

**USP DQI: VIII AMI/RAVREDA Meeting, Semi-annual AMI Steering Committee Meeting, and Meetings with Country Partners
Bogotá, Colombia**

March 17- 20, 2009

Trip Report

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About DQI

The Drug Quality and Information (DQI) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00017-00) and implemented by the United States Pharmacopeia (USP), provides technical leadership to more than 30 developing countries to strengthen their drug quality assurance programs, ensure the quality of medicines and promote public health. DQI helps build local, national and regional capacity to improve the standards of drug manufacturing and distribution, reduce the impact of infectious diseases, mitigate the effects of the HIV/AIDS epidemic, and advance the appropriate use of medicines. This document does not necessarily represent the views or opinions of USAID. It may be reproduced if credit is given to DQI and USP.

Abstract

Dr. Victor Pribluda traveled to Bogotá, Colombia, to attend the VIII Amazon Malaria Initiative/ Red Amazónica de Vigilancia de la Resistencia de los Antimaláricos (AMI/RAVREDA) Annual Meeting and the Semi-annual AMI Steering Committee Meeting. The trip had three main objectives: attend and present at the VIII AMI/RAVREDA Annual Meeting; participate in the semi-annual AMI Steering Committee Meeting; and discuss advances in the work plans and issues related to quality assurance and quality control (QA/QC) of antimalarials with AMI National Malaria Control Program (NMCP) representatives and other stakeholders.

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Key Words

AMI, RAVREDA, Quality Assurance, Quality Control, Drug Quality, Minilabs[®], Malaria, Resistance, USP DQI

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ACRONYMS

AMI	Amazon Malaria Initiative
CDC	U.S. Centers for Disease Control and Prevention
cGMP	Current Good Manufacturing Practices
CNCC	Centro Nacional de Control de Calidad
DHA	Dihydroartemisinin
DIGEMID	Dirección General de Medicamentos, Insumos y Drogas
GPHF	Global Pharma Health Fund
INVIMA	Instituto Nacional de Vigilancia de Medicamentos y Alimentos
MRA	Medicines Regulatory Agency
MSH/SPS	Management Sciences for Health/ Strengthening Pharmaceutical Systems
NMCP	National Malaria Control Program
OMCL	Official Medicines Control Laboratory
PAHO	Pan American Health Organization
QA	Quality Assurance
QC	Quality Control
RAVREDA	Red Amazónica de Vigilancia de la Resistencia de los Antimaláricos
RTI	Research Triangle Institute
SC	Steering Committee
TLC	Thin Layer Chromatography
USAID	United States Agency for International Development
USP DQI	United States Pharmacopeia Drug Quality and Information program
WHO	World Health Organization

Background

The Amazon Malaria Initiative (AMI) is a USAID-funded initiative whose primary role is to focus the USAID Latin American and the Caribbean (USAID/LAC) Bureau's financial and technical resources toward improving malaria control and decreasing national morbidity and mortality in seven South American countries (Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, and Suriname) participating in RAVREDA (Red Amazónica de Vigilancia de la Resistencia de los Antimaláricos). AMI is implemented and coordinated by six international partners: Pan American Health Organization (PAHO), the U.S. Centers for Disease Control and Prevention (CDC), Management Sciences for Health/Strengthening Pharmaceutical Systems (MSH/SPS), Links Media, Research Triangle Institute (RTI), and USP DQI. In 2002, USP DQI joined AMI to work on QA/QC of antimalarials.

To improve QA/QC systems in AMI countries, USP DQI provides technical support to Official Medicine Control Laboratories (OMCLs) and National Malaria Control Programs (NMCPs). With USP DQI assistance, each participating country developed a process to monitor the quality of antimalarials at peripheral sites with Global Pharma Health Fund (GPHF) Minilabs[®].

USP DQI provides theoretical and hands-on training in analytical tests, sampling methodologies, the use of Minilabs[®], and quality data reporting procedures for OMCLs and field personnel. Minilabs[®] are operational in all countries, most of which have conducted multiple rounds of sampling and analysis. More recently, USP DQI efforts were directed to ensure the sustainability of the changes introduced to improve QA/QC systems for antimalarials.

Each year, representative members of AMI/RAVREDA participate in an annual meeting to share their respective activities and accomplishments from the previous year and to discuss prospective activities. At this forum, the international partners organize the semi-annual Steering Committee (SC) Meeting to discuss future plans, strategic approaches, and other pertinent issues.

Purpose of Trip

Dr. Victor Pribluda traveled to Bogotá, Colombia, with three main objectives:

1. Attend and present at the VIII AMI/RAVREDA Annual Meeting
2. Participate in the semi-annual AMI Steering Committee Meeting
3. Discuss advances in the work plans and issues related to QA/QC of antimalarials with AMI NMCP representatives and other stakeholders

Source of Funding

This trip was supported with funds from the USAID Bureau for Latin America and the Caribbean for the AMI Program.

Overview of Activities

Objective 1: Attend and present at the VIII AMI/RAVREDA Annual Meeting

Dates: March 17-19, 2009

Agenda: See *Annex 1* for a detailed agenda of events

Participants: See *Annex 2* for the full list of participants

Highlights from this meeting as they relate to USP DQI are the following:

During the Antimalarial Drug Quality Session, USP DQI gave a presentation – included in *Annex 3* – addressing the following topics:

- Strengthening QA/QC Systems
- Institutionalizing a three-level approach for quality control
- Minilab[®] results and subsequent studies

Strengthening QA/QC Systems

USP DQI activities have concentrated mostly in providing technical assistance and training to OMCL and NMPC field personnel for monitoring the quality of antimalarials. Since last year, efforts have been devoted to ensuring that the changes and improvements in QA/QC systems are properly institutionalized, clearly identifying processes and responsible actors to ensure sustainability. This is particularly important at this stage in which the number of cases of *P. falciparum* and *P. vivax* malaria has decreased significantly in several AMI countries (K. Carter presentation and documentation distributed at the meeting) and strategies have to address countries' needs. With lower transmission rates, it is expected that the variety of malaria medicines and stockpiles of different lots at dispensing sites will be significantly smaller, and USP DQI stressed the need to ensure good quality during acquisition and distribution processes.

E. Barillas (MSH/SPS) remarked that under low transmission conditions, the turnover of medicines at dispensing sites will be lower, and with prolonged storage periods, quality surveillance has to be stringent. He further stressed the need to establish standardized operation procedures (processes and responsible actors). Y. Lopez Arango (Universidad de Antioquía, Colombia) added that the processes need to be adapted to particular regions where conditions may vary.

