

**Rational Pharmaceutical Management Plus
Haiti Follow up – August 11-13, 2004**

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August 2004

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Acronyms

ART	Antiretroviral treatment
ARV	Antiretroviral drug
CDC	U.S. Centers for Disease Control and Prevention
CRS	Catholic Relief Service
CSAM	Health district of the metropolitan area
DCP/CSP	Central Directorate of Pharmacy and Control of Chemical Substance
DMIS	Drug management information system
GDF	Global Drug Facility
GHEKIO	Haitian Group of Study for Kaposi Sarcoma and Opportunistic Infections
HPNE	Health Population Nutrition and Education
HS 2004	(Health System 2004) Haiti Santé 2004
LET	Life extending treatment
MOH	Ministry of Health, Haïti
MSH	Management Sciences for Health
NGO	Non governmental Organization
NTP	National Tuberculosis Control Program
PAHO	Pan American Health Organization
PEP	Presidential Emergency Plan
PMTCT	Prevention Mother to Child Transmission (HIV)
PROMESS	WHO/PAHO-supported central medical stores
RPM Plus	Rational Pharmaceutical Management Plus (program)
UCC	Central Unit of Coordination of the HIV/AIDS program
USAID	United States Agency for International Development
USGT	United States Government team
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Background

Haiti, country of 8,000,000 people, is one the most affected in the world by the HIV/AIDS epidemic. In 2001, the HIV sero-prevalence was estimated between 4.98% and 6.31% in the general population. In 2004, the number of people living with AIDS is estimated at 167,784 of which 67,000 are eligible for ARV treatment. In 1987, the Ministry of Health (MOH) launched the first efforts to coordinate interventions addressing the AIDS epidemic. The MOH interventions centered mainly on prevention and behavior change campaigns, and the impact of these actions remained very limited, due to constraints in manpower, equipment and finance at the MOH. Over the recent years, USAID has been providing a significant support to the MOH and to local Non governmental organizations (NGOs) in efforts to control the epidemic. The “Groupe Haitien d’Etude du Sarcome de Kaposi et des Infections Opportunistes” (GHESKIO), and the NGO Partners in Health, are among those that have been receiving a constant support from USAID.

Through the Presidential Emergency Plan for AIDS Relief, the US government funded MSH/Rational Pharmaceutical Management Plus Program (RPM Plus) to assist the MOH and GHESKIO in drug management activities in support to the VCT/PMTCT/HIV/AIDS program. At the USAID request, RPM Plus procured in April 2004 an emergency stock of ARVs for Haiti for the period of May through December 2004 with two months of buffer. In addition to this procurement, Haiti has been receiving support from the Centers for Disease Control (CDC) which provides the VCT/PMTCT centers and selected ART centers with materials, equipment, consumables, for service delivery. ARVs procured by USAID are mainly for GHESKIO patients and eight satellite clinics located in the health districts. These products are currently stored and managed at the central medical store PROMESS, in collaboration with RPM Plus. RPM Plus was requested to prepare a new procurement of drugs for opportunistic infections and to ensure the distribution of VCT/PMTCT/HIV/AIDS products to the selected health facilities, including products procured or to be procured by CDC. Michael Derosena visited Haiti to discuss the RPM Plus workplan and budget submitted to USAID, as well as the management of the ARV procurement, storage and delivery of equipment and materials procured by CDC for distribution to the selected VCT/PMTCT target centers. Part of this visit also focused on RPM Plus technical assistance to the MOH in the light of activities to be developed under the Presidential Emergency Plan.

Purpose of visit

The purpose of this visit was to review progress with the USAID SO3 team and discuss RPM Plus program activities under the AIDS Presidential Emergency Plan (PEP). It was specifically planned to focus attention on the reorganization of the budget, logistics for distribution, and backup to support the two RPM Plus technical advisors already in post in Haiti.

Scope of Work

- Meet with USAID SO3 team to review status of the emergency ARV procurement funded by USAID to GHESKIO and the ART satellite centers;

- Discuss with the SO3 team main activities and budget delineated in the draft of the workplan submitted recently to USAID;
- Meet with the GHESKIO team to finalize the memorandum of understanding submitted recently;
- Finalize the memorandum of understanding submitted recently to PROMESS for the management of ARVs procured by USAID under the Presidential emergency plan;
- Review with PROMESS the status of the technical work in preparation of the transfer of drug management data from INVEC2 to the ORION@MSH;
- Meet with the General Director (DG) of the MOH to discuss technical assistance needs for the development and reinforcement of the essential drug program;
- Meet with HS2004 Director and staff to discuss coordination of MSH/RPM Plus/HS2004 activities and technical assistance in drug management to the MOH including activities under PEP.
- Assist local RPM Plus staff in technical and administrative issues in conformity with the workplan as agreed with USAID;
- Participate in a briefing/debriefing with USAID/Haiti as requested

