

Activity and Product Status Report

**Project Year 8,
Quarter 2
January–March
2008**

Management Sciences for Health
is a nonprofit organization
strengthening health programs



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

April 2008

**Rational Pharmaceutical Management Plus Program
Activity and Product Status Report**
January – March 2008

April 2008

Rational Pharmaceutical Management Plus Program
Center for Pharmaceutical Management
Management Sciences for Health



MANAGEMENT SCIENCES *for* **HEALTH**

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Management Plus*

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About RPM Plus

RPM Plus 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.

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ACRONYMS AND ABBREVIATIONS

AB	Africa Bureau
ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services [program—USAID-funded consortium]
ACT	artemisinin-based combination therapy
ADR	adverse drug reaction
AFRO	Regional Office for Africa [WHO]
AIDS	Acquired Immunodeficiency Syndrome
AMI	Amazon Malaria Initiative
AMR	antimicrobial resistance
AMTSL	Active Management of the Third Stage of Labor
ANE	Asia and Near East [Bureau, USAID]
APMR	ART Patient Monitoring and Reporting System
ARCH	Applied Research for Child Health [Project]
ART	antiretroviral therapy
ARV	antiretroviral
BASICS	Basic Support for Institutionalizing Child Survival [Project]
BASICS II	Basic Support for Institutionalizing Child Survival II [Project]
BGH	USAID Bureau of Global Health
CA	cooperating agencies
CAMEWA	Centrale d'Achat des Médicaments Essentiels du Rwanda
CCM	country coordinating mechanisms
C-DMCI	Community Level Drug Management for Childhood Illness
C-IMCI	Community-Integrated Management of Childhood Illness
CDC	U.S. Centers for Disease Control and Prevention
COP	country operational program
CPDS	Coordinated Procurement and Distribution System
CPG	Clinical Practice Guidelines
CNM	National Malaria Center
CPM	Center for Pharmaceutical Management
CRHC	Commonwealth Regional Health Community
CRHCS	Commonwealth Regional Health Community Secretariat
CTT	Commodity Tracking Tool
DFID	Department for International Development [United Kingdom]
DMCI	Drug Management for Childhood Illness
DMIS	Drug Management Information System
DOMC	Division of Malaria Control [Kenya]
DOTS	internationally recommended strategy for tuberculosis control
DQI	Drug Quality and Information
DR	Dominican Republic
DRC	Democratic Republic of the Congo
DTC	Drug and Therapeutics Committee
ECSA	East, Central, and Southern Africa
EandE	Europe and Eurasia [Bureau, USAID]
FDC	fixed-dose combination
FHI	Family Health International
FHI/IMPACT	FHI/Implementing AIDS Prevention and Care [Project]
FY	fiscal year
GDF	Global Drug Facility

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GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation Agency)
IC	infection control
ICAT	Infection Control Assessment Tool
ICIUM	International Conference on Improving Use of Medicines
IMCI	Integrated Management of Childhood Illness
INRUD	International Network for Rational Use of Drugs
IPT	intermittent preventive treatment
IT	information technology
ITNs	insecticide-treated nets
IUATLD	International Union Against Tuberculosis and Lung Disease
JSI	John Snow, Incorporated
KEMSA	Kenya Medical Supplies Agency
KfW	German Development Bank (German acronym)
LAC	Latin America and the Caribbean
LFA	local funding agency
MandE	monitoring and evaluation
MAC	Malaria Action Coalition
MCH	maternal and child health
MEDS	Missions Essential Drugs Store
MNH	Maternal and Neonatal Health [Project]
MoH	Ministry of Health
MSD	Medicines Stores Department
MSF	Médecins Sans Frontières
MSH	Management Sciences for Health
MTP	monitoring, training, planning (methodology)
NACC	National Antibiotic Coordinating Committee [Nepal]
NFHP	National Family Health Program
NGO	nongovernmental organization
NIS	Newly Independent States
NMCC	National Malaria Control Center
NMCP	National Malaria Control Program
NMS	National Medical Stores
NTP	national tuberculosis program
OECS	Organization of Eastern Caribbean States
OHA	Office of HIV/AIDS Services (USAID)
PAHO	Pan American Health Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	primary health care
PHN	Population, Health and Nutrition [Center for, USAID]
PMI	President's Malaria Initiative
PMTCT	prevention of mother-to-child transmission
POPPHI	Prevention of Postpartum Hemorrhage Initiative
PPH	postpartum hemorrhage
PRDU	Promoting Rational Drug Use
PY	Project Year
QA	quality assurance
RBM	Roll Back Malaria
RDTs	rapid diagnostic tests
REDSO	Regional Economic Development Support Office [USAID]

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RMU	rational medicine use
RPM	Rational Pharmaceutical Management [Project]
RPM Plus	Rational Pharmaceutical Management Plus [Program]
SCMS	Supply Chain Management System
SEAM	Strategies for Enhancing Access to Medicines [Program]
SO	Strategic Objective [USAID]
SOPs	standard operational procedures
SSO	Strategic Support Objective
STGs	standard treatment guidelines
STI	sexually transmitted infection
TA	technical assistance
TB	tuberculosis
TBCTA	USAID TB Coalition for Technical Assistance
TOR	terms of reference
TOT	Training-of-Trainers
TRAC	Treatment and Research AIDS Center
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USAID/G/PHN	U.S. Agency for International Development/Global Bureau Center for Population Health and Nutrition
USD	U.S. dollar
USG	U.S. Government
USP	United States Pharmacopeia
VCT	Voluntary HIV/AIDS Counseling and Testing [USAID initiative]
WHO	World Health Organization
WPRO	Regional Office for the Western Pacific [WHO]

GLOBAL PROGRAMS

Prevention of Mother to Child Transmission

Overview

The U.S. President's HIV/AIDS Initiative, announced in June 2002, focuses on treatment and care for HIV-infected pregnant women to reduce transmission of HIV to infants. In February 2003, Management Sciences for Health's Center for Pharmaceutical Management, through the Rational Pharmaceutical Management Plus (RPM Plus) Program, began working with USAID/OHA (and other government agencies) to identify pharmaceutical management issues that would need to be addressed to support the USG HIV/AIDS Initiative.

The activities, delineated in this plan, represent prioritized areas of need developed in collaboration with the USAID office of HIV/AIDS (OHA). These activities aim at developing and applying new tools and approaches as well as to provide technical assistance in the domain of pharmaceutical management in support to HIV/AIDS Programs. The activities are intended to benefit USAID/Washington, the Missions, and other appropriate US agencies and partners in order to scale-up PMTCT and HIV/AIDS service delivery programs.

Major Activities This Quarter

In an effort to update the initial RPM Plus edition of the publication entitled "Requesting USAID Approval – Procure HIV Test Kits and other HIV/AIDS- related pharmaceutical products – Guidance document" and that was produced in 2002, all five chapters and annexes to the document were updated this quarter to incorporate new procurement directives and action memorandums. The document is now pending an internal technical review.

The internal technical review will be completed in the next quarter. The final draft of the updated document will then be submitted for a final review.

SO2: REPRODUCTIVE HEALTH

Overview

Rational Pharmaceutical Management (RPM) Plus continues to provide technical assistance to the Prevention of Postpartum Hemorrhage Initiative (POPPHI) in drug and supply management issues that might hinder active management of the third stage of labor (AMTSL) to prevent postpartum hemorrhage. POPPHI is a consortium of partners comprised of the Program for Appropriate Technology in Health, RTI International, EngenderHealth, the International Confederation of Midwives, and the International Federation of Gynecology and Obstetricians. Supporting partners include RPM Plus, HealthTech, and JHPIEGO's Access to Clinical and Community Maternal, Neonatal and Women's Health Services (ACCESS). These partners work together at the policy and program levels to support interventions through the expanded use of AMTSL and to develop structures that sustain the continued emphasis on the practice over the long term. In particular, RPM Plus will be focusing on West Africa. Some countries in West Africa, namely Ghana, Senegal, Burkina Faso, Benin, and Mali, have introduced and expanded the use of AMTSL. Others have recently begun expanding use with support from earlier USAID-funded activities. Major hurdles related to the range of medicines, their availability, and routes of administration exist to prevent AMTSL from becoming a universally available intervention. RPM Plus activities under U.S. Agency for International Development (USAID)/G/PHN SO2 focus on three main technical objectives—

1. Through strategic partnerships with and technical leadership to USAID and USAID-supported cooperating agencies (CAs) working in maternal health, improve maternal health program planning and service delivery with respect to medicine and commodity management issues
2. Enhance the capacity of government and nongovernmental organizations (NGOs) to manage drugs and supplies for key maternal health services
3. Improve the capacity and awareness of global maternal health initiatives and partners in addressing maternal health pharmaceutical management issues

Major Activities This Quarter

RPM Plus continued to carry out its collaborative work with POPPHI on maternal health issues primarily centered on the studies of AMTSL practices being carried out in various countries.

The activities carried out in support of Benin during this quarter, focused on planning and preparation for the workshop to disseminate the results of the AMTSL study which was carried out in 2006. Activities centered on the national dissemination will take place from May 12 – June 4, 2008 and will include a review of the nationally-sanctioned protocols. The survey report is currently being finalized and is expected to be ready in time for the national dissemination

In support of activities in Mali, a country visit was carried out during this quarter. The director of the Division of Reproductive Health (DRH) reiterated her concern regarding the lack of a

security plan for all reproductive health commodities (there is currently one for contraceptives). A part-time, short-term consultant was hired to support the in-country activities and among his duties will be to work with the country partners to develop a security plan for reproductive health commodities. The consultant is also expected to coordinate the testing, evaluation and finalization of the job aids developed in collaboration with POPPHI. It is expected that these job aids will be presented during the national International Midwives Day to be held in May 2008. The consultant is also expected to work with the country partners to develop a security plan for reproductive health commodities and follow-up with the regions of Mopti and Koulikoro with regards the training and evaluation of the management of uterotonic sessions carried out in January/February 2008. The director of the DRH would like to wait until AMTSL can be properly rolled out in the regions of the country before initiating a nationally-representative AMTSL survey. During this quarter, it was agreed that the survey materials and tools will be revised in order to reflect a stronger pharmaceutical management focus. It is expected that this revised survey will be used in Mali or any other country where there is a need to carry out such a baseline assessment survey as a prelude to providing technical assistance

The activities carried out in support of Ghana focused on the nationally-representative study of AMTSL practices is being reviewed by POPPHI and is expected to undergo an editorial review in preparation for dissemination during the next quarter.

During this quarter, RPM Plus participated in a 'Preventing Post-Partum Hemorrhage' conference organized by POPPHI for countries in the LAC region. RPM Plus' role was to facilitate the sessions focusing on improving PM for the PPH programs at the conference by making a plenary presentation on uterotonic medicines and facilitating a skills session 'Ensuring Sufficient Supply of Uterotonics'

SO3: Child Survival

Overview

In many developing countries, child mortality remains unacceptably high. Childhood diseases such as malaria, diarrheal diseases, acute respiratory infections, measles, and malnutrition, in addition to HIV/AIDS, contribute substantially to infant and child mortality. In response to the high mortality caused by these main childhood illnesses, the Integrated Management of Childhood Illness (IMCI) strategy, developed jointly by WHO and the United Nations Children's Fund (UNICEF), has been implemented in numerous countries to offer program managers and service providers an integrated approach to effectively manage childhood illness. Notwithstanding considerable efforts to make essential IMCI drugs and other commodities available, significant gaps and management problems persist at various levels of the health system in many developing countries.

RPM Plus child survival activities funded under SO3 are complementary to USAID/Africa Bureau child survival interventions and both sets of activities support SSO3 and corresponding intermediate results. The activities are conducted through synergistic funding to produce greater impact and the two workplans share the same technical objectives.

RPM Plus activities under USAID/G/PHN SO3, "increased use of key child health and nutrition interventions," focus on four main technical objectives during year 4 (FY 03)—

1. To enable decision makers, managers, and service providers to identify and monitor strengths and weakness in drug management for child health through the use of tools targeting public and private providers and caregivers
2. To increase the capacity of decision makers and service providers to design and apply appropriate interventions to improve availability and use of child health drugs in the public sector
3. To increase access to and use of child health drugs through initiatives involving the private sector.
4. To contribute toward shaping global child health strategy to include drug management through collaboration with international bodies and other organizations

Through its SO3, USAID supports interventions and activities to address child survival problems. In response to the USAID initiatives, RPM Plus has established a strong working relationship with groups and organizations to develop activities aimed at improving the IMCI drug management system in countries of interventions. IMCI is implemented as a comprehensive strategy including preventive and curative interventions to ensure high quality of care to sick children and to facilitate behavior changes of caregivers for children. However, the supply and management of essential drugs and vaccines have been identified as critical pieces to allow an effective management of childhood illness. In many countries, the lack or absence of essential

drugs and resources for IMCI is a constant impediment. In other countries, essential drugs are poorly managed if they exist at all, and treatment decisions and behaviors are not rational. Moreover, limitation to access IMCI services is often coupled with weakness of the pharmaceutical systems, where service providers and managers are poorly trained, resulting in ineffective drug and commodity management practices. These issues—both in the public and private sector and at household level—are a focus for RPM Plus activities in the child survival portfolio, as well as advocating for pharmaceutical management being part of global, regional and national child survival agendas.

Major Activities This Quarter

During this quarter, private sector work advanced in Tanzania and Senegal. In Tanzania, where SO3 core funds are being leveraged with country specific RPM Plus/SPS funding, activities continued related to the integration and scale up of the child health component within the Accredited Drug Dispensing Outlet (ADDO) program. A total of 131 ADDO dispensers (117 females, and 14 males) were trained in 2 districts of the Mtwara Region. RPM Plus provided technical support during the training in the child health component as part of the integrated ADDO training package. RPM Plus also presented the background, objectives and expected outcomes of integration of the child health component into the ADDO program to 63 stakeholders in Kibaha district of the Pwani region. In addition, the final report presenting findings and recommendations based on formative research investigating child health in the ADDOs conducted in conjunction with BASICS was completed and disseminated.

Also in Tanzania, a RPM Plus team collaborated with BASICS to plan and co-facilitate a 6-day radio workshop and to advance the development of a community mobilization strategy and accompanying guide for integration into the ADDO program. As part of the visit, a 3-day follow up was conducted to assess the radio workshop which took place in May 2007. A total of 54 interviews were conducted with ADDO dispensers, caretakers, community leaders, radio personnel and past workshop participants. A 6-day workshop was then held in Morogoro which focused on key messages involving ARI, diarrhea (including zinc treatment) and general danger signs for children under-five. A total of 24 participants (19 males and 5 females) attended including radio journalists, local community members, and health professionals. Products included 9 radio spots and 1 song on general danger signs. All radio spots were field tested and evaluated in the community. Workshop participants have already begun to air the radio spots.

As part of private sector activities in Senegal, RPM Plus analyzed data from an evaluation of knowledge and practices of the sales agents in private pharmacies trained on the management of three key childhood conditions (diarrhea, malaria and ARI) in 2006. A preview of the results of the evaluation was presented to the MOH while a larger dissemination for the syndicate of pharmacists is planned for next quarter. Compared with results from the Drug Management for Childhood Illness (DMCI) assessment conducted in 2001, the evaluation showed an improvement in sales practices among sales agents and a significant improvement of knowledge on key childhood conditions. More information can be found in the evaluation report.

In DRC, activities advanced in support of community case management (CCM). A follow up visit (including a review of records, tools, inventory and interviews with community health

workers) was made in coordination with the MOH to assess the medicine management module of the standard CCM package in one district. A total of 8 of the 11 CCM sites were visited. Results indicate appropriate practices and knowledge of key childhood conditions amongst the community health workers. RPM Plus continued to collaborate with the MOH and partners to discuss and begin to address issues with zinc availability and integration of zinc into the national pharmaceutical management system, including quantifying future requirements for zinc tablets.

SO4: HIV-AIDS

Overview

The availability of pharmaceutical drugs and commodities is an essential component of HIV/AIDS health strategies in developing countries. However, the vast majority of people living with HIV/AIDS in developing countries do not have access to the pharmaceutical products that could prolong and improve their lives. Improving access to HIV/AIDS-related pharmaceutical products presents many challenges, including those that are directly related to pharmaceutical commodity management. RPM Plus activities under USAID/G/PHN SSO4, “increased use of improved, effective and sustainable responses to reduce HIV transmission and mitigate the impact of the HIV/AIDS pandemic,” focus on four main technical objectives:

1. To increase the capacity of USAID and USAID-funded cooperating agencies (CAs) to procure quality drugs and commodities for HIV/AIDS programs and provide assistance in addressing contextual issues
2. To increase the capacity of USAID and USAID-funded CAs to identify, prioritize and address commodity management issues to support the introduction or scaling up of HIV/AIDS programs and services
3. To provide technical leadership to USAID to identify key issues, form strategic partnerships and to develop and support approaches and initiatives to address HIV/AIDS-related commodity management issues at global and regional levels
4. To increase the capacity of national governments and the private sector to identify, prioritize and address commodity management issues to improve access to and use of quality drugs and commodities for HIV/AIDS programs

Major Activities This Quarter

RPM Plus reported on the meeting attended with WHO/AMDS Partners and held in Geneva in December 2007. The objectives of the meeting were to take stock of current joint priority projects and agree on future PSM priorities for collaboration within the AMDS network.

During this quarter, RPM Plus finalized the case study for the supply management chapter of the WHO/UNICEF publication “Programming Framework to Scale up Pediatric Care, Support and Treatment in Resource-Constrained Settings.” RPM Plus also reviewed the first draft of a document prepared by a consultant for the IATT (Interagency Task Team on the Prevention of HIV Transmission to Pregnant Women, Mothers, and their Children) on scaling up access to Cotrimoxazole Preventive Therapy (CPT) in HIV Exposed and Infected Infants and Children.

RPM Plus attended the six monthly IATT meeting held in February 2008 with funding from the SO3 portfolio. As part of continuing collaborative work with WHO/AMDS and its partners, RPM Plus also submitted comments to AMDS on the Global Price Reporting Mechanism on Antiretroviral Drugs (GPRM) quarterly report and updated the tools in the PSM toolbox.

Meanwhile, RPM Plus continued to contribute to the development of an “Operations Manual for Delivery of HIV Prevention, Care and Treatment at Primary Health Centers in High Prevalence, Resource Constrained Settings” and accompanying country “Adaptation Guide” and “Basic HIV

Services” document as part of a WHO-USG collaboration around the scale-up of HIV services in resource-constrained settings of high HIV prevalence. Activities in this quarter included the review and provision of comments on the revised supply management chapters of the Operations Guide and the Basic HIV Services document, and five chapters from the Operations Guide.

RPM Plus will continue to work with AMDS to support priority projects as appropriate and to assist UNICEF in developing a document on scaling up access to Cotrimoxazole Preventive Therapy (CPT) in HIV Exposed and Infected Infants and Children. During the next quarter, RPM Plus will continue to support the finalization of the WHO-OGAC publication “*Operations Manual for Delivery of HIV Prevention, Care and Treatment at Primary Health Centers in High Prevalence, Resource Constrained Settings*” as requested.

FHI completed the technical review of the Commodity Management for Testing and Counseling Programs document and sent their comments to RPM Plus authors at the end of the quarter. The authors plan to finalize the updated document by the end of the next quarter.

The compilation document – HIV Test Kits listed in the USAID Source and Origin Waiver – Procurement Information Document – was updated with the information received this quarter.

As part of RPM Plus’ response to a request from the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to create a publication promoting the comprehensive approach to HIV/AIDS care in resource-limited settings, during this quarter, the editors at EGPAF continued to review the completed drafts and it is expected that RPM Plus will review the final drafts and respond to comments as necessary

The problem of antimicrobial resistance (AMR) is severely threatening our ability to treat infections. AMR is a serious, complex health-care problem occurring worldwide and is dramatically increasing. Resistance makes infections more difficult to treat, raises levels of morbidity/mortality, and increases health-care costs. So, a concerted global action is required to combat this problem in an effective and timely manner.

Under USAID results framework (Bureau of Global Health [BGH] SS05— increased use of effective interventions to reduce the threat of infectious diseases of major public health importance), RPM Plus is working on several activities that address AMR problems in developing countries. The following is a brief narrative of the progress made on these activities Oct.–Dec. 2007. As RPM Plus Program is winding down, several activities have completed or are nearing completion. Support for some select activities, which are on-going, will continue through the follow-on SPS Program in an uninterrupted manner.

SO5: Tuberculosis

Overview

Even with joint efforts of many international organizations such as those in the Stop TB partnership, control of tuberculosis (TB), endemic in many countries worldwide, needs much more support. National TB programs are learning mechanisms to improve case detection, how different treatment regimens such as fixed-dose combination products and patient kits can improve patient and prescriber compliance, and importance of case management monitoring and reporting. However, this has become complicated when the number of cases increases due to changes in population migration and number of patients co-infected with HIV/AIDS.

Since 2000, RPM Plus has worked to bring the issues of pharmaceutical management for TB to national agendas. Through international organizations like the Stop TB working groups RPM Plus contributed to the Global Plan to Stop TB for 2006–2015. The most significant achievement for RPM Plus with USAID/BGH funding to date has been providing ongoing technical leadership and assistance to the GDF/GLC. RPM Plus activities with the GDF/GLC increase the availability and access to DOTS in priority countries thus contributing to DOTS expansion and strengthening. The development of human capacity in TB commodity management has also been a focus of RPM Plus work. The demand in RPM Plus training from NTPs and WHO regional offices currently exceeds RPM Plus capacity and available funding. The tools and methodologies developed by RPM Plus are available to country programs and NTPs through the RPM Plus website and dissemination of documents during international TB meeting such as IUATLD World Congress.

RPM Plus has identified three technical objectives which are key to meeting the challenge of strengthening local TB drug management capacity:

1. Objective 1: Improve capacity and awareness of TB global initiatives and partners in managing pharmaceuticals for TB programs
2. Objective 2: Increase the human capacity of TB programs to design, apply, and monitor appropriate interventions to ensure uninterrupted supply of quality TB commodities for expanding DOTS programs
3. Objective 3: Increase the evidence base for improvements in TB commodity management

Major Activities This Quarter

As a member of Drug Management Subgroup for the GDF/GLC, RPM Plus has designed activities to find additional qualified suppliers of second-line medicines.

REGIONAL PROGRAMS

Asia and the Near East Regional Program (RDMA)

Overview

RPM Plus has been providing technical assistance in pharmaceutical management of malaria, TB, HIV/AIDS, and child survival in the ANE region since 2000. This technical assistance has included identifying problematic household and providers behaviors in the diagnosis and treatment of malaria, strengthening TB pharmaceutical management in China, and addressing issues in pharmaceutical management of HIV/AIDS.

Whereas in years 2002–2005, much of the emphasis was on developing appropriate methodologies to gather information, RPM Plus efforts are now focused on assisting counterparts to utilize this information to guide decision-making in malaria program management, and to critically evaluate implementation of ACT drug policy. RPM Plus technical assistance will complement efforts undertaken under the Global Fund and focus on hot spots of antimicrobial resistance.

In late 2004, the National Center for Tuberculosis Control and Prevention (NCTB) in China initiated a program of activities to strengthen TB drug management in collaboration with WHO Beijing and Management Sciences for Health RPM Plus Program. In 2006, new SOPs and a training program to improve TB pharmaceutical management were developed and implemented at provincial, prefecture, and county levels in Henan Province, China. In addition, RPM Plus provided general training on TB drug management to facility staff. Based on feedback received from participants, SOPs manuals were refined to make them more effective and user friendly. The introduction of new systems was supervised by NCTB officers based in Henan province and Beijing.

As countries in Southeast Asia and the Pacific embark on HIV/AIDS treatment and care programs, it is clear that effective management of HIV/AIDS medicines, including antiretroviral drugs (ARVs), and related commodities remain huge hurdles and constraints to maximizing the number of patients treated. There is also a keen need to coordinate pharmaceutical management of HIV/AIDS medicines and other commodities, regardless of their source, given global initiatives, such as PEPFAR and GFATM. RPM Plus will collaborate with WHO/WPRO to conduct a regional workshop on quantification, and identify countries that would benefit from follow up technical assistance.

RPM Plus Technical Objectives and Rationale

Objective 1: Strengthen the capacity of regional, national, country and local decision makers to systematically identify, prioritize and monitor pharmaceutical problems that promote the emergence of antimicrobial resistance

Objective 2: Enhance the capacity of governmental and nongovernmental organization (NGO) counterparts to utilize indicator-based information to guide the development and implementation of drug management systems strengthening strategies

Objective 3: Expand the evidence base for developing and implementing effective drug interventions in commodity management for infectious diseases

Objective 4: Increase the capacity of USAID, governmental or NGO counterparts to maximize the efficient and effective use of resources for HIV/AIDS-related health commodities in support of an expanded response to the HIV/AIDS pandemic

Major Activities

RPM Plus continued to provide technical leadership in malaria pharmaceutical management in the region, participating in the Cambodia MDR malaria strategy development workshop, refining, with partners potential malaria pharmaceutical management strengthening activities for Cambodia, meeting with partners to coordinate planned activities, and providing a presentation on AMR at the 2008 ANE SOTA in Bangkok.

In response to a request from Thailand to evaluate antimalarial and RDT procurement and distribution issues, RPM Plus discussed with the MOPH and BAAM proposed objectives and roles and responsibilities. This activity will be designed to understand the situation and provide recommendations to avert potential stock outs of first line antimalarials in light of the integration of the malaria clinics into other health services and decentralization of procurement to provincial level.

As a follow-up to the November 2007 “Regional Training Course on Pharmaceutical Management and Quantification for Malaria” in Hanoi, Vietnam, RPM Plus, in conjunction with ACTMalaria, is developing a web-based forum to facilitate discussions among course participants on the progress of country improvement plans to address management and quantification of antimalarials. RPM Plus staff will moderate discussions to elicit experience sharing and address common challenges.

RPM Plus is providing TA to the Center for HIV/AIDS & Sexually Transmitted Infections (CHAS) in preparation of the transition of ARV management in Lao PDR from Médecins Sans Frontières (MSF) to the Lao MOH. A work plan was developed and agreed upon, and RPM Plus submitted an MOU to CHAS for approval. Partners and counterparts agreed to a common framework and tools for strengthening pharmaceutical services developed by RPM Plus.

RPM Plus provided assistance to CHAS and other partners to produce a quantification for ARVs and other commodities through the end of 2008; subsequently the recommendations were used as a basis for ordering ARVs through the GFATM PR. An RPM Plus consultant arrived in Vientiane to provide support to CHAS and sites for a three month period. RPM Plus staff also began working with local counterparts to evaluate pharmaceutical management systems for ART

at the two existing sites and three planned scale up sites. RPM Plus also plans to visit selected VCT centers to evaluate the systems for ordering and managing HIV test kits.

The Chinese National Center for Tuberculosis Control and Prevention (NCTB) plans to scale up the use of standard operating procedures (SOP) for the management of first-line TB medicines nationwide (31 provinces) by July 1, 2008, a rather ambitious target. RPM Plus developed and translated, at NCTB request, 16 participant guides to facilitate training of central, provincial, prefecture and county level staff. In March 2008, RPM Plus visited three sites implementing the first line SOPs at provincial, prefecture and county levels in Sichuan Province, and provided on-site review of procedures to reinforce desired outcomes. Each site demonstrated accurate pharmaceutical management practice in accordance with the SOPs. RPM Plus also developed and presented to the NCTB an SOP manual for managing second line TB medicines. Once the manual is finalized and translated, it will be combined with the first line manual and integrated it into the existing program.

In November 2007, RPM Plus facilitated a course on “Pharmaceutical Management of Multi-Drug Resistant Tuberculosis” in collaboration with WHO/WPRO, the GDF, and the Green Light Committee. Between May and July 2008, these partners will conduct five joint country-based follow-up workshops in Mongolia, China, Vietnam, Cambodia and the Philippines. Objectives of this follow up TA are to:

- evaluate progress with participants in implementing improvement plans
- provide customized assistance in refining country improvement plans and addressing challenges to progress

Europe and East Asia Regional Program

Overview

RPM Plus participated in the TBCTA TB survey carried out in the countries of Eastern Europe and Central Asia in 2002. In 2003, RPM Plus reported the findings regarding the status of TB Program implementation in these countries, during the conference in Bishkek, Kyrgyzstan. The findings demonstrated a serious need for improvement in the drug management practices in the surveyed countries. USAID E&E Bureau has provided funding for the follow-up technical assistance in TB drug management for these countries. Recently, the governments of Uzbekistan, Tajikistan, Kyrgyzstan, and Kazakhstan have been concerned about the quality of procured TB medicines. Emergence of new global initiatives, such as GFATM, implied additional support for DOTS expansion that enables the governments (including Uzbekistan, Tajikistan, and Kyrgyzstan) to carry out procurement efforts. Recognition of the need for large procurement efforts, coupled with the concerns about the quality of TB medicines and raising MDR-TB rates led to a major shift in the priorities of the CAR governments towards TB Drug Quality Assurance (QA). In Kazakhstan, health officials were concerned about a possible impact of an upcoming decentralization of the drug procurement on the quality of procured TB medicines and possible consequences of procuring substandard TB medicines. Lack of QA mechanisms was identified as a challenge to successful DOTS implementation, according to the TBCTA survey for CAR countries. To address the needs of Kazakhstan, Uzbekistan, Kyrgyzstan, and Tajikistan, RPM Plus carried out a regional training in TB Drug Quality Assurance for the national drug regulatory authorities (DRA) from these countries, on November 7-11, 2005. The RPM Plus regional training activity was covered by USAID Mission funds for CAR (regional), Uzbekistan, Tajikistan, and Kyrgyzstan. The training was carried out in collaboration with the USP DQI and AED. Minilabs and sets of laboratory reagents and supplies were provided for the countries participating in the training. The follow-up TA in TB DQA in the countries, which earlier participated in the TBCTA survey, will be leveraged from the E&E Bureau funding provided for the TA following up the TBCTA survey. In August 2007, RPM Plus was contacted by the US Department of State regarding a visit of Kazakh delegation. Based on further discussion with USAID, it was agreed that the funding for activities in TBCTA countries, the remaining funds were used to initiate the implementation of RPM Plus MIS for TB system in Ukraine.

Major activities this Quarter

As was agreed with USAID/GH and USAID/Kiev, the remaining funds were used to initiate the implementation of RPM Plus MIS for TB system in Ukraine. Two RPM Plus consultants travelled to Ukraine in March 2008 to collect information for development and adaptation of the MIS for Tb for both first-line and second-line medicines in Ukraine to strengthen TB control activities within the country.

