SPS Activity and Product Status Report

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

Project Year 3 Quarter 4

July-September 2010

Strengthening Pharmaceutical Systems Program
Center for Pharmaceutical Management
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203-1627 USA
Phone: 703.524.6575
Fax: 703.524.7898
E-mail: sps@msh.org

This report was made possible through support provided by the U.S. Agency for International Development, under the terms of cooperative agreement number GHN-A-00-07-00002-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

About SPS

SPS works in more than 20 developing and transitional countries to provide technical assistance to strengthen pharmaceutical and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

Recommended Citation

This document may be reproduced if credit is given to SPS.

Strengthening Pharmaceutical Systems Program. 2009. *Strengthening Pharmaceutical Systems Program: Activity and Product Status Report, July-September 2010.* Published for the U.S. Agency for International Development by the Strengthening Pharmaceutical Systems Program. Arlington, VA: Management Sciences for Health.

Strengthening Pharmaceutical Systems Program
Center for Pharmaceutical Management
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203-1627 USA
Phone: 703.524.6575
Fax: 703.524.7898
E-mail: sps@msh.org

CONTENTS

ACRONYMS AND ABBREVIATIONS iv

FINANCIAL INFORMATION 1

GLOBAL PROGRAMS 5
- Antimicrobial Resistance 5
- Common Agenda 11
- Malaria 13
- Maternal and Child Health 17
- Population 19
- Tuberculosis 21

REGIONAL PROGRAMS 26
- East Africa (REDSO) 26
- Latin America and Caribbean (LAC) 28
- Regional Development Mission for Asia (RDMA) 37

COUNTRY PROGRAMS 42
- Afghanistan 42
- Angola 54
- Bangladesh 64
- Benin 71
- Brazil 79
- Burundi 87
- China 92
- Democratic Republic of the Congo 94
- Dominican Republic 104
- Ethiopia 109
- Ghana 131
- Guatemala 136
- India 141
- Kenya 145
- Lesotho 166
- Liberia 172
- Malawi 175
- Mali 180
- Namibia 195
- Rwanda 213
- Senegal 225
- South Africa 233
- Southern Sudan 254
- Swaziland 269
- Tanzania 280
- Ukraine 284
- Vietnam 290

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ADDO	accredited drug dispensing outlet
ADR	adverse drug reaction
ADT	ARV Dispensing Tool [MSH]
AHSEP	Afghanistan Health Services Enhancement Project
AIDS	acquired immunodeficiency syndrome
ALCO	Abidjan to Lagos Corridor Organizations
APR	annual progress report
AQ	amodiaquine
APR	annual progress report
ART	antiretroviral therapy
AS	artesunate
AWARE	Action for West Africa Region
CAMERWA	Centrale d'Achat des Médicaments Essentiels du Rwanda (CMS of Rwanda)
CBO	community-based organization
CMS	Central Medical Store
COP	chief of party
CPDS	Coordinated Procurement and Distribution System
DTC	Drug and Therapeutics Committee
EML	essential medicines list
EU	European Union
FDC	fixed-dose combination
FEFO	first expiry, first out
FHI	Family Health International
FY	fiscal year
GDF	Global Drug Facility
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoB	Government of Bangladesh
GoK	Government of Kenya
HBC	home-based care
HIV	human immunodeficiency virus
HMM	home management of malaria
HSSP	Health Systems and Services Strengthening system
IC	infection control
ICAT	Infection Control Assessment Tool
IEC	information, education, and communication
INRUD	International Network for Rational Use of Drugs
IPT	intermittent prevention treatment
IRS	indoor residual spraying
JSI	John Snow, Inc.
M&E	monitoring and evaluation
MDR	multidrug resistant
MIS	management information system
MoH	Ministry of Health

MoHSW	Ministry of Health and Social Welfare (Swaziland)
MoPH	Ministry of Public Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MTP	Monitoring, training, planning (methodology)
NASCOP	National AIDS and STD Control Program
NDTC	National Drug and Therapeutics Committee
NGO	nongovernmental organization
NMCP	National Malaria Control Program (Senegal)
NSP	National Strategic Plan (South Africa)
PCI	Pharmaceutical Control and Inspection [Namibia]
PEPFAR	U.S. President‘s Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PM	pharmaceutical management
PMI	President‘s Malaria Initiative
PMIS	pharmaceutical management information system
PMTCT	prevention of mother-to-child transmission
PSI	Population Services, International
PV	pharmacovigilance
QA	quality assurance
RBM	Roll Back Malaria
RDT	rapid diagnostic test
REACH	Rural Expansion of Afghanistan‘s Community-based Healthcare
RH	reproductive health
RMU	rational medicine use
RPM Plus	Rational Pharmaceutical Management Plus
SCMS	Supply Chain Management System
SOW	statement of work
SPS	Strengthening Pharmaceutical Systems (Program)
STG	standard treatment guideline
STI	sexually transmitted infections
TA	technical assistance
TB	tuberculosis
TBCAP	TB Control Assistance Program
TOR	terms of reference
TOT	training of trainers
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNION	International Union Against |Tuberculosis and Lung Disease
URC	University Research Co.
USAID	U.S. Agency for International Development
USG	United States Government
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis

FINANCIAL INFORMATION

Strengthening Pharmaceutical Systems Program
Fiscal Data: July 1, 2010 – September 30, 2010
GHN-A-00-07-00002-00

On June 29, 2007, Management Sciences for Health was awarded the SPS leader with associate cooperative agreement. The cumulative obligation for SPS currently stands at US$144,533,645.

MSH tracks and reports expenditures by source of funding (Global or Core and Field Support, by Bureau, Region, and Country). MSH further subdivides Global or Core expenditures based on the various Program Elements designated by USAID when funding is received (e.g., Maternal Child Health (MCH) [and sub-elements Antimicrobial Resistance (AMR), Child Survival and Reproductive Health], HIV/AIDS, Tuberculosis (TB), Malaria and Other Public Health Threats (OPHT)).

The Fiscal Data chart shows the Year 1 through Year 4 obligations, cumulative funds obligated, quarter four (July to September 2010) expenditures, in addition to the cumulative to-date (June 29, 2007 to September 30, 2010) expenditures of US $105,656,694 by funding source.

The SPS leader with associate cooperative agreement stipulates that MSH should cost-share an amount not less than US$7,375,000 over the life of the program (5% of actual total activity costs). As of September 30, 2010, SPS continues to reach this cost-share requirement, generating US$6,653,722 in non-Federal funding, within the technical scope of work for SPS.

Strengthening Pharmaceutical Systems Program
Fiscal Data: October 2009 – September 30, 2010
GHN-A-00-07-00002-00

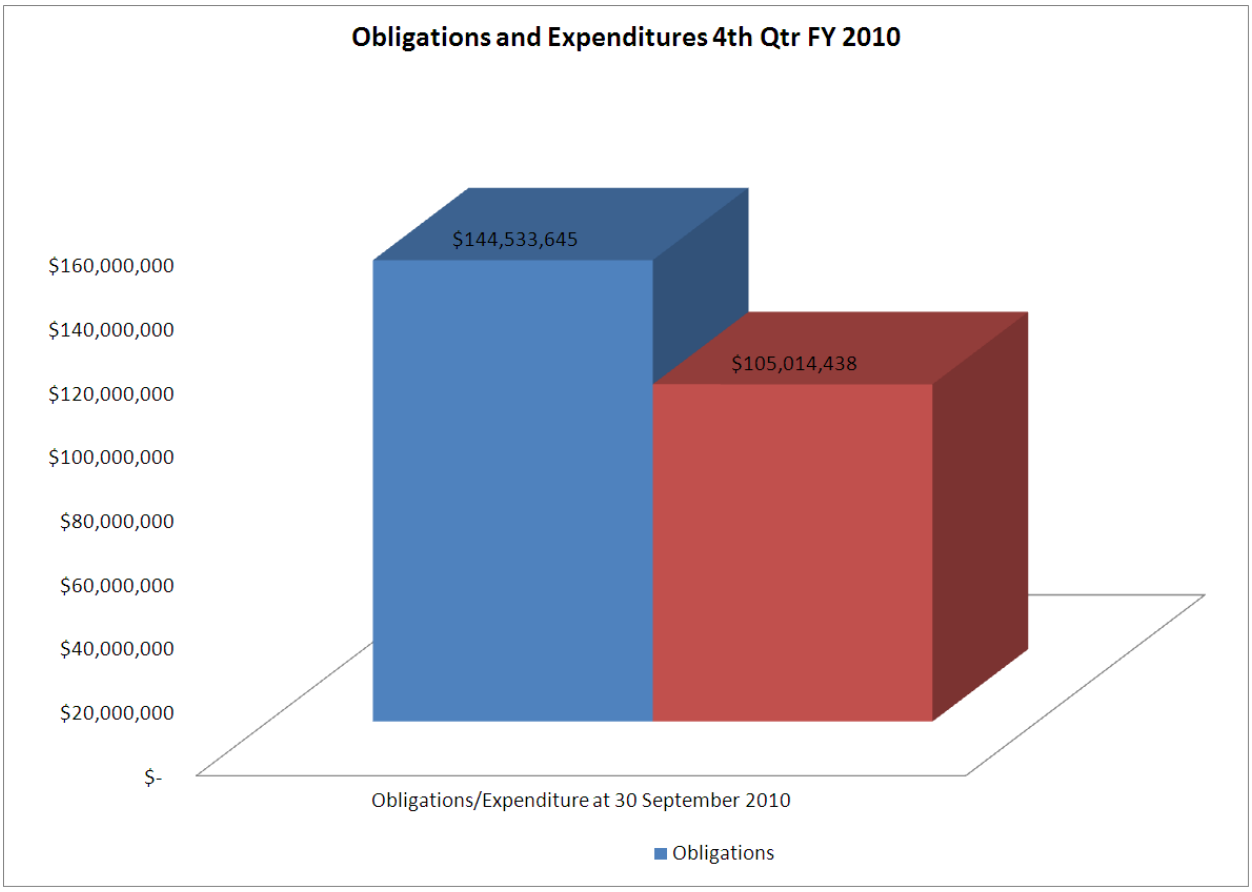
Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Total Obligated Year 3	Total Obligated Year 4	Cumulative Obligated 30 September 2010	Q4 Expenditures Jul-Sep 2010	Grand Total Spent	Grand Total Remaining
Worldwide/Core									
AMR	Core	$ 998,000	$ 800,000	$ 617,484		$ 2,415,484	$ 108,310	$ 1,737,876	$ 677,608
MCH (Child & Reproductive Health)	Core	$ 1,010,000	$ 1,110,400	$ 1,100,000	$ 1,000,000	$ 4,220,400	$ 138,112	$ 3,216,742	$ 1,003,658
Common Agenda	Core	$ 861,262	$ 664,609	$ 714,609	$ 664,609	$ 2,905,089	$ 203,472	$ 1,913,936	$ 991,153
Malaria	Core	$ 200,000	$ 400,000	$ 400,000	$ 400,000	$ 1,400,000	$ 94,193	$ 846,209	$ 553,791
TB	Core	$ 1,217,000	$ 1,300,000	$ 1,500,000	$ 1,800,000	$ 5,817,000	$ 266,920	$ 3,229,868	$ 2,587,132
POP	Core			$ 50,000	$ 40,000	$ 90,000	$ 24,380	$ 56,008	$ 33,992
NTD	Core				$ 500,000	$ 500,000	$ -	$ -	$ 500,000
Worldwide/Core Subtotal		*$ 4,286,262*	*$ 4,275,009*	*$ 4,382,093*	*$ 4,404,609*	*$ 17,347,973*	*$ 835,388*	*$ 11,000,639*	*$ 6,347,334*
	Core	**$ 4,286,262**	**$ 4,275,009**	**$ 4,382,093**	**$ 4,404,609**	**$ 17,347,973**	**$ 835,388**	**$ 11,000,639**	**$ 6,347,334**
Afghanistan			$ 2,500,000	$ 2,000,000		$ 4,500,000	$ 541,868	$ 3,239,117	$ 1,260,883
Angola-PMI			$ 500,000	$ 529,000	$ 700,000	$ 1,729,000	$ 73,172	$ 714,705	$ 1,014,295
Angola - HIV/AIDS				$ 200,000	$ 280,000	$ 480,000	$ 97,987	$ 126,094	$ 353,906
Angola - POP					$ 100,000	$ 100,000	$ -	$ -	$ 100,000
Angola Subtotal		*$ -*	*$ 500,000*	*$ 729,000*	*$ 1,080,000*	*$ 2,309,000*	*$ 171,159*	*$ 840,799*	*$ 1,468,201*
Bangladesh-POP				$ 600,001		$ 600,001	$ 121,869	$ 777,454	$ (177,453)
Bangladesh-MCH/CSMH				$ 100,000		$ 100,000	$ 274	$ 1,047	$ 98,953
Bangladesh Subtotal		*$ -*	*$ -*	*$ 700,001*	*$ -*	*$ 700,001*	*$ 122,143*	*$ 778,501*	*$ (78,500)*
Benin-PMI			$ 700,000	$ 675,000	$ 200,000	$ 1,575,000	$ 125,993	$ 1,387,882	$ 187,118
Brazil - TB		$ 400,000	$ 978,000	$ 1,620,000	$ 750,000	$ 3,748,000	$ 369,959	$ 2,380,820	$ 1,367,180
Burundi-PMI				$ 900,000	$ 775,500	$ 1,675,500	$ 82,916	$ 398,978	$ 1,276,522
DCHA/OFDA (BHR/OFDA)		$ 100,000				$ 100,000	$ 274	$ 3,531	$ 96,469
Democratic Rep. Of Congo		$ 350,000	$ 2,200,000	$ 1,730,000	$ 1,540,000	$ 5,820,000	$ 520,730	$ 3,067,150	$ 2,752,850
Dominican Republic - TB		$ 300,000	$ 250,000	$ 450,000	$ 350,000	$ 1,350,000	$ 92,031	$ 648,826	$ 701,174
Dominican Republic - HIV/AIDS					$ 400,000	$ 400,000	$ -	$ -	$ 400,000
Dominican Republic Subtotal		*$ 300,000*	*$ 250,000*	*$ 450,000*	*$ 750,000*	*$ 1,750,000*	*$ 92,031*	*$ 648,826*	*$ 1,101,174*
East Africa Regional		$ 75,000	$ 50,000	$ 56,000		$ 181,000	$ 1,302	$ 174,305	$ 6,695
Ethiopia - PEPFAR		$ 2,950,000	$ 4,130,000	$ 2,503,120		$ 9,583,120	$ 476,604	$ 9,357,309	$ 225,811
Ethiopia - PMI			$ 715,000	$ 600,000		$ 1,315,000	$ 178,224	$ 1,134,300	$ 180,700
Ethiopia Subtotal		*$ 2,950,000*	*$ 4,845,000*	*$ 3,103,120*	*$ -*	*$ 10,898,120*	*$ 654,828*	*$ 10,491,609*	*$ 406,511*
Europe and Eurasia-TB			$ 616,600			$ 616,600	$ 24,554	$ 438,230	$ 178,370
Ghana - PMI			$ 600,000	$ 300,000		$ 900,000	$ 57,057	$ 796,478	$ 103,522
Guatemala	MAARD		$ 200,000	$ 150,000		$ 350,000	$ 27,237	$ 271,662	$ 78,338
India-HIV/AIDS		$ 150,000			$ 250,000	$ 400,000	$ 37,088	$ 127,511	$ 272,489
Jordan					$ 500,000	$ 500,000	$ 8,953	$ 42,020	$ 457,980
LAC - AMR/SAIDI-TB			$ 81,000	$ 190,000	$ 80,000	$ 351,000	$ 22,051	$ 162,134	$ 188,866
LAC - MAL/AMI-MAL		$ 725,000	$ 800,000	$ 800,000	$ 720,000	$ 3,045,000	$ 105,901	$ 2,066,207	$ 978,793
Liberia - PMI		$ 150,000	$ 300,000	$ 250,000	$ 830,000	$ 1,530,000	$ 137,980	$ 968,467	$ 561,533
Madagascar - PMI			$ 400,000			$ 400,000	$ -	$ 202,490	$ 197,510
Malawi - PMI		$ 400,000	$ 550,000	$ 820,000		$ 1,770,000	$ 109,884	$ 1,778,229	$ (8,229)
Malawi - PEPFAR		$ 230,993	$ 500,000		$ 100,000	$ 830,993	$ 27,621	$ 752,054	$ 78,939
Malawi Subtotal		*$ 630,993*	*$ 1,050,000*	*$ 820,000*	*$ 100,000*	*$ 2,600,993*	*$ 137,505*	*$ 2,530,283*	*$ 70,710*
Mali - HIV/AIDS			$ 100,000	$ 100,000	$ 100,000	$ 300,000	$ 15,583	$ 153,188	$ 146,812
Mali - MAL/PMI	MAARD	$ 299,999	$ 450,000	$ 400,000	$ 500,000	$ 1,649,999	$ 125,725	$ 1,100,108	$ 549,891
Mali - POP		$ 516,794	$ 233,386	$ 145,000	$ 45,000	$ 940,180	$ 188,051	$ 915,629	$ 24,551
Mali Subtotal		*$ 816,793*	*$ 783,386*	*$ 645,000*	*$ 645,000*	*$ 2,890,179*	*$ 329,359*	*$ 2,168,924*	*$ 721,255*
Regional Development Mission/Asia		$ 463,280	$ 300,000	$ 400,111	$ 295,000	$ 1,458,391	$ 35,768	$ 1,062,285	$ 396,106
West Africa Regional (WARP)		$ 500,000	$ 100,000			$ 600,000	$ 339	$ 568,337	$ 31,663
Kenya - PEPFAR		$ 6,150,000	$ 5,500,000	$ 3,370,000		$ 15,020,000	$ 830,433	$ 14,056,421	$ 963,579
Kenya - POP			$ 1,300,000	$ 1,000,000		$ 2,300,000	$ 58,413	$ 1,927,034	$ 372,966
Kenya - KEMSA		$ 1,950,000				$ 1,950,000	$ -	$ 1,915,162	$ 34,838
Kenya - Malaria		$ 1,250,000	$ 1,622,500	$ 1,731,000		$ 4,603,500	$ 375,788	$ 4,207,097	$ 396,403
Kenya - MCA		$ 2,000,000	$ 2,275,000			$ 4,275,000	$ 198,967	$ 4,271,640	$ 3,360
Kenya Subtotal		*$ 11,350,000*	*$ 10,697,500*	*$ 6,101,000*	*$ -*	*$ 28,148,500*	*$ 1,463,601*	*$ 26,377,354*	*$ 1,771,146*
Mozambique - HIV/AIDS					*$ 500,000*	*$ 500,000*	*$ 31,831*	*$ 31,831*	*$ 468,169*
Namibia - PEPFAR		$ 3,497,446	$ 3,924,426	$ 3,713,775		$ 11,135,647	$ 1,017,659	$ 10,140,887	$ 994,760
Philippines-TB						$ -	$ 13,190	$ 117,827	$ (117,827)
Rwanda - PEPFAR		$ 2,300,000	$ 760,000	$ 760,000	$ 686,000	$ 4,506,000	$ 245,881	$ 3,977,583	$ 528,417
Rwanda - PMI		$ 987,000	$ 100,000	$ 150,000	$ 700,000	$ 1,937,000	$ 20,926	$ 1,168,385	$ 768,615
Rwanda Subtotal		*$ 3,287,000*	*$ 860,000*	*$ 910,000*	*$ 1,386,000*	*$ 6,443,000*	*$ 266,807*	*$ 5,145,968*	*$ 1,297,032*
Senegal - PMI		$ 175,000	$ 250,000	230000	$ 400,000	$ 1,055,000	$ 65,284	$ 582,604	$ 472,396
Senegal - TB		$ 50,000	$ 50,000	50000		$ 150,000	$ 8,233	$ 85,666	$ 64,334
Senegal Subtotal		*$ 225,000*	*$ 300,000*	*$ 280,000*	*$ 400,000*	*$ 1,205,000*	*$ 73,518*	*$ 668,270*	*$ 536,730*
South Africa, Republic Of - PEPFAR		$ 3,600,000	$ 5,412,600	$ 5,503,922		$ 14,516,522	$ 1,293,330	$ 9,362,335	$ 5,154,187
Lesotho-PEPFAR		$ 300,000	$ 538,378	$ 461,575	$ 1,000,000	$ 2,299,953	$ 149,927	$ 1,258,725	$ 1,041,228
Swaziland-PEPFAR		$ 525,000	$ 600,000	$ 490,000	$ 2,560,000	$ 4,175,000	$ 235,257	$ 1,406,278	$ 2,768,722
Southern Sudan-MAL		$ 800,000	$ 1,000,000	$ 1,000,000	$ 2,250,000	$ 5,050,000	$ 291,024	$ 2,867,758	$ 2,182,242
Southern Sudan-MCH				$ 400,000	$ 750,000	$ 1,150,000	$ 129,820	$ 176,543	$ 973,457
Southern Sudan Subtotal		*$ 800,000*	*$ 1,000,000*	*$ 1,400,000*	*$ 3,000,000*	*$ 6,200,000*	*$ 420,845*	*$ 3,044,301*	*$ 3,155,699*
Tanzania - PEPFAR		$ 550,000	$ 413,417	$ 699,999		$ 1,663,416	$ 163,111	$ 1,680,285	$ (16,869)
Tanzania - PMI		$ 100,000	$ 200,000			$ 300,000	$ -	$ 313,174	$ (13,174)
Tanzania Subtotal		*$ 650,000*	*$ 613,417*	*$ 699,999*	*$ -*	*$ 1,963,416*	*$ 163,111*	*$ 1,993,459*	*$ (30,043)*
Uganda - PMI		$ 320,000	$ 380,000			$ 700,000	$ (3,986)	$ 774,037	$ (74,037)
Ukraine - TB				$ 512,350		$ 512,350	$ 127,265	$ 334,280	$ 178,070
Vietnam-PEPFAR					$ 487,500	$ 487,500	$ 62,884	$ 183,956	$ 303,544
		$ 32,165,512	**$ 41,580,307**	**$ 35,590,853**	**$ 17,849,000**	**$ 127,185,672**	**$ 8,922,234**	**$ 95,656,055**	**$ 31,529,617**
ACF Surplus/(Deficit)							$ 150,440	$1,642,256	
Grand Total		**$ 36,451,774**	**$ 45,855,316**	**$ 39,972,946**	**$ 22,253,609**	**$ 144,533,645**	**$ 9,607,182**	**$ 105,014,438**	**$ 39,519,207**

