites for reporting, patient tracking and technical information update
SPS Partners	None.
Budget: \$95,000.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	Tools; reports; SOPs; computers, printers, UPS.
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	During this quarter, a two day training on Rx Solutions was organized for six pharmacy professionals from ALERT Hospital. Rx Solution is an integrated computerized pharmaceutical management information system software designed to manage inventory, process purchase orders, handle issues and requisitions, and record medication and dispensing related information. The training was aimed at enabling the pharmacy professional to use the software for dispensing of drugs and inventory management at the main store of the hospital.

Health facilities were supplied with various PMIS tools to properly record and report patient related information. These tools included an OI drug register, a pediatric registration book, and SOPs. ADT version 3.0 was installed in some health facilities, data were transferred from ADT 2.0 to ADT 3.0, and orientation on proper use of the electronic tool was provided to the data clerks. CD drives were also provided to health facilities for backup purposes. Patient update reports were compiled on monthly basis and shared with partners (RHB, SCMS, HCSP, I-TECH, the Clinton Foundation, and federal and regional HAPCO). These reports have served as a viable source of information for drug consumption and quantification.

Barriers to Progress: Computers were frequently attacked by the Dulla virus. There is a problem getting reports from private hospitals on time. Lack of UPS for recently distributed computers. Power failure in most of health facilities which affected ADT. Difficult to get the report where there is no data clerk assigned. Late reporting by some health facilities makes the compilation process of monthly pharmacy activity reports too late and difficult. Communication problem with some facilities as result of inaccessible telephone lines to collect reports.

Next Steps: To provide continuous support for the remote health facilities. Distribute antivirus update during site support. Orientate data clerks and pharmacy personnel on how to enter FDCs into the ADT, and increase the quality of data. Install the revised version of EDT tool and update antivirus to hospitals. Mentor the data clerks and pharmacy personnel working on database. Distribute PMIS tools. Distribute computers and install ADT new version to HFs.

Indicators: None.

Activity Title: MSH/SPS Office management and program support operations

Activity Lead: Daniel, Gabriel **Activity #:** 15 **Task:** LFET08HIP **Subtask:** 97XXYX

Activity Description: SPS through its office established in Ethiopia will continue to closely communicate with USAID, CDC, other partners and stakeholders on work progress. The office will be responsible for interfacing with partners and beneficiary organizations and represent SPS at country level. It will manage funds, monitor staff and consultants and produce reports. SPS will coordinate its activities related to pharmaceutical and related products quantification, procurement, distribution and use with activities of the national pharmaceutical logistics master plan, national pharmaceutical master plan, programs of MSH and with relevant PEPFAR partners such as the Clinton Foundation, Deliver, UNICEF, etc.

SPS Partners None.

Budget: \$392,500.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Periodic reports (quarterly, semi-annual, annual) & memos; program and financial reports; activities coordinated with GOE plans; lessons learned, best practices shared; strategies and practices based on current knowledge.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: MSH/SPS conducted regional inauguration ceremony at Bahir Dar town, Amhara Regional state. The inauguration focused on various technical, renovation and material supports provided to the health facilities in the region. The ceremony highlighted USAID's major contributions through implementing partner, MSH/SPS, in strengthening drug supply management systems and promoting rational drug use in the region. MSH/SPS Regional Pharmaceutical Associates (RPMAs) actively participated in a joint supportive supervision and mid-term reviews of regional HIV/AIDS activities in their respective regions. The supportive supervisions were made with RHBs and its implementing partners in the regions to health facilities. These visits mainly focused on assessing comprehensive HIV/AIDS Prevention, Care, Treatment & Support and TB/HIV collaborative

interventions or activities. The regional midterm review events organized by HAPCO on the other hand created the opportunity to demonstrate MSH/SPS achievements and create awareness among partners on MSH/SPS capability building efforts in the regions. During the reporting period, USAID donated eight Toyota Land Cruisers to Drug Administration and Control Authority (DACA), Ethiopia Pharmaceutical Association (EPA) and HIV/AIDS Prevention and control Office (HAPCO) through MSH/SPS. The vehicles are expected to facilitate the mobility of regional staff of DACA to travel to remote areas to inspect drugs store and prevent substandard or counterfeit medicines to treat HIV/AIDS and other conditions from entering the country or being distributed. Mr. Glenn Anders, USAID Mission Director was present during the ceremony.

Next Steps: Review meeting will be held. Renovated facilities will be handed over.
Indicators: None.

Ethiopia PMI

Work Plan: Ethiopia PMI **Year** 08

Funding Level: \$715,000.00

Work Plan 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), and 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 the 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 to wards 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 Lead: Daniel, Gabriel **Activity #:** 1 **Task:** LFET08PMI **Subtask:** 97XXY1

Activity Description: At the regional level, SPS will second a pharmacist who will physically be 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.

SPS Partners: None.

Budget: \$77,551.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

Products Planned: To be uploaded.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: TA support was provided by a Senior Program Associate from the Arlington, VA, office. During the SPA's visit, the TA included a write up of reports for the proceedings of the micro-planning workshop, SPS assessment field visits and form preparations, and activity planning for the third quarter of program period.

Next Steps: Plan next follow-up trip.

Indicators: None.

Activity Title: Micro-planning and consensus building workshop

Activity Lead: 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 PM/E-supported AMDM activities; (3) discuss the approach and number of health personnel that will be trained; (4)

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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 preliminary visits by SPS in 2008 as well as through ongoing activities funded by PEPFAR.

SPS Partners

None.

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:** Q2

Activity Progress:

Activities concerning the micro-planning of stakeholders' workshop were completed earlier. The draft report of the PMI/AMDM workshop which was conducted on Dec. 23, 2008 was finalized and submitted to the USAID PMI/Ethiopia office. The PMI/Ethiopia office, after reviewing the report, made some corrections and editing on the report which was finally presented with the recommended corrections.

Next Steps:

The report will soon be distributed together with copies of all presentations made during the workshop to the other partner organizations.

Indicators:

None.

Activity Title:

Partnership meetings and coordination

Activity Lead: 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.

SPS Partners

None.

Budget: \$51,461.00

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

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

On March 21, 2009, SPS Ethiopia staff made a presentation introducing the PMI/AMDM program at the ORHB's Experience Sharing Workshop which was organized for health managers and facility level professionals in the Aba Geda Conference Center in Adama town--about 1,000 attendants participated. The presentation focused on the PMI Global and PMI-Ethiopia Programs; findings of the AMDM baseline assessment conducted during October 2008; and SPS PMI/AMDM activity areas. Finally, there were discussions and recommendations made on future focus areas. This program gave PMI/AMDM a chance to popularize its program and obtain the views of the stakeholders in planning future activity areas. Moreover, the ORHB agreed to provide the regional antimalarial drugs stock status report and sent a letter to all the zonal health departments to provide the information to the SPS zonal RPMAs. AMDM participated in the first quarter meeting organized by USAID-Ethiopia for the PMI program executing partner organizations at the USAID office in Addis Ababa. USAID program managers and staff gave presentations on the program activity areas, financial/administrative procedures, branding of USAID support inputs, etc. Each PMI program executing partner including PMI/AMDM made presentations

concerning their activities, achievements, and constraints. Finally, discussions were made on future coordination of activities, leveraging resources and finally recommendations forwarded. AMDM attended a workshop organized by AED/c-Change, Feb. 17-18, 2009, in Adama town on Malaria Message Harmonization with the objective of building the capacity of partners in development and standardization of malaria messages.

Next Steps: Follow up with zones and districts on the letter sent by the Region. Draft IEC materials for community awareness in AMDM.

Indicators: None.

Activity Title: AMDM training materials and training

Activity Lead: 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 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.

SPS Partners None

Budget: \$70,922.00

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: A two-day orientation and planning meeting was organized which brought together the PMI/AMDM office staffs, AMDM technical team, all RPMAs working in Oromia region and two staffs from the ORHB representing the pharmacy and malaria units. The meeting was conducted on Jan. 15 and 16 at the DIRE Hotel in Adama town and the objectives of the meeting included: familiarizing the RPMAs on the zonal implementation of the program; defining the role and responsibilities of the RPMAs with respect to AMDM; introducing the RPMAs to the AMDM COP 08-09 DIP and implementation time frame so that they can prepare their individual DIPs; selecting sites as focal AMDM sites and assign them to the respective RPMAs; and organizing the RPMAs to prepare and submit their individual DIP based on the final PMI/AMDM DIP which was earlier presented in the meeting. The Ethiopian Druggist Association and SPS held a workshop Feb. 5-8, 2009, in Adama for its members. AMDM made a presentation entitled "Malaria in the era of HIV/ AIDS, Programmatic Issues" in which the global and national programs of the PMI were discussed. Other topics included overview of PMI/AMDM program and the interaction of malaria and HIV/AIDS were discussed. During this training, a questionnaire on use and management of antimalarial drugs was administered to the participants which will be analyzed to identify gaps in the proper use of medicines, and areas of future collaboration with the private drug retail outlets. Preparation of a detailed training implementation plan and adaptation of different training manuals to be used for the training of facility staff members on malaria and PMI/AMDM is completed and is to be finally endorsed in

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	a review meeting with the Oromia-based RPMAs to be held in the beginning of March.
Next Steps:	Endorse training materials and distribute detailed implementation plan.
Indicators:	None.
Activity Title:	Secondment of Personnel
Activity Lead: 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.
SPS Partners	None.
Budget: \$96,212.00	Start Date: Sep/2008 End Date: Sep/2009
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	A pharmacist is already seconded to the ORHB, while the planned assignment of 4 RPMAs in zonal health departments was postponed because it was found appropriate to deploy the existing 8 SPS RPMAs working in the different zones of Oromia for better coverage of the PMI/AMDM activity. Assisted the region in expanding their infrastructure to create a AMDM unit.
Next Steps:	Negotiate with the region to allocate an office for the seconded pharmacist for the region.
Indicators:	None.
Activity Title:	Baseline Assessment
Activity Lead: 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. SPS will also determine if there are records stock, 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.
SPS Partners	None.
Budget: \$38,154.00	Start Date: Jan/2007 End Date: Jan/2007
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	The preparation of the final draft of the assessment report is underway and is expected to be completed and submitted by end of April 2009. During the AMDM assessment carried out in October 2008, the AMDM questionnaire was designed to collect data on some management features of anti-TB, ARV drugs, and

condoms in addition to malaria products. The Anti-TB Drugs Management Assessment Summary Report was prepared based on the findings of the data on the anti-TB tracer drugs used in the assessment.

Next Steps: Submit report.

Indicators: None.

Activity Title: AMDM framework implementation

Activity Lead: Daniel, Gabriel **Activity #:** 7 **Task:** LFET08PMI **Subtask:** 60BXH7

Activity Description: SPS will put into operation an 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.

SPS Partners None.

Budget: \$160,252.00 **Start Date:** Aug/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: In view of the fact that the PMI/AMDM program is in its first year of operation and on account of limited resources, a decision was reached in which a total of 66 hospitals and health centers will be selected to be the focal AMDM sites for the first year of operation. Concerning the selection of the Health Posts, it was agreed that each RPMA will discuss the issue with the local health managers and notify the AMDM office with the list of the selected health posts. The selection criteria included the following considerations: prevalence of malaria, select ART or ART/PMCTC sites excluding the PMCTC-only sites, Based on service coverage, priority was given to public health facilities; consideration was also given to the original USAID PMI-Ethiopia selected focus zones, namely Arsi, East Shewa, West Arsi, Illuababora, and Jimma Zones. When a health center and a hospital existed in the same town, unless other circumstances dictated, only one of the two will be selected. A bimonthly monitoring check list to be used by the RPMAs after each periodic technical and mentoring visits to health facilities was designed.

Next Steps: Discuss with zonal and district offices to select first batch intervention sites. SPS staff will be oriented on the use of the monitoring check list.

Indicators: None.

Activity Title: MIS tools design and printing

Activity Lead: 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

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<p>SPS Partners</p> <p>Budget: \$82,967.00</p>	<p>broken down by age and sex, etc. None</p> <p>Start Date: Sep/2008 End Date: Sep/2009</p>
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<p>Reporting Period:</p> <p>Activity Progress:</p>	<p>Year: Project Year 2 Quarter: Q2</p> <p>Forms to be used in the collection of data for the AMDM and the corresponding SOPs are being prepared in collaboration with the PMIS unit. The zero draft of 12 MIS to be used for the AMDM program are now ready and sent to some units for comment. When adequate comments are gathered from RPMAs and other stakeholders and ORHB endorses them, the tools will be printed and distributed to the different health facilities in the region. Stock status report was collected from PFSA and submitted to DELIVER for compilation.</p>
<p>Next Steps:</p> <p>Indicators:</p>	<p>Include stock status data from Oromia Region.</p> <p>None.</p>
<hr/>	
<p>Activity Title: Infrastructure improvement</p>	
<p>Activity Lead: Daniel, Gabriel Activity #: 9 Task: LFET08PMI Subtask: 60AXH9</p>	
<p>Activity Description:</p>	<p>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.</p>
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<p>SPS Partners</p> <p>Budget: \$83,254.00</p>	<p>None.</p> <p>Start Date: Sep/2008 End Date: Oct/2009</p>
<hr/>	
<p>Reporting Period:</p> <p>Activity Progress:</p>	<p>Year: Project Year 2 Quarter: Q2</p> <p>The RPMAs made assessment of the gaps in different supplies and infrastructure support to be provided to the health facilities through the PMI/AMDM fund. The collected items were compiled and, based on available finances; allocation for each support site was prepared.</p>
<p>Next Steps:</p> <p>Indicators:</p>	<p>Plan procurement activities.</p> <p>None.</p>
<hr/>	
<p>Activity Title: Georeferencing and mapping</p>	
<p>Activity Lead: Daniel, Gabriel Activity #: 10 Task: LFET08PMI Subtask: 60AXH0</p>	
<p>Activity Description:</p>	<p>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.</p>
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<p>SPS Partners</p> <p>Budget: \$30,712.00</p>	<p>None.</p> <p>Start Date: Aug/2008 End Date: Sep/2009</p>
<hr/>	
<p>Reporting Period:</p> <p>Activity Progress:</p>	<p>Year: Project Year 2 Quarter: Q2</p> <p>The georeferencing with global positioning systems and the mapping of all current program sites has been completed in collaboration with the International Rescue Committee (IRC) and their inclusion in the Geospatial Analysis for public health program is underway.</p>
<p>Barriers to Progress:</p> <p>Next Steps:</p> <p>Indicators:</p>	<p>In-house mapping capacity is limited and hence dependent on IRC.</p> <p>Update map with data.</p> <p>None.</p>

Ghana

Work Plan: Ghana PMI **Year** 08

Funding Level: \$600,000.00

Work Plan 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 mortality under the age of five. 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

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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 Lead: 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, SPS will 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.

SPS Partners

Budget: \$39,816.00

Products Planned:

None.

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

Updated malaria policy. Finalized LCS and PH manuals. Print ready LCS handbook. Revised STG and NHIA list. Training manuals. Training manuals.

Reporting Period:

Activity Progress:

Year: Project Year 2 **Quarter:** Q2

Update the new malaria policy implementation plan in collaboration with the NMCP. SPS sent a copy of the finalized national malaria policy to USAID HPN officer to follow up with the Minister for signing. National malaria policy still not signed by the Minister of Health. Collaborate with Ghana Sustainable Change Project (GSHP) to review and print handbook on new malaria policy for Chemical Sellers. The STG/EML still under review by the MoH team. Final approval for

printing not yet granted. Review and update in collaboration with the GHS the drug management component of the malaria training curriculum and training materials for pharmacy and dispensary staff. During this quarter, SPS held two meetings with Mr. Addai Donkor, Director, Supply Division GHS, and Mr. James Kyei, Chief Pharmacist, MoH, to keep the issues in the forefront.

Barriers to Progress: MoH team yet to review and sign off for printing. GNDP apparently has not received the full complement of funding from the MoH for the printing of the STG.

Next Steps: SPS to visit MoH to ascertain status of policy. SPS to provide GNDP with the appropriate acknowledgment and branding message in line with USAID and SPS requirement when final draft of STG is approved.

Indicators: None.

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 Lead: 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.

SPS Partners None.

Budget: \$75,604.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Trip report. Assessment reports. Training reports. Updated SOPs. Meeting report.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Undertook a rapid assessment to review prescribing and dispensing practices of antimalarials in the private and public sectors of Ghana. During this quarter, data was collected from public and private health facilities on prescribing and dispensing practices. Data analysis is still on-going. First draft of report is expected in May. Conduct a further assessment of the key needs of the private sector supply chain to support strategies to enhance the promotion of the ACTs in the private sector. SPS collected data from private health facilities to assess the strengths and weaknesses in the malaria supply chain; data analysis is still on-going. First draft of report is expected in May. Update curriculum and support Continuing Education Training for Pharmaceutical Society of Ghana, Pharmacy Council, and private medical practitioners on rational prescribing and dispensing. SPS has submitted the final draft to USAID PMI CTO for review and onward submission to the NMCP. Review the malaria guidelines and SOPs for malaria

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management of the MoH/GHS at the regional and district levels and train staff to strengthen prescription and dispensing practices. SPS has commenced development of the training materials and tools for the proposed training workshop. This activity is still ongoing.

Next Steps:

Finalize assessment report and disseminate to key stakeholders.

Indicators:

None.

Activity Title:

Support strengthening of capacity for quantification at regional, district and facility level

Activity Lead: 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 (i) 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 (ii) 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. 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.

SPS Partners

None.

Budget: \$19,714.00

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

Products Planned:

Meeting notes and training reports.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Develop curriculum for quantification at the district and health facility levels and undertake TOT workshop targeted at selected pharmacist, dispensary officers, and district health management team members from all ten regions. SPS has commenced development of the training materials and tools for the proposed TOT workshop. This activity is ongoing.

Next Steps:

TOT workshop planned for July/August.

Indicators:

None.

Activity Title:

Provide technical support to strengthen capacity for warehousing and storage of antimalarials including ACTs

Activity Lead: 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. 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. 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. Provide support for the adaptation of an existing SPS training package with 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 is expected to occur in the third

Country Programs

	and fourth calendar quarters of the year.
SPS Partners	None.
Budget: \$155,776.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	Assessment report. Meeting notes and implementation plan. Technical report. Training materials and tools.
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	SPS conducted an assessment of the medical stores at the regional, district, and health facility levels. Data analysis and reporting is underway. In collaboration with NMCP, initiated discussions on support for a phased implementation of relevant warehouse infrastructural upgrades based on assessment findings and develop an implementation plan to ensure adequate storage and warehousing of antimalarials. SPS has conducted the assessment. Analysis is ongoing; results will indicate level of infrastructural upgrades needed. 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. Even though this activity has been approved under the SPS work plan, JSI is using its funding under the FH and HIV to collect data at all the levels. JSI was asked by USAID to track the distribution of the ACTs and ITNs. SPS initiated meeting with JSI and CMS to set up monitoring systems to track supply systems but JSI indicates that they have already set up a system which is running. Conduct a TOT targeting pharmacists, selected DHMT members, and store officials from all 10 regions on basic techniques for the management of malaria medicines and supplies at the health facility level. SPS has commenced development of the training materials and tools for the proposed TOT workshop. This activity is still ongoing.
Barriers to Progress:	JSI already implementing this activity for PMI.
Next Steps:	First draft report expected in May. Plan will be developed after assessment report is ready.
Indicators:	None.
Activity Title:	Provide technical support for the Logistics Management Information Systems
Activity Lead: 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 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.
SPS Partners	None.
Budget: \$144,368.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	Assessment report. Meeting notes and technical report.
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	Map out the 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. SPS conducted an assessment of the public and private sectors to map out the management information system and flow of information on malaria commodities. Data analysis and reporting is underway.
Next Steps:	First draft of assessment report planned for May.
Indicators:	None.

Guatemala

Work Plan: Guatemala **Year** 08

Funding Level: \$200,000.00

Work Plan 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 Asociacion 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 work plan 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 Lead:	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.		
SPS Partners	None.		
Budget:	\$37,232.00	Start Date:	Oct/2008 End Date: Sep/2009

Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	A number of meetings were held with the MoH Coordination of Hospitals unit of the Vice Ministry of Hospitals to discuss how to move forward with the activities. One of the eight hospital coordinators, Dr. de Leon, was designated as the link person for the project. The consultant represented SPS at an interagency meeting held at USAID to share details of each agency's interventions.
Barriers to Progress:	Slowness of the MoH to move ahead with the project.
Next Steps:	Continue to work with Dr. de Leon to move the project forward.
Indicators:	None.

Activity Title:	Revision of the medical waste module and finalization of the Guatemalan version of the ICAT tool		
Activity Lead:	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		

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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)
SPS Partners None.
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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: The consultant accompanied the graphic designer of the MoH to the Roosevelt Hospital to take some suitable photos for the cover sheet. The cover sheet design was finalized with the correct logos by the communication team of the MoH. The hand hygiene module, waste management module, isolation module, and introduction revisions were finalized and the revised tool was approved by the VM hospitals technical team. The finalized document was approved by USAID Guatemala and the communications team of SPS. The consultant accompanied the technical advisor for waste management on her monitoring visits to ensure the waste management module was complementary to advisor's existing activities.

Barriers to Progress: Delays in the design of the cover sheet and the approval of the tool by VM hospitals.

Next Steps: Await approval of the Vice Minister of hospitals. Print sufficient copies of the Guatemalan ICAT for all training participants.

Indicators: None.

Activity Title: Training of hospital staff in the use of the ICAT tool and quality improvement methodology.

Activity Lead: 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)
SPS Partners None.
Budget: \$98,078.00 **Start Date:** Oct/2008 **End Date:** Aug/2009
Products Planned: Training materials for TOT and hospital trainings; reports of trainings.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: A Powerpoint template was created using the government slide with the SPS and USAID logos. A CD of material for the trainees is being compiled. The training material was finalized and approved by Vice Minister's hospitals as well as USAID Guatemala. Material was developed on adult learning for the TOT and the course material finalized. A meeting was held to present the training material as well as the tool and overall approach to the eight hospital coordinators who were expected to do the trainings in the hospitals. A change of methodology for the

training was eventually agreed upon because the hospital coordinators would not be able to fulfill the role of trainers as originally planned. Three trainers were identified from central level from within the VM hospital technical staff to conduct all the trainings. Several meetings were held to discuss and finalize the agenda and content of the trainings both for the hospitals as well as for the TOT of the facilitators. A tentative program was planned of eight trainings for the hospitals to start in April with the TOT being the first training.

Barriers to Progress:

The change of training methodology and choice of trainers took time to work through, causing delays. There were also delays in the revision and approval of the training materials by the Vive Minister's hospital's team. These delays were perceived to be due to lack of interest on the part of the MoH, but interest was later affirmed by key VM hospital staff as part of their strategy to improve patient care and the activity will continue.

Next Steps:

Prepare material and copies for the training. Conduct training of hospital IC committees in use of the ICAT and the quality improvement methodology.

Indicators:

None.

Activity Title:

Monitoring of activities in hospitals

Activity Lead: 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)

SPS Partners

None.

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.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

A meeting was held with the Vice Minister's hospitals' technical team to share the results of the December 2008 follow-up visits to the five hospitals. During this meeting, the importance of close follow-up was acknowledged to ensure continued progress by the hospitals. The results of each visit were shared in print and electronic form with the respective coordinators. A monitoring checklist was developed to be used by the hospital coordinators during their routine supervision visits. An official note was sent to each hospital requesting baseline information on the nosocomial infections during the previous year. A form was provided to the hospital coordinators to facilitate the data collection in their hospitals.

Barriers to Progress:

There seems to be a reticence on the part of the hospital coordinators to assume a supervisory role. Little information has been received in response to the official note requesting baseline data.

Next Steps:

The mechanism for supervision needs to be confirmed and made official. The supervision check list needs to be revised and finalized. Rejuvenate the collection

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	of the baseline information.
Indicators:	None.
Activity Title:	Develop and field test materials promoting infection control practices.
Activity Lead: 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 nation-wide will be conducted in the next year's activities.
USG Sub-element	Anti-microbial Resistance (MCH)
SPS Partners	None.
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: Q2
Activity Progress:	No progress as yet this quarter, this activity will start later in the year.
Next Steps:	Once the hospitals have started their interventions, this activity can begin.
Indicators:	None.
Activity Title:	Support to the MoH in revising the surveillance system for nosocomial infections
Activity Lead: 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)
SPS Partners	None.
Budget: \$8,295.00	Start Date: Jan/2009 End Date: Mar/2009
Products Planned:	Revised forms and protocols; guidance for supervisors; formal launch by MoH.
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	A draft protocol for surveillance of nosocomial infections was prepared by staff from the national epidemiology center. SPS staff provided comments and the protocol was further revised. The protocol was presented to the hospital coordinators for comments possible inclusion in the training. Because of recent changes in the epidemiology center, it will no longer be involved in the activity to improve practices in the control of NI, including training, and an introduction to a surveillance system will no longer be part of the training.
Barriers to Progress:	Staff changes in the epidemiology center have made limited changes. The center appears to be working on a different surveillance protocol which will need revision and validation.
Next Steps:	Follow up will be required within the Vice Minister's hospital unit as well as with the national epidemiology center to develop a surveillance system for nosocomial infection, without which it will not be possible to monitor the impact of this project.
Indicators:	None
Activity Title:	Support to the MoH in revising the IC norms
Activity Lead: 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)
SPS Partners	None.

Country Programs

Budget: \$10,179.00

Start Date: Jan/2009 **End Date:** Apr/2009

Products Planned:

Revised infection control norms.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

The process for revision of the norms was discussed with the Vice Minister's hospital team and a list of people to be involved in the revision (the working group) was drawn up.

Next Steps:

Follow up contact with PAHO and CDC will be made to assure funding for the reproduction of the norms. A first meeting with the working group will be planned to start the process of revising the IC norms.

Indicators:

None.

Activity Title:

Work with the bilateral URC/Calidad en Salud to implement the IC module

Activity Lead: 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)

SPS Partners

None.

Budget: \$7,964.00

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

Products Planned:

IC module; module incorporated into the URC package.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Calidad en Salud provided an opportunity for SPS to give presentations on key areas of infection control during a training on HIV. The presentations given in an afternoon session were on hand washing, injections, and waste management, and included a game to demonstrate appropriate hand washing technique. Material on possible indicators to use was also distributed. There were 76 participants from a number of different health areas (23 men and 53 women).

Next Steps:

Review the intervention as part of the training with Calidad en Salud. Follow up on the criteria and indicators developed for use in PRCONE (the maternal and newborn intervention) and determine next steps.

Indicators:

None.

Activity Title:

Explore the possibility to use the ICAT and QI approach in the CAIMIs and in APROFAM

Activity Lead: 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)

SPS Partners

None.

Budget: \$6,307.00

Start Date: Jan/2009 **End Date:** Sep/2009

Products Planned:

Documented discussions with MoH and APROFAM.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

USAID has mentioned on several occasions that APROFAM are interested in applying the IC approach, but it has not been possible to meet with them this quarter. Additionally, both in the SIAS and in the URC project team support to SIAS, there is interest in developing the approach for use in primary health care units.

Next Steps:

Plan meetings with the primary health care unit of MoH (SIAS) and APROFAM.

Indicators:

None.