Latin American and Caribbean – Amazon Malaria Initiative (AMI)

Overview

The Amazon region began to experience a reemergence of malaria in the early 1990s, including the appearance of *Plasmodium falciparum* and resistance to inexpensive, first-line antimalarial medicines. In response to increasingly high malaria incidence and treatment failure rates, the U.S. Agency for International Development (USAID) launched the Amazon Malaria Initiative (AMI) in 2001, specifically to address the problems of ineffective control and treatment of malaria in the Amazon Basin countries of Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, and Venezuela. Since then, with the support of AMI, these countries have changed their medicine 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 managerial support—is essential to the effective implementation of these new policies.

RPM Plus has been AMI’s technical partner for pharmaceutical management since 2002. Other partners include the Pan American Health Organization (PAHO) Division of Disease Prevention and Control, the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Pharmacopeia Drug Quality and Information (USP DQI) Program, national malaria control programs in the Amazon region, and the local USAID Missions. RPM Plus collaborates with these partners and local counterparts to develop and implement strategies to strengthen pharmaceutical management for malaria in the region, particularly related to the new treatment policies.

Since 2002, RPM Plus has developed training materials focusing on how to assess and improve the management of antimalarials; conducted three regional workshops on priority areas in pharmaceutical management; provided country-specific technical assistance to five countries to assess and improve their pharmaceutical supply systems for antimalarial medicines; contributed to AMI’s technical documents and study protocols; participated in annual meetings, regional workshops and dissemination activities; and served on the initiative’s Steering Committee.

Unused resources from FY06 are being used to continue providing technical assistance and building the capacity of the AMI country counterparts to improve their pharmaceutical supply systems for malaria and to manage them effectively.

Major activities this Quarter

During this quarter RPM Plus visited three AMI countries: Bolivia, Ecuador and Guyana. The purpose of these visits was to analyze with local counterparts the pharmaceutical management of the national malaria programs and to elaborate a detailed technical assistance program for the rest of the year. As a by-product of these visits RPM Plus provided technical assistance for the implementation of pilot tests of the monitoring tool on the availability and use of anti-malarials. MSH’s Strengthening Pharmaceutical Systems (SPS) will follow up on this activity with FY07 USAID/AMI resources.

RPM Plus Activities and Products Status Report

A regional workshop for the improvement of the supply chain and quality of antimalarials was scheduled for May 12-16. During this quarter all partners (MSH, USP and PAHO) developed a workshop agenda and supporting materials. MSH's Strengthening Pharmaceutical Systems (SPS) will follow up on this activity with FY07 USAID/AMI resources.

LATIN AMERICA AND CARIBBEAN—SOUTH AMERICAN INFECTIOUS DISEASE INITIATIVE (SAIDI)

Overview

Antimicrobial resistance (AMR) is threatening to undermine the advances achieved through priority health programs including tuberculosis, malaria, and HIV/AIDS, by rendering currently available treatments ineffective. AMR is the result of an increased exposure of microorganisms to antimicrobial medicines and the subsequent development of survival mechanisms in these microorganisms. The consequences of AMR include an increase in mortality, morbidity and in the cost of health care worldwide. Among the many factors that influence the development of AMR, the major contributors from a public health perspective are the unnecessary use of antimicrobials for common conditions, the use of inappropriate doses of antimicrobials in cases when they are required, and the proliferation of poor quality or substandard medicines. Health systems contribute to this situation by lacking the proper legal frameworks to ensure the quality and appropriate use of antimicrobials, and by implementing poor managerial mechanisms for proper selection, procurement, distribution and use of these valuable medicines. Physicians, pharmacists and drug vendors contribute to unnecessary use of these drugs by prescribing and selling inappropriate treatments. Likewise, patients experienced with the benefits of antimicrobials tend to self-medicate inappropriately. The implication is that new strategies and more resources for second-line medicines may be needed in the near future for these highly prevalent diseases as conventional treatments fail. An example of AMR of particular concern is multidrug resistant tuberculosis (MDR-TB). The existence of strains of the TB bacteria that are resistant to multiple medicines traditionally used to treat TB is evidence of AMR in progress. Unfortunately, the prevention and containment of MDR-TB presents additional challenges to health systems because not only are the usual concerns regarding the appropriate use of antimicrobials applicable but because of the lengthy duration of the standard TB treatment (6 months), patient adherence also becomes an important issue. The emergence and spread of MDR-TB has serious implications for a national TB control program: treatment is longer and less effective than treatment of non-resistant tuberculosis and is significantly more costly.

In response to this growing challenge, the USAID Bureau for the Latin America and Caribbean Region (USAID/LAC/SD) has proposed a sub-regional strategy for the Andean countries and Paraguay, called the South American Infectious Disease Initiative or SAIDI. The general objective of this initiative is to contain the emergence and spread of AMR by improving the availability and the use of antimicrobials of assured quality. Thus, the central focus of SAIDI is rational use of antimicrobials and AMR control, with a special emphasis on preventing the emergence of MDR-TB. Since FY04, RPM Plus and the other SAIDI international partners have been working with national counterparts in Bolivia, Peru and Paraguay to create a new, evidence-based and stepwise approach to local solutions for containing AMR. This approach considers the factors contributing to AMR within the context of existing systems and not in isolation, and thereby takes advantage of the interaction among stakeholders. To date, national working AMR working groups have been formed in Peru and Paraguay. These groups, in conjunction with SAIDI international partners, conducted various assessment activities which lead to a holistic local view of the factors contributing to AMR. Currently, international and

national partners are working together to develop and implement intervention strategies to address these contributing factors.

Major Activities This Quarter

In February 2008, RPM Plus hosted the SAIDI steering committee meeting with international partners. In this meeting, partners reviewed workplans, discussed the future direction of SAIDI given the modest level of funds that are likely to be available next year, and made plans to create a SAIDI report summarizing all activities and achievements to date (coordinated by LinksMedia).

RPM Plus travelled to Peru in January 2008 to support SAIDI activities described in the Peru logical framework. Specifically:

- RPM Plus and APUA continue to support the development of standard treatment guidelines (STG) for respiratory infections in children under 5. These STG have been finalized and APUA will work with DISA Callao to disseminate the STG to prescribers through a training module on rational use of antibiotics.
- RPM Plus met with participating hospitals in Callao to discuss progress on the development of hospital infection control plans. Hospitals have finalized their plans and are ready to receive the hand-washing supplies to be procured by RPM Plus.
- RPM Plus met with DISA Callao to develop standard operating procedures (SOP) and a dissemination/communications plan for the DIC launch next quarter. The DIC was officially incorporated into the DISA in March 2008.
- RPM Plus met with DISA Callao to finalize plans for the regional drug warehouse to be certified in Good Storage Practices (in Q3). RPM Plus will also support the dissemination of the storage SOP developed to other DISAs in Peru in the next quarter.
- The SOP developed for the supply of 2nd line TB medicines were shared with partners and validated. Next quarter, RPM Plus will work with the National TB program and other relevant national partners to share the SOP throughout the country
- RPM Plus met with local partners and LinksMedia to continue SAIDI communications working group activities. At the request of the communications working group, RPM Plus contracted ProVida to develop training manuals in rational use of antibiotics for community health workers for in Peru. Provida will also develop materials for primary and secondary school children. These activities will be finalized next quarter.

In Paraguay, RPM Plus continued to support DIC-coordinated trainings for facility-level pharmacists and drug managers. The DIC is working on developing materials for a set of 3 trainings in Good Dispensing Practices in 5 health regions in the next quarter.

PROMESA coordinated trainings in rational use using STGs and developed a website for the DIC. RPM Plus had planned to present the results of an evaluation of the individualized TB Kit system to the National TB Program in Paraguay during this quarter; however, this activity had to be postponed because of the yellow fever outbreak and national elections. Next quarter, RPM Plus plans to support activities to strengthen implementation of the Kits in Paraguay.

RPM Plus Activities and Products Status Report

In Bolivia, an RPM Plus consultant carried out the final evaluation of the individualized TB Kit system in Santa Cruz. The final report has been reviewed by RPM Plus and shared with relevant partners. A workshop to disseminate results and plan next steps is scheduled for next quarter.

In Guatemala, ProConDe continued to follow up on the development of improvement plans in the ICAT pilot hospitals. All hospitals were visited at least once. The consultants have continued to inform the new MoH authorities of progress and monitor hospital progress. The implementation workshop will take place in June/July 2008.

COUNTRY PROGRAMS

Albania

Overview

Management Sciences for Health, Rational Pharmaceutical Management Plus (RPM Plus) Program activities in Albania started in 2001 with a reconnaissance visit to design a program of activities. The areas of work proposed included: (1) improving provision of drugs used in hospitals; (2) creating and implementing Standard Treatment Guidelines for general practitioners; and (3) improving the system of drug subsidies for ambulatory patients. After initial appraisal with USAID, RPM Plus decided to concentrate on improvement of drug use for general practitioners. It was decided that a Drug of Choice (DoC) list should be developed to improve prescribing practice. The DoC list should complement Clinical Practice Guidelines (CPG) being developed with USAID funding by the PHR Plus program of Apt Associates Inc, but there was limited interest at the time [2001-2005] in drug procurement and treatment guidelines, and uncertainty whether the timing was right to continue until more progress had been made in primary health care and related health financing reforms. There was also confusion on how the DoC list would fit together with the CPG prepared by PHR Plus. RPM Plus revisited Albania in 2006 to assess how remaining funds could best be spent to improve pharmaceutical management in Albania. Building on USAID funded work and partners, it appeared most effective to support the development of a national appraisal system that will adapt existing Clinical Practice Guidelines for the use at national level. With a change in leadership at the MOH and with the World Bank also providing funding for the development of an appraisal system, USAID suggested to shift the emphasis of RPM Plus activities.

Major Activities This Quarter

The following materials for training sessions for nursing management were finalized and sent to the partner organization for this activity, PRO Shendetit during this quarter.

- Nursing management of asthma (Classroom session of 3 hours)
- Nursing management of Menopause (Classroom session of 4 hours)
- Nursing management of diabetes (Classroom session of 3 hours)
- Nursing management of Hypertension (Classroom session of 3 hours)
- Nursing management of Chronic Heart Disease (Classroom session of 3 hours)

Next steps: The first training sessions for nurses are scheduled to be conducted in April of 2008. The local consultant contracted by MSH will participate in the facilitation of the training sessions.

ANGOLA–PMI

Overview

In August 2005 USAID/PMI conducted an initial assessment to identify appropriate areas for PMI investment in Angola. An important consideration was the Global Fund grant obtained by Angola to support the national malaria control program and procure 1.1 million ACTs. The treatments were distributed in 9 of the 18 provinces in Angola but preparations to appropriately receive, distribute, manage and use the ACTs at the health facility level and in the distribution system were not completed. In light of this, RPM Plus was solicited to improve the ACT implementation and recommended the integration of ACT management into the Essential Drug Program (EDP) system with the subsequent adaptation of their procedures and tools to train the health agents. RPM Plus also developed a draft ACT distribution plan and proposed strategic approaches to finalize the plan with PMI partners, including a coordinated procurement and distribution system, the consolidation of the pharmaceutical information system and support to Angomedica.

Major Activities This Quarter

- MSH validated the reviewed Pharmaceutical Management Training Manual and Supervision Checklist; these tools will be used by MoH and partner NGOs to improve pharmaceutical management practices in Angola through regional trainings and structured supervision visits. The initial rollout of the trainings will be organized with PMI awarded NGO's in Huambo, Malange, Kuanza Norte, and Kuanza Sul provinces.
- After reviewing training plans for ACT implementation in Angola, RPM Plus prepared harmonized training plan in line with the ACT scaling up plans
- Provided technical assistance in finalizing a supervision checklist for monitoring ACT consumption and distribution
- Together with other PMI partners conducted supervision visits in Luanda province to assess ACTs pharmaceutical management procedures
- The MSH consultant participated in key meetings with PMI partners; he also met with CHEMONICS to coordinate technical assistance for pharmaceutical management. MSH continues to work with the MoH to improve medicine supply management at the central-, provincial-, and facility-level
- Visited the central warehouse, Angomedica, and the Luanda provincial warehouse to assess the storage and ACT management procedures. RPM Plus continues to support Angomedica to oversee effective distribution of PMI-procured ACTs

ARMENIA

Overview

RPM Plus received FY05 Armenia mission funds to support technical activities in pharmaceutical management. During Year 1, RPM Plus carried out an assessment of prescribing practices for five key PHC diagnoses, cost implications of these practices, and supply system performance. Main findings were discussed during the *Supply and Use of PHC medicines in Armenia* workshop, to validate the results of the analysis. Based on the results, RPM Plus prepared a technical report outlining key findings and the way forward to improve prescribing practices and pharmaceutical management system, in support of primary health care reform in the country. In February- March 2007, RPM Plus shared a draft report and discussed key findings and recommendations with the MOH officials, SCDMTE, SHA, NIH, YSMU, World Bank, WHO, marz and Yerevan health authorities and providers. The report was further disseminated through the workshops that were held in July-August, 2007. To follow up on the study findings and develop local capacity in understanding and addressing drug use issues, RPM Plus carried out a Training of Trainers (TOT) on Rational Use of Medicines (RUM) on July 16-20, 2007. Participants included 27 experts from YSMU, NIH, SHA, AUA, SCDMTE, and a group of practitioners from PHC facilities, who serve as preceptors in Family Medicine program. The training course was adapted to Armenia context and incorporated the findings and recommendations from RPM Plus study.

Major Activities this Quarter

RPM Plus team has been working closely with PHCR staff to prepare for the upcoming Management Training Seminars for managers of PHC facilities. PHCR plans to carry out this activity in April-May 2008. The trainings will include selected sessions on rational use of medicines and practical exercises. RPM Plus team adapted the visual aid materials and handouts of the RUM training course conducted in December 2007, to fit the objectives of the upcoming training. Selection of the sessions was based on a feedback from the managers, who participated in the RUM trainings organized by RPM Plus in December 2007, and coordinated with PHCR team. Local facilitators, who were trained by RPM Plus in July and December 2007, will facilitate these sessions. RPM Plus Consultant coordinated the meetings of local facilitators with the PHCR team to discuss the importance of RUM sessions for the managers of PHC facilities, share feedback from the participants of the RUM trainings (carried out in December 2007), and present/discuss the selected sessions to be included in the upcoming trainings.

In February 2008, the National Institute of Health (NIH) reviewed the RUM course materials to define future institutionalization of the course. The Head of NIH Family Medicine department, Dr. Hovhanisyan, is planning to incorporate a three-day RUM course in the NIH training/retraining program for family physicians; in addition, the course will also be included in the training of residents in Family Medicine. Dr. Hovhanisyan anticipates that the RUM course will be provided jointly with the Department of Pharmacy. The RUM course and the sessions will be carried out by the staff from both departments, who were trained by RPM Plus in July

and December 2007. This plan was discussed with the Department of Pharmacy and submitted by Dr. Hovhannissyan to the NIH Dean's office for approval.

The Clinical Pharmacology Department and Family Medicine Departments of Yerevan State Medical University (YSMU) also defined the use of the RUM course at the YSMU, including training for medical students, residents and training/retraining for family physicians. YSMU plans to implement a three-day RUM course that will be included in the training program for family physicians. In addition, selected sessions of the RUM course are already included in the curriculum of the YSMU: four sessions of the course are already taught at the Department of Pharmacy (by the instructor trained by RPM Plus), and additional sessions will be included in the 2008 academic year programs for pharmacy students (4th year students) by Clinical Pharmacology Department of YSMU. Almost all the sessions of the RUM course have also been included in the 2008 training program curriculum for residents in clinical pharmacology and clinical pharmacists; the latter changes were submitted by the YSMU Dean's office to the MOH for approval, and it is expected that the course will be implemented by the Clinical Pharmacology Department of YSMU. Taking into account varying levels of users (students, residents, and physicians), the Clinical Pharmacology Department is planning to develop "methodology manual", to adapt the RUM course materials provided by RPM Plus in December 2007 to the respective user needs and levels. The manual will be used as a reference material for students, residents and family physicians for the RUM course and sessions to be offered.

Future activities

RPM Plus will continue working with PHCR and local trainers on providing RUM sessions of the training course for managers. The labor and training materials costs will be covered by RPM Plus. The RPM Plus has been working on adapting participants' guides for the training.

RPM Plus will also continue working with the local educational institutions to provide technical assistance in developing a brief methodology manual on RUM. This work will support curriculum changes and institutionalization of the Rational Use of Medicines course in the pre-service and in-service training programs of local educational institutions, in support of primary health care reform, and further ensure ownership by local educational institutions. Building on the efforts of RPM Plus, the SPS AMR program in Arlington will also work with YSMU to review and revise curriculum to include key academic subjects to address AMR.

BRAZIL

Overview

WHO ranks Brazil among the 22 highest burden countries for TB in the world. Brazil's national TB program estimates that it has approximately 110,000 cases annually with 3,000 TB patients dying each year. In 1995, the Government of Brazil (GOB) moved TB control back to the federal level and established the currently existing Program for the Control of Tuberculosis (PCT). In early 2003 as part of its TB management reform, the GOB appointed the Hélio Fraga TB Reference Center (Helio Fraga TB Center) as the matrix for controlling the quality of TB diagnostics and treatment in the GOB's national Single Health System (Sistema Única de Saúde). Overall, the Helio Fraga TB Center is responsible for developing, analyzing and transferring technologies to combat TB in the country and to monitor the approximately 1,300 cases of multidrug resistant TB (MDR-TB).

RPM Plus has identified two technical objectives which are key to meeting the challenge of strengthening local TB drug management capacity:

- Objective 1: Improve the appropriate use of TB drug regimens
- Objective 2: Strengthen the national TB control program

Major Activities This Quarter

Monitor national study to re-evaluate appropriate drug regimen for TB failures:

As an adviser to the MoH Technical Advisory Committee for TB, SPS attended meetings in January 08 in March 08. SPS integrated the treatment working group and monitored with Dr Margareth Dalcolmo a one day meeting of the treatment working group prior to the plenary of the TB committee where several proposals of the working groups were accepted by the committee.

Support national study to re-formulate first line TB drugs to fixed-dose combination (FDC) products:

- RPM Plus / SPS met with Farmanguinhos vice-director and TB products development team to define the framework and cooperation agreement documents needed to support the development of new formulations.
- Experts of international consultancy (specialized on formulation for fixed dose combination and on excipient's and raw materials characterization) were identified by RPM Plus and accepted by Farmanguinhos to carry out consulting activities with support by RPM Plus.
- RPM Plus continued to provide support for the implementation of capillary electrophoresis methodology at Farmanguinhos and INCQS to allow expanded testing of drug samples to support the development process of new formulations

- Isoniazid 300 mg in tablet form is in its final stage of registration with Anvisa, national drug regulatory authority
- New formulations for 2 in 2 (R+H) in tablet form, and pediatric doses for 3 in 1 (sachets) are in advanced stability testing.
- Contacts have been established with private partners to better assess and define key criteria for product stability.

Senior Program Associate Joel Keravec contacted a FDC manufacturer in the Philippines during a GLC visit with perspective of establishing a technical partnership to boost the progress for new FDCs formulation developments in Brazil.

Coordinate decentralization of the quality control system for TB pharmaceutical management:

RPM Plus consultant with a specialty in laboratories continues to work with the new reference laboratory facility at Helio Fraga and National Institute for Quality Control with the following accomplishments this quarter:

- Implemented a laboratory quality system based on the ISO IEC norm 17025 with an extensive revision and development of all SOPs
- Laboratory personnel training took place in specific quality issues related to the functioning of a level III safety laboratory like: electromagnetic doors operations, technical registers proper filling, auditing techniques and process, access control through electromagnetic cards...
- Performed an internal audit of the quality system in place and prepared for the external audit conducted in March 2008 by the CGLAB to assess the technical capability of Helia Fraga Laboratory to maintain its status of National Reference for TB.

SPS also drafted a last revision of the managerial components of the Most for Lab for Portuguese and English, including orthographic corrections and the tool is currently on process of being edited. The work on the graphic presentation is being finalized.

Expand DMIS surveillance system for managing MDR-TB patients:

- 1) RPM Plus continues to provide technical assistance to review and validate data entered electronically into the DMIS from state MDR-TB reference center level. Total data currently available from the MDR-TB surveillance data base to date is as follows: Case notification forms: **3.273**; Patient follow-up forms: **8.524**; Post-Cure forms: **1.345**
- 2) RPM Plus / SPS finalized the elaboration of Standard Operation Procedures (SOPs) for the new MDRTB MIS validation form; validation will take place in a routine manner related to information and medicine management.
- 3) RPM Plus conducted remote trainings for 25 MDR-TB MIS users in reference centers in several states with CRPHF professionals to scale up the access and use of the DMIS throughout the country where electronic data transfer use was still low for case notification and follow-up.

4) The new edition of the MDRTB National Guidelines have been edited and RPM Plus / SPS consultants are contributing to disseminate these guidelines and MDRTB MIS user's manual to the reference centers throughout the country..

5) RPM Plus continued to assist the firm contracted by CRPHF to host and further ensure proper functioning of the system: MDRTB MIS, now hosted on the specific web page of the Helio Fraga center (www.heliofraga.net). Several changes or up-grades in the MIS functionalities have been implemented in the MIS and are currently in a testing process prior to being transferred to the system and integrated with the current database in progress.

6) In partnership with Helio Fraga center, and under request, RPM Plus / SPS contributed to the training of 2 medical doctors from MSF (Doctors Without Borders) on MDR-TB case management including second line drugs management

DOMINICAN REPUBLIC

Overview

The Dominican Republic (DR) National TB Program (NTP) is currently receiving support from the USAID Mission in Santo Domingo to expand the implementation of the WHO-supported strategy Directly Observed Treatment Short Course (DOTS). One of the main pillars for the success of DOTS is to ensure the continuous supply of quality medicines and pharmaceutical supplies for TB and their appropriate use according to standardized treatment regimens.

With USAID DR funds, the Management Sciences for Health Rational Pharmaceutical Management Plus (RPM Plus) Program is currently providing technical assistance to the NTP in DR to strengthen the Pharmaceutical Management Information System (PMIS), and to introduce fixed dose combinations (FDC).

Major Activities this Quarter

RPM Plus visited Dominican Republic on February 11 – 15 to support the analysis of the information generated by PMIS and to provide technical assistance for the estimation of needs for the third procurement of FDC to the Global Drug Facility.

The arrival of the next procurement of FDC is scheduled for July, 2008. The scale up of the introduction of FDC to all the country will start immediately after. MSH's Strengthening Pharmaceutical Systems (SPS) will follow up on this activity with FY07 Mission resources.

The analysis of information provided by the PMIS revealed a continuous supply of medicines to the periphery, a shortfall of rifampicin, and overstock of Isoniacid (some batched were about to expire). Recommendations to deal with these problems were included in the trip report, and discussed local counterparts. MSH's Strengthening Pharmaceutical Systems (SPS) will follow up on this activity with FY07 Mission resources.

Honduras

Overview

RPM Plus has been providing technical assistance to the TB control program in Honduras since 2001. During that year, RPM Plus trained regional TB coordinators in data collection for TB medicine availability and inventory management. In October 2003 RPM Plus organized a regional training course in Tegucigalpa on Managing Medicines and Pharmaceutical Supplies for Tuberculosis; two managers from the Honduras National Tuberculosis Program (NTP) participated in the course. Honduras professionals also participated in a workshop on Pharmaceutical Management for Multi-Drug Resistant TB, held in Mexico in May 2004. During the rest of 2004 and 2005, activities were on hold due to the tragic death of the NTP manager and conflicting agendas with the new NTP administration. In 2006, the NTP requested that RPM Plus support pharmaceutical management at the peripheral level by organizing a workshop specifically designed for local managers responsible for warehousing, transportation and inventory control. This workshop, Distribution of Medicines and Pharmaceutical Supplies, was co-financed by the GFATM and USAID Mission resources and took place in Tegucigalpa on March 14 – 16, 2006.

Using remaining resources from FY01, one participant from Honduras attended a regional workshop on TB Pharmaceutical Management (San Jose, Costa Rica, June 5-7, 2007) that emphasized procurement and the use of fixed dose combinations (FDC). As a result of that meeting, the NTP manager requested that RPM Plus analyze the current situation related to TB pharmaceutical management in Honduras and provide TA on the feasibility for the introduction of fixed dose combination medicines.

Major Activities this Quarter

RPM Plus and the Director of the NTP agreed that the remaining TA resources should be used for the revision and update of the NTP Standard Operating Procedures. During this quarter RPM revised the current version and commented on it. A workshop to draft a final version is scheduled for May 2008.

Kenya - PMI

Overview

RPM Plus now with support from the USAID mission has been supporting the Division of Malaria Control through the process of implementing the new antimalarial policy and has been working with the DOMC to establish robust but practical M&E systems that will ensure that the limited resources it invests in malaria prevention and treatment are used in the most cost-efficient, effective and equitable way.

With FY 2007 funding provided by the USAID Kenya mission, RPM Plus will continue to provide support to the Division of Malaria Control in the early diagnosis and prompt treatment of malaria using effective medicines while achieving RPM Plus technical objectives on how to improve the supply and quality of antimalarials and related supplies and improve the management and use of antimalarials.

Major Activities This Quarter

- Participated in an M&E TWG meeting to discuss activities for 2008 as per the Malaria Business Plan and progress on the malaria indicator survey.
- With regards to the planning for implementation of the main MIAS system, RPM plus undertook a number of activities including:
 - Responding to queries raised by prospective system development partners on the RFP
 - Putting out a Request for Quotations for the hardware and software that is to be used in the system development to several local and reputable suppliers of ICT products.
 - Evaluation of six MIAS implementation proposals received from the prospective development partners. A tender opening panel comprising of members from both the DOMC and MSH was constituted. The tenders were opened in the presence of representatives from 5 of the 6 prospective development partners at a formal tender opening session
 - Short listing of 3 companies for a formal appearance and presentations before a technical evaluation panel in February and preparation of an evaluation matrix to be used by panelists
- Participated in a DOMC meeting to review progress in the writing of the 2006 Annual Malaria Report, brainstormed on how the report can be improved both in terms of structure and content and assigned responsibility for the various tasks that need to be done to enable successful completion of this report. Also participated in a monthly DOMC meeting to discuss integration of laboratory diagnostic services in malaria control and completion of the 2007/08 malaria business plan.
- Assisted the DOMC staff update the DOMC website. Upcoming events were appended and additional DOMC download resources were uploaded

LESOTHO

Overview

The Regional HIV/AIDS program (RHAP) works in 10 countries in the southern region of Africa including five PEPFAR focus countries and five non-focus countries. The program has special focus in non-presence countries such as Lesotho and Swaziland which have HIV prevalence rates among the highest in the world. In these two countries, the program aims at increasing access to the full package of prevention, treatment, care and support activities necessary to accomplish the goals outlined in the PEPFAR.

Following previous year's funding, RPM Plus uses allocated RHAP FY 06 to continue improving and strengthening medicine and commodity supply systems in support of the scale-up of HIV/AIDS programs in Lesotho. Through this, it aims to address some of Lesotho's immediate health challenges, including HIV and AIDS, TB, child health, and primary health care services. RPM Plus works collaboratively with the Ministry of Health and Social Welfare by offering technical assistance, training, the development of tools and the implementation thereof.

Major Activities This Quarter

During this quarter, the program attended the Annual Joint Review of the Health Sector that was held 11 – 13th February 2008 and during which the MOHSW plans – HR Emergency and Strategic Plans were shared. Also, the program attended the HERA Closing Report workshop. It was agreed that RPM Plus will take over the activities related to medicine supply management and it was implied that RPM Plus (now SPS) will work more closely to address the needs of the National Drug Services Organization (NDSO). Meanwhile, program staff attended the USG M&E meeting held in March.

A strategic planning meeting was held with the Pharmaceutical Director on 4th and 20th of March. Potential areas of support to the pharmaceutical sector at national and facility level were identified. NDSO is working on developing a request for technical assistance to be submitted to SPS.

A full time consultant has been hired, until registration of the office is completed. She will then assume the local representative/coordinator for SPS program in Lesotho. Also, office space for MSH was located in Maseru. Deliberations with regard to the rental agreement are underway. Finally, the quarterly report required by the USG team in Lesotho was submitted and the targets for FY08 were adjusted.

Work continued on the writing of the report of the RPM Plus/SCMS joint assessment of pharmaceutical and laboratory commodity management that was conducted at the end of Quarter 1. The report is near to completion and will be submitted to the MOHSW counterparts for approval before distribution.

During this quarter, it was agreed to discontinue the use of Orion at NDSO as a result of the lack of commitment and support from 3i, the developers and owners of the system based in India. It

was decided that MSH/SPS (follow-on of RPM Plus) will assist NDSO with the implementation of an alternative system as a matter of urgency. So far, three alternative systems have been identified. A meeting was held with NDSO to determine the way forward, to identify requirements and agree on the way forward in strengthening NDSO MIS operations.

Also, a study was commenced to determine an appropriate handling fee/levy on donated commodities handled by NDSO. NDSO charges a handling fee on all commodities supplied to facilities, both public and private. No mark-up has been charged on donated commodities, which have now increased to the extent that their value is above that of regularly stocked items at NDSO. This has increased inventory and distribution costs. NDSO thus found it necessary to investigate the possibility of imposing a levy on the donations, but wanted to be certain that it would be fair and acceptable to all stakeholders. A formal request was forwarded to MSH/SPS to undertake the study. The work commenced during the last week of March and is expected to be completed during the last week of May.

The HIV/AIDS management training program provided by RPM Plus includes follow-up sessions of Monitoring, Training and Planning (MTP), during which participants are expected to submit assignments and report on progress made at their own facility. Twelve assignments were submitted by participants who initially attended the initial training held in Lesotho during the previous quarter. These were assessed and the pass rate was 42% with a 50% (median) showing potential for realistic and measurable improvement in performance. A pass mark is a requirement to obtain a certificate of successful completion of the course.

During this quarter, the Pharmaceutical Directorate was due to have submitted the draft Medicines Control Bill to Parliament, where after it is expected to be published for public comment. Once the bill has been accepted into law, MSH/SPS will provide assistance with the setting up of the medicines regulatory authority and the training of its members.

At a stakeholders meeting held in 2007, it was decided that RxSolution (the Stock Management Module) would be piloted at the following sites: HAHPCO, Queen II Hospital (the Adult and the Pediatric ART Centers), Berea Hospital (the ART Centre and the main pharmacy store), Leribe Hospital (the main pharmacy store and the ART Centre), Mafeteng Hospital (main pharmacy store and the ART Centre) and St. Josephs Catholic Hospital. A minimum of one user per each site was trained on all the functionalities of the system. Follow up site visits were conducted to all sites with the intent of ensuring that at the end of each site visit the system is being used.

Although the system allows the generation of electronic purchase order, users are still mandated to prepare a manual purchase order on the approved order for submission to NDSO. Also, ART sites have to fill in a monthly report which includes the number of patients on ARVs and their stock on hand while the system can generate electronic reports. The issue of users having to generate duplicate manual order forms and reports, hence increasing the workload, was raised with HAHPCO. No feedback has as yet been received.