Footnotes

1. Bangladesh: Forward funding against FY10 obligations was originally approved by our CTO under the SPS Leader Award. However, funding was actually obligated under the multi-country Associate Award, with an overlap of the activities between the Leader and the Associate Award. Appropriate expenditures will be shifted from the Leader to the Associate Award, as necessary.
2. Philippines: Forward funding against FY10 obligations was approved for $100,000 under the Leader for which actual obligations have not yet been received. Additionally, there was a slight overlap in activities between the Leader and the multi-country Associate Award. Appropriate expenditures will be shifted from the Leader to the Associate Award, as necessary.
3. Tanzania: Forward funding against FY10 obligations was approved for both PEPFAR and PMTCT funding, for which no obligation has yet been received.

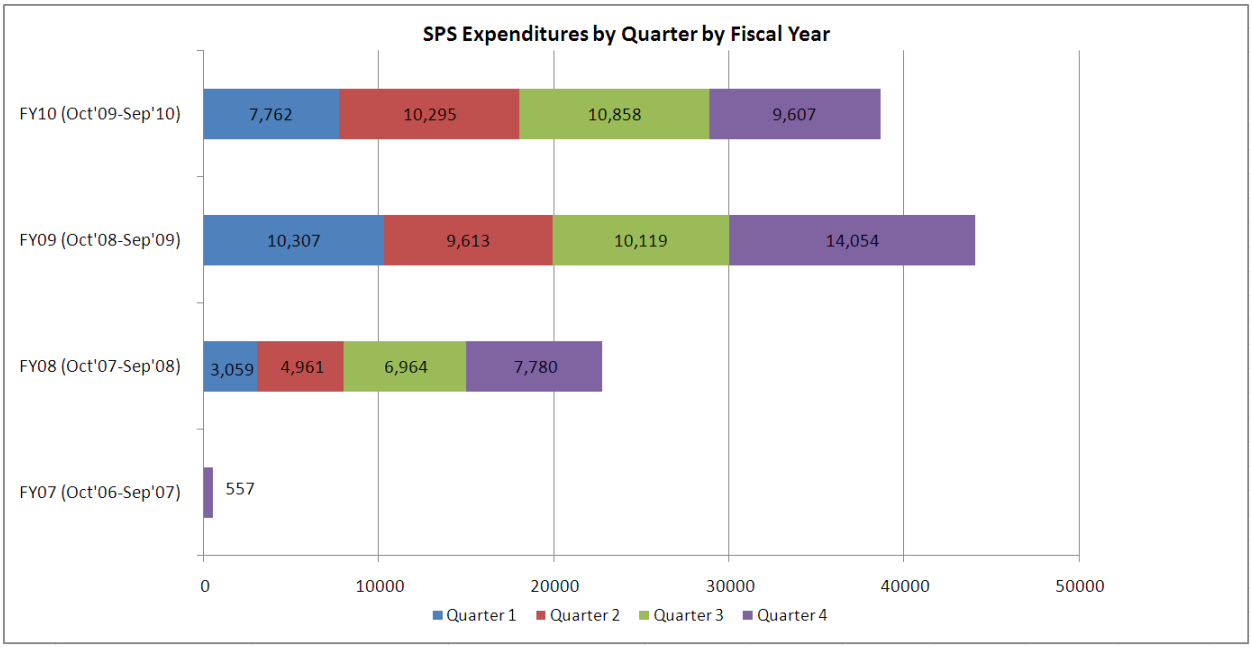
Strengthening Pharmaceutical Systems Financial Status Overview
Cumulative Expenditure activity through September, 2010

Total Funding Received to Date:	$144,533,645
Total Amount Spent to Date:	$105,656,694
Pipeline	$38,878,951
Percent of Funds Spent	73.10%



Cost Share Earned to Date:	*$6,653,722*
Target Cost Share Amount	*$7,375,00*
Percent of Cost Share Realized	90.02%

SPS Program Expenditures by Quarter through September, 2010 (in 1,000s $)



GLOBAL PROGRAMS

Antimicrobial Resistance

Work plan: AMR **Year** 2009

Funding Level: $617,485.00

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

Activity Title:	Support local coalition building for AMR advocacy and containment at country and regional levels
Activity Lead:	Joshi, Mohan **Activity #:** 2 **Task**: LF WW09AMR **Subtask**: 60AXP2
Activity Description:	SPS will continue collaboration with EPN and RPF to further consolidate the regional coalition-building process. Based on EPN‘s request, SPS will work together to co-organize a regional AMR and infection control workshop in Rwanda in November 2009 for Francophone EPN member organizations. The two organizations will also collaborate to bring together last year‘s Tanzania AMR workshop participants for a follow-up workshop to review accomplishments, share experiences, and plan next steps, including those aimed at sustaining, intensifying, and expanding the current coalition. With regard to RPF, SPS will support its Promoting Rational Drug Use Technical Working Group to build capacity to address AMR. The USAID/EA-supported Kenya portfolio and SPS‘s AMR portfolio will jointly render technical assistance to the working group to enable them to identify local supporters and action groups that can advance AMR-related activities at country and regional levels. At the country-level, SPS will work with the Pharmacy Task Force and other counterparts in Rwanda, to form an AMR working group and develop an AMR call-to-action document. Both the AMR portfolio and SPS/Rwanda will leverage support for these activities. Similarly, the SPS AMR portfolio will provide technical support to SPS/Namibia to develop a framework that describes and integrates MSH/SPS Namibia‘s interventions related to addressing AMR. The AMR portfolio will also continue to provide technical inputs to the Ethiopia and Zambia groups, when necessary. Technical assistance will be provided to the SPS TB portfolio in development and field testing of a framework for building local coalitions of key stakeholders- including civil society groups- to advocate for the prevention of

MDR/XDR TB. At the international level, SPS will participate in advancing global advocacy and coordination by exploring and using opportunities to collaborate with other partners and organizations currently working to address AMR, such as the WHO Patient Safety Initiative, CGD, FIP, and organizers of the AMR Track for ICIUM 3 planned for 2011. SPS will explore opportunities to initiate collaboration with other partners, countries, or regions to jumpstart AMR advocacy.

SPS Partners: None.

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

Products Planned: Trip report. Training report. Workshop report. Poster for FIP World Congress, Lisbon, 2010. PowerPoint presentation for FIP World Congress, Lisbon, 2010. Concept Paper and Action Framework.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS technical staff presented an AMR-related poster at the American Public Health Association (APHA) 138th Annual Meeting & Exposition, in Denver, Colorado, on November 6-10, 2010. The poster title was "Reforming Pre-service Curriculum as a Sustainable Low-Cost Intervention to Address Antimicrobial Resistance". SPS presented at an oral and poster session on "Capacity-building for Advocacy and Actions to Contain Antimicrobial Resistance: Experiences and Lessons" at the 70th International Congress of the International Pharmaceutical Federation (FIP), August 28- September 2, 2010, Lisbon, Portugal. The report of the EPN-SPS workshop ―Beyond Awareness: Consolidating Action For AMR Containment" was completed and disseminated in July. September 23-24, with EPN support, the Joint Medical Store in Uganda conducted a workshop on "Rational Management of Antibiotics" in Lira. Sixty-one participants attended the workshop, which discussed issues related to AMR, irrational and rational use of antibiotics, and the importance of medical laboratories in the rational management of antibiotics. The participants included medical doctors, pharmacists, clinical officers, administrators, nurses and diocesan health coordinators. SPS/Afghanistan has started assisting national counterparts in developing health messages for the public in Afghanistan. These messages will address key issues in rational medicine use, AMR and responsible self-medication. Initial work has started on the development of key messages and the scenarios that will be broadcast on TV and radio. The AMR Portfolio supported the SPS/Afghanistan portfolio with technical inputs in this process.