K. Carter and R. Montoya emphasized the need for vertical programs, such as NMCPs, to integrate common processes horizontally. This will result in better use of resources and management, and support sustainability of these processes.

Institutionalizing a three-level approach for quality control

The draft of a paper prepared by USP DQI (*Institutionalizing a Three-Level Approach for Ensuring the Quality of Medicines in Resource-Limited Countries*) was distributed to the participants. The paper's main concepts and related topics were addressed during USP DQI's presentation. Briefly, this paper describes and discusses the benefits of an approach to increase the extent and effectiveness of QC activities throughout the supply chain, relying on the use of basic analytical tests as a low-cost and time efficient methodology. Minilabs[®] have been the tool used to perform basic tests at the sentinel sites in AMI countries and other regions of the world.

J. Chang mentioned the need to emphasize the concept of basic tests as a methodological approach and to move away from referring to Minilabs[®] when discussing this approach because these tests may be carried out in laboratories with or without Minilabs[®]. He also recommended that USP DQI work with Links Media to promote the use of the basic tests methodology.

N. Girón (PAHO), in relation to the use of Minilabs[®], mentioned the need to promote this tool as a complement for OMCL activities and the necessity of involving the OMCL in the process.

Minilab[®] results and subsequent studies

USP DQI presented a summary table of results for 946 samples as of June 2008; however, it should be noted that as of March 2009, approximately 1500 medicines have been sampled. Since the last AMI/RAVREDA meeting, only Guyana and Colombia reported new results from sentinel sites studies. The date when these reports were received did not allow for a thorough evaluation of the results so they were not incorporated in the summary table presented.

The summarized results for the QC activities performed utilizing the Minilabs[®] indicate that:

- The percentage of samples that failed critical analytical tests (Disintegration and Thin Layer Chromatography - TLC) is relatively low (7%, 70 of 946)
- The number of expired medicines was 8% (78 of 946). However, 56 from those 78 were found during the initial rounds in Bolivia, and the situation in this country has been corrected; no expired medicines were identified in subsequent rounds in 2008.
- No failure in critical quality attributes were reported for artesunate or any other artemisinin derivatives. However, due to a lack of standards and analytical methods in the Minilabs[®], no TLC tests have been performed on samples containing Dihydroartemisinin (DHA) sampled in Suriname. (For further details on possible solutions to this problem, refer to the meeting with Suriname representatives under Objective 3)
- Most of the medicines analyzed were sampled from the public sector, and the proportion of substandard/counterfeit medicines available to the population in the private and informal sectors may be different.

USP DQI recommended adapting the number of rounds performed per year to countries' conditions and involving the Medicines Regulatory Authority (MRA) and OMCL more extensively in the supervision of the results.

USP DQI also stressed the need to increase sampling in the private and informal sectors. Plans for future activities for monitoring the quality of antimalarials available to the public include gathering information in the private and informal sectors through three case studies to be done in Colombia, Guyana, and Suriname.

J.P. Escobar (PAHO) stressed that based on its size, it is very important to include the private sector in the Colombia study. (For further details on this topic, refer to the review of the SC Meeting under Objective 2)

Objective 2: Attend AMI Semi-annual Steering Committee Meeting

Date: March 20, 2009

Participants: See *Annex 2* for the full list of participants. In addition to regularly participating SC members, representatives from Brazil, Ecuador, and Colombia joined the meeting.

There was no formal agenda for this meeting. After reviewing the minutes from the last SC meeting, the members presented their conclusions from the AMI/RAVREDA meeting and topics related to future plans.

USP DQI addressed the following issues:

1. Development of Operational Procedures: In the development of operational procedures for ensuring the supply of good quality malaria medicines, developed by the countries following

the workshop in Colombia on May 2008, there is a need to include more detailed procedures for QC processes throughout the supply chain, specifying the participation and responsibilities of the OMCL and MRA. USP DQI suggested the possibility of including in these processes the three-level approach presented at the meeting.

2. Case studies to assess the quality of malaria medicines in the private and informal sectors in Colombia, Guyana, and Suriname: The need to contract additional personnel to perform the study was discussed. It is probable that the available antimalarials in private and informal sectors have not been subjected to routine QC at OMCLs; therefore, it is important to obtain information on all critical quality attributes. Some of the critical quality attributes can not be assessed through basic tests with the Minilabs[®] at sentinel sites. Originally USP DQI suggested sending the samples to USP to perform compendial analyses. (Note: After the meeting, it was agreed with the representatives of Colombia, Guyana, and Suriname that after sampling is completed, the location of analysis and the methodology to be used will be discussed on a case-by-case basis)

For the Colombia study:

- J.P. Escobar reiterated the need to include the private market in the Colombia study
 - E. Barillas suggested including a parallel assessment of the availability of antimalarials in the private sector.
 - It was agreed that USP DQI will work with MSH/SPS to include this aspect in the Terms of Reference for the consultant
 - J.P. Escobar proposed utilizing the services of COHAN as the consulting entity to perform the study.
 - USP DQI and MSH/SPS will evaluate the protocol sent by COHAN
3. Quality Control monitoring at sentinel sites: USP DQI expressed the need to integrate the MRA into the process to ensure that the proper corrective actions are implemented. It is especially important to incorporate the MRA to ensure adequate actions are implemented if non-compliance issues for the same medicines reappear. USP DQI reiterated the need to disseminate any corrective actions implemented.

Additionally, USP DQI addressed specific issues with three countries:

- Peru has not yet initiated monitoring activities at any sentinel site. Logistic problems with some reagents that are considered controlled substances have prevented implementation of monitoring activities; however, these issues are now apparently resolved.
- Ecuador has not reported any activity since 2006. During 2007 and most of 2008, analyses were not performed because the standards sent by USP DQI could not be released from customs. However, this situation has now been resolved.
- There have been communication problems with the NMCP in Brazil, which impaired receiving full information about sentinel site monitoring activities and other planned activities with the OMCL.
 - Due to the different and various responsibilities of QC labs in Brazil, J. Ladislau (NMCP, MoH) requested USP DQI to consult with the NMCP in Brazil before providing training to Brazilian labs (INCQS and LACENs)

- J. Ladislau and A.C. Santelli (PAHO-Brazil) were identified as the points of contact for planning and requesting information related to activities in Brazil
- Post-marketing surveillance activities, the use of the three-level approach methodology, and laboratory training activities will be discussed in Brazil at a subsequent meeting, and the results/decisions will be communicated to USP DQI

Objective 3: Discuss advances in the work plan and issues related to QA/QC of antimalarials with AMI NMCP representatives and other stakeholders

Participants: See *Annex 4* for the full list of participants

USP DQI organized ad-hoc meetings with each country's NMCP representatives and stakeholders, to address issues related to current and future USP DQI activities in the respective countries.