NICARAGUA

Overview

USAID/Nicaragua has been supporting RPM Plus technical assistance in pharmaceutical management since 2002 as part of the overall support to health sector reform. RPM Plus analyzed the Nicaraguan Ministry of Health's (MoH) pharmaceutical supply system. As a result of this study and following workshops, the MoH decided to support the establishment of private sector mechanisms modeled after the "Programa de Ventas Sociales de Medicamentos" (VSM) to promote the creation of a network of retail outlets to sell low-cost quality-assured essential medicines. RPM Plus has supported the strengthening of the VSM network in the areas of financial management, pharmaceutical quality assurance, and the training of dispensers. Standardized procedures for each of these areas were developed in FY 05. For FY 06 RPM plus will support the implementation and evaluation of these proposals.

Major Activities this Quarter

On January 2008 MSH/RPM Plus local consultants facilitated the training of dispensers from two VSM networks. Overall 64 dispensers were trained since the last quarter of 2007, using the methodologies included in the *Standardized Manual for the Training of Dispensers*. The experience was systematized and evaluated during this quarter. The results of the final evaluation and follow on activities will be presented and discussed with local counterparts on a workshop scheduled for April 17, 2008.

The technical procedures included in the *Quality Assurance Manual* were implemented during the last quarter of 2007 and January 2008. The usefulness of the Minlab® was intensively analyzed before taking the final decision to include this resource in a standardized routine for quality control. The experience was systematized and evaluated during this quarter. The results of the final evaluation and follow on activities will be presented and discussed with local counterparts on a workshop scheduled for April 17, 2008.

SOUTH AFRICA - PEPFAR

Overview

The mission of RPM Plus/South Africa is to strengthen national and provincial pharmaceutical services to support the “Operational plan for comprehensive HIV and AIDS care, management and treatment for South Africa”. The delivery of pharmaceutical services is one of the key components of this plan which emphasizes accreditation of pharmacies at service points; availability of a sufficient number of personnel who have the necessary competencies; procurement and distribution of appropriate medicines; pharmacovigilance; drug information and systems for the monitoring and evaluation of the aforementioned.

Using FY 06 funding, RPM Plus continues to focus on strengthening the National, Provincial and Metropolitan (Metro) Pharmaceutical Departments in support to the “*Comprehensive Plan*”. RPM Plus continues to build on MSH experience and the lessons learned under previous years funding including COP05. The program continues to coordinate and collaborate with the Pharmaceutical Policy and Planning Cluster of the National Department of Health, USAID and local partners to address key pharmaceutical priority areas, at the national and provincial levels. RPM Plus activities in South Africa can be categorized under three technical objectives: (1) to increase the capacity of health facilities located in the provinces and Metro areas to deliver quality responsive pharmaceutical services, (2) to improve the availability and the appropriate use of ARVs and HIV and AIDS-related commodities at service delivery points providing services to HIV and AIDS patients, and (3) to improve the availability and accessibility of information on medicines used for HIV/AIDS treatment and prevention.

Major Activities This Quarter

Staff meetings were held on the 21st of February and on the 14th of March. Interviews were held for the new positions of Senior Program Associates (SPA), Programmer and Program Administrator. Suitable candidates were appointed. The program also obtained quotes for vehicle procurement. Meanwhile, the Pretoria office was reorganized following the acquisition of the new extended office space.

A draft memorandum of understanding between MSH/SPS and local counterparts to whom technical assistance is provided was developed. The draft submitted to the legal advisor of USAID and the Legal Services Department of the Free State Department of Health for comment.

In the Free State, orientation workshops for community service pharmacists were held on 7-8 February and 27-28 February and were attended by the Provincial Coordinator. The Free State Pharmaceutical Forum was also attended on the 26th of February. A meeting was held with the Head of Pharmaceutical Services (HOPS) in Mpumalanga and her Deputy to discuss the activities of SPS (the follow-on of RPM Plus) in the Province. Issues related to the continued piloting of RxSolution in the province were resolved. Several areas where RPM Plus could provide TA and training were identified. A meeting was also held with Pharmaceutical Services

in the Northern Cape to discuss the plan of activities in the province for the year. The plan of activities was finalized and approved.

Another meeting was held on the 8th of February 2008 with the South African Military Health Service (SAMHS) with regard to possible collaboration and the provision of technical assistance. Also, a meeting took place with the Head of School and members of staff of the Nelson Mandela Metropolitan University on 24 January 2008. Agreement was reached on areas of collaboration which include the offering of a pharmacovigilance elective and a module on pharmacy law to final year pharmacy students; a medicine supply management training for second year students; and the access of MSH to pharmacy school facilities in support to the program e.g. use of computer laboratories for training on RxSolution.

The draft national status report on legislative compliance was finalized. Meanwhile, a request was received from the National Department of Health (NDOH) to prepare draft indicators for the monitoring of pharmaceutical services and to develop a tool to monitor the experience of patients when visiting a health care facility.

Assistance was provided to Tshwane Metro in the preparation of a presentation on labeling requirements at the SAAHIP conference. The presentation won the award for the best “Pearl presentation”.

On 4th and 15th of February, a workshop was held in Limpopo to update the Standard Operating Procedures (SOPs) for the province. The workshop was attended by 39 hospital pharmacy managers, district pharmacists and the provincial deputy director for professional development. The participants worked on the SOPs, where after a task team was set up to review the redrafted SOPs. A follow-up workshop will be held in April to finalize the document. The SOPs will then be customized for each facility in the province.

In Mpumalanga, two workshops were held in Nelspruit and Machadodorp on the 28th February and 18 - 19th March respectively, to finalize the hospital SOPs. These SOPs were last updated in 2000. The SOPs were completed and are ready to be printed. A workshop is planned for April/May to introduce the pharmacy managers to the SOPs and provide assistance in customizing them to their local conditions.

A presentation on the implications of the legislation applicable to pharmaceutical services was given in the Eastern Cape during the orientation workshop held in Stutterheim for community service pharmacists on 15-16 February 2008.

A special meeting of the Scheduling Committee of the Medicines Control Council (MCC) was held on 23 January 2008. It was convened to update the scheduling categories of medicine as included in the Medicines and Related Substances Act 101 of 1965. The meeting was chaired by the RPM Plus SPA involved in this activity. A couple of meetings of the MCC Clinical Trials Committee were attended on 25 January and 7 February. Assistance was provided in the review of four clinical trials.

During this quarter, the respective SPA attended the meetings of the South African Pharmacy Council (SAPC) and its committees as well as the meetings of the Pricing Committee. International bench marking guidelines were submitted to the NDOH for approval. Also, the SOPs for the appointment of external training providers by Pharmaceutical Services in the Northern Cape were reviewed. These have now been finalized.

RPM Plus facilitated several national meetings (25 January, 29 January, 29 February and 3 March 2008) in connection with the research project to determine required pharmacy resources for the delivery of services, including determining the cost of providing a pharmaceutical service and staffing. All documentation for the research project was completely finalized after review and editing. Assistance was provided with the training of fieldworkers from Rhodes University and Nelson Mandela Metropolitan University (NMMU). The fieldwork for this project has commenced with fieldworkers visiting 690 pharmacies across the country to collect the data.

RPM Plus also facilitated a strategic planning session for Pharmacy Services in the Western Cape on 4/5th February 2008 in Paarl. The first draft of the report was prepared and presented to a meeting of the Pharmacy Services Management Team held on 12 March 2008.

HIV/AIDS Pharmaceutical Management training took place in KZN from the 14th - 18th of January 2008 (30 participants). The participants consisted of interns, community service pharmacists, permanent pharmacists from sites that are rolling out ARVs and one pharmacist from the depot. Largely positive comments from the participants were received. A recurring comment was that the training afforded pharmacists from the different sites an opportunity to share best practices. The attendance of the pharmacist from the depot resulted in improved understanding between the depot and facilities. A major achievement was that two pharmacists from KZN assisted in the facilitation of this course.

Another training of the same program was held in Polokwane in Limpopo from 4 to 8 February 2008. This workshop was for the newly appointed community service pharmacists. It was well attended with 39 participants. The MTP follow up to this training session was held on 12 March 2008 with 26 participants. Groups presented on the findings of their site assessments and on their plans for improvement.

In the Western Cape two follow up MTP sessions were held in George and two in Cape Town. A total of 19 participants attended. In addition, a two day training course for HIV Therapeutic Counselors for ATTIC was presented in the Western Cape (14 participants).

Work commenced on the restructuring of the HIV course and MTP procedure for pharmacist's assistants (PAs). The development of the training material is almost complete. The material will be piloted in the Northern Cape next quarter. Work also commenced on the development of training material for Therapeutic Counselors.

In this quarter, a report was presented and submitted to the NDOH on progress made with the provincial roll out of the adherence tool. The tool has now been included in the national ARV guidelines of the NDOH. In the Free State, an adherence workshop was held in the Motheo District on 23 January and was attended by 43 nurses, doctors, pharmacists' assistants, lay

counselors and DOT supporters. However, the mix of participants made facilitation of the workshop somehow challenging.

In the Northern Cape, six workshops were held on the implementation of the adherence tool in all five districts in the Northern Cape. The workshops were attended by a total of 140 participants which included doctors, pharmacists, pharmacist's assistants, counselors and other health care workers. Three districts have submitted implementation plans. In the Western Cape, discussions took place with the HIV/AIDS Directorate on the use of the tool in the province. Communication took place with four potential CHC sites and two potential clinic sites for training and implementation in the next quarter. Discussions are also underway with ATTIC and the HIV/AIDS Directorate to solicit the buy-in for the training and implementation of the tool by lay counselors.

A meeting was held with the Mpumalanga CCMT Deputy Director on the 28th of February to plan for the adherence tool roll out. Two sites per district were identified. The Mpumalanga CCMT provincial quarterly meeting was held on the 12th and 13th March in Hazyview and was attended by the provincial coordinator who made a presentation on the adherence tool. After consultation with the chosen sites, it was decided that a workshop would be held after which, an implementation plan will be developed.

In Gauteng, five sites have been identified for implementation of the adherence tool. These are the same sites that will be involved in the down referral pilot project in the province. In the North West, four sites were also identified. Visits have been conducted to the sites and adherence tools have been made available to site personnel. A formal one-day training session is planned in April in collaboration with the provincial CCMT program, following which further site implementation support will be provided.

A PMTCT review workshop was conducted in facilities in the Ekurhuleni Metro on 14 March 2008. The workshop was attended by Metro, district and facility managers and aimed to provide feedback on the assessment of PMTCT services conducted at antenatal clinics in the Southern District of the Metro. The workshop was extremely well received and MSH/RPM Plus was complimented on the quality of work done. Also, a meeting was held with the provincial PMTCT Coordinator to discuss possible future TA for the province.

The first quantification forum of 2008 was held on 12 & 13 February 2008. A number of items were discussed. A presentation was made by Dr Ntlangula on the challenges of the Diflucan programme wherein he stressed that there is a need for a comprehensive report from the provinces for the Minister.

Dr Ntlangula then gave an update on the latest treatment guidelines. The new ARV adult and paediatric guidelines have been approved by NDoH management but are not yet available. The new PMTCT guidelines were approved. MSH presented on the process followed for the quantification for the two-year tender which was due to be advertised on 15 February.

Members from both the ARV and TB industries attended the second day, and problems experienced with supply and reporting were discussed. It was agreed that quarterly reports from

both the provincial depots as well as from industry, must be submitted to the NDOH before each quarterly meeting.

The KZN project team which is developing a model for the centralization of the dispensing of chronic medicines in the province met on 21 January, 28 February and 27 March. Following the meeting between RPM Plus/SPS and the Chief Director of the Pharmacoeconomic Unit in the NDOH, these meetings will now be attended by representatives of the NDOH who will be providing support to this project. The pilot of the project started at RK Kahn and Prince Myosheni Hospitals.

Amendments were made to the document which outlines the procedure to be followed in the dispensing of prescriptions and the collection of medicines by the patient from primary health care clinics or private community pharmacies. A document was developed which will be used to gauge the experience of patients when they collect their medicine from the different collection points. The tool will be applied by the NDOH. A tool was developed that will be used during routine monitoring inspections of collection points.

A donation of counting trays was obtained from Biogaran and delivered to the Medical depot in the Northern Cape. Trays were sent to each district in the province to help clinics adhere to good pharmacy practice. Follow up took place on the implementation of inventory monitoring systems further to the DSM training provided in all five districts. People have acquired skills, they order adequately and some have implemented the stock cards. In Kgalagadi district, the district pharmacist and the senior pharmacist's assistant are also providing training on DSM. Meanwhile, the DSM power point presentation was updated. In-house DSM training was hence provided to RPM Plus/SPS staff during the staff meeting.

In support to the development and update of the Rx Solution program, vigorous testing of changes to the front end and especially the database, was conducted. As the changes are done, other modules need to be tested to ensure their adequate functionality. The requested reports for the Free State were written. Work continued to develop the reports for the North West. SQL Scripts were written to fix data related problems in the Free State and Mpumalanga. The revision of the RxSolution User Manual is also underway. Demonstrations of RxSolution were done to PEDISA and RE-ACTION programs.

In Mpumalanga, training was provided and on site assistance was given in the stock take procedures at Ermelo, Piet Retief and Rob Ferreira. In the North West Province, hardware assessment was done RxSolution was installed at the Lichtenburg, Thusong and Gelukspan Hospitals. Training will be done in the next quarter for all seven hospitals in the Central district of the province. In the Free State, 30 computers and printers were purchased and received to support implementation of RxSolution in the Free State. The possibility of holding a handing over ceremony to be attended by a delegation from USAID South Africa is being investigated.

In the Eastern Cape, the system was introduced at the Frere Hospital ART unit. All ART prescriptions were captured on the system. The system was also used to dispense long term therapies for access at PHC sites thereby reducing congestion in the pharmacy waiting area. RxSolution was updated in Port Alfred in order to allow for the use of the down referral system

to improve access to ART. A systematic approach to the dispensing of paediatric ART was introduced. TA was provided to Bisho and Stutterheim hospitals on the use of RxSolution for the management of medicine supplies.

RxSolution was loaded on computers in the computer laboratory at Nelson Mandela Metropolitan University (NMMU). Two RxSolution training workshops were held at NMMU - 14 users were trained. Onsite training was provided to two new users at Matatiele and Cofimvaba Hospitals. The system was reinstalled at Mt. Ayliff Hospital and All Saints Hospital. Assistance was also provided with stock taking at these hospitals. Visits were made to Uitenhage Hospital, Dora Nginza Hospital and Provincial Hospital Port Elizabeth to provide on-site TA. A meeting was held with the management of the Nelson Mandela Metropolitan Municipality and ICAP to discuss the use of RxSolution. A pilot project at six sites will commence in April.

In Tshwane Metro, the Patient System was implemented as a pilot at two clinics (Mamelodi and FF Beriero). The Access database was moved into SQL server format. Data from the previous system has duplicated data and general errors and still needs to be cleaned.

In the area of Pharmaceutical and Therapeutics Committees, three-day PTC training was held in Limpopo from 26 – 28 March 2008. It was attended by 13 clinicians, pharmacists and nurses. A follow-up date was set for the participants to return with their assignments and discuss their progress on improving the functionality of their own hospital PTCs, as well as the provincial PTC. In Mpumalanga, work continued on the provincial formulary. After completion of the formulary, the finished product will be forwarded to the Provincial depot for review. A planning session was held with the Gauteng Pharmaceutical Services Directorate for the workshop planned with the provincial PTC. The planned workshop will focus on streamlining procedures and systems for PTC activities in the province as well as strengthening capacity in specific technical areas.

One meeting of the National Essential Drugs List Committee, four meetings of the PHC EDL and two meetings of the tertiary EDL Committee were attended. Two CTC PHC EDL chapters were circulated for discussion. An evidence based review of the AIs for breast cancer was conducted. Lectures were presented at the University of Fort Hare. The first PharmD student graduated from Rhodes University. Mentoring of the student had been provided by the SPA involved.

In the area of Pharmacovigilance, a meeting was held with Prof. Walubo of the University of the Free State Dept of Pharmacology on 11 March. A request for TA for implementation of Pharmacovigilance activities in the FS was discussed. A follow up meeting is planned with the provincial CCMT and UFS Dept of Pharmacology on 22 Apr 2008. Meanwhile, planning took place for the pharmacovigilance elective to be offered at NMMU.

In support to the Implementation of the Infection Control Tool (ICAT), three meetings were held with the Quality Assurance Directorate of the NDOH to discuss the ICAT plan of activities which was finalized and approved. Substantial planning took place to prepare for the ICAT TOT roll out workshops. Meanwhile, a meeting was held with Ms J Sekgothe of the QA Directorate of the NDOH and Prof Moodley of the Medical School – UKZN to discuss collaboration in the area of infection control. The university was satisfied with the tool and has added two modules

dealing with Renal transplants and Neonates. The review of these modules was completed. Prof Moodley will participate in the ICAT TOT workshop in Pietermaritzburg and will use the team as core infection control experts in the province. The Gauteng Provincial Infection Control Committee meeting was attended by the respective SPA. Also, follow up took place after the last ICAT review workshop. Progress reports were received. The hand hygiene posters were also finalized and printed.

The materials for the ICAT TOT training of Trainers Roll out were prepared; also arrangements were made for the workshops to be held in all nine provinces. Three workshops were conducted in Gauteng, Limpopo and Eastern Cape (69 participants attended).

Discussions took place in the Northern Cape with the HOPS and the Deputy Director Clinical Support at the Kimberley Hospital Complex regarding the implementation of a medicine information centre in the province. Agreement was reached that the RPM Plus representative and the Deputy Director Clinical Support would visit the Medicine Information Centre in Cape Town and that RPM Plus would specify the kind of support that would be provided to the proposed centre.

Also during this quarter, a meeting was held with USAID and CDC in the Eastern Cape regarding the functionality of RxSolution in order to improve coordination between PEPFAR partners in terms of pharmaceutical data management systems. Also the program attended the M & E meeting held at USAID on 6 March. Input was provided on the proposed new quarterly treatment form

In terms of dissemination, a presentation, on the ICAT activities, was made at the SAAHIP conference which took place from 6-9 March 2008. Support and assistance was also provided to the local counterpart for a presentation that was given at the SAAHIP conference and entitled 'Building Capacity in a Provincial PTC – the Western Cape experience'. Also, support was provided to another presentation in which preliminary data, obtained from a pharmacovigilance system using patient reporting of symptoms to identify ADRs, was also presented at SAAHIP.

SWAZILAND

Overview

The Regional HIV/AIDS program (RHAP) works in 10 countries in the southern region of Africa including five PEPFAR focus countries and five non-focus countries. The program has special focus in non-presence countries such as Lesotho and Swaziland which have HIV prevalence rates among the highest in the world. In these two countries, the program aims at increasing access to the full package of prevention, treatment, care and support activities necessary to accomplish the goals outlined in the Emergency Plan.

Following previous year's funding, RPM Plus used allocated RHAP FY 06 to continue improving and strengthening medicine and commodity supply systems in support of the scale-up of HIV/AIDS programs in Swaziland. Through this, it aims to address some of Swaziland's immediate health challenges, including HIV and AIDS, TB, child health, and primary health care services. RPM Plus works collaboratively with the Ministry of Health and Social Welfare (MOHSW) by offering technical assistance, training, the development of tools and the implementation thereof.

Major Activities This Quarter

In the effort to continue the establishment of the RPM Plus office in Swaziland, a telephone line was installed in the office, a post box office secured and an office internet connection was established. Also, a server and needed laptops for office operation and to establish a training lab were purchased for the office.

Details of training conducted in Swaziland by MSH/RPM Plus were captured on the USAID TraiNet database. Regular meetings took place with the Chief Pharmacist at the Ministry of Health and Social Welfare (MOHSW). Agreement was reached on the next set of activities and approaches, dates and participants. The work plan for the year for MSH/RPM Plus/SPS in Swaziland was discussed and areas of collaboration with other programs were considered and included in the plan. The plan was subsequently approved by the Chief Pharmacist. Regular meetings and debriefings also took place with the USG Technical Contact Person.

RPM Plus attended the National Pharmaceutical Policy review workshop, organized by WHO in Manzini, and provided input to the policy content. Consensus was reached at the workshop, amongst the different stakeholders, as to the required amendments. Also work continued on the redrafting of the new legislation related to the pharmacy profession and the control of medicine in Swaziland. To date, the draft legislation is being aligned with the National Pharmaceutical Policy.

Meanwhile, work continued on the writing of the report related to facility audits. The final draft is completed and will be submitted to the MOHSW for approval.

During this quarter, representatives of the Global Fund visited the country to do an assessment of the ART program. Concerns were raised with regard to the lack of storage space, security and storage conditions of antiretroviral medicines (ARVs) at the Central Medical Stores (CMS) and at the health facilities. MSH/RPM Plus participated in the subcommittee tasked to make recommendations to address the concerns raised by the Global Fund. The NERCHA task term mandated MSH/RPM Plus/SPS and the CMS management team to come up with options to address the concerns raised. The report was compiled and sent to NERCHA for implementation.

Meanwhile, MSH continued to support CMS with the quantification and preparation of specifications for medicines for the tender for the next financial year. These were completed at the end of March. In addition, the program coordinated the distribution of the donation of dispensing counting trays by a South African based pharmaceutical supplier. Counting trays will help the National TB Program to adhere to the principles of good pharmacy practice.

Follow up activities took place after the Monitoring Training and Planning (MTP) workshop that followed the HIV/AIDS Pharmaceutical Management Training. The results of the individual assignments including developed standard operating procedures (SOPs) were shared amongst participants.

A four-day orientation/training workshop was held from 4-7 March 2008 for the newly appointed National Medicine Advisory Committee (NDAC). This national committee is responsible for implementation of the National Pharmaceutical Policy. The objective of the workshop was to introduce members to the principles of medicine supply management, rational medicine use, pharmaceutical governance and medicines selection applicable to policy development and professional leadership. Discussions also took place with regard to the terms of reference of the committee and the role of members. As a result, a plan of activities for the year was developed.

An initial review of the Essential Medicine List (EML) was initiated in preparation for the full revision of the EML. The list was initially compiled in 2000 and has not been updated since. The objective of the review is to align procurement activities with recommended standard treatment guidelines.

Ongoing support was provided to hospital PTCs e.g. the PTC at RFM Hospital. Plans have been made to provide more support to hospital PTCs. Documentation on the pharmacokinetics of ARVs was prepared and handed to the pharmacist at Mbabane Hospital ART Pharmacy.

Also, follow-up took place after the review workshop held on implementation of the infection control assessment tool (ICAT) at facilities in Swaziland. Progress reports were received from the facilities.

Representatives of the Global Fund fact finding mission visited Mbabane, Emkhuzweni and Dovokolwako VCT clinics. The team was shown how the use of RxSolution and the APMR function is used to provide the required statistics. Although the representatives of the Global Fund were not impressed with the infrastructure of the facilities, they expressed satisfaction with

the implementation of the APMR/RxSolution. It was requested that additional reports templates be developed to address some of the Global Fund requirements.

Currently, MSH/RPM Plus/SPS is also working on a new report template to conduct patient cohort analysis. Development is ongoing and various meetings and consultations were held to review the definition of the various data elements of the report. MSH/RPM Plus/SPS is also collaborating with the team working on the WHO early warning indicator reports for the country. Additional report templates are under development.

Meanwhile, MSH/RPM Plus/SPS continued to provide continuous IT support to sites during the reporting period. A log of visits, activities carried out and complaints logged are now compiled. During site visits, ongoing one-on-one training is provided at the ART sites. Site visits also took place to support the use of RxSolution in medicine inventory management and dispensing.

The installation of RxSolution including set up, data migration and onsite training of staff took place at Sigombeni RC. RxSolution was also installed at two non government clinics. MSH continued to assist the MOHSW with the development of an MOU for private hospitals, practitioners and clinics to participate in the National ART program and to use the APMR/RxSolution to capture data.

In support to the roll-out of these modules, training in the use of APMR/RxSolution was conducted during the first two weeks of February (4-8 February and 11-15 February 2008). Six and nine data clerks, pharmacists, dispensers, nurses, program officers and medical officers were trained respectively. A further set of two training sessions for medical officers, program officers and pharmacists (14 participants) was also conducted on 25- 26 March and 27- 28 March 2008.

FINANCIAL INFORMATION

On September 28, 2000, Management Sciences for Health was awarded the RPM Plus cooperative agreement, the follow-on to the Rational Pharmaceutical Management Project. The RPM Plus current ceiling increase is US\$162,035,912 as a result of receiving a 3 year extension and ceiling increase in September 2003 and a subsequent ceiling increase in June 2005. The cumulative obligation for RPM Plus currently stands at US\$155,614,798.

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 Strategic Support Objectives designated by USAID when funding is received (e.g., SO1-Population, SO4-HIV/AIDS, SO5-Infectious Diseases).

The Fiscal Data chart shows the Year 1 through Year 8 obligations, cumulative funds obligated, quarter two expenditures, in addition to the cumulative to-date (October 1, 2000 to March 31, 2008) expenditures of US\$148,360,850 by funding source.

The RPM Plus cooperative agreement stipulates that MSH should cost-share an amount not less than US\$21,000,000 over the life of the program. As of March 31, 2008, RPM Plus to date has surpassed this cost-share requirement, generating over the required US\$21,000,000 in non-Federal funding, within the technical scope of work for RPM Plus.