Barriers to Progress: None.

Next Steps: Continue collaborating with EPN to follow-up on AMR activities by EPN members.

Indicators: None.

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

Activity Lead: Green, Terry **Activity #:** 3 **Task**: LF WW09AMR **Subtask**: 60B4H3

Activity Description: In FY09, SPS will continue to support implementation of DTCs as an important institution-based intervention to improve medicine use and contain AMR.

	Opportunities will also be explored to provide technical assistance to in-country partners for implementation of other WHO-recommended core interventions to improve the use of medicines. In collaboration with specific SPS country programs, the AMR portfolio will also provide follow-up TA to DTC alumni from Afghanistan, Ethiopia, Namibia, Rwanda and other countries.
SPS Partners:	None.
Budget: $100,006.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Training Report. Flyer on the SPS website.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The AMR portfolio provided technical support and guidance to SPS‘ Liberia portfolio to identify, contact, and hire an expert regional consultant to support the revision of the National Therapeutic Guidelines, National Formulary, and Essential Medicine List in Liberia. Preparatory work was done for a rapid appraisal of rational medicine use, scheduled tentatively for late October/early November of this year. The objective of this assessment will be to identify local and contextually suitable options to improve medicine use in Liberia. The AMR portfolio continued to provide technical direction to SPS staff in Afghanistan. This included TA in the on-going efforts to develop formularies at the 5 supported hospitals. Formularies have been completed at Nangarhar Regional Hospital and Takar District Hospital. Work continues on Indira Gandhi hospital‘s formulary, as this highly specialized hospital will require more time to complete the formulary. Formularies at the eye and dental hospital are in development. Additionally, technical advice was provided on writing and reviewing individual STG monographs.
Barriers to Progress:	None.
Next Steps:	Continue providing technical direction to the SPS Liberia and Afghanistan technical staff in their efforts to help national counterparts advance DTC and rational medicine use activities.
Indicators:	None.
Activity Title:	Improve Community Use of Antimicrobials through the Private Accredited Drug Dispensing Outlets in Tanzania
Activity Lead:	Liana, Jafary **Activity #:** 5 **Task**: LF WW09AMR **Subtask**: 60C5H5
Activity Description:	FY09 funds will be used to continue and to complete the on-going implementation of IEC materials and job aids through ADDOs. Monitoring and evaluation of the antimicrobial use and AMR-related Kilosa pilot will also be completed. Toward the end of the work plan year, SPS will develop, pretest, and broadcast radio spots to increase community awareness on AMR in Kilosa and the community at large. Finally, SPS will utilize experience in monitoring and evaluation to refine its approach, combining it with tested IEC materials and job aids, thereby enabling its expanded use.
SPS Partners:	None.
Budget: $51,920.00	**Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Finalized Baseline Assessment Report. AMR Supervision Checklist. ADDO AMR Materials Pretest Report. ADDO AMR Sensitization Report. 1st Supervision & Follow-up Report. 2nd Supervision & Follow-up Report. ADDO AMR Activity Progress Presentation. Promoting Community Awareness of Antimicrobial Resistance Using the ADDO Network in Kilosa District.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: An article entitled "Promoting Community Awareness Regarding Antimicrobial Resistance: ADDOs in Action" was featured in the first issue of the SPS Tanzania Newsletter (August-October 2010), published and distributed by the SPS Country Office in Tanzania.

Barriers to Progress: None.

Next Steps: Continue supervision of the ADDOs.

Indicators: None.

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

Activity Lead: Green, Terry **Activity #:** 6 **Task**: LF WW09AMR **Subtask**: 60E3H6

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

SPS Partners: None.

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

Products Planned: Workshop report. Infection Control Advocacy Document (English). Infection Control Advocacy Document (French). Trip report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: NAMIBIA: Infection control support supervisory visits to ICAT piloting facilities (7 hospitals and 1 health center) were successfully completed September 20 - October 4, 2010. A workshop for the review of the ICAT was held, during which it was agreed to remove the ICAT section on sterilization of gloves because it is not relevant for the

	Namibia setting. Other minor changes were made during this 2-day workshop organized by SPS Namibia. The reviewers were senior IC staff from the MoHSS, central referral hospital, private hospitals and pharmacy. SOUTH AFRICA: The ICAT Pharmacy module was printed and copies sent to the Head of Pharmaceutical Services (HOPS) in the Northern Cape for an assessment of infection control practices in government hospitals. Once the results have been received, TA will be provided for improvement in identified areas. On September 10, a meeting was held between the Director of NDoH's QA Directorate and the MSH IPC expert seconded to the department. Items discussed included the national infection prevention and control manual (NIPC) peer review and the creation of an IPC position at the department.
Barriers to Progress:	None.
Next Steps:	Continue providing TA to the NDoH and PDoH in South Africa to consolidate IC activities. Organize a TOT on IC in Namibia.
Indicators:	None.
Activity Title:	Support antiretroviral therapy programs to measure and improve medication adherence
Activity Lead:	Steel, Gavin **Activity #:** 8 **Task**: LF WW09AMR **Subtask**: 60EXH8
Activity Description:	In FY09, SPS‘ South Africa and AMR portfolios will continue to jointly maintain technical assistance to counterparts at both national and provincial levels, to consolidate and further roll- out adherence measurement and support activities. The adaptation of the adult ART adherence measurement tool for pediatric ART and TB settings, which started in FY08, will also continue, including their piloting and revision. Additionally, when required, the core AMR portfolio will technically support the SPS Namibia country office in its on-going support to the Ministry of Health and Social Services for ART adherence-related activities, including monitoring of HIV drug resistance using WHO-recommended early warning indicators.
SPS Partners:	None.
Budget: $27,070.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS drafted and finalized the SOW for a consultant to support in the development process of the pediatric adherence measurement tool.
Barriers to Progress:	None.
Next Steps:	Hire the consultant and continue development of the tool.
Indicators:	None.
Activity Title:	Finalize AMR Module Part 2 for USAID eLearning Center
Activity Lead:	Joshi, Mohan **Activity #:** 9 **Task**: LF WW09AMR **Subtask**: 60F1L9
Activity Description:	In FY09, SPS will further revise Part 2 of the AMR Module, based on the latest suggestions from USAID and will send the document for final review and approval.

	Once final, SPS will work with the USAID INFO project to make the AMR Module live for global use through the eLearning Center. SPS will also address any final USAID suggestions on Part 1, so that it is also available for use through the center.
SPS Partners:	None.
Budget: $17,431.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	PDF version of the AMR Part 1 Course finalized and published through USAID's eLearning Center.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The CPM Training and Capacity Building Director and Training Associate reviewed and made revisions on AMR Part II.
Barriers to Progress:	None.
Next Steps:	Contact Knowledge For Health at JHU for further collaborative work to improve the quality and presentation of the module.
Indicators:	None.

Common Agenda

Work plan: Common Agenda **Year** 2009

Funding Level: $714,609.00

Work plan Background

During Year 1 of the Strengthening Pharmaceutical Systems (SPS) Program, the USAID CTO and SPS developed a list of topics that were considered both vital and difficult to classify within a particular health element. The Common Agenda portfolio is made up of a proportion of all the separate health elements, and with this funding and guidance from USAID, SPS is expected to identify overarching pharmaceutical management issues that have emerged as key technical areas for SPS, but are not limited to any particular health element. The Common Agenda portfolio also supports activities that recur each year and are essential to the programmatic expansion of SPS. These topics have been classified into the strategy areas listed below. Not all issues need to be addressed in any one year, but all need to be addressed over the lifetime of the SPS Program. STRATEGIC APPROACH. Expanding access to essential medicines and health commodities: Both poor availability and irrational use of essential medicines for priority population, health, and nutrition (PHN) interventions in developing countries are well documented. Although product availability is only one aspect of the broader concept of access to medicines, barriers such as geographic accessibility, financial affordability, and cultural acceptability must also be addressed. For example, cost is clearly an important factor in product selection, but it should not be the exclusive criteria determining which products are purchased. Other key factors include safety, efficacy, and medical need, as well as the total delivery system and the impact on health outcomes. In addition, inappropriate use of medicines by providers, patients, and the private sector may produce negative health outcomes. Understanding these issues and addressing them are keys to ensuring access. Building increased human resources and local institutional capacity in pharmaceutical and laboratory management to improve health system performance: USAID cooperating agencies (CAs) and contractors, as well as managers of health systems and programs addressing the diagnosis and treatment of malaria, tuberculosis (TB), reproductive health, maternal and child health conditions, and HIV/AIDS and sexually transmitted infections, routinely report that the lack of medicines and their inappropriate use represent major impediments to program success. Further, programs such as PEPFAR, PMI, and other globally supported initiatives now have mandates to scale-up to national levels. The need to ensure that pharmaceutical and laboratory management systems are robust enough to support expansion of these health programs presents serious challenges at all levels—national, regional, district, and health facility. These programs and others are increasingly seeking help from ―pharmaceutical management experts." This increased demand can only be addressed sustainably if investments in building local human resources and institutions are made. Providing technical leadership and support to global pharmaceutical management initiatives: Many important global initiatives, such as PEPFAR, PMI, Stop TB, the Global Fund, and Roll Back Malaria, all depend on having adequate supplies of medicines and other health products. In addition, these global initiatives all face similar challenges in scaling-up these programs, particularly in the area of pharmaceutical management system strengthening. Even in countries where pharmaceutical management system strengthening efforts are making improvements, best practices, tools, and approaches often are not shared. SPS will seek to participate in major health initiatives both at global and country levels to provide technical assistance, advocate for more attention (and funding) to pharmaceutical management system strengthening, and promote donor coordination, as well as

the sharing and harmonization of best practices. The work on this activity will continue through the end of the program, as appropriate.

Activity Title:	Donor coordination (international meetings).
Activity Lead:	Douglas Keene **Activity #:** 3 **Task**: LFWW09CAX **Subtask**: 60A2H3
Activity Description:	With FY09 funding, SPS will seek to meet with donors and multilateral organizations, including the World Bank, WHO, the Global Fund, UNICEF, SIDA, and others to identify potential roles for SPS in providing technical support to global programs and for country level pharmaceutical management system strengthening in areas such as assessments, procurement, pharmaceutical policy including governance, and registration. As is often the case, global meetings of critical importance to USAID and SPS are not scheduled or known at the time when the Common Agenda work plan is developed. Therefore, all meetings that SPS will attend can be identified at this time. Decisions about which meetings to attend will be made in conjunction with the USAID SPS CTO throughout the year.
SPS Partners:	None.
Budget: $65,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The SPS concept paper, "Pharmaceuticals and the Public Interest: the Importance of Good Governance" is pending USAID review. In July 2010, SPS attended the Medicines Transparency Alliance (MeTA) meeting in London. Launched in May 2008, MeTA is a multi-partner alliance working to improve access to medicines by increasing transparency and accountability in the healthcare marketplace. At the end of its pilot phase, MeTA brought together delegates from the seven pilot countries and the international team to debate successes, challenges, and lessons learned on multi-stakeholder engagement, increasing transparency, disclosure, and accountability, and its likely impact on access to medicines. On July 1, 2010, these experiences were shared with a wider audience at a public day, which SPS attended. The delegates from the seven pilot countries and three stakeholder communities (business, government, and civil society) reported on challenges and lessons learned. SPS participated in the forum discussions and also met with delegates, MeTA representatives, and other partners to discuss ongoing priorities and initiatives in promoting good governance in the pharmaceutical sector, and possible areas for coordinating activities.
Barriers to Progress:	None.
Next Steps:	SPS will finalize the concept paper to incorporate comments from USAID and disseminate the final version.
Indicators:	None.

Malaria

Work plan: Malaria Core **Year** 2009

Funding Level: $400,000.00

Work plan Background
Every year, malaria causes 300 to 500 million cases of acute illness, resulting in more than a million deaths worldwide- 90% of which occur in Sub-Saharan Africa. The most affected populations are children under the age of five, pregnant women, and people living with HIV/AIDS. The economic burden of this disease is significant, with a reduction of GDP estimated at 1.3% per person per year in high transmission areas. The burden of malaria has been intensified by Plasmodium falciparum resistance to chloroquine and sulfadoxine pyrimethamine, forcing countries to change their first line therapies for treating malaria. Following the World Health Organization‘s (WHO) recommendation, endemic malaria countries adopted Artemisinin-based Combination Therapy (ACT) as first-line treatment of choice for uncomplicated malaria. In addition, WHO recommends the use of parenteral quinine, or artemisinin derivatives, in the management of severe malaria. In circumstances where parenteral administration is not possible, WHO recommends the use of artesunate or artemisinin-based suppositories as pre-referral treatment. The introduction of the new medicines for severe malaria treatment must also address a range of considerations for their effective introduction, using lessons learned from the ACT implementation. Funds for the procurement of malaria medicines and commodities are increasingly becoming available through the Global Fund, the World Bank Booster Program, the President‘s Malaria Initiative (PMI), UNITAID, and interventions such as the Affordable Medicines Facility for malaria (AMF-m) mechanism. With this comes the growing challenge of ensuring coordination among partners, and dissemination and application of best practices for adequate procurement, distribution and supply chain management. Furthermore, improving health outcomes through reduced malaria mortality and morbidity can only be achieved through appropriate and safe use of quality malaria medicines. The Strengthening Pharmaceutical Systems (SPS) program works closely with the WHO, the Global Fund, the CDC, the Roll Back Malaria and its partners to support African countries in scaling-up the utilization of ACTs and new severe malaria medicines. SPS collaborates with national malaria control programs and central medical stores to develop and implement strategies to strengthen pharmaceutical management for malaria case management and prevention. They include the development of ACT implementation plans, trainings in quantification and pharmaceutical management for malaria medicines, design and dissemination of tools, and country-specific technical assistance to endemic countries, including 13 of the 15 PMI countries to assess and improve their pharmaceutical management systems for malaria. SPS also supports the Roll Back Malaria (RBM) Partnership Secretariat, regional RBM networks and a SPS staff member currently co-chairs the RBM Procurement Supply Management Working Group. In addition, SPS provides support to the Global Fund in proposal design and Procurement and Supply Management Plan development and addressing implementation bottlenecks. These activities have resulted in a solid foundation upon which SPS is further strengthening pharmaceutical management systems at the global, regional and country levels. SPS has received FY09 malaria funds ($400,000) to support pharmaceutical management activities. These funds will be used to provide global leadership in pharmaceutical management for malaria to USAID and the President Malaria Initiative (PMI), as well as to other global malaria initiatives such as the Roll Back Malaria Working Groups. This support will ensure that best practices for pharmaceutical management for malaria are disseminated in the most appropriate venues, lessons learned from the field are communicated and incorporated into policy, strategic and

implementation plans are developed, and activities build upon RBM and PMI partners‘ efforts- ensuring optimal reduction in malaria morbidity and mortality among vulnerable populations.

