

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

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

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Project Year 3 Quarter 1

October-December 2009



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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: October 1, 2009 – December 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\$118,785,036.

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 3 obligations, cumulative funds obligated, quarter one (October to December 2009) expenditures, in addition to the cumulative to-date (June 29, 2007 to December 31, 2009) expenditures of US\$74,451,789 by funding source.

The SPS leader with associate cooperative agreement stipulates that MSH should cost-share an amount not less than US\$7,375,000 over the life of the program (5% of actual total activity costs). As of December 31, 2009, SPS continues to reach this cost-share requirement, generating US\$5,542,692 in non-Federal funding, within the technical scope of work for SPS.

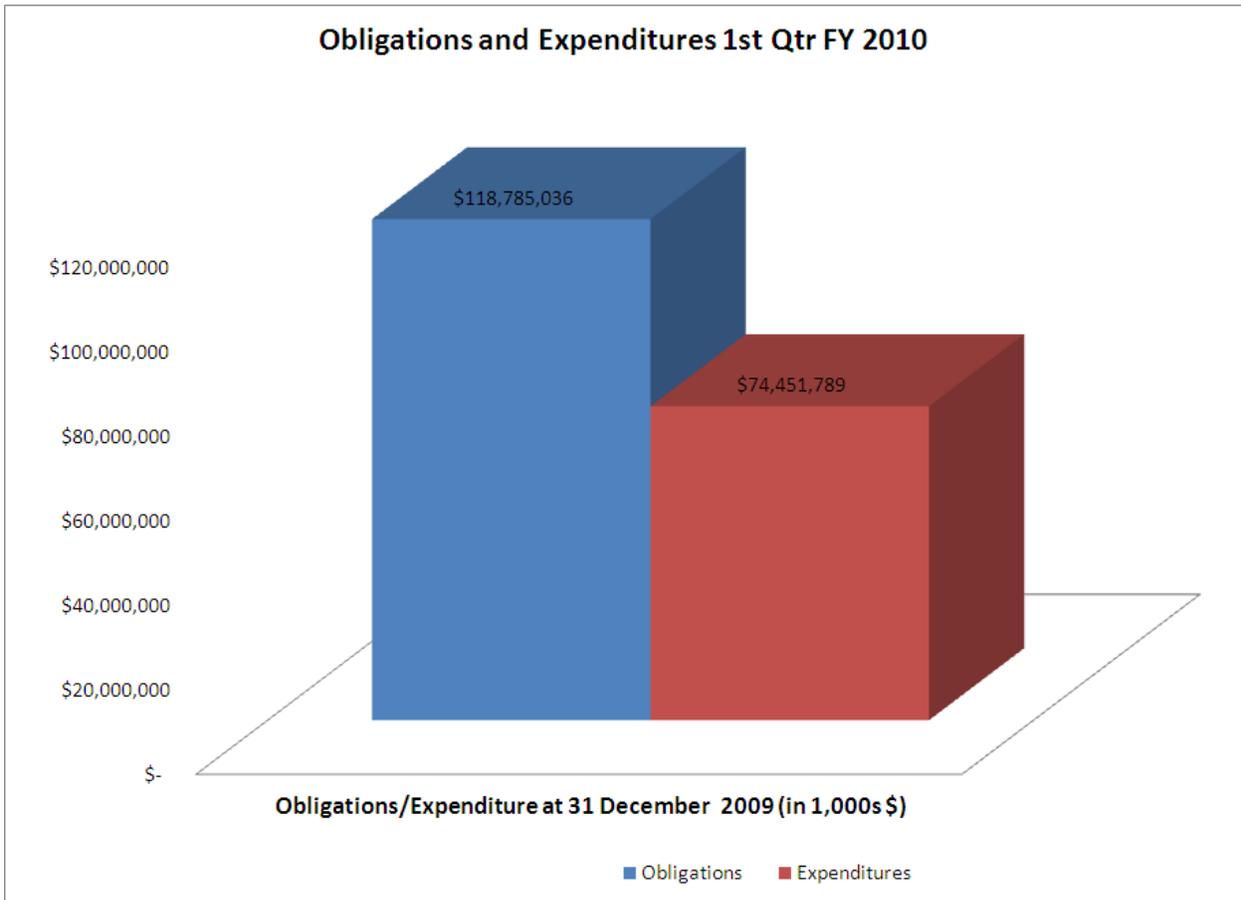
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**Strengthening Pharmaceutical Systems Program  
Fiscal Data: October 1, 2009 – December 31, 2009  
GHN-A-00-07-00002-00**

Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Total Obligated Year 3	Cumulative Obligated 31 December 2009	Q1 Expenditures Oct-Dec 2009	Grand Total Spent	Grand Total Remaining					
<b>Worldwide/Core</b>													
MCH (Child & Reproductive Health)	AMR Core	\$ 998,000	\$ 800,000	\$ 617,484	\$ 2,415,484	\$ 188,399	\$ 1,343,599	\$ 1,071,885					
	Core	\$ 1,010,000	\$ 1,110,400	\$ 1,100,000	\$ 3,220,400	\$ 546,575	\$ 2,459,507	\$ 760,893					
	Common Agenda Core	\$ 861,262	\$ 664,809	\$ 714,809	\$ 2,240,480	\$ 113,481	\$ 1,418,950	\$ 821,530					
	Malaria Core	\$ 200,000	\$ 400,000	\$ 400,000	\$ 1,000,000	\$ 61,317	\$ 532,467	\$ 467,533					
	TB Core	\$ 1,217,000	\$ 1,300,000	\$ 1,500,000	\$ 4,017,000	\$ 395,791	\$ 2,359,899	\$ 1,657,101					
	POP Core			\$ 50,000	\$ 50,000	\$ 1,090	\$ 1,090	\$ 48,910					
<b>Worldwide/Core Subtotal</b>		<b>\$ 4,286,262</b>	<b>\$ 4,275,009</b>	<b>\$ 4,382,093</b>	<b>\$ 12,943,364</b>	<b>\$ 1,306,651</b>	<b>\$ 8,115,511</b>	<b>\$ 4,827,853</b>					
<b>Core</b>		<b>\$ 4,286,262</b>	<b>\$ 4,275,009</b>	<b>\$ 4,382,093</b>	<b>\$ 12,943,364</b>	<b>\$ 1,306,651</b>	<b>\$ 8,115,511</b>	<b>\$ 4,827,853</b>					
<b>Angola</b>													
	Afghanistan		\$ 2,500,000	\$ 2,000,000	\$ 4,500,000	\$ 351,495	\$ 1,507,144	\$ 2,992,856					
	Angola-PMI		\$ 500,000	\$ 1,029,000	\$ 1,029,000	\$ 59,982	\$ 453,847	\$ 575,153					
	Angola - HIV/AIDS			\$ 200,000	\$ 200,000	\$ -	\$ -	\$ 200,000					
<b>Angola Subtotal</b>		<b>\$ -</b>	<b>\$ 500,000</b>	<b>\$ 729,000</b>	<b>\$ 1,229,000</b>	<b>\$ 59,982</b>	<b>\$ 453,847</b>	<b>\$ 775,153</b>					
<b>Bangladesh</b>													
	Bangladesh-POP			\$ 600,001	\$ 600,001	\$ 101,379	\$ 175,734	\$ 424,267					
	Bangladesh-MCH/CSMH			\$ 100,000	\$ 100,000	\$ -	\$ -	\$ 100,000					
<b>Bangladesh Subtotal</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ 700,001</b>	<b>\$ 700,001</b>	<b>\$ 101,379</b>	<b>\$ 175,734</b>	<b>\$ 524,267</b>					
<b>Benin</b>													
	Benin-PMI		\$ 700,000	\$ 675,000	\$ 1,375,000	\$ 215,662	\$ 949,675	\$ 425,325					
	Brazil - TB	\$ 400,000	\$ 978,000	\$ 1,820,000	\$ 2,998,000	\$ 415,448	\$ 1,395,205	\$ 1,602,795					
	Burundi-PMI			\$ 900,000	\$ 900,000	\$ 53,219	\$ 107,006	\$ 792,994					
	DCHA/OFDA (BHR/OFDA)	\$ 100,000			\$ 100,000	\$ -	\$ 3,240	\$ 96,760					
	Democratic Rep. Of Congo	\$ 350,000	\$ 2,200,000	\$ 1,730,000	\$ 4,280,000	\$ 217,319	\$ 1,147,234	\$ 3,132,766					
	Dominican Republic - TB	\$ 300,000	\$ 250,000	\$ 450,000	\$ 1,000,000	\$ 55,010	\$ 378,348	\$ 623,652					
	East Africa Regional	\$ 75,000	\$ 50,000	\$ 56,000	\$ 181,000	\$ 19,485	\$ 155,212	\$ 25,788					
	Ethiopia - PEPFAR	\$ 2,950,000	\$ 4,130,000	\$ 2,503,120	\$ 9,583,120	\$ 794,442	\$ 7,135,025	\$ 2,448,095					
	Ethiopia - PMI		\$ 715,000	\$ 600,000	\$ 1,315,000	\$ 143,463	\$ 499,221	\$ 815,779					
<b>Ethiopia Subtotal</b>		<b>\$ 2,950,000</b>	<b>\$ 4,845,000</b>	<b>\$ 3,103,120</b>	<b>\$ 10,898,120</b>	<b>\$ 937,905</b>	<b>\$ 7,634,246</b>	<b>\$ 3,263,874</b>					
<b>Europe and Eurasia</b>													
	Europe and Eurasia-TB		\$ 616,600		\$ 616,600	\$ 73,827	\$ 337,371	\$ 279,229					
	Ghana - PMI		\$ 600,000	\$ 300,000	\$ 900,000	\$ 111,039	\$ 607,746	\$ 292,254					
	Guatemala MAARD		\$ 200,000	\$ 150,000	\$ 350,000	\$ 59,737	\$ 209,210	\$ 140,790					
	India-HIV/AIDS	\$ 150,000			\$ 150,000	\$ 20,841	\$ 20,841	\$ 129,159					
	LAC - AMR/SAIDI-TB		\$ 81,000	\$ 190,000	\$ 271,000	\$ 15,595	\$ 94,796	\$ 176,204					
	LAC - MAL/AMI-MAL	\$ 725,000	\$ 800,000	\$ 800,000	\$ 2,325,000	\$ 203,353	\$ 1,537,351	\$ 787,649					
	Liberia - PMI	\$ 150,000	\$ 300,000	\$ 250,000	\$ 700,000	\$ 91,081	\$ 521,708	\$ 178,293					
	Madagascar - PMI		\$ 400,000		\$ 400,000	\$ 4,525	\$ 201,431	\$ 198,569					
	Malawi - PMI	\$ 400,000	\$ 550,000	\$ 820,000	\$ 1,770,000	\$ 154,308	\$ 1,310,378	\$ 459,622					
	Malawi - PEPFAR	\$ 230,993	\$ 500,000		\$ 730,993	\$ 105,016	\$ 651,228	\$ 79,785					
<b>Malawi Subtotal</b>		<b>\$ 630,993</b>	<b>\$ 1,050,000</b>	<b>\$ 820,000</b>	<b>\$ 2,500,993</b>	<b>\$ 259,325</b>	<b>\$ 1,961,606</b>	<b>\$ 539,387</b>					
<b>Mali</b>													
	Mali - HIV/AIDS		\$ 100,000	\$ 100,000	\$ 200,000	\$ 15,031	\$ 80,986	\$ 119,014					
	Mali - MAL/PMI MAARD	\$ 299,999	\$ 450,000	\$ 400,000	\$ 1,149,999	\$ 126,033	\$ 834,043	\$ 315,956					
	Mali - POP	\$ 516,794	\$ 233,386	\$ 145,000	\$ 895,180	\$ 130,244	\$ 379,779	\$ 515,401					
<b>Mali Subtotal</b>		<b>\$ 816,793</b>	<b>\$ 783,386</b>	<b>\$ 645,000</b>	<b>\$ 2,245,179</b>	<b>\$ 271,308</b>	<b>\$ 1,294,807</b>	<b>\$ 950,372</b>					
<b>Regional Development Mission/Asia</b>													
	Regional Development Mission/Asia	\$ 463,280	\$ 300,000	\$ 400,111	\$ 1,163,391	\$ 98,321	\$ 857,738	\$ 305,653					
<b>West Africa Regional (WARP)</b>													
	West Africa Regional (WARP)	\$ 500,000	\$ 100,000		\$ 600,000	\$ 703	\$ 584,295	\$ 35,705					
<b>Kenya</b>													
	Kenya - PEPFAR	\$ 6,150,000	\$ 5,500,000	\$ -	\$ 11,650,000	\$ 1,137,112	\$ 11,472,765	\$ 177,235					
	Kenya - POP		\$ 1,300,000	\$ 1,000,000	\$ 2,300,000	\$ 475,331	\$ 1,270,422	\$ 1,029,578					
	Kenya - KEMSA	\$ 1,950,000			\$ 1,950,000	\$ -	\$ 1,954,953	\$ (4,953)					
	Kenya - Malaria	\$ 1,250,000	\$ 1,822,500	\$ 1,606,000	\$ 4,478,500	\$ 267,923	\$ 3,262,912	\$ 1,215,588					
	Kenya - MCA	\$ 2,000,000	\$ 2,275,000		\$ 4,275,000	\$ 442,870	\$ 4,292,989	\$ (17,989)					
<b>Kenya Subtotal</b>		<b>\$ 11,350,000</b>	<b>\$ 10,697,500</b>	<b>\$ 2,606,000</b>	<b>\$ 24,653,500</b>	<b>\$ 2,323,235</b>	<b>\$ 22,254,041</b>	<b>\$ 2,399,459</b>					
<b>Namibia</b>													
	Namibia - PEPFAR	\$ 3,497,446	\$ 3,924,426	\$ 3,713,775	\$ 11,135,647	\$ (1,477,191)	\$ 6,611,516	\$ 4,524,131					
<b>Rwanda</b>													
	Rwanda - PEPFAR	\$ 2,300,000	\$ 780,000	\$ 780,000	\$ 3,820,000	\$ 279,263	\$ 3,339,914	\$ 480,086					
	Rwanda - PMI	\$ 987,000	\$ 100,000	\$ 150,000	\$ 1,237,000	\$ 4,807	\$ 1,132,047	\$ 104,953					
<b>Rwanda Subtotal</b>		<b>\$ 3,287,000</b>	<b>\$ 860,000</b>	<b>\$ 930,000</b>	<b>\$ 5,057,000</b>	<b>\$ 284,070</b>	<b>\$ 4,471,961</b>	<b>\$ 585,039</b>					
<b>Senegal</b>													
	Senegal - PMI	\$ 175,000	\$ 250,000	230000	655000	60904.86	417514.99	237,485					
	Senegal - TB	\$ 50,000	\$ 50,000	50000	150000	2010.52	64591.7	85,408					
<b>Senegal Subtotal</b>		<b>\$ 225,000</b>	<b>\$ 300,000</b>	<b>\$ 280,000</b>	<b>\$ 805,000</b>	<b>\$ 62,915</b>	<b>\$ 482,107</b>	<b>\$ 322,893</b>					
<b>South Africa</b>													
	South Africa, Republic Of - PEPFAR	\$ 3,600,000	\$ 5,412,800	\$ 5,503,922	\$ 14,516,522	\$ 885,888	\$ 5,835,469	\$ 8,681,053					
	Lesotho-PEPFAR	\$ 300,000	\$ 538,378	\$ 461,575	\$ 1,299,953	\$ 120,137	\$ 777,711	\$ 522,242					
	Swaziland-PEPFAR	\$ 525,000	\$ 600,000	\$ 490,000	\$ 1,615,000	\$ 147,873	\$ 789,773	\$ 825,227					
	Southern Sudan-MAL	\$ 800,000	\$ 1,000,000	\$ 1,000,000	\$ 2,800,000	\$ 286,561	\$ 1,998,158	\$ 801,842					
	Southern Sudan-MCH			\$ 400,000	\$ 400,000	\$ -	\$ -	\$ 400,000					
<b>Southern Sudan Subtotal</b>		<b>\$ 800,000</b>	<b>\$ 1,000,000</b>	<b>\$ 1,400,000</b>	<b>\$ 3,200,000</b>	<b>\$ 286,561</b>	<b>\$ 1,998,158</b>	<b>\$ 1,201,842</b>					
<b>Tanzania</b>													
	Tanzania - PEPFAR	\$ 550,000	\$ 413,417	\$ 699,999	\$ 1,663,416	\$ 110,190	\$ 1,179,210	\$ 484,206					
	Tanzania - PMI	\$ 100,000	\$ 200,000		\$ 300,000	\$ -	\$ 313,174	\$ (13,174)					
<b>Tanzania Subtotal</b>		<b>\$ 650,000</b>	<b>\$ 613,417</b>	<b>\$ 699,999</b>	<b>\$ 1,963,416</b>	<b>\$ 110,190</b>	<b>\$ 1,492,384</b>	<b>\$ 471,032</b>					
<b>Ukraine</b>													
	Ukraine - TB	\$ 320,000	\$ 380,000		\$ 700,000	\$ 15,046	\$ 699,318	\$ 682					
<b>Vietnam</b>													
	Vietnam-PEPFAR			\$ 512,350	\$ 512,350	\$ 42,483	\$ 45,073	\$ 467,277					
					\$ -	\$ 17,854	\$ 59,709	\$ (59,709)					
<b>Worldwide/Core Subtotal</b>		<b>\$ 32,165,512</b>	<b>\$ 41,580,307</b>	<b>\$ 32,095,853</b>	<b>\$ 105,841,672</b>	<b>\$ 6,455,620</b>	<b>\$ 67,631,008</b>	<b>\$ 38,210,664</b>					
<b>ACF Surplus/(Deficit)</b>							\$ 1,294,730						
<b>Grand Total</b>							<b>\$ 36,451,774</b>	<b>\$ 45,855,316</b>	<b>\$ 36,477,946</b>	<b>\$ 118,785,036</b>	<b>\$ 7,762,271</b>	<b>\$ 74,451,789</b>	<b>\$ 43,038,517</b>

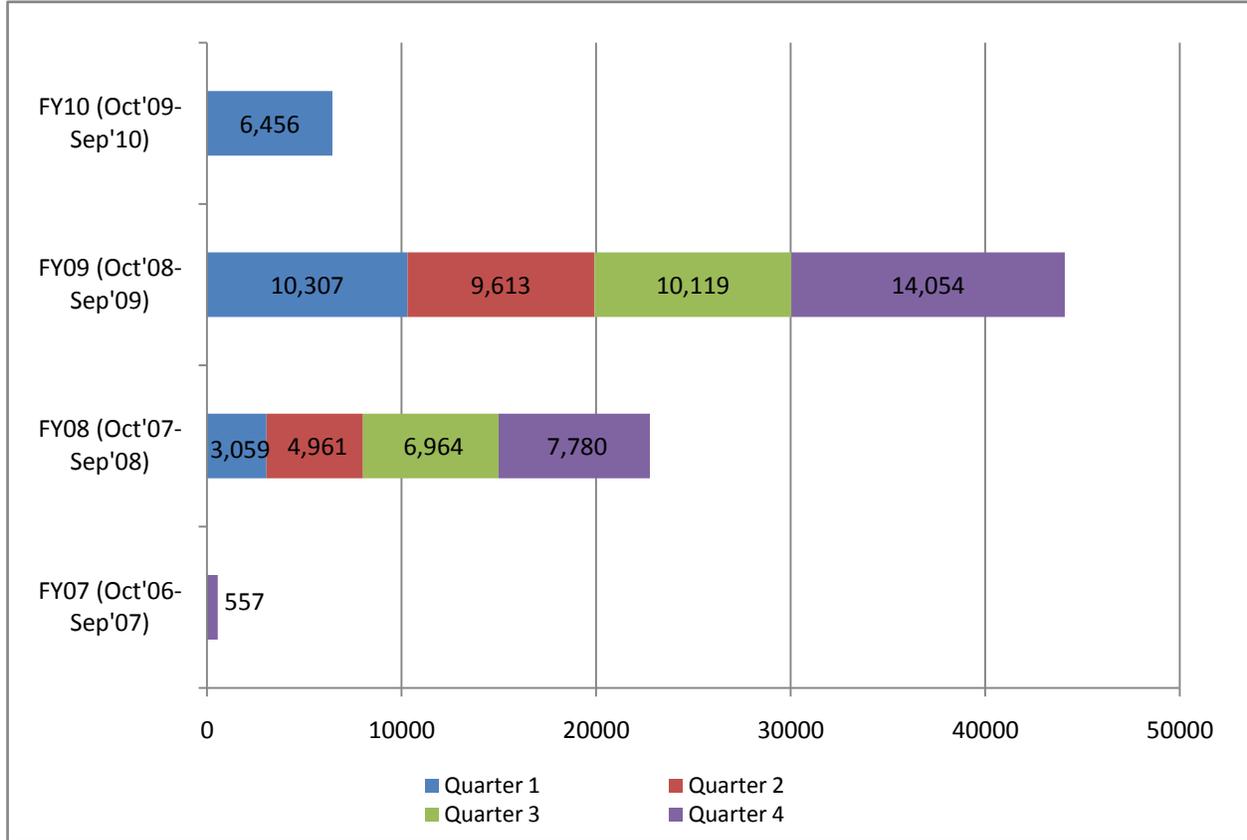
**Strengthening Pharmaceutical Systems Financial Status Overview**  
**Cumulative Expenditure activity through December 31, 2009**

Total Funding Received to Date:	\$118,785,036
Total Amount Spent to Date:	\$74,451,789
Pipeline	\$43,038,517
Percent of Funds Spent	63.80%



Cost Share Earned to Date:	\$5,542,692
Target Cost Share Amount	\$7,375,000
Percent of Cost Share Realized	75.16%

SPS Program Expenditures by Quarter through December, 2009 (in 1,000s \$)



## GLOBAL PROGRAMS

### Antimicrobial Resistance

**Work plan:** AMR    **Year** 09

**Funding Level:** \$617,485.00

#### Work plan Background

During the period of October 2009 to September 2010, SPS will use the \$617,484 USD awarded to the AMR portfolio to address the components of IR3, including: (1) implementing proven institutional interventions to minimize the spread of AMR, (2) designing and implementing AMR interventions to improve medicines use behavior at the community level, and (3) implementing global- and country-level innovative approaches 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 will use approaches and tools developed as well as experiences and lessons learned to date, including those from its predecessor RPM Plus, to strengthen country and regional stakeholders' capacity to combat AMR. The SPS AMR portfolio will pay special attention to help implement cross-cutting and system-wide interventions that are often not adequately covered by vertical disease programs.

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

**Activity Lead:** Joshi, Mohan    **Activity #:** 2    **Task:** LF WW09AMR    **Subtask:** 60AXP2

**Activity Description:** SPS will continue collaboration with EPN and RPF to further consolidate the regional coalition-building process. Based on EPN's request, SPS will work together to co-organize a regional AMR and infection control workshop in Rwanda in November 2009 for Francophone EPN member organizations. The two organizations will also collaborate to bring together last year's Tanzania AMR workshop participants for a follow-up workshop to review accomplishments, share experiences, and plan next steps, including those aimed at sustaining, intensifying, and expanding the current coalition. With regard to RPF, SPS will support its Promoting Rational Drug Use Technical Working Group to build capacity to address AMR. The USAID/EA-supported Kenya portfolio and SPS's AMR portfolio will jointly render technical assistance to the working group to enable them to identify local supporters and action groups that can advance AMR-related activities at country and regional levels. At the country-level, SPS will work with the Pharmacy Task Force and other counterparts in Rwanda, to form an AMR working group and develop an AMR call-to-action document. Both the AMR portfolio and SPS/Rwanda will leverage support for these activities. Similarly, the SPS AMR portfolio will provide technical support to SPS/Namibia to develop a framework that describes and integrates MSH/SPS Namibia's interventions related to addressing AMR. The AMR portfolio will also continue to provide technical inputs to the Ethiopia and Zambia groups, when necessary. Technical assistance will be provided to the SPS TB portfolio in development and field testing of a framework for building local coalitions of key stakeholders- including civil society groups- to advocate for the prevention of MDR/XDR TB. At the international level, SPS will participate in advancing global advocacy and coordination by exploring and using opportunities to collaborate with other partners and organizations currently working to address AMR, such as the WHO Patient Safety Initiative, CGD, FIP, and organizers of the AMR Track for ICIUM 3 planned for 2011. SPS will explore opportunities to initiate collaboration with other partners, countries, or regions to jumpstart AMR advocacy.

**SPS Partners** None.

**Budget:** \$184,253.00    **Start Date:** Oct/2009    **End Date:** Sep/2010

**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** Based on the success of the Regional AMR workshop conducted in November 2008 for Anglophone EPN members, SPS provided technical support to EPN to conduct a similar

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regional workshop in French in Rwanda, in which 30 EPN members from seven Francophone countries (Benin, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Rwanda, and Togo) were trained on AMR and infection control issues. It was a 5-day event (November 23 to 27, 2009), with the first two days allocated for overall AMR issues and AMR-related RPM Plus/SPS tools, and the remaining three days dedicated to infection control, with a focus on ICAT and CQI. (See Activity 6 for details regarding the IC component of the workshop.) In November, ZACH conducted training for health workers on AMR in Zimbabwe. ZACH was one of the EPN member organizations that participated in the EPN-SPS Regional AMR workshop held in Uganda in November 2008. The EPN Secretariat distributed an AMR advocacy calendar to various stakeholders. In collaboration with PTF, the SPS AMR Portfolio and SPS/Rwanda helped conduct an AMR awareness and sensitization meeting for 40 stakeholders at Kigali, Rwanda on October 1, 2009. The immediate output of the meeting was drafting of TOR, suggested membership list, and next steps for a proposed AMR working group. On October 2, SPS technical staff met with the National University of Rwanda (NUR) School of Pharmacy personnel Professor Justin Kadima. The current pharmacy curriculum was received from the faculty and a brief review of the courses was presented by Professor Kadima. To support the process, SPS provided university stakeholders with a potential list of curriculum subjects or topics, such as antimicrobial resistance, antimicrobial use, the science of microbes, infection prevention/immunization, rational medicine use, pharmaceutical care, and pharmacovigilance. SPS held a meeting with ReAct members on December 1 at the USAID Office in Washington. During the meeting SPS technical staff shared information current AMR activities, and discussed potential collaboration between the two organizations. During the AMR consultation meeting held by CGD at their office on December 14, SPS reviewed the Consultation Draft prepared by the Drug Resistance Working Group of CGD and provided technical comments and suggestions on the draft.

**Barriers to Progress:** None.

**Next Steps:** Coordinate and collaborate with EPN to plan for a follow-up workshop for participants at the 2008 Moshi Regional AMR workshop. Continue providing support to Rwanda AMR activities. Provide technical support to SPS' program in Namibia to better coordinate its various activities that are or could potentially be related to AMR containment.

**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:** LF WW09AMR **Subtask:** 60B4H3

**Activity Description:** In FY09, SPS will continue to support implementation of DTCs as an important institution-based intervention to improve medicine use and contain AMR. Opportunities will also be explored to provide technical assistance to in-country partners for implementation of other WHO-recommended core interventions to improve the use of medicines. In collaboration with specific SPS country programs, the AMR portfolio will also provide follow-up TA to DTC alumni from Afghanistan, Ethiopia, Namibia, Rwanda and other countries.

**SPS Partners:** None.

**Budget:** \$100,006.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Afghanistan— Initial support has been provided for implementing DTCs at 3 key hospitals and includes review of TORs, action plans, and training programs. Review of action plans for 2 additional hospitals has been provided. A framework was developed for the planning and publication of a national standard treatment guideline (STG) in Afghanistan. This framework develops a plan of activities and guides the STG working group (STG WG) for the implementation of STGs in Afghanistan. Operational plans for development and implementation of STGs have also been developed. A STG Stakeholder Meeting is planned for February 2010. The core AMR Portfolio is providing

technical direction for these activities, which are primarily managed by the SPS/Afghanistan Portfolio. Ghana —Technical support was provided to the Ghana SPS Program for their DTC training workshop conducted in December 2009. Revised training materials were provided, including an introductory presentation on AMR and a presentation on the “Role of the DTC in containing AMR. PowerPoint slides and participant guides were provided for the presentations. Rwanda— On October 7, SPS held a meeting with representatives from the 14 supported DTCs. Each DTC gave a presentation describing current studies and activities directed to improve formulary management and medicine use within their health facility. DTCs in Rwanda are reviewing drug use problems and instituting activities to improve the use of medicines. There is a need for these DTCs to be more effective and several activities were recommended for many of these DTCs to improve functionality.

**Barriers to Progress:** None.

**Next Steps:** Afghanistan— Produce final report for the study on medicine use, conduct a STG stakeholders meeting (February 2010), and continue supporting DTC establishment and functional improvement. Rwanda— continue follow-up support to DTCs.

**Indicators:** None.

**Activity Title:** Revise guidebook on building coalitions for containing drug resistance

**Activity Lead:** Joshi, Mohan **Activity #:** 4 **Task:** LF WW09AMR **Subtask:** 60G2F4

**Activity Description:** In FY09 SPS will revise this guidance document mainly by including newer practical experiences and insights obtained from using the approach at the regional (through EPN and RPF) and country-levels in Rwanda and Namibia. The existing contents of the guide will also be updated.

**SPS Partners:** None.

**Budget:** \$39,940.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Internal CPM discussion was done regarding the literature review and approach toward revising the document.

**Barriers to Progress:** None.

**Next Steps:** Conduct a global literature search to identify items that could be relevant for the revision process.

**Indicators:** None.

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

**Activity Lead:** Joshi, Mohan **Activity #:** 5 **Task:** LF WW09AMR **Subtask:** 60C5H5

**Activity Description:** FY09 funds will be used to continue and to complete the on-going implementation of IEC materials and job aids through ADDOs. Monitoring and evaluation of the antimicrobial use and AMR-related Kilosa pilot will also be completed. Toward the end of the work plan year, SPS will develop, pretest, and broadcast radio spots to increase community awareness on AMR in Kilosa and the community at large. Finally, SPS will utilize experience in monitoring and evaluation to refine its approach, combining it with tested IEC materials and job aids, thereby enabling its expanded use.

**SPS Partners:** None.

**Budget:** \$51,920.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Following development of the materials and pretesting in the last quarter, SPS incorporated stakeholder’s pre-test comments and CPM editorial inputs to finalize the materials. Subsequently, SPS printed the materials in Kiswahili (2000 copies of the AMR client poster, 200 copies of the AMR dispenser/client information triangular poster, and 300 dispensing guides). During this quarter, SPS and TFDA, in collaboration with Kilosa district authorities, conducted a sensitization seminar on AMR for district health management team, health facility prescribers, and ADDO dispensers. The seminar was

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conducted on December 17-18, 2009. A total of 84 prescribers, 124 dispensers and 8 representatives from the district team participated in the seminar. During the seminar, launching of the AMR materials was done and all participants were oriented to the materials. The materials were also distributed to all participants for use and further distribution. Dispensers were specifically oriented on the job aids, including the steps for proper dispensing of medicines (particularly dispensing of antimicrobials).

**Barriers to Progress:** None.

**Next Steps:** Prepare rubber stamps for labeling medicine envelopes and distribute to all ADDOs in the Kilosa district. Distribution of AMR client posters to the community in Kilosa district. Follow-up supervision and monitoring of ADDO dispensers in the district.

**Indicators:** None.

**Activity Title:** Provide technical assistance to improve infection control practices in resource-constrained countries

**Activity Lead:** Joshi, Mohan **Activity #:** 6 **Task:** LF WW09AMR **Subtask:** 60E3H6

**Activity Description:** SPS will continue to utilize the ICAT and CQI approaches to help build and/or strengthen in-country capacity to prevent and control nosocomial infections. In doing so, the core-supported AMR portfolio will closely collaborate with PEPFAR-supported SPS country programs on activities in South Africa, Swaziland, and Namibia (as it has done in the past). In South Africa, SPS will continue support to the national and provincial DoHs for a nation-wide escalation of infection control activities. In Namibia, the SPS Country Program and the AMR portfolio will jointly strive to collaborate with the MoHSS and URC to implement infection control programs. In FY09, SPS will begin activities in the Ukraine, targeting the country for introduction of the ICAT and CQI approaches. Similar to the approach taken for other countries, the SPS/Ukraine and AMR portfolios will jointly work to jump-start activities with an initial training to in-country counterparts. Also planned is an EPN-SPS Regional AMR/Infection Control Workshop in Rwanda, designed to expand AMR containment and infection control activities, specifically to French-speaking countries in Africa.

**SPS Partners:** None.

**Budget:** \$77,165.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Translation of the Infection Control Self-Assessment Tool (ICAT) into French was completed. With this translation the tool is now available in 3 languages: English, Spanish, and French. Held the ARM/Infection control workshop in Rwanda (also covered in Activity 2). The workshop program covered an overview of AMR with data focusing on Francophone countries, IC, and the different AMR-related tools developed by MSH with a special focus on the ICAT. Participants shared experiences on AMR/IC from their countries and representatives from Rwanda, Togo, DRC and Chad presented AMR/IC activities from their countries. Rwanda and Togo activities were developed following the Moshi workshop. The ICAT tool was applied in a very successful field visit to Kibagagaba Hospital in Kigali where the participants covered 4 modules. The clinical pharmacist and the head of IC and Hygiene of the hospital participated in the workshop and the head of staff was also present during the presentation of the assessment results. Participants drafted an IC advocacy tool and IC quality improvement plans for their respective workplaces/countries. Follow-up activities were provided for the Namibia IC workshop (August 2009). These activities included review of finalized work plans and emphasizing that each health facility conducts pre- and post-intervention studies and reports. SPS/Namibia conducted site visits in October and will repeat them in February 2010. An IC review workshop is now planned for March 2010.

**Barriers to Progress:** None.

**Next Steps:** EPN and SPS staff will provide follow-up support to Regional Francophone AMR/IC workshop participants. Follow-up TA will also continue for national collaborators implementing ICAT and IC activities in South Africa and Namibia.

**Indicators:** None.

**Activity Title:** Support system-oriented pharmacovigilance activities in resource-constrained countries using SPS approaches and tools

**Activity Lead:** Joshi, Mohan **Activity #:** 7 **Task:** LF WW09AMR **Subtask:** 60B2H7

**Activity Description:** In FY09, SPS country offices will receive support to conduct country assessments, adopt SPS pharmacovigilance tools, and develop and implement interventions to improve pharmacovigilance and medicine safety systems. SPS's AMR portfolio will collaborate with SPS country offices to support the implementation of priority projects. The SPS AMR core support will focus on providing technical assistance from HQ, while the actual field-level coordination and implementation of the activities will mainly be carried out by SPS country offices with their local staff and funding from streams such as PEPFAR and PMI.

**SPS Partners:** None.

**Budget:** \$60,014.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** The Indicator-based Pharmacovigilance Assessment Tool (IPAT) was published and distributed to several SPS country offices. The IPAT was also shared with the WHO and non-SPS countries that are interested in implementing pharmacovigilance assessments, including Cote D'Ivoire and Nigeria. Ongoing support in planning pharmacovigilance activities was provided to several countries. This included: preliminary efforts towards the development of the Vietnam active surveillance protocol, a pharmacovigilance assessment planned for Ghana for the 2nd quarter, and development of the pharmacovigilance system in Rwanda. An analytical report (Pharmacovigilance in Rwanda: A Systems Analysis) based on the country assessment done earlier this year, was finalized and disseminated.

**Barriers to Progress:** None.

**Next Steps:** Help conduct the pharmacovigilance systems assessment in Ghana in early 2010. Provide ongoing technical assistance and support to Rwanda, Vietnam, Ethiopia, Namibia, and South Africa in developing their medicine safety and pharmacovigilance systems.

**Indicators:** None.

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

**Activity Lead:** Joshi, Mohan **Activity #:** 8 **Task:** LF WW09AMR **Subtask:** 60EXH8

**Activity Description:** In FY09, SPS' South Africa and AMR portfolios will continue to jointly maintain technical assistance to counterparts at both national and provincial levels, to consolidate and further roll-out adherence measurement and support activities. The adaptation of the adult ART adherence measurement tool for pediatric ART and TB settings, which started in FY08, will also continue, including their piloting and revision. Additionally, when required, the core AMR portfolio will technically support the SPS Namibia country office in its on-going support to the Ministry of Health and Social Services for ART adherence-related activities, including monitoring of HIV drug resistance using WHO-recommended early warning indicators.

**SPS Partners:** None.

**Budget:** \$27,070.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Pre-piloting of the TB adherence measurement tool was completed, using focus group methodology with nursing and pharmacy personnel at selected PHC clinic sites.

**Barriers to Progress:** None.

**Next Steps:** Identify sites for piloting the TB tool. Continue developing the pediatric adherence measurement tool.

**Indicators:** None.

**Activity Title:** Finalize AMR Module Part 2 for USAID eLearning Center

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**Activity Lead:** Joshi, Mohan **Activity #:** 9 **Task:** LF WW09AMR **Subtask:** 60F1L9

**Activity Description:** In FY09, SPS will further revise Part 2 of the AMR Module, based on the latest suggestions from USAID and will send the document for final review and approval. Once final, SPS will work with the USAID INFO project to make the AMR Module live for global use through the eLearning Center. SPS will also address any final USAID suggestions on Part 1, so that it is also available for use through the center.

**SPS Partners** None.

**Budget:** \$17,431.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** A conference call was held with USAID regarding Part 1 of the AMR Module. USAID's Jim Shelton (Science Advisor, Bureau for Global Health) and SPS CTO Tony Boni provided final suggestions on the module. Internal MSH revision of Part 2 continued.

**Barriers to Progress:** None.

**Next Steps:** Revise Part 1, incorporating USAID's final comments and submit for approval. Continue further work on Part 2.

**Indicators:** None.

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## Common Agenda

**Work plan:** Common Agenda    **Year** 09

**Funding Level:** \$714,609.00

### Work plan Background

During Year 1 of the Strengthening Pharmaceutical Systems (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 portfolio is made up of a proportion of all the separate health elements, and with this funding and guidance from USAID, SPS is expected to identify overarching pharmaceutical management issues that have emerged as key technical areas for SPS, but are not limited to any particular health element. The Common Agenda portfolio 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 (PHN) 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 keys to ensuring access. Building increased human resources and local institutional capacity in pharmaceutical and laboratory management to improve health system performance: USAID cooperating agencies (CAs) and contractors, as well as managers of health systems and programs addressing the diagnosis and treatment of malaria, tuberculosis (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 sustainably 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 Roll Back Malaria, 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 in 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:** Pharmacovigilance conference.

**Activity Lead:** Keene, Douglas    **Activity #:** 2    **Task:** LFWW09CAX    **Subtask:** 60B2B2

**Activity Description:** SPS will hold a pharmacovigilance conference. The focus of this conference is on country-level implementation of medicines safety systems. The conference will be target teams from each SPS country, including staff from SPS, USAID missions, the ministries of health, and regulatory authorities. The typical format will be that each country will send a team of three – 1 SPS staff person (the local lead for pharmacovigilance) and 1-2 MoH/regulatory staff.

**SPS Partners**    None.

**Budget:** \$90,000.00    **Start Date:** Oct/2009    **End Date:** Sep/2010

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**Reporting Period:** Year: Project Year 3 **Quarter:** Q1  
**Activity Progress:** Discussion and information exchange about the plans for the preparation of the pharmacovigilance conference in Nairobi, Kenya with all SPS staff.  
**Barriers to Progress:** No constraints to progress.  
**Next Steps:** SPS managers informed to budget for attendance of the conference.  
**Indicators:** None.  
**Activity Title:** Strengthening local institutions.  
**Activity Lead:** Keene, Douglas **Activity #:** 5 **Task:** LFWW09CAX **Subtask:** 60AXH5  
**Activity Description:** With FY09 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 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, curriculum reform, and operations research.  
**SPS Partners:** None.  
**Budget:** \$295,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** Year: Project Year 3 **Quarter:** Q1  
**Activity Progress:** The IC advocacy tool developed by the participants of the Kigali AMR workshop was finalized, translated into English and printed in both English and French. Copies are to be distributed to workshop participants and other stakeholders. The AMR follow-up workshop that will bring together participants from both the Moshi and Kigali workshops and other members who have been active on AMR issues is scheduled to take place on May 5-7, 2010 in Nairobi. 25 participants are expected from over 15 different countries. A lot of time was invested in following-up with members, to support implementation of their action plans and get them to submit reports on their activities. Reports on country activities have been received from 10 of the 11 countries which were represented in Moshi. Participants who attended the Kigali workshop are expected to have some activities completed by the workshop in May. The secretariat was also involved in the logistical and administrative tasks related to the event. The development and translation of the comic strip continued. A strategy on how to effectively disseminate the strips is under development. It is hoped that the participants at the AMR follow-up workshop will adopt these as one of the network advocacy tools.  
**Barriers to Progress:** Limited activity took place in December due to absence of most of the EPN staff on annual leave. Reduction in funding to EPN from SPS for year 3.  
**Next Steps:** Hold the AMR follow-up workshop. Complete the Standards of Hospital Pharmacy Practice. Finalize the consultancy on the available curricula for pharmacy care structures. Commence other 2009/10 activities.  
**Indicators:** None.  
**Activity Title:** Development of approach for accreditation/certification.  
**Activity Lead:** Keene, Douglas **Activity #:** 8 **Task:** LFWW09CAX **Subtask:** 60AXP8  
**Activity Description:** Using FY09 funding, SPS will develop a framework for accrediting health facility level pharmaceutical services. SPS will initiate discussions with the Joint Commission International (JCI) to develop an approach for certification and/or accreditation of pharmaceutical services at health facilities in an effort to improve service quality. As part of this process, the necessary standards and criteria, as they relate to the functions and roles and responsibilities of staff to assure the minimum level of service quality, will be defined in a developing country context. SPS will also work with the EPN to initiate field

testing of the approach. Through the establishment of an accrediting process, standards and criteria will be developed that can serve as benchmarks for determining the level of quality and efficiency of pharmaceutical services provided by developing country health facilities. The intent is to monitor the quality of pharmacy services and help developing countries to establish a roadmap for performance improvement. The approach will include a methodology to conduct an evaluation of performance, based on established standards, as well as define the principals and processes needed to assess the key functions of pharmaceutical services.

**SPS Partners**

None.

**Budget:** \$90,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

Joint Commission International subject matter experts were invited to the MSH office to participate in a half-day workshop led by SPS staff, in order to brief the JCI team on the context of the countries in which the SPS Program operates. The workshop presented an opportunity for the JCI team to help prepare for their short-term technical assistance in three SPS countries (Ethiopia, South Africa and Kenya). This assistance will focus on an assessment of the current capacity of the pharmaceutical services provided in these countries.

**Barriers to Progress:**

No constraints to progress.

**Next Steps:**

JCI team to review documents and materials from three SPS countries to be visited, as well as plan for the visits to the three countries.

**Indicators:**

None.

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## **Malaria**

**Work plan:** Malaria Core    **Year** 08

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

### **Work plan Background**

SPS has received FY08 malaria funds 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's Malaria Initiative (PMI).

**Activity Lead:** Doumbia, Seydou    **Activity #:** 2    **Task:** LFWW08MAL    **Subtask:** 60F4H2

**Activity Description:** SPS will continue to provide technical leadership and support to PMI, through the provision of periodic information on ACT availability and use with corrective strategies and measures for improvements in SPS-supported PMI countries. SPS will coordinate with DELIVER for collecting, reporting, and using the monitoring information provided by all PMI country programs. SPS will work with DELIVER and USAID to coordinate the implementation of the EUV, PPMRm and Systems Strengthening Tool in seven PMI countries. SPS will also explore the use of new technologies (such as mobile phones and web-based tools) to facilitate EUV data collection, transmission, and analysis. SPS will also prepare and disseminate periodic reports on the SPS malaria activities implemented at the global and country levels. Core funds will be used to accompany the process, evaluate results, and provide feedback and follow-up. Specifically, this activity will include: (1) Support the collection of the monitoring information periodically provided by SPS country teams with the PPMRm, EUV and the Systems Strengthening Tool. (2) Participate in reviews of findings, providing feedback to the field and related follow-up activities. (3) Prepare and disseminate periodic reports and lessons learned on SPS malaria activities implemented at the global and country levels. (4) Provide additional support to PMI to ensure that results and lessons learned are incorporated into future programming needs.

**SPS Partners**    None.

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

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

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** SPS, in conjunction with USAID DELIVER, updated PMI tools, including: the Pharmaceutical Management Strengthening Tool, the End User Verification (EUV) tool, and the Procurement Planning and Monitoring Report for malaria. In addition, the two organizations worked together to develop a list of 10 main PMI indicators. These indicators will be used to monitor availability of commodities in health facilities and include supply chain and case management components. SPS supported quarterly implementation of the EUV tool, using both paper-based and cell phone technology—this was completed in Benin, Ethiopia, Kenya, Mali, Senegal, and Malawi. SPS took the lead in collecting quarterly data for the PPMRm in Angola, Benin, Ethiopia, Kenya, Mali, Senegal, Uganda, and Malawi. Data were collected on stock status of malaria medicines and shared with USAID/DELIVER and data were compiled and shared with the USAID/PMI team. SPS established a regular mechanism to collect information on the availability of antimalarial medicine and RDTs in 8 PMI countries.

**Barriers to Progress:** None.

**Next Steps:** Continue working with DELIVER on PMI tools. Continue collecting PPMRm, stock status data, and information on malaria medicine availability in PMI countries.

**Indicators:**           None.

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## Maternal and Child Health

**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 on 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 benefit both BASICS and SPS, improving the quality of activities by both parties and contributing to the inclusion of pharmaceutical management in child survival activities at the country and global-level.

**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 close coordination with the work plans of 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 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 in 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

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** The report of the rapid evaluation of CCM was finalized by the partners and the community desk. The job aids on storage and good dispensing practices were finalized and are ready for printing. A supervisory check list for supervision of health centers was developed. A scope of work was developed for the pharmacist involvement in the CCM and was shared during the orientation. 55 district pharmacists and district supervisors attended an orientation from November 16-18, 2009, which was facilitated by 2 MSH/SPS staff members. The orientation was held in Rwamagana and the 15 females and 42 male participants were orientated on the training material on medicine management for CHWs and their role in the follow-up and supervision of CHWs and the management of medicines at health centers. All CCM products and presentations are included in the new EML. From next quarter, all these activities will be reported under the

PY3 (FY09) code where the technical support in Rwanda continues.

**Barriers to Progress:** The budget allocated for CCM activities in Rwanda is being finalized. Activities will resume once the budget is final and a plan has been developed for PY3.

**Next Steps:** Dissemination of results to all partners involved in the rapid evaluation of CCM activities. Feedback visits in the 4 districts to share recommendations and plan for improvement. Print the job aids for distribution in the trainings and support the TOT of health center staff to train the CHWs, as well as the training of CHWs in the 9 districts. Assist the district pharmacists to develop a supervision plan for the CHW trainings and management of medicines at health centers. CAMERWA and partners will investigate the options and feasibility to procure the improved forms and presentations of amoxicillin and zinc. Introduce the monthly compilation reporting form to allow analysis of medicine consumption and use patterns. Develop an excel sheet for this analysis. EML to be approved by MoH authorities. From next quarter, all these activities will be reported under the PY3 (FY09) code where the technical support in Rwanda continues.

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## 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 the 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 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). SPS' studies and tools for the management of the supply of TB/HIV-related commodities help countries that face the challenge of the co-morbidity. SPS' electronic tool, e-TB Manager, contributes to health system strengthening through engaging providers at all levels, and leads to better outcomes in managing susceptibility and MDR. SPS involvement in 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. And, the SPS extensive training program based on pharmaceutical management tools has contributed to strengthening human resources for DOTS and PMDRT programs, and has expanded the pool of consultants capable of addressing problems with both first and second line TB medicines. SPS Technical Objectives have been formulated to address USAID's Tuberculosis program's Results Pathway and The Global Plan to Stop TB (2006 – 2015). Technical objectives 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, and contain the emergence and spread of antimicrobial resistance (AMR).

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

**Activity Lead:** Zagorski, Andre    **Activity #:** 2    **Task:** LFWW08TB    **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 GDF countries to eliminate bottlenecks for GDF products and participate in monitoring missions. SPS will also support the Technical Review Committee.

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

**SPS Partners** None.

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

**Products Planned:** Trip reports.

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**Reporting Period:** Year: Project Year 3    **Quarter:** Q1

**Activity Progress:** The SPS Senior Technical Advisor for TB attended the GDF Technical Review Committee meeting in Geneva, Switzerland (November 2009). SPS TB team conducted GDF monitoring missions in Ukraine and Sudan, to determine NTP's compliance with the GDF terms and conditions and their capacity to appropriately quantify, clear through port, distribute, control stocks, and use TB medicines according to the criteria established by the GDF. At the request of the Stop TB Secretariat, SPS supported a full-time interim manager for the GDF operations manager from October-December, 2009 (manager to be based in Geneva).

**Barriers to Progress:** None.

**Next Steps:** Provide targeted TA to the GDF countries to relieve bottlenecks of GDF products, and participate in monitoring missions to "problem" countries. Support two members of the Technical Review Committee. Provide TA to GDF operations in Geneva, as requested.

**Indicators:** None.

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

**Activity Lead:** Zagorski, Andre **Activity #:** 3 **Task:** LFWW08TB **Subtask:** 60F3H3

**Activity Description:** SPS will: Develop drug management section of GLC applications, 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 the pool of GLC/GDF consultants, and 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.

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**Reporting Period:** Year: Project Year 3 **Quarter:** Q1

**Activity Progress:** The SPS TB team facilitated WHO/GDF workshops sessions on first- and second-line drugs management for TB and provided TA for Bangladesh and Nepal's National TB Programs (October 2009). The workshops focused on drug forecasting, procurement, storage and stock maintenance and were organized in collaboration with WHO/EMRO and WHO/AFRO. 56 participants attended the workshops (45 male and 11 female). The SPS Senior Technical Advisor participated in a DOTS Expansion Workgroup meeting in Geneva, Switzerland (October 2009). The SPS TB team also participated in a GLC monitoring mission to Azerbaijan to evaluate the utilization of second-line TB medicines by the NTP. Together with the WHO and Stop TB partners, the SPS Senior Technical Advisor traveled to the Philippines (November 2009) to conduct a technical assessment of potential sub-recipients/implementers for the programmatic MDR-TB component of the Global Fund grant.

**Barriers to Progress:** None.

**Next Steps:** Provide TA to GLC countries and monitoring missions. Strengthen PM capacity for PMDRT (conduct at least three regional courses). Increase pool of GLC/GDF consultants by providing regional trainings.

**Indicators:** None.

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

**Activity Lead:** Zagorski, Andre **Activity #:** 4 **Task:** LFWW08TB **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, 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 reports.

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**Reporting Period:** Year: Project Year 3 **Quarter:** Q1

**Activity Progress:** The SPS Senior Technical Advisor and Senior Program Associate attended a meeting on recording and reporting for MDR-TB in Turkey (December 2009). Highlights of the meeting where new technology, industry challenges, and future opportunities were shared and noted by the TB team. SPS facilitated a one-day workshop, "Practical Approaches to Ensuring Equitable Access to TB Medicines," at the 40th UNION TB Conference in Mexico (December 2009). The workshop covered a range of topics, including: the GDF as a mechanism to improve access to TB medicines and diagnostics, five year experience of an innovative TB information tool, e-TB Manager, and introduction of TB-fixed dose combinations in Dominican Republic.

**Barriers to Progress:** None.

**Next Steps:** Continue to improve and promote e-TB Manger as a comprehensive TB program management solution. Develop PC-based local databases for localities with poor internet access. In

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collaboration with the WHO, field test e-TB Manger in selected countries. Work with the WHO and Stop TB partners on promotion of e-TB Manager, as a comprehensive solution for TB and PMDRT challenges.

**Indicators:** None.

**Activity Title:** Provide technical leadership to STOP TB and WHO.

**Activity Lead:** Zagorski, Andre **Activity #:** 5 **Task:** LFWW08TB **Subtask:** 60F3H5

**Activity Description:** As part of its ongoing activities, SPS will conduct sessions on pharmaceutical management in four WHO courses for TB consultants--Implementing STOP TB Strategy for Consultants (three courses), and the 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 the 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.

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**Reporting Period:** Year: Project Year 3 **Quarter:** Q1

**Activity Progress:** The SPS Program Manager for TB facilitated TB drug management sessions at a WHO TB course for consultants in Sondalo, Italy (October 2009). 21 consultants attended the workshop (10 male and 11 female).

**Barriers to Progress:** None.

**Next Steps:** SPS will continue facilitating consultant workshop, as requested.

**Indicators:** None.

**Activity Title:** Disseminate SPS tools

**Activity Lead:** Zagorski, Andre **Activity #:** 7 **Task:** LFWW08TB **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

**Products Planned:** None.

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**Reporting Period:** Year: Project Year 3 **Quarter:** Q1

**Activity Progress:** The Pharmaceutical Management for TB- Assessment Manual, Managing TB Medicine at the Primary Level, and Managing Pharmaceuticals and Commodities for TB were distributed at the workshops in Bangladesh, Nepal, and Mexico. MOU for e-TB Manager was translated into Uzbek language.

**Barriers to Progress:** None.

**Next Steps:** SPS products will be printed and distributed at the workshop, as needed.

**Indicators:** None.

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## REGIONAL PROGRAMS

### East Africa (REDSO)

**Work plan:** East Africa (REDSO)    **Year** 09

**Funding Level:** \$56,000.00

#### Work plan Background

Countries of the East, Central and Southern Africa Health Community (ECSA HC) face a tremendous burden from communicable diseases, as exemplified by the high prevalence of HIV/AIDS, TB and malaria. This is compounded by a rising incidence of non-communicable diseases, which currently accounts for more than 50% of deaths in the region. The situation is exacerbated by inadequate pharmaceutical management systems in member states, leading to frequent stock-outs of essential medicines and medical supplies. Over the last 6 years, MSH/SPS, and previously MSH/RPM Plus, in continuing collaboration with the ECSA HC, and funding from USAID/EA, established the Regional Pharmaceutical Forum (RPF) as part of the Regional Logistics Initiative (RLI). This is a network of 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 ECSA member states. The work of the RPF 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 undertaken by the Health Systems Development Program. To ensure sustainability beyond the funding support, the RPF has been incorporated into the ECSA organizational structure. The RPF has recorded various achievements. For example, 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 technical working group (TWG) on Promoting Rational Medicine Use is continuing to advocate for a common approach to contain the emergence and spread of antimicrobial resistance (AMR).

**Activity Title:** Provide TA to the ECSA HC Secretariat for a meeting of policy-level stakeholders in health, to prioritize challenges in expanding access to pharmaceuticals from member states' perspective (promoting buy-in for regional strategies at the outset).

**Activity Lead:** Staley Jr., Robert    **Activity #:** 2    **Task:** LFRD09XXX    **Subtask:** 60A2H2

**Activity Description:** In FY2010, SPS will assist the RPF convene a policy-level meeting to prioritize activities at the regional level, as informed by the findings of the Assessment Report on Performance of Pharmaceutical Management Systems in ECSA (August, 2009), for implementation at the country level.

**SPS Partners**    None.

**Budget:** \$20,960.00    **Start Date:** Oct/2009    **End Date:** Sep/2010

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** Jointly with ECSA HC, held 2 virtual meetings and drafted a questionnaire on prioritization of the list of activities for RPF. The questionnaire will be completed by directors and senior officials of the MoH during the Regional Health Ministers Conference.

**Barriers to Progress:** Limitations on travel for ECSA HC staff led to cancellation of a planned meeting thereby delaying the start of the activity.

**Next Steps:** Administer the questionnaire, analyze the results, and present the prioritized list of activities during the donors meeting. Plan for the donor sensitization meeting.

**Indicators:**    None.

**Activity Title:** Provide technical assistance to the Regional Pharmaceutical Forum (RPF) to support formation of country-level AMR containment action groups to build the evidence and develop appropriate interventions to control the spread of AMR in ECSA Region.

**Activity Lead:** Staley Jr., Robert    **Activity #:** 3    **Task:** LFRD09XXX    **Subtask:** 60F1H3

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**Activity Description:** SPS will support the PRDU-Technical Working Group of the RPF to identify potential members of country-level action groups to advocate for action towards containment of AMR. A workshop will be held to build capacity and to enable groups to identify a common approach on containment of AMR for the region. Meetings will also identify potential intervention areas for AMR containment. This will facilitate implementation of interventions as value-added activities undertaken within existing programs.

**SPS Partners** None.

**Budget:** \$30,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Identified AMR groups in Kenya. Activity on-going in Swaziland.

**Barriers to Progress:** Competitiveness between action groups compromises their support to a coordinating body.

**Next Steps:** Assess the most viable of the existing AMR group(s) and identify one for collaboration. Determine relevant strengthening interventions for support and develop a plan for implementing activities.

**Indicators:** None.

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## Latin America and Caribbean (LAC)

### LAC-Amazon Malaria Initiative-08

Work plan: LAC-AMI Year 08

Funding Level: \$800,000.00

#### Work plan Background

In March 2002, USAID LAC/RSD-PHN launched the Amazon Malaria Initiative (AMI) to address malaria in 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 subsequently 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. In 2002, Rational Pharmaceutical Management Plus (RPM Plus), the predecessor to Strengthening Pharmaceutical Systems (SPS), was invited to participate in AMI as the technical partner for pharmaceutical management. Other partners in the initiative include the Pan American Health Organization's (PAHO) Infectious Disease Division, the Centers for Disease Control and Prevention (CDC), the United States Pharmacopoeia Drug Quality Information (USP-DQI) Program, the 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 in all eight 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 participant 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 during 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 advanced 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 Strengthening Pharmaceutical Systems (SPS). Arlington, VA: Management Sciences for Health.

<b>Activity Title:</b>	Institutionalization of standard operating procedures for malaria pharmaceutical management
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**Activity Lead:** Barillas, Edgar **Activity #:** 2 **Task:** LAC-MAL/AMI **Subtask:** 60CXH2

**Activity Description:** For FY08, SPS will provide technical assistance to revise the final version of SOPs, participate in SOP validation workshops, support activities to disseminate SOPs, 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 on the progress in the implementation of SOPs for malaria pharmaceutical management.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** During this quarter SPS visited Brazil and Bolivia. In Brazil, Bolivia, and Guyana the standard operational procedures for malaria pharmaceutical management have been finalized and will be edited, printed and disseminated to all the endemic areas, during the first quarter of 2010.

**Barriers to Progress:** No constraints (note: this activity was co-funded with FY09 funds).

**Next Steps:** The SOPs in Brazil, Bolivia and Guyana will be disseminated during the first quarter of 2010. The elaboration of a synthetic version of the Colombian SOPs for malaria pharmaceutical management in health facilities and the dissemination of the Peruvian SOPs (in a national workshop), were postponed for the first quarter of 2010.

**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 monitoring systems (as in Bolivia). Peru and Suriname have not implemented this tool (or any other). SPS will analyze the situation in 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 of AMI countries toward 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 progress in the implementation of supervision systems of malaria medicines availability and use in AMI countries. Pilot project proposal for the malaria supervision tool.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** MSH/SPS supported the scale-up of the supervision instrument in Colombia, Brazil, and Bolivia. According to the plans, these three countries should have a fully implemented and functional system by mid-2010. SPS also supported the elaboration of a supervision tool in Suriname. The final version will be validated and disseminated during the first quarter of 2010. In Peru, MSH/SPS supported the elaboration of systematized procedures for supervision and monitoring of the national pharmaceutical system in two regions. The draft version of the document will be revised and validated during the first quarter of 2010.

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*Regional Programs*

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**Barriers to Progress:** No constraints (note: this activity was co-funded with FY09 funds).  
**Next Steps:** MSH/SPS will support the monitoring of the supervision systems of Colombia, Brazil, and Bolivia during the first quarter of 2010.

**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

**Activity Description:** SPS will support initial and follow-up assessments in 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 components of malaria control, other partners of AMI 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". Assessment reports on "Prescription, dispensation, and adherence to treatment practices in four AMI countries".

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** The study on the implications of low-incidence of malaria on pharmaceutical management was presented to AMI partners during the last steering committee meeting, and disseminated (in English and Spanish) to all AMI counterparts.

**Barriers to Progress:** No constraints (note: this activity was co-funded with FY09 funds).

**Next Steps:** The consolidated (regional) version of the study on the situation of the supply chain of laboratory reagents and commodities was completed and will be disseminated to AMI partners and counterparts on January 2010. On January 2010 MSH/SPS will initiate the data collection of two regional studies: "Implications of the Introduction of ACTs in AMI Countries, and "Commercialization of Malaria Medicines in AMI Countries".

**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:** With collaboration from other AMI partners, SPS will analyze access and use of medicines and 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 to 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 and short-term work plans.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** MSH/SPS visited Quito, Ecuador and Piura, Peru to support the organization and facilitation of training courses on good storage practices. MSH/SPS sent documentation

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to health authorities in Monteria, Cordoba, Colombia to support the conditioning of the local warehouse. Additional direct technical assistance may be requested next year.

**Barriers to Progress:** No constraints (note: this activity was co-funded with FY09 funds).

**Next Steps:** No additional direct technical assistance has been requested.

**Indicators:** None.

**Activity Title:** Strengthening 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 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, including the minutes of the meeting and the findings of a rapid assessment in AMI countries.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** During this quarter, and based on the commitments and work plans elaborated during the Lima workshop, MSH/SPS provided TA to the NMP in Colombia to disseminate the guidelines of the strategic information system and train local personnel. MSH/SPS consultants collected, in four AMI countries, information on availability of malaria medicines in central medical stores. The studies showed significant stock-outs or oversupply in most countries. The information was shared with national counterparts and partners. This information triggered the donation of some medicines and emergency procurement of others. In Bolivia, the MoH requested MSH/SPS technical assistance to support the integration of the malaria program (and other vertical programs) to the national pharmaceutical information system. During this quarter MSH/SPS local consultant agreed with local counterparts on the terms of the requested TA.

**Barriers to Progress:** No constraints (note: this activity was co-funded with FY09 funds).

**Next Steps:** MSH/SPS will follow-up on these interventions by collecting similar indicators in January 2010.

**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, and presentations.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** MSH/SPS disseminated to all partners and counterparts the final versions (English and Spanish) of the technical report on prescription, dispensation and practices that promote adherence to antimalarial treatment. As a follow-up to the workshop on practices that promote adherence to treatment (Rio de Janeiro, July 2009), MSH/SPS contracted a local consultant in Brazil that will support the interventions that the Brazilian NMP will implement to improve the adherence to malaria treatment. MSH/SPS updated the MSH/AMI website including links to recent technical reports: "Prescription, dispensation and adherence to malaria treatment" and "Implications of low incidence of malaria on pharmaceutical management".

**Barriers to Progress:** No constraints (note: this activity was co-funded with FY09 funds).

**Next Steps:** During the first quarter of 2010, MSH/SPS will support the publication in regional or international journals of relevant pieces of information produced by the initiative: "Meta-analysis of adherence to antimalarial treatment", "Adherence to antimalarial treatment in Brazil", and "Implications of low incidence of malaria on pharmaceutical management".

**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 and semi-annual steering committee meetings. 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 3 **Quarter:** Q1

**Activity Progress:** No regional meetings planned for this quarter.

**Barriers to Progress:** No constraints.

**Next Steps:** Next SC meeting scheduled for March 2010.

**Indicators:** None.

### ***LAC-Amazon Malaria Initiative-09***

**Work plan:** LAC-AMI **Year:** 09

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

#### **Work plan Background**

In March 2002, USAID LAC/RSD-PHN launched the Amazon Malaria Initiative (AMI) to address malaria in 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 subsequently 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. In 2002, Rational Pharmaceutical Management Plus (RPM Plus), the predecessor to Strengthening Pharmaceutical Systems (SPS), was invited to participate in AMI as the technical partner for pharmaceutical management. Other partners in the initiative include the Pan American Health Organization's (PAHO) Infectious Disease Division, the Centers for Disease Control and Prevention (CDC), the United States Pharmacopoeia Drug Quality Information (USP-DQI) Program, the National Malaria Control Programs in the Amazon region, and the local USAID Missions. Between

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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 in all eight 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 FY08 funds SPS supported the elaboration of standard operational procedures (SOPs) for malaria pharmaceutical management, the implementation of pilot studies for a supervision tool for malaria diagnosis and treatment, a regional workshop on pharmaceutical management information systems, and assessments on: the implications of low incidence of malaria on pharmaceutical management, prescription and adherence to treatment, and the supply chain performance of laboratory commodities. SPS has received USD 800,000 in FY09 funds to support pharmaceutical management activities under AMI. These funds will be used to follow-up on activities initiated on FY08. The FY09 focus will be to institutionalize the SOPs, scale-up monitoring and supervision systems, develop guidelines to promote better prescription and dispensation practices and patient treatment adherence, support the improvement of pharmaceutical management information systems, and fill information gaps in critical areas such as the availability of antimalarials in private drugstores and outlets, and adherence to treatment in countries that did not implement these studies in FY08. In all these activities, MSH/SPS will address the implications of a decreased incidence of malaria in the core elements of pharmaceutical management. SPS will also provide direct technical assistance to AMI countries on specific problem areas identified in country visits and regional workshops.

**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 FY09, MSH/SPS will support the validation, final editing and implementation of the SOPs. Depending on the integration of the pharmaceutical system, some countries have elaborated, holistic SOPs (including all medicines used in the public sector), and others, malaria-specific PM SOPs. In both cases, MSH/SPS will support the elaboration of an operational synthesis, emphasizing the requisition, reception, storage, inventory control, prescription and dispensation in health facilities. A rapid assessment conducted by MSH/SPS on 2008 documented a fragmented and inefficient supply chain for laboratory reagents and commodities. MSH/SPS will support the integration of these supplies into a single supply management system. The inclusion of laboratory reagents and commodities in the integrated or malaria specific SOPs will prepare a solid ground to achieve this objective. MSH/SPS will provide TA for the elaboration and adoption of standardized conversion factors and procedures to track the consumption and reordering of laboratory reagents and commodities.

**SPS Partners:** None.

**Budget:** \$80,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Trip reports. Technical document: SOPs on malaria pharmaceutical management (incorporating laboratory commodities components) published and disseminated at least in 3 AMI countries.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** SPS visited Brazil and Bolivia. In both countries and Guyana the standard operational procedures for malaria pharmaceutical management have been finalized and will be edited, printed and disseminated to all the endemic areas, during the first quarter of 2010. The elaboration of a synthetic version of the Colombian SOPs for malaria pharmaceutical management in health facilities and the dissemination of the Peruvian SOPs (in a national workshop), were postponed for the first quarter of 2010.

**Barriers to Progress:** No constraints (note: this activity was co-funded with FY08 funds).

**Next Steps:** Finalization of SOPs in Colombia and Peru scheduled for the first quarter of 2010.

**Indicators:** None.

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**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 FY09, SPS will provide technical assistance for the validation and final editing of supervision guidelines, for the training of the supervisors and other implementation activities, and for the analysis of the information generated by the supervision tool.  
**SPS Partners:** None.  
**Budget:** \$170,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Supervision guidelines published and disseminated in at least 4 AMI countries.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** MSH/SPS supported the scale-up of the supervision instrument in Colombia, Brazil and Bolivia. According to the plans, these three countries should have a fully implemented and functional system by mid 2010. SPS also supported the elaboration of a supervision tool in Suriname. In Peru, MSH/SPS supported the elaboration of systematized procedures for supervision and monitoring of the national pharmaceutical system in two regions.  
**Barriers to Progress:** No constraints (note: this activity was co-funded with FY08 funds).  
**Next Steps:** MSH/SPS will support the monitoring supervision systems of Colombia, Brazil and Bolivia during the first quarter of 2010. The final version of the supervision tool in Suriname, will be validated and disseminated during the first quarter of 2010. In Peru, the draft version of the supervision tool will be revised and validated during the first quarter of 2010.  
**Indicators:** None.

**Activity Title:** Institutionalization of the best prescription and dispensation practices and interventions to promote treatment adherence  
**Activity Lead:** Barillas, Edgar **Activity #:** 4 **Task:** LAC-MAL/AMI **Subtask:** 60E3M4  
**Activity Description:** For FY09, MSH/SPS will support the implementation of the activities included in the aforementioned work plans, including the elaboration of a check list and the introduction of a graphic prescription in Brazil.  
**SPS Partners:** None.  
**Budget:** \$90,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Strategic information system for malaria pharmaceutical management implemented at least in 1 AMI country. National pharmaceutical information systems that incorporates malaria medicines and commodities at least in one AMI country. Proposals to improve adherence to treatment for 6 AMI countries. Guidelines to improve patient adherence to treatment elaborated at least in 2 AMI countries.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** MSH/SPS disseminated to all partners and counterparts the final versions (English and Spanish) of the technical report on prescription, dispensation and practices that promote adherence to antimalarial treatment. As a follow-up to the workshop on practices that promote adherence to treatment (Rio de Janeiro, July 2009), MSH/SPS contracted a local consultant in Brazil that will support the interventions that the Brazilian NMP will implement to improve the adherence to malaria treatment.  
**Barriers to Progress:** No constraints (note: this activity was co-funded with FY08 funds).  
**Next Steps:** During the first quarter of 2010, MSH/SPS consultants in AMI countries will assess the progress in the implementation of the work plan drafted in the Rio de Janeiro workshop.  
**Indicators:** None.

**Activity Title:** Provide technical assistance to AMI countries to conduct follow-up assessments on their pharmaceutical systems for malaria  
**Activity Lead:** Barillas, Edgar **Activity #:** 5 **Task:** LAC-MAL/AMI **Subtask:** 60CXA5  
**Activity Description:** For FY09, MSH/SPS will support the validation of these guidelines, their official incorporation to the national malaria program SOPs, and their implementation.

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<b>SPS Partners</b>	None.
<b>Budget:</b> \$160,000.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2010
<b>Products Planned:</b>	At least one regional study and three national studies to assess the situation of malaria pharmaceutical managements and impact of AMI TA.
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	The study on the implications of low incidence of malaria on pharmaceutical management was presented to AMI partners during the last steering committee meeting, and disseminated (in English and Spanish) to all AMI counterparts.
<b>Barriers to Progress:</b>	No constraints (note: this activity was co-funded with FY08 funds).
<b>Next Steps:</b>	The consolidated (regional) version of the study on the situation of the supply chain of laboratory reagents and commodities was completed and will be disseminated to AMI partners and counterparts on January 2010. On January 2010 MSH/SPS will initiate the data collection of two regional studies: "Implications of the Introduction of ACTs in AMI Countries", and "Commercialization of Malaria Medicines in AMI Countries".
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Provide direct technical assistance and collaborate with partners in the design and implementation of interventions to improve pharmaceutical management
<b>Activity Lead:</b> Barillas, Edgar	<b>Activity #:</b> 6 <b>Task:</b> LAC-MAL/AMI <b>Subtask:</b> 60CXH6
<b>Activity Description:</b>	For FY09, MSH/SPS will support studies on prescription, dispensation, and adherence for countries that did not complete one in 2008. SPS will assess the commercialization of antimalarials in selected AMI countries, the impact of the introduction of ACTs, and will support operative research to assess the immediate results of interventions implemented with MSH/SPS TA and USAID/AMI resources. MSH/SPS will organize regional meetings to present and discuss the results of these studies and design, with local counterparts, the appropriate interventions to confront possible problems.
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<b>SPS Partners</b>	None.
<b>Budget:</b> \$120,000.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sept/2010
<b>Products Planned:</b>	At least three AMI countries implementing pharmaceutical management interventions with TA from MSH/SPS and other AMI partners.
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	During this quarter MSH/SPS visited Quito, Ecuador and Piura, Peru to support the organization and facilitation of training courses on good storage practices. MSH/SPS sent documentation to health authorities in Monteria, Cordoba, Colombia to support the conditioning of the local warehouse. Additional direct technical assistance may be requested next year.
<b>Barriers to Progress:</b>	No constraints (note: this activity was co-funded with FY08 funds).
<b>Next Steps:</b>	No specific requests at this point.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Strengthening of malaria pharmaceutical management information systems
<b>Activity Lead:</b> Barillas, Edgar	<b>Activity #:</b> 7 <b>Task:</b> LAC-MAL/AMI <b>Subtask:</b> 60G4H7
<b>Activity Description:</b>	In collaboration with other partners, MSH/SPS will provide direct technical assistance for the design and implementation of interventions to improve pharmaceutical management. An extended support may be requested for current (FY08) activities supported as pilot initiatives (the communications campaign in Colombia, and the improvement of warehousing conditions and practices in Ecuador and Colombia), if the final evaluation demonstrates a clear impact of the intervention. This activity includes the facilitation of south-to- south technical assistance (as agreed to in the Lima meeting).
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<b>SPS Partners</b>	None.
<b>Budget:</b> \$60,000.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sept/2010
<b>Products Planned:</b>	Strategic information system for malaria pharmaceutical management implemented at least in 1 AMI country. National pharmaceutical information systems that have

incorporated malaria medicines and commodities in at least one AMI country.

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**Reporting Period:** Year: Project Year 3 Quarter: Q1

**Activity Progress:** During this quarter, and based on the commitments and work plans elaborated during the Lima workshop, MSH/SPS provided TA to the NMP in Colombia to disseminate the guidelines of the strategic information system and train local personnel. MSH/SPS consultants collected, in four AMI countries, information on availability of malaria medicines in central medical stores. The studies showed significant stock-outs or oversupply in most countries. The information was shared with national counterparts and partners. This information triggered the donation of some medicines and emergency procurement of others. In Bolivia, the MoH requested MSH/SPS technical assistance to support the integration of the malaria program (and other vertical programs) to the national pharmaceutical information system. During this quarter, MSH/SPS local consultant agreed with local counterparts on the terms of the requested TA.

**Barriers to Progress:** No constraints (note: this activity was co-funded with FY08 funds).

**Next Steps:** MSH/SPS will follow-up these interventions by collecting similar indicators in January 2010.

**Indicators:** None.

**Activity Title:** Communication of research results and dissemination of best practices and illustrative interventions to national and international audiences

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

**Activity Description:** In collaboration with Links Media, MSH/SPS will update and edit the aforementioned publications (in an AMI template developed by Links Media) to reach a wider audience. MSH/SPS will also support the presentation and discussion in national forums, of interventions and studies promoted by AMI. MSH/SPS will support (first among partners, and then among counterparts) the dissemination and discussion of the study on the implications of low incidence of malaria on pharmaceutical management. MSH/SPS will 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 MSH/SPS program website, and contribute to coordinated efforts to disseminate information at conferences and meetings.