Activities

- **Meet with USAID SO3 team to review status of the emergency ARV procurement funded by USAID to GHESKIO and 8 ART satellite centers**

A meeting was held at USAID on August 12 for an update on management of the ARV procurement and several issues related to the distribution of VCT/PMTCT/ARV products to the selected ART centers. Only one shipment (the last one) of COMBIVIR is not received yet and is expected to arrive in country on August 28. Table 1 in annex shows the status of the emergency ARV procurement. All ARVs drugs and HIV/AIDS commodities are stored at PROMESS and are being managed jointly with RPM Plus staff. According to the initial plan of utilization, GHESKIO should cover needs for 1,000 patients for 10 months. At the time of the visit, GHESKIO had already 1370 patients under treatment reducing the margin for the additional satellite clinics. It was planned that the satellite clinic of Pignon would start with 50 patients whilst 7 others would have an initial number of 20, with an increase of 10% monthly. In the current situation, GHESKIO is only the one to fully benefit from the drugs procured. Among the satellite clinics, only Pignon was able to start the treatment of 3 patients. Several reasons explain this delay and the incapacity of the centers to deliver services: infrastructure limitations, training of personnel, lack of information on delivery of ART services... The USAID team expressed some concerns about GHESKIO using most of the procurement, whilst GHESKIO has been receiving a large support from the Global Fund to buy drugs and commodities. USAID revised the list of potential ART centers that reach 13 instead of 8, prioritizing those with a strong potential to deliver ART immediately. This list is in annex 2.

The USAID mission also requests that RPM Plus provides assistance in the establishment of only one national pipeline for the procurement and management of ARVs in country. RPM Plus was asked to quantify needs to cover 3,900 patients by March 05, taking into account the current availability of ARV drugs at PROMESS, GHESKIO and Cange. USAID also asks to develop a national tracking system taking into account all sources of ARVs and their use at the selected service delivery points.

- **Discuss with the SO3 team main activities delineated in the draft of the workplan submitted recently to USAID**

The meeting at USAID offered an opportunity to review the different components of the RPM Plus workplan and discuss other areas of interest for USAID and CDC. In anticipation of the meeting, USAID circulated the draft submitted by RPM Plus, that was reviewed by the HPNE officer Chris Barratt, the Senior Advisor Pierre Mercier, and Erlic Blot. CDC/Haiti was also present during discussions with Dr. Julio Desormeaux, Juanita Folmsbee, and Patrice Joseph. The five components identified in the RPM Plus workplan were reviewed: a) technical activity coordination; b) procurement of OI drugs and LET commodities, c) monitoring and distribution of VCT/PMTCT/HIV/AIDS products; d) technical assistance to the MOH; e) drug management information system. The main points of discussion centered on:

- Revision of activities and budget under PEP track 2.0 to take into account the end of March 2005 as the deadline for track 2.0;

- Reinforcement of technical assistance activities to the MOH;
- Assessment of physical conditions of warehouses in the 13 selected sites to deliver ART;
- Evaluation of availability of ARVs from all sources in the country;
- Meeting with USAID, CDC, MOH, Global Fund, CRS, RPM Plus, to draft a protocol regulating procurement and distribution of ARVs in the country;
- Assistance in establishing the national pipeline for procuring, distributing, tracking ARVs and other VCT/PMTCT/AIDS commodities;
- Needs estimates of ARVs covering the target of 3,900 patients up to March 2005, taking into account what currently exists in the country.

For the assessment of physical conditions of warehouses in the 13 facilities, it was recommended that RPM Plus uses the services of the HS2004 engineer or hires an independent engineer if necessary. This assessment should be conducted immediately, starting in the metropolitan area of Port-au-Prince.

- **Meet with the GHESKIO team to finalize the memorandum of understanding submitted recently**

The MOU was submitted to GHESKIO for review weeks before the visit. It was requested that GHESKIO be liable for the safekeeping of the drugs and will carry insurance covering the drugs against theft, loss, or damage. GHESKIO acknowledged to be liable, but requested to remove part of the sentence relative to the insurance. A consensual agreement facilitated the signature of the document that is now in MSH files.

- **Finalize the memorandum of understanding with PROMESS for the management of ARVs procured by USAID under the Presidential emergency plan**

The PROMESS Director was absent from country. Because of PROMESS status of WHO/PAHO project, the document needs to be discussed with staff and should be in conformity or should follow WHO/PAHO procedures.