The salient points from these discussions were the following:

- QC studies in the private and informal sector: Logistics of the study were discussed with Colombia, Guyana, and Suriname. Suriname has already completed sites mapping and sampling in Paramaribo; identification and sampling at the 'garimpos' (gold mines) will start after a consultant is hired.
- Brazil: The policies and practices for post-marketing surveillance of antimalarials and other medicines will be discussed internally in Brazil (this discussion might include using the three-level approach proposal). The results of this meeting will be communicated to USP DQI for programming future activities. USP DQI volunteered to provide any information on monitoring and/or the three-level approach methodology.
- Ecuador: Medicines sampled in Esmeraldas during 2008 were not submitted for verification/confirmatory testing (unknown reasons). Sampling in El Oro was performed in March 2009. NMCP will send results for both rounds.
- Guyana: The OMCL has moved, and it is still not able to perform verification/confirmatory testing. The possibility of sending samples to USP or a regional reference lab was discussed. It was agreed to address this issue in subsequent discussions in conjunction with the Food and Drug Department (Guyana's MRA)
- Peru: Monitoring activities have not been initiated with any of the three Minilabs[®] because of licensing problems with some reagents that are classified as controlled substances by the Dirección Nacional de Antidrogas (DINANDRO). In Piura, licenses were granted recently, and in Loreto and Alta Amazonia, the licenses will be re-granted soon. USP DQI financial support for purchasing antimalarials at private and informal sites might be required. A. Añez (PAHO, Bolivia) volunteered to provide a refresher-training for sampling methodologies and Minilab[®] use in Peru, if that would be necessary before initiating activities. Y. Herrera said that she will assess the need for this training when she returns to Peru.
- Suriname: Samples containing DHA can not be assessed with the Minilabs[®] because of a lack of standards and methods. USP DQI suggested sending these samples to USP for analysis. There will be a follow-up on this with G. Bretas after the meeting.
- Farmanguinhos: E. Daemon, Project Coordinator at Farmanguinhos, Fiocruz, Brazil, mentioned that they will send USP DQI documentation for the development of a Non-U.S. Monograph (previously known as SALMOUS) for the fixed dose combination of Artesunate and Mefloquine. This medicine was developed in conjunction with the Drugs for Neglected Diseases Initiative (DNDi). Farmanguinhos will also inform USP DQI of their decision

regarding USP DQI's proposal to perform a current Good Manufacturing Practices (cGMP) assessment prior to a World Health Organization (WHO) audit for pre-qualification. USP DQI's cGMP assessment would help Farmanguinhos identify and implement any necessary corrective actions to ensure the WHO cGMP audit would be successful.

Next Steps

- USP DQI will travel to Peru, Ecuador, and Colombia in May 2009, to support the development of QA/QC operational procedures along the supply chain.
- USP DQI will finalize the Terms of Reference for the consultants to be hired for the studies that will be performed in Colombia, Guyana, and Suriname, including a component of availability for the Colombia study.

Note: Terms of Reference have been sent to the three countries on April 2009. Advances on implementation of the process in Colombia will be assessed during USP DQI visit on May 2009.

- NMCPs and USP DQI will continue coordinating monitoring activities at sentinel sites
 - USP DQI will send updated forms for data collection and reporting of results
 - USP DQI will support purchases of antimalarials at private and informal sectors
 - Bolivia and Ecuador will send a list of standards required for Minilab[®] testing
- USP DQI will present the three-level approach methodology to MRAs and other interested stakeholders during visits to Colombia, Ecuador, and Peru, on May 2009
- Farmanguinhos will send USP DQI documentary information for monograph development of the Artesunate-Mefloquine Fixed Dose Combination. Additionally, Farmanguinhos will update USP DQI on the status of the proposed cGMP assessment.

Note: Since the meeting, USP DQI received partial documentation (monographs for the active pharmaceutical ingredients) and Farmanguinhos suggested discussing again the cGMP assessment by the end of 2009.



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República de Colombia

**Amazon Malaria Initiative (AMI)
Amazon Network for the Surveillance of Antimalarial Drug Resistance (RAVREDA)**

**VIII Annual Evaluation Meeting
XII Steering Committee Meeting**

Bogota, Colombia
17 - 20 March 2009

Agenda

Tuesday, 17 March 2009

08:30 - 09:00 Registration

09:00-09:15 **Introduction to the Meeting**

(Ministry of Social Protection of Colombia, USAID Mission, PAHO/WHO Representation, Area of Health Surveillance and Disease Prevention Control of PAHO in Washington, AMI Coordination in USAID)

09:15 - 09:30 **Contributions of AMI and RAVREDA to malaria control efforts in the Region**
(K. Carter)

09:30 - 09:45 General aspects of the Meeting, introduction of participants (K. Carter)

- 09:45 - 10:45
- Implications of climate change on malaria control in Latin America (conference) (S. Connor)
 - Experiences in Colombia (V. Cerón)
 - Questions

10:45 - 11:00 *Coffee*

11:00 - 12:30 **Surveillance of Antimalarial Drug Resistance**

- Progress in 2008
 - o Situation of the Surveillance Network in 2009 (R. Montoya) (:10)
 - o Studies implemented during 2008 (Peru, Suriname, Guyana) (:30)
 - o Use of molecular markers: Progress in 2008 and strengthening the capacity in countries (CDC) (:20)
 - o Discussion (:30)

12:30 - 14:00 *Lunch*

14:00 - 15:30 **Surveillance of Antimalarial Drug Resistance (continuation)**

- Update on the situation of monitoring resistance to ACT and recommendations for monitoring in areas of low transmission (P. Ringwald) (:35)
- Questions (:20)
- Discussion on studies and activities planned for 2009-2011 (PAHO) (:25)

15:30 - 16:30 **Access and use of antimalarials**

- Progress in activities during the period of 2008–2009 (E. Barillas) (:20)
- Examples of activities in the countries during the period of 2008-2009 (:40)

16:30 - 16:45 *Coffee*

16:45 - 17:30 **Access and use of antimalarials (Continuation)**

- Concrete problems as regards antimalarial supply during the period of 2008-2009 (Sharing of country experiences) (:05 per country)
- Discussion (:20)