**SPS Partners:** None.

**Budget:** \$50,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** At least four AMI countries holding organized meetings for the discussion of SPS/AMI-supported research and impact evaluations. At least 3 publications disseminated (electronically and physically) to partners and counterparts. Updated SPS/AMI website.

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**Reporting Period:** Year: Project Year 3 Quarter: Q1

**Activity Progress:** During this quarter, MSH/SPS disseminated to all partners and counterparts the final versions (English and Spanish) of the technical report on prescription, dispensation and practices that promote adherence to antimalarial treatment. As a follow-up to the workshop on practices that promote adherence to treatment (Rio de Janeiro, July 2009), MSH/SPS contracted a local consultant in Brazil that will support the interventions that the Brazilian NMP will implement to improve the adherence to malaria treatment. MSH/SPS updated the MSH/AMI website, including links to recent technical reports: "Prescription, dispensation and adherence to malaria treatment" and "Implications of low incidence of malaria on pharmaceutical management".

**Barriers to Progress:** No constraints (note: this activity was co-funded with FY08 funds).

**Next Steps:** During the first quarter of 2010, MSH/SPS will support the publication in regional or international journals of relevant pieces of information produced by the initiative: "Meta-analysis of adherence to antimalarial treatment", "Adherence to antimalarial treatment in Brazil", and "Implications of low incidence of malaria on pharmaceutical management".

**Indicators:** None.

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

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	countries and technical partners
<b>Activity Lead:</b>	Barillas, Edgar <b>Activity #:</b> 9 <b>Task:</b> LAC-MAL/AMI <b>Subtask:</b> 60F4N9
<b>Activity Description:</b>	SPS will participate in the annual meeting and semi-annual steering committee meetings. Additional funds have been allocated to support SPS' attendance at any other AMI meetings, upon request.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$30,000.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2010
<b>Products Planned:</b>	SPS participates in two annual AMI meetings and other regional activities with initiative countries and technical partners.
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	No activities planned for this quarter.
<b>Barriers to Progress:</b>	No constraints.
<b>Next Steps:</b>	Next AMI meeting tentatively scheduled for March 2010 in Santa Cruz, Bolivia.
<b>Indicators:</b>	None.

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### **LAC-Antimicrobial Resistance**

**Work plan:** LAC-AMR/SAIDI **Year** 09

**Funding Level:** \$190,000.00

#### **Work plan Background**

The growing problem of antimicrobial resistance is threatening to undermine the advances achieved through priority health programs including tuberculosis, malaria, acute respiratory infections, sexually transmitted infections and HIV/AIDS, by rendering currently available treatments ineffective. Antimicrobial resistance (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 multi-drug resistant tuberculosis (MDR-TB). The emergence and spread of MDR-TB has serious implications for a national TB control program, because 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 AMR control, with a specific emphasis on preventing the emergence of MDR-TB. Since FY04, the Rational Pharmaceutical Management (RPM) Plus program - predecessor to MSH's Strengthening Pharmaceutical Systems program -and the other SAIDI international partners, including the Alliance for Prudent Use of Antibiotics (APUA), the Drug Quality Information Program from the US Pharmacopeia (DQI USP), Links Media, the US Center for Disease Control and Prevention (CDC), and the Infectious Disease Division of the Pan-American Health Organization (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 therefore takes advantage of the interaction between 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, MSH/SPS and national partners have implemented activities to address the identified problem areas, including: certification of the DISA Callao warehouse in good storage practices (GSP) (Peru), development and implementation of standard operating procedures (SOPs) for 2nd-line tuberculosis (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), and improved facility-level management of 1st line TB medicines (Paraguay and Bolivia). Last year, SPS continued to support these activities and worked improve local capacity needed to transfer

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responsibilities to national institutions and organizations, thereby promoting long-term sustainability. This year, SPS will continue to work on improving capacity and transferring responsibilities. In addition, SPS and other SAIDI partners will share their approach with another country in the region, and work with stakeholders in this new country in implementation.

**Activity Title:** Provide support to institutionalize improved pharmaceutical management processes and procedures in Callao, and at the national level in Peru

**Activity Lead:** Barillas, Edgar **Activity #:** 2 **Task:** LFLN09AMR **Subtask:** 60F3H3

**Activity Description:** This year, SPS will conduct monthly monitoring visits to ensure implementation of the SOPs for warehouse management. Prior to the annual re-certification inspection, SPS will evaluate the warehouse and communicate the findings so that the Directorate can prepare.

**SPS Partners:** None.

**Budget:** \$36,680.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** During October and November, the good practices for storage of Callao/DIRESA were monitored by a local consultant (Augusto Mendoza), in order to keep the BPA, until certification in April 2010. In December 2009, the experience in Peru on the implementation of procedures manual for the supply of drugs for second-line TB was presented at the Union Conference in Cancun.

**Barriers to Progress:** None.

**Next Steps:** SPS will work with the DISA Callao to prepare and hold a strategic planning meeting in Callao. The participation of national and other international partners will be sought. During the meeting, the original logical framework will be reviewed and progress made will be discussed. By the end of the meeting, DISA Callao will have a revised plan of action to guide planning processes in the future.

**Indicators:** None.

**Activity Title:** Provide support to the Ministry of Public Health and Social Welfare (MoPHSW) to strengthen pharmaceutical management and work towards developing a system for pharmacovigilance in Paraguay

**Activity Lead:** Barillas, Edgar **Activity #:** 3 **Task:** LFLN09AMR **Subtask:** 60LXH4

**Activity Description:** SPS will work to build the capacity of the university to provide technical assistance on pharmaceutical management. In addition, at the request of the MoPHSW, SPS will work with the university and the ministry to plan the development of a pharmacovigilance system in Paraguay.

**SPS Partners:** None.

**Budget:** \$75,630.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** A new management office for strategic supplies has been established within the Ministry of Public Health and Social Welfare. This office will coordinate and improve drug supply management. Professional pharmacists from 12 states have been trained on rational drug use. Drug supply management has been incorporated into the curriculum of the pharmacy schools. A MSH consultant went to Paraguay to assess the pharmaceutical system to develop a pharmacovigilance system.

**Barriers to Progress:** None.

**Next Steps:** SPS will work with the university and the ministry to plan the development of a pharmacovigilance system in Paraguay.

**Indicators:** None.

**Activity Title:** Coordinate with SAIDI international partners to extend the SAIDI approach to another country in the region

**Activity Lead:** Barillas, Edgar **Activity #:** 4 **Task:** LFLN09AMR **Subtask:** 60G2H2

**Activity Description:** International partners will coordinate with stakeholders from another country in South

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America to share the SAIDI approach. In preparation for this, international partners will finalize SAIDI documentation, such as the SAIDI approach document, lessons learned publication, and other SAIDI materials. Partners will meet to define which country to work in, and once defined, will contact key institutions and organizations to schedule an initial visit.

**SPS Partners**

None.

**Budget:** \$58,790.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

On September 18, 2009, the SAIDI semi-annual meeting took place in Washington, DC. All partners participated in the meeting and during that meeting, it was agreed that the SAIDI model/approach will be disseminated to stakeholders in a package to include three main documents: an approach document, an inventory of outcomes, and a journal article. Partners will create a matrix with countries, activities, and partners to document lessons learned.

**Barriers to Progress:**

None.

**Next Steps:**

Finish approach document. Hold a conference call (once SAIDI approach and other documents are available), to determine partners assigned and timing for visit to Ecuador.

**Indicators:**

None.

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## Regional Development Mission for Asia (RDMA)

**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 the 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.

<b>Activity Title:</b>	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
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**Activity Lead:** Yeager, Beth    **Activity #:** 5    **Task:** LFRN08IDX    **Subtask:** 60F3H5

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<b>Activity Description:</b>	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.
<b>USG Sub-element</b>	Host Country Strategic Information Capacity
<b>SPS Partners</b>	None.
<b>Budget:</b> \$43,710.00	<b>Start Date:</b> Oct/2008 <b>End Date:</b> Sep/2009
<b>Products Planned:</b>	Adapted MDR-TB quantification tool and instruction manual. Trip report describing the training process and outcomes.
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	SPS conducted a quantification and TOT workshop in Ulaanbaatar, Mongolia in March 2009. Following the course, the NTP agreed to host a follow-up visit in six months to review implementation of PMTB concepts and provide on-site technical support.
<b>Barriers to Progress:</b>	The visit was tentatively scheduled for early November, but delays in NTP confirmation have made finalizing plans challenging.
<b>Next Steps:</b>	Given obstacles and funding levels, SPS proposed instead to support an NTP representative to present training progress, outcomes, and impacts at a symposium on PMTB at an upcoming global or regional TB conference.
<b>Indicators:</b>	None.

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## COUNTRY PROGRAMS

### Afghanistan

**Work plan:** Afghanistan    **Year** 09

**Funding Level:** \$2,500,000.00

#### **Work plan Background**

Afghanistan is classified as one of the least developed countries in the world, with a highly complex and chaotic pharmaceutical sector. Since 2002, USAID has supported technical assistance for pharmaceutical management to the Afghanistan Ministry of Public Health (MoPH) and nongovernmental organizations (NGOs) operating in the country, through Management Sciences for Health (MSH) programs, including the Afghanistan Health Services Enhancement Project, the Rural Expansion of Afghanistan's Community Based Healthcare Program, and the Tech Serve Program. In 2008, the USAID Mission invited MSH's Strengthening Pharmaceutical Systems (SPS) Program to render technical assistance (TA) and support to the government of Afghanistan's MoPH to improve the country's pharmaceutical system. In October 2008, SPS established a country office in Kabul, and since then, SPS has been working closely with the MoPH 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 once the Tech Serve Project concludes. Since establishing the country office, SPS has assisted the MoPH in Afghanistan with pharmaceutical management interventions at both national and peripheral levels of the system. At the national level, SPS has provided technical assistance to the General Directorate of Pharmaceutical Affairs (GDPA), the Central Warehouse, the hospitals of Kabul, and other institutions to integrate components of pharmaceutical management into national strategies for improving access to essential medicines, especially those components related to quality assurance, rational medicine use, procurement and distribution, and management information systems (MIS). In collaboration with the GDPA, SPS has taken the lead in developing curriculum and conducting training in pharmaceutical management for pharmacy staff from select geographic locations in support of the MoPH training obligations. Also in collaboration with the MoPH/GDPA, SPS has been the lead agency for putting in place the Coordinated Procurement and Distribution System (CPDS) for essential medicines in Afghanistan. This governmental initiative emerged in 2009 to ensure that appropriate coordinating mechanisms are in place to effectively facilitate various activities and to involve stakeholders in the selection, quantification, procurement, storage, distribution, and use of pharmaceuticals used for the Basic Package of Health Services (BPHS) and the Essential Package of Health Services (EPHS). The ultimate objective of the CPDS is to maximize the purchasing power of donor funds and resources, while ensuring the quality of products through a centralized and coordinated process. During FY09, SPS expects some structural changes at the MoPH as a result of national elections that are scheduled to occur in August 2009. It is still uncertain what the roles of some institutions and directorates of the MoPH will be, and whether the leadership of certain positions within key institutions and directorates of the MoPH will change. In this potentially challenging situation, SPS plans to continue activities that support the pharmaceutical sector and advocate for pharmaceutical management to have a priority role in health care structure. SPS's TA and support will cut across both the public and private sectors. One of SPS's main focuses will be to continue to build the local capacity of staff at the MoPH/GDPA in pharmaceutical management, to effectively allow the GDPA to assume its role and responsibility for overseeing the public and private pharmaceutical sectors in Afghanistan. At the national level, SPS will continue to support the CPDS in order to consolidate its internal organization and the functions of its members and promote its sustainability. SPS will also continue supporting the directorates of the MoPH and the central warehouse, paying special attention to three MoPH priority areas: accessibility and distribution of pharmaceuticals, rational use of medicines, and product quality assurance. Finally, SPS has and will continue to design interventions in Afghanistan to provide immediate response to urgent day-to-day pharmaceutical problems, while at the same time developing the policy framework and human capacity to strengthen the system in the medium- and long-terms. To achieve this, SPS will fully involve local counterparts in the process of determining priority actions and processes, and implementing resulting activities.

**Activity Title:** To provide TA for the establishment of Drug and Therapeutic Committees at the

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National and Hospital Levels

**Activity Lead:** Morris, Mark **Activity #:** 3 **Task:** LFAF09XXX **Subtask:** 60BXH3

**Activity Description:** SPS will provide TA and support to the National Drug and Therapeutic Committee (NDTC) to develop 1- and 3-year plans to improve pharmaceutical use and monitor progress. Working in close collaboration with the MoPH and the AMR portfolio, SPS Afghanistan will support the development of guidelines and an implementation plan for NDTC's work to establish DTCs at major hospitals in all provinces in Afghanistan.

**SPS Partners:** None.

**Budget:** \$239,983.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** This activity continues from year 1. During the reporting period, SPS continued its support of the NDTC and the GDPA in the process of establishing DTCs in hospitals. Three hospitals were selected for full support: Nangarhar Regional Hospital, Kabul Indira Gandhi Hospital, and Farkhar District Hospital. SPS facilitated visits to each hospital by members of the NDTC and the GDPA. The NDTC has assisted each hospital with the establishment of TORs, development of action plans for a period of six months, and training of DTC members for each DTC. A total of 71 individuals have received training on the various elements and aspects of the functioning of a DTC. In addition, three additional hospitals were selected for limited support. Two such hospitals include the Kabul Stomatology Dental Hospital and Noor Eye Hospital. Members of the NDTC and GDPA have met with the officials at both hospitals and training was conducted at the Kabul Stomatology Dental Hospital.

**Barriers to Progress:** None noted at this time. Limited human resources to effectively respond to the overwhelming need for TA at the selected hospitals.

**Next Steps:** SPS will continue to render TA and support to the NDTC meetings and to the selected hospitals for the ongoing implementation of action plans developed for each DTC.

**Indicators:** None.

**Activity Title:** To provide TA to the Standard Treatment Guideline (STG) Working Group to improve the standardization of prescribing of medicines

**Activity Lead:** Morris, Mark **Activity #:** 4 **Task:** LFAF09XXX **Subtask:** 60EXH2

**Activity Description:** In collaboration with the AMR portfolio, SPS Afghanistan will continue supporting the STG working group to review and develop comprehensive STGs for Afghanistan in FY09. The STGs are essential documents for helping prescribers make informed decisions and for ensuring that appropriate treatments are prescribed for specific clinical problems. SPS will provide the necessary TA to publish the STGs and develop implementation strategies to ensure that the guidelines are used to improve patient outcomes across Afghanistan

**SPS Partners:** None.

**Budget:** \$145,158.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Standard Treatment Guidelines. Trip report.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** This activity continues from year 1. During the reporting period, SPS held a two-day orientation meeting with the members of the STG Working Group (STGWWG) to orient them on the STG framework which was developed at the end of the 4th quarter of year 1. On October 11, SPS facilitated the first STGWWG meeting, which resulted in the development of an annual work plan. Over the course of the reporting period, the following activities were carried out: list and hard copies of MoPH guidelines prepared, list of BPHS conditions prepared, procedure for development of STG finalized, finalized list of conditions, STG format/layout developed, evidence status of conditions determined, and list of needed resources developed. In December, four STGWWG

meetings were held and resulted in the development of a two-year work plan to guide the development of the STG. A STG Stakeholders Workshop will be scheduled to occur the in February 2010. The stakeholders meeting will provide an opportunity for the working group to share the process for the development of the STG, as well as to solicit the involvement of key stakeholders and secure appropriate buy-in and commitment.

**Barriers to Progress:** Identification of sufficient expertise within Afghanistan who can commit time and skills to the development of the STG.

**Next Steps:** Planning and implementation of the STG Stakeholders Workshop the first week of February 2010. Identification of suitable skilled Afghan professionals to participate in the process. Continue to support the process for the development of the STG.

**Indicators:** None.

**Activity Title:** To provide TA to HSSP to revise training materials for Rational Medicine Use to be used in training of physicians, pharmacists, and CHWs

**Activity Lead:** Morris, Mark **Activity #:** 5 **Task:** LFAF09XXX **Subtask:** 60E3H4

**Activity Description:** With the technical support of the AMR portfolio, SPS Afghanistan will continue its support to HSSP by collaborating on revisions to the RMU training materials.

**SPS Partners** None.

**Budget:** \$48,669.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Revised training materials.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** This activity continues from year 1. Unfortunately, HSSP's lack of response to recommendations provided by SPS during the last two quarters of year 1 delayed the process of moving this activity forward. On the 24th of December, SPS was finally able to secure a meeting with HSSP to discuss the recommendations previously provided by SPS. During the meeting SPS had an opportunity to explain in detail the recommendations (which were a result of a thorough review of HSSP's RMU training materials). HSSP was receptive to the recommendations and an agreement was reached. HSSP agreed to provide formal feedback on SPS' recommendations by the January 15, 2010. In addition, HSSP agreed to create a task force to work on the revision of their training materials. It is expected that the task force will commence work in February 2010 and will be comprised of HSSP, SPS, and MoPH/API. SPS agreed to assist HSSP design additional training materials to support HSSP health officers, pharmacy officers, and BPHS health supervisors.

**Barriers to Progress:** Lack of availability of HSSP to effectively move the process forward in a timely manner.

**Next Steps:** SPS will continue to work closely with the HSSP and MoPH/API to effectively revise HSSP's training materials.

**Indicators:** None.

**Activity Title:** To provide TA to Kabul University Faculty of Pharmacy for the revision of pharmacy curriculum to include appropriate elements of rational medicines use, pharmaceutical management, and antimicrobial resistance

**Activity Lead:** Morris, Mark **Activity #:** 6 **Task:** LFAF09XXX **Subtask:** 60E3H5

**Activity Description:** SPS Afghanistan with the technical support of the AMR portfolio will provide TA and support to the University of Kabul to effectively integrate appropriate elements of RMU, pharmaceutical management, and AMR in the revision of its current curriculum.

**SPS Partners** None.

**Budget:** \$97,681.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Revised course curriculum.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** This activity continues from year 1. During year 1, SPS developed a comprehensive

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plan of action detailing the process necessary to assist Kabul University Faculty of Pharmacy to effectively include RMU, elements of pharmaceutical management, and antimicrobial resistance in their curriculum. Over the course of the reporting period, SPS has reached out several times to secure meetings with the university to move the process forward. SPS staff was told on several occasions that the university wanted to wait for the results of the national elections and any changes in the various ministries, as a result of the anticipated changes in the central government. The election concluded and there were some expected changes in the leadership of several ministries. Announcements of changes are expected by the end of February 2010. SPS will continue to pursue the university relative to the progression of this activity.

**Barriers to Progress:** Delays from the university as it awaits anticipated changes within the government, due to the results of the national presidential election.

**Next Steps:** During the second quarter of year 2 SPS will hopefully engage the involvement of the university to move this activity forward.

**Indicators:** None.

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

**Activity Lead:** Morris, Mark **Activity #:** 8 **Task:** LFAF09XXX **Subtask:** 60AXH9

**Activity Description:** During FY09, SPS will provide support to ensure the review of all laws, policies, and regulations relating to the pharmaceutical sector, with the aim of finalizing the documents for approval and enactment.

**SPS Partners:** None.

**Budget:** \$74,820.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** This activity continues from year 1. During year 1 implementation, the MoPH requested that SPS not address any aspect of this activity due to the preparation of the presidential elections. During the reporting period, the MoPH agreed to allow SPS to engage the services of a consultant to assess the current status of the drug policies and regulations and determine a plan of action. A consultant is scheduled to visit Kabul in February of 2010 to begin the necessary work on this activity.

**Barriers to Progress:** The MoPH has requested some delay in the implementation of this activity due to scheduled presidential election.

**Next Steps:** SPS's consultant will assess the current status of the drug policies and regulations and develop a plan of action in February 2010. Once the status of the policies and regulations have been determined and a plan has been developed by the consultant, SPS will assist the MoPH with the implementation of the action plan to ensure that appropriate policies and regulations are available to support the pharmaceutical sector.

**Indicators:** None.

**Activity Title:** Provide TA to the MoPH/GDPA to improve coordination and internal and external communication with the MoPH on pharmaceutical management

**Activity Lead:** Morris, Mark **Activity #:** 9 **Task:** LFAF09XXX **Subtask:** 60AXD0

**Activity Description:** During FY09, SPS will continue its support to the GDPA and with its collaboration will continue to identify and seek solutions to barriers that impede internal and external communication and coordination.

**SPS Partners:** None.

**Budget:** \$123,516.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** MoPH SOPs.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** During the reporting period, SPS continued to support the management of the GDPA,

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by assisting the GDPA with organizing a monthly coordination between among the various departments of the GDPA. In addition, SPS continued to provide English and computer skills training to the staff of the GDPA and gave a midterm exam on December 24, to evaluate retention of training information. The exam indicated significant progress is being made in both areas— important aspects of facilitating internal and external communication of the GDPA. Significant results/recommendations from the functional analysis of the GDPA will be utilized to further guide SPS's support to the GDPA, relative to this activity.

**Barriers to Progress:**

Results of the functional analysis.

**Next Steps:**

SPS will continue to render assistance to the GDPA. The results of the functional analysis will be utilized to further support the GDPA.

**Indicators:**

None.

**Activity Title:**

Provide TA to the MoPH/GDPA to implement an integrated system of pharmaceutical management including updating or creating SOPs and tools, improving the pharmaceutical MIS, developing and implementing a plan for pharmacy trainings and supervision at provincial and facility pharmacies

**Activity Lead:** Morris, Mark **Activity #:** 10 **Task:** LFAF09XXX **Subtask:** 60AXH7

**Activity Description:**

SPS will assist the MoPH/GDPA with development of a training plan that meets the GDPA's training obligations to different levels of the public and private pharmaceutical sectors including, the central, provincial, and health facility.

**SPS Partners**

None.

**Budget:** \$238,080.00

**Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:**

Updated and new SOPs and tools for pharmaceutical management, plan for training and supervision, technical reports, tools and procedures for pharmaceutical management which have been implemented and are regularly actualized through the system.

**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

During the reporting period, SPS continued its support to the GDPA for the development of a drug importation and registration database. A consultant visited Kabul in December of 2009 to render support in this regard. In addition, SPS has secured the services of a consultant who will travel to Kabul in April 2010 to assist with the establishment of a training platform and an overall training plan. Finally, SPS assisted the GDPA respond to support requested by Wazir Akbar Khan Hospital. The hospital was experiencing problems with RMU and pharmaceutical management. From December 16-17, training on the use of the Inventory Management Assessment Tool (IMAT) was conducted for 22 individuals and from December 22-23, SPS conducted training on the Drug Use Evaluation for 22 individuals. In collaboration with the GDPA, SPS will continue to render TA to the Wazir Akbar Khan Hospital to address the noted concerns.

**Barriers to Progress:**

None noted at this time.

**Next Steps:**

In collaboration with GDPA, SPS will continue to render TA support to Wazir Akbar Khan Hospital. SPS' consultant will assist the GDPA in development of a training platform in April 2010.

**Indicators:**

None.

**Activity Title:**

Conduct a situation analysis and develop the necessary documents and reports to elaborate a proposal for the establishment of a National Drug Authority

**Activity Lead:** Morris, Mark **Activity #:** 11 **Task:** LFAF09XXX **Subtask:** 60A2F8

**Activity Description:**

Sub-activities include, but are not limited to: identifying, defining, prioritizing, and establishing an appropriate sustainable mix of technically sophisticated activities to support the risk-based regulatory systems. Identifying the conditions and resources necessary to justify, develop, and sustain a system capable of providing a comprehensive service in a resource-limited environment.

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**SPS Partners** None.  
**Budget:** \$178,896.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Analysis report and proposal. Options for the establishment of the NDA and a registration system analyzed and discussed with the MoPH.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** This activity will commence the second quarter of year 3. SPS is currently in the process of developing a SOW for approximately two consultants that will travel to Afghanistan to determine the feasibility of establishing a FDA in Afghanistan, and to assist the MoPH with the elaboration of a plan of action.  
**Barriers to Progress:** Delays in the identification of appropriate consultants to implement this work, as well as awaiting formal go ahead from the MoPH to move the process forward.  
**Next Steps:** SPS will complete the SOW, submit to MoPH for review and approval, and engage the consultants in the exploratory assessment in March/April of 2010.  
**Indicators:** None.

**Activity Title:** To provide TA to create a drug registration system as a first step in establishing an NDA

**Activity Lead:** Morris, Mark **Activity #:** 12 **Task:** LFAF09XXX **Subtask:** 60A5HA

**Activity Description:** SPS plans the following activities to establish an NDA: (1) Assist the GoA to review experiences from other resource-limited countries to prioritize activities related to scope, finances, and technical and human resources. MSH will also help the GoA explore the need, justification, and potential for employing human and technical resources from outside of the MoPH. (2) On the basis of activity 11, make recommendations on an appropriate scope of activities and developmental priorities for the NDA in Afghanistan, including scope of product coverage (i.e., pharmaceuticals, food, medical devices, and/or cosmetics), and identify human, technical, and financial resources required. (3) Define the NDA's role in the MoPH, including technical, human and financial resources, existing organizational structure, management and information systems, and legal and regulatory framework. (4) Develop a comprehensive, prioritized, fully costed, multi-year, strategic plan.

**SPS Partners** None.  
**Budget:** \$211,634.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Procedures for drug registration: the process for registering drugs in Afghanistan will be started after implementation of the procedures developed.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** This activity will commence the second quarter of year 3. SPS is currently in the process of developing a SOW for approximately two consultants that will travel to Afghanistan to determine the feasibility of establishing a FDA in Afghanistan and to assist the MoPH with the elaboration of a plan of action. After this exploratory work, discussion regarding the drug registration system can begin.  
**Barriers to Progress:** Delays in the identification of appropriate consultants to implement this work, as well as awaiting formal go ahead from the MoPH to move the process forward.  
**Next Steps:** SPS will complete the SOW, submit to MoPH for review and approval, and engage the consultants, and engage in the exploratory assessment in March/April of 2010.  
**Indicators:** None.

**Activity Title:** To provide technical support to the MoPH to improve the functionality of the Central Warehouse to improve the availability and accessibility of pharmaceuticals and other commodities

**Activity Lead:** Morris, Mark **Activity #:** 13 **Task:** LFAF09XXX **Subtask:** 60C3HB

**Activity Description:** During the latter part of FY08, SPS completed a comprehensive options analysis of procurement and distribution mechanisms for the MoPH and USAID, including the Central Warehouse. Based upon the assessment's recommendations for operations at

the Central Warehouse operations, SPS put together a plan to improve the warehouse's performance.

**SPS Partners** None.

**Budget:** \$92,446.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Technical and training reports. TA delivered and recommendations discussed with the staff of the central warehouse.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** This activity will commence the second quarter of year 3. SPS will be working in collaboration with Health Partners International of Canada (HPIC), as HPIC has a direct mandate to support the central warehouse. A meeting will be scheduled with the leadership of HPIC and the MoPH in February 2010 to discuss the direct support which will be provided by HPIC to the warehouse. This will allow SPS to determine how to compliment the support that will be provided by HPIC.

**Barriers to Progress:** Availability of HPIC to discuss the matter, as its office was not yet fully functional. SPS is attempting to avoid duplication of support to the warehouse, while trying to maximize the available resources.

**Next Steps:** SPS will work extremely closely with the MoPH and HPIC to render support to the central warehouse during the next reporting quarter.

**Indicators:** None.

**Activity Title:** To provide TA to the MoPH to support its plan to build capacity to ensure the quality of pharmaceutical products entering into and used within the country

**Activity Lead:** Morris, Mark **Activity #:** 14 **Task:** LFAF09XXX **Subtask:** 60DXHC

**Activity Description:** It is anticipated that during FY09, SPS' collaboration with the GDPA will focus on helping the MoPH and the QA taskforce move forward with the QA agenda and lay the foundation for the creation of a permanent QA committee within the MoPH. This committee will be comprised of representatives of various ministries and organizations, including the private sector and will be responsible for identifying and addressing issues related to counterfeit and substandard products. Although the committee will eventually address laboratory testing capacity, their initial focus will likely be defining and strengthening the MoPH's stewardship role by evaluating the current product registration system to identify improvement opportunities, inspection capacity, and related legal and regulatory issues.

**SPS Partners** None.

**Budget:** \$193,384.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Trained MoPH and other stakeholder staff.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** During the reporting period, SPS planned and implemented an exercise to collect drug samples from select provinces across private and public sectors, as well as across multiple donors and NGOs. Vimta Laboratories was selected as the primary testing site in India and a field trip was facilitated by SPS for select members of the MoPH to visit the laboratories in India to assess the procedures and systems of Vimta. A secondary testing site was identified in South Africa, but unfortunately due to shipping regulations it was determined this site could not be used. SPS is currently in the process of identifying alternative testing facilities to conduct the secondary testing. It is hoped that a contract will be established by the end of the first month of the second quarter and samples delivered. Testing results from Vimta Laboratories are expected by the end of the first month of the second quarter. In addition, SPS has already begun development of proposal for the planning and implementation of a rapid QA assessment. It is anticipated that the rapid assessment will be implemented in January/February of 2010.

**Barriers to Progress:** Difficulties in facilitating the shipment of samples to selected testing sites.

**Next Steps:** Complete the process of identifying secondary testing facility, establish contract, and

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ship samples. Procure primary testing results from Vimta, review, and develop report. Complete rapid QA assessment and develop report.

**Indicators:** None.

**Activity Title:** To provide technical support to the Government of Afghanistan, donors, and partners in establishing a Coordinated Procurement and Distribution System

**Activity Lead:** Morris, Mark **Activity #:** 15 **Task:** LFAF09XXX **Subtask:** 60CXHD

**Activity Description:** During FY09, SPS will continue to facilitate creation of a coordinate procurement and distribution system. SPS will take the lead in this activity, but will work in close collaboration with the GDPA.

**SPS Partners** None.

**Budget:** \$194,242.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Meeting minutes.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** This activity continues from year 1. During the reporting period, SPS continued to render TA and support to the CPDS Taskforce for the development of the CPDS Governance Framework. The second CPDS stakeholders' roundtable is scheduled to occur on March 2. As of the end of quarter 1, the governance document is in the process of being finalized and translation of the document and preparation for the second roundtable will begin the first month of the second quarter. In addition, SPS engaged the services of a DMIS consultant who conducted a routine assessment of the existing DMIS and developed a basic plan of action for DMIS activities to support the establishment of the CPDS. The consultant will be traveling to Kabul at the end of February 2010 to participate in the second roundtable to support the CPDS process.

**Barriers to Progress:** Lack of initial commitment by the EC and WB and inconsistent availability of taskforce members.

**Next Steps:** SPS will continue to support the CPDS Taskforce on the finalization of the governance framework and implementation of the second roundtable.

**Indicators:** None.

**Activity Title:** In collaboration with USAID, other donors and the MoPH, design the system for USAID procurement of pharmaceuticals to be implemented after the conclusion of the Tech Serve Project

**Activity Lead:** Morris, Mark **Activity #:** 16 **Task:** LFAF09XXX **Subtask:** 60C2PE

**Activity Description:** During the second year of the project, SPS will remain current on Tech Serve's pharmaceutical procurement system and help integrate Tech Serve into the CPDS. Remaining mindful of the Tech Serve end date, SPS will work with USAID and other stakeholders to identify options for USAID procurement and assist with this transition.

**SPS Partners** None.

**Budget:** \$78,401.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Options analysis and design plan for after Tech-Serve.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** In December 2009, SPS engaged the services of two consultants who traveled to Kabul to conduct an options analysis of the drug supply chain. This analysis was completed to assist USAID in identifying the best feasible option to assuring the supply of essential medicines and supplies to USAID-funded health programs and general health services, both in the short-term and long-term. Shortly after the conclusion of the analysis, the consultants presented the preliminary findings to USAID, the MoPH, and Tech-Serve. In January 2010 the formal technical report of the analysis will be presented to USAID.

**Barriers to Progress:** None noted at this time.

**Next Steps:** Once the options in the technical report are presented to USAID, SPS will await word from USAID regarding any further action.

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*Country Programs*

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**Indicators:** None.

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**Budget:** \$35,329.00    **Start Date:** Sep/2009    **End Date:** Oct/2010  
**Products Planned:** Minutes of LCF meeting. Reports/minutes of meetings. Options analysis report.

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**Reporting Period:** Year: Project Year 1    **Quarter:** Q1  
**Activity Progress:** Preliminary discussion held with USAID/Bangladesh to incorporate relevant activities into the FY09 work plan.  
**Barriers to Progress:** None.  
**Next Steps:** None.  
**Indicators:** None.

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### ***Bangladesh POP***

**Work plan:** Bangladesh POP    **Year** 09

**Funding Level:** \$1,100,423.00

#### **Work plan Background**

USAID/Bangladesh has requested the assistance of the Strengthening Pharmaceutical Systems (SPS) program, implemented by Management Sciences for Health (MSH), to address supply chain management issues related to reproductive health commodities. More specifically, the government of Bangladesh and other key national stakeholders seek support to improve the procurement of reproductive health commodities, to strengthen the existing distribution and management information systems, and to build local capacity to strengthen health systems. Recent Health, Nutrition and Population Sector Program (HNPS) mid-term and annual reviews note that since 2005, a number of contraceptive procurements were delayed, causing national stock-outs of male condoms, injectables, and IUDs, for several months. The factors identified as contributing to these delays were reiterated in a 2008 review of procurement processes conducted by the USAID|DELIVER project, and included: a lack of technical capacity within the DGFP to handle procurement planning and implementation, high staff turnover, such that personnel trained in procurement issues are soon replaced by new untrained personnel, and bureaucratic delays in the document review processes involving the DGFP, the MoHFW and the World Bank. According to the 2009 HNPS annual review, some progress in improving procurement management has been made, but continued technical assistance is necessary to ensure timely and opportune procurement. Key stakeholders also agree that once commodities are available at the central level, the distribution system in place from the central warehouse to service delivery points functions well. However, it is also recognized that the Logistics Support Officers, previously contracted under the USAID | DELIVER project to assist DGFP regional and upazila staff, have played a vital role in supporting the system. The capacity of the DGFP to manage storage and distribution of contraceptives and other reproductive health commodities must now be improved, particularly as demand for these commodities increases. Among the strengths of the current supply chain management system are the information systems (created by the USAID | DELIVER project) for tracking availability of commodities at the different levels of the supply chain. These are the Warehouse Inventory Management System (WIMS), in use at the central and regional DGFP warehouses, the web-based Logistics Management Information System (LMIS) that consolidates information on stock movement from the country's 482 upazilas, and the new Upazila Inventory Management System (UIMS) designed to facilitate consolidation of data at the upazila level. The UIMS is currently available in 132 upazilas. Most of the remaining upazilas have computers, but software still needs to be installed. All three of these systems are working well, albeit separately. There is room for improvement both in the functionality of the systems and the technology used to support them. Furthermore, strategies must be developed to increase the use of the information compiled in these systems for decision making. Finally, there is a need for increased advocacy, dialogue and coordination among all key stakeholders, including international donors, agencies, national institutions and organizations to ensure commodity security, to increase the contraceptive prevalence rate, and decrease the total fertility rate. The overall goal of the SPS project is to strengthen the ability of policy makers, health care providers and institutions to improve commodity management, with an emphasis on governance, procurement, financing of commodities and services, institutional capacity building, pharmacovigilance, and other system strengthening initiatives.

**Activity Title:** Conduct initial field visit to meet with USAID/Bangladesh and key stakeholders to define plan of action.

**Activity Lead:** Aboagye-Nyame, Francis    **Activity #:** 2    **Task:** LFBD09POP    **Subtask:** 60XXA2

**Activity Description:** This activity includes the initial visits and preparations involved setting-up the SPS Bangladesh program and office. Emphasis will be placed on reviewing existing systems and processes, with a focus on developing options for strengthening and enhancing functionality and efficiency of the system, while ensuring that services are not interrupted.

**SPS Partners** None.

**Budget:** \$133,501.00 **Start Date:** Sep/2009 **End Date:** Feb/2010

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**Reporting Period:** **Year:** Project Year 1 **Quarter:** Q1

**Activity Progress:** Field visit made by Arlington-based SPS team to perform the following: Meeting with USAID/Bangladesh to discuss developing and submitting the work plan, planning for the start-up activities, including the baseline assessment, office set-up and beginning the recruitment process, meeting with JSI/DELIVER regarding handing-over/transition issues.

**Barriers to Progress:** None.

**Next Steps:** Complete establishment of SPS office, including staff recruitment, formal hand-over event by JSI/DELIVER, and start the registration process with the NGO Affairs Bureau.

**Indicators:** None.

**Activity Title:** Provide technical assistance to the Directorate General of Family Planning to strengthen the procurement management systems.

**Activity Lead:** Aboagye-Nyame, Francis **Activity #:** 3 **Task:** LFBD09POP **Subtask:** 60C2H3

**Activity Description:** SPS will also continue technical support to the DGFP for managing the procurement processes already in progress. Specific activities will include: (1) provide technical support to the DGFP to manage the 2010-2011 procurement processes under HNPSP. (2) Conduct an analysis of the procurement management system and based on the results, develop recommendations for the short, medium and long-term. (3) Provide technical assistance and support to DGFP for the development and/or strengthening of a comprehensive procurement tracking system to monitor selected procurement matrices and provide early warning alerts to enable timely remedial actions to avoid procurement delays. (4) Support the development of a comprehensive guideline for procurement at the DGFP, based on existing policies and procedures and provide training as required. (5) Organize regular update meetings to review the progress of procurement packages both with the DGFP and under the auspices of the LCF. (6) Support DGFP procurement staff in tours of country programs to promote experience sharing and networking. (7) Sponsor participation of DGFP procurement staff in relevant international procurement courses to enhance technical knowledge and build capacity. (8) Recruit and place a procurement consultant at the office of the DGFP to provide continuous on-site support and capacity building to the DGFP procurement cell.

**SPS Partners** None.

**Budget:** \$380,157.00 **Start Date:** Sep/2009 **End Date:** Oct/2010

**Products Planned:** Procurement management system assessment report. Procurement procedures manual. Training report for DGFP staff trained on SOPs of procurement management. Web-based procurement tracking system. Trip report for international procurement training workshop. Trip report(s) for tour(s) of country program(s). Minutes from update meetings.

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**Reporting Period:** **Year:** Project Year 1 **Quarter:** Q1

**Activity Progress:** Comprehensive assessment of DGFP procurement management system done by international consultant.

**Barriers to Progress:** None.

**Next Steps:** Dissemination of the procurement assessment report. SPS procurement staff to facilitate implementing the report's action plan.

**Indicators:** None.

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## Benin

**Work plan:** Benin PMI    **Year** 09

**Funding Level:** \$675,000.00

### Work plan Background

Malaria continues to be a major health concern in Benin, accounting for 44% of outpatient visits and 40% of hospitalizations in the country.[1] As such, malaria prevention and control continues to be a high priority for the Government of Benin (GoB).[2] The United States government has supported the GoB in its goal to achieve Benin's National Malaria Control Program's five year strategic plan goal (2006-2010) to reduce malaria morbidity and mortality by 50%.[3]The United States government allocated \$13.8 million in annual funds for malaria prevention and treatment for the first and second program implementation years.[4] Funding from the United States is in addition to substantial funds being provided from other donors, such as the World Bank's Booster Program, and the Global Fund to Fight Tuberculosis, AIDS and Malaria. Financial and technical support is also being provided from partners such as the World Health Organization (WHO) and UNICEF. [5] The Strengthening Pharmaceutical Systems program of Management Sciences for Health (MSH/SPS) received \$700,000 in FY08 PMI funds. After establishing an office and hiring three staff, MSH/SPS responded immediately to USAID's request to evaluate Benin's Central Medical Stores (CAME) in order to identify weakness in governance and transparency that could affect the CAME's ability to adequately manage the acquisition and distribution of malaria commodities purchased by PMI and other partners. Implementation of the action plan resulting from this evaluation got underway shortly thereafter, and will continue with FY09 funds. Key action plan elements completed with FY08 funds included the revision of the CAME's legal framework, assistance tender preparation for new software acquisition for the CAME, and support in the revision of the National Essential Medicines List. Major achievements in the areas of prevention, case management, and IRS and ITN distribution were made during FY08. Several unforeseen events delayed key activities that were initiated under FY08 funds, but which will be completed in the following fiscal year. These include: (1) Follow-up workshops to update health zone data on stock levels of key malaria products and implementation of the first End Use Verification survey.(2) A national workshop using the Logistics System Assessment Tool Plus methodology assessment to mobilize stakeholders to reach consensus how to introduce pharmaceutical management information into Benin's existing health information system. For the second year of PMI funding, USD 13.8 million has been allocated for Benin to continue supporting the objectives of Benin's National Malaria Strategy which include: (1) Ensuring prompt and effective treatment of malaria in 80% children under 5 years of age within 24 hours of onset of symptoms. (2) Providing effective treatment using ACTs to 80% of confirmed malaria cases presenting at health facilities. (3) Ensuring that 80% of pregnant women receive IPTp using sulfadoxine pyremethamine. (4) Ensuring that 80% of pregnant women and children under age five sleep under LLINs. According to the USAID/Benin Mission, priority activities for MSH should be: implementing remaining key recommendations from the CAME evaluation, and improving malaria commodities tracking, through improvements in the quality, quantity and timeliness of available information. The funding allocated to MSH/SPS for Y2 of implementation is \$675,000.[1] Plan Strategique de Lutte Contre le Paludisme au Benin 2006-2010. Benin Ministry of Health. Cotonou: 2006, p. 24. [2] Ibid. The government of Benin has added the use of LLINs, RDTs and SP for IPTp and use of ACTs in its strategic plan. [3] Plan Strategique de Lutte Contre le Paludisme au Benin 2006-2010. Benin Ministry of Health. Cotonou: 2006[4] FY08 and FY09 Malaria Operational Plans for Benin.www.fightingmalaria.gov[5] The World Bank is providing \$31 million in funds to the government of Benin from 2007-2011 through the World Bank Booster program. The Booster program includes funding to purchase malaria commodities such as LLINs and ACTs. The Global Fund has recently awarded two malaria grants to Benin – an extension of the Round 3 Malaria grant totals \$60.4 million over 6 years (approved in 2009 but not yet signed) and a Round 7 grant signed in April 2008 totaling \$12.6 million over two years. Together, these two grants aim to provide coverage with LLINs and ACTs to 40% of health zones in Benin. Source:www.theglobalfund.org.

**Activity Title:** Technical Activity Coordination

**Activity Lead:** Onyango, Christine    **Activity #:** 1    **Task:** LFBJ09PMI    **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.

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*Country Programs*

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**Budget:** \$55,744.00    **Start Date:** Oct/2009    **End Date:** Sep/2009

**Products Planned:** FY09 work plan.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** During the first quarter, a FY09 work plan and budget were developed for FY09 funds for discussion with USAID. SPS prioritized increased coordination with other USAID-funded programs, particularly programs with complementary activities. This included participation in formal launch with the ICCM project in Parakou in November 2009. In Q1, SPS's Senior Technical Advisor in Benin made a presentation at the PMI partner's meeting on October 2009 to provide an update on the progress on SPS's activities. The SPS Senior Technical Advisor also participated in a number of meetings at the request of USAID, including: (1) Annual bilateral consultations between the U.S. government and the Benin government at the Ministry of Foreign Affairs. SPS and other partners responded to questions concerning the health sector and activities under PMI. USAID partners also had the opportunity to meet the new US ambassador at this meeting. (2) Meetings held during a WHO mission in October 2009 which focused on reaching agreement on 20 malaria-related indicators to be eventually integrated into Benin's Health Management Information System known as the SNIGS. During the same mission, a separate meeting occurred between SPS and the WHO to discuss strategies for managing pharmaceuticals. The STA also led coordination between SPS and the PNLP, and SPS and other partners such as the WHO, the PISAF project and the World Bank.

**Barriers to Progress:** No significant constraints to progress were noted.

**Next Steps:** The next step would be to obtain final approval of the FY09 work plan.

**Indicators:** None.

**Activity Title:** Implementing the transitional distribution system in 15 USAID-focus health zones

**Activity Lead:** Onyango, Christine    **Activity #:** 3    **Task:** LFBJ09PMI    **Subtask:** 60G2P3

**Activity Description:** MSH/SPS has begun collaborating with the PISAF project, a USAID-funded bilateral, in tracking malaria commodities using PMI indicators. In year 2 of PMI implementation, MSH/SPS will continue collaborating with PISAF to explore the possibilities for scaling up use of the Medistock software, currently being used in USAID concentration zones under the PISAF project, to track key malaria commodities. Specific activities will include: (1) Coordinating the quantification of malaria products for Benin's 34 health zones, including the 15 USAID-focus health zones. (2) Tracking the delivery of products to USAID-focus zones. (3) Liaising with PNLP to update training for health zone staff on management of malaria medicines and forms completion (bin cards, registers, and monthly reports) to allow for tracking of PMIS indicators. (4) Liaising with the MoH (DPM and PNLP) to develop, disseminate and monitor the implementation of standard operating procedures (SOPs) for the management of malaria medicines. (5) Providing support to the MoH in the formalization of a national quantification committee. Continue supporting the PNLP in conducting quantification for 15 USAID-focus health zones. (6) Supporting the PNLP in the collection of pharmaceutical management data from health zones to be used for quantification and forecasting. (7) Collaborating with the SNIGS and the PNLP to organize a national workshop to reach consensus on an action plan for piloting a national system of capturing data on key malaria commodities using pharmaceutical management indicators for malaria products. The system would capture data from the peripheral level (health center level) for transmission and aggregation at the central level. The piloting of this pharmaceutical management information system (PMIS) for malaria products will feed into another activity in this work plan – the periodic collection of data using the End Use Verification Tool (EUV). (8) Provide technical assistance to the SNIGS and the PNLP to pilot integration of malaria products into the SNIGS (design new forms, test them, reproduce and distribute them, produce and test SOPs).

**USG Sub-element:** Treatment with Artemisinin-Based Combination Therapies  
Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine  
Host Country Strategic Information Capacity

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**SPS Partners** None.  
**Budget:** \$145,276.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Technical and trip reports.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** During Q1, SPS participated in discussions with health sector stakeholders in Benin concerning WHO's proposed that a national committee be established with responsibility for quantifying and monitoring a range of health commodities. Although this was not the first time such a proposal had been made by a technical partner, the concept had never been successfully adopted by the MoH. The committee would have four technical sub-committees to conduct quantification and procurement planning for various products. One of the sub-committees would focus specifically on malaria commodities. While this is an important initiative for creating a comprehensive mechanism for coordination procurement, distribution and overall management of health commodities, this national committee is not likely to be established and formalized for some time. In the meantime, a mechanism for coordination of malaria products is needed. For this reason, the National Malaria Control Program (NMCP) asked SPS to work with it to get a malaria quantification and procurement planning committee off the ground. Following a request for SPS to train NMCP staff in quantification of malaria commodities, SPS began making plans to hold such training between in Q2 or Q3 (between March and April, 2010.) SPS plans to have one of its staff from Rwanda—who had previously led a quantification exercise in Benin in July 2009—to work with the SPS/Benin team in conducting the quantification training, while simultaneously increasing the capacity of the SPS/Benin team in quantification methods. Also during Q1, USAID/Benin introduced changes to its provision of malaria commodities to the Benin health system through PMI in January 2010. SPS was given the responsibility for tracking the medicines in the 15 USAID-focus health zones. During the Natintingou and Porto-Novo workshops carried out in November 2009, this modified mechanism for distributing PMI-funded commodities was presented to DRZ managers and other participants present. In November 2009, 2 workshops, were held with the objective of collecting key logistics management data from all 34 of Benin's health zones, and to use these data to calculate key LMIS indicators by health zone and for distribution (or redistribution, where required) planning. The data would also inform procurement planning by the PNLN, and eventually, quantification exercises for these products at the national level. The workshops also planned to obtain data on deposits made into ACT accounts through the cost-recovery system. And, the workshop would serve as a mechanism to provide detailed information about the new distribution system for malaria commodities agreed between the Government of Benin and USAID. The Natintingou work shop (for health zones in the Northern part of the country) was held from November 2-3, 2009 and the Porto-Novo workshop (for Southern health zones) was from November 5-6, 2009. Each workshop brought together dépôts répartiteurs de zones (DRZ; district-level pharmaceutical depots) managers, regional health departments, regional-level malaria coordinators (cellules d'appui PNLN), the corresponding regional depot of the CAME, USAID and SPS. At the Natintingou workshop, 100% of all invitees participated. At the Porto-Novo workshop 91% of invited participants attended – the health zones of Dassa-Glazoué and Cotonou 2 and 3 did not attend. At each workshop, the PNLN presented the new PMI mechanism for whereby malaria commodities would be distributed directly to 15 USAID-focus health zones distributing malaria commodities starting in January 2010. Major conclusions from the examining the data presented at the workshop were that: ACT stocks were low in many health zones, many health zones had experienced expiry of ACTs within the last 6 months, RDT and SP stocks were high and there would be eventual risk of expiry (particular of RDTs) if redistribution to health zones with low stocks was not organized soon, and the situation across health zones is slightly better than it was during the last similar workshops held in March 2009, with respect of availability of ACTs at Central level vs, District level. A higher percentage of ACTs were

found to be at the district level than was the case six months prior, when it was found that ACTs were concentrated primarily at the Central Medical Stores in Cotonou, and not in the DRZs closer to the end user. Recommendations were made to the NMCP and to health zones for redistributing commodities to improve availability and reduce the likelihood of expiries. SPS immediately followed-up on these two workshops with visits to some the health zones that had not participated in the workshop to monitor their situation. They found numerous problems with record keeping of LMIS data, staff capacity in pharmaceutical management, and storage practices and conditions. Where possible corrective actions were taken on the spot and recommendations were made to the NMCP to correct problems that SPS could not address immediately. In December 2009 a TDY was conducted by a staff member from SPS/Senegal to provide support with the improvement and/or development of SOPs as well as of existing supervision tools, and the existing supervision system for monitoring malaria commodities. The NMCP already has integrated supervision tools, and it stated that its major problem concerning supervision is one not of funds, but rather one of organization of supervision and availability of the right mix of professionals to conduct supportive supervision visits. Other weaknesses identified by SPS include supervisions not taking into account technical aspects of managing pharmaceuticals, data collected during supervisions not being analyzed, or used, and feedback/discussion of results with facilities or other stakeholders not being provided. Additionally: the current content of supportive supervision conducted by the NMCP did not include important aspects of pharmaceutical management, the structure of the section of the NMCP supervision tool focusing on supervision of the pharmacy was inadequate, and no data collection tool exist that permits examination of different aspects of medicines management and the mode of analyzing results. By the end of the TDY, the following documents had been created: A 1-year monitoring plan for the management of malaria commodities, a guide for monitoring the management of medicines and malaria commodities in the 15 health zones, a booklet for the DRZ and health center pharmacy manager containing guidance on the management of malaria commodities during the transitional period, and draft terms of reference for the creation of a procedures manual for the management of medicine. In November 2009, SPS provided the PNL with technical assistance to review the available information on ACT stock levels in order to prepare a request for emergency procurement for submission to USAID. Between the low ACT stock levels observed during the November 2009 workshops and the knowledge that ACTs were to be paid for using the national health budget and the World Bank would not arrive at the end of 2009 as initially planned, it was clear that an emergency procurement was necessary. Based on this request and on the available information, the USAID Mission placed an emergency order for 215,000 ACTs which arrived in January 2010. Of the ACTs delivered, 60% were delivered directly to the USAID-focus health zones and 40% were provided to the CAME for delivery to the remaining 19 health zones. As requested by USAID, SPS immediately followed-up delivery of commodities with visits to the 15 USAID-focus health zones to verify the the commodities had arrived, as well as to review commodity management practices in those pharmaceuticals, take corrective action and recommend further action to the MoH. A detailed supervision was provided to the NMCP and USAID summarizing the findings, actions taken and recommendations. One Procurement Planning and Monitoring Report for Malaria (PPMRm) was submitted by SPS to USAID/Washington during Q1 in October 2010.

**Barriers to Progress:** Availability of PNL staff for activities.

**Next Steps:** Next steps will include: (1) Formalizing the committee on the quantification and monitoring of malaria commodities. (2) Continue to follow up on the stock situation in DRZs follow the delivery of the emergency order. (3) Follow-up on the development of SOPs and adoption by the NMCP of documents created during the December 2009 TDY. (4) Continue exploring the possibilities of integrate commodity management indicators into the national health information system.

**Indicators:** None.

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**Activity Title:** Supervision and monitoring of malaria commodities  
**Activity Lead:** Onyango, Christine **Activity #:** 4 **Task:** LFBJ09PMI **Subtask:** 60F4H4  
**Activity Description:** Specific elements of the routine implementation of End User Verification Surveys (EUV) include: (1) Deciding on the frequency of EUV surveys in Benin. (2) Determining the survey sample for each data collection exercise in collaboration with the PNLP and the CAME. (3) Adapting collection tools from End User Surveys conducted in other countries. (4) Recruiting and training data collectors. (5) Collecting data at health facilities and pharmaceutical depots, as prescribed by the survey methodology. (6) Cleaning and analyzing data collected. (7) Presenting the data to key stakeholders and writing a report on the EUV exercise.  
**USG Sub-element:** Treatment with Artemisinin-Based Combination Therapies  
Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine  
Host Country Strategic Information Capacity  
**SPS Partners:** None.  
**Budget:** \$97,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Technical and trip reports.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** MSH/SPS had already held discussions with key partners in the MoH in August 2009 to share information on indicators to be collected through the EUVs. During these discussions, indicators were presented and data collection methodology described in detail to the PNLP, the CAME, the DPM and the DPP (the division within which the National Health Information System falls). Discussions were also held with the DPP on the possibilities for integrating pharmaceutical management data (and possibly selected EUV indicators) into the National Health Information System (SNIGs). MSH/SPS had originally intended to carry-out the first data collection exercise using these indicators in September 2009. However, the survey was carried out in December 2009 to permit coordination of EUV data collection with another survey (the Health Facility Survey) planned by the Centers for Disease Control during the same time period. The nature of the implementation of the survey made it difficult for close collaboration with the PNLP in its implementation. A technical working group for the EUVs was formed consisting of CDC, SPS, PSI, USAID, and others in October 2009. Through a series of meetings, this working group determined how various aspects of this survey would be implemented. Below is the number of facilities where the survey was conducted (by type): 20 health (maternities and dispensaries), 5 stand-alone dispensaries, 5 stand-alone maternities, 30 hospitals, 4 DRZs, and 3 CAME depots.  
**Barriers to Progress:** Involvement of many actors in this activity: SPS did not have control over certain things, as CDC was the lead on the activity. CDC subcontracted to PSI, which in turn subcontracted to another company—this created complications. Difficulties with quality of data initially coming in from the field—due primarily to poor supervision of data collectors, which was subsequently improved as data collection progressed. Complex methodology used by CDC which required a much longer time to collect data and which would subsequently have an impact on the analysis of data and writing of the report.  
**Next Steps:** The next steps will be for SPS to participate in as much of the data analysis as possible, and to begin writing the EUV report. SPS plans to write a separate report focused on LMIS indicators. The CDC report will focus on case management indicators and may be issued as late as 10 months after the data was collected.  
**Indicators:** None.

**Activity Title:** Technical assistance to strengthen the Central Medical Stores (CAME).  
**Activity Lead:** Onyango, Christine **Activity #:** 2 **Task:** LFBJ09PMI **Subtask:** 60C3H2  
**Activity Description:** The revised CAME's constitution awaits validation by the Council of Ministers before the end of 2009. Following validation, FY09 funds will make it possible for MSH/SPS to: (1) provide technical assistance to customize new software selected by the CAME in 2009, train CAME staff in its use, and provide technical assistance in generating, using, and

analyzing data for strategic and operational decision making. (2) Support the CAME in revamping its General Assembly, training them in Board Governance and follow-up with them in implementing what is learned in the training. (3) Support the CAME Board of Directors to create a business plan for the long-term development of the CAME. (4) Support the CAME Board in establishing formal contracts with its key collaborators. (5) Support the CAME Board to establish a mechanism for follow-up on contract performance.

**USG Sub-element** Health Governance and Finance (Malaria)  
Treatment with Artemisinin- Based Therapies  
Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine  
Host Country Strategic Information Capacity

**SPS Partners** None.

**Budget:** \$241,073.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Technical and trip reports.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** During Q1 SPS followed up on the acquisition of new software by the CAME and found that the CAME had made little progress on the selection of new software, since the acquisition process started in August 2009. The delay was due to a change in leadership at the CAME in October 2009, which was followed by internal political problems that halted the acquisition of the software. Ultimately, the CAME purchased SAGE 100 Pack Plus for 52 million FCFA (\$111,349) in December 2009. The acquisition package included a one-year utilization license and training of staff. The cost of an annual license would then be 4.7 million FCFA (\$10,064). SPS was informed that the Global Fund contributed 20 million FCFA to the acquisition costs (\$ 42,826). The CAME initially attempted to raise funds from other donors to pay for the balance of the acquisition costs, but was apparently unsuccessful. Throughout Q1, SPS followed-up on progress on the Council of Minister's adoption of the CAME articles of creation (equivalent to a constitution) and the draft legal agreement to be signed between the CAME and the Government of Benin. However, given that this was very much a political phase of the process, there was little that SPS could do to ensure that that the Council of Ministers met to discuss this matter. In early November, 2009, SPS learned that the CAME legal framework documents had been finalized and transmitted to the MoH for forwarding to Council of Ministers. In December 2009, SPS learned that the MoH had signed the revised CAME constitution, and the necessary package of documents had been provided to the President of Benin, who in turn would provide instruction to the Council of Ministers on next steps.

**Barriers to Progress:** Political factors both within the CAME and within the Benin government have posed an obstacle to the sub-activities under this activity.

**Next Steps:** Following validation by the Council of Ministers, the next step would be to launch a request for candidates for renewing the membership of the General Assembly and for electing a new Comité de Gestion (COGes) or Board of Directors.

**Indicators:** None.

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## **Brazil**

**Work plan:** Brazil TB    **Year** 09

**Funding Level:** \$152,000.00

### **Work plan Background**

Brazil continues to be ranked 16th of the 22 highest burdened countries for tuberculosis (TB) in the world. In 2008, Brazil's Ministry of Health (MoH) and National TB Program (NTP) estimated there were approximately 94,000 cases of TB reported annually, and 7,600 TB-related patient deaths. Although Brazil adopted the DOTS strategy in 1998, it was a slow implementation process—DOTS is estimated by NTP to have now reached approximately 80% of government health facilities where TB is treated. Adding to the severity of the problem, between 2000 - 2009, approximately 3,320 cases of multi drug resistant (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 900 MDR-TB cases are under treatment. USAID expanded its TB assistance in Brazil by funding the Rational Pharmaceutical Management Plus program (RPM Plus) in 2004, and the Strengthening Pharmaceutical Systems Program (SPS) in 2007. This program works with its primary partners: the NTP and Secretary of Health Surveillance (SVS/MoH), the Oswaldo Cruz Foundation (Fiocruz/MoH), the Helio Fraga TB Reference Center (CRPHF/Fiocruz), the National Institute of Quality Control (INCQS/Fiocruz), Farmanguinhos/Fiocruz, the National Coordination of Laboratory Networks (CGLAB/SVS), and the Public Health Laboratory Network (Lacens). Major accomplishments to date are (1) strengthened diagnosis and treatment of MDR-TB patients through a Web-based surveillance system which has been decentralized to 132 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 950 health professionals in MDR-TB reference centers, including medical doctors, nurses, social assistants and pharmacists. (5) Increased 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 the MDR-TB national reference center at CRPHF/Fiocruz. (7) Strengthened DOTS through the institutionalization of a product quality assurance testing program where TB products are sampled from health system delivery points. (8) Support in the move to fixed dose combination (FDC) TB products. (9) Increased awareness in NTP and local TB experts for a need to change current treatment schemes to new regimens more in line with WHO recommendations. As a result of support from USAID and achievements to date, MSH/SPS has gained strong, positive recognition among its local partners in the TB field, and is now an institution nominated by the MoH TB advisory committee to act as an active participant in national TB policy. In FY09, MSH/SPS is planning to consolidate the outcomes described above, expand its technical assistance to the NTP for any new challenges (resulting from recent changes in the national guidelines), and extend its partnership with new members of the Brazilian TB Network (Rede TB) using innovative approaches like introduction of new diagnostic methods for TB and DR-TB.

**Activity Title:** Strengthening the SVS information systems for TB and MDR/XDR TB

**Activity Lead:** Zagorski, Andre **Activity #:** 2 **Task:** LFBR09XXX **Subtask:** 60G4H2

**Activity Description:** Specific activities are as follows: (a) Participate in all information working group meetings of the TB advisory committee and, at the NTP's request, all plenary sessions. (b) Build on the past experience in adapting the SINAN and the MDR-TB System with the re-treatment monitoring module. Continue to strengthen all MDR-TB Reference Centers and Treatment Units, including all re-treatment sites. (c) Continue to assist the CRPHF to improve use of the information system for drugs management best practices and drug distribution control in all MDRTB reference centers/treatment units and re-treatment sites. (d) Assist NTP in harmonizing the different systems in use in some states (i.e., São Paulo). (e) Include the TB Lab Network in regular system use and key data entries, with the objective of decreasing the delays between suspect identification, diagnosis and treatment initiation. (f) 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). (g) Conduct surveys and regular data extraction for publications at national and international levels on MDR/XDR situation

in Brazil.  
**SPS Partners:** None.  
**Budget:** \$144,908.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Publish results on the coherency study between the MDR-TB and SINAN databases. Implement all new functionalities, lay-outs, and changes to the current system, preparing an SPS program developer to turn it into the SITE TB.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** Development of an integrated SITE TB system for all special treatment situations of TB cases. The SPS team participated in Information Working Group meetings with the MoH TB advisory committee. SPS team organized several meetings with partners (November 16, December 21-22) to review the proposal for integration of systems. SPS contracted a programmer and web developer for the development of the SITE TB and the implementation of all new functionalities. This trimester, RPM Plus consultants at the Helio Fraga Reference Center's central unit for MDRTB surveillance validated: 107 new notification forms, 323 new patient follow-up forms, and 71 post-cure forms. Total data currently available from the MDR-TB surveillance database is as follows: 4,213 case notification forms, 12,985 patient follow-up forms, and 2,302 post-cure forms. On-the-job trainings on system functionalities conducted by MSH/SPS consultant's task force provided support to 9 system users from several MDR-TB centers (2 biologists, 1 medical doctor, 6 nurses; all females).

**Barriers to Progress:** SINAN is not a system dedicated exclusively to TB, but operates for all compulsory notification diseases, and is managed by the DATASUS, an external structure of the 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 to be implemented. The State Epidemiological Surveillance Department team (CVE) of São Paulo (which is using a different system for TB monitoring called TBWEB) is receptive to the new model of TB treatment recently approved by the committee, and aware of the needs for changes in the system approach, but strongly recommend a total integration between current systems in use in SP state to avoid duplication of efforts, since the number of patients monitored including all re-treatment cases will drastically increase, and this will overload the current manpower. Quality of SINAN data entry is highly variable among the states, translating to poor statistics on the aggregated level— it is essential for new strategies to address these challenges. In order to implement the new treatment guidelines and harmonize definitions with international standards, Brazil's NTP had to change the current definitions used by TB health professionals for cure, relapse and MDR-TB concepts, which took a certain time.

**Next Steps:** Finalize results on the coherency study on the MDR-TB database compared to SINAN database. Continue to provide support on MDR-TB system users and monitor reference centers activities. Continue to participate to the Information Working Group Meetings and to provide technical support to the MoH TB advisory committee. Continue to work towards database completion and updating missing data on cases medical records within the MDR-TB system database. Start the testing phase of the new SITE TB when functionalities will be updated on the new platform.

**Indicators:** None.

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

**Activity Lead:** Zagorski, Andre **Activity #:** 1 **Task:** LFBR09XXX **Subtask:** 97XXY1

**Activity Description:** This activity includes technical activity coordination, work plan development, budget and progress monitoring, reporting, meetings, and communications with partners and collaborators. SPS will complete its work in Brazil through collaborations with the NTP, state and municipal TB coordinators, Fiocruz, the MoH, local partners, and stakeholders, using MOUs to clarify objectives and promote transparency of all activities.

**SPS Partners:** None.

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**Budget:** \$150,000.00    **Start Date:** Oct/2009    **End Date:** Sep/2010  
**Products Planned:** Finalize a new edition of the MOU with CRPH. 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.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1  
**Activity Progress:** (1) SPS team continued to support the working group activities of the MoH TB steering committee. (2) SPS engaged 2 pharmacists as new technical consultants to support the increasing role of the CRPHF pharmacy in delivering its mandate as the national warehouse for 2nd line drugs. Consultant's will develop a new guide for TB SLDs based on the new treatment regimen guidelines and on an assessment of weaknesses in the pharmacy, expand the use of the pharmacy module of the e-TB Manager (in all MDR-TB reference centers), train CRPHF and MDR-TB reference centers health professionals for better pharmaceutical practices, and provide direct support on day-to-day activities of the pharmacy, including the CRPHF accreditation process. (3) Projeto MSH continued to provide technical assistance the introduction of new rapid diagnostic tests in Brazil for earlier detection of TB and DR-TB and led several technical meetings. This is a new project of public and private partnerships. A first draft of a protocol and budget were developed. (4) After meetings in Brazil and Cancun at the 40th Union World Conference, decisions were made on the 3 projects, which will be defined as follows: (a) Agreement between FIND, NTP and Fiocruz, with participation of the Helio Fraga Reference Center and Rede-TB on the use of GeneXpert as a new rapid diagnostic tool for sensitive TB. An MOU was signed between partners, principal investigators have been identified, and study sites defined (Manaus and Rio de Janeiro). The last version of the protocol (with participation of MSH/SPS as a technical adviser in the working group) has been translated into Portuguese, and will be submitted at the end of January 2010 to the Ethical Research Committee (CEP) of the Oswaldo Cruz Foundation. A budget was developed and a methodology for cost- monitoring and economic analysis was elaborated. This study will not be carried out on the USAID PPP model, but will be partially supported by the Bill and Melinda Gates Foundation. MSH will collaborate with the Helio Fraga Reference Center in supporting the laboratory response for the study results, as stated in the current SPS FY09 work plan. (b) A second project (to be carried out as a USAUD PPP model) has been developed by MSH, the Helio Fraga Reference Center, Rede TB and NTP for the use of GeneXpert as a new rapid diagnostic tool for resistant TB. The protocol has been approved by the partners (listed above) and submitted to Becton & Dickinson for further approval. On October 8, 2009, a meeting was held between MSH, Helio Fraga Center and B&D to clarify participation and investments of partners. A budget was elaborated for all study phases. The study protocol has been formatted into the template of USAID for PPPs approval. Final study protocols, criteria for study sites identification were defined, and regular updates on activity progress were sent to USAID during the last trimester of 2009. The Bill and Melinda Gates Foundation was also approached as a potential partner, but they have decided to focus their efforts on the first project. In addition to infrastructure and technical assistance, the Helio Fraga Reference Center will contribute research funds from the MoH to support this study. (c) A third project has been developed by MSH, the Helio Fraga Reference Center, Rede-TB and NTP for the use of the Hain Life Science Line Probe Assay as a new rapid diagnostic tool for resistant TB, to be used at MDR-TB Reference Centers with a higher complexity level of care. A protocol has been developed by partners, but still need finalization on several issues. The budget was elaborated for all study phases.

**Barriers to Progress:** Redefinition of CRPHF inclusion within the Oswaldo Cruz Foundation (officially transferred on December 31) forced a total reframing of all previous MOUs with CRPHF and our partners, including legal consultations. PPPs are a complex step-by-step design where all partners agreements are needed to move forward and the main actor (FIND project with Fiocruz) needed to be finalized before other projects could be approved as

complementary or new programs.

**Next Steps:** Continue to assess feasibility and finalize the public and private partnerships (PPP) for the introduction of new rapid diagnostic tests for TB and DR-TB with partners. The immediate next steps for the first project are: Approval of the study protocol by CEP, recruitment of staff, elaborate guidelines, SOPs, roles and responsibilities matrix, and study material, and initiation of the study. Immediate next steps for the second project are: receive feedback from Becton & Dickinson (US Headquarters) on the last version of the protocol, finalize protocol, confirm sites (some information from states are still needed regarding the implementation status of MGIT 960), submit the study protocol to the Ethical Committee for Research of Oswaldo Cruz Foundation, recruit of staff, elaborate guidelines, SOPs, roles and responsibilities matrix, and study material, and initiate the study. Immediate next steps for the third project are: have further technical discussions between partners and sources of funding to finalize the protocol, elaborate criteria for identification of study sites, submit the study protocol to the Ethical Committee for Research of Oswaldo Cruz Foundation, recruit staff, elaborate guidelines, SOPs, roles and responsibilities matrix, and study material, and initiate the study.

**Indicators:** None.

**Activity Title:** Strengthening the national laboratory network to enhance a quality response for TB tests and strengthening the CRPHF in its role as the National TB Reference Laboratory

**Activity Lead:** Zagorski, Andre **Activity #:** 3 **Task:** LFBR09XXX **Subtask:** 60DXH3

**Activity Description:** (1) Continue to work with INCQS to transfer SOPs for quality control testing methods of 4 FDCs assays and new drugs projected to be used for MDRTB (like Capreomycin, PAS, Moxifloxacin, Cicloserin). SOPs based on Brazilian Pharmacopeia or US Pharmacopeia/USP to other Lacens (assays were not performed in Brazil, since these forms have never been used). (2) Continue to support a country-wide program for quality testing of TB drugs and to transfer this capacity to the state level (Lacens), using Labmost methodology. (3) Support the Lacens in chemical reference standards procurement (from local sources or from USP, according to quality criteria, price and local availability). (4) Continue to support implementation of the quality system, according to international norms (ISO IEC 17025 and ISO 15189), in the new CRPHF laboratory facility, using Labmost methodology. (5) In partnership with the CGLAB, enhance the roles and responsibilities of CRPHF as the National Reference Laboratory for TB. This will include: (a) strengthening the implementation of a national program of proficiency assays/quality control for sputum smear microscopy for the TB lab network. (b) Providing technical supervision to the TB lab network and continuing support for the technical leadership of CRPHF during transfer at the Lacens level to culture and DST assays. (c) Creation a National Bank of Resistant TB strains and introduction of molecular biology techniques for characterization of TB strains. (d) Implementing finger prints tests at CRPHF to monitor and trace the epidemiological situation of MDR/XDR-TB.

**SPS Partners:** None.

**Budget:** \$310,000.00 **Start Date:** Sep/2009 **End Date:** Oct/2010

**Products Planned:** Detailed accreditation plan for CRPHF laboratory based on technical assessment. Contribution to the work plan for laboratories in the final Bill and Melinda Gates Foundation proposal. Lacens BA action plan reassessed.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** (1) Building on the positive results obtained during the last FY, the political decision to move to accreditation was taken by the direction of CRPHF. A plan with detailed activities was elaborated for the accreditation process of the CRPHF laboratory, according to international quality norms, including needed steps for the certification of the NB3 CRPHF laboratory. The SPS team participated in monthly meetings of the CRPHF's Quality Committee, with regular review of progress made to date for quality systems implementation according to ISO IEC 17025 and ISO IEC 15189. SPS team provided assistance in preparing the proposal and work plan for the negotiation of a grant between NTP and the Bill and Melinda Gates Foundation. The SPS team and the laboratory

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reviewed the level of effort needed by CRPHF to step back activities related to the PPP proposal for the introduction of new rapid diagnostic tools. (2) SPS organized a Labmost follow-up workshop to monitor the progress on activities of Lacens. The action plan was revised and activities implemented. (3) SPS participated or co-organized several meetings: Meeting of the Lab Working Group (6/10/2009), TB Advisory Committee / PNCT, in Brasília (8/10/2009), meeting with Becton & Dickinson, representatives for drafting the PPP for new diagnostic tests introduction, Rio de Janeiro (9/10/2009), and a meeting with the Deputy President for Research and Reference Laboratories/Fiocruz, Rio de Janeiro.

**Barriers to Progress:** The biggest difficulty was with strengthening the reference laboratory: providing federal resources to support the laboratory accreditation process and implement the activities defined in work plan.

**Next Steps:** Implement all preparatory steps and activities related to the accreditation CRPHF laboratory. Contact, assess, and identify official TB laboratories for implementation of the Labmost methodology.

**Indicators:** None.

**Activity Title:** Provide technical support for new FDC development and second-line drug production in Brazil

**Activity Lead:** Zagorski, Andre **Activity #:** 5 **Task:** LFBR09XXX **Subtask:** 60E3G5

**Activity Description:** (1) Continue to conduct a close monitoring of activities, update the current work plan, and provide support to limit negative impact of identified barriers or potential problems hampering the development of this complex technical activity. (2) Provide technical and financial support in conducting all required surveys (bioequivalence for all components essentially) and assist partners in preparing final dossiers for registration of these new products at Anvisa. (3) Assist Farmanguinhos in sharing acquired knowledge and technical experience with other government/state manufacturer laboratories to enhance 4-in-1 FDCs development at the national level. (4) Assist NTP in maintaining an active TB drugs working group, gathering all stakeholders (Anvisa, MoH Department of Pharmacy, INCQS, public and private producers) to limit the impact of potential conflicts of current drugs policies and government agency mandates (which could hamper the development and production of new FDCs). (5) Start transferring the formulation and methodology of 4-in-1 FDC production to at least two other state or federal government manufacturers, to ensure a long-term autonomous response in the process of production of 4-in-1 FDCs. (6) Assist the WHO and partners (USP, Unitaïd, and the GDF) to: (a) identify new potential technical partners in Brazil (public and private manufacturers) to broaden the current list of producers and future GDF suppliers of TB medicines (first and second line). (b) Assist these potential partners to move to pre-qualification process according to the new definitions presented at the Stop TB Partnership Forum in Rio de Janeiro (March 09).