Activity Title:	Provide technical leadership and support to the President's Malaria Initiative (PMI).
Activity Lead:	Doumbia, Seydou **Activity #:** 2 **Task**: LFWW09MAL **Subtask**: 60F4H2
Activity Description:	SPS will continue to provide technical leadership and support to PMI, through the provision of periodic information on ACT availability and use with corrective strategies and measures for improvements in SPS-supported PMI countries. SPS will coordinate with DELIVER for collecting, reporting, and using the monitoring information provided by all PMI country programs. SPS will work with DELIVER and USAID to coordinate the implementation of the EUV, PPMRm and Systems Strengthening Tool in seven PMI countries. SPS will also explore the use of new technologies (such as mobile phones and web-based tools) to facilitate EUV data collection, transmission, and analysis. SPS will also prepare and disseminate periodic reports on the SPS malaria activities implemented at the global and country levels. Core funds will be used to accompany the process, evaluate results, and provide feedback and follow-up. Specifically, this activity will include: (1) Support the collection of the monitoring information periodically provided by SPS country teams with the PPMRm, EUV and the Systems Strengthening Tool. (2) Participate in reviews of findings, providing feedback to the field and related follow-up activities. (3) Prepare and disseminate periodic reports and lessons learned on SPS malaria activities implemented at the global and country levels. (4) Provide additional support to PMI to ensure that results and lessons learned are incorporated into future programming needs.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine Epidemic Preparedness and Response Malaria Research Health Governance and Finance (Malaria) Anti-microbial Resistance (Malaria) Host Country Strategic Information Capacity Program Design and Learning Personnel
SPS Partners:	None.
Budget: $70,917.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	End Use tool implementation reports. PPRM reports. System strengthening reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS provided support for the quarterly implementation of the EUV tool using both the paper-based instrument and the cell phone technology tool in 20 sites in the following SPS-supported PMI countries: Angola, Benin, Burundi, Ethiopia, and Kenya. SPS also took the lead in collecting data (quarterly) for the PPMRm in Angola, Benin, Burundi, Ethiopia, Jenya, Mali, Malawi, Senegal, and Uganda. Data were collected on the stock

status of malaria medicines from these countries and shared with USAID/DELIVER for collation and sharing with the USAID/PMI team to facilitate procurement decisions.

Barriers to Progress: None.

Next Steps: Continue providing support to PMI countries.

Indicators: None.

Activity Title: Global malaria leadership including support to the Roll Back Malaria (RBM) Secretariat and participation in RBM Working Groups.

Activity Lead: Doumbia, Seydou **Activity #:** 5 **Task**: LFWW09MAL **Subtask**: 60F4H5

Activity Description: SPS will continue to provide global malaria leadership with support to the Roll Back Malaria Secretariat and participation in working groups such as the Procurement and Supply Management and Harmonization working groups. This will include facilitation and coordination at critical strategic and work planning meetings with key RBM partners and stakeholders. SPS will support the development of strategic, technical and operational documents, including implementation of working groups work plans, assuring that USAID perspectives and concerns are taken into account. SPS will provide support to selected countries in developing PSM and implementation plans, and participation in mock TRPs and other related technical activities. SPS will also continue to contribute to strategic global and regional malaria meetings to ensure that pharmaceutical management issues are included and addressed in global and regional dialogue for malaria control. SPS will also continue to participate in relevant malaria working groups, advisory groups, and expert committees.

USG Sub-element:
Treatment with Artemisinin-Based Combination Therapies
Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine
Malaria Research
Health Governance and Finance (Malaria)
Anti-microbial Resistance (Malaria)
Host Country Strategic Information Capacity
Program Design and Learning
Personnel

SPS Partners: None.

Budget: $99,824.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Trip and meeting reports. PSM plans. PSMWG meeting minutes, work plan, and reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS participated in the joint PSMWG and Global Fund workshops on procurement and supply chain management of malaria products in September 2010 in Acrra, Ghana. This workshop enabled countries to share lessons learned in the implementation of Global Fund grants and apply common solutions.

Barriers to Progress: None.

Next Steps:	Continue as planned and needed.
Indicators:	None.
Activity Title:	Develop, publish and disseminate best practices for pharmaceutical management for malaria.
Activity Lead:	Doumbia, Seydou **Activity #:** 6 **Task**: LFWW09MAL **Subtask**: 60G2F6
Activity Description:	SPS will continue to be actively engaged in information dissemination activities to promote state-of-the-art knowledge and lessons learned related to pharmaceutical management for malaria, including proven approaches and evidence-based tools. SPS will develop a document on the key pharmaceutical management activities required to support the Global Malaria Action Plan (GMAP). SPS will also work with country teams and partners to prepare communications and abstracts to present approaches and results to be shared with the global malaria community.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine Epidemic Preparedness and Response Malaria Research Health Governance and Finance (Malaria) Anti-microbial Resistance (Malaria) Host Country Strategic Information Capacity Program Design and Learning Personnel
SPS Partners:	None.
Budget: $51,877.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Document outlining pharmaceutical management considerations for GMAP. Report on best practices.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS finalized the draft for the "Manual for the Quantification of Malaria Commodities." This guide is designed to assist National Malaria Programs to better understand the data that is needed for the quantification of commodities used in uncomplicated malaria. The manual describes the assumptions that need to be made when the data is imperfect, and the methodology for developing reliable forecasts for malaria products. The manual will be disseminated when finalized. SPS also updated and disseminated existing SPS and RPM Plus training materials, including a training for pharmaceutical management of malaria (PMM) and a quantification training. The materials will be used in future trainings by MSH/SPS staff.
Barriers to Progress:	None.
Next Steps:	Finalize and disseminate the manual.
Indicators:	None.

Maternal and Child Health

Work plan: MCH (RH + CHS) Core **Year** 2009

Funding Level: $1,100,000.00

Work plan Background
Pharmaceuticals and related health supplies are essential for the successful implementation of maternal and child health programs. The RPM Program and the follow-on SPS Program developed a variety of technical approaches, materials, tools and guidelines to assess the strengths and weaknesses of pharmaceutical management systems for maternal health programs and to guide the development of interventions to address the gaps identified in the access to key maternal and child health (MCH) pharmaceutical products. In FY07 and FY08, SPS used these technical approaches and tools to support the introduction and implementation of programs to scale-up the community case management of childhood illnesses (CCM) with a focus on developing strategies to incorporate private sector pharmacies and drug retail outlets into the national CCM programs, programs to scale-up the use of zinc salts and low-osmolarity ORS for the case management of diarrhea in children, and programs to scale-up the prevention and management of obstetric emergencies with a focus on the prevention of post-partum hemorrhage and the prevention and management of pre-eclampsia/eclampsia. SPS under the maternal and child health portfolio will support the USAID ―Investing in People" objective ―To help nations achieve sustainable improvements in the well-being and productivity of their populations through effective and accountable investments in education, health, and other social services". The activities will contribute to the Program Area 1 of ―Health" and specifically to the Program Element 1.6 Maternal and Child Health. The SPS Child Health activities will support the USAID/HIDN ARI and Zinc Results Pathways. The USAID/HIDN ARI Pathway supports activities to introduce and scale-up the community-based management of ARI (and other childhood illnesses) in selected countries through both public and private sector interventions. The USAID/HIDN Zinc Pathway supports activities to increase the availability of quality zinc products; and support the introduction and scale-up of Zinc and low-osmolarity ORS for the case management of diarrhea in children. The SPS Maternal Health activities will also support the USAID/HIDN Eclampsia and Post-Partum Hemorrhage (PPH) pathway. The USAID/HIDN Eclampsia pathway focuses on the development, introduction and scale-up of an evidence-based comprehensive package of interventions to prevent eclampsia. The USAID/HIDN PPH pathway supports activities to increase the availability of uterotonics and support the introduction and scale-up of AMSTL to prevent PPH.

Activity Title:	TA to support the scaling up of MNCH interventions in DRC
Activity Lead:	Diarra, Suzanne **Activity #:** 4 **Task**: LFWW09MCH **Subtask**: 60C5H4
Activity Description:	In FY09, SPS proposes to build on these activities. Planned activities include a pilot intervention in Kinshasa to incorporate the private sector drug sellers and pharmacies into the community case management program, and the implementation of the recommendations from the maternal health assessments.
USG Sub-element:	Treatment of Child Illness Treatment of Obstetric Complications and Disabilities
SPS Partners:	None.
Budget: $91,388.00	**Start Date:** Oct 2009 **End Date:** Aug 2010

Products Planned:	Training materials. Technical tools and reports. Trip reports.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The supervision tool for the private sector IMCI component has been developed with a list of indicators related to availability of medicines for the management of targeted diseases, service delivery, and reference of patients to a health facility.
Barriers to Progress:	Limited supervision budgets of health zones to immediately incorporate the private sector IMCI component into their routine field supervision.
Next Steps:	Assist the MoH to support pilot health zones in integrating the private sector IMCI supervision into routine quarterly supervision. Assist the MoH to reinvigorate technical review meetings to finalize and validate the technical guidelines of the National Reproductive Health program. Hire a local short-term consultant to advance core maternal and child health activities in DRC after the approval of the MCH Core work plan.
Indicators:	None.

Population

Work plan: POP Core **Year** 2009

Funding Level: $50,000.00

Work plan Background
Contraceptive security exists when people are able to choose, obtain and use high quality contraceptives and condoms whenever they want them for family planning and HIV/AIDS and STI prevention . The main objective of the USAID contraceptive security global leadership is to advance and support the planning and implementation for contraceptive security. The intermediate result for this objective is to improve the ~~"d~~ecision making for contraceptive security through increased availability and analysis of data". As part of this effort, USAID has supported the development and management of the Procurement, Planning and Monitoring Report (PPMR). The PPMR is managed by USAID/DELIVER and compiles routine data on contraceptive stock levels from various countries on behalf of the Countries at Risk Group (CAR) under the leadership of the Reproductive Health Supplies Coalition (RHSC). SPS has received funding from the Population office of USAID to support the collection and reporting of contraceptive commodity data into the PPMR for three countries during FY09.

Activity Title:	Technical Support for PPMR data collection in Senegal, Mali and DRC
Activity Lead:	Diarra, Suzanne **Activity #:** 2 **Task**: LFWW09POP **Subtask**: 60C1H2
Activity Description:	SPS will work with the local partners including the USAID mission in the three countries and the MOH to collect and send required PPMR data. This will include advocacy to familiarize them with the PPMR and obtain approval for data sharing, data collection and assessment of data quality, and reporting data to USAID/DELIVER. For each of the countries, data for at least four quarters will be collected beginning with the first quarter of 2009.
SPS Partners:	None.
Budget: $43,281.00	**Start Date:** Oct 2009 **End Date:** Sept. 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS has been working with the central medical store in Mali (Pharmacie Populaire du Mali), the central medical store in Senegal (Pharmacie National d' Approvisionnement), and the DRC National Reproductive Health Program to collect and report contraceptive stock data for procurement planning, monitoring and reporting for contraceptives (PPMRc). For each contraceptive method, the PPMRc provides data on the actual stock available (month of stock) at the central level, the average consumption rate, the date of the next shipment to be received at the central medical store and its supplier. The PPMRc also recommends critical actions to address any issues regarding the stock level of each product and the procurement process. Mali, Senegal and the DRC PPMRc data reports were submitted to USAID/

	DELIVER in October 2010. This was the first time DRC contraceptive stock data were collected for procurement planning, monitoring and reporting. This required SPS to do extensive field work and support to coordinate this activity with the MoH and the other partners involved in contraceptive procurement and distribution in the DRC.
Barriers to Progress:	None.
Next Steps:	Collect and submit quarterly PPMRc data for Mali, Senegal, and DRC. Assist the DRC MoH in coordinating task force meetings to look into sustainable ways of collecting reproductive health commodities data.
Indicators:	None

Tuberculosis

Work plan: TB Core **Year** 2009

Funding Level: $1,500,000.00

Work plan Background

According to the WHO 2008 Global TB Report, tuberculosis remains a major public health challenge with about 9 million new cases reported every year, of which over 0.5 million are multi-drug resistant (MDR) TB cases- and the number is rising. Spreading drug resistance and the emergence of extensively drug resistant (XDR) TB thus becomes a major threat to reaching the Millennium Development Goals that call for halving TB prevalence and deaths by 2015 (relative to 1990 baseline). In the past years, the focus of SPS‘ response to the Global Plan to Stop TB (2006 – 2015) has been mainly on addressing its strategic components related to increasing the availability of quality assured first- and second-line TB medicines. This was accomplished through technical leadership (to the Global Drug Facility, the Green Light Committee, and STOP TB partners), capacity building exercises, and development and promotion of frameworks and approaches for strengthening pharmaceutical systems in the anticipation of new TB tools and technologies. SPS also responded to the threat of MDR/XDR TB and TB/HIV co-infection. During 2008, SPS achieved a major breakthrough by improving and promoting its comprehensive TB case-centered tool for managing TB programs, e-TB Manager. The significance of this tool for TB control is in its integration of systems - one database for all aspects of TB control, including diagnosis, treatment, medicines, and outcomes- allowing a holistic approach to TB control management and avoiding common disconnect between activities focused on treatment of susceptible TB, drug resistant TB, TB/HIV co-infection, inventory management for first- and second-line TB medicines, and reporting outcomes by levels of a health system and types of TB cases. These properties of e-TB Manager have been noticed and recognized by the WHO and STOP TB partners, resulting in a growing number of requests for the implementation of the tool. SPS has established several partnerships in the field for such implementation (e.g. in the Philippines, Indonesia, Ukraine), and responded to a proposal from the WHO STOP TB Department (TB/HIV and DR TB Electronic Recording and Reporting group) to collaborate on the implementation of e-TB Manager in several priority countries and further work on preparing the tool as the officially recommended WHO and STOP TB management solution. During 2010, SPS will shift the focus of its technical leadership to e-TB Manager, as a comprehensive tool that links pharmaceutical management directly with TB patient needs for quality services and overall strengthens health systems. The SPS technical objectives below have been formulated to address USAID‘s Expanded Response to Tuberculosis (January 2009) and The Global Plan to Stop TB 2006 – 2015. Technical objectives will also contribute to the SPS result areas: expand access to essential medicines, strengthen pharmaceutical management systems to support priority public health services and interventions, and improve governance in the pharmaceutical sector, and contain the emergence and spread of antimicrobial resistance (AMR).