Wednesday, 18 March 2009

- 08:00 - 09:00 **Quality of antimalarials**
- Activities in progress and preliminary results during 2008-2009 (V. Pribluda)
 - Discussion
- 09:00 - 10:30 **Vector control**
- Strategy of targeted vector control and entomological surveillance with standardized parameters during 2008-2009 (:20)
 - Monitoring resistance to insecticides (CDC) (:30)
 - Discussion (:30)
- 10:30 - 10:45 *Coffee*
- 10:45 - 12:30 **Vector control**
- Experiences in the implementation and monitoring of LLINs (:20)
 - Evaluation of the effect of LLINs on experimental houses (:15)
 - Monitoring of residuals in LLINs (CDC)
 - Discussion (:30)
- 12:30 - 14:00 *Lunch*
- 14:00 - 14:30 **Access and quality of diagnosis**
- Lines of work in AMI (R. Montoya)
 - Discussion
- 14:30 - 15:15 **Management of epidemiological information**
- Activities in progress and preliminary results during 2008-2009 (G. Bretas)
 - Discussion
- 15:15 - 16:00 **The Roll Back Malaria Initiative and the Global Fund projects**
- Inclusion of AMI approaches and tools in the Projects of the Global Fund for Malaria in the Region (G. Bretas) (:15)
 - RBM Initiative and Global Malaria Action Plan (PAHO) (:15)
 - Discussion (:15)
- 16:00 - 16:15 *Coffee*
- 16:15 - 17:15 **Dissemination of information in AMI (Links Media)**
- Progress (:10)
 - Need for dissemination and communication by countries (groupwork) (:35)

Thursday, 19 March 2009

- 08:30 - 12:30 **Panel on the strategic approach of AMI for the coming years**
- Approach of AMI and RAVREDA regarding epidemiological changes in the Region and the transition toward the status of elimination
 - o General considerations (J. Chang) (:20)
 - o Surveillance of cases, diagnosis and treatment (active case detection, rational use of RDT versus microscopy) (PAHO) (:15)
 - o Vector control (RTI/CDC) (:15)
 - o Discussion (:45)
 - *Coffee (:15)*
 - Need for strengthening of and technical cooperation with Malaria Control Programs in the current epidemiological context:
 - o BOL(:10), BRA(:10), COL(:10), ECU(:10)
 - o Questions (:15)
 - o GUY(:10), PER(:10) y SUR (:10)
 - o Questions (:15)
 - o Areas for technical cooperation in AMI versus Needs of the countries (Why the difficulties in the institutionalization?) (:10)
 - o Discussion (:15)
- 12:30 - 14:00 *Lunch*
- 14:00 - 14:45 **Plan of Action in Central America**
- Conclusions of the meeting in El Salvador (PAHO)
 - Discussion
- 14:45 - 15:45 **Incorporation of the agreements of the Meeting into the work plans of AMI 2008-2009**
- Work in groups by country (:60)
- 15:45 - 16:00 Conclusion and closure



Ministerio de la Protección Social
República de Colombia

Iniciativa Amazónica contra la Malaria (AMI) Red Amazónica de Vigilancia de la Resistencia a los Antimaláricos (RAVREDA)

VIII Reunión Anual de Evaluación XIV Reunión del Comité Coordinador de AMI

Bogotá, Colombia

17 al 20 de marzo del 2009

Agenda

Martes, 17 de marzo del 2009

08:30 - 09:00 Inscripción

09:00-09:15 **Instalación de la Reunión**

(Ministerio de la Protección Social de Colombia, Misión de USAID, Representación de OPS/OMS, Área de Vigilancia y Control de Enfermedades de OPS Washington, Coordinación de AMI en USAID)

09:15 - 09:30 **Aportes de AMI y RAVREDA a los esfuerzos de control de la malaria en la Región**
(K. Carter)

09:30 - 09:45 Aspectos generales de la Reunión, presentación de participantes (K. Carter)

09:45 - 10:45

- Implicaciones del cambio climático en el control de la malaria en América Latina (conferencia) (S. Connor)
- Experiencias en Colombia (V. Cerón)
- Preguntas

10:45 - 11:00 *Café*

11:00 - 12:30 **Vigilancia de la Resistencia a los Antimaláricos**

- Progresos en 2008
 - o Situación de la Red de Vigilancia en 2009 (R. Montoya) (10')
 - o Estudios realizados en 2008 (Perú, Suriname, Guyana) (30')
 - o Uso de marcadores moleculares: Progresos 2008 y fortalecimiento a capacidad en los países (CDC) (20')
 - o Discusión (30')

12:30 - 14:00 *Almuerzo*

14:00 - 15:30 **Vigilancia de la Resistencia a los Antimaláricos** (continuación)

- Actualización sobre situación de monitoreo de resistencia a ACT y recomendaciones para monitoreo en situaciones de baja transmisión (P. Ringwald) (35')
- Preguntas (20')
- Discusión sobre plan de estudios y actividades 2009-2011 (OPS) (25')

15:30 - 16:30 **Acceso y uso de antimaláricos**

- Progresos en actividades durante el periodo 2008 - 2009 (E. Barillas) (20')
- Ejemplos de actividades en los países en el periodo 2008-2009 (40')

16:30 - 16:45 *Café*

16:45 - 17:30 **Acceso y uso de antimaláricos** (Continuación)

- Problemas concretos con relación al suministro de antimaláricos en el periodo 2008-2009 (países desde su lugar en la plenaria exponen) (5' por país)
- Discusión (20')



Ministerio de la Protección Social
República de Colombia

Miércoles, 18 de marzo del 2009

08:00 - 09:00 **Calidad de antimaláricos**

- Actividades en curso y resultados parciales 2008-2009 (V. Pribluda)
- Discusión

09:00 - 10:30 **Control vectorial**

- Estrategia de focalización del control vectorial y vigilancia entomológica con parámetros estandarizados 2008-2009 (OPS-CDC) (20')
- Vigilancia de la resistencia a los insecticidas (CDC) (30')
- Discusión (30')

10:30 - 10:45 *Café*

10:45 - 12:30 **Control vectorial**

- Experiencias de implementación y monitoreo de LLIN (Brasil, Colombia y CDC) (20')
- Evaluación del efecto de LLINs con casas experimentales (Perú y CDC) (15')
- Monitoreo de la residualidad en LLINs (CDC)
- Discusión (30')