**SPS Partners** None.

**Budget:** \$330,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Technical reports from SPS consultant and ad-hoc technical answers. Analysis of stability studies and analytical profile of all new batches developed and proposed conclusions/recommendations. A new pilot batch. Final protocol for bioequivalence studies. Acquisition of reference medicines recommended to be used as comparative form.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** The MSH/SPS team continues to support the technical team of Farmanguinhos in implementing all steps for the development of 4-in-1 FDCs. A Lot of effort has been conducted by Farmanguinhos with SPS' consultant in South Africa, to import the RIFINAH as a reference medicine for the bioequivalence studies. The Rifinah 300, batch no. 23296A from Sanofi Adventis was identified, and a certificate of analysis of this batch was sent to Farmanguinhos. However, Farmanguinhos is trying to get another supplier from Europe (ICH country) to comply with WHO pre-qualification requirements. In

December, the Farmanguinhos team released the stability studies and analytical profile of all new batches developed during previous trimesters, and these data are currently being analyzed by an SPS consultant and team. Protocol for 2-in-1 bioequivalence studies is finalized, and the site selected. Budget from previous FY is obligated to start these studies as soon as the comparative medicine arrives. New draft guidelines for TB treatment for children were released by the WHO, but there are still discussions with the GDF team to define the best formulation to be proposed to the WHO pre-qualified manufacturers. Decision was taken to get final conclusion of these technical discussions at international level before moving towards definitions or starting new experimental batches. SPS provided support to the USPDQI program in identifying potential second-line TB drugs manufacturers to be contacted for the next workshop and training on the WHO prequalification procedures (scheduled for March 22-24, 2010).

**Barriers to Progress:** The medicine reference used to date by ANVISA as benchmark was the caps of R+H which were of a different dosage (300/200 and 175/100) than the current international dosages used for this new developed FDCs. Therefore Anvisa had to authorize the use of another comparable product as a reference. RIFINAH was finally authorized to be used on Anvisa's official list. To be used in studies, this medicine has to be procured using a specific procurement model, according to Anvisa regulations through Fiotec by Farmanguinhos. These are administrative steps which may further delay the initiation of these studies. Importing of a comparative medicine is very complex, taking months to be finalized, and there are a lot of regulations and administrative/bureaucratic barriers hampering this process. A major difficulty to be solved and barrier to the development process of FDC is always the time-frame and procedures to procure quality assured rifampicin salts with the adequate characterization for the needed formulation, and other quality assured APIs or excipients. Stability of the formulation depends on a regular supply of quality assured APIs and excipient, with the same profile (in terms of technical specifications), which is a challenge to obtain, due to Brazil's laws on public administration procurement rules. Farmanguinhos to launch a new tender for each API procurement process.

**Next Steps:** Monitor all technical definitions of the WHO Children Working Group to redefine adequate formulations for Brazil pediatric TB drugs. Scale-up the best performance of FDC experimental batches to be compared with Lupin 4 drug FDC. Produce a second set of three INH+RMP bio-batches (with other API supplier). The INH granulate is ready for this step. When the comparison product is in the country, bioequivalence studies can be conducted. New meeting with the technical team and SPS program coordinator to be organized in January 2010. Monitor and follow-up responses from the potential Brazilian 2nd line TB drugs manufacturers and assist USPDQI in organizing the workshop on prequalification scheduled for March 2010.

**Indicators:** None.

**Activity Title:** Provide technical, managerial and logistical support to the NTP to ensure the uptake of quality-assured 4-in-1 fixed dose combination (FDC) treatment regimens, in-line with the new national TB guidelines

**Activity Lead:** Zagorski, Andre **Activity #:** 4 **Task:** LFBR09XXX **Subtask:** 60EXH4

**Activity Description:** Sub-activities will include: (1) Based on TOTs trainings, define a strategy and methodology for the introduction of 4-in-1 FDCs in country. (2) Elaborate training materials and train a pool of TOTs trainers. (3) Support the roll-out of the strategy in all states of Brazil, through workshops and trainings of health workers, to ensure implementation of quality-assured 4-in-1FDCs in-line with the new national TB guidelines.

**SPS Partners:** None.

**Budget:** \$270,000.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

**Products Planned:** Reports of the MoH TB technical advisory committee and working group meetings. Strategic plan to train a first group of health professionals as future TOTs in each state of Brazil. Finalize the project for the second phase of the quality control program of all TB

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drugs.

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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	<p>Introduction of 4-in-1 FDCs, trainings, and capacity building were the major efforts of the SPS team during this quarter. MSH/SPS continued to participate in all meetings of the TB Advisory Committee and facilitate meetings of the Treatment Working Group to implement a training program according to the new TB regimen schemes in the new official guidelines. 4-in-1 FDCs procured through PAHO (cooperation agreement with the Brazilian MoH) arrived in country in November 2009, and were distributed to the state warehouses from the strategic stock of Brasilia at the end of the year 2009. A team of 14 multipliers (joint task force established with MSH/SPS employees and consultants, and NTP professionals) was identified and selected to carry-out all training workshops FDCs introduction and use in each of the 27 states of Brazil. Final preparatory meetings and logistics organization were organized in October 2009 where: (1) Final edition of didactical materials was realized during a workshop in Rio de Janeiro, with all the identified trainers to conduct the TOTs. (2) Didactical materials were replicated, and a detailed schedule elaborated for each state, in close coordination with the local TB state coordinator to identify the health professionals targeted to be trained and future trainers. During this trimester, a total of 2,660 TB health professionals (considered now as potential future trainers for training replication within the states/TOTs) were trained countrywide, distributed as follows: 524 males, 2,136 females, 26% medical doctors, 41% nurses, 10% TB surveillance/coordinators, 8% auxiliary nurses, 7% pharmacists, 2% social assistants, 7% other. Two video-conferences were organized (in São Paulo and in Curitiba) to disseminate new information regarding the new regimen schemes and the use of 4-in-1 FDCs. All states continued the multiplication of the trainings based on the TOT model and trained an additional number of TB health professionals at municipal level. To date, only some states have sent updates regarding these complementary trainings: São Paulo State trained an additional 2,000 TB health professionals, Rio Grande do Sul State trained additional TB health professionals within the state at municipal-level (numbers of health professionals trained still to be confirmed), and Rio de Janeiro State trained an additional 196 TB health professionals in the cities (municipal-level) of Vassouras (70 health professionals, 10 males and 60 females), Campos (76, 15 males and 61 females), Nova Friburgo (50, 13 males and 37 females), and Paraná State (8,861 TB health professionals, approximately 6646 females and 2215 males). Conclusion: These training efforts represent a grand total of approximately 13,861 TB health professionals trained on the new regimen guidelines for the use of 4-in-1 FDCs, permitting several states to start using new pharmaceutical forms, decreasing significantly the pill burden for patients. To date: the city of Manaus plus 12 municipalities in the Amazon state are using 4-in-1 FDCs (since November 25), the State of São Paulo is using 4-in-1 FDCs (since December 10), the state of Paraná will be using 4-in-1 FDCs (as of January 1), and the state of Rio Grande do Sul will be using 4-in-1 FDCs (as of February 1). MSH/SPS had several meetings with the Department of Pharmacy (DAF) of the MoH and NTP in Brasilia to explain the role and services offered by the Global Drug Facility mechanism hosted by WHO's Stop TB Partnership in Geneva. Using the GDF would drastically simplify the procurement process and facilitate the continuation phase with the 2-in-1 tablets (RH) Quality Control Program for first line TB drugs. SPS was instrumental in collaborating with DAF and INCQS to collect 17 samples of 2-in-1 FDCs (RH 300/200 mg), 4 samples of RH (150/100 mg), and 27 samples of 4-in-1 RHZE (150/75/400/275 mg)—representing 48 different batches sent for quality testing to the INCQS. Analysis will start in January 2010, when all SPS-procured reference substances are available at the national quality testing laboratory.</p>
<b>Barriers to Progress:</b>	<p>The procurement process of 4-in-1 FDCs was realized through PAHO and considerable delays occurred, delaying arrival of these forms from June to August/September. The agreed strategic plan was to start a capacity building program in the second semester of 2009, in order to have all TOTs performed before the end of the year, and aim for a second round of training from states to municipalities. All trainings have been performed</p>

as planned. MSH/SPS strongly recommended the use of the GDF in order to procure the next order, to ensure no interruption in the TB drug supply. However, a long consultation had to be made with the legal department of the DAF/MoH with the following results: because of Brazilian legal framework for drugs procurement, the MoH could only use the GDF services if a specific term of cooperation was signed between the MoH and the GDF. There was no indication given on the time-frame needed for implementing such an agreement.

**Next Steps:** Continue to participate and discuss the new TB treatment system with all stakeholders, working groups, and the MoH TB advisory committee. Analyze the current stocks of 2-in-1 FDCs to provide an updated position to the NTP, so they can make a rapid decision on launching a new procurement process. Monitor and support the trainings to be replicated at municipal levels in all states. Organize a meeting with partners in Rio de Janeiro in January 2010, to evaluate the current strategy, share data and observations from the trainings and field visits, and develop adequate monitoring and evaluation tools for the next steps of the process.

**Indicators:** None.

**Activity Title:** Provide technical support to the NTP/MoH in implementing and analyzing operational studies for Cat I and Cat II treatment scheme changes

**Activity Lead:** Zagorski, Andre **Activity #:** 6 **Task:** LFBR09XXX **Subtask:** 60BXG6

**Activity Description:** (1) Design a study and select research sites to collect retrospective data and analyze results to compare previous treatment regimen in use in Brazil (2RHZ/4RH) with the new international standard scheme (2RHZE/4RH) and new dosages introduced in 2009. This will include: (a) Identifying collaborators and developing methodology for data collection and analysis with experienced technical experts. (b) Presenting and discussing intermediary (and final) results of the study with the TB advisory committee's working groups. (c) Publishing the final results, when data analysis is completed. Apart from producing strong scientific evidences to evaluate efficacy and effectiveness of the proposed new regimen versus the previous one, this approach is not yet documented in the TB literature and would constitute an innovative and interesting study benchmark for other countries. (2) Assist treatment and research groups of the TB advisory committee and partners in designing a study to compare two different re-treatment schemes, including Ofloxacin versus Moxifloxacin. This includes: (a) Discussing final composition of treatment regimens to be compared. (b) Finalizing the design of a study protocol and selecting research sites. (c) Submitting the protocol to the CONEP (National Ethical Committee) for approval, before any activity could begin. (d) Defining and negotiating the application conditions of the study protocol with all selected sites. (e) Identifying final collaborators and developing SOPs for the application. (f) Identifying and training data collectors and implementing quality controls for monitoring data collection at all sites. (g) Completing the survey and monitoring visits, according to the protocol. (h) Collecting and analyzing data with experienced technical experts. (i) Monitoring intermediary and final results of the study. (j) Publishing the final results of the study, after data analysis completion.

**SPS Partners:** None.

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

**Products Planned:** Literature research and a study protocol.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** As a result of a consensus with NTP and TB partners, priority was given to the training for introduction and uptake of the 4-in-1 FDCs and new regimen guidelines in all 27 states of Brazil. This activity will be discussed in February 2010, when we know when these new forms will be officially in use. At this time a research team will be constituted with partners to tackle this activity during the second trimester.

**Barriers to Progress:** The workload for all partners led the group to give priority to the introduction of FDCs, since the study could be a retrospective study by data comparison.

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**Next Steps:** Conduct literature research on the subject and develop a study protocol with partners (NTP, CRPHF/Fiocruz, Rede-TB, and state and municipality TB coordinators). Organize a meeting with key stakeholders in February 2010, when all related issues with the new guidelines implementation will be solved, and a final edition of technical notes and trainings for capacity building program will be edited, to start a study design.

**Indicators:** None.

**Activity Title:** Provide logistical support to DOTS supervision for the Rio De Janeiro State

**Activity Lead:** Zagorski, Andre **Activity #:** 7 **Task:** LFBR09XXX **Subtask:** 60F3H7

**Activity Description:** This activity will allow Rio de Janeiro to appropriately meet its mandate concerning TB supervision. MSH/SPS will provide logistical support in contracting transportation services for the Rio de Janeiro State TB coordination. It will also facilitate interaction between treatment centers and laboratories, for improved TB case diagnosis, reduced delay between test request and results availability, and optimized level of care for patients.

**SPS Partners:** None.

**Budget:** \$100,000.00 **Start Date:** Sep/2009 **End Date:** Oct/2010

**Products Planned:** Detailed dossier on transport service bids. Contract with transport provider reviewed by legal adviser and signed.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** In accordance with the work plan, a bidding competition was undertaken by the SPS team to select a transport service supplier for providing a regular car service (6 cars are put at disposition of the state TB coordination every day to perform planned activities from 6 am to 6 pm). This service will be used to transport samples and support TB staff when conducting regular supervision visits to the priority municipalities. The process was finalized in December 2009 and the contract was elaborated and signed. Activities started in December 2009. The Rio de Janeiro TB state coordination should report on achievements and provide USAID with regular indicators on activity completion and results, as previously agreed.

**Next Steps:** Monitor activity completion from TB state coordination and continue to provide adequate logistical support according to USAID mission request

**Indicators:** None.

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## Burundi

**Work plan:** Burundi **Year** 09

**Funding Level:** \$900,000.00

### Work plan Background

Malaria is considered a major public health problem in Burundi and places a heavy burden on the health system. According to Ministry of Public Health (MoPH) statistics, malaria is responsible for up to 60% of all outpatient visits and up to 50% of deaths occurring in health facilities among children under five years of age. Almost the entire population of Burundi lives in areas at risk of malaria. Malaria transmission in the country is both endemic and epidemic. The malaria control strategy in Burundi includes: Improving accessibility to effective antimalarial drugs, prevention of malaria through the use of insecticide-treated nets (ITNs) and indoor residual spraying, and early detection and control of epidemics. The Strengthening Pharmaceutical Systems (SPS) Program has received field funding from USAID/Burundi through USAID's FY 2009 MOP to address pharmaceutical management challenges in malaria control in Burundi. The SPS Program, the follow-on to the Rational Pharmaceutical Management (RPM) Plus program, strives to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems and services. In addition to RPM's original mandate - to provide technical guidance and assist countries in improving the availability and use of medicines and other health commodities of assured quality in the public and private sectors- SPS focuses on: (a) improving governance in the pharmaceutical sector, (b) strengthening pharmaceutical management systems, (c) containing antimicrobial resistance, and (d) enhancing access to and appropriate use of medicines. Previously through central funds (in FY05 and FY06), RPM Plus provided technical assistance to Burundi's malaria program during the transition of their first line treatment policy from SP to ACTs. .

**Activity Title:** Provide technical assistance for the implementation of Long-Lasting Insecticidal Nets (LLINs).

**Activity Lead:** Shretta, Rima **Activity #:** 2 **Task:** LFBI09PMI **Subtask:** 60F4H2

**Activity Description:** During its first year plan, SPS will focus its efforts on finalizing the LLIN strategy document for universal coverage and on helping to plan the mass-coverage campaign planned for next year. SPS will specifically provide support in the following areas: (a) work with the PNILP and the drafting committee to finalize the LLIN strategy for Burundi. (b) Support the PNILP and partners in planning a follow-up mass-distribution campaign in for 2010, including potentially developing a planning document. Burundi will be holding presidential and other political elections in May-August 2010. It is, therefore, unlikely that a campaign will be feasible before November 2010.

**SPS Partners:** None.

**Budget:** \$66,748.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Strategy document for LLIN implementation. Planning document for mass campaign.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Determined the needs for the LLIN campaign.

**Barriers to Progress:** None.

**Next Steps:** Continue to provide TA and work on the LLIN campaign.

**Indicators:** None.

**Activity Title:** Provide technical assistance for the Prevention of Malaria in Pregnancy (MIP) and Intermittent Preventive Treatment (IPTp).

**Activity Lead:** Shretta, Rima **Activity #:** 4 **Task:** LFBI09PMI **Subtask:** 60F4H4

**Activity Description:** Given that a strategy for approaching malaria in pregnancy (MIP) cannot be introduced until the issue of IPTp is resolved, SPS will provide support in the following areas: (a) Obtaining and compiling published and unpublished information on SP resistance and treatment and SP efficacy for IPTp. (b) Obtaining and documenting the process for reintroducing SP for IPTp in a country where SP was previously abolished and then reintroduced (such as in Rwanda). (c) Mobilizing international partners to provide support to PNILP for the IPTp policy. (d) Reviewing and providing comments on the

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proposed study protocol on using mefloquine for IPTp. (e) Eventually providing input in developing an MIP strategy document, once the IPTp issue has been resolved.

**SPS Partners** None.

**Budget:** \$58,413.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Document compiling evidence for SP efficacy for IPTP in the context of SP resistance for treatment. Strategy/policy document for MIP. Literature review on Intermittent Preventive Treatment with Sulfadoxine-Pyrimethamine in Burundi.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Began literature review for IPTp.

**Barriers to Progress:** None.

**Next Steps:** Complete literature review and synthesize into report for USAID and partners.

**Indicators:** None.

**Activity Title:** Monitoring and evaluation of pharmaceutical management including EUV implementation.

**Activity Lead:** Shretta, Rima **Activity #:** 6 **Task:** LFBI09PMI **Subtask:** 60A1C6

**Activity Description:** SPS is proposing the implementation of the End User Verification (EUV) and the Systems Strengthening Tools, in collaboration with USAID/Burundi. SPS will provide support in the following areas: (a) Contribution to the review of pharmaceutical management indicators developed by the EPISTAT pharmaceutical group. (b) Implementation of the EUV and the health system strengthening tool and dissemination of the results. (c) Determining future technical assistance needs for a pharmaceutical management information system in support of agreed-upon pharmaceutical indicators.

**SPS Partners** None.

**Budget:** \$74,851.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** EUV implementation reports.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** MSH/SPS worked to determine the needs for the End User Verification tool in Burundi.

**Barriers to Progress:** None.

**Next Steps:** Continue to work with the Mission to determine how this activity will be conducted.

**Indicators:** None.

**Activity Title:** Office management.

**Activity Lead:** Shretta, Rima **Activity #:** 9 **Task:** LFBI09PMI **Subtask:** 97XXYX

**Activity Description:** SPS will establish an office in Bujumbura to provide continuous technical assistance for malaria activities in Burundi. This will include hiring at least two full-time technical staff, as well as one full-time operational staff/office manager. It is expected that one of the technical staff will be an expatriate (recruited from the region).

**SPS Partners** None.

**Budget:** \$164,864.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** SPS rented an office space, under Pathfinder, another NGO operating in the area.

**Barriers to Progress:** Length of time for registration process.

**Next Steps:** Continue setting up office and staff hiring.

**Indicators:** None.

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## China

**Work plan:** China    **Year** 09

**Funding Level:** \$100,000.00

### Work plan Background

Management Sciences for Health's (MSH) Strengthening Pharmaceutical Systems (SPS) project has received funding from the U.S. Agency for International Development's (USAID) Regional Development Mission/Asia (RDMA) to provide technical assistance to strengthen pharmaceutical management operations for the HIV program in China. In December 2008, SPS staff traveled to China to review pharmaceutical management operations at antiretroviral therapy (ART) treatment and distribution sites in Guangxi Province and to work with stakeholders, including the World Health Organization (WHO), and the National Center for AIDS/STD Control and Prevention (NCAIDS) at the national level, and Guangxi Bureau of Health (BOH) and China Center for Disease Control and Prevention (CDC) managers, to develop an action plan for strengthening the antiretroviral (ARV) pharmaceutical management system in Guangxi Province. During the trip, the SPS/WHO team visited five distribution and seven treatment sites at each system level, including two of the three centers in the province that provide ART services to children. Following the site visits, SPS met with stakeholders from Guangxi Province, NCAIDS, and WHO to present key findings and recommendations and to develop a plan of action. In general, many pharmaceutical management operations appeared to be working well at the sites visited. However, some of the major concerns observed were the lack of standard operating procedures (SOPs) for managing ARVs and controlling inventories at each level, the limited availability of second-line ARV products, frequent stock shortages resulting from problems with procurement that necessitated emergency tenders to fill gaps, the absence of simple tools to assist staff in analyzing data and quantifying needs, limited storage conditions present at distribution facilities, lack of standardized and simple tools (both manual and electronic) to record inventory transactions at all levels and to capture issues data at the dispensing point, and the need for additional training of staff in pharmaceutical management and specifically in forecasting, including analyzing data.

**Activity Title:** Conduct training-of-trainers (TOT) workshop in Guangxi Province.

**Activity Lead:** Hollist, Sharri    **Activity #:** 2    **Task:** LFCN09IDX    **Subtask:** 60CXM5

**Activity Description:** SPS, in collaboration with WHO/China and the provincial health authorities in Guangxi province, will develop training materials and conduct a training-of-trainers (TOT) workshop to initiate roll-out of the finalized SOPs to selected treatment and distribution facilities in the province. As a result of the workshop, a roll-out plan to pilot facilities will be developed.

**SPS Partners:** None.

**Budget:** \$62,450.00    **Start Date:** Oct/2009    **End Date:** Sep/2010

**Products Planned:** Training materials and report.

**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** During this quarter, SPS/China finalized and translated the Standard Operating Procedures (SOP) for ARV management and related tools in collaboration with NCAIDS and Guangxi Provincial level stakeholders following the validation workshop (June 2009) to assist national and provincial staffs in developing SOPs for ARV management.

**Barriers to Progress:** None.

**Next Steps:** Conduct a training-of-trainers (TOT) workshop in Guangxi Province.

**Indicators:** None.

**Activity Title:** Monitor progress on implementation of SOPs in Guangxi province.

**Activity Lead:** Hollist, Sharri    **Activity #:** 3    **Task:** LFCN09IDX    **Subtask:** 60F2F3

**Activity Description:** Three to six months after the workshop, SPS will conduct follow-up visits to selected sites in Guangxi to monitor progress on implementation of SOPs. During these visits, SPS will collect feedback on the functionality of the tools provided as part of the SOPs and will make adjustments to them as necessary, so that provincial authorities in Guangxi can take these adjustments into account as they implement SOPs throughout the province.

**SPS Partners:** None.

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**Budget:** \$28,180.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

**Products Planned:**

Report on implementation of SOPs in Guangxi Province.

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**Reporting Period:**

**Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:**

This activity will begin following completion of the TOT in January 2010.

**Barriers to Progress:**

None.

**Next Steps:**

Provide support to Guangxi Provincial level stakeholders following the January 2010 TOT.

**Indicators:**

None.

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## 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 the public health 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:** Strengthen the provincial and health zone mgt. teams to improve pharmaceutical management at the intermediate and peripheral levels

**Activity Lead:** Webb, Kathy **Activity #:** 3 **Task:** LFZR08XXX **Subtask:** 60AXH3

**Activity Description:** Under this activity, MSH/SPS will assist the DPM and the PNAM to strengthen coordination mechanisms at the provincial and peripheral levels (district and health zones) for the management of essential medicines in the public health system. This will include ensuring that the provincial health management team is the repository for any and all data generated in the province (public health sector), using North Kivu as an example, it will also include establishing a pharmaceutical management committee at the provincial level to provide guidance to all health zones and donors working in the province on pharmaceutical management. These coordination committees will bring together MoH and donor implementing partners working in pharmaceutical management to improve coordination and consistency in how medicines are managed in health facilities throughout the province. This will also include other USAID HIV/AIDS implementing partners and their sub-grantees working in the provinces where SPS representatives are based. SPS will seek to include local NGOs, such as ECC (an Ecumenical Pharmaceutical Network partner and also an AXes project implementing

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partner), in capacity building activities. To closely monitor this support, MSH/SPS will have provincial representatives in each of the four provinces where USAID is assisting health zones (S. Kivu, Kasai Occidental, Kasai Orientale and Katanga). These staff, together with the MoH provincial and district pharmacy inspectors, will conduct regular supervisory visits to health zones and health facilities to monitor pharmaceutical management at the service delivery level. SPS provincial representatives will have motorcycles at their disposition for visiting nearby sites that are accessible by motorcycle. SPS will also provide logistic support (motorcycle and fuel) to six provincial and district pharmacist inspectors in these provinces to facilitate their regular involvement in pharmaceutical management activities in their coverage area. Under this activity MSH/SPS will also establish quantification committees at the health zone central office (BCZS) level under the guidance of the provincial and district pharmacy inspectors with the mandate to review, standardize and validate quantification and check that estimates are consistent with epidemiologic trends and based on reliable and complete data. The SPS provincial representatives will play a key role in establishing and providing guidance, through the provincial pharmaceutical management coordination committee, to these quantification committees. The SPS provincial representatives will also work with regional depots covering USG-supported areas to strengthen their capacity in managing medicines and in general operations and to ensure that the unit responsible for oversight (either MoH or board of directors) is fulfilling their role to ensure good functioning, including good governance and transparency, of the depot. The support of these regional medical stores is critical for improving the pharmaceutical distribution system in USG supported areas and will include financial, human resources, logistics and management technical assistance. The revolving drug fund needs will be taken into account in the process of strengthening the capacity of these regional medical stores. MSH/SPS will engage a local external organization to undertake an independent audit in order to identify weaknesses to be addressed. Provincial SPS representatives will also work with implementing partners to identify a sample of general reference hospitals in USAID-assisted health zones where SPS can begin the process to establish drugs and therapeutic committees to review medicines safety and use in these facilities. Through the provincial representatives and central level staff, MSH/SPS will also provide technical assistance for the continued implementation and rollout of community case management in USG supported health zones for the management and dispensation of essential medicines for the treatment of childhood illnesses at the community level. This will also be supported using SPS core maternal and child health funding.

**SPS Partners**

None.

**Budget:** \$545,066.00

**Start Date:** Oct/2008

**End Date:** Sep/2009

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

SPS is continuing to assist the DPM and the PNAM to strengthen coordination mechanisms at the provincial level for the management of essential medicines in the public health system. MSH/SPS has supported Katanga, Sud-Kivu, Kasai oriental and Kasai occidental provincial divisions of health to establish provincial pharmaceutical management committees to provide guidance to all health zones and donors working in the province on pharmaceutical management. These committees will improve coordination and consistency among implementing partners working in pharmaceutical management and MoH (national and provincial) in how medicines are managed in health facilities throughout the province. These committees have developed road maps in order to address all issues related to lack of coordination between partners and provincial division of health and other issues such as stock outs in health zones and data collection related to medicines, among others. Following the establishment of these initial provincial pharmaceutical management committees and based on a request from the PNAM, SPS has drafted guidelines for establishing these committees at the provincial level. These guidelines will help the PNAM and other donors and implementing partners working in other provinces in DRC to establish such committees in a consistent and standardized manner to serve the same purpose.

**Barriers to Progress:** None.

**Next Steps:** Conduct follow-up supervision visits in a sample of AXxes health zones in coordination with the provincial and district pharmacist inspectors and AXxes implementing partners.

**Indicators:** None.

**Activity Title:** Strengthen the capacity of health workers responsible for pharmaceutical management in USG-supported health zones and provinces

**Activity Lead:** Webb, Kathy **Activity #:** 4 **Task:** LFZR08XXX **Subtask:** 60E3H4

**Activity Description:** SPS will work closely with other USG implementing partners (AXxes, LMS, FHI, PSI and CDC) and MoH stakeholders to identify candidates at different levels (central, provincial, and health zone) of the health system to benefit from training on both key pharmaceutical management areas and leadership and management. In areas where NGOs are providing public health services (for example, EPN members) in USG-supported provinces and health zones, SPS will include them in capacity building activities. MSH/SPS will continue to work with the PNAM to finalize the pharmaceutical management training guidelines for trainers which will improve the standardization of cascade trainings on pharmaceutical management to reach health workers in USG-supported health zones and HIV/AIDS intervention areas. SPS MCH core funding will be used to ensure that the guidelines address issues related to implementation of the community case management of childhood illnesses and AMTSL including specific storage requirements, quantification, inventory management, record keeping, etc for the community level. For the leadership and management component of the trainings, SPS will enlist the assistance of MSH/LMS. Because forecasting and quantification have been identified as principal challenges to an uninterrupted supply of medicines in USG supported health facilities, this will be a key component with significant focus during pharmaceutical management capacity building and trainings. Other areas to be addressed and tailored according to the target audience include but are not limited to: procurement/ordering, inventory management, good distribution and warehousing practices, data collection and reporting, and rational prescribing and use. Specificities for the quantification and management of HIV/AIDS medicines and products will be emphasized, along with anti-TB medicines and antimalarials. Health staff responsible for the procurement and management of medicines in the LMS health zones (Kasai provinces) and USAID-supported HIV/AIDS treatment centers will be targeted to enable them to better carry out their job responsibilities. Support will be provided to AXxes health zones on an as needed basis. These trainings will ensure that health facility staff responsible for managing medicines is able to carry out their responsibilities as outlined in the DRC pharmaceutical management technical guidelines and minimize stock-outs of essential medicines at the service delivery level. Following these trainings SPS will work with implementing partners and MoH counterparts to ensure that regular supervision on pharmaceutical management takes place at all levels. A tracer list of medicines that include key RH, HIV/AIDS, TB, MCH and malaria medicines will be regularly tracked to monitor medicines availability. In addition, MSH/SPS will include representatives of health committees in a portion of these trainings so that they can better understand the pharmaceutical management framework to ensure their engagement and regular oversight with respect to pharmaceutical management activities. This will improve the health committee's capacity to ensure accountability for the effective management of funds provided to health facilities to create revolving drug funds. To ensure a continuous supply of essential medicines it is critical for health facility staff to be accountable to the health committee and their community for both medicines stocks and management of receipts from the sale of these medicines.

**SPS Partners** None.

**Budget:** \$163,601.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** MSH/SPS has provided support to 50 AXxes health zones across 4 provinces (Katanga, Sud Kivu, Kasai Oriental and Kasai Occidental), in terms of strengthening capacity of

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health workers and AXxes implementing partners on pharmaceutical management. These trainings targeted health staff responsible for the procurement and management of medicines to enable them to better carry-out their job responsibilities related to quantification, inventory management and the use of related tools, pharmaceutical management supervision, and collection of pharmaceutical management data and indicators. These trainings will ensure that health facility staff responsible for managing medicines is able to carry out their responsibilities as outlined in the DRC pharmaceutical management technical guidelines and minimize stock-outs of essential medicines at the service delivery level. During these training sessions, SPS took advantage of the opportunity to establish quantification committees at the health zone level in 50 of the 57 AXxes health zones. These committees have the mandate to review, standardize and validate quantification and check that estimates (orders) are consistent with epidemiologic trends and based on reliable and complete data from health centers and hospitals. In total 50 health zones quantification committees were established and 1,281 health workers were trained, which included 1,012 males and 269 females.

**Barriers to Progress:** Training in 6 health zones in Sud Kivu was delayed because of military operations in this area. The Mutoto health zone workers in Kasai occidental were trained in 2008 with IRC assistance so MSH/SPS will not repeat this training but will provide necessary refreshers during supervision visits.

**Next Steps:** Conduct pharmaceutical management training in 23 LMS-supported health zones and the remaining 6 AXxes-supported health zones.

**Indicators:** None.

**Activity Title:** Strengthen the PMIS in USG-supported provinces and health zones

**Activity Lead:** Webb, Kathy **Activity #:** 5 **Task:** LFZR08XXX **Subtask:** 6060G4H5

**Activity Description:** As the SNIS-Med, the pharmaceutical management component of the National Health Information System (SNIS) is rolled-out in the South Kivu province it will be important to ensure that the accurate, reliable and complete data are analyzed and used for decision-making at the appropriate levels and submitted to the appropriate level according to the set calendar. Emphasis will be made to ensure that health facilities and zones are reviewing and analyzing data collected at the peripheral level as opposed to just collecting it and submitting it, without review or analysis, to the district or provincial level. Under this activity, SPS will work closely with the provincial and health office management teams to put in place the systems for data collection, submission, collation, analysis (at all levels) and sharing of SNIS-Med data (with specialized programs, such as the PNLs, NTP and NMCP and stakeholders) at the appropriate levels (provincial and central level). SPS will also work with the PNAM to roll out the SNIS-Med in the Kasai Orientale province.

**SPS Partners** None.

**Budget:** \$67,518.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** MSH/SPS has supported the MoH SNIS Division and PNAM to implement the SNIS-Med in the Katanga province. This approach should help to ensure that health facilities and zones are reviewing and analyzing data collected at the peripheral level and submitting reports to the district or provincial level according to the set calendar. These reports and data will serve to inform decision-making at the provincial and central levels. In South Kivu where the approach has been introduced previously, some progress has been made by the province and partners in terms of availability of the new version of SNIS med reporting forms at the health zone level, training of health workers at all health facilities on how to collect data and report with the new forms and the update and setting of Gesis Computer application including new indicators concerning malaria, tuberculosis and family planning.

**Barriers to Progress:** None.

**Next Steps:** Assist the MoH to continue to monitor SNIS-Med reporting in the Katanga and S. Kivu

provinces.

**Indicators:** None.

**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

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**SPS Partners** coordination.  
None.  
**Budget:** \$227,112.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** DRC Pharmacy Direction/Drug Regulatory Authority standard operating procedures.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** MSH/SPS has assisted PNLS and PNAM to organize a workshop to develop a national harmonized procurement plan for HIV/AIDS medicines and laboratory materials in collaboration with all stakeholders involved in the fight against HIV/AIDS. This plan will enable MoH pharmaceutical management stakeholders and PNLS at the central and provincial levels to improve coordination for pharmaceutical management. In addition, this workshop was an opportunity to discuss and identify PNLS key needs in 3 intervention areas: (1) systems strengthening and capacity building at the national, provincial and health zone and facility levels, (2) improving the HIV/AIDS management information and reporting system and (3) capacity building and technical assistance for quantification of HIV/AIDS pharmaceuticals and related commodities. MSH/SPS has assisted the DPM to identify data related to the registration of pharmaceutical products. These data will be used to populate an electronic database for the ongoing management of the pharmaceutical registration process. As a part of this activity SPS has also assisted the DPM to identify the type of key information required for the registration process to support the customization of the database. Building DPM capacity for pharmaceutical registration, including the previously developed SOPs for pharmaceutical registration, will facilitate the registration of all essential medicines including key MCH products, such as zinc and uterotonics.

**Barriers to Progress:** None.

**Next Steps:** Assist the DPM to finalize the revision of national essential medicine list. Support the DPM to install the Pharmadex database for registration of pharmaceuticals.

**Indicators:** None.

**Activity Title:** Assess and strengthen the financial management of funds in the pharmaceutical sector

**Activity Lead:** Webb, Kathy **Activity #:** 7 **Task:** LFZR08XXX **Subtask:** 60AXA7

**Activity Description:** Based on the recommendations of the 'Assessing the procurement, distribution and systems strengthening needs for the pharmaceutical system in DRC' report, MSH/SPS will carry out an assessment of the financial flows through the pharmaceutical system. This will include visits to at least 3 provinces to visit regional depots, health zone offices and health facilities. During the planned assessment, child health core funds will be used to ensure inclusion down to the community level to analyze the role of the community case management program in the financial flows of the national pharmaceutical system. The results of this assessment would identify strategies to strengthen financial management at all levels, ensure that accountability mechanisms are in place and functioning to improve the transparency of financial flows in the pharmaceutical system. One of the major challenges related to pharmaceutical management financing as well as accessibility of health services and medicines is the lack of a national pricing policy for pharmaceuticals in both the public and private sectors, which results in a wide variation of pharmaceutical prices by donor and geographic area. Under this activity MSH/SPS will work closely with the DPM and the PNAM to develop a national pharmaceutical pricing policy for pharmaceuticals in the public and private sectors to address disparities that arise out of the differing practices of different donors and geographic variations.

**SPS Partners** None.  
**Budget:** \$119,126.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** None.  
**Barriers to Progress:** Challenges in identifying a consultant with the right profile have delayed this activity.  
**Next Steps:** Finalize terms of reference and field a consultant to work on the mapping of

pharmaceutical management donors and implementing partners in DRC and to conduct the assessment of the financial flows through the pharmaceutical management system.

**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

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** In order to support the Global Fund R8 Principal Recipients on procurement and supply management issues and to facilitate grant signature, MSH/SPS assisted SANRU in the following: To finalize the malaria and HIV PSM plans which have been validated by the Global Fund. Subsequently, the malaria grant was signed on January 14, 2010. To develop and finalize SANRU's management of medicines and supplies standard operating procedures specifically for the Global Fund project. To launch, on time, the international competitive tender for antimalarial medicines which will enable SANRU to obtain the lowest possible purchase price for high-quality products, maintain transparency on procurement decisions and ensure suppliers' reliability in terms of service and quality.

**Barriers to Progress:** None.

**Next Steps:** Assist the Global Fund PRs in defining the pharmaceutical and supplies distribution model and plan and the pharmaceutical management information system.

**Indicators:** None.

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## Dominican Republic

### *Dominican Republic-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). Critical for successful DOTS is ensuring the continuous supply of quality medicines and pharmaceutical supplies for TB, as well as promoting their appropriate use (according to standardized treatment regimens). Since 2003, with USAID DR funds, the Management Sciences for Health's Rational Pharmaceutical Management Plus (RPM Plus) Program provided technical assistance to the NTP in DR in implementation of a more efficient and effective supply system for anti-tuberculosis medicines and supplies needed by the NTP. In January 2003, RPM Plus staff analyzed the processes of selection, purchase and distribution of medicines and pharmaceutical supplies for TB, and later designed a functional managerial structure with standard procedures to ensure prompt supply of quality, essential pharmaceuticals. The Manual of Technical and Administrative Procedures of the TB Drug Management System was pilot tested in two areas and scaled-up to the rest of the country by the end of 2006, after a training of trainers' (TOT) workshop was held on September 2006. In June 2005, based on information from assessments conducted by RPM Plus, the NTP decided to change the country's therapeutic regimens to fixed-dose combinations (FDC), and to procure these drugs through the WHO/Global Drug Facility (GDF) mechanism. The first procurement was delivered on August 2006 and the first two pilot areas (V and VIII) started using FDCs on September 2006. The scale-up of FDC use started on August 2007, after the second procurement of FDCs arrived to the country. The USAID-financed MSH program Strengthening Pharmaceutical Systems (SPS) focuses improving governance in the pharmaceutical sector, strengthening pharmaceutical management, containing antimicrobial resistance, and increasing access to essential medicines. RPM Plus activities were in-line with these objectives. The SPS Program will follow-up on these activities and apply lessons learned in TB pharmaceutical management to other priority areas.

<b>Activity Title:</b>	Technical assistance on pharmaceutical management of TB
<b>Activity Lead:</b> Barillas, Edgar	<b>Activity #:</b> 2 <b>Task:</b> LFDO07TBX <b>Subtask:</b> 60F3H2
<b>Activity Description:</b>	SPS will support the use of information generated by the TB Pharmaceutical and Laboratory Supply Information System and provide TA to estimate the needs of FDCs for the next GDF procurement.
<b>USG Sub-element</b>	Increasing Availability of Drugs for Treatment of TB Development of New Tools and Improved Approaches
<b>SPS Partners</b>	None.
<b>Budget:</b> \$80,000.00	<b>Start Date:</b> Jul/2007 <b>End Date:</b> Sep/2008
<b>Products Planned:</b>	Trip report (including estimation of needs) and workshop proceedings.

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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	During this quarter MSH/SPS edited and disseminated the study on the impact of the introduction of TB FDC. MSH/SPS supported the procurement of FDCs through the Global Drug Facility (GDF)/Partners for Supply Chain Management.
<b>Barriers to Progress:</b>	No constraints.
<b>Next Steps:</b>	This support will continue during the next quarter.
<b>Indicators:</b>	None.

<b>Activity Title:</b>	Strengthen the management of TB laboratory supplies
<b>Activity Lead:</b> Barillas, Edgar	<b>Activity #:</b> 3 <b>Task:</b> LFDO07TBX <b>Subtask:</b> 60L3H3
<b>Activity Description:</b>	SPS will assess the availability of TB laboratory supplies and access to TB diagnostic methods. The findings of this study will provide a basis for intervention implementation, including the full incorporation of the laboratory network and the TB Pharmaceutical and Laboratory Supplies Information System. Other interventions may include direct

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<p>procurement of TB laboratory supplies (microscopy diagnostic kits) to the GDF, if needed.</p> <p><b>USG Sub-element</b> <b>SPS Partners</b> <b>Budget:</b> \$30,000.00 <b>Products Planned:</b></p>	<p>Development of New Tools and Improved Approaches</p> <p>None.</p> <p><b>Start Date:</b> Jul/2007    <b>End Date:</b> Sep/2008</p> <p>Instrument to collect information on the TB Laboratory Supply Management Laboratory supply chain assessment tool. Assessment report on situation of the laboratory supply chain. Operational procedures for TB laboratory supply management. Rapid evaluation of the situation of the supply of laboratory reagents and commodities.</p>
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<p><b>Reporting Period:</b> <b>Activity Progress:</b> <b>Barriers to Progress:</b> <b>Next Steps:</b> <b>Indicators:</b> <b>Activity Title:</b></p>	<p><b>Year:</b> Project Year 3    <b>Quarter:</b> Q1</p> <p>During previous quarters, MSH/SPS supported the introduction of TB diagnostic kits (procured through the GDF).</p> <p>No constraints.</p> <p>During the next quarter, MSH/SPS will assess the impact of the introduction of these kits.</p> <p>None.</p> <p>Implementation of an electronic application for clinical and pharmaceutical management of MDR-TB cases</p>
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<p><b>Activity Lead:</b> Barillas, Edgar <b>Activity Description:</b></p>	<p><b>Activity #:</b> 4    <b>Task:</b> LFDO07TBX    <b>Subtask:</b> 60CXJ4</p> <p>SPS will assess the need for this tool and the feasibility of adapting it to fit the specific requirements of the Dominican Republic's NTP. If the pre-assessment demonstrates that the tool would be beneficial for clinical and pharmaceutical management of MDR-TB cases, SPS will provide TA for its adaptation, the training of users, and the tool's initial operation.</p>
<p><b>USG Sub-element</b> <b>SPS Partners</b> <b>Budget:</b> \$64,000.00 <b>Products Planned:</b></p>	<p>Development of New Tools and Improved Approaches</p> <p>None.</p> <p><b>Start Date:</b> Jul/2007    <b>End Date:</b> Sep/2008</p> <p>Trip reports and reports generated by the automated system.</p>
<hr/>	
<p><b>Reporting Period:</b> <b>Activity Progress:</b> <b>Barriers to Progress:</b> <b>Next Steps:</b> <b>Indicators:</b> <b>Activity Title:</b></p>	<p><b>Year:</b> Project Year 3    <b>Quarter:</b> Q1</p> <p>The e-TB manger is being used in MDR TB treatment sites, but is not in full operation.</p> <p>The monitoring of the pilot test has been delayed due to difficulties in the identification of a suitable local consultant to support it.</p> <p>It is expected that the e-TB manager will be fully functional by February 2010.</p> <p>None.</p> <p>Participate in internal and external evaluations of the TB Program</p>
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<p><b>Activity Lead:</b> Barillas, Edgar <b>Activity Description:</b></p>	<p><b>Activity #:</b> 6    <b>Task:</b> LFDO07TBX    <b>Subtask:</b> 60F3A6</p> <p>SPS will participate in internal evaluations of the TB program. Results will be presented and staff will continue to follow the steps outlined in 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.</p>
<p><b>USG Sub-element</b> <b>SPS Partners</b> <b>Budget:</b> \$51,000.00 <b>Products Planned:</b></p>	<p>Host Country Strategic Information Capacity</p> <p>None.</p> <p><b>Start Date:</b> Jul/2007    <b>End Date:</b> Sep/2008</p> <p>Trip report. Evaluation reports</p>
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<p><b>Reporting Period:</b> <b>Activity Progress:</b> <b>Barriers to Progress:</b> <b>Next Steps:</b></p>	<p><b>Year:</b> Project Year 3    <b>Quarter:</b> Q1</p> <p>MSH/SPS supported a GDF evaluation of the TB pharmaceutical supply system. The final report has been delivered to the GDF.</p> <p>No constraints.</p> <p>No external or internal evaluations scheduled at this point.</p>

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**Indicators:** None.

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### ***Dominican Republic-08***

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

**Funding Level:** \$250,000.00

#### **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). Critical for successful DOTS is ensuring the continuous supply of quality medicines and pharmaceutical supplies for TB, as well as promoting 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 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 institutionalization of the best practices, already implemented for TB pharmaceutical management. Based on this experience, SPS will also support the MoH's proposal to integrate the country's vertical supply systems into a single, national pharmaceutical system.

<b>Activity Title:</b>	Strengthen the management of TB medicines and laboratory supplies
<b>Activity Lead:</b> Barillas, Edgar	<b>Activity #:</b> 2 <b>Task:</b> LFDO08TBX <b>Subtask:</b> 60C3H2
<b>Activity Description:</b>	For FY08, SPS will support the implementation of SOPs for laboratory supply management and the procurement of TB diagnostic kits through the GDF.
<b>USG Sub-element</b>	Increasing Availability of Drugs for Treatment of TB Development of New Tools and Improved Approaches
<b>SPS Partners</b>	None.
<b>Budget:</b> \$71,000.00	<b>Start Date:</b> Oct/2008 <b>End Date:</b> Sep/2009
<b>Products Planned:</b>	Standard operating guidelines: For supply management of TB laboratory reagents and diagnostic commodities. Tool: calculation/converting factors to estimate use and requirements of TB diagnostic reagents. Impact evaluation of MSH/SPS/USAID-supported activities to improve the performance of the laboratory commodities supply system. Impact evaluation of the introduction of TB-FDCs on patient's default rate.

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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	MSH/SPS edited and disseminated the study on the impact of the introduction of TB FDCs. MSH/SPS supported the procurement of FDCs through the Global Drug Facility (GDF)/Partners for Supply Chain Management. During previous quarters, MSH/SPS supported the introduction of TB diagnostic kits (procured through the GDF).
<b>Barriers to Progress:</b>	No constraints (note: this activity was co-funded with FY07 and FY09 resources).
<b>Next Steps:</b>	During the next quarter, MSH/SPS will assess the impact of the introduction of these kits.
<b>Indicators:</b>	None.

<b>Activity Title:</b>	Technical assistance to institutionalize procurement and distribution of TB medicines and laboratory supplies
<b>Activity Lead:</b> Barillas, Edgar	<b>Activity #:</b> 3 <b>Task:</b> LFDO08TBX <b>Subtask:</b> 60CXH3
<b>Activity Description:</b>	SPS will help develop guidelines to facilitate an understanding of the official procedures and time-lines for procurement and distribution. This activity may also help other public health programs (such as HIV/AIDS) deal with similar problems.
<b>USG Sub-element</b>	Health Governance and Finance (TB)
<b>SPS Partners</b>	None.
<b>Budget:</b> \$27,000.00	<b>Start Date:</b> Oct/2008 <b>End Date:</b> Sep/2009
<b>Products Planned:</b>	Trip reports and SOP for the procurement of public health medicines and supplies.

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*Country Programs*

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**Reporting Period:** Year: Project Year 3 Quarter: Q1  
**Activity Progress:** No activities planned during this quarter.  
**Barriers to Progress:** No constraints.  
**Next Steps:** The standard operational procedures (to be elaborated during the first quarter of 2010) will establish a roadmap to support the implementation of good storage practices and inventory systems, to institutionalize the procurement of medicines and supplies in all SESPAS programs, and implement a national pharmaceutical management system.  
**Indicators:** None.

**Activity Title:** Technical assistance for the development of SOP for pharmaceutical management.  
**Activity Lead:** Barillas, Edgar **Activity #:** 4 **Task:** LFDO08TBX **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:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** Trip reports. SOPs for the procurement of public health medicines and supplies and for a national pharmaceutical management system.

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**Reporting Period:** Year: Project Year 3 Quarter: Q1  
**Activity Progress:** No activities planned during this quarter.  
**Barriers to Progress:** No constraints.  
**Next Steps:** Development of SOPs.  
**Indicators:** None.

**Activity Title:** Support the implementation of good storage practices in central and peripheral warehouses  
**Activity Lead:** Barillas, Edgar **Activity #:** 5 **Task:** LFDO08TBX **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 in warehouse management.  
**USG Sub-element:** Development of New Tools and Improved Approaches  
**SPS Partners:** None.  
**Budget:** \$54,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** Trip reports. Accreditation manual.

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**Reporting Period:** Year: Project Year 3 Quarter: Q1  
**Activity Progress:** No activities planned for this quarter.  
**Barriers to Progress:** No constraints.  
**Next Steps:** Development of SOPs for good storage practices.  
**Indicators:** None.

**Activity Title:** Participate in internal and external evaluations of the TB Program  
**Activity Lead:** Barillas, Edgar **Activity #:** 6 **Task:** LFDO08TBX **Subtask:** 60F3A6  
**Activity Description:** SPS will participate in internal evaluations of the TB program, and will present the results of these evaluations 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.

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**Budget:** \$22,000.00      **Start Date:** Oct/2008      **End Date:** Sep/2009  
**Products Planned:** Trip reports and evaluation reports.

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**Reporting Period:**      **Year:** Project Year 3      **Quarter:** Q1  
**Activity Progress:** During this quarter MSH/SPS supported a GDF evaluation mission of the TB pharmaceutical supply system. The final report has been delivered to the GDF. With remaining FY07 resources, MSH/SPS supported the participation of three Dominicans (Director of the TB program, laboratory coordinator and a MSH/SPS local consultant), in the TB Union Conference, held in Cancun Mexico, December 3-6, 2009. During the poster session, this team presented the progress in the strengthening of the laboratory supply system. Additionally, the MSH/SPS local consultant participated as a lecturer in a workshop organized by MSH/SPS.

**Barriers to Progress:** No constraints.  
**Next Steps:** No internal or external evaluations planned for next quarter.  
**Indicators:** None.

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### ***Dominican Republic-09***

**Work plan:** Dominican Republic TB      **Year** 09

**Funding Level:** \$450,000.00

#### **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). Critical for successful DOTS is ensuring the continuous supply of quality medicines and pharmaceutical supplies for TB, as well as promoting their appropriate use (according to standardized treatment regimens). SPS activities for FY08 (October 2008 – September 2009) included scale-up of the introduction of FDCs, technical assistance to strengthen the management of TB laboratory supplies, the implementation of an electronic management information system for clinical and pharmaceutical management of MDR-TB, and technical assistance for the organization of a national pharmaceutical management system, incorporating all SESPAS programs (TB and HIV/AIDS, included). SPS has received USD 450,000 from the USAID mission in Dominican Republic in FY09 funds to strengthen the pharmaceutical supply system, including following-up on the aforementioned activities and strengthening the selection and procurement of HIV/AIDS medicines and diagnostic products.

**Activity Title:** Consolidate the supply management of TB medicines and laboratory commodities

**Activity Lead:** Barillas, Edgar      **Activity #:** 2      **Task:** LFDO09TBX      **Subtask:** 60C3H2

**Activity Description:** For FY09, SPS will support the quantification for the next procurement of medicines and laboratory supplies through GDF, the scale-up of laboratory kit use (to the whole country), and the improved use of the information generated by the pharmaceutical management information system. SPS will assess the impact of the introduction of the TB laboratory kits and the implementation of operational procedures for the management of laboratory reagents and commodities in four pilot areas. Based on these results SPS will support a plan to scale-up these practices to the entire country.

**SPS Partners** None.

**Budget:** \$43,600.00      **Start Date:** Oct/2009      **End Date:** Sep/2010  
**Products Planned:** Integrated information system.

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**Reporting Period:**      **Year:** Project Year 3      **Quarter:** Q1  
**Activity Progress:** During this quarter, MSH/SPS edited and disseminated the study on the impact of the introduction of TB FDCs. MSH/SPS supported the procurement of FDC through the Global Drug Facility (GDF)/Partners for Supply Chain Management. During previous quarters, MSH/SPS supported the introduction of TB diagnostic kits (procured through the GDF).

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*Country Programs*

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<b>Barriers to Progress:</b>	No constraints (note: this activity was mostly founded with FY08 resources).
<b>Next Steps:</b>	During the next quarter, MSH/SPS will assess the impact of the introduction of the TB diagnostic kits.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Support the supply management of HIV/AIDS medicines and diagnostic materials
<b>Activity Lead:</b>	Barillas, Edgar <b>Activity #:</b> 3 <b>Task:</b> LFDO09TBX <b>Subtask:</b> 60F2H3
<b>Activity Description:</b>	For FY09, SPS will support a rapid assessment of the supply management of HIV/AIDS medicines and diagnostic supplies, an analysis of ARV selection and current therapeutic schemes, and the estimation of needs for annual procurement. Other components of the supply chain will be strengthened, as the implementation of an integrated pharmaceutical management system (as proposed in activities 4 and 5) progresses.
<b>SPS Partners</b>	None.
<b>Budget:</b>	\$86,000.00 <b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2010
<b>Products Planned:</b>	Standardized procedures for procurement and distribution of medicines and commodities.
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	The National HIV/AIDS Program requested MSH/SPS technical assistance to strengthen its pharmaceutical management system. Most of the problems will be addressed through the integration of a national pharmaceutical management system. Some particular problems, however, deserve a focused/specific approach. During this quarter, MSH/SPS conducted a rapid assessment of the situation of HIV/AIDS pharmaceutical management.
<b>Barriers to Progress:</b>	No constraints.
<b>Next Steps:</b>	The results of the rapid assessment will be presented and discussed by early January 2010.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Technical assistance for the development of SOPs for pharmaceutical management
<b>Activity Lead:</b>	Barillas, Edgar <b>Activity #:</b> 4 <b>Task:</b> LFDO09TBX <b>Subtask:</b> 60F3H4
<b>Activity Description:</b>	For FY09, SPS will provide technical assistance for the design and implementation of an integrated pharmaceutical management system. If all stakeholders agree on the pertinence and feasibility of the proposal, SPS will support the elaboration of standard operational procedures for the procurement of medicines and supplies of all SESPAS programs (starting with the TB and HIV/AIDS programs as pilots) through competitive national tenders and international agencies, and its distribution through a new logistics operator.
<b>SPS Partners</b>	None.
<b>Budget:</b>	\$61,900.00 <b>Start Date:</b> Oct/2009 <b>End Date:</b> Oct/2010
<b>Products Planned:</b>	SOPs elaborated and disseminated.
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	No activities planned during this quarter.
<b>Barriers to Progress:</b>	No constraints.
<b>Next Steps:</b>	The standard operational procedures (to be elaborated during the first quarter of 2010) will establish the roadmap to support the implementation of good storage practices and inventory systems, to institutionalize the procurement of medicines and supplies in all SESPAS programs, and implement a national pharmaceutical management system.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Technical assistance for the implementation of a national pharmaceutical management information system
<b>Activity Lead:</b>	Barillas, Edgar <b>Activity #:</b> 8 <b>Task:</b> LFDO09TBX <b>Subtask:</b> 60G4H8
<b>Activity Description:</b>	SPS will participate in internal evaluations that will present the results of interventions supported with USAID/SPS technical assistance. SPS will also present the results of the

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<b>SPS Partners</b>	aforementioned interventions at national and international symposiums. None.
<b>Budget:</b> \$117,300.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2010
<b>Products Planned:</b>	Work plan to integrate pharmaceutical management information system. SESPAS counterparts and cooperation agencies coordinating activities leading to an integrated information system.
<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	The SPS supported proposal for the organization of an integrated pharmaceutical system was sent by the Minister of Health to the Pharmaceutical Policy Commission.
<b>Barriers to Progress:</b>	No constraints.
<b>Next Steps:</b>	According to the implementation plan, the Commission will send a final version back to the Minister by the end of December 2009, for the subscription of a Ministerial Decree. With this political backup, MSH/SPS will support the elaboration of standard operational procedures for an integrated pharmaceutical system during the first quarter of 2010.
<b>Indicators:</b>	None.

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work, PFSA on joint work plan and future expanded relationships giving emphasis on PFSA's new mandate of rational drug use at health facility level, and RPMA from Oromia region on PMI/AMDM to review progress, scale-up, documenting best practices, use of PDAs for data capturing and challenges. The visitors worked with the PMI/AMDM team on refinement of the AMDM continuous results monitoring system (CRMS), a bi-monthly progress monitoring system that tracks and reports on over forty access and use indicators.

**Barriers to Progress:** None.

**Indicators:** None.

**Activity Title:** MSH/SPS office management and program support operations

**Activity Lead:** Daniel, Gabriel **Activity #:** 13 **Task:** LFET09HIP **Subtask:** 97XXYX

**Activity Description:** SPS will coordinate its activities related to pharmaceutical and related products management and use with activities of the national pharmaceutical logistics master plan, the national pharmaceutical master plan, other programs of MSH, and with relevant PEPFAR partners, such as the Clinton Foundation, DELIVER, and UNICEF.

**SPS Partners:** None.

**Budget:** \$552,344.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Reports (quarterly, semi-annual, annual, program and financial). Strategies and practices based on current knowledge.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** SPS/Ethiopia's annual review meeting was held from November 10 to 12, 2009. During the event, experiences were shared on the ongoing mentoring activities and model DTCs, detailed implementation plan (DIP) progresses and challenges faced for both SPS and PMI/AMDM, booth utilization at ART sites (availability and its functionality), and other related topics were discussed in detail. In addition, DIP for COP09 have been developed in a participatory manner and all SPS staff participated in the process. The SPS/Ethiopia office attended different meetings organized by PEPFAR, CDC and USAID and made contributions with other USG funded partners towards the implementation of PEPFAR in the country. The SPS management team communicated with the USAID-Ethiopia mission on various programmatic and financial issues. COP 2010 implementing mechanism narrative, budget code narrative, targets, cross-cutting budget attributions and key issues, COP10 targets, and planned expenditure by quarter have been some of the major communications made with the mission. COP08 annual report, covering the period between October 2008 and September 2009, has been prepared and submitted to the USAID mission. The report described annual accomplishments of SPS, constraints encountered, data quality challenges and major activities in the coming year.

**Barriers to Progress:** None.

**Next Steps:** Continue the collaborative work with USAID mission, USG partners, and governmental and non-governmental organizations. Conduct supportive supervision to other regions. Participate in program review meetings organized by Regional Health Bureaus, regional HAPCO and other partners.

**Indicators:** None.

**Activity Title:** Promote rational medicine use (RMU) and strengthen clinical pharmacy service

**Activity Lead:** Daniel, Gabriel **Activity #:** 2 **Task:** LFET09HIP **Subtask:** 60CXH2

**Activity Description:** Technical assistance (TA) and resources for promoting rational medicine use (RMU) will be provided to stakeholders at all levels. The unit will provide technical guidance and assist in formulating approaches to enhance RMU and other related products. To improve treatment outcomes, patient-focused pharmacy service will be promoted by a team of doctors, nurses and pharmacists/druggists.

**SPS Partners:** None.

**Budget:** \$227,828.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Reports, rational drug dispensing implemented, drug use monitored, and reference and

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patient education materials provided.

<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	The importance of standard prescription papers to promote rational use of drugs is very well known. However, most RPMAs were reporting absence or shortage of standard prescription papers in health facilities (HFs). In addition, it was one of the gaps identified during the AMR baseline survey. Some options were proposed to get printed standard prescriptions at central, regional or health facility levels with serial numbers (DACA guideline stipulates this). As a result, electronic standard prescription has been developed and shared among DACA staff, SPS central office staff, and RPMAs for comments. The idea here is that in the very near future all health facilities, public and private, will use the electronic standard prescription forms. Pre-testing of “Antiretroviral drugs dose, restrictions, side effects and drug interactions chart for pediatrics” has been under way and printing of the patient empowerment materials on 4 ARV regimens is in process.
<b>Barriers to Progress:</b>	None.
<b>Next Steps:</b>	Continue provision of supportive supervision and give the necessary TA for health facilities. Make prescription pads available to the health facilities. Finalize the printing of the two medicines use counseling and dispensing guides. Compile comments on standard prescription paper and minimum labeling requirements. Compile comments on Medicines Use Counseling Routine Monitoring Checklist for Providers. Participate and present at DTC experiences sharing event.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Support Drug and Therapeutic Committees (DTCs) at health facilities
<b>Activity Lead:</b> Daniel, Gabriel	<b>Activity #:</b> 3 <b>Task:</b> LFET09HIP <b>Subtask:</b> 60BXH3
<b>Activity Description:</b>	In collaboration with PFSA and RHBs, technical assistance will be provided to further establish/strengthen DTCs. Emphasis will be placed on close follow-up and mentorship. Computers, reference books, internet facility and other resources will be provided so that professionals will have access to up-to-date technical information. Specific activities include: (1) Supporting the establishment and strengthening of DTCs, providing TA and material support to 60 hospitals (60 computers, printers, and reference books), making DTCs fully functional, providing TA and material support in the production of facility-specific drug lists/formularies, establishing new DTC, and support PFSA to conduct trainings on DIS, in 40 public hospitals, 30 health centers and 5 private hospitals, providing TA through training and mentoring to capacitate DTCs to take active role for the following facility-level interventions.(2) Promotion of adherence, containment of antimicrobial resistance, including the proper use of antiseptics and disinfectants, prevention of ADR and increased reporting of adverse events, provision of patient education on the use of medicines, conducting medicines use review, supporting health facilities in the disposal of expired and obsolete medicines, reagents and equipment, and supporting PFSA to organize regional DTC best practice sharing meetings/workshops.(3) Support the establishment and maintenance of Drug Information Services (DIS), provide TA to health facility DTCs to establish DIS, including the provision of information on the management of toxicities, ADRs and poisoning.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$193,317.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2010
<b>Products Planned:</b>	Reports. National AMR containment framework.

<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	MSH/SPS has been supporting health facilities (both technically and financially) in establishing and strengthening DTCs, developing plans, terms of reference (TOR), hospital-specific drug lists, assessing drug use problems and designing intervention strategies, establishing drug information services and promoting patient education in the health facilities. During the reporting period, five drug list development workshops were organized by five hospitals’ DTCs, in collaboration with MSH/SPS. So far, 26 hospitals

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have developed hospital-specific drug lists. A hospital-specific formulary has been printed and handed over to Assella hospital management in the presence of the hospital staff and invited guests from Adama University-School of Health and representative of Pharmaceutical Fund and Supply Agency (PFSA). This formulary was the third of its kind that MSH/SPS has been able to deliver to the hospital after ALERT and Amanuel specialized hospitals. The fourth regional DTC experience sharing event was organized where over 17 hospitals from Addis Ababa and Oromia regions had participated. The aim of the event was to sensitize hospital staff on rational drug use (RDU) and DTC, to create a competitive environment among hospital DTCs by sharing experiences of best performing DTCs and awarding those nominated model DTCs. In recognition of the best performing DTCs, eight computers with printers and surge protection switches were donated to eight DTCs. The first health facility to establish a drug information service (DIS) in Addis Ababa is St. Paul General Specialized, hospital which has recently become a training center for medical students. SPS has contributed a great deal by way of technical assistance as well as financial funding required to set up the service. The hospital's DIS now serves and handles the drug information queries of healthcare professionals within the facility. Ongoing interventions are planned to strengthen the DIS by way of equipping with managerial and technical capability to run the service.

**Barriers to Progress:** Low participation of DTC members in strengthening DTC activities at hospitals due to work load, training gap and staff turnover. As a result, it has become difficult to make some hospitals' DTC functional. Problems of institutionalizing DTCs, because functionality of most DTCs is dependent on individual member performance and commitment.

**Next Steps:** Provide TA and material support in the preparation of facility-specific drugs lists. Facilitate and organize sensitization and formulary development requests from hospitals. Continue supportive supervision to selected DTC. Facilitate experience sharing events among DTCs and provision of materials (computers and printers to selected model hospitals). Facilitate and conduct training on DTC and provide TA to establish DTCs at public hospitals, health centers and private hospitals. Handing-over of drug formulary and launching of the DIS at St. Paul's hospital.

**Indicators:** None.

**Activity Title:** Promote containment of the emergence and spread of antimicrobial resistance (AMR)

**Activity Lead:** Daniel, Gabriel **Activity #:** 4 **Task:** LFET09HIP **Subtask:** 60F1H4

**Activity Description:** Specific activities include: Collaborating with PFSA, DACA and pharmacy schools to conduct training in AMR containment and infection prevention interventions, providing TA and materials to the National Advisory Committee on AMR to formulate a national AMR containment framework, and promoting awareness of the general public on the proper use of antimicrobials drugs.

**SPS Partners** None.

**Budget:** \$14,002.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Reports. National AMR containment framework developed.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Draft IEC material on antiseptics and disinfectants has been shared to some SPS staff for comments. A rational use of Anti-TB drug was presented by SPS staff at anti-TB drugs supply management training for pharmacy professionals in the Gurage (in Wolkite) and North Showa zones (Debrebirhane).

**Barriers to Progress:** None.

**Next Steps:** Conduct journalist training on rational drug use and antimicrobials use, resistance prevention and containment. Draft agenda, call and conduct a meeting of the National Advisory Committee for Antimicrobial Resistance Prevention and Containment. Draft antimicrobials resistance prevention and containment roles and responsibilities of stakeholders for Ethiopia (framework).

**Indicators:** None.

**Activity Title:** Promote adherence to treatment

**Activity Lead:** Daniel, Gabriel **Activity #:** 5 **Task:** LFET09HIP **Subtask:** 60EXH5

**Activity Description:** SPS will support facility-level treatment adherence interventions by ensuring that patients are given quality counseling during the dispensing process. Encourage active monitoring of patient adherence using devices, such as pill boxes, to inform the system on treatment adherence will be explored. To improve adherence, proven interventions, such as peer discussions, will be implemented as appropriate. Specific activities include: supporting health facilities to record and interpret data using the new set of adherence indicators incorporated in the electronic dispensing tool (EDT), providing TA to PFSA in promoting adherence to treatment for HIV/AIDS, TB, malaria, OIs and other chronic illnesses, and supporting implementation of adherence-enhancing practices, with the help of DTCs to improve dispensing counseling and patient empowerment on medicines use.

**SPS Partners:** None.

**Budget:** \$61,629.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Reports. Adherence tools implemented. Regional dissemination workshop conducted for increasing awareness and building consensus.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Pediatric adherence to antiretroviral treatment is an area of concern, which needed interventions. As part of the series of interventions on ART adherence and in collaboration with Regional Pharmaceutical Associates, a chart on “antiretroviral drugs dose, restrictions, side effects and drug interactions for pediatrics” has been prepared by the SPS RDU team. When printed, it will serve as a useful resource and quick reference for health care providers in enhancing ART adherence in pediatrics. As an attempt to collaborate with partner organizations, the RDU team has been invited to present different topics of rational drug use at the refresher training on “Drug Supply Management and Use” organized by John Hopkins University in Assosa, Benishangul Gumuz region. Accordingly, “Antiretroviral Treatment Adherence Barriers and Interventions in Ethiopia” was presented. Furthermore, a presentation entitled “Antiretroviral Treatment Adherence Interventions Program Scale up Experiences in Ethiopia” was given at the INRUD Initiative on Adherence to Antiretrovirals (INRUD-IAA) meeting held in Gisenyi, Rwanda. SPS participated in the National HIV Drug Resistance Training Workshop organized by FMOH/Ethiopia, Health and Nutrition Research Institute (EHNRI) and the World Health Organization (WHO). The paper “Supporting and Monitoring Antiretroviral Treatment Adherence: Barriers and Interventions in Ethiopia” was presented and discussed. Inclusion of adherence indicators into EDT and other associated outputs has been discussed. These will be used as a monitoring and measurement tool to enhance use of the outputs at health facilities.

**Barriers to Progress:** None.

**Next Steps:** Finalize printing of patient empowerment materials on recognition and management of side-effects for 4 ARVs regimens. Continue work on patient empowerment IEC materials and recognition and management of side-effects in other regimens. Finalize pre-testing of “antiretroviral drugs dose, restrictions, side effects and drug interactions chart for pediatrics”. Continue work on IEC materials on preventable adverse drug events on antiretroviral drugs. Participate and present at DTC experience-sharing event.

**Indicators:** None.

**Activity Title:** Promote recognition and prevention of adverse drug reaction (ADR) and pharmacovigilance (PV).

**Activity Lead:** Daniel, Gabriel **Activity #:** 6 **Task:** LFET09HIP **Subtask:** 60B2H6

**Activity Description:** Specific activities include: (1) Building the capacity of PFSA and DACA to conduct training of trainers (TOT) trainings on Pharmacovigilance /ADR to health care providers. (2) Supporting pharmacy schools to incorporate ADR, post-marketing surveillance (PMS), and PV in their pre-service curriculum/course. (3) Printing and distributing guidelines and prepaid-postage ADR reporting forms to all target facilities. (4)

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	Developing, printing and distributing posters and brochures on ADR and medication error. (5) In collaboration with PQM, provide support to DACA for collaboration with the WHO and other international networks on ADR and pharmacovigilance.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$12,450.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2010
<b>Products Planned:</b>	Pharmacovigilance assessment report disseminated.
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	In the quarter, various ADR-related print materials, ADR reporting forms (3300 copies), ADR Guidelines (200 copies), SPS pharmacovigilance conceptual framework/systems perspective material and ADR brochures have been distributed to the health facilities. In particular, ADR reporting forms were distributed with a brief orientation about the contents and method of reporting. In collaboration with DACA, MSH/SPS organized an advocacy workshop on pharmacovigilance. SPS staff attended a TOT on pharmaceutical care and pharmacovigilance organized by SPS, the University of Washington, and Jimma University. Another training on pharmacovigilance for health providers (physicians and pharmacists) drawn from hospitals and health centers from the regions of Oromia and Addis Ababa was completed. The draft report on "assessment of course content of school pharmacies regarding pharmacovigilance and the national adverse drug reaction monitoring system in undergraduate program" was revised based on the comments provided and is ready for dissemination. Standard reference materials for preventable adverse drug events in certain categories of drugs (antibiotics, antiretroviral, antituberculous, and anti-malarial) were drafted.
<b>Barriers to Progress:</b>	Shortage of ADR monitoring guidelines, printed ADR IEC material, and pre-paid postage in some health facilities. Little or no emphasis given to ADR issues by health professionals.
<b>Next Steps:</b>	Coordinate and support the training on pharmacovigilance and adverse drug reactions at regional level. Continued work with DACA on a joint intervention on ADR prevention and reporting at health facilities. Finalize and disseminate the draft report on "assessment of course content of school pharmacies regarding pharmacovigilance and the national adverse drug reaction undergraduate program". Continue work on IEC materials on preventable adverse drug events on certain categories of drugs. Participate and present at DTC experience-sharing event.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Support DACA to strengthen pharmaceutical management capacity and promote pharmaceutical good governance
<b>Activity Lead:</b> Daniel, Gabriel	<b>Activity #:</b> 7 <b>Task:</b> LFET09HIP <b>Subtask:</b> 60A5H7
<b>Activity Description:</b>	Specific activities include: (1) Provision of technical assistance and trainings to DACA on pharmaceutical management, leadership and sustainability (in collaboration with MSH's Center for Leadership and Management) to assist with the implementation of BPR. (2) Provision of TA for the development/review and/or implementation of guidelines, STGs, formularies and drug lists, and other policies. (3) Seconding four SPS senior pharmacist to DACA to provide TA covering the areas of standards, good community pharmacy practice regulation, good manufacturing practice (in collaboration with PQM), and pharmacovigilance and AMR. (4) Support the salaries of 5 pharmacists to be seconded to the five DACA regional offices. (5) Provision of trainings to DACA to strengthen their capacity to implement regulatory aspects of RMU. (6) Support networking and review meetings between PFSA, DACA, SPS, EPA, EDA, schools of pharmacy, RHBs and other implementing partners, for consultation and experience sharing.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$210,904.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2010
<b>Products Planned:</b>	Reports, BPR document made operational to improve quality of services and efficiency (in collaboration with USP/PQM).
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**Reporting Period:** Year: Project Year 3 Quarter: Q1

**Activity Progress:** Drafted regulatory standards which are intended to be used for licensing and inspection of health posts, health centers, primary hospitals, general hospitals, comprehensive specialized hospitals (hospitals specializing in pediatrics, gynecology/obstetrics, internal medicine, surgery and emergency), and specific specialized hospitals (i.e., cardiac hospital or MCH hospitals) are ready for a national workshop. Preparation of standards for ambulatory patient care facilities (clinics) is also in progress. This regulatory standard setting process has been supported by MSH/SPS' senior technical expert on pharmaceutical management on a full-time basis. A workshop for national consensus has been planned for January 25-29, 2010 and preparations are underway. This is one of the most important measures used to improve pharmaceutical good governance – regulatory standards are key for improving pharmaceutical services. SPS will support this process until it is finalized pharmaceutical service standards are included in every health facility. They address: dispensing practices and patient counseling standards, clinical pharmacy service standards, medicine supply management standards, drug information service standards, emergency pharmacy service standards, standards for extemporaneous preparations, standards for adverse drug reactions/pharmacovigilance, controlled substance management standards, and pharmaceutical waste management standards. SPS staff seconded to DACA assisted the regulatory standards setting technical working group in revising the National List of Drugs for Ethiopia (LIDE) and the Essential Drugs List (EDL) and produced zero drafts which were sent out to members of the National Drug Advisory Board for comments/suggestions. A consultative workshop on the revision of the LIDE and the EDL has also been organized. A joint annual work plan of SPS and DACA has been developed and memorandum of understanding (MOU) signed by both parties.

**Barriers to Progress:** None.

**Next Steps:** Conduct the national workshop. Finalize the draft standards, as per the workshop feedback. Get final approval from DACA management.

**Indicators:** None.

**Activity Title:** Support the Ethiopian Pharmaceutical Association (EPA) and the Ethiopian Druggists Association (EDA) to work with the private sector to improve pharmaceutical services

**Activity Lead:** Daniel, Gabriel **Activity #:** 8 **Task:** LFET09HIP **Subtask:** 60C5M8

**Activity Description:** Specific activities include: (1) Supporting EPA to conduct its program of continuing education to pharmacists. (2) Supporting EPA's trainings and workshops on pharmaceutical ethics as part of the association's efforts to promote pharmaceutical good governance among practicing pharmacists. (3) Seconding two senior pharmacists to EPA to support institutional capacity building. (4) Providing TA to EPA towards accreditation and licensing of pharmacy professionals. (5) Providing TA and support in promoting RMU among pharmacists in private practice. (6) Providing TA and support to EDA in conducting ART trainings to mid-level pharmacy personnel to improve the quality of service provided by these personnel. (7) Supporting the annual meetings and publications of the RPA and EDA.

**SPS Partners:** None.

**Budget:** \$102,506.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Reports and EPA website developed.

**Reporting Period:** Year: Project Year 3 Quarter: Q1

**Activity Progress:** MSH/SPS supported EPA in creation of a website. The vendor selected for the job made a second and final presentation of the website under construction. The session was held at the MSH/Lalo building and was attended by many staff of MSH, including the SPS chief of party. Attendants of the presentation congratulated the service provider and EPA for a job well done. Comments made by attendants were documented for appropriate incorporation in the website before launch.

**Barriers to Progress:** None.

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**Next Steps:** A MSH/SPS and EPA joint meeting will be held. EPA website will be launched in the presence of relevant stakeholders. Some of the trainings will commence.