Kenya

Kenya MCA

Work Plan: Kenya MCA **Year** 08

Funding Level: \$2,275,000.00

Work Plan Background

In 2003 the Government of Kenya recognized the negative impact of corruption, inefficiency in the use of public resources and weak governance structures on economic growth and development and resolved to decisively deal with it. It is in this regard that since April 2005, the government in partnership with development partners has been implementing various governance-related initiatives. One such initiative is the Kenya Millennium Challenge Account Threshold Program (MCA-TP). In 2007, the Governments of Kenya and the United States signed a \$12.7 million MCA Threshold Program (MCA-TP) agreement that would be implemented over 24 months. This agreement focuses on reducing public sector corruption by overhauling the public procurement system, with a specific concentration on health care procurements throughout the supply chain. As such, the principal GOK partners in the TP are the Ministry of Finance, the new Public Procurement Oversight Authority, the Ministry of Health, and the Kenya Medical Supplies Agency. The Kenya MCA Threshold Program supports Kenya's broader governmental reform efforts and includes three components, namely: -Component 1: Reform of the Public Procurement System. Component 2: Improvement of Health Care Commodity Procurement and Delivery. Component 3: Monitoring and Evaluating the Kenya Threshold Program. Component 1 seeks to address some of the weaknesses in public procurement systems such as, weak oversight institutions, lack of transparency, poor linkages between procurements and expenditures, delays and inefficiencies in the procurement processes and poor records management. The Kenya MCA-TP will address the weaknesses through the following activities. Strengthening the capacity of the newly created Public Procurement Oversight Authority (PPOA) through enhanced technology, exchange programs, and staff training. Development and roll out of an e-procurement system in five key ministries — Office of the President, Education, Roads and Public Works, Energy and Health. Development and implementation of new procurement regulations and guidelines. Instituting proper records management protocols for public entities. Under component 2, the Government of Kenya has identified the Ministry of Health (MOH) and its medical supplies procurement and delivery body, the Kenya Medical Supplies Agency (KEMSA), as being particularly susceptible to waste, fraud and abuse throughout the procurement and delivery process. MCA-TP activities under this component will focus on improving KEMSA procurement capacity so that it is transparent and accountable and to strengthen the supply chain.

Activity Title: Provide technical assistance/ support to the KEMSA procurement unit activities

Activity Lead: Thuo, Michael **Activity #:** 2 **Task:** LFKE08MCA **Subtask:** 60C2H2

Activity Description: Typical sub-activities will include: (1) Support KEMSA to develop Good Procurement Practice guidelines / SOPs in line with internationally accepted norms and current procurement laws. (2) Train KEMSA staff on the use of manual and electronic quantification tools to support the procurement planning and forecasting process. (3) Assist KEMSA to implement procurement performance tracking indicators. (4) Assist KEMSA to fine-tune e-procurement module specifications in line with the proposed Enterprise Resource Planning Architecture.

SPS Partners None.

Budget: \$105,768.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Activity on-going: Completed training of procurement staff on supply chain management. Disseminated MSH/SPS assessment and ministerial task force reports to KEMSA staff. Reports highlight identified gaps and make recommendations (29th-30th January 09). Reviewed and updated procurement department level SOPs and business flows, which informed the ERP vendor

orientation/ scoping package. Developed and drafted table-top SOPs (available). Progress on Products: KEMSA procurement staff trained. Draft procurement departmental SOPs and business flows available. Draft procurement table-top SOPs available.

Barriers to Progress: None

Next Steps:

(1) Print and implement SOPs. (2) Provide TA to support KEMSA's procurement department to develop procurement manual and a supplier evaluation system. (3) Provide TA to support KEMSA's procurement department to develop procurement KPIs and M&E framework.

Indicators:

None.

Activity Title:

Undertake limited automation of four selected KEMSA depots.

Activity Lead: 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.

SPS Partners

None.

Budget: \$164,270.00

Start Date: Oct/2008

End Date: Sep/2009

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Activity Complete. Site assessment of the four depots and installation of 10 computers and associated ICT and communication equipment completed by 25th March. Progress on products: site survey report available; automation and installation report available.

Barriers to Progress:

Competing priorities among our counterparts delayed commencement of this activity.

Next Steps:

Training, installation and follow up on the electronic Inventory Tracking Tool (ITT).

Indicators:

None.

Activity Title:

Support to the development of KEMSA ERP implementation roadmap and relevant ICT governance structures.

Activity Lead: 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.

SPS Partners

None.

Budget: \$59,712.00

Start Date: Oct/2008

End Date: Sep/2009

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Developed and shared draft ERP Implementation Roadmap with KEMSA.

Barriers to Progress:

Competing priorities among our counterparts.

Next Steps:

Workshop to finalize ICT governance structure; training on ICT governance and IT service management framework.

Indicators:

None.

Activity Title:

Support to the review and improvement of KEMSA governance policies and structures.

Activity Lead: 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

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<p>SPS Partners Budget: \$62,273.00</p>	<p>aimed at strengthening KEMSA governance policies and structures. None. Start Date: Oct/2008 End Date: Sep/2009</p>
<hr/>	
<p>Reporting Period: Activity Progress: Barriers to Progress: Next Steps: Indicators:</p>	<p>Year: Project Year 2 Quarter: Q2 Activity on hold pending appointment of KEMSA Board of Directors. Recommendations of the Ministerial Task Force Report have not yet been implemented so all governance activities are on hold. Review KEMSA strategic level management policies and governance structures. Develop and update relevant/appropriate strategic governance structures. None.</p>
<hr/>	
<p>Activity Title: Undertake tracking supply chain surveys on commodity prices, leakage and wastage within the public sector.</p>	
<p>Activity Lead: Thuo, Michael Activity #: 6 Task: LFKE08MCA Subtask: 60C3A6</p>	
<p>Activity Description: SPS Partners Budget: \$92,269.00</p>	<p>MSH/ SPS will facilitate KEMSA, MOH and other stakeholders to monitor and document the improvements made on the integrity of the supply chain. None. Start Date: Oct/2008 End Date: Sep/2009</p>
<hr/>	
<p>Reporting Period: Activity Progress: Barriers to Progress: Next Steps: Indicators:</p>	<p>Year: Project Year 2 Quarter: Q2 Identified requisite commodity dispensing register and monthly reporting tools for printing and distribution to health facilities. None. Plan for the tracking survey (review and update survey tracking tools based on baseline survey experiences). None.</p>
<hr/>	
<p>Activity Title: Provide targeted technical assistance to the KEMSA warehouse to strengthen systems</p>	
<p>Activity Lead: Thuo, Michael Activity #: 7 Task: LFKE08MCA Subtask: 60C3H7</p>	
<p>Activity Description: SPS Partners Budget: \$125,077.00</p>	<p>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. None. Start Date: Oct/2008 End Date: Sep/2009</p>
<hr/>	
<p>Reporting Period: Activity Progress: Barriers to Progress: Next Steps: Indicators:</p>	<p>Year: Project Year 2 Quarter: Q2 (1)Completed training of staff on supply chain management (Jan 29-30). (2) Reviewed and updated SOPs and business flows (Feb 16-27). (3) Developed table top SOPs (Feb 27-29th). (4) Conducted workshop to disseminate SOPs & train on warehouse operations conducted (March 27 – 29). Progress on products: Revised and updated warehouse departmental and table top SOPs and business flows available; 33 KEMSA staff trained on supply chain management; 47 KEMSA warehouse staff trained on fundamentals of warehouse operations including SOPs. None. Development of master location system, stock master file, M&E and KPIs implementation of ITT at 4 KEMSA regional depots. None.</p>
<hr/>	
<p>Activity Title: Provide technical assistance to the KEMSA Logistics/Distribution activities.</p>	
<p>Activity Lead: Thuo, Michael Activity #: 8 Task: LFKE08MCA Subtask: 60C4H8</p>	
<p>Activity Description:</p>	<p>This will involve the following sub-activities: (1). Support KEMSA to develop a</p>

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logistics/ distribution master plan. (2). Disseminate and train KEMSA staff on the use of developed/updated logistics/distribution Standard Operating Procedures (SOPs). (3) Assist KEMSA to implement distribution performance indicators.

SPS Partners

None.

Budget: \$122,710.00

Start Date: Oct/2008

End Date: Sep/2009

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Reviewed and updated logistics departmental and table top SOPs and business flows (Feb 16-27). Progress on products: Updated departmental and table top SOPs and business flows (drafts available).

Barriers to Progress:

None.

Next Steps:

Support to the development of a Logistics Master Plan, KPIs and an M&E framework to be undertaken with TA from Logistics Management Institute (an SPS partner). Assist logistics/distribution staff in implementation of SOPs.

Indicators:

None.

Activity Title:

Support training of TOTs to facilitate activities related to regional level roll out of the pull system.

Activity Lead: Thuo, Michael **Activity #:** 9 **Task:** LFKE08MCA **Subtask:** 60CXM9

Activity Description:

The training will focus on topics that support a "pull" system, such as determination of requirements, storage and distribution, stock management/inventory control.

SPS Partners

None.

Budget: \$63,752.00

Start Date: Jan/2007

End Date: Jan/2007

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Activity is completed. Reviewed, updated and finalized curriculum for pull system TOT training. In total, 44 TOTs were trained in December 2008. Progress on products: Draft for Workshop Proceedings Report (available). Updated curriculum for pull system TOT training (available).

Barriers to Progress:

None.

Next Steps:

N/A.

Indicators:

None.

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 Lead: Thuo, Michael **Activity #:** 10 **Task:** LFKE08MCA **Subtask:** 60CXM0

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.

SPS Partners

None.

Budget: \$119,474.00

Start Date: Jan/2007

End Date: Jan/2007

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Consulted with MOH and decided on Eastern Province as the additional province for training and rollout in the 2nd Quarter. Trained 119 staff from Central Province, 58 staff from Rift Valley Province, and 33 from Eastern Province. Progress on products: workshop proceedings reports available; 210 health workers trained.

Barriers to Progress:

Scheduling of other competing activities and intra-ministerial organizational changes affected availability of MOH staff.

Next Steps:

Conduct the scheduled trainings in Eastern and Rift Valley Provinces within Quarter 3.

Indicators:

None.

Activity Title:

Provide targeted technical assistance to strengthen institutional and human

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resource capacity for quantification of medical commodity needs in the MOH / Department of Pharmaceutical Services.

Activity Lead: Thuo, Michael **Activity #:** 11 **Task:** LFKE08MCA **Subtask:** 60EXHA

Activity Description: Provide computer hardware and software to MOH/ DOP to support commodity quantification. Hands on training and support on utilization of quantification tools provided to MOH staff.

SPS Partners None.

Budget: \$62,506.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Supported DOP to undertake a national quantification exercise in March 2009, with a sample size of 75 facilities countrywide and 91 products. Provided ICT equipment to DoP HQ staff and all provincial pharmacists to support quantification. Progress on products: TA Records; report on quantification of national medicines and medical supplies needs; computer hardware and software for quantification provided.

Barriers to Progress: None.

Next Steps: Install related quantification software (ITT). Provide hands-on TA on the quantification software.

Indicators: None.

Activity Title: Support Department of Pharmaceutical Services to conduct a national quantification exercise for Essential Medicines and Medical Supplies.

Activity Lead: 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.

SPS Partners None.

Budget: \$180,576.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Developed quantification proposal and data collection tools; completed training and pre-testing of tools; data collection and collation and analysis completed (March 27). Progress on products: draft quantification report available.

Barriers to Progress: Unavailability of data at facilities.

Next Steps: National quantification report quantities and estimated costs of EMMS determined; dissemination of the quantification report to stakeholders.

Indicators: None.

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 Lead: Thuo, Michael **Activity #:** 13 **Task:** LFKE08MCA **Subtask:** 60CXHC

Activity Description: (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. (2) Training commodity audit committee members to improve their capacity to collect and analyze KEMSA procurement and distribution data.

SPS Partners None.

Budget: \$49,671.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Identified 2 pharmacists to support the establishment of the Audit oversight Committee once its appointed. Draft Commodity Audit Tool Kit ready. Peripheral audit tools ready. Installed 13 computers and associated network and

communication equipment at MOMS (Headquarters). Names of nominees to the committee and the TWG dossier presented to PS MOMS to accelerate the appointment and commencement of the committee. Progress on products: Commodity Management Audit tool Kit ready (comprising curriculum, training materials and tools).

Barriers to Progress: The supply chain oversight Committee was to be appointed by the PS. The process was delayed due to competing priorities.

Next Steps: Training of the committee members and some MOH additional staff planned for May 2009; field testing of the tools; an audit of the KEMSA 2008/09 procurement; an audit of the KEMSA 2008/09 distribution.

Indicators: None.

Activity Title: Provide limited automation to support supply chain oversight activities for MOH.

Activity Lead: Thuo, Michael **Activity #:** 14 **Task:** LFKE08MCA **Subtask:** 60CXHD

Activity Description: To complete activity, the following ICT equipment will be procured and installed:
a) At MOH Headquarters: 1 Printer, 1 Photocopier, 1 LCD Projector, and 1 Blackberry Phone; b) At Provincial Level (per province): 1 Computer, 1 Printer, and 1 Blackberry Phone c) At District Level (per district hospital): 1 Computer, 1 Printer, and 1 Blackberry Phone.

SPS Partners None.

Budget: \$92,269.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: On February 23, site assessment of the thirteen pharmacy offices concluded. On March 31, Installation of 33 computers and associated ICT and communication equipment at DOP/MOMS, provincial pharmacists and 4 selected districts was. Progress on products: Summary report on site assessment and installation process.

Barriers to Progress: None.

Next Steps: Provision of ICT equipment, tools and necessary internet connectivity to seven PGHs for public pharmaceutical services; training, installation and follow up on the electronic Inventory Tracking Tool (ITT).

Indicators: None.

Activity Title: Train NQCL and National Quality Control Laboratory (NQCL) staff and Pharmacy and Poisons Board (PPB) staff on quality assurance systems.

Activity Lead: 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.

SPS Partners None.

Budget: \$47,489.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: This activity will begin in July 2009.

Barriers to Progress: None.

Next Steps: Plan the training workshop (late June) in readiness for the training in July.

Indicators: None.

Activity Title: Provide NQCL with Laboratory Reference standards for quality control testing and system improvement.

Activity Lead: 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.

SPS Partners None.

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Budget: \$49,864.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: Purchase order for procurement of reference pharmaceutical standards has been sent to the suppliers.

Barriers to Progress: None.
Next Steps: Complete the procurement process.

Indicators: None.

Activity Title: Training of regional TOTs to support facilitative support supervision.

Activity Lead: 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 learned during the training of regional level TOTs will inform implementation roll –out activities involving district support supervision teams.

SPS Partners None.

Budget: \$54,771.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Activity completed. SS materials printed and ready for use. An additional 32 TOTs were trained February 3-5, 2009. Progress on Products: workshop proceedings report available; 50 regional TOTs trained on support supervision; support supervision tools and job aids developed and disseminated; training implementation matrix for the country.

Barriers to Progress: None.

Next Steps: The trained trainers will roll-out the SS training in all regions.

Indicators: None.

Activity Title: Roll out of commodity management support supervision to cover eight (8) provinces by training DHMTs and Hospital Management Teams (HMTs).

Activity Lead: 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.

SPS Partners None.

Budget: \$299,771.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Finalized training implementation plan for support supervision roll out; regional roll-out on-going; 223 trained from Rift Valley, Western, Central, Eastern and Nyanza by March 31, 2009.

Barriers to Progress: None.

Next Steps: Support regional trainings.

Indicators: None.

Activity Title: Support to strengthening the capacity of Rural Health Facility Committees in the oversight of receipt/ storage and usage of medical supplies.

Activity Lead: 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.

SPS Partners None.

Budget: \$74,271.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Development of job aids on commodity management practices at RHF on going; DOP and SPS team had audience with PS MOMS who promised to act on the circular; Gazettment of RHF's is on-going (papers at AGs) to enable them receive

Barriers to Progress:	monies and become accounting bodies; follow-up for approval and endorsement by PS.
Next Steps:	Circular is awaiting approval and endorsement from the PS. Until then, distribution of the circular is on hold.
Indicators:	None.

Kenya PEPFAR

Work Plan: Kenya PEPFAR **Year** 08

Funding Level: \$5,500,000.00

Work Plan 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.

Implementation of the technical areas of HIV/AIDS (e.g., ART) was 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 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
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Activity Lead: 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
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USG team, NASCOP, 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
SPS Partners
Budget: \$220,000.00
Products Planned:

HIV/AIDS Treatment/ARV Drugs
None.
Start Date: Oct/2008 **End Date:** Sep/2009
Minutes for planning/review meetings with regional partners; monthly stock status reports.

Reporting Period:
Activity Progress:

Year: Project Year 2 **Quarter:** Q2
Provision of strategic information to NASCOP, USG team, and partners. Advised USG team on additional ARV drug procurements through AIDSRelief and ICAP. Also advised Clinton Foundation and NASCOP on ARV drug allocations through both MEDS and KEMSA pipelines. Prepared routine stock summary reports on a monthly basis on behalf of NASCOP and submitted to USG and partners. As part of the development of the KNASP III for 2009/10 to 2012/3, worked with NACC, NASCOP, NPHLS, and other stakeholders to develop unit cost estimates for HIV & AIDS commodities. 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 NASCOP, MEDS, and partners 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. Support to commodity management M&E activities. Visited various sites within Eastern 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 NACC, NASCOP, NPHLS, and other stakeholders to develop detailed quantifications for the HIV/AIDS commodities required under the KNASP III for 2009/10 to 2010/11. Work with NASCOP staff to assist them in understanding 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.

Indicators: None.

Activity Title: Support to PEPFAR Supply Chain Demand Driven (Pull) system by partners and facilities

Activity Lead: 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

SPS Partners None.

Budget: \$350,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Quantification/forecast reports; stock status reports; Trip reports; quantification training reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: 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 quantification of requirements for the ongoing KNASP III preparing a Continuity-of-Services proposal to Global Fund, following the

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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, SPS was coordinating ordering through MEDS for over 360 ART sites and over 310 PMTCT sites (implementing the more efficacious regimens). The ordering was being done through about 400 ordering points across all the 8 provinces. By the end of March, over 124,000 patients were maintained on ART through SPS supply chain support to MEDS. ART commodity utilization data was collected and collated. 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. Supported one regional consultative meeting on strengthening coordination of ARV and OI drugs across all partners working in Nyanza province. 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.

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 in scheduling routine commodity review meetings.

Indicators: None.

Activity Title: Support to LMU and MOH Public Sector Supply Chain

Activity Lead: 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: (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. (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. (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. (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

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	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
SPS Partners	None.
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: Q2
Activity Progress:	Support to LMU. Continued to provide and support telephone communication, workstations, and LMIS database. Training MOH division and KEMSA staff on how to use the LMIS database. Continuous on-the-job training on the LMIS for LMU users. Updating the LMIS User manual, a customization of the LMIS application continues. Assist MoH divisions and KEMSA to develop SOPs, job aids, and on-the-job training materials to strengthen the use of the LMIS. Review and updating of the LMU SOPs. Ad-hoc orientation on the logistics systems and LMIS 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. Trained 40 ART central sites' managers on LMIS concepts and importance of LMIS reporting. Provided feedback reports on commodity stock status to ART facilities and central sites. Followed up on non-reporting sites through calling. Provided comprehensive national feedback reports (Excel-based) to the MoH Divisions with information on commodity consumption, data quality issues, and ordering point and service delivery point (health facility) reporting rates to guide M&E and supervision activities. The reports also support 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 now available. Finalized LMU data and information processing SOPs available. Monthly ART and HIV/Aids lab reagents (test kits) commodities national stock status report available.
Barriers to Progress:	None.
Next Steps:	None.
Indicators:	None.
Activity Title:	ART Commodity Management Systems Strengthening at Central level (Commodity Security, Policy formulation and support, curricula and tools)
Activity Lead: 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:· (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

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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. (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. (3) Support to NASCOP in improving the policy and practice environment for pharmaceutical services in support of ART MSH/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
SPS Partners None
Budget: \$400,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009
Products Planned: Technical assistance reports (TAR); training curricula; training manuals; workshops /meeting proceedings.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
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 MoH policy makers 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. Supported development and implementation of training curriculum on decentralization of ARV pharmaceutical management and utilization of data for decision making for central sites. Support to NASCOP in improving the policy environment for ART pharmaceutical services. Ongoing participation in the ART Taskforce and its subcommittees: ART drugs and ART commodities subcommittees, PMTCT logistics subcommittee of TWG, and HIV laboratory commodities logistics committee. Continue to chair the ART systems subcommittee of the National ART taskforce. Disseminated decentralization guidelines for ART pharmaceutical management to 37 ART sites. Support to national level ARV drug adherence initiative. Baseline assessment of one arm of adherence intervention study completed. Study intervention tool implemented in one arm and monitoring ongoing. Initiated discussions with Pharmacy and Poisons Board (PPB) on roll-out of pharmacovigilance policy guideline, tools, and trainings in support of quality ART service delivery.

Barriers to Progress: None.

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. Work collaboratively with NASCOP to develop IEC materials in support of pharmacovigilance in Kenya. 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.

Indicators: None.

Activity Title: ART Commodity Management Systems strengthening at facility level (training, systems support, performance improvement, MIS and M&E tools)

Activity Lead: Thuo, Michael **Activity #:** 6 **Task:** LFKE08PEP **Subtask:** 60GXH6

Activity Description: Typical activities include but are not limited to the following: (1) Provide technical assistance in training to address skills and knowledge gaps in ART pharmaceutical management systems. (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

SPS Partners: None.

Budget: \$1,000,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Technical assistance reports (TAR); training curriculum and materials; meeting/training/ workshop proceedings reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: (1) Supported training for 37 participants from ART sites in Nyanza, Rift Valley, Central, Western and Eastern Provinces in decentralization of ARV pharmaceutical management and utilization of data for decision making for central sites. Support trainings in APHIA II--national commodity management--by printing and disseminating training materials to treatment partners as follows--for 24 participants from 22 facilities in Western Province, and for 32 participants from 22 facilities in Eastern province. (2) Supported to ICAP in dissemination of job aids packet and national SOPs manuals for 20 ART treatment sites in Nyanza Province. Support to APHIA-II in dissemination of job aids packet and national SOPs manuals for 15 ART treatment sites in Nairobi Province. TA to COGRI Nyumbani in finalizing, training, printing, and launch of SOPs for 13 departments--over 130 SOPs developed. Provided TA in implementation of electronic commodity management tools (ADT and ITT) for 17 ART treatment sites. Support to NASCOP in dissemination of SOPs to all DASCOS and PASCOS (200 national SOP manuals).

Barriers to Progress: None.

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 in support of pharmaceutical management in public, private and faith based facilities.

Indicators: None.

Activity Title: Support to Department of Pharmaceutical Services to strengthen ART policy, practice, and regulatory framework in support of ART Services

Activity Lead: 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

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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.

SPS Partners

None.

Budget: \$850,000.00

Start Date: Oct/2008

End Date: Sep/2009

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Provided technical assistance for DOP and its partners to strengthen the provision of quality pharmaceutical care. Initiated discussions with DOP/PPB on the roll-out of pharmacovigilance guidelines, tools, and trainings in support of ART. Gave 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. Directed 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 458 health care workers consisting of pharmacists, pharmaceutical technologists, clinical and nursing officers, medical doctors, laboratory technologists and other professionals. Held practice-based training on HIV/AIDS nutrition and ART in Coast Province for 89 community- and private-based practitioners. Practice-based training on adherence and medication use counseling in Nairobi Province for 60 HCWs; Central Province for 37 HCWs; Nyanza Province for 61 HCWs; North Rift Valley Province for 61HCWs; Eastern South Province for 74 HCWs; and Central Rift Valley Province for 90 HCWs.

Barriers to Progress:

Ongoing restructuring of MoH.

Next Steps:

Support to revision and launch of the Kenya National Pharmaceutical Policy. Support for sensitization and launch of PV guidelines, tools, and training strategy. Support PV trainings, dissemination of PV tools and development of IEC materials. 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 settings in strategies for improving ARV medicine use practices. Finalize SPS CME Accreditation through PSK. TA for development of a training database for PSK. Work collaboratively with NASCOP and DPS to streamline lessons learned, tools, strategies, and approaches from ART commodity management to strengthen pharmaceutical services.

Indicators:

None.

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 access to TB and TB/HIV commodities

Activity Lead: 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

Country Programs

SPS Partners	of TB and TB/HIV commodity security.
Budget: \$80,000.00	None.
	Start Date: Oct/2008 End Date: Sep/2009
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	Hosted the TB commodity security committee meetings in support of the DLTLT commodity security efforts. DLTLT requested this task to be carried out by a special DLTLT/KEMSA and MSH commodity task force by meeting monthly to provide away forward. Conducted one meeting with KEMSA and DLTLT officials. Resolved to have monthly commodity review meetings to improve TB drug distribution. Support to DLTLT national planning activities. Participated in the recent three-day national DLTLT annual data review and planning meeting held in Baringo in February. Supported a technical meeting of experts preparing protocol for planned post-market survey to be conducted by DLTLT/CDC/WHO. Participated and hosted a meeting of experts to finalize protocols for the planned post-market survey.
Barriers to Progress:	Delay in collaborators in convening a meeting for all the proposed TB commodity security subcommittee.
Next Steps:	Expand the KEMSA/DLTLT/SPS commodity management monthly meetings to include other key stakeholders in TB/HIV commodity security. Continue holding monthly TB commodity management meeting to support the planned integration of TB commodity distribution into the national/KEMSA distribution schedule.
Indicators:	None.
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/DLTLT
Activity Lead: 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 , 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/DLTLT, 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; inform the planned phased roll out of the LMIS/ PMIS in Kenya; conduct the Trainings of the DLTLT 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 DLTLT and KEMSA staff on preparation of routine commodity usage reports from the LMU data base, to inform decision making on

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SPS Partners	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: Q2
Activity Progress:	Distributed commodity management TB job aids to 250 health facilities. Held a workshop to finalize the review and adoption of TB/HIV commodity management PMIS/LMIS tools. Daily Activity Drug Register, Facility CDRR, District CDRR. Eastern south pilot province LMIS assessment report dissemination to DLTLTD national and regional managers. Disseminated TB commodity management job aids to DTLCs by attending three DTLC's quarterly meetings (about 50 attendees).
Barriers to Progress:	Delayed distribution and low order fill rates have discouraged LMIS reporting for TB in the pilot Province of Eastern South. Out-dated and paucity of LMIS data collection and reporting tools. National DLTLTD officers and key partners are involved in many other activities, making it difficult to carry out planned as tasked as per the schedule.
Next Steps:	Print, disseminate, and distribute the newly revised manual LMIS tools. Implement electronic LMIS tools in Eastern South. TA to support LMIS data analysis and utilization for re-supply to sites and F&Q.
Indicators:	None.
Activity Title:	Provide TA to build human resource and institutional capacity of MOPHS/DLTLTD to improve access and use of TB and TB/HIV commodities
Activity Lead: Thuo, Michael	Activity #: 10 Task: LFKE08PEP Subtask: 60CXH10
Activity Description:	Typical sub activities to strengthen HR capacity will include, but are not limited to: Strengthen DLTLTD 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 DLTLTD to implement commodity tracking tool -- this tool is designed to assist in the monitoring of commodities procured by government and various donors and it maintains data on the value, lead times and scheduled deliveries of the commodities; revise/ strengthening of supportive supervision manuals, and checklists.
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SPS Partners	None.
Budget: \$230,000.00	Start Date: Oct/2008 End Date: Sep/2009
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	Conducted TB/HIV commodity management training, targeting nurses and other front-line health staff of SDPs in the newly created districts. Trained 72 HCWs from three newly created districts on TB/HIV commodity management.
Barriers to Progress:	None.
Next Steps:	Workshop to adapt the MSH TB/HIV curriculum by the TB program (DLTLTD). Develop SOPs/flow charts to guide health staff on use of LMIS data reporting tools.
Indicators:	None.
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 Lead: 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.