RPM Plus Activities and Products Status Report

Fiscal Data; Close of Fiscal Year 08, Quarter 2

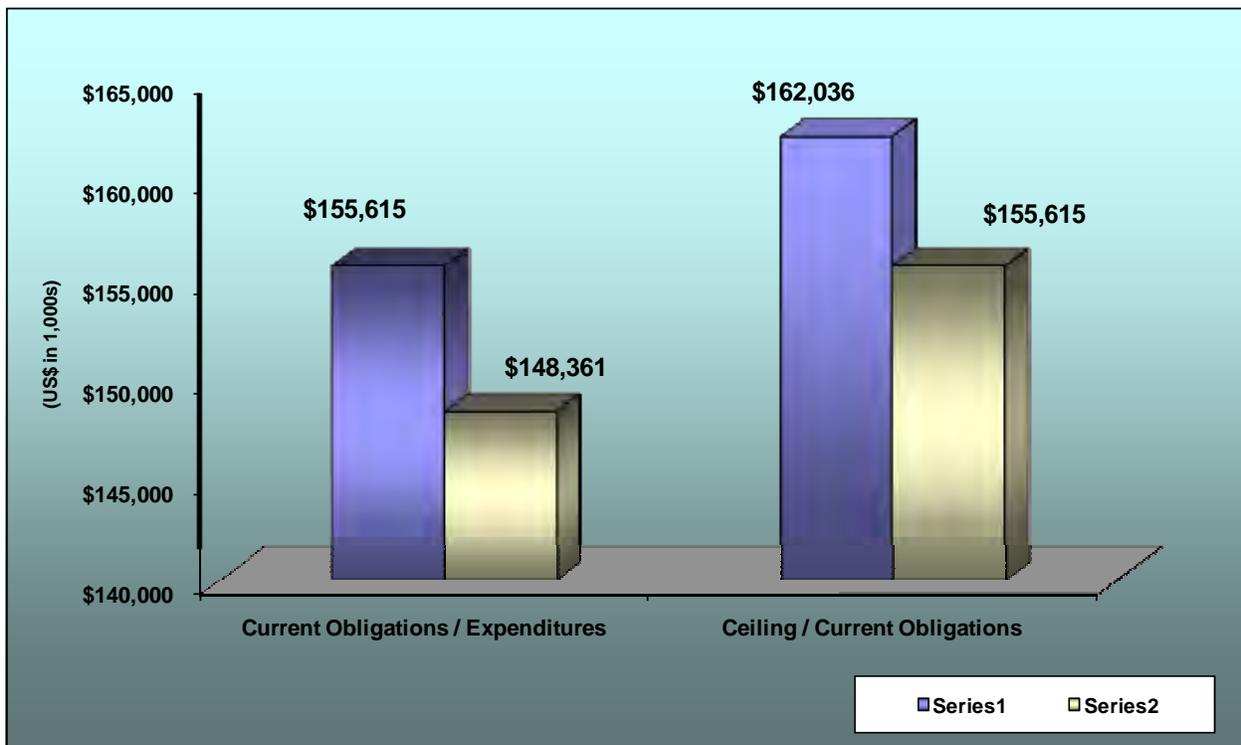
Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Total Obligated Year 3	Total Obligated Year 4	Total Obligated Year 5	Total Obligated Year 6	Total Obligated Year 7	Total Obligated Year 8	Cumulative Obligated 31-Mar-08	Q2 Expenditures Jan-Mar 2008	Grand Total Spent 31-Mar-08	Grand Total Remaining 31-Mar-08
Core													
SO1 POP	Core	\$ 100,000				\$ 250,000				\$ 350,000	\$ -	\$ 392,513	(\$42,513)
SO2 Maternal Health	Core	\$ 275,840	\$ 354,000	\$ 230,000	\$ 200,000	\$ 230,000	\$ 349,450	\$ 315,000		\$1,954,290	\$208,120	\$ 1,936,670	\$45,620
SO3 Child Survival	Core	\$ 289,440	\$ 587,000	\$ 573,280	\$ 745,000	\$ 725,000	\$ 292,100	\$ 950,000		\$ 4,141,820	\$ 309,970	\$ 4,305,602	(\$163,782)
SO4 Sub Total		\$ 200,000	\$ 650,000	\$ 900,000	\$ 1,300,000	\$ 800,000	\$ 600,000	\$ 1,200,000	\$ -	\$ 5,470,000	\$ 175,481	\$ 5,371,006	\$98,994
	SO5 ID/AMR Core	\$ 574,387	\$ 1,175,000	\$ 1,205,000	\$ 1,200,000	\$ 1,520,000	\$ 1,482,450	\$ 1,000,000		\$8,156,837	\$165,917	\$ 8,116,188	\$40,649
	SO5 Malaria Core		\$ 420,000			\$ 866,725	\$ 297,000			\$1,583,725	(\$1,281)	\$ 1,640,479	(\$56,754)
	SO5 Malaria/MAC Core			\$ 1,325,000	\$ 1,150,000	\$ 1,600,000	\$ 1,100,000	\$ 200,000		\$5,375,000	\$12,816	\$ 5,280,608	\$94,392
	SO5 ID/TB Core	\$ 410,333	\$ 810,000	\$ 1,200,000	\$ 1,250,000	\$ 1,188,000	\$ 1,290,000	\$ 1,120,000		\$7,268,333	\$4,323	\$ 7,198,704	\$69,629
SO5 Sub Total		\$ 984,720	\$ 2,405,000	\$ 3,730,000	\$ 3,600,000	\$ 5,174,725	\$ 4,169,450	\$ 2,320,000	\$ -	\$ 22,383,895	\$ 181,775	\$ 22,235,980	\$147,915
Common Agenda	Core	\$ 800,000	\$ 1,030,538	\$ 1,650,000	\$ 973,000	\$ 773,000	\$ 800,000	\$ 773,940		\$6,800,478	\$0	\$ 6,798,898	\$1,580
Mainstreaming	Core					\$ 135,000	\$ 62,510	\$ 123,500		\$321,010		\$18,045	\$122,965
Core		\$ 2,630,000	\$ 5,026,538	\$ 7,083,280	\$ 6,818,000	\$ 8,087,725	\$ 6,173,510	\$ 5,602,440	\$ -	\$ 41,421,493	\$ 889,136	\$ 41,210,713	\$210,780
Bureau/Field Support Funds													
LAC/SPO-PMCT	FS					\$ 1,200,000				\$1,200,000	\$9,511	\$ 1,138,397	\$61,603
Africa Bureau Sub Total		\$ 290,000	\$ 700,000	\$ 250,000	\$ 650,000	\$ 250,000	\$ 70,000	\$ -	\$ -	\$ 2,210,000	\$ 1,967	\$ 2,217,321	(\$7,321)
Asia/Near East Bureau/ID	FS	\$ 200,000	\$ 590,000	\$ 590,000	\$ 400,000	\$ 200,000	\$ 200,000	\$ 200,000		\$1,740,000	\$282,420	\$ 2,714,749	(\$974,749)
RDM/A Sub Total		\$ -	\$ -	\$ -	\$ -	\$ 780,000	\$ 600,000	\$ 600,000	\$ -	\$ 1,980,000	\$ -	\$ 164,561	\$1,815,439
GFHRN NGOs/OFDA	FS	\$ 50,000				\$ 215,000	\$ 50,000	\$ 120,000		\$170,000	\$9,576	\$ 158,770	\$11,230
E and E Bureau	FS	\$ 235,000	\$ 935,000	\$ 505,000	\$ 215,000	\$ 50,000	\$ 50,000	\$ 19,398		\$1,940,000	\$19,398	\$ 1,778,470	\$161,530
REDSO Sub Total		\$ 300,000	\$ 315,000	\$ 320,000	\$ 800,000	\$ 725,000	\$ 340,000	\$ 357,000	\$ -	\$ 3,157,000	\$ 326	\$ 3,233,055	(\$76,055)
WARP Sub Total		\$ -	\$ -	\$ -	\$ 250,000	\$ 340,000	\$ 500,000	\$ 150,000		\$ 1,240,000	\$ 9,222	\$ 1,226,568	\$13,432
LAC Bureau Sub Total		\$ 195,000	\$ 101,571	\$ 510,000	\$ 780,000	\$ 660,000	\$ 650,000	\$ 600,000		\$ 3,496,571	\$ 214,874	\$ 3,262,407	\$234,164
Bureau		\$ 1,035,000	\$ 1,501,571	\$ 2,605,000	\$ 3,385,000	\$ 4,370,000	\$ 2,410,000	\$ 1,827,000	\$ -	\$ 17,133,571	\$ 547,288	\$ 15,894,300	\$1,239,271
Regional Mission Funds													
MAC Mission Funding													
REDSO FS				\$ 50,000	\$ 25,000	\$ 175,000	\$ 100,000			\$350,000	\$0	\$ 330,817	\$19,183
Democratic Rep. Of Congo FS				\$10,000		\$ 200,000	\$ 100,000			\$310,000	\$0	\$ 309,562	\$438
Ghana FS				\$125,000	\$ 150,000	\$ 150,000				\$425,000	\$40,136	\$ 400,929	\$24,071
Kenya FS				\$50,000	\$ 84,500	\$ 200,000				\$334,500	\$0	\$ 349,462	(\$14,962)
Madagascar FS					\$ 75,000	\$ 100,000	\$ 150,000			\$325,000	\$33,844	\$ 295,398	\$29,602
Mali FS						\$ 100,000	\$ 125,000			\$225,000	\$0	\$ 226,953	(\$1,953)
Nigeria FS				\$100,000		\$100,000				\$100,000	\$0	\$ 101,762	(\$1,762)
Rwanda FS				\$25,000		\$25,000				\$25,000	\$1,087	\$ 23,670	\$1,330
Senegal MAARD				\$100,000		\$100,000	\$ 150,000			\$250,000	\$0	\$ 242,957	\$7,043
Sudan FS						\$ 191,250	\$ 400,000			\$400,000	\$0	\$ 432,772	(\$32,772)
WARP FS				\$38,750		\$ 191,250	\$ 100,000			\$230,000	\$0	\$ 237,591	(\$7,591)
MAC Mission Funding Sub Total		\$ -	\$ -	\$ 498,750	\$ 334,500	\$ 1,116,250	\$ 1,025,000	\$ -	\$ -	\$ 2,974,500	\$ 75,066	\$ 2,951,873	\$22,627
Albania FS			\$ 300,000		\$ 100,000					\$400,000	\$3,703	\$ 314,093	\$85,907
Armenia FS					\$ 100,000		\$ 500,000	\$ 1,000,000		\$1,500,000	\$100,788	\$ 1,263,754	\$236,246
Central Asia Regional FS				\$ 50,000						\$100,000	\$3,276	\$ 98,978	\$1,022
Kazakhstan FS				\$ 50,000		\$ 50,000				\$50,000	\$0	\$ 53,629	(\$3,629)
Kyrgyzstan FS					\$ 50,000					\$100,000	\$5,161	\$ 97,532	\$2,468
Tajikistan FS					\$ 50,000					\$50,000	\$3,276	\$ 46,401	\$3,599
Turkmenistan FS			\$ 91,208							\$91,208	\$0	\$ 81,551	\$9,657
Uzbekistan FS			\$ 108,792	\$ 100,000	\$ 100,000					\$308,792	\$0	\$ 302,553	\$6,239
Brazil FS			\$ 798,000	\$ 100,000	\$ 798,000	\$ 350,000	\$ 250,000	\$ 400,000		\$1,798,000	\$82,732	\$ 1,789,691	\$8,309
Dominican Republic MAARD			\$ 103,389	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 30,000		\$433,389	\$8,813	\$ 431,053	\$2,336
HAIR Sub Total		\$ -	\$ 110,000	\$ 100,000	\$ 1,390,000	\$ 1,950,000	\$ 3,750,000	\$ -	\$ -	\$ 7,300,000	\$ 346	\$ 6,783,958	\$516,042
Honduras Mission FS	MAARD	\$ 30,000	\$ 50,000					\$ 49,957		\$49,957	\$0	\$ 49,430	\$527
Mexico FS						\$ 394,581	\$ 90,000	\$ 50,000		\$784,581	\$9,983	\$ 768,704	\$15,877
Nicaragua FS				\$ 100,000						\$100,000	\$0	\$ 107,017	(\$7,017)
Peru Mission FS		\$ 100,000								\$100,000	\$0	\$ 65,235	\$34,765
Bangladesh Mission FS		\$ 100,000								\$100,000	\$0	\$ 406,806	(\$6,806)
Cambodia FS					\$ 150,000	\$ 150,000				\$276,000	\$0	\$ 276,000	\$0
India FS						\$ 276,000				\$713,000	\$0	\$ 704,070	\$8,930
Nepal FS			\$ 413,000	\$ 300,000						\$713,000	\$0	\$ 704,070	\$8,930
Vietnam FS						\$ 1,000,000	\$ 2,847,000			\$4,028,990	\$1,620	\$ 3,975,384	\$53,606
Angola PMI FS								\$ 100,000		\$600,000	\$36,126	\$ 533,467	\$66,533
Malawi FS								\$ 200,000		\$200,000	(\$23,056)	\$ 200,768	(\$768)
Benin FS							\$ 50,000			\$50,000	\$0	\$ 49,756	\$244
Benin-Malaria MAARD							\$ 30,000			\$30,000	\$0	\$ 34,826	(\$4,826)
Ethiopia Sub Total		\$ -	\$ -	\$ -	\$ 3,500,000	\$ 3,000,000	\$ 22,300,000	\$ 7,586,000	\$ -	\$ 36,386,000	\$ 1,564,965	\$ 32,121,383	\$4,264,617
Honduras Sub Total		\$ -	\$ -	\$ -	\$ 1,737,000	\$ 1,737,000	\$ 2,194,850	\$ 4,436,000	\$ -	\$ 4,278,850	\$ 33,217	\$ 8,408,256	\$15,044
Namibia Sub Total		\$ -	\$ -	\$ -	\$ 835,000	\$ 1,177,000	\$ 1,742,100	\$ 1,970,795	\$ 600,000	\$ 6,324,895	\$ (18,615)	\$ 6,326,245	(\$1,350)
Rwanda Sub Total		\$ -	\$ -	\$ -	\$ 1,600,000	\$ 665,000	\$ 1,938,109	\$ 2,809,465	\$ 300,000	\$ 7,312,574	\$ (2,972)	\$ 7,266,333	\$46,241
Senegal Sub Total		\$ -	\$ -	\$ -	\$ 150,000	\$ 150,000	\$ -	\$ -	\$ 75,000	\$ 375,000	\$ -	\$ 379,839	(\$4,839)
South Africa Sub Total		\$ -	\$ -	\$ -	\$ 1,000,000	\$ 1,400,000	\$ 2,550,000	\$ 3,600,000	\$ -	\$ 8,550,000	\$ 820,113	\$ 8,461,721	\$88,279
Sudan							\$ 600,000			\$600,000	\$63,864	\$ 592,034	\$7,966
Tanzania Sub Total		\$ -	\$ 1,150,000	\$ 1,440,000	\$ 150,000	\$ 2,740,000	\$ 210	\$ 2,734,134	\$5,866				
Uganda Sub Total		\$ -	\$ 300,000	\$ 500,000	\$ 800,000	\$ (15,605)	\$ 793,455	\$6,545					
Zambia Sub Total		\$ 100,000	\$ 280,000	\$ 780,000	\$ 1,865,000	\$ -	\$ -	\$ -	\$ -	\$ 3,025,000	\$ 159	\$ 3,023,207	\$1,793
Mission		\$ 330,000	\$ 1,456,389	\$ 2,078,750	\$ 13,909,500	\$ 11,678,831	\$ 40,667,059	\$ 24,432,217	\$ 2,506,990	\$ 97,059,736	\$ 2,775,851	\$ 91,255,838	\$5,803,898
ACF Surplus/(Deficit)													(\$0)
Grand Total		\$ 3,995,000	\$ 7,984,498	\$ 11,767,030	\$ 24,112,500	\$ 24,136,556	\$ 49,250,569	\$ 31,861,657	\$ 2,506,990	\$ 155,614,800	\$ 4,212,275	\$ 148,360,850	\$7,253,950

Financial Information

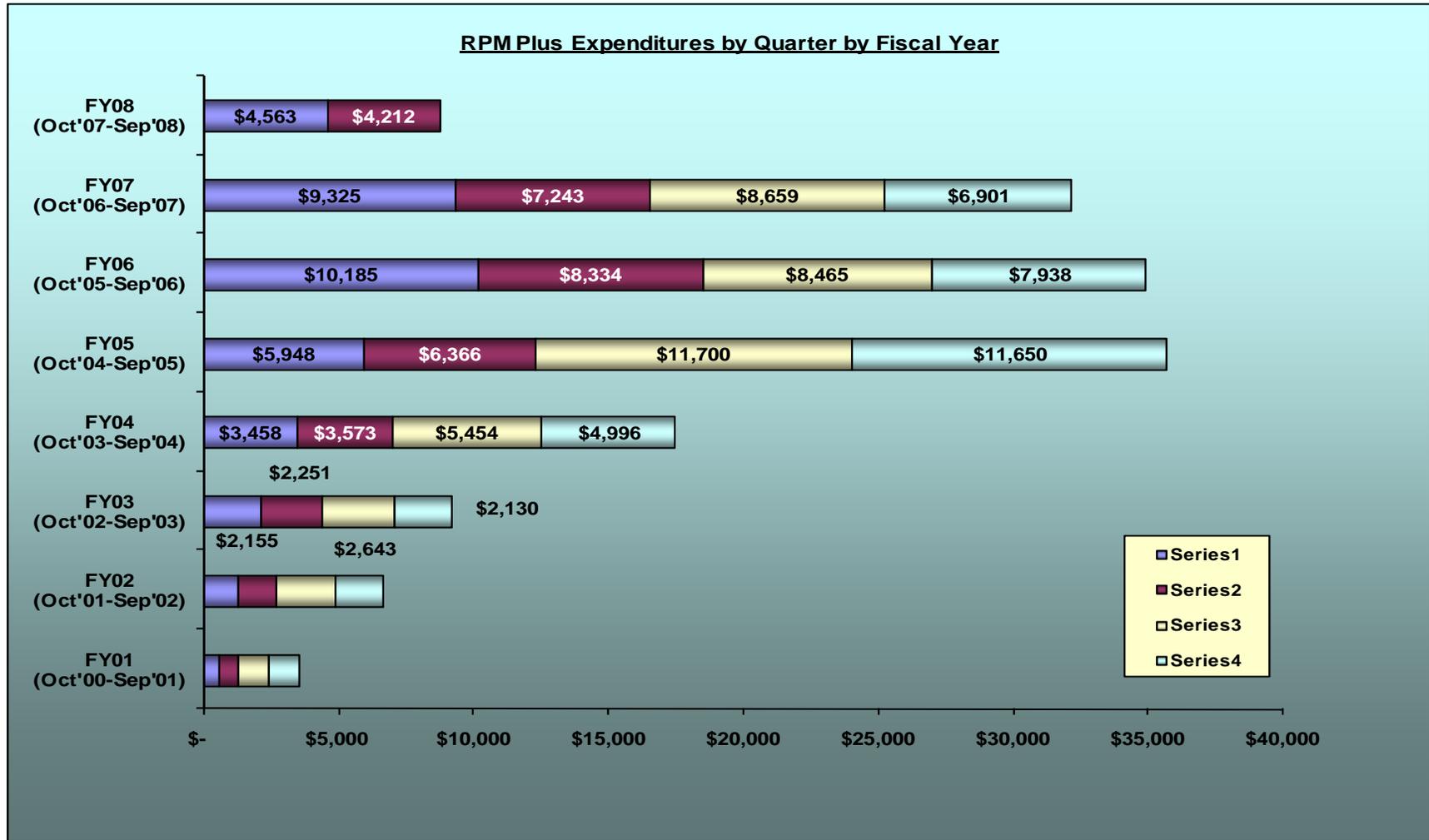
Overview

Cumulative Expenditure activity through March 31, 2008

Total Funding Received to date:	\$155,614,798
Total Amount Spent to date:	\$148,360,850
Pipeline:	\$7,253,948
Percent of Funds Spent:	95.34%
Cost-Share Earned to Date:	+\$21,000,000
<i>Target Cost-Share Amount:</i>	\$21,000,000
Percent of Cost-Share Realized:	100%+



Expenditures through March 31, 2008



RPM Plus Activities and Products Status Report

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** HIV-PMTCT**Year** 03**Activity Title** Evaluate, update and web-enable Guidance Document**Activity Manager** Akhlaghi, Laila**Activity #** 9**Task:** A1WW03HIP**Sub-Task:** 60CXD9**Activity Description** The guidance document will be evaluated based on feedback from users. Review and update will take place and an interactive version will be created for the website.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	All 5 chapters and the annexes to the document were revised this quarter to incorporate new procurement directives and action memorandums. The document is now pending an internal technical review.		The internal technical review will be completed in the next quarter. The final draft of the updated document will then be submitted for a final review.		

Last Updated: 04/05/2008

Workplan: Maternal Health**Year** 06**Activity Title** Support implementation of interventions in two to four selected countries to improve the management of uterotonics in support of**Project
Year 8 Q2**

During this quarter RPM Plus continued to provide pharmaceutical management support for the AMTSL activities in Benin. Most of the activities centered on the preparation for the national dissemination workshops which will take place in May/June 2008 and will also include a review of the nationally-sanctioned protocols. In addition, the survey report is currently being finalized and should be available for dissemination during the next quarter.

A country visit was carried out to Mali this quarter, during which the Director of the Division of Reproductive Health (DRH) reiterated her concerns regarding a security plan for all reproductive health (RH) commodities. A part-time short-term consultant was hired to oversee the RPM Plus activities in the country. This includes development of a security plan for RH commodities as well as coordinate the testing, evaluation and finalization of the job aids which will be presented at an event to celebrate International Midwives Day in May. It was agreed that the AMTSL survey materials and tools need to be revised in order to reflect a stronger PM focus. Revision of these materials and tools commenced towards the end of the quarter and it is expected that these tools will be used for an AMTSL survey to be carried out in Mali.

The national AMTSL dissemination workshops will be held in Benin during the next quarter - presentations and materials to be used will be developed during the next quarter. The job aids developed in collaboration with POPPHI will be presented in Mali. Work will continue on the revision of the survey tools.

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Child Survival Year 01**Activity Title** Revision of the DMCI Tool.**Activity Manager** Adeya, Grace **Activity #** 2 **Task:** A1WW01CHS **Sub-Task:** 60F6K2**Activity Description** RPM Plus has planned to develop a more simplified DMCI tool for use at district level. The national DMCI assessment tool needs some revising to make it easier to follow and apply.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	This quarter, final revisions were made to the District Pharmaceutical Management for Childhood Illness (D-PMCI) tool and the tool was sent to the editorial department for finalization and formatting. Revisions are underway for the PMCI tool.		RPM Plus will finalize and disseminate the District Pharmaceutical Management for Childhood Illness (D-PMCI) and PMCI tools.		

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Child Survival**Year** 03**Activity Title** Developing interventions guide to improve child survival drug management at community level**Activity Manager** Adeya, Grace**Activity #** 3**Task:** A1WW03CHS**Sub-Task:** 60F6K3**Activity Description** A guide to interventions is being developed in order to orient district managers as well as policy makers, in the selection and development of interventions to improve availability and use of medicines in the community.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	This quarter, final revisions were integrated into the guide for developing interventions titled "Improving Community Use of Medicines in the Management of Child Illness" and the guide was submitted to the editorial department for finalization and formatting. Possibilities and interest to apply the guide were explored in several countries including DRC, Senegal and Tanzania.		Improving Community Use of Medicines in the Management of Child Illness: a guide to developing interventions will be finalized.		

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Child Survival**Year** 04**Activity Title** Develop drug management training in support of IMCI**Activity Manager** Adeya, Grace**Activity #** 4**Task:** A1WW04CHS**Sub-Task:** 60F6M4**Activity Description** Improve availability and use of drugs for child health in areas where IMCI is implemented.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	This budget line is now closed. Any continuing support to strengthen pharmaceutical management training in support of IMCI will be reporting in Strengthening Pharmaceutical Systems (SPS) activities.		This budget line is now closed. Any activities to strengthen pharmaceutical management training in support of IMCI will be reporting in Strengthening Pharmaceutical Systems (SPS) activities.		

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Child Survival **Year** 06**Activity Title** Technical Activity coordination and monitoring**Activity Manager** Adeya, Grace**Activity #** 1**Task:** A1WW06CHS**Sub-Task:** 97XXY1**Activity Description** This activity includes technical activity coordination, workplan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	This quarter, standard reporting continued.		RPM Plus will ensure all products are cited in the Strategic Monitoring System and labeled properly on the network drive. In addition, the FY 07 workplan will be finalized.		

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Child Survival **Year** 06**Activity Title** Support for ADDO program in Tanzania**Activity Manager** Adeya, Grace**Activity #** 2**Task:** A1WW06CHS**Sub-Task:** 60C5H2

Activity Description RPM Plus will continue to support TFDA and other stakeholders in developing an implementation model for the ADDO program that is capable of nation-wide implementation. Specifically this year, there will be a focus on integrating the ADDO child survival training module into the ADDO training for roll-out, but also on catch up training on those regions where ADDO has been implemented without the child survival component (expected to be Morogoro,district). In conjunction with BASICS, RPM Plus will ensure the use of appropriate job aids by the dispensers and support information, education and communication (IEC) interventions at community level to promote use of the ADDOs. A follow-up evaluation (a repeat of the quantitative baseline conducted in September 2006) will be required to evaluate the child survival package.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Child Survival**Year** 06**Activity Title** Support for ADDO program in Tanzania**Project
Year 8 Q2**

In Tanzania, core S03 global funds are being leveraged with country specific RPM Plus/SPS funds to support ADDO activities. This quarter, RPM Plus provided technical support to the TFDA in the training of ADDO dispensers in the child health component as part of the integrated ADDO training in 2 districts (Mtwara Municipal and Masasi) of the Mtwara Region. A total of 131 ADDO dispensers were trained (117 females and 14 males). During the training sessions, RPM Plus distributed MOH-approved IEC materials related to improving child health. RPM Plus also presented the background, objectives and expected outcomes of integration of the child health component into the ADDO program to 63 stakeholders in Kibaha district of the Pwani region. In addition, the final report presenting findings and recommendations based on formative research investigating child health in the ADDOs conducted in conjunction with BASICS was completed and disseminated.

In addition, Katie Senauer of RPM Plus traveled with a RPM Plus technical consultant and a representative from BASICS to plan and co-facilitate a 6-day radio workshop and work with partners to advance the development of a community mobilization strategy and accompanying guide for integration into the ADDO program. As part of the visit, a 3-day follow up was conducted to assess the radio workshop which took place in May 2007 in the Ruvuma region. A total of 54 interviews were conducted using standard questionnaires with ADDO dispensers, caretakers (mothers and fathers),

The supervision report from the last round of visits will be finalized for dissemination. A short follow up assessment will occur to assess the results of the radio workshop held in Morogoro. The community mobilization guide will be finalized and disseminated. RPM Plus will complete the technical review of the English version of the child health training materials and complete the entire package of ADDO materials in English for dissemination to partners interested in private sector interventions.

Workplan: Child Survival**Year** 06**Activity Title** Support for ADDO program in Tanzania

community leaders, radio personnel and past workshop participants. A technical report is being drafted summarizing results. After the follow up visit to Ruvuma a 6-day workshop in Morogoro was held which focused on key messages involving ARI, diarrhea (including zinc treatment) and general danger signs for children under-five. A total of 24 participants (19 males and 5 females) attended including radio journalists, local community members, health professionals and representatives from the TFDA and MoHSW. Products included 9 radio spots, 1 song on general danger signs, and an introduction to the radio spots. All radio spots were field tested and evaluated in the community. Workshop participants have already begun to air the radio spots. A local communications consultant was hired for a one month contract and began drafting a community mobilization guide that will eventually be integrated into the ADDO package.

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Child Survival **Year** 06**Activity Title** Support for Private Sector Initiatives in Cambodia**Activity Manager** Adeya, Grace**Activity #** 3**Task:** A1WW06CHS**Sub-Task:** 60C5H3**Activity Description** The SO3 funding will be used for the adaptation of the materials and approaches used in Tanzania and Senegal to the Cambodia setting and the initial implementation of these materials and approaches in priority regions in Cambodia, as agreed with the Mission.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	After discussions with USAID, it appears that private sector initiatives in Cambodia are not a priority for USAID Child Health funds. This budget line is now closed.		This budget line is now closed. If priorities change, any continuing activities in the private sector will be reported under Strengthening Pharmaceutical Systems (SPS) activities.		

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Child Survival**Year** 06**Activity Title** Other Private Sector Initiatives**Activity Manager** Adeya, Grace**Activity #** 4**Task:** A1WW06CHS**Sub-Task:** 60A2H4

Activity Description In Senegal, RPM Plus will continue to support the MoH and syndicate of pharmacists to set up and establish a regular supervision mechanism to monitor the performance of the sales assistants in private pharmacies. The intervention package of training and follow-up will be evaluated.

In addition, RPM Plus will continue to build from initial assessment trips and the evaluation of home based management of malaria in Rwanda. In collaboration with partners (particularly BASICS), RPM Plus will further investigate and develop a private sector strategy to improve child health services in the private sector, where appropriate.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Child Survival**Year** 06**Activity Title** Other Private Sector Initiatives**Project
Year 8 Q2**

In Senegal, RPM Plus analyzed data collected from an evaluation of knowledge and practices of the sales agents in private pharmacies trained on the management of three key childhood conditions (diarrhea, malaria and ARI). A preview of the results of the evaluation was presented to the Division of Nutrition and Child Survival of the Ministry of Health while a larger dissemination was being prepared for the syndicate of pharmacists, a key stakeholder. In comparison to the Drug Management for Childhood Illness (DMCI) assessment conducted in 2001, the results of the evaluation showed an increased sensitization among sales agents and a significant improvement of knowledge on key childhood conditions. The results were particularly noteworthy with regard to the use of antibiotics for ARI non-pneumonia among children under five. While 26% of sales agents inappropriately recommended antibiotics for ARI non-pneumonia in 2001, the percentage dropped to 0% during the recent evaluation. However, the absence of mechanisms for immediate follow up and post-training activities have limited the benefits while the syndicate still remains engaged for continuing a stronger collaboration with the Ministry of Health to strengthen child health. The report of the evaluation was finalized and made available for an official presentation of the results which will occur next quarter. Gaby Bukasa, the RPM Plus Senior Technical Advisor based in DRC, traveled to Senegal to participate during the initial dissemination of evaluation results and learn about the private sector approach in Senegal in order to apply lessons

In Senegal, a strategy option workshop will be conducted with key stakeholders to present the results of the evaluation and to identify key areas of interventions to consolidate and expand the benefits of the training. The evaluation results will be disseminated in the main publication of the syndicate and/or shared with all affiliated pharmacists during periodic meetings of the syndicate. Operational mechanisms will be identified to ensure follow up of training activities and sustain private-public efforts to promote child health.

Workplan: Child Survival**Year** 06**Activity Title** Other Private Sector Initiatives

learned to investigate opportunities to strengthen child health through the private sector in DRC. For specific information refer to the trip report (available in French).

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Child Survival**Year** 06**Activity Title** Community Case Management of ARI, malaria and diarrhea**Activity Manager** Adeya, Grace**Activity #** 5**Task:** A1WW06CHS**Sub-Task:** 60EXH5

Activity Description Technical assistance will be focused on the development of programs targeted in specific countries and training materials for community agents, pharmaceutical distribution systems, and ongoing monitoring, supervision and evaluation mechanisms. Where possible, the new WHO recommendation will be applied into practice emphasizing that a three day course of antibiotics is sufficient, minimizes cost and facilitates compliance. Collaboration will continue with partners to accelerate the CCM global agenda and scale-up of CCM activities including support to CORE group initiatives as appropriate.

Activity Progress**Barriers to Progress****Next Steps****Products Planned****Progress on Products**

Workplan: Child Survival**Year** 06**Activity Title** Community Case Management of ARI, malaria and diarrhea**Project
Year 8 Q2**

In DRC this quarter, a follow up visit (including a review of records, tools, inventory and interviews with community health workers and head nurses) was made in coordination with the Ministry of Health to the health zone (Mont Ngafula II) where the revised medicine management module of the standard community case management (CCM) package was evaluated. A total of 8 of the 11 CCM sites were visited. Results are being summarized in a report but indicate appropriate practices and knowledge of key childhood conditions amongst the community health workers. RPM Plus continued discussions with partners regarding revisions necessary to strengthen the current set of follow up visit and supervision guidelines. Planning advanced on coordinating a series of supervision visits in 4 provinces next quarter.

In addition to activities in DRC, the proposed CCM panel organized by RPM Plus for the Global Health Council conference was accepted. The panel includes an RPM Plus presentation on pharmaceutical management within the CCM program in DRC. A revised version of the medicines management chapter for the CCM Essentials Guide was sent to the CORE group for field testing. Final revisions continued on the C-DMCI database.

In DRC, RPM Plus will continue to support the roll-out of CCM and provide technical assistance to implementing partners where necessary. RPM Plus will test and finalize the revised database and the user manual of the C-DMCI analysis software. RPM Plus will finalize the management of medicines chapter for the CCM Essentials Guide after it has been tested in the field.

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Child Survival**Year** 06**Activity Title** TA to roll-out zinc treatment**Activity Manager** Adeya, Grace**Activity #** 6**Task:** A1WW06CHS**Sub-Task:** 60BXH6

Activity Description Technical assistance will be provided as needed in developing, reviewing and revising treatment guidelines, assessment tools, and supervision and evaluation mechanisms to facilitate the implementation and sustainability of zinc treatment for diarrhea management at the global and national levels. This TA will be targeted at focus countries as indicated by USAID, the Zinc Task force or other partners in the implementation of zinc roll-out such as BASICS and A2Z.

At the country level, RPM Plus will continue to collaborate with partners in DRC, to provide technical assistance in the form of reviewing national job aids, training, advocacy and dissemination materials, and developing standardized assessment, supervision, evaluation and monitoring tools to evaluate the feasibility and track the introduction of zinc in country.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Child Survival**Year** 06**Activity Title** TA to roll-out zinc treatment**Project
Year 8 Q2**

This quarter, country level activities to support the roll out of zinc treatment progressed in both DRC and Senegal. In DRC, RPM Plus collaborated with the Ministry of Health (MOH) and partners to discuss and begin to address issues with zinc availability and integration of zinc into the national pharmaceutical management system, including quantifying future requirements for zinc tablets.

In Senegal, RPM Plus worked with the Ministry of Health to move forward with the baseline survey for the introduction of the revised diarrheal disease management guidelines which include zinc treatment. RPM Plus reviewed the terms of reference for the planned situational analysis and provided feedback to the MOH and the partner institutions collaborating to implement the baseline survey. RPM Plus joined UNICEF to leverage efforts for conducting the baseline survey that is expected to take place next quarter. In addition, RPM Plus investigated the requirements necessary to register zinc as a medicine in Senegal.

RPM Plus will continue to provide support to advancing zinc treatment roll-out in appropriate countries including Benin, Ethiopia, Uganda, Nepal, Senegal, Tanzania and DRC. In addition to working with specific countries, RPM Plus will continue discussions with manufacturers and suppliers regarding registration issues.

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Child Survival**Year** 06**Activity Title** Commodity tracking tool**Activity Manager** Adeya, Grace**Activity #** 7**Task:** A1WW06CHS**Sub-Task:** 60CXJ7**Activity Description** RPM Plus will continue to work the PMNCH as needed, and specifically within the Monitoring and Evaluation working group, to investigate the most appropriate methodology to measure and monitor progress in child health at the country level. If necessary, RPM Plus will revise the current commodity tracking tool to be used at the country level.**Project
Year 8 Q2**

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
After discussions with partners, it was decided that the commodity tracking tool is not a priority for USAID Child Health funds. This budget line is now closed.		This budget line is now closed. If priorities change, any continuing activities with commodity tracking will be reported under Strengthening Pharmaceutical Systems (SPS) activities.		