**Indicators:** None.

**Activity Title:** Provide TA to the four schools of pharmacy to strengthen their capacity in pharmaceutical management training

**Activity Lead:** Daniel, Gabriel **Activity #:** 9 **Task:** LFET09HIP **Subtask:** 60CXH9

**Activity Description:** Specific activities include: (1) In collaboration with pharmacy schools, conduct ART and pharmaceuticals management trainings to pharmacy graduating students. (2) Provide TA to schools of pharmacy training students in the fields of RMU, pharmaceutical care, DTCs, and pharmaceutical good governance. (3) Support networking between pharmacy schools to facilitate sharing of resources and best practices. (4) In collaboration with PFSA, DACA and pharmacy schools, provide support to pharmacy training institutions to include in their courses/curricula topics on pharmaceutical good governance (transparency, accountability, pharmaceutical ethics and law during the registration, licensing, inspection, promotion, selection, procurement and distribution of medicines). (5) In collaboration with the University of Washington, provide in-service trainings on pharmaceutical care and pharmacovigilance to hospital pharmacists and staff from pharmacy schools.

**SPS Partners:** None.

**Budget:** \$126,451.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Reports and improved curriculum (incorporates RMU).

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Training of Trainers (TOT) program on pharmaceutical care (PC) and pharmacovigilance (PV) conducted at Jimma, from November 16-20, 2009. Review of contents of training on PC and PV, in consultation with experts at the University of Washington. Preparation of training materials for the TOT on PC and PV. Identification and invitation of participants for the training. Organization of the event. Preparation and review of detailed implementation plan.

**Barriers to Progress:** None.

**Indicators:** None.

**Activity Title:** Support PFSA to strengthen pharmaceutical management capacity and implement patient-focused pharmaceutical services

**Activity Lead:** Daniel, Gabriel **Activity #:** 10 **Task:** LFET09HIP **Subtask:** 60AXH0

**Activity Description:** Specific activities include: (1) In collaboration with MSH/CLM, provide trainings to PFSA on pharmaceutical management, leadership, and sustainability to assist in the implementation of PFSA's BPR. (2) Support good prescribing, dispensing and medicine safety initiatives at the facility-level in collaboration with SPS staff located in the region. (3) Provide TA to PFSA to establish a RMU Unit at PFSA's Forecasting and Capacity Building Directorate and implement RMU at ART sites with the help of DTCs. (4) Support PFSA, RHBs and health facilities to establish/strengthen DTCs, so as to assure sustainability of interventions. (5) Provide TA to develop/revise guidelines and SOPs and assist in their implementation. (6) In collaboration with PFSA, DACA, pharmacy schools, and the Pharmacy Professional Associations, design a national pharmaceutical care framework. (7) Second two senior pharmacists to PFSA to provide TA in implementing RMU. (8) Retrain Pharmacy Data Clerks seconded to ART pharmacies throughout Ethiopia in the use of the new electronic dispensing tool (EDT). (9) Support PFSA to conduct trainings in RMU in collaboration with SPS Regional Pharmaceutical Management Associates. (10) Support implementation of the Pharmacy Chapter as part of the Ethiopian Hospital Management Initiative. (11) Build the capacity of PFSA to conduct trainings in RMU, pharmacovigilance, adherence, AMR, and pharmacy practice standards, in collaboration with DACA, EPA, EDA and schools of pharmacy.

**SPS Partners:** None.

**Budget:** \$127.75 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Products Planned:** Reports.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** As part of strengthening implementation capacity of PFSA, SPS supported secondment of two senior pharmacists to PFSA, and SPS regional pharmaceutical associates worked closely with PFSA regional staff in providing mentoring and promoting rational drug use. A joint work plan for SPS and PFSA is being developed and will be finalized shortly.

**Barriers to Progress:** None.

**Next Steps:** Finalizing the joint work plan. Signing memorandum of understanding (MOU) based on the joint work plan. Start implementing the joint plan.

**Indicators:** None.

**Activity Title:** Strengthen pharmaceutical HR capacity at PFSA, DACA and ART pharmacies to ensure proper management and use of pharmaceuticals

**Activity Lead:** Daniel, Gabriel **Activity #:** 11 **Task:** LFET09HIP **Subtask:** 60CXHA

**Activity Description:** Specific activities include: (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 in inventory management tools/SOP, RMU, and the establishment and operations of DTCs. (4) EPA and EDA will be provided with TA and resources to train pharmacy personnel from the private sector. (5) PFSA will be provided with TA and resources to train regional and facility level pharmacy personnel. (6) Provide external short-term trainings for PFSA, DACA and other relevant partners.

**SPS Partners:** None.

**Budget:** \$491,599.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Reports. Pharmacy chapter included in the Ethiopian Hospital Management Initiatives.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** SPS, in collaboration with Jimma University and the University of Washington, conducted a five day TOT on pharmaceutical care and pharmacovigilance. The training was attended by a total of 37 participants. The course was part of the joint project activity of SPS and the School of Pharmacy of Jimma University. The training aimed to build the capacity of staff of pharmacy schools of the four universities (Addis Ababa, Jimma, Mekele and Gondar Universities). It was also meant to support the post-graduate clinical pharmacy program of Jimma University. The training was facilitated by scholars with very high levels of expertise in the field and was highly practical. This event presented an opportunity for sharing of experiences and best practices amongst staff from the four national universities and the University of Washington. In the reporting quarter, five workshops on formulary development (78 participants), one DTC experience sharing workshop (44 participants), eight SOP training sessions (215 participants), and two training sessions on ADR (53 participants) were organized, in addition to the pharmaceutical care training. In total, 427 participants attended all the sessions. All Regional Pharmaceutical Associates (RPMAs) mentored pharmacy personnel at selected facilities on dispensing and patient drug counseling. The specific areas of mentoring on drug dispensing included: (1) dispensing environment, (2) handling of prescriptions (reading the prescription and checking for legality, legibility, completeness and correctness), (3) processing of prescriptions (filling a prescription, assembling of a medicine, billing, packing, labeling and refilling), (4) stock management at the dispensary, and (5) other aspects of dispensing (double medication, potent drugs with narrow therapeutics index). Issues covered during mentoring on drug counseling were: identification type and name of the drug, purpose of the medication, right quantity/right dosage regimen, right route and right time of administration, onset of drug action, duration of treatment, benefit of the medication, drug-drug and drug-food interactions, major side effects, and adherence to treatment and drug storage. A medicine dispensing guide (photocopy) was posted in OPD and ART pharmacy dispensaries for further reference by dispensers.

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**Barriers to Progress:** The main challenge affecting the progress of the mentoring activities was lack of commitment/willingness of the pharmacy personnel to buy in the concept. The high patient load at the dispensary affects the implementation of the issues discussed in the mentoring program.

**Next Steps:** Conduct mentoring activities on drug dispensing and counseling. Conduct training on DTC. Organize cascade trainings on ADR to health care providers and PFSA staff. Train data clerks and pharmacy personnel working at ART facilities on the new SOP and EDT. Provide basic ART training to pharmacy professionals.

**Indicators:** None.

**Activity Title:** Support PFSA, RHBs and health facilities to manage patient-related pharmacy data and information

**Activity Lead:** Daniel, Gabriel **Activity #:** 12 **Task:** LFET09HIP **Subtask:** 60G4HB

**Activity Description:** Data clerks will be supported by six Regional Data Managers. Pharmacy professionals will be encouraged to practice real-time dispensing using EDT to ensure confidentiality and better tracking of patients. Specific activities include: (1) Support the expanding use of electronic and manual tools for dispensing and rational use. (2) Replace ADT with EDT at ART sites. (3) Continue PMIS support to new and existing ART pharmacies. (4) Prepare SOPs and manuals and distribute to health facilities. (5) Train data clerks and pharmacy personnel working at health facilities on the new EDT. (6) Provide routine maintenance of hardware and software (EDT) at target sites. (7) Provide equipment and training to practice real-time dispensing by pharmacy professionals.

**SPS Partners:** None.

**Budget:** \$247,432.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Reports. EDT installed at ART facilities. SOPs and manuals available at HFs. Functional hardware and software at ART facilities. Information on stock status, consumption, rational use and patient uptake made available to HFs, PFSA, SCMS and RHBs.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Data managers conducted supervision to 157 health facilities and assisted data clerks and pharmacy personnel on the use of both the manual and electronic PMIS tools. During their visits, data managers conducted on-site orientation and installed ADT 3.0, transferred data from ADT 2.0 to ADT 3.0, updated anti-virus software, handled minor maintenance on defective computers, and collected monthly patient update reports from the health facilities. National and regional patient uptake reports have been produced on monthly basis and shared with SPS management, the SCMS country office, regional logistic associates (RLAs), RHB, HCSP, I-TECH Ethiopia, the Clinton Foundation, regional HAPCO, and John Hopkins. These reports still serve as data sources for quantification and forecasting. SOP trainings have been organized for data clerks and pharmacy personnel, in collaboration with partners (MSH/HCSP and JHU- Tsehai).

**Barriers to Progress:** High turn-over of data clerks, frequent computer failure, and lack of willingness with pharmacy personnel to register patient information sheet.

**Next Steps:** Site support supervision. Continue providing support on the database. Collect monthly patient uptake reports from the health facilities. On site orientation on ADT 3 to data clerks and pharmacy personnel. Close follow-up and support to data clerks on how to work with the ADT 3.0 database. Distribute antivirus update during site visit. Distribute of revised PMIS formats (PIS, reporting formats and adult and pediatric registration).

**Indicators:** None.

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### ***Ethiopia PMI***

**Work plan:** Ethiopia PMI **Year** 09

**Funding Level:** \$600,000.00

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### Work plan Background

Oromia Regional State is the largest region in Ethiopia, covering 27 million people, 68% of whom are at risk for malaria. Three quarters of the region (242 of 261 districts, 3932 of 6107 kebeles, the smallest administrative unit of Ethiopia), 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% of outpatient consultations and 16% of annual hospital admissions. Malaria deaths, at a rate of 18-30%, are the leading cause of all hospital deaths. While overall PMI systems support will benefit central management at the Federal Ministry of Health (FMoH) and the country in general, PMI is focused on Oromia Regional State. Currently AMDM activities are implemented at 86 service provision sites under the Oromia Region Health Bureau (ORHB): 19 hospitals, 47 health centers (HCs) and 20 health posts (HPs) plus all district and zonal health offices associated with these facilities. The health facility distribution is as follows: Bale (2), W. Arsi (3), E. Shewa (10), Arsi (2), W. Shewa (7), N. Shewa (2), Horo Gudru (2), W. Welega (4), kelem Welega (3), E. Welega (4), Illubabor (3), Jimma (5), W. Hararage (6), E. Hararage (5), Borena (4), Guji (4). The challenges identified by a operational baseline assessment included: poor storage conditions, poor record keeping and reporting, absence of a system for ensuring uninterrupted supply of commodities, lack of storage accessories, shortage of manpower, lack of supervision and clear guidelines in managing malaria products, poor consumption data to use for quantification, inadequate training and reference materials, and poor tracking of expiry and delayed disposal of obsolete products. Lack of adequate human resources and high turnover of pharmacy professionals affect the roll-out and scaling up of AMDM activities. Activities will be focused on strengthening health systems and building human resource capacity through training, mentoring, and secondment. Irrational drug use and poor adherence to treatment leads to antimicrobial resistance (AMR), adverse drug reactions (ADR), and toxicities and poor response to treatment. It is essential to implement rational drug use for better outcome and pharmacy dispensaries are ideal sites to monitor drug use - as patients who receive drugs through program support will inevitably pass through the pharmacy dispensary. The quality of drugs is affected by poor handling and storage and inventory management is weak at all levels of the system. Humidity, heat, light, and dust all adversely affect drugs. The high-valued antimalaria drugs (AMDs) are also vulnerable to pilferage and theft, making burglar-proofed windows and doors imperative. The proposed AMDM activities will address the aforementioned problems, and will be in line with PMI goals and the National Malaria Control and Prevention (NMCP) strategy. SPS work in PMI in Ethiopia will build on past experiences, best practices and systems developed under PEPFAR and the AMDM drug supply management system at central, regional and health facility levels. SPS' main local partners and their roles in AMDM are: The NMCP- SPS will second a pharmacy advisor who will provide technical assistance (TA) in quantification, coordination and review of AMDM strategy as appropriate. NMCP will provide office space and supervise the activities of the seconded staff. ORHB-The role of ORHB will be co-managing AMDM activities, availing office space for the seconded staff, participating in trainings and providing supportive supervision to RPMAs. ZHO- collaborate with RPMAs to make sure that drugs are managed properly and woredas are supported identify scale-up areas, and expedite disposal of obsolete products at all levels. DHO- support health facilities in their catchment areas, collaborate with RPMAs, receive data from health facilities, assist in disposal, assist in training, and provide supplies to health posts. HF's (includes hospitals, health centers and health posts; there will be selected private community pharmacies that will be supported to implement AMDM activities)- ensure availability of technical staff for AMDM, ensure use of registers, stock cards, and other forms for recording AMDs transactions, report monthly with support of RPMAS, manage storage, and appropriately dispose of expired drugs.

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

**Activity Lead:** Daniel, Gabriel **Activity #:** 1 **Task:** LFET09PMI **Subtask:** 97XXY1

**Activity Description:** This activity includes technical activity coordination, work plan development, budget monitoring, program oversight, progress monitoring, reporting, meetings, and communication with partners and collaborators. All activities will be managed in-country, with support from SPS headquarters in Arlington. There will be continuous interaction with PMI/Washington to ensure sharing of experiences with other PMI country programs. There will be a portfolio manager who will provide on-going technical and managerial support to field operations, including facilitation of off-shore procurement, short-term technical assistance (STTA) management, and quarterly visits for site monitoring and supportive supervision. SPS will engage the services of experienced experts based at its headquarters and consultants, who will travel as needed, to support the implementation of field activities and sharing of best practices in appropriate venues.

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**SPS Partners** None.  
**Budget:** \$57,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Quarterly and annual reports, work plan, and budget.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** Technical assistance support was provided from the Washington HQ through a visit by Gabriel Daniel in November 2009. The technical supports provided included: discussions with stakeholders and partners, finalized preparation for the baseline assessment, and a review meeting with the RPMAs and the PMI/AMDM coordination staff and other MSH/SPS technical staff.

**Barriers to Progress:** No constraints were observed in this activity line in the report period.  
**Next Steps:** Similar technical assistance is expected during the second quarter of the program year.

**Indicators:** None.

**Activity Title:** MSH/SPS Office management

**Activity Lead:** Daniel, Gabriel **Activity #:** 2 **Task:** LFET09PMI **Subtask:** 97XXYX

**Activity Description:** Ultimate responsibility of the program will be vested in the country office headed by Dr. Negussu Mekonnen- Chief of Party (COP) for SPS and Country Representative (CR) for Management Sciences for health (MSH) - and the Deputy COP, Laike Gebre Selassie. SPS will establish a unit dedicated to malaria, to be headed by Hailu Tegnework, a senior pharmacist with many years of quality assurance and management experience. The AMDM coordinator will serve as the team leader and will be based at the MSH office in Addis Ababa, where the existing projects of MSH (SPS, SCMS and HCSP) are all located. The role of this unit will be to coordinate all activities in the field, liaise with partners, provide supportive supervision and TA to field staff, organize trainings, avail resources, and submit reports. The coordinator will work closely with the PMI team at USAID/Ethiopia, NMCP, PFSA, DACA, USAID/PMI partners, UNICEF, the WHO, and other partners at the national and regional level. SPS will work with existing central and regional RPM Plus/SPS staff. Planned AMDM activities will be implemented in all health facilities, previously identified by ORHB and USAID/PMI. SPS /Ethiopia existing technical units (such as training, ADR monitoring, AMR containment, Rational Drug Use, PMIS, and infrastructure improvement) and the SPS malaria team based in Arlington, Virginia, will provide technical and managerial support to the local office.

**SPS Partners** None.  
**Budget:** \$66,000.00 **Start Date:** Sep/2009 **End Date:** Oct/2010  
**Products Planned:** Reports.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** A draft of the MOP 09 AMDM/SPS work plan was prepared and submitted to Arlington HQ for final review by Gabriel Daniel. After the necessary review, the final draft was submitted to USAID. The USAID-E PMI program office has reviewed and sent back comments and minor corrections for implementation. The quarterly PPMRm report on the stock status and procurement pipeline for ACTs in the central distribution system, regularly required by MSH/SPS HQ, was compiled from data at the PFSA and submitted to the Arlington SPS HQ. The quarterly SMS report was also compiled and is ready for submission.

**Barriers to Progress:** Problem of obtaining up-to-date compiled data and information from health facilities to compile progress and changes in the AMDM activities. Concern over the absence of significant improvements on some indicators of the bi-monthly monitoring reports from the program sites.

**Next Steps:** Conduct series of trainings on AMDM areas supported by site visits and joint identification of problems and recommendations for improvement of services for facility level staff and strengthening the continuous mentoring supports. Undertake improvements and clarifications on the indicators of the monitoring checklists and preparation of SOPs, giving adequate definitions and explanation on the checklists for

distribution to all concerned to harmonize the uniformity of the collected data.

**Indicators:** None.

**Activity Title:** Partnerships and coordination

**Activity Lead:** Daniel, Gabriel **Activity #:** 3 **Task:** LFET09PMI **Subtask:** 60F9N3

**Activity Description:** Activities will include: (1) Responding to requests from NMCP and collaborators to support technical meetings, seminars, training workshops, and site visits related to AMDM. (2) Completing quarterly partners' meetings for reporting progress and coordinating activities. (3) Establishing working groups with NMCP, ORHB, DACA, PFSA, WHO, UNICEF, IRC, the Geospatial Analysis for Public Health Program, the United States Pharmacopoeia Drug Quality and Information (USP-DQI), US Peace Corps Volunteers program, and other relevant USAID/Ethiopia implementing partners in the key areas of: malaria products quantification and forecasting, procurement planning, distribution, human capacity development, storage and handling, management information systems (MIS), and monitoring and evaluation.

**SPS Partners:** None.

**Budget:** \$66,000.00 **Start Date:** Sep/2009 **End Date:** Oct/2010

**Products Planned:** Meeting reports.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** On December 23, 2009 SPS organized and participated in a meeting between the PMI USAID-E team consisting of Dr. Richard Reithinger, Tsion Demissie and Joe Malon, the CDC Resident Malaria Advisor, and the PMI/AMDM coordination team (Hailu Tegegnetwork and Amano Nure). The meeting was held in the PMI/AMDM office and main agenda points included: strengthening pharmaceutical systems, like the CRMS report, AMDM trainings and training materials, PMIS tools, baseline assessment final report, TOR for the personnel to be seconded to the NMCP, MOP 09 work plan, activity update, and a coordinated field visit. Attended the second 6-month review meeting of the USAID/PMI/Ethiopia implementing partners organized by the PMI-E USAID mission at the Yoli Hotel on October 23, 2009. The main agenda points included: an opening address by the Deputy USAID-E mission director, an update on the PMI global, USAID branding, USAID financial management, and activity updates from PMI-E implementing partners. Attended two meetings of the Malaria Communication Task Force organized under AED- c/Change, a USAID PMI-E executing partner. The meetings focused on updating and reviewing the drafted guideline on "Essential Malaria Action Messages". Attended a meeting of the USG partner organizations on the harmonization of LMIS tools to be used for the different program areas (held at the Yoli Hotel on November 9, 2009). The meeting was attended by representatives from SCMS, MSH/SPS, TB CAP, and Deliver. Mr. Greg, a consultant for SCMS, made presentations on product categories, reporting forms, and logistic data needs. There was a detailed discussion on the draft forms proposed by the consultant and recommendations were made. Meeting was held between the PMI/AMDM coordination office and technical staff of the DELIVER project, on future harmonization and collaboration on improvement activities of both organizations at the health facility level. The group is compiling their recommendations in a report to be submitted to the management of the two projects for final decision. Meeting was held between Dr. Rory Nefdt, UNICEF Health Specialist (Malaria and Emergency Health) and a PMI/AMDM team consisting of Gabriel Daniel, Laike Tewoldemedhin, Hailu Tegegnetwork, and Amano Nure. UNICEF is the PMI USAID-E implementing partner for the procurement of Coartem and other AMDs and RDTs. The main points for discussion were: procurement and supply of malaria products to health facilities, stock status of ACTs at HFs, and future areas of cooperation in ensuring continuous availability of ACTs and other products at HFs. Organized a site visit for the visiting PMI Global Team lead by Admiral Zimmer, the PMI-Global Director. The team (together with Dr. Richard Reithinger and Ms. Tsion Demissie of the PMI-Ethiopia country office) visited the PMI/AMDM activities at Wolisso health center on November, 12, 2009. The team visited the drug store, dispensing pharmacy, and laboratory and

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observed activities carried out in the units including stock arrangements, handling, dispensing procedures, and the PMIS tools used to capture data on drug dispensing and treatment and laboratory registers. Briefings were also made by the head of the health center and the respective unit heads. At the end of the visit, the team asked questions on the specific support areas provided by the PMI/AMDM project activities and challenges encountered, which was explained by the PMI/AMDM coordinator. The team finally expressed their satisfaction on the AMDM works initiated and implemented, and suggested areas to focus on in the future.

**Barriers to Progress:** No significant constraints encountered.

**Next Steps:** Partnership and coordination with all the stakeholders and partners will continue and further improvements in promoting the activities will be made.

**Indicators:** None.

**Activity Title:** Training and materials

**Activity Lead:** Daniel, Gabriel **Activity #:** 4 **Task:** LFET09PMI **Subtask:** 60F9M4

**Activity Description:** Appropriate use of antimalarials will depend on proper diagnosis, prescribing, dispensing, appropriate information use by health workers, and proper adherence to treatments by patients. Specific activities: (1) Support training of trainers (TOT) in pharmaceuticals supply and management for malaria commodities. Develop a training plan, using a cascade training approach from central level to peripheral health facilities, and a detailed implementation plan. (2) Provide technical assistance for organizing and delivering training to pharmaceutical personnel at regional, zonal, district and health facility levels. (3) Provide pre-service training for graduating pharmacy students on antiretroviral therapy (ART) products and their management. (4) Support health care worker participation in local and international conferences. (5) Provide up-to-date AMDM reference materials to health facilities. (6) Provide pre-service training opportunities to senior and graduating pharmacy students in AMDM. (7) 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 RHB at the regional level that may be involved in AMDM) using existing and/or developed training materials. (8) Conduct 6 training workshops in AMDM for central, regional and zonal level staff, including training supervisors of health extension workers (HEWs).

**SPS Partners:** None.

**Budget:** \$36,000.00 **Start Date:** Sep/2009 **End Date:** Oct/2010

**Products Planned:** Training, meeting, and monitoring reports. Reference materials.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** TOT on AMDM planned for the pharmacy and malaria program coordinators from Oromia Zonal HOs and MSH/SPS RPMAs was conducted from November 30-December 4, 2009 in Adama town. A total of 43 participants attended the TOT and trainers came from MSH/SPS, MSH/SCMS, TB CAP, DACA and Addis Ababa University. Those who participated in the TOT will function as trainers in the subsequent trainings to be cascaded to the facility level pharmacy personnel in all the PMI/AMDM program sites in the zones. Detail report of the TOT is being prepared and will soon be ready for distribution. Arrangements for and planning of cascading the AMDM trainings to the facility level personnel in all program sites is underway, to be executed in the coming quarters of the program year.

**Barriers to Progress:** The trainings were rolled-out from the plan for MOP 08 and still the main constraint pressing workloads and busy schedules on the part of the facility level staffs.

**Next Steps:** Cascading of the trainings for facility level staffs in all zones will be realized in the second quarter of the MOP 09.

**Indicators:** None.

**Activity Title:** Secondment/HR

**Activity Lead:** Daniel, Gabriel **Activity #:** 5 **Task:** LFET09PMI **Subtask:** 60F9H5

**Activity Description:** Activities: (1) Second a pharmaceutical advisor to NMCP who will work closely with staff

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of the FMOH, PFSA, regional health bureaus (RHBs) and other relevant partners to support planning, coordination, and information exchange related to the national AMDM efforts. The pharmacist will have the following responsibilities: Serve as the liaison between SPS and NMCP/PFSA, identify and plan TA needs, support the implementation of the national AMDs quantification efforts, assist the development of a national standard operating procedure (SOP) for quantification, assist in training, and support realization of an uninterrupted supply of malaria products at all levels. (2) Develop the capacity of NMCP to forecast national AMD requirements and coordinate with PFSA for evidence-based distribution to target facilities. (3) Plan quantification workshops for NMCP, PFSA, regional stakeholders, and partner organizations. (4) Assist in the development of SOPs for malaria products management, including definition of roles and responsibilities of key partners and stakeholders, coordination, drug regulatory aspects, quality assurance, quantification, forecasting, procurement, appropriate storage, security and transportation, communication, monitoring and evaluation, and pharmaceutical management capacity building needs. (5) Assist in policy and guideline review and AMDM updates, based on current data on drug use and efficacy studies. (6) Identify specific activities and technical assistance inputs needed to build the capacity of NMCP to improve AMDM activities. (7) Support improvement of national reporting rates on drug and related products usage, including implementation of innovative strategies and technologies to capture this information, such as electronic reporting tools. (8) Evaluate the operational capacity of the PFSA to deliver AMDs directly to health facilities, in concordance with the national logistics master plan and in-line with experience in antiretroviral drugs management.

**SPS Partners**

None.

**Budget:** \$56,000.00

**Start Date:** Sep/2009      **End Date:** Oct/2010

**Products Planned:**

Quantification and workshop report. Pull system distribution to target facilities.

**Reporting Period:**

**Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:**

The pharmacist seconded to the ORHB is continuing to give technical support and to find an office space to permanently place him within the health bureau. Moreover, the 8 MSH/SPS RPMAs working in the different zones of Oromia are giving coverage to the PMI/AMDM activity in their catchments areas. The employment of an Assistant Data Manager for the PMI/AMDM Unit was finalized and thus, Mr. Henock Sileshi started work October 12, 2009. It is to be noted that, according to the work plan for MOP 09, a senior pharmacy professional is to be seconded to the National Malaria Control Program of the FMOH. Accordingly the TOR for the person to be seconded was drafted and the draft submitted to USAID-E PMI program office for comments and final approval. The USAID-E PMI Program Director has reviewed the document and made comments which were incorporated and the final TOR was forwarded to the General Director for Health Promotion and Disease prevention Directorate of the FMOH for the finalization of the assignment.

**Barriers to Progress:**

Response from the FMOH on placing the senior pharmacist in the FMOH was slow.

**Next Steps:**

Assignment process of the senior pharmacist to the FMOH will be finalized.

**Indicators:**

None.

**Activity Title:**

Promote rational medicine use (RMU)

**Activity Lead:** Daniel, Gabriel    **Activity #:** 6    **Task:** LFET09PMI    **Subtask:** 60E3H6

**Activity Description:**

(1) Develop and disseminate basic drug information and reference materials that promote staff RMU and develop and disseminate IEC materials on proper drug use (promote ADR and contain AMR) to the public through various media outlets. (2) Produce information, education, and communication (IEC) materials to support community education on AMDs. (3) Create awareness and sensitization workshops on ADR for concerned health professionals and promote reporting of such cases. (4) Organize consensus-building workshop with private sector organizations to identify means of establishing cooperation in promoting RMU and AMDM. (5) Support EPA and EDA to implement a program of continuing education to pharmacy professionals, including AMDM to impart current knowledge and practice in the field. EPA will also be

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supported to educate the general public on rational use of AMDs and adherence to therapy. (6) In collaboration with DACA and PFSA, support availability of prescription forms at health facilities. (7) Improve counseling practice at health facilities. (8) Promote the introduction and use of tools, such as pharmacy-level medication registers to facilitate documenting and monitoring drug use. (9) Strengthen the capacity of drug and therapeutic committees (DTCs) to play an active role in the implementation of rational drug use, recognition of ADR and its prevention, and AMR containment interventions in health facilities. (10) Support EPA and EDA to hold/conduct AMDM related sessions during their annual meetings.

**SPS Partners**

None.

**Budget:** \$56,000.00

**Start Date:** Sep/2009

**End Date:** Oct/2010

**Products Planned:**

Training report, IEC materials, and prescription forms.

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

Little progress was made on this activity.

**Barriers to Progress:**

There have not been serious constraints, except that the activity started during the MOP 09 program year and discussion has to start with other partner organizations on specific activity lines.

**Next Steps:**

Work with the RDU unit to plan activities related to this objective.

**Indicators:**

None.

**Activity Title:**

AMDM Framework Implementation/DSM

**Activity Lead:** Daniel, Gabriel **Activity #:** 7 **Task:** LFET09PMI **Subtask:** 60BXH7

**Activity Description:**

At the regional level, SPS will continue to second a pharmacist who will physically be located at the ORHB. The main tasks of the pharmacist will be to: Serve as the liaison between SPS and ORHB, identify and plan TA needs, assist in training, ensure that storage meets acceptable standards at all levels, and ensure uninterrupted supply of malaria products at all levels, ensure that malaria information system is functional at all levels (stock status, consumption, patient profile, patient uptake, expiry tracking, tools for inventory control, and reporting). At the zonal/district level, SPS will continue to utilize 9 of its existing RPMAs working in Oromia Regional State to support zones, districts and health facilities in their respective catchment areas, follow-up on the day to day AMDM activities, and provide TA. At the hospital, health center level, and at selected health posts, SPS will provide TA, training and resources to all targeted health facilities, to ensure: Proper storage conditions (including pallets, shelves, proper lighting and ventilation), proper stock movement/transaction activities (using tools such as bin cards, stock cards- with minimum and max stock levels, expiry dates, and batch numbers- requisition, issue and receipt forms, summary reporting forms and patient treatment registers), monthly reporting (on stock status, consumption, expiry, stock-outs, and losses), counseling of patients on the proper use and handling of malaria drugs, and availability of forms and registers at all times. SPS will also: (1) identify relevant AMDM and related pharmaceutical management conferences and trainings, and support staff participation at such meetings (domestic and international). Conferences will provide opportunities for idea exchange and skill improvement for staff. (2) Assist in introducing a pull system and direct delivery using consumption-based requisition, to ensure uninterrupted supply of medication, minimize surpluses or shortages, and limit the supply of near-expiry products. (3) Assist in the implementation of user-friendly patient pharmacy registers and bi-monthly monitoring checklist to report on treatment initiation and stock status.

**SPS Partners**

None.

**Budget:** \$36,000.00

**Start Date:** Sep/2009

**End Date:** Oct/2010

**Products Planned:**

RPMAs report.

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

The zonal RPMAs carried-out regular technical assistance and mentoring support to the

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health facilities in their respective catchments areas. Important areas of TS and mentoring support provided included store arrangement and stock control, use and update of management information tools (patient diagnosis and drug treatment tools), and segregation of expired and obsolete products for ultimate disposal. A one day meeting, which brought together the RPMAs assigned in Oromia, the PMI/AMDM unit and representatives of other concerned MSH/SPS units, was held to discuss a draft detailed implementation plan (DIP) prepared for the PMI/AMDM program based on the MOP 09 work plan which was endorsed. Each RPMA also prepared and submitted an individual DIP. A one day activity progress review meeting was held with all the RPMAs assigned in Oromia region on December 5, 2009. The participants, apart from the RPMAs, included Gabriel Daniel, Laike Tewoldemedhin, Antenane Korra, Hanna Tsegaye, and the PMI/AMDM coordination office staff. Main agenda included: (1) Briefing on the AMDM TOT held in Adama town from November 30- December 4, 2009. (2) Final PMI/AMDM DIP and individual DIPs of the RPMAs and how to go about future implementation activities. (3) Scaling-up of the program sites. (4) The newly revised bi-monthly monitoring checklist. (5) Cascading of the AMDM training for the facility level staff. (6) Charging of activity time in the monthly time sheet and expenses. A second meeting involving the RPMAs was also conducted on December 31, 2009. Among the RPMAs, Girma Eshetu, Tesfaye Erega, and Abebaw Gulent attended the meeting while Laike Tewoldemedhin, Antenane Korra, Hanna Tsegaye and the staff of the PMI/AMDM coordination office attended. The main issue of discussion was to address the concern of the coordination office on the absence of significant improvements on some indicators of the bi-monthly monitoring reports from the program sites. The meeting went into detail on each indicator, discussed findings from the earlier reports and on the problems/constraints in support, and reviewed results and recommendations for future improvements in the process. It was agreed to disseminate meeting minutes to the entire field RPMAs for future action.

**Barriers to Progress:** None.

**Next Steps:** Conduct a series of trainings on AMDM areas supported by site visits and joint identification of problems and recommendations for improvement of services for facility level staff and strengthening the continuous mentoring supports. Undertake improvements and clarifications of indicators on the monitoring checklists and preparation of SOPs (providing adequate definitions and explanation on the checklists) for dissemination.

**Indicators:** None.

**Activity Title:** Strengthen information management systems (IMS)- EDT

**Activity Lead:** Daniel, Gabriel **Activity #:** 8 **Task:** LFET09PMI **Subtask:** 60G4K8

**Activity Description:** (1) Print inventory management cards, patient pharmacy registers, reporting forms and other pertinent tools and make them available to health facilities handling AMDs. (2) Train existing pharmacy data clerks at health facilities and data managers at regional facilities to track patient medication records, stock status and compile reports. (3) Provide computers and printers where electronic tools are used. (4) Provide hand-held digital appliance (PDAs) for real-time data entry into monitoring checklists and monthly reporting on patient uptake and stock status. (5) Assist zonal, district, and regional level aggregation of data collected from health facilities to assist in quantification and redistribution. (6) In collaboration with PSFA and ORHB, continue the production and distribution of SOPs, guidelines, and forms to all health facilities managing malaria products, to ensure uniform practice, inventory management, and reporting. (7) Computerize current manual drug inventory and patient drug-use monitoring forms, using electronic AMDM dispensing tool developed by SPS at all hospitals as appropriate. (8) Under the supervision of the SPSIMS officer, hire an AMDM data manager to support manual and electronic IMS, and reporting and monitoring for malaria products. (9) Collaborate with the International Rescue Committee (IRC) in mapping of all AMDM target sites and forward data to IRC on quarterly basis. (10) Collaborate with PMI/Washington in quarterly end-use verification and stock-status reporting exercise.

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**SPS Partners** None.  
**Budget:** \$171,000.00 **Start Date:** Sep/2009 **End Date:** Oct/2010  
**Products Planned:** Registers and forms available and up-to-date. Quarterly end-use verification and national ACT stock status report.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** RPMA regularly monitored the availability and updating of the PMIS tools at HFs in PMI/AMDM program sites in the region. An order was placed to print a second round of the already functional PMIS tools, for both the health facilities (hospitals and health centers) and health posts.

**Barriers to Progress:** Some health facilities fail to regularly update the forms, citing a shortage of dispensing pharmacy staff and lack of clerical staff. Concern over the absence of significant improvements on some indicators of the bi-monthly monitoring reports from the program sites.

**Next Steps:** Conducting of the AMDM trainings for health facility-level staff is believed to improve the capacity of the staff that properly and regularly uses the tools.

**Indicators:** None.

**Activity Title:** Improve infrastructure

**Activity Lead:** Daniel, Gabriel **Activity #:** 9 **Task:** LFET09PMI **Subtask:** 60AXH9

**Activity Description:** (1) With the assistance of an SPS engineer and drug storage specialist, facilities that do not meet the minimum storage requirements will be provided with renovation. (2) About 50 health facilities will receive shelves and pallets for their stores and pharmacies. (3) Disseminate disposal guideline. (4) Assist facilities in the documentation and disposal of expired drugs and obsolete materials. (5) Provide continuous mentoring support to health facilities on proper store organization, cleanliness and upkeep, resulting in the proper and safe handling of products and avoidance of damage. (6) Assist health facilities to reduce leakage or loss by comprehensively tracking stocks and reinforcing windows, doors, and lockable partitions for better security.

**SPS Partners** None.  
**Budget:** \$56,000.00 **Start Date:** Sep/2009 **End Date:** Oct/2010  
**Products Planned:** Completed renovations (shelves and pallets). Disposal guidelines. Disposal records of expired and/or obsolete drugs.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** Completed procurement of store supplies for the 74 PMI/AMDM. Distribution process is in progress. Transporters and distributors have been contracted and the actual distribution of the supplies will start the second week of January, 2010. The following supplies will be distributed to 3 zonal and 8 district health office stores, 15 hospitals, 46 health center, and 2 health posts: 183 store shelves, 233 dispensing shelves, 46 filing cabinets, 58 tables with drawers, 165 chairs, 371 wooden pallets, 1 computer, 14 printers, and 14 UPS. Renovation to improve the Modjo Health Center Dispensary area, the Lome rural district store, Shashemene distinct drug store and dispensary, Assebot Health Center and Hirna Health Center are in progress.

**Barriers to Progress:** Delay in the procurement of supplies, mainly due to disruptions in electric power 2009, and the procurement process of the MSH HQ.

**Next Steps:** Complete the distribution of procured supplies, renovations of the sites in progress, evaluate supplies and renovations requirement for newly included program sites, and plan and execute the procurement processes.

**Indicators:** None.

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## Ghana

**Work plan:** Ghana PMI    **Year** 09

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

### **Work plan Background**

Malaria is hyper-endemic and a major public health problem in Ghana, where 80-90% of malaria infections are due to *Plasmodium falciparum*. The principal vectors are the *Anopheles gambiae* complex and *Anopheles funustus*, both very common in late-night biting mosquitoes in rural and peri-urban areas. Ghana's Ministry of Health (MoH) estimates that malaria accounts for over 40% of all outpatient visits and represents a 22% mortality rate in children under the age of five. In 2008, a new Malaria Strategic Plan 2008-2015 was developed in Ghana as the follow-on to the previous plan (2000-2010) that was created to provide direction toward the goal of reducing the country's burden of disease due to malaria. The current strategic plan endorses measures to ensure access to prompt diagnosis, provide effective and appropriate treatment, improve the quality of health care and referral systems, and conduct operational research (drug quality monitoring, efficacy monitoring, and pharmacovigilance). The Ghana National Malaria Control Program aims to increase participation in malaria control by bringing key stakeholders together and working based on their relative strengths. Ghana was selected as a beneficiary country in the third round of the United States Government's President's Malaria Initiative (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 of malaria prevention and treatment interventions in 15 Africa countries. Interventions include promotion of insecticide-treated nets (ITNs) and indoor residual spraying (IRS), prompt and effective case management, and intermittent preventive treatment. PMI/Ghana and its implementing partners have supported malaria case management through the implementation of interventions including strengthening drug management system capacity, promoting rational use, logistics and supply chain strengthening, pharmacovigilance, and drug quality monitoring which has led to improved availability of vital antimalarials products to vulnerable populations. In Year 1, SPS carried-out the following activities: supported the MoH/Ghana's National Drugs Programme to review Ghana's Standard Treatment Guidelines, reviewed and finalized the National Health Insurance Medicines List and Tariffs, to incorporate new malaria policy, developed Malaria Case Management Training Manuals for pharmacists and licensed chemical sellers (LCS)- in collaboration with the NMCP, the Pharmaceutical Society of Ghana, and the Pharmacy Council- and conducted a comprehensive assessment of pharmaceutical management in health facilities, to evaluate inventory management, storage requirements, and prescribing and dispensing practices of antimalarials in both the public and private sectors. The assessment's findings and recommendations address rational use and storage challenges for antimalarials and essential medicines in Ghana's health system. As per the PMI Ghana Malaria Operational Plan (FY09), in Year 2, SPS is mandated to – "Strengthen pharmaceutical management capacity, including reinforcing rational use of ACTs and other malaria treatments, targeting both the public and private sectors, provide technical assistance for estimation of drug needs and gaps, and support the development and implementation of a comprehensive drug logistics information system." The Malaria Operational Plan further states that "building on the training and guideline development activities carried out with Year 1 PMI resources, the focus [for SPS] of Year 2 will be on supporting MoH/GHS to effectively implement the new malaria treatment policy for maximum public health impact." This FY09 work plan builds on previous SPS activities in Ghana by helping to address the deficiencies in rational use of anti-malarials. SPS will support Ghana's health system in the following priority areas: (a) Promote the rational use of ACTs and other anti-malaria treatments in the private and public sectors of Ghana. This will be achieved through disseminating the reports, guidelines, and training materials which were developed by SPS in Year 1, and by strengthening drugs and therapeutic committees, training health care workers, and providing assistance to programs of supportive supervision at 10 leading health facilities – all located in 3 focus regions. (b) Support the development of an accreditation and monitoring mechanism for private sector providers, which will enhance their ability to access and rationally disburse ACTs. (c) Support in-country stakeholders to improve the national pharmacovigilance and medication safety system. Following consultation with the NMCP, the National Drugs Program, the GHS Pharmacy Unit and other stakeholders, SPS selected the Drug and Therapeutic Committees (DTCs) that will be targeted to receive support in Year 2. DTCs are facility-level committees made up of prescribers, dispensers, and procurement team members who meet regularly to ensure adherence to hospital formularies and recommended prescribing, dispensing and procurement policies. Strengthening DTCs is an effective approach to ensuring sustainable rational use of antimalarials and other essential medicines in the health system. The Strategic Plan of the Pharmacy Unit of the Ghana Health Service

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(GHS) – “Improving Pharmaceutical Services in the Health Sector 2007-2011”, highlights the establishment and/or strengthening of DTCs as a key means to ensuring good pharmacovigilance reporting and adherence to prescribing policies by providers in Ghana. SPS plans to support DTC and rational use programs in the Greater Accra, Central, and Western Regions. This geographic focus is based on three main considerations: (1) In 2007 and 2008, the WHO supported DTCs in 4 regions, (Brong-Ahafo, Northern, Upper East and Upper West). (2) These three regions are the focus of the new USAID five-year strategy for health system strengthening, which will allow for synergies with other USG-funded programs. (3) SPS year 2 resources would not permit adequate support to all 10 of Ghana’s regions. SPS will support the NMCP and MoH to develop an accreditation and monitoring system for private sector pharmacies and LCS as a means to address an important bottleneck in the promotion of rational ACT use. High quality ACTs are sufficiently available at the Central Medical Stores, and the NMCP is eager to increase their distribution through private providers. Another key challenge to the full implementation of the new Anti Malaria Drug Policy has been the numerous anecdotal “reports” of adverse drug reactions to the use of recommended ACTs. Additionally, there is little coordination between the various players in the pharmacovigilance system, preventing efficiency and efficacy when ensuring medication safety. SPS will support the development of strategic options for strengthening PV activities for antimalarials in Ghana. Considering that the FY09 work plan represents the final year of the SPS program in Ghana under PMI funding, activities have been prioritized to focus on the three USAID focus regions – Greater Accra, Central and Western. SPS will collaborate closely with other PMI and USAID implementing partners who support malaria pharmaceuticals (namely the ProMPT, DELIVER, and future 3-Region Focus projects), in order to ensure that activities are harmonized during Year 2 and that follow-up activities will continue in Year 3 and afterward. <http://www.whitehouse.gov/news/releases/2005/06/print/20050630-8.html>

**Activity Title:** Provide support to NMCP to print malaria training manuals for pharmacists and LCS.

**Activity Lead:** Owunna, Chinwe **Activity #:** 3 **Task:** LFGH09PMI **Subtask:** 60F4D3

**Activity Description:** Provide support to NMCP to print the Malaria Case Management Training Manuals for pharmacists and LCSs (1,000 and 2,000 copies, respectively).

**SPS Partners** None.

**Budget:** \$10,409.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** During this quarter, SPS contracted with a company to format the finalized versions of the LCS and pharmacists’ manuals.

**Barriers to Progress:** None.

**Next Steps:** Follow-up on printed manuals.

**Indicators:** None.

**Activity Title:** Disseminate the malaria pharmaceutical management survey results to key stakeholders

**Activity Lead:** Owunna, Chinwe **Activity #:** 2 **Task:** LFGH09PMI **Subtask:** 60F4D2

**Activity Description:** Continuation of FY08 activities. Disseminate the malaria pharmaceutical management survey results to key stakeholders.

**SPS Partners** None.

**Budget:** \$12,088.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Assessment of Malaria Pharmaceutical Management Systems in Ghana.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** SPS Ghana worked closely with consultants to finalize the malaria assessment report.

**Barriers to Progress:** None.

**Next Steps:** Finalize, print, and disseminate report.

**Indicators:** None.

**Activity Title:** Support the office of the Chief Pharmacist to improve the functioning of DTCs through targeted workshops and technical assistance in the Western, Central and Greater Accra regions.

**Activity Lead:** Owunna, Chinwe **Activity #:** 5 **Task:** LFGH09PMI **Subtask:** 60E3P5

**Activity Description:** Support the office of the Chief Pharmacist to improve the functioning of existing DTC’s. In selected cases, SPS will support the establishment of DTC’s through targeted workshops

and technical assistance in the Western, Central and Greater Accra regions. The focus of this work will be targeted at 3 mission facilities, 3 regional hospitals, 3 private clinics, and the Korle-Bu Teaching Hospital.

**SPS Partners**

None.

**Budget:** \$74,788.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

SPS Senior Technical Adviser (STA) worked with Johan Moshi and Terry Green (both from SPS) to incorporate antimicrobial resistance (AMR) into the DTC training materials. SPS STA worked with the Chief Pharmacist's office to produce an abridged (4-day) version of the International RUM/DTC course. Final training materials were reproduced as hard copy and on CDs for all potential participants. This training featured malaria-focused presentation slides and indicators.

**Barriers to Progress:**

None.

**Indicators:**

None.

**Activity Title:**

Train selected providers on rational use medicines targeted at strengthening the implementation of the new antimalarial and essential medicine policy

**Activity Lead:** Owunna, Chinwe **Activity #:** 6 **Task:** LFGH09PMI **Subtask:** 60E3M6

**Activity Description:**

Train providers (medical superintendents, pharmacists, dispensers, and procurement officers) from selected facilities in the Western, Central and Accra regions on rational use of medicines targeted at strengthening the implementation of the new antimalarial and essential medicines policy.

**SPS Partners**

None.

**Budget:** \$43,981.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

Two DTC trainings were conducted in December for the Greater Accra Region and Central Region (Cape Coast).

**Barriers to Progress:**

None.

**Next Steps:**

Write-up workshop report and plan for next workshop in April for Western Region.

**Indicators:**

None.

**Activity Title:**

Work with MoH and NMCP to develop accreditation tools to aid the selection of ACT use in the private sector.

**Activity Lead:** Owunna, Chinwe **Activity #:** 7 **Task:** LFGH09PMI **Subtask:** 60A2H7

**Activity Description:**

It is expected that under Ghana's Global Fund RCC grant (2009-2015), complemented by a possible AMFm pilot activity, selected private sector facilities will scale-up the distribution and use of Global Fund procured antimalarials. These facilities will be required to provide monthly case management data to support national malaria management and decision making. In anticipation of this, SPS will support the NMCP, GHS and the Private Sector Unit of the MoH to develop a rigorous accreditation, selection and monitoring system to enhance the uptake and rational use of ACTs in the private sector. It is expected that the private sector unit of the MoH, in collaboration with the NMCP, will implement the accreditation tools.

**SPS Partners**

None.

**Budget:** \$45,944.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

SPS conducted two meetings with NMCP, CCM, and the Clinton Foundation in an effort to finalize the AMFm supply chain and private sector distribution concept.

**Barriers to Progress:**

None.

**Indicators:**

None.

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## **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 medical waste disposal, hand hygiene, labor and delivery, and injections. Each module contains 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 3 **Quarter:** Q1

**Activity Progress:** The FY09 work plan and monitoring framework was finalized and approved by USAID.

**Barriers to Progress:** None.

**Next Steps:** Activity complete.

**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.

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**Reporting Period:** Year: Project Year 3 Quarter: Q1

**Activity Progress:** The last training, of the remaining 2 referral hospitals in Guatemala City, in use of the ICAT and the quality improvement methodology was conducted from October 6-8, 2009. There were 16 participants: 14 women and 2 men. As with the previous workshops, the directors and financial managers were present on the final day and publically signed the hospital's plans to show their support. Separate reports of all 5 workshops are available.

**Barriers to Progress:** None.

**Next Steps:** The training activity in the national network of 43 hospitals is complete.

**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—the supervisor will be conducting both activities to ensure 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 other relevant indicators (such as economic costs and use of antibiotics) will be monitored over time. A final evaluation of the rate of nosocomial infections will be calculated in each hospital at the end of the year. Supervisors from the initial pilot hospitals will provide additional supervision in reviewing the progress of the hospital teams, according to the plan they developed in the July 2008 review workshop. As an alternative to visits, the use of telecommunication and video-conferencing tools 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, and monitoring reports.

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**Reporting Period:** Year: Project Year 3 Quarter: Q1

**Activity Progress:** Results from the assessment tool modules in all hospitals are being collated. Most hospitals have completed their baseline and the VM hospital is following-up with the hospitals that have not sent the data. The progress of the hospitals is being monitored by the hospital coordinators, as part of their routine visits. Because there was considerable information missing and data quality was poor, no report on nosocomial infections in 2008 will be produced. The new surveillance protocol currently being finalized by the VM hospital and the national center for epidemiology (CNE) will improve the quality and availability of data.

**Barriers to Progress:** Difficulty getting all the hospital coordinators to participate. There are many conflicting priorities in the VM hospitals: rotavirus, staff, and budget issues.

**Next Steps:** The core technical team from the VM hospitals will complete the missing information on baseline measurements of the modules and follow-up supporting and monitoring the hospitals, accompanied where possible by SPS staff. During the training on influenza, as part of the support to MoH by Stop AI, each hospital will present their activities and results in improving infection control practices.

**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:** Supervisors for each region will organize competitions in each hospital and in the region, to short-list winning entries for national-level judging within the MoH. The adaptation and field-testing of the materials, as well as their printing and nation-wide distribution will be completed in next year's activities.

*Country Programs*

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**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 the national level.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** Materials to promote correct classification of waste, previously developed and validated by the MoH but not produced, were adapted by SPS and approved by USAID for reproduction.  
**Barriers to Progress:** None.  
**Next Steps:** 11,000 posters on classification of waste will be produced and distributed to 38 hospitals.  
**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 current protocols and forms for monitoring nosocomial infections are revised, implementation assistance will be provided using the hospital's 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 3 **Quarter:** Q1  
**Activity Progress:** As a follow on to exchanges on the surveillance system with the VM hospitals, it was agreed to hold a 2-day workshop to finalize the review of the protocol of surveillance of nosocomial infections.

**Barriers to Progress:** None.  
**Next Steps:** Workshop to be held for VM hospitals and CNE staff in January 2010 to finalize the protocol of surveillance in the hospitals.

**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 of the internationally recognized practices can be found in the notes of 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, SPS will explore the possibility of funding during next year's plan.

**USG Sub-element** Anti-microbial Resistance (MCH)  
**SPS Partners** None.  
**Budget:** \$10,179.00 **Start Date:** Jan/2009 **End Date:** Apr/2009  
**Products Planned:** Revised infection control norms.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** It was proposed by the VM hospitals to start to review the IC norms, as part of the surveillance protocol review activity.

**Barriers to Progress:** None.  
**Next Steps:** The first discussion of the revision will be in January during the workshop to finalize the surveillance protocol.

**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

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its feasibility in a field setting. If feasible, the module will be incorporated into the packet of modules used by Calidad en salud (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.

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**Reporting Period:**      **Year:** Project Year 3      **Quarter:** Q1  
**Activity Progress:**      No further progress this quarter.  
**Next Steps:**      Continue communication with Gestion de calidad to review progress on the procedures and indicators and implementation in CAIMIs.

**Indicators:**      None.

**Activity Title:**      Explore the possibility of using the ICAT and the 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.

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**Reporting Period:**      **Year:** Project Year 3      **Quarter:** Q1  
**Activity Progress:**      After meetings with the head of the supervision, monitoring and evaluation unit (USME), and the department for developing health services, the MoH is interested in implementing the self assessment quality improvement methodology in 2y level health facilities-CAIMIs. A plan for this was developed and the MoH staff committed to reviewing the tool and providing initial comments for the revision.

**Barriers to Progress:**      None.

**Next Steps:**      The ICAT will be adapted for 2y level facilities and then implemented and validated in the 4 CAIMIs. Then, the methodology and tool will be introduced to health area teams for implementation under the guidance of the USME

**Indicators:**      None.

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## India

**Work plan:** India    **Year** 07

**Funding Level:** \$150,000.00

### Work plan Background

The Strengthening Pharmaceutical Systems (SPS) Program is a 5-year (June 2006 - June 2012) Leader with Associates Cooperative Agreement implemented by Management Sciences for Health (MSH). SPS has received field support funding from the United States Agency for International Development (USAID) Mission in India to assist the Karnataka State AIDS Prevention Society (KSAPS) and other local partners to address issues in pharmaceutical management related to the management of antiretroviral medicines (ARVs) and other antiretroviral therapy (ART)-related commodities. India's National AIDS Control Organization (NACO) estimates that at the end of 2007, approximately 2.3 million people were living with HIV in India. Karnataka (with a population 52.73 million) is among the states with the highest HIV prevalence in the country. KSAPS reports that in 28 of the 29 districts in the state, at least one antenatal or PMTCT site has reported a prevalence of 1% or greater in the last three years. Expanding access to ART is a priority for KSAPS and, as of June 2009, there were 33 ART centers functioning (up from 24 in 2008), a total of 94,563 patients receiving HIV care, and a total of 29,780 patients on ART in Karnataka. In 2010, the State of Karnataka-line with NACO guidelines. Each Link ART Center will serve as an extension of the main ART Center and will distribute ARV medicines and monitor adherence in stabilized patients. At these new centers, the pharmacist will be the only designated staff member. USAID funds the Samastha project in Karnataka, a comprehensive HIV project that supports prevention, care and treatment activities in 3 cities and 12 districts. In addition to reducing risk of HIV transmission among vulnerable populations, the project aims to build the capacity of existing health care institutions to provide quality HIV and AIDS care, support, and treatment services. Samastha is led by the Karnataka Health Promotion Trust (KHPT) in partnership with Engender Health and Population Services International (PSI). The project is implemented through a consortium of nongovernmental partners, including St John's Medical College and Kempe Gowda Institute of Medical Sciences (KIMS). The Samastha project works in close collaboration with KSAPS. The activities proposed in this work plan aim to support the scale-up and expansion of the ART program in Karnataka through strengthening the capacity of pharmacists to appropriately manage medicines to avoid stock-outs and expiries, and also to enhance the appropriate use of ARVs and other ART-related pharmaceuticals. These activities were identified in conjunction with KSAPS, USAID/India, and KHPT based on an analysis of gaps and opportunities to improve the current situation, and on the priorities of KSAPS and other partners in the region

**Activity Title:** Conduct an initial field visit to Karnataka, India

**Activity Lead:** Walkowiak, Helena **Activity #:** 2 **Task:** LFIN07HIV **Subtask:** 60XXA2

**Activity Description:** In December 2009, SPS will travel to Karnataka to meet with USAID/India, KSAPS, KIMS, partners implementing the USAID-funded Samastha project (including KHPT), and other key stakeholders to discuss potential SPS technical assistance. During this initial trip, SPS will visit selected ART centers to understand their pharmaceutical management situation. SPS will meet with key stakeholders to review findings and identify priority activities for the 2009-2010 SPS work plan, and ascertain potential activities that will require continuing funding.

**SPS Partners:** None.

**Budget:** \$38,161.00 **Start Date:** Dec/2009 **End Date:** Jan/2010

**Products Planned:** Trip report. Report for USAID/India with implementation plan that identifies priority activities for SPS support with FY07 funding and with potential FY10 funding. Internal report with budget. Report to share with partners.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** In December 2009, SPS travelled to Karnataka to meet with USAID/India, KSAPS, KIMS, partners implementing the USAID-funded Samastha project including KHPT, and other key stakeholders to discuss activities set out in the concept papers prepared by KSAPS and KIMS and other potential activities. During this initial trip, SPS visited selected ART Centers to understand the situation with regard to pharmaceutical

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management. SPS then met with key stakeholders to review findings and identify priority activities to inform the development of this SPS work plan for October 2009 to September 2010 and also to ascertain potential activities that will require ongoing funding.

**Barriers to Progress:** None.

**Next Steps:** In the next quarter, SPS will develop a report for USAID/India that sets out an options analysis and identifies priority activities for SPS support with FY07 funding and with potential FY10 funding. The report will include an implementation plan. A work plan for October 2009 to September 2010 will be developed based on feedback from USAID on proposed activities.

**Indicators:** None.

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## Kenya

### Kenya PEPFAR

**Work plan:** Kenya PEPFAR    **Year** 09

**Funding Level:** \$3,370,000.00

#### Work plan Background

HIV/AIDS was declared a national disaster and a public health emergency by the Government of Kenya (GoK) in 1999. In response, the government established the National AIDS Control Council (NACC) to provide policy and strategic framework for mobilizing and co-coordinating resources for prevention, care, and support of people living with HIV. Implementation of the HIV/AIDS technical areas (e.g. antiretroviral therapy [ART]) have continued to be implemented under the National AIDS and STI Control Program (NASCOP). The US President's Emergency Plan for AIDS Relief (Emergency Plan) first began in 2003, as a 5-year program aimed at combating HIV/AIDS globally. Its emphasis was prevention of HIV infection, care for HIV-infected individuals and AIDS orphans, and provision of antiretroviral drugs on a large scale, concentrating on the poorest, most afflicted countries [1]. The Emergency Plan initially identified fourteen priority countries which had among the highest prevalence of HIV infection and accounted for nearly 20 million HIV-infected men, women and children. On July 30, 2008, H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 was signed into law, thereby re-authorizing the Emergency plan for an additional 5 years. This legislation expands the U.S. Government's commitment to this successful program through 2013. Working in partnership with host nations globally, PEPFAR supports: Treatment for at least 3 million people, prevention of 12 million new infections, and care for 12 million people, including 5 million orphans and vulnerable children. Kenya was one of the priority countries named in the Emergency Plan and continues to receive USG support. The first identified case of HIV in Kenya was recorded in 1986. Since then, the epidemic and the government's mechanisms to monitor it have expanded greatly. The recent Kenya AIDS Indicator Survey (2007) showed that the estimated prevalence of HIV is now 7.1% nationally, with an estimated 1.4 million adults living with HIV [2]. NASCOP/GoK and USG PEPFAR partners realize that providing ART has several challenges in Kenya, including: human resource capacity and training, sustainability of resources, poor infrastructure, weak management information systems and laboratory support services, and poor commodity management. Most public health facilities experience periodic drug, medical supply and laboratory reagent stock outs due to poor quantification, cumbersome procurement processes, inadequate proper drug record systems, weak distribution mechanisms, and financial constraints. With USAID funding under COP 2007 and COP 2008, MSH/SPS worked closely with the MoH/NASCOP, USG partners and other stakeholders to strengthen the ART commodity supply chain, in order to improve access and use of commodities for people living with HIV/AIDS (PLWHA), HIV/AIDS prevention (PMTCT) and prophylaxis (e.g., Co-trimoxazole). By the end of the COP 2008 performance year, over 280,000 patients were receiving ARVs through the two major pipelines that were being primarily supported by MSH/SPS. The MSH/ SPS program will continue to provide TA in systems strengthening to GOK institutions and agencies, such as NASCOP, DLTLD, NPHLS, the Department of Pharmacy, the Logistics Management Unit-LMU, the National Quality Control Laboratory, and the Pharmacy & Poisons Board (PPB). SPS will continue to provide cross-cutting support for commodity management to USG agencies and PEPFAR-implementing partners funded by USAID, CDC and US DOD. [1] See White House Fact Sheet:<http://www.whitehouse.gov/news/releases/2003/01/20030129-1.html>[2] National AIDS and STI Control Programme, Ministry of Health, Kenya. July 2008. Kenya AIDS Indicator Survey 2007. Nairobi, Kenya.

<b>Activity Title:</b>	Provide TA to strengthen supply chain management efficiency and M&E capacity for the public sector
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**Activity Lead:** Staley Jr., Robert    **Activity #:** 2    **Task:** LFKE09HIP    **Subtask:** 60CXH2

**Activity Description:** Typical sub-activities will include, but are not limited to: (1) Provide TA to MoH/DOP to develop and implement a sustainable M&E framework for routine application, to improve supply chain efficiency at all levels. This will involve working with the Ministry of Medical Services, Ministry of Public Health and Sanitation, KEMSA, USG partners and other stakeholders to develop an M&E framework that guides supply chain M&E activities from the central level to the service delivery points. This will aim at institutionalizing supply chain M&E for ART commodities at all levels. (2) Provide TA to the MoH on improving

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supply chain performance by implementing key performance indicators (KPIs). MSH/SPS will work with MOMS, MoPHS, KEMSA and other key supply chain stakeholders to implement key indicators for monitoring the supply chain. This will include review of existing tools to incorporate priority indicators that can be collected at various levels of the supply chain.

**SPS Partners** None.  
**Budget:** \$200,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Meeting minutes. Supply chain M&E framework.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** Developed a supply chain M&E status assessment tool. Conducted and kept minutes for two sensitization meetings on supply chain M&E frameworks. Completed preparations for supply chain M&E stakeholder workshop and completed a draft of the M&E framework.

**Barriers to Progress:** None.  
**Next Steps:** Develop rapid assessment tools for supply chain M&E. Conduct rapid assessment of supply chain M&E at peripheral level. Conduct stakeholder workshops on supply chain M&E to finalize draft of framework.

**Indicators:** None.

**Activity Title:** Provide TA to the MoH/Department of Pharmaceutical Services to Implement the Revised Kenya National Pharmaceutical Policy

**Activity Lead:** Staley Jr., Robert **Activity #:** 4 **Task:** LFKE09HIP **Subtask:** 60A2P4

**Activity Description:** Typical sub activities with MSH/SPS TA support will include, but are not limited to: (1) Support finalization and dissemination of Kenya's National Pharmaceutical Policy (KNPP). MSH/SPS will work collaboratively with the MoH/DOP and other stakeholders to support the finalization and launch of the KNPP. (2) Support the MoH/DOP and work collaborative with stakeholders to develop an implementation plan in-line with the revised policy. (3) Support the MoH/DOP and work collaboratively with stakeholders to initiate implementation of the revised policy and associated reforms. This will involve participation in the KNPP- Implementation plan taskforce and other technical working groups.

**SPS Partners** None.  
**Budget:** \$125,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Implementation plan, training report, service charter handbook, and SOPs.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** MSH/SPS worked collaboratively with DOP, the WHO and Danida to develop an implementation plan in-line with the KNPP. MSH/SPS worked with the DOP, MOMS, the MoPHS, the WHO, facility staff, and other stakeholders to finalize revision of the 2009 national standard treatment guidelines (STGs) and Essential Medicine List (EML). MSH/SPS trained 13 Medicine and Therapeutics Committees (MTCs) of level-5 facilities on ADR monitoring and reporting. Members of MTCs were drawn from the 8 provinces. 33 participants attended the training that was held in November. MSH/SPS worked with DOP to develop a service charter, service charter handbook, and pharmaceutical SOPs.

**Barriers to Progress:** None.  
**Next Steps:** Continue to work collaboratively with DOP to strengthen institutional MTCs. Continue to work collaboratively with PSK to disseminate training materials, best pharmacy practices, and support for training of healthcare workers, both community and private. Work collaboratively with NASCOP and DOP to streamline lessons learned, tools, strategies and approaches from ART commodity management to strengthen pharmaceutical services.

**Indicators:** None.

**Activity Title:** Support to Priority Health Reform Initiative collaboration between MOMS and USAID

**Activity Lead:** Staley Jr., Robert **Activity #:** 5 **Task:** LFKE09HIP **Subtask:** 60A4E5

**Activity Description:** Sub-activity 1: Complete assessment in level 5 hospitals to establish gaps in pharmaceutical management. MSH/SPS will support the pharmaceutical and laboratory assessments, in order to identify specific areas that require strengthening. The assessments will focus on 3 hospitals identified jointly by MOMS, USAID and partners. Sub-activity 2: Work collaboratively with other USAID mechanisms to undertake health service system strengthening in priority level 5 hospitals as requested by the MoH and USAID. MSH/SPS will support system strengthening activities in the priority hospitals, through focused interventions as jointly agreed on by the MOMS/USAID teams. MSH/SPS will focus on areas identified for pharmaceutical and laboratory system strengthening. Sub-activity 3: Undertake institutional and HR capacity building in level 5 hospitals to ensure sustainability. This will be done through training pharmacy and lab staff in the priority hospitals on commodity management, provision of tools to improve services, support to development and implementation of SOPs, among other interventions.

**SPS Partners** None.

**Budget:** \$400,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Assessment tools. Assessment findings and recommendation reports. Implementation plans.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Sub-activity 1: Developed tools for assessing gaps in pharmaceutical and laboratory systems in the 3 priority hospitals: Coast PGH, Machakos DH, and Western PGH. Conducted assessment of pharmaceutical and laboratory systems strengthening needs for the 3 hospitals. Compiled the assessment reports detailing the identified gaps, recommendations and priority status as expressed by the hospital staff. Key gaps encountered: Inadequate HR capacity, absence of electronic PMIS, equipment repairs and upgrading required, and lack of lab SOPs.

**Barriers to Progress:** None.

**Next Steps:** Presentation of assessment findings and recommendations at Visioning Workshop.

**Indicators:** None.

**Activity Title:** Support to MoH/NASCOP to strengthen Pharmaceutical Management Capacity to improve Access to and Use of ART commodities

**Activity Lead:** Staley Jr., Robert **Activity #:** 6 **Task:** LFKE09HIP **Subtask:** 60C3H6

**Activity Description:** Typical sub activities with MSH/SPS TA support will include, but are not limited to: (1) Support NASCOP commodity security activities of the ARV drug team including, quantification, forecasting, and medium-term requirements planning. This will involve participation in the ART Task Force and other NASCOP subcommittees and technical working groups. MSH/SPS will support NASCOP's forecasting and quantification activities. MSH/SPS will also work collaboratively with NASCOP, KEMSA, USG partners and other stakeholders to determine ARV and OI stock status and undertake routine pipeline monitoring. (2) Provide TA and support on adherence to ART medicines initiatives by NASCOP, through the implementation of adherence indicators. This will involve support to NASCOP ART adherence monitoring efforts at priority ART sites, including development, review, dissemination and implementation of manual and electronic tools, patient medication counseling job aids, and related materials, to track and monitor adherence. (3) Support printing of manual P/LMIS tools. MSH/SPS will work collaboratively with NASCOP and stakeholders to develop, review, implement and disseminate tools in various areas of inventory management for commodity tracking. (4) Undertake regional trainings in ART commodity management collaboratively with APHIAs and other regional USG Partners. In order to support decentralization initiatives and downward referral, MSH/SPS will work collaboratively with NASCOP, USG partners and other stakeholders to strengthen human resources for pharmaceutical management systems and services at all levels. MSH/SPS will work collaboratively with NASCOP and

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stakeholders to strengthen regional training teams by improving skills and addressing knowledge gaps in ART pharmaceutical management systems. (5) Support NASCOP ART decentralization initiatives by disseminating and implementing the ART pharmaceutical services' decentralization package. MSH/SPS will: (i) provide technical assistance in the development, review and adaptation of SOPs and job aids in support of ART/PMTCT commodity management at all levels. (ii) Support decentralization, task shifting, and dissemination of decentralization packages including mentorship. (iii) Support NASCOP in improving the policy and practice environment for pharmaceutical services in support of ART decentralization initiatives. This will include support to electronic tools and relevant IT equipment for peripheral sites where applicable. (iv) Support National ART/PMTCT facilities mapping to improve commodity usage information management. Strengthen regional commodity management teams to undertake support supervision activities. (6) Support high-level NACC activities, such as development of KNASP (Kenya National AIDS Strategic Plan) with focus on commodity management, and Global Fund PSM. MSH/SPS in collaboration with NACC, NASCOP and other partners will provide technical leadership on commodity requirement planning. This will include participation in high-level committees and TWGs that provide oversight to medium term commodity procurement planning.

**SPS Partners**

None.

**Budget:** \$500,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

Sub activity 1: participated in the ART Task Force and other NASCOP subcommittees and technical working groups, including 2 meetings of the ART Drugs and ART Commodities sub-committees, a meeting of the PMTCT Grand Round Meeting, and a meeting of the ART Training subcommittee. Sub Activity 2: Conducted support supervision to 6 facilities participating in the pilot of the National Adherence Intervention Study. Attended multidisciplinary team meetings in 5 of the facilities. Disseminated modified MoH 257 cards (2,000), clinic attendance registers (5), and daily appointment scheduling diaries (6). Supported participation of members of the National Adherence Intervention team in data management and Analysis Training at the 3rd Annual Regional Conference on Adherence to and Retention of Patients on Antiretroviral in Rwanda. Sub Activity 4: Participated in the pretest of the National PMTCT Curriculum. 26 health care workers were trained in the Nairobi region. Disseminated training manuals, job aids packet, and National ART SOPs manuals to: Nyanza province KEMRI/CDC-supported trainings, ICAP IMARISHA, APHIA 11 Western, NASCOP/WHO during training of participants from Eastern and Nyanza provinces. Trained 13 participants on the use of ADT from Family Health Options of Kenya. Sub Activity 5: Participated in facility mapping of the ARV supply chain to identify sites with dual supplies. Finalized the development of pharmaceutical components of IMAI I and IMAI II national training. Developed support supervision package for central sites, district stores, and facilities for monitoring the Integrated ARV (ART, PMTCT, PEP) Commodity Logistics System. Sub Activity 6: Participated in 2 workshops –Review National M&E indicators for KNASP III and National ART tools. Participated in 2 NASCOP led EMR harmonization meetings.

**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, and manual and electronic tracking tools in support of pharmaceutical management in public, private and faith-based facilities.

**Indicators:**

None.

**Activity Title:**

Strengthening Human Resource Capacity for Pharmaceutical Management by MOH

**Activity Lead:** Staley Jr., Robert

**Activity #:** 7 **Task:** LFKE09HIP **Subtask:** 60C3M7

**Activity Description:**

Typical sub activities will include, but are not limited to: (1) In collaboration with NASCOP and USG parents, implement pharmaceutical management trainings at district and primary health care levels, in support of decentralization and task-shifting initiatives. (2)

In collaboration with professional societies, undertake community-based trainings to capacitate health practitioners on commodity management. MSH/SPS will collaborate with professional organizations (e.g. PSK) to undertake community trainings that target practitioners from public and the private sector. The trainings will strengthen commodity management, adherence, rational use of medicines, as well as address challenges and develop strategies on promoting pharmaceutical care. (3) In collaboration with PPB, UON, and NQCL, train MoH staff on pharmacovigilance. (4) Conduct commodity quantification trainings for the MoH and partner staff. This will involve working collaboratively with MOMS/DOP, KEMSA, USG partners and other stakeholders.

**SPS Partners**

None.

**Budget:** \$400,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

**Products Planned:**

Training reports.

**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

Sub-activity 1: Planned and supported the development of an in-service training course on effective management and rational use of medicines and medical supplies. Two workshops held (October and December). Draft copies of curriculum implementation guide, and trainers' and participants' manuals developed. Participated in the training of health workers from the Family Health Options of Kenya (FHOK) on ADT in November/December. A total of 13 participants attended the training. Participated in a pretest training of the PMTCT curriculum where a total of 26 participants from Nairobi were trained. Participated in the workshop for the finalization of the National PMTCT Curriculum. Planned and supported training on development of SOPS for LVCT. 29 participants drawn from the LVCT sites in Nairobi, Kisumu, Kitui and Embu were trained. Supported the pre-service training of University of Nairobi final year pharmacy students on antiretroviral therapy treatment guidelines and the review of antiretroviral drugs in October. A total of 52 participants attended the training. Sub-activity 2: Initiated the process of accreditation for CPD provision by the medical regulatory authorities (PPB, NNAK and MPDB). Sub-activity 3: Train MoH and MoPHS staff on pharmacovigilance with collaboration of PPB, UON, NQCL, NASCOP and other stakeholders. Planned and conducted a pharmacovigilance training for FHOK staff— a total of 13 staff from FHOK sites in Thika, Nairobi, Nakuru, Eldoret, Kisumu and Meru attended the training.

**Barriers to Progress:**

Time constraints.

**Next Steps:**

Finalize the in-service curriculum for KMTC, draft documents to be sent to reviewers prior to pilot testing of the materials. Plan and support the private sector training for health care providers on ADR monitoring, to be held at the regional level in collaboration with PSK. Plan and support the development of supply chain training for DRH. Support the training of the Medicine Therapeutics Committees for LVCT. Review the PHC ART curriculum. Plan and support training on pharmacovigilance for Nairobi region and Aga Khan University Hospital. Finalize MSH/SPS accreditation for CPD provision from PPB, Nursing Council of Kenya, Medical and Dental Practitioners Board.

**Indicators:**

None.

**Activity Title:**

Provide TA to strengthen public sector pharmaceutical/logistics management information systems capacity for access and use of data in decision making

**Activity Lead:** Staley Jr., Robert **Activity #:** 8 **Task:** LFKE09HIP **Subtask:** 60G4J8

**Activity Description:**

Typical sub activities with MSH/SPS TA support will include, but are not limited to: (1) Maintain commodity access and use tracking database at KEMSA/LMU to support MoH Divisions' need for data to inform decision making. This will involve supporting the LMU operations (maintenance of the LMIS database and workstations, provision of courier services for reports' submission, airtime provision to support flow of information), support to MoH divisions and KEMSA staff to utilize the LMU database, and provision of feedback reports to facilities. (2) Support active acquisition for pharmaceutical management strategic information (SI) that provides USG partners with critical decision-making data for commodity procurement. MSH/SPS will continue to work collaboratively with MoH programs, KEMSA, USG partners, and other stakeholders to strengthen

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collection, analysis, reporting and use of strategic commodity information. MSH/SPS will support regular acquisition of commodity stock status and procurement information from MoH divisions, KEMSA and stakeholders to prepare stock status reports. (3) Provide TA and help programs implement manual and electronic tools at the district/peripheral level, in support of integration of services. MSH/SPS will also support implementation of tools that support integration of services in selected pilot districts and health facilities.

**SPS Partners**

None.

**Budget:** \$350,000.00

**Start Date:** Oct/2009      **End Date:** Sep/2010

**Products Planned:**

Monthly national stock status reports for ARVs and HIV/AIDS Lab commodities. Monthly commodity supply chain information workbooks and monthly central-level stock count reports. Additional LMU SOPs and KPIs. Finalized data entry reference manual. Training reports for ADT user training.