SPS Partners None.

Budget: \$80,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2008

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Supported a second LAB ICC meeting on February 10, 2009. Reviewed and internally examined the report to make it ready for wider sharing with NASCOP and USG. Conducted a meeting at MSH to review way forward. Participated in 2 other subcommittees of Lab ICC-LIMS and M&E and Policy and Management.

Barriers to Progress: Continuing profound changes in the leadership, functions, and structure of NPHLS; change of counterparts delayed implementation of Lab ICC activities and policy-related decisions.

Next Steps: Continue to support and coordinate LAB ICC activities, meetings, and events on behalf of MoH/NPHLS and DDFS. LAB ICC on May 5. Steering committee meeting on April 7. Convening systems subcommittee meeting on April 2. Preparing and circulation of committee and sub committee meetings minutes. Conduct an audit of the implementation of the strategic plan.

Indicators: None.

Activity Title: Provide technical support to Lab Commodity Management systems and Networking strengthening activities for priority sites in collaboration with partners

Activity Lead: 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.

SPS Partners None.

Budget: \$190,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2008

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Conducted a two-day training for staff of 9 sites in the use of the electronic MSH Laboratory Inventory Tracking Tool to improve performance of the facility in managing commodities. Installed and supported implementation of LAB ITT in three Walter Reed Program (WRP) sites (Kericho DH, Tenwek DH, and project office). Provided computers and UPS in 4 additional MOH nodal facility laboratories and installed the Laboratory Inventory Tracking Tools and trained staff on-job to improve efficiency of commodity management (Nyeri PGH, Kisii

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DH, Mombasa PGH, and Thika PGH). Supported MTP approach in 2 additional facilities by visiting the site and providing guidance and on-job coaching (Mbagathi DH, Thika DH). Updated the ITT to include the consumption data request and report form.

Barriers to Progress: Time constraints and competing priorities for SPS staff and stakeholders at sites available. Continuing profound changes in the functions and structure of NPHLS and change of counterparts delayed implementation of policy and standards-related decisions.

Next Steps: Develop guidelines for Lab networking; develop SOPs for networking; install the 2 remaining computers in Kitale DH and Naivasha DH; conduct MTP review meetings and visit at least 10 MTP sites to support progress and assess implementation of the MTP action plans; finalize the 6 job aids drafted in quarter 4; draft four more job aids on lab commodity management; conduct training in commodity management practices for participants from districts and high volume sites and districts stores serving as nodal or satellite sites for CD4 testing or district distribution stores for HIV Test Kits; support capacity building for AIDS Relief through training trainers in lab commodity management.

Indicators: None.

Activity Title: Provide TA to NPHLS Capacity building activities including, development of laboratory curricula, training materials, job aids, mentorship guides and refresher handbooks.

Activity Lead: 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.

SPS Partners None.

Budget: \$460,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Trained 34 health staff from 21 facilities in commodity management practices and implementation of the MTP approach. Conducted training on the use of ITT for 23 staff members from 8 sites who have shown interest to use the Lab ITT. Training curricula and materials drafted and piloted). Curriculum and materials for commodity management practices and the MTP approach implemented and strengthened. Printed QA materials and tools for NASCOP for tracking lab reagents including rapid test kits and distributed to 151 district stores.

Barriers to Progress: Time constraints and competing priorities for SPS staff and stakeholders. 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: Support AIDS relief with materials and in training their lab staff in commodity management. Train staff from at least 2 new provinces in good diagnostic

practices. Work with NASCOP and DDFS to mainstream the laboratory commodity management. Finalize the six job aids drafted last quarter (design, layout) and print seed copies. Draft four more job aids on lab commodity management practices. Submit curricula and materials for CD4 and DBS for layout and design. QA materials--collaborate with AMREF to conduct a workshop for technical review and adoption of the managers' handbook and essential test SOPs. Develop first draft of QA handbook (via AMREF). Develop generic SOPs for lab commodity management.

Indicators: None.

Activity Title: Support to Laboratory Management Information Systems and Commodity Security strengthening efforts at national level

Activity Lead: 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.

SPS Partners None.

Budget: \$150,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Consumption data reports for decision making. Implemented Lab ITT in at least four more high volume facilities for efficient data reporting. Supported commodity management training for DMLTs and stores staff geared for ensuring manual data tools are used correctly. Continued to support NASCOP activities for HIV/AIDS Lab reagents. Logistics committee including provision of a two-page laboratory commodity status report. Completed pilot and finalization of MoH 706 for data reporting on workload.

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: Develop supervision guidelines for lab services including data collection and reporting. Edit, design, and layout the MoH 706. Conduct a series of 4 one-day meetings for DMLTs to train on use of new laboratory commodity tools to increase reporting rates for HIV test kits and other lab commodities (120 DMLTs). Organize to obtain data from labs using ITT in a regular manner.

Indicators: None.

Kenya PMI

Work Plan: Kenya PMI **Year** 08

Funding Level: \$1,622,500.00

Work Plan Background

Malaria is still one of the leading causes of morbidity and mortality in Kenya, particularly for children under the age of five. Approximately 70 percent of the population of 31 million in Kenya is at risk of malaria with children under 5 years and pregnant women being the most affected. The disease accounts for 30% of outpatient attendances and 19% of admissions to health facilities. Malaria is the most important cause of death in children under 5 years of age and is estimated to cause 20% of all deaths in this age group. The Ministry of Health has prioritized malaria control through the National Malaria Strategy (NMS) 2001-2010 with the

National Health Sector Strategic Plan II (2005-2010) laying emphasis on the scale up of activity implementation for reduction of morbidity and mortality due to malaria with a special emphasis on equity. One of the key strategic interventions of the NMS is to provide early diagnosis and prompt treatment of malaria using effective medicines aimed at achieving the Abuja targets and the Millennium Development Goals (MDGs). The biggest challenge to the implementation of this intervention has been the emergence of parasite resistance to commonly used and relatively inexpensive antimalarials. Kenya officially moved away from the use of chloroquine in 1998 as its first line therapy in favor of a more effective antimalarial medicine, sulphadoxine/sulfalene-pyrimethamine (SP). Since then there has been a steep decline in the clinical efficacy of SP and there is evidence of declining efficacy of amodiaquine (AQ), the second line treatment at the time and currently the most widely available antimalarial in the retail sector. Based on this documented scientific evidence of failing SP and AQ and the World Health Organization (WHO) recommendation of changing antimalarial treatments to more effective combination therapies, the Ministry of Health (MOH), Kenya has adopted the use of artemether-lumefantrine (AL), an Artemisinin-based Combination Therapy (ACT) as 1st line treatment for uncomplicated malaria. The Government of Kenya (GoK)'s efforts in malaria control and prevention are financed through government budgets with assistance from donors such as the World Health Organization (WHO); United Nations Children's Fund (UNICEF); Department for International Development (DfID); United States Government Agencies including the U. S. Centers for Disease Control (CDC), the United States Agency for International Development (USAID), the Walter Reed Army Institute of Research and the Millennium Challenge Account; the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM), the World Bank; and through a Joint Support Program to the Kenyan Health Sector from the Danish, United Kingdom, German, Swedish, U.S. Governments and the World Bank. In December 2006, Kenya was selected as one of the eight new countries to receive funding during the third year of the President's Malaria Initiative (PMI). The objective of the Initiative is to assist African countries, in collaboration with other partners, to rapidly scale up coverage of vulnerable groups with four highly effective interventions for preventing and treating malaria: Artemisinin-based combination therapies (ACTs), insecticide-treated bed nets (ITNs), intermittent preventive treatment (IPTp) of pregnant women, and indoor residual spraying (IRS). In 2007, CDC and USAID conducted a PMI needs assessment in Kenya with support from the Rational Pharmaceutical Management Plus (RPM Plus) program which identified opportunities to support implementation of the existing national malaria control plan and assure achievement of Roll Back Malaria goals. The assessment identified gaps in malaria control programming and pharmaceutical system functioning which fed into the development of the Kenya FY 2008 Malaria Operational Plan (MOP) and identified the Strengthening Pharmaceutical Systems (SPS) program as a partner to support the GoK in improving malaria control. Through funding from USAID, RPM Plus has since 2003 been supporting the Division of Malaria Control through the process of transitioning to and implementing its current antimalarial policy. RPM Plus has also worked with the DOMC to establish robust but practical M&E systems that will ensure that the limited resources it invests in malaria prevention and treatment are used in the most cost-efficient, effective and equitable way. This system, currently under implementation, is designed to allow the timely tracking of implementation of the NMS by districts and partners in conjunction with the globally recommended Roll Back Malaria (RBM) Strategy. With award of the SPS program by USAID, SPS has continued to provide support to the DOMC in FY 2007 in the areas of early diagnosis and prompt treatment of malaria using effective medicines as well as in the monitoring of this and other interventions. SPS has continued to build on the successes and lessons learnt from the RPM Plus program to better inform the DOMC's strategic decisions and planned activities while achieving SPS's technical objectives. World Health Organization and UNICEF. World Malaria Report 2005. Kenya. Ministry of Health. National Guidelines for Diagnosis, Treatment and Prevention of Malaria for health workers in Kenya. Division of Malaria Control, Ministry of Health; 2006. EANMAT (2003). The efficacy of antimalarial monotherapies sulphadoxine-pyrimethamine and amodiaquine in East Africa: implications for sub-regional policy. Tropical Medicine & International Health, 8: 860-867

Activity Title: Participate in appropriate meetings and working groups

Activity Lead: Thuo, Michael **Activity #:** 2 **Task:** LFKE08MAL **Subtask:** 60F4N2

Activity Description: SPS's predecessor program, RPM Plus, has been a member of the DOMC's Drug Policy Technical Working Group (DPTWG) since 2003, and a member of the working group's drug supply management sub-committee of the DPTWG. Through its effort to emphasize the importance of pharmaceutical management interventions within a policy change process and the subsequent provision of technical inputs to DPTWG discussions, the SPS program and its predecessor

Country Programs

RPM Plus have made significant inputs into transition planning and implementation for ACT policy in Kenya as well as overall pharmaceutical system strengthening. DPTWG meetings occur quarterly for the DPTWG and more often for the drug supply management sub-committee. SPS will continue to participate in these meetings to strengthen policy dialogue, support the development of appropriate tools/interventions that promote the effective case management of malaria as well as pharmaceutical system strengthening. This activity is expected to occur throughout the year. The DPTWG is one of the many working groups, constituted by the Ministry of Health, which the DOMC uses to advise itself and to coordinate partners in specific components of the National Malaria Strategy.

SPS Partners

None.

Budget: \$50,000.00

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

Products Planned:

Minutes of meetings; TWGs presentations.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Participated in Malaria Inter-coordinating Committee (MICC) meetings; participated in the MICC meeting chaired by the Director of Public Health & Sanitation (March 15, 2009); participated in the Drug Policy Technical working Group meetings; focused on dissemination of the Revised Case Management Guidelines and development of a training plan for rolling out trainings to at least 5000 health workers country wide; participated in Drug Supply Management sub-committee meetings with the DOMC, KEMSA, MEDS, JSI/PSCMS, DOP, PPB, and WHO on Artemether-Lumefantrine (AL) allocation to health facilities; review of AL stock situation; discussion and consensus on drug management training plan for rolling out country wide trainings on effective management of malaria medicines first line health workers country wide; participated in the Malaria Program Review (MPR) coordinated by the DOMC; provided TA through participation in meetings, literature review and provision of input for the thematic areas of M&E, program management, and procurement and supply management; thematic review harmonization meetings; conducted a risk assessment for the proposed MPR activities; and development of a draft M&E framework.

Barriers to Progress:

None.

Next Steps:

Continuous participation in appropriate meetings and support to the review of NMS.

Indicators:

None.

Activity Title:

Provide administrative/management support to the Division of Malaria Control (DOMC)

Activity Lead: Thuo, Michael **Activity #:** 3 **Task:** LFKE08MAL **Subtask:** 60AXH3

Activity Description:

Activities proposed by SPS include (1) the furnishing and equipping of offices within the DOMC building complex in Kenyatta Hospital grounds for use by in-country DOMC and PMI staff to manage PMI as well as for use by TDY staff traveling in to support PMI; (2) procurement and maintenance of a four-wheel drive vehicle for use by the DOMC and PMI staff to carry out support supervision and monitoring and evaluation trips at central, provincial and district levels; and (3) support to the planning, organization and conduction of support supervision and monitoring and evaluation visits for malaria prevention and control activities at all levels. This activity is expected to occur in the first three months of the year and once a quarter thereafter.

SPS Partners

None.

Budget: \$50,334.00

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

Products Planned:

Supervision reports.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Planning process for support supervision ongoing; procurement process for

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stationery, furniture and ICT equipment for the DOMC ongoing with delivery expected in Quarter 3; procurement process for 4WD vehicle ongoing with delivery expected around November 2009.

Barriers to Progress: Changing priorities and limited human capacity of the DOMC may affect planning of supervision activities.

Next Steps: Follow up on delivery of furniture and stationery for the DOMC. Follow up on delivery and installation of ICT equipment for the DOMC.

Indicators: None.

Activity Title: Training of health workers for treatment and policy roll-out

Activity Lead: Thuo, Michael **Activity #:** 4 **Task:** LFKE08MAL **Subtask:** 60EXM4

Activity Description: SPS will provide support to the DOMC for training of health workers in treatment and policy roll-out within public, Mission/NGO and private sectors. This activity will be implemented as a vertical catch-up activity for facilities not yet trained on use of the current malaria treatment guidelines. The rational use of medicines will be emphasized during these trainings. Since supervision of public/mission health workers in malaria case management will be the responsibility of the District Health Management Teams (DHMT), SPS will support the selection by each district trainer of crucial DHMT members who will be included in district trainings. SPS will liaise with the DOMC and USAID partners in the districts such as APHIA II partners to ensure that supervision for case management or malaria is prioritized. This activity is expected to occur in the first, second and third quarters of the year.

SPS Partners: None

Budget: \$529,914.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Technical reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: (1) Provided TA to DOMC on a rapid response initiative to actively collect Artemether-Lumefantrine (AL) consumption data from 4001 health facilities country wide in order to meet GFATM reporting requirements on 'number of adults treated with AL' for the period August - January 2009. (2) Monthly stock counts for malaria medicines: Preparation of routine Monthly stock status reports for January-March 2009. (3) Procurement Planning and Monitoring reports for Malaria (PPMRm) for the quarter ending June 2009. Quarterly PPMRm report for quarter ending March 2009. (4) In collaboration with the DOMC held a 1 day Logistics Management Information System (LMIS) for Malaria medicines dissemination work shop for the following the Modus operandi for annual quantification of malaria medicines; situational analysis report for FY08/09; revised AL consumption tracking tools; strategic approach and action plan aimed at improving health facility reporting; curriculum for training health workers on effective management of malaria medicines, trainers and participants manual; and, annual requirements for malaria medicines FY 08/09. (5) In collaboration with the DOMC held a workshop to disseminate the findings of the PMI end use tool feasibility survey carried out in November 2008: 6 districts, 48 health facilities surveyed. (6) Support to DOMC to finalize and print malaria medicines consumption tracking tools, curricula and LMIS documents. (7) In collaboration with DOMC held an orientation workshop for the Drug Management subcommittee members as core trainers for training on effective management of malaria medicines. Progress: ongoing review of prevailing stock status; printing of AL consumption tracking tools and LMIS documents.

Barriers to Progress: Competing activities at central level, thus planning for TOT training dates is a challenge.

Next Steps: Training of first line health workers on the new LMIs for malaria medicines; printing and dissemination of LMIs tools and Consumption tracking tools.

Indicators: None.

Activity Title: Provision of technical assistance for Supply Chain Management

Activity Lead: Thuo, Michael **Activity #:** 5 **Task:** LFKE08MAL **Subtask:** 60CXH5

Activity Description: This support will be achieved largely through coordination and planning of all supply chain activities in conjunction with the DOMC, MOH Division of Pharmacy, Office of the Chief Pharmacist, KEMSA, MEDS, PPB, WHO/EDM and JSI/DELIVER. SPS will also provide direct technical support to supply chain management, quantification, distribution (customs clearance, inventory control, stores management), and management support activities (system organization, financial management, management information systems, capacity building and monitoring and evaluation). Capacity building activities will include training of relevant health staff to evaluate and manage their inventory and store rooms; to order and receive antimalarials; to rationally prescribe and dispense them; and to track and report their consumption. This activity will include strengthening of district level supervision and on-the-job training. SPS will liaise with the DOMC and USAID partners in the districts such as APHIA II partners to ensure that supervision for drug management is prioritized and funding is made available through the Global Fund to districts for supervision. SPS will primarily provide technical assistance to KEMSA in the key areas mentioned above as well as continued support to the establishment of the KEMSA-housed Logistics Management Unit. In addition, collaboration and support to MEDS when required will be another focus of this activity. This activity is expected to occur throughout the year.

SPS Partners None.

Budget: \$401,120.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Technical reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: (1) Support to the Pharmacy and Poisons Board (PPB) to finalize and print the Pharmacovigilance Curriculum and Implementation guide, trainers and participants manual. (2). Held planning meetings with PPB, DOMC and MEDS on integration of PV curricula with case management and on the roll out plan for training health workers in mission and public facilities on the new AL policy. Progress: Printing of 500 PV Curriculum, 200 Trainers' manuals and 500 Participants' manuals; Implementation plan available.

Barriers to Progress: The DOMC proposes Integrated PV & Case management trainings on the new AL policy to commence in May 2009, once it has been established which provinces each implementing partner shall be handling.

Next Steps: Handover of the PV curriculum for launch and dissemination to public sector. Target to train 2500 health workers from government, mission & private facilities from the Coast, Rift valley & Eastern provinces.

Indicators: None.

Activity Title: Health Management Information System (HMIS) support

Activity Lead: Thuo, Michael **Activity #:** 6 **Task:** LFKE08MAL **Subtask:** 60G4H6

Activity Description: One of the key resources required to maintain and use the MIAS is the sources from which its data are acquired. Data and their respective sources include: routine malaria monitoring from HMIS intervention areas (IRS, ITN, ACT, IPTp); activity implementation, training and performance data from other divisions of the MOH (e.g. the Division of Reproductive Health, Division of Child Health); performance-based monitoring data from district-based fund recipients and implementers; survey planning and data from other divisions of the government, research institutes and partner agencies; commodity distribution and consumption/use data from KEMSA, MEDS and other agencies (e.g. Population Services International (PSI); pharmacovigilance data from the Pharmacy &

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Poisons Board; epidemiological data from IDSR Drug sensitivity; and data from RBM sentinel sites. In FY 2008, in addition to supporting the maintenance and use of the MIAS, SPS will support the facilitation of reporting and supervision for HMIS by the M&E unit of the DOMC. The HMIS will continue to be an important source for collecting data for key malaria indicators and the supervisory visits are to ensure quality data collection and reporting. This activity is expected to occur throughout the year.

SPS Partners

None.

Budget: \$218,574.00

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

Products Planned:

Technical reports; supervision reports.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Review and finalization of the District Electronic Aggregation and Summary Tool for district data collection, collation and reporting on antimalarial medicines. Routine user support for MIAS system, including troubleshooting and escalation of any major issues from the development partners. Sourcing for DDSR & HMIS data for uploading onto MIAS. Review of progress in implementation of Phase 2 of the MIAS system with the ICT Implementation partners, GFL. TA to the DOMC to discuss and develop a reporting template for the M&E work plan. Activities and technical Reports for the latest M&E activities undertaken; continued routine user support.

Barriers to Progress:

Identification of malaria focal persons at MIAS pilot districts.

Next Steps:

Establish linkages with LMU for loading malaria LMIS data when available. Plan for training and Roll out of MIAS tool in the 4 pilot districts.

Indicators:

None.

Kenya POP

Work Plan: Kenya POP **Year** 08

Funding Level: \$1,350,000.00

Work Plan Background

The USAID/ Kenya mission is committed to supporting the 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 evident from assessments conducted in most areas of the country. The DRH is responsible for the delivery of reproductive health services within the Kenya Essential Package for Health at the different levels of the health system in Kenya. To ensure delivery of services, DRH is involved in developing 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, 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/Kenya funding for FY 2008-2009, 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, Kenya: Kenya Ministry of Health.

Activity Title:

Technical Support to DRH for FP/RH pharmaceutical requirements planning and

distribution to district stores.

Activity Lead: 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

SPS Partners None.

Budget: \$586,200.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Distribution reports; stock status reports, such as CYPs.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Monitor FP commodity stock levels in collaboration with DRH at KEMSA. Collaborated with DRH and KEMSA in conducting monthly stock-taking. 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. Used historical issues data from KEMSA and district stores to determine contraceptive requirements for various districts. Support distribution of FP commodities from KEMSA to district stores. Finalized the distribution plan to transporting RH commodities from KEMSA to district stores. Used the distribution plan to distribute FP commodities to district stores in Nyanza, Western, Eastern, and Coast provinces.

Barriers to Progress: Commodity stock-outs at central level affected distribution plans. Districts were resupplied with some but not all the commodities they needed.

Next Steps: RH commodity stock status monitoring at KEMSA. Fine-tune the distribution SOPs and the KEMSA SOF in collaboration with DRH and KEMSA. Plan for the next distribution activity in collaboration with DRH. Prepare periodic reports to document commodity distribution.

Indicators: None

Activity Title: Provide technical leadership to support the functions of the RH commodity security working group

Activity Lead: Thuo, Michael **Activity #:** 3 **Task:** LFKE08POP **Subtask:** 60AXH3

Activity Description: Typical sub activities will include, but are not limited to the following: (1) 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. (2) 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. (3) Participate in organizing conferences, seminars, workshops and various meetings as required by USG team, DRH and partners. (4) 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

SPS Partners None.

Budget: \$65,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: National RH commodities quantification and forecasting report; stock status

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reports, such as PPMR reports; technical Assistance reports.

Reporting Period: Year: Project Year 2 Quarter: Q2

Activity Progress: Provided technical leadership in forecasting/quantification and requirements planning of RH commodities. Continued to update the FP TWG on the gaps in the procurement and supply of contraceptive commodities based on the forecast done in 2008. DRH used the figures to request for donor support to make procurements to fill the gaps. 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. Support to 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 other competing activities.

Next Steps: Launch of the Contraceptive Commodity Security Strategy. Regular review of the FP commodities quantification activities. Participation in the FP Technical working group, RH ICC, USG team, and related DRH meetings. Provision of regular CYP and PPMR reports. Conduct rapid assessment and facilitative supervision visits in selected sites.

Indicators: None

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 Lead: 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: (1) Strengthen national level capacity to respond and plan for sustainable commodity security. (2) Strengthen DRH staff on data management and preparation of commodity usage reports that support supply chain decisions. (3) Implement the RH commodity management training curriculum and materials. (4) Conduct commodity management training for regional based trainers. (5) 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: (1) Develop, print and disseminate SOPs, and job aids to strengthen pharmaceutical management systems. (2) 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. (3) 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. (4) Revise/strengthening of FP/RH supportive supervision manuals, and checklists.

USG Sub-element: Service Delivery
Host Country Strategic Information Capacity

SPS Partners: None.

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.

Reporting Period: Year: Project Year 2 Quarter: Q2

Activity Progress: Strengthened national level capacity to respond and plan for sustainable commodity security. Sponsored one DRH officer to attend a regional training on

supply chain management. It is expected that the trained officer will provide on the job training (OJT) to her colleagues based on what she learned. Implement the RH commodity management training curriculum and materials. Printed and forwarded the reviewed RH commodity management training curriculum to DRH for their final review before printing. Developed, printed, and disseminated SOPs and job aids to strengthen pharmaceutical management systems. Printed the draft SOPs and job aids for RH commodity management and forwarded them to DRH for review.

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 training for RH service providers on use of data for decision making. Revise/strengthen FP/RH facilitative supervision checklist.

Indicators: None.

Activity Title: Provide TA to strengthen, and support the DRH activities and functions at the Logistic Management Unit

Activity Lead: 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: (1) Training MOH division and KEMSA staff on how to use the LMIS database which contains site usage and drug order data. (2) 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. (3) Field-test the decentralization of LMIS tool to one district.

USG Sub-element Communication
Host Country Strategic Information Capacity

SPS Partners None.

Budget: \$150,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: LMU SOPs, LMIS Application SOP.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

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 the 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. Supported 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, and reporting rates to guide M&E and supervision activities. The reports

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	also support evidence-based decision making by DRH technical staff. Progress on products: quarterly reports and monthly DRH commodities stock status reports available.
Barriers to Progress:	None.
Next Steps:	Pilot test the District LMIS application/database.
Indicators:	None.
Activity Title:	Support the Mainstreaming of the LMU into KEMSA
Activity Lead: 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. Communication
USG Sub-element	Host Country Strategic Information Capacity Program Design and Learning
SPS Partners	None.
Budget: \$88,000.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	LMIS Application SOPs and User Manual.
Reporting Period:	Year: Project Year 2 Quarter: Q2
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. Corresponding LMIS user manual being developed and updated in line with changing requirements of DRH.
Barriers to Progress:	None.
Next Steps:	Leverage with other funding lines to renovate space. Update LMU SOPs to incorporate the changes in distribution.
Indicators:	None.

Lesotho

Work Plan: Lesotho **Year** 08

Funding Level: \$538,378.00

Work Plan 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.

Activity Title: Technical Activity Coordination

Activity Lead: Saleeb, Sameh **Activity #:** 1 **Task:** LF LS08XXX **Subtask:** 97XXY1

Activity Description: This activity includes work plan and budget development, coordination and monitoring of activity implementation, routine M&E activities, reporting, attending meetings and coordination with PEPFAR partners and collaborators.

SPS Partners: None.

Budget: \$67,850.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Work plans, quarterly reports, budget reports, pipeline reports, coordination meeting minutes.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Various meetings with PEPFAR partners and collaborators were attended, including a USAID-convened meeting with ICAP, Elizabeth Glaser Pediatric AIDS Foundation, and University Research Co. Details of activities and progress made were presented to USAID/PEPFAR local staff and assessment team representatives. Revised the draft MOU based on the comments by the MoH. The MOU was submitted back to the MoH for finalization and endorsement.

Barriers to Progress: None.

Next Steps: N/A

Indicators: None.

Activity Title: Provide technical assistance to the MOHSW and local partners on key pharmaceutical policy activities

Activity Lead: Saleeb, Sameh **Activity #:** 2 **Task:** LF LS08XXX **Subtask:** 60AXH2

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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.

SPS Partners: None.

Budget: \$49,044.00 **Start Date:** Sep/2008 **End Date:** Oct/2009

Products Planned: Established medicine legislation and registration guidelines.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Assistance continued to be provided to the Ministry of Health with the establishment of a Medicines Control Authority in Lesotho. Drafting instructions for the necessary legislation were prepared and submitted to the pharmacy department. Plans for discussing and finalizing the draft with the author from the Ministry of Law and Constitutional Affairs were cancelled. TA was provided to the Ministry of Health in establishing a Pharmaceutical Management Information Systems data capturing and analysis program to assist with the DSM supervision and implementation monitoring. This work is still in progress.

Barriers to Progress: A lack of commitment is delaying completion of the bill.

Next Steps: Will continue to communicate with the pharmacy department.

Indicators: None.

Activity Title: Implementation of business plan, standard operating procedures and supervisory checklists

Activity Lead: 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.

SPS Partners: None.

Budget: \$38,723.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Business plan.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: No activity reported during this quarter.

Barriers to Progress: N/A.

Next Steps: N/A.

Indicators: None.

Activity Title: Strengthen the operations of the National Drug Services Organization (NDSO)

Activity Lead: 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.