Activity Title:	Provide technical leadership to the GDF
Activity Lead:	Zagorski, Andre **Activity #:** 2 **Task**: LFWW09TB **Subtask**: 60F3H2
Activity Description:	SPS will provide targeted TA to the GDF countries to eliminate GDF product bottlenecks products, participate in monitoring missions to countries experiencing, support two members of the Technical Review Committee, and provide TA to the

	GDF operations in Geneva, as requested.
USG Sub-element:	DOTS Expansion and Enhancement Increasing Availability of Drugs for Treatment of TB Program Design and Learning
SPS Partners:	None.
Budget: $195,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	GDF monitoring and TA reports. Trip reports. Drug Management Mission checklist and report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The SPS TB team conducted GDF requested monitoring missions in Georgia. The main objectives were to assess the use of second-line and pediatric TB medicines, according to the criteria established by the GDF, and to quantify 2011 drug supply needs.
Barriers to Progress:	None.
Next Steps:	Provide TA to the GDF operations as requested.
Indicators:	None.
Activity Title:	Provide technical leadership to the GLC
Activity Lead:	Zagorski, Andre **Activity #:** 3 **Task**: LFWW09TB **Subtask**: 60F3H3
Activity Description:	In 2010 SPS will provide TA to GLC countries and monitoring missions, strengthen PM capacity for PMDRT (conduct at least three regional courses), and increase the pool of GLC/GDF consultants (regional training).
USG Sub-element:	Increasing Availability of Drugs for Treatment of TB Multi Drug Resistant TB Program Design and Learning
SPS Partners:	None.
Budget: $260,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	GLC TB survey and monitoring reports. Course proceedings. Trip reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS Senior Technical Manager for TB, Andre Zagorski, and Senior Program Associate Archil Salakaia traveled to Tbilisi, Georgia to conduct a course on Pharmaceutical Management for TB and MDR for the NTPs and technical agencies in the Europe-Eurasia Region. The five-day course was conducted during July 5-9, 2010. The course covered all pharmaceutical management topics relevant to national TB programs, with a special emphasis on region-specific drug management issues. The course was attended by 31 participants (17 female and 14 male) representing 12 countries of the region. In September, MSH/SPS consultant Hugo Vrakking traveled to Accra, Ghana to co-facilitate a follow-on workshop –Pharmaceutical Management

	for TB and MDR-TB". This workshop was developed by MSH/SPS for NTP managers, heads of CMS', and other key staff in Anglophone and Lusophone high TB-burdened countries in Africa. The course was attended by 24 participants (18 male and 6 female).
Barriers to Progress:	None.
Next Steps:	Conduct GDF/GLC Consultants Training Workshop on Pharmaceutical Management for Tuberculosis in Kenya. Provide TA to GLC operations as requested.
Indicators:	None.
Activity Title:	Respond to Global MDR/XDR TB threat
Activity Lead:	Zagorski, Andre **Activity #:** 4 **Task**: LFWW09TB **Subtask**: 60F3M4
Activity Description:	In 2010 SPS will continue to improve and promote e-TB Manager as a comprehensive TB program management solution, develop PC-based local databases for localities with poor internet access, in collaboration with the WHO, field test e-TB Manager in selected countries, and work with the WHO and Stop TB partners in promotion of e-TB Manager as a comprehensive solution for TB and PMDRT challenges.
USG Sub-element:	Multi Drug Resistant TB Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $510,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Workshop proceedings. Trip reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The SPS TB team traveled to Bangladesh (from July 15-23, 2010. While in country, our team met with the national TB program and stakeholders, validated the e-TB Manager's country-specific workspace, demonstrated capabilities of the tool, reviewed necessary customizations and discussed next steps (including the e-TB Manager users training format and timeline). Luiz Fernando Avelino Reciolino (from MSH/SPS) traveled to Vietnam in August to adapt the current e-TB Manager platform to the Vietnamese context. During his visit, he successfully facilitated a development workshop with MDR-TB specialists and the e-TB Manager Working Group to: translate e-TB system messages into Vietnamese, determine specific needs of the NTP─ given existing data collection, management tools and standard operating procedures ─ discussed how to adapt the e-TB manager to meet local requirements, and prepared the set-up of a pilot version of the e-TB Manager to be tested in the first site DR-TB site (Pham Ngoc Thach Hospital/Ho Chi Minh City). The e-TB Manager team (comprising of Andre Zagorski, Senior Technical Manager CPM-SPS, Utkarsh Srivastava, Java Developer, MSH/SP, and Luis Gustavo de Valle Bastos, Senior Program Associate, CPM-SPS Brazil) went to Windhoek and Walvis Bay in Namibia from August 8-14, 2010. This was a reconnaissance visit that was aimed at initiating the implementation process for the e-TB manager software in Namibia, mainly for experts to understand the health system structure and organization in preparation for

the installation and use of the software.

Barriers to Progress: None.

Next Steps: Participate in the Guidelines Group Meeting to develop WHO guidelines on the pragmatic management of DR-TB. Next steps for Vietnam include finalizing the customization of the Vietnamese workspace and establishing an implementation work plan, after receiving NTP‘s decision to proceed with e-TB Manager for country-wide use. Next steps for Namibia include obtaining MoHSS approval to continue with implementation process as outlined in the implementation strategy, and sending implementation check-lists and tools to assist in calculating the costs involved in the implementation and maintenance of e-TB Manager.

Indicators: None.

Activity Title: Provide technical leadership to STOP TB and WHO to improving quality of DOTS

Activity Lead: Zagorski, Andre **Activity #:** 5 **Task**: LFWW09TB **Subtask**: 60F3H5

Activity Description: In 2010 SPS will conduct sessions on pharmaceutical management at four WHO Courses for TB Consultants: Implementing the Stop TB Strategy: Skills for Managers and Consultants (TB, MDR-/XDR-TB, TB/HIV (two courses), Programmatic management of TB/HIV co-infection in Europe, and TB Infection Control (WHO Collaborative Center, Sondao, Italy). SPS will also facilitate sessions on Pharmaceutical Management for TB at KNCV/WHO's Regional Training on Tuberculosis Control Program Management (Riga, Latvia), participate (as requested) in regional WHO Technical Advisory Groups (TAG) to provide technical leadership in the development of local TB strategies and approaches aimed at the prevention of drug resistance development and spread.

USG Sub-element: DOTS Expansion and Enhancement

SPS Partners: None.

Budget: $75,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Workshop proceedings. Trip reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS Senior Program Associate for TB Archil Salakaia travelled to Riga, Latvia to facilitate sessions on pharmaceutical management for TB at the 12th WHO/KNCV/ Regional Training in Tuberculosis Control Program Management meeting, July 13-21, 2010. The objectives of the Pharmaceutical Management component were to familiarize participants with modern approaches to pharmaceutical management, identify challenges for supply of quality-assured first- and second-line TB medicines, provide participants with TB drug management indicators for monitoring and evaluation of TB drug supply program performance and introduce the first and second line TB drugs quantification tools.

Barriers to Progress: None.

Next Steps:	Include support to training in the FY10 work plan.
Indicators:	None.

REGIONAL PROGRAMS

East Africa (REDSO)

Work plan: Kenya - REDSO **Year** 2009

Funding Level: $56,000.00

Work plan Background
Countries of the East, Central and Southern Africa Health Community (ECSA HC) face a tremendous burden from communicable diseases, as exemplified by the high prevalence of HIV/AIDS, TB and malaria. This is compounded by a rising incidence of non-communicable diseases, which currently accounts for more than 50% of deaths in the region. The situation is exacerbated by inadequate pharmaceutical management systems in member states, leading to frequent stock-outs of essential medicines and medical supplies. Over the last 6 years, MSH/SPS, and previously MSH/RPM Plus, in continuing collaboration with the ECSA HC, and funding from USAID/EA, established the Regional Pharmaceutical Forum (RPF) as part of the Regional Logistics Initiative (RLI). This is a network of experts in various areas of pharmaceutical and clinical management whose purpose is to provide technical leadership in initiating and scaling-up best practices in pharmaceutical management in ECSA member states. The work of the RPF has contributed to the rationalization and establishment of a Pharmaceutical Program at the ECSA Secretariat to increase visibility of pharmaceutical issues and to facilitate implementation of identified and focused interventions undertaken by the Health Systems Development Program. To ensure sustainability beyond the funding support, the RPF has been incorporated into the ECSA organizational structure. The RPF has recorded various achievements. For example, in the area of improved governance in the pharmaceutical sector, a model national medicines policy and medicines policy implementation plan have been developed to expedite member states review/development of the same. Similarly, the technical working group (TWG) on Promoting Rational Medicine Use is continuing to advocate for a common approach to contain the emergence and spread of antimicrobial resistance (AMR).

Activity Title:	Provide TA to the ECSA HC Secretariat for a meeting of policy-level stakeholders in health, to prioritize challenges in expanding access to pharmaceuticals from member states‘ perspective (promoting buy-in for regional strategies at the outset).
Activity Lead:	Staley Jr., Robert **Activity #:** 2 **Task**: LFRD09XXX **Subtask**: 60A2H2
Activity Description:	In FY2010, SPS will assist the RPF convene a policy-level meeting to prioritize activities at the regional level, as informed by the findings of the Assessment Report on Performance of Pharmaceutical Management Systems in ECSA (August, 2009), for implementation at the country level.
SPS Partners:	None.
Budget: $20,960.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Jointly with ECSA HC and USAID/EA, planned the 7th meeting of the Regional

	Pharmaceutical Forum. The meeting will be used to set up the revised structure of the RPF.
Barriers to Progress:	The process of appointing a new Director General has limited activity implementation by ECSA HC. Further, competing priorities of the Health Systems Development Program twice led to postponement of the 7th RPF meeting.
Next Steps:	Virtually support the RPF on implementing RPF planned activities.
Indicators:	None.
Activity Title:	Provide technical assistance to the Regional Pharmaceutical Forum (RPF) to support formation of country-level AMR containment action groups to build the evidence and develop appropriate interventions to control the spread of AMR in ECSA Region.
Activity Lead:	Staley Jr., Robert **Activity #:** 3 **Task**: LFRD09XXX **Subtask**: 60F1H3
Activity Description:	SPS will support the PRDU-Technical Working Group of the RPF to identify potential members of country-level action groups to advocate for action towards containment of AMR. A workshop will be held to build capacity and to enable groups to identify a common approach on containment of AMR for the region. Meetings will also identify potential intervention areas for AMR containment. This will facilitate implementation of interventions as value-added activities undertaken within existing programs.
SPS Partners:	None.
Budget: $30,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Progress on this activity was limited to exploring possible AMR groups for future work.
Barriers to Progress:	The very limited funding has severely constrained RPF work.
Next Steps:	Make contact with another country in eastern Africa where there is an active DTC/AMR group(s) to engage with in this activity.
Indicators:	None.

Latin America and Caribbean (LAC)

Latin America and Caribbean-AMI

Work plan: LAC-AMI **Year** 2009

Funding Level: $800,000.00

Work plan Background
In March 2002, USAID LAC/RSD-PHN launched the Amazon Malaria Initiative (AMI) to address malaria in Amazon countries (Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, and Suriname). This region began to experience a re-emergence of malaria in the early 1990s, including the appearance of Plasmodium falciparum and resistance to inexpensive, first-line antimalarial drugs. With technical and financial support from AMI, the seven participating countries conducted in vivo efficacy studies of antimalarials and subsequently changed their drug policies for malaria to include new, more efficacious combination therapies. Strengthening the core elements of pharmaceutical management—including the policy and legal framework, selection, procurement, distribution, use and management—is essential to the effective implementation of these new policies. In 2002, Rational Pharmaceutical Management Plus (RPM Plus), the predecessor to Strengthening Pharmaceutical Systems (SPS), was invited to participate in AMI as the technical partner for pharmaceutical management. Other partners in the initiative include the Pan American Health Organization‘s (PAHO) Infectious Disease Division, the Centers for Disease Control and Prevention (CDC), the United States Pharmacopoeia Drug Quality Information (USP-DQI) Program, the National Malaria Control Programs in the Amazon region, and the local USAID Missions. Between 2003 and 2007, RPM Plus collaborated with these partners to develop and implement strategies to strengthen pharmaceutical management for malaria in the region, particularly related to the new treatment policies. RPM Plus developed training materials, conducted regional workshops on pharmaceutical management issues to professionals in all eight initiative countries, developed and disseminated tools, provided country-specific technical assistance to five countries to assess and improve their pharmaceutical supply systems for malaria, contributed to the initiative‘s technical documents and study protocols, participated in annual meetings, regional workshops and dissemination activities, and served on the Steering Committee. These activities have resulted in a solid foundation upon which SPS can further strengthen pharmaceutical management systems in the region. With FY08 funds SPS supported the elaboration of standard operational procedures (SOPs) for malaria pharmaceutical management, the implementation of pilot studies for a supervision tool for malaria diagnosis and treatment, a regional workshop on pharmaceutical management information systems, and assessments on: the implications of low incidence of malaria on pharmaceutical management, prescription and adherence to treatment, and the supply chain performance of laboratory commodities. SPS has received USD 800,000 in FY09 funds to support pharmaceutical management activities under AMI. These funds will be used to follow-up on activities initiated on FY08. The FY09 focus will be to institutionalize the SOPs, scale-up monitoring and supervision systems, develop guidelines to promote better prescription and dispensation practices and patient treatment adherence, support the improvement of pharmaceutical management information systems, and fill information gaps in critical areas such as the availability of antimalarials in privates drugstores and outlets, and adherence to treatment in countries that did not implement these studies in FY08. In all these activities, MSH/SPS will address the implications of a decreased incidence of malaria in the core elements of pharmaceutical management. SPS will also provide direct technical assistance to AMI countries on specific problem areas identified in country visits and regional

workshops.

Activity Title:	Institutionalization of standard operating procedures for malaria pharmaceutical management
Activity Lead:	Barillas, Edgar **Activity #:** 2 **Task**: LAC-MAL/AMI **Subtask**: 60CXH2
Activity Description:	For FY09, MSH/SPS will support the validation, final editing and implementation of the SOPs. Depending on the integration of the pharmaceutical system, some countries have elaborated, holistic SOPs (including all medicines used in the public sector), and others, malaria-specific PM SOPs. In both cases, MSH/SPS will support the elaboration of an operational synthesis, emphasizing the requisition, reception, storage, inventory control, prescription and dispensation in health facilities. A rapid assessment conducted by MSH/SPS on 2008 documented a fragmented and inefficient supply chain for laboratory reagents and commodities. MSH/SPS will support the integration of these supplies into a single supply management system. The inclusion of laboratory reagents and commodities in the integrated or malaria specific SOPs will prepare a solid ground to achieve this objective. MSH/SPS will provide TA for the elaboration and adoption of standardized conversion factors and procedures to track the consumption and reordering of laboratory reagents and commodities.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Health Governance and Finance (Malaria)
SPS Partners:	None.
Budget: $80,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip reports. Technical document: SOPs on malaria pharmaceutical management. SOPs. Trip report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Following the 2008 workshop in Bogota, most AMI countries drafted and validated SOPs for malaria pharmaceutical management. During this quarter, Bolivia completed and published the final version the document. In Peru, MSH/SPS provided TA for the elaboration of SOPs oriented to personnel in primary health facilities. This guideline will be validated during the next quarter. In Colombia, the publication of the SOPs is still awaiting the final approval of national authorities. In Guyana, the publication of the SOPs is awaiting the final approval (signature) by the national authorities.
Barriers to Progress:	In Brazil the final revision of the SOPs was scheduled to be completed by the end of July 2010. Due to competing activities in the NTP, the presentation of the final product has been postponed for December 2010.
Next Steps:	Final versions of the SOPs should be published during next quarter in Guyana and Colombia.
Indicators:	None.
Activity Title:	Scale-up the supervision systems of malaria medicines availability and use
Activity Lead:	Barillas, Edgar **Activity #:** 3 **Task**: LAC-MAL/AMI **Subtask**: 60AXH3
Activity Description:	For FY09, SPS will provide technical assistance for the validation and final editing of

	supervision guidelines, for the training of the supervisors and other implementation activities, and for the analysis of the information generated by the supervision tool.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Health Governance and Finance (Malaria) Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $170,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip reports. Supervision guidelines.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	With MSH/SPS TA, Colombia, Brazil, Bolivia and Guyana have implemented malaria supervision systems. MSH/SPS elaborated a tool to monitor the performance of these supervision systems. During this quarter MSH/SPS collected information in Guyana and elaborated the final version of the monitoring report in Colombia.
Barriers to Progress:	No constraints.
Next Steps:	During the next quarter, the monitoring tool will also be applied in Brazil. For the first quarter of FY10, MSH/SPS will consolidate these monitoring reports into a regional technical report.
Indicators:	None.
Activity Title:	Institutionalization of the best prescription and dispensation practices and interventions to promote treatment adherence
Activity Lead:	Barillas, Edgar **Activity #:** 4 **Task**: LAC-MAL/AMI **Subtask**: 60E3M4
Activity Description:	For FY09 MSH/SPS will support the implementation of the activities included in the aforementioned work plans, including the elaboration of a check list and the introduction of a graphic prescription in Brazil.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Anti-microbial Resistance (Malaria)
SPS Partners:	None.
Budget: $90,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip report. Workshop proceedings. Country proposals to improve adherence. Guidelines to improve patient adherence.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	As a follow up to the workshop on practices that promote adherence to treatment (Rio de Janeiro, July 2009), MSH/SPS contracted a local consultant in Brazil to support the interventions that the Brazilian NMP will implement to improve the adherence to malaria treatment. During an MSH/SPS visit to Peru on September 2010, the NTP requested TA to implement a monitoring system for the introduction of practices that promote adherence to treatment in three departments. MSH/SPS hired a local consultant to support this activity.