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**Reporting Period:**

**Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:**

Maintain commodity access and use tracking database (P/LMIS) at the LMU. Continued follow-up of non-reporting sites for ART and HIV Lab commodities through phone calls. SPS worked collaboratively with the NASCOP ARV and Lab programs to improve ART and lab commodity consumption reporting rates: ART reporting maintained at over 85%, CD4 testing facility reporting improved from 60% to 84%, and test kit reporting maintained above 60%. Continued to support the LMIS database through 2 database servers for 197 ART ordering points, 3,656 lab test kit SDPs, and 73 HIV CD4 sites. Developed draft data entry manual for OJT and reference on the central LMIS application. Ongoing updating of the LMIS as per user specifications. Support to Logistics Management Unit (LMU) operations. Drafted additional SOPs and KPIs to improve services at LMU. Developed draft tool for assessment of LMIS. Continued to provide communications facilities (email, telephone) and support for 22 workstations for use by 35 LMU staff, including MoH division staff. Continued to provide courier service account for submission of facility commodity consumption reports to LMU. Support active acquisition of pharmaceutical management strategic information (SI). Provided consumption and patient information for input into the national commodity stocks status reports (2-pagers) for October to December 2009. Worked with NASCOP and KEMSA to issue routine monthly national commodity consumption reports (workbooks), as well as physical stock count reports for ART, HIV lab test kits, and CD4 commodities. TA to assist programs to implement manual and electronic tools at peripheral /district level. Finalized an electronic integrated ARV (ART, PMTCT) LMIS data aggregation tool (in Excel) for the central sites and districts to assist them in collection and aggregation of LMIS data from satellite sites. Developed a lab commodity electronic data aggregation tool for demonstration to the NPHLS. Provided direct technical support to 16 facility sites across the country implementing the ADT tool, and 4 sites implementing the ITT tool, by way of site visits, phone calls, and email. Provided institutional support for the ongoing ITT SMS Gateway in three districts. Conducted the ADT user-training for 13 health workers at Family Health Options Kenya. Distributed ADT software to 11 sites for installation (including 7 at Family Health Options Kenya).

**Barriers to Progress:**

Conflicting priorities and viewpoints of the different MoH divisions in relation to each other.

**Next Steps:**

Finalize drafts of additional LMU SOPs and KPIs. Finalize draft tool for assessment of LMIS. Pretesting of electronic lab and RH commodity consumption data aggregation workbooks. Develop data quality plan. ADT functionality improvement process. Development of an ADT distribution and use M&E plan. Pilot the use of the integrated electronic dispensing tool at one facility. Undertake support supervision in 8 ITT sites in the Maragua District. Develop M&E indicators for ITT sites. Integrate a reporting cycle and feedback mechanism for ITT reports.

**Indicators:**

None.

**Activity Title:**

Support MoH/DLTLD to strengthen TB/HIV Commodity Management Systems

**Activity Lead:** Staley Jr., Robert

**Activity #:** 9    **Task:** LFKE09HIP    **Subtask:** 60F3H9

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**Activity Description:** Sub-Activity 1: Provide TA to implement the e-TB Manager electronic tool to improve the quality of strategic information for upstream planning, decision making and maintenance. MSH/SPS will work collaboratively with DLTLD and other stakeholders to support the implementation of e-TB manager electronic tool in selected districts. The e-TB tool aims to strengthen linkages between TB case management (HMIS) and commodity management data (LMIS) and thus improve overall quality of decisions made. MSH/SPS will also collaborate with national and regional program staff, USG partners and other stakeholders in the selected districts to strengthen data management skills in the selected districts and overall decisions for managing the TB program. Sub-activity 2: Provide technical leadership to support the creation and functions of the TB commodity security/logistics sub-committees of the TB ICC to improve access to TB and TB/HIV commodities. In collaboration with DLTLD and its partners, MSH/SPS will provide technical leadership to assure access to TB/HIV commodities at all levels of the health care system. In addition, MSH/SPS will be involved in strengthening commodity security policies, provision of technical support and leadership in forecasting/quantification activities for the TB/HIV commodities and support to the TB commodity security sub-committee. MSH/SPS will conduct rapid assessments and facilitative supervision missions at selected sites to trouble-shoot and strengthen pharmaceutical management systems in support of TB and TB/HIV commodity security. Sub-activity 3: Provide TA to build human resource and institutional capacity of the MoPHS/DLTLD to support accelerated access to, and rational use of, quality pharmaceutical products in support of TB case detection and DOTS expansion. HR capacity building will include training of DLTLD staff on data management and preparation of commodity usage reports to support supply chain decisions, and regional staff on TB commodity management. Institutional capacity building will involve development and dissemination of SOPs, job aids, inventory management tools, supportive supervision manuals and checklists. It will also involve support to DLTLD to implement commodity tracking tool. Sub-activity 4: Provide tools and technical support to improve TB pharmaceutical supply chain management including the use of pharmaceutical/logistics information systems (P/LMIS) in support of the MoPHS/DLTLD. MSH/SPS will work collaboratively with the MoPHS/DLTLD and stakeholders to support development and implementation of TB and TB/HIV manuals and electronic commodity management tools, training of DLTLD and KEMSA staff on how to use the LMIS database and preparation of routine commodity usage reports.

**SPS Partners**

None.

**Budget:** \$350,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

Prepared national quarterly TB commodities distribution plans using commodity monthly management reports, distributed additional/buffer LMIS tools to the 11 regional TB offices for future supply to sites as need arises, held meetings to consolidated and complete a report of the forecasting and quantification exercise done with MSH support (during the previous quarter), conducted a commodity management TOTs training for PTLC, DTLCs, DPHNs and district pharmacists of Nyanza North region, participated in the pilot testing of the curriculum designed to introduce/update mid-level health managers to TB/HIV control activities, developed TB commodity data aggregation workbook for use at district and provincial levels to improve accuracy and timeliness of reports. Introduction of the e-TB manager tool in Kenya. Conducted consensus building meeting to ensure stakeholder support and buy-in. Conduct on-the-job training of key TB health workers from SDP in three districts of the Central province on commodity data recording, use and reporting. Continued to conduct monthly TB commodities stock count in KEMSA to inform the decisions of the TB/HIV commodity security subcommittee and TB national managers need to take to improve TB/HIV products access and rational use. Support to develop new strategic plan (2011-2015) for DLTLD program. Hosted the TB/HIV commodity security subcommittee meetings.

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**Barriers to Progress:** None.  
**Next Steps:** Dissemination and implementation of the commodity data aggregation tool to all districts and provinces. Implementation of the e-TB manager tool in the five pilot districts. Participate in support supervision mission to foster the culture of record keeping and timely reporting on commodity use.

**Indicators:** None.

**Activity Title:** Support MoH/NPHLS to strengthen ART laboratory services

**Activity Lead:** Staley Jr., Robert **Activity #:** 10 **Task:** LFKE09HIP **Subtask:** 60LXH0

**Activity Description:** Sub-Activity 1: Support to management of National Laboratory ICC and its activities. MSH/SPS will provide support to management of National Laboratory ICC and its activities on behalf of DDFS and NPHLS and other laboratory stakeholders by: Continued support to the ICC secretariat, management of ICC events and the steering sub-committee, technical leadership and support to the lab service functions and support systems subcommittee, and participation in other sub-committees (such as M&E and training). Sub-activity 2: Support to the review and update/development of the National Laboratory Policy and Strategic Plan. Including: (i) advocacy for implementation and integration of laboratory policies, standards, accreditation processes, and strategic plan within existing public sector systems by supporting high-level strategic planning, advocacy meetings and panels for engagement of policy makers. (ii) National Laboratory Policy and strategic plan review and dissemination through consultative partner/stakeholder, advocacy and expert review meetings. (iii) Implementation of the strategic plan's activities by supporting the formation of regional lab ICCs in-collaboration with stakeholders, such as USG partners, Provincial Medical Laboratory Technologists (PMLTs), and MoH divisions (e.g. NPHLS, NASCOP, NLTP, DDFS, and DOMC). Sub-activity 3: Support strengthening of laboratory MIS. MSH/SPS will support: (i) Printing and disseminating manual Laboratory Management Information System (MIS) and inventory management tools (e.g. DARs, stock cards, and CDRR), and SOPs for inventory management and consumption tracking. (ii) Continued implementation of electronic lab commodity management tools in sites initiated under COP 2008. Sub-activity 4: Provide TA and support in capacity building for laboratory commodity management. MSH/SPS will continue to work collaboratively with stakeholders and partners such as AMREF to strengthen laboratory commodity management systems. This will be done by undertaking laboratory management, QA and refresher trainings at the peripheral level using: lab commodity management curriculum and materials, the national refresher curriculum on good clinical diagnostic practices for lab and clinical staff, TOT curriculum for commodity management, and laboratory facility management hand book and curriculum.

**SPS Partners** None.

**Budget:** \$700,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** MTP experience data entered into data sheets and is awaiting analysis and report writing. The ICT commodity data system pilot still on-going. Laboratory commodity management curriculum ready for layout, design, and printing. Printed and disseminated 13,200 manual commodity management tools and 13,400 manual test registers and forms to facilities. Printed and disseminated 2,000 copies of MOH 706 to sites. Printed and disseminated the remaining lab stock cards.

**Barriers to Progress:** Delay in COP 09 work plan approval. Activities pertaining to design, layout and printing suspended.

**Next Steps:** Commodity management training planned for February 22-25, 2010. Laboratory stakeholder meeting planned on lab reform agenda on February 16-17. Lab ICC retreat on policy and strategic plan development for March 24-25, 2010. Lab steering committee due on February 23, 2010. Printing review copies of lab commodity management curriculum. Review of lab SOPs, guidelines and job aids. Analysis report on MTP process to be ready by end of March 2010. Meeting to review assessment framework

data. AMREF to print Lab Managers' Handbook & SOPs for Essential Tests. AMREF to send QA materials to 19 facilities in the Coast Province.

**Indicators:** None.

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## **Kenya PMI**

**Work plan:** Kenya PMI    **Year** 09

**Funding Level:** \$1,606,000.00

### **Work plan Background**

Malaria is the leading cause of morbidity and mortality in Kenya and remains one of the key public health concerns. Based on 2009 population projections [1], the total population at risk of malaria is approximately 27.6 million, or 70% [2], which includes an estimated 4,633,075 children under the age of five and 1,241,833 pregnant women (who bear the greatest burden of the disease). Clinically diagnosed malaria is responsible for 30% of outpatient consultations, 19% of hospital admissions, and 3-5% of inpatient deaths in the country. In 2007, there were 9.2 million clinically diagnosed malaria cases reported in health facilities [3]. The Ministry of Public Health and Sanitation has prioritized malaria control through the National Malaria Strategy (NMS, 2001-2010) and the National Health Sector Strategic Plan II (NHSSP II, 2005-10), laying emphasis on the scale-up of activity implementation for reduction in morbidity and mortality of malaria, and aiming to achieve the global malaria targets on universal coverage and access and the Millennium Development Goals (MDGs). The NMS is also in-line with the MoH's vision to transform Kenya into "a nation free from preventable diseases and ill health", set forth in Vision 2030, a document setting targets for the health sector. The key strategic interventions of the NMS 2001-2010 for treatment, prevention and control of malaria are: (1) Universal distribution of long lasting insecticide treated nets (LLITNs) through appropriate channels. (2) Indoor residual spraying in targeted areas. (3) Provision of intermittent presumptive therapy for pregnant women at antenatal clinics and at the community level. (4) Diagnosis and treatment of uncomplicated malaria with Artemisinin-based Combination Therapy (ACT). In 2006, Kenya adopted the use of Artemether-Lumefantrine (AL), as the first line treatment for uncomplicated malaria. This intervention provides for early diagnosis and prompt treatment of malaria using effective medicines. The key challenges in implementation of this intervention have been: ensuring an uninterrupted supply of ACTs, ensuring all health workers are trained on the treatment policy, ensuring health worker adherence to standard treatment guidelines in the management of malaria, and strengthening information systems for reporting on the malaria indicators. In the year 2008/9, the budget allocation for malaria control was approximately 4.78% of the Ministry of Public Health and Sanitation's budget. In addition to government funding, malaria control is mainly supported by the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM). Other funding partners include the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Department for International Development (DfID), United States Government Agencies- including the U. S. Center for Disease Control (CDC), the United States Agency for International Development (USAID), the Walter Reed Army Institute of Research, and the Millennium Challenge Account. In 2009, the DOMC undertook a Malaria Program Review (MPR) which outlined the current status of delivery of malaria control interventions, capacity, structures, systems and management of the national malaria control program within the national public health system. This review provided a summary of past progress and performance, current key issues, challenges, risks, problems, proposed solutions, and strategies and activities for accelerating and scaling up universal access and coverage of high quality malaria control interventions. The MPR fed into the revision of the NMS (2001-2010). The vision of the NMS 2009- 2017 is to have a malaria-free Kenya and its goal is to have reduced malaria-related morbidity and mortality by two thirds (based on 2007-2008 rates) by 2017. 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) [4]. The objective of the initiative is to collaborate with partners to assist African countries to rapidly scale-up the four highly-effective interventions for preventing and treating malaria in vulnerable populations. In 2007, the 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 led to 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. Since 2003, through funding from USAID, RPM Plus and its successor SPS have been supporting

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the DOMC through the process of transitioning to and implementing its current antimalarial treatment policy. In FY 2008, SPS provided technical assistance to the DOMC for: provision of administrative/management support to the Division of Malaria Control (DOMC), training of health workers for treatment and policy roll-out, and provision of TA for supply chain management health management information system (HMIS) support. For the period 2009-2010, SPS will continue to build on the successes and lessons learned to better inform the DOMC's strategic decisions and planned activities while achieving SPS's technical objectives.[1] Kenya National Bureau of Statistics, 2008. [2] 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 2008 edition. [3] Kenya. Ministry of Health. Annual Health Sector Status report 2005-2007. [4] The President's Malaria Initiative (PMI) was announced in 2005 and began in three countries in 2006: Angola, Tanzania and Uganda. In 2007 four countries were added: Malawi, Mozambique, Senegal and Rwanda.

**Activity Title:** Participate in Appropriate Meetings and Working Groups  
**Activity Lead:** Staley Jr., Robert **Activity #:** 2 **Task:** LFKE09MAL **Subtask:** 60F4N2  
**Activity Description:** Typical sub-activities will include the following: (1) Participate in meetings of the Malaria Inter-Agency Coordinating Committee (MICC). (2) Participate in Technical Working Group meetings. (3) Support implementation of the new National Malaria Strategy (2009-17). (4) Support resource mobilization through proposal development. SPS will continue to participate in these meetings to strengthen policy dialogue and support the development of appropriate tools/interventions that promote effective integrated management of malaria, pharmaceutical system strengthening and program performance monitoring. This activity is expected to occur throughout the year.  
**SPS Partners:** None.  
**Budget:** \$36,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** Year: Project Year 3 **Quarter:** Q1  
**Activity Progress:** Attended the MICC quarterly malaria meeting. SPS attended and participated as a member of the MIM conference and was part of the planning committee for the launch of the new national malaria strategy 2009 – 2017 (Oct-November, 2009). SPS participated in the DOMC focal persons weekly meetings, to monitor progress on activity implementation and chart the way forward (Oct -December, 2009). SPS attended the 5th Multilateral Initiative for Malaria (MIM) and the Pan African conference at the KICC (November 2-5, 2009).  
**Barriers to Progress:** None.  
**Next Steps:** Continuous participation in appropriate meetings and support to the implementation of the NMS 2009-17.  
**Indicators:** None.

**Activity Title:** Provide Administrative/ Management support to the Division of Malaria Control  
**Activity Lead:** Staley Jr., Robert **Activity #:** 3 **Task:** LFKE09MAL **Subtask:** 60G4H3  
**Activity Description:** Activities proposed by SPS for FY09 include: (1) Administrative support to the DOMC for critical program activities and functions. (2) Technical and logistical support to the DOMC for planning, organization, and oversight of support supervision for planned malaria interventions at national, provincial and district levels. (3) Developing and strengthening the capacity of DOMC staff to manage implementation of planned malaria activities. This activity is expected to occur throughout the year.  
**SPS Partners:** None.  
**Budget:** \$178,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** Year: Project Year 3 **Quarter:** Q1  
**Activity Progress:** Supported finalization, printing and dissemination of the Malaria M&E plan 2009-17. Gave administrative support to the NMS 2009-17 and Malaria M&E plan 2009-17 launch at the Kenya Malaria Night (Nov 4, 2009). Supported installation and 'dressing' a DOMC booth at the 5th Multilateral Initiative for Malaria Conference. Procured 4WD vehicle for the DOMC. Printed 1,000 copies of the Malaria M&E plan and have distributed 500 copies.

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*Country Programs*

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<b>Barriers to Progress:</b>	None.
<b>Next Steps:</b>	Support to DOMC for development of a monitoring and supervision manual for use in monitoring malaria program activities. Continue administrative/management support to the DOMC on critical program activities. 4WD vehicle for the DOMC.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Technical assistance and support for strengthening health worker adherence to the new malaria treatment guidelines through active support supervision at the district level.
<b>Activity Lead:</b> Staley Jr., Robert	<b>Activity #:</b> 4 <b>Task:</b> LFKE09MAL <b>Subtask:</b> 60AXH4
<b>Activity Description:</b>	Typical sub activities will include: (1) Support in the development/revision and dissemination of the support supervision manual, job aids, and review and standardization of the case management supervisory checklists. (2) Technical support to the DOMC for capacity building of selected District Health Management (DHMT) teams, including district pharmacists, on support supervision and M&E for adherence of health workers to the new treatment guidelines. (3) Support the DOMC and selected districts to carry out support supervision and M&E visits on adherence of health workers to the new malaria treatment guidelines. (4) Carry out one health facility assessment to monitor adherence to the new treatment guidelines. This activity is expected to occur throughout the year.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$512,000.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2010
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	SPS held several activity planning meetings with the DOMC, focusing on revision of the new malaria treatment guidelines, job aids and revision of the case management curricula. SPS held planning meetings with the DOMC for support for finalization of a malaria diagnostics lab policy document. TA for inclusion of a malaria module in a pre-service rational drug use curricula for the Kenya Medical Training colleges (KMTC). Discussions with the DOMC for development of integrated monitoring and supervision guidelines and check lists with a malaria case management component. TA and logistical support to development of a protocol and implementation plan for a Quality of Care Survey (January 2010).
<b>Barriers to Progress:</b>	None.
<b>Next Steps:</b>	Finalization of the pre-service curricula for piloting in selected KMTC colleges. Hold a two-day retreat to discuss the recommendations from the case management training reports that will feed into the implementation plan for revising the malaria treatment guidelines, job aids, and training curricula. Hold a two-day workshop to review the malaria diagnostics lab policy document.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Provision of Technical Assistance for Supply Chain Management
<b>Activity Lead:</b> Staley Jr., Robert	<b>Activity #:</b> 5 <b>Task:</b> LFKE09MAL <b>Subtask:</b> 60CXH5
<b>Activity Description:</b>	Sub activities will include: (1) Support of targeted supplementary distribution of malaria medicines to endemic and epidemic-prone areas to avert stock outs. (2) Support of strengthening LMIS and supervision for improved malaria medicines management. (3) Technical assistance to DOMC for quantification, commodity security, and pipe line monitoring. (4) Complete bi-annual field assessments to establish the status of pharmaceutical management of malaria medicines. This activity is expected to occur throughout the year.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$575,000.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2010
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	Supported physical stock count of malaria medicines at KEMSA and preparation of routine monthly stock status reports for October-December 2009. Prepared Procurement Planning and Monitoring Reports for malaria (PPMRm) for the quarter ending December

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	2009. TA to DOMC for finalization of the Quantification of Antimalarial Medicines for FY09/10, forecast for 2009-2014, and a situational analysis report. Support to drug management subcommittee (DMSCM) meetings to discuss monitor the pipeline and planning for AL quantities and mode of distribution to push districts (October-December, 2009). Support to DOMC in upstream LMIS data capture from health facilities and M&E for malaria medicine management. TA and logistical support to the development of the protocol for the pharmaceutical management component of the quality of care survey.
<b>Barriers to Progress:</b>	Delay in sending LMIS reports by health facilities. Newly created district without administrative staff.
<b>Next Steps:</b>	Development of an integrated M&E supervision manual and checklist with a malaria medicine management component. Provincial pharmacist stakeholder sensitization workshop planned to brainstorm on methods to improve LMIS reporting rates.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Health Management Information System (HMIS) support
<b>Activity Lead:</b> Staley Jr., Robert	<b>Activity #:</b> 6 <b>Task:</b> LFKE09MAL <b>Subtask:</b> 60G4H6
<b>Activity Description:</b>	In FY 2009 SPS through PMI funding will support the DOMC to ensure timely collection of quality HMIS malaria data. Sub activities here will include: (1) Supporting DOMC data planning and update meetings with HMIS. (2) M&E and supervisory field visits to selected health facilities at various malaria zones to assure quality HMIS malaria data and timely reporting. (3) Support in strengthening of linkages for obtaining malaria data from other sources which include divisions of the government, research institutes and partner agencies. This activity is expected to occur throughout the year.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$40,000.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2010
<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	Continued routine user support of MIAS meetings with HMIs to obtain timely and high-quality data. Strengthened linkages with external data sources to improve data quality.
<b>Barriers to Progress:</b>	None.
<b>Next Steps:</b>	Establish linkages with LMU for loading malaria LMIS data. Plan for monitoring and supervision of selected districts sites for HMIS data.
<b>Indicators:</b>	None.

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### **Kenya POP**

**Work plan:** Kenya POP **Year** 09

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

#### **Work plan Background**

The USAID/ Kenya mission is committed to supporting the Ministry of Public Health & Sanitation (MoPHS) /Division of Reproductive Health (DRH) to successfully deliver reproductive health services as stipulated in the National Health Sector Strategic Plan 2005-2010 (NHSSP II)[1] and ensure they are used efficiently and effectively. Historically, commodity security in Kenya has been weak and largely inadequate. Assessments conducted throughout the country point to less than optimal commodity financing and weak pharmaceutical management systems as the main detriments to commodity security. The NHSSP II has enumerated key goals for improving this situation, including 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 the DRH is to be responsible for the delivery of reproductive health services within the Kenya Essential Package for Health (KEPH) at the different levels of the health system in Kenya. To ensure delivery of services, DRH is involved in the development of standards and guidelines for each area of reproductive health (RH) intervention and for the provision of the corresponding pharmaceuticals for each area. Various assessments have shown that frequent stock outs of RH pharmaceuticals are experienced at the various levels of the health care system. In FY 2008-2009 and with USAID/Kenya field

support, MSH/SPS worked collaboratively with select MoPHS Divisions (that is DRH, NASCOP, and LMU) to provide technical and tactical assistance to strengthen the pharmaceutical management systems in support of RH commodities. This support resulted in improved commodity requirements planning and security. Also, there was increased human resource and institutional capacity built in support of the family planning program. Under similar and expanded USAID/K funding for FY 2009-2010, MSH/SPS will continue TA to the DRH and also include support for family planning (FP) commodity distribution in addition to human and institutional capacity building and improved pharmaceutical management information systems. The overall aim of MSH/SPS technical assistance will be to improve FP commodity security and, in the longer term, access to these commodities at all levels of the health care system. [1] Ministry of Health 2006 "The Second National Health Sector Strategic Plan of Kenya (NHSSP 2005-10): Reversing the Trends", Nairobi.

**Activity Title:** Technical support to DRH for FP pharmaceutical requirements planning and distribution to improve access and availability of commodities.

**Activity Lead:** Staley Jr., Robert **Activity #:** 2 **Task:** LFKE09POP **Subtask:** 60FXH2

**Activity Description:** Typical sub activities will include, but are not limited to: (1) With DRH, determine the FP requirements for district stores. (2) Provide support to KEMSA's Logistics Department to strengthen the distribution processes and facilitate smooth dispatch of FP commodities. (3) Support distribution of FP commodities to district stores. (4) Conduct structured site assessments jointly with DRH to determine stock levels of FP commodities.

**SPS Partners** None.

**Budget:** \$330,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Collaborated with DRH and KEMSA in conducting monthly stock-take. Collaborated with KEMSA to obtain monthly stock summary report to track commodity stocks, issues, and receipts. Monitored upstream FP commodity delivery schedules in collaboration with DRH/CMU and partners. Monitored FP commodity distribution to district stores and service delivery points. Determine the FP commodity requirements for districts in collaboration with DRH. Collected stock on hand and consumption data from district stores to determine contraceptive requirements for districts. Developed regional FP commodity distribution kits for the push system.

**Barriers to Progress:** None.

**Next Steps:** RH commodity stock status monitoring at KEMSA. Plan for the next distribution activity, in collaboration with DRH. Prepare periodic reports to document commodity distribution. Periodically monitor commodity distribution.

**Indicators:** None.

**Activity Title:** Provide technical leadership to support the functions of the FP commodity security working group

**Activity Lead:** Staley Jr., Robert **Activity #:** 3 **Task:** LFKE09POP **Subtask:** 60AXH3

**Activity Description:** Typical sub activities will include, but are not limited to: (1) Support for focused technical, tactical, and advocacy activities of the FP 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) Technical leadership in forecasting/quantification and procurements planning of FP commodities in support of the DRH to improve the supply chain for FP commodities. (3) Introduce the use of a commodity procurement tracking tool which maintains data on the value, lead times, and scheduled deliveries of the commodities. Participate in organizing conferences, seminars, workshops and various meetings as required by USG team, DRH and partners. (4) Conduct rapid assessments 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.

**SPS Partners** None.

**Budget:** \$40,500.00 **Start Date:** Oct/2009 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 3 **Quarter:** Q1

**Activity Progress:** Reviewed FP commodity requirements for 2009/10 and 2010/2011, based on the preliminary KDHS report and SDP consumption trends, as a follow-up to the forecast done in June 2009. Supported focused, technical, tactical and advocacy activities of RH commodity security working group. Prepared and submitted monthly RH commodity stock status reports using the CYP and PPMR format. Prepared and submitted simple stock status reports as per USAID request. Prepared presentations for use by DRH in advocacy activities to support the FP TWG. Supported and participated in one FP Logistics Working Group meeting. Conducted rapid assessment and facilitative supervision missions at selected sites to trouble-shoot and strengthen pharmaceutical management systems in support of commodity security. Supported and participated in supervision visits to selected district stores and service delivery points.

**Barriers to Progress:** None.

**Next Steps:** Regular review of the FP commodities quantification. Participation in the FP technical working group, RH ICC, USG team and related DRH meetings. Continued support to the FP logistics working group through the provision of regular CYP and PPMR reports. Conduct rapid assessment and facilitative supervision visits in selected sites.

**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:** Staley Jr., Robert **Activity #:** 4 **Task:** LFKE09POP **Subtask:** 60EXH4

**Activity Description:** Typical sub activities to strengthen HR capacity will include, but are not limited to: (1) Strengthen national level capacity to respond and plan for sustainable commodity management practices. (2) Strengthen capacity of DRH staff at central and district level to deal with data management and preparation of commodity usage reports that support supply chain decisions. (3) Implement the RH commodity management training curriculum and materials. (4) Support commodity management training for regional based trainer. (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: (1) 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. (2) Support DRH to implement commodity tracking tools. These tools are designed to assist in the monitoring of commodities at various levels of health care delivery.

**SPS Partners** None.

**Budget:** \$287,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** Year: Project Year 3 **Quarter:** Q1

**Activity Progress:** Conducted RH commodity management TOT in 2 regions (South Nyanza and NEP). 58 TOTs trained. Developed two-day SDP-level RH commodity management training materials. In collaboration with DRH and NASCOP, developed IEC materials (posters, brochures, and job aids) for RH/HIV integration. Introduced pipeline software and procurement planning concepts to central level DRH personnel. Held 4 technical assistance meetings with DRH counterparts, in support of pharmaceutical management DAR and SDP CDRR provided to 3,898 service delivery points and district CDRR provided to 180 districts. Developed a draft data aggregation tool for provinces.

**Barriers to Progress:** None.

**Next Steps:** Print and disseminate RH commodity management job aids and SOPs. Conduct remaining regional RH commodity management TOTs. Print and distribute two-day SDP-level training materials to TOTs. Conduct trainings for RH service providers on use of data for decision-making.

**Indicators:** None.

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<b>Activity Title:</b>	Provide TA to strengthen, and support the DRH activities and functions at the Logistic Management Unit
<b>Activity Lead:</b> Staley Jr., Robert	<b>Activity #:</b> 5 <b>Task:</b> LFKE09POP <b>Subtask:</b> 60CXH5
<b>Activity Description:</b>	Typical sub activities with MSH/SPS TA support will include, but are not limited to: (1) Support DRH in improving reporting rates on commodity usage from SDPs and district RH coordinators using various strategies and innovative technologies, such as use of electronic reporting tools, hand held devices, provision of airtime and courier services for delivery of reports to LMU to improve reporting rates, and regularizing feedback reports. (2) Support training on data management/use for decision making at the peripheral level, in collaboration with DRH and APHIA II partners. This will help service providers appreciate the value of timely and accurate data and reporting. (3) Support quarterly provincial review meeting in collaboration with DRH and APHIA II partners aimed at providing reporting feedback to the districts, thereby improving the quality and timeliness of reports. (4) Support DRH in development and implementation of a monthly reporting system. (5) Field-test the decentralization of LMIS tool to one district.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$130,000.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2010
<b>Products Planned:</b>	Quarterly reports and monthly RH commodity stock status report.
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	Continued to provide and support communication services to facilities via telephone and email at LMU. Continued to provide and support workstations at LMU. Continued to update and maintain the LMIS database at LMU. Continued to provide DRH with mobile airtime to improve telecommunication and reporting between RH service delivery points and the LMU. Continued to provide DRH with courier service account for transmission of commodity consumption reports to LMU. Provided TA to support tracking of RH commodity stocks, issues, and receipts, in collaboration with DRH technical personnel. Worked in collaboration with DRH and other key RH providers to prepare the monthly national commodity stock status reports Distributed 7,796 DAR (100 pages), 361 DAR (300 pages), 7,796 SDP CDRRs and 361 District CDRRs. Developed draft tools for use in monthly reporting on commodity use. Followed-up on non-reporting districts and sites through the district RH coordinators. Provided comprehensive national-level feedback report (Excel-based FP workbook) to DRH with information on commodity consumption and reporting rates to guide commodity resupply decision-making and monitoring and supervision activities.
<b>Barriers to Progress:</b>	None.
<b>Next Steps:</b>	Support DRH in the transition from quarterly to monthly reporting, including review of the current data collection and reporting tools and logistics pipelines.
<b>Indicators:</b>	None.

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## 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:** Sallet, Jean-Pierre    **Activity #:** 1    **Task:** LFLS08XXX    **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, pipeline reports, and coordination meeting minutes.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** Attended the quarterly regional SPS meeting held in South Africa, where the quarterly progress reports for Lesotho were presented. After follow-up with the lawyers, the registration of MSH in Lesotho was finalized. MSH Lesotho is now registered with the LRA. An advertisement for a Senior Technical Advisor was placed in local newspapers. Input was provided in setting targets for COP10. The COP was finalized and submitted to PEPFAR.

**Barriers to Progress:** None.

**Next Steps:** Continue liaising with other implementing partners, the MoHSW and the USG.

**Indicators:** None.

**Activity Title:** Provide technical assistance to the MoHSW and local partners on key pharmaceutical policy activities.

**Activity Lead:** Sallet, Jean-Pierre    **Activity #:** 2    **Task:** LFLS08XXX    **Subtask:** 60AXH2

**Activity Description:** SPS will assist the MoHSW in the adaptation/review of these guidelines. This includes support for the interim regulatory arrangements, including training of

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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:** Oct/2008      **End Date:** Sept/2009

**Products Planned:**

Established medicine legislation and registration guidelines.

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**Reporting Period:**

**Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:**

A draft drug regulatory plan with inputs from the Drug Regulatory Unit was submitted to the MoHSW for adoption. Coordination took place between the MoHSW Drug Regulatory Unit and the drafting section of the law office on the drafting of the medicines bill. Progress on drafting the bill was monitored. Assistance was provided to the Pharmaceutical Directorate in conducting the Medicines Access Survey at both GOL and CHAL facilities throughout the country. The compilation of the report of the survey commenced. Ongoing support was provided to HS 20/20 and the Pharmaceutical Directorate in conducting the Health Systems Assessment (HSA) in Lesotho, with the main focus being the Pharmaceutical Module of the assessment. The Pharmaceutical Module was edited in collaboration with the Pharmaceutical Directorate, and transmitted to the HS 20/20 team. A list of key stakeholders to be interviewed was compiled.

**Barriers to Progress:**

Progress on the legislation activity is very slow due to long turnaround times from the MoHSW.

**Next Steps:**

Continue providing TA in drafting of the Medicines Bill. Finalize reporting for the MAS. Continue providing TA to the HSA process.

**Indicators:**

None.

**Activity Title:**

Strengthen the operations of the National Drug Services Organization (NDSO).

**Activity Lead:** Sallet, Jean-Pierre    **Activity #:** 4    **Task:** LFLS08XXX    **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:** \$78,0207.00

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

**Products Planned:**

Donated drug handling and management TA reports. Mark-up study. TA reports for procurement.

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**Reporting Period:**

**Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:**

A meeting to discuss technical support activities for NDSO was held. Discussions also took place with the General Manager of NDSO to discuss DSM support activities to be implemented in collaboration with the Global Fund. Documentation of the support plan is underway. SQL script for the NDSO warehouse was written to allow for calculation of stock levels, as required. This work is still in progress and has not yet been implemented. An upgrade of the system to a newer version, which includes

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the newly developed quotations processing module, was undertaken. Logistical arrangements were made to facilitate training of NDSO stores on warehouse management. Preparations took place for training of NDSO staff on current regulatory frameworks in Lesotho to strengthen their sales department in line with legislative requirements in the country. This training was subsequently postponed to January 2010 due to overlapping activities within NDSO.

**Barriers to Progress:**

None.

**Next Steps:**

Conduct the warehouse management training for NDSO stores aides. Conduct the regulatory frameworks training for NDSO sales department personnel. Complete development of the SQL script for the warehouse. Implement the quotations module. Complete the DSM support plan for NDSO. Continue on-site support of RxSolution activities at NDSO.

**Indicators:**

None.

**Activity Title:**

Development and implementation of pharmaceutical and laboratory quantification models.

**Activity Lead:** Sallet, Jean-Pierre **Activity #:** 5 **Task:** LFLS08XXX **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:** Oct/2008

**End Date:** Sep/2009

**Products Planned:**

Quantification models. TA reports for quantification.

**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

No progress for this quarter on this activity.

**Barriers to Progress:**

N/A.

**Next Steps:**

Provide TA to hospitals in forecasting and budgeting their needs for the next government financial year. Assist facilities submit their quantification data to NDSO.

**Indicators:**

None.

**Activity Title:**

Training of pharmacists, pharmacy technicians, and other health personnel on pharmaceutical management and infection control.

**Activity Lead:** Sallet, Jean-Pierre **Activity #:** 6 **Task:** LFLS08XXX **Subtask:** 60CXM6

**Activity Description:**

During FY09, SPS will continue to conduct training workshops. However, the focus will be on on-site follow-up evaluation visits adopting the monitoring, training and planning (MTP) approach. This will ensure that acquired knowledge from the training is adequately reflected in applied skills and that pharmaceutical management improvement plans are adequately applied. Training programs also include the management of other HIV co-infections (TB, STIs, and OIs). Target audiences will include pharmacists and pharmacy technicians as well as DHMTs and personnel in medicines supply management with focus on supporting access to ART. Given the high burden of HIV co-morbidity, infection control has been identified as a critical area needing support. SPS has developed an Infection Control Assessment Tool (ICAT) which will be used to assess infection control practices at facilities. SPS will train pharmacy personnel and other health workers on improving infection control measures and procedures at facilities where ART and TB treatment are provided and will assist the MoHSW with the development and implementation of an infection control policy.

**SPS Partners**

None.

**Budget:** \$112,351.00

**Start Date:** Oct/2008

**End Date:** Sep/2009

**Products Planned:**

Workshop reports.

**Reporting Period:** Year: Project Year 3 Quarter: Q1

**Activity Progress:** Discussions were initiated with key stakeholders and drafting of the DSM supervisory and mentorship program commenced. DSM training was conducted for personnel of the HIV/AIDs Directorate.

**Barriers to Progress:** None.

**Next Steps:** Finalize the DSM supervisory and mentorship program. On-site follow-up support will be provided, as required. The follow-up support will be conducted under the DSM mentorship program. Continue with the trainings.

**Indicators:** None.

**Activity Title:** Roll-out of RxSolution at selected sites.

**Activity Lead:** Sallet, Jean-Pierre **Activity #:** 7 **Task:** LFLS08XXX **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:** TA reports.

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**Reporting Period:** Year: Project Year 3 Quarter: Q1

**Activity Progress:** Meetings were held with key stakeholders to discuss preparatory activities for the roll-out of RxSolution. The draft plan for the roll-out is awaiting completion of RxSolution pilot activities at hospitals. Printers for the piloting of RxSolution were procured during this period. A training session on the RxSolution dispensing module was held for five pharmacists based at QEII Hospital. Ongoing technical support was provided to the sites which are currently implementing RxSolution. An assessment of the performance of the inventory module of RxSolution was done at three sites (Berea Hospital, Motebang Hospital and QEII Hospital). An assessment report for the four pilot sites is to be produced after the assessment has been performed at one more site (Mafeteng Hospital).

**Barriers to Progress:** None.

**Next Steps:** Finalize training on the dispensing module. Implement the dispensing module at the 4 pilot sites. Continue on-site support for both the inventory and dispensing modules.

**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:** Sallet, Jean-Pierre **Activity #:** 8 **Task:** LFLS08XXX **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

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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:**

TA reports for PTC, revised STGs and EML, and training and TA reports.

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**Reporting Period:**

**Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:**

A medicines information and pharmacovigilance center proposal is being finalized with the MoHSW.

**Barriers to Progress:**

Progress on the STG/EML review process has been delayed by difficulties in engaging an STTA for the activity.

**Next Steps:**

Engage an STTA for the STG/EML review process and produce reviewed documents. Finalize the proposal for the medicines information and pharmacovigilance center and submit to the MoHSW for approval. Continue strengthening PTCs through training and mentoring.

**Indicators:**

None.

**Activity Title:**

Monitoring program results and documentation/dissemination of replicable practices.

**Activity Lead:** Sallet, Jean-Pierre    **Activity #:** 9    **Task:** LFLS08XXX    **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.

**Budget:** \$25,000.00

**Start Date:** Oct/2009      **End Date:** Sep/2010

**Products Planned:**

MERP, success stories and lessons learned, and conference/meetings reports and presentations.

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**Reporting Period:**

**Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:**

Quarterly reports were prepared as required. The annual report for Lesotho was prepared and submitted as required. The training information on TraiNet was updated.

**Barriers to Progress:**

M&E activities sometimes lag behind due to competing activities of the SPA responsible for this activity.

**Next Steps:**

Engage one more SPA for the office to off-load some of the technical activities from the SPA responsible for M&E activities. This will facilitate timely reporting and updating of results databases (e.g. TraiNet, SMS).

**Indicators:**

None.

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## Liberia

### *Liberia-08*

**Work plan:** Liberia PMI    **Year** 08

**Funding Level:** \$300,000.00

#### **Work plan Background**

The SPS program was awarded \$300,000 in FY08 funds to support pharmaceutical management activities under Liberia's MOP. The program will strive to strengthen the capacity of the NMCP, NDS, and their key partners to assure an uninterrupted rational supply of malaria commodities and build human resource capacity in case and pharmaceutical management for malaria.

<b>Activity Title:</b>	Pharmaceutical management training for facility-level healthcare workers
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**Activity Lead:** Matowe, Lloyd    **Activity #:** 7    **Task:** LFLR08PMI    **Subtask:** 60F9M7

<b>Activity Description:</b>	As a follow-up to the TOT course on pharmaceutical supply management, a PMM roll-out plan will be developed and SPS will support the roll-out of the course to all counties.
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<b>USG Sub-element</b>	Treatment with Artemisinin-Based Combination Therapies
<b>SPS Partners</b>	None.

**Budget:** \$35,000.00

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

<b>Products Planned:</b>	Training report and adapted training materials.
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
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<b>Activity Progress:</b>	On October 12-16, the third pharmaceutical management training for health care workers at service delivery points was held in Gbranga, Bong County.. Sixty three health workers from Bong and Margibi counties participated.
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<b>Barriers to Progress:</b>	None.
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<b>Next Steps:</b>	Plan for the next training.
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<b>Indicators:</b>	None.
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### *Liberia-09*

**Work plan:** Liberia PMI    **Year** 09

**Funding Level:** \$250,000.00

#### **Work plan Background**

SPS proposes to scale-up the pharmaceutical management training for service delivery point (SDP) staff to other counties. To date 160 people have been trained and by the end of September 2010, SPS aims to train a total of 400 SDP staff. In addition to training, SPS proposes to develop two policy papers, one on the distribution of ACTs through the private sector and the second on the eradication of chloroquine and other monotherapies from the market. In FY09, SPS will continue to provide ongoing quantification to the NMCP and other partners.

<b>Activity Title:</b>	Technical Activity Coordination and Monitoring
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**Activity Lead:** Doumbia, Seydou    **Activity #:** 1    **Task:** LFLR09PMI    **Subtask:** 97XXY

<b>Activity Description:</b>	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.
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<b>SPS Partners</b>	None.
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**Budget:** \$25,000.00

**Start Date:** Oct/2009    **End Date:** Sep/2010

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**Products Planned:** Work plan quarterly reports, annual report, and field trip reports.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** Participated in weekly NMCP and PMI partners meetings, weekly Pharmacy Division and pharmacovigilance partners meetings, and monthly Supply Chain Technical Working Group (SCTWG) meetings.

**Barriers to Progress:** None.  
**Next Steps:** Continue to support activities.  
**Indicators:** None.

**Activity Title:** Develop a Policy Paper for the Distribution of ACTs through the Private Sector

**Activity Lead:** Doumbia, Seydou **Activity #:** 3 **Task:** LFLR09PMI **Subtask:** 60C4F3  
**Activity Description:** SPS will work with USAID, the NMCP, NDS, the MoHSW and other stakeholders to develop a concept paper on the distribution of ACTs through the private sector. SPS will use their experience in Tanzania, where subsidized ACTs are being distributed through the accredited drug dispensing outlets.

**USG Sub-element:** Treatment with Artemisinin-Based Combination Therapies  
**SPS Partners:** None.  
**Budget:** \$40,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Concept paper on ACT distribution in the private sector developed.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** Developed a draft concept paper on distributing ACTs through the private sector. The paper is undergoing internal review before it is shared with partners.

**Barriers to Progress:** None.  
**Next Steps:** Finalize the concept paper and share with partners.  
**Indicators:** None.

**Activity Title:** Roll-out Pharmaceutical Management Training with a Strengthened Monitoring and Supervision Component

**Activity Lead:** Doumbia, Seydou **Activity #:** 5 **Task:** LFLR09PMI **Subtask:** 60CXM5  
**Activity Description:** In FY 09, SPS will continue to work with county pharmacists to rollout pharmaceutical management training. The monitoring training and planning (MTP) approach (a novel approach) will be used to implement the training program. MTP is an ongoing performance improvement approach to skills-building that places training, tools and responsibility for implementing the pharmaceutical management practices learned in the hands of local staff. MTP provides ongoing supervision to facilities and allows assessments to evaluate the effectiveness of the training program.

**USG Sub-element:** Program Design and Learning  
**SPS Partners:** None.  
**Budget:** \$55,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Monitoring and supervision plans developed. Training reports.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** SPS collected data in Lofa county to assess the strengths and weaknesses in the pharmaceutical management system at the level of service delivery points (SDP). The data collection

process involved stake holders' meetings and a health facilities assessment. The data will serve as a baseline for the upcoming training in Lofa county.

**Barriers to Progress:**

None.

**Next Steps:**

Analyze the data and plan for the training.

**Indicators:**

None.

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## Malawi

### **Malawi PEPFAR**

**Work plan:** Malawi PEPFAR    **Year** 09

**Funding Level:** \$281,581.00

#### **Work plan Background**

Under the COP 09 work plan, SPS will work closely with the MoH HIV/AIDS units and provide technical assistance to systematically integrate rational use of medicines (specifically for PMTCT medicines) and commodities management [revised activity from COP07 work plan]. SPS will also provide technical support to health technical services support (HTSS-pharmaceuticals department) to strengthen its role in providing leadership, policy and technical guidance to key public health programs and districts. The support to strengthen MoH pharmaceuticals department transition into a directorate is a critical part of long-term system strengthening and institution capacity development, which will have broader impact on the pharmaceutical sector in Malawi. Both in the short- and long- term, this support will serve the interest of the HIV/AIDS unit and other public health programs.

**Activity Title:** Provide technical assistance in strengthening pharmaceutical systems at PMTCT sites [revised COP07]

**Activity Lead:** Rutta, Edmund    **Activity #:** 2    **Task:** LFMW09HIV    **Subtask:** 60CXH5

**Activity Description:** Building on work started under COP 08, SPS plans to expand facility-level support on ART pharmaceutical management to PMTCT sites and work with several USG partners and support all their sites in the areas of rational use of PMTCT medicines, develop SOPs, and support the PMTCT unit in supervision activities. The TA provided would not to be limited to PMTCT/ARV drugs, but rather the focus is to provide technical assistance to create an integrated pharmaceutical supply and rational use/dispensing system. To the extent feasible, some support would be linked to on-going SPS work under malaria medicines supported by PMI.

**SPS Partners** None.

**Budget:** \$101,581.00    **Start Date:** Oct/2009    **End Date:** Sep/2010

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** Through a series of meetings, SPS provided technical assistance to the HIV/AIDS unit in planning the review of the supply chain management for HIV/AIDS commodities (including PMTCT), in collaboration with UNICEF.

**Barriers to Progress:** None.

**Next Steps:** Conduct training of district PMTCT coordinators, laboratory technicians, and pharmacy technicians in pharmaceutical management for PMTCT commodities— including rational use and estimating pharmaceutical requirements for the PMTCT program.

**Indicators:** None.

**Activity Title:** Strengthening rational use of PMTCT commodities [revised COP07]

**Activity Lead:** Rutta, Edmund    **Activity #:** 3    **Task:** LFMW09HIV    **Subtask:** 60EXM6

**Activity Description:** Building on work started under COP 08, SPS plans to expand facility-level support on ART pharmaceutical management to PMTCT sites and work with several USG partners and support their sites in the areas of rational use of PMTCT medicines, develop SOPs, and support the PMTCT unit in supervision activities. The TA provided would not to be limited to PMTCT/ARV drugs only, but rather the focus is to provide technical assistance to create an integrated pharmaceutical supply and rational use/dispensing system. To the extent feasible, some support would be linked to on-going SPS work under malaria medicines supported by PMI.

**SPS Partners** None.

**Budget:** \$80,000.00    **Start Date:** Oct/2009    **End Date:** Sep/2010

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**Reporting Period:** Year: Project Year 3 Quarter: Q1  
**Activity Progress:** SPS conducted a rapid assessment with district pharmacy technicians on the management of PMPTCT medicines in 84 facilities. These included 34 government hospitals, 35 health centers and 15 CHAM facilities. The tool used was developed with input from the PMTCT department. The results of the assessment will form the rationale for the interventions to be implemented in the next quarter to strengthen management of PMTCT commodities.  
**Barriers to Progress:** None.  
**Next Steps:** Conduct training of district PMTCT coordinators, laboratory technicians and pharmacy technicians in pharmaceutical management for PMTCT commodities— including rational use and estimating pharmaceutical requirements for PMTCT program. Develop a poster for PMTCT clients on how to store and use PMTCT medicines at home (in particular Nevirapine syrup and AZT syrup). Develop tools for training of ART supervisors in pharmaceutical management. Develop and print job aides for standardizing the supply procedures for PMTCT pharmaceuticals.  
**Indicators:** None.

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### **Malawi PMI**

**Work plan:** Malawi PMI Year 09

**Funding Level:** \$820,000.00

#### **Work plan Background**

Malawi officially launched new Artemether-Lumefantrine (ACT) treatment policy in November 29, 2007 with US Presidential Malaria Initiative (PMI) support. The Malaria Strategic Plan 2005-2010, Scaling-Up Malaria Control Interventions, and approved by the Malawi MOH guides allocation of resources and outlines three key areas for scale-up: case management for treatment of malaria cases, IPTp and mosquito vector control (ITNs and IRS). Since 2006 SPS and USAID/DELIVER developed a joint work plan to provide support to key technical area of the PMI/Malawi Malaria Operational Plan (MOP07) – pharmaceutical and commodities management. The technical assistance focused on strengthening medicines supply and logistics management systems, training of pharmaceutical personnel, quality assurance, and quantification and monitoring and evaluation of the pharmaceutical management system for anti-malarials. The SPS program is members of the MoH Drug Change Plan Task Force established to oversee implementation of the ACT policy change in Malawi and provide technical support to MoH/NMCP through the pharmaceutical management, logistics, and drug safety sub-committee. Malawi's pharmaceutical management and supply chain system continues to experience several challenges in the areas of quantifications and forecasting, inventory management (ordering, receipt), storage, and the distribution. Currently, Central Medical Stores (CMS) handles the procurement, storage, and distribution of most drugs to all government health facilities. SPS has provided technical assistance to NMCP, CMS and health facilities to improve the data quality and flow of information to improve consumption based data for proper forecasting decisions-making. SPS work at facility level has focused on rational drug use issues, building the capacity of districts, health facilities (both public and CHMA) in appropriate dispensing to patients, stock records and management of drug stocks at the health facility level through regular supportive supervision, training and mentoring of health care workers. The PMI end-use verification/monitoring of availability of key antimalarial commodities at the facility level have been integrated into routine quarterly supervision that SPS supports NMCP. SPS has also provided technical assistance to the Malawi regulatory authority Pharmacy, Medicines and Poisons Board (PMPB) to strengthen capacity for the quality assurance program and improving medicine and patient's safety.

**Activity Title:** Provide technical assistance to NMCP and MoH (HTSS) in strengthening the management of antimalarials and other essential medicines for public health programs at facility level.

**Activity Lead:** Rutta, Edmund **Activity #:** 2 **Task:** LFMW09PMI **Subtask:** 60CXH2

**Activity Description:** The performance improvement plan (PIP) is a MOH lead initiative with SPS support that focuses on strengthening pharmaceutical management at the facility level through

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mentoring and hands on-job training for pharmaceutical technician and other health care worker handling pharmaceutical products and services. Through this support, SPS build the capacity of all health facilities and empowers them to identify problems existing in their facilities, provide skills in developing interventions to address the identified gaps and ongoing self performance monitoring.

**SPS Partners**

None.

**Budget:** \$220,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

SPS conducted follow-up visits on inventory management to 38 governmental and CHAM hospitals throughout the country. During the visits, SPS provided on-the-job training in inventory management to 55 pharmacy technicians. SPS also assessed the performance of the facilities in stores management and sharing of roles and responsibilities among pharmacy staff. An average 57% of the requirements for good stores management are being fulfilled in the facilities. 33 pharmacy technicians from governmental and CHAM hospitals, all 3 RMSs and 2 officials from MoH (HTSS) attended the third pharmacy improvement meeting. The session focused on SCMger as a tool for effective procurement. Standard procedures for procurement of pharmaceuticals from the private sector were discussed and agreed upon. Challenges that are faced by the districts in the process of procurement from the private sector, as well as some of the malpractices being conducted by the districts were thoroughly discussed.

**Barriers to Progress:**

None.

**Next Steps:**

Pharmacy improvement meetings and follow-up visits.

**Indicators:**

None.

**Activity Title:**

Provide technical assistance to NMCP and DHOs in strengthening monitoring and supervision of malaria case management at district level.

**Activity Lead:** Rutta, Edmund **Activity #:** 3 **Task:** LFMW09PMI **Subtask:** 60G4H3

**Activity Description:**

The supervision capacities of the DHOs need to be continuously enhanced through mentoring and regular feedback meeting with facilities. Through SPS support, some DHOs have demonstrated that in a short time they are willing and able to conduct pharmaceutical-management focused supervision on their own and integrate pharmaceutical management indicators into their regular quarterly supervision.

**SPS Partners**

None.

**Budget:** \$180,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

SPS presented the supervision results from the September ACT and malaria activity supervision. Discussions that followed touched on the in-service training of health workers in the management of malaria using LA and reasons districts and health facilities are not submitting copies of the LA dispensing register.

**Barriers to Progress:**

Because of the NMCP was busy revising the PSM plan for submission to the Global Fund, the December quarterly supervision was rescheduled to next quarter.

**Next Steps:**

Conduct ACT supervision using cell phones.

**Indicators:**

None.

**Activity Title:**

Provide support to NMCP secretariat and technical working group

**Activity Lead:** Rutta, Edmund **Activity #:** 4 **Task:** LFMW09PMI **Subtask:** 60F4H4

**Activity Description:**

SPS program will continue to play a pivotal role in the coordination of the NMCP technical working group secretariat on pharmaceutical management, supply chain and medicines quality sub-committee. TA would be provided to NMCP to coordinate partners and also in the piloting of the cell phone for data collection and reporting of end-user and LMIS data.

**SPS Partners**

None.

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*Country Programs*

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**Budget:** \$120,000.00    **Start Date:** Oct/2009    **End Date:** Sep/2010

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:**    SPS provided TA in the review and re-drafting of NMCP's consolidated round 2 and 7 procurement and supply management (PSM) plans, to address questions raised by the Global Fund. The reviewed PSM resulted in release of partial funding for ACT procurement by the Global Fund. SPS provided technical assistance to the BASICS project, in the design and development of ACT reporting forms for the community case management initiative. The design and development of these forms is being led by USAID | Deliver.

**Barriers to Progress:**    None.

**Next Steps:**    None.

**Indicators:**    None.

**Activity Title:**    Provide technical support 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:** LFMW09PMI    **Subtask:** 60DXH5

**Activity Description:**    To strengthen PMPB regulatory oversight, SPS will continue to provide technical assistance in all areas of quality and medicine safety monitoring. The regulatory authority, PMPB, has the overall responsibility in the inspection of all medicines to ensure product quality and safety. This includes ensuring quality of products in the private sector. Activities to PMPB to strengthen the national pharmacovigilance system in collaboration with WHO will continue. A pharmacovigilance system is important especially when new medicines such as ACT are introduced. To improve pharmaceutical products registration process, accountability and tracking of registration status, SPS will support PMPB to install registration data base and use portable devices in inspection process. The data base will enhance PMPB capacity to store/manage registration data for easy validation of product registration status during inspection. Also PMPB will regularly update list of registered products. Availability of portable devices will allow easy, simple access to registration data for inspection at Kamuzu International Airport (KIA) in Lilongwe, management of inspection records (easy reporting format) and easy updating of a list of registered products. This capability will facilitate communication between Malawi Revenue Authority (MRA) and PMPB on all inspection-related issues.

**SPS Partners**    None.

**Budget:** \$160,000.00    **Start Date:** Oct/2009    **End Date:** Sep/2010

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:**    SPS supported the NMCP and PMPB in a TOT on pharmacovigilance. Two training sessions were held, at which a total of 34 trainers were trained. The training covered: adverse drug reactions, the importance and benefits of pharmacovigilance, different methods of drug safety monitoring, health worker's roles and responsibilities in reporting and managing ADRs, and the ADR reporting forms. Job aids for the Malawi Revenue Authority (MRA) and Public Health Officers (PHOs) at 8 ports of entry (Karonga, Mwanza, Mchinji, Kamuzu International Airport, and Chileka) were printed for the MRA officers and PHOs to carry-out their duties consistently. The job aids have been distributed to Kamuzu International Airport, Chileka Airport, and Mwanza Border.

**Barriers to Progress:**    Printing of pharmacovigilance guidelines did not take place because the Malaria Technical working group members requested that they be given a chance to comment on the guidelines.

**Next Steps:**    Print pharmacovigilance guidelines. Install Pharmadex software for registration of medicines at PMPB.

**Indicators:**    None.

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## **Mali**

### **Mali HIV-09**

**Work plan:** Mali HIV    **Year** 09

**Funding Level:** \$100,000.00

#### **Work plan Background**

Availability and accessibility of quality medicines and health commodities remain critical elements to the successful implementation of Mali's Health and Development Program (PRODESS). As such, these elements have been a priority for USAID/Mali of the past few years. In Mali, USAID provides resources for strengthening pharmaceutical systems through various US government funding sources. One of the most visible of these sources is the United States Presidential Malaria Initiative (PMI), from which Mali received \$15 million in its first year. For its second year of PMI implementation, Mali is being awarded \$15.4 million. PMI's funding for Mali supports the National Malaria Program's (PNLP) National Strategic Plan for the period 2007 – 2011, which aims to: reduce malaria mortality by at least 50 % (compared to levels in the year 2000), to reduce malaria case fatality rates by at least 80 % (compared to year 2005 levels), and to reduce malaria morbidity by at least 50 % (as compared to year 2000 levels). Additionally, the low prevalence of contraceptive use in Mali [1] has led USAID/Mali to also focus on the availability of contraceptives and other reproductive health-related commodities. For Year 1 of its activities in Mali, Management Sciences for Health's Strengthening Pharmaceutical Systems program (MSH/SPS) received \$1,600,179 in FY08 funds from various USAID funding sources: \$450,000 was provided by the US Presidential Malaria Initiative, \$299,999 in malaria funds, and \$100,000 in HIV/AIDS funds and \$750,180 in population funds. For Year 2, MSH/SPS is receiving \$645,000 FY09 funds to provide technical assistance to the pharmaceutical sector in Mali. SPS's funding for its second year in Mali is allocated to SPS as follows: \$400,000 PMI funds, \$145,000 in POP funds, and \$100,000 in HIV/AIDS funds. Highlights of the activities that SPS completed in its FY08 work plan included: (1) completing assessments to inform planning for malaria commodity management, including: (a) a rapid assessment of the pharmaceutical system in Mali, using the PMI system strengthening tool. (b) A situational analysis on the distribution of ACTs and rapid diagnostic test kits (completed in collaboration with the Pharmacie Populaire du Mali (PPM)). (2) Providing technical assistance to the Directorate of Pharmacy and Medicines to revise the National Pharmaceutical Policy, which is now awaiting ratification by the Ministry of Health (MoH). (3) Developing job aids for the storage and use of uterotonics. (4) Providing quarterly updates on stock levels for ACTs at the central level in Mali. (5) Conducting data quality audits in an area covering 50% of health districts, to inform planning of interventions to improve the quality and quantity of pharmaceutical management data reported from peripheral to central level. (6) Evaluating storage capacity needs of the PPM, in order to identify the PPM's needs for space and equipment. (7) Collaborating with the Malian Ministry of Health's Directorate of Pharmacy and Medicines (DPM) and the Division of Reproductive Health (DSR) to update the Reproductive Health Commodity Security Tool (RHCSAT) for Mali, in order to collect data necessary for developing a reproductive health commodity security plan. (8) Collaborating with the DPM, the DSR, and another MSH projects (i.e., the Leadership, Management and Sustainability Program, LMS) to facilitate a workshop on leadership and governance for the Ministry of Health's National Contraceptive Security Committee, as part of a larger set of activities to reactivate this committee and to create a Reproductive Health Commodity Security plan. As of September 30, 2006, 63% or \$1,023,499 of the FY08 work plan funds had been spent. This is a result of a delay in starting a number of activities, due to a number of factors, including: time needed to recruit staff, requests to delay the start of activities until official launches were carried out, and modifications made to the work plan midway through the fiscal year. During the second semester, SPS caught up on several of these activities. Activities that were not completed will be implemented in addition to new activities in this FY09 work plan. Strategic Approach -MSH/SPS's funding for its second year in Mali is allocated to MSH/SPS as follows: \$400,000 in PMI funds, \$145,000 in POP funds, and \$100,000 in HIV/AIDS funds. As with the first year of MSH/SPS's implementation in Mali, the USAID Mission's vision in Mali is for MSH/SPS to provide technical assistance to improve the functioning of Mali's public pharmaceutical sector in general, while providing attention to particular groups of health commodities (such as those used in the National Reproductive Health Program, and the National Malaria Program). As such, SPS's key collaborators within Mali's MoH are: the Directorate of Pharmacy and Medicines, the Programme National de Lutte contre le Paludisme (PPM) and the Division de la Santé Reproductive (DSR). Another important collaborator which is not part of the MoH is Mali's autonomous central medical stores known as the Pharmacie Populaire du Mali

(Central Medical Stores). Other major disease programs, such as the National HIV/AIDS program (the Comité Sectorielle de Lutte contre le SIDA), provide an opportunity for future collaboration. MSH/SPS's success in providing technical assistance to the DPM, the PPM and the PNLP in its first year of operation has laid the groundwork for MSH/SPS to succeed in implementing the new activities under FY09 funding. This work plan is linked to and builds upon the work done by SPS in its first year of implementation and identifies the activities carried over from the FY08 work plan, as well as the activities to be carried out with FY09 (new) funds. The remaining funds from FY08 (as of September 30th, 2009) are as follows: \$41,000 in malaria FY08 funds (PMI), \$ 610 in malaria FY07 funds, \$355,817 in POP FY07 funds, \$144,828 in POP FY08 funds, and \$ 34,046 in HIV/AIDS FY08 funds- this totals \$645,645. The total funds available from FY08 and FY09 equal \$1,221,680. [1] The 2006 Mali Demographic and Health Survey showed that 8% of women across age groups were using a family planning method at the time and of these 7% were using a modern method of contraception and 1% were using a traditional method. Source: Enquête Démographique et de Santé IV. Bamako, Mali, 2008, p.100.

<b>Activity Title:</b>	Technical activity coordination		
<b>Activity Lead:</b>	Onyango, Christine	<b>Activity #:</b> 1	<b>Task:</b> LFML09HIV <b>Subtask:</b> 97XXY1
<b>Activity Description:</b>	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.		
<b>SPS Partners</b>	None.		
<b>Budget:</b> \$8,886.00	<b>Start Date:</b> Oct/2009	<b>End Date:</b> Sep/2009	

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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	<p>Technical activity coordination and monitoring was carried out by the Arlington-based Country Program Manager for Mali, in coordination with the Senior Technical Advisor for Mali. The Country Program Manager travelled to Mali during Q1 to manage the transition, following the departure of the SPS's Senior Technical Advisor at the end of October 2010, and to carry-out work planning with the SPS/Mali staff in preparation for submitting a final budget and work plan for approval by USAID/Mali. These documents were submitted – no response was received during quarter 1. The Senior Technical Advisor for SPS/Mali resigned, effective end of October, 2009. Dr. Abdoulaye Bagayoko was named Interim Senior Technical Advisor, during the recruitment process. Dr. Bagayoko was previously the Senior Program Associate for SPS, focusing on capacity-building within the SPS/Mali team. Selection for the new Senior Technical Advisor was made in November 2009, yet approval from USAID had not been received by close of quarter 1. Technical activity coordination activities carried out in quarter 1 by the Interim Senior Technical Advisor included: work planning, coordinating deliverables from the field office to USAID/Mali and the government, and attending meetings with USAID and other USAID-funded partners (during which SPS activity reports were given). December 2-8, 2010, the Interim STA and two of SPS's technical staff participated in a meeting on Mali's revision of the framework and performance management plan for Strategic Objective 6 (SO 6), where major strategic priorities and activities under each of SO6's intermediate results were discussed and consensus reached on five indicators. Also during quarter 1, the 2nd semester report for the FY08 work plan was submitted to the USAID/Mali mission. One quarterly presentation was made by the Interim STA to USAID during the quarterly partners meeting. Technical activity coordination activities carried-out by the Arlington-based Country Program Manager included work plan and budget development, recruitment of the new Senior Technical Advisor, and discussions with USAID/Mission staff during the October 2009 TDY. The Arlington-based Country Program Manager met with members of the USAID-Mali Health Team in Bethesda, MD, given the USAID/Mali was holding its annual PMI meeting at that time. The main topic of discussion was the recruitment of a new Senior Technical Advisor. Also during quarter 1, the Country Program Manager and Senior Technical Advisor coordinated efforts to report on two USAID indicators: couple years' protection and stock-outs of contraceptives. The Country Program Manager continues following-up on the procurement of vehicles for SPS's field operations in Mali.</p>
<b>Barriers to Progress:</b>	A response is required from USAID on the hiring of the replacement for the outgoing

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**Next Steps:** Senior Technical Advisor.  
Receive a formal, written approval from USAID/Mali on the FY/09 work plan, and to obtain a “no-objection” from USAID/Mali on SPS’s final selection for the Senior Technical Advisor position. Follow-up will continue at SPS/HQ on the progress of receiving USAID approvals for the procurement of vehicles for SPS field operations in Mali.

**Indicators:** None.

**Activity Title:** Development of commodity security plans

**Activity Lead:** Onyango, Christine **Activity #:** 2 **Task:** LFML09HIV **Subtask:** 60CXP2

**Activity Description:** Under year 2 of implementation (FY09 work plan), MSH/SPS plans to support the National Committee for Contraceptive Commodity Security in writing the Reproductive Health Commodity Security Plan (Q2/Q3).

**SPS Partners** None.

**Budget:** \$10,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Terms of reference. Reproductive health commodity security plan.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** The situation analysis was carried out from November 1-9, 2009, and the results will be presented in November. The reproductive health commodity security plan itself is expected to be written at the beginning of Q2 (January 2010), using data collected and analyzed using the RHCSAT tool.

**Barriers to Progress:** SPS does not have full control over the implementation pace of the activity, because it is being coordinated and co-financed by UNFPA.

**Next Steps:** Now that the RHCS study has been completed, the preparation of the actual RHCS plan can begin.

**Indicators:** None.

**Activity Title:** Technical assistance in carrying-out quantification

**Activity Lead:** Onyango, Christine **Activity #:** 3 **Task:** LFML09HIV **Subtask:** 60C1H3

**Activity Description:** Assist and advise on quantification approaches or on actually conducting quantification of a variety of health products, as needed.

**SPS Partners** None.

**Budget:** \$10,000.00 **Start Date:** Oct/2009 **End Date:** Oct/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** There were no requests to support quantification of health products during the first quarter of this activity.

**Barriers to Progress:** N/A.

**Next Steps:** It is anticipated that MSH/SPS will be called upon to carry-out quantification activities during the second and third quarter.

**Indicators:** None.

**Activity Title:** Finalize the Schema Directeur

**Activity Lead:** Onyango, Christine **Activity #:** 6 **Task:** LFML09HIV **Subtask:** 60AXH6

**Activity Description:** MSH/SPS plans to resume this activity during Q1 of the FY09 implementation year. During the FY09 implementation year, MSH/SPS will collaborate with the DPM to organize a workshop which, among other topics, will include discussions with public-sector regional pharmacists on the implementation of the SDADME. These discussions will contribute to a workshop in December 2009 to review the SDADME. Subsequent steps in this activity will be to publish the review document during Q2, to draft the revised SDADME (also during Q2) and to validate the revised SDADME during a workshop (projected for the end of Q2 or beginning of Q3).

**SPS Partners** None.

**Budget:** \$15,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Revised Schema Directeur (report). Meeting minutes.

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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	In order to ensure input by regional health staff (particularly regional pharmacists) on the revision of the SDADME, a workshop was held at the request of the DPM on October 10-11. This work shop focused on: Identifying the challenges faced by various regions in implementing the SDADME, reviewing and modifying the current list of pharmaceutical management indicators to be collected through the SDADME mechanism, and proposing an implementation plan for eliminating the obstacles identified. Factors currently facilitating the implementation of the SDADME were: existence of a practical document explaining the functioning of the pharmaceutical system (SDADME) and describing stock management tools at the regional level, existence of a medicines distribution mechanism between the national (PPM) and regional (PPM office), availability of staff to carry-out stock management in most regions, including 2 regional pharmacists per regional health bureau and financial managers at the regional level, contribution of initial medicines stock for DRCs, DVs and hospital pharmacies (for revolving fund by financial and technical partners), availability of medicines management software at the regional level, existence of management committees at the CsCom level, budget support funding for priority activities at the regional level, strong partnerships among the actors working in the pharmaceutical system, and the presence of technical partners in the regions. Factors blocking the implementation of the SDADME were: difficulties in obtaining human, material and financial resources for carrying-out supervision, lack of standardized supervision teams, tools and skills, poor planning for supervision visits (e.g. no terms of reference, supervision tools, supervision calendar and communication between supervisors and supervisees), tendency for actors in the pharmaceutical system to ignore the distribution mechanism outlined in the SDADME, longer than expected lead times for deliveries at all levels of the health system, poor education and training levels of persons responsible for managing medicine stocks at the DV/CsCom level, poor "motivation" of health workers responsible for managing stocks at the regional level, low rates of filing out pharmaceutical management tools of the SDADME, low rates of DVs and DRCs carrying-out pharmaceutical management tasks (such as forecasting and inventory management), poor management and oversight of products distributed free of charge, poor financial management, leading to decapitalized revolving drug funds of DRCs, DVs and hospital pharmacies, lack of client files in DRCs and DVs, and inadequate supervision by decentralized bodies (such as Conseils de Cercle) to ensure that the SDADME is applied. The participants at the work shop agreed on a list of modified indicators to monitor the functioning of the pharmaceutical system on a regular basis. The full list of indicators appears in the work shop report. Also during this work workshop, SPS co-facilitated a strengths, weaknesses, opportunities and threats (SWOT) analysis discussion with the DPM, during which eleven strategic action points for the eventual revision of the SDADME were identified.
<b>Barriers to Progress:</b>	Availability of the DPM for this activity has been a constraint in moving this activity along at a faster pace.
<b>Next Steps:</b>	The terms of reference for participatory review of the SDADME have to be validated, along with the accompanying work plan for the activity.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Finalize the pharmaceutical training modules and application of their use at the regional and district levels
<b>Activity Lead:</b>	Onyango, Christine <b>Activity #:</b> 7 <b>Task:</b> LFML09HIV <b>Subtask:</b> 60W3P7
<b>Activity Description:</b>	Remaining funds for this activity from FY08 will be used to validate these modules during the first quarter of the FY09 funding year. The same workshop will serve to validate the DPM's capacity-building strategy, which MSH/SPS is assisting the DPM in developing. FY09 funds allocated to this activity will be used to carry-out training in pharmaceutical management at the regional and district levels, as needed.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$10,000.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2010

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<b>Products Planned:</b>	Reports on training activities using revised pharmaceutical management modules.
<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	Training modules that had been adapted under the FY08 work plan were further modified for use in training of regional staff in pharmaceutical management by SPS regional coordinators. The workshop to validate training modules could not be scheduled during Q1 because of scheduling conflicts with DPM central level staff. In the meantime, regional and district level training sessions had to proceed. Therefore, draft modules were further adapted through a collaboration between SPS regional coordinators and DPM regional pharmacists, and this version of the training materials was used in training dépôt de vente (DV) managers and depot répartiteur de cercle (DRC) managers during Q1. Validation of the modules was rescheduled for March 2010 during at a workshop where other SPS documents will be validated. DVs are health center-level dispensing points and DRCs are district-level pharmaceutical depots.
<b>Barriers to Progress:</b>	Central-level DPM staff were unavailable for validation workshop for modules.
<b>Next Steps:</b>	It is expected that the next step is for the training modules to be validated during a workshop in March.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Office Management
<b>Activity Lead:</b>	Onyango, Christine
<b>Activity #:</b>	8
<b>Task:</b>	LFML09HIV
<b>Subtask:</b>	97XXYX
<b>Activity Description:</b>	This activity includes the field administration and logistics expenditures, salaries of administrative local staff, rental and transportation costs, office supplies and other related expenses. This also includes rental of office space, purchase of office furniture and equipment, payment of utilities, and hiring of payroll services. At least one trip will be planned by MSH's Senior Financial Services Officer to monitor financial and administrative systems and practices and to conduct a refresher training on compliance with MSH and USAID policy and regulations. Costs of office management are split among the three funding sources (population, PMI and HIV/AIDS) for SPS's Mali activities.
<b>SPS Partners</b>	None.
<b>Budget:</b>	\$7,000.00
<b>Start Date:</b>	Oct/2009
<b>End Date:</b>	Sep/2010
<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	With the departure of MSH's Senior Technical Advisor at the end of October, 2009, It was important to ensure that all administrative aspects of his departure were properly managed. Inventory was carried-out for purchases for the STA using USAID funds, and the items were stored at the MSH/Mali office. For this reason, the Arlington-based Senior Program Associate/Country Program Manager travelled to Mali to manage the transition and explain the transition plan to the USAID/Mali mission. Dr. Abdoulaye Bagayoko was appointed the Interim Country Lead while the recruitment process got underway. SPS was given the green light by the government of Mali to establish its regional presence. SPS's three regional coordinators have each been placed in a Regional Health Office of the MoH from where each will operate. They will be based in Bamako, Gao and Segou. Each will cover three regions. Some repairs were necessary to the offices in Gao and in Segou to render them usable. USAID gave SPS approval for these repairs to be made.
<b>Barriers to Progress:</b>	The funding available for office management is significantly less than the funding that was available for this in the prior year. This is concerning, given that SPS will officially be installing its regional coordinators in Mali's regions.
<b>Next Steps:</b>	Office management activities will continue as usual. A visit by two MSH financial management staff is planned for January 2010. Follow-up will continue on the vehicles that are being purchased for SPS/Mali. This purchase is currently delayed due to the long amount of time it is taking to obtain USAID/Washington approval for purchase of vehicles.

Indicators: None.

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### **Mali HIV-08**

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 (POPHI) 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

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233,386 USD, Malaria (PMI) 450,000 USD, HIV/AIDS 100,000 USD, Total: 1,600,180 USD. These activities are those to be completed 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.

<b>Activity Title:</b>	Facilitate a participatory revision of the Schema Directeur
<b>Activity Lead:</b>	Onyango, Christine
<b>Activity #:</b>	1
<b>Task:</b>	LFML08HIV
<b>Subtask:</b>	60A2H1
<b>Activity Description:</b>	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.
<b>SPS Partners</b>	None.
<b>Budget:</b>	\$19,841.00
<b>Start Date:</b>	Apr/2009
<b>End Date:</b>	Sep/2009
<b>Products Planned:</b>	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.
<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	See the update for the same activity under FY09 funds, as both FY08 and FY09 funds are supporting this activity.
<b>Barriers to Progress:</b>	This activity did not progress as expected during Q1 due to unavailability of the DPM staff for the activity. The workshop that was due to be held in December 2009 is now to be carried out in Q2 or Q3.
<b>Next Steps:</b>	The next step will be to hold the workshop were the current version of the SDADME will actually be revised using the inputs from the October 2009 workshop. At this time, the workshop will be held sometime during Q2 or Q3, depending on the availability of the DPM.
<b>Indicators:</b>	None.