SPS Partners

None.

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:** Q2

Activity Progress:

Good progress continued to be made with the implementation of RxSolution at NDSO. A recent stock count at NDSO found few disparities between stock on hand and the physical stock count. A number of management reports were created ranging from sales to unposted requisitions.

Barriers to Progress:

None.

Next Steps:

Continue providing TA in the use of RxSolution at NDSO.

Indicators:

None.

Activity Title:

Development and implementation of pharmaceutical and laboratory quantification models

Activity Lead: 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.

SPS Partners

None.

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:** Q2

Activity Progress:

No activity reported during this quarter.

Barriers to Progress:

N/A.

Next Steps:

N/A.

Indicators:

None.

Activity Title:

Training of Pharmacists, Pharmacy Technicians and other health personnel on pharmaceutical management and infection control

Activity Lead: 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

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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.

SPS Partners

None.

Budget: \$112,351.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Trained pharmacists, pharmacy technicians, and other health professionals on medicine supply management and access to ART.
Trained pharmacy personnel and other health workers on infection control practices at facilities.
Workshop reports

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS facilitated a pharmacy education symposium which was held in January to foster collaboration between all stakeholders in pharmacy education, lay the foundations for appreciation of the health and pharmaceutical systems by pharmacy educators, and lay the groundwork for enhancement of graduate quality in the country. Participants were the National University of Lesotho (NUL) Pharmacy Department, pharmacy technicians from three regions of the country, representatives of NUL and NHTC graduates, DHMTs, the Pharmaceutical Society of Lesotho, the retail pharmacy outlets, the pharmaceutical manufacturers, NDSO, and USAID. Pharmaceutical and Therapeutics Committee training was undertaken in six hospitals (Motebang, Mohale's Hoek, St James, Mamohau, Mokhotlong, and for the Lesotho Flying Doctors Services [LFDS]). PTCs at these institutions are trained and functional. DSM training was provided to Health Center and some hospital personnel from Leribe, Mohale's Hoek, Mafeteng, and Mokhotlong districts and from LFDS. DSM training for pharmacists and public health nurses was also conducted. Also during this quarter, a meeting was held with the pharmacist within the HIV/AIDS Directorate to discuss training gaps and needs within the department. A tool is being developed to address the identified training gaps. A similar meeting was held with the National TB Program Manager and pharmacy technician in the National Tuberculosis Program. Work commenced on training tool to address the identified training needs.

Next Steps: The report of the symposium is being finalized by the task team and will be circulated in early April 2009. Discuss training tools available with counterparts in South Africa.

Indicators: None.

Activity Title: Roll-out of Rx Solution at selected sites

Activity Lead: 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.

SPS Partners

None.

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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Continued to provide TA in the implementation of RxSolution at four pilot hospitals in Lesotho—Motebang, Berea, Pita I, and Queen II hospitals. Implementation of RxSolution at Mafeteng Hospital is hindered mainly by pharmacy staff shortages and slow user acceptance of the system. A training session on RxSolution was held for 8 users on February 25, 2009. The project's progress was reported to the MoHSW and, as a result, the ministry implemented some interventions that would support the

success of the project. An inventory assessment of computers was conducted in 18 hospitals around the country, where it is envisaged that Rx Solution will be rolled-out. Assessment results will determine the number of computers needed for rollout. Incorporated the DSM system application in the RxSolution program.

Barriers to Progress: None.

Next Steps: Support RX solution rollout.

Indicators: None.

Activity Title: Provide technical assistance to review the National EDL and establish a Medicine Information / Pharmacovigilance function at the national level

Activity Lead: 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.

SPS Partners: None.

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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: A concept paper for the establishment of a pharmacovigilance and medicine information center was developed and submitted to Pharmacy Department (PD) for comments and input. No response has been obtained to date.

Barriers to Progress: Lack of commitment in the Ministry (PD) is delaying establishment of the center.

Next Steps: Will continue to communicate with PD on the issue.

Indicators: None.

Activity Title: Monitoring program results and documentation of/dissemination of replicable practices

Activity Lead: 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.

SPS Partners: None.

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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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: Uploaded the Lesotho training activities (October 07–Sept. 08 and October 08–
January 09) on the USAID TrainNet.

Barriers to Progress: None.

Next Steps: N/A.

Indicators: None.

Liberia

Liberia PMI-07

Work Plan: Liberia PMI **Year:** 07

Funding Level: \$150,000.00

Work Plan 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 Lead: 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.

SPS Partners: None.

Budget: \$36,797.00 **Start Date:** Oct/2007 **End Date:** Sep/2008

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: The operational plan is being reviewed and will be presented later to in-country partners for discussions.

Barriers to Progress: None.

Next Steps: Finalize the reviews.

Indicators: None.

Liberia PMI-08

Work Plan: Liberia PMI **Year:** 08

Funding Level: \$300,000.00

Work Plan 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 Lead: Matowe, Lloyd **Activity #:** 1 **Task:** LFLR08PMI **Subtask:** 97XXY1

Activity Description: SPS will work closely with PMI, NMCP, and partners.

SPS Partners: None.

Budget: \$46,965.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Work plan; quarterly reports; annual report; ad hoc reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

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Activity Progress: To strengthen SPS's activities in-country and to provide ongoing technical support to the MoHSW, a senior technical advisor was hired. SPS also acquired an office space within the MoHSW premises. Developed a plan to assess medicines availability and use in Liberia; findings of this feasibility study will guide the planning and implementation of a program to distribute ACTs through the private sector.

Barriers to Progress: None.

Next Steps: Office registration and hiring an office manager.

Indicators: None.

Activity Title: Conduct a Training of Trainers (TOT) Course on pharmaceutical management

Activity Lead: 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

SPS Partners None.

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

Products Planned: Training report; adapted training materials.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: As a follow-up to the TOT course on pharmaceutical supply management in Liberia, a PMM rollout plan was developed but not finalized. In addition, SPS is planning a facility level PMM course for Grand Geddeh, Grand Kru, and River Gee counties.

Barriers to Progress: None.

Next Steps: Conduct the trainings.

Indicators: None.

Activity Title: Capacity building for University Of Liberia School of Pharmacy

Activity Lead: Matowe, Lloyd **Activity #:** 6 **Task:** LFLR08PMI **Subtask:** 60AXH6

Activity Description: SPS will continue to work with the University Of Liberia School Of Pharmacy to build their capacity on pharmaceutical management. This activity will include reviewing and implementing a new undergraduate curriculum that includes pharmaceutical management.

USG Sub-element Treatment with Artemisinin-Based Combination Therapies

SPS Partners None.

Budget: \$25,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Undergraduate training curricula reviewed to include pharmaceutical management of ACT and other essential medicines.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS is working with the school of Pharmacy at the University of Liberia and academic members from the West Africa Regional Technical Resource Collaboration for Pharmaceutical Management (RTRC) on a new curriculum for the college. The current pharmacy curriculum will be reviewed over a period of three days and should result in a new course of study.

Barriers to Progress: None.

Next Steps: Meetings to review the curriculum.

Indicators: None.

Madagascar

Work plan: Madagascar PMI **Year** 08

Funding Level: \$380,924.00

Work plan 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 Lead: 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.

SPS Partners

Budget: \$97,074.00

None.

Start Date: Oct/2008

End Date: Sep/2009

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

SPS continued to participate in PAIS group meetings and provided direct support to the DPLMT in monitoring and following up on quarterly activities outlined in the PAIS annual work plan. This included advocacy to identify additional funds to carry out some PAIS work plan activities, including those related to field testing and printing/distribution of the PhaGDis (district depot) and PhaGeCom (CSB level) SOPs and pharmaceutical management performance indicators developed in the previous quarter with SPS assistance. In collaboration with the DPLMT, SPS made some minor adjustments to the SOPs following a validation meeting and in preparation for the field testing. It is anticipated that additional minor adjustments will need to be made following the feedback from sites through the field test. 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.

Barriers to Progress:

Because of the political situation that erupted in Antananarivo in late January 2009, several SPS activities were delayed or postponed because MoH staff were unavailable for meetings to move things forward. For example, it was anticipated that the field test of the PhaGDis and PhaGeCom SOPs and pharmaceutical management performance indicators would take place during quarter 2, but this did not occur because DPLMT staff with whom SPS was coordinating closely on this activity were unavailable. There have also been delays in the advancement of the national pharmaceutical policy revision process because getting the WHO-funded local consultant in place was held up and the DPLMT was hesitant because of the recent political situation.

Next Steps:

Await further information and clarification from USAID/Madagascar in terms of

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moving forward with SPS activities.

Indicators: None.

Activity Title: Support to train personnel and support supervision

Activity Lead: 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).

SPS Partners None.

Budget: \$108,629.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS, together with the USAID/DELIVER project, assisted the national malaria control program (SLP) to plan and organize a two-day workshop April 6-7, 2009, which will be focused on developing a plan to strengthen antimalarial product management and logistics as well as supervision activities. This workshop will be organized as part of the Global Fund R7 grant activities. Although it was originally planned for late January 2009, it was postponed for several months because of the political situation in Madagascar. SPS participated in several Roll Back Malaria group meetings and provided input related to antimalarial medicines management issues during discussions on development/revision of the national strategy policy document and the national strategy application to the GFATM. SPS assisted SLP in their day-to-day work through purchase of some much needed office equipment, including desktop computers, hard drives, and a printer.

Barriers to Progress: Because of the political situation that erupted in Antananarivo in late January 2009, several SPS activities were delayed or postponed due to lack of availability of MoH staff for meetings to move things forward. For example, the SLP two-day workshop to discuss and develop a plan to strengthen antimalarial medicines management and logistic issues was delayed and therefore not carried out as planned in late January 2009. However, it is expected to take place early in Quarter 3.

Next Steps: Following the notification from USAID of suspension of USG-funded activities in support of the Government of Madagascar, SPS has suspended technical activities in-country and will restart once guidance is provided from the USAID mission.

Indicators: None.

Activity Title: Support to the Institute National de Sante Publique et Communautaire (INSPC) for pre-service training on pharmaceutical management

Activity Lead: Adeya, Grace **Activity #:** 4 **Task:** LFMG08PMI **Subtask:** 60CXM4

Activity Description: Support will be provided as the INSPC develops a pre-service training program for pharmacy technicians to work in the public health sector. This will include training INSPC professors and trainers on the new pharmaceutical management modules prior to using them in the training curriculum.

SPS Partners None.

Budget: \$83,988.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS carried out planning and preparations for the TOT on pharmaceutical

Barriers to Progress:	management targeting MINISAN training institutions. This training targets primarily the institut de formation des paramedicaux (IPF) and the institut national de santé publique et communautaire (INSPC) to update and strengthen their capacity to integrate pharmaceutical management into their training curricula. Because of the political situation that erupted in Antananarivo in late January 2009, several SPS activities were delayed or postponed due to lack of availability of MoH staff for meetings to move things forward. Additionally, the TOT for trainers and staff from the IFP and the INSPC was originally planned for February/March 2009 but was then postponed to early May following delays due to the political situation. Subsequent to a travel ban instituted by USAID/Madagascar, the training has been postponed indefinitely.
Next Steps:	Following the notification from USAID of suspension of USG-funded activities in support of the Government of Madagascar, SPS has suspended technical activities in-country and will re-start once guidance is provided from the USAID mission.
Indicators:	None.

Malawi

Malawi PEPFAR

Work Plan: Malawi PEPFAR **Year** 08

Funding Level: \$530,000.00

Work Plan Background

MSH RPM Plus Program has provided technical assistance to several countries to promote better pharmaceutical management practices for HIV/AIDS interventions. RPM Plus Program has developed a rapid assessment approach of health facilities to identify improvement areas and provide quick intervention. The tools have been used to assess pharmaceutical management services in ART sites conducted in Namibia, Rwanda, Kenya, Ethiopia, Zambia, Haiti, and Cote d'Ivoire. RPM Plus initiated similar technical assistance to faith-based NGOs hospitals in Tanzania as part of the USG PEPFAR. The Malawi ART program has successfully enrolled more than 100,000 patients for treatment. The Malawi HIV/AIDS national policy recommends a highly simplified, standardized ART treatment approach that has been adopted in the public and private sector. As the MoH plans to expand and widen the scope of the ART program to include wider provision of alternate and second-line treatment and pediatric regimens, critical commodities for OI treatment like co-trimoxazole, introduction of PMTCT services, and the management HIV/AIDS commodities [including the laboratory supplies] needs to be strengthened.

Activity Title: Technical Activity Coordination and Monitoring

Activity Lead: Rutta, Edmund **Activity #:** 1 **Task:** LFMW08HIP **Subtask:** 97XXY1

Activity Description: The SPS/Malawi team will receive technical and managerial oversight from home office in Arlington Virginia, as well as short term TA provided by SPS technical advisors based in countries in the region; this assistance will focus on implementation of the proposed work plan activities. Additional staff needs will be immediately assessed and new technical staff recruited as needed. The SPS will work closely with USAID/Deliver, MOH HIV/AIDS Unit, Pharmacy Medicine and Poisons Board (PMPB), Central Medical Stores (CMS), Christian Health Association of Malawi (CHAM), CDC, UNICEF, and other partners at the national and district level.

SPS Partners None.

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

Products Planned: Work plans; quarterly reports; M&E reports; budget/pipeline reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Several coordination/follow up meetings and conference calls were conducted at HQ Arlington level to follow up on implementation and provided managerial support needed. Timely feedback was provided to SPS/Malawi Budget and pipeline reports were reviewed, realigned and submitted to the mission as requested. The last of the four program associates, Pax Mkupani, joined SPS in February.

Barriers to Progress: None.

Next Steps: Continue providing project managerial oversight and support to SPS/Malawi.

Indicators: None.

Activity Title: Provide technical assistance to national efforts in strengthening pharmaceutical systems at ART site level [including human resources capacity development] in collaboration with partners and stakeholders in support of HIV/AIDS prevention, care, and treatment services.

Activity Lead: Rutta, Edmund **Activity #:** 2 **Task:** LFMW08HIP **Subtask:** 60AXH2

Activity Description: MSH/SPS will partner with CHAM, an Ecumenical Pharmaceutical Network (EPN) affiliate in Malawi to strengthen pharmaceutical management capacity in the

Country Programs

Faith-based organization (FBOs). Also MSH/SPS will work collaboratively with MOH and partners to develop and implement training materials on strengthening of the pharmaceutical management systems.

SPS Partners None.
Budget: \$120,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009
Products Planned: Training reports, training manuals, workshops /meeting proceedings, planning & supervision reports, training curriculum materials; SOPs developed and available at ART sites; improved knowledge and skills of staff at facility level; tools and procedures for supportive supervision available; in-service and pre-service training on ART pharmaceutical management.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: SPS conducted a TOT course in HIV/AIDS pharmaceutical management for 35 participants, drawn from the government, CHAM and private facilities as well as from the MoH HIV/AIDS unit and USAID| Deliver. The course was facilitated by SPS Malawi and Arlington staff members.. Participants were introduced to the MTP Approach for performance improvement. SPS facilitated the revision of the Malawi Standard Treatment Guidelines. Draft standard treatment guidelines incorporating management of HIV/AIDS as well as opportunistic infections have been developed. SPS participated at the meeting to review the quantification of HIV test kits organized by MoH and USAID | Deliver. The assumptions used in the calculations were reviewed and suggestions on how to improve the accuracy of the calculations agreed upon. SPS participated in the planning as well as the actual stakeholders meeting on ART organized by CHAM and EPN. The main focus was on pediatric ART services. At the end of the meeting participants agreed on a number of action points, including: (a) the importance of CHAM involvement at planning level (ART quantification, supply management, technical working groups, etc.), and (b) the need to strengthen the relationship between CHAM facilities and CHAM and the DHO's (co-ordinate the CHAM facilities and use it as leverage).

Barriers to Progress: None.
Next Steps: Conduct rapid pharmaceutical management assessment of some ART sites. Implement MTP approach in a number of ART sites agreed upon with HIV/AIDS unit. In the 10 districts supported by other MSH projects, collaborate to conduct an assessment on unmet HIV test kit needs. Finalize Standard Treatment Guidelines and print.

Indicators: None.
Activity Title: Provide technical assistance to the MOH Health Technical Support Services unit to strengthen ART policy, practice, and regulatory framework in support of ART Services

Activity Lead: Rutta, Edmund **Activity #:** 3 **Task:** LFMW08HIP **Subtask:** 60AXH3
Activity Description: MSH/SPS will work collaboratively with the MOH Health Technical Support Services unit and its institutions, (e.g. the Pharmacy Medicines & Poisons Board, CMS) to support improvement in pharmaceutical services in support of ART policy and practice.

SPS Partners None.
Budget: \$130,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: Finalized the revision and editing of the Malawi standard treatment guidelines. The revised guideline was submitted to the MoH (HTSS) for final approval before printing. Planning for the study on analyzing adverse drug reactions experienced by patients on ART has started. A draft survey plan has been drawn up and data will be collected from the ART routine records (Mastercards). SPS team is

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finalizing details in the methodology (drawing up a sample size based on the three categories of ART sites) and getting final approval from MOH HIV/AIDS unit.

Barriers to Progress: None.

Next Steps: Assist PMPB in developing a hands-on training program for MRA officers at KIA. Develop simple SOPs, checklists, and other tools to aid the inspection process at KIA. Support MOH in strengthening the pharmaceutical services unit/structure for overall policy oversight.

Indicators: None.

Malawi PMI-08

Work Plan: Malawi PMI **Year** 08

Funding Level: \$550,000.00

Work Plan Background

Malaria is endemic and a major public health problem in Malawi, where over 85% of malaria infections are due to *Plasmodium falciparum*. The Malawi MoH estimates that malaria accounts for 40% of all outpatient medical visits and is the number one cause of hospital admissions among children under five. Malawi was selected in the second round of beneficiary countries by the USG PMI, which seeks to dramatically reduce malaria as a major killer of children in sub-Saharan Africa. 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 insecticide-treated nets (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% after three years of program implementation in targeted countries.

Activity Title: Provide technical assistance to the NMCP, CMS, DHOs, health facilities and other stakeholders to strengthen medicine supply and commodities management of antimalarials

Activity Lead: Rutta, Edmund **Activity #:** 2 **Task:** LFMW08PMI **Subtask:** 60CXH2

Activity Description: SPS will continue to participate in the Malawi PMI stakeholder, Malaria Technical Working Group (TWG) and planning meetings and will provide technical support to the NMCP on all areas of pharmaceutical management for malaria-the work initiated by RPM Plus on the improved coordination through a comprehensive operation plan for drug supply and management for ACT and other antimalarial medicines and commodities which has guided key partners and stakeholders in understanding their respective roles and responsibilities in ensuring the continuous availability, access and rational use of the new efficacious malaria treatment. The plan will be reviewed and updated to reflect any changing roles or address coordination issues that have risen after early months of ACT policy implementation. SPS will continue to work with Roll Back Malaria partners in Malawi to address these needs.

SPS Partners: None.

Budget: \$70,000.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

Products Planned: Technical reports, a comprehensive plan detailing how the ACT policy will be implemented, and the process monitored and evaluated.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS provided technical assistance to the NMCP in the Global Fund Round 9 Proposal preparation organized by NMCP. The proposed activities included for health systems strengthening are: renovation of facility drug stores, replacement of equipment, (for example, computers for management of data at district level), strengthening of pharmacovigilance systems, and post marketing surveillance activities. Estimates for the ACT, RDT and ITN requirements for the period 2010-

2015 are complete. SPS made a presentation to the USAID/Washington PMI team visiting Malawi as part of Malaria Operational Plan (MOP) preparations. Topics included: key results to date, challenges encountered and future areas of activity expansion and continuity. SPS presented a summary of observations and results from the three ACT supervision visits conducted. Recommendations on how to make improvements were also presented.

Barriers to Progress: SOP development workshop with CMS staff: this activity failed to take place because synchronizing the CMS staff availability with the SPS consultant's availability has been quite challenging. Will continue to follow up with CMS staff on their next availability.

Next Steps: Continue providing TA to NMCP.

Indicators: None.

Activity Title: Work with the NMCP, DHOs, CHAM, health facilities and other stakeholders to strengthen pharmaceutical management monitoring and evaluation system

Activity Lead: Rutta, Edmund **Activity #:** 3 **Task:** LFMW08PMI **Subtask:** 60G4H3

Activity Description: Both SPS and USAID | Deliver will provide needed technical support to CMS to strengthen its operational capacity, and monitor CMS performance against set benchmarks. Based on the consumption data received from on-going monitoring of the smart push from the first ACT consignment, SPS will lead quantification review in conjunction with the NMCP and other members of the MoH quantification team and provide the figures/data to USAID | Deliver for subsequent procurement planning. The technical assistance will also include the district health office (DHOs) and health facilities to participate in a national survey to evaluate impact of ACT policy change and dispensing practices, which will allow robust collection of data on pharmaceutical and supply management system. In order to strengthen the monitoring and supervision of the ACT implementation at the facility level, SPS intends to recruit four pharmacy technicians at program associate level who will work at zonal level to support the zonal office and the DHO's.

SPS Partners None.

Budget: \$80,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS participated at the meeting to strengthen PMI's sentinel sites. The meeting was held at the Malaria Alert Centre. It was indicated that the sentinel sites should also collect information on the actual consumption data for malaria medicines.

Barriers to Progress: None.

Next Steps: None.

Indicators: None.

Activity Title: Support capacity building in pharmaceutical management of antimalarials medicines through refresher trainings and supportive supervision of health care workers, pharmacy techs and pharmacy assistants.

Activity Lead: Rutta, Edmund **Activity #:** 4 **Task:** LFMW08PMI **Subtask:** 60CXM4

Activity Description: MSH/SPS will facilitate refresher trainings of health care workers and pharmacy personnel on drug supply and pharmaceutical management for malaria (PMM) to strengthen their capacity for managing the new ACTs particularly in reporting, storage, inventory control and use of the ACTs. SPS will continue the printing and dissemination of relevant training materials developed by NMCP. MSH/SPS will also support the regular supervision of these health workers in collaboration with zonal offices, DHOs and health facilities including those that are CHAM-affiliated.

SPS Partners None.

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

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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	Several planning meetings for the training of at least 1,000 health workers in malaria case management as well as pharmaceutical management were held with BASICS and NMCP.
Barriers to Progress:	None.
Next Steps:	Training of health workers in pharmaceutical management for LA.
Indicators:	None.
Activity Title:	Provide technical assistance to the Pharmacy Medicine and Poisons Board (PMPB) to strengthen systems for monitoring the quality and safety of medicines including ACTs
Activity Lead:	Rutta, Edmund Activity #: 5 Task: LFMW08PMI Subtask: 60DXH5
Activity Description:	SPS will work with WHO and CDC to develop comprehensive QA systems in Malawi including support to the National Quality Control Laboratory (NQLC) to obtain reference standard and equipment to develop capacity to test ACTs.
SPS Partners	None.
Budget: \$60,000.00	Start Date: Oct/2008 End Date: Sep/2009
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	The post-marketing surveillance plan was finalized. This means that piloting of the plan can start and to this extent several meetings have been held with the PMPB to plan the details of the piloting of the plan. The samples collected as part of the QAMSA study have been sampled for confirmatory testing in India using a sampling protocol made available by the WHO.
Barriers to Progress:	Implementation of the post-marketing surveillance plan activities (i.e. meeting with MRA and PMPB and training of MRA and MoH staff) were postponed until next quarter at the request of the PMPB.
Next Steps:	Adoption of tools to be used for recording information on samples collected from facilities and border posts for quality analysis. Facilitate a meeting between MoH, PMPB and MRA to coordinate the collection and transportation of samples from border posts. Training of MRA staff at border posts in sample collection techniques.
Indicators:	None

Mali

Mali PMI

Work Plan: Mali PMI **Year** 08

Funding Level: \$450,000.00

Work Plan 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 and other transmissible diseases, Mali has struggled to respond to the demands on its health system posed by these health burdens [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 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, the 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 a Year 1 implementation plan for Mali's activities under the PMI. This assessment examined the challenges linked to implementation of recently introduced malaria treatment protocols based on ACTs, as well as those posed by scaling up 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 by SPS and the USAID/DELIVER project in October 2007. 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 while 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 also 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 hemorrhages and by developing job aids for management of these products. Starting in FY 2008, the 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 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, making RDTs available, and promoting their use. In addition, SPS will receive funding from USAID to improve management of sexual and reproductive health supplies, HIV/AIDS-related products, and all essential medicines. These funds will also facilitate the implementation of cross cutting interventions aiming to build the capacity of pharmaceutical staff at both the 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

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 08POP 233,386 USD, Malaria-PMI 450,000 USD, and HIV/AIDS 100,000 USD; Total: 1,600,180 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, characterized by their 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 decrees and 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, 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 the Schéma Directeur d'Approvisionnement et de Distribution des Médicaments 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 that can be applied for better planning and quantification at the community and national levels. 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, will have been developed and be 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. 1. Estimated at 191/1,000 in the 2006 Mali Demographic and Health Survey 2. Mali Round 6 Malaria proposal approved by the GFATM 3. 2006 Mali Demographic and Health Survey. The number is based on HIV prevalence in Mali of 1.3% among men and women aged 15-49.

Activity Title: Technical activity coordination

Activity Lead: Onyango, Christine **Activity #:** 1 **Task:** LFML08PMI **Subtask:** 97XXY1

Activity Description: This activity includes work plan and budget development, progress monitoring, reporting, meetings and communication with partners and collaborators. For administrative purposes this activity will be split using 50,000 USD under MOP08 and 100,000 USD from other funding sources. Under this activity, one trip is planned by the Country Program Manager based in Arlington for the purposes of supervision and planning.

SPS Partners None.

Budget: \$54,083.00

Start Date: Oct/2008

End Date: Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Through coordination between SPS/HQ and SPS/regional staff, support was provided to the SPS/Mali office to carry out a technical and administrative orientation of new staff. An SPS Senior Finance Officer made a trip to Mali in January 2009 to carry out the administrative part of the orientation, as well as to ensure that the new office had been adequately set up. An SPS Regional Malaria Advisor (normally based in Senegal) travelled to Mali to co-facilitate the technical training with SPS Senior Technical Advisor in Mali. For much of February and March, 2009, SPS/Mali staff was focused on launching the SPS project in all of Mali's 9 regions. Along with two USAID-funded bilaterals (Keneya Ciwara II and ATN Plus), SPS's presented its planned approach and activities to various national and regional stakeholders in all of Mali's nine regions. This was done specifically at the request of the USAID-mission, which authorized that project funds be used for the purposes of these launches. Little else was done by SPS during this period due to the great level of human resources required to prepare these launches. The USAID/Mali mission insisted that SPS participate in these and that work plan wait until all 9 regional launches were over. At the end of March 2009, the Arlington-based Country Program Manager travelled to Mali to review progress on the work plan. During this trip, a discussion was held with Professor Doumbia, head of the DPM within the Ministry of Health, to discuss specific activities SPS was do carry out with the DPM. During this meeting, Professor Doumbia expressed the wish to formalize the relationship between the DPM and SPS in writing. He also insisted that some of SPS's work plan activities be revised to reflect the DPM's top priorities. The DPM proposed several modifications to SPS's work plan activities, including the addition, combination, and elimination of activities to properly reflect the DPM's priorities (technical

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assistance to revise the National Pharmaceutical Policy). A meeting was scheduled between SPS, the USAID/Mali mission and the DPM for early April 2009 (Q3) to discuss these revisions.

Barriers to Progress: The DPM insists that SPS revise some of its work plan activities to fit the DPM's current priorities. Although the DPM had been consulted when the work plan activities were being developed, the current DPM Director was not in his position at the time.