- **Review with PROMESS the status of the technical work in preparation of the transfer of drug management data from INVEC2 to the ORION@MSH**

The meeting with PROMESS took place on August 13, with Mrs. Sandra Guerrier, responsible of the Pharmacy section. RPM Plus gave an update on ORION in Guyana and reviewed the set of documents sent to PROMESS for collecting basic information in preparation of the installation of the software. PROMESS was given a copy of the power point presentation of ORION along with the checklist and a sheet clarifying the content of the different modules that will be used for the training (annex 3). PROMESS requested the technical assistance of Steve Reed not only for filling in the checklist, but for persisting problems the users are still experiencing with INVEC-2 at PROMESS. Although we emphasized the fact that the warehouse does not need be closed for the ORION activity, PROMESS plans to shutdown the warehouse for their annual inventory and will take this opportunity to also conduct the ORION installation and training.

- **Meet with the Director General (DG) of the MOH to discuss technical assistance needs for the development and reinforcement of the essential drug program**

RPM Plus met with the DG of the MOH as follow up of the previous visit of May 2004. Discussions centered mainly on technical assistance to the peripheral depots, and the accreditation of health facilities for delivery of VCT/PMTCT/HIV/AIDS services. The DG is interested in implementing one or two modules of ORION in two or three departmental depots. Cap Haitian, Cayes and Jeremie were tentatively identified. RPM Plus will investigate availability and capability of these sites to receive the drug management software. RPM Plus will explore the possibility to reinforcing the computer system if needed. RPM Plus already provided the Essential Drug Program at the Central Directorate of Pharmacy with two computers and accessories to initiate the process of building the national drug management information system (DMIS). Unfortunately, these equipments disappeared during the looting episodes following the troubled political period at the end of February 2004.

- **Meet with the NTP for follow up of the grant application for GDF anti tuberculosis products**

As a result of the monitoring mission conducted in May 2004, GDF agreed to provide the NTP with TB drugs for 16583 patients. The document of contract was sent to Dr. vary Jacquet, NTP Director, for signature. The NTP confirmed that the document was sent back immediately to GDF. However, Dr. Jacquet could not confirm if it was received by GDF, and what was the status of the order. The NTP is being prepared to receive this grant that will be stored as usual at PROMESS. However, the NTP is still suffering of logistics capabilities and cannot realize even a single supervision to monitor TB activities.

Questioned about the redistribution and reinforcement of services of the NTP, the director has not received yet any help from the MOH emphasizing that even the regular technical staff is practically absent from office every day.

- **Meet with HS2004 Director and staff to discuss coordination of MSH/RPM Plus/HS2004 activities and technical assistance in drug management to the MOH including activities under PEP**

The HS2004 Director was not available for meeting. However, RPM Plus met with Dr. Georges Dubuche, responsible for reproductive health and VCT/PMTCT activities at HS2004, for an update on collaboration between RPM Plus and HS2004. Weekly meetings take place between Dr. Dubuche and RPM Plus Senior Technical Advisor Max Mondestin to ensure complementarities and coordination of activities on the field. The status of the targeted VCT/PMTCT/ART centers was reviewed and updated information provided. RPM Plus was informed that the VCT/PMTCT program has been receiving Nevirapine from the AXIOS donation program through CDC. The HS2004 stock of Nevirapine was officially transferred to RPM Plus for management and distribution to PMTCT sites. Dr. Dubuche provided additional information on the ARV drug estimate requested by USAID in order to reach the target of 3,900 patients by March 2005. USAID expects receiving this information from RPM Plus as soon as possible.

- **Assist local RPM Plus staff in technical and administrative issues in conformity with the workplan as agreed with USAID**

Following the annual retreat in Washington, RPM Plus identified five components for interventions in Haiti:

1. Technical activity coordination
2. Procurement of VCT/PMTCT/HIV/AIDS drugs and LET commodities
3. Monitoring the distribution system
4. Capacity building MOH
5. Development of a drug management information system for tracking VCT/PMTCT/HIV/AIDS drug and commodities

Because of budget constraints, USAID requested that ARV drugs are not included in products to be purchased by RPM Plus this year. The local technical staff was recently reinforced by an administrative assistant. The visit offered an opportunity to give an overview of RPM Plus work, while administrative issues will be developed during the visit of the administrative coordinator responsible for Haiti.

To address the urgent needs of reinforcing the distribution system, RPM Plus plans to hire another logistician to support the distribution of VCT/PMTCT/ART products to the selected centers. The process of acquiring new vehicles has been also launched, and additional drivers will be recruited accordingly.