## **Mali PMI-09**

**Work plan:** Mali PMI    **Year** 09

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

### **Work plan Background**

Availability and accessibility of quality medicines and health commodities remain critical elements to the successful implementation of Mali's Health and Development Program (PRODESS). As such, these elements have been a priority for USAID/Mali over the past few years. In Mali, USAID provides resources for strengthening pharmaceutical systems through various US government funding sources. One of the most visible of these sources is the United States Presidential Malaria Initiative (PMI), from which Mali received \$15 million in its first year. For its second year of PMI implementation, Mali is being awarded \$15.4 million. PMI's funding for Mali supports the National Malaria Program's (PNLP) National Strategic Plan for the period 2007 – 2011, which aims to: reduce malaria mortality by at least 50% (compared to levels in the year 2000), to reduce malaria case fatality rates by at least 80% (compared to year 2005 levels), and to reduce malaria morbidity by at least 50% (as compared to year 2000 levels). Additionally, the low prevalence of contraceptive use in Mali [1] has led USAID/Mali to also focus on the availability of contraceptives and other reproductive health-related commodities. Highlights of the activities that SPS completed in its FY08 work plan included: (1) completing assessments to inform planning for malaria commodity management, including: (a) a rapid assessment of the pharmaceutical system in Mali, using the PMI system strengthening tool. (b) A situational analysis on the distribution of ACTs and rapid diagnostic test kits (completed in collaboration with the Pharmacie Populaire du Mali (PPM)). (2) Providing technical assistance to the Directorate of Pharmacy and Medicines to revise the National Pharmaceutical Policy, which is now awaiting ratification by the Ministry of Health (MoH). (3) Developing job aids for the storage and use of uterotonics. (4) Providing quarterly updates on stock levels for ACTs at the central level in Mali. (5) Conducting data quality audits in an area covering 50% of health districts, to inform planning of interventions to improve the quality and quantity of pharmaceutical management data reported from peripheral to central level. (6) Evaluating storage capacity needs of the PPM, in order to identify the PPM's needs for space and equipment. (7) Collaborating with the Malian Ministry of Health's Directorate of Pharmacy and Medicines (DPM) and the Division of Reproductive Health (DSR) to update the Reproductive Health Commodity Security Tool (RHCSAT) for Mali, in order to collect data necessary for developing a reproductive health commodity security plan. (8) Collaborating with the DPM, the DSR, and another MSH projects (i.e., the Leadership, Management and Sustainability Program, LMS) to facilitate a workshop on leadership and governance for the Ministry of Health's National Contraceptive Security Committee, as part of a larger set of activities to reactivate this committee and to create a Reproductive Health Commodity Security plan. Strategic Approach— MSH/SPS's funding for its second year in Mali is allocated to MSH/SPS as follows: \$400,000 in PMI funds, \$145,000 in POP funds, and \$100,000 in HIV/AIDS funds. As with the first year of MSH/SPS's implementation in Mali, the USAID Mission's vision in Mali is for MSH/SPS to provide technical assistance to improve the functioning of Mali's public pharmaceutical sector in general, while providing attention to particular groups of health commodities (such as those used in the National Reproductive Health Program, and the National Malaria Program). As such, SPS's key collaborators within Mali's MoH are: the Directorate of Pharmacy and Medicines, the Programme National de Lutte contre le Paludisme (PPM) and the Division de la Santé Reproductive (DSR). Another important collaborator which is not part of the MoH is Mali's autonomous central medical stores known as the Pharmacie Populaire du Mali (Central Medical Stores). Other major disease programs, such as the National HIV/AIDS program (the Comité Sectorielle de Lutte contre le SIDA), provide an opportunity for future collaboration. MSH/SPS's success in providing technical assistance to the DPM, the PPM and the PNLN in its first year of operation has laid the groundwork for MSH/SPS to succeed in implementing the new activities under FY09 funding. This work plan is linked to and builds upon the work done by SPS in its first year of implementation and identifies the activities carried over from the FY08 work plan, as well as the activities to be carried out with FY09 (new) funds. The MSH/SPS implementation strategy for Mali remains the same as it was from year 1: 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. In Year 2, MSH/SPS plans to work on three of the four levels of Mali's health system: the central, regional, and district levels. In SPS's first year of implementation, all of the technical staff operated out of the capital of Bamako. In Year

2, three MSH/SPS regional coordinators will support the regional pharmacists located within each of Mali's nine Regional Health Directorates (Direction Régionale de Santé). These regional coordinators will implement interventions aimed at improving management of pharmaceutical products and resolving problems related to the availability of products, as they are encountered in the course of supervision visits. MSH/SPS also plans for interventions to reach the district or "cercle" level. Districts have referral health centers known as Centres de Santé de Référence (CSREF), which link community level health facilities with hospitals at the regional level, as well as with health centers at the district level. The district level also has pharmaceutical depots known as "Dépôts repartiteurs de cercle" (DRC), which supply hospitals, health centers and dispensaries. DRCs are considered part of the CSREFs and are supplied by the eight regional depots. The total funding available to MSH/SPS for year 2 limits its ability to reach the community level (the fourth level) of Mali's health system. Still, MSH/SPS will incorporate a limited number of CsComs in its monitoring and supervision of medicines with the Regional Health Teams and District Health Teams, which will pave the way for expanding MSH/SPS work with CsComs in Year 3. MSH/SPS will continue working closely with the Secretary General of the Ministry of Health (SEGAL), and with the institutions involved in the pharmaceutical system. At the national level, this includes the PPM, DNS, DPM, CSLS, PNLP, and Laboratoire Nationale de la Santé (LNS). At the regional level, SPS will collaborate with the PPM regional stores, the Regional Health Directorates (DRS) and the DPM's regional pharmacists. SPS activities in Mali will contribute to the US Foreign Assistance Investing in People program through the health element and specifically the malaria sub element. SPS will also contribute to the USAID/Mali's intermediate results and PMI objectives through technical objectives that correspond to the following SPS key results areas: (1) Improve governance in the pharmaceutical sector: SPS will address governance in pharmaceutical management by improving decision making and strategic planning capabilities (SPS IR 1.2), applying ethical, transparent, accountable and efficient procurement practices (SPS IR 1.3), and improving the stewardship and oversight through the establishment and maintenance of appropriate standards in pharmaceutical management and medicines use (SPS IR 1.4). (2) Strengthen pharmaceutical management systems to support public health services: Most of the activities under this work plan directly address this key result area. SPS will work to increase local capacity to improve pharmaceutical system operations (2.1), improve quality and quantity of human resources capable of performing pharmaceutical management functions and services (2.2), improve pharmaceutical management systems and effective approaches to support PHN service delivery interventions (2.3), improve laboratory commodity management (2.4), and improve availability of essential medicines, diagnostic equipment and other health supplies for USAID supported programs (2.4). (3) Contain the emergence and spread of antimicrobial resistance: By promoting good dispensing practices, the activities related to strengthening the supervision system for malaria products at the health zone level will also contribute to IR 3.2 (AMR interventions designed and implemented to improve medicines use behaviors at the community level). [1] Enquête Démographique et de Santé IV. Bamako, Mali, 2008, p.100.

<b>Activity Title:</b>	Technical Activity Coordination		
<b>Activity Lead:</b>	Onyango, Christine	<b>Activity #:</b> 1	<b>Task:</b> LFML09PMI <b>Subtask:</b> 97XXY1
<b>Activity Description:</b>	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.		
<b>SPS Partners</b>	None.		
<b>Budget:</b>	\$34,400.00	<b>Start Date:</b> Oct/2009	<b>End Date:</b> Sep/2010
<b>Products Planned:</b>	FY09 work plan, quarterly presentations at PMI partner meetings, semester reports, and trip reports.		

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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	Technical activity coordination and monitoring was carried out by the Arlington-based Country Program Manager for Mali, in coordination with the Senior Technical Advisor for Mali. The Country Program Manager travelled to Mali during Q1 to manage the transition, following the departure of the SPS's Senior Technical Advisor at the end of October 2010, and to carry-out work planning with the SPS/Mali staff in preparation for submitting a final budget and work plan for approval by USAID/Mali. These documents were submitted – no response was received during quarter 1. The Senior Technical Advisor for SPS/Mali resigned, effective end of October, 2009. Dr. Abdoulaye Bagayoko was named Interim Senior Technical Advisor, during the recruitment process. Dr. Bagayoko was previously the Senior Program Associate for SPS, focusing on capacity-

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building within the SPS/Mali team. Selection for the new Senior Technical Advisor was made in November 2009, yet approval from USAID had not been received by close of quarter 1. Technical activity coordination activities carried out in quarter 1 by the Interim Senior Technical Advisor included: work planning, coordinating deliverables from the field office to USAID/Mali and the government, and attending meetings with USAID and other USAID-funded partners (during which SPS activity reports were given). December 2-8, 2010, the Interim STA and two of SPS's technical staff participated in a meeting on Mali's revision of the framework and performance management plan for Strategic Objective 6 (SO 6), where major strategic priorities and activities under each of SO6's intermediate results were discussed and consensus reached on five indicators. Also during quarter 1, the 2nd semester report for the FY08 work plan was submitted to the USAID/Mali mission. One quarterly presentation was made by the Interim STA to USAID during the quarterly partners meeting. Technical activity coordination activities carried-out by the Arlington-based Country Program Manager included work plan and budget development, recruitment of the new Senior Technical Advisor, and discussions with USAID/Mission staff during the October 2009 TDY. The Arlington-based Country Program Manager met with members of the USAID-Mali Health Team in Bethesda, MD, given the USAID/Mali was holding its annual PMI meeting at that time. The main topic of discussion was the recruitment of a new Senior Technical Advisor. Also during quarter 1, the Country Program Manager and Senior Technical Advisor coordinated efforts to report on two USAID indicators: couple years' protection and stock-outs of contraceptives. The Country Program Manager continues following-up on the procurement of vehicles for SPS's field operations in Mali.

**Barriers to Progress:** During the October 2009 TDY, there were discussions with the mission concerning the insufficient budget available in the remaining FY08 and new FY09 funds — especially considering the need to hire a supply chain specialist. A request was made for additional funds to fill this position — an answer is pending from the mission.

**Next Steps:** The Arlington-based Country Program manager will follow-up with USAID regarding approval of the STA candidate and on the request for additional funds to hire a supply chain specialist. The Country Program Manager will also follow-up with headquarters on the progress obtaining USAID-approvals for purchasing vehicles for Mali field activities.

**Indicators:** None.

**Activity Title:** Periodic data quality audits

**Activity Lead:** Onyango, Christine **Activity #:** 4 **Task:** LFML09PMI **Subtask:** 60AXH4

**Activity Description:** The quality of data reported by the pharmaceutical management information system is as important as the timeliness with which data is transmitted. Although examining the quality of data is built into the supervision activities that SPS carries out in collaboration with regional pharmacists under the FY09 work plan, SPS has also built in an annual data quality audits to the work plan to provide a measure of effects on the availability and quality of pharmaceutical management data from the ensemble of SPS's interventions in Mali to strengthen the pharmaceutical system.

**SPS Partners:** None.

**Budget:** \$40,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** Year: Project Year 3 Quarter: Q1

**Activity Progress:** This activity is expected to be conducted during Q3 or Q4.

**Barriers to Progress:** N/A.

**Next Steps:** Planning should be conducted to ensure that the activity can be conducted during Q3 or Q4.

**Indicators:** None.

**Activity Title:** Purchase priority equipment for the PPM

**Activity Lead:** Onyango, Christine **Activity #:** 6 **Task:** LFML09PMI **Subtask:** 60C2H6

**Activity Description:** MSH/SPS will work with the PPM to identify and acquire key equipment identified as necessary to improve the use of existing space and the functionality at the PPM's central

and regional warehouses. Items to be purchased will be identified based on the findings of the assessment.

**SPS Partners**

None.

**Budget:** \$65,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

The assessment on storage capacity of the PPM was carried out in October 2009. However, there were difficulties in getting the PPM to commit to participating in a workshop to validate the study. The SPS office continues its efforts to negotiate a workshop date with the PPM. In the meantime, the PPM has asked whether SPS might assist it in making projections of its needs in terms of future storage space based on anticipated increase in volumes of products in the coming years.

**Barriers to Progress:**

Obtaining the PPM's commitment to participate in a validation workshop has been a challenge to completing this activity.

**Next Steps:**

A validation workshop will be conducted in Q2.

**Indicators:**

None.

**Activity Title:**

Office Management

**Activity Lead:** Onyango, Christine **Activity #:** 7 **Task:** LFML09PMI **Subtask:** 97XXYX

**Activity Description:**

This activity includes the field administration and logistics expenditures, salaries of administrative local staff, rental and transportation costs, office supplies and other related expenses. This also includes rental of office space, purchase of office furniture and equipment, payment of utilities, and hiring of payroll services. At least one trip will be planned by MSH's Senior Financial Services Officer to monitor financial and administrative systems and practices and to conduct a refresher training on compliance with MSH and USAID policy and regulations. Costs of office management are split among the three funding sources (population, PMI and HIV/AIDS) for SPS's Mali activities.

**SPS Partners**

None.

**Budget:** \$90,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

Office management activities continued as usual. The departure of Emmanuel Nfor left a need to appointment of new signatory. A new signatory was appointed. Emmanuel Nfor's household items purchased using USAID funds were inventoried and stored at the MSH office. Set-up of field offices began in earnest during Q1.

**Barriers to Progress:**

The funding available for office management is significantly less than the funding that was available for this in the prior year. This is concerning, given that SPS will officially be installing its regional coordinators in Mali's regions.

**Next Steps:**

Office management activities will continue as usual. Follow-up will continue on the vehicles that are being purchased for SPS/Mali. This purchase is currently delayed due to the long amount of time it is taking to obtain USAID/Washington approval for purchase of vehicles.

**Indicators:**

None.

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### ***Mali POP-09***

**Work plan:** Mali Pop **Year** 09

**Funding Level:** \$145,000.00

#### **Work plan Background**

Availability and accessibility of quality medicines and health commodities remain critical elements to the successful implementation of Mali's Health and Development Program (PRODESS). As such, these elements have been a

priority for USAID/Mali of the past few years. In Mali, USAID provides resources for strengthening pharmaceutical systems through various US government funding sources. One of the most visible of these sources is the United States Presidential Malaria Initiative (PMI), from which Mali received \$15 million in its first year. For its second year of PMI implementation, Mali is being awarded \$15.4 million. PMI's funding for Mali supports the National Malaria Program's (PNLP) National Strategic Plan for the period 2007 – 2011, which aims to: reduce malaria mortality by at least 50 % (compared to levels in the year 2000), to reduce malaria case fatality rates by at least 80 % (compared to year 2005 levels), and to reduce malaria morbidity by at least 50 % (as compared to year 2000 levels). Additionally, the low prevalence of contraceptive use in Mali [1] has led USAID/Mali to also focus on the availability of contraceptives and other reproductive health-related commodities. For Year 1 of its activities in Mali, Management Sciences for Health's Strengthening Pharmaceutical Systems program (MSH/SPS) received \$1,600,179 in FY08 funds from various USAID funding sources: \$450,000 was provided by the US Presidential Malaria Initiative, \$299,999 in malaria funds, and \$100,000 in HIV/AIDS funds and \$750,180 in population funds. For Year 2, MSH/SPS is receiving \$645,000 FY09 funds to provide technical assistance to the pharmaceutical sector in Mali. SPS's funding for its second year in Mali is allocated to SPS as follows: \$400,000 PMI funds, \$145,000 in POP funds, and \$100,000 in HIV/AIDS funds. Highlights of the activities that SPS completed in its FY08 work plan included: (1) completing assessments to inform planning for malaria commodity management, including: (a) a rapid assessment of the pharmaceutical system in Mali, using the PMI system strengthening tool. (b) A situational analysis on the distribution of ACTs and rapid diagnostic test kits (completed in collaboration with the Pharmacie Populaire du Mali (PPM)). (2) Providing technical assistance to the Directorate of Pharmacy and Medicines to revise the National Pharmaceutical Policy, which is now awaiting ratification by the Ministry of Health (MoH). (3) Developing job aids for the storage and use of uterotonics. (4) Providing quarterly updates on stock levels for ACTs at the central level in Mali. (5) Conducting data quality audits in an area covering 50% of health districts, to inform planning of interventions to improve the quality and quantity of pharmaceutical management data reported from peripheral to central level. (6) Evaluating storage capacity needs of the PPM, in order to identify the PPM's needs for space and equipment. (7) Collaborating with the Malian Ministry of Health's Directorate of Pharmacy and Medicines (DPM) and the Division of Reproductive Health (DSR) to update the Reproductive Health Commodity Security Tool (RHCSAT) for Mali, in order to collect data necessary for developing a reproductive health commodity security plan. (8) Collaborating with the DPM, the DSR, and another MSH projects (i.e., the Leadership, Management and Sustainability Program, LMS) to facilitate a workshop on leadership and governance for the Ministry of Health's National Contraceptive Security Committee, as part of a larger set of activities to reactivate this committee and to create a Reproductive Health Commodity Security plan. As of September 30, 2006, 63% or \$1,023,499 of the FY08 work plan funds had been spent. This is a result of a delay in starting a number of activities, due to a number of factors, including: time needed to recruit staff, requests to delay the start of activities until official launches were carried out, and modifications made to the work plan midway through the fiscal year. During the second semester, SPS caught up on several of these activities. Activities that were not completed will be implemented in addition to new activities in this FY09 work plan. Strategic Approach -MSH/SPS's funding for its second year in Mali is allocated to MSH/SPS as follows: \$400,000 in PMI funds, \$145,000 in POP funds, and \$100,000 in HIV/AIDS funds. As with the first year of MSH/SPS's implementation in Mali, the USAID Mission's vision in Mali is for MSH/SPS to provide technical assistance to improve the functioning of Mali's public pharmaceutical sector in general, while providing attention to particular groups of health commodities (such as those used in the National Reproductive Health Program, and the National Malaria Program). As such, SPS's key collaborators within Mali's MoH are: the Directorate of Pharmacy and Medicines, the Programme Nationale de Lutte contre le Paludisme (PPM) and the Division de la Santé Reproductive (DSR). Another important collaborator which is not part of the MoH is Mali's autonomous central medical stores known as the Pharmacie Populaire du Mali (Central Medical Stores). Other major disease programs, such as the National HIV/AIDS program (the Comité Sectorielle de Lutte contre le SIDA), provide an opportunity for future collaboration. MSH/SPS's success in providing technical assistance to the DPM, the PPM and the PNLN in its first year of operation has laid the groundwork for MSH/SPS to succeed in implementing the new activities under FY09 funding. This work plan is linked to and builds upon the work done by SPS in its first year of implementation and identifies the activities carried over from the FY08 work plan, as well as the activities to be carried out with FY09 (new) funds. The remaining funds from FY08 (as of September 30th, 2009) are as follows: \$41,000 in malaria FY08 funds (PMI), \$ 610 in malaria FY07 funds, \$355,817 in POP FY07 funds, \$144,828 in POP FY08 funds, and \$ 34,046 in HIV/AIDS FY08 funds- this totals \$645,645. The total funds available from FY08 and FY09 equal \$1,221,680. [1] The 2006 Mali Demographic and Health Survey showed that 8% of women across age groups were using a family planning method at the time and of these 7% were using a modern method of contraception and 1% were using a traditional method. Source: Enquête Démographique et de Santé IV. Bamako, Mali, 2008, p.100.

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*Country Programs*

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<b>Activity Title:</b>	Technical Activity Coordination
<b>Activity Lead:</b> Onyango, Christine	<b>Activity #:</b> 1 <b>Task:</b> LFML09POP <b>Subtask:</b> 97XXY1
<b>Activity Description:</b>	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$12,000.00	<b>Start Date:</b> Oct/2009 <b>End Date:</b> Sep/2009
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<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	Technical activity coordination and monitoring was carried out by the Arlington-based Country Program Manager for Mali, in coordination with the Senior Technical Advisor for Mali. The Country Program Manager travelled to Mali during Q1 to manage the transition, following the departure of the SPS's Senior Technical Advisor at the end of October 2010, and to carry-out work planning with the SPS/Mali staff in preparation for submitting a final budget and work plan for approval by USAID/Mali. These documents were submitted – no response was received during quarter 1. The Senior Technical Advisor for SPS/Mali resigned, effective end of October, 2009. Dr. Abdoulaye Bagayoko was named Interim Senior Technical Advisor, during the recruitment process. Dr. Bagayoko was previously the Senior Program Associate for SPS, focusing on capacity-building within the SPS/Mali team. Selection for the new Senior Technical Advisor was made in November 2009, yet approval from USAID had not been received by close of quarter 1. Technical activity coordination activities carried out in quarter 1 by the Interim Senior Technical Advisor included: work planning, coordinating deliverables from the field office to USAID/Mali and the government, and attending meetings with USAID and other USAID-funded partners (during which SPS activity reports were given). December 2-8, 2010, the Interim STA and two of SPS's technical staff participated in a meeting on Mali's revision of the framework and performance management plan for Strategic Objective 6 (SO 6), where major strategic priorities and activities under each of SO6's intermediate results were discussed and consensus reached on five indicators. Also during quarter 1, the 2nd semester report for the FY08 work plan was submitted to the USAID/Mali mission. One quarterly presentation was made by the Interim STA to USAID during the quarterly partners meeting. Technical activity coordination activities carried-out by the Arlington-based Country Program Manager included work plan and budget development, recruitment of the new Senior Technical Advisor, and discussions with USAID/Mission staff during the October 2009 TDY. The Arlington-based Country Program Manager met with members of the USAID-Mali Health Team in Bethesda, MD, given the USAID/Mali was holding its annual PMI meeting at that time. The main topic of discussion was the recruitment of a new Senior Technical Advisor. Also during quarter 1, the Country Program Manager and Senior Technical Advisor coordinated efforts to report on two USAID indicators: couple years' protection and stock-outs of contraceptives. The Country Program Manager continues following-up on the procurement of vehicles for SPS's field operations in Mali.
<b>Barriers to Progress:</b>	None.
<b>Next Steps:</b>	The Arlington-based Country Program Manager hopes to hear back from the USAID/Mali mission soon, in order to finalize the recruitment of a new Senior Technical Advisor.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Develop commodity security plans
<b>Activity Lead:</b> Onyango, Christine	<b>Activity #:</b> 2 <b>Task:</b> LFML09POP <b>Subtask:</b> 60CXP2
<b>Activity Description:</b>	A reproductive health commodity security plan is a document that defines a long-term vision and a mandate for ensuring availability of reproductive health commodities in a given country, based on situational analysis and identification of problems to accessing reproductive health commodities. The goal of the plan is to get partners working in the health sector to support the same national strategic plan for ensuring availability of reproductive health products and to coordinate closely to mobilize resources to ensure

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achievement of the medium and long-term goals for the plan. It should be noted that the list of products considered to be "reproductive health commodities" is quite broad, and ranges from contraceptives, to products for treating sexually transmitted infections, anti-retroviral medicines, medicines used in obstetric emergencies, medicines and products used for neonatal care, and anti-malaria medicines.

**SPS Partners**

None.

**Budget:** \$10,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

During Q1, SPS collaborated with United Nations Population Fund (UNFPA), the Division of Reproductive Health (or Division de la Sante de la Reproduction (DSR)), the Directorate for Pharmacy and Medicines (DPM), and other partners to modify a standardized tool developed by UNFPA to analyze the reproductive health commodity situation in developing countries. The tool was adapted in October 2009. A situation analysis was carried-out using this tool, from November 1-9, 2009. The objectives of the situational analysis were: (1) Examine the political, regulatory, demographic, and health context of the country, with respect to RH commodity security. (2) Analyze geographic, socio-cultural, and financial access to RH products. (3) Analyze the demand for RH products, including: availability, quality of services, and continuity of services. (4) Analyze the logistical system in terms of supply, supply chain, storage, distribution, and information systems. (5) Identify opportunities for better integration of RH products. (6) Make recommendations for the creation of an integrated strategic plan for reproductive health commodity security. (7) Evaluate the coordination mechanisms and national leadership for RH products. (8) Examine the mechanism for financing RH products by identifying various actors who fund these products in Mali. The results of the situation analysis were presented and discussed during a workshop held on November 12-13. SPS contributed to the preparation of the situational analysis report, which was finalized in December 2009. Preparation of the reproductive health commodity security plan was expected to begin in January 2010, using the results of the situational analysis as input.

**Barriers to Progress:**

None.

**Next Steps:**

Develop the terms of reference for writing the reproductive health commodity security plan and hold a workshop to write the plan.

**Indicators:**

None.

**Activity Title:**

Technical assistance in carrying-out quantification

**Activity Lead:** Onyango, Christine

**Activity #:** 3 **Task:** LFML09POP **Subtask:** 60C1H3

**Activity Description:**

SPS will provide direct technical assistance in quantification exercises, as requested.

**SPS Partners**

None.

**Budget:** \$10,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2009

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

Technical assistance was provided to the PNLN to do quantification for the Global Fund Round 9 grant proposal. SPS also assisted the National Malaria Control Program with responding to questions concerning the procurement and supply management plan for the Phase 2 application of its existing Round 6 grant. Interest was expressed by partners working in the area of reproductive health commodity security to conduct a quantification training focused on quantification of reproductive health products during Q2.

**Barriers to Progress:**

No major constraints are noted.

**Next Steps:**

SPS will continue to respond to specific requests for technical assistance for quantification.

**Indicators:**

None.

**Activity Title:**

Piloting improved pharmaceutical management systems at the regional and district levels

**Activity Lead:** Onyango, Christine

**Activity #:** 4 **Task:** LFML09POP **Subtask:** 60CXH4

**Activity Description:**

Following discussions with the PPM and the DPM on how to approach this activity, MSH/SPS proposes to approach this activity in two phases. Phase I: The first phase will

be to electronically link the PPM's operations in Bamako to its regional warehouses, to make it possible for the PPM at the central level to access real time pharmaceutical management information from the regions. The PPM is also open to exploring the establishment of a mechanism for sharing certain pharmaceutical information with the DPM, which respects the PPM's sovereignty over proprietary commercial (administrative and financial) information. During year 2, MSH/SPS proposes to create an operational plan to network the PPM and to link the PPM with the DPM. The follow up would be for MSH/SPS to assist the PPM with the execution of this operational plan. Phase 2: The second phase of this activity is to use the information and recommendations generated from a number of assessments by MSH/SPS during year 1 to develop a strategic approach and specific steps for improving the flow of pharmaceutical information from Mali's depots répartiteurs de cercles (district level pharmaceutical depots) to the Ministry of Health's RHDs and to the DPM in Bamako. The approach and steps will be developed in collaboration with key stakeholders such as the DPM, the PPM and national disease programs.

**SPS Partners**

None.

**Budget:** \$87,534.00

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

**Products Planned:**

Training presentations. Supervision/trip reports.

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**Reporting Period:**

**Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:**

The evaluation of the national logistics management information system, which was to start during Q1 and which would define the systems improvements that would be piloted, did not occur as planned. In the meantime, SPS collaborated with regional pharmacists to conduct training and supervision activities to improve the performance of public sector pharmaceutical managers within the existing system. In late October 2009, the DPM gave the green light to SPS to install its three regional coordinators in Mali's regions in order to begin activities to strengthen the pharmaceutical system. The DPM officially introduced SPS regional coordinators to Mali's regional health authorities and other regional government representatives. This was done through meetings in each region with the Regional Health Director, the Regional Pharmacist and other staff from the regional health and other public sector offices. Each regional coordinator covers 3 regions as follows: Central Zone: Segou, Mopti, Sikasso. Southern Zone: Koulikouro, Kayes, Bamako. Northern Zone: Tombouctou; Gao (Kidal may be added if the security situation improves in that region). SPS worked with the DPM to revise the existing supervision tools of the SDADME. Starting in November 2009, SPS's regional coordinators carried out a number of training and supervision activities at the regional level. Overall, the trainings were aimed at educating the depot managers on the correct application of principles and procedures of Mali's SDADME. The trainings also taught the principles of good pharmaceutical management practices. Supervision tools to be used in conducting support supervision at regional, district and health center levels were revised in October 2009. Supervision activities consisted of the following key elements: (1) Examination of stock management data (including financial data). (2) Taking inventory of at each DRC, DVC, and at 2 DV/CsCom in each district. (3) Comparison of stock card records with physical inventory. (4) Direct observation of depot or pharmacy managers executing their daily tasks. (5) Review of prescriptions against good prescribing practices. (6) Review of dispensing against good dispensing practices. (7) Comparison of stock card records with physical inventory. (8) Interviews with the depot managers to determine their knowledge on procedures for requesting additional products. (9) Each supervision visit was followed by a debriefing with the "equipe cadre du cercle" so that they follow the recommendations and actions to be taken. Reports on supervisions were produced. The reports summarize strengths and weaknesses observed in pharmaceutical management, data on the availability of the basket of essential medicines and supplies, as well as the financial situation of each DRC. The SPS regional coordinators will use this data to follow up on weaknesses identified, as well as to target interventions such as training, and follow up supervision. Once the new

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piloted approach to strengthen the existing pharmaceutical system is defined (following the evaluation of the pharmaceutical management information system), it will be implemented through collaboration between SPS and MoH regional pharmacists.

**Barriers to Progress:** Transportation means for facilitating regional coordinators' travel to the region are limited, as the cars being purchased by the SPS program which were ordered 6 months ago are still awaiting approval from USAID/Washington.

**Next Steps:** Other similar trainings and supervision visits are planned in other regions in the coming months.

**Indicators:** None.

**Activity Title:** Office Management

**Activity Lead:** Onyango, Christine **Activity #:** 5 **Task:** LFML09POP **Subtask:** 97XXYX

**Activity Description:** This activity includes the field administration and logistics expenditures, salaries of administrative local staff, rental and transportation costs, office supplies and other related expenses. This also includes rental of office space, purchase of office furniture and equipment, payment of utilities, and hiring of payroll services. At least one trip will be planned by MSH's Senior Financial Services Officer to monitor financial and administrative systems and practices and to conduct a refresher training on compliance with MSH and USAID policy and regulations.

**SPS Partners:** None.

**Budget:** \$25,466.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** With the departure of MSH's Senior Technical Advisor at the end of October, 2009, it was important to ensure that all administrative aspects of his departure were properly managed. Inventory was carried-out of all personal effects that had been purchased for the STA using USAID funds, and the items were stored at the MSH/Mali office. For this reason, the Arlington-based Senior Program Associate/Country Program Manager travelled to Mali to manage the transition and explain the transition plan to the USAID/Mali mission. Dr. Abdoulaye Bagayoko was appointed the Interim Country Lead while a recruitment process got underway. SPS was given the green light by the government of Mali to establish its regional presence. SPS's three regional coordinators have each been placed in a Regional Health Office of the MoH, from where each will operate. They will be based in Bamako, Gao and Segou. Each will cover three regions. Some repairs were necessary to the offices in Gao and in Segou to render them usable. USAID gave SPS approval for these repairs to be made.

**Barriers to Progress:** The funding available for office management is significantly less than the funding that was available for this in the prior year. This is concerning, given that SPS will officially be installing its regional coordinators in Mali's regions.

**Next Steps:** Office management activities will continue as usual. Follow-up will continue on the vehicles that are being purchased for SPS/Mali. This purchase is currently delayed due to the long amount of time it is taking to obtain USAID/Washington approval for purchase of vehicles.

**Indicators:** None.

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### ***Mali POP-08***

**Work plan:** Mali Pop Year 08

**Funding Level:** \$516,794.00

#### **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 (MoH) 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 MoH 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 MoH 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 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 MoH: provides strategic direction, creates policy and oversees its implementation, establishes systems for training medical staff, and sets standards and procedures. Also at this level are the three National Hospitals, which provide specialized care. At the regional level are the

Regional Health Directorates (Direction Régionale de Santé) which supervise the district level of the health system and provide technical support. There are also seven regional hospitals. Eight regional depots have the responsibility for ensuring that pharmaceutical products are available for each region. Next is the district level. Also known as “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 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 MoH are defined by ministerial decrees and in procurement guidelines, the mechanisms for communication and information flow among institutions are not established. This has led to ineffective communication which has operational consequences, as the pharmaceutical system operates without sufficient supervision and corrective mechanisms to ensure quality of pharmaceutical services. Hence, the availability of pharmaceuticals at the central level does not necessarily reflect availability at the regional or district, or community levels, and stock outs at these levels are frequent. These systemic weaknesses also increase the risk of over stocks and product expiry, conditions more likely to occur with products that are newer to Mali’s pharmaceutical system such as ACTs and ARVs. Given the above, SPS work closely with the Secretary General of the MoH, 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:** 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 for 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 and operational plan.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** See the update for the same activity under FY09 funds, as both FY08 and FY09 funds are supporting this activity.

**Barriers to Progress:** The new approach to be piloted can only start once the evaluation of the pharmaceutical management information system has been carried-out and recommendations made on the new approach. The evaluation is now scheduled to take place in Q2.

**Next Steps:** Define the terms of reference for the pilot once the PMIS evaluation has taken place.

**Indicators:** None.

**Activity Title:** Pilot improved logistics management information system

**Activity Lead:** Onyango, Christine **Activity #:** 4 **Task:** LFML07POP **Subtask:** 60CXK4

**Activity Description:** 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. The DPM requested elimination of the task to provide capacity building to key institutions (DPM, PPM, National and Regional Directorates of Health) in management and use of data produced by the pharmaceutical management information system.

**SPS Partners** None.

**Budget:** \$270,180.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Products Planned:** Technical reports.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Because of the specialized nature of this activity, SPS planned to bring in a pharmaceutical management information systems expert for this activity from SPS's

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	South Africa office. However, shortly before the activity was to take place as planned in November, 2009, the expert was suddenly unavailable for health reasons. The activity is therefore being rescheduled for Q2 of FY09, when the expert is available.
<b>Barriers to Progress:</b>	The suddenly lack of availability of the person who was to implement this activity due to health reasons made it necessary to reschedule the activity for Q2.
<b>Next Steps:</b>	The activity will now take place in Q2.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Evaluate national logistics management information system
<b>Activity Lead:</b>	Onyango, Christine <b>Activity #:</b> 4 <b>Task:</b> LFML08POP <b>Subtask:</b> 60AXH4
<b>Activity Description:</b>	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 will also serve to identify gaps in existing pharmaceutical management information. The evaluation of the existing system will be completed 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. This activity is linked to the activity focused on piloting an improved pharmaceutical management information system under the FY09 work plan.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$104,762.00	<b>Start Date:</b> Apr/2009 <b>End Date:</b> Sep/2009
<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	Due to the last minute unavailability of the SPS expert identified to lead this evaluation (originally scheduled for November 2009), the evaluation had to be rescheduled to Q2, when the expert would next be available.
<b>Barriers to Progress:</b>	Last minute unavailability of the pharmaceutical management systems expert to lead the evaluation made it necessary to reschedule the evaluation to Q2 of the FY09 activities.
<b>Next Steps:</b>	This evaluation is now to be carried out in Q2 of the FY09 work plan.
<b>Indicators:</b>	None.

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## Namibia

**Work plan:** Namibia PEPFAR    **Year** 2008

**Funding Level:** \$3,924,426.00

### Work plan Background

In COP 08, MSH/SPS will strengthen the partnerships that have been developed with departments in the MoHSS and USG partner agencies to maximize efficiency and leverage efforts in strengthening pharmaceutical management systems for the delivery of ART services. MSH/SPS will partner with the Pharmaceutical Services Division, the Directorate of Special Programs (DSP), the National Health Training Centre (NHTC), CDC/Namibia, Supply Chain Management Systems (SCMS), University Research Company (URC), International Training and Education Centre on HIV (ITECH), IntraHealth, Catholic Health Services, and Catholic AIDS Action to strengthen pharmaceutical systems, improve pharmaceutical management, and improve rational use of medicines at treatment sites. MSH/SPS work falls under four key objectives: (1) to improve access to ART treatment and other essential medicines, (2) to improve RMU and strengthen interventions to contain antimicrobial resistance, (3) to strengthen management systems and human capacity development for pharmaceutical services, and (4) to strengthen medicine regulation and improve governance in the pharmaceutical sector. Implementation of SPS activities under COP 08 will involve a great deal of partnerships, leveraging, linkages, and coordination to ensure efficiency and sustainability of interventions that will guarantee the development of sustainable systems, availability and the rational use of ARVs and other medicines.

<b>Activity Title:</b>	Technical activity coordination
<b>Activity Lead:</b>	Mabirizi, David <b>Activity #:</b> 1 <b>Task:</b> LFNA08HIP <b>Subtask:</b> 97XXY1
<b>Activity Description:</b>	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.
<b>SPS Partners:</b>	None.
<b>Budget:</b> \$235,569.00	<b>Start Date:</b> Oct 2008 <b>End Date:</b> Sep 2009
<b>Products Planned:</b>	None.

<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	SPS Program continued to strengthen its collaboration with key stakeholders, including the Ministry of Health and Social Services (MoHSS), the University of Namibia, the Pharmaceutical Society of Namibia, MEDSCHEME and other USG partners. This was achieved through regular contacts with key counterparts, attendance at Technical Working Groups under the MoHSS and program steering committees. The program was able to carry-out, monitoring and evaluation functions to ensure that outputs are regularly tracked and results demonstrated. Regular activity reviews and data quality checks were also conducted during the period. Program reports were compiled and submitted to the local USAID mission and SPS at the global-level.
<b>Barriers to Progress:</b>	There were delays in the recruitment of some key staff which affected progress on some key activities.
<b>Next Steps:</b>	Strengthen program-wide reviews to ensure improved coordination and effectiveness of the program.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Strengthen the regulatory framework to ensure safety and effectiveness of ARVs, TB and OI medicines
<b>Activity Lead:</b>	Mabirizi, David <b>Activity #:</b> 2 <b>Task:</b> LFNA08HIP <b>Subtask:</b> 60AXH2

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**Activity Description:** Support registration and dossier review. This will include the provision of ongoing support to the registration database (Pharmadex), the renovation and binning of dossier warehousing and conduct of a dossier review retreat. SPS will also support the registration unit to ensure timely review and approval of pediatric formulations to guarantee uninterrupted availability in support of better medicines for children initiatives. Introduction of second-line TB medicines. In collaboration with DSP/TBCAP, SPS will provide support for the registration of new second-line TB medicines, and support regulation and control of already existing ones including the introduction of kanamycin to replace amikacin.

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

**SPS Partners:** None.

**Budget:** \$121,289.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

**Products Planned:** None.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** This activity is aimed at ensuring medicine quality, safety and effectiveness through support to Pharmaceutical Control and Inspection (PC&I), and the Quality Assurance Laboratory (QSL) of the NMRC. Accomplishments under this activity were not registered during the reporting period because discussions on the modalities of implementing the post-marketing surveillance activities were yet to be concluded. A meeting to iron-out the outstanding issues has been scheduled in the second quarter.

**Barriers to Progress:** The discussions with MoHSS on modalities of implementing post marketing surveillance are yet to be concluded.

**Next Steps:** Facilitate post marketing surveillance meetings using minilabs.

**Indicators:** None.

**Activity Title:** Strengthen TIPC capacity and support implementation of activities

**Activity Lead:** Mabirizi, David **Activity #:** 3 **Task:** LFNA08HIP **Subtask:** 60B2H3

**Activity Description:** The Therapeutic Information and Pharmacovigilance Center (TIPC) and adverse events data collection, analysis, and use for regulatory and policy decisions will be strengthened. Ongoing support to the TIPC includes continuing the subscriptions for software, databases, journals, infrastructure, and support for developing IEC materials. Also training on ADR reporting will be provided for 120 health care workers. Finally, support will be provided for highly- skilled short-term consultancies.

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

**SPS Partners:** None.

**Budget:** \$285,317.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

**Products Planned:** A website for NMRC (<http://www.nmrc.com.na>). The medicines watch publication (issues 1, 2 and 3), ADR reporting forms, and the recently launched NEMlist.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** The TIPC continued to collect and analyze information on adverse drug events through routine reports and therapeutic queries. During the reporting period, a total of 85 adverse drug reports (covering October and November only) were received and acknowledged by the TIPC. As of November 2009, 231 cumulative ADRs had been received by the TIPC. Omusati Region sent 79 ADRs, seconded by Erongo Region at 57. Omaheke, Caprivi, Ohangwena, Otjozondjupa, Khomas, Hardap, Kunene and Oshana reported the least number with an average of 3

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ADRs. During the same period 39 therapeutic queries were received. 103 cumulative queries had been received by the TIPC, to date. Khomas region reported the highest number of TCs (79).

**Barriers to Progress:** None.

**Next Steps:** Work on additional analysis and utilization of information generated through TIPC. Focus on the non-reporting regions and support the TIPC to analyze the information and develop information products that can be shared with health workers and technical committees to enhance utilization of medicine safety signal data being collected by the MoHSS through the TIPC.

**Indicators:** None.

**Activity Title:** Improve quality assurance activities of Pharmaceutical Control and Inspection (PC&I) division of Ministry of Health

**Activity Lead:** Mafirizi, David **Activity #:** 4 **Task:** LFNA08HIP **Subtask:** 60DXH4

**Activity Description:** SPS will support the Pharmaceutical Control and Inspection (PCI) unit to develop inspection SOPs and provide training to 30 persons on medicines inspection. SPS will improve in-country monitoring of ARV medicines through the implementation of the Minilab technology at selected ports of entry in Namibia and provide other infrastructural support to improve inspection activities. The PC&I unit has limited capacity to communicate to the large body of pharmacists in the country and applicants for medicines registration. SPS will continue work with PC&I on the development of a website and domain for MCC (now NMRC) and provide reference materials and equipment to enhance the capacity of NMRC towards greater attention to in-country quality assurance and post marketing surveillance activities.

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

**SPS Partners:** None.

**Budget:** \$63,306.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

**Products Planned:** None.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Discussions on the use of Minilabs to strengthen post-marketing surveillance were undertaken. Modalities on the use of health inspectors to collect medicine samples from the market have not been finalized. It is anticipated that once that has been agreed upon, training for health Inspectors will be carried-out. This will expand the capacity of the PC&I unit to undertake post-marketing surveillance.

**Barriers to Progress:** Inadequate numbers of staff in the PC&I unit of the NMRC.

**Next Steps:** Agree on the use of minilabs for post-marketing surveillance.

**Indicators:** None.

**Activity Title:** Provide TA for the implementation of the National Medicines Policy (NMP) and National Pharmaceutical Master Plan (NPMP)

**Activity Lead:** Mafirizi, David **Activity #:** 6 **Task:** LFNA08HIP **Subtask:** 60BXH6

**Activity Description:** In FY2008 SPS will work with MoHSS to conduct a workshop for the update of the National Medicines Policy. To support the development of the national formulary/treatment guidelines initiated in FY2007, SPS will provide support for the finalization and launch of Namibia first national formulary/treatment guidelines. In addition, SPS will support the revision, printing, and distribution of the Namibia Essential Medicines List (NEMList) which was last updated in 2002.

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Procurement based on the revised NEMlist will improve the availability of essential medicines and supplies to facilities and ensure quality service delivery. In accordance with the World Health Assembly resolution, SPS will advocate for and support the establishment of a multidisciplinary team at the national level to address issues of rational use including compliance to treatment guidelines.

**USG Sub-element:** Other/Policy Analysis and System Strengthening  
**SPS Partners:** None.  
**Budget:** \$41,966.00    **Start Date:** Oct 2008    **End Date:** Sep 2009  
**Products Planned:** None.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1  
**Activity Progress:** No accomplishments were registered during the reporting period under this activity. MSH/SPS is still waiting for the approval and adoption of the NMP which was already submitted to the MoHSS for review.

**Barriers to Progress:** Delays in the approval of the NMP by MoHSS. Inadequate staff in the NMPC Unit.

**Next Steps:** Advocate for the review, approval and finalization of the NMP, by the fourth quarter.

**Indicators:** None

**Activity Title:** Support the policy framework to improve selection and access to palliative care medicines

**Activity Lead:** Mbirizi, David    **Activity #:** 5    **Task:** LFNA08HIP    **Subtask:** 60B4H5

**Activity Description:** In FY2008, SPS will work with MoHSS to review the national policy to ensure that specific cadres of nurses trained in palliative care are allowed to prescribe and dispense morphine and other indicated palliative care medicines to PLWHA. Review of the policy will also ensure uninterrupted availability of morphine in health centers thus improving access of morphine and other palliative care medicines to patients. SPS will also work with other partners including home-based care organizations and volunteers to ensure that the increased availability of morphine in the facilities is adequately utilized when indicated by home-based care providers in the communities. This is a new activity that will support the scaling-up of care services. In collaboration with ITECH, SPS will develop modules on rational use of palliative care medicines and train 120 community-based caregivers in palliative care medicines including narcotic medications.

**USG Sub-element:** Other/Policy Analysis and System Strengthening  
**SPS Partners:** None.  
**Budget:** \$49,369.00    **Start Date:** Oct 2008    **End Date:** Sep 2009  
**Products Planned:** None.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1  
**Activity Progress:** MSH/SPS continues to work with the MoHSS to ensure sustainable availability and rational use of palliative care medicines for PLWHA at all levels of the healthcare system. The strategy involves the inclusion of the appropriate medicines (including morphine) in NEMlist and the standard treatment guidelines, integration of the medication in the relevant procurement processes, advocating for appropriate policies that enable dispensing by appropriate levels of staff; assessment of dispensing practices at community level, and the training

of the relevant staff in handling and rationale use of the medicines. The relevant medicines were included in the NEMlist and standard guidelines, however a policy submitted by stakeholders involved in palliative care to the MoHSS has yet to be approved by the Ministry. MSH/SPS was actively engaged with other partners to advocate for the approval of the policy.

**Barriers to Progress:** Delays in the approval of relevant policies relating to palliative care by the MoHSS. Delays in incorporating the recommended palliative care medicines in the procurement process.

**Next Steps:** Attend the palliative care TWG meeting and support the implementation of a plan for the recommendations.

**Indicators:** None.

**Activity Title:** Provide support through Potentia for selected pharmacy positions

**Activity Lead:** Mabirizi, David **Activity #:** 7 **Task:** LFNA08HIP **Subtask:** 60AXH7

**Activity Description:** In FY 2008, SPS will continue to provide funding through Potentia, a Namibian human resource consultancy, for the employment of 15 pharmacists and 10 middle level pharmacy staff—critical positions identified by the MoHSS.

**USG Sub-element:** HIV/AIDS Treatment/ARV Services

**SPS Partners:** None.

**Budget:** \$650,098.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

**Products Planned:** None.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** MSH/SPS continued to support 14 technical staff and service delivery staff seconded to MoHSS to Kunene Regional Health Directorate, National Medicines Policy Coordination (NMPC), Namibia Medicines Registration Council (NMRC), and the Therapeutic Information and Pharmacovigilance Centre (TIPC). This enabled the delivery of critical technical support in the areas of essential medicine selection and policy coordination, training, medicines regulation, and medicines information and safety monitoring respectively. Specific details of accomplishments have also been highlighted below under TIPC and NMRC activities.

**Barriers to Progress:** Delays in the integration of seconded staff in the MoHSS.

**Next Steps:** Continued follow-up with the MoHSS on the planned integration of the staff.

**Indicators:** None.

**Activity Title:** Support increased production of middle level pharmacy staff at the NHTC and continuing professional development activities.

**Activity Lead:** Mabirizi, David **Activity #:** 8 **Task:** LFNA08HIP **Subtask:** 60AXH8

**Activity Description:** SPS will collaborate with the NHTC, Namibia Polytechnic, UNAM, Interim Health Professions Council (IHPC), the Pharmaceutical Society of Namibia, the MoHSS, and other stakeholders to develop a strategy for increased enrollment and training of pharmacist's assistants and other middle-level pharmaceutical officers. SPS support will strengthen Interim Health Council and Pharmaceutical Society's continuing professional development programs to ensure that pharmaceutical officers are adequately trained on provision of pharmaceutical care. SPS will collaborate with UNAM, NHTC, and stakeholders to ensure sustainable leadership and management training programs and promote the incorporation of continuous quality improvement skills, such as the monitoring,

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training, and planning approach, into pre-service training for health providers.

**USG Sub-element:** HIV/AIDS Treatment/ARV Services  
**SPS Partners:** None.  
**Budget:** \$220,229.00    **Start Date:** Oct 2008    **End Date:** Sep 2009  
**Products Planned:** None.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** The National Qualifications Authority approved the pharmacy assistants' course curriculum. The development of the curriculum was supported by MSH/SPS as part of its efforts in improving the quality of the pharmacy assistant training course. In addition to improving the quality of the training, the approval will contribute to other SPS efforts aimed at developing a career path for pharmacy assistants and further contribute to their retention in the public sector. A total of 45 students were going through pharmacist assistant training course during the reporting period, 18 of these are scheduled to graduate next quarter. 18 second year students were placed in the Central Medical Stores, private pharmacies, and the manufacturing sector to get a feel of the retail, distribution and manufacturing functions of the pharmaceutical industry. Individuals in their first year were placed in public hospital pharmacies. During their placement, adequate supervision was being provided by their tutors that have been seconded by MSH/SPS to the NHTC. During the same period, 32 students were enrolled to begin their training. These individuals are scheduled to graduate in 2012.

**Barriers to Progress:** Delays in the issuance of the work permits and new labor are the main issues constraining progress in the HRH area. The long process of MoHSS restructuring has further delayed the process of seconded staff integration.

**Next Steps:** Continued follow-up with the Ministry of Home Affairs on work permits and the integration process.

**Indicators:** None.

**Activity Title:** Strengthen pharmacy training program at the University of Namibia

**Activity Lead:** Mafirizi, David    **Activity #:** 9    **Task:** LFNA08HIP    **Subtask:** 60AXH7

**Activity Description:** SPS will support the UNAM pharmacotherapy program for nurses to incorporate HIV/AIDS pharmaceutical management module.

**USG Sub-element:** HIV/AIDS Treatment/ARV Services

**SPS Partners:** None.

**Budget:** \$209,883.00    **Start Date:** Oct 2008    **End Date:** Sep 2009

**Products Planned:** None.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** MSH/SPS provided technical assistance to develop the institutional capacity of UNAM to establish a pharmacy degree course to ensure long term availability of qualified pharmacist in the country. In line with the situational and capacity assessment exercise that was conducted, MSH/SPS put in place logistics for the development of the competency framework, scheduled for implementation in the month of January.

**Barriers to Progress:** None.

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**Next Steps:** Development of the competency framework.

**Indicators:** None.

**Activity Title:** Strengthen regional pharmacists to conduct routine monitoring and supervision activities

**Activity Lead:** Mbirizi, David **Activity #:** 10 **Task:** LFNA08HIP **Subtask:** 60CXH0

**Activity Description:** SPS will work with the MoHSS to develop policies and to support regional pharmacists to improve supervision to lower level facilities. Regional pharmacists will be supported to ensure availability of treatment data for compilation of information, analysis, and dissemination.

**USG Sub-element:** HIV/AIDS Treatment/ARV Services

**SPS Partners:** None.

**Budget:** \$118,610.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

**Products Planned:** None.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** During the quarter, 7 of the 13 regions were visited, covering 18 hospitals. The visits were logistically and technically supported by MSH/SPS, and coordinated by the MoHSS. The visits were designed to provide technical support required to deliver effective pharmaceutical care at the facility level, with a view of strengthening pharmaceutical systems capacity at the outreach level. During the reported visits support was provided to 18 of the 34 district hospitals and 2 health centers, in the areas of pharmaceutical management information system, therapeutics committees, implementation of ART dispensing standard operating procedures (SOPs), the Electronic Dispensing Tool (EDT) user support and EDT adherence monitoring, and medicines stock management. An analysis of the visit reports is underway to identify more support that is required by the facilities. In addition to the above reported visits, 3 regional pharmacists in Oshikoto, Otjozondupa and Kavango were supported to carry-out their planned routine supportive supervision visits, during which 8 hospitals, 11 health centers and 49 clinics were provided with support in effective delivery of pharmaceutical care. Due to the level of staff deployed in most clinics these visits are imperative for the delivery of quality pharmaceutical care, as the country develops an appropriate cadre of staff that can be deployed in these clinics. MSH/SPS has been supporting the MoHSS to strengthen the role of regional pharmacists by providing appropriate tools and ensuring that their role effectively integrates routine supportive supervision.

**Barriers to Progress:** None.

**Next Steps:** In the next quarter, a secondary analysis of the supportive supervisory reports will be done, recommendations compiled and implemented where possible

**Indicators:** None.

**Activity Title:** Support data quality, program monitoring and PMIS

**Activity Lead:** Mbirizi, David **Activity #:** 11 **Task:** LFNA08HIP **Subtask:** 60B1HA

**Activity Description:** SPS will provide support to improve data quality including; improve timeliness, completeness, accuracy and quality of data collected and reported, conduct data quality audit activities in selected facilities, and provide training on data quality to all regional pharmacists from the 13 regions. Also. 30 pharmacy staff members will be trained on the PMIS. SPS will provide support data synthesis and triangulation of HIV treatment data and link this information with other care

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indicators, e.g., palliative care, IPT, CPT, CB DOTS. In FY2008, SPS will provide technical assistance for the PMIS in the following areas (1)use PMIS data to monitor quality of pharmaceutical care and services including ART services at treatment facilities, (2)identify weaknesses and design interventions to improve quality of treatment and care; (3)Incorporate key PMIS indicators into the national essential indicator framework for the health sector. SPS will also continue to provide technical assistance to the M&E committee by submitting reports on specific pharmaceutical indicators, as requested.

**USG Sub-element:** Other/Policy Analysis and System Strengthening  
**SPS Partners:** None.  
**Budget:** \$64,136.00    **Start Date:** Oct 2008    **End Date:** Sep 2009  
**Products Planned:** None.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** PMIS data sources were verified in all facilities where supportive supervision visits were conducted, focusing on the availability of the completed data forms, accuracy of the details contained in the forms, facility analysis, and utilization of the data. According the supportive supervision visit reports, it was observed that out of the 8 facilities visited, 6 facilities had their PMIS source documents correctly filled in and properly filed, however only 4 of these were able to perform their own analysis and use the information to manage pharmaceutical supplies. Regional pharmacists were able to help perform the analysis and send the reports to the facilities for use in the facility therapeutic committee meetings.

**Barriers to Progress:** None.

**Next Steps:** Secondary analysis of supportive supervision report and preparation of a national report. Support TIPC on data analysis for ADR and TC queries data. Roll-out of EDT mobile and training of users. PMIS indicator review.

**Indicators:** None.

**Activity Title:** Strengthen implementation of the ART commodity tracking system and ADT at treatment facilities

**Activity Lead:** Mbirizi, David    **Activity #:** 12    **Task:** LFNA08HIP    **Subtask:** 60EXHB

**Activity Description:** FY08 funds will be used to (1) continue ADT roll out to about 10 new treatment facilities with the highest volume of patients; (2)train 20 pharmacy and nursing staff members who directly use the ADT in those new facilities, (3) support the use of data generated by the ADT for periodic review of use of ARVs and OI medicines, (4) support development of a national level database at the MoHSS, (5) support a technical position of an information systems administrator to ensure that the ADT and other electronic tools centrally provided to pharmaceutical services division are adequately supported and maintained. This position is part of the HTXS support through Potentia. SPS ACTs data will be provided to SCMS to ensure that monthly and quarterly reports are summarized and disseminated to MoHSS and other stakeholders and are used for making appropriate and timely quantification of medicines to the facilities to prevent under or overstocking. SPS will encourage the use of the ADT tool for periodic review of use of ARVs and OI medicines and to obtain data on number of patients by category receiving treatment at facilities, for promoting rational use, and planning of ART services.

**USG Sub-element:** Other/Policy Analysis and System Strengthening  
**SPS Partners:** None.

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**Budget:** \$80,360.00    **Start Date:** Oct 2008    **End Date:** Sep 2009

**Products Planned:** None.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** MSH/SPS procured and distributed 23 scanners to 9 facilities for use with the EDT mobile. This will help the health facilities to electronically dispense ART medicines using EDT in 32 outreach clinics which do not have the main EDT computer onsite, and therefore enhance the decentralization of pharmaceutical services to the outreach clinic level (see also activity 1). During the reporting period, general EDT technical and user-support was provided to Otjiwarongo District Hospital, Khorixas State Hospital, Outjo Hospital, Omaruru Hospital, Usakos Hospital, Swakopmund Hospital and Walvis Bay Hospital.

**Barriers to Progress:** None.

**Next Steps:** Roll-out of EDT mobile and training of users.

**Indicators:** None.

**Activity Title:** Provide integrated TB/HIV pharmaceutical care and services

**Activity Lead:** Mafirizi, David    **Activity #:** 13    **Task:** LFNA08HIP    **Subtask:** 60AXHC

**Activity Description:** In FY08, SPS will conduct a public health evaluation to identify the extent of the IPT, CTX guidelines noncompliance, and identify factors associated with it. SPS will develop Prescription Quality Indicators to review providers' compliance to ARV, IPT, and CTX guidelines--this evaluation will be implemented in collaboration with TBCAP, Directorate of Special Programs Response M&E, the HIVQUAL project and Therapeutics Committees (TC) from selected facilities to build capacity and sustainability. SPS will work with the MoHSS to develop interventions to ensure that prescriptions are monitored so that patients qualifying for CPT and IPT according to the Namibia guidelines receive these medicines. Monitor side effects of second-line TB medicines. Concerns have been raised about the side effects of second-line TB medicines. In FY08, SPS, in collaboration with the TB CAP, will introduce and support patient-initiated adverse event reporting and train CBOs that support DOTS to monitor and report side effects and adverse drug reactions to TB medicines in Erongo, Caprivi, and Karas regions. Expand content of the HIV/AIDS pharmaceutical management training materials--SPS will expand the content of the training material to include topics on rational use of TB medicines, good prescription practices, prevention with positives, and palliative care medicines. To ensure sustainability through adoption into pre-service training programs, the National Health Training Center will be involved in the content review in close collaboration with I-TECH.

**USG Sub-element:** Palliative Care: TB/HIV

**SPS Partners:** None.

**Budget:** \$200,238.00    **Start Date:** Oct 2008    **End Date:** Sep 2009

**Products Planned:** None.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** MSH/SPS planned to support MoHSS in strengthening compliance to treatment guidelines, support rational use of second line TB and other antibiotics including trainings on medicine safety for health workers and deployment of enhanced M&E systems for TB. Accomplishments relating to these activities did not occur during the reporting period.

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**Barriers to Progress:** Consultations with MoHSS (the TB program) and TBCAP to ensure effective collaboration did not make progress as expected.

**Next Steps:** It is anticipated that consensus on the roles of key stakeholders in this activity will be reached in the next quarter and implementation started in the third quarter. This is particularly true for the M&E support and deployment of the E-TB manager for comprehensive monitoring of TB and HIV integration efforts.

**Indicators:** None

**Activity Title:** Support standard treatment guidelines and ART guidelines committee

**Activity Lead:** Mabirizi, David **Activity #:** 14 **Task:** LFNA08HIP **Subtask:** 60BXHD

**Activity Description:** In FY08, SPS will conduct the following activities:(1) participate in identified Technical Advisory Committee activities; (2) provide TA for the completion of the development of the STG-initiated in COP07 and support training for 75 health care workers; (3) provide technical assistance for the document review for the regional formulary development, dissemination, and monitoring process; (4) support the Essential Medicines Committee secretariat.

**USG Sub-element:** HIV/AIDS Treatment/ARV Services

**SPS Partners:** None.

**Budget:** \$299,419.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

**Products Planned:** None.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** During the quarter under review, MSH/SPS continued to support the development of the STGs and the updating of the NEMlist as follows: (1) reviewed the STGs. This is expected to continue to be done by MSH/SPS supported consultants and seconded staff. It is anticipated that final draft of the guidelines will be ready for presentation to the Ministry by April 2010 for approval and adoption, and there after dissemination conducted in the third quarter. (2) Motivations for NEMLIST were reviewed and recommendations for inclusion in the NEMLIST compiled. An EML meeting to review and endorse the recommendations has tentatively been scheduled to take place in the second quarter, after which final proposals to update the NEMlist will be presented to the MoHSS for approval and there after the NEMlist updated. No significant challenges were noted.

**Barriers to Progress:** None.

**Next Steps:** Hold an EML meeting and submit the final proposal for NEMlist to the MoHSS for approval.

**Indicators:** None.

**Activity Title:** Provide technical assistance for the development and implementation of adherence interventions

**Activity Lead:** Mabirizi, David **Activity #:** 15 **Task:** LFNA08HIP **Subtask:** 60EXH3

**Activity Description:** SPS will conduct PHE and other quality improvement initiatives to evaluate the impact of adherence interventions. The time trend analysis/interrupted time series methodology will be used for this evaluation. The study will involve the evaluation of the effectiveness of an adherence intervention, such as use of standardized adherence counseling tool in improving patient understanding of treatment goals, use of audiovisuals and patient information leaflets, use of reminders, reduction in dispensing waiting time. Repeated baseline

measurements will be made before the implementation of interventions and repeated measurements will also be made after intervention to establish impact. The time trend analysis will be carried out across five selected sites simultaneously. This activity will be carried out in collaboration with DSP. Results will be disseminated through the annual program review meeting and to the regional medical teams to support evidence-based decision making. SPS will collaborate with expert patients, PLWHA, community counselors, CBOs, and DSP in carrying out this activity and in the implementation of interventions to ensure sustainability.

**USG Sub-element:** HIV/AIDS Treatment/ARV Services  
**SPS Partners:** None.  
**Budget:** \$280,019.00    **Start Date:** Oct 2008    **End Date:** Sep 2009  
**Products Planned:** None

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** Monitoring visits for the treatment literacy intervention were conducted from October 21- November 3, 2009. The monitoring visits were implemented in collaboration with Catholic Health Services, MoHSS, and BroadReach, and were aimed at assessing progress in implementation, as well as providing support in orienting more community counselors for effective roll-out. The implementation of ART treatment literacy in Namibia is geared towards empowering patients, their family and treatment supporters, health workers and the community at large with knowledge on ARVs. It is hoped this will eventually result in improved adherence to treatment and minimize the emergence of resistance to ARVs in Namibia. The monitoring visits reported good progress of the implementation in all 6 implementing sites and observed high demand for the materials, largely because of the positive outcomes at ART clinic systems and processes arising from the use of the materials. These outcomes (which were reported by the clinic staff) include standardization of ART education messages and improved staff-patient interaction due to the participatory nature of the materials. More than 79 counselors and other clinic staff were trained in the use of the treatment literacy materials. In addition, comprehensive adherence activities are still awaiting the implementation of the adherence evaluation PHE (see activity 10). In preparation for the evaluation, the roll-out of the upgraded EDT capable of collecting adherence routine monitoring information was completed during the reporting period (see activity 8).

**Barriers to Progress:** None.

**Next Steps:** Treatment literacy data analysis and intervention roll-out.

**Indicators:** None.

**Activity Title:** Improve infection control and safe disposal of pharmaceuticals

**Activity Lead:** Mbirizi, David    **Activity #:** 16    **Task:** LFNA08HIP    **Subtask:** 60AXHF

**Activity Description:** In FY08, SPS will: (1) implement ICAT in three major facilities through Therapeutic Committee activities. SPS will collaborate with the University Research Co. (URC), MoHSS quality assurance unit, and other stakeholders to implement the infection control assessment tool (ICAT) for three major hospitals. Improving IC will contribute to containing AMR and the continuing effectiveness of ARVs. (2) Support therapeutics committees to assess and implement IC interventions. SPS will work with the MoHSS Quality Assurance unit, URC, and Therapeutic Committees to strengthen facility-level IC activities and improve awareness and behavior for good IC practices. SPS trainings will emphasize

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secure availability of IC commodities at facilities. (3) Support development/review of policies, procedures, and tools for IC countrywide. SPS will work with and the MoHSS Quality Assurance unit and URC to develop or review national policies, SOPs, and tools that will support efforts at improving infection control. (4) Support development/review of IEC materials for educating and training health care workers, patients, and nonmedical caregivers on IC. (5) Provide TA for the development and implementation of standard procedures for the safe disposal of pharmaceutical waste. (6) Support the adaptation and implementation of appropriate technologies and practices compliant with set environmental standards.

**USG Sub-element:** HIV/AIDS Treatment/ARV Services  
**SPS Partners:** None.  
**Budget:** \$174,567.00    **Start Date:** Oct 2008    **End Date:** Sep 2009  
**Products Planned:** None.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** Monitoring of the infection control (IC) activities was done through supportive supervision in the 8 health facilities implementing IC activities. The IC activities being piloted provide an opportunity for the implementation of the IC guidelines established by the MoHSS. The approach builds on the Infection Control Assessment Tool (ICAT), a self-assessment and self-learning quality improvement approach guiding operational plans and budgets related to infection control in hospitals. MSH/SPS is working in collaboration with MoHSS Quality Assurance and the Infection Control Technical Working Group to ensure technically sound and sustainable IC practices.

**Barriers to Progress:** During the supportive supervision it was noted that trained contact persons were not fully integrated in the TCs designated to implement the interventions.

**Next Steps:** Advocate effective integration of the trained staff in the TCs to ensure effective implementation of the activities.

**Indicators:** None.

**Activity Title:** Support pharmaceutical committees to improve rational use of medicines and mitigate antimicrobial resistance

**Activity Lead:** Mabirizi, David    **Activity #:** 17    **Task:** LFNA08HIP    **Subtask:** 60EXHG

**Activity Description:** In FY08 SPS will: (1) Support Therapeutic Committees TCs in assessing medicine use at facilities through qualitative and quantitative methods. Five regional committees will be supported to assess medicine use in their facilities and develop reports based on those assessments. (2) Support committees to implement interventions/ projects from the national Therapeutic Committee course. The SPS/Namibia with support from the SPS AMR portfolio hosted a national TC course for 25 Namibian doctors, pharmacists and nurses. The course was tailored to the Namibian experience and included sessions on containing AMR, pharmacovigilance and IC. Participants will be supported with COP08 funds to implement interventions developed during the training. (3) Support TCs to train 120 health care workers on RMU at regional and district levels. The SPS program will provide support to all active TCs in Namibia to train health care workers within their regions on the importance of RMU. It is expected that a total of 120 health care workers will be trained through this initiative. The regional TCs at the end of this support will have available a training curriculum in rational use which they can use later on their own to train new workers posted to their regions. This will ensure sustainability. (4) Provide

TA for the revision of TOR and implementation of TC indicators. The SPS program will work closely with the pharmaceutical services subdivision of national medicine policy coordination to revise the TOCs of the TCs. The revised TOR will be adopted by the MoHSS, signed by the permanent secretary, and circulated to TCs nationwide. The SPS program will provide TA and support to the NMPC to finalize ongoing efforts at the development of the TC indicators initiated in COP07. These indicators will be used for periodic assessment of the performance of TCs.

**USG Sub-element:** HIV/AIDS Treatment/ARV Services  
**SPS Partners:** None.  
**Budget:** \$139,238.00    **Start Date:** Oct 2008    **End Date:** Sep 2009  
**Products Planned:** None.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** During the reporting period, 18 district-level TCs were monitored through national-level supportive supervision visits. A number of key issues coming from the analysis were: (1) the number of prescriptions per dispenser per day in 3 hospitals (Karasburg, Okarara and Okahandja) is higher than the reported national average of 56. Therefore, there is need for additional personnel at these hospitals. In addition, there is need for a pharmacist at Opuwo hospital, to improve TC activities. (2) 8 of the TCs held at least 66% of the necessary meetings during the reporting period. Those that did not hold any meetings include Opuwo and Grootfontein. Although Karasburg and Keetmanshoop held meetings, there was no record of any discussions on rational medicine use. (3) Five TCs out of those that conducted meetings observed irrational use of antibiotics and other medical supplies and planned interventions to address the problem. There is need proved support to these TCs.

**Barriers to Progress:** None.

**Next Steps:** During the next 6 months, MSH/SPS will work on ensuring that all TCs that came up with interventions to address the challenges on irrational medicines use in their facilities have been adequately supported to implement the interventions. This will integrate a clear monitoring mechanism to track outcome of the interventions in line with the FY2010 work plans.

**Indicators:** None.

**Activity Title:** Support scale-up and increased access to ART treatment through decentralization and public-private partnership

**Activity Lead:** Mabirizi, David    **Activity #:** 18    **Task:** LFNA08HIP    **Subtask:** 60AXHI

**Activity Description:** In FY08, SPS will work with the MoHSS on the following items. (1)Provision of basic dispensing equipment to 10 health centers and clinics. SPS will strengthen storage, inventory control and dispensing practices to support the scale up of referral and outreach programs in 5 identified regions. (2)Develop a basic pharmaceutical management curriculum to support Integrated Management of Adolescent and Adult Illnesses (IMAI) program in Namibia. The new curriculum shall be used in training 30 pharmacy staff and nurses who are closely working on pharmaceuticals in the new ART facilities. SPS will also collaborate with other partners to enhance supportive supervisory activities that will improve the quality of ART services at the new facilities. Overall, the objective is to shift basic pharmaceutical duties to nonprofessional pharmaceutical officers in these new facilities where there are no pharmacists and pharmacists assistants. SPS will work closely with regional and district pharmacists on this activity to ensure

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sustainability. In the private sector, in FY08, SPS and partners will continue work with private providers (health insurance schemes, private clinics, and pharmacies) to develop appropriate interventions to reduce costs of ART and improve care for private sector patients. In FY07, SPS was invited by PricewaterhouseCoopers working in collaboration with German Development Cooperation (GDF) and the Ministry of Works, Transport, and Communication to partner in the activity--HIV/AIDS Impact Assessment for the Transport Sector in Namibia. In FY08, SPS will continue work on this partnership and others by supporting the partnership with the review of documents.

**USG Sub-element:** HIV/AIDS Treatment/ARV Services  
**SPS Partners:** None.  
**Budget:** \$142,477.00    **Start Date:** Oct 2008    **End Date:** Sep 2009  
**Products Planned:** None.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** MSH/SPS planned to work with the private sector to enhance their compliance to ART guidelines, implement activities that would ensure cost reduction of ART delivery in the private sector and establish systems in the areas of pharmaceutical waste disposal and M&E. To enable this, a study was conducted, the report of which was to be presented to the board of MEDSCHEME. This could not be done because the appropriate persons were not available. Plans are underway to have the study disseminated, identify potential interventions and begin the process of implementation.

**Barriers to Progress:** None.

**Next Steps:** Presentation to the MoHSS and identification of potential interventions.

**Indicators:** None.

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of the pharmaceutical regulation and legal documents (support given through seconded staff). SPS also supported PTF/MoH to finalize the Pharmacy Law and the PowerPoint presentation that was presented to the Permanent Secretary/MoH for approval. The draft of the law has been submitted to the cabinet and parliament for approval. SPS also supported PTF/MoH to organize the pharmaceutical sector legal document validation workshop that was December 14-19, 2009. The draft of the document is available and comments received are being integrated. Based on the findings of the assessment of antimicrobial resistance (AMR) in Rwanda (that was carried out by 12 national institutions in late September 09), SPS with the support of Terry Green and in support to the PTF/MoH organized a one-day meeting on AMR awareness that took place in Laico Umubano Hotel on October 1, 2009. The next step is to organize the AMR national stakeholder meeting to introduce the AMR initiative in Rwanda. During the period, the SPS team and one representative from PTF/MoH participated in the AMR awareness workshop for the AMR initiative for francophone countries that was held at Mille Colline November 23-27, 2009. This workshop re-groups several countries as DRC, Cameroon, Benin, Tchad, and Rwanda.

**Barriers to Progress:** The implementation of activities was slowed down due to the Pharmacy Task Force uncertainty on its future roles and responsibilities within the new structure of the MoH. The approval of the NMP was delayed due to the need for validation of other legal documents needed for the regulation of the pharmaceutical sector.

**Next Steps:** Integrate comments received during the workshop and produce the workshop report. Follow-up on the approval and support to MoH/PTF to implement its strategic plan. Work with PTF to advocate for the approval of the TOR of the committee by the MoH, and develop and recommend the implementation of interventions to address identified AMR issues in Rwanda. Conduct limited assessment to include key informant interviews, AMR/RMU document review, drug use studies in selected hospitals, and review of national laboratory data on antimicrobial resistance.

**Indicators:** None.

**Activity Title:** In collaboration with the MoH/PTF and the NUR, support the integration of pharmaceutical management, RMU, and AMR and infection prevention components into the academic curriculum of pharmacy students

**Activity Lead:** Morris, Mark **Activity #:** 4 **Task:** LFRW09HIP **Subtask:** 60G2H3

**Activity Description:** During FY09, SPS/Rwanda will implement the following activities related to curriculum reform: Help organize a meeting of key stakeholders to develop a profile of pharmacists in the country and region, conduct a course review and a preliminary analysis for AMR, RMU, pharmaceutical management, and pharmacovigilance training components and develop new modules or adapt existing modules, and organize a training session for university pharmacy department staff on the new modules.

**SPS Partners** None.

**Budget:** \$50,319.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** SPS and consultant Terry Green met with the Pharmacy Department of the National University of Rwanda on the October 2, 2009. At this meeting, parties agreed on the plan to review the pharmacy school's curricula and to integrate pharmacovigilance, rational drug use, antimicrobial resistance, and infection control components. SPS also met with the MoH/PTF in order to define the need for developing a profile for pharmacists. This quarter, SPS defined the antimicrobial (AMR), rational medicines use (RMU) and pharmacovigilance (PV) topics that need to be integrated in the training modules. An initial list of topics (checklist) for RMU, AMR, and PV for the School of Pharmacy-NUR was produced.

**Barriers to Progress:** The implementation of activities was slowed due to the Pharmacy Task Force's uncertainty on futures roles and responsibilities it will play within the new structure of the MoH.

**Next Steps:** Organize a stakeholders' workshop to have a consensus on the pharmacists profile in the country and the EAC region. Produce a tool to conduct an assessment that includes a checklist of topics necessary for addressing AMR, RMU, and PV (SPS will provide the tool). Conduct stakeholder interviews to determine curriculum needs, as they relate to current pharmacy graduates. Conduct key informant interviews to determine and identify practical, "real world" content for AMR, RMU and PV.

**Indicators:** None.

**Activity Title:** Support the MoH/PTF, ARPHA and RAMA to improve RMU, pharmaceutical care, and GDPs in the public and private sectors

**Activity Lead:** Morris, Mark **Activity #:** 5 **Task:** LFRW09HIP **Subtask:** 60E3H4

**Activity Description:** During FY09, SPS will implement the following activities: Help the MoH/PTF promote RMU through public education and participation in national health campaigns, in collaboration with MoH/PTF, support the establishment of DTCs in six additional district hospitals in five districts with training on DTC, RMU, AMR, pharmaceutical care and good dispensing practices (and implement an action plan through effective supervision), help MoH/PTF support all 18 (14 existing and 4 additional to be added) DTCs to complete their work plans by implementing quarterly monitoring-training-planning meetings, assist MoH/PTF and ARPHA to implement RMU and pharmaceutical care interventions in the private sector, and in collaboration with the MoH/PTF and DTCs, conduct a drug use study to identify problems and design interventions to effectively address RMU issues in Rwanda.