Next Steps: SPS will meet with the USAID/Mali mission health team members and the DPM Director in early April 2009 (Q3) to review activities in the current (FY08) work plan and to negotiate modifications.

Indicators: None.

Activity Title: Assist the PPM in improving procurement and distribution procedures

Activity Lead: Onyango, Christine **Activity #:** 4 **Task:** LFML08PMI **Subtask:** 60CXH4

Activity Description: MSH/SPS plans to provide technical assistance to the PPM to assess its storage capacity needs in the light of the increasing volume of pharmaceuticals it is being expected to handle. The assessment will be followed by recommendations to improve the use of existing space, and an action plan for improving the current storage practices and capacity. It is expected that the collaborative approach used in these three activities will serve to build the capacity of the PPM while addressing immediate problems. MSH/SPS plans to use one consultant to support the Senior Technical Advisor and one Senior Program Associate in this activity. One TDY is therefore budgeted for the consultant for this activity.

SPS Partners: None.

Budget: \$52,251.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

Products Planned: Terms of reference. Technical document (procedures review).

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During this quarter, the first draft of the assessment report focused on reviewing the logistics system for malaria products was produced in collaboration with the PPM. This assessment had been conducted during Q1. Also during this quarter, SPS developed draft terms of reference for this activity.

Barriers to Progress: Availability of the PPM to develop and finalize the draft has been a constraint to drafting and finalizing the report. It was not possible to proceed with other sub-activities under this activity because of the USAID/Mission's request to focus on regional launches during this quarter. The PPM has initially shown some resistance to having a review carried out of their procedures. Extensive discussions with the Senior Management Team of the PPM will be required if the activity is to be successful.

Next Steps: The draft document should be finalized by Q3. It is expected that the draft terms of reference will be finalized for the review of procedures in order for this activity to begin on time.

Indicators: None.

Activity Title: Assess the storage capacity of the PPM at regional level

Activity Lead: Onyango, Christine **Activity #:** 5 **Task:** LFML08PMI **Subtask:** 60C3H5

Activity Description: This activity aims to address one of the conclusions from the 2007 assessment that indicated the public sector's storage capacity for pharmaceuticals was inadequate.

SPS Partners: None.

Budget: \$53,479.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

Products Planned: Technical report.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: There was no progress on this activity during Q2.

Country Programs

Barriers to Progress: It was not possible to proceed with this activity because of the USAID/Mission's request to focus on regional launches during this quarter.

Next Steps: Since the last regional launch was conducted at the end of March 2009, this activity is expected to resume during Q3 and Q4.

Indicators: None.

Activity Title: Procure priority equipment for the PPM stores at regional and national level

Activity Lead: Onyango, Christine **Activity #:** 6 **Task:** LFML08PMI **Subtask:** 60C2H6

Activity Description: Depending on the results of the assessments conducted on the PPM's procedures and on the PPM's storage capacity, MSH / SPS will discuss and finalize with the PPM a list of priority equipment to be procured in order to improve the quality of storage and/or distribution of products.

SPS Partners None.

Budget: \$150,000.00 **Start Date:** Jul/2009 **End Date:** Sep/2009

Products Planned: Equipment purchased.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: This activity is planned for Q3/Q4 and has therefore not yet begun.

Barriers to Progress: This activity cannot occur until the storage capacity assessment has been completed. The storage capacity assessment is planned for Q3/A4.

Next Steps: This activity is expected to take place during Q3/Q4.

Indicators: None.

Activity Title: Initial Visits for Work Plan Development (Technical Activity Coordination)

Activity Lead: Onyango, Christine **Activity #:** 2 **Task:** LFML08PMI **Subtask:** 60AXQ2

Activity Description: Although MSH has provided technical assistance to the Ministry of Health in Mali over the past couple years, the PMI FY08 funding will be the first opportunity for MSH to set up an office and carry out activities in Mali. Preparation for this increased level of activity will therefore be necessary in the form of an assessment to determine MSH/SPS's specific technical activities for FY08. In country discussions will also need to be carried out with the USAID mission ahead of finalizing work plan activities.

SPS Partners None.

Budget: \$44,165.00 **Start Date:** Oct/2008 **End Date:** Dec/2008

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: This activity is now completed.

Barriers to Progress: This activity is now completed.

Next Steps: N/A.

Indicators: None.

Activity Title: Develop national strategy and operational plan for pharmacovigilance

Activity Lead: Onyango, Christine **Activity #:** 3 **Task:** LFML08PMI **Subtask:** 60B2P3

Activity Description: Through consultations with key actors, a strategy will be developed and validated during a validation meeting. Following the validation of the strategy, MSH/SPS aims to assist the DPM in developing an operational plan for implementing the pharmacovigilance strategy. To put together a pharmacovigilance strategy and policy, MSH will draw on the experience of MSH staff in Rwanda. One TDY is therefore budgeted for that purpose for this activity.

SPS Partners None.

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

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Although this activity was initially in the SPS FY08 work plan, the USAID/Mali Mission removed it from SPS's work plan in November 2008. It will be implemented by another USAID partner, the United States Pharmacopeia.

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Barriers to Progress:	See the comment above.
Next Steps:	See the comment above.
Indicators:	None.
Activity Title:	Conduct a mapping exercise with the key counterparts to identify pharmaceutical data and information needs
Activity Lead: Onyango, Christine	Activity #: 7 Task: LFML08PMI Subtask: 60AXH7
Activity Description:	Through a participatory workshop with key institutions initiated by the DPM, MSH/SPS will facilitate an exercise to identify reporting needs at different levels of the pharmaceutical system and within disease-specific programs. The exercise will also serve to identify gaps in existing information.
SPS Partners	None.
Budget: \$0.00	Start Date: Jan/2009 End Date: Mar/2009
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	Normally, this activity would have occurred during Q2. However, the regional launches that USAID/Mali required SPS to focus on carrying out (in collaboration with the two USAID-funded bilaterals in Mali and the Ministry of Health), followed by the DPM's insistence on modifying the SPS work plan in March 2009 prevented most technical activities from progressing during Q2. This was one of the activities that were dropped in the course of discussions with the DPM to modify SPS work plan activities to better reflect the DPM's priorities.
Barriers to Progress:	See the comments above.
Next Steps:	This activity will not proceed in its specific form, as it is one of the activities that were dropped in the course of discussions with the DPM of modifying the SPS work plan to better fit the DPM's priorities.
Indicators:	None.
Activity Title:	Develop operational plan to improve existing pharmaceutical management information system
Activity Lead: Onyango, Christine	Activity #: 8 Task: LFML08PMI Subtask: 60G4J8
Activity Description:	MSH / SPS will provide technical assistance to the DPM in developing an operational plan to address the identified gaps in data. This plan will build on existing systems and will ensure that adequate tools and procedures are in place to make the data and information available at various levels of the health system. Procedures and tools shall include all steps needed to make data available in the right format, including data registration, compilation, aggregation, and reporting at any level of the pharmaceutical system, and in manual or electronic formats as appropriate. In order to optimize human and financial resources, and to ensure integrity and coherence of the pharmaceutical system, the pharmaceutical management information system (PMIS) should be strengthened in conjunction with other system strengthening activities planned for Mali's regional level. Therefore, the overall plan for improving the PMIS will be integrated into regional plans and adapted to regional specificities once the national plan is finalized.
SPS Partners	None.
Budget: \$15,601.00	Start Date: Jan/2009 End Date: Mar/2009
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	Normally, this activity would have occurred during Q2/Q3. However, the regional launches that USAID/Mali required SPS to focus on carrying out (in collaboration with the two USAID-funded bilaterals in Mali and the Ministry of Health) followed by the DPM's insistence on modifying the SPS work plan in March 2009 prevented most technical activities from progressing during Q2. This was one of the activities that were dropped in the course of discussions with the DPM to modify SPS work plan activities to better reflect the DPM's priorities.
Barriers to Progress:	See the comment above.

Country Programs

Next Steps: Not applicable - the activity has been cancelled in its specific form.
Indicators: None
Activity Title: Conduct period quality control exercises to monitor the quality of data reporting
Activity Lead: Onyango, Christine **Activity #:** 9 **Task:** LFML08PMI **Subtask:** 60DXA9
Activity Description: SPS will conduct periodic data quality audits using a standardized questionnaire to assess the quality of data collected by the Ministry of Health on malaria products,
SPS Partners: None.
Budget: \$74,586.00 **Start Date:** Jul/2009 **End Date:** Sep/2009
Products Planned: Technical reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: SPS was scheduled to begin its regional-level activities in Q2, but this did not occur as planned.
Barriers to Progress: This activity could not start because the government of Mali insisted that launches for the three major USAID-funded projects in Mali be carried out sequentially in February and March of 2009. The USAID/Mali mission therefore request that SPS focus on coordinating and/or participating in 9 regional launches during Q2.
Next Steps: This activity is expected to start in Q3 and continue into Q4.
Indicators: None.
Activity Title: Build capacity of key MOH staff in management and use of data produced by the PMIS

Activity Lead: Onyango, Christine **Activity #:** 10 **Task:** LFML08PMI **Subtask:** 60GXL0
Activity Description: MSH/SPS plans to work closely with the DPM, the PPM, the DNS and DRS within the Ministry of Health to facilitate the correct interpretation and use of data available through the periodic reports generated from the improved PMIS. With more accurate and timely information on stock levels, consumption and other key pharmaceutical management information, the Ministry of Health will be in a better position to plan and coordinate with donors to determine resource requirements and to plan procurement. MSH plans to draw on the experience of one MSH regional staff person already supporting Francophone countries in the African region to support the Senior Technical Advisor in building the capacity of local MSH staff as this activity gets underway. One TDY is therefore budgeted for this.
SPS Partners: None.
Budget: \$0.00 **Start Date:** Apr/2009 **End Date:** Sep/2009
Products Planned: Training reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: This sub-activity was planned to take place in Q3 and Q4, once improvements were introduced to the existing pharmaceutical management information system. However, this was one of the sub-activities that were cancelled at the request of the DPM. The USAID/Mali mission approved this change to the work plan.
Barriers to Progress: N/A.
Next Steps: N/A.
Indicators: None.
Activity Title: Develop non-reproductive health job aids
Activity Lead: Onyango, Christine **Activity #:** 1 **Task:** LFML07MAL **Subtask:** 60F4F1
Activity Description: MSH /SPS will provide assistance to the DPM, the DNS, and the Malaria, TB and HIV/AIDS programs to develop job aids for dispensers to promote rational use of medicines as well as to prevent medication errors.
SPS Partners: None.

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Budget: \$19,995.00 **Start Date:** Oct/2008 **End Date:** Sep/2009
Products Planned: Job aids.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: To date, there have been no opportunities or requests to produce job aids for HIV, TB or malaria medicines or other health products used for these diseases.
Barriers to Progress: N/A
Next Steps: In its ongoing interactions with Mali's national disease programs, SPS will seek to identify to need for job aids.
Indicators: None.

Activity Title: Office Set up and Management

Activity Lead: 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 Mali 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.

SPS Partners None.

Budget: \$280,004.00 **Start Date:** Oct/2008 **End Date:** Sep/2009
Products Planned: Trip reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2
Activity Progress: Registration for MSH as an NGO was granted in February 2009. Staff recruitment was also completed in February 2009. The MSH/SPS staff in Mali now consists of seven technical staff and an office manager. The technical staff includes a senior technical advisor, three senior program associates, and three program associates. Six of the technical staff are Malian nationals—three are pharmacists and three are physicians.
Next Steps: The consultant contracts will now need to be converted into employee contracts.
Indicators: None.

Mali POP

Work Plan: Mali POP **Year** 08

Funding Level: \$233,386.00

Work Plan 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 and 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 President's Malaria Initiative (PMI), the Global Fund to fight Tuberculosis, AIDS and Malaria (GFTAM), and the GAVI 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 President's Malaria Initiative (PMI), the United States Agency for International Development (USAID) mission in Mali 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, Management Sciences for Health (MSH) / Strengthening Pharmaceutical Systems (SPS) program participated in two USAID-funded assessments in 2007. The first assessment was conducted in March 2007 with the objective of developing a 3 –year strategy and year 1 implementation plan for Mali’s activities under the PMI. A component of this assessment examined the challenges linked to implementation of recently-introduced new malaria treatment protocols based on artemisinin combination therapies 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 by MSH/SPS and the USAID | DELIVER project in October 2007. 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, MSH under the Rational Pharmaceutical Management Plus program (RPM Plus) provided technical support to the Ministry of Health in Mali through country visits. Assistance has been provided for the quantification of products procured under the GFATM. Additionally, MSH/RPM Plus has contributed to the work of the Prevention of the Postpartum Hemorrhage Initiative (POPHI) 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, MSH / SPS program will consolidate and expand the work that was initiated under RPM Plus. With USAID/Mali mission support, MSH /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, MSH/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 Ministry of Health (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, making RDTs available, and promoting their use. In addition, MSH/SPS will receive funding from USAID to improve the management of sexual and reproductive health supplies, the management of HIV/AIDS-related products and 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. MSH/SPS will build on the success of its experts in pharmaceutical policy, pharmaceutical procurement procedures, and pharmaceutical sector capacity building to provide technical assistance and to build human capacity within Mali’s public sector pharmaceutical system. MSH/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: FY07- MAARD POP 516,794 USD, MAARD Malaria 300,000 USD; FY08- POP 233,386 USD, Malaria (PMI) 450,000 USD, HIV/AIDS 100,000 USD; Total 1,600,180 USD. The activities in this section are linked to the FY08 POP funding received for MSH/SPS's first year of operation in Mali totaling \$233,386. Strategic Approach: The MSH / 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 Ministry of Health: 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 “cercles”, 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 (ASACO)). Technical supervision of the CsCOMs is the responsibility of the CsREF for each given district. Several institutions within the Ministry of Health of Mali 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 PPM’s 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 PNLP). 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 community (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 Ministry of Health 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 work closely with the Secretary General of the Ministry of Health, and with all the institutions involved in the pharmaceutical system. At the national level, this includes the PPM, DNS, DPM, CSLS, PNLP, 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, MSH/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, MSH/SPS will collaborate with the DPM to facilitate the process of revision of key existing documents (such the Schéma Directeur d’Approvisionnement et de Distribution des Médicaments 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 MSH / 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 district levels. Furthermore, MSH/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 year 2 and year 3 can be expected to expand to improve pharmaceutical management at the community level.

Whilst the interventions aimed at making pharmaceutical data available are being consolidated, additional interventions will be conducted to increase the capacity of the pharmacy staff at district and community levels. These interventions will cover: how to plan adequately, how to make best use of the storage space, how to optimize the human and other resources available and to provide the best services to the patients. The creation of medicines and therapeutic committees at hospitals and other interventions aimed at improving the rational use of medicines and the containment of antimicrobial resistance will also be explored for the latter years of the program. [1] Estimated at 191/1,000 in the 2006 Mali Demographic and Health Survey. [2] Mali Round 6 Malaria proposal approved by the Global Fund to fight Tuberculosis AIDS, and Malaria. [3] 2006 Mali Demographic and Health Survey. The number is based on HIV prevalence in Mali of 1.3% among men and women aged 15-49.

Activity Title: Develop plans to ensure medium and long term availability of pharmaceuticals used for reproductive health, malaria, TB and HIV/AIDS

Activity Lead: Onyango, Christine **Activity #:** 5 **Task:** LFML08POP **Subtask:** 60CXP5

Activity Description: This proposed activity aims to continue work already started in collaboration with the DNS/DRS in order to finalize task of creating such a plan. Lessons learned from the process of developing this plan can be used to develop similar plans for priority diseases such as TB, malaria and HIV/AIDS.

SPS Partners None.

Budget: \$12,790.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: This activity has not yet started. It is expected to get under during Q3 or Q4.

Barriers to Progress: No major constraints to this activity have been noted.

Next Steps: This activity is expected to get underway during Q3 or Q4.

Indicators: None.

Activity Title: Adapt MSH/SPS Pharmaceutical Management training modules to use in Malian system

Activity Lead: Onyango, Christine **Activity #:** 6 **Task:** LFML07POP **Subtask:** 60AXM6

Activity Description: MSH /SPS plans to collaborate with the DNS, DPM and PPM to adapt SPS training materials to the specificities of the Malian pharmaceutical system. These modules will include basic and advanced pharmaceutical management curricula to be used at all levels of the pharmaceutical system according to the level of the participants and the needs.

SPS Partners None.

Budget: \$4,000.00 **Start Date:** Jan/2009 **End Date:** Sep/2009

Products Planned: Training modules.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During Q2, MSH/SPS pharmaceutical supply management training modules were adapted and used in providing technical orientation to new MSH/SPS staff who joined the organization at the beginning of the quarter.

Barriers to Progress: The requirement that SPS participate in regional launches in all of Mali's nine regions slowed down all work plan activities during Q2.

Next Steps: The modules will be before further adapted in consultation with the DPM for use across Mali's pharmaceutical system.

Indicators: None.

Activity Title: Provide technical assistance to revise the national pharmaceutical policy

Activity Lead: Onyango, Christine **Activity #:** 7 **Task:** LFML07POP **Subtask:** 60A2H7

Activity Description: DPM has nominated MSH/SPS to participate on a technical committee put in place to steer activities related to the process of revising the NPP. Specific objectives of the technical committee will include: (1) Carrying out an analysis of the implementation of the current pharmaceutical policy. (2) Preparing a draft national pharmaceutical policy. (3) Participating in a workshop involving all key

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stakeholders of the pharmaceutical sector aimed at adopting the draft policy document. (4) Producing a final document for submission to the Minister of Health for approval. The revision process is projected to run for three months May to July 2009.

SPS Partners

None.

Budget: \$50,000.00

Start Date: Apr/2009 **End Date:** Sep/2009

Products Planned:

Terms of reference for revision of the National Pharmaceutical Policy (NPP). Trip reports by data collection teams. Situational analysis of the application of the National Pharmaceutical Policy and identification of policy gaps. Zero draft of the NPP for discussion. Final draft of the NPP adopted by the Ministry of Health. Draft Plan Directeur for discussion. Final draft of the NPP adopted by the Ministry of Health.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

This activity was not yet underway during Q2.

Barriers to Progress:

Because SPS was required to participate in regional launches of its activities alongside two other USAID-funded projects during Q2, it was not possible to start many activities during this period.

Next Steps:

This activity was not yet underway during Q2.

Indicators:

None.

Activity Title:

Assist the DPM to develop a human resources strategy and one year operational plan

Activity Lead: 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.

SPS Partners

None.

Budget: \$16,073.00

Start Date: Oct/2009 **End Date:** Sep/2010

Products Planned:

Terms of reference (agreed with the DPM) for this activity, human resources strategy document, human resources operational plan document.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

There has been no progress on this activity for a couple of reasons. One was that SPS has been requested by the USAID/Mali not to start any activities until all nine regional launches planned with the government of Mali are completed. The launches took place in February- March 2009. Additionally, the Senior Program Associate for Capacity Building was recruited during Q2 and only started work in March 2009.

Barriers to Progress:

See comment above.

Next Steps:

This activity is expected to commence in Q3.

Indicators:

None.

Activity Title:

Build capacity of key MoH staff in pharmaceutical management for decision makers

Activity Lead: Onyango, Christine **Activity #:** 2 **Task:** LFML07POP **Subtask:** 60AXH2

Activity Description:

SPS will start by building the capacity of its new team in Mali. Through the SPS/Mali Senior Technical Advisor and the SPS Regional Malaria Advisor based in Senegal, SPS will provide a technical orientation to its new staff using existing

training materials on pharmaceutical management which have been adapted for the Mali system. Following this orientation, SPS will proceed with two capacity building activities. (1). Training in pharmaceutical management: MSH/SPS plans to work with the DNS, the DPM and the PPM to facilitate 3–5 day training in pharmaceutical management for decision makers. Participants will be selected from a number of key institutions such as DNS, Division of Reproductive Health (DRS), CSLS, CSLP, DPM, and PPM. (2). Training in quantification: MSH / SPS plans to work with the DPM and the PPM to facilitate a 3-5 day training course on national quantification. The training aims to lay the groundwork for adequate forecasting and procurement of essential medicines as well as of disease-specific supplies. Participants will be selected from a number of key institutions such as DNS, Division of Reproductive Health (DRS), CSLS, CSLP, DPM, and PPM. SPS will be ready to provide other types of pharmaceutical management related training depending on requests made by the Ministry of Health.

SPS Partners

None.

Budget: \$55,076.00

Start Date: Jan/2009 **End Date:** Sep/2009

Products Planned:

Terms of reference. Workshop/training report.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

In preparation for implementation of training activities, a technical orientation of SPS staff in pharmaceutical management was conducted in January 2009. Five technical staff were oriented in SPS approaches to key aspects of pharmaceutical management. The meeting between SPS, the USAID/Mali Mission, and Mali's DPM at the end of Q2 resulted in the removal of one activity at the DPM's request—training in quantification. However, SPS will seek to reintroduce this, because capacity-building of decision-makers in quantification is key to institutionalizing well-planned and coordinated quantification for a pharmaceutical system. Training in pharmaceutical management was retained.

Barriers to Progress:

The DPM currently does not recognize the need to provide training in quantification to central level Ministry of Health staff. SPS will engage in dialogue with the DPM to address this.

Next Steps:

Training in pharmaceutical management is planned for Q3.

Indicators:

None.

Activity Title:

Strengthen indicator-based monitoring of pharmaceutical management activities at the regional level (formerly called Select indicators for measuring pharmaceutical management performance at regional level)

Activity Lead: Onyango, Christine **Activity #:** 3 **Task:** LFML07POP **Subtask:** 60AXH3

Activity Description:

The initial SPS work plan has been modified at the request of the DPM. Initially, this activity had aimed to reduce stock outs and expiry of products at the regional level by strengthening existing regional mechanisms, such as the regional health committee system by ensuring the integration of pharmaceutical matters into regional health committee activities, and by having SPS regional staff work closely with regional pharmacists to resolve specific problems arising in pharmaceutical management. This approach has been revised, and the focus will now be on assisting the DPM improve its current system for monitoring the pharmaceutical system, by putting in place system of indicator-based monitoring. During 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.

SPS Partners

None.

Budget: \$19,449.00

Start Date: Apr/2009 **End Date:** Sep/2009

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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	<p>The initial implementation strategy for this activity was to locate three SPS regional coordinators in three of Mali's regions (with each regional coordinator covering three regions for complete national coverage). Following the installation of the coordinators, pharmaceutical management indicators were to be established at the national level to track the management of pharmaceuticals used in major disease programs in Mali, such as malaria, reproductive health, and child survival. The existing regional health management committees (including key stakeholders in the pharmaceutical system) and the regional planning mechanisms would be used to supervise and monitor improvements in quality, quantity, and timeliness of pharmaceutical data flowing from the districts and regions to the central level of the health system. The ultimate objective would be to reduce medicine stock-outs and expiries. Capacity building of the SPS regional coordinators got under way in January 2009 with a three-day technical orientation to SPS approaches to various technical activities, and a one-day administrative training. All SPS regional coordinators participated in regional launches, at which MSH/SPS was formally introduced to regional health authorities in preparation for future work at the regional level. The regional coordinators will be based in Ministry of Health Regional Bureau office in Gao, Segou and Bamako. However, following a meeting of SPS, USAID, PPM, and the National Public Health Laboratory in March 2009, it was agreed that installation of the regional coordinators would be delayed to allow time for the DPM and SPS to assess further the functioning of the national pharmaceutical supply system. Consequently, the DPM requested SPS's participation in two DPM activities: the DPM's annual nationwide supervision visits (an exercise lasting two months) and a comprehensive evaluation of the functioning of the national pharmaceutical management information system. The evaluation activity will be followed by a pilot project for a model pharmaceutical management information system. For now, the timeline for establishment of the regional offices out of which the regional coordinators will operate is Q4. The meeting held with the DPM at the end of Q2 requested that SPS modify the initial implementation strategy for this monitoring activity. The two new activities agreed upon during the meeting of the DPM, SPS, and USAID have therefore been included in the SPS's revised work plan for FY08.</p>
Barriers to Progress:	Ministry of Health partners have expressed a preference to delay installation of regional coordinators. This will delay the launch of regional activities until Q4, at the earliest.
Next Steps:	SPS will participate in the DPM's annual nationwide supervision exercise and will conduct an evaluation of the functionality of the national pharmaceutical information system with a view to proposing a strategic approach for strengthening the entire system.
Indicators:	None.
Activity Title:	Pilot improved logistics management information system
Activity Lead:	Onyango, Christine Activity #: 4 Task: LFML07POP Subtask: 60CXK4
Activity Description:	<p>This activity consists of a series of elements aimed at ensuring that data and information on health products are routinely registered, compiled, used, and when necessary, reported to the next level of the pharmaceutical system. These elements include mapping the information needs of the pharmaceutical system, assisting the DPM to develop an operational plan to address gaps in data, and carrying out periodic quality-control exercises to monitor the quality of data reported. These activities were to begin in Q1 and continue through Q4. Because staff was not hired until Q2, and because of the subsequent delays introduced by the regional launches, these activities did not get under way by the end of Q2. This activity will therefore begin in Q3. At the DPM's request, the capacity building of key institutions (DPM, PPM, National and Regional Directorates of</p>

Country Programs

	Health) in management and use of data produced by the pharmaceutical management information system was dropped.
SPS Partners	None.
Budget: \$270,180.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	Technical reports.
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	This activity was added at the end of Q2 and is therefore expected to begin in Q3.
Barriers to Progress:	N/A.
Next Steps:	This activity is expected to begin in Q3 or Q4.
Indicators:	None.
Activity Title:	Allowances
Activity Lead: Onyango, Christine	Activity #: 5 Task: LFML07POP Subtask: 97XXXM
Activity Description:	This cost pertains to the allowances normally provided to expatriate staff.
SPS Partners	None.
Budget: \$100,000.00	Start Date: Oct/2009 End Date: Sep/2010
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	The Senior Technical Advisor received expatriate allowances during Q2.
Barriers to Progress:	N/A.
Next Steps:	N/A.
Indicators:	None.
Activity Title:	Technical Activity Coordination
Activity Lead: Onyango, Christine	Activity #: 1 Task: LFML08POP Subtask: 97XXY1
Activity Description:	This activity includes work plan and budget development, progress monitoring, reporting, meetings, and communication with partners and collaborators. For administrative purposes this activity will be split using 50,000 USD under MOP08 and 100,000 USD from other funding sources. Under this activity, one trip is planned by the Country Program Manager based in Arlington for the purposes of supervision and planning.
SPS Partners	None.
Budget: \$89,673.00	Start Date: Oct/2008 End Date: Sep/2009
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	Through coordination among SPS/HQ and SPS/Regional staff, support was provided to the SPS/Mali office to carry out a technical and administrative orientation of new staff. An SPS Senior Finance Office made a trip to Mali in January 2009 to carry out the administrative part of the orientation as well as to ensure that the new office had been adequately set up. SPS Regional Malaria Advisor (normally based in Senegal) travelled to Mali to co-facilitate the technical training with SPS Senior Technical Advisor in Mali. For much of February and March, 2009, SPS/Mali staff was focused on launching the SPS project in all of Mali's 9 regions. Along with two USAID-funded bilaterals (Keneya Ciwara II and ATN Plus), SPS's presented its planned approach and activities to various national and regional stakeholders in all of Mali's nine regions over several weeks. This was done specifically at the request of the USAID-mission, which authorized that project funds be used for the purposes of these launches. Little else was done by SPS during this period due to the great level of human resources required to prepare these launches. The USAID/Mali mission insisted that SPS participate in these and that work plan wait until all 9 regional launches were over. At the end of March 2009, the Arlington-based Country Program Manager travelled to Mali to review progress on the work plan. During this trip, a discussion was held with Professor Doumbia, head of the DPM within the Ministry

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of Health, to discuss specific activities SPS was do carry out with the DPM. During this meeting, Professor Doumbia expressed the wish to formalize the relationship between the DPM and SPS in writing. He also insisted that some of SPS's work plan activities be revised to reflect the DPM's top priorities. The DPM proposed several modifications to SPS's work plan activities, including the addition (technical assistance to revise the National Pharmaceutical Policy), combination, and elimination activities to properly reflect the DPM's priorities. A meeting was scheduled between SPS, the USAID/Mali mission and the DPM for early April 2009 (Q3) to discuss these revisions.