12:30 - 14:00 *Almuerzo*

14:00 - 14:30 **Acceso y calidad del diagnóstico**

- Líneas de trabajo en AMI (R. Montoya)
- Experiencias con control de calidad de lotes de pruebas rápidas (C. Murillo)
- Discusión

14:30 - 15:15 **Manejo de información epidemiológica**

- Actividades en curso y resultados parciales 2008-2009 (G. Bretas)
- Discusión

15:15 - 16:00 **La iniciativa Roll Back Malaria y los Proyectos del Fondo Global**

- Inclusión de abordajes y herramientas de AMI en los Proyectos del Fondo Global para Malaria en la Región (G. Bretas) (15')
- Iniciativa RBM y Global Malaria Action Plan (OPS) (15')
- Discusión (15')

16:00 - 16:15 *Café*

16:15 - 17:15 **Diseminación de información en AMI (links media)**

- Progresos (10')
- Necesidades de diseminación y comunicación por países (trabajo en grupos) (35')



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República de Colombia

Jueves, 19 de marzo del 2009

08:30 - 12:30 **Panel sobre abordaje estratégico de AMI para los próximos años**

- Enfoque de AMI y RAVREDA frente a los cambios epidemiológicos en la Región y la transición hacia situaciones de eliminación
 - o Consideraciones generales (J. Chang) (20')
 - o Vigilancia de casos, diagnóstico y tratamiento (búsqueda activa, uso racional de RDT vs. microscopía) (OPS) (15')
 - o Control vectorial (RTI/CDC) (15')
 - o Discusión (45')
- *Café (15')*
- Necesidades de fortalecimiento y cooperación técnica de los programas de control de malaria en el contexto epidemiológico actual :
 - o BOL (10'), BRA(10'), COL(10'), ECU(10'),
 - o Preguntas (15')
 - o GUY(10'), PER(10') y SUR (10')
 - o Preguntas (15')
 - o Líneas de cooperación técnica en AMI vs. Necesidades de los países (10')
 - o Discusión (15')

12:30 - 14:00 *Almuerzo*

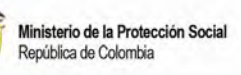
14:00 - 14:45 **Plan de acciones en Centroamérica**

- Conclusiones reunión de El Salvador (OPS)
- Propuestas de otras líneas de trabajo
- Discusión

14:45 - 15:45 **Incorporación de los acuerdos de la Reunión en los planes de trabajo de AMI 2008-2009**

Trabajo en grupos por países (60')

15:45 - 16:00 Conclusiones y clausura



**Iniciativa Amazónica contra la Malaria (AMI)
Red Amazónica de Vigilancia de la Resistencia a los Antimaláricos (RAVREDA)**

VIII Reunión Anual de Evaluación
XII Reunión del Comité Coordinador de AMI
Bogotá, Colombia
17 al 20 de marzo del 2009

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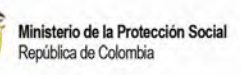
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**XII Reunión del Comité Coordinador de AMI
Bogotá, Colombia
20 de marzo del 2009**

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U.S. PHARMACOPEIA
DRUG QUALITY AND
INFORMATION PROGRAM

VIII Reunión Anual de AMI /RAVREDA
Bogotá, Colombia ♦ 17 al 19 de Marzo, 2009

Acceso y Uso de Medicamentos: Aseguramiento y Control de Calidad

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Resumen de la Presentación

USP Drug Quality and Information Program

- ◆ Fortalecimiento de sistemas de calidad
- ◆ Institucionalización de un enfoque de tres niveles para el control de calidad
- ◆ Resultados de MiniLabs y próximos estudios



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Fortalecimiento de sistemas de calidad

USP Drug Quality and Information Program

¿Hay un enfoque diferente para aseguramiento y control de calidad (AC/CC) en condiciones de alta y baja transmisión?

El mismo enfoque con énfasis en diferentes procesos



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Fortalecimiento de sistemas de calidad

USP Drug Quality and Information Program

¿Dónde es crítico el AC/CC?

- ◆ Pre-dispensación
 - ▶ Registro
 - ▶ Adquisición
 - ▶ Almacenamiento/Transporte
- ◆ Durante dispensación
 - ▶ Control y vigilancia en el mercado

¿Cómo se logra?

- ◆ 1ra Etapa: Fortalecimiento Institucional
- ◆ 2da Etapa: Asegurar sostenibilidad



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1^{ra} Etapa: Fortalecimiento institucional

USP Drug Quality and Information Program

- ◆ Capacitación de Recursos Humanos
- ◆ Mejoramiento de Sistemas
 - ▶ Laboratorios Oficiales de Control de Medicamentos (LOCMs)
 - Pruebas Analíticas
 - Métodos Compendiales
 - Buenas Prácticas de Laboratorio
 - ▶ Programas Nacionales de Control de Malaria
 - Metodología de muestreo
 - Pruebas básicas con Minilabs®



1ra Etapa: Fortalecimiento institucional

USP Drug Quality and Information Program

- ◆ Capacitación de Recursos Humanos
 - ▶ OPS; OPS/USP; USP DQI (AMI y SAIDI)
 - ▶ Minilabs[®] operan en todos los países
 - ▶ Personal de todos los OMCLs capacitados en BPL y metodologías analíticas
 - In situ: Bolivia, Colombia, Ecuador, Perú, Guyana
 - Brasil: OMCL y LACENs (2009)



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1ra Etapa: Fortalecimiento institucional

USP Drug Quality and Information Program

- ◆ Mejoramiento de Sistemas
 - ▶ OPS/USP: BPL – Normativas OMS
 - ▶ USP DQI: Normativas OMS e ISO 17025
 - OMCLs Bolivia y Perú
 - CNCC recomendación ISO 17025
 - Pasantías en USP: Perú y Colombia
Guatemala y Guyana (2009)



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2^{da} Etapa: Asegurar sostenibilidad

USP Drug Quality and Information Program

- ◆ Implementación e institucionalización de procesos
- ◆ Colaboraciones Sur-Sur



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2da Etapa: Asegurar sostenibilidad

USP Drug Quality and Information Program

- ◆ Mejoramiento de procesos y procedimientos de suministro y AC/CC
 - ▶ MSH SPS/OPS/USP DQI: Talleres en Colombia (AMI) y Guatemala (AC)
 - ▶ Colaboraciones Sur-Sur
 - OPS/USP DQI: Taller de LOCMs en AMI (2009)

- ◆ Propuesta para la Institucionalización de Pruebas Básicas



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Enfoque de Tres Niveles en el Marco de AC