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Child Survival**Year** 06**Activity Title** Mainstreaming pharmaceutical management into the global child survival agenda**Activity Manager** Adeya, Grace**Activity #** 8**Task:** A1WW06CHS**Sub-Task:** 60F6H8

Activity Description RPM Plus will continue to work in coordination with WHO (HQ and AFRO) and UNICEF to integrate aspects of pharmaceutical management into the revisions of the IMCI package and training materials, and the monitoring and evaluation tools. RPM Plus will also work with BASICS, the CORE group and PVOs to assure the soundness of the pharmaceutical management aspects of their activities. Advocacy will continue with WHO Geneva using evidence and experience from RPM Plus' collaborative work with WHO AFRO to push for incorporation of pharmaceutical management as a standard component in IMCI trainings and surveys across the board, in all countries.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	Final revisions were made to the manuscript titled "Creating a new class of pharmaceutical services provider for underserved areas: the Tanzania ADDO experience." The RPM Plus child survival team drafted key achievements for a poster presentation during the Global Health Council conference. RPM Plus collaborated with BASICS to finalize the abstract of the accepted presentation for the Global Health Council conference focused on the evaluation conducted by RPM Plus of private sector provider practices using a simulated client scenario methodology. For specifics regarding the community case management panel accepted by the Global Health Council conference refer A1 WWW06CHS 60EXH5. RPM Plus continued to collect key child health journal articles and technical documents for dissemination of the monthly child health update as well as update the RPM Plus website as appropriate.		RPM Plus will complete and submit manuscripts on the DMCI, C-DMCI and ADDO experience and will continue to advocate for inclusion of pharmaceutical management in key child health strategies, documents, and programs. At the international level, RPM Plus will continue to investigate how to best contribute towards the Partnership for Maternal Child and Newborn Health (PMNCH) working groups.		

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: HIV/AIDS**Year** 04**Activity Title** Development of "Commodity Management in ART Programs: A Planning Guide"**Activity Manager** Walkowiak, Helena**Activity #** 2**Task:** A1WW04HIV**Sub-Task:** 60F2E2

Activity Description This publication entitled "From the Ground Up" targets health care providers, trainers, policy makers and planners and will provide them with up-to-date insights and lessons-learned from HIV/AIDS programs around the globe. RPM Plus has received a request from EGPAF to contribute two chapters to the publication; one on the Scaling-up of Pharmacy Services: Managing Medicines and Supplies and the second on The Role of the Pharmacist in ART. The chapters are intended to assist a range of audiences who are currently or are planning to support ART service delivery and ART service implementers, to systemize their approaches to strengthening pharmaceutical management for going to scale.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	No progress in this quarter.	RPM Plus is still awaiting response from EGPAF editors	The EGPAF editors are still reviewing the submitted drafts. RPM Plus will review the final drafts and respond to comments as necessary		

Last Updated: 04/12/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: HIV/AIDS**Year** 05**Activity Title** Update the VCT Planning Guide**Activity Manager** Walkowiak, Helena**Activity #** 10**Task:** A1WW05HIV**Sub-Task:** 60EXE0**Activity Description** Originally planned using FY03 funding, the review and update of the document is now being done in FY05. The aim of the document is to provide practical guidance on commodity management issues related to establishing, managing and scaling up testing and counseling programs. The document will be completed and disseminated.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	FHI completed the technical review and sent their comments to RPM Plus authors at the end of the second quarter.	The document has been pending responses from FHI who have been extremely busy with travel and other commitments	The authors plan to finalize the updated document by the end of the next quarter.		

Last Updated: 04/12/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** HIV/AIDS**Year** 05**Activity Title** Work with USAID, the World Bank, the World Health Organisation, the Global Fund for AIDS, TB and Malaria (GFATM) and other**Activity Manager** Ndyanabangi, Bannet**Activity #** 4**Task:** A1WW05HIV**Sub-Task:** 60F2H4**Activity Description** RPM Plus will continue to work with USAID/OHA in collaborating with international agencies including UNAIDS WHO,GFATM, the World Bank and other donors and organizations to exchange information related to HIV/AIDS health commodity management and to identify opportunities for collaboration to address health commodity management issues. These may include collaborating on assessments, follow-on health commodity management technical assistance and training and assisting countries to scale-up activities.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: HIV/AIDS**Year** 05**Activity Title** Work with USAID, the World Bank, the World Health Organisation, the Global Fund for AIDS, TB and Malaria (GFATM) and other**Project
Year 8 Q2**

During this quarter, RPM Plus finalized the case study for the supply management chapter of the WHO/UNICEF publication "Programming Framework to Scale up Pediatric Care, Support and Treatment in Resource-Constrained Settings." In addition, RPM Plus reviewed the first draft of a document prepared by a consultant for the IATT (Interagency Task Team on the Prevention of HIV Transmission to Pregnant Women, Mothers, and their Children) on scaling up access to Cotrimoxazole Preventive Therapy (CPT) in HIV Exposed and Infected Infants and Children. RPM Plus sent a representative to the six monthly IATT meeting in February 2008 with funding from the SO3 portfolio.

As part of continuing collaborative work with WHO/AMDS and its partners, RPM Plus submitted comments to AMDS on the Global Price Reporting Mechanism on Antiretroviral Drugs (GPRM) quarterly report and updated the tools in the PSM toolbox.

RPM Plus continued to contribute to the development of an "Operations Manual for Delivery of HIV Prevention, Care and Treatment at Primary Health Centres in High Prevalence, Resource Constrained Settings" and accompanying country "Adaptation Guide" and "Basic HIV Services" document as part of a WHO-USG collaboration around the scale-up of HIV services in resource-constrained settings of high HIV prevalence. Activities in this quarter include reviewing and commenting on the revised supply management chapters of the Operations Guide and the Basic HIV

RPM Plus will continue to work with AMDS to support priority projects as appropriate and to assist UNICEF in developing a document on scaling up access to Cotrimoxazole Preventive Therapy (CPT) in HIV Exposed and Infected Infants and Children. Also in the next quarter, RPM Plus will continue to support the finalizing of the WHO-OGAC publication "Operations Manual for Delivery of HIV Prevention, Care and Treatment at Primary Health Centres in High Prevalence, Resource Constrained Settings" as requested.

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: HIV/AIDS**Year** 05**Activity Title** Work with USAID, the World Bank, the World Health Organisation, the Global Fund for AIDS, TB and Malaria (GFATM) and other Services document, and five chapters from the Operations Guide.**Last Updated:** 04/12/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Asia Near East Bureau**Year** 04**Activity Title** Provide technical assistance to develop training materials for TB pharmaceutical management SOP scale up in China.**Activity Manager** Dias, Vimal**Activity #** 16**Task:** A1RN04IDX**Sub-Task:** 60F3EC**Activity Description** RPM Plus will develop training materials for the implementation of TB pharmaceutical management SOPs in selected facilities and/provinces, as agreed with WHO and the NCTB. These materials will include facilitator and use guides, plus practical exercises. Counterparts will be involved in all phases of development, and the materials will be translated into Chinese prior to their application.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	RPM Plus developed and translated 15 training guides and presentations on topics, including general pharmaceutical management, receiving medicines, storekeeping, dispensing, and quantification. RPM Plus presented the guides to the national TB program in February 2008 for use in an expanded training program on SOP implementation beginning in March 2008. RPM Plus also monitored pilot sites in Henan Province where staff are currently using SOPs; collecting and analyzing pharmaceutical management indicators to identify sites that require strengthening.		This code is closed. Activities will continue to be reported in FY05 (A1-RN05IDX-60F3H7).		

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Asia Near East Bureau**Year** 04**Activity Title** Provide TA in transition planning and support for management of medicines for HIV/AIDS in Laos**Activity Manager** Duzey, Olya**Activity #** 17**Task:** A1RN04IDX**Sub-Task:** 60F2HD**Activity Description** RPM Plus will provide TA in planning for pharmaceutical management aspects of the transition of management of the HIV/AIDS program from MSF to MOH by September 2008. In addition, RPM Plus will provide technical assistance during this transition, as agreed with the RDMA and country counterparts.**Project
Year 8 Q2**

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
RPM Plus developed a work plan for activities in consultation with CHAS and other partners. The plan is also the basis for an MOU, which was submitted to CHAS for approval.		Activities will continue to be reported under new codes in FY05 and FY06(A1-RN05IDX-60F2H9 and A1-RN06IDX-60CXH9).		

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Asia Near East Bureau**Year** 04**Activity Title** Conduct a mapping of capacity in the ANE to conduct drug management TA**Activity Manager** Duzey, Olya**Activity #** 6**Task:** A1RN04IDX**Sub-Task:** 60CXAD

Activity Description In the ANE region there is a great need for pharmaceutical management technical assistance in various areas, including community pharmaceutical management. One means for meeting this need is the development of South to South capacity. In the ANE, a first step in the process is to map existing pharmaceutical management capacity, so that strengths and gaps can be identified. This activity will take place in 3rd and 4th quarters of RPM Plus Year 5.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	In response to a request from Thailand to evaluate antimalarial and RDT procurement and distribution issues, RPM Plus engaged in discussions with the Thai MOPH and Borderless Action Against Microbes (BAAM) to outline objectives and define roles and responsibilities to understand the situation and provide recommendations to avert potential stock outs of first line antimalarials in light of the integration of the malaria clinics into other health services and decentralization of procurement to provincial level.	Development of a framework to address procurement and distribution issues will require research and analysis of procurement and distribution laws; documents are mostly written in Thai. RPM Plus will contract a local consultant to conduct critical background research and support follow-on activities.	Develop a scope of work to define consultant activities and continue to collaborate with BAAM to ensure activity results for each partner are communicated effectively and contribute to project progress. Activities under this code will continue under FY05 code (A1RN05IDX 60F4H5)		

Last Updated: 07/10/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Latin America Caribbean Amazon Ma Year 06**Activity Title** Provide follow-up technical assistance to five Initiative countries to plan and implement activities that will strengthen the availability**Activity Manager** Thumm, Melissa**Activity #** 2**Task:** A1LN06MAL**Sub-Task:** 60CXH2

Activity Description In FY06, all eight of the countries have at least one activity aimed at strengthening pharmaceutical management in their work plans, for which they have requested assistance from RPM Plus. The activities include assessments (in the two countries that have not yet conducted them); implementation of policies and strategies to address the problems of availability and use identified through assessments in FY04 and FY05; and, the application of additional RPM Plus tools and methods for assessing and strengthening drug management, particularly around implementation of the new drug policies and quantification of malaria medicines. Based on their preparedness and on-going work in the area, Bolivia, Ecuador, Guyana, Peru and Suriname have been tentatively selected to receive in-country technical assistance from RPM Plus in FY06. Assistance to the remaining three countries will be available via email.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	During this quarter RPM Plus visited three AMI countries: Bolivia, Ecuador and Guyana. The purpose of these visits was to analyze with local counterparts the pharmaceutical management of the national malaria programs and to elaborate a detailed technical assistance program for the rest of the year. As a by-product of these visits RPM Plus provided technical assistance for the implementation of pilot tests of the monitoring tool on the availability and use of anti-malarials.	No constraints	MSH's Strengthening Pharmaceutical Systems (SPS) will follow up on this activity with FY07 USAID/AMI resources.		

Last Updated: 03/27/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Latin America Caribbean Amazon Ma Year 06**Activity Title** Develop and translate training materials and conduct a regional workshop on supply chain management for malaria medicines and**Activity Manager** Thumm, Melissa**Activity #** 3**Task:** A1LN06MAL**Sub-Task:** 60CXM3**Activity Description** To begin addressing the variety of problems that the countries are facing in this area, RPM Plus will develop training materials on the different aspects of supply chain management and use them to conduct a regional workshop with participants from all eight of the Initiative countries. The key elements of supply chain have been introduced and briefly discussed at previous workshops; this training, however, will focus exclusively on the topic, examining storage, distribution, and inventory management in much greater depth. Participants will be asked to bring specific information on the present situation in their countries.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	A regional workshop for the improvement of the supply chain and quality of antimalarials was scheduled for May 12-16. During this quarter all partners (MSH, USP and PAHO) developed a workshop agenda and supporting materials.	No constraints	MSH's Strengthening Pharmaceutical Systems (SPS) will follow up on this activity with FY07 USAID/AMI resources.		

Last Updated: 03/27/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Malaria (MAC) Core**Year** 06**Activity Title** MAC Management**Activity Manager** Citysoft Admin**Activity #** 7**Task:** A1WW06MAC**Sub-Task:** 97XXYX**Activity Description** RPM Plus will continue to coordinate management of the MAC partners including organizing meetings and conference calls, reporting and communicating with USAID on behalf of the MAC partnership

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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**Project
Year 8 Q2**

Continues with managing activities including writing and disseminating monthly reports, the reports summarize malaria monthly activities and accomplishments.

Last Updated: 04/17/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Regional Development Mission/Asia **Year** 05**Activity Title** Provide TA in development and implementation of interventions to enhance access to antimalarials**Activity Manager** Duzey, Olya**Activity #** 5**Task:** A1RN05IDX**Sub-Task:** 60F4H5**Activity Description** RPM Plus will work with one country to adapt or develop and implement interventions to enhance access to antimalarials. It is anticipated that RPM Plus will work with in-country partners to implement and monitor interventions.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	In this quarter, RPM Plus continued to provide technical leadership in malaria pharmaceutical management in the region, participating in the Cambodia MDR malaria strategy development workshop and in the ACTMalaria Executive Board meeting; continuing to refine, with partners, potential malaria pharmaceutical management strengthening activities for Cambodia; meeting with partners to coordinate planned activities; and providing a presentation on AMR at the 2008 ANE SOTA in Bangkok.	Given the consistency of challenges preventing RPM Plus from working in Cambodia for nearly a year, RPM Plus, in consultation with RDMA, determined to no longer pursue TA activities in Cambodia in favor of concentrating resources in Thailand and Laos.			

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Regional Development Mission/Asia **Year** 05**Activity Title** Provide TA in training and implementing revised systems and SOPs in TB pharmaceutical management**Activity Manager** Dias, Vimal**Activity #** 7**Task:** A1RN05IDX**Sub-Task:** 60F3H7**Activity Description** RPM Plus will provide technical assistance in developing a training plan and materials for implementation of SOPs. This activity will be carried out in close collaboration and co-funding from the WHO/China. It is anticipated that, one these SOPs are implemented and refined, a plan for scaling them up to other provinces will be developed.**Project
Year 8 Q2**

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
The Chinese National Center for Tuberculosis Control and Prevention (NCTB) plans to scale up the use of standard operating procedures (SOP) for the management of first-line TB medicines nationwide (31 provinces) before the end of the fiscal year. RPM Plus developed and translated, at NCTB request, 16 participant guides to facilitate training of central, provincial, prefecture and county level staff. In March 2008, RPM Plus visited three sites implementing the first line SOPs at provincial, prefecture and county levels in Sichuan Province, and provided on-site review of procedures to reinforce desired outcomes. Each site demonstrated accurate pharmaceutical management practice in accordance with the SOPs. RPM Plus also developed and presented to the NCTB an SOP manual for managing second line TB medicines. Once the manual is finalized and translated, it will be combined with the first line manual and integrated it into the existing program.	As use of first and second line SOPs and associated reporting mechanisms becomes widespread in China, development of management information systems (MIS) will become increasingly critical. Currently, lack of a web-based infrastructure at prefecture and county levels are a barrier to design and implementation of an effective MIS.	The NCTB has requested that in October 2008 RPM Plus conduct a site visit to an unidentified province, similar to that conducted in Sichuan, in March 2008. The purpose of the visit will be to again evaluate implementation of the first line SOP manual after country-wide scale-up is complete.		

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Regional Development Mission/Asia **Year** 05**Activity Title** Provide follow up TB to one or more RDMA countries to improve access to ARVs and other medicines for HIV/AIDS)**Activity Manager** Duzey, Olya**Activity #** 9**Task:** A1RN05IDX**Sub-Task:** 60F2H9**Activity Description** As a follow up to the quantification course, RPM Plus and the Mission agreed to provide technical assistance to the Lao PDR and China in HIV/AIDS pharmaceutical management. Under this activity, RPM Plus will explore with country counterparts what kind of technical assistance is necessary, and work with counterparts to build on existing systems to strengthen their ability to manage ARVs and other commodities for HIV/AIDS.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	RPM Plus is providing TA to the Center for HIV/AIDS & Sexually Transmitted Infections (CHAS) in preparation of the transition of ARV management in Lao PDR from Médecins Sans Frontières (MSF) to the Lao MOH. A work plan of activities was developed and agreed upon, and RPM Plus submitted an MOU to CHAS for approval. Partners and counterparts agreed to a common framework and tools for strengthening pharmaceutical services developed by RPM Plus. An RPM Plus consultant arrived in Vientiane to provide support to CHAS and sites for the transition for a three month period, RPM Plus staff also began working with local counterparts to evaluate pharmaceutical management systems for ART at the two existing sites and three planned scale up sites.		RPM Plus plans to visit selected VCT centers and meet with key stakeholders to evaluate the systems for ordering and managing HIV test kits.		

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Regional Development Mission/Asia **Year** 06**Activity Title** Technical activity coordination and monitoring**Activity Manager** Duzey, Olya**Activity #** 1**Task:** A1-RN06IDX**Sub-Task:** 97XXY1**Activity Description** This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	In accordance with the need for partner collaboration within the RDMA, RPM Plus developed a proposal to work with the Keenan Institute Asia's Borderless Action Against Microbes (BAAM) in Thailand. RDMA approved the proposal and RPM Plus meet with BAAM counterparts to define roles and responsibilities.				

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Regional Development Mission/Asia **Year** 06**Activity Title** Provide follow up TA for the management of second line anti-TB medicines to one or more countries in the RDMA region**Activity Manager** Vrakking, Hugo**Activity #** 10**Task:** A1RN06IDX**Sub-Task:** 60F3H0**Activity Description** RPM Plus will follow up with participants of the workshop on the management of medicines for MDR TB to gauge their progress, identify barriers to implementation, and develop country specific strategies for surmounting those barriers.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	In November 2007, RPM Plus facilitated a course on "Pharmaceutical Management of Multi-Drug Resistant Tuberculosis" in collaboration with WHO/WPRO, the GDF, and the Green Light Committee. Between May and July 2008, these partners will conduct five joint country-based follow-up workshops in Mongolia, China, Vietnam, Cambodia and the Philippines. Objectives of this follow up TA are to: <ul style="list-style-type: none">•evaluate progress with participants in implementing improvement plans•provide customized assistance in refining country improvement plans and addressing challenges to progress		RPM Plus will continue working with WHO, GDF and the country programs to coordinate and execute the workshops.		

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Regional Development Mission/Asia **Year** 06**Activity Title** Participate in meetings with partners and donors on pharmaceutical management issues in the ANE region**Activity Manager** Duzey, Olya**Activity #** 2**Task:** A1RN06IDX**Sub-Task:** 60EXN2**Activity Description** In this fiscal year, RPM Plus will participate in meetings in the ANE region and in the Washington, DC, along with other partners to address pharmaceutical management strengthening needs in malaria, TB, HIV/AIDS, or other areas. It is also anticipated that, during this fiscal year, new RDMA regional strategies will be developed in TB and malaria. RPM Plus will participate in those discussions and planning and review meetings.

This activity will take place throughout this fiscal year.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	RPM Plus delivered a presentation on the role of pharmaceutical management in antimicrobial resistance (AMR) for the ANE SOTA held in Bangkok, Thailand in March 2008. RDMA co-presented on more general issues in malaria with respect to AMR.				

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Regional Development Mission/Asia **Year** 06**Activity Title** Provide TA to plan and implement activities to increase availability and use of antimalarials**Activity Manager** Yeager, Beth**Activity #** 4**Task:** A1RN06IDX**Sub-Task:** 60F4H4**Activity Description** During this fiscal year, RPM Plus will provide additional support to increase availability and distribution of antimalarials in focus countries, as agreed with the RDMA and partners. Such assistance will be coordinated to complement activities planned under Global Fund grants, the primary external funding source for ACTs in the region.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	RPM Plus discussed with RDMA and other partners the need to improve pharmaceutical management of antimalarials in Lao PDR. RPM Plus met with the MOH and partners to learn about the current status of management for antimalarial medicines and priority needs for technical assistance.		RPM Plus will travel to Lao PDR to meet with stakeholders to discuss key pharmaceutical management issues; conduct a rapid assessment of current quantification, procurement and distribution practices at the national level; and review information available from provincial, district and facility levels on the availability and use of RDTs and ACTs.		

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Regional Development Mission/Asia **Year** 06**Activity Title** Provide technical assistance to strengthen the capacity of counterparts to manage medicines for TB**Activity Manager** Duzey, Olya**Activity #** 6**Task:** A1RN06IDX**Sub-Task:** 60F3H6**Activity Description** RPM Plus will build upon SOPs developed for management of TB commodities in China and explore opportunities to disseminate the SOPs and lessons learned in the process.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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**Project
Year 8 Q2**

With RDMA concurrence, RPM Plus will travel to Mongolia to support a GDF Monitoring Mission of second line TB medicines.

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Regional Development Mission/Asia **Year** 06**Activity Title** Provide support for one regional training on pharmaceutical management of second line TB medicines**Activity Manager** Moore, Thomas**Activity #** 7**Task:** A1RN06IDX**Sub-Task:** 60F3M7**Activity Description** RPM Plus is collaborating with the WHO/WPRO, WHO/Geneva, Green Light Committee, and the GDF, plus the RPM Plus core SO5 tuberculosis portfolio to tailor a workshop to the needs of the region, and to conduct a workshop in late 2007.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	In November 2007, RPM Plus facilitated a course on "Pharmaceutical Management of Multi-Drug Resistant Tuberculosis" in collaboration with WHO/WPRO, the GDF, and the Green Light Committee. Between May and July 2008, these partners will conduct five joint country-based follow-up workshops in Mongolia, China, Vietnam, Cambodia and the Philippines. Objectives of this follow up TA are to: <ul style="list-style-type: none">•evaluate progress with participants in implementing improvement plans•provide customized assistance in refining country improvement plans and addressing challenges to progress		Activities will continue under activity 10 in FY06(A1-RN06IDX-60F3H0).		

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Regional Development Mission/Asia **Year** 06**Activity Title** Provide TA to conduct a regional PMM course.**Activity Manager** Lynders, Marion**Activity #** 8**Task:** A1**Sub-Task:** 60F4M8**Activity Description** N/A

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	As a follow-up to the November 2007 "Regional Training Course on Pharmaceutical Management and Quantification for Malaria" in Hanoi, Vietnam, RPM Plus, in conjunction with ACTMalaria, is developing a web-based forum to facilitate discussions among course participants on the progress of country improvement plans to address pharmaceutical management and quantification of antimalarials. RPM Plus technical staff will moderate discussions to elicit experience sharing and address common challenges.		Activities will continue under codes in FY05 (Thailand) and FY06 (Laos).		

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Regional Development Mission/Asia **Year** 06**Activity Title** Provide TA to develop the capacity of CHAS to manage ARVs and other medicines for HIV/AIDS in Laos**Activity Manager** Clark, James**Activity #** 9**Task:** A1RN06IDX**Sub-Task:** 60CXH9**Activity Description** In addition to TA to ART sites to develop effective pharmaceutical management systems for ARVs and other commodities for HIV/AIDS, RPM Plus will provide assistance to CHAS to quantify needs for the program, and support for central level decision-making, based on site level and aggregate data.**Project
Year 8 Q2**

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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RPM Plus is providing TA to the Center for HIV/AIDS & Sexually Transmitted Infections (CHAS) in preparation of the transition of ARV management in Lao PDR from Médecins Sans Frontières (MSF) to the Lao MOH. In this quarter, RPM Plus provided assistance to CHAS and other partners to produce a quantification for ARVs and other commodities for the second half of this year. RPM Plus recommendations were used as the basis for ordering ARVs through the GFATM PR. An RPM Plus consultant arrived in Vientiane to provide support to CHAS and sites for the transition for a three month period.

Last Updated: 04/22/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Angola (PMI) **Year** 07**Activity Title** Technical Activity Coordination and Monitoring**Activity Manager** Citysoft Admin**Activity #** 1**Task:** A1AO07PMI**Sub-Task:** 97XXY1**Activity Description** RPM Plus will support PMI activities in Angola through a local staff member supported by short term technical assistance provided by the RPM Plus staff based in the region as well as in RPM Plus headquarters from Arlington, Virginia, USA.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	The MSH consultant participated in key meetings with PMI partners; he also met with CHEMONICS to coordinate technical assistance for pharmaceutical management. MSH continues to work with the MoH to improve medicine supply management at the central-, provincial-, and facility-level	None			

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Angola (PMI)**Year** 07**Activity Title** Training of the health agents in Coartem Management in support of the appropriate use and availability of ACTs and other essential**Activity Manager** Citysoft Admin**Activity #** 3**Task:** A1AO07PMI**Sub-Task:** 60CXM3**Activity Description** The target audience includes the health agents prescribing and managing ACTs in health centers as well as the personnel that are managing the provincial warehouse and supervising the health facilities. Training activities will start with a training of trainers activity followed by provincial level trainings to be implemented by PMI partners.

RPM Plus will work with the EDP and NMCP to finalize the training materials. RPM Plus will also coordinate with other USAID PMI partners, in particular MENTOR, and the bilateral project EHSP for implementation of the training activities.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	MSH validated the reviewed Pharmaceutical Management Training Manual and Supervision Checklist; these tools will be used by MoH and partner NGOs to improve pharmaceutical management practices in Angola through regional trainings and structured supervision visits. The initial rollout of the trainings will be organized with PMI awarded NGO's in Huambo, Malange, Kuanza Norte, and Kuanza Sul provinces. After reviewing training plans for ACT implementation in Angola, RPM Plus prepared harmonized training plan in line with the ACT scaling up plans	None			

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Angola (PMI)**Year** 07**Activity Title** Track ACT distribution and consumption from national to provincial and health facility levels**Activity Manager** Citysoft Admin**Activity #** 5**Task:** A1AO07PMI**Sub-Task:** 60C4H5**Activity Description** UNDP/GF has already developed a reporting form for such purpose and the adoption of the revised EDP materials that integrate ACT management procedures and reporting will provide the required information. RPM Plus will revise these forms to include ACTs and then support EDP to disseminate them as well as to ensure that they are correctly implemented. RPM Plus will also participate in provincial site visits with EDP, NMCP and partners

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	Provided technical assistance in finalizing a supervision checklist for monitoring ACT consumption and distribution . Together with other PMI partners conducted supervision visits in Luanda province to assess ACTs pharmaceutical management procedures	None			

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Brazil**Year** 06**Activity Title** Monitor national study to re-evaluate appropriate drug regimen for TB failures**Activity Manager** Keravec, Joel**Activity #** 2**Task:** A1BR06XXX**Sub-Task:** 60E3H2

Activity Description RPM Plus provided technical assistance and management support to Helio Fraga TB Center and an expert working group to develop a study protocol and methodology for testing resistance in the population to currently used TB medicines, and for testing appropriate regimens to remove the drug ethionamide which is not recommended by WHO due to potential serious adverse reactions. The study protocol was approved by local TB experts, the national TB program (NTP) and the national ethical committee. RPM Plus plans to continue this support in FY06 by monitoring the initiation and carrying out of the study. RPM Plus will hire a consultant with study monitoring experience to train cohort center personnel, set up data collection sites, and coordinate the analysis of study data. Because of the slowness in adding patients to the cohort, the study will likely require three years to complete.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Brazil**Year** 06**Activity Title** Monitor national study to re-evaluate appropriate drug regimen for TB failures**Project
Year 8 Q2**

- RPM Plus /SPS Senior Program Associate Joël Keravec has been appointed as an adviser to the MoH Technical Advisory Committee for TB. 2 meetings were held, the first one in January 08 and the second one in March 08 in Brasilia. SPS integrated the treatment working group and monitored with Dr Margareth Dalcolmo a one day meeting of the treatment working group prior to the plenary of the TB committee. Several proposals of the working groups were accepted by the committee, the most important as follows:

- adoption of international WHO recommended dosages for Isoniazid and Pyrazinamid for the Cat I treatment scheme (the possible inclusion of a fourth drug I ke Ethambutol depends on and will be discussed after the data release of the second resistance survey in Brazil)
- suppression of the first IR re-treatment regimen (2RHZE/4RHE) (corresponding to a WHO Cat II treatment)
- reformulation of RIII (corresponding to a WHO Cat II treatment) treatment scheme with a more efficacious regimen of medicines
- reformulation of the MDRTB standardized scheme with a more efficacious regimen of medicines
- better and earlier detection of MDRTB cases by recommending culture and DST test at the second month of Cat I treatment regimen in case of positive bacilloscopy
- reinforcing MDRTB operational procedures for better geographic coverage in the states by reorganization of the reference system for MDRTB cases to specialized centers and treatment units.

Formalize changes and integrate them in the national norms and recommendations for TB treatment at MoH before the next consensus to be held in Salvador de Bahia in June 2008.

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Brazil**Year** 06**Activity Title** Monitor national study to re-evaluate appropriate drug regimen for TB failures**Last Updated:** 04/11/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Brazil**Year** 06**Activity Title** Support national study to re-formulate first line TB drugs to fixed-dose combination (FDC) products**Activity Manager** Keravec, Joel**Activity #** 3**Task:** A1BR06XXX**Sub-Task:** 60E3G3

Activity Description RPM Plus during the last two years has mobilized a stakeholders group representing all necessary MoH agencies for FDC introduction (manufacturers, FDA, NTP, Pharmacy Department). A working plan with shared responsibilities was developed and RPM Plus is providing technical and managerial assistance through local and international experts. The largest government manufacturing laboratory Farmanguinhos, acquired new equipment in its facility which is dedicated to TB drugs production (FDCs and pediatric sachets). The following products are either in stability testing phase or are ready for production by the national laboratories.

- Moved from 2 products in 1-product FDCs in tablet form (was capsules) for better stability of the products
- Developing formulations for three products in one and four products in one FDCs (3-FDC, 4-FDC) in tablet forms
- Developed pediatric formulations including sachets which are in advanced stability testing

Using the stakeholder's working group approach which included the highest level personnel possible from the MoH has led to better integration of Brazil manufacturing potential and procurement strategy and gave Brazil a chance to better understand strategies of the international partners such as WHO's Global TB Drug Facility and Green Light Committee. It is interesting to note that the national Malaria program has copied the RPM Plus approach, apparently with similar results. Another important outcome is the visibility Brazil has gained in the Latin America-Caribbean (LAC) region as a potential provider of TB medicines.