Barriers to Progress:	The activities did not advance in Brazil at the expected pace, due to competing activities in the NMP.
Next Steps:	A progress report on the activities in Brazil is expected by December 2010.
Indicators:	None.
Activity Title:	Provide technical assistance to AMI countries to conduct follow-up assessments on their pharmaceutical systems for malaria
Activity Lead:	Barillas, Edgar **Activity #:** 5 **Task**: LAC-MAL/AMI **Subtask**: 60CXA5
Activity Description:	For FY09, MSH/SPS will support the validation of these guidelines, their official incorporation to the national malaria program SOPs, and their implementation.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Malaria Research Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $160,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Assessment report. Workshop proceedings. Trip report. Technical report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	During this quarter MSH/SPS finalized data collection for a study on the implications of the introduction of ACTs in AMI countries. Preliminary results of this study were presented during the AMI steering committee held in Washington DC in September 2010. The publication of the final results is awaiting the data clearance from the Brazilian.
Barriers to Progress:	No constraints.
Next Steps:	The publication of the report is expected for November 2010.
Indicators:	None.
Activity Title:	Provide direct technical assistance and collaborate with partners in the design and implementation of interventions to improve pharmaceutical management
Activity Lead:	Barillas, Edgar **Activity #:** 6 **Task**: LAC-MAL/AMI **Subtask**: 60CXH6
Activity Description:	For FY09, MSH/SPS will support studies on prescription, dispensation, and adherence for countries that did not complete one in 2008. SPS will assess the commercialization of antimalarials in selected AMI countries, the impact of the introduction of ACTs, and will support operative research to assess the immediate results of interventions implemented with MSH/SPS TA and USAID/AMI resources. MSH/SPS will organize regional meetings to present and discuss the results of these studies and design, with local counterparts, the appropriate interventions to confront possible problems.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies
SPS Partners:	None.
Budget: $120,000.00	**Start Date:** Oct 2009 **End Date:** Sept 2010
Products Planned:	Trip reports. Poster. Training guidelines.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	As a follow up to a regional meeting held in Cartagena, Colombia (April 13-15, 2010), MSH/SPS visited Colombia (July 2010), Bolivia, and Peru (September 2010) to analyze progress in the supply of antimalarials. By the time of the visits, there was a heavy exchange/donation of medicines among countries, and PAHO was already implementing a regional consolidated system for the procurement of antimalarials. Direct technical assistance has lead to the implementation of country specific activities. During this quarter, with technical assistance of MSH/SPS, the Bolivia NTP updated its guidelines for malaria diagnosis and treatment, and the Piura medical store was conditioned following MSH/SPS recommendations.
Barriers to Progress:	No constraints.
Next Steps:	During next quarter, MSH/SPS will monitor the impact of these interventions on the availability of antimalarials. For the next quarter MSH/SPS will continue providing direct technical assistance, in response to demands from particular AMI countries.
Indicators:	None.
Activity Title:	Strengthening of malaria pharmaceutical management information systems
Activity Lead:	Barillas, Edgar **Activity #:** 7 **Task**: LAC-MAL/AMI **Subtask**: 60G4H7
Activity Description:	In collaboration with other partners, MSH/SPS will provide direct technical assistance for the design and implementation of interventions to improve pharmaceutical management. An extended support may be requested for current (FY08) activities supported as pilot initiatives (the communications campaign in Colombia, and the improvement of warehousing conditions and practices in Ecuador and Colombia), if the final evaluation demonstrates a clear impact of the intervention. This activity includes the facilitation of south-to- south technical assistance (as agreed to in the Lima meeting).
SPS Partners:	None.
Budget: $60,000.00	**Start Date:** Oct 2009 **End Date:** Sept 2010
Products Planned:	Trip report. Technical report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	During this quarter, MSH/SPS consultants provided TA to collect information on the availability of antimalarials (by the end of June 2010) in central and regional warehouses. This information was consolidated in a regional report that was shared with all counterparts and partners. The report promoted the exchange and donation of medicines among countries preventing major stock outs. In Ecuador MSH/SPS supported the organization of the information that the NMP must share with the national pharmaceutical information system.
Barriers to Progress:	No constraints.
Next Steps:	MSH/SPS will continue supporting the collection, analysis and sharing aggregated information as a strategy to prevent major stock outs of antimalarials.

Indicators:	None.
Activity Title:	Communication of research results and dissemination of best practices and illustrative interventions to national and international audiences
Activity Lead:	Barillas, Edgar **Activity #:** 8 **Task**: LAC-MAL/AMI **Subtask**: 60F4H8
Activity Description:	In collaboration with Links Media, MSH/SPS will update and edit publications (in an AMI template developed by Links Media) to reach a wider audience. MSH/SPS will also support the presentation and discussion in national forums, of interventions and studies promoted by AMI. MSH/SPS will support (first among partners, and then among counterparts) the dissemination and discussion of the study on the implications of low incidence of malaria on pharmaceutical management. MSH/SPS will produce documents in collaboration with its partners on all pharmaceutical management activities that have taken place in the region, maintain up-to-date information about its involvement in AMI activities on the MSH/SPS program website, and contribute to coordinated efforts to disseminate information at conferences and meetings.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies Malaria Research Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $50,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Meeting minutes and proceedings. Newsletter/informational pieces. Fact sheet.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS updated the MSH/AMI website including links to the report ―Meta-analysis of adherence to antimalarial treatment”. MSH/SPS is supporting the publication of the study on adherence to antimalarial treatment in Brazil, in a peer review journal. MSH/SPS elaborated and disseminated (in partnership with Links Media) success stories on the promotion of adherence to antimalaria treatment and pharmaceutical management of antimalarials in low incidence settings.
Barriers to Progress:	No constraints.
Next Steps:	For next quarter, MSH/SPS will publish and disseminate the study on the impact of the introduction of ACTs in countries sharing the Amazon Basin.
Indicators:	None.
Activity Title:	Participate in the annual steering committee and other regional meetings with initiative countries and technical partners.
Activity Lead:	Barillas, Edgar **Activity #:** 9 **Task**: LAC-MAL/AMI **Subtask**: 60F4N9
Activity Description:	SPS will participate in the annual meeting and semi-annual steering committee meetings. Additional funds have been allocated to support SPS‘ attendance at any other AMI meetings, upon request.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies
SPS Partners:	None.

Budget: $30,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip report. Meeting minutes and proceedings.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS consultants participated in the XVIII Steering Committee (SC) meeting held in Washington DC on September 8-9, 2010.
Barriers to Progress:	No constraints.
Next Steps:	Next AMI SC meeting will be held in Panama on March 2011.
Indicators:	None.

Latin America and Caribbean-AMR

Work plan: LAC-AMR/SAIDI **Year** 2009

Funding Level: $190,000.00

Work plan Background
The growing problem of antimicrobial resistance is threatening to undermine the advances achieved through priority health programs including tuberculosis, malaria, acute respiratory infections, sexually transmitted infections and HIV/AIDS, by rendering currently available treatments ineffective. Antimicrobial resistance (AMR) is the result of an increased exposure of microorganisms to antimicrobial medicines and the subsequent development of survival mechanisms in these microorganisms. The consequences of AMR include an increase in mortality, morbidity, and in the cost of health care worldwide. An example of AMR of particular concern is multi-drug resistant tuberculosis (MDR-TB). The emergence and spread of MDR-TB has serious implications for a national TB control program, because treatment is longer and less effective than treatment of non-resistant tuberculosis and is significantly more costly. In response to this growing challenge, the USAID Bureau for the Latin America and Caribbean Region (USAID/LAC/SD) has proposed a sub-regional strategy for the Andean countries and Paraguay, called the South American Infectious Disease Initiative or SAIDI. The general objective of this initiative is to contain the emergence and spread of AMR by improving the availability and the use of antimicrobials of assured quality. Thus, the central focus of SAIDI is rational use of antimicrobials and AMR control, with a specific emphasis on preventing the emergence of MDR-TB. Since FY04, the Rational Pharmaceutical Management (RPM) Plus program - predecessor to MSH's Strengthening Pharmaceutical Systems program -and the other SAIDI international partners, including the Alliance for Prudent Use of Antibiotics (APUA), the Drug Quality Information Program from the US Pharmacopeia (DQI USP), Links Media, the US Center for Disease Control and Prevention (CDC), and the Infectious Disease Division of the Pan-American Health Organization (PAHO) have been working with national counterparts in Bolivia, Peru and Paraguay to create a new, evidence-based and stepwise approach to local solutions for containing AMR. This approach considers the factors contributing to AMR within the context of existing systems, and therefore takes advantage of the interaction between stakeholders. Over the past three years, national AMR working groups have been formed in Peru and Paraguay and these groups, in conjunction with SAIDI international partners, have conducted various assessment activities which led to a holistic, local view of the factors contributing to AMR in each country. Based on these results, MSH/SPS and national partners have implemented activities to address the identified problem areas, including: certification of the DISA Callao warehouse in good storage practices (GSP) (Peru), development and implementation of standard operating procedures (SOPs) for 2nd-line

tuberculosis (TB) medicines (Peru), establishment and strengthening of a network of drug information centers (DIC) (Peru and Paraguay), communication campaigns targeting prescribers, dispensers, and patients (Peru and Paraguay), pharmaceutical management capacity building (Peru and Paraguay), and improved facility-level management of 1st line TB medicines (Paraguay and Bolivia). Last year, SPS continued to support these activities and worked improve local capacity needed to transfer responsibilities to national institutions and organizations, thereby promoting long-term sustainability. This year, SPS will continue to work on improving capacity and transferring responsibilities. In addition, SPS and other SAIDI partners will share their approach with another country in the region, and work with stakeholders in this new country in implementation.

Activity Title:	Provide support to institutionalize improved pharmaceutical management processes and procedures in Callao, and at the national level in Peru
Activity Lead:	Barillas, Edgar **Activity #:** 2 **Task**: LFLN09AMR **Subtask**: 60F3H3
Activity Description:	This year, SPS will conduct monthly monitoring visits to ensure implementation of the SOPs for warehouse management. Prior to the annual re-certification inspection, SPS will evaluate the warehouse and communicate the findings so that the Directorate can prepare.
USG Sub-element:	Increasing Availability of Drugs for Treatment of TB
SPS Partners:	None.
Budget: $36,680.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Monitoring workshop report. Callao sustainability plan to systematize and institutionalize AMR-containment issues. Newsletter/informational piece.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS provided TA assistance for systematizing a training internship in Callao on good warehousing practices. Various provincial teams participated in this program during this quarter. MSH/SPS is also conducting impact evaluations of interventions, supported by SAIDI, to promote the rational use of antibiotics. The data collection was postponed trying to match the epidemiological period used for the baseline study.
Barriers to Progress:	No constraints.
Next Steps:	A final report is expected for January – February next year.
Indicators:	None.
Activity Title:	Provide support to the Ministry of Public Health and Social Welfare (MoPHSW) to strengthen pharmaceutical management and work towards developing a system for pharmacovigilance in Paraguay
Activity Lead:	Barillas, Edgar **Activity #:** 3 **Task**: LFLN09AMR **Subtask**: 60LXH4
Activity Description:	SPS will work to build the capacity of the university to provide technical assistance on pharmaceutical management. In addition, at the request of the MoPHSW, SPS will work with the university and the ministry to plan the development of a pharmacovigilance system in Paraguay.
USG Sub-element:	Development of New Tools and Improved Approaches Increasing Availability of Drugs for Treatment of TB Program Design and Learning

SPS Partners: None.

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

Products Planned: Plan for development of a pharmacovigilance system. Trip report. Technical reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS visited Paraguay to review progress in the implementation of an active pharmacovigilance system for a selected group of antiretrovirals currently used in Paraguay. Data collection started during this quarter.

Barriers to Progress: No constraints.

Next Steps: A preliminary report will be presented during the next quarter.

Indicators: None.

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

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

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

USG Sub-element: Program Design and Learning

SPS Partners: None.

Budget: $58,790.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: SAIDI approach documentation. Meeting minutes. Trip reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: No activities were implemented during this quarter.

Barriers to Progress: SAIDI approach could not be extended to another country during this quarter, since the ‗approach document‘ ─considered a requirement for the extension─ was just completed during this quarter. During the last SAIDI steering committee, all partners agreed that the SAIDI approach will be extended to other department in Peru, and the interventions will be oriented to the control of MDR-TB.

Next Steps: A baseline assessment will be conducted during the next quarter, before the implementation of the interventions around the second quarter of FY10.

Indicators: None.