Barriers to Progress: The DPM insists that SPS revise some of its work plan activities to fit the DPM's current priorities. Although the DPM had been consulted when the work plan activities were being developed, the current DPM Director was not in his position at the time.

Next Steps: SPS will meet with the USAID/Mali mission Health Team members and the DPM Director in early April 2009 (Q3) to review activities in the current FY08 work plan and to negotiate modifications.

Indicators: None.

Activity Title: Develop job aids for uterotonics

Activity Lead: Onyango, Christine **Activity #:** 2 **Task:** LFML08POP **Subtask:** 60AXH2

Activity Description: This activity aims to carry out the next steps to prepare the job aids for use by health workers. MSH/SPS will initially test the job aids on health workers, and will make any necessary modifications to incorporate feedback from users. Once modifications are complete, these job aids will be validated by the Ministry of Health. Finally, the job aids will be reproduced in large quantities for distribution to health facilities.

SPS Partners: None.

Budget: \$11,161.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: No progress was made on this activity during Q2.

Barriers to Progress: SPS is trying to carve out a period where the DPM can be available for this activity.

Next Steps: Set a timeframe and dates with the DPM for the validation workshop.

Indicators: None.

Activity Title: Evaluate national logistics management information system

Activity Lead: Onyango, Christine **Activity #:** 4 **Task:** LFML08POP **Subtask:** 60AXH4

Activity Description: Through consultations led by the DPM, MSH/SPS will facilitate an exercise to identify information needs at different levels of the pharmaceutical system, as well as for disease-specific programs. The exercise would also serve to identify gaps in existing pharmaceutical management information. The evaluation of the existing system will be carried out in the following manner. MSH/SPS will collaborate closely with the DPM to develop terms of reference and a protocol for the evaluation. Data will be collected, analyzed, and a report will be prepared. Evaluation results will be presented to and discussed with key stakeholders, and an evaluation report will be prepared and disseminated.

SPS Partners: None.

Budget: \$104,762.00 **Start Date:** Apr/2009 **End Date:** Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: This activity was not added until Q3. It was therefore not possible to report progress on this during Q2.

Barriers to Progress: N/A.

Next Steps: N/A.

Indicators: None.

Mali HIV

Work Plan: Mali HIV Year 08

Funding Level: \$100,000.00

Work Plan Background

Mali is a low-income country with a heavy burden of disease and poor levels of development indicators. Challenged with high under age five mortality rates [1], over 900,000 cases of malaria per year, and an estimated 66,000 adults living with HIV and other transmissible diseases, Mali has struggled to respond to the demands on its health system posed by this health burden. Mali's participation in various international health initiatives aimed at preventing and fighting transmissible diseases such as the PMI, the Global Fund, and the GAVI have provided much needed additional financial resources. However, these additional resources have also brought 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 Global Fund to strengthen the existing public pharmaceutical system in Mali to improve the management of all essential medicines, including products financed by international initiatives. In this context, the MSH/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. A component of this assessment examined the challenges linked to implementation of recently introduced new malaria treatment protocols based on artemisinin-based combination therapies as well as those posed by the scaling up of the use of ITNs. 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 by MSH/SPS and the USAID|DELIVER project in October 2007. 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 medicines use while reducing the need for parallel logistical systems for the various disease programs. Over the last few years, MSH under the RPM Plus provided technical support to the MoH Mali through country visits. Assistance has been provided for the quantification of products procured under the Global Fund. Additionally, RPM Plus 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 FY08, MSH/SPS program will consolidate and expand the work that was initiated under RPM Plus. With USAID/Mali mission support, SPS will assist the MoH to strengthen Mali's entire public sector pharmaceutical system through a comprehensive project 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 ITNs. The MOP FY08 covers a broad range of interventions aimed at preventing and treating malaria. These include: 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 M&E. 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, making RDTs available, and promoting their use. In addition, SPS will receive funding from USAID to improve the management of sexual and reproductive health supplies, HIV/AIDS-related products, and all essential medicines. These funds will also facilitate the implementation of cross-cutting interventions aiming to build the capacity of pharmaceutical staff both at the national and community levels. SPS will build on the success of its experts in pharmaceutical policy, pharmaceutical procurement procedures, and pharmaceutical sector capacity building 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: FY07- 516,794 USD MAARD, Malaria 300,000 USD; FY08- POP 233,386 USD, Malaria (PMI) 450,000 USD, HIV/AIDS 100,000 USD; Total: 1,600,180 USD. These activities are those to be carried out using FY08 HIV funds totaling 100,000 USD for SPS's activities in Mali. Strategic approach: the SPS implementation strategy for Mali will be three-fold: to build on existing systems and structure, 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 that provide specialized care. At the regional level are the Regional Health Directorates (Direction Regional de Sante) 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 cercles, districts have referral health centers known as Centres de Sante de Reference (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 Sante 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 Sante Communautaires (ASACO). Technical supervision of the CSCOMs is the responsibility of the CsREF for each given district. Several institutions within the Mali 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 PPM's 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 PNLP). 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 community (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 Ministry of Health 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 work closely with the Secretary General of the Ministry of Health, and with all the institutions involved in the pharmaceutical system. At the national level, this includes the PPM, DNS, DPM, CSLS, PNLP, 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, MSH/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, MSH/SPS will collaborate with the DPM to facilitate the process of revision of key existing documents (such the Schéma Directeur

d'Approvisionnement et de Distribution des Médicaments 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 MSH / 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, MSH/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 year 2 and year 3 can be expected to expand to improve pharmaceutical management at the community level. While the interventions aimed at making pharmaceutical data available are being consolidated, additional interventions will be conducted to increase the capacity of the pharmacy staff at circle and community levels. These interventions will cover: how to plan adequately, how to make best use of the storage space, how to optimize the human and other resources available and to provide the best services to the patients. The creation of medicines and therapeutic committees at hospitals and other interventions aimed at improving the rational use of medicines and the containment of antimicrobial resistance will also be explored for the latter years of the program. [1] Estimated at 191/1,000 in the 2006 Mali Demographic and Health Survey. [2] Mali Round 6 Malaria proposal approved by the Global Fund to fight Tuberculosis AIDS, and Malaria. [3]2006 Mali Demographic and Health Survey. The number is based on HIV prevalence in Mali of 1.3% among men and women aged 15-49.

Activity Title: Facilitate a participatory revision of the Schema Directeur

Activity Lead: Onyango, Christine **Activity #:** 1 **Task:** LFML08HIV **Subtask:** 60A2H1

Activity Description: This activity will consist of initial consultations among key partners such as DPM, the PPM, the DNS, the malaria and the HIV/AIDS national programs, and the WHO to agree on the approach for the update and on the key issues to be addressed during the revision. Once the approach and key issues to be updated are agreed to, working sessions led by the DPM and including key stakeholders will follow. The new version of the SDADME will be finalized through a validation meeting led by the DPM. Among the issues to be addressed in the revision related to cost recovery are: How Mali's policy of cost recovery on essential medicines will address additional costs associated with free pharmaceuticals arriving through global health initiatives; appropriate allocation of funds generated from sales of pharmaceuticals at CsCOMs and at district depots to ensure that full costs for management of drugs (including cold chain equipment, transportation of medicines from depots and pharmacy staff training and development) are addressed; capacity building for ASACO members in managing purchases of medicines and medical supplies; and appropriate pricing of essential drugs (such as ACTs for children over five and adults). Additional issues to be addressed will include: continuing education for health professionals; strengthening existing supervision mechanisms in the public pharmaceutical sector; establishment of a system of pharmacovigilance; and development of procedures on good dispensing.

SPS Partners

None.

Budget: \$19,841.00 **Start Date:** Apr/2009 **End Date:** Sep/2009

Products Planned: Terms of reference for the revision of the Schema Directeur. Study on the application of the Schema Directeur in the health system. Revised Schema Directeur.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: To date, SPS has collaborated closely with the DPM to begin developing terms of reference for the revision of the SDADME. However, the activity was subsequently interrupted because SPS staff had to turn their attention to regional launches in late

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	February through March 2009. However, the activity resumed at the end of Q2 and will continue through the third and fourth quarter.
Barriers to Progress:	USAID has requested that SPS and other USAID-funded projects such as Keneya Ciwara II and ATN Plus, participate in launches in every one of Mali's nine regions before fully embarking (resuming in some cases) work plan activities. This has therefore prevented progress on activities during Q2.
Next Steps:	This activity is expected to fully resume in Q3.
Indicators:	None.
Activity Title:	Adapt MSH/SPS pharmaceutical management training modules to use in Malian system
Activity Lead:	Onyango, Christine Activity #: 2 Task: LFML08HIV Subtask: 60AXM2
Activity Description:	MSH /SPS plans to collaborate with the DNS, DPM and PPM to adapt SPS training materials to the specificities of the Malian pharmaceutical system. These modules will include basic and advanced pharmaceutical management curricula to be used at all levels of the pharmaceutical system according to the level of the participants and the needs.
SPS Partners	None.
Budget: \$32,579.00	Start Date: Jan/2009 End Date: Sep/2009
Products Planned:	One set of training modules.
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	During Q2, MSH/SPS pharmaceutical supply management training modules were adapted and used in providing technical orientation to new MSH/SPS staff who joined the organization at the beginning of the quarter.
Barriers to Progress:	The requirement that SPS participate in regional launches in all of Mali's nine regions slowed down all work plan activities during Q2.
Next Steps:	The modules will be before further adapted in consultation with the DPM for use across Mali's pharmaceutical system.
Indicators:	None.
Activity Title:	Provide direct assistance with quantification exercises
Activity Lead:	Onyango, Christine Activity #: 3 Task: LFML08HIV Subtask: 60C1H3
Activity Description:	SPS will provide assistance in quantification exercises as requested.
SPS Partners	None.
Budget: \$35,537.00	Start Date: Oct/2008 End Date: Sep/2009
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	During Q2, MSH/SPS responded to two requests from the National Malaria Control Program (PNLP) to provide technical assistance in quantification. The first request was to assist with quantifying needs for malaria medicines and other health products to be purchased under Round 6 grants of the Global Fund. The quantification exercise for Round 6 was necessary because of the policy change from artesunate/ amodiaquine to artemete/lumefantrine (Coartem) as first-line treatment in December 2008, which required adjustments to the existing Global Fund procurement and supply management plan for this grant. The technical assistance provided by SPS focused specifically on the quantification of artemether + lumefantrine for use in children under five years of age.
Barriers to Progress:	None noted.
Next Steps:	SPS will continue to respond to requests for assistance with quantification.
Indicators:	None.
Activity Title:	Develop plans to ensure medium and long term availability of pharmaceuticals used for reproductive health, TB and HIV/AIDS.
Activity Lead:	Onyango, Christine Activity #: 4 Task: LFML08HIV Subtask: 60CXP4

Activity Description: This proposed activity aims to continue work already started in collaboration with the DNS/DRS, to finalize these plans. A standardized methodology has been developed by UNFPA to develop RHCS plans in a few countries. The steps for creating an RHCS Plan are as follows: analyze the country situation (social, political, economic, and organizational) in order to set a long term objective; identify obstacles to RHCS; create a resource mobilization plan; propose a system capable of ensuring RHCS across the entire country; establish a monitoring and evaluation plan to monitor implementation of the RHCS plan.

SPS Partners None.

Budget: \$12,043.00 **Start Date:** Apr/2009 **End Date:** Sep/2009

Products Planned: Terms of reference for creating the reproductive health commodity security plan. Situational analysis on reproductive health commodities in Mali. Reproductive Health commodity security plan.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: This activity has not yet started. It is expected to get under during Q3 or Q4.

Barriers to Progress: No major constraints to this activity have been noted.

Next Steps: This activity is expected to get underway during Q3 or Q4.

Indicators: None

Rwanda

Rwanda PEPFAR

Work Plan: Rwanda PEPFAR **Year** 08

Funding Level: \$760,000.00

Work Plan 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 follow-on, 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 Medicaments 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 Medicales Agrees du Rwanda [BUFMAR], and private sector). The MoH Directorate of Pharmacy had very limited involvement in regulating medicine 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 medicines 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
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Activity Lead: 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,
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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 multi-disciplinary 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.

SPS Partners

None.

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.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

During Q2, the SPS Technical Advisor supported the Pharmaceutical Task Force (PTF) in integrating the comments and observations from the December 2008 workshop in several areas; the revised version of the National Medicines List, and the revised version of the National Pharmaceutical Policy. During the reporting period, the advisor also assisted the PTF to conduct a January 2009 workshop in the Musanze district to identify pharmaceutical laws, procedures, and norms to help the regulatory authority (NDA) to better implement pharmacy practices. This workshop was attended by SPS, SCMS, National University of Rwanda, WHO, and PTF. During Q1, the technical advisor has supported PTF to prepare and organize two important meetings with partners as SCMS, DELIVER PROJECT, Bureau des Formations Médicales Agrées du Rwanda (BUFMAR), CAMERWA, SPS, WHO, UNFPA, and PSI to elaborate a joint action plan for 2009 with the objective to improve partner collaboration. A technical working group was set up and a joint action plan with PTF and partners was developed. During Q2, the joint action plan has been approved and executed by PTF with the support of the SPS Technical Advisor. During COP07, SPS had been supported PTF to strengthen district pharmacies by rehabilitating and equipping five district pharmacies. In this line, during Q2, reception provisoire was organized for Kirehe and Burera district pharmacy buildings with district authorities. Equipments and supplies were shipped to three district pharmacies in Nyamasheke, Burera, and Kirehe. All 5 district pharmacies were completely rehabilitated and equipped. 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). During Q2, SPS supported PTF to identify members of and develop a draft of TOR and instructions for NMC. With the restructuring of the government, SPS in collaboration with PTF and the National University of Rwanda met with the person in charge of capacity building in the MoH to advocate for this activity. The MoH capacity building officer agreed to call a meeting at national level with key partners and stakeholders in the end of June 2009 to develop a plan according to the new structure. The seminar on AMR will be organized for July 2009. A plan to organize the seminar is being drafted and will be shared during the next quarter.

Barriers to Progress:

None noted.

Next Steps:

With PTF, finalize, adopt, and disseminate the National Essential Medicines List and the revised National Pharmaceutical Policy. Approval of NDA by the MoH. Hold mid-term review of the action plan with all partners. Follow up for approval of TORs and

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	NMC instructions at the national level MoH meeting with all the partners and stakeholders. With the WHO, and NRL, assist PTF to plan for the seminar.
Indicators:	None.
Activity Title:	Support MOH/PTF to improve rational use of medicines and dispensing practices at site level
Activity Lead: Morris, Mark	Activity #: 3 Task: LFRW08HIP Subtask: 60EXH3
Activity Description:	<p>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.</p>
SPS Partners	None.
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.
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	<p>SPS conducted a rapid assessment in the 12 district hospitals where DTCs are implemented. The report on the assessment findings is under development and will be disseminated during the third quarter of COP08. A draft outline on the training module was developed and shared with PTF for comments. With the Rwandan Association of Pharmacists (ARPHA) and PTF, SPS commenced work on initiating the pharmaceutical care approach in selected pharmacies. In December 2008, SPS organized an assessment in 40 private pharmacies and 6 public hospital pharmacies. During the reporting period, the assessment report was developed and shared with PTF and will be available shortly. During the reporting period, in</p>

collaboration with PTF, SPS organized radio forums for Mother and Child Week and for the TB day. A forum for Mother and Child Week was broadcast during the weeks of March 16th and 23rd on six radio stations (Flash FM, Radio 10, Voice of Hope, Contact FM, Salus, Radio Izuba) that will also broadcast a forum for TB Day during the weeks of March 30th and April 6th, 2009. During the quarter, SPS supported PTF to develop a guideline that will help to introduce DTCs officially in all hospitals. In February 2009, PTF and SPS agreed on the implementation of the activities to reinforce the existing 12 DTCs in districts hospitals. A plan for hospitals visits were developed together with the two institutions and the respective hospitals. This plan will go from February to May 2009. During the reporting period, hospital visits were conducted in Muhima, Kibagabaga, and Kabgayi to provide them with support for the implementation of their action plan. SPS organize a meeting with to advocate for an official DTC and a generic TOR to be implemented at all hospitals. In this regard, SPS developed a set of documents that specifies the objectives and roles of DTCs in the improvement of quality of care; the documents were shared with the MoH Permanent Secretary for approval. During Q2, the adherence study research activities continued to be implemented. In January 2009, SPS, in collaboration with TRAC Plus and PTF, conducted trainings for 12 selected ART sites on the use of the tool for tracking patients visit to strengthen adherence on ARV treatment. These were on-site trainings for 62 persons who dispense drugs including nurses, pharmacists, social assistants, doctors, and heads of health centers. In February and March 2009, first monitoring visits were conducted to ensure proper use of tool to strengthen adherence on ARV treatment by tracking patients' visits that was implemented during the January training. ART sites visited were Ruhango, Kivumu, Mugina, Rilima, Cor Unum, Gahanga, and Kinihira health centers; and Nemba and Rutongo district hospitals. The second monitoring visits are planned for May 2009. SPS participated in a TOT on the integrated CCM organized by the community desk with the support of EIP project in the following districts: Ngoma, Nyamagabe, and Nyaruguru. A total of 152 CHWs were trained.

Barriers to Progress: Implementing the activities to reinforce the existing 12 DTCs in 9 districts where SPS introduced the concept last year was delayed by the fact that PTF requested an implementation plan that will cover all 30 districts. The MoH making the DTCs official is still pending so that there can be more involvement of hospital management in monitoring DTCs activities.

Next Steps: With PTF, to finalize the assessment report and disseminate and finalize the training module. Elaborate a training plan for the 12 district hospitals where DTCs are implemented Organize radio forums for the African Malaria Day on April 2009. Continue to assist MOH/PTF to promote RMU with public education and participation in national health campaigns. Continue to organize site's visits to the existing DTCs to follow up on the implementation of their respective action plans. MoH to make DTCs official. Continue to follow up on implementing the tool for tracking patients' adherence on ARV treatment in the 12 ART sites that received training. Establish new DTCs in none supported district hospitals as per request. Rapid evaluation of trainings conducted by health workers.

Indicators: None.

Activity Title: Assist the MOH to implement a Pharmacovigilance/Adverse Drug Reaction (ADR) Notification System

Activity Lead: 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

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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.

SPS Partners

None.

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.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

During the reporting period, the final draft of the PV guidelines and training curriculum were ready. With the support of SPS, the PTF developed a memo to be shared with the MoH Permanent Secretary on the establishment of the National Pharmacovigilance Committee with the PV guidelines and training curriculum attached. The PV training modules which will support the training of PV at central and district levels will be produced in April 2009. SPS, with the PTF, identified specific drugs to be monitored by public health programs in active surveillance. A draft proposal of methodology was developed to be used for active surveillance. The draft will be shared with the public health programs. SPS and the PTF participated in a meeting organized by TRAC Plus on the redistribution of MORTIN. After the meeting, SPS supported PTF to develop a protocol for monitoring adverse events due to MORTIN for four months after redistribution. The protocol was finalized and sent to sites. Regarding the training strategy to implement the ADR notification system, SPS elaborated a training plan that was submitted to the PTF coordinator for feedback. During the quarter, SPS, PTF, PNILP, and WHO organized a meeting to discuss the need for implementing the PV system in all 30 districts through trainings. In this regard, SPS developed a training strategy to reach the entire country with PV activities. This will help PTF and PNILP identify additional resources.

Barriers to Progress:

None noted.

Next Steps:

With the TRAC, monitor patients currently on stavudine and zidovudine regimens who need to be shifted gradually to tenofovir-based regimens, in the case of ART treatment failure. With the PNILP, follow up on children under five years of age, and with the PNILT; follow up on patients on third-line TB drugs, newly introduced in Rwanda. Conduct trainings based on the training strategy and monitor visits and evaluate the ADR system in place.

Indicators:

None.

Rwanda PMI

Work Plan: Rwanda PMI **Year** 08

Funding Level: \$100,000.00

Work Plan 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. 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 Lead:	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.
SPS Partners	None.
Budget:	\$19,271.00
Start Date:	Oct/2008
End Date:	Sep/2009
Products Planned:	Standardized set of training materials adapted to the Rwandan context.
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	During the second quarter, SPS received formal approval from the mission and PNILP on the MOP08 work plan. SPS worked with PTF to integrate comments from the PV committee on the PV guidelines first draft for medicines safety in Rwanda; a second draft was shared with members of the committee. Regarding the training strategy to implement the ADR notification system, SPS elaborated a training plan that was submitted to the PTF Coordinator to receive feedback on. Discussions were also initiated with PNILP on the proposed plan and the possibility of extending the PV training nationwide by using other available funds inside PNILP. Based on the PV training curriculum developed, SPS with PTF sit together and develop a proposal on how to develop the 10 modules. A plan was shared in a meeting with all PTF and SPS staff.
Barriers to Progress:	Before moving ahead with the development of PV training modules, SPS needed to sit down with PNILP to identify other available resources that will allow organizing a workshop in April for the modules.
Next Steps:	PTF and SPS plan for a meeting with heads of institutions (TRAC Plus, MCH, CAMERWA) to present the PV guidelines and training curriculum before presenting them to the MoH Senior Management Meeting. Start the development of the training module. Together with PNILP and PTF, organization of a three-day workshop to develop the PV training modules.
Indicators:	None.

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Activity Title:	Conducting TOT		
Activity Lead:	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.		
SPS Partners	None.		
Budget:	\$39,904.00	Start Date:	Oct/2008 End Date: Sep/2009
Products Planned:	Training report & training materials.		
Reporting Period:	Year: Project Year 2 Quarter: Q2		
Activity Progress:	Pharmacovigilance TOT will be conducted in June 2009 once training modules are finalized, and supervision of cascade trainings at district level will also take place then.		
Barriers to Progress:	None.		
Next Steps:	Continue to facilitate the meeting and planning of relevant stakeholders to move the process forward.		
Indicators:	None.		

Senegal

Senegal PMI

Work Plan: Senegal PMI **Year** 08

Funding Level: \$252,214.00

Work Plan 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 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 Lead: 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.

SPS Partners None.

Budget: \$58,334.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

Products Planned: Training reports and participant lists.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS coordinated with the Louga regional medical stores pharmacist to organize trainings for health center and health post staff responsible for managing medicines. Trainings for these staff were carried out in all districts of the Louga region (Lingu, Dahra, Darou Mousty, Kebemer, Louga). In total, 89 health workers were trained on pharmaceutical management. This includes 50 male participants and 39 female participants. Based on the results of the pre- and post-tests conducted during the training, the participants improved their knowledge of pharmaceutical management issues.

Barriers to Progress: During this quarter, the planning of the Louga training was delayed due to difficulties in identifying a time frame that would be convenient for the districts as well as the trainers and representatives from the central level (PNA, NMCP, and NTP). The dates finally selected were proposed in coordination with the district chief medical officers. However, due to availability constraints neither representative from the NMCP nor the NTP were able to attend any of the Louga region training sessions.

Next Steps: Plan and organize, with the Thies and Kaolack regional medical stores pharmacists, the training sessions for health facilities' staff (health center and health post responsible for management of medicines in these two regions).

Indicators: None.

Activity Title: Supervision on management of medicines in public health depots and facilities

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Activity Lead: 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).

SPS Partners

None.

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.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

The quarterly recommendations review follow-up committee met on March 9th at the NMCP. The discussion covered the issue of how hospitalized cases and RDTs performed for said cases are counted and recorded to avoid double-counting of the percentage of RDTs conducted. The subsequent recommendation is to do a thick blood smear and microscopy for all patients hospitalized for malaria. The other point discussed was whether women who die in childbirth in health facilities should be counted as cases of deaths of hospitalized patients. The agreement was that indeed women who die in childbirth in a health facility should be counted and recorded as a hospitalized patient death. SPS participated in the NMCP quarterly review for the North axe in Saint Louis March 17-18. This quarterly review was affected by the health union strike in the Louga and Matam regions. The direct consequence was that Louga districts didn't have data to present for the preceding quarter since the health facility personnel did not submit their data for December 2008-February 2009 to the district level. Matam was only able to present data for December 2008 as the health facilities did not submit data for the months of January-February 2009. However, the data that were presented showed that the efforts with respect to rational use of ACTs based on RDT results have yielded significant improvement. Based on the data presented for the North axe the ACT utilization rate is 107 treatments for 100 positive RDTs, compared to the last quarterly review where the rate was 138 ACT treatments for 100 positive RDTs. The other market improvement was the RDT utilization rate across the districts that presented their data, which were 5 districts of 13 for the entire quarter.

Barriers to Progress:

None.

Next Steps:

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 identified pharmaceutical management issues or problems. Participate in the subsequent review committee meeting at the central level and the next NMCP quarterly review meeting.

Indicators:

None.

Senegal TB

Work Plan: Senegal TB **Year** 08

Funding Level: \$47,990.00

Work Plan 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 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 NTP's 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 Lead: 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.

SPS Partners None.

Budget: \$3,092.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

Products Planned: Training reports and participant lists.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS coordinated with the Louga regional medical stores pharmacist to organize trainings for health center and health post staff responsible for managing medicines. These trainings were carried out in all districts of the Louga region (Lingu, Dahra, Darou Mousty, Kebemer, Louga). In total, 89 health workers were trained on pharmaceutical management. This includes 50 male participants and 39 female participants. Based on the results of the pre- and post-test conducted during the training, the participants improved their knowledge of pharmaceutical management issues.

Barriers to Progress: During this quarter, the planning of the Louga training was delayed because of difficulty in identifying a time frame that would be convenient for the districts as well as the trainers and representatives from the central level (PNA, NMCP, and NTP). The dates finally selected were proposed in coordination with the district chief medical officers. However, because of availability constraints neither representative from the NMCP nor the NTP were able to attend any of the Louga region training sessions.

Next Steps: Plan and organize, with the Thies and Kaolack regional medical stores pharmacists, the training sessions for health facilities' staff (health center and health post) responsible for management of medicines in these two regions.

Indicators: None.

South Africa

Work Plan: South Africa PEPFAR **Year** 07

Funding Level: \$3,600,000.00

Work Plan 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 Lead: Saleeb, Sameh **Activity #:** 1 **Task:** LF ZA07HIP **Subtask:** 97XXY1

Activity Description: This activity includes technical activity coordination, work plan development and implementation monitoring, routine M&E activities, budget and progress monitoring, reporting, meetings, and communications with PEPFAR partners and collaborators.

SPS Partners: None.