The local team was reminded to provide a) the weekly projection chart of activities, b) data for USAID weekly update, c) monthly and quarterly report for USAID and partners, d) updated plan of distribution and budget for follow up activities. Also, there is an immediate need to accelerate the rehabilitation process of the transit warehouse located at the basement of the RPM Plus office. The appropriate materials and equipment should be in place very soon to accommodate a limited stock and new products (kits) to be procured by CDC.

- **Participate in a briefing/debriefing with USAID/Haiti as requested**

The meeting conducted at USAID offered opportunity to sum up the situation of RPM Plus work and move on the next steps.

Collaborators and Partners

MOH
NPT
PROMESS
CDC/Haiti
HS2004
GHESKIO

Adjustments to Planned Activities and/or Additional Activities

None

Next Steps

Immediate Follow-up Activities

- Provide USAID with comprehensive data on procurement of ARVs in Haiti and forecast needs for 15 selected ART sites;
- Identify a common tracking system in order to develop a unique national pipeline for VCT/PMTCT/ARV products;
- Conduct an assessment of the physical conditions of the depots for the 13 selected sites to deliver ART. RPM Plus will use the service of the HS2004 engineer to have an estimated cost of improvement needed;
- Conduct a meeting with MOH/UCC, Global Fund, USAID, CDC, RPM Plus, CRS, and other CAs involved in VCT/PMTCT/ART to agree on a policy for procuring and delivering ART products in the country.
- Update data on training needs and prepare training activities for drug managers of the selected sites.

Recommendations

- Coordinate with MOH for validation of the 15 sites to deliver ART;
- CDC will provide as soon as possible the updated “policy” document on distribution of CDC products to the selected sites;
- CDC will update the tentative list of OI drugs to be purchased by RPM Plus, based on GHESKIO original list and information on opportunistic infections.

Agreement or Understandings with Counterparts

The MOU with GHESKIO is in annex 3.

Important Upcoming Activities or Benchmarks in Program

None.

Annex 1. Status of the ARV emergency order – August 14, 2004

Item # on invoice	Shipping status	Manufacturer	Generic name	Brand Name	Quantity	Strength
1	Delivered to PROMESS	Abbott	Lopinavir+Ritonavir	KALETRA	12 x 180 caps	133.3mg/33.3mg
2	Delivered to PROMESS	Boehringer Ingelheim	Nevirapine	VIRAMUNE	5,023 x 60 tabs	200mg
3	Delivered to PROMESS	Boehringer Ingelheim	Nevirapine	VIRAMUNE	434 x 240 ml	50mg/5ml
4	Delivered to PROMESS	BMS	Didanosine	VIDEX	55 x 60 tabs	50mg
5	Delivered to PROMESS	BMS	Didanosine	VIDEX	165 x 60 tabs	200mg
6	Delivered to PROMESS	BMS	Stavudine	ZERIT	238 x 56 caps	30mg
7	Delivered to PROMESS	BMS	Stavudine	ZERIT	238 x 56 caps	40mg
8	Delivered to PROMESS	BMS	Stavudine	ZERIT	434 x 200 ml	1MG/ML
9	Delivered to PROMESS	GSK	Abacavir	ZIAGEN	65 X 60 tabs	300mg
9	Delivered to PROMESS	GSK	Abacavir	ZIAGEN	305 x 60 tabs	300mg
10	Delivered to PROMESS	GSK	Lamivudine	EPIVIR	181 x 60 tabs	150mg
10	Delivered to PROMESS	GSK	Lamivudine	EPIVIR	373 x 60 tabs	150mg
11	Delivered to PROMESS	GSK	Lamivudine+Zidovudine	COMBIVIR	2179 x 60 tabs	150mg + 300mg
12	Delivered to PROMESS	GSK	Lamivudine+Zidovudine	COMBIVIR	2450 x 60 tabs	150mg + 300mg
13	Delivered to PROMESS	GSK	Lamivudine+Zidovudine	COMBIVIR	2450 x 60 tabs	150mg + 300mg
14	Delivered to PROMESS	GSK	Lamivudine+Zidovudine	COMBIVIR	2450 x 60 tabs	150mg + 300mg
15	28-Aug	GSK	Lamivudine+Zidovudine	COMBIVIR	2450 x 60 tabs	150mg + 300mg
16	Delivered to PROMESS	GSK	Lamudvidine	EPIVIR	1452 x 240 ml	10mg/240ml
17	Delivered to PROMESS	GSK	Zidovudine	RETROVIR	4416 x 200 ml	50mg/5ml
18	Delivered to PROMESS	Merck	Indinavir	CRIXIVAN	142 x 180 caps	400mg
19	Delivered to PROMESS	Merck	Indinavir	CRIXIVAN	31 x 180 caps	400mg
20	Delivered to PROMESS	Merck	Efavirenz	STOCRIN or SUSTIVA	60 x 90 caps	200mg
21	Delivered to PROMESS	Merck	Efavirenz	STOCRIN or SUSTIVA	278 x 90 caps	200mg
22	Delivered to PROMESS	Merck	Efavirenz	STOCRIN or SUSTIVA	1244 x 30 tabs	600mg