Regional Development Mission for Asia (RDMA)

Work plan: RDMA Asia **Year** 2009

Funding Level: $300,000.00

Work plan Background

Since its inception in 2007, the Strengthening Pharmaceutical Systems (SPS) Program implemented by Management Sciences for Health has been receiving support from USAID's Regional Development Mission Asia (RDMA) to strengthen the pharmaceutical management systems for malaria, tuberculosis and HIV/AIDS in countries in this region. For implementation of activities during FY 10 (October 2009-September 2010), the RDMA is providing $400,000 to the SPS program for work in the areas of malaria ($150,000), HIV/AIDS in China ($100,000), and tuberculosis ($150,000). Following is a summary of the work that has been done in these three disease areas to date. MALARIA. In FY07, in Thailand, MSH under the program that preceded SPS (the Rational Pharmaceutical Management Plus), collaborated with the Borderless Action Against Microbes program of the Keenan Institute Asia to conduct a rapid assessment of the systems in place to manage antimalarials and shared findings and recommendations with key stakeholders. Based on these findings, in FY08, SPS worked with the national malaria control program in Thailand to develop a workshop for provincial health personnel on pharmaceutical management. In Laos, SPS has worked closely with the Office of the Principal Recipient of the Global Fund, the national malaria program and WHO/Laos to implement recommendations based on findings of an assessment of pharmaceutical management practices. In FY08, SPS provided assistance on quantification for the annual procurement and in the development of distribution plans. In FY09, we will continue to work with key stakeholders to appropriately analyze assessment data, diagnose system weaknesses, and provide existing or new tools to strengthen pharmaceutical management systems. SPS will provide follow-up assistance to country programs to scale-up interventions, monitor and evaluate tools or other interventions, and measure system improvements. TUBERCULOSIS. SPS participates in regional efforts to improve technical and human resource capacity to execute tuberculosis (TB) control activities and address emerging multidrug-resistant TB issues in the Asia region. SPS provides technical expertise to improve pharmaceutical management practices related to selection, procurement, distribution, and use of medicines for TB by providing curriculum and sharing experiences. In addition, SPS also provides technical assistance to TB programs in the region to address their specific pharmaceutical management needs. For example, in FY08, SPS conducted a Quantification and Training of Trainers course in Mongolia for key National Tuberculosis Program managers and district supervisors on basic pharmaceutical management principles and the use of quantification tools for both first- and second-line medicines. SPS will also provide post-training technical support to help Mongolia monitor implementation and assist with subsequent scale-up efforts. Likewise, in China, SPS works closely with stakeholders at the national and local levels including the World Health Organization (WHO), the Chinese Center for Disease Control (CDC), and the National Center for Tuberculosis Control and Prevention (NCTB) to strengthen pharmaceutical management systems for TB and MDR-TB. SPS technical assistance activities for TB include monitoring outcomes of standard operating procedure (SOP) implementation, strengthening the electronic management information systems for TB and MDR-TB, and demonstrating SOP implementation progress and impact in international forums. SPS will continue to assist the NCTB in reviewing the existing information flow and identifying plausible methodologies for incorporating MDR- TB patient case management and pharmaceutical management programmatic needs into the existing management information system (MIS), and making technical contributions to the continued roll-out of SOP training implementation.

HIV AND AIDS. SPS has been working closely with WHO/China and the CDC in the Guangxi Zhang Autonomous Region to strengthen pharmaceutical management for HIV/AIDS. In December 2008, SPS reviewed pharmaceutical management operations at antiretroviral therapy (ART) and distribution sites in Guangxi Province and worked with stakeholders to develop an action plan for strengthening the antiretroviral (ARV) pharmaceutical management system. SPS then drafted SOPs for each level of the system and held a validation workshop with key stakeholders to review the draft. This year, SPS will conduct a training of trainers, work with key local stakeholders on the revised SOPs, and provide technical assistance for their implementation in Guangxi. The specific activities to be implemented in FY10 are presented in a separate work plan document and the mini COPs submitted to RDMA.

Activity Title:	Continue support to the Bureau of Vector Borne Diseases in Thailand to improve pharmaceutical management practices during expansion of malaria posts under Global Fund Round 7
Activity Lead:	Morley, Sharri **Activity #:** 4 **Task**: LFRN09IDX **Subtask**: 60F4H2
Activity Description:	Continuing on work that began last year, SPS will provide support to the BVBD to strengthen pharmaceutical management practices.
USG Sub-element:	Health Governance and Finance (Malaria)
SPS Partners:	None.
Budget: $22,736.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS met with key contacts at the BVBD and KIAsia and identified a need for technical assistance with an assessment of the supply system in areas where malaria services (including the management of malaria medicines) have been integrated with routine public health services and where elimination activities will be undertaken under GF R10 (pending award).
Barriers to Progress:	None.
Next Steps:	MSH/SPS will write a study proposal to be distributed to all collaborators for review and approval.
Indicators:	None.
Activity Title:	Continue support to the national malaria program in Laos to improve pharmaceutical management practices, specifically information systems and quantification
Activity Lead:	Thumm, Melissa **Activity #:** 3 **Task**: LFRN09IDX **Subtask**: 60GXH3
Activity Description:	Continuing on work initiated last year, SPS will continue to provide support to the National Malaria Program to strengthen pharmaceutical management practices, in particular quantification and distribution.
USG Sub-element:	Health Governance and Finance (Malaria)
SPS Partners:	None.
Budget: $26,644.00	**Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Trip reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS met with key contacts in CMPE, the GF PR office and WHO/Laos in-country to define and prioritize the technical assistance needs, and then explored opportunities to collaborate with Grant Management Solutions (GMS), which will be assisting the GF PR with procurement and supply management issues, the central warehouse (MPSC) and the Food and Drug Department (FDD).

Barriers to Progress: A number of key posts in procurement and supply management (e.g. Logistician at CMPE, Procurement Officer at the GF PR office) are currently vacant─ no replacements have been identified.

Next Steps: MSH/SPS will coordinate with GMS to identify areas for collaboration.

Indicators: None.

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

Activity Lead: Thumm, Melissa **Activity #:** 5 **Task**: LFRN09IDX **Subtask**: 60F4H4

Activity Description: SPS participates in key meetings in the Mekong sub-region such as the Malaria Partners‘ meetings and the ACTMalaria annual meeting, as well as in the ACTMalaria discussion forum. This activity will also include support provided to containment of resistance on the Thai-Cambodia border and support provided to other priority countries in the region.

USG Sub-element: Program Design and Learning

SPS Partners: None.

Budget: $65,144.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Presentations.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS attended the opening ceremony of the Management of Malaria Field Operations (MMFO) course on September 20 in Bangkok. MSH/SPS also attended the MMP partners meeting in Phuket, Thailand, September 21-24.

Barriers to Progress: USAID/RDMA informed MSH/SPS that it would not be feasible to conduct an assessment of supply chain management in Burma in the current fiscal year.

Next Steps: SPS will facilitate the Procurement and Supply Management module at the MMFO course on October 7. On December 2, SPS will present on the key capacities in pharmaceutical management for malaria in high, moderate and low transmission areas. MSH/SPS will begin developing a guideline on the special pharmaceutical management-related considerations, implications and lessons learned for elimination and pre-elimination settings.

Indicators: None.

Activity Title: Participate in an assessment of the public-private mix strategy currently being

	implemented under the Global Fund in Laos
Activity Lead:	Thumm, Melissa **Activity #:** 2 **Task**: LFRN09IDX **Subtask**: 60F4A5
Activity Description:	SPS will focus on the pharmaceutical management aspects of strategy implementation.
USG Sub-element:	Health Governance and Finance (Malaria)
SPS Partners:	None.
Budget: $20,347.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Assessment report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS, in collaboration with CMPE, completed a draft of the PPM evaluation report.
Barriers to Progress:	None.
Next Steps:	SPS will disseminate the draft report to key stakeholders, solicit their feedback and incorporate it into the final version. Once finalized, the report will be published and disseminated. Opportunities to present the findings at international conferences will be explored.
Indicators:	None.
Activity Title:	Build regional capacity to improve pharmaceutical management practices for tuberculosis, through the development of a Regional Model Center for MDR-TB at the Tropical Disease Foundation in Manila
Activity Lead:	Morley, Sharri **Activity #:** 6 **Task**: LFRN09IDX **Subtask**: 60AXH6
Activity Description:	SPS anticipates participating in a meeting of NTP managers in early FY10 to further discuss the center, and in a needs assessment of participating countries. Based on the results of the assessment, SPS will develop a training course on pharmaceutical management that addresses regional needs.
USG Sub-element:	Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $73,380.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Analysis of pharmaceutical management strengths, weaknesses, opportunities and threats for RMC stakeholder countries.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	None.
Barriers to Progress:	None.
Next Steps:	Activity will resume in Q1 of FY10.
Indicators:	None.
Activity Title:	Continue to support the National TB Program in China to strengthen pharmaceutical management of first- and second-line TB medicines

Activity Lead:	Morley, Sharri **Activity #:** 7 **Task**: LFRN09IDX **Subtask**: 60G4J7
Activity Description:	SPS will work with the Damien Foundation, the WHO/China and the NTP to improve training on first-line standard operating procedures for pharmaceutical management. SPS will also assist the Chinese National TB program to prepare for scale up of MDR-TB activities, with a focus on improving management information systems.
USG Sub-element:	Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $61,989.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Training materials. SOPs. Assessment report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS provided the NCTB with two versions (Microsoft® 2003 and 2007) of the quantification tool for FDCs. In coordination with the WHO, SPS responded to the following minor requests for assistance: (1) Provided a guidance document for good storage practices. (2) Liaised with MSH/Brazil to arrange the visit of the Chinese NCTB surveillance team to Brazil in late September. (3) SPS will conduct an assessment of MDR-TB program sites and identify factors needed to strengthen the SLD quantification and management. (4) SPS may assist in preparing materials for a session on pharmaceutical management during an annual drug conference in China.
Barriers to Progress:	SPS unsuccessfully attempted to reconstruct the quantification tool in MS 2003. Select NCTB officers were required to purchase the upgraded (2007) operating system in order to use the tool. NCTB requested to re-schedule the assessment visit of MDR-TB sites originally planned for August because of the delay in receiving GLC drugs and subsequent SLD shortage.
Next Steps:	SPS will continue to follow up with NCTB on the assessment visit to confirm travel dates. We will also provide limited assistance to MSH/Brazil and the NCTB in preparation for their visit.
Indicators:	None.

COUNTRY PROGRAMS

Afghanistan

Work plan: Afghanistan **Year** 2009

Funding Level: $2,500,000.00

Work plan Background
Afghanistan is classified as one of the least developed countries in the world, with a highly complex and chaotic pharmaceutical sector. Since 2002, USAID has supported technical assistance for pharmaceutical management to the Afghanistan Ministry of Public Health (MoPH) and nongovernmental organizations (NGOs) operating in the country, through Management Sciences for Health (MSH) programs, including the Afghanistan Health Services Enhancement Project, the Rural Expansion of Afghanistan‘s Community Based Healthcare Program, and the Tech Serve Program. In 2008, the USAID Mission invited MSH‘s Strengthening Pharmaceutical Systems (SPS) Program to render technical assistance (TA) and support to the government of Afghanistan‘s MoPH to improve the country‘s pharmaceutical system. In October 2008, SPS established a country office in Kabul, and since then, SPS has been working closely with the MoPH to: (1) improve the use of medicines, (2) build the capacity of the MoPH to manage pharmaceutical services, (3) build the capacity of the MoPH to ensure the quality of pharmaceutical products, (4) establish a coordinated procurement and distribution system, and (5) design a system for USAID procurement of pharmaceuticals to be used once the Tech Serve Project concludes. Since establishing the country office, SPS has assisted the MoPH in Afghanistan with pharmaceutical management interventions at both national and peripheral levels of the system. At the national level, SPS has provided technical assistance to the General Directorate of Pharmaceutical Affairs (GDPA), the Central Warehouse, the hospitals of Kabul, and other institutions to integrate components of pharmaceutical management into national strategies for improving access to essential medicines, especially those components related to quality assurance, rational medicine use, procurement and distribution, and management information systems (MIS). In collaboration with the GDPA, SPS has taken the lead in developing curriculum and conducting training in pharmaceutical management for pharmacy staff from select geographic locations in support of the MoPH training obligations. Also in collaboration with the MoPH/GDPA, SPS has been the lead agency for putting in place the Coordinated Procurement and Distribution System (CPDS) for essential medicines in Afghanistan. This governmental initiative emerged in 2009 to ensure that appropriate coordinating mechanisms are in place to effectively facilitate various activities and to involve stakeholders in the selection, quantification, procurement, storage, distribution, and use of pharmaceuticals used for the Basic Package of Health Services (BPHS) and the Essential Package of Health Services (EPHS). The ultimate objective of the CPDS is to maximize the purchasing power of donor funds and resources, while ensuring the quality of products through a centralized and coordinated process. During FY09, SPS expects some structural changes at the MoPH as a result of national elections that are scheduled to occur in August 2009. It is still uncertain what the roles of some institutions and directorates of the MoPH will be, and whether the leadership of certain positions within key institutions and directorates of the MoPH will change. In this potentially challenging situation, SPS plans to continue activities that support the pharmaceutical sector and advocate for pharmaceutical management to have a priority role in health care structure. SPS‘s TA and support will cut across both the public and private sectors. One of SPS‘s main focuses will be to continue to build the local capacity of staff at the MoPH/GDPA in pharmaceutical management, to effectively allow the GDPA to assume its role and responsibility for overseeing the public and private pharmaceutical sectors in Afghanistan. At the

national level, SPS will continue to support the CPDS in order to consolidate its internal organization and the functions of its members and promote its sustainability. SPS will also continue supporting the directorates of the MoPH and the central warehouse, paying special attention to three MoPH priority areas: accessibility and distribution of pharmaceuticals, rational use of medicines, and product quality assurance. Finally, SPS has and will continue to design interventions in Afghanistan to provide immediate response to urgent day-to-day pharmaceutical problems, while at the same time developing the policy framework and human capacity to strengthen the system in the medium- and long-terms. To achieve this, SPS will fully involve local counterparts in the process of determining priority actions and processes, and implementing resulting activities.

Activity Title:	To provide TA to the Standard Treatment Guideline (STG) Working Group to improve the standardization of prescribing of medicines
Activity Lead:	Morris, Mark **Activity #:** 4 **Task**: LFAF09XXX **Subtask**: 60EXH2
Activity Description:	In collaboration with the AMR portfolio, SPS Afghanistan will continue supporting the STG working group to review and develop comprehensive STGs for Afghanistan in FY09. The STGs are essential documents for helping prescribers make informed decisions and for ensuring that appropriate treatments are prescribed for specific clinical problems. SPS will provide the necessary TA to publish the STGs and develop implementation strategies to ensure that the guidelines are used to improve patient outcomes across Afghanistan.
SPS Partners:	None.
Budget: $145,158.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	STGs. Trip report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	During the month of October, four STG meeting were held. As of the end of quarter 4, STGs for 32 conditions were written by the Kabul National Hospital trained physicians. Out of the 32, nine were reviewed and finalized by the STG WG ─the remaining 23 are currently under review. To speed up the STG WG review activities, SPS will hire a local short-term consultant. To date, the process appears to be progressing as a result of the commitment of the members of the working group.
Barriers to Progress:	Speed of the development and review of STGs.
Next Steps:	SPS will continue to provide technical guidance and direction for each aspect of the STG development process.
Indicators:	None
Activity Title:	To provide TA to HSSP to revise training materials for Rational Medicine Use to be used in training of physicians, pharmacists, and CHWs
Activity Lead:	Morris, Mark **Activity #:** 5 **Task**: LFAF09XXX **Subtask**: 60E3H4
Activity Description:	With the technical support of the AMR portfolio, SPS Afghanistan will continue its support to HSSP by collaborating on revisions to the RMU training materials.
SPS Partners:	None.
Budget: $48,669.00	**Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Revised training materials.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: A taskforce comprised of SPS, HSSP and GDPA revised and finalized training materials for the rational use of medicines. The finalized training materials were translated into Dari and in September, a 5-day training course for NGO and HF staff was conducted by HSSP with direct support from SPS. The training course was facilitated by technical staff of SPS, HSSP, and the GDPA. At this stage of the process there is a need to develop participant and trainers' guides to accompany the finalized training materials. HSSP wants to develop RUD training materials in the form of a RUD Learning Resources Package. In September, SPS and HSSP established a taskforce to work on the RMU training guides. HSSP wants to hire an international expert as a short-term consultant to write the participant and trainers' guides. SPS continue to render support as needed.