USP Drug Quality and Information Program

Atributos Críticos de Calidad:

- ▶ Etiquetado y Empaque
- ▶ Identidad
- ▶ Ensayo/Valoración
- ▶ Desintegración
- ▶ Impurezas
- ▶ Disolución
- ▶ Uniformidad
- ▶ Esterilidad



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Enfoque de Tres Niveles en el Marco de AC

USP Drug Quality and Information Program

Nivel	Análisis	Pruebas	Objetivo	Sitio/Personal responsable del análisis
1	Inspección Visual y Física	Visuales: - Propiedades del etiquetado y el envase Físicas: - Aspecto, condiciones características físicas del Medicamento	<ul style="list-style-type: none">- Información insuficiente errónea y/o fraudulenta- Envase dañado- Daños y/o alteraciones del medicamento	Gerentes de CC en cada etapa del ciclo de vida del medicamento
2	Pruebas Básicas de Laboratorio	<ul style="list-style-type: none">- Desintegración- Cromatografía de Capa Delgada	Cuatro atributos críticos de calidad <ul style="list-style-type: none">- Identidad- Contenido- Impurezas- Desintegración	Gerente del Minilab® LOCM
3	Pruebas Compendiales	De acuerdo a: <ul style="list-style-type: none">- Especificaciones del registro- Especificación farmacopeicas	Todos los atributos críticos de calidad	LOCM



Enfoque de Tres Niveles en el Marco de AC

USP Drug Quality and Information Program

Atributos Críticos de Calidad:

▶ Etiquetado y Empaque

1

▶ Identidad

▶ Ensayo/Valoración

2

▶ Desintegración

▶ Impurezas

▶ Disolución

3

▶ Uniformidad

▶ Esterilidad



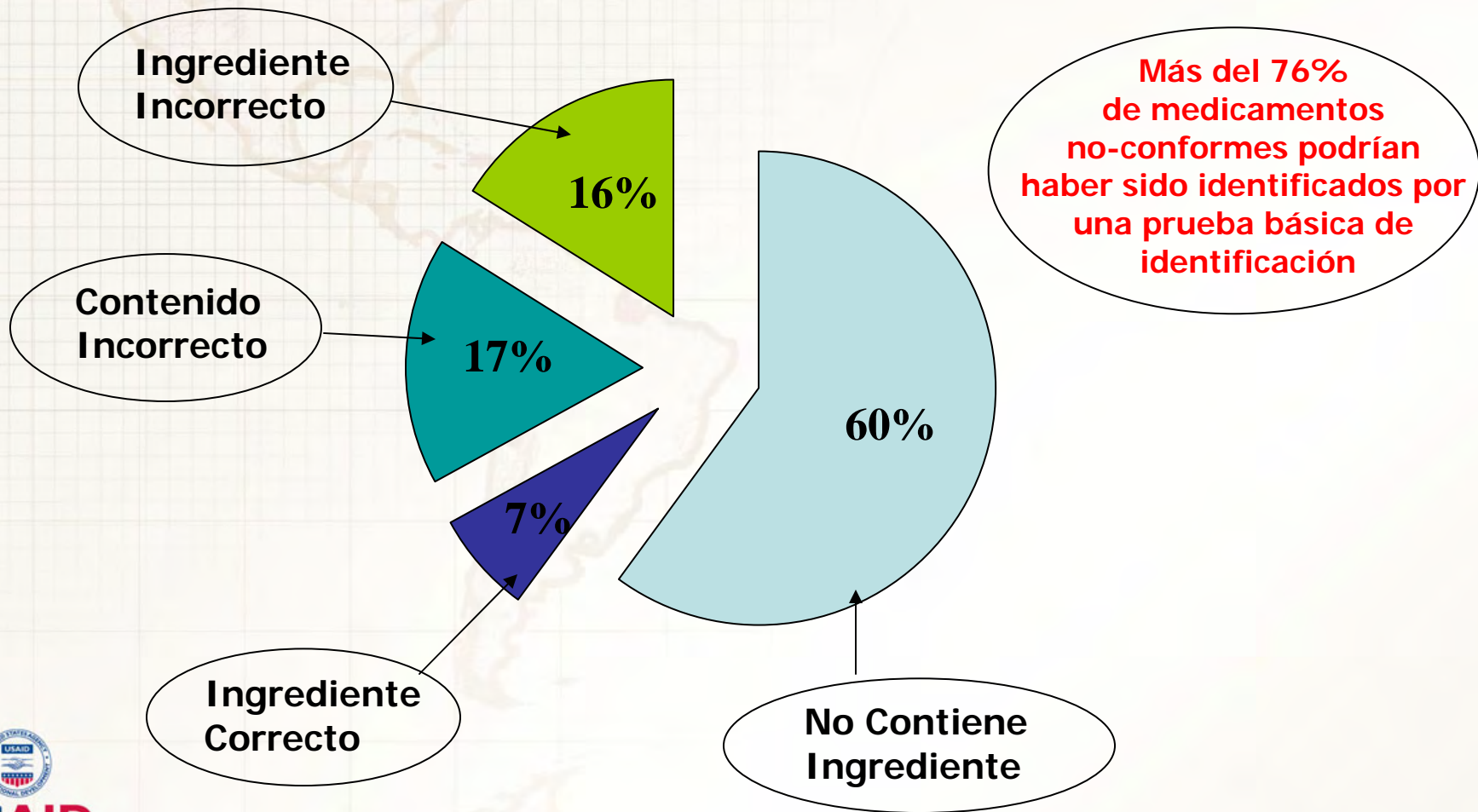
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Enfoque de Tres Niveles en el Marco de AC

USP Drug Quality and Information Program

Causas de No-conformidades





Enfoque de Tres Niveles en el Marco de AC

USP Drug Quality and Information Program

Limitaciones de LOCMs

- ▶ Infraestructura y Equipo
- ▶ Material de Consumo
- ▶ Personal Calificado
- ▶ Recursos Financieros
- ▶ Retorno de Resultados
- ▶ Ubicación Centralizada



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Enfoque de Tres Niveles en el Marco de AC

USP Drug Quality and Information Program

Ventajas de los Minilabs[®] – Pruebas Básicas

- ▶ Identificación de Medicamentos de Mala Calidad
- ▶ Resultados Confiables
- ▶ Ventajas de Recursos Humanos
- ▶ Alta Capacidad de Retorno de Resultados
- ▶ Mínima Infraestructura Necesaria
- ▶ Capacidad de Analizar Rango Amplio de Indicaciones Terapéuticas
- ▶ Ventajas Financieras: Bajo Costo de Adquisición y Mantenimiento