Follow up RPM plus activities in Haiti

Item # on invoice	Shipping status	Manufacturer	Generic name	Brand Name	Quantity	Strength
23	Delivered to PROMESS	Merck	Efavirenz	STOCRIN or SUSTIVA	6108 x 30 tabs	600mg
24	Delivered to PROMESS	Roche	Nelfinavir	VIRACEPT	110 x 270 tabs	250mg
	5-Aug-04					

Annex 2. List of selected ART centers

	Dept	City	Institution
1	Nord-Ouest	Port de Paix	Berraca Hospital
2	Nord	Cap Haitian	Justinien Hospital
3	Nord	Pignon	Comite Bienfaisance Pignon
4	Artibonite	St Marc	St Nicolas Hospital
5	Artibonite	Deschapelles	Albert Schweitzer Hospital
6	Plateau Central	Mirebalais	CityMed/MARCH Hospital
7	Plateau Central	Cange	St Michel Hospital
8	CSAM	CSAM	GHEKIO
9	CSAM	CSAM	Fame Pereo
10	CSAM	Arcachon	Arcachon Hospital
11	CSAM	Delmas	Grace Children's Hospital
12	Grande Anse	Jeremie	HHF Hospital
13	Sud	Cayes	Immaculée Conception Hospital
14	Nippes	Fond des Negres	Bethel Hospital
15	Sud-Est	Jacmel	St Michel Hospital



Management Sciences for Health, Inc.
165 Allandale Road
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Annex 3. Memorandum of Understanding

Memorandum Of Understanding

BETWEEN

MANAGEMENT SCIENCES FOR HEALTH, INC. (MSH)

AND

THE GROUPE HAÏTIEN D’ETUDE DU SARCOME DE KAPOSI ET DES INFECTIONS OPPORTUNISTES (GHESKIO)

This Memorandum of Understanding is entered into between Management Sciences for Health, Inc., a not-for-profit corporation organized and existing under the laws of Massachusetts with a principal place of business at 165 Allandale Road, Boston, MA, 02130, USA (hereinafter referred to as "MSH") and a project office at Rue Beaudieu #5, Musseau, Port-Au-Prince, Haiti, and the Groupe Haïtien d’Etude du Sarcome de Kaposi et des Infections Opportunistes, with a principal place of business at 33, Blvd Harry Truman, Port-au-Prince, Haiti (hereinafter referred to as "GHESKIO").

MSH is represented by Douglas Keene, Director, RPM Plus Program (RPM Plus) and Michael Derosena, Senior Program Associate, RPM Plus.

The MSH Contract Officer assigned to this project is Yen Lim.

GHESKIO is represented by Dr. Jean William Pape, Director
The GHESKIO contracts representative is _____

WHEREAS, GHESKIO is a Haitian service and research organization focusing on diarrheal and mycobacterial diseases as well as AIDS and prevention of sexually transmitted infections (STI) governed by the laws of Haiti. GHESKIO is a model of integration with and cooperation among the private, public, national, international, university, and humanitarian sectors. GHESKIO is a reference center for major health problems existing in Haiti and works in support of the Ministry of Health and Population (MSPP). GHESKIO’s expertise in clinical and laboratory services (at no cost to the patient), training of health care personnel and research has led to a global approach to patient care.

WHEREAS, MSH has been awarded the Rational Pharmaceutical Management (RPM) Plus Program, Cooperative Agreement No. HRN-A-00-00-00016-00 with an effective date of September 28, 2000 by the United States Agency for International Development (USAID) to support an 8-year program to provide long- and short term technical assistance to help improve the availability and use of health commodities of assured quality such as pharmaceuticals, vaccines, medical supplies, and basic equipment for priority interventions.

WHEREAS, the Parties have a mutual interest in improving health programs and working together to reach the health care objectives of the Government of Haiti and meeting USAID/Haiti's strategic objectives.