Budget: \$420,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: This reporting period, SPS staff participated in: (1) a meeting with the Affordable Medicines Directorate of the NDOH to discuss on information sharing and collaboration; (2) a meeting with IPHC on areas of cooperation; (3) a meeting for PEPFAR partners in the Free State to discuss that province's progress and activities; (4) meetings to discuss the outcome of meetings and TA provided in Western Cape Province; (5) meetings in the Northern Cape to discuss the plan of activities; and (6)

a meeting in Mpumalanga province where the Director of Pharmaceutical Services met with every NGOs to gain insight into the support they were providing to the province. In Eastern Cape, SPS participated in the Eastern Cape Department of Health NGO Forum meeting hosted by ICAP where a Provincial Pharmacists Forum was set up. In the same province, a meeting was held with ICAP to discuss collaborative efforts for training pharmacy personnel and support at their sites (40 in Eastern Cape). In collaboration with IPHC, SPS began working on the application for accreditation of SPS and IPHC as a provider of training with the HWSETA. The SPS DSM course will be used for the application. In the Eastern Cape, a training calendar was drawn up to ensure service delivery in the province is not affected by training.

Barriers to Progress: N/A.

Next Steps: N/A.

Indicators: None.

Activity Title: Provide support to the PMTCT program both at the provincial and national levels

Activity Lead: 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); SPS will also support the Medicine Control Council in addressing related regulatory issues. The activity will also address the review/development of training modules to include new PMTCT STGs. 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.

SPS Partners None.

Budget: \$270,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: In this quarter, 27 pharmacists performing community service were trained on PMTCT in the North West province. In the next quarter, the training will be conducted in collaboration with the Integrated Primary Health Care Project (IPHC) in Limpopo, North West, Mpumalanga, Eastern Cape and KZN provinces. The training will focus on nursing and pharmacy personnel In Gauteng province. A Provincial PMTCT Task Team has been established to facilitate implementation of the new PMTCT guidelines and serve as a forum to coordinate stakeholder activities to support program implementation. MSH/SPS has been invited to participate in the Task Team and will provide support through training of nursing and pharmacy personnel at antenatal and district level facilities in order to strengthen logistics management of PMTCT and related commodities. The results of the pilot assessment of PMTCT sites conducted in the Ekurhuleni District were presented to HAST managers in the province. The possibility of employing the tool in other districts in the province is currently being considered by the province.

Barriers to Progress: None.

Next Steps: N/A.

Indicators: None

Activity Title: Strengthen the capacity of pharmacy personnel in the area of medicine supply management including quantification for HIV/TB

Activity Lead: Saleeb, Sameh **Activity #:** 3 **Task:** LF ZA07HIP **Subtask:** 60F3E4

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Activity Description: 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 nine 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. The ARV quantification model also includes 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.

SPS Partners

None.

Budget: \$110,000.00

Start Date: Apr/2008

End Date: Mar/2009

Reporting Period: Year: Project Year 2 Quarter: Q2

Activity Progress: The Drug Supply Management (DSM) for TB training material for use in South Africa has been reviewed and is close to finalization. A large demand for DSM training for TB has been identified in the Western Cape, it is estimated that nurses from approximately 100 clinics in the province will require training. Dates for training and TA are currently being negotiated with City of Cape Town. Continued to strengthen the quantification and supply of TB/HIV medicines in the North West province through monthly visits to the Pharmaceutical Depot and participating in provincial Pharmacy and Therapeutics Committee (PTC) meetings to discuss the status of TB/HIV medicines among other things.

Barriers to Progress: No regular meetings between Pharmaceutical Services and the two directorates (CCMT and TB directorates) in the North West.

Next Steps: Finalize the DSM TB manual and PowerPoint presentations.

Indicators: None.

Activity Title: Provide TA to target sites to strengthen pharmaceutical services around TB/HIV

Activity Lead: 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 establish quality improvement strategies. The program will also strengthen the referral system for TB patient access to 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

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assisting the S.A. government with the implementation of an electronic TB register. SPS/South Africa will explore opportunities to foster this collaboration.

SPS Partners

None.

Budget: \$125,000.00

Start Date: Apr/2008

End Date: Mar/2009

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

For the past two quarters, MSH/SPS has been providing technical assistance to counterparts in the TB Program at national and provincial level in implementing surveillance activities and systems for drug-related morbidity and mortality at MDR and XDR treatment sites. A protocol for a prospective observational study was developed and is being implemented at selected sites. At least one MDR treatment site in each province has been proposed for inclusion in the study. In addition to the prospective study, the MDR-TB site at Klerksdorp-Tshepong Hospital Complex is also undertaking a retrospective record review of safety in MDR-TB and HIV co-infected patients. The findings will be submitted in support of a higher degree (MPharm) for the pharmacist. Data collected from these surveillance efforts will be shared with provinces, the national TB program and the medicines regulatory authority (MCC). A meeting was held with the MDR TB department at King George V Hospital to discuss on project protocol and implementation. A site visit to the MDR Unit in the Free State also took place in this quarter. The global MSH/TB Alliance study has now been completed. A report on the South African arm of the study has been finalized and submitted to the TB Alliance through the MSH/SPS DC office. One of the staff members of MSH/SPS has been appointed to chair the WHO Tropical Diseases Research (TDR) Special Program Team (SPT) for TB/HAART Research. The focus of this program is to coordinate WHO global research activities in the area of TB/HIV. WHO TB/HAART clinical trials are currently being conducted in high burden TB/HIV settings including South Africa, Zambia, Tanzania and Uganda. Findings from these studies will be used to inform country TB/HIV program guidelines including those of South Africa.

Barriers to Progress:

N/A.

Next Steps:

N/A.

Indicators:

None.

Activity Title:

Implement Drug Supply and Patient Management computerized systems at facility level and strengthen capacity for the use of pharmaceutical information

Activity Lead: Saleeb, Sameh **Activity #:** 5 **Task:** LF ZA07HIP **Subtask:** 60C3J7

Activity Description:

More accredited and non-accredited ART 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.

SPS Partners

None.

Budget: \$550,000.00

Start Date: Apr/2008

End Date: Mar/2009

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

In the Eastern Cape, new installations of RxSolution were done at Nelson Mandela Academic Hospital (NMAH), Osmond TB Hospital and Buffalo City Municipal Depot. Site upgrades were done at Livingstone, Janesville, Canzibe, and Butterworth Hospitals. On site TA was provided at Frere Hospital, CMH, Livingstone, PE Provincial, Uitenhage, St Barnabas, St Elizabeth, Mt Ayliff and Taylor Bequest. Continued to work on the status report of RxSolution in facilities in the province. RxSolution training was done continuously during site visits in North West Province. Implementation of the stores module continued at Mafikeng Provincial hospital. RxSolution was installed at Tlhabane CHC where they are now dispensing through

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the system. Pharmaceutical Services staff presented a report on progress made with RxSolution to a Senior Management Meeting. Discussion continued with regard to the memorandum of understanding on RxSolution between MSH/SPS and North West Province. Provided to support sites in Mpumalanga and also updated and installed the new system at five sites in Tshwane Metro. In Northern Cape, a delegation from the medical depot in Kimberley visited the depot in Langlaate to look at the stores module in operation. Site visits were made to Odendaalsrus, Dihlabeng, Reitz and Phekolong hospitals for upgrading to the latest version. Distribution of computers and printers is still ongoing and the province continues with IT audit to identify gaps to support RxSolution implementation. The system is fully implemented at 7 of the 39 sites in the Free State province. Three (Odendaalsrus, Dihlabeng, Reitz and Phekolong hospitals) sites were visited for upgrading to the latest version. Distribution of computers and printers is still ongoing, depending on the site's progress with implementation and availability of IT support and infrastructure.

Barriers to Progress: Network connectivity is still a challenge at Themba and Rob Ferreira in Mpumalanga. Delay in signing of MOU RxSolution in the North West, leading to delays to roll the system out to the other districts. Out-dated computer hardware and software at hospitals in the Eastern Cape. Resource constraints in the Free State (personnel, lack of support from local IT and lack of space in pharmacies for computers).

Next Steps: Use dispensing module for ARVs in the Eastern Cape PE Provincial and Jansenville. Develop standard reports for Tlhabane CHC in the North West (after agreements). Another delegation from the Northern Cape to visit the dispensing site in Lichtenberg. Strategic meeting between the Northern Cape province and SPS management to agree on the way forward.

Indicators: None.

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 Lead: 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.

SPS Partners: None.

Budget: \$265,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Participated in the National Quantification Forum meeting where, an updated quantification tool was distributed to all attendees. MSH presented the quantification tool at an NDoH organized costing meeting for ARVs. MSH/SPS will continue to collaborate with the Director of Pharmaceutical Policy and Planning of the NDoH. 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. Estimates up to December 2009 for ARV's has been prepared and submitted to suppliers and National Department of Health. MSH also received a request for the introduction/ installation of Rx Solution system in all facilities in the province. Quantification training was held for pharmacists and a doctor in Mpumalanga. The quantification tool will be implemented in their respective facilities. The quantification models were updated as necessary taking into consideration any suggestions emanating from training conducted. A task team for the new tender cycle has been established in the Eastern Cape to assist in quantification for the next two years.

Next Steps: SPS and NDoH have been tasked to quantify 3 years' ARV medicines per province, but the guidelines need to be finalized before this can happen. Proposed dates for first ECDoH Quantification Task Team meeting is 29/30 April 2009.

Indicators: None.

Activity Title: Provide support to National and Provincial pharmacy staff on monitoring and evaluation of pharmaceutical services (data for decision making and indicators)

Activity Lead: 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.

SPS Partners: None.

Budget: \$175,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: TA was provided in the development of indicators to monitor aspects of pharmaceutical services in the in the Western Cape Province. A policy document outlining standards criteria for service delivery and indicators to monitor performance of the Cape Medical Depot (CMD) was developed. Also, assistance was provided in the development of an operational plan for Pharmacy Services Head office for 2009/10. A set of indicators to monitor the functionality of a PTC at the various levels was developed and is under consideration in the Western Cape. Likewise, indicators to monitor performance of a chronic dispensing unit were developed and are under consideration in the Western Cape and Kwazulu-Natal. Held follow up meetings and finalized the results framework for pharmaceutical services in the Eastern Cape. The results framework was discussed and accepted in a workshop. Work on the development of indicators for monitoring pharmaceutical services in the province is ongoing. And in - Natal assistance was provided with the collation of statistics from tertiary institutions on the supply of family planning and STI medicines Assistance was provided to the Arlington office in the development of indicators for pharmacovigilance and to the Kenya office in the development of the MERP for the project.

Next Steps: Develop an M&E plan for the pharmaceutical services in the Western Cape, agree on indicators and review the data collected. Planning meeting in Kwazulu Natal. Conduct M&E workshops in Lmpopo and Kwazulu-Natal.

Indicators: None.

Activity Title: Provide assistance in facilitating compliance with legislative requirements to deliver quality pharmaceutical services

Activity Lead: Saleeb, Sameh **Activity #:** 8 **Task:** LF ZA07HIP **Subtask:** 60AXHA

Activity Description: SPS will continue to provide the required technical assistance in this area and to assist the facilities in meeting the legislative requirements in all the provinces. SPS will support the monitoring progress towards compliance and the delivery of quality

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pharmaceutical services. This will contribute towards the accreditation of the health institutions (hospitals and community health centers) to provide ART. The program will support the facilities and the provinces to address issues related to infrastructure, human resources, equipment, and systems including SOPs. It will support the development of a monitoring system and to conduct periodic review in collaboration with the respective provinces.

SPS Partners

None.

Budget: \$145,000.00

Start Date: Apr/2008

End Date: Mar/2009

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

In the Western Cape work continued on developing the policy and procedure manual for pharmaceutical services in the province. It was agreed that 30% of manual would be completed by the end of 2009. In the meantime, coaching of staff has commenced to facilitate completion. A meeting took place with Broadreach to discuss infrastructure requirements for hospital and clinic pharmacies, share documents and guidelines, and discuss implementation of activities. In the North West province the tool to audit all hospital pharmacies for legislative compliance was provided as requested. The audit will commence in the next quarter. MSH/SPS presented on Pharmaceutical Legislature and Good Pharmacy Practice as well as drug supply management during the orientation for community service pharmacists in the Eastern Cape. Also, a Task Team comprising of pharmacists within the province was identified to facilitate the finalization of the revised SOPs.

Barriers to Progress:

N/A.

Next Steps:

N/A.

Indicators:

None.

Activity Title:

Strengthen the pharmacovigilance system both at the national and provincial levels

Activity Lead: Saleeb, Sameh **Activity #:** 9 **Task:** LF ZA07HIP **Subtask:** 60B2HB

Activity Description:

The Comprehensive HIV/AIDS Care, Management, and Treatment Plan recognizes the importance of strengthening pharmacovigilance measures to ensure the safe and effective use of ARVs and other medicines used in HIV/AIDS patients. The identification, diagnosis, management, and reporting of HIV medication-related adverse effects are critical. The SPS program will work 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.

SPS Partners

None.

Budget: \$160,000.00

Start Date: Apr/2008

End Date: Mar/2009

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

MSH/SPS provided further support for implementing monitoring and reporting systems in Gauteng. A need for further training in the districts has been identified, particularly for new personnel at facilities. Updates on pharmacovigilance implementation in the province is regularly provided at provincial HAST meetings. MSH/SPS has provided ongoing technical assistance to the KZN DOH to support the implementation of the CCMT pharmacovigilance program at sentinel and cohort monitoring sites in the province. MSH/SPS also participates in a provincial Pharmacovigilance Steering Committee which has been established to support implementation of the program at sites in the province. During this quarter, the protocol for the cohort study was developed and will be implemented following receipt of ethics committee approval from the University of KwaZulu Natal. MSH/SPS has

also provided support for data analysis and assessment of ADR reports received in response to ART regimen changes from all sites in the province. The results of this analysis will be shared with provincial and national counterparts and will also be presented at the 5th International AIDS Society (IAS 2009) Conference in Cape Town in July 2009. Following a request from the KZN DOH, SPS will also provide additional human resource support for the pharmacovigilance program in order to strengthen data collection and management. A meeting was held in Mpumalanga to ascertain the progress of the pharmacovigilance program in the province and to assess the need for another workshop. The Communicable Disease Directorate representative was tasked to submit the number of candidates for next training.

Barriers to Progress: Feedback from the Communicable Diseases Directorate in the Northern Cape is outstanding.

Next Steps: Follow up with the Pharmaceutical Directorate in Mpumalanga.

Indicators: None.

Activity Title: Strengthen management of HIV/AIDS at facility level through the training of pharmacy personnel and roll-out adherence measuring tools nationwide

Activity Lead: Saleeb, Sameh **Activity #:** 10 **Task:** LF ZA07HIP **Subtask:** 60EXMC

Activity Description: Under this year's funding, SPS will implement these training programs and tools on a larger scale. 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 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.

SPS Partners: None.

Budget: \$310,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Training in HIV/AIDS management was conducted in Limpopo for 34 community service pharmacists. A similar training was conducted in the North West for a group that comprised community service pharmacists, a post basic pharmacist's assistant and 2 permanent pharmacists. Fifteen pharmacists, predominantly from the Eastern Cape attended HIV/AIDS training held in East London In Limpopo, 22(out of 33) trainees attended a follow up site visit which was held at one of the first sites that actively try to integrate TB and HIV In the Western Cape, a presentation on counseling was presented at the CSP orientation and the CCMT quarterly meeting was attended. Also in the Western Cape, SPS presented a report to the HIV directorate & Metro District Health Services concerning the quality of service delivery observed during the group site visit to the facility conducted during the last quarter. MDHS with SPS support will address the situation and provide corrective action. The facility manager has requested that MSH/SPS assess the facility every six months to monitor and evaluate progress made. A training course on HIV management in low resource areas held at the India Institute of Health Management Research in Jaipur, India in January 2009 was attended by two Senior Program Associates. Attended the JHPIEGO Nurses response to CCMT Workshop to address issues involving task shifting and nurse initiated and managed ART. Collaborated with MSH/SPS in the development and/or provision of training for nurses was identified as a priority. Collaborated with ARK to provide staff to help facilitate training, mentoring and coaching of pharmacy staff is planned. Adherence: as part of follow-up on site assistance to sites trained in ARV adherence measurement, St Mary's Hospital in KZN was visited. It was found that uptake of the tool at the site was good and problems experienced with use of tool were identified and resolved. Further training, targeting community based workers, has been requested

Next Steps: Two HIV/AIDS workshops for community service pharmacists are planned to take

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place in the Northern Cape. Plans have been made to conduct two workshops on the adherence tool for pharmacists, nurses, doctors and counselors in the Northern Cape. The follow-up site visit for the Eastern Cape training will take place on 14th May 2009 in Graaff Reinet. Development of MOU with ARK by mid-2009, if agreement reached on basic principles.

Indicators: None.

Activity Title: Support rational drug use at national, provincial, district and institutional level and strengthen evidence based principles for the selection of medicine

Activity Lead: 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 basis and in promoting the new STGs through provincial workshops on RMU.

SPS Partners None.

Budget: \$185,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Revision of the PTC material commenced and is in progress. A PTC course for district and hospital level was held in the Western Cape with 25 participants attending. As a result of the training, buy-in was obtained from the MDHS Director of Health and City of Cape Town doctors. A decision was taken to form a PTC for the local authority to address rational prescribing for ART and TB at primary health care level. A DUE for TB treatment was identified as high priority. SPS attended and provided technical assistance in Provincial PTC meetings in Mpumalanga, North West, KZN and Northern Cape. In the Northern Cape SPS also attended a district meeting in Siyanda. In the Eastern Cape a task team was established to revitalize the Provincial PTC. The second meeting of TLAC in Geneva from 10-12 March was attended by the SPA involved. The main agenda discussion points were Hepatitis B Vaccine use out of the cold chain, the Multi Dose Vial Policy revision and the use of the Vaccine Vial Monitor (VVM) currently and in new policies. An International Course on Promoting the Rational Use of Drugs in the Communities in Jaipur, India co-hosted by the WHO and the Institute for Health Management Research, Jaipur, India was attended by two SPAs. In the North West MSH/SPS is providing support to the provincial DOH to strengthen evidence-based decision-making at PTC level through establishment of a medicine information centre (MIC). The MIC will provide training and capacity building on evidence based medicine (EBM) and will support provincial PTC decision-making. Technical assistance was provided to the National EDL program. Terms of reference for the technical subcommittees of the EDL were compiled and subsequently adopted. Oncology EBM reviews for metastatic breast cancer and guidelines for the review of STGs that standardize the EBM tools were developed.

Barriers to Progress: N/A.

Next Steps: Training for PTC members in the North West has been scheduled for the second week of May 2009. To increase participation in the PTC at facility level in Mpumalanga, time will be requested for a slot in the Medical managers meeting that is held monthly in the province to talk about the PTC to the Medical managers.

Indicators: None.

Activity Title: Support the national infection control program both at the national and provincial

levels

Activity Lead: 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 four.

SPS Partners

None.

Budget: \$105,000.00

Start Date: Apr/2008

End Date: Mar/2009

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

Editing of the South African version of the Infection Control Assessment Tool (ICAT) continued. Drafting of the national IC manual by partners at UKZN entered its final phase, coordinated by NDOH. Following the presentation of the ICAT tool and approach at the Western Cape Provincial Infection Prevention and Control Meeting in December 2008, the NDOH and MSH/SPS held further discussions with the Western Cape provincial authorities and subsequently presented the tool and approach to the Quality Assurance Managers at the Provincial Quality Assurance Meeting. Both the IPC practitioners and QA managers agreed that the tool would add value to ongoing implementation of IPC strategies in the province. Due to the cholera outbreak in some parts of the country, field visits were made to the Limpopo province in collaboration with NDOH and the Limpopo Provincial IPC Committee to assess IC practices in hospitals handling or admitting cholera patients. Another meeting was held at Soul City offices in February with a view to incorporate educational messages on cholera in the public hand hygiene campaign program on TV and radio. The hand hygiene public health education campaign, under the soul program, is currently running on both TV and radio. A presentation was made in January at NDOH – QA regarding ICAT achievements, challenges and next steps. NDOH made a request for MSH/SPS to second an IPC specialist for a one year period. Terms of reference for the employment of an IPC specialist were developed. The IPC quarterly reports (Q1 & Q2) were submitted to AMR-Global. The USAID in-country health manager was briefed on the IPC activities.

Barriers to Progress:

N/A.

Next Steps:

Conduct ICAT TOT in Western Cape from May 26-29, 2009; assist the NDOH in hiring an IPC specialist; develop and sign an MOU with NDOH in relation to terms of employment of the IPC specialist; complete editing and finalization of SA ICAT; finalize SA IPC manual.

Indicators:

None.

Activity Title:

Strengthen the capacity of pharmacy personnel in the area of medicine supply management

Activity Lead: 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 for 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.

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SPS Partners None.
Budget: \$110,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

Reporting Period: Year: Project Year 2 **Quarter:** Q2
Activity Progress: Updating of the DSM manual continued. Two training workshops on Drug Supply Management systems were conducted in North West Province, a total of 41 participants attended. Technical assistance was subsequently provided with drug supply management at Bojanala and Dr Ruth Mompati districts. Follow up TA to the survey on the availability of medicines in the Northern Cape Province took place in Kimberley with 8 participants taking part in the discussions. An implementation plan for the recommendations of the report was developed for the attention of the HOD and the HOPS. MSM workshop was conducted in Kgalagadi district 30 participants attended. TAs on MSM was provided at 4 clinics in Siyanda district. Agreement was reached to do more TAs and conduct MSM workshop for nurses. In Siyanda district, SPS participated in a meeting to discuss the staff establishment for the new Upington hospital and the regional pharmaceutical depot. Correspondence was entered into with the district pharmacist in Kgalagadi district to obtain information on Kuruman district hospital and Tshwarangano hospital. These are part of the 18 districts identified at national level as being underserved. Data have been collected and the report will be written. In Kwazulu-Natal the pilot project for centralized dispensing of medicine (CCMDU) and distribution via different collection points continued. Ethics approval was obtained, data collection and analysis commenced. Preliminary results of evaluation are to be presented at SAAHIP conference. Also in KZN, two DSM training workshops specifically on stock management and budgetary control were conducted mainly for CSPs and new managers, there were 50 participants. Assistance was provided to a new staff member at the NDOH who sought advice and assistance on the management of the tendering process for medicines and related items from NDoH.

Barriers to Progress: In the KZN project problems with the informed consent process delayed the patient interviews. Lack of assistance with interviews of Zulu speaking patients

Next Steps: N/A.

Indicators: None.

Activity Title: Overall TA to the national and provincial level (incl. staffing norms, accreditation, pricing and public-private partnerships, SOPs, pharmaceutical care, etc.)

Activity Lead: 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, the MCC Scheduling Committee of the MCC, and the Pricing Committee by attending meetings and the reviewing key research and policy documents. Technical support will be provided regarding international bench marking, pharmaco-economic 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.

SPS Partners None.
Budget: \$100,000.00 **Start Date:** Apr/2008 **End Date:** Mar/2009

Reporting Period: Year: Project Year 2 **Quarter:** Q2
Activity Progress: TA was provided to the Medicines Control Council (MCC) regarding the regulation of medicines and clinical trials. SPS participated in several meetings by the MCC, Clinical Trials Committee (CTC), the MCC and Microbicide Task Team. Clinical trials were reviewed and presented at two CTC meetings. The Microbicide task team has

finalized the procedures and process for evaluating clinical trials with vaginal Microbicide for preventing HIV transmission. A number of clinical trial applications submitted to the MCC have been finalized. TA continued to be provided to the NDoH in implementation of the pricing regulations. A tool for the review of the dispensing fee for medical practitioners was finalized and a dispensing fee for both pharmacists and medical practitioners developed. TA was provided in the development terms of reference for technical task teams including those dealing with the SEP review and the Dispensing fee. Draft regulatory guidance documents for regulation 9 SEP reviews were developed. TA continued to be provided in the project for determining fees for pharmacist services and staffing norms. During this reporting period the data analysis was completed. The final report of the research project re activity times, costing of pharmaceutical services and staffing of pharmacies was under development. Assistance was provided to the newly constituted Pharmacy Council with the facilitation of the first strategic planning session of the council and the preparation of the strategic plan. Assistance was provided to the Ministerial Task Team tasked with coming up with urgent solutions on pressing issues, including medicines supply problems, medicines pricing and dispensing issues, review of the MCC, and review of the National Drug Policy. Some SPS staff members were involved in designing questionnaires for assessments to be carried out at hospitals and provincial depots. The reports on the RPM Plus audits of public sector facilities in 2004/05 were consulted and quoted extensively in the course of team's writings and deliberations. MSH/SPS is currently providing support for assessing the impact of pharmacist's assistants (PAs) at PHC level in Gauteng. PAs are not routinely deployed at PHC level at present except for a few facilities in selected districts. The study is aimed at assessing their current role at PHC level in supporting drug supply management activities. An interview-based assessment tool aimed at PA and PHC facility managers has been developed and is being implemented. Assistance with coordination of the PEPFAR project on the training of pharmacist's assistants in KZN. Attendance of meetings with provincial and Health Science Academy coordinator is ongoing. The first assessment of learners took place on March 9, 2009.

Barriers to Progress: N/A.

Next Steps: N/A.

Indicators: None.

Activity Title: Disseminate results and lessons learned from the implementation of emergency plan pharmaceutical services improvements

Activity Lead: 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.

SPS Partners: None.

Budget: \$80,000.00

Start Date: Apr/2008

End Date: Mar/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: The SMS reports for Q1 were completed and submitted to the Washington office. Work commenced on the semi-annual progress report (APR) for South Africa. Work commenced on the revision of the MERP for South Africa.

Barriers to Progress: N/A.

Next Steps: N/A.

Indicators: None.

Southern Sudan

Work Plan: Southern Sudan **Year:** 08

Funding Level: \$1,000,000.00

Work Plan Background

The SPS Sudan program has received \$1,000,000 in FY08 funds to support malaria and other public health threat 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 Lead: 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.

SPS Partners None.

Budget: \$163,459.00

Start Date: Oct/2008

End Date: Sep/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS continued to meet the operations and logistic requirements of the NMCP and maintain office equipment, including the program vehicle. SPS finalized the recruitment of an MSH driver and oriented him to MSH procedures and operations. SPS also held internal staff meetings to review progress of work plan implementation.

Barriers to Progress: N/A.

Next Steps: Provide continuous support.

Indicators: None.

Activity Title: Support MOH to strengthen planning and coordination of malaria control activities at central and state level

Activity Lead: Matowe, Lloyd **Activity #:** 3 **Task:** LFSD08MAL **Subtask:** 60F4H3

Activity Description: MSH will continue to provide continuous support by 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

SPS Partners None.