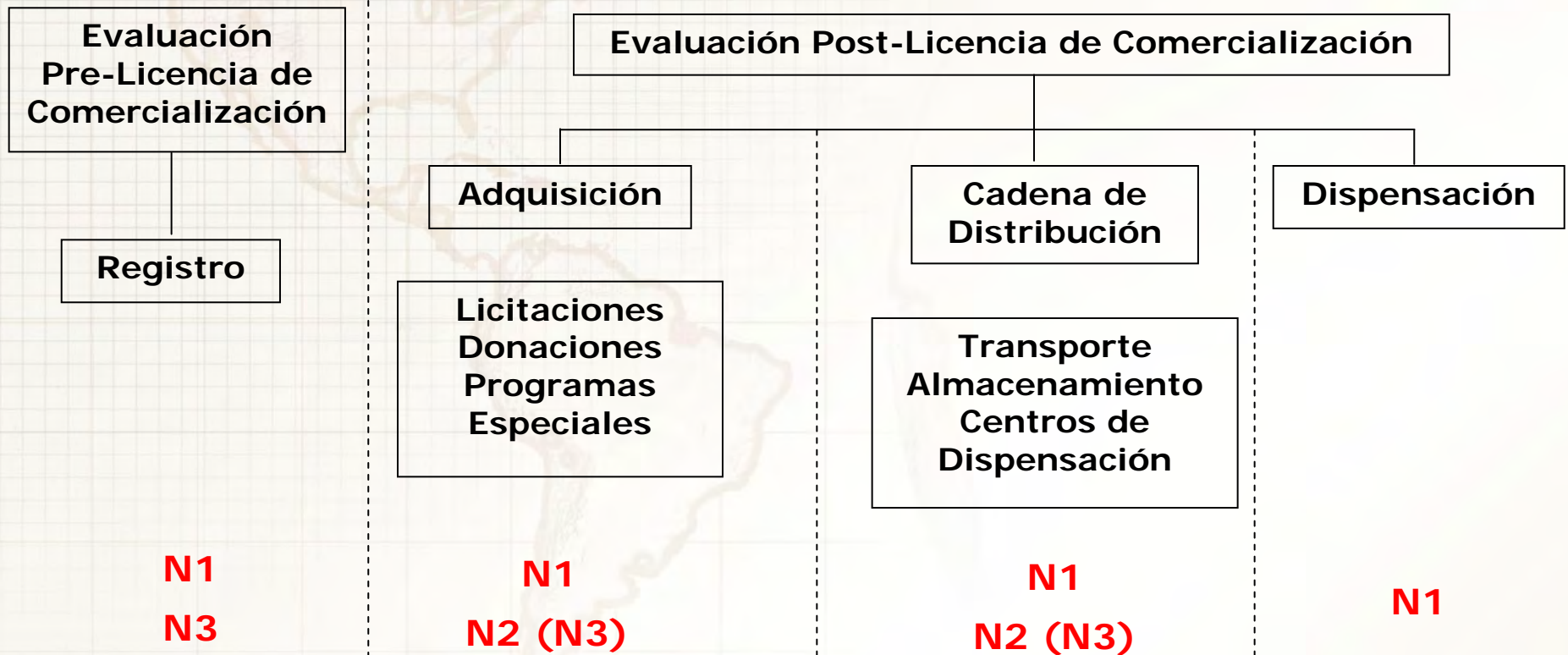


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Enfoque de Tres Niveles en el Marco de AC

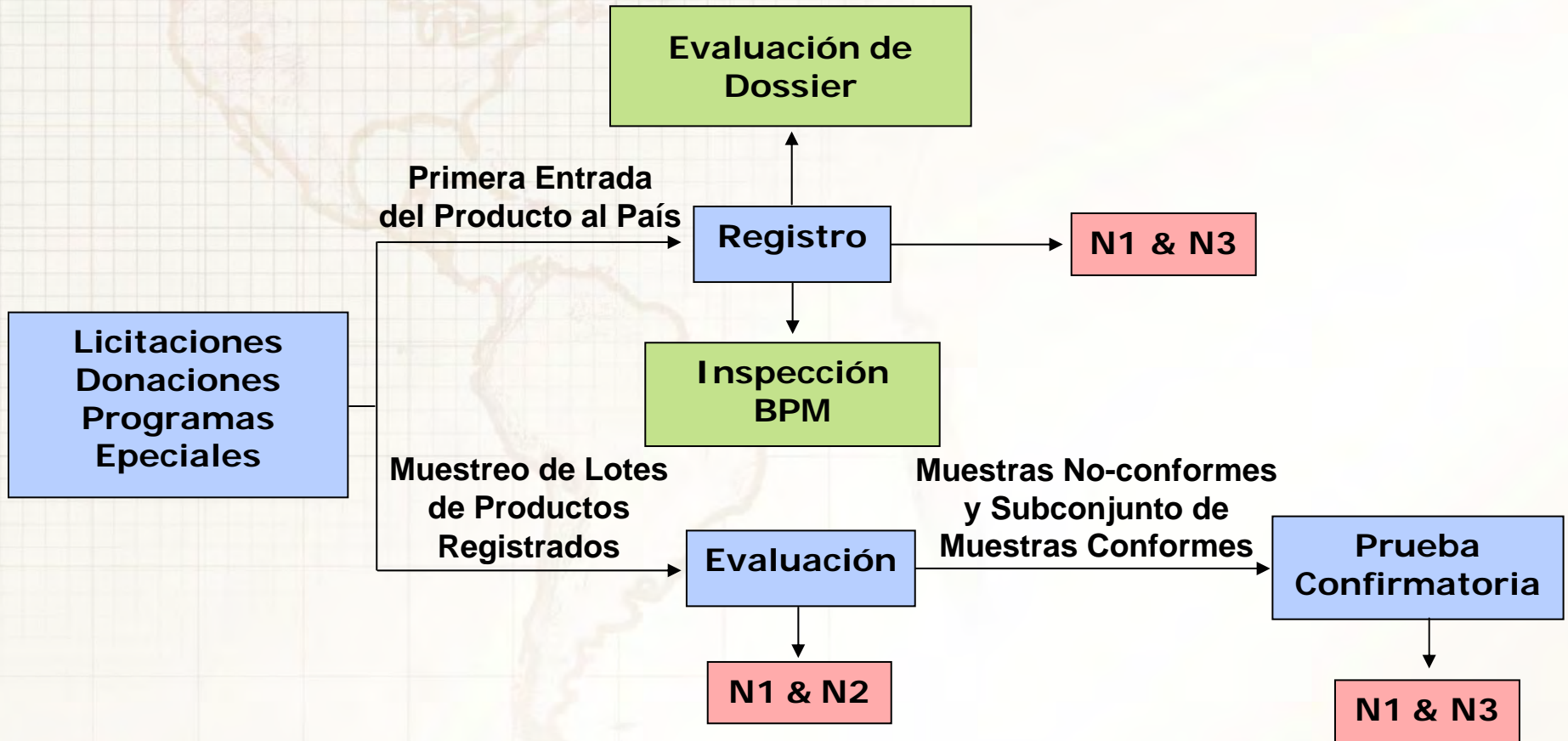
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Enfoque de Tres Niveles: Adquisición