WHEREFORE, the Parties agree as follows:

ARTICLE ONE: PURPOSE

The purpose of this Memorandum of Understanding is to establish the general terms under which MSH, through the RPM Plus Program, will supply GHESKIO the anti-retroviral drugs (ARVs) procured under the Presidential Emergency Plan for AIDS Relief for use in the select GHESKIO facilities providing HIV/AIDS treatment and to provide technical assistance for the management of those drugs.

Background

Through the Presidential Emergency Plan For Aids Relief, USAID provided funds to the RPM Plus program and other CAs to support the Government of Haiti in efforts to reinforce and extend the prevention of mother-to-child HIV transmission (PMTCT) services and anti-retroviral treatment (ART) to a total of approximately 80 selected centers in the ten geographical departments and dependent population by year 2007. The Presidential emergency plan is aimed at assisting host countries, including Haiti, in the development of sustainable prevention, care and treatment programs in response to the HIV/AIDS tragedy, while reinforcing institutional capacities of the Ministry of Health and NGOs in order to improve the health system in general. The Presidential emergency plan comes in addition to other initiatives including procurement activities supported by the Global Funds in Haiti to fight Malaria, AIDS and Tuberculosis (GFMAT).

VCT/PMTCT/ART drugs and commodities currently in use in Haiti are being procured by GHESKIO and Partners in health (PIH) on one side, and UNICEF and the Albert Schweitzer Hospital (HAS) in limited quantity. The Center for Disease Control and Prevention (CDC) initiated some procurement activities in 2003 in providing furniture and materials for launching 40 of 80 planned selected centers. CDC interventions in procurement of drugs and consumables were temporary. To cover ARV immediate needs for the national program, USAID requested that RPM Plus procure an emergency order for the period of May – December 2004, for an estimated number of 1,500 patients of which 1,000 are currently being treated at GHESKIO, and approximately 500 to be enrolled at 8 other facilities of which 6 are classified within the national program as centers of excellence, and are located in the health districts. RPM Plus will also be the main source of procurement of drugs and commodities under the Presidential emergency plan/track 2, while CDC will continue to provide and ensure follow up of lab equipment.

At USAID's request, RPM Plus also initiated steps to establish a distribution network for VCT/PMTCT/ART products, as well as basic items necessary to ensure quality antenatal, obstetrics, postnatal services, reproductive health and child survival activities. RPM Plus intends to store the drugs at PROMESS. From PROMESS, RPM Plus will ensure the distribution to selected sites, based on requisitions completed by each health center.

ARTICLE TWO: COMMITMENTS OF THE PARTIES

Subject to their respective rules, regulations, practices, procedures, the Parties commit themselves as follows:

GHESKIO will:

- Provide a number of patients to be treated or under treatment supported by the emergency plan procurement.
- Complete a requisition form (Bon de commande) according to the standard operating procedures, when drugs are required for treatment of the selected patients
- Submit the requisition form to RPM Plus for revision.
- Sign the delivery form (Bordereau de livraison et de reception) accepting ownership and responsibility of the drugs received.
- Distribute drugs received free of charge to patients registered under the emergency plan procurement.
- Provide RPM Plus with an anticipated two-month order schedule.
- Store all drugs properly according to internationally accepted safe, sound and secure storage practices, and maintain the capacity to store the drugs properly.
- Maintain a stock control for all stored items.
- Provide RPM Plus with monthly and ad-hoc reports on stock balance and consumption for specified periods of time.
- Report to RPM Plus any inventory management problems derived during the storage period.

MSH/RPM Plus will:

- Transmit GHESKIO's requisition to the central warehouse "PROMESS" to prepare and package the drugs.
- Prepare the delivery form, identifying drugs included in the delivery and the acknowledgement of the existing conditions for acceptance of the drugs.
- Pick up drugs from PROMESS and secure delivery of approved quantity to GHESKIO depending on their availability.
- Provide technical assistance in drug management to GHESKIO as necessary.

ARTICLE THREE: COST

There are no transfers of costs associated with this agreement. The responsibilities of each party shall be implemented and completed using each Party's respective funding sources. GHESKIO has received funding from different sources for participation in joint activities related to ARV use in Haiti.

ARTICLE FOUR: PERIOD OF AGREEMENT

The present Memorandum of Understanding shall enter into force from May 1, 2004 through June 30, 2005.

ARTICLE FIVE: CONFIDENTIALITY

In the process of collaborating with each other, each party may become privy to certain confidential information including that relating to the business practices of the other party. Each party agrees that it will not divulge or transmit such confidential information to any other persons or organizations without the expressed written permission of the owner of the information. All such confidential information shall be considered proprietary unless it is provided specifically for disclosure to the public or other entity.