In FY06 RPM Plus plans to support a South-to-South approach for further developing and implementing FDCs in Brazil. Dr. Bernard Fourie developer of the FDC four products-in-one for the WHO and who is familiar with the Brazil system would provide technical expertise during the implementation. This technical assistance began at the Second National Conference for Tuberculosis held in São Paulo, Brazil 19-22 July 2006 when Dr. Fourie presented on the transition process of South Africa for switching to FDCs and also had several meetings with Brazilian producers, the quality assurance program and the national TB program. All are on-board for his expert assistance as Brazil moves to the 3-FDC product.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Brazil**Year** 06**Activity Title** Support national study to re-formulate first line TB drugs to fixed-dose combination (FDC) products**Project
Year 8 Q2**

- RPM Plus / SPS met with Farmanguinhos vice-director and TB products development team to define the framework and cooperation agreement documents needed to support the development of new formulations.
- Experts of international consultancy (specialized on formulation for fixed dose combination and on excipient's and raw materials characterization) were identified and accepted by Farmanguinhos to carry out consulting activities
- RPM Plus continued to provide support for the implementation of capillary electrophoresis methodology at Farmanguinhos and INCQS to allow expanded testing of drug samples to support the development process of new formulations
- Isoniazid 300 mg in tablet form is in its final stage of registration with Anvisa
- New formulations for 2 in 2 (R+H) in tablet, and pediatric doses for 3 in 1 (sachets) are in advanced stability testing.
- Contacts have been established with private partners to better assess and define key criteria for product stability.
- Senior Program Associate Joel Keravec contacted a FDC producer in the Philippines during a GLC visit with perspective of establishing a technical partnership to boost the progress for new FDCs formulation developments in Brazil.
- Farmanguinhos has been in a process of transferring its production lines from Fiocruz site to the new plant of Jacarepagua, and needed to follow the legal process with Anvisa (NRA) to get approval for the new production site and new equipment acquired.
- Farmanguinhos recognized a certain lack of technical capability in conducting projects of new formulations for TB after failure of several attempts and is appealing to more technical international consultancy
- FDCs: a major difficulty to be solved and barrier to the development process of FDC has been the timeframe and procedures to procure quality assured rifampicin salts with the adequate characterization for the needed formulation. Another barrier is the difference of dosage for Isoniazid and Pyrazinamid in Brazil compared to the other dosages recommended by WHO and used widely in other countries.
- Identify consultants profiles to conduct technical assistance missions with Farmanguinhos for developing and coordinating methodical projects for developing new FDC formulations for TB drugs in Brazil
- Provide assistance for developing bioequivalence and bioavailability studies necessary to register the new formulations of 2 in 1 FDC (R+H , tablet) with ANVISA through the Center for Research of IPEC/Fiocruz
- Hire TB experts to provide technical assistance in conducting studies as appropriate

Last Updated: 04/11/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Brazil**Year** 06**Activity Title** Coordinate decentralization of the quality control system for TB pharmaceutical management**Activity Manager** Keravec, Joel**Activity #** 4**Task:** A1BR06XXX**Sub-Task:** 60DXH4

Activity Description During the past two years RPM Plus used the stakeholder's working group approach and established a sustainable system at the MoH for testing 1st and 2nd line TB drugs, the first testing program in Brazil of its kind. The working group highly mobilized persons from cross cutting agencies and stakeholder organizations to assure procurement, distribution, quality control and rational use of TB drugs. This is the first time such a group of stakeholders has taken a holistic, comprehensive approach to improve the quality of drugs all the way from national selection of medicines to their final use by health workers and patients in treatment settings. One of RPM Plus' main partners, INCQS was instrumental in supporting this work and RPM Plus has been the main catalyst in making this activity successful.

Another important success factor has been the LabMOST a new tool for Quality Systems Implementation in Drugs Quality Testing Labs introduced by RPM Plus over the last two years. The LabMost is helping to move reference labs to ISO accreditation (norm ISO/IEC 17025) by providing a comprehensive set of management tools for strengthening lab capacity. The LabMost tool is currently being adapted for minimum quality systems implementation in labs performing in limited resource settings. As a result of the previous successes the national product quality working group decided that 11 additional laboratories located throughout the country will be involved in the ISO accreditation process which will in effect decentralize capacity of product testing closer to where the products are being manufactured.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Brazil**Year** 06**Activity Title** Coordinate decentralization of the quality control system for TB pharmaceutical management**Project
Year 8 Q2**

. RPM Plus consultant with a specialty in laboratories continues to work with the new reference laboratory facility at Helio Fraga and National Institute for Quality Control with the following accomplishments this quarter:

- Implemented a laboratory quality system based on the ISO IEC norm 17025 with an extensive revision and development of all SOPs
- Laboratory personnel training in specific quality issues related to the functioning of a level III safety laboratory like: electromagnetic doors operations, technical registers proper filling, auditing techniques and process, access control through electromagnetic cards...
- Performed an internal audit of the quality system in place and prepare the external audit conducted in March 2008 by the CGLAB to assess the technical capability of Helio Fraga Laboratory to maintain its status of National Reference for TB.

. Draft a last revision of the managerial components of the Most for Lab for Portuguese and English, including orthographic corrections, and the tool is currently on process of being edited. The work on the graphic presentation are being finalized.

. For reference laboratory at Helio Fraga:

- Continue training of personnel on SOPS; update SOPs as needed
- Continue capacity building of the technicians for conducting internal audits of the physical laboratory, procedures, document and training and follow-up of tests conducted
- . Support meeting with ANVISA to expand quality control testing of field samples

Last Updated: 04/11/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Brazil**Year** 06**Activity Title** Expand DMIS surveillance system for managing MDR-TB patients**Activity Manager** Keravec, Joel**Activity #** 5**Task:** A1BR06XXX**Sub-Task:** 60G4H5

Activity Description During the past two years RPM Plus has worked with one of its main partners CRPHF to develop DMIS surveillance system for managing MDR-TB patients: Created a model for decentralization •Developed course methodology and educational materials for training of MDR-TB reference center personnel•Is web-based for data entry facilitating use by local and national level MoH personnel•Created a procedural guide for both: –use of the web-based system, and –training plan so that reference centers can train additional personnel•Has been institutionalized whereby the computer server and system are managed by CRPHF (MoH organization operating at the national level)•Implemented in 27 states•Is a capacity building program where 450 health professionals in 61 MDRTB reference centers have been trained and are currently using the system•Increased case detection rate of MDR-TB significantly increased 2nd year after the project started.Plans for FY06 are to expand the surveillance model to include all re-treatment cases under the DOTS program to optimize monitoring and prevent risks of MDRTB. An evaluation will be done to determine the correct usage of the system one year after implementation. Based on this evaluation the system will be modified if needed. RPM Plus and its partners also plan to expand the MDRTB model to underserved populations including community programs, indigenous areas and states/country prison system as much as possible. Considerable interest about the MDR-TB surveillance model has been expressed outside Brazil. Dr. Joel Keravec, RPM Plus/Brazil technical coordinator and Dr. Miguel A.Hijjar, Director of CRPHF traveled to Atlanta at the request of PAHO to participate in the GLC partners' summit in May 2006. Then in July 2006 Dr. Keravec and Dr. Margareth Dalcolmo CRPHF Director of out- patient treatment traveled to Mexico City at the request of PAHO and the TB UNION to demonstrate the MDR-TB surveillance model and to facilitate sessions on appropriate use of the web-based tool including steps in the implementation process. Brazil MOH and Ministry of Foreign Affairs have asked that RPM Plus become part of a forum to share this experience in a South-to-South technical cooperation project they are planning to implement among countries such as India, China, South Africa and Brazil. Also, two countries in the NIS region, Moldova and Romania have expressed interest in using the model in their countries using RPM Plus support as well.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Brazil**Year** 06**Activity Title** Expand DMIS surveillance system for managing MDR-TB patients**Project
Year 8 Q2**

1) Review and update of data in the database for the DMIS system during this quarter: RPM Plus/SPS consult at CRPHF level, central Unit for MDRTB surveillance, validated this trimester 23 new notification, 43 new Patient follow-up and 601 Post-Cure. RPM Plus consult contributed to validate data entered electronically to the DMIS from state MDR-TB reference centers level (throughout Brazil): Case notification:114; Patient follow-up:828; Post-Cure:131. Total data currently available from the MDR-TB surveillance data base to date is as follows: Case notification:3.273; Patient follow-up:8.524; Post-Cure:1.345. 2) SPS Senior Program Associate has been appointed as a member of the MoH TB advisory committee, and Projeto MSH is an active member of three new formed working groups. One of the activities, dedicated to information systems, with a SOW aligned with current SPS workplan for TB will be carried out in partnership with PNCT and other members of the committee.

Limitations in human resources at CRPHF to manage the DMIS have slowed down the transfer process, which needs man power definitions to be consolidated; DMIS users need more trainings and the process of permanent learning is still slow to incorporate the culture of information sharing between different TB management levels. Technical difficulties in regards to properly hosting the system at Helio Fraga web page (www.heliofraga.net) have resulted in instability or total interruption of the MIS functioning, essentially during 4 week-ends between February and March.

- Data extraction of the MDR TB surveillance system will lead to a regular epidemiological surveillance bulletin
- Stock and 2nd line drugs distribution control through DMIS implementation will allow CRPHF to define new procedures for a better trade off between 2nd line medicines providing and information receiving

Last Updated: 04/11/2008

Workplan: Brazil**Year** 06**Activity Title** Expand DMIS surveillance system for managing MDR-TB patients**Project
Year 8 Q2**

1) RPM Plus / SPS consultants at Helio Fraga Reference Center level, central Unit for MDRTB surveillance, validated more data for the DMIS. Total data currently available from the MDR-TB surveillance database to date is as follows: Case notification forms: 3.273; Patient follow-up forms: 8.524; Post-Cure forms: 1.345. 2) A SPS Senior Program Associate has been appointed as a member of the MoH TB advisory committee, and Projeto MSH is an active member of three new formed working groups. One of the activities, dedicated to information systems, with a SOW aligned with current SPS workplan for TB will be carried out in partnership with PNCT and other members of the committee. 3) RPM Plus / SPS finalized the elaboration of Standard Operation Procedures (SOPs) for the new MDRTB MIS form validation, operational routine for information, and medicine management. These SOPs have been validated by the committee for MDRTB MIS management, which RPM Plus / SPS provided technical support for their adequate implementation. 4) RPM Plus conducted remote trainings for 25 MDRTB MIS users in reference centers in several states with CRPHF professionals to scale up the access and use of the DMIS throughout the country where electronic data transfer use was still low for notification and follow-up. 5) RPM Plus/SPS contributed to disseminate the new edition of the MDRTB National Guidelines and MDRTB MIS user's manual to the reference centers throughout the country. RPM Plus/SPS also contributed to a new data extraction and analysis for the next edition of the regular informative

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Workplan: Brazil**Year** 06**Activity Title** Expand DMIS surveillance system for managing MDR-TB patients

bulletin on MDRTB in Brazil, which will focus in comparing national data with Rio de Janeiro state. 6)RPM Plus continued to provide technical assistance to ensure proper functioning of MDRTB MIS, hosted on the specific web page of the Helio Fraga center (www.heliofraga.net) now. Several changes or up-grades in the MIS functionalities have been implemented in the MIS and are currently in a testing process prior to the transfer of the system and integration with the current database in production. 7) In partnership with Helio Fraga center, and under request, RPM Plus / SPS contributed to the training of 2 medical doctors from MSF (Doctors Without Borders) or MDRTB case management and second line drugs (SLDs) management.

Last Updated: 04/11/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Dominican Republic**Year** 06**Activity Title** Support for the analysis of the information produced by the PMIS**Activity Manager** Barillas, Edgar**Activity #** 3**Task:** A1DO06XXX**Sub-Task:** 60G4H3

Activity Description The PMIS is starting to produce data on availability and consumption of medicines in all levels of the logistical network. FY06 resources will support central level technicians on the analysis of this information and its use for annual quantification exercises and periodical ordering. Unused FY02 resources (USD, 20,000.00, originally assigned to software adjustment, as described above) will be reprogrammed to support this activity.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	RPM Plus visited Dominican Republic on February 11 – 15 to support the analysis of the information generated by PMIS and to provide technical assistance for the estimation of needs for the third procurement of FDC to the Global Drug Facility. The analysis of information provided by the PMIS revealed a continuous supply of medicines to the periphery, a shortfall of rifampicin, and overstock of Isoniacid (some batched were about to expire). Recommendations to deal with these problems were included in the trip report, and discussed local counterparts.	No constraints.	MSH's Strengthening Pharmaceutical Systems (SPS) will follow up on this activity with FY07 Mission resources.		

Last Updated: 03/27/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Ethiopia COP**Year** 07**Activity Title** Site-Level Drug Data Collection, Reporting and M&Es**Activity Manager** Daniel, Gabriel**Activity #** Q1**Task:** A1ET05HIP**Sub-Task:** 60GXH6

Activity Description Provide technical assistance to PASS, RHBs, PHARMID, *EHNRI and health facilities in the development and implementation of practical MIS and M&E (information system and reporting as well as design of user-friendly manual and electronic inventory management tools in areas such as adherence, rational use of ARVs and development of IEC materials)
Provide computers, Printers, kardex filing systems etc.)

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Ethiopia COP**Year** 07**Activity Title** Site-Level Drug Data Collection, Reporting and M&Es**Project
Year 8 Q2**

During this reporting period, 13 data clerks have been recruited and various training sessions on SOP of PMIS were organized to 323 pharmacy personnel and data clerks drawn from facilities, RHB and DACA.

MIS tools have been printed and distributed/refilled to all targeted Health Facilities, Manual inventory management tools supplied to 63 ART sites and Manual PMIS introduced at 31 new ART sites. Standardized M&E tools have been developed and effectively used by RPMAs.

Three Supportive supervision and monitoring visits were made by senior RPM/SPS team to 14 ART sites in Oromia and SNNPR regional states and RPMAs have made a total 150 supervisory visits within their respective catchment areas

In this period, 32 facilities have been provided with computers and 43 and 13 facilities accessed to telephone and internet respectively. Six data managers were also recruited and deployed in six regions

Hare Ram spent two weeks working with IT and MIS staff in the introduction of the enhanced EDT and ITT. The problem of dating has been addressed and the EDT is now programmed to accommodate the Ethiopian calendar.

Untrained pharmacy personnel on dispensing tool at some sites
Shortage of computers to scale-up manual PMIS to computerized system

Failure of printing vendors to deliver printed materials on time
Lack of access to telephone and fax by some facilities

Delay of reports on preparation as well as on collection specially in sites where there are no data clerks and no faxes

Recruitment of additional data managers and clerks
Installation of manual inventory management tools for newly starting ART service sites
Train untrained pharmacy personnel and data clerks on inventory management tools/ SOPs.
Organize refresher training on inventory management tools/SOP
Continue the distribution of MIS formats for ART/PMTCT service providing sites.
Continue installation of telephone and internet lines.
Supplying computers and backup drives.

Last Updated: 04/01/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Ethiopia COP**Year** 07**Activity Title** TA in Drug Supply Management**Activity Manager** Daniel, Gabriel**Activity #** Q1**Task:** A1ET06HIP**Sub-Task:** 60CXH2**Activity Description** Assist in devising and operational zing a system by which ARVs, drugs for OIs, PMTCT products, laboratory reagents and test kits from various sources are stored and distributed to health facilities through a centrally coordinated mechanism.

Assist in the development of a mechanism for product exchange between over- and under-stocked sites to enable sites use the drugs and related products before expiration.

Place pharmacists in all regions and MOH to provide on-site support in quantification, procurement, distribution and inventory control.

TA in PMTCT products procurement including Axios donation application

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Ethiopia COP**Year** 07**Activity Title** TA in Drug Supply Management**Project
Year 8 Q2**

ARV drugs were distributed to all sites; as a result no stock out of ARV drugs was reported. PMTCT products have been supplied to 74 health facilities, mainly to health centers

Over stocked and short expiry ARV drugs (Stavudine, Nevirapine, Efavirenz and Zidovudine) were redistributed to health facilities.

In the reporting period, 14 and 31 health facilities found to be over and under stocked respectively and 30 stock exchange events were carried out.

Refills are delivered to all the hospitals that had shortage of some drugs (3TC syrup, NVP syrup, d4T 40mg tab). First line adult ARVs supplied to Health Centers and emergency supplies of pediatric formulations delivered to some hospitals.

Isolation and disposal of expired drugs and medical supplies was carried out as part of improving storage system at health facilities.

Pull based requisition system is practiced in 71 health facilities.

Shortage of OI drugs
Delay of delivery as well as sending of nearly expiry ARV drugs to health facilities by PHARMID
Failure of health facilities (Health centers) to timely reporting its stock status
Quantification problem
-mismatch between quantification and distribution
Lack of clear SOP for disposal of expired drugs
Delay of procurement of ARVs for PMTCT preclude expansion of the combined ARVs prophylaxis for prevention of MTCT to existing PMTCT sites
ART service is seen as an additional task by some professionals

Re-examine drug quantification and distribution techniques with SCMS
Providing technical and financial support to health facilities to facilitate disposal of expired drugs and medical supplies
Stock status control system, distribution and redistribution of ARVs will continue
Continuous supportive supervision of ART/PMTCT sites

Last Updated: 04/01/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Ethiopia COP**Year** 07**Activity Title** Technical Assistance Coordination (TAC) and Country Office TA/Operation**Activity Manager** Daniel, Gabriel**Activity #** Q1**Task:** A1ET06HIP**Sub-Task:** 97XXY1/X

Activity Description This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators
The office will represent MSH and will be responsible for interfacing with RPM plus, USAID, CDC and other partners. It will manage funds, recruit staff and consultants and provide technical assistance to stakeholders as needed. It will report on progress and monitor performance.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Ethiopia COP**Year** 07**Activity Title** Technical Assistance Coordination (TAC) and Country Office TA/Operation**Project
Year 8 Q2**

A total of 279 ART sites have received TA from RPM Plus . Compared with the previous quarter the number of ART sites has increased by 6.5%. 98,561 patients were enrolled at all ART sites, more patients (5.9%) as opposed to the previous quarter.

Assistance was given to new facilities that started ART services, this include ART drugs MIS SOP training, drug supply management. MSH-RPM Plus has also supported the timely distribution of OI drugs to ART sites in collaboration with SCMS, regional health bureaus and regional HAPCO.

In coordination with Regional Health bureau, HAPCO, Regional Laboratory and MSH/HCSP, RPMAs have participated in pre-ART assessments and subsequent initiation of ART services. MSH-RPM Plus has also participated in HIV/AIDS campaign performance evaluation meeting and Millennium AIDS Campaign (MAC) task force meeting.

At the request of the FHAPCO, RPM Plus assisted in the preparation and submission of a report/application for accessing free Fluconazole through the Axios Donation Program.

RPM Plus , in collaboration with DACA, has provided TA to establish Drug Therapeutic Committee (DTC) at health facilities and as a result 23 DTCs have been established in this reporting period. MSH-RPM Plus has been recognized in public and has been awarded a certificate of recognition for the enormous support it has been providing to health facilities, in particular in infrastructural improvement (facility renovation and equipment support). The country office has received

Manpower shortage to handle pharmaceutical logistics management
Shortage of Pharmacy professionals at some ART sites
Delay of delivery of ARV drugs by PHARMID
Communication with Partners-length of time for a decision to be made

Report all final events
Follow up on joint work plans developed by RHB, DACA and RPM Plus field staff
Expand communication with partners

Workplan: Ethiopia COP**Year** 07**Activity Title** Technical Assistance Coordination (TAC) and Country Office TA/Operation

technical assistance from various MSH professionals. Michael Gabra, Program Manager for East Africa, and Daniel Gabriel, RPM Plus Senior Program Associate, were in Addis and provided TA to RPM Plus project.

Hare Ram Bhattaria was in MSH-Ethiopia between February 9 and 12 to help improve the Electronic Dispensing Tool (EDT) and enhance the system to include Ethiopian Calendar and consolidation of data at the regional and national level.

Tom Layloff, Quality Assurance Manager, (15-29 Feb.), Hector Colindres, Consultant (15-28 Feb.) and Karen Lassner, Consultant (21-29 Feb. 2008) were in Ethiopia to provide technical assistance to the Ethiopian Drug Administration and Control Authority (DACA) in its effort to conduct business process re-engineering (BPR), taking into consideration the experiences of other regulatory bodies such as the US Food and Drug Administration (FDA).

Last Updated: 04/01/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Ethiopia COP**Year** 07**Activity Title** Training, Human Capacity Development and Collaborative Linkages**Activity Manager** Daniel, Gabriel**Activity #** Q1**Task:** A1ET06HIP**Sub-Task:** 60CXM5**Activity Description** Provide technical assistance in training and provision of reference materials in ARV drug management and ART
Training will focus on pharmacists, physicians, nurses and lab personnel.
Organize and participate in workshops/conferences to share experiences and networking

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Ethiopia COP**Year** 07**Activity Title** Training, Human Capacity Development and Collaborative Linkages**Project
Year 8 Q2**

Four rounds of DTC, DIC and GCPP training were organized in Adama, Hawassa, Bahir Dar and Dire Dawa. A total of 191, 175, and 211 professional drawn from 64 hospitals, regional health Bureau, DACA and RPM+/SPS attended the DTC, DIC and Good Community Pharmacy Practice (GCPP) trainings respectively.

On the job trainings about forecasting and quantifying future demand ARVs for ART patients and about the new PMTCT prophylaxis regimen has been provided to pharmacy personnel and PMTCT service staffs

Training on ARVs for PMTCT was given to TOT trainees on the new PMTCT guideline in collaboration with FHAPCO and PMTCT TWG.

SOP trainings events were organized by MSH and two other partner organizations and 272 participants attended the training

The MTP manual is being reviewed and an expert for technical assistance on TOT of MTP approach has been communicated

A unique training was conducted for 22 pharmacists and three druggists from private pharmacies and hospitals. The training was on standard operating procedures of ARV's management at health facilities. With the coming of a new fixed dose formulation, Atripla (EFV+FTC+ TDF) the government is planning to involve the private sector in handling and the dispensing of the drug, for which MSH/RPM Plus has been a

Shortage of professionals at health facilities
Unavailability of supporting staff at most of the public health facilities
High attrition rate of professional staff

Continue organizing training events on ARV drug supply management, SOP/MIS, RDU, and on ART storage and good dispensing practice to health professionals, mid-level pharmacy personnel and pharmacists in private pharmacy practice.
Provide practical training (Monitoring, Training and Planning- MTP) on facility level Inventory Management and good storage and dispensing practices
Strengthen on-the-job training and mentorship

Workplan: Ethiopia COP**Year** 07**Activity Title** Training, Human Capacity Development and Collaborative Linkages

keen advocator

SOP for ARV Drugs Management (manual system) and Electronic Dispensing Tools (EDT) training was provided to 19 participants comprising of 11 pharmacy professionals, 2 data clerks, and 6 data managers from March 12 - 14, 2008.

Last Updated: 04/01/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Ethiopia COP**Year** 07**Activity Title** Renovation and Upgrading**Activity Manager** Daniel, Gabriel**Activity #** Q1**Task:** A1ET06HIP**Sub-Task:** 60A2H3**Activity Description** Renovate and upgrade pharmacy and laboratory infrastructures as required for secure and safe storage for drugs, supplies and records. (shelving/ lockable cabinets, refrigerators) and provide improved confidential dispensing and counseling booths and incinerators for damaged drug disposal

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	<p>During the reporting period, infrastructure upgrading and renovation work was completed at 15 sites and construction work is on progress at 27 new sites. Two renovated sites (Hossana Health center and Arba Minch Hospital) handed over to the concerned authority. MSH-RPM Plus is receiving positive feedback from health facility's official and public at large.</p> <p>Draft SOP for renovation has been developed. RPMAs have submitted renovation and shelving needs for their respective facilities. Based on the submission the engineering team is assessing and costing the facility needs. Because of the high cost of building materials, renegotiation has been concluded with the five local construction contractors that RPM Plus has been working with in the past</p> <p>Different types of supplies (shelves, filing and storage cabinets, booth and others) have been provided to 16 health facilities and procurement of these supplies is in progress</p>	<p>Fail Timely completion of renovation Price fluctuations in construction materials</p>	<p>Assigning selected contractors and handing over the selected sites for renovation Procurement and supply of shelves, pallets and other relevant equipments for stores and dispensary</p> <p>Formal handing over of the renovated health facilities Finalization of list of priority list of health facilities for renovation and assignment of contractors.</p>		

Last Updated: 04/01/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Ethiopia COP**Year** 07**Activity Title** TA in National Drug Control**Activity Manager** Daniel, Gabriel**Activity #** Q1**Task:** A1ET06HIP**Sub-Task:** 60C3H4**Activity Description** Provide technical assistance to the national drug control laboratory of DACA in building the human and managerial capacity and introduce simple drug control procedures for quality testing. Plan for long-term TA through a locally hired quality control pharmacist.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	<p>A Manual on proper storage and handling of drugs in regional and facility level stores is completed and submitted to Drug Administration and Control Agency (DACA) for approval and its subsequent use.</p> <p>Two draft Terms of References on the establishment of Internal Quality and Laboratory Safety Committees at the DACA Quality Control Laboratory were drafted and submitted for approval and consequent formation of the Committees.</p> <p>An Internal Quality Audit Group formed to follow up the implementation of the quality management in the Lab and assessment made on the current status.</p> <p>Sixteen professionals are seconded by RPM Plus to five DACA regional branches, twelve of which were recruited during the quarter. Ten min-labs are procured and received in country. Training and deployment to regional sites is planned in the next quarter.</p>	<p>Delay in the purchase of UPS to enable the installation of computers at the DACA Laboratory</p>	<p>Finalizing a comprehensive QA training manual for improving laboratory quality. Training of regional DACA staff and installation of mini-labs will be conducted in collaboration with USP DQI.</p>		

Last Updated: 04/01/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Ethiopia COP**Year** 07**Activity Title** Site-Level Drug Data Collection, Reporting and M&Es**Activity Manager** Daniel, Gabriel**Activity #** Q2**Task:** A1ET05HIP**Sub-Task:** 60GXH6**Activity Description** Provide TA in Drug Information Management System to track stock level, expiry and use of PMTCT/ART products.
Provide pharmacy-related forms at all ART and PMTCT sites at all times

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	<p>A Manual on proper storage and handling of drugs in regional and facility level stores is completed and submitted to Drug Administration and Control Agency (DACA) for approval and its subsequent use.</p> <p>Two draft Terms of References on the establishment of Internal Quality and Laboratory Safety Committees at the DACA Quality Control Laboratory were drafted and submitted for approval and consequent formation of the Committees.</p> <p>An Internal Quality Audit Group formed to follow up the implementation of the quality management in the Lab and assessment made on the current status.</p> <p>Sixteen professionals are seconded by RPM Plus to five DACA regional branches, twelve of which were recruited during the quarter. Ten min-labs are procured and received in country. Training and deployment to regional sites is planned in the next quarter.</p>	<p>Delay in the purchase of UPS to enable the installation of computers at the DACA Laboratory</p>	<p>Finalizing a comprehensive QA training manual for improving laboratory quality. Training of regional DACA staff and installation of mini-labs will be conducted in collaboration with USP DQI.</p>		

Last Updated: 04/01/2008

Workplan: Ethiopia COP**Year** 07**Activity Title** Site-Level Drug Data Collection, Reporting and M&Es**Project
Year 8 Q2**

During this reporting period, 13 data clerks have been recruited and various training sessions on SOP of PMIS were organized to 323 pharmacy personnel and data clerks drawn from facilities, RHB and DACA.

MIS tools have been printed and distributed/refilled to all targeted Health Facilities, Manual inventory management tools supplied to 63 ART sites and Manual PMIS introduced at 31 new ART sites. Standardized M&E tools have been developed and effectively used by RPMAs.

Three Supportive supervision and monitoring visits were made by senior RPM/SPS team to 14 ART sites in Oromia and SNNPR regional states and RPMAs have made a total 150 supervisory visits within their respective catchment areas

In this period, 32 facilities have been provided with computers and 43 and 13 facilities accessed to telephone and internet respectively. Six data managers were also recruited and deployed in six regions

Hare Ram spent two weeks working with IT and MIS staff in the introduction of the enhanced EDT and ITT. The problem of dating has been addressed and the EDT is now programmed to accommodate the Ethiopian calendar.

Untrained pharmacy personnel on dispensing tool at some sites
Shortage of computers to scale-up manual PMIS to computerized system

Failure of printing vendors to deliver printed materials on time
Lack of access to telephone and fax by some facilities

Delay of reports on preparation as well as on collection specially in sites where there are no data clerks and no faxes

Recruitment of additional data managers and clerks
Installation of manual inventory management tools for newly starting ART service sites
Train untrained pharmacy personnel and data clerks on inventory management tools/ SOPs.
Organize refresher training on inventory management tools/SOP
Continue the distribution of MIS formats for ART/PMTCT service providing sites.
Continue installation of telephone and internet lines.
Supplying computers and backup drives.

Last Updated: 04/01/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Ghana MAC**Year** 04**Activity Title** Technical assistance to the National Malaria Control Program for implementation of the new antimalarial drug policy**Activity Manager** Tetteh, Gladys**Activity #** 1**Task:** A1GH04MAC**Sub-Task:** 60A4H1

Activity Description RPM Plus will assist Ghana with the development of a transition plan which incorporates a strategic plan and an implementation plan to facilitate implementation of the new policy. In addition, RPM Plus will participate in and contribute to meetings concerned with malaria treatment and prevention and policies. Technical inputs into finalization of the antimalarial drug policy, guidelines and training manuals will also be activities used to support the NMCP during the period prior to and during implementation of the new drug policy.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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**Project
Year 8 Q2**

- During this quarter, SPS conducted a PMI Joint Assessment of Supply Chain and Pharmaceutical Care Management for antimalarials and ITNs with USAID DELIVER project. The joint team provided several recommendations and an implementation plan for strengthening antimalarial activity under PMI support was developed. A Senior Technical Advisor (Kwesi Eghan) stationed in Ghana was recruited to spearhead Ghana SPS PMI activities. The SPS Country Manager for Ghana visited Accra during this quarter to support the establishment of the new country program and discuss workplan with USAID and key partners. Plans are underway to open a new MSH Ghana office and to recruit an office manager who will be responsible for financial and administrative tasks

Last Updated: 04/17/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Honduras**Year** 01**Activity Title** Technical assistance and follow-up visit.**Activity Manager** Paredes, Patricia**Activity #** 3**Task:** A1HN01XXX**Sub-Task:** 60F3H3

Activity Description Follow-up of country activities will be done in coordination with the national TB managers. RPM Plus will communicate through telephone and electronic mail, providing technical assistance to country managers during the stages of monitoring activities. A report will be prepared after this second workshop to assess the need for further technical assistance by RPM Plus and the areas where this assistance might have more impact.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	No activities planned for this quarter	No constraints	RPM Plus and the Director of the NTP agreed that the remaining TA resources should be used for the revision and update of the NTP Standard Operating Procedures. During this quarter RPM revised the current version and commented on it. A workshop to draft a final version is scheduled for May 2008.		