**SPS Partners** None.

**Budget:** \$123,313.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** In collaboration with PTF, SPS conducted TOT in good dispensing practices (GDP), and important aspect of improving rational uses of medicine. A total of 13 people from the following referral and district hospitals were trained: CHUK, CHUB, KFH, Ndera, KMH, Muhima, Kibagabaga, Nyamata, Nyanza, Ruhengeri, Gisenyi, Rwinkwavu and Kabutare. The hospitals listed are ones that have been establishing Drug and Therapeutics' Committees (DTCs). From October 28- 30, the trainee from CHUB conducted on-site training for 27 health workers within the hospital. Another group of 28 health workers from CHUB were trained from the November 3-6, 2009. Ruhengeri hospital conducted on-site training from October 28-30, 2009 where 7 health workers were trained. King Faical Hospital trained 42 health workers from November 27-December 2, 2009. Kabutare conducted on-site training from November 9-10, 2009 at which 10 health workers were trained. SPS supervised these trainings. In collaboration with TRACs, SPS revised the list of ARVs drugs available in Rwanda to be distributed in all the health centers in an effort to improve RMU. In addition, a poster on ARV side effects, a poster highlighting the new protocol for patients living HIV/AIDS, and flyer with relevant information related to side effect for patient were developed. They are currently under finalization and will be ready in January 2010. SPS with PTF/MoH continues to assist and follow-up closely on the DTCs in the implementation of their action plans. Together with TRAC Plus, SPS participated in the investigation of ADR for Nevirapine (an ARV) in Mibilizi. After meeting with TRAC, it was found that the reaction was due to a prescription error. No further investigation was needed. It has been agreed to develop a tool or poster that can provide clear guidelines to health care provider to avoid error in prescriptions.

**Barriers to Progress:** None.

**Next Steps:** Follow-up and motivate other hospitals to conduct the training in GDP and elaborate a final report of the training sessions. Collaborate with the RHCC to print the job aids. Contact the 6 new district hospitals identified to initiate DTC. Organize an MTP session with DTCs to review their achievements and work plan implementation. Organize a pharmaceutical care workshop with targeted private and public settings, in order to elaborate a plan for implementation of pharmaceutical care.

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**Indicators:** None.

**Activity Title:** In collaboration with INRUD and TRAC Plus, follow-up on adherence research intervention in selected ART sites according to the approved plan and research protocol

**Activity Lead:** Morris, Mark **Activity #:** 6 **Task:** LFRW09HIP **Subtask:** 60F2H5

**Activity Description:** During FY09, the following specific activities will be implemented: in collaboration with TRAC Plus and INRUD-IAA, organize the 3rd Annual East African INRUD Meeting on adherence to and retention of patients on ARV therapy in Rwanda, with TRAC Plus, continue with the adherence research intervention in select ART sites according to the approved plan and protocol, and conduct the final evaluation, and help TRAC Plus organize a workshop at the end of the study to disseminate findings.

**SPS Partners:** None.

**Budget:** \$45,454.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Together with INRUD IAA and TRAC Plus, SPS participated in the organization of the 3rd Annual Meeting on the Adherence and Retention of Patients to ARV Therapy that took place November 1-6 in Gisenyi— four other regional countries that implemented the study participated. During In collaboration with TRAC Plus, SPS continued to implement interventions related to the adherence to ARV research study. Two monitoring visits to 12 health centers (Rilima, Gahanga, Ruhango, Kivumu, Mugina, Cor Unum, Kiziguro, Gahini, Kinyira and Nemba, Rutongo, and Kibagabaga Hospital) were carried out from October 14-16 and December 17-23, in order to monitor the use of patient tracking registers at the pharmacy level. The baseline data of the adherence study was re-entered to verify quality of data entry and minimize errors. To continue with the implementation of the study research, SPS with TRAC Plus and the School of Public Health conducted quarterly evaluations of 6 PBF sites. The evaluation was conducted from November 19-26.

**Barriers to Progress:** None.

**Next Steps:** Third evaluation of the PBF sites and final evaluation in all sites.

**Indicators:** None.

**Activity Title:** Assist MoH to establish and strengthen the National Pharmacovigilance and Medicine Information Center (NPMIC), and expand the Pharmacovigilance/ADR Notification System to district hospitals

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**Activity Lead:** Morris, Mark **Activity #:** 7 **Task:** LFRW09HIP **Subtask:** 60G2H6

**Activity Description:** SPS will help the PTF develop a strategy and implementation plan on effective use DTCs to decentralize the pharmacovigilance system, particularly to expand the ADR monitoring system in health facilities. The SPS AMR portfolio will provide technical guidance and direction. SPS will continue to provide support in the following areas: in collaboration with WHO, assist MoH/PTF to strengthen the NPMIC by purchasing key equipment and supporting the registration of the NPMIC to Uppsala Monitoring Centre, support MoH/PTF to launch the NPMIC during the pharmacovigilance TOT and to disseminate the Rwanda medicines safety guidelines, help MoH/PTF disseminate ADR notification forms, patient alert cards, and information request forms through existing DTCs, and support and capacitate members of the NPMIC to be able to respond to ADR notification.

**SPS Partners:** None.

**Budget:** \$117,525.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** To continue with the establishment of the National Pharmacovigilance Medicine and Information Center (NPMIC), SPS elaborated a list of key personnel and their TORs, a budget, and an inventory of documentation and equipment needed for initiation of the center. The draft of the TORs and the list of documents and equipment has been developed and shared internally.

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*Country Programs*

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**Barriers to Progress:** The implementation of activities was slowed due to the Pharmacy Task Force's uncertainty on futures roles and responsibilities it will play within the new structure of the MoH

**Next Steps:** Approval of the location for the NPMIC, purchase of the equipment and documentation for the center. Training at district level and launching of the center. Organize printing of the form and dissemination during trainings.

**Indicators:** None.

**Activity Title:** Support and capacitate the Community Health Desk to monitor RMU in the community

**Activity Lead:** Morris, Mark **Activity #:** 8 **Task:** LFRW09HIP **Subtask:** 60EXH7

**Activity Description:** SPS will continue to provide support in the following areas: developing a detailed strategy with the MoH Community Health Desk to address the issue of RMU at community level, assessing the current situation of RMU at community level, developing a comprehensive plan of action to address RMU at community level, participating in support to the MoH/Community Health Desk in supervising RMU trainings for community health workers, and supporting the MoH/Community Health Desk to monitor the use of drugs and compliance with the community case management guidelines.

**SPS Partners:** None.

**Budget:** \$86,840.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** SPS supported the Community Health desk in finalizing the guidelines and session plan for trainers. SPS also developed an excel sheet to gather data on community medicine use at all levels (health centers, district pharmacy, and central level). SPS organized and conducted CCM policy training for all district pharmacists and anyone responsible for CCM activities in all district hospitals. The training took place at Rwamagana from the November 16-18, 2009. 56 people were trained. SPS participated in the quantification meeting of CCM products. During the meeting, we mentioned some challenges encountered in procurement and distribution of CCM products. We analyzed the current situation of stock, which was not an easy exercise, because of not having complete information on products on stock in the district pharmacy. Then we opted with the idea of organizing field visits to collect relevant data for district pharmacies without access to the internet. We have asked other district pharmacists with internet connection to send us the distribution report using the excel sheet that was developed, in collaboration with the community desk. Field visits occurred and data were compiled by the community desk, in collaboration with different partners. The quantification exercise will start during the next quarter.

**Barriers to Progress:** None.

**Next Steps:** Finalize the job aid and print 17,000 copies to be distributed and explained during trainings. Organize refresher trainings as part of the monthly coordination meetings (90) for the six EIP and Ruhango districts where the ASCs have already been trained. Job aids will be presented as well as the supervision plan to be done by the district pharmacists in their catchment areas. Participate in quantification of the community products. Organize quarterly meetings with community desk, district pharmacists and other key stakeholders to discuss on rational drug use data, and trainings and supervisions conducted

**Indicators:** None.

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### **Rwanda PMI**

**Work plan:** Rwanda PMI **Year** 09

**Funding Level:** \$150,000.00

### **Work plan Background**

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As one of the highest malaria-burdened countries in sub-Saharan Africa, Rwanda was selected by the U.S. Government in May 2005 to benefit from the President's Malaria Initiative (PMI). The overall five-year \$1.2 billion initiative supports the rapid scale-up of malaria prevention and treatment interventions with the goal of reducing malaria-related mortality by 50 percent through 85 percent coverage of at-risk groups with four key interventions: (1) artemisinin-based combination therapy (ACT), (2) intermittent preventive treatment for malaria in pregnancy, (3) insecticide-treated mosquito nets, and (4) indoor residual spraying with insecticides. While Rwanda, like most developing countries, benefits from the increased availability and accessibility of new medicines and fixed-dose combination formulations to treat HIV/AIDS and malaria, the lack of experience with these products creates concerns about drug safety, and highlights the need to identify and evaluate adverse drug reactions (ADRs) to better understand possible risks and improve treatment protocols. Therefore, Rwanda needs to implement a pharmacovigilance system. The World Health Organization defines pharmacovigilance as "the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug-related problems." In many countries, the national drug authority is responsible for ensuring the quality, safety, and efficacy of the medicines available in the country, through activities such as medicine registration, quality control testing, and pharmacovigilance. Although Rwanda is in the process of establishing a national drug authority, it is not yet functional. Despite the fact that Rwanda does not have a national drug authority or experience in pharmacovigilance interventions, PMI under MOP07, in collaboration with other donors (PEPFAR and the Global Fund), funded the implementation of a pharmacovigilance system in Rwanda to be hosted by the Pharmacy Task Force (PTF). In close collaboration with the U.S. Centers for Disease Control and Prevention (CDC) and the MoH, SPS helped the PTF, the National Malaria Control Program (PNILP), and other in-country counterparts develop a national plan for pharmacovigilance in FY07. During the MOP08 implementation period, Rwanda identified the establishment of an ADR notification system as one of its highest priorities. Prompt access to effective malaria treatment is a major strategy to reduce the burden of malaria, which implies access to community-based treatment. To implement this strategy, Rwanda initiated a home-based management of malaria (HBM) program in late 2005. In 2006, an external evaluation conducted by USAID's BASICS project and RPM Plus recommended scaling-up the HBM program. The strategy also replaced sulfadoxine pyrimethamine/amodiaquine with the ACT artemether/lumefantrine as the first-line treatment for simple malaria, and incorporated rapid diagnostic tests in some districts. A second assessment in July 2008 conducted with PMI support, evaluated the quality of care provided by community health workers in HBM districts, the supervision system, and the community's perception of the program. SPS and BASICS provided technical support to the assessment. The results of the assessment were analyzed and a report drafted and shared with PNILP and USAID Rwanda for comment and approval. The report was validated and disseminated at a meeting in Kigali on March 11, 2009. Rwanda is also expanding the HBM strategy to include community case management of pneumonia and diarrhea in children under the age of five. The national plan is to roll-out community case management into all 30 districts before the end of 2009. Findings of the HBM assessment are critical because identified weak areas will need to be strengthened to ensure the success of community case management.

**Activity Title:** In collaboration with PTF and PNILP, expand the ADR notification form to all district hospitals by organizing a national TOT session in pharmacovigilance

**Activity Lead:** Morris, Mark **Activity #:** 3 **Task:** LFRW09PMI **Subtask:** 60B2M2

**Activity Description:** Training activities will involve, but are not restricted to: (1) a TOT on advanced pharmacovigilance topics for key staff at the provincial and district levels, preferably the district pharmacists and two doctors at district hospitals including the hospital director. Staff already trained at national level will facilitate this training. At the end of the training, participants will be able to: understand pharmacovigilance in the context of Rwanda, understand and define ADRs, and use ADR cards correctly and understand the reporting system. (2) Trainers at provincial and district levels will then start a cascade training targeting health facilities at all levels, focusing on doctors, prescribers, nurses, and pharmacy staff (whether pharmacists or nurses). The objectives of this training will be for participants to: define and understand ADR monitoring as part of pharmacovigilance, and understand the reporting system for ADRs or for other problems related to medicine use.

**SPS Partners** None.

**Budget:** \$55,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Reporting Period:** Year: Project Year 3 **Quarter:** Q1

**Activity Progress:** With MoH/PTF and PNILP, SPS developed a plan to adapt the PV training modules to

the district level and to elaborate a facilitator guide and session plan. During the reporting period, modifications of the PV training modules for use at the district level were completed and are currently undergoing translation from English to French. SPS elaborated a training plan and shared it with the trainer's core group and the referral and district hospitals for its validation. The training plan is currently being reviewed by MoH/PTF and SPS for comments and for finalization.

**Barriers to Progress:** None.

**Next Steps:** Before rolling-out the TOT on PV at the district level, it was imperative that the MoH clearly approved area for the National Pharmacovigilance and Medicine Information Center (NPMIC) where ADR will be reported. Due to this delay, the TOT has been postponed to the 2nd quarter.

**Indicators:** None.

**Activity Title:** In collaboration with PTF and PNILP, use DTCs to support active ADR surveillance

**Activity Lead:** Morris, Mark **Activity #:** 5 **Task:** LFRW09PMI **Subtask:** 60DXE4

**Activity Description:** One of assessment's key recommendations is to strengthen DTCs' capacity to monitor safety and treatment failure. SPS Rwanda will leverage SPS AMR portfolio funds and technical guidance to help the PTF develop a plan build the capacity of DTCs to conduct active ADR surveillance.

**SPS Partners** None.

**Budget:** \$14,441.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Initial discussions with PNILP on monitoring Coartem safety in the community. Two focal persons within PNILP were assigned to work on the objectives of the active surveillance and draft a protocol.

**Barriers to Progress:** None.

**Next Steps:** Agreement on the objectives of the active surveillance, finalization of study protocol, and conduct the study.

**Indicators:** None.

**Activity Title:** Support the Government of Rwanda's expansion of malaria case management efforts and facilitate assessment of the role of private clinics in malaria case management in urban areas

**Activity Lead:** Morris, Mark **Activity #:** 6 **Task:** LFRW09PMI **Subtask:** 60F4H5

**Activity Description:** During FY09, SPS will continue to leverage SPS MCH core funds, as well as the technical expertise of the MCH portfolio staff to help the MoH Community Health Desk's efforts to expand malaria case management throughout Rwanda. SPS will continue to provide support in the following areas: Availability of key medicines for community case management at all levels of the health system, appropriate management of medicines, collecting consolidated information on medicine consumption at the community level, and ongoing training and supervision of community health workers. In addition, SPS will collaborate with the PNILP and the MoH Community Health Desk to plan and conduct an assessment of the role private clinics can play in expanding treatment for malaria and other childhood illnesses as part of the broader context of the community case management strategy. SPS will provide recommendations for any identified changes.

**SPS Partners** None.

**Budget:** \$50,000.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** SPS contacted both USAID and PNILP to request additional information regarding the request for SPS to conduct an assessment of the role of private clinics in malaria case management in urban areas. Initial information gathered from both USAID and PNILP was used to develop an initial study protocol for the assessment. PNILP has identified two contacts within PNILP that will serve as the focal persons for the collaborative planning process and implementation of the assessment. SPS scheduled a meeting with

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PNILP focal persons to share the draft study protocol and solicit feedback and comments for the finalization of the study protocol. Once the protocol is finalized, SPS and PNILP will elaborate and implementation plan.

**Barriers to Progress:**

None.

**Next Steps:**

Agreement on the objectives of the private sector study and finalization of study protocol.  
Pre-assessment and completion of the study.

**Indicators:**

None.

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## Senegal

### Senegal PMI-08

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 plans for antimalarials and other commodities, and inappropriate use of ACTs based on rapid diagnostic test (RDT) results.

**Activity Title:** Supervision on management of medicines in public health depots and facilities

**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 and data on PMI end user verification indicators.

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**Reporting Period:** Year: Project Year 3 **Quarter:** Q1

**Activity Progress:** MSH/SPS conducted supervision in the Kaolack region from November 10-13, 2009. Overall, 42 health facilities were visited in the four districts.

**Barriers to Progress:** The preparation of the annual inventory of all central and regional medical stores (PNA and PRA) was planned to take place in late December and this important activity did not allow follow-up supervision visits in Thies. They are currently planned to take place during the month of February 2009.

**Next Steps:** Plan and organize, with the new Thies regional medical stores pharmacist, a post-training follow-up/supervision visit in this region for the health center and health post workers who were previously trained on pharmaceutical management.

**Indicators:** None.

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### Senegal PMI-09

Work plan: Senegal PMI Year 09

Funding Level: \$230,374.00

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**Work plan Background**

According to the Senegal National Malaria Control Program (NMCP), in 2008 there were 275,806 cases of malaria, and malaria accounted for 5.62% 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 to Fight AIDS, TB and Malaria (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, MSH/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, the inappropriate quantification methods and the lack of distribution plan for antimalarials and other commodities and inappropriate use of ACTs based on RDT results. Since 2002, MSH has been working in Senegal to strengthen the pharmaceutical management system. Initial work begun under the Rational Pharmaceutical Management Plus (RPM Plus) program focusing on child survival interventions and has continued under the Strengthening Pharmaceutical Systems program (SPS) with PMI funding. SPS support in the past year has focused on finalizing a pharmaceutical management supervision tool to ensure that critical pharmaceutical management issues are addressed through standardized supervisions. SPS has also worked closely with the NMCP and the NTP on activities related to – improving quantification of pharmaceuticals, distribution of TB medicines to regional depots, and improving the quality of consumption data collected and rational use issues. Using FY08 PMI funds SPS activities will continue to strengthen the Senegal pharmaceutical supply system to ensure access to and appropriate use of medicines of assured quality. To achieve this, SPS will continue to work closely with the Senegal MoH counterparts, as well as with relevant stakeholders (both public and private).

**Activity Title:** Training on pharmaceutical management for staff who manage pharmacies in health centers, health centers, and treatment centers.

**Activity Lead:** Webb, Kathy **Activity #:** 2 **Task:** LFSN09PMI **Subtask:** 60AXM2

**Activity Description:** This training will rely upon regional trainers trained in August 2008, will address the management of antimalarial medicines, will be carried out in approximately 15 districts in 3 regions (Matam, Tambacounda and Ziguinchor), will target approximately 271 health center and health post staff responsible for managing medicines in their facilities. In late 2008, MSH received funding as a sub-recipient under the Global Fund R7 malaria grant to provide technical support, including training on pharmaceutical management of antimalarials, in the districts of Touba and Diourbel in the Diourbel region and the districts of Dioffior and Fatick in the Fatick region. This technical assistance was for one year and will be wrapping up by the end of 2009. MSH/SPS will also coordinate with the NMCP to ascertain whether they have funds available to cover the training costs of the remainder of the districts in the country to ensure that those responsible for managing medicines in health centers and health posts are appropriately trained.

**SPS Partners:** None.  
**Budget:** \$68,981.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Training reports and participant lists.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** None.  
**Barriers to Progress:** None.  
**Next Steps:** Plan and organize with the Matam regional medical stores pharmacist a training of health center and health post workers on pharmaceutical management.  
**Indicators:** None.

**Activity Title:** Technical assistance on pharmaceutical management at the central level.

**Activity Lead:** Webb, Kathy **Activity #:** 4 **Task:** LFSN09PMI **Subtask:** 60CXH4

**Activity Description:** This activity will include SPS technical staff participation in a variety of meetings to ensure that pharmaceutical management aspects are appropriately considered and

addressed. As one of the NMCP and USAID implementing partners, SPS is often solicited to participate in meetings either directly or indirectly related to our mandate in Senegal. This activity will cover participation in such meetings. It will also include staff time to explore more feasible options to engage MoH stakeholders and other partners in a forum to coordinate, discuss and identify solutions to pharmaceutical management issues, particularly for antimalarials and anti-TB medicines, in Senegal. MSH/SPS will continue to work with the various MoH vertical programs, as well as the USP/DQI program, in moving forward with establishing a single unique pharmacovigilance (PV) system as opposed to having multiple, separate vertical program PV systems. MSH/SPS will provide technical assistance and share experiences of other countries that have established similar national PV systems.

**SPS Partners**

None.

**Budget:** \$8,280.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

**Products Planned:**

Meeting minutes.

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

MSH/SPS participated in workshop of validation of the national procurement plan held at the Direction de la Pharmacie et des Laboratoires the November 19, 2009. MSH/SPS participated in the NMCP quarterly review for the North axe in Louga from December 22-23, 2009. This review showed data collected during September to November 2009. Compared to previous quarters' data on ACT consumption compared to RDT results (176 for 100 positive RDTs), the recent quarter showed an improvement in the rational use of ACTs. Based on the data presented for the North axe, the ACT utilization rate is 160 treatments for 100 positive RDTs. This rate might be lower than that, but Kebemer district registered a high rate this time (1465 ACT treatment for 100 RDT) due to stock-out of RDTs and lack of use of RDT at community level (health huts) even the availability of RDT from October 2009. MSH/SPS met with the Deputy Director of Environmental, Educational and Health Program of the Peace Corps Senegal to explore ways to involve volunteers in the follow-up of drug management in areas where they work. An in-service session is planned in March 2010 in Thies.

**Barriers to Progress:**

None.

**Next Steps:**

Participate in all activities organized on pharmacovigilance and coordinate with USP/PQM in terms of next steps for establishing the national pharmacovigilance system.

**Indicators:**

None.

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### ***Senegal TB-08***

**Work plan:** Senegal TB **Year** 08

**Funding Level:** \$47,990.00

#### **Work plan Background**

Although it is not considered one of the high-burden TB countries, TB remains a public health threat in Senegal. In 2006, the 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 the WHO's DOTS strategy and implemented the strategy in 68 diagnosis and treatment centers throughout the country. Yet, the TB 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, while also mitigating rates of

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TB/HIV co-infection. The expected impact is the reduction of tuberculosis incidence by achieving a case detection rate of 70 percent and a treatment success rate of 85 percent by 2015.

**Activity Title:** Pharmaceutical management training at the 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.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** None.

**Barriers to Progress:** None.

**Next Steps:** Plan and organize with the Matam regional medical stores pharmacist a training of health center and health post worker on pharmaceutical management.

**Indicators:** None.

**Activity Title:** Supervision on management of medicines in public health depots and facilities

**Activity Lead:** Webb, Kathy **Activity #:** 3 **Task:** LFSN08TBX **Subtask:** 60CXH3

**Activity Description:** Under this activity, SPS will continue to participate in quarterly review meetings in collaboration with USAID and its cooperating agencies, as well as other MoH partners involved in malaria control activities. SPS will also engage a consultant for a week following each quarterly meeting, to assist the NMCP staff responsible for compilation of district data to facilitate analysis, review, and share with interested parties. SPS will support the NTP during their periodic supervisions of TB treatment centers (a sample) to observe and correct, as needed, any identified TB medicines management problems. These supervision visits will focus on pharmaceutical management issues and will target regional medical stores, district stores, and health center and health post dispensing pharmacies. SPS will also participate in the NTP's biannual review meetings.

**SPS Partners:** None.

**Budget:** \$10,001.00 **Start Date:** Jan/2007 **End Date:** Jan/2007

**Products Planned:** Supervision reports and data on PMI end user verification indicators.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** MSH/SPS conducted supervision in the Kaolack region from November 10-13, 2009. Overall, 42 health facilities were visited in the four districts.

**Barriers to Progress:** The preparation of the annual inventory of all central and regional medical stores (PNA and PRA) was planned to take place last December and this important activity did not allow follow-up supervision visits in Thies. They are currently planned to take place during the month of February 2009.

**Next Steps:** Plan and organize, with the new Thies regional medical stores pharmacist, a post-training follow-up/supervision visit in this region for the health center and health post workers who were previously trained on pharmaceutical management.

**Indicators:** None.

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### **Senegal TB-09**

**Work plan:** Senegal TB **Year** 09

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

**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. Since 2002 MSH has been working in Senegal to strengthen the pharmaceutical management system. Initial work begun under the Rational Pharmaceutical Management Plus (RPM Plus) program, focusing on child survival interventions has continued under the Strengthening Pharmaceutical Systems (SPS) program with PMI and TB funding. SPS support in the past year has focused on finalizing a pharmaceutical management supervision tool to ensure that critical pharmaceutical management issues are addressed through standardized supervisions. SPS has also worked closely with the NMCP and the NTP on activities related to – improving quantification of pharmaceuticals, distribution of TB medicines to regional depots, improving the quality of consumption data collected and rational use issues. Using FY08 PMI and TB funds the SPS activities will continue to strengthen the Senegal pharmaceutical supply system to ensure access to and appropriate use of medicines of assured quality. SPS will continue to work closely with the Senegal MoH counterparts as well as relevant stakeholders to achieve this (both private and public).

**Activity Title:** Training in pharmaceutical management for staff who manage pharmacies in health centers, health posts, and TB treatment centers.

**Activity Lead:** Webb, Kathy **Activity #:** 2 **Task:** LFSN09TBX **Subtask:** 60AXM2

**Activity Description:** This activity is a continuation of training activities that started under FY07 funding and continue in an effort to ensure that health center, health post and TB treatment center staff responsible for managing and dispensing medicines (dépositaires) in all districts across Senegal is adequately trained to manage medicines. The foundation of this activity resides in the fact that health workers who manage and dispense medicines in these facilities are somewhat mobile, in addition to the fact that some of them have never received a formal training on pharmaceutical management. To date SPS has trained these staff in the St. Louis, Thies, Kaolack and Louga regions. This training will rely upon regional trainers trained in August 2008, will address the management of anti-TB medicines, will be carried out in approximately 15 districts in 3 regions (Matam, Tambacounda and Ziguinchor), and will target approximately 271 health center and health post staff responsible for managing medicines in their facilities. In late 2008, MSH received funding as a sub-recipient under the Global Fund R7 malaria grant to provide technical support including training on pharmaceutical management of antimalarials in the districts of Touba and Diourbel in the Diourbel region and the districts of Dioffior and Fatick in the Fatick region. This technical assistance was for one year and will be wrapping up by the end of 2009. Therefore, MSH/SPS will coordinate with the NMCP to ascertain whether they have funds available to cover the training costs of the remainder of the districts in the country to ensure that those responsible for managing medicines in health centers and health posts are appropriately trained.

**SPS Partners** None.

**Budget:** \$5,586.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Products Planned:** Training reports and participant lists.

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**Reporting Period:** Year: Project Year 3 Quarter: Q1  
**Activity Progress:** None.  
**Barriers to Progress:** None.  
**Next Steps:** Plan and organize with the Matam regional medical stores pharmacist a training of health center and health post worker on pharmaceutical management.  
**Indicators:** None.

**Activity Title:** Technical assistance on pharmaceutical management at the central level.

**Activity Lead:** Webb, Kathy **Activity #:** 4 **Task:** LFSN09TBX **Subtask:** 60CXH4

**Activity Description:** This activity will include SPS technical staff participation in a variety of meetings to ensure that pharmaceutical management aspects are appropriately considered and addressed. As one of the NMCP and USAID implementing partners, SPS is often solicited to participate in meetings either directly or indirectly related to our mandate in Senegal. This activity will cover participation in such meetings. It will also include staff time to explore more feasible options to engage MoH stakeholders and other partners in a forum to coordinate, discuss, and identify solutions to pharmaceutical management issues, particularly for antimalarials and anti-TB medicines, in Senegal. Additional TA may relate to implementation of an electronic TB case management and information tool. Although SPS does not have the funding necessary to support the implementation of such a tool, we will have some staff LOE set aside to provide technical assistance for training on the electronic tool and follow-up required for implementation of this information management system in the event that the NTP identifies sufficient funds to roll it out in Senegal. MSH/SPS will continue to work with the various MoH vertical programs as well as the USP/DQI program, in moving forward with establishing a single unique pharmacovigilance (PV) system as opposed to having multiple, separate vertical program PV systems. MSH/SPS will provide technical assistance and share experiences of other countries that have established similar national PV systems.

**SPS Partners:** None.  
**Budget:** \$2,700.00 **Start Date:** Oct/2009 **End Date:** Sep/2010  
**Products Planned:** Meeting minutes.

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**Reporting Period:** Year: Project Year 3 Quarter: Q1  
**Activity Progress:** MSH/SPS participated in workshop of validation of the national procurement plan held at the Direction de la Pharmacie et des Laboratoires the November, 19th 2009. MSH/SPS participated in the NMCP quarterly review for the North axe in Louga from December 22-23, 2009. This review showed data collected during September to November 2009. Compared to previous quarters' data on ACT consumption compared to RDT results (176 for 100 positive RDTs), the recent quarter showed an improvement in the rational use of ACTs. Based on the data presented for the North the ACT utilization rate is 160 treatments for 100 positive RDTs. This rate might be lower than that but Kebemer district registered a high rate this time (1465 ACT treatment for 100 RDT) due to stock-out of RDTs and lack of use of RDT at community level (health huts) even the availability of RDT from October 09. MSH/SPS met with the Deputy Director of Environmental, Education and Health Program of the Peace Corps Senegal to explore ways to involve volunteers in the follow-up of drug management in areas where they work. An in-service training session is planned in March 2010 in Thies.

**Barriers to Progress:** None.  
**Next Steps:** Participate in all activities organized on pharmacovigilance and coordinate with USP/PQM in terms of next steps for establishing the national pharmacovigilance system.  
**Indicators:** None.

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## South Africa

**Work plan:** South Africa PEPFAR    **Year** 08

**Funding Level:** \$5,412,600.00

### Work plan Background

South 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. Information from annual surveillance of pregnant women attending sentinel prenatal clinics collected since 1990 shows HIV infection rates among pregnant women in South Africa grew from less than 1 percent (1990) to an estimated 28 percent (2007), with a peak of almost 30.2 percent in 2005. [South Africa Department of Health. 2006. *National HIV and Syphilis Antenatal Seroprevalence 2008*] According to the Joint United Nations Programme on HIV/AIDS report on the Global AIDS Epidemic (2008), national (HIV/AIDS) prevalence among adults (ages 15-49) was at 18.1 percent; adults and children (ages 0-49) living with HIV at the end of 2007 was 5.7 million and the number of individuals receiving ART as of September 30, 2008, reached 549,700. Through the PEPFAR, the USG supports, with more than 300 implementing partners, the implementation of the South Africa's AIDS and STI National Strategic Plan (NSP) (2007-2011) which identifies a wide range of interventions for the containment of the HIV/AIDS pandemic. 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 must also cope with long-term support for the increasing numbers of patients already on ART. [USAID. 2008. *PEPFAR Country Profile: South Africa*] The national program continues to be guided by the NSP. This plan includes the accreditation of pharmacies at service points, the availability of a sufficient number of personnel who have the necessary competencies; procurement and distribution of appropriate medicines; pharmacovigilance; medicine information, and systems for M&E. Over the years, TA to the Government of South Africa in the area of pharmaceutical management has been given through RPM Plus program and, since last year, through the SPS program, the follow-on to RPM Plus. Under this plan, SPS continues to focus on strengthening the national, provincial, and local Government Pharmaceutical Services to ensure 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 and AIDS cannot be met. SPS will continue to coordinate and collaborate with the Directorate of Affordable Medicines of the National Department of Health (NDOH), USAID, and local partners to address key pharmaceutical priority areas, at the national and provincial levels, aimed at strengthening the capacity of pharmacy personnel to improve access to and use of health commodities for the treatment and care of those affected by HIV and AIDS, this also include the support of related key areas such as infection control, pharmacovigilance and adherence monitoring. MOUs will be put in place with local counterparts, including provincial departments of health and local government, delineating key areas of collaboration and TA.

**Activity Title:** Technical Activity Coordination

**Activity Lead:** Nwokike, Jude    **Activity #:** 1    **Task:** LFZA08HIP    **Subtask:** 97XXY1

**Activity Description:** SPS will provide TA to the PEPFAR program partners in the key areas of Prevention (PMTCT), Care (TB/HIV), and HIV and AIDS Treatment/ARV Services. TA includes coordinating and preparing for meetings and communicating with partners and collaborators. Implementation of the work plan activities will require that the SPS South Africa team work closely and coordinate with the USAID/South Africa mission, PEPFAR partners, and the South African NDOH, PDOHs, Metros Medicine Regulatory Authority (MRA), Medicine Control Council (MCC), and national committees through meetings and direct field support.

**SPS Partners**    None.

**Budget:** \$520,000.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 3 Quarter: Q1

**Activity Progress:** A staff meeting was held on November 20, 2009. A regional staff meeting was held on December 10-11, 2009. Two Cluster Managers and a Manager for Monitoring and Evaluation were appointed during this reporting period. Another member of our staff successfully completed the course for assessors and registered as such with the South African Pharmacy Council. The Service Level Agreement (SLA) between NDoH and MSH/SPS pertaining to the appointment of an infection prevention and control specialist was signed by the Acting Deputy Director General of Health of the NDoH. In the North West, MSH/SPS made a presentation to the Health Branch Forum of the province. The MOU has been circulated to all Chief Directors for input and comment before submission to the Legal Services department. The annual meeting with all heads of Pharmaceutical Services of the provinces and metros was held on October 12-13 at the Kopanong Hotel in Benoni, Johannesburg. Presentations were made on the work done on monitoring and evaluation in the provinces, the 18 priority district projects and the 1,000 facility Quality Improvement Initiative. The opportunity was used to share experiences and lessons learned from work in the various provinces and metros. Planning took place in the Northern Cape in October for activities in the province. In the Free State, weekly meetings continued to be held with Pharmaceutical Services to plan and coordinate activities. A presentation was made to the Health Executive Management in the province on support provided by MSH/SPS (October 23). MSH/SPS was subsequently requested by the acting HOD Health of the province to provide TA at the medical depots and in the districts (RxSolution). A progress report was submitted to the Executive Committee in the province on November 9. A joint SPS-IPHC meeting held on October 28, during the visit of the MSH Chief Operating Officer (COO). A meeting on ARV procurement assistance was attended at the USAID office. A meeting was held with a group from the pharmaceutical manufacturing industry who requested advice from SPS on assistance with medicines procurement and distribution, as part of a social initiative they decided to create. Engagement with the group is on-going. Discussions were held with Harvard University and the Arlington office with regard to the proposed MediC SA course (funding of medicines in health insurance, with SPS being a key collaborator) proposed for early 2010. It was agreed that it would not be possible to hold the course at this time, as nothing of substance had emerged regarding how NHI would be implemented. All parties agreed to shelve the course until further notice.

**Barriers to Progress:** Delay in the signing of the MOU in the North West.

**Next Steps:** N/A.

**Indicators:** None.

**Activity Title:** Provide support to the PMTCT program at the provincial and national level

**Activity Lead:** Nwokike, Jude **Activity #:** 2 **Task:** LFZA08HIP **Subtask:** 60F8H2

**Activity Description:** SPS will strengthen the pharmaceutical component of the PMTCT services at the facility level and the role of pharmacy personnel in promoting and supporting PMTCT services. Activities identified include the following: (1) strengthening health personnel capacity to support the PMTCT program by assisting with the review of National PMTCT standard treatment guidelines (STGs). (2) Monitoring of PMTCT commodities. (3) Improving management of patients to support NDOH prevention efforts. The major emphasis area is needs assessment, and minor emphasis areas include human resources, linkages with other sectors, logistics and training. Target populations include women, infants, family planning clients, people living with HIV, policy makers, national program staff, and public sector doctors, nurses, pharmacists, and other healthcare workers.

**SPS Partners** None.

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**Budget:** \$251,135.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** A presentation was made at the Annual North West Pharmacy Conference held on October 7-8. The presentation focused on optimizing the role of pharmaceutical services in the provision of PMTCT care and highlighted the need for a coordinated and integrated effort to improve logistics management of PMTCT and related commodities in order to ensure access to services. The presentation was well received by provincial and district managers and resulted in the development of a framework for the training of pharmaceutical personnel and implementation of systems to monitor PMTCT drugs and commodities at PHC level. It has also been decided that a PMTCT representative will be made a member of the provincial PTC. A PMTCT Training Workshop was conducted in Polokwane, Limpopo on October 1, 2009. It was attended by 34 district and facility pharmacists.

**Barriers to Progress:** None.

**Next Steps:** N/A.

**Indicators:** None.

**Activity Title:** Strengthen the capacity of pharmacy personnel in the area of TB medicine supply management including quantification

**Activity Lead:** Nwokike, Jude    **Activity #:** 3    **Task:** LFZA08HIP    **Subtask:** 60F3E4

**Activity Description:** SPS will assist the NDOH TB sub-directorate to strengthen TB medicine supply management and management of TB patients on ARVs by training health workers supporting the TB program on clinical pharmacology related to TB/HIV co-infection, and improving infection control, adherence monitoring, adverse drug reaction (ADR) reporting, medication errors, and referral systems at selected government institutions (hospitals, community health centers, and PHC clinics). SPS will also train pharmacists on estimating requirements for TB medicines. The major area of emphasis includes training and task shifting, as pharmacists and pharmacists assistants will take on greater roles in TB/HIV care.

**SPS Partners:** None.

**Budget:** \$146,508.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** Two DSM for TB training workshops were conducted for the City of Cape Town Metro in the Western Cape on October 19-21 and 21-23, 2009 (53 people trained). To improve TB DSM in the province, a strategic planning meeting with the Free State TB directorate was held on October 23, 2009. It was agreed that there was a need for provincial and depot TB quantification training and TB DSM training at the facility level, as well as a review of the procurement process for TB medicines. A site visit and brief assessment of the Free State Depot TB procurement and supply practices was undertaken. Provincial quantification training was held on December 8, 2009 (5 persons trained, including the Director of the TB Program). The province submitted TB data and the depot provided usage figures for an assessment. In KwaZulu-Natal a meeting was held with district pharmacists on October 30, to review training conducted and to discuss an implementation plan for future training. The training material had to be adapted to suit KZN practices. It was agreed that district pharmacists would assist with future training and selection of participants. This was followed by quantification training for the group (10 persons trained).

**Barriers to Progress:** In the Free State, challenges getting information from the depot for completion of the assessment.

**Next Steps:** In the Free State, a report back session to district management is planned – no specific date has been set. Follow-up on proposals in the Northern Cape.

**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:** Nwokike, Jude **Activity #:** 5 **Task:** LFZA08HIP **Subtask:** 60C3J7

**Activity Description:** The RxSolution<sup>®</sup> system is currently used in five provinces ( Eastern Cape, Mpumalanga, Gauteng, North West, and Free State) at government and local government sites. RxSolution<sup>®</sup> is currently used in over 90 sites throughout South Africa with MSH/SPS support. In the Eastern Cape alone, the existing sites have contributed to the treatment of 15,000 patients. RxSolution is used at hospitals to support the down-referral of patients to a primary healthcare institution, typically patients on chronic medication or stabilized ARV patients. The main objectives are to reduce the burden on the hospital and decrease the cost for the patient. Some of the ARV sites using RxSolution<sup>®</sup> have shown great improvement in the management of their supplies for ART and non-ART medicines. As a result, more ART-accredited sites (hospitals, wellness centers) have requested to use this system. With FY 2008 PEPFAR funds, MSH/SPS will continue and expand activities already underway in South Africa to support the effective management of ARV medicines. SPS will continue to influence drug provision positively by improving estimation of needs for ARVs, OI, and STI medicines; implementing systems to support medicine supply management activities and to monitor medicine availability at the institution and district levels; and develop a highly skilled pool of pharmacy personnel to manage them. The objective is also to strengthen the use of Medicine Supply Management Information for government facilities at all levels. The emphasis areas are human capacity development, and wraparound programs. Target populations include National AIDS Control Programme staff, other national and PDOH staff, nurses, pharmacists and pharmacist's assistants. Overall the system can provide a mix of logistic (availability, consumption, expenditures) and clinical (treatment, treatment outcomes, use, and disease and prescribing patterns) data.

**SPS Partners** None.

**Budget:** \$786,596.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** MSH/SPS attended the MDR/XDR TB infection control seminar held on November 24-25. Presentations focused on the national guidelines for diagnosis and treatment of drug resistant TB, roll-out and quality assurance of new laboratory assays, and examples of best practice in MDR TB infection control. MSH/SPS also attended the Southern African Development Corporation (SADC) TB partnership forum on December 4, 2009. The purpose of the forum is to promote effective TB control in the SADC region, to provide a platform for all regional and international stakeholders to participate in TB control, and to promote the attainment of minimum targets for case detection and treatment success rates in all member states. The objectives of the forum were to: Share progress on the state of TB in the SADC region, discuss information on priorities for 2010, introduce new technologies and research, strengthen networking and partnerships in TB, and launch the partnership forum. MSH/SPS did a presentation to country representatives on the technical assistance and resources that can be provided to the SADC region in the area of TB. An overview of current projects in TB was also done. The information was well received and there was a keen interest on what MSH/SPS had to offer. SPS is providing technical assistance and support to counterparts in the TB program at national and provincial levels in implementing surveillance activities and systems for ADRs at MDR-R-TB sites in the various provinces. A meeting was held on November 2 in Kimberley, Northern Cape between representatives of MSH/SPS

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and the Northern Cape DoH (the Director of the TB program, the Deputy Director for Clinical Support, the medical doctors in charge of TB for the Frances Baard, John Taole and Pixley Ka Seme districts, and one pharmacist). The meeting was about the MSH/SPS sentinel site surveillance project for monitoring adverse drug events in MDR-TB patients co-infected with HIV. It was agreed to: Start the project at the West End Hospital in Kimberley, conduct training for personnel involved, start in February 2010, and hold a refresher course on MDR-TB by the medical doctor and MSH/SPS. A request was made for MSH/SPS to assist with funding for the appointment of a pharmacist at the West End Hospital for a period of one year. The Director of the TB program will submit a formal request to MSH/SPS for the post. The protocol for the TB adherence tool for use at PHC clinics was reviewed, based upon input from the ethics committee.

**Barriers to Progress:** The collaborating partner for the TB adherence tool resigned from her position with the Eastern Cape Department of Health.

**Next Steps:** N/A.

**Indicators:** None.

**Activity Title:** Update quantification models for HIV/AIDS, STIs, OIs and PEP in accordance with new guidelines and train national and provincial pharmacy and procurement staff in the application

**Activity Lead:** Nwokike, Jude **Activity #:** 6 **Task:** LFZA08HIP **Subtask:** 60C1H58

**Activity Description:** MSH/SPS is constantly improving and developing 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 and AIDS, STIs, OIs, other priority diseases and post-exposure prophylaxis (PEP). In previous years, 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) was trained. 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 for their year of service, then leave the public sector for the private sector without plans for succession. The quantification models will be shared with SCMS and joint training workshops will be conducted for PEPFAR partners.

**SPS Partners** None.

**Budget:** \$355,964.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Revision of both the English and the French versions of the RxSolution manual are underway and will incorporate changes to the program. Work was done on the budget module, which will be implemented in the sites in the Free State. A complete new set of reports needs to be written for this module. A file was created to import hospital orders into the Remote Demander Module. The newly appointed Program Associate took over responsibility for the RxSolution reports. A number of reports that needed to be modified and made user-friendly were changed. Upgrading of hard coded reports was done, to make it easier to change and modify reports. Bug fixing was done on the new system modules (i.e., the quotations module and the pre-packing module). Work commenced on a new module for demander transfers. New modules are in the development and testing phase. Eastern Cape Maclear Hospital was upgraded. Support was provided to Butterworth, CMH, Dora Nginza, Livingstone, PE Provincial, Uitenhage, Buffalo City Municipal Depot, Motherwell CHC, Jansenville, Frontier and Frere. A meeting was held with the district management team regarding the installation of RxSolution at all hospitals and health centers in the Chris Hani

District. A pre-installation assessment at facilities is being undertaken. A survey was conducted to determine functional sites in the province. A request was received to install RxSolution at the Frere Hospital Stores Department. A need was identified to standardize the reports used in the North West province. Reports from the last quarter were revised, checked by the province, and accepted as standard reports. There is need to update the report databases at all hospitals in this province. The Store Module was implemented at six hospitals in the Dr. Kenneth Kaunda district: Klerksdorp, Potchefstroom, Tshepong, Wolmaraansstad, Witrand, and Ventersdorp. Monthly project meetings, where users, issues are raised and addressed were held. Training on RxSolution continued to be done during site visits. 34 staff members from six hospitals in Dr. Kenneth Kaunda district were trained. Work continued on the patient system for Tshwane Metro. Changes were tested and installations done at pilot sites. A request was received to write a clinic management system. Further discussions took place in Kimberley with the HOPS and the Deputy Director for Clinical Support for the introduction of RxSolution in health facilities in the Northern Cape province. Proposals were made to pilot the system at some sites. In November, an implementation meeting was held between Xhariep District Management, Provincial IT, SPS, Pharmaceutical Services and Asset Management in Free State. The district budget management module was installed. The dispensing module was implemented at Faranani clinic in Gauteng Province, which is supported by Right to Care. A stock file was created and changes made to RxPims to make a more universal program that can be used anywhere and not just for ART patients in Namibia. Changes requested were made. A code list was created in RxSolution. The IT company SALT in Namibia has placed a restriction on all users to work and upgrade the program.

**Barriers to Progress:** Lack of standard reports in some provinces. Implementation of RxSolution in the Northern Cape is hampered by the moratorium imposed by the NDoH which does not allow the introduction of new systems. Delay in signing the MOU in the North West. Management challenges on implementation of the program at Klerksdorp hospital. Human resource constraints may hamper implementation in Xhariep in the Free State.

**Next Steps:** Standardize reports in the Free State and the Eastern Cape. Continue with pre-installation assessment and train users in the Chris Hani district in the Eastern Cape. In Xhariep in the Free State the District Pharmacist is to complete the pre-installation audit tool and load demanders and users. Full implementation planned for 1st week of January.

**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:** Nwokike, Jude **Activity #:** 7 **Task:** LFZA08HIP **Subtask:** 60CXM0

**Activity Description:** MSH/SPS will continue the training of pharmacy personnel in using their data for decision making to ensure that the increasing demand for drugs required for the care and treatment of HIV and AIDS and other related programs was met, and monitored. In FY 2008 SPS will continue to provide TA in emerging areas such as monitoring and evaluation of pharmaceutical service delivery. These activities will build South African capacity and support the improvement of health services. This will contribute to the achievement the overall PEPFAR goals of reaching 10 million people with care and 2 million with treatment. This will also provide an opportunity to strengthen the working relationship between pharmacists and other program managers.

**SPS Partners:** None.

**Budget:** \$234,805.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

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**Activity Progress:** Changes to the PMTCT regimens were announced on December 1. Updating of the quantification tool commenced. The national quantification meeting took place November 23-24. Most provinces had spent the majority of their conditional grants by the end of the 2nd quarter. NDoH stated that all provinces will overspend on ARVs with the exception of the Western Cape. Extra funding (R900 million) had been allocated to medicines and the NHLS for the rest of the financial year. It was announced that there is to be a relaxation of the process for the accreditation of facilities which will become the responsibility of the provinces. There are about eight electronic patient information programs in the country. A moratorium has been placed on systems and a company was contracted to evaluate these systems and select the best two. Monthly technical support was provided with ARV quantification for the North West Province. This resulted in constant availability of ART medicines in the province, as orders are done according to the estimates that are reviewed on a quarterly basis. In the Free State, additional funding was received by the province following the quantification exercise supported by MSH/SPS.

**Barriers to Progress:** TB quantification not implemented in provinces. Accurate data from facilities remains problematic for forecasting for ARVs.

**Next Steps:** N/A.

**Indicators:** None.

**Activity Title:** Provide assistance in facilitating compliance with legislative requirements to deliver quality pharmaceutical services

**Activity Lead:** Nwokike, Jude **Activity #:** 8 **Task:** LFZA08HIP **Subtask:** 60AXHA

**Activity Description:** Since 2004 assistance has been provided to all provinces in monitoring progress towards compliance with the SAG legislative requirements that relate to the delivery of pharmaceutical services as well as the applicable standards for the accreditation of health institutions (hospitals, community health centers) to provide ART. SPS will explore opportunities to work with the Joint Commission International (JCI), a SPS sub partner, on some of these issues

**SPS Partners** None.

**Budget:** \$240,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Further work was done with the Pharmaceutical Services M&E group in KZN. Two follow-up workshops were held in Pietermaritzburg in October and November. Final agreement was reached on the framework for monitoring pharmaceutical services and the indicators to be used. A presentation was done on the work done at the national level on the Pharmacy Quality Improvement Initiative (PQII). It was agreed to align the indicators as far as possible and to use the forms developed for the PQII as the tools for the collection of data for the annual surveys. It was also agreed that the indicators for pharmaceutical services would be placed on the District Health Information System (DHIS) and that a workshop for District Managers, District Pharmacists and the M&E personnel from the districts would be held during the next quarter. An internal planning meeting was held October 5-6, to discuss ways to support the NDoH in two initiatives: the 18 Priority District Initiative and the 1,000 Facility Quality Improvement Initiative. Following further discussions a proposed set of indicators to monitor pharmaceutical services was developed, as well as a set of forms to conduct assessments. These focus on the areas of medicine availability, patient waiting times, and patient safety. At the HOPS meeting held in November, it was agreed that the draft tools would be tested in all nine provinces, at least at one hospital, one CHC and one primary health care clinic and that a rapid assessment would be conducted at all depots. Field testing of the PQII tools was subsequently done in the Western Cape (Karl Bremmer Hospital, Vanguard CHC, and Groote Schuur Hospital), Northern Cape (Medical

Depot, Kuruman Hospital, Kuruman PHC, Tshwarangano Hospital, Gateway PHC Clinic, Manyeding PHC Clinic, and Kathu PHC Clinic), Free State (Pharmaceutical Depot and Heidedal CHC in Bloemfontein), and in KZN (Provincial Depot, Inkosi Albert Luthuli Hospital), Greys Hospital (tertiary), Northdale Hospital (district), and East/Boom Clinic. On October 22, MSH/SPS attended a meeting organized by the NDoH on the 1,000 Facility Quality Initiative. An additional meeting was attended at the Quality Assurance Directorate of the NDoH to prepare for the Quality Assurance Summit planned by the NDoH for November 2009. Technical assistance was provided to the Director of Affordable Medicine at the NDoH in the form of a presentation on medicine availability as a key area for the 18 Priority District Quality Improvement project. Representatives of MSH/SPS attended the Quality Norms and Standards Workshop organized by the NDoH held at the Birchwood Hotel in Gauteng on November 24-25, 2009. The workshop was aimed at finalizing the NDoH guideline on norms and standards. Representatives participated in the patient safety and clinical care components of the workshop. A presentation was done on the PQII, including the indicators for monitoring of pharmaceutical services as well as the assessment tools prepared. In the Western Cape, the policy document outlining service levels at the Cape Medical Depot (CMD) was finalized. A meeting was held on December 17 to finalize forms for capturing CMD performance data.

**Barriers to Progress:** None.

**Next Steps:** Interviews will be conducted on a large scale in the Northern Cape for the PQII, once the forms are finalized and facilities identified. Workshop in KZN with district personnel on M&E indicators for pharmaceutical services.

**Indicators:** None.

**Activity Title:** Strengthen pharmacovigilance programs both at the national and provincial levels

**Activity Lead:** Nwokike, Jude **Activity #:** 9 **Task:** LFZA08HIP **Subtask:** 60B2HB

**Activity Description:** In previous years ARV Program Pharmacovigilance training materials were developed. The objective was to train pharmacists, doctors and nurses from ARV and down-referral sites in monitoring patient responses to treatment and reporting undesirable treatment outcomes to HIV and related medicines. The program also aimed at strengthening medicine safety monitoring systems in public health programs and improving linkages with relevant stakeholders including the Medicines Regulatory Authority. The CCMT program recognizes the importance of strengthening pharmacovigilance measures to ensure the safe and effective use of ARVs and other medicines used in HIV/AIDS patients. Improving the ability of healthcare workers to identify, diagnose, manage and report HIV medication related adverse effects that are critical to managing safety and minimizing patient harm.

**SPS Partners:** None.

**Budget:** \$350,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** With the required scale-up of services in the provinces, there is a requirement for more pharmacist assistants (post basic) (PAPBs) to be placed in the clinics working under the indirect supervision of pharmacists. The process of training these PAPBs is currently very slow and the provinces need help to scale-up the training. Mpumalanga received funding to train 50 PAPBs and was provided assistance in bringing these trainees, the tutors, and the service provider (Black IQ) together for orientation on the training material. Discussion took place with regard to the possibility of holding further workshops for learners, where some of the more experienced tutors in the province could work with the learners guiding them on the learning material before each summative assessment. This

proposal was welcomed by tutors. The SAPC Inspectors Bosberaad was attended by the SPAs involved. The inspection questionnaires were reviewed for currency and accuracy in addressing compliance with Good Pharmacy Practice. Comments were submitted and revised questionnaires are expected in 2010. Five inspections were conducted. A lecture on the requirements of the legislation relating to the dispensing of medicine was presented to health personnel at the School of Public Health at the University of Pretoria (12 post-graduates attended). In the Western Cape, a pharmacy staff retention strategy document was designed and proposed for presentation to the District Executive Committee (DEXCO). In December 2009, the head of Professional Services requested that MSH/SPS assist with the development of a strategy for the retention of pharmacists and pharmacy support staff. Final proposal is due by the end of January 2010 together with a plan of action which includes short-, medium- and long-term strategies. Steps to be undertaken immediately include an investigation into the outcome of the OSD and staffing audit, and calculation of staffing norms. The implementation of the strategy might need to be temporarily delayed due to the poor response from pharmacists regarding the OSD. PA staffing audit forms were designed for the determination of staffing norms and numbers required for the motivation of posts, recruitment of more PAs, the provision of bursaries, and in service training. Authorization from the head of Pharmaceutical Services is awaited. A workshop session was facilitated at the Metro District Health Services Pharmacy conference (Western Cape) on disciplinary processes applicable to pharmacists and PAs. A presentation on the legislation relating to PAs was prepared and presented at a workshop on pharmacy practice organized by the Western Cape branch of the Pharmaceutical Society of South Africa. In the Eastern Cape, support visits were paid to 31 pharmacists performing pharmaceutical community service (CSPs). These visits took place with the head of Pharmaceutical Services. The objective of the visits was to provide support to the outgoing CSPs and to prepare institutions for the 2010 CSP uptake. Other issues, such as implementation or availability of SOPs, inventory management (updated stock cards and their importance), HIV/AIDS management, PTCs and SAPC inspection reports, were also addressed. On November 27, a presentation was done for primary health care nurses of the Cacadu District Municipality regarding the legislative requirements relating to prescribing and dispensing. In the Eastern Cape, 13 lectures were given to final year pharmacy students at the Nelson Mandela Metropolitan University on pharmacy law and ethics. Three afternoon workshops were also held. Eleven lectures were provided to second year students. An assignment was given and evaluated for final-year students. End of year and supplementary examination papers were given and assessed for both groups. Work continued on the SPS concept paper on governance which is being co-authored by the Manager of M&E and Helena Walkowiak.

**Barriers to Progress:** None.

**Next Steps:** N/A.

**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:** Nwokike, Jude **Activity #:** 10 **Task:** LFZA08HIP **Subtask:** 60EXMC

**Activity Description:** Following the successful roll out of an ART adherence measurement tool clinical staff (doctors, nurses and pharmacists) are being trained by SPS in providing: patient education on HIV/AIDS and ART, provider education on HIV/AIDS and ART, psychological and social screening of patients to assess readiness for treatment, and support services to facilitate resolution of barriers to adherence. These efforts will also contribute to the overall strengthening of the health system as medication adherence monitoring and support measures are

generic tools that may be applied to settings providing treatment for other chronic diseases. In the long-term the goal is to develop a network of expertise and facilities, and establish South Africa as a Regional Pharmaceutical Technical Collaboration Centre (RPTCC) for ARV adherence-related matters.

**SPS Partners**

None.

**Budget:** \$469,610.00

**Start Date:** Oct/2008

**End Date:** Sep/2009

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

October 7-8, a pharmacovigilance training workshop was held in Durbanville, Western Cape. The workshop was conducted in collaboration with Pharmaceutical Services, HAST and TB programs in the province and was aimed at training doctors, nurses, and pharmacists at ART and TB treatment sites in the management, prevention, and reporting of ADRs. The workshop focused on strengthening capacity for medicine safety monitoring in public health programs in the province and highlighted the need for a provincially coordinated framework for the monitoring and reporting of ADRs. Participants found the workshop to be very useful. A total of 35 participants were trained. On October 20, MSH/SPS attended the NDoH HIV Clinical and Safety Outcomes workshop held in Pretoria. The workshop was aimed at implementing a surveillance framework at the national level for HIV drug resistance, clinical outcomes, and pharmacovigilance. Task teams for resistance, safety and clinical outcomes have been established and will present a monitoring framework at the next NDoH forum. A pharmacovigilance training workshop was conducted with final-year BPharm students at the University of KwaZulu-Natal (UKZN) on October 22, 2009, as part of the pharmaceutical care teaching module. The training was part of a newly introduced component of the curriculum focusing on improving safety monitoring and patient care. A total of 67 students attended the workshop. Pharmacovigilance update and follow-up workshops were held for the KZN DoH in Pietermaritzburg on October 23, 2009, for pharmacists and pharmacy managers at all ART treatment sites in the province. The workshop was aimed at updating participants on ARV safety issues and providing training on new requirements for reporting ADRs in the provincial ART pharmacovigilance program. A total of 75 participants were trained.

**Barriers to Progress:**

None.

**Next Steps:**

The cohort event monitoring and sentinel site surveillance for the KZN pharmacovigilance (PCV) project will proceed, once approval from the KZN DoH and the Greys Hospital Ethics Committee has been received. Training on the study protocol will be rolled-out to cohort sites in mid- February 2010. The proposed new start date for data collection is March 1, 2010. UKZN ethics approval is still awaited.

**Indicators:**

None.

**Activity Title:**

Support rational medicine use at national, provincial, district and institutional level and strengthen evidence-based principles for the selection of medicine

**Activity Lead:** Nwokike, Jude **Activity #:** 11 **Task:** LFZA08HIP **Subtask:** 60BXHE

**Activity Description:**

In previous years training materials to assist with the implementation and strengthening of PTCs at both provincial and institutional levels were developed. These committees play a key role in promoting STGs (e.g. HIV and AIDS regimen), reviewing drug use practices, developing provincial medicine formularies, and assigning prescriber levels. SPS will further build the capacity by training new PTCs at the provincial and institutional level and carry out trainings as requested by provinces for their individual districts and institutions.

**SPS Partners**

None.

**Budget:** \$234,805.00

**Start Date:** Oct/2008

**End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 3 Quarter: Q1

**Activity Progress:** Training for PAs was undertaken in the Eastern Cape and North West provinces on the October 27-30 in East London and November 3-6 in Klerksdorp. 25 PAPBs were trained in each province. The training was received with enthusiasm by the PAs. These PAs identified that their strength would be in the provision of counseling to patients, as more patients are being down referred to clinics. On October 2, an HIV MTP Workshop was held at Helen Joseph Hospital in Johannesburg, Gauteng. This was an MTP follow-up workshop with pharmacists from the Right to Care Project. A total of 17 participants were trained. A training database was developed to ensure compliance with the requirements of the South African Pharmacy Council for an accredited training provider. The HIV/AIDS Drug Resistance and Adherence Conference held at the University of the Free State (October 29-30) was attended. The MSH/SPS adherence tools were shared with other participants. Support with adherence training was requested by the Africa Centre in KZN. Two workshops on the adherence tools were conducted in the Vaalharts (Frances Baard district) at Jan Kempdorp hospital, Northern Cape on October 8-9. Participants (43) including doctors, pharmacists, nurses, data capturers and counselors attended. Five hundred copies of the tool were reproduced and forwarded to all the facilities in the Vaalharts for use. During a telephone conversation Dr. Alastair Kantani of Right to Care from the Northern Cape expressed interest in using the tool. An electronic version and a user manual were forwarded to him. Adherence lessons learned were shared and TA provided during the annual INRUD adherence meeting in Rwanda

**Barriers to Progress:** Assessment of assignments is time consuming and compliance to time deadlines is rare. Slow response of the IT department in providing assistance with the finalization of the database.

**Next Steps:** Provide support to Africa Center in KZN with training in adherence.

**Indicators:** None.

**Activity Title:** Support the national infection control program both at the national and provincial levels

**Activity Lead:** Nwokike, Jude **Activity #:** 12 **Task:** LFZA08HIP **Subtask:** 60E3HF

**Activity Description:** Infection control helps slow the spread of AMR by decreasing the volume of antimicrobial medicines used. Under RPM Plus, MSH collaborated with Harvard University to develop a self-assessment and quality improvement approach suitable for strengthening IC in hospitals in resource-constrained countries. RPM Plus in South Africa then adapted the tool to the local setting. The tool was piloted and the results were discussed and adopted in a review workshop with local stakeholders. The tool has now been introduced in all the provinces. There have already been requests from the various provinces for new modules to be added to the tool.

**SPS Partners** None.

**Budget:** \$190,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** Year: Project Year 3 Quarter: Q1

**Activity Progress:** Work continued in collaboration with Niranjana Konduri (NK - Arlington) to develop abridged PTC advocacy material for senior managers. MSH/SPS attended meetings of the provincial PTC in Kwazulu-Natal (October 4, November 1, and December 6, 2009). Assistance was provided with EBM decision making (e.g. the costing of Tenofovir use in all Hepatitis B surface antigen-positive patients versus its use only in patients with laboratory confirmed chronic hepatitis). In Mpumalanga assistance is being provided to the provincial PTC (MPTC) with the revision of the outdated provincial formulary. A task team consisting of the chair of the provincial PTC, seven pharmacists from various hospitals in the province, the depot manager, and a representative of MSH/SPS

was appointed. Several meetings were held to review progress. A workshop was held at Dullstroom on October 13-15 to consolidate the work done into a single document. A final document was provided to MSH/SPS with a request from the MPTC to help in having the document put in a publishable format, as well as with the printing of the first copies. In Limpopo, support was also provided to the PTC committee at Zebediela Hospital on October 16. Documents on the TOR, a questionnaire to assess the functionality of the PTC, the key elements of the core standards presented by NDoH, functions and goals of the PTC, and plans for getting started were all presented to the 18 members at the meeting. The committee now has to finalize its terms of reference. An offer was made to attend another meeting early in 2010. In the North West, support was provided to the provincial PTC meetings. TORs have been drafted and sent to all members for comment before submission to the head of health for official appointment of PTC members. In the Eastern Cape, one meeting of the Port Elizabeth Hospital Complex PTC was attended. TA was provided regarding named patient requests. The Tenofovir DUR tool was finalized and a protocol developed. TA was provided to the provincial PTC in the Northern Cape. The decision was taken to have monthly meetings for the Kimberley Hospital PTC and quarterly meetings for the provincial PTC. A permanent structure (secretariat) needs to be created for the provincial PTC. TA was provided to the National EDL program. Three meetings were attended: one at a tertiary hospital, one at the adult hospital, and one at with National EDL Committee. A draft reviewer's guideline for EDL chapters was prepared and circulated for feedback. TOR for the NEDLC were developed and adopted. A confidentiality framework and policy was developed. A systematic review of the evidence for the use of Docetaxel in second-line breast cancer was completed. A systematic review of Taxanes in adjuvant breast cancer therapy was presented to the tertiary level EDL committee. A pharmaco-economic review was requested to inform the final decision. On October 30, 13 participants (including the head of Pharmaceutical Services— HOPS) attended an MTP follow-up session in Namakwa district, Northern Cape, in Springbok. The members of the Namakwa district PTC were elected and the HOPS encouraged them to work hard in the interest of the district and the province. Assignments for 6 of the 9 candidates were received. A launch of the EDL PHC took place in Pretoria (Tshwane Metro). Training was provided to pharmacy, nursing and medical personnel on the new PHC STGs and recommendations were made regarding formulary adjustments. In the Northern Cape, TA continued for the establishment of the Medicine Information Centre (Clinical Resource Center). A job description for the MIC pharmacist was prepared and submitted to the CEO of Kimberley Hospital. A summary of the implementation plan was compiled and submitted to the USAID office in Pretoria.

**Barriers to Progress:** Inputs from colleagues regarding the PTC advocacy material are still outstanding thus delaying completion of the material. In the Northern Cape constraints experienced included: poor attendance of certain clinicians at the provincial PTC and lack of support for the chairman, dueling responsibilities of the chairman in the Siyanda district (the chairman is acting as superintendent at Gordonia Hospital), and cancellation of the PTC workshop in the John Taole district, Northern Cape, planned for November, due to lack of facilitators. Delays in finalization of TOR of provincial PTC in the North West.

**Next Steps:** In Mpumalanga, workshops will be held in the province once the formulary has been printed. Each facility will then be requested to produce a hospital list from the provincial formulary. In the Northern Cape, reschedule the PTC workshop for the John Taole district early next year, provide more TA to existing PTCs, conduct workshops, and launch district PTCs in Pixley Ka Seme and John Taole.

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**Indicators:** None.

**Activity Title:** Strengthen the capacity of pharmacy personnel in the area of medicine supply management

**Activity Lead:** Nwokike, Jude **Activity #:** 13 **Task:** LFZA08HIP **Subtask:** 60CXMG

**Activity Description:** Drug supply management training has been provided to pharmacists, pharmacist's assistants, nurses, facility managers, training coordinators and clinic supervisors on basic skills in medicine supply management required to manage the medicine supply chain. Workshops and training will continue to be conducted at provincial and district levels in collaboration with local counterparts.

**SPS Partners:** None.

**Budget:** \$190,000.00 **Start Date:** Oct/2008 **End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Continued translation of the ICAT and other materials into French in preparation for the AMR/IC workshop planned to take place in November in Kigali, Rwanda. Several conference calls took place between EPN-Nairobi, the Arlington office, and SA to prepare for the workshop. A workshop on AMR/IC subsequently took place in Kigali, Rwanda for French speaking members of EPN (November 23-27). Participants (30) included medical doctors, pharmacists, pharmacist assistants and representatives of the Rwanda's MoH. A summary of the key points and outputs of the workshop was forwarded to the AMR activity manager in Arlington. Infection control quality improvement (ICQI) plans for DRC, Cameroon, Togo and the IC advocacy tool were reviewed and sent back to relevant stakeholders. A conference call was held on between the South African country office and Arlington to discuss the contribution of MSH/SPS to the national infection prevention and control manual (October 5). The agreement was for the SA office to check the terms of the tender with the University of KwaZulu-Natal and for the Arlington office to contact consultants who could assist in reviewing the manual. TA was provided to the NDoH's Office of Standards Compliance Cluster to prepare a national implementation plan for infection prevention and control (October 13-15). A draft implementation plan was submitted to the cluster manager. A work plan for infection control activities for COP10 was prepared and sent to the AMR activity manager in Arlington and submitted to the in country office. An advert was prepared and submitted to the print media for the infection prevention and control specialist position. On December 2, the short listing was done in collaboration with the Quality Assurance Directorate at the NDoH and interviews were conducted on December 7, 2009. A suitable candidate was identified and his references were checked. It is planned for the candidate to start work early in 2010 and be based at the NDoH. On October 15, a list of all ICAT TOT workshops, including contact details, in the nine provinces was compiled and submitted to the Quality Assurance Directorate. A success story on TB infection control activities was compiled and submitted to the USAID office in Pretoria.

**Barriers to Progress:** None.

**Next Steps:** The collaboration with EPN will continue. Advocacy tools for AMR and infection prevention and control will be revised by MSH/SPS South Africa and implemented by the EPN member states. The infection control quality improvement (ICQI) plans for each country or institution will be revised by MSH/SPS South Africa and implemented by these countries. Follow-ups will be completed by both partners (EPN and MSH/SPS).

**Indicators:** None.

**Activity Title:** Ad hoc TA to the national and provincial level (including staffing norms, pricing and public-private partnerships, and pharmaceutical care)

**Activity Lead:** Nwokike, Jude **Activity #:** 14 **Task:** LFZA08HIP **Subtask:** 60AXHH

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**Activity Description:** From program inception, MSH was regularly solicited by government (e.g., Medicines Control Council) and non-government (e.g., South African Pharmacy Council) counterparts to provide ad-hoc TA for a wide range of areas, such as development of staffing norms for pharmaceutical services, development of standards of pharmacy practice, the review and revision of the scope of practice and competency standards for persons involved in the provision of pharmaceutical services, regulations and norms for dispensing practices, implementation of legislation to reduce the price of medicine and improve medicine availability to communities (including ARVs and medicine used in the treatment of co-morbidities) and public-private partnership service level agreements. SPS will continue this TA activity.

**SPS Partners**

None.

**Budget:** \$310,000.00

**Start Date:** Oct/2008

**End Date:** Sep/2009

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

TA was provided to the Ministerial Task Team on Medicine Procurement. The object of the review was to gain a good understanding of the extent of challenges in the procurement and supply of medicine and medical devices in the public sector and make suitable recommendations. The review involved assessments of procurement processes and stock management at provincial and municipal depots, hospitals, as well as interviews with HOPS and HAST managers. Data was collected across the provinces as follows: Western Cape – Cape Medical Depot, ARV Depot, Groote Schuur Hospital, Red Cross Children’s Hospital Kwazulu-Natal, Provincial Depot, IALCH Hospital, and eThekweni Municipal Depot, and interviews with HOPS and HAST managers. Northern Cape – Kimberley Hospital Complex Medical Depot – Gauteng Steve Biko Academic Hospital, Chris Hani Baragwanath Hospital, Charlotte Maxeke Academic Hospital, and Charlotte Maxeke Oncology. Eastern Cape – Mhntata Depot and Port Elizabeth Depot. Assessments were also conducted in the Free State, Limpopo, North West and Mpumalanga. One of the SPAs was requested by the NDoH to serve on the Logistics Fee Task Team of the Pricing Committee. Several meetings were attended. TA was provided to the Free State Pharmaceutical Depot on issues relating to compliance with legislation relating to the control of medicine, service level agreements for depot contracts, provincial and national tenders, personnel development, and standard operating procedures. Challenges identified during the inspection of the depot by the Medicines Control Council will be addressed. The sixth Vaccinology Conference held was attended by one of the SPAs. Reports on progress made with malaria and HIV vaccines were presented at the conference. In the Northern Cape, TA was provided at the medical depot, hospitals, and other health centers. Stock cards have been implemented at Kimberley Hospital Complex. In Gauteng, two training workshops were conducted in the Sedibeng district (99 participants trained instead of the expected 80). In the North West, two workshops on medicine supply management were conducted in Klerksdorp and Potchefstroom where 38 participants attended (October 20-23). Training in medicine supply management was provided to second-year students on the Nelson Mandela Metropolitan University in the Eastern Cape (11 students trained). Medicine supply management training was provided at the University of Pretoria School of Public Health to 23 candidates from six countries. Practical sessions on the ABC analysis and frameworks for monitoring and evaluation were given. A meeting of the KZN CCMDU pilot project task team took place on November 5, 2009. Following the presentation, the DoH management committee gave approval to continue and expand the project (September 15). A special task team meeting was convened on November 23, to begin the process of developing a request for proposals document. In Kwazulu-Natal, technical assistance was provided with the development and enhancements to the chemotherapy mixing software

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program and the REMED dispensing program. Assistance was provided to the Pharmacy Directorate with the follow-up assessment of the use of the program at Greys Hospital. Enhancements are functioning well. The manager for M&E provided assistance to the WHO with the revision of the Good Distribution guidelines. The revised guidelines were accepted by the WHO Expert Committee on Specifications for Pharmaceutical Products. Final work was done on the guidelines at the IMPACT Regional Conference on Combating Counterfeit Medical products held in Johannesburg from November 9-10, 2009.

**Barriers to Progress:** In the Northern Cape, the computer system in place at the depot and hospitals does not meet the expectations of the users and is expensive. Some facilities do not use stock cards due to staff shortage (mainly community health centers and PHC clinics). During the collection of data for the Ministerial procurement task team, availability of personnel and access to the data required were challenging.

**Next Steps:** N/A.

**Indicators:** None.

**Activity Title:** Disseminate results and lessons learned from the implementation of emergency plan pharmaceutical services improvements

**Activity Lead:** Nwokike, Jude **Activity #:** 15 **Task:** LFZA08HIP **Subtask:** 60G2HI

**Activity Description:** The Monitoring, Evaluation and Results Plan (MERP) for RPM Plus South Africa was initially developed for COP 05, and then further updated in subsequent years. The plan monitors the different activities, the results chain and indicators. Very positive comments were received from USAID/South Africa, and the data quality auditor. SPS will now update and implement the plan in line with COP 08. 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 work with the USG Team, SPS Washington, and other partners to 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 internationally, as well as to contribute to conceptual publications of global interest. This activity also includes work plan development, budget monitoring, progress monitoring, quarterly and semi-annual reports; pipeline reports. 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 in order to contribute to reaching PEPFAR goals in South Africa.

**SPS Partners** None.

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

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Assistance was provided to the South African Pharmacy Council (SAPC) with the evaluation of a training course submitted by a private provider for the new national certificate: PA qualifications at NQF levels 3 and 4 for pharmacists' assistants (basic) and (post-basic). Unit standards for the new qualification were registered in August 2008. In the Eastern Cape, financial support was provided to the East London Hospital Complex (ELHC) during pharmacy week. A successful pharmacy week project was held where grade 9-11 students were invited to a talk about pharmacy-related career paths, education, bursaries, and the like. Assistance was also provided with the ELHC Pharmacist Intern Recruitment Campaign. As a result of the campaign, there should be at least 10 pharmacist interns in the complex in 2010 (5 per institution). One of the SPAs adjudicated at the 5th Port Elizabeth Hospital Complex (PEHC) Pharmacist Intern Project Presentation Day. Intern projects were based on challenges encountered by staff and how these could be overcome. MSH/SPS sponsored

the final quarterly meeting of pharmacists held in Limpopo on November 19-20, at which 40 pharmacy managers from the hospitals heard presentations by the district pharmacists and depot staff on a wide-range of topics. Challenges discussed included the need to expose pharmacy students to pharmacy practice, poor performance of pharmacy interns in the SAPC pre-registration examination, and the volume of expired medicines in the facilities. A presentation on methods for minimization of expired stock was given and a document will be circulated on this topic. In the Western Cape, forms to measure the outcome of training and TA provided in the province were presented to the Pharmacy Services Management Team (PSMT) in December to determine training and TA requirements for 2010. Plans of action are to be followed-up by district pharmacists for report back to HOPS on a quarterly basis following training. Results of review are due at the end of January 2010. Ongoing support was provided to the Medicines Control Council (MCC) and MSH/SPS attended two meetings of the full council, one meeting of the scheduling committee, two meetings of the clinical trials committee and one meeting of the microbicide committee. TA was provided to the MCC regarding the regulation of generic substitution and clinical trials. SPS also attended a meeting of the ARVIR Scientific Advisory Board held in Johannesburg on October 16, 2009. This meeting was convened to consider issues relating to the local manufacture of ARV active ingredients. A meeting regarding the USAID ARV procurement assistance was attended on December 17, 2009. The meeting was convened to identify and address issues relating to the proposed USAID ARV procurement assistance to the SA government. Follow-up meetings have been planned. TA was provided to the NDoH in implementation of the pricing regulations. Three meetings of the pricing committee were attended. A draft logistics fee report was tabled, because it required further modeling. The annual SEP price increase was finalized and submitted for approval by the Minister. Assistance was provided to the SAPC with the draft pharmacy human resources plan, as well as the drafting of a of staff of MSH/SPS met with the MoH as part of the SAPC delegation to discuss various issues, including the results of the research into activity times, costing, and staffing of pharmacies. A meeting of the assessors of portfolios submitted by pharmacist interns was attended in November. Assistance was provided with the redrafting of the assessment criteria.