ARTICLE SIX: FORCE MAJEURE

Neither Party shall be liable for any unforeseeable event beyond its reasonable control not caused by the fault or negligence of such Party, which causes such Party to be unable to perform its obligations under this MOU, and which it has been unable to overcome by the exercise of due diligence. In the event of the occurrence of such a force majeure event, the Party unable to perform shall promptly notify the other Party. It shall further use its best efforts to resume performance as quickly as possible and shall suspend performance only for such period of time as is necessary as a result of the force majeure event.

ARTICLE SEVEN: AMENDMENT AND TERMINATION

The present MOU may be terminated for convenience by either party at any time upon 30 days advance written notice of termination to the other Party. It is especially understood that in the case of termination, the Parties shall complete the remaining obligations in effect at the time of termination or present acceptable alternative agreements.

The present Memorandum of Understanding shall be amended in writing by mutual consent of each party's duly authorized representative.

ARTICLE EIGHT: DISPUTE RESOLUTION

The Parties shall use their best efforts to settle amicably any dispute, controversy or claim arising out of, or relating to this Agreement. Unless any such dispute, controversy or claim between the parties arising out of or relating to this agreement the breach, termination or invalidity thereof is settled amicably within sixty (60) days after receipt by one Party of the other party's request for such amicable settlement, such dispute, controversy or claim shall be referred to an external individual elected by both parties to mediate and facilitate resolution of the dispute. The decision of the mediator shall be final and shall be the sole and exclusive remedy between the parties regarding any claims, counterclaims, issues or accountings presented. Unless otherwise ordered by the mediator, each party shall bear its own costs and fees, including attorney's fees and expenses.

ARTICLE NINE: ENTIRETY OF AGREEMENT

This MOU contains the final and entire agreement between the parties and all future projects and/or contracts shall be in a separate writing based upon mutual agreement of the parties.

In WITNESS WHEREOF, the duly authorized representatives of the Parties sign this Memorandum of Understanding in three (3) originals for equal content and validity on the dates and places indicated below.

FOR GHESKIO

Dr. Jean William Pape
Director
GHESKIO

Date:

FOR MANAGEMENT SCIENCES FOR HEALTH

Douglas Keene
Director
RPM Plus

Date:

Annex 4. List of Drugs Proposed for Delivery to GHESKIO

Code	Drug Name and Dosage	Package Size
Xxx	Lopinavir 133.3mg + ritonavir 33.3mg **	180 CAP
310900-EU-11	Nevirapine 200mg (NVP)	60 TAB
314600-EU-11	Nevirapine 10mg/ml oral suspension	240 ML
312600-EU-10	Didanosine 50mg (ddI)	60 TAB
312400-EU-10	Didanosine 200mg (ddI)	60 TAB
311400-EU-10	Stavudine 30mg (d4T)	56 CAP
311503-EU-10	Stavudine 40mg (d4T)	56 CAP
314400-EU-10	Stavudine 1mg/ml oral solution	200 ML
312800-EU-11	Abacavir 300mg (ABC)	60 TAB
310700-EU-00	Lamivudine 150mg (3TC)	60 TAB
310600-EU-11	Zidovudine (AZT) 300mg+ lamivudine (3TC) 150mg	60 TAB
314000-EU-11	Lamivudine 10mg/ml oral solution	240 ML
314200-EU-00	Zidovudine 10mg/ml oral solution	200 ML
310500-EU-00	Indinavir 400mg (IND)	180 CAP
311800-EU-11	Efavirenz 200mg (EFV)	90 CAP
313507-EU-00	Efavirenz 600mg (EFV)	30 TAB
311700-EU-01	Nelfinavir 250mg	270 TAB

Annex 5. CDC Policy for Commodity/Equipment distribution (draft)

In order to maintain an effective and efficient process for the distribution of commodities and equipment for the US Government's PEPFAR initiative the following guidelines will be followed. All partners will be notified to make all requests for commodities and equipment directly to RPM+ not to CDC or USAID.

In some cases one partner may be responsible for several sites. It is the responsibility of partner to determine whether the site will contact RPM+ directly or go through them. However, if the partner makes a request on behalf of their sites they are responsible for identifying which site the commodities/equipment are being requested for. If a request for commodities from a partner is received at CDC or USAID the request should be logged in or copied and filed with the date received. The original should be forwarded on to RPM+ for handling as soon as possible. The partner/site sending the request will be contacted by the office receiving the request, and informed that it has been forwarded on to RPM+. The partner/site will be given information where to send requests in the future. It should be pointed out that by sending requests directly to RPM+ they will receive a more expeditious response to their request.