Barriers to Progress: None.

Next Steps: Provide any needed support to HSSP for development of the participant and trainer guides.

Indicators: None.

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

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

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

SPS Partners: None.

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

Products Planned: Revised course curriculum.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS continued it review of the curriculum materials received from the university. A consultant was scheduled to travel to Kabul in August 2010, but, due to security concerns in Kabul, the consultants visit was cancelled and rescheduled for early in FY10. In the interim, SPS continues to work with the university staff to identify areas in which revisions are needed. Reference materials have been purchased and supplied to the taskforce that is charged with overseeing the curriculum revision process. SPS to conducted and co-facilitated (with GDPA) a 5-day MDS/RMU training course for the graduating students. Professor Babury, the Deputy Minister for Higher Education, participated in the opening course and expressed his appreciation of SPS‘ efforts on behalf of the Pharmacy School. Based on the evaluation sheets, students appreciated the sessions, facilitators, and teaching methods. They reporting learning a lot about

	pharmaceutical management and felt the information will help them in the field.
Barriers to Progress:	Security concerns led to postponement of consultant's visit to Kabul. Ongoing commitment of the university staff to the established revision process is difficult to secure.
Next Steps:	Continue to work closely with the Faculty of Pharmacy to move this activity forward. Determine precise SOW for the SPS consultant for quarter 1 of FY10.
Indicators:	None.
Activity Title:	Conduct a functional analysis of the MoPH/GDPA, development of action plan, and implementation of recommendations
Activity Lead:	Morris, Mark **Activity #:** 7 **Task**: LFAF09XXX **Subtask**: 60A1A6
Activity Description:	The GDPA's mission is to provide useful and equitable pharmaceutical services for the people of Afghanistan. The GDPA has an overall mandate to organize and implement a pharmaceutical management system.
SPS Partners:	None.
Budget: $158,946.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Analysis report. Implementation plan. Action plan.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	GDPA formed a core group of department heads to be responsible for conducting a functional analysis. Meetings were held to discuss approaches, work plan development, and next steps. Dr. Nazir, Manager of the Drug Analysis Department, was appointed chair of the group. It was agreed that the first step would begin on October 30 and focus on the collection of documentation relevant to the functioning of the GDPA. The core group reviewed and provided detailed feedback on the draft questionnaire. These will be incorporated into the second draft in time for discussion at progress review meeting on December 2. During the discussions with the core group, it became known that GDPA is currently reviewing staff assignments and responsibilities. As this instability creates a difficult context within which to conduct the functional analysis, it was decided to postpone the start of interviews and data collection. It is anticipated that the transition process will take 2 to 3 months. However, progress in this regard will be monitored and reviewed in December. In the meantime, document collection and translation will continue as planned.
Barriers to Progress:	Uncertainties about staffing and structure of the GDPA. Availability of a SPS consultant.
Next Steps:	The SPS consultant will participate in the December meeting of the core working group.
Indicators:	None.
Activity Title:	Provide TA to the MoPH to revise and finalize draft laws, policies, and regulations
Activity Lead:	Morris, Mark **Activity #:** 8 **Task**: LFAF09XXX **Subtask**: 60AXH9
Activity Description:	During FY09, SPS will provide support to ensure the review of all laws, policies, and

	regulations relating to the pharmaceutical sector, with the aim of finalizing the documents for approval and enactment.
SPS Partners:	None.
Budget: $74,820.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Approved Medicine Law. Approved National Medicines Policy. Approved API Mandate. Approved regulations on import/wholesale. Approved regulations on price control. Approved regulations on manufacturing. Approved regulations on licensing. Approved regulations on advertising. Approved regulations on pharmacies.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The first meeting of the GDPA-appointed task force was held and presentations were given by SPS staff on the purpose of the review and to propose an approach and timeline. Task force members will review current national policy, examples of policies from other countries, and relevant WHO guidelines and monitoring indicators in preparation for the next meeting, scheduled for December, when a detailed action plan will be formulated and approved. Copies of major reports and studies on the Afghan pharmaceutical sector will be translated and made available to task force members to assist in the situational analysis of the sector. Discussion workshops will be planned for January/February to begin the sector analysis discussions with the task force.
Barriers to Progress:	While over the past several months, the MoPH requested delays in the implementation of this activity, it is now ready to move the process forward beginning with the revision of the national drug policy. Commitment of taskforce members.
Next Steps:	Review current national policy, examples of policies from other countries, and relevant WHO guidelines and monitoring indicators in preparation for the next meeting, when a detailed action plan will be formulated and approved. Ensure availability of SPS consultant for December meeting.
Indicators:	None.
Activity Title:	Provide TA to the MoPH/GDPA to improve coordination and internal and external communication with the MoPH on pharmaceutical management
Activity Lead:	Morris, Mark **Activity #:** 9 **Task**: LFAF09XXX **Subtask**: 60AXD0
Activity Description:	During FY09, SPS will continue its support to the GDPA and with its collaboration will continue to identify and seek solutions to barriers that impede internal and external communication and coordination.
SPS Partners:	None.
Budget: $123,516.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	SOPs.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS continues to assist the GDPA improve its internal and external communication. Over the course of the reporting period, SPS assisted the GPDA with the planning and

implementing several management and key stakeholder meeting. The CPDS continues to provide the greatest opportunity for the GDPA to interact with donors, NGO partners, and various departments of the MoPH. SPS and GDPA assessed the need for ongoing provision of English and computer skills training for GDPA staff. It was determined that marked improvements by the staff in both areas necessitated continuation of capacity and skills building in both areas, but not necessarily at current levels. For quarter 1 of FY10, the support in this particular area will be reduced to levels that will be determined in collaboration with GDPA senior management. SPS continues to meet with the GDPA and MoPH regarding implementation of a functional analysis. A functional analysis taskforce was created and the group held their first meeting in October. The results of the analysis will be utilized to determine the specific technical assistance that the GDPA will require to promote institutional building in a variety of areas.

Barriers to Progress: Waiting the results of the functional analysis.

Next Steps: SPS will continue to render assistance to the GDPA. The results of the functional analysis will be utilized to further support the GDPA. The analysis is already in progress and a SPS consultant is scheduled to travel Kabul during the next quarter to move the process forward.

Indicators: None.

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

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

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

SPS Partners: None.

Budget: $238,080.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Updated and new SOPs. Technical reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS continued to work collaboratively with Tech-Serve and GDPA in the development of the draft database for manufacturers, wholesalers, suppliers, and products. At various points in this process, it has been It extremely difficult to secure complete commitment of the GDPA, especially as it relates to supplying the required information and testing the database. In September, some rough data was collected from the GDPA and entered into the database. Preliminary findings showed that the database is functioning effectively, but some additional technical guidance and assistance is required to finalize the database and commence official use. The pharmaceutical human resources assessment activity started at the end of September. The goal of the assessment activity is to develop a pharmaceutical human resources

(HR) framework based on a situational assessment and options analysis. An assessment core team of 5 members ─ 2 SPS officers, 2 GDPA staff members (Drug Affairs Program Analysis Manager and Pharmacy Law Director) and 1 MoPH staff members (HR Department Database Manager). The team is supported by a staff member at SPS/MSH headquarters and a SPS/MSH consultant on pharmaceutical human resources. One important component of this assessment activity is the development of the assessment tools. In preparation for the tools development, SPS presented and familiarized the core team members with the concepts and strategies related to the assessment, including: steps that need to be taken in the development of assessment tools, explanation of how competency frameworks can be used and applied, outline of the process for the development of competency frameworks, definition of the terms competency, competency framework, competent and performance. A ─learning by doing" approach was used with the core team members to develop the two assessment tools. By the end of the preparation phase, the initial draft of the following two tools was developed: (1) Assessment Objectives Tool: to examine pharmaceutical HR issues at the national, provincial, and facility levels, and focus issues on HR planning, HR Management and HR. (2) Competency framework: This framework describes a collection of competencies across all areas of the pharmaceutical sector. Findings from the competency assessment tool can help to develop a needs-based training or capacity building strategy by identifying the competency profiles of pharmaceutical human resources. The core team conducted a stakeholder analysis and planning to identify stakeholders in the pharmaceutical sectors that have influence and support in pharmaceutical HR development and training. The relevant stakeholders and experts were then invited to attend the forum. A stakeholder management plan was drafted by the core team.

Barriers to Progress: Delays on the part of GDPA to submit information needed to finalize DMIS data base.

Next Steps: Follow-up activities f will include external expert and final validation of the competency framework, development and review of national and provincial level assessment tools, and preparation for data collection at the national and provincial levels. A SPS consultant will continue to render assistance for the finalization of the database for GPDA.

Indicators: None.

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

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

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

SPS Partners: None.

Budget: $178,896.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Analysis report and proposal. Options for the establishment of the NDA and a

registration system analyzed and discussed with the MoPH.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: In September, SPS finalized and submitted the final Food and Medicine Drug Regulatory report to USAID for review, comments, and approval. The report reflects SPS' assessment of the food and medicines regulatory system in Afghanistan and renders recommendations to the government for how to strengthen it regulatory system/structure. The assessment will identify short-term technical assistance and support that SPS could provide to the existing National Medicines and Food Board, while it determines what the future regulatory system will look like. SPS received and will promptly respond to USAIDS' questions and comments. Once finalized, the report will be shared with the MoPH, and SPS will render assistance to the MoPH for the review and selection of an appropriate regulatory framework.

Barriers to Progress: Delays due to the need to have ongoing communications between the Kabul team and the consultants to determine the accuracy of information assessed, as well as the options and interventions which will be presented in the report.

Next Steps: Finalization of the report by mid November 2010.

Indicators: None.

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

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

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

SPS Partners: None.

Budget: $211,634.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Procedures for Drug Registration. Process for registering drugs in Afghanistan is started after implementation of the procedures developed.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: While, in collaboration with Tech-Serve, SPS continues to support the GDPA in the development of a drug database, the development of drug registration system will be addressed by the food and drug regulatory assessment (April). The results of the

	assessment will allow the MoPH to determine options for improving the regulatory structure/system and, thus, determine how best to establish a comprehensive drug registration system. SPS will be on hand to render all required technical assistance.
Barriers to Progress:	Awaiting the results of the food and drug regulatory assessment.
Next Steps:	SPS will conduct the assessment and the results will determine the process and steps needed to establish the drug registration system.
Indicators:	None.
Activity Title:	To provide technical support to the MoPH to improve the functionality of the Central Warehouse to improve the availability and accessibility of pharmaceuticals and other commodities
Activity Lead:	Morris, Mark **Activity #:** 13 **Task**: LFAF09XXX **Subtask**: 60C3HB
Activity Description:	During the latter part of FY08, SPS completed a comprehensive options analysis of procurement and distribution mechanisms for the MoPH and USAID, including the Central Warehouse. Based upon the assessment‘s recommendations for operations at the Central Warehouse operations, SPS put together a plan to improve the warehouse‘s performance.
SPS Partners:	None.
Budget: $92,446.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Technical reports. Training reports. TA delivered and recommendations discussed with the staff of the Central Warehouse.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Refurbishment of the MoPH CMS continued. To date, SPS rendered financial support for the electrical wiring of 2 of 3 warehouses and the replacement of several lamps. The walls of the building are too hard and drilling work is a bit slow. In September, the SPS team visited the CMS and spoke with the staff ─ they report the refurbishing efforts have significantly increased storage standards and functioning of the CMS. In addition, based upon a list developed in consultation with the CMS, the General Directorate of Administrative Affairs, and HPIC, SPS has provided equipment to CMS.
Barriers to Progress:	None.
Next Steps:	SPS will closely follow the refurbishment of the CMS.
Indicators:	None.
Activity Title:	To provide TA to the MoPH to support its plan to build capacity to ensure the quality of pharmaceutical products entering into and used within the country
Activity Lead:	Morris, Mark **Activity #:** 14 **Task**: LFAF09XXX **Subtask**: 60DXHC
Activity Description:	It is anticipated that during FY09, SPS‘ collaboration with the GDPA will focus on helping the MoPH and the QA taskforce move forward with the QA agenda and lay the foundation for the creation of a permanent QA committee within the MoPH. This committee will be comprised of representatives of various ministries and

organizations, including the private sector and will be responsible for identifying and addressing issues related to counterfeit and substandard products. Although the committee will eventually address laboratory testing capacity, their initial focus will likely be defining and strengthening the MoPH's stewardship role by evaluating the current product registration system to identify improvement opportunities, inspection capacity, and related legal and regulatory issues.

SPS Partners: None.

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

Products Planned: Trained MoPH and other stakeholder staff.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: In September SPS completed and submitted to USAID a comprehensive report on the QA situation of Afghanistan ─ as a result of the findings of the drug quality testing, QA rapid assessment, and existing information on the QA situation of Afghanistan. SPS anticipates receiving comments/feedback from USAID in early November. Once the report is finalized it will then be submitted to the MoPH for review, discussion, and approval. The comprehensive report will provide the Government of Afghanistan an opportunity to review the identified problems, as well as recommended a process to determine the advantages and disadvantages of proceeding in one direction or the other. SPS will provide a technical consultant to assist the government with developing a strategic plan for the implementation of the recommendations contained in the report.

Barriers to Progress: None.

Next Steps: Finalize the QA report, support the GDPA with establishment of a QA committee, develop TOR for the committee, conduct training for QA committee, organize a roundtable meeting on QA, and utilize the QA report to prioritize QA interventions/activities.

Indicators: None

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

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

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

SPS Partners: None.

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

Products Planned: Meeting minutes.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: CPDS committees continued efforts to operationalize the individual committees. The Drug and Information Committee (DIC) held its third meeting. Agenda items included

plans for the DIC to conduct a mapping exercise to collect and assess all data and information form, tools, and systems that are being utilized by partners. The MoPH approved the mapping exercise. SPS is rendering technical assistance to the DIC in the development of a process and the tools to carry-out out the exercise. It is hoped that the assessment will result in the development of indicators a comprehensive MIS. In addition, the Commodity Security Committee and the Advisory Committee requested assistance from SPS to develop (1) National Procurement and Distribution Guidelines, and (2) the most appropriate approach to quantification. Briefing documents were prepared, outlining a practical approach on each of these technical areas. It is planned to call meetings of each of the two CPDS sub-committees, (the Advisory Committee and Commodity Security Committee) in early December, in order to discuss the documents and develop plans for moving forward. The job vacancy for the CPDS Coordinator position was published and applications were received. SPS will facilitate a transparent process to develop a short list of candidates and proceed with recruitment process.

Barriers to Progress: Commitment of committee members to participate and contribute technical resources to address identified issues.

Next Steps: SPS will continue to support the implementation of the CPDS. Continue to support recruitment process to hire and second a CPDS Coordinator to the MoPH/GDPA.

Indicators: None.

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

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

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

SPS Partners: None.

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

Products Planned: Options analysis. Design plan for after Tech Serve.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: A series of meetings were held