**Barriers to Progress:** None.

**Next Steps:** N/A.

**Indicators:** None.

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## Southern Sudan

**Work plan:** Southern Sudan    **Year** 09

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

### Work plan Background

With the signing of the Comprehensive Peace Agreement (CPA) (January 2005), post conflict reconstruction is well underway in Southern Sudan. With assistance from technical partners such as USAID, the institutional, technical, and organizational capacity of the health sector and public health programs is now being built. In 2006, the USAID Sudan Field Office (SFO) mandated the MSH/Rational Pharmaceutical Management Plus (RPM Plus) Program, to provide support to the Ministry of Health (MoH) during establishment of a functional National Malaria Control Program and in strengthening the national pharmaceutical management systems. In 2007, the Strengthening Pharmaceutical Systems (SPS) program replaced the RPM Plus Program. SPS continues to support MoH in building the organizational, technical, and programmatic capacities of the NMCP and the Directorate of Pharmaceutical Services (DPS), while strengthening its coordination within the government and among the different donors and organizations involved in malaria activities. Initial support was focused creating policies, strategies and guidelines for malaria control and pharmaceutical management, as well as ensuring coordinated implementation and monitoring of malaria control interventions. To make the NMCP's strategic plan and the pharmaceutical master plan operational, various implementation guidelines and tools have been developed and disseminated. SPS has also played a critical role in supporting MoH in mobilizing financial resources (from GFATM and other partners) for scaling-up effective interventions. Through support from SPS and partners, there is more coordinated implementation and progress in achieving intervention coverage. However, major challenges remain, including scarce human resources, inadequate infrastructure and equipment, and weak supportive systems, such as laboratory, referral, and health information. In the pharmaceutical sector, long procurement processes and inaccurate quantification of requirements leads to stock outs, distribution mechanisms and storage facilities are inadequate, and regulation and quality assurance mechanisms are still weak. In FY 09, SPS will continue support to the NMCP and DPS, focusing on scaling-up malaria control and pharmaceutical management interventions. Effective scaling-up can be achieved through dissemination of existing pharmaceutical policies, procedures, strategies, and guidelines that were previously developed. SPS will continue to strengthen the M&E system so that credible data on malaria programs and intervention are available. In this regard, a Malaria Indicator Survey (MIS) will be conducted and sentinel sites established at selected hospitals to ensure continuity of data collection. In the pharmaceutical sector, SPS will aim to strengthen the quality assurance systems for medicines. SPS will also support states to strengthen pharmaceutical management systems. Activities proposed under FY09 are consistent with the USAID result areas under the SPS program and will contribute to the achievement of the USAID Sudan Field Office multi-sectoral strategy for infectious diseases and Intermediate result 10.1: related development of core institutional structures for an effective, transparent, and accountable GOSS. Broadly, SPS will utilize FY09 funding to provide technical assistance, enhance national capacity, improve access to ACTs, set up quality assurance systems, and strengthen information systems.

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

**Activity Lead:** Daniel, Gabriel    **Activity #:** 1    **Task:** LFSD09MAL    **Subtask:** 97XXY1

**Activity Description:** Draft work plan, ensure timely reports, and document SPS Sudan success stories.

**USG Sub-element** Malaria

**SPS Partners** None.

**Budget:** \$50,567.00    **Start Date:** Oct/2009    **End Date:** Oct/2010

**Products Planned:** Work plan, quarterly reports, annual report, ad hoc reports, and documented success stories.

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** To improve documentation of activities, SPS Sudan worked with HQ to compile four success stories. These covered strengthening of the private sector drug supply system, improving medicine distribution systems, supporting malaria program supervision, and SPS' mentoring approach at the MoH.

**Barriers to Progress:** Limited human resources at all levels means that few activities can be undertaken at a

time. Once a major activity is ongoing at state level, it is difficult to conduct other field activities. The competing priorities at state level lead to postponement of some activities. The holiday season meant that less time was available to implement some of the planned activities. Many people were traveling.

**Next Steps:** Continue with implementation of the work plan.

**Indicators:** None.

**Activity Title:** Strengthen office management and operational capacity

**Activity Lead:** Daniel, Gabriel **Activity #:** 2 **Task:** LFSD09MAL **Subtask:** 60F4H2

**Activity Description:** Sub-activities will include: provide office supplies, manage transportation for SPS Staff and consultants, improve office structure by replacing windows and improving water drainage, install an intercom system and teleconference facilities, complete semi-annual inventories of office fixed assets and maintain an up-to-date borrower's record for movable/portable equipment, maintain up-to-date records of financial transactions, and manage national staff payroll and travel expenditure frameworks (TEFs).

**USG Sub-element:** Malaria

**SPS Partners:** None.

**Budget:** \$90,194.00 **Start Date:** Oct/2009 **End Date:** Oct/2010

**Products Planned:** Maintained equipment, procurements, replaced windows, water-drainage pavement, intercom system and teleconference facilities installed, semi-annual inventories, up-to-date borrower and financial records, timely staff payments, and TEF clearances.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** SPS continued to address the logistics and operations of the NMCP and SPS office and participated in an internal audit exercise. SPS also participated in the process of developing common SOPs (e.g. payment procedures) for the Sudan COMU of SPS, SHTPII, TBCAP and LMS.

**Barriers to Progress:** The holiday season meant that less time was available to implement some of the planned activities. Many people were traveling.

**Next Steps:** Continue with work plan.

**Indicators:** None.

**Activity Title:** Support MoH to strengthen planning and coordination of malaria control activities at central and state level

**Activity Lead:** Daniel, Gabriel **Activity #:** 3 **Task:** LFSD09MAL **Subtask:** 60F4H3

**Activity Description:** The specific activities that will be undertaken under this objective will include: (1) drafting a guide for planning of malaria control activities at state and county levels. (2) Conducting 5 state-level malaria planning and review meetings. This will bring together implementing partners in each state to orient them on the national malaria policies, strategies and priorities. SPS will facilitate the development of joint state malaria control and prevention plans. These meetings will also discuss key drug supply management constraints and how to address them. (3) Provide technical assistance to NMCP and GFATM malaria grant partners, to organize a national RBM coordination meeting. The meeting will serve to review progress in implementation of the national RBM strategic plan and dissemination of national malaria control and prevention policies. (4) Publish the 2010 Malaria Newsletter. SPS will work with NMCP to draft articles, solicit for articles from partners and to design and publish the newsletter. This will facilitate sharing of new initiatives, progress and experiences among malaria control partners. (5) Provide technical assistance for the planning and implementation of the 2010 World Malaria Commemoration Day. (6) Participate in malaria Technical Working Group (TWG) meetings and other specific committees or taskforces related to malaria control activities. (7) Provide a scholarship to the NMCP program manager for a summer course at Boston University, as part of strengthening the management and coordination of the malaria control program.

**USG Sub-element:** Malaria

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**SPS Partners** None.  
**Budget:** \$97,616.00 **Start Date:** Oct/2009 **End Date:** Oct/2010  
**Products Planned:** Draft planning guide, malaria control and prevention plans, report on coordination meetings, 2010 malaria newsletter, and working group reports.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** None.  
**Barriers to Progress:** Limited human resources at all levels meant few activities could be completed. Once a major activity is ongoing at state level, it is difficult to conduct other field activities. The competing priorities at state level lead to postponement of some activities. The holiday season also meant that less time was available to implement some of the planned activities. Many people were traveling.

**Next Steps:** Continue with work plan.

**Indicators:** None.

**Activity Title:** Review and strengthen implementation of the ACT-based malaria treatment policy

**Activity Lead:** Daniel, Gabriel **Activity #:** 4 **Task:** LFSD09MAL **Subtask:** 60EXH4

**Activity Description:** Specific activities to be undertaken will include: (1) Developing tools for reviewing the ACT policy implementation process. (2) Conducting field visits and collecting data to determine factors affecting policy implementation. This will include gathering information on barriers and enhancers to policy implementation. (3) Sharing of findings and building consensus on key actions to improve the ACT policy implementation process. (4) Training health workers on case management. The training will also aim to empower health care workers with skills to identify and address operational constraints at the facility level. (5) Support NMCP and partners to develop/update operational tools for treatment of malaria with ACTs at the community level. This will be done in the context of improved home-based management of malaria (HMM) as part of the national integrated child survival strategy. Produce educational materials (and tools) to improve ACT policy implementation including effective introduction of fixed dose combination of AS+AQ.

**USG Sub-element** Malaria

**SPS Partners** None.

**Budget:** \$127,984.00 **Start Date:** Oct/2009 **End Date:** Oct/2010

**Products Planned:** Scope of work, training reports, educational materials, and draft final report.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** No progress made.  
**Barriers to Progress:** Because of the holiday season, many people were traveling and out of the office.

**Next Steps:** Continue as stated in work plan for this activity.

**Indicators:** None.

**Activity Title:** Support MoH to strengthen malaria M&E systems at central and state levels

**Activity Lead:** Daniel, Gabriel **Activity #:** 5 **Task:** LFSD09MAL **Subtask:** 60GXH5

**Activity Description:** Specific activities to strengthen M&E under FY09 will include: (1) Facilitating support supervision to state, county and health facility levels. This will include one round of support supervision to all 10 states, one round of support supervision visits to all counties in 2 states, and at least 20 health facility level supervision visits. (2) Conducting post-training follow-up on malaria case management to assess performance at the workplaces. This activity will also form part of the ACT policy implementation review process. (3) Expanding the malaria indicator surveillance system to 6 state hospitals while consolidating ongoing data collection at the current 5 sites. A meeting will be held to introduce the malaria indicator surveillance system to state surveillance officers and other M&E staff. SPS will review and produce a report on the status of key malaria indicators on a bi-annual basis. (4) Continued support to MoH and partners to implement the 2009 Malaria Indicator Survey (MIS). (5)

Supporting MoH to set up a drug efficacy monitoring system with focus on antimalarials. A consultant(s) will be hired to support NMCP to develop an overall efficacy monitoring plan and develop/adapt study protocols. SPS will support MoH to build capacity for conducting at least one study at one site (Juba Teaching Hospital). This will include training a team of health workers and providing basic equipment at the selected sentinel site. (6) Support MoH/NMCP to draft and publish an annual report to highlight the main malaria control activities, achievements and challenges.

**USG Sub-element**  
**SPS Partners**  
**Budget:** \$120,855.00  
**Products Planned:**

Malaria  
 None.  
**Start Date:** Oct/2009      **End Date:** Oct/2010  
 Supervision reports, MIS reports, monitoring report, and annual report.

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**Reporting Period:**  
**Activity Progress:**

**Year:** Project Year 3    **Quarter:** Q1

The main activity during the quarter was to support the MoH to conduct a Malaria Indicator Survey (MIS). SPS continued to provide critical technical and logistical support during the process of planning and implementation of the survey. This included: (1) participation in discussions on contracting out implementation of the MIS to an agency (as opposed to the MoH taking the lead while being supported by partners). (2) Supporting NMCP to serve as secretariat to coordinate partners' technical and logistical inputs. This included facilitation of communication, production of materials, and central level movement. (3) As part of the secretariat function, SPS supported MoH to design contracts for key MIS personnel (blood collectors, interviewers, supervisors, field operations managers, drivers, and blood slide readers). SPS also supported the drafting of activity budgets and timely requisition of funds from the different partners. (4) Supported the MoH to draft a financial management plan and TOR for a logistician to coordinate the MIS activities, and to set up and coordinate an MIS logistics committee and develop a logistics and movement plan. Several meetings were held to address the repair and allocation of vehicles, recruitment, training and movement of field teams, production of study materials, sensitization of people at different levels, and quantification of, and procurement of additional items etc.(5). SPS supported the MoH in MIS-related trainings. For the central TOT, SPS assisted in designing a timetable, inviting participants, producing training materials, and providing a facilitator. Similar support was provided for field-level training at 5 different training venues: Wau, Bor, Unity, Malakal, and Juba. A total of 17 trainers were trained at the central level and 196 personnel at the field-level. SPS took the lead in verifying trainees' names from training venues and allocating them to field teams. In terms of sensitization and community mobilization, SPS prepared and facilitated the distribution of an MIS information package aimed at soliciting state support for the MIS. This included a letter from the MoH to state Governors, enumeration areas selected in each state, and key personnel to be involved in the MIS (field operation managers, interviewers, supervisors, and laboratory technicians), including TORs and selection criteria. SPS facilitated a final review of the MIS materials – questionnaires, control sheets and the MIS treatment chart– before their mass-production for field work. SPS coordinated the production of the study instruments by different partners (UNDP, PSI and MC) and funded production of additional materials to meet gaps in funding (e.g. 1,000 copies of the 18-page women's questionnaire). A total of 40 Heamocue machines and 5,000 Microcuvettes were procured by SPS for the laboratory component of the MIS. This ensured that all field teams had enough hemoglobin testing tools. SPS assisted in development of an MIS support supervision checklist, undertook a supervision visit to Lakes State, and coordinated other visits to the rest of the states. SPS supported the MoH and partners to develop a concept paper on staining and analysis of blood slides, a key element of the MIS. SPS coordinated and facilitated the collection and storage of field tools, review of questionnaires, and approval for final payment of the MIS field teams. SPS continued to support the MoH in coordinating MIS activities, including a technical group meeting was to review progress

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of activities and make future plans. In addition, SPS served as the NGO representative to the technical committee for planning and coordination of the Sudan Household and Health Survey (SHHS), scheduled for February 2010. This involved review of indicators and questionnaires. SPS also participated in the launch of the survey.

**Barriers to Progress:** Limited human resources at all levels means that few activities can be undertaken at a time. Once a major activity is ongoing at the state level, it is difficult to conduct other field activities. The competing priorities at state level lead to postponement of some activities.

**Next Steps:** Conduct state and county-level support supervision visits. Continue to strengthen malaria monitoring systems. Data collection and reporting.

**Indicators:** None.

**Activity Title:** Support MoH to develop a five-year pharmaceutical sector strategic plan for South Sudan

**Activity Lead:** Daniel, Gabriel **Activity #:** 6 **Task:** LFSD09MAL **Subtask:** 60AXH6

**Activity Description:** The specific activities that will be undertaken under this section include: (1) Conducting desk reviews, hold consultative meetings including visits to state and county levels, to agree on content of the strategic plan. (2) Drafting the strategic plan. (3) Holding consensus workshop to present draft strategic plan and incorporate partner inputs. (4) Holding a finalization workshop. (5) Printing and dissemination of the strategic plan. (6) Develop a scope of work and engage a consultant.

**USG Sub-element:** Other Public Health Threats

**SPS Partners:** None.

**Budget:** \$74,392.00 **Start Date:** Oct/2009 **End Date:** Oct/2010

**Products Planned:** Strategic plan.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** No progress made.

**Barriers to Progress:** The holiday season meant many people were out of town.

**Next Steps:** Continue with implementation of the work plan.

**Indicators:** None.

**Activity Title:** Support the procurement and management of ACTs and RDTs procured through USG funds

**Activity Lead:** Daniel, Gabriel **Activity #:** 7 **Task:** LFSD09MAL **Subtask:** 60CXH7

**Activity Description:** Specific activities to be carried out under this section include: (1) Documenting the support provided to management of 1.6 million ACT doses procured under FY08. This will involve field visits to assess availability and use of the medicines. Appropriate tools will be developed for the purpose. (2) Quantifying the ACT and RDT needs to be procured under FY09. (3) Receiving and ensuring appropriate storage of USG procured ACTs & RDTs. (4) Develop distribution plans for the FY09 ACTs and RDTs. (5) Coordinate the distribution of FY09 ACTs and RDTs.

**USG Sub-element:** Other Public Health Threats

**SPS Partners:** None.

**Budget:** \$83,985.00 **Start Date:** Oct/2009 **End Date:** Oct/2010

**Products Planned:** ACTs and RDTs distribution report.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Started work to adapt tools for end-use verification of ACTs and malaria commodities. SPS held a meeting with USAID to discuss antimalarial stock levels, MoH and partner efforts, and how the mission could support MoH to avoid stock outs. Verified distribution exercise for the USAID-donated AS+AQ in the states where SPS supported inspection of private pharmaceutical exercise and public health facilities. These included Eastern Equatoria, Warrap, Northern Bahr el Ghazal and Lakes States. Supported quantification and allocation of AS+AQ for UNITAID procurement, through

PSI. SPS also quantified AS+AQ and RDTs for procurement with USG funds through USAID/DELIVER.

**Barriers to Progress:** None.

**Next Steps:** Continue with work plan.

**Indicators:** None.

**Activity Title:** Support drug registration, inspection and quality control testing activities

**Activity Lead:** Daniel, Gabriel **Activity #:** 8 **Task:** LFSD09MAL **Subtask:** 60AXH8

**Activity Description:** In FY09, SPS will consolidate support for strengthening quality assurance mechanisms through the following activities: Introduce Pharmadex, a drug registration management tool that was developed to help streamline and track medicines registration for drug registration authorities. This activity will include conducting a comprehensive assessment of installation and technical needs, customization, installation of the software, and training of users. SPS will work with the MoH and other partners on this activity. Train customs personnel on medicine inspection (1-day workshop/meeting). Appropriate checklists will be developed. Provide technical and logistical support to quarterly inspection of pharmaceutical premises in 6 counties of Central Equatoria. Provide technical assistance to MoH to make the Kaya minilab site more functional and set up one additional site. This will include provision of office supplies, on-job training, support supervision visits, management of data from the sites, and where applicable, facilitating key MoH staff to inspect major manufacturers of pharmaceutical products. Support MoH to establish mechanisms for testing samples that fail through the minilabs at reference laboratories in the region. Emphasis will initially be placed on testing antimalarials. Facilitate training in Tanzania or other regional countries on port of entry inspection, Minilab and quality control laboratory.

**USG Sub-element:** Other Public Health Threats

**SPS Partners:** None.

**Budget:** \$90,167.00 **Start Date:** Oct/2009 **End Date:** Oct/2010

**Products Planned:** Training report, inspection reports, and an MOU.

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** SPS held a planning meeting with DPS and EHG for state-level dissemination of pharmaceutical regulatory documents, inspection of private drug outlets, and supportive supervision/verification of delivery of AS+AQ. A field guide was developed for the Directorate of Pharmaceutical Services staff traveling to states for dissemination, inspection, and support supervision. Funded and coordinated logistics for dissemination of documents, inspection, and supportive supervision visits to Eastern Equatoria, Western Equatoria, Warrap, Upper Nile, Western Bahr el Ghazal, Northern Bahr el Ghazal, and Lakes States. This activity included orientation of state MoHs to the new guidelines for registration/licensing private pharmaceutical businesses and processes related to issuance of certificates of suitability of premises and license to operate (all developed with SPS support). Detailed trip reports are still being compiled. SPS also developed a scope of work for Minilab laboratory fittings for the Kaya premises. A site inspection visit to Kaya to supervise ongoing renovation works for the Minilab premises was also undertaken.

**Barriers to Progress:** None.

**Next Steps:** Prepare for receipt and management of USAID-procured ACTs. Consolidate support for setting-up mini labs.

**Indicators:** None.

**Activity Title:** Develop private sector accreditation scheme to strengthen quality, access, and use of medicines in private sector

**Activity Lead:** Daniel, Gabriel **Activity #:** 9 **Task:** LFSD09MAL **Subtask:** 60D2H9

**Activity Description:** The specific activities that will be conducted under this section will include: (1) Conducting feasibility assessment/situational analysis to determine baseline private sector prescription/treatment practices including availability, quantities and distribution

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of monotherapies and sub-optimal combination therapies on the market. This will guide the development of a strategy for phasing out non-recommended antimalarial treatments. (2) Drafting a concept paper on implementation of a private sector ACT subsidy scheme. (3) Conducting advocacy, consensus building and resource mobilization activities. This will include a consensus-building meeting for the MoH and major stakeholders. (4) Facilitating familiarization trips for key MoH staff, to countries that have already setup distribution models of subsidized ACTs through the private sector. (5) Develop a training curriculum, and accreditation standards for private sector distributors.

**USG Sub-element:** Other Public Health Threats  
**SPS Partners:** None.  
**Budget:** \$92,012.00     **Start Date:** Oct/2009     **End Date:** Oct/2010  
**Products Planned:** Draft concept paper. Curriculum and standards.

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**Reporting Period:** Year: Project Year 3     **Quarter:** Q1  
**Activity Progress:** Training materials (PowerPoint slides) for training private sector operators on pharmaceutical management of malaria were finalized. These are based on the Manual for Pharmaceutical Management of Malaria in Private Pharmacies and Community Medicine Shops in Southern Sudan (developed with SPS support). SPS conducted a two-day private sector workshop on pharmaceutical management of malaria in which 59 participants (14 females and 45 males) were trained.

**Barriers to Progress:** Limited staffing.  
**Next Steps:** Continue with work plan.  
**Indicators:** None.

**Activity Title:** Strengthen pharmaceutical management capacity at selected public and private sector sites

**Activity Lead:** Daniel, Gabriel     **Activity #:** 10     **Task:** LFSD09MAL     **Subtask:** 60CXH0

**Activity Description:** Under FY09, SPS will continue to support the MoH to build capacity of the in-service health workers through appropriate trainings and focused on-site implementation support. The following activities will be carried out: (1) Train 100 health workers from the public and private sectors in different aspects of pharmaceutical management. About ½ of the trainees will be from the private sector. (2) Conduct a national monitoring training and planning (MTP) workshop for supervisors/trainers (15 participants). (3) Conduct quarterly MTP visits to selected sites. (4) Conduct medicine use evaluation studies at selected sites (5-10) and design appropriate strategies to improve rational use of medicines at the sites. Such strategies may include introduction of DTCs, training, IEC materials, and health talks. (5) Introduce pharmaceutical management information system (PMIS) tools at selected sites (5-10) and provide appropriate on job-training and supportive supervision. (6) Recruit and build the capacity of one national staff to coordinate some of the activities proposed under the FY09 work plan.

**USG Sub-element:** Other Public Health Threats  
**SPS Partners:** None.  
**Budget:** \$97,911.00     **Start Date:** Oct/2009     **End Date:** Oct/2010  
**Products Planned:** Evaluation report and rational use strategies designs.

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**Reporting Period:** Year: Project Year 3     **Quarter:** Q1  
**Activity Progress:** Started work to adapt tools for end-use verification of ACTs and malaria commodities. SPS held a meeting with USAID to discuss antimalarial stock levels, efforts undertaken by MoH and partners, and how the mission could support MoH to avoid stock outs. Conducted verification of the distribution exercise for the USAID-donated AS+AQ in the states where SPS supported inspection of private pharmaceutical exercise and public health facilities. These included Eastern Equatoria, Warrap, Northern Bahr el Ghazal, and Lakes States. Supported quantification and allocation of AS+AQ for UNITAID

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*Country Programs*

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procurement through PSI. SPS also quantified AS+AQ and RDTs for procurement with USG funds (through USAID/DELIVER).

**Barriers to Progress:** None.

**Next Steps:** Continue with work plan.

**Indicators:** None.

**Activity Title:** Support coordination and policy development for pharmaceutical management

**Activity Lead:** Daniel, Gabriel **Activity #:** 11 **Task:** LFSD09MAL **Subtask:** 60AXH6

**Activity Description:** SPS will organize a 1-day sensitization workshop in collaboration with MoH/DPS, Euro Health Group, the Pharmaceutical Society of South Sudan, and partners, on pharmaceutical regulations, guidelines, and findings from inspections. SPS will participate in the WHO/UNICEF technical briefing seminar on pharmaceutical policy and medicine control in Geneva, during November 2008.

**SPS Partners:** None.

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

**Products Planned:** Reports of Malaria Technical Working Group (TWG) meetings, 2009 Malaria Newsletter, and Reports of state-level planning and review workshops and joint state malaria plans.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** SPS participated in one-day stakeholders' consensus workshop organized by EHG on import control procedures. Participants included: Ministry of Interior, Ministry of Commerce & Trade, Southern Sudan Bureau of Standards, Customs Corporation, and the Police. SPS coordinated two pharmaceutical management technical working group meetings. MoH was also supported to update the TWG membership and mailing lists. SPS held a meeting with EuroHealth Group to discuss approaches for effective introduction of Pharmadex® software for improving drug registration, in Southern Sudan. Participated in meeting with Ministry of Finance to brainstorm on anticipated storage constraints for receiving pharmaceutical supplies from the new tender and future plans.

**Barriers to Progress:** None.

**Next Steps:** None.

**Indicators:** None.

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## Swaziland

**Work plan:** Swaziland PEPFAR    **Year** 08

**Funding Level:** \$600,000.00

### 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. Since 1992, the Swazi government has been conducting antenatal clinic (ANC) sentinel surveillance. The surveillance revealed that HIV increased dramatically from 3.9 percent to a high of 42.6 percent in 2004. In 2006, ANC-based prevalence estimates showed a decline to 39.2 percent. Most affected by HIV are pregnant women aged 20-29 years, with HIV prevalence of 56.3 percent in 2004 and 48.9 percent in 2006, followed by those aged 30-34 (prevalence of 41 percent in 2004 and 48.9 percent in 2006). In 2006-07 the country conducted its first Demographic and Health Survey, including HIV testing at national level. The results confirmed that Swaziland is in a crisis as the HIV prevalence was 19 percent of the population age 2 years and older and 26 percent of the population in the reproductive age group (population of women and men aged 15-49) is living with HIV/AIDS. HIV prevalence is higher among women than men (22 percent and 15 percent respectively).[1] In 2003, the National Emergency Response Committee on HIV/AIDS (NERCHA) was established to coordinate and facilitate the national multi-sector response to HIV/AIDS, while the Ministry of Health and Social Welfare (MOHSW) is responsible for the delivery of many of the services. The national HIV/AIDS strategic plan (NSP) makes provision, amongst others, for the scale up of care and treatment by increasing access to ART services, ensuring quality and expanded capacity and efficiency of service provision. Both the Swaziland Government and the President's Emergency Plan for AIDS Relief (PEPFAR) recognize the key challenge of having weak national pharmaceutical management systems to support this rapid scale-up. Support from the United States Government (USG) to the Government of Swaziland is provided through its United States Agency for International Development (USAID) Regional HIV/AIDS Program based in Pretoria, South Africa, also in collaboration with the U.S. Embassy in Swaziland. Over the years, TA to the Government of Swaziland in the area of pharmaceutical management has been given through Management Sciences for Health's Rational Pharmaceutical Management (RPM) Plus program and, since last year, through the Strengthening Pharmaceutical Systems (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.

[1] Central Statistical Office (CSO) [Swaziland], and Macro International Inc. 2008. *Swaziland Demographic and Health Survey 2006-07*. Mbabane, Swaziland: Central Statistical Office and Macro International Inc.

**Activity Title:** Technical activity coordination.

**Activity Lead:** Tjipura, Dinah    **Activity #:** 1    **Task:** LFSZ08XXX    **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:** \$60,000.00    **Start Date:** Oct/2008    **End Date:** Sep/2009

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:** The SPA attended a meeting held in Pretoria to develop tools for the assessment of the quality of pharmaceutical services. Meetings were held with pharmacists to consider how these tools could be customized and used in Swaziland. Attempts were made to implement a document on decentralization developed the previous quarter. Although the document was disseminated, implementation has thus far not been successful. MSH/SPS was invited by the Ministry to participate as an observer in the SADC Health Ministers meeting. This was found to be a valuable experience. The celebration of World Malaria Day held in Lomahasha on the last day of the meeting was also attended. MSH/SPS was invited to the World AIDS day celebrations organized by PEPFAR, where the new US government ambassador, Mr. Earl M.

Irving, was introduced. PEPFAR partners shared their success stories. MSH/SPS continued to collaborate with the MoH, URC and the WHO in support of the TB program. MSH/SPS is part of the TB Technical Working Group (TB-TWG) and participated in a meeting where the recommendations and findings of the GLC consultants were discussed. The main issues identified were the lack of availability of 2nd line TB medicines in most facilities, which could lead to poor control of MDR-TB, and the fact that medicines used in the country are not sourced from the same manufacturer (which is one of the conditions of the grant). A program to monitor the magnitude of the problem in all regional health centers and hospitals was developed with MSH/SPS making personnel and a vehicle available. A number of discrepancies were identified and were referred to the pharmacists' meeting for discussion and intervention. MSH/SPS continued to provide technical support to the Acting Chief Pharmacist on a number of issues affecting the pharmaceutical sector. These issues included restructuring the MoH, relocating the Central Medical Stores (CMS), procurement of medicines (ART and other), amendments to the legislation, the development of the Essential Medicines List (EML) and the IT system at CMS. MSH/SPS was requested by MSF to do a presentation at the 3-day health conference hosted at Esibayeni Lodge. They also requested a presentation on Rx Solution. A regional MSH/SPS staff meeting held in Johannesburg from December 9 -11 was attended by all staff members. Applications for the position advertised were received and sent to Pretoria after the closing date. The Department of Pharmaceutical Services sought TA from MSH/SPS on the proposed structure for pharmaceutical services in Swaziland. The structure is to cover head office, CMS, hospitals and health centers. A workshop was sponsored to consider the above. The idea was to develop a structure in-line with the services provided, taking the region and future developments into account. Some proposals from the bills were considered, so that the structure may not need to be amended in the near future. Proposals developed have been submitted to the Ministry for consideration. Feedback is awaited.

**Barriers to Progress:**

None.

**Next Steps:**

Continue to provide support to the MoH National TB Control Program in supply chain management of the GLC sourced 2nd line drugs.

**Indicators:**

None.

**Activity Title:**

Strengthen pharmaceutical services at target facilities.

**Activity Lead:** Tjipura, Dinah

**Activity #:** 2 **Task:** LFSZ08XXX **Subtask:** 60E3H2

**Activity Description:**

Under this year's plan SPS will strengthen pharmacy supervision; this 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. Specific sub-activities with MSH/SPS TA support will include, but are not limited to the following: Sub-activity 1: Implement drug supply management systems (both manual and computerized) to ensure availability of essential medicines, optimize reorder level, monitor expenditures and strengthen the accountability of stock at all levels (one of the requirement for the disbursement of Global Funds). Sub-activity 2: Continue to provide support to the system implementation and improvement, building capacity at the site level to ensure that the system is fully functional and that health personnel use the collected data to support management. Sub-activity 3: Implement a centralized data repository at the national level to assist with the monitoring of use and availability of essential commodities throughout the country.

**SPS Partners**

None.

**Budget:** \$54,250.00

**Start Date:** Oct/2008

**End Date:** Sep/2009

**Products Planned:**

None.

**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

At the request of the SNAP program, MSH/SPS helped to develop an SOP for decentralization of ART from the main institution to decentralized sites. Data

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collection tools were developed. The intention was to have uniformity in all institutions where decentralization was planned to take place. This intervention has not yet had the desired effect. MSH/SPS used the laboratory kits survey to identify gaps and strengthen pharmaceutical services by giving technical advice on the issues identified. Some of the issues addressed were: (1) Lack of support visits to facilities by pharmaceutical services staff. (2) Poor image/reputation of the laboratory and CMS. (3) Refrigerator temperature charts not analyzed and acted upon. (4) Thermometers were not available in all institutions. (5) Expired medicines on the shelves of clinics visited. (6) No clear system in place to deal with either damaged or expired reagents or medicines. (7) Record keeping was not always up to standards (i.e., some important documents could not be found during visits). (8) Bin cards were available in all facilities but were not used to make decisions on how much to order. (9) In most clinics there was no medical reference material of any kind. In order to address issues identified, plans have been put in place to commence clinic supervision for all pharmaceutical services, including ART and TB. A schedule has been drawn-up and buy-in from pharmacists solicited. At Piggs Peak Hospital, MSH/SPS provided technical assistance in setting up a bulk storage area for the hospital. This was done at the request of a newly transferred pharmacist. All medicines (including ARVs) will be kept in the same area. The current area used for ARV bulk storage is extremely small and cannot accommodate the safety stock required. The stock was moved, stock inventory was done, and excess stock identified for return to CMS. Although more work is needed, the situation has improved. At Good Shepherd Hospital, the ART unit was visited. The following areas were identified as needing intervention: (1) Control and monitoring of the temperature of the refrigerator and storage. (2) Patient counseling and pharmacovigilance training. (3) Stock-outs (i.e., Retinovir 100 mg —CMS informed and steps taken to address the situation). A gap analysis survey is planned for Swaziland. A survey tool has been worked on by a team of pharmacists. Dates for the general pharmaceutical gap analysis have been set and will be finalized in the meeting planned for the end of January 2010.

**Barriers to Progress:** None.  
**Next Steps:** Training of health workers on the new SOPs for decentralization. Conduct a pharmaceutical services gap analysis (survey).  
**Indicators:** None.

**Activity Title:** Support to CMS operations.

**Activity Lead:** Tjipura, Dinah **Activity #:** 3 **Task:** LFSZ08XXX **Subtask:** 60CXH3

**Activity Description:** During FY08, SPS will continue to provide this assistance to CMS. In addition, the program will be implementing the RxSolution<sup>®</sup> at the Central Medical Stores (CMS) to serve for the inventory management of ARVs. The program will also use FY08 funds to develop, enhance, and implement standard operating procedures (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. The program will assist CMS to introduce models to quantify lab reagents. Specific sub-activities with MSH/SPS TA support will include, but are not limited to the following: Sub-activity 1: Collaborate with CMS and NERCHA to enhance quantification practices to monitor and estimate medicines used for HIV/AIDS, TB, STIs and OIs at both facility (CMS) and facility (hospital) levels. Sub-activity 2: Introduce additional models to quantify lab reagents. Sub-activity 3: Develop and implement quantification procedures at the facility level.

**SPS Partners:** None.  
**Budget:** \$80,600.00 **Start Date:** Oct/2008 **End Date:** Sep/2009  
**Products Planned:** TA reports for procurement and warehouse information system.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1  
**Activity Progress:** To ensure that no facility ran out of ARVs, assistance was provided in monitoring

availability of ARV supplies in facilities. For the period under review, delays in the release of funding remained an issue, resulting in ordering delays. This situation affected the stock holding of the ART CMS. MSH/SPS continued to support CMS in the follow-up of suppliers and monitoring the supply situation at facilities, as well as ensuring that monthly statistics on the stock inventory were compiled and sent to all partners. Assistance was provided in responding to queries raised by some partners. In the area of strengthening of the logistics information system for the ART medicine supply system, supervisory visits continued to the ARV sites to facilitate implementation of the tool. All public sites were covered during the last quarter. In this quarter it was planned that all private sites would be covered. This was not done, as a result of a lack of capacity. MSH/SPS successfully engaged Government Computer Services and the Health Management Information Systems Unit (HMIS) of the MoH, for the installation of RxSolution in the main CMS store. The networking of the new building was done. The computer hardware needed was procured and the setup of RxSolution done. MSH/SPS continued to provide technical support to CMS operations. These include: IT support, follow-up, reports, troubleshooting, and coordination of purchase of computer hardware, local area networking for the main CMS store, and training. The priority design issues for CMS, namely bar-coding, electronic ordering, middleware between RxSolution and government's finance system, are being addressed.

**Barriers to Progress:**

Lack of capacity to conduct site supervisory visit to ART treatment sites

**Next Steps:**

Work on system enhancements of RxSolution at the CMS, including bar-coding and remote demander module. Work with ministry pharmacists to conduct the supervisory visits to ART treatment sites.

**Indicators:**

None.

**Activity Title:**

Provide training of healthcare workers on medicine supply management and the pharmaceutical management of HIV/AIDS, STI, and TB.

**Activity Lead:** Tjipura, Dinah **Activity #:** 4 **Task:** LFSZ08XXX **Subtask:** 60AXM4

**Activity Description:**

Under this year's funding MSH/SPS will assist health care workers to assess and improve infection control practices at their facilities using the Infection Control Assessment Tool introduced through training in previous years. The SPS training programs will target health personnel from ART sites. Although participation focus will be on pharmacists and pharmacy technicians, nurses and medical doctors will be included in some of the training workshops. A total of 200 participants are expected to attend the workshops. Specific sub-activities with MSH/SPS TA support will include, but are not limited to the following: Sub-activity 1: Provide training and workshops for pharmacy staff and other key personnel involved in the provision of pharmaceutical services from public, private, and mission hospitals on the following topics — Best Drug Supply Management Practices (e.g., assessing re-order level, optimized inventory management, computerized systems), rational drug use including sessions on the management of HIV and AIDS (e.g., adherence monitoring, counseling, and adverse drug event monitoring), and implementation and or strengthening pharmacy and therapeutics committees to promote safe and rational use of medicine, develop provincial medicine formularies, and promote standard treatment guidelines for HIV and AIDS regimens. Sub-activity 2: Continue to train health workers on improving infection control measures at facilities where ART and TB treatment is provided. Sub-activity 3: Assist the MOHSW with the development and implementation of an infection control policy as a key strategy to limit antimicrobial resistance.

**SPS Partners**

None.

**Budget:** \$64,325.00

**Start Date:** Oct/2009      **End Date:** Sep/2010

**Products Planned:**

None.

**Reporting Period:**

**Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:**

MSH/SPS met with the EGPAF to discuss the possibility of doing medicine supply

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	management (MSM) training for the clinics supported by EGPAF. The first two sessions are expected to take place towards the end of January 2010 and in mid-February. MSH/SPS conducted workshops for RxSolution users, including both pharmacists and other healthcare workers.
<b>Barriers to Progress:</b>	Lack of capacity in the office to conduct the trainings.
<b>Next Steps:</b>	Medicines Supply Management training for EGPAF PMTCT-supported site staff.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Pharmaceutical policy and national level support (drug Advisory, PTC, DI).
<b>Activity Lead:</b> Tjipura, Dinah	<b>Activity #:</b> 5 <b>Task:</b> LFSZ08XXX <b>Subtask:</b> 60BXH5
<b>Activity Description:</b>	Specific sub-activities with MSH/SPS TA support will include, but are not limited to the following: Sub-activity 1: Continue to support the tendering process for medicine procurement and other commodities (laboratory and dental supplies). Sub-activity 2: Assist the NDAC to monitor supplier performance, review facility expenditures and improve the financing mechanism. Sub-activity 3: Continue to assist the Pharmacy Services to implement the Swaziland Medicines Regulatory Authority to regulate the importation, procurement, storage and distribution of medicines for the public and private sector.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$58,900.00	<b>Start Date:</b> Oct/2008 <b>End Date:</b> Sep/2009
<b>Products Planned:</b>	None.
<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	On November 17-18, 2009, a two-day workshop was held on the Swaziland Pharmacy and Medicines and Related Substances Control Bills. The workshop was attended by officials from various ministries and other stakeholders in the public and the private sector. The workshop provided an additional opportunity for presenting the draft bills to various government and private sector stakeholders for comment. Overall, the discussions and comments were positive and changes recommended will be presented to the MoH for further input. A further workshop with other private sector stakeholders and the Medical Association is planned following which, it is envisaged, the draft will be sent to the various ministries prior to presentation to parliament.
<b>Barriers to Progress:</b>	Medical doctors/medical and dental board not adequately represented.
<b>Next Steps:</b>	Hand-over the bills with comments from the stakeholders' forum to the MoH legal advisor. Host a second round of stakeholder consultation meetings, to include the members of the Swaziland medical and dental board.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Strengthening laboratory logistics and quantification services.
<b>Activity Lead:</b> Tjipura, Dinah	<b>Activity #:</b> 6 <b>Task:</b> LFSZ08XXX <b>Subtask:</b> 60CXM6
<b>Activity Description:</b>	In response to this important continuing need, SPS will continue to implement standardized quantification approaches for ART, TB and STI products. SPS will develop and implement models for the quantification of laboratory testing for ART and other patients (e.g., CD4+, Viral Load, and others). Specific sub-activities with MSH/SPS TA support will include, but are not limited to the following: Sub-activity 1: Develop models to estimate laboratory reagents and other commodities needs. Sub-activity 2: Train staff from the national and facility levels in quantifying their laboratory commodities requirements based on current and forecasted patient load and distribution. Sub-activity 3: Map the current flow of laboratory commodities throughout the supply chain and make recommendations to optimize their procurement, distribution, and use. This will include strengthening the coordination among all stakeholders, and identifying new potential sources of supply. Sub-activity 4: Assist the NLS with the development of standard operating procedures (SOPs) for laboratory services at the health level, and then train laboratory personnel, procurement officers and program managers at the health facility level to develop

and/or review and adapt SOPs to optimize the operation of the laboratory services.  
 Sub-activity 5: Assist with the development and implementation of systems to track laboratory commodities and optimize their stock levels in all health institutions.

**SPS Partners**

None.

**Budget:** \$38,750.00

**Start Date:** Oct/2008

**End Date:** Sep/2009

**Products Planned:**

None.

**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

MoH laboratory services asked MSH/SPS and the Clinton Foundation to help quantify HIV test kits to facilitate preparation of next year's budget and to investigate the extent of the out-of-stock situation in clinics, health centers and hospitals. MSH/SPS was asked to use the consumption-based method in investigating the problem, while the Clinton Foundation used their morbidity-based method. Planning for a survey in mid-October was done with MSH/SPS providing vehicles, accommodation and catering for this activity. Laboratory staff members were involved. Although it was planned to survey 60 clinics, in the end 48 were visited. The findings of the laboratory survey were as follows: (1) There was no shortage of kits in Swaziland, as they were being provided by partners like EGPAF. (2) No formal ordering system was in place. (3) Duplication occurred between the functions of the laboratory and CMS. (4) Laboratory services were not known by their clientele. (5) Poor or no communication between facilities and the laboratory. The warehouse procurement plan was finalized and submitted to both the laboratory manager and NERCHA. Quotations for shelving, office furniture, and other equipment were submitted to NERCHA for procurement. MSH/SPS would continue to rent the warehouse, until the new warehouse is fully equipped and operational. Once management authorized the request, the procurement process commenced. Laboratory management and NERCHA were sensitized to potential risks relating to the personnel tasked with running the warehouse. These related to the importance of separation of functions (i.e., the person receiving stock cannot issue stock, the person entering orders cannot pick off the shelf, the person placing orders cannot receive them), occupational health and safety concerns, internal control measures and the application of risk control principles. Input was also provided on the need to clarify job functions and the safe storage of flammable liquids. MSH/SPS continued to work with the officer(s) assigned with procurement-related issues in the laboratory on the above mentioned activities. The work previously done on SOPs for the laboratory was given to a pharmacist to finalize for presentation to laboratory management.

**Barriers to Progress:**

Inadequate coordination of laboratory stakeholders.

**Next Steps:**

Installation of RxSolution at the new facility is a priority for next quarter.

**Indicators:**

None.

**Activity Title:**

Maintain a computerized medicine information system after national roll-out at public and private sites and set up national data warehouse.

**Activity Lead:** Tjipura, Dinah **Activity #:** 8 **Task:** LFSZ08XXX **Subtask:** 60CXJ8

**Activity Description:**

With FY 2008 PEPFAR funds, MSH/SPS will continue and expand activities already underway in Swaziland to support the effective management of antiretroviral (ARV) medicines. SPS will continue to influence drug provision positively by improving estimation of needs for ARVs, opportunistic infection (OI), and sexually transmitted infection (STI) drugs; implementing systems to support drug supply management activities and to monitor drug availability at the institution and district levels; and develop a highly skilled pool of pharmacy personnel to manage them. Specific sub-activities with MSH/SPS TA support will include, but are not limited to the following:  
 Sub-activity 1: Continue to support the RxSolution<sup>®</sup> system through follow-up visits, and the development of new management reports. Sub-activity 2: Train health workers in using all the functions of the computerized drug management supply system to support activities related to procurement, storage, distribution, dispensing,

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and down referral, and to improve patient management and monitoring using the system. Sub-activity 3: Develop and implement a central data repository to assist the MOHSW to monitor the ARV program at all levels.

**SPS Partners**

None.

**Budget:** \$98,425.00

**Start Date:** Oct/2008

**End Date:** Sep/2009

**Products Planned:**

None.

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

CMS has been completely networked and set up. The relevant persons were trained to use RxSolution. A task team was established to consider a project plan for CMS. This is an initiative of Computer Services. Other participants are CMS, the M&E unit, MSH/SPS, and the HIMS unit. In this meeting, the project plan/action plan developed by MSH/SPS was considered and updated. Meeting participants felt that the Ministry should lead the process by expressing its future plan in relation to software development and related aspects. This is still work in progress. The planned independent assessment of the APMR in the pilot sites was put on hold due to the fact that the M&E unit felt that it needed more time (longer than 3 months). MSH/SPS continued to provide RxSolution maintenance and support to facilities and is presently structured in such a way that it is a shared task with the MoH/M&E IT officers. MSH revised the setup/rollout of RxSolution software to private sites with NERCHA, M&E, and SNAP. The revised guideline, including timelines, is guiding implementation of the system. Technical assistance and support to the MoH, SNAP/M&E, operations continued and included IT support, follow-up, reports, troubleshooting and specific guidance and support provided especially in the continued RxPMS data reports design to the M& E regional information analyst. Numerous meetings were held between NERCHA, M&E, MSH/SPS, and HIMS to iron-out the issues surrounding the procurement of the computer hardware for the real-time data entry being procured by NERCHA. Issues such as specifications, supplier selection, procurement conditions, and requirement for supply as per planned phased implementation of project were considered. The project plan is available, but it needs consideration of all parties involved. This process is driven by the M&E unit. MSH/SPS met the GF team investigating the issues relate to the system not giving consistent results. We informed them that the server was not strictly controlled, as required, and that could interfere with the reports. Version 2 of the software was a work-in-progress, with continuous changes required by the Ministry. We left a good impression. The country received a 50% green (good) and 50% yellow (room for improvement) results in data control and reporting.

**Barriers to Progress:**

Most challenges are related to hardware and problems related to software, unrelated to RxSolution (i.e., viruses).

**Next Steps:**

Work with Ministry of Information and Communication Technology to provide antivirus protection. Further expansion of RxSolution/RxPMIS.

**Indicators:**

None.

**Activity Title:**

Disseminate results and lessons learned from the implementation of the emergency plan for pharmaceutical services improvements.

**Activity Lead:** Tjipura, Dinah **Activity #:** 9 **Task:** LFSZ08XXX **Subtask:** 60G2H9

**Activity Description:**

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 work with the USG Team, SPS/Washington, and other partners to identify success stories and ensure their documentation, and to identify opportunities for the presentation and dissemination of lessons learned locally, regionally and internationally, as well as to contribute to conceptual publications of global interest. This activity also includes work plan development, budget monitoring, progress monitoring, quarterly and semi-annual reports; pipeline reports. A set of indicators will be defined for the monitoring

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*Country Programs*

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of SPS activities and will serve as a basis for reports provided to the USAID mission, as well as for revising targets in order to contribute to reaching PEPFAR goals in Swaziland.

**SPS Partners**

None.

**Budget:** \$15,000.00

**Start Date:** Oct/2008

**End Date:** Oct/2009

**Products Planned:**

None.

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**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

The results of the laboratory survey were shared with the laboratory management, and possible interventions by MSH/SPS were identified. An action plan is yet to be developed. The same results were shared with pharmaceutical services management and staff. Again, areas of intervention were collectively identified. One of these interventions is to have monthly pharmacist meeting and quarterly CMS customer meetings to discuss matters related to stock availability. MSH/SPS was invited by health care professionals in institutions around Mbabane, to detail its mission and current work that is being done. This group comprises laboratory scientists, technologists, nurses, and medical officers. The meeting was attended by other partners (i.e., NERCHA, URC, MSF, the EGPAF and the USG/CDC). The presentation included the results of the survey and progress made with the two bills. MSH/SPS was visited by a laboratory specialist from URC (Professor Sibande) from Zimbabwe, who wanted to learn about current lab work and software plans. Results of the laboratory survey were shared with him. An annual report for the previous year was written and submitted.

**Barriers to Progress:**

None.

**Next Steps:**

Conduct a baseline assessment of pharmaceutical services in the country.

**Indicators:**

None.

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with NACP to discuss the implementation strategy for COP 09 work plan and to review the rapid assessment tool developed by SPS for monitoring and assessment of current medicines use practice related to HIV/AIDS. SPS also had a meeting with NACP to share preliminary results from ART field visits and briefly shared observed red flags. Detailed discussion is planned for April 9, 2010, where findings from the six regions will be presented. SPS held consultative meetings with FHI, the EGPAF, MDH, DOD AIDS Relief, and ICAP at national level to discuss the planned activities in their respective regions, discuss potential opportunities for collaboration in promoting the rational use agenda, and the best way to move forward with implementation in the selected region. Meetings were also held with program officers from the EGPAF in Shinyanga, from FHI in Iringa, and DOD in Ruvuma, upon reporting to the regions before visiting the sites. Attended the USAID/CDC Semi-Annual Project Report Partner meetings held at CDC to prepare for SAPR reporting. Participated in the WHO meeting on coordination on medicines and supplies.

**Barriers to Progress:**

None.

**Next Steps:**

Meet with NACP to share and discuss the report on April 9, 2010. Participate in relevant partners meetings on pharmaceuticals and health supplies.

**Indicators:**

None.

**Activity Title:**

Provide TA in strengthening ART pharmaceutical management systems at facility level in collaboration with partners and stakeholders

**Activity Lead:** Rutta, Edmund **Activity #:** 2 **Task:** LFTZ09HIP **Subtask:** 60A2H2

**Activity Description:**

Under COP 09, MSH/SPS will build on existing efforts and provide support in strengthening capacity of districts pharmacists, to monitor performance of ART sites under their catchment areas, to ensure provision of quality services in ART pharmaceutical management and care. The targeted sites include district level and primary health care facilities. The activity will be implemented in close collaboration with NACP and other care and treatment partners building on the work and lessons learnt under COP 08.

**SPS Partners**

None.

**Budget:** \$300,000.00

**Start Date:** Jul/2009 **End Date:** Sep/2010

**Products Planned:**

Simple rapid assessment and monitoring tool.

**Reporting Period:**

**Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:**

Developed detailed implementation strategy for proposed activities under the COP 09 work plan. The strategy includes the technical approach, expected output, outcome, and proposed performance monitoring indicators which was shared and jointly reviewed with NACP. Developed a simple rapid assessment and monitoring tool for monitoring current medicine use practices for ART medicines and medicines safety monitoring at site level. The results from the quick review were used as a basis for problem solving discussions during field visits. To build capacity of local staff (district pharmacists and facilities staff) to effectively implement the MTP approach, SPS developed a draft rapid assessment implementation guide indicating how to use the tool and rationale for each focus area of the proposed tool for monitoring medicines use practices. The assessment guide is being modified based on the field experience

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<b>Barriers to Progress:</b>	None.
<b>Next Steps:</b>	Visits to Dar es Salaam ART sites: April 8-16, 2010.
<b>Indicators:</b>	None.
<b>Activity Title:</b>	Provide TA to NACP and partners to promote rational use, adherence and pharmacovigilance of ARVs and other related medicines
<b>Activity Lead:</b> Rutta, Edmund	<b>Activity #:</b> 3 <b>Task:</b> LFTZ09HIP <b>Subtask:</b> 60F2H3
<b>Activity Description:</b>	To promote good pharmaceutical care, MSH/SPS will provide technical assistance to support and ensure that good pharmaceutical practice including proper prescribing, good dispensing practice for ARVs and other related medicines, proper medication use, and adherence counseling is provided to clients. This intervention is aimed at ensuring good quality of pharmaceutical services and care to avoid antimicrobial resistance and reduce treatment failure. In addition, under COP 09, MSH/SPS will work in collaboration with NACP and TFDA to facilitate regular reporting of ADR to TFDA ensuring that the information recorded in CTC2 reaches to TFDA.
<b>SPS Partners</b>	None.
<b>Budget:</b> \$210,000.00	<b>Start Date:</b> Jul/2009 <b>End Date:</b> Sep/2010
<b>Reporting Period:</b>	<b>Year:</b> Project Year 3 <b>Quarter:</b> Q1
<b>Activity Progress:</b>	As part of SPS TA to TFDA pharmacovigilance activities, SPS participated in a 5- day workshop to develop an implementation plan for active surveillance for the ART program, which took place in Arusha from November 16-20, 2009. The workshop was organized by TFDA in collaboration with AIDS RELIEF. During this workshop, draft tools for active monitoring of ADR were developed and adaptation of the existing pharmacovigilance training materials to suit the local needs started. SPS continued to support finalization of draft a pharmacovigilance training package, based on the request during the Arusha workshop. SPS participated in 5-day training on pharmacovigilance for ART program (November 23-27, 2009). The training was organized by WHO Geneva, targeting regulatory authorities from different African countries, national HIV/AIDS programs, and other partners with the aim of building their capacity in conducting ART pharmacovigilance activities and developing plans to implement active surveillance for the ART program. MSH/SPS supported TFDA in developing a draft implementation plan for ART active surveillance, to be implemented under WHO funding support. Responding to TFDA request to review existing ADR guidelines, SPS conducted mapping and desk review of selected ADR monitoring and reporting guidelines, to identify strengths and weakness, as part of process for ADR guideline review. SPS provided support to TFDA in developing PowerPoint presentations based on the draft training manual developed for use by different stakeholders in pharmacovigilance trainings. The draft training materials and guidelines are still under review by both TFDA and MSH/SPS before finalization.
<b>Barriers to Progress:</b>	None.
<b>Next Steps:</b>	Complete final review for the pharmacovigilance guidelines, training materials, and IEC materials —expected to be completed during the end April.
<b>Indicators:</b>	None.

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## **Ukraine**

**Work plan:** Ukraine    **Year** 09

**Funding Level:** \$512,350.00

### **Work plan Background**

Tuberculosis (TB) is a serious public health threat in many countries of Eastern Europe. Despite the efforts made by the governments and donors in scaling-up the World Health Organization (WHO) recommended diagnostic and treatment strategies, the current epidemiological situation is marked with high rates of multi-drug resistant (MDR) TB, with most countries of the region reporting MDR TB in more than 5% of new cases, and in over 50% of previously treated cases [1]. Possible factors contributing to this situation include limited infrastructure, poor diagnostic and laboratory capacity, improper prescribing and lack of providers' adherence to standard treatment guidelines, and poor compliance of patients to treatment regimens. Added to this is the problem of inadequate procurement and distribution practices of TB medicines (even among Global Drug Facility assisted countries) which can result in potentially poor quality medicines and stock-outs. Lack of adequate infection control procedures within health institutions has also been a factor in the spread of MDR and extensively drug resistant (XDR) TB, ultimately increasing the length and cost of treatment. Often the exact reasons for poor outcomes of TB programs are impossible to identify because the information and reports required for the analysis of program operations and for informing management decisions are not readily available at all levels of the health system (health facility, provincial, and national levels). In Ukraine, TB control activities are managed by a large network of institutes, dispensaries, hospitals, outpatient clinics, sanatoria, and rural operations. A deputy minister of health and a national committee from the department of socially dangerous diseases have taken the lead responsibility for TB. There is no National TB Program (NTP) or NTP manager and the Research Institute for Respiratory Disease and Tuberculosis of the National Academy of Sciences leads development of policy and standards for TB control. The TB system in prisons and pre-trial detention centers is managed by the Ministry of Internal Affairs. Establishing an adequate TB management information system (MIS) can help overcome many of the challenges of coordinating TB control activities in Ukraine, by providing the required information for TB control monitoring and management decision-making. Key to this system is its ability to align in-country programs with WHO recommendations for Directly Observed Therapy, Short-course (DOTS) and DOTS Plus programs (e.g., standard data collection, recording, and reporting), creating user-friendly web-based information sharing and consolidating different reporting level data extraction tools into a single interface, thus ensuring rapid response to case and drug management issues. The system should provide a database protected by a validation process to ensure internal security features and unique patient identification. It should use open sources for technical solution development (not needing additional licenses) and be used with a mixed system of online reporting and paper systems at peripheral levels. In response, and with USAID core funding, the Strengthening Pharmaceutical Systems (SPS) of Management Sciences for Health (MSH) developed an approach to address the information gaps in TB programs. The program developed an electronic web-based tool known as the e-TB Manager© (e-TBM). The e-TBM aims at strengthening TB programs and improving program outcomes through the implementation of a comprehensive information system pulling together all elements of DOTS strategy and its supporting databases. The information collected by healthcare workers flows into one comprehensive management tool that is easily customized, translated, and adapted for country specific requirements. Once collected, the information can be generated into reports made readily available for analysis and management at all levels, and for informed decision making at the national level. The e-TBM captures all the necessary information of a TB program, including the following functions- Treatment and case management: e-TBM uses online notification and follow-up, clinical records and laboratory results, tracks patients' transfers in and out of facilities, and provides data for treatment adherence and patient contact evaluation. First- and second-line medicines management: e-TBM provides data for medicine consumption, forecasting, ordering, distribution, and dispensing, records stock movements/inventories, and tracks medicine batch numbers generated from good quality data at all levels of the health system. Information and surveillance management: e-TBM maps TB and MDR/XDR case patterns, epidemiological indicators, resistance patterns, co-morbidities, previous treatment history, and treatment cohort results, and provides surveillance reports. This updated information can be readily accessed online at central and peripheral levels. Operational and clinical research: e-TBM provides easy methods for analyzing collected data, evaluating treatment costs, and exporting data to other statistical programs. In FY09, using USAID Europe and Eurasia (E&E) funding, SPS planned and initiated activities in the region aimed at the implementation of the e-TBM.

Activities began in November 2008, with an SPS regional workshop on the e-TBM in Tbilisi, Georgia. The purpose of the workshop was to familiarize a number of countries with the tool, its potential role in strengthening country TB programs, implementation steps, and required resources. Seventeen (17) participants from Georgia, Armenia, Azerbaijan, Kazakhstan, and Ukraine attended the workshop. All countries represented at this workshop expressed interest in the e-TBM and in potentially adopting it to support their national TB programs. The workshop was followed by a pre-implementation planning and technical needs assessment review for the Georgia TB program. Also a series of trips to Armenia, Azerbaijan, Kazakhstan, Ukraine, and Uzbekistan were carried out to better understand their needs vis-à-vis the e-TBM. SPS also remotely tested the initial version of the e-TBM in these countries with the aim to address potential bugs and make any additional system adjustments. Finally, country-specific versions of the e-TBM were developed, followed by country-specific user trainings. The focus in Ukraine was to develop, validate, and test a country-specific version of the e-TBM. The country-specific version is currently installed on a designated server at the National TB Institute. A Memorandum of Understanding between the Ministry of Health (MoH) of Ukraine and MSH/SPS was signed. The e-TBM is thus ready to be piloted in oblasts designated by the MoH. Currently under consideration are Kherson, Donetsk, Zaporizhia and Kharkiv oblasts, and the penitentiary system. Additionally, national data collection forms for susceptible TB were revised and adopted in line with WHO reporting requirements. Also National Guidelines for MDR TB were adopted. Such effort was critical for the adequate customization of e-TBM for Ukraine. The recent FY 09 field support funding from the USAID/Ukraine Mission to SPS will allow SPS to pursue the establishment of the e-TBM in Ukraine, thus strengthening the management of the national TB program through improved access to the standardized information on case and commodity management, and better reporting. In addition to strengthening information systems for TB, SPS will initiate other pharmaceutical management activities in FY09 aimed at improving rational use for TB medicines. Partnerships are important to control TB in Ukraine. SPS will collaborate with PATH who are currently providing assistance to implement the DOTS strategy in Ukraine, and the Rinat Akhmetov Foundation for Development of Ukraine (FDU), who have a Stop TB program including a DOTS Plus treatment project in the Donetsk oblast. [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:** Technical Activity Coordination and Monitoring

**Activity Lead:** Duzey, Olya **Activity #:** 1 **Task:** LFUA09TBX **Subtask:** 97XXY1

**Activity Description:** This activity includes work plan development, budget monitoring, progress monitoring, reporting, meetings, communications with partners and collaborators, and monitoring and evaluation.

**SPS Partners:** None.

**Budget:** \$51,220.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** MSH/SPS travelled to Kyiv in October to discuss Mission priorities for Project Year 3. A draft proposal of potential activities and an illustrative budget was submitted to the mission for review and approval. Local lawyers and banks were contacted to obtain preliminary information regarding the registration process and hiring local consultants.

**Barriers to Progress:** None.

**Next Steps:** Follow-up with the mission for proposal approval and develop the work plan.

**Indicators:** None.

**Activity Title:** Support Implementation of the e-TB Manager

**Activity Lead:** Duzey, Olya **Activity #:** 2 **Task:** LFUA09TBX **Subtask:** 30F3M2

**Activity Description:** SPS will provide support in the following areas: Prepare a self-assessment plan for site implementation readiness at the oblast level, train super-users (trainers) and other decision makers at each oblast level on the e-TBM, develop oblast specific roll-out plans including identifying gaps in information technology resource needs, facilitate and support implementation of developed roll-out plans in target oblasts (including assessments, trainings, resource mobilization, and tool application), assess practicability of populating e-TBM with retrospective data in target oblasts, and support implementation in target oblasts towards nationwide coverage. It is anticipated that SPS will conduct and fund at least two trainings for 15 super-user participants each over four days for participants from five oblasts. Super-users will

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then be able to conduct trainings with technical assistance from SPS for end-users. Refresher training will be provided to follow-up on issues identified during the training and oblast roll-out implementation. Logistics and resource responsibilities will be shared among SPS, PATH and the FDU. Resources will be allocated based on priorities determined by the MoH.

**SPS Partners**  
**Budget:** \$179,208.00  
**Products Planned:**

None.  
**Start Date:** Oct/2009      **End Date:** Sep/2010

Participant training materials, User Manual, Train the Trainers Manual, and the final, customized version of e-TB Manager.

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**Reporting Period:**  
**Activity Progress:**

**Year:** Project Year 3    **Quarter:** Q1  
MSH/SPS conducted a workshop with the Ukrainian e-TBM working group in collaboration with PATH. During the workshop the Ukrainian version of e-TBM was validated, new functionalities of the system implemented since, new requests to be implemented in the system were evaluated, and software bugs were identified.

**Barriers to Progress:**

e-TBM must be registered according to local regulations, prior to being implemented in Ukraine. Before the system can be considered officially implemented in the country registration procedures required by the Ukrainian government must be followed. However, the specific regulations and requirements for registration are unclear. MSH/SPS, PATH, the National Committee on HIV/AIDS, TB, and other Socially Dangerous Diseases (the Committee), and USAID/Ukraine are working together to obtain clarity. All technical documentation available has been provided by MSH/SPS to the TB Center as an initial step for the registration process.

**Next Steps:**

Implement changes requested by the working group for the Ukrainian version of the e-TBM. Adjust the reports to the layout requested by the working group, according to the reports in use in Ukraine. Provide technical assistance for the implementation and maintenance of e-TBM in the computer server. Support the Ukrainian version of e-TB Manager by the MSH server in the internet (<http://www.etbmanager.org>). Update the e-TBM User's Manual and Training Materials to be consistent with the Ukrainian version of the e-TBM. Develop a TOT Manual for local trainers. Plan oblast trainings for e-TBM roll-out.

**Indicators:**

None.

**Activity Title:**

Provide Technical Assistance to the National Level to Monitor Implementation of the e-TB Manager and to Ensure Data Quality

**Activity Lead:** Duzey, Olya    **Activity #:** 3    **Task:** LFUA09TBX    **Subtask:** 60F3H3

**Activity Description:**

SPS will provide support in the following areas: Assist local counterparts in planning all activities related to the establishment and roll-out of the e-TBM, provide technical assistance for the development and execution of Standard Operating Procedures (SOPs) and quality assurance procedures to produce high quality data, assist with the monitoring of e-TBM implementation including quality reporting and appropriate use of data, and develop recommendations for improvement.

**SPS Partners**

None.

**Budget:** \$40,000.00

**Start Date:** Oct/2009      **End Date:** Sept/2010

**Products Planned:**

Data quality management SOPs.

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**Reporting Period:**  
**Activity Progress:**

**Year:** Project Year 3    **Quarter:** Q1  
This activity is anticipated to begin in Q4, once e-TBM training has been completed in at least 5 oblasts, and patient data has been entered into the system.

**Barriers to Progress:**

None.

**Next Steps:**

None.

**Indicators:**

None.

**Activity Title:**

Provide Technical Assistance at the National and Oblast Level to Analyze and Use Information Generated From e-TB Manager For Decision Making and Planning

**Activity Lead:** Duzey, Olya **Activity #:** 4 **Task:** LFUA09TBX **Subtask:** 60G3H4

**Activity Description:** SPS will: Provide assistance to national and oblast staff to ensure their appropriate use of data for adequate quantification, and for monitoring prescribing patterns for first- and second –line medicines according to WHO recommendations and according to national standard treatment guidelines (STGs). Assistance will also support treatment and case management processes, the mapping of TB and MDR/XDR case patterns, and managing inventories based on sound information obtained from e-TBM. Work with the National TB Center for the adoption of WHO standard layout for TB reports. SPS will also mobilize partners and stakeholders to revise current national TB reporting guidelines and put them in better accord with the Stop TB recommendations for TB and patient classification.

**SPS Partners**

None.

**Budget:** \$40,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

**Products Planned:**

Data analysis reports.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** This activity is anticipated to begin in Q4, once e-TBM training has been completed in at least 5 oblasts, and patient data has been entered into the system.

**Barriers to Progress:** None.

**Next Steps:** None.

**Indicators:** None.

**Activity Title:** Build the Capacity of Key National Ukrainian TB Institutions to Provide Training on the Implementation of Second-Line TB STGs

**Activity Lead:** Duzey, Olya **Activity #:** 5 **Task:** LFUA09TBX **Subtask:** 60E3M5

**Activity Description:** SPS will assist in the adequate implementation of second-line TB STGs by: Training health care personnel to become national trainers on second-line STGs and drug management in collaboration with the WHO Collaborative Centre for Research and Training on MDR TB in Riga, Latvia. Providing technical assistance to national trainers to conduct trainings, and provide training feedback to improve future sessions. One central ten day training of National Trainers workshop for ten participants to be held in Ukraine is planned. National trainers will then be able to conduct trainings with technical assistance from SPS for healthcare workers to conduct their own in-service programs.

**SPS Partners**

None.

**Budget:** \$75,000.00

**Start Date:** Oct/2009

**End Date:** Sep/2010

**Products Planned:**

Training materials and reports.

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**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Began researching organizations that provide MDT-TB STG training in the Ukrainian or Russian language.

**Barriers to Progress:** None.

**Next Steps:** Select an organization to provide MDR-TB STG training in Ukraine. Work with the TB Committee to select participants and potential future trainers to attend the training. Organize logistics for the training.

**Indicators:** None.

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## Vietnam

**Work plan:** Vietnam    **Year** 09

**Funding Level:** \$250,000.00

### Work plan Background

The government of Vietnam recognizes the importance of establishing a national system for collecting and monitoring adverse drug reactions and for providing drug information. The Ministry of Health's Drug Administration Department and the Hanoi University of Pharmacy were assigned to develop a National Drug Information (DI) and Adverse Drug Reaction (ADR) Monitoring Centre on March 24, 2009. The National DI & ADR Centre was launched on June 9, 2009 and has legal status and an account at the National Treasury under the administrative management of the Hanoi University of Pharmacy. Building on this legal framework, the National DI & ADR Centre will serve as a key unit for Vietnam's pharmacovigilance system. However, the government of Vietnam does not have sufficient funding or the technical support to get this center (plus three other proposed regional centers in Northern, Central and Southern Vietnam) started. Moreover, the current pharmacovigilance system is based primarily on a passive approach to monitoring and reporting ADRs. Lessons learned from other countries suggest that active approaches are needed to detect and evaluate potential safety concerns and quantify risk, so as to assist decision-making for national regulatory authority and prevent harm to the public. Management Sciences for Health's support for pharmacovigilance activities in Vietnam began in October 2008 under the Rational Pharmaceutical Management Plus Program (RPM Plus), which used Viracept recall funds to identify and engage key Ministry of Health officials, the Hanoi University of Pharmacy, and other stakeholders that currently do or potentially could play an important role in pharmacovigilance in Vietnam. In March 2009, RPM Plus assisted these stakeholders to adopt a framework for pharmacovigilance that incorporates active surveillance of adverse events and ensures public health program participation. RPM Plus also conducted a training-of-trainers introductory course on pharmacovigilance and medication safety aimed at 42 participants from 17 institutions in Vietnam. The Strengthening Pharmaceutical Systems (SPS) Program, a follow-on to RPM Plus, is using COP 09 funding to assist local counterparts to further strengthen their capacity to conduct pharmacovigilance activities in the country.

**Activity Title:** Provide technical assistance to Hanoi University of Pharmacy for the start-up of pharmacovigilance activities

**Activity Lead:** Joshi, Mohan    **Activity #:** 2    **Task:** LFDV09HIP    **Subtask:** 60AXA2

**Activity Description:** SPS will provide technical assistance to HUP to strengthen DI & ADR Centre's capacity to provide medicine and safety information, and to develop a strategy for preparing a pharmacovigilance-related proposal for GFATM funding. Specifically, SPS will assist the DI & ADR Centre to (1) develop a detailed one-year action plan for 2009-2010, (2) provide an initial training to its staff on key issues relating to medicine information and safety, (3) develop a strategy for acquiring and updating drug information and pharmacovigilance reference resources, (4) identify the changes needed in the existing monthly bulletin on Clinical Pharmacy Information, (5) map basic steps involved in the provision of question-answer service planned for the future, (6) carry-out a stakeholder analysis to identify key players that could support its vision and activities, and (7) review and identify revisions needed for the existing ADR reporting form. Additionally, SPS will render technical assistance to HUP to help it prepare a GFATM Round 10 grant proposal relating to pharmacovigilance system strengthening. SPS will leverage Supply Chain Management System (SCMS) Project support for a DI & ADR Centre staff study tour to South Africa and Namibia to learn from experiences of these countries in medicine information, pharmacovigilance, and GFATM grant proposal development. SCMS will also donate a set of core clinical drug information and pharmacovigilance reference resources to the DI & ADR Centre.

**SPS Partners**    None.

**Budget:** \$98,606.00    **Start Date:** Oct/2009    **End Date:** Sep/2010

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**Reporting Period:**    **Year:** Project Year 3    **Quarter:** Q1

**Activity Progress:**    With forward funding for COP09, SPS technical staff traveled to Vietnam in July 2009

and assisted the staff of Hanoi University of Pharmacy (HUP) to draft a one-year work plan for the newly established National Drug Information and Adverse Drug Reaction (DI & ADR) Monitoring Centre, to develop strategies for acquiring and updating medicines information resources, and to prepare a submission on pharmacovigilance for inclusion in Vietnam's Global Fund Round 10 proposal for HIV. SPS staff also met with staff from the Vietnam Administration of HIV/AIDS Control (VAAC) to discuss next steps in introducing an active approach to adverse event monitoring and reporting and medicines safety for ARVs. In September/October 2009, another SPS technical staff member visited Vietnam to continue to support the staff of the DI & ADR Centre, building their capacity and initiating work on selected activities in their work plan. SPS provided two half-day trainings on medicine and ADR information services and pharmacovigilance systems for the Centre's staff. In addition, SPS helped the DI & ADR Centre staff to revise the existing spontaneous ADR reporting form, draft question-answer forms and SOPs for the planned drug information service, and review/revise the existing Pharmacy Information Bulletin to improve its format and content design. SPS also helped the Centre identify a core list of locally relevant pharmacovigilance topics suitable for inclusion in the future issues of the bulletin. SPS also continued communications with HUP and the WHO country office to revise the strategy for preparing a submission on pharmacovigilance for inclusion in Vietnam's Global Fund Round 10 proposal and develop a timeline, for activities.

**Barriers to Progress:** None.

**Next Steps:** Continue working with local counterparts and the WHO country office to help develop a pharmacovigilance component for the GF Round 10 application. Coordinate with SPS' Namibia and South Africa offices to facilitate a planned study tour by three DI & ADR Centre staff to learn about their experiences in conducting pharmacovigilance. MSH/SCMS will fund the tour and SPS will coordinate local technical oversights in Namibia and South Africa during the visit.

**Indicators:** None.

**Activity Title:** Support in-country counterparts to initiate an active surveillance system in the ART program

**Activity Lead:** Joshi, Mohan **Activity #:** 3 **Task:** LFDV09HIP **Subtask:** 60A1H3

**Activity Description:** SPS will engage VAAC and other stakeholders to initiate the design of standard active surveillance procedures within the HIV/AIDS Program in Vietnam through use of routine procedures. Technical support will be provided to map the care and treatment processes, data collection points, and data elements in order to inform the design. Technical assistance will also be directed toward developing customized data collection procedures and tools and an implementation plan based on selection of sentinel sites.

**SPS Partners:** None.

**Budget:** \$135,355.00 **Start Date:** Oct/2009 **End Date:** Sep/2010

**Reporting Period:** **Year:** Project Year 3 **Quarter:** Q1

**Activity Progress:** Preparation began for a visit to Vietnam in January 2010, to initiate protocol design for the pilot active surveillance in the ART program. The plan is for technical staff from SPS and its partner organization, the University of Washington (UW), to make a joint visit to render initial technical assistance. A SOW for UW participation was developed, shared, and finalized. Also, a template the mapping of care and treatment processes in ART facilities was developed and sent to the MSH/SCMS office in Vietnam for review and assistance. The mapping activity is also planned for January 2010.

**Barriers to Progress:** None.

**Next Steps:** Visit Vietnam and work with local colleagues to develop a draft protocol for pilot active surveillance.

**Indicators:** None.