Requests to may fall into 2 broad categories:

- 1) Commodities which include all expendable supplies including but not limited to drugs, test kits, reagents, office supplies etc.
- 2) Equipment which includes items with a useful life of more than one year including but not limited to refrigerators, microscopes, office furniture and storage cabinets.

Commodities

Within the PEPFAR initiative there are 3 levels of service provided by our partners. The first level is those partners/sites providing only VCT services. The second level is those partners/sites that are providing VCT/PMTCT services. The third level is those partners/sites that are providing the full range of services including Antiretroviral Therapy. Attached to this policy is a list of the commodities authorized for of each level of service provided.

The USG Team will be responsible for providing RPM+ with a list of Partners/Sites which outlines the level of service that each partner/site is currently providing. It is the responsibility of the US Government team to keep this list updated and to notify RPM+ on a timely basis as the level of service at a site changes and/or new sites are added. The USG Team will also provide RPM+ with two points of contacts one at USAID and one at CDC to forward all requests for equipment which must be authorized prior to distribution. These POCs or their designate must sign off on all requests for equipment.

RPM+ is authorized to provide to the partner/site any of the commodities that they request which are included on the list for that particular site's service level. RPM+ is not authorized to provide commodities to any site or organization that is not identified on the list. RPM+ will be responsible for tracking all requests and disbursements, and providing reports to the US Government team on the monthly, quarterly, and annual basis as outlined in their work plan. RPM will monitor draw-down on approved commodities by each site against forecast needs for those items, based on the client load and scale-up schedule for those specific services at that site.

RPM will update these forecasts quarterly based on actual client data and signal the site and the USG if there are significant diversions from expected consumption levels (higher or lower).

Cool/Cold Storage Commodities

It is intended that in the near future RPM+ will have the capability to store and disburse those items that require a temperature controlled environment. When that time comes RPM+ will follow the same guidelines as outlined above for other commodities with one additional responsibility. Before dispersing the commodity RPM+ must ensure that somewhere on their request form they include a statement for the site to sign off on, which states that the site understands the storage requirements for the particular commodity and they have the ability to store it properly.

Until RPM+ has the facilities for the appropriate storage of temperature sensitive commodities these items will either be stored by CDC or by local vendors. When RPM+ receives a request for these items it is their responsibility to contact CDC for guidance on where to obtain the needed commodities. Though they are not storing these items, RPM+ is still responsible for obtaining of assurance for proper storage from the requesting sites as outlined above and for tracking and reporting to CDC/USAID cool/cold storage commodities dispersed as outlined in their work plan.

Equipment

Before dispersing any items identified as “equipment”, RPM+ must provide to CDC/USAID for approval the following information:

- What equipment is being requested
- The partners and site requesting the equipment
- The US Government equipment already provided to that site

RPM+ may only disperse the equipment to the partner/site after receiving written authorization for the appropriate office. RPM+ will be responsible for providing reports on all USG equipment as outlined in their work plan.

Supervision

RPM+ is responsible for making regular supervisory visits to those sites receiving stock through the RPM system. They have the responsibility to look for stock overages as well as shortfalls. They will work with sites to ensure a minimum of site stock outages. If overstock is found at a site then RPM+ has the authorization to move that stock either back to the central storage facility or to another site where the stock is need. RPM+ is responsible for tracking these moves.

Reporting

RPM+ is responsible for providing to the USG Team a monthly report of commodities and equipment distributed by site.

VCT Commodity List

- Determine HIV Rapid Test
- Capillus Test
- Unigold Test
- Oraquick Rapid Test
- Syringes
- Needles
- Tourniquets
- Ban aids
- Lancets
- Sharps Collectors
- Bleach
- Beakers
- Alcohol swabs
- Transfer pipettes (25u/drop)
- Inoculation loop 5u
- SDTA capillary tubes

VCT/PMTCT Commodity List

All commodities on the VCT List plus:

- Filter paper
- Weigh paper
- Desiccants
- Humidity cards
- Bags, low gas permeable
- RPR Test kits

ARV Commodity List

All commodities on the VCT list plus:

- Reagents for CBC analyzer
- Reagents for blood Chemistry analyzer
- Reagents for Facs count
- CD4 Count manual assay
- Reagents for AFB/TB staining
- Reagents for gram stain and malaria stain
- RPR test kits
- Cylinders
- Beakers
- Flasks
- Distilled water
- Pipette aides (pipette boys)
- Centrifuge tubes 50ml
- Centrifuge tubes 15 ml
- Disposable pipettes
- Pipette tips