Last Updated: 03/27/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Kenya MAC **Year** 06**Activity Title** Technical Activity Coordination and Monitoring**Activity Manager** Tetteh, Gladys **Activity #** 1 **Task:** A1KE06RPM **Sub-Task:** 9XXY1**Activity Description** This activity includes technical activity coordination, workplan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

This is expected to occur throughout the year.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	Participated in weekly and biweekly coordination meetings	None	Continued technical activity coordination and monitoring		

Last Updated: 04/17/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Kenya MAC**Year** 06**Activity Title** Participate in appropriate meetings and working groups**Activity Manager** Tetteh, Gladys**Activity #** 2**Task:** A1KE06RPM**Sub-Task:** XXXXXX**Activity Description** To strengthen national level collaboration in support of Kenya's national malaria strategy, RPM Plus will participate and contribute to meetings concerned with malaria treatment and prevention and policies.

RPM Plus will participate in these Drug Policy Technical Working Group meetings to strengthen policy dialogue and to support the development of appropriate tools and interventions that promote the effective case management of malaria. RPM Plus will offer drug management expertise to discussions.

This is expected to occur throughout the year.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	Participated in an M&E TWG meeting to discuss activities for 2008 as per the Malaria Business Plan and progress on the malaria indicator survey	None			

Last Updated: 04/17/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Kenya MAC**Year** 06**Activity Title** Strengthen the Division of Malaria Control's Monitoring and Evaluation System**Activity Manager** Tetteh, Gladys**Activity #** 3**Task:** A1KE06RPM**Sub-Task:** XXXXXX**Activity Description** RPM plus will continue to support the DOMC by implementing the developed M&E system.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	During this quarter , RPM plus undertook a number of activities in planning for implementation of the main MIAS system including reviewing proposals from prospective MIAS implementing partners and shortlisting successful proposals for interviews. RMP Plus also participated in a DOMC meeting to review progress in the writing of the 2006 Annual Malaria Report, brainstormed on how the report can be improved both in terms of structure and content and assigned responsibility for the various tasks that need to be done to enable successful completion of this report. Also participated in a monthly DOMC meeting to discuss integration of laboratory diagnostic services in malaria control and completion of the 2007/08 malaria business plan. Assisted the DOMC staff update the DOMC website. Upcoming events were appended and additional DOMC download resources were uploaded	None	Continue to support MIAS activities		

Last Updated: 04/17/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Lesotho **Year** 06**Activity Title** Technical Activity Coordination**Activity Manager** Sallet, Jean-Pierre **Activity #** 1 **Task:** A1SL06XXX **Sub-Task:** 97XXY1**Activity Description** This includes technical activity coordination, work plan development and implementation monitoring, budget and progress monitoring, reporting, meetings and communications

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Lesotho**Year** 06**Activity Title** Technical Activity Coordination**Project
Year 8 Q2**

The Annual Joint Review of the Health Sector of the Ministry of Health and Social Welfare (MOHSW) held from 11 – 13 February 2008 was attended. The MOHSW plans – HR Emergency Plan and Strategic Plans were shared. On the 14th February, the HERA Closing Report workshop was attended. The HERA contract ended at the end February. It was agreed that RPM Plus will take over key HERA activities in the area of medicine supply management. It also implies that RPM Plus will work more closely to the National Drug Services Organisation (NDSO).

Teboho Kehtsi who has been hired as a part time consultant (because of her previous commitment with HERA), has started to work full time with RPM Plus as a Senior Programme Associate. She will be the local representative/coordinator.

The USG M&E meeting was attended in March.

A strategic planning session was held with the Pharmaceutical Director on 4 and 20 March. Potential areas of support in the pharmaceutical sector at national and facility level were identified. NDSO is working on developing a request for technical assistance from RPM Plus.

Office space for MSH was located in Maseru. Deliberations with regard to the rental agreement are underway.

The quarterly report required by the USG team in Lesotho was submitted and the targets for FY08 were adjusted.

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Lesotho**Year** 06**Activity Title** Technical Activity Coordination**Last Updated:** 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Lesotho**Year** 06**Activity Title** Strengthening pharmaceutical services at the facility level**Activity Manager** Pharasi, Bada**Activity #** 2**Task:** A1SL06XXX**Sub-Task:** 60E3H2**Activity Description** RPM Plus will work with the MOHSW and in collaboration with WHO to review legislation relating to the supply of medicine. Strengthening of legislation will help to ensure that standards for pharmaceutical services are appropriately developed and supportive of the provision of quality pharmaceutical services.**Project
Year 8 Q2**

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Work continued on the writing of the report of the RPM Plus/SCMS joint assessment of pharmaceutical and laboratory commodity management that was conducted at the end of Quarter 1. The report is near to completion and will be submitted to the MOHSW counterparts for approval before distribution.	Lack of direct contact with co-authors of the report as well as their commitments with other projects has impeded finalization thereof.	Finalize report of joint assessment.		

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Lesotho**Year** 06**Activity Title** Strengthening NDSO information system operations and provide TA**Activity Manager** Sallet, Jean-Pierre**Activity #** 3**Task:** A1SL06XXX**Sub-Task:** 60GXH3

Activity Description The strategic plan of the NDSO ended in 2006. Upon request of the NDSO, RPM Plus will provide technical assistance in collaboration with the Southern African Human Capacity Development Coalition (SAHCD) partner for the development of the new strategic plan. Also because of previous poor performance in the implementation of the previous strategic plan, it was agreed that RPM Plus will assist in the development of a performance management system that will help in monitoring the implementation of the strategic plan.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Lesotho**Year** 06**Activity Title** Strengthening NDSO information system operations and provide TA**Project
Year 8 Q2**

During this period it was agreed to discontinue the use of Orion@MSH at NDSO as a result of the lack of commitment and support from 3i, the developers and owners of the system based in India. Following months of negotiations between the top management of MSH/SPS in the US and 3i to secure a maintenance and support contract as originally planned, it was finally decided that it would be in the best interests of NDSO to stop the implementation of Orion@MSH. It was decided that MSH/RPM Plus will assist NDSO with the implementation of an alternative system as a matter of urgency. So far, three alternative systems have been identified. A meeting was held with NDSO to determine the way forward, to identify requirements and agree on the way forward in strengthening NDSO MIS operations.

A study was commenced to determine an appropriate handling fee/levy on donated commodities handled by NDSO. NDSO charges a handling fee on all commodities supplied to facilities, both public and private. No mark-up has been charged on donated commodities, which have now increased to the extent that their value is above that of regularly stocked items at NDSO. This has increased inventory and distribution costs. NDSO thus found it necessary to investigate the possibility of imposing a levy on the donations, but wanted to be certain that it would be fair and acceptable to all stakeholders. A formal request was forwarded to MSH/SPS to undertake the study. The work commenced during the last week of March and is expected to be completed

The unwillingness of 3i to agree to a long term support and maintenance contract to support Orion@MSH is a major blow to the RPM Plus program in Lesotho. We will have to work hard to secure trust from our NDSO counterparts.

A consultant will be hired to assist with the selection of the new system. The cost study will continue in close collaboration with the DC office.

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Lesotho**Year** 06**Activity Title** Strengthening NDSO information system operations and provide TA
during the last week of May.**Last Updated:** 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Lesotho**Year** 06**Activity Title** Provide training to pharmacists, pharmacy technicians and health care professionals at all levels**Activity Manager** Sallet, Jean-Pierre**Activity #** 4**Task:** A1SL06XXX**Sub-Task:** 60CXM4

Activity Description Basic skills in medicine supply management of HIV/AIDS and related diseases such as TB are also required to manage the medicine supply chain for key essential commodities. Under COP05, appropriate training materials were adopted for this purpose. RPM Plus will use these materials to train pharmacists, pharmacy technicians, nurses, and other relevant health care workers. The key objective is to build adequate skills around procurement, storage, distribution and dispensing of medicines, thereby ensuring availability of ARVs and related medicines and commodities at all times.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	The HIV/AIDS management training program provided by RPM Plus includes follow-up sessions; Monitoring, Training and Planning (MTP) workshops, during which participants are expected to submit assignments and report on progress made at their own facility. Twelve assignments that were submitted by participants who attended the HIV/AIDS Pharmaceutical Management Training held in Lesotho during the previous quarter were assessed. The pass rate was 42% with a 50% (median) showing potential for realistic and measurable improvement in performance. A pass mark is a requirement to obtain a certificate of successful completion of the course.		On site follow-up visits will be conducted. Additional training program will be conducted		

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Lesotho**Year** 06**Activity Title** Implement and support MIPC and PTCs**Activity Manager** Steel, Gavin**Activity #** 5**Task:** A1LS06XXX**Sub-Task:** 60AXH5

Activity Description RPM Plus will use FY06 to continue to train and provide continuing technical assistance to these PTCs. These committees will play a key role in promoting standard treatment guidelines (e.g. HIV and AIDS regimens) and reviewing medicine use practices thus promoting rational medicine use at all levels. In response to the need for information on ARV products both to the health care providers and patients and also the need to monitor adverse drug events (ADE), RPM Plus will explore with the Lesotho MOHSW the opportunity to set up a National Medicine Information and Pharmacovigilance Center. This activity will address the structure, manpower and resources needed for the establishment of this center

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	<p>The Pharmaceutical Directorate was due to have submitted the draft Medicines Control Bill to Parliament, whereafter it is expected to be published for public comment. Once the bill has been accepted into law, MSH/SPS will provide assistance with the setting up of the medicines regulatory authority and the training of its members.</p> <p>MSH/SPS participated in the exit workshop held by HERA, and it was agreed that the key HERA activities would be taken over by MSH/SPS. It is thus expected that work on the establishment and support of Pharmaceutical and Therapeutics Committees (PTCs) will be accelerated.</p>		<p>RPM Plus initial focus has been at the primary health care level in respect of medicines supply management, TA will now be extended to the hospitals as well as part of the follow-up support that RPM Plus is expected to provide after the end of HERA's contract.</p>		

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Lesotho**Year** 06**Activity Title** Rx Solution roll-out in target sites**Activity Manager** Sallet, Jean-Pierre**Activity #** 6**Task:** A1LS06XXX**Sub-Task:** 60CXJ6

Activity Description Using FY06 funds, RPM Plus will ensure that the tool is continuing to function appropriately at these sites and will be rolled-out to the remaining public ART sites. Special focus will be given to the generation of adequate and timely reports and their submission to the national level for program planning and monitoring. In addition, RPM Plus will explore with the MOHSW the opportunity to roll-out the system in other CHAL facilities.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	<p>At a stakeholders meeting held in 2007 it was decided that RxSolution (the Stock Management Module) would be piloted at the following sites: HAHPKO, Queen II Hospital (the Adult and the Pediatric ART Centers), Berea Hospital (the ART Centre and the main pharmacy store), Ler be Hospital (the main pharmacy store and the ART Centre), Mafeteng Hospital (main pharmacy store and the ART Centre) and St. Josephs Catholic Hospital. A minimum of one user per each site was trained on all the functionalities of the system. Follow up site visits were paid to all sites with the intent of ensuring that at the end of each site visit the system is being used.</p> <p>Although the system allows the generation of electronic purchase order users still have to prepare a manual purchase order on the approved order for submission to NDSO. ART sites have to fill in a monthly report which includes the number of patients on ARVs and their stock on hand. The issue of users having to generate manual order forms and reports was raised with HAHPKO. No feedback has as yet been received.</p>	<p>Lack of security of the pharmacies as resulted in the theft of computer hardware at some sites. Personnel are rotated on a regular basis and the IT support from the MOHSW is virtually non-existent. Some users are not generating manual orders and reports.</p> <p>System has not yet been installed at any CHAL sites as the go-ahead has not yet been provided by the Secretariat of CHAL.</p>	<p>RPM Plus will hire a full time IT support person to assist with the support and maintenance of the system. This model has been used in Swaziland and has been a critical component of the Swazi program.</p>		

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Lesotho**Year** 06**Activity Title** Provide TA in pharmaceutical management in support to national,district and/or facility level**Activity Manager** Steel, Gavin**Activity #** 7**Task:** A1LS06XXX**Sub-Task:** 60CXH7**Activity Description** RPM Plus will use FY06to continue to train and provided continuing technical assistance to these PTCs. These committees will play a key role in promoting standard treatment guidelines (e.g HIV and AIDS regimens) and reviewing medicine use practices thus promoting rational medicine use at all levels

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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**Project
Year 8 Q2**

No activities were reported during this quarter.

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Lesotho**Year** 06**Activity Title** Documentation of lessons learned and dissemination of best practices**Activity Manager** Sallet, Jean-Pierre**Activity #** 8**Task:** A1LS06XXX**Sub-Task:** 60GXH8

Activity Description The activity also aims at documenting the different lessons learned from the implementation of the Emergency Plan 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 internationally

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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**Project
Year 8 Q2**

No activities were reported during this quarter.

Last Updated: 04/18/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Madagascar MAC**Year** 05**Activity Title** Technical Assistance for ACT policy change and implementation**Activity Manager** Adeya, Grace**Activity #** 1**Task:** A1MG05MAC**Sub-Task:** 60F4H1

Activity Description MAC through RPM Plus is providing technical assistance to the MoH to change the antimalarials treatment policy and develop an implementation plan for the new policy. RPM Plus and WHO/AFRO will continue to support this implementation process. The specific activities will be determined once the ACT implementation plan is finalized and validated by the MoH and its RBM partners. This activity will occur throughout the year

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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**Project
Year 8 Q2**

Travelled to Madagascar to initiate the SPS contributions to the PMI program in Madagascar. As part of this, USAID/Madagascar requested SPS and the USAID| DELIVER project to conduct a joint visit to Madagascar to ensure adequate coordination between the two projects with the local counterparts. The joint mission included a brief scoping of the current situation with respect to the pharmaceutical and commodity management system, update existing information and delineating a course of action for each program. Each program developed a corresponding work plan that highlights how the programs will coordinate efforts and responsibilities for complementary activities.

Last Updated: 04/24/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Nicaragua**Year** 06**Activity Title** Technical assistance for the implementation of the standardized quality assurance program of the VSM**Activity Manager** Barillas, Edgar**Activity #** 2**Task:** A1NI06XXX**Sub-Task:** 60DXH2

Activity Description The quality assurance program manual was completed and validated by all the VMS networks on August 2006. During FY06 RPM Plus will provide technical assistance for the systematic application of the norms and procedures, develop an indicator base system to monitor the QA program, and implement an assessment of the impact in the quality of the medicines dispensed by the VSM. A local consultant will be hired to support this activity. The USAID Mission in Nicaragua agreed that unused resources from FY05 (USD 20,000.00 approximately), for the Strengthening of MoH Pharmaceutical and Therapeutic Committees, as mentioned before) will also be used to support this activity, including the purchase of a MiniLab® set and technical assistance on its use

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	The technical procedures included in the Quality Assurance Manual were implemented during the last quarter of 2007 and January 2008. The usefulness of the Minlab® was intensively analyzed before taking the final decision to include this resource in a standardized routine for quality control. The experience was systematized and evaluated during this quarter.	No constraints	The results of the final evaluation and follow on activities will be presented and discussed with local counterparts on a workshop scheduled for April 17, 2008.		

Last Updated: 03/27/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Nicaragua**Year** 06**Activity Title** Technical assistance for assessing the impact of the application of the standardized manual for the training of VSM dispensers**Activity Manager** Barillas, Edgar**Activity #** 3**Task:** A1NI06XXX**Sub-Task:** 60G3H3**Activity Description** This training manual was completed and validated by all the VSM networks on August 2006. RPM Plus will provide technical assistance to develop an indicator base system to monitor the training process, and implement an assessment on the knowledge, practice and attitudes of the participants. A local consultant will be hired to support this activity.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	On January 2008 MSH/RPM Plus local consultants facilitated the training of dispensers from two VSM networks. Overall 64 dispensers were trained since the last quarter of 2007, using the methodologies included in the Standardized Manual for the Training of Dispensers. The experience was systematized and evaluated during this quarter. The results of the final evaluation and follow on activities will be presented and discussed with local counterparts on a workshop scheduled for April 17, 2008.	No constraints	The results of the final evaluation and follow on activities will be presented and discussed with local counterparts on a workshop scheduled for April 17, 2008.		

Last Updated: 03/27/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Rwanda COP**Year** 07**Activity Title** To assist the MOH in building the readiness of District Pharmacies in infrastructures, equipment, and human resources in support to**Activity Manager** Ntumba, Georges**Activity #** 4**Task:** LFRW07HIP**Sub-Task:** 60C4H2**Activity Description** The renovation of the pharmacies will be done observing the norms established by the PTF. In addition SPS will provide support to other partners that have allocated funds for pharmacy renovation in order to ensure that standards are observed. SPS will conduct another training course on Advanced Pharmaceutical Management for the new pharmacists, and will invite any other district pharmacist hired by the MoH or other partners.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Rwanda COP**Year** 07**Activity Title** To assist the MOH in building the readiness of District Pharmacies in infrastructures, equipment, and human resources in support to**Project
Year 8 Q2**

During the reporting period SPS consultant visited all ten districts selected for district pharmacy rehabilitation; consultant's visit to each district was facilitated by staff of PTF and SPS who accompanied the consultant to each site. Eight of the ten districts were able to identify existing structures to be rehabilitated for use of district pharmacies; unfortunately, Two of the ten districts are still in the process of identifying appropriate structures to be rehabilitated. The consultant conducted surveys of eight district sites, developed designs for rehabilitations, as well as developed tendering documents. In addition, the consultant developed tender announcements, which will be shared with district authorities via a meeting to be convened the second week of the third reporting period. During the meeting the tendering announcement and documents will be reviewed with each district, revised, and announcements published in local newspapers. Once proposals are received from prospective contractors, SPS will convene evaluation meetings with each district to select a contractor to rehabilitate district pharmacy in each district. During the reporting period, SPS developed a short list of applicants from over 40 applications received for the position of district pharmacist. SPS will continue with the recruitment process during the next reporting period.

In ability of two districts to identify appropriate structures to be rehabilitated. The need to ensure consistent coordination between the recruitment process and the completion of the rehabilitations of district pharmacies.

Convene meeting with district authorities to review tender announcement and tendering process; publish tender announcement; convene yet another meeting with district authorities to review proposals and select contractors; continue to reach out to two districts for identification of sites to be rehabilitated; once identified, survey structures, design rehabilitation, and publish tender announcement. In collaboration with PTF select interview panel; contact district authorities to ensure participation on panel; schedule interviews

Last Updated: 04/20/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Rwanda COP**Year** 07**Activity Title** To build and strengthen the capacity of the managers of district pharmacies and HIV sites.**Activity Manager** Murekatete, Denise**Activity #** 5**Task:** LFRW07HIP**Sub-Task:** 60CXM3

Activity Description During COP07 SPS will implement the indicator-based Monitoring-Training-Planning (MTP) approach with the pharmacists hired in COP06 to address the most important managerial and technical challenges identified through a base-line assessment. In addition, in collaboration with the PTF, SPS will capacitate the managers of all district pharmacies (whether pharmacists or nurses) to implement formative supervisions and training activities on pharmaceutical management within their districts.

During COP07 SPS will maintain some activities conducted directly at the pharmacies of HIV facilities, to ensure that all pharmacy staff in charge of managing ARVs has participated in the training course Basic Pharmaceutical Management, and are able to use the SOPs developed and revised in past years. SPS will work with each individual district to ensure that the district pharmacist can gradually provide the especial supervision required for the management of ARVs and HIV patients.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Rwanda COP**Year** 07**Activity Title** To build and strengthen the capacity of the managers of district pharmacies and HIV sites.**Project
Year 8 Q2**

During the reporting period, SPS in collaboration with PTF conducted a TOT on reporting tools (i.e. OI, ED, malaria, ARVs, TB, & Labs) from 26th - 28th of February for supporting programs, staff of PNILP, PNILT, NRL, CAMERWA, SCMS, and PTF. Phase 2 of the TOT for districts (district pharmacy managers, supervisors of district hospitals, and health directors) was implemented in collaboration with PTF and SCMS from 23rd - 28th of March; the training covered all information on existing and new reporting tools developed with PTF and CAMERWA in 2007. During the reporting period SPS in collaboration with PTF conducted a TOT on reporting tools for district level staff (district pharmacy managers, supervisors of district hospitals, and health directors) who will conduct training on the reporting tools (i.e. TB, OI, ED, malaria, ARVs, and Labs) during the third quarter. The planning for the training was carried out during the reporting period. Anticipated that staff from 500 health facilities throughout Rwanda will be trained at the same time. SPS continued to assist the National Malaria Country Program conduct supervision of trainings being conducted by district level staff who were received TOT on recently developed malaria tools; this activity is meant to assist with the staff of NMCP with building their capacity for conductive effective supervision at the health facility level. SPS in collaboration with PTF will develop a comprehensive training plan which will cover decentralized training in a variety of topics on pharmaceutical management and aimed at pharmacy staff, dispensing staff, and service providers in April

The availability of staff of PTF to plan and implement activity. Increasing number of ART sites and limited number of staff makes it impossible to conduct formative supervisions across the country; a new targeted approach has been adopted in response to current human resource constraints.

Meet with PTF to determine an appropriate time period to conduct additional training at the district level on pharmacy management; a meeting is scheduled with PTF for the second week of April 2008. Complete training reports; assist the supporting programs and district level staff in conducting ongoing supervisions at the health facility level. Continue to work in collaboration with the PTF to develop and implement a program of ongoing trainings. Meet with PTF to determine an appropriate time period to conduct the targeted trainings; a meeting is scheduled with PTF for the first week of April 2008. Conduct first MTP session with eight district pharmacists; used the information gathered during the first session and the analysis of the baseline questionnaire to develop the content of future MTP sessions for district pharmacists; call a stakeholders meeting to discuss the concept of MTP and benefits; schedule sessions every six weeks with district pharmacists/pharmacies

Workplan: Rwanda COP**Year** 07**Activity Title** To build and strengthen the capacity of the managers of district pharmacies and HIV sites.

08.SPS conducted training for staff of FHI.SPS in collaboration with PTF determined that given the rapid rate of the scaling up of ART sites and the lack of sufficient staff (PTF/SPS),as well as the availability of information from the field,it was determined that there would be a need to change the existing approach typically used to conduct formative supervision.It was decided that a targeted approach would be most appropriate.The staff of SPS and PTF will utilize existing information received through monthly reports submitted by the ART sites to determine the sites that are most in need of assistance.SPS finalized and administered a baseline questionnaire at eight district pharmacies.Results from the questionnaire where analyzed and will be used to create the content of the first MTP session which is scheduled to occur in May 07.

Last Updated: 04/20/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Rwanda COP**Year** 07**Activity Title** To integrate and ensure the quality of the existing components of the Pharmaceutical Management Information and Reporting**Activity Manager** Buki, Gege**Activity #** 6**Task:** LFRW07HIP**Sub-Task:** 60AXJ4

Activity Description During COP07 these tools will be implemented through a cascade training-supervision intervention, in collaboration with other clinical partners and SCMS. At central level, SPS will support the PTF to establish a data management unit to capture and analyze the data submitted by the district pharmacies every quarter. In addition, SPS has implemented the ITT in 8 district pharmacies to collect and manage consumption and distribution data of the districts. The tool will be implemented in COP07 to the rest of the district pharmacies as well as in selected district hospitals.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	During the reporting period SPS facilitated the printing of several tools to ensure the availability of the tools and the maintenance of existing report systems; OIs Tool/Instructions were printed by SPS. SPS sponsored the printing of tools/instructions which comprise the reporting system required to ensure the implementation of active distribution. In addition, RPM Plus/SPS continued to provide TA and support to 8 district pharmacies where the Inventory Tracking Tool (ITT) was installed. SPS continues to reach out to sites where the Dispensing Tool (DT) have been installed; SOPs for health facilities have been finalized and will be packaged and disseminated during Q3.	Difficulties with supporting ART sites where the DT have been installed; issues includes: high turnover of staff, lack of computers, and lack of motivation of available staff	SPS is currently developing a strategic plan to address the issue related to non use or lack of appropriate functioning of DT in sites where it has been installed; the plan will include criteria for identification of additional sites for the installation of the tool; work with TRAC to disseminate SOPs for health facilities.		

Last Updated: 04/20/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Rwanda COP**Year** 07**Activity Title** To provide managerial and technical assistance to the PTF in line with the requirements to decentralize pharmaceutical management**Activity Manager** Hitayezu, Felix**Activity #** 7**Task:** LFRW07HIP**Sub-Task:** 60AXH5

Activity Description During COP07 SPS will provide assistance to the PTF in two key elements that are needed to effectively implement the decentralized system and the active distribution from the central level to the districts. These are the development of a Medicines Pricing Policy, and the national guidelines for the Procurement and Distribution of Essential Medicines. With the decentralization policy SPS will provide before the decentralization policy, the supply of medicines in the country was done in an ad-hoc manner. The PTF has also requested SPS to maintain the support for the implementation of the NDA, as far as the government of Rwanda approves its establishment. According to the evolution of the situation, SPS will engage a consultant to guide the MoH in the first stages of implementation of the NDA

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Rwanda COP

Year 07

Activity Title To provide managerial and technical assistance to the PTF in line with the requirements to decentralize pharmaceutical management

**Project
Year 8 Q2**

SPS has provided TA and support to the MOH for the drafting of policies for the National Drug Authority which includes the registration system; currently the issue remains before the parliament for approval. SPS HQ is currently in the process of identifying an appropriate individual to take on the consultancy. SPS assisted the PTF and the NMCP with the development of TOR for the engagement of a consultant to assist Rwanda with the development of a national plan of action for the establishment of a Pharmacovigilance (PV) system. The TOR was finalized with the inputs of PTF and PNILP. Several consultants were identified and SPS will make a selection by the first week of the third quarter. SPS in collaboration with PTF convened a meeting with various programs to ascertain their thoughts on pharmacovigilance as well as to determine any existing activities or tools that they may be working on in relation to PV; meeting attended by USAID, WHO, CDC, PAVE, PNILT, and EPI. As an initial step in support of the strengthening of management systems and institutional capacity of PTF, at the request of the PTF SPS facilitated minor renovations of an existing space to better allow the PTF to have an infrastructure and space from which to administer its responsibilities; additional activities related to strengthening of management systems and institutional capacity are currently being planned with PTF. After the workshop on development or adoption of the tools of the integrated supportive supervision the MOH requested that RPM Plus/SPS await the development of standards for all the levels of health structures of

*The approval process.
*The availability of appropriate consultants
*Lack of an NDA; however, the PTF will assume the responsibility for the coordination of activities for establishment of a PV system; determine the appropriate entry point to begin the system in Rwanda; availability of program staff.
*Delays in the availability of standards from MOH.
*PTF's readiness to address this issue

Once approved SPS will assist the PTF with a plan for the operationalization and implementation the National Drug Registration System. SPS will continue to search within MSH worldwide and will subsequently broaden the search if not successful within. Assist the PTF with the finalization of a concept paper articulating a frame for a national PV system, in which the NMCP will be the starting point for the development of an ADR surveillance system; finalize the hiring of consultant, begin the preparation process for the workshop; convene the workshop the third week of May 08. SPS will continue to meet with the PTF to develop a joint plan of action detailing activities that will strengthen and build the capacity of PTF and its staff. Follow up with MOH/PTF on the plan and strategy for the next steps adopted during the workshop; finalization of the tools; development of the manual; organize TOT, etc... Final edited version of the document will be shared with PTF; in addition, SPS will develop with PTF a plan for printing and dissemination. Complete orientation period with the employee; SPS to develop

Workplan: Rwanda COP**Year** 07**Activity Title** To provide managerial and technical assistance to the PTF in line with the requirements to decentralize pharmaceutical management

Rwanda. Since then RPM Plus/SPS have continued the discussions with PBF and produced a draft that will be proposed to partners. Once the available standards are available, RPM Plus/SPS will finalize the draft. SPS in collaboration with PTF completed the modules for the trainings on Pharmaceutical Management (Basic & Advance); the modules are currently being edited as a part of the finalization process. SPS completed the hiring process for the engagement of a Information Systems Assistant for the PTF; the staff began work on the 4th of March. SPS has developed a 2 month orientation plan for the staff who will spent this orientation period with SPS to ensure appropriate transfer of knowledge and skills in all necessary areas. SPS reached out to PTF and was informed that the PTF has to address a few internal issues prior to discussion this matter further with SPS.

TA plan to provide technical supervision of the position and deploy the employee to PTF. Meet with PTF to determine the plan and next steps

Last Updated: 04/20/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: Rwanda COP**Year** 07**Activity Title** To promote Rational Drug Use in the public and private sectors through existing Rwandan institutions**Activity Manager** Hitayezu, Felix**Activity #** 8**Task:** LFRW07HIP**Sub-Task:** 60EXH6

Activity Description During 2007, SPS will start the measure the impact of the implementation of some adherence-related activities in selected sites. New activities for COP07 included to provide support to the University of Butare to revise the Pharmaceutical Management module that is given to last-year pharmacy students. SPS will continue to collaborate with the Pharmacy Association (ARPHA) and with RAMA (mutuelles de sante) in training activities aiming to increase the capacities and skills of the pharmacist working in the private sector in regards to counseling, good dispensing practices and rational medicines use.

Activity Progress**Barriers to Progress****Next Steps****Products Planned****Progress on Products**

Workplan: Rwanda COP

Year 07

Activity Title To promote Rational Drug Use in the public and private sectors through existing Rwandan institutions

**Project
Year 8 Q2**

During the reporting period (17th - 21st of March 08), SPS in collaboration with PTF organized and conducted a comprehensive five day training on DTCs for new members of three (Ruhengeri, Kabgayi, and CHB) hospitals currently receiving TA and support from SPS; assisted two DTCs (Muhima & Kibagabaga hospitals) with the development of comprehensive operational plans for 2008; assisted both hospitals with the gathering of data for baseline study on prophylaxis in cases of caesarean section; in collaboration with PTF revised the TOR for NDTC; final draft submitted to PTF for review and approval. During the reporting period, SPS provided technical and financial assistance to ARPHA for the implementation of Pharmaceutical Day which occurred on the 15th of February; staff of SPS facilitated presentations on Pharmaceutical Care and Pharmacovigilance. SPS continues to work very closely with ARPHA to elaborate a consistent plan of action for the development of additional activities on RDU. SPS has already reached out to both PTF and RAMA regarding the need to still a strategic plan of action to operationalize this particular activity. Unfortunately, previously arranged appointment between all three parties were not kept due to scheduling conflicts. PTF and RAMA have agreed to meet with RPM Plus/SPS earliest part of April 08 to discuss harmonization of work plan and the development of a plan of action. During the reporting period, SPS was able to meet with representatives of the NUR to discuss and explore specific areas of interventions; additional meetings are

Motivation on the part of hospital administration and staff for the establishment and maintenance of DTCs; lack of incentives for DTC members. Lack of availability of all parties; scheduling conflicts

Work with PTF to identify and select additional hospitals for the expansion of DTCs; continue to provide TA and support to existing 8 DTCs. Meet with PTF and ARPHA to establish a strategic plan of action and ensure harmonization between work plans.