Budget: \$129,133.00

Start Date: Oct/2008

End Date: Sep/2009

Products Planned: 2009 Malaria Newsletter Reports; 2009 World Malaria Day Newsletter.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS supported NMCP to prepare a presentation on malaria control efforts in Southern Sudan for a special meeting with the Senior Advisor (Mr. Allan Court) to the UN Special Envoy on Malaria. SPS participated in several meetings including malaria

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<p>technical working group meetings, preparatory meetings for the commemoration of the World Malaria Day, Health and Nutrition Coordination meeting to discuss improving human resource management, and CCM meetings to discuss drafting of malaria, HIV, and TB proposals for submission under the Global Fund round 9.</p>	
Barriers to Progress:	None.
Next Steps:	Support newsletter development. Also, participate in coordination activities.
Indicators:	None.
Activity Title:	Support MOH to scale up cost effective malaria control interventions
Activity Lead: 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 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
SPS Partners	None.
Budget: \$83,206.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	GFATM proposal; ITN distribution guidelines; IVM guidelines; guidelines for epidemic preparedness training; workshop report.
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	SPS facilitated a one-day meeting for presentation and discussion of the draft Child Survival Implementation Guideline with state malaria coordinators and supported NMCP to make two presentations. Later, SPS assisted in incorporating comments from the meeting and finalizing the guideline. SPS also participated in a Canadian International Development Agency, PSI, and WHO meeting in Nairobi, Kenya, to plan for implementation of the home management of malaria (HMM) program. SPS is now working with other partners to harmonize HMM training materials. As part of rolling out the malaria treatment policy, NMCP was supported to organize and conduct training in correct management of malaria for 61 in-service health workers in Jonglei state. SPS has participated in preparatory meetings at central and state level for distribution of three million LLINs procured under Global Fund round 7 malaria grant. The distribution is coordinated by PSI, the principal recipient to the grant. NMCP was supported in initiating the round 9 Global Fund malaria proposal drafting process, selecting objectives and service delivery areas (SDAs), undertaking a programmatic gap analysis, and identifying the main activities for round 9. SPS also supported the CCM to draft a call for sub proposals for integration in the overall malaria proposal and is spearheading the actual drafting of the proposal.
Barriers to Progress:	None.
Next Steps:	Continue to support MoH in the process of drafting of Global Fund round 9 malaria proposal.
Indicators:	None.
Activity Title:	Support MOH to strengthen malaria M&E systems at central and state levels
Activity Lead: 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

Country Programs

USG Sub-element	of key malaria indicators on a biannual basis. Host Country Strategic Information Capacity Program Design and Learning
SPS Partners	None.
Budget: \$116,950.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	Tools: supervision reports; MIS reports.
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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	SPS participated in three task force planning meetings for a malaria indicator survey scheduled for November 2009 and supported NMCP to develop a work plan, procurement list, and a matrix relating study objectives and malaria program indicators. SPS developed tools for support supervision of health facilities and follow up of trained health workers. SPS supported NMCP to collect malaria data from Yambio Civil Hospital, Juba Teaching Hospital, Torit Civil Hospital; and Nyakuron and Munuki health centers; and to address constraints to malaria data collection and reporting. Collection and reporting of 2009 malaria data was initiated at some sites. A total of 20 support supervision visits were carried out—7 state-level visits, 5 county-level visits, and 8 health facility level visits, using standardized checklists. In addition, SPS compiled and analyzed the key findings of previous support supervision visits to identify the key follow-up actions.
Barriers to Progress:	None.
Next Steps:	Continue to strengthen malaria data collection and preparations for the malaria indicator study. Finalize guideline for malaria epidemic preparedness and response.
Indicators:	None.
Activity Title:	Support Coordination and Policy Development for Pharmaceutical Management
Activity Lead: 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.
USG Sub-element	Health Governance and Finance (Malaria) Program Design and Learning
SPS Partners	None.
Budget: \$63,046.00	Start Date: Oct/2008 End Date: Sep/2009
Products Planned:	Reports: operational plans; work plans; SOPs; guidelines.
<hr/>	
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	SPS worked with directorate of pharmaceutical services to convene two pharmaceutical management technical working group meetings; SPS provided logistical support for the meetings and reviewed minutes before circulation. SPS also participated in other meetings including consultative meeting organized by Euro Health Group for review of amendments proposed to the Food and Medicines Control Bill (formerly Pharmacy and Poisons Bill); meetings of the Rational Medicine Use and Capacity Building subcommittee of the PMTWG (POA) to review its TOR and develop a plan of action; and meeting with staff of the QA department in DPS and EHG Group to plan and guide implementation of activities highlighted in the directorate's work plan. In addition, SPS participated in a one-day sensitization workshop for the private sector and NGOs on the new pharmaceutical regulations and guidelines. SPS also worked with EHG to update the directorate's annual work plan for 2009.
Barriers to Progress:	None.
Next Steps:	N/A.
Indicators:	None.

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Activity Title: Support Pharmaceutical Supply Management (Focus on ACTs & SPs Procured with USG Funds)

Activity Lead: Matowe, Lloyd **Activity #:** 7 **Task:** LFSD08MAL **Subtask:** 60CXH7

Activity Description: 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.

USG Sub-element Treatment with Artemisinin-Based Combination Therapies
Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine

SPS Partners None.

Budget: \$101,966.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Reports; distribution plans.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS worked on a joint TDY with USAID/DELIVER starting with developing a scope of work and preparation for procurement and distribution of AS+AQ. This activity also involved developing a detailed list of health partners by state who might help with onward deliveries of the AS+AQ to health facilities. MoH was supported to compile data on the likely antimalarial procurements by MOH partners in 2009; advised USAID against procuring more SPs for IPTp given the forecast stock expected in the country. SPS also quantified and costed needs for PMIS tools and advised USAID accordingly. SPS supported MoH to quantify antimalarial needs for the country. This helped inform allocation of the AS+AQ procured with USG funds and determine the quantities to be included in the Global Fund round 9 proposal and the 18-month procurement of essential medicines for public health facilities under MDTF Phase II.

Barriers to Progress: None.

Next Steps: Support printing and dissemination of PMIS tools. Follow- on delivery schedules of USG procured AS+AQ and prepare for receipt, clearance, storage, and distribution of USG-procured antimalarials.

Indicators: None.

Activity Title: Capacity Building in Pharmaceutical Management for the Public and Private Sectors

Activity Lead: 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

SPS Partners None.

Budget: \$86,306.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Training/workshop reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS organized and funded a two-week internship/placement for one MoH pharmacist in the Drug Registration Department of the Ugandan National Drug Authority. This was to build local capacity on proxy drug registration, dossier evaluation, and marketing authorization process. The internship was also to prepare the pharmacist

for initiating a drug registration system in Southern Sudan. SPS worked with MoH and PSF to plan the third and last regional TOT on pharmaceutical management held in Rumbek, Lakes. During the week-long training funded by MoH 26 pharmaceutical personnel were trained. SPS organized and facilitated the first state level TOT on pharmaceutical management held in Torit, Eastern Equatoria State. Forty-seven (11 female, 36 male) pharmaceutical personnel were trained.

Barriers to Progress: None.
Next Steps: Consolidate training of health personnel in pharmaceutical management and malaria case management.

Indicators: None.

Activity Title: Support Supervision, Inspection and Quality Assurance

Activity Lead: 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

SPS Partners None.

Budget: \$55,821.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Supervision guide and checklist; reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS drafted SOPs for QA/QC. These included SOPs for document review, physical inspection, and Minilab® testing protocol. These were circulated to partners (PSF and EHG) for review/comments. SPS drafted a pharmaceutical indicator assessment tool and supported DPS to pre-test this during a supportive supervision to Eastern Equatoria State. Two health facilities were visited and the trip also provided an opportunity to follow up on health workers trained by SPS on pharmaceutical management in February 2009. As part of the same trip, SPS also facilitated collection of samples of commonly used essential medicines (antimalarials, antibiotics, and analgesics) for testing with Minilabkits. This exercise was meant to introduce DPS QA staff to concepts of sampling and routine quality survey for medicines in the supply chain. SPS drafted port of entry inspection checklist for use while checking. This will be pre-tested and finalized in training for inspectors scheduled for April 2009.

Barriers to Progress: None.

Next Steps: Finalize QA/QC SOPs and related tools.

Indicators: None.

Activity Title: Promote Rational Medicine Use at Health Facilities through Establishment of Drug Therapeutic Committees (DTCs) in Juba Teaching Hospital

Activity Lead: Matowe, Lloyd **Activity #:** 10 **Task:** LFSD08MAL **Subtask:** 60BXH0

Activity Description: In FY08, SPS will support the trained pharmacists to conduct medicine use evaluation at Juba Teaching Hospital. A DTC introductory meeting with stakeholders in Juba Teaching Hospital will be held. DTC training materials will be adapted and a DTC training conducted for about 20 hospital staff. SPS will provide continuous logistical and technical support functioning of a DTC in Juba Teaching Hospital

USG Sub-element Anti-microbial Resistance (Malaria)

SPS Partners None.

Budget: \$136,166.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

Products Planned: Reports.

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Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	Plans to conduct medicine use evaluation are underway.
Barriers to Progress:	None.
Next Steps:	Adapt tools and conduct medicine use evaluation in Juba Teaching Hospital.
Indicators:	None.

Swaziland

Work Plan: Swaziland PEPFAR **Year** 07

Funding Level: \$525,000.00

Work Plan 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 multi-sector 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 Lead: 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.
SPS Partners	None.
Budget: \$25,000.00	Start Date: Jul/2008 End Date: Jun/2009

Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	During this quarter, SPS provided technical assistances to various partners in Swaziland including MSF, the Malaria program, the Swaziland National AIDS Program (SNAP), and the National Emergency Response Council on HIV/AIDS. SPS also assisted SNAP and Laboratory Services of the MoHSW in conducting interview for various posts under the Global Fund round 7 consolidated plan. MSH continued to provide TA to the office of the Chief Pharmacist in various areas including the issue of the Crown Agent being considered as. During the reporting period, various conferences, workshops, and meetings were attended. These included the Health Partners Consultative Meeting (SWAP), the ANC sentinel surveillance dissemination meeting, the East Central and Southern Africa Health Ministers Council meeting held in Swaziland, the HIV Estimate and Projection Workshop organized by UNAIDS in Johannesburg South Africa, as well as a meeting with the World Bank delegation. Also during this reporting period, the SPS registration was finalized and an office manager hired. SPS prepared and discussed a work plan for the first quarter with stakeholders, e.g., M&E, SNAP, laboratory services, CMS. Various debriefing sessions were held with the PEPFAR treatment and care technical lead on progress made.
Barriers to Progress:	None.
Next Steps:	N/A.

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Indicators: None.

Activity Title: Strengthen pharmaceutical services at target facilities

Activity Lead: 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 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.

SPS Partners None.

Budget: \$50,000.00

Start Date: Jul/2008

End Date: Jun/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS continued to provide TA to MoH/SNAP in the inspection of sites chosen for the decentralization of ART services. SPS is advising the Chief Pharmacist and the ART Program on the minimum requirements and standards for roll out of services. Assessments and follow up visits were carried out to identify and discuss ideal space and modifications as needed. SPS continued to work with NERCHA to mobilize funding from the Global Fund to address storage constraints at facility level while simultaneously following up on the implementation of the proposal. SPS, together with SNAP, undertook a support visit to Family Life Association of Swaziland, Manzini, regarding the ART clinic to be opened.

Barriers to Progress: None.

Next Steps: Support target facilities.

Indicators: None.

Activity Title: Support to CMS operations

Activity Lead: 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.

SPS Partners None.

Budget: \$80,000.00

Start Date: Jul/2008

End Date: Jun/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During this reporting period, SPS continued to provide technical support to the CMS ART store in various areas including procurement and follow up of ART supplies, brainstorming on ways to improve services and processes in the new ART warehouse, monitoring of site ARV stock levels, maintaining logistics report, and finalizing the job description of the pharmaceutical procurement officer and orientation for the officer concerned at ART CMS. SPS continued to facilitate the strengthening of the logistics information system for the ART medicine supply system. In this regard, SPS assisted CMS in the preparation and distribution of a tool for hospitals and clinics

for monthly reporting by facilities for inventory management and ultimately for the national quantification exercise. SPS completed the installation of the RxSolution system in the ART warehouse; the system is now fully functional. Training was carried out on site for pharmacists and dispensers as well as for the new ARV technician, store man, and data clerks. Continuous IT support, regular on site support and follow-up were provided. SPS continued to support the set up of a Minilab for quality control and assurance activities in the CMS. A job description orientation exercise for ART CMS staff was done in this period. Meetings were held on a monthly basis (with four meetings being held thus far), with a team of pharmacists to finalize the SOPs for CMS as well as at facility level. The exercise is ongoing.

Barriers to Progress:

None.

Next Steps:

Continue with development of SOPs.

Indicators:

None.

Activity Title:

Provide training to Pharmacists and Assistant Pharmacists (HIV/AIDS, MSM, and PTC)

Activity Lead: 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.

SPS Partners

None.

Budget: \$65,000.00

Start Date: Jul/2008

End Date: Jun/2009

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

A number of trainings and workshops were conducted during this quarter including a RxSolution training targeting regional IT analysts, an M&E officer and a data clerk. In addition, the following courses and workshops were held--a refresher course on RxSolution (42 ART dispensers), a pharmacovigilance workshop (14 medical officers), a drug supply management workshop (20 junior CMS staff), and review of EDL workshop (7 pharmacists).

Barriers to Progress:

None.

Next Steps:

Support more trainings.

Indicators:

None.

Activity Title:

Strengthen Pharmaceutical policy and provide national level support (Drug Advisory, PTC, DI)

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Activity Lead: 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 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.

SPS Partners

Budget: \$50,000.00

None

Start Date: Jul/2008

End Date: Jun/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: The draft Pharmacy Bill and the draft Medicines and Related Substances Control Bill were finalized and submitted to the MoH. The MoH set up a task team to peruse the documents prior to presentation to the principal. Following a series of meetings, the documents are ready for presentation to the senior staff of the MoH.

Barriers to Progress: None.

Next Steps: Present the documents.

Indicators: None.

Activity Title: Strengthening Laboratory logistics and quantification Services

Activity Lead: 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.

SPS Partners

Budget: \$50,000.00

None.

Start Date: Jul/2008

End Date: Jun/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS continued to engage with Laboratory Services to implement various activities. These activities included working with the HTC technical task team to assist with the issuing of stocks for HTC services; supporting the Laboratory Commodity contact person to produce reports on plans for managing laboratory reagent procurement, distribution, and storage; revising the Global Fund budget; and assisting in quantification of HTC commodities for the next year. A task team was set up to revise the tender list, produce a new catalogue for laboratory reagents, and produce an SOP manual. This activity is ongoing. A suitable warehouse for the central laboratory reagent store has been identified, work is ongoing to finalize the lease and procure supplies for the facility. Support was provided in advertising for procurement officer and inventory officer positions; the recruited staff will manage the laboratory

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warehouse. SPS is assisting in the recruitment, deployment, and training of these officers.

Barriers to Progress: None.

Next Steps: N/A.

Indicators: None.

Activity Title: Provide TA to reviews the National EDL and establish Medicine Information (MI) and Pharmacovigilance (PV) function at the national level

Activity Lead: 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.

SPS Partners: None.

Budget: \$70,000.00 **Start Date:** Jul/2008 **End Date:** Jun/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: During this period, a process to initiate the review of the EML commenced. A technical group was formed to consolidate the old EML and the current tender list. Subsequently, the list was sent to relevant stakeholders for comments. Also during this period, meetings were held with pharmacists and ART medical officers to finalize the adverse drug reaction reporting form.

Barriers to Progress: None.

Next Steps: Wait for comments, review, and finalize the new EML.

Indicators: None.

Activity Title: Maintain Rx Solution after national roll-out at Public and Private Sites and Set-up National Data Warehouse

Activity Lead: 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.

SPS Partners: None.

Budget: \$100,000.00 **Start Date:** Jul/2008 **End Date:** Jun/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Upgraded the RxSolution version at all government sites where the batch management version of the software was installed. To date, 12 of the 13 public treatment sites are using the RxSolution software to order ARVs from the CMS. Site assessment at the 13th site has been completed. Also, refresher training on RxSolution use was conducted. Continued to roll out (set-up, train on site, support/follow up) RxSolution software to private sites. To date, four sites are fully operational; two additional sites have the software installed but only patient data is recorded for now;. Another two sites will use RxSolution once hardware and network issues have been resolved and installation has taken place. Support will be provided

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to ensure that the software is fully functional at all sites. While some private sites have electronic medical register software for use, they will still use the same reporting format to generate the required reports for the program using the RxSolution report builder module. The RxSolution software at the CMS ARV warehouse is now fully operational, new reports have been created, and existing reports revised as per user specifications. Coordination of plans and specifications for networking for the main CMS store and, thereafter, setup of RxSolution have started. Continued to clean old data for all facilities using a standard protocol list from SNAP; this exercise has been carried out in 5 out of the 13 facilities so far. The Rx Solution software has been setup at the M&E and ICAP offices, they are now able to attach databases from the facilities and create queries to analyze from the data respectively. SNAP held a physicians' conference to analyze the ART data obtained from RxSolution. In this same period, a request was received for SPS to assist the M&E unit to carry out more detailed and scientific analysis of the data for strategic information and program planning purposes. Participated in a task team meeting where the project time line and implementation plan for the strengthening and roll out of the system to more sites were discussed and approved. SPS also participated in a meeting between MoH and computer services and provided input for the MoH and RxSolution's position during the ICT ministry's national ministerial assessment. SPS facilitated meetings between M&E, HMIS, SNAP, MSH, and PEPFAR to discuss supporting ART programs' information system with regards to implementation of decentralization to clinics, implementation to private sites and staffing shortages.

Barriers to Progress: None.

Next Steps: Follow up.

Indicators: None.

Activity Title: Disseminate results and lessons learned from the implementation of emergency plan pharmaceutical services improvements

Activity Lead: 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 for the presentation and dissemination of lessons learned locally, regionally and/or internationally.

SPS Partners None.

Budget: \$10,000.00

Start Date: Jul/2008

End Date: Jun/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Data relating to training was loaded on TraiNet.

Barriers to Progress: None.

Next Steps: N/A.

Indicators: None.

Tanzania

Work Plan: Tanzania PEPFAR **Year** 08

Funding Level: \$410,000.00

Work Plan Background

Over the past two years, RPM Plus has provided technical support to the Tanzania Food and Drug Authority (TFDA) in Accredited Drug Dispensing Outlet (ADDO) programs, scaled-up in the 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: MSH/SPS will collaborate with FHI to develop a supply system for distribution of HBC kits through ADDO, a referral protocol to health facilities monitor consumptions and provide supplemental training to dispensers

Activity Lead: Rutta, Edmund **Activity #:** 2 **Task:** LFTZ08HIP **Subtask:** 60C4H2

Activity Description: SPS will work in partnership with FHI to provide support in linking ADDOs with palliative care services by using them in storage and distribution of HBC kits for TUNAJALI community HBC program. To foster linkage of community with HIV/AIDS services, SPS would also develop a referral system that will assist clients with information on where to access HIV/AIDS related services. SPS will draw its experiences in developing referral protocols from the child health-IMCI interventions.

SPS Partners None.

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

Products Planned: Distribution plan. HBC Consumption reports. Sensitization and training reports.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: SPS continued on preparation of orientation and sensitization materials; including incentive package for ADDO dispensers and owners on HBC kits distribution through ADDOs.

Barriers to Progress: SPS continues to wait for guidance from USAID regarding the way forward towards the next steps related to linkage of ADDOs with community HBC program. No procurement of HBC kit has been done.

Next Steps: Until SPS receive further guidance on HBC kits procurement, activities related to ADDO linkage with FHI TUNAJALI HBC program have been put on hold.

Indicators: None.

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 Lead: Rutta, Edmund **Activity #:** 4 **Task:** LFTZ08HIP **Subtask:** 60AXH4

Activity Description: TBD

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SPS Partners	None.
Budget: \$70,000.00	Start Date: Oct/2008 End Date: Sep/2009
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	Provided technical assistance to NACP in training of ART sites located in Dar es Salaam on management of ARVs and HIV test kit logistics systems from January 26 to 4 February 2009. The training was organized by Muhimbili University/Dar es Salaam City Council/Harvard program (MDH) in collaboration with NACP with support from JSI/SCMS and was part of national trainings on revised ARVs and a test kits logistics system which took place nationwide. Following the training on ARVs and HIV test kits logistic management systems, SPS conducted a three-week post-training follow-up visits to 29 ART sites in Kilimanjaro and Arusha regions. These included 2 regional hospitals, 8 district/DDH hospitals, 4FBOs hospitals, 1 private facility, 1 specialty hospital (Kibongoto), and 13 PHCs. The purpose of the visits was ensuring effective implementation of knowledge gained through trainings. The activity was conducted March 2-21, 2009, focusing on ART pharmaceutical management. During the visits, SPS worked closely with the Moshi-based supply chain monitoring advisor (SCMS) to provide technical support to district pharmacists in conducting supportive supervision to facilities under their catchment areas. SPS covered travel costs to the two regions, including per diems for district pharmacists who were involved in the exercise. The visits provided opportunity to identify a number of challenges in managing ARVs and other commodities, provide on-the-job training, and support facilities in addressing problems. A comprehensive report is being prepared and will be shared with relevant stakeholders for further discussion.
Barriers to Progress:	As noted in the follow-up visits to Kilimanjaro and Arusha regions, additional on-the-job training was conducted to help facilities improve their management of ARVs and other commodities.
Next Steps:	Continue with post-training follow-up visits to ART sites in Tabora and Shinyanga to provide onsite support in managing ART commodities. Finalize preparations of the combined report documenting follow-up visits to sites in Arusha, Kilimanjaro, Shinyanga, and Tabora. Prepare the semiannual progress report. Finalize the COP 09 work plan and share with USAID for further guidance.
Indicators:	None.

Uganda

Work Plan: Uganda PMI **Year** 08

Funding Level: \$380,000.00

Work Plan 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 Lead: 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.

SPS Partners None.

Budget: \$41,334.00 **Start Date:** Jul/2008 **End Date:** Jun/2009

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: Attended several meetings including the malaria quarterly partners' meeting of the MoH and monthly technical working group meetings on procurement and supplies management. Reviewed activity progress with USAID CTO and logistics specialist. Submitted to USAID monthly reports on ACT stock levels and inventory pipeline.

Barriers to Progress: None.

Next Steps: Discuss the refined work plan with USAID. Discuss the refined PMP with USAID and UMEMS.

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Indicators:	None.
Activity Title:	Support the MOH to adopt an Integrated Pharmaceutical Management Information System (PMIS) for reporting and decision making
Activity Lead: Saleeb, Sameh	Activity #: 2 Task: LF UG08PMI Subtask: 60G4H2
Activity Description:	<p>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.</p>
SPS Partners	None.
Budget: \$73,891.00	Start Date: Jul/2008 End Date: Jul/2009
Products Planned:	Document detailing the conceptual PMIS model.
Reporting Period:	Year: Project Year 2 Quarter: Q2
Activity Progress:	Study to assess current situation completed and the outline draft report is being produced.
Barriers to Progress:	Limited funding along with other emerging priorities to track pipelines of ACTs at central level and to do additional trainings with partners necessitated that this activity be limited to the development of the PMIS framework as the final product. Other sources of funding will continue for the deployment and implementation of this framework. There has been some delay in finalizing the framework resulting from staff overload and limited staffing levels.

Next Steps: Finalize framework and submit to MoH for feedback.

Indicators: None.

Activity Title: Improve capacity of districts, facilities and communities to practice adequate pharmaceutical management including inventory control, storage and estimation of orders

Activity Lead: 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.

SPS Partners None.

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.

Reporting Period: **Year:** Project Year 2 **Quarter:** Q2

Activity Progress: MTP capacity building training was done in an additional two districts followed by follow-up supervision visits. Experiences from the MTP training are being documented and an initial draft is under review.

Barriers to Progress: None.

Next Steps: Finalize documentation of experiences and lessons learned in the MTP approach to pharmaceutical management capacity building.

Indicators: None.

Activity Title: Strengthen district supervision for pharmaceutical management

Activity Lead: 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

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participation in facilitating these future supervision visits. SPS will, however, provide further 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.

SPS Partners

None.

Budget: \$34,028.00

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

Products Planned:

Training reports; supervision/monitoring reports.

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

SPS shared best practices with partners in a regional malaria workshop in Northern Uganda. This led to a decision to have pharmaceutical management become an integral part of the support supervision for health workers in PHC units and communities for Northern Uganda. SPS also prepared materials for a joint training for support supervision teams in pharmaceutical management for the Lango sub-region. Training and practical field visits for 27 health care workers in the Acholi sub-region was carried out as a practice on the supervision checklist for pharmaceutical management. This was based on the MTP approach and done in conjunction with supervisors with the aim of ensuring sustainability beyond SPS project. The activity was carried out in partnership with NUMAT program and integrated with the checklist of the district support supervision team to ensure routine supervision for pharmaceutical management staff as part of the general supervision process. SPS has also assisted the pharmacy division in emphasizing monitoring and problem-based learning (based on the MTP approach) at facility as a best practice in pharmaceutical management training.

Barriers to Progress:

Current funding levels cannot enable SPS to implement this activity to the same scale as in the last year. Efforts to engage partners to take on the process, as agreed with USAID, have been somehow slow with only NUMAT being responsive.

Next Steps:

Develop a collaborative integration plan for the Lango sub-region and conduct a joint training to equip NUMAT supervisors and district officials to be able to integrate pharmaceutical management supervision in the district system. Work with NUMAT for the integration of support supervision activities in the Lango sub-region. Support pharmaceutical management support supervision training in Bushenyi district.

Indicators:

None.

Activity Title:

Continue to strengthen the capacity of the National Medical Stores (NMS) to manage their supply chain including antimalarials

Activity Lead: 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.

SPS Partners

None.

Budget: \$37,835.00

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

Products Planned:

Pipeline monitoring tool for antimalarials. Pipeline monitoring reports. TA reports.

Reporting Period: Year: Project Year 2 Quarter: Q2

Activity Progress: SPS supported the equitable utilization of PMI-funded ACTs by assisting in preparation of an allocation list for DHOs and hospitals. SPS also provided technical assistance to NMS to rationally distribute 1,142,638 doses of PMI-funded ACTs to ensure equity in view of the limited stocks and the current freeze on Global Fund funding for the procurement of ACTs. SPS also monitored the pipeline of ACTs and disseminated to stakeholders on a monthly basis which encouraged government donors like USAID and WHO to take action to alleviate the stock gaps. SPS also assisted NMS in carrying out a follow-on inventory management assessment of pharmaceutical management indicators and results will be disseminated in the coming quarter.

Barriers to Progress: Stock out of ACTs due to freeze on Global Fund funding to Uganda and irregular deliveries from the government of Uganda-funded ACTs. High staff turnover in NMS.

Next Steps: Follow up on procurements by Global Fund. Follow up on stop gap procurement by WHO using funding from balance of Round 4 phase 1 funds.

Indicators: None.

Activity Title: Develop pharmaceutical counseling job aid to improve rational drug use of antimalarials

Activity Lead: 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.

SPS Partners: None.

Budget: \$31,230.00 **Start Date:** Jul/2008 **End Date:** Jun/2009

Products Planned: Job aid developed and approved; Dissemination report.

Reporting Period: Year: Project Year 2 Quarter: Q2

Activity Progress: A survey was conducted to collect baseline data to inform the development of the job aids. A draft job aid for facility dispensing staff to support them in carrying out adequate counseling was developed and submitted to the IEC/BCC focal person of the MoH. Once the review has been completed and comments addressed and approved, final dissemination of the job aid will be carried out to selected districts. Another draft job aid for community-based medicine distributors to help them to counsel their patients was also completed and submitted to MoH reviewers for comments. Both aids are expected to be completed during the coming quarter.

Barriers to Progress: Slow review of the job aids by MoH officials.

Next Steps: Finalization of the job aids which were then printed and disseminated.

Indicators: None.

Activity Title: Monitoring program results and key PMI commodity indicators

Activity Lead: 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.

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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.

SPS Partners

None.

Budget: \$40,250.00

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

Products Planned:

Report of PMI Uganda commodity indicators and methodology developed and agreed upon;
PMI commodity indicators pilot report; updated MRP (PMP).

Reporting Period:

Year: Project Year 2 **Quarter:** Q2

Activity Progress:

SPS coordinated the review of add-on PMI commodity indicators and tools to collect them in preparation for the pilot test in the second quarter. Support was also given to PMI to establish Uganda specific indicators for the end user verification tool for malaria commodities that will be piloted in the coming quarter. SPS finalized the PMP for 2008, including an update of all the indicator monitoring sheets and monitoring tool, and submitted it to USAID and UMEMS.

Barriers to Progress:

None.

Next Steps:

Monitor progress on PMP activities and update indicator sheets. Conduct pilot data collection for commodity indicators.

Indicators:

None.