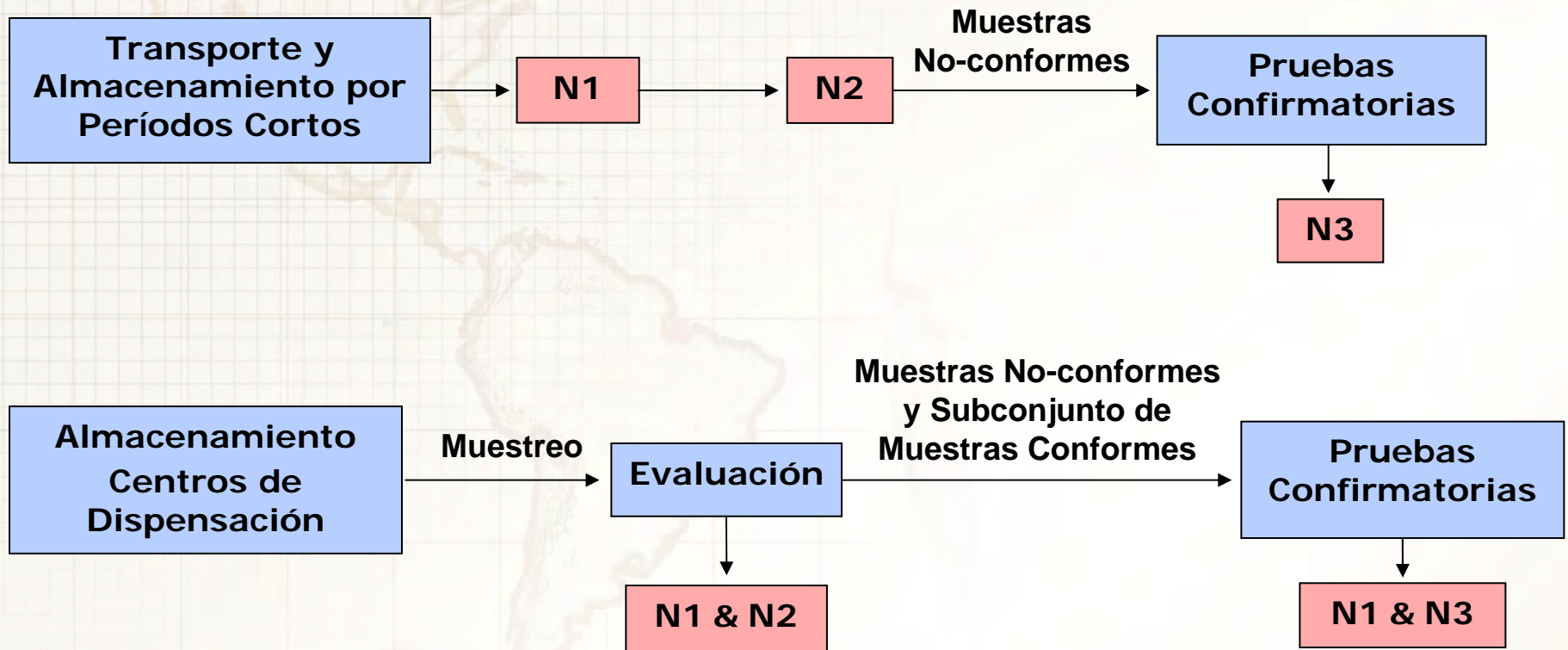
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Enfoque de Tres Niveles: Cadena de Distribución

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Enfoque de Tres Niveles: Conclusiones

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El enfoque de tres niveles puede de un modo

- ◆ Eficiente
- ◆ Oportuno y rápido

Identificar medicamentos de mala calidad

- ◆ A través de análisis amplios
- ◆ En varias etapas de la cadena de suministro
- ◆ En actividades rutinarias de VPC

Expandir el alcance de las actividades de AC y reducir la carga impuesta al LOCM.



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Control de calidad en sitios centinela

USP Drug Quality and Information Program

- ◆ ¿Qué se ha hecho?
- ◆ ¿Qué falta por hacer?
- ◆ ¿Con qué se debe continuar?



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Resumen Parcial MiniLabs (Abril 2008)

USP Drug Quality and Information Program

Atributos de Calidad

Ingrediente Farmacéutico Activo (IPA)	Número de Muestras	Número de Lotes	Sin Registro	Vencidas	Falla Inspección Física/Visual	Atributos de Calidad	
						Falla Desintegración	Falla CCD
Artesunato	46	12	7	4	9	0	0
Artemether/Lumefantrina	63	8	45	0	2	0	0
Cloroquina	269	67	10	32	27	3	4
Doxociclina	42	12	0	2	0	0	30
Mefloquina	65	24	5	8	10	2	1
Primaquina	317	79	14	21	17	0	7
Quinina	74	37	4	8	0	1	14
Sulfadoxina/Pyrimetamina	64	6	2	3	2	8	0
Tetraciclina	6	6	0	0	0	0	0
TOTALES	946	251	87	78	67	14	56
Porcentaje del Total	100		9	8	7	1	6



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Control de calidad en sitios centinela

USP Drug Quality and Information Program

- ◆ El porcentaje de antimálaricos de mala calidad en puestos oficiales es relativamente bajo
 - ▶ ¿Es suficiente el número de rondas realizadas?
 - ▶ ¿Se debe continuar con el monitoreo como actividad periférica o central?
 - ▶ Diseminación

- ◆ Calidad en sector privado e informal
 - ▶ Estudios on preparacion/progreso en Colombia, Guyana y Suriname
 - ▶ ¿... y después qué?



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