Meet with PTF and NUR to establish a strategic plan of action and ensure harmonization between work plans; continue to work very closely with the staff of NUR to further elaborate a specific plan and approach for the requested revisions to the curriculum of the school of pharmacy

Workplan: Rwanda COP**Year** 07**Activity Title** To promote Rational Drug Use in the public and private sectors through existing Rwandan institutions

scheduled to occur the first two weeks of the third quarter. The initial meeting between SPS and NUR resulted in the identification of one initial area of intervention, revision of the curriculum of the school of pharmacy to include elements of pharmaceutical management and RDU. Due to the lack of availability of the appropriate individuals from the NUR, RPM Plus/SPS and PTF have not yet had the opportunity to meet as a group to establish a join plan of action.

Last Updated: 04/20/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Rwanda COP**Year** 07**Activity Title** To strengthen the CPDS and its technical committees as part of the pharmaceutical system for HIV and other programs.**Activity Manager** Kabuya-Mutshipayi, Willy**Activity #** 9**Task:** LFRW07HIP**Sub-Task:** 60CXH7**Activity Description** SPS will provide technical support to the coordinator in the process of reviewing and revising the governance framework in any other aspect needed.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: Rwanda COP

Year 07

Activity Title To strengthen the CPDS and its technical committees as part of the pharmaceutical system for HIV and other programs.

**Project
Year 8 Q2**

SPS continues to meet with the CPDS Coordinator on a weekly basis to assess and discuss the status all technical issues related to the CPDS; SPS continues to take its lead from the CPDS Coordinator with respect to the level and types of TA and support that is needed and rendered.The CPDS Coordinator with TA from SPS determined the aspects of the CPDS Governance Framework that required revision; as part of the plan for revision,the CPDS Coordinator developed proposed framework for the process to revise the document.The CPDS Coordinator presented the proposal to the Permanent Secretary and is currently awaiting approval from the PS;the PS already appointed a committee to work on the revision.It is hoped that actual process for revision of the document will be implemented during the third quarter upon receipt of approval from the PS.CPDS Coordinator in collaboration with SPS convened a meeting from the 18th - 19th of March comprised of various stakeholders/partners of the technical committees of the CPDS,as well as partners who render TA to the CPDS; purpose of the meeting was to develop an annual plan of action for the CPDS;the CPDS Coordinator submitted monthly report to the PS of activities carried out during the reporting month and activities scheduled for the following month.SPS participated in all aspects of the quantification process and effectively transferred its technical responsibility in support of the quantification to SCMS; SPS will continue to participate in the quantification process as a member of the Quantification Committee of the CPDS.SPS provided TA with required

Convincing the appropriate staff of the MOH of the importance of formally integrating the CPDS into its formal structure.Delays on the part of CAMERWA in the production of quarterly CPDS reports

Continue to meet on a weekly basis with the coordinator and render assistance as mutually identified by the coordinator and SPS. SPS will meet with the coordinator to determine the status of the revisions and determine and render any needed TA. Continue to discuss with the coordinator ways in which SPS can support the institutional building of the CPDS on an ongoing basis. SPS will continue to participate in all aspects of the quantification process as a member of the Quantification Committee of the CPDS. SPS will continue to render TA and support to CAMERWA in its capacity as chair of the Implementation Committee; SPS will continue weekly technical supervision of data manager and analysis activities at CAMERWA.SPS will await request from TRAC and proceed accordingly with the rendering of TA.Finalization of the data validation analysis report; expected to be finalized and disseminated during the first month of the third quarter.Continue to provide TA and support to CAMERWA for the timely

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2**Workplan:** Rwanda COP**Year** 07**Activity Title** To strengthen the CPDS and its technical committees as part of the pharmaceutical system for HIV and other programs.

modification to the Inventory Tracking Tool (ITT) at CAMERWA. SPS continued weekly technical supervision of the new data manager at CAMERWA. SPS awaits an invitation from TRAC; SPS will be available upon request to render TA in this regard. In November 07, RPM Plus/SPS in collaboration with the CPDS Coordinator, and TRAC organized and executed a data validation exercise at selected ART sites in preparation of the 6th CPDS Quantification exercise; analysis of the exercise has been presented to the Quantification Committee of the CPDS. SPS has provided CAMERWA needed TA to complete the required CPDS quarterly report for Q2 of 2007; however, CAMERWA has yet to produce agreed semi-annual report to cover the periods Q3 & Q4 of 2007. SPS continues to work very closely with CAMERWA and the CPDS Coordinator to ensure the production of the report by the first month of quarter three.

completion and dissemination of quarterly CPDS reports; assist the CPDS Coordinator with effectively coordinating the timely production of the reports

Last Updated: 04/20/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Technical Activity Coordination**Activity Manager** Sallet, Jean-Pierre **Activity #** 1 **Task:** A1ZA06HIP **Sub-Task:** 97XXY1**Activity Description** This activity include technical activity coordination, workplan development and implementation monitoring, routine M&E activities, budget and progress monitoring, reporting, meetings, and communications with Emergency Plan partners and collaborators.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: South Africa PEP and RHAP **Year** 06

Activity Title Technical Activity Coordination

**Project
Year 8 Q2**

Staff meetings were held on the 21st of February and on the 14th of March. Interviews were held for the new positions for SPAs, as well as the positions for a programmer and programme administrator. Suitable candidates were appointed. Quotations were obtained and submitted to the Washington office for vehicles for South Africa, Lesotho and Swaziland. The Pretoria office was reorganised following the acquisition of new office space. Work commenced on SPS promotional material.

A draft memorandum of understanding was prepared to be signed between MSH/SPS and the counterparts to whom technical assistance is provided. The draft MOU was provided to the legal advisor of USAID and the Legal Services Department of the Free State Department of Health for comment.

In the Free State orientation workshops for community service pharmacists held on 7-8 February and 27-28 February were attended by the provincial coordinator. The Free State Pharmaceutical Forum was attended on the 26th of February.

A meeting was held on the 12th of February, with the Head of Pharmaceutical Services (HOPS) of Mpumalanga and her Deputy to discuss the activities of RPM Plus in the province. Issues about the continued piloting of RxSolution in the province were resolved. Several areas where RPM Plus could provide TA and training were identified. A meeting was also held with Pharmaceutical Services in the

Lack of human resources and the pressure of work in the provincial head office in Mpumalanga results in the provincial counterparts not always being available for meetings and work sessions.

Good candidates lost due to long MSH appointment procedures.

Workplan: South Africa PEP and RHAP**Year** 06**Activity Title** Technical Activity Coordination

Northern Cape to discuss the plan of activities in the province for the year. The plan of activities was finalized and approved.

A meeting was held on the 8th of February 2008 with the South African Military Health Service (SAMHS) with regard to possible collaboration and the provision of technical assistance.

A meeting took place with the Head of School and members of staff of the Nelson Mandela Metropolitan University on 24 January 2008. Agreement was reached on areas of collaboration which include the offering of a pharmacovigilance elective and a module on pharmacy law to final year pharmacy students, medicine supply management training for second year students and the use of facilities in the pharmacy school e.g. the computer laboratories for training on RxSolution.

Last Updated: 04/21/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Support the Pharmacy and Therapeutic Committees (PTCs) and strengthen evidence-based principles for the selection of medicines**Activity Manager** Sallet, Jean-Pierre **Activity #** 10 **Task:** A1ZA06HIP **Sub-Task:** 60BXH0**Activity Description** RPM Plus will use FY06 funding to assist the Department of Health in promoting these new STGs through provincial workshops on rational drug use; strengthening provincial, district and institutional Drug and Therapeutic Committees (DTCs); train staff in basic principles of pharmacy-economics and the use of evidence-based principles for drug selection. Since 2004, more than 200 individuals have been trained; an additional 250 service providers will be reached during FY06. RPM Plus will also provided TA to different PTCs in areas such as formulary development and use, rational medicine use, medicine safety and pharmacovigilance and PTC oversight of clinical trials.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Support the Pharmacy and Therapeutic Committees (PTCs) and strengthen evidence-based principles for the selection of medicines**Project
Year 8 Q2**

PTC training was held in Limpopo from 26-28 March 08; attended by 13 clinicians, pharmacists and nurses. A date was set for participants to return with their assignments and discuss progress on improving the functionality of their own hospital PTCs and provincial PTCs.

In Mpumalanga, work continued on the provincial formulary.

A planning session was held with the Gauteng Pharmaceutical Services Directorate for the workshop planned with the provincial PTC. The workshop will focus on streamlining procedures and systems for PTC activities.

1 meeting of the National Essential Drugs List Committee, 4 of the PHC EDL and 2 of the tertiary EDL Committee were attended. 2 CTC PHC EDL chapters were circulated. A evidence based review of the AIs for breast cancer was conducted.

Lectures were presented at the University of Fort Hare. The first PharmD student graduated from Rhodes University; mentoring of the student was provided by the SPA involved.

A meeting took place with Prof. Walubo of the University of the Free State Dept of Pharmacology on 11 March. A request for TA for implementation of Pharmacovigilance activities in the FS was discussed. Follow up meeting is planned with CCMT and UFS Dept of Pharmacology on 22 Apr 08.

Planning took place for the

Some of the printed material in the ICAT tool uses American terminology, and this needs to be changed to South African terminology.

Need to go through the participant's guide for the PTC course to address inconsistencies identified between the slides, the material and changes to the overall course.

In the North West a workshop aimed at strengthening operations, systems and procedures of the provincial PTC is also planned for April 2008.

In Mpumalanga, an invitation has been extended to MSH/RPM Plus to attend the next provincial PTC, to be introduced to the PTC members and also to find out what support is needed.

A presentation outlining the objectives of the workshop will be made at the next provincial meeting of the Gauteng Provincial PTC meeting (11 April 2008)

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Support the Pharmacy and Therapeutic Committees (PTCs) and strengthen evidence-based principles for the selection of medicines

pharmacovigilance elective to be offered at NMMU. 3 meetings were held with the Quality Assurance Directorate of the NDOH to discuss the ICAT plan of activities. Several conference calls happened with AMR global (Washington) office to prepare for the ICAT TOT roll out workshops.

A meeting was held with Ms J Sekgothe of the QA Directorate of the NDOH and Prof Moodley of the Medical School – UKZN to discuss collaboration in the area of infection control. The university was satisfied with the tool and have added two modules dealing with Renal transplants and Neonates. The modules were forwarded to AMR Global and NODH QA for comments and were approved. Prof Moodley will participate in the ICAT TOT workshop in Pietermaritzburg and will use the team as core infection control experts in the province. The Gauteng Provincial Infection Control Committee meeting was attended by the SPA involved in an advisory capacity. Follow up took place after the ICAT review workshop. Progress reports were received. The hand hygiene posters were finalized and printed.

The ICAT Training of Trainers Materials for the Roll out were prepared. 3 workshops were conducted in Gauteng, Limpopo and Eastern Cape (69 participants attended).

Last Updated: 04/21/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Implement Medicine Information Center (MIC) and document best practices**Activity Manager** Sallet, Jean-Pierre **Activity #** 11 **Task:** A1ZA06HIP **Sub-Task:** 60GXHA**Activity Description** During FY06, RPM Plus will enter into a Memorandum of Understanding for the establishment of this Center. Experience from the application of the model in the Eastern Cape will be documented and lessons learned will be incorporated into a model that can be further replicated in other regions of the country.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	Discussions took place in the Northern Cape with the HOPS and the Deputy Director Clinical Support at the Kimberley Hospital Complex regarding the implementation of a medicine information centre in the province. Agreement was reached that the RPM Plus representative and the Deputy Director Clinical Support would visit the Medicine Information Centre in Cape Town and that RPM Plus would specify the kind of support that would be provided to the proposed centre.	No clear guidance from RPM Plus/SPS and the delay in identifying the lead person at the site (Kimberley hospital)			

Last Updated: 04/21/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Monitoring and Dissemination of results and lessons learned from the implementation of Emergency Plan pharmaceutical services**Activity Manager** Sallet, Jean-Pierre **Activity #** 12 **Task:** A1ZA06HIP **Sub-Task:** 60F8DB**Activity Description** This activity also aims at documenting the different lessons learned from the implementation of the Emergency Plan 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 internationally.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Monitoring and Dissemination of results and lessons learned from the implementation of Emergency Plan pharmaceutical services**Project
Year 8 Q2**

A meeting was held with USAID and CDC in the Eastern Cape regarding functionality of RxSolution in order to improve coordination between PEPFAR partners in terms of pharmaceutical data management systems.

The SMS reports for Quarter 1 were prepared and submitted to the Washington office. Data for Quarter 1 was loaded on the PEPFAR Data Warehouse.

An M & E meeting held at USAID on 6 March was attended. Input was provided on the proposed new quarterly treatment form

A presentation on the ICAT activities was made at the SAAHIP conference which took place from 6-9 March 2008. Support and assistance was provided to the counterpart for a presentation made at the SAAHIP conference entitled 'Building Capacity in a Provincial PTC – the Western Cape experience'. A 3rd presentation in which preliminary data obtained from a pharmacovigilance system using patient reporting of symptoms to identify ADRs was also presented at SAAHIP.

Last Updated: 04/21/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Facilitate the compliance of the New Medicines and Pharmacy Act and the Comprehensive Plan accreditation requirements**Activity Manager** Sallet, Jean-Pierre **Activity #** 2 **Task:** A1ZA06HIP **Sub-Task:** 60A5H2**Activity Description** With FY06 funding, RPM Plus will continue to assist provinces and facilities in monitoring progress towards compliance with legislative requirements in terms of the delivery of pharmaceutical services hence facilitating the process leading to the accreditation of the health institutions to provide ART. This will address issues related to infrastructure, human resources, equipment and systems. The activity also includes the development of a monitoring system and the periodic review with provincial counterparts in the provinces.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: South Africa PEP and RHAP**Year** 06**Activity Title** Facilitate the compliance of the New Medicines and Pharmacy Act and the Comprehensive Plan accreditation requirements**Project
Year 8 Q2**

The meeting of the Heads of Pharmaceutical Services (HOPS) was attended on 6 February 2008. The draft national status report on legislative compliance was finalized. A request was received from the National Department of Health (NDOH) to prepare draft indicators for the monitoring of pharmaceutical services as well as a tool to monitor the experience of patients when visiting a health care facility.

Assistance was provided to Tshwane Metro with a presentation made by the counterpart on labeling requirements at the SAAHIP conference. The presentation won the award for the best 'Pearl presentation'.

On the 14th and 15th of February, a workshop was held in Limpopo to update the Standard Operating Procedures (SOPs) for the province. The workshop was attended by 39 hospital pharmacy managers, district pharmacists and the provincial deputy director for professional development. The province had requested assistance in this regard as several pharmacies had not been approved by the South African Pharmacy Council (SAPC) for training and COHSASA had also identified the lack of updated SOPS as a shortcoming during the accreditation of hospitals. The participants worked on the SOPs, whereafter a task team was set up to review the redrafted SOPs. A follow-up workshop will be held in April to finalize the document. The SOPS will then be customized for each facility in the province.

In Mpumalanga two workshops were

Poor attendance of workshop held in Mpumalanga with the result that the work was left to a small group of dedicated people. Concerns about a potential lack of buy-in.

Follow-up workshop in Limpopo to finalize the SOPs for the province.

Workshop in Mpumalanga to introduce pharmacy managers to the generic provincial SOPs and provide assistance in customizing the SOPs per facility. Continuation of work on clinic SOPs.

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Facilitate the compliance of the New Medicines and Pharmacy Act and the Comprehensive Plan accreditation requirements

held in Nelspruit and Machadodorp on the 28th February and 18 - 19th March respectively, to finalize the hospital SOPs for Mpumalanga. These SOPs were last updated in 2000. The SOPs were completed and are ready to be printed. A workshop is planned for April/May to introduce the pharmacy managers to the SOPs and provide assistance in customizing them to their local conditions. A start has been made on the generic clinic SOPs for the province.

In the Eastern Cape the orientation workshop held in Stutterheim for community service pharmacists in the province was attended on 15-16 February 2008. A presentation was made on the implications of the legislation applicable to pharmaceutical services.

Last Updated: 04/21/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Strengthen the capacity of pharmacy personnel and training institutions in the area of HIV/AIDS pharmaceutical services in response**Activity Manager** Sallet, Jean-Pierre **Activity #** 4 **Task:** A1ZA06HIP **Sub-Task:** 60CXH4**Activity Description** With FY06 funding, further provincial workshops will be conducted for pharmacy personnel attached to ARV accredited sites and referral centers (e.g. community health centers) to improve patient care at dispensing counters. Pharmacists using computerized dispensing system will be trained to assess ARV prescribing practices, compliance with National Standard Treatment Guidelines (STGs) and reporting on treatment failure. Overall 1,000 individuals are targeted for training in the next twelve months.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: South Africa PEP and RHAP**Year** 06**Activity Title** Strengthen the capacity of pharmacy personnel and training institutions in the area of HIV/AIDS pharmaceutical services in response**Project
Year 8 Q2**

Training on HIV/AIDS Pharmaceutical Management took place in KZN from the 14th - 18th of January 2008 (30 participants). The participants consisted of interns, community service pharmacists, permanent pharmacists from sites that are rolling out ARVs and one pharmacist from the depot. Largely positive comments from the participants were received. A recurring comment was that the training afforded pharmacists from the different sites an opportunity to share best practices. The attendance of the pharmacist from the depot resulted in improved understanding between the depot and facilities. A major achievement was that two pharmacists from KZN assisted in the facilitation of the course.

Training in HIV/AIDS Pharmaceutical Management was held in Polokwane in Limpopo from 4 to 8 February 2008. This workshop was for the newly appointed community service pharmacists. It was well attended with 39 participants who all contributed to the workshop. Most were very grateful for the training as they felt that the community service pharmacists are seldom chosen for training due to their short tenure in the province. The MTP follow up to this training session was held on 12 March 2008 with 26 participants. Groups presented on the findings of their site assessments and on their plans for improvement. Most submitted assignments for marking.

In the Western Cape two follow up MTP sessions were held in George and two in Cape Town. A total of 19 participants attended.

Some pharmacists were unable to attend the MTP follow-up workshop in Limpopo due to restrictions on travel imposed by the province. Attendance at MTP sessions in the Western Cape was generally poor. The MTP section of training is being found to be problematic and needs restructuring to be sustainable with very little buy-in / ownership of MTP process by counterpart managers.

Some pharmacist's assistants attended the training together with the pharmacists. Many PAs seemed to struggle with the material, although there were some who seemed to cope well. A need was therefore identified to adapt the current training for this cadre.

Need to provide more on site TA at ARV sites to improve MTP process.

HIV/AIDS training in the Northern Cape - arrangements made for the training of 16 pharmacists and 20 pharmacist's assistants in early April

Finalization of simplified course for pharmacist's assistants

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Strengthen the capacity of pharmacy personnel and training institutions in the area of HIV/AIDS pharmaceutical services in response

A two day training course for HIV Therapeutic Counselors for ATTIC was presented in the Western Cape (14 participants).

Work commenced on the restructuring of the HIV course and MTP procedure for pharmacist's assistants (Pas). The development of the training material is almost complete with only the session on paediatric ART to be completed. The material will be piloted on 20 pharmacist's assistants, in the Northern Cape early in Quarter 3.

Work also commenced on the development of training material for Therapeutic Counselors.

Last Updated: 04/21/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Develop and test ARV adherence tools and facilitate the implementation of best practices**Activity Manager** Steel, Gavin **Activity #** 5 **Task:** A1ZA06HIP **Sub-Task:** 60EXJ5

Activity Description During the current workplan, results from the pilot will be shared with the national level. "Best practices" will be piloted and implemented on a larger scale. Clinical staff (doctors, nurses and pharmacists) will be trained in providing: patient education on HIV/AIDS and ART; psychological and social screening of patients to assess readiness for treatment; and support services aimed at relieving barriers to adherence. Decision makers will be able to use the information for national health policy and planning. 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.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: South Africa PEP and RHAP**Year** 06**Activity Title** Develop and test ARV adherence tools and facilitate the implementation of best practices**Project
Year 8 Q2**

A report was presented to the NDOH on progress made with the provincial roll out of the adherence tool. The tool was included in the national ARV guidelines of the NDOH.

An adherence workshop was held in the Motheo District on 23 January with 43 nurses, doctors, pharmacist's assistants, lay counselors and DOT supporters being trained.

In the Northern Cape, six workshops were held on the implementation of the tool in all five districts. The workshops were attended by 140 participants. Three districts have submitted implementation plans.

In the Western Cape, discussions took place with the HIV/AIDS Directorate re the use of the tool in the province. Communication took place with four potential CHC sites and two potential clinic sites for training and implementation in the next quarter. Discussions are also underway with ATTIC and the HIV/AIDS Directorate to get buy-in for training and implementation of the tool by lay counselors.

A meeting was held with the Mpumalanga CCMT Deputy Director on the 28th of February to plan for the adherence tool roll out. Two sites per district were identified viz. The Mpumalanga CCMT provincial quarterly meeting held on the 12th and 13th March in Hazyview was attended by the provincial coordinator who made a presentation on the adherence tool. After consultation with the chosen sites it was

Lack of standard data collection tool.

In the Northern Cape, staff shortages are hampering the process of implementation of the tool; for example, some districts do not have full time ARV doctors/pharmacists.

Continue with implementation of the tool in provinces.

Workplan: South Africa PEP and RHAP**Year** 06**Activity Title** Develop and test ARV adherence tools and facilitate the implementation of best practices

decided that a workshop would be held on the 23rd to 24th.

In Gauteng, five sites have been identified for implementation of the adherence tool. These are the same sites that will be involved in the down referral pilot project in the province. An implementation meeting will be held with site project managers on 04 April 2008, following which a one-day training session will be held with personnel from the identified sites.

In the North West four sites for implementation of the tool have been identified in collaboration with the Provincial CCMT programme. One site in each district was chosen based on numbers of patients on treatment, human resource capacity and infrastructure as well as current involvement in down-referral of patients. Visits to sites have been conducted and adherence tools have been made available to site personnel. A formal one-day training session is planned in April in collaboration with the provincial CCMT programme, following which further site implementation support will be provided.

Last Updated: 04/21/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Assess PMTCT pharmaceutical services**Activity Manager** Sallet, Jean-Pierre **Activity #** 6 **Task:** A1ZA06HIP **Sub-Task:** 60F8A6**Activity Description** FY06 funds will be used to apply the tool at facilities with PMTCT services and to provide technical assistance aimed at strengthening their pharmaceutical management capacity.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Assess PMTCT pharmaceutical services**Project
Year 8 Q2**

A review workshop on the PMTCT Assessment conducted in facilities in the Ekurhuleni Metro took place on 14 March 2008. The workshop was attended by Metro, district and facility managers and aimed to provide feedback on the assessment of PMTCT services conducted at antenatal clinics in the Southern District of the Metro. The workshop was also intended to identify areas requiring further attention and support in order to optimise PMTCT service delivery. These included increasing the availability of PEP services at PHC level, increased coverage of infant PCR testing, strengthening referral and follow-up of HIV+ women needing ART, optimizing training of health care workers on the coding system being used for antenatal attendees, integrating the supply of PMTCT ARVs with other medicines, increasing the role and availability of auxiliary personnel in supporting service delivery, optimizing space for counseling areas and storage of medicines and the training of staff on new PMTCT guidelines. The workshop was extremely well received and MSH/RPM Plus was complimented on the quality of work done.

A meeting took place with the provincial PMTCT coordinator to discuss possible future TA for the province.

An invitation was received to present the findings of the assessment to Gauteng Provincial PMTCT managers as well as to the provincial Research Conference.

Last Updated: 04/21/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Strengthen the capacity of facilities in quantification practices for ART, TB, STIs and other essential medicines**Activity Manager** Sallet, Jean-Pierre **Activity #** 7 **Task:** A1ZA06HIP **Sub-Task:** 60C1H7**Activity Description** RPM Plus, in collaboration with the National and Provincial Departments of Health, will conduct further national and provincial workshops during which national and provincial pharmacists and managers responsible for the procurement of ARVs will be trained on the use of the quantification tool and to estimate medicine requirements.

	Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
Project Year 8 Q2	<p>The first quantification forum of 2008 was held on 12 & 13 February 2008. A number of items were discussed. A presentation was made by Dr Ntlangula on the challenges of the Diflucan programme wherein he stressed that there is a need for a comprehensive report from the provinces for the Minister. Dr Ntlangula then gave an update on the latest treatment guidelines. The new ARV adult and paediatric guidelines have been approved by NDoH management but are not yet available. The new PMTCT guidelines were approved. MSH presented on the process followed for the quantification for the two-year tender which was due to be advertised on 15 February.</p> <p>Members from both the ARV and TB industries attended the second day, and problems experienced with supply and reporting were discussed. It was agreed that quarterly reports from both the provincial depots as well as from industry, must be submitted to the NDoH before each quarterly meeting.</p> <p>The national CCMT meeting held in the Eastern Cape from 20-22 February 2008 was attended.</p>	<p>Three provinces viz. Gauteng, Northern Cape and Free State did not attend the meeting. It is unclear why these provinces were not represented.</p>			

Last Updated: 04/21/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Strengthen the capacity of pharmacy personnel in the area of medicine supply management**Activity Manager** Sallet, Jean-Pierre **Activity #** 7 **Task:** A1ZA06HIP **Sub-Task:** 60CXH8**Activity Description** A series of national and provincial workshops are planned under COP06. These will focus on building the capacity of pharmacy personnel in this area and also in using data and information to ensure that the increasing demand for drugs required for the care and treatment of HIV and AIDS, TB and other related programs is met. This will also provide an opportunity to strengthen the working relationship between pharmacists and other program managers. Over 100 individuals from the Provincial Pharmaceutical Services and from the National Pharmaceutical Policy and Planning cluster will be targeted.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Strengthen the capacity of pharmacy personnel in the area of medicine supply management**Project
Year 8 Q2**

Meetings of the KZN project team, which is developing a model for the centralization of the dispensing of chronic medicines in the province, were attended on 21 January, 28 February and 27 March. As a result of a meeting held between RPM Plus/SPS and the Chief Director of the Pharmacoeconomic Unit in the NDOH, the meetings of the task team are now attended by representatives of the NDOH who will be providing support in this project.

The pilot commenced whereby patients from RK Kahn and Prince Myosheni Hospital are given the choice of collecting their medicine from private community pharmacies, PHC clinics or community centres. Implementation commenced in the four pharmacies in Chatsworth and Umlazi. Site visits were paid to three pharmacies in the Chatsworth area which are participating.

Amendments were made to the document which outlines the procedure to be followed in the dispensing of prescriptions and the collection of medicines by the patient from primary health care clinics or private community pharmacies. A document was developed which will be used to gauge the experience of patients when they collect their medicine from the different collection points. The tool will be applied by the NDOH. A tool was developed that will be used during routine monitoring inspections of collection points.

A donation of counting trays was obtained from Biogaran and delivered to the Medical depot in the Northern Cape. Trays were sent to each district in the

Workplan: South Africa PEP and RHAP**Year** 06**Activity Title** Strengthen the capacity of pharmacy personnel in the area of medicine supply management

province to help clinics adhere to good pharmacy practice. Follow up took place on the implementation of inventory monitoring systems further to the DSM training provided in all five districts. People have acquired skills, they order accordingly and some have implemented the stock cards. In Kgalagadi district, the district pharmacist and the senior pharmacist's assistant are also providing training on DSM.

The DSM power point presentation was updated. In-house DSM training was provided at the staff meeting held in February.

Last Updated: 04/21/2008

RPM Plus Activity and Product Status Report**Selection Criteria:** Reporting Year = Project Year 8 AND Reporting Quarter = Q2

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Implement Drug Management computerized systems at facility level and strengthen capacity for the use of pharmaceutical information**Activity Manager** Sallet, Jean-Pierre **Activity #** 9 **Task:** A1ZA06HIP **Sub-Task:** 60G4H9**Activity Description** During FY06, the system (RxSuite) will be implemented in at least 3 additional provinces in over 80 provincial and local government sites (including 30 ARV accredited sites). A minimum of two staff will be trained at each site. RPM Plus will assist the provinces to develop contractual agreements with private IT service contractors to provide support and maintenance to these site.

Activity Progress	Barriers to Progress	Next Steps	Products Planned	Progress on Products
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Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Implement Drug Management computerized systems at facility level and strengthen capacity for the use of pharmaceutical information**Project
Year 8 Q2**

Testing of changes to the program to ascertain correct functioning of RxSolution front end and especially the database took place. As the changes are done, all other modules need to be tested again. The requested reports for the Free State were written. The reports for the North West are still being developed. SQL Scripts were written to fix data related problems in the Free State and Mpumalanga. Problems occurred as a result of errors in data capture. This was exacerbated by the fact that the version being used in Mpumalanga was installed before rigorous testing was finalized as a result of pressure from the counterpart. The revision of the RxSolution User Manual is underway.

Demonstrations of RxSolution were done to PEDISA and RE-ACTION.

Training was provided and on site assistance was given in the stocktaking procedures at Ermelo, Piet Retief and Rob Ferreira.

Hardware assessment was done in the North West and RxSolution was installed at the Lichtenburg, Thusong and Gelukspan Hospitals. Training will be done in the next quarter for all seven hospitals in the Central district of the province.

30 computers and printers were purchased and received to support implementation of RxSolution in the Free State. The version in use in the Free State was upgraded to perform stock takes. Data fixes had to be done on previously captured receipts so that

Progress with programming was slow.

Main computer at Rob Ferreira Hospital in Mpumalanga crashed and no transactions could take place. The lack of local IT support delayed resolution of the problem.

In some centres in the Free State the Community Service Pharmacists(CSPs) left in December and no data capture took place until February.

The reports required for the North West are not standardized for the province with conflicting requests being received from facilities.

Problems were experienced with RxSolution timing out on some dispensing reports where there are tables containing large amounts of data. This must be fully investigated and fixed.

Awaiting for RE-ACTION to purchase the hardware for the Witbank (MP) ARV Site

Workplan: South Africa PEP and RHAP **Year** 06**Activity Title** Implement Drug Management computerized systems at facility level and strengthen capacity for the use of pharmaceutical information

batch numbers and expiry dates could be used. Data cleaning was required.

The system was introduced at the Frere Hospital ART unit. All ART prescriptions were captured on the system. The system was also used to dispense long term therapies for access at PHC sites thereby reducing congestion in the pharmacy waiting area. RxSolution was updated in Port Alfred in order to allow for the use of the down referral system to improve access to ART. A systematic approach to the dispensing of paediatric ART was introduced.

RxSolution was loaded on computers in the computer laboratory at Nelson Mandela Metropolitan University (NMMU). Two RxSolution training workshops were held at NMMU - 14 users were trained.

The EC DoH IT department has implemented a RxSolution roll out team to project manage support, training and upgrading of system. A meeting was held with the management of the Nelson Mandela Metropolitan Municipality and ICAP to discuss the use of RxSolution.

The Tshwane Patient System was implemented as a pilot at two clinics (Mamelodi and FF Beriero). The Access database was moved into SQL server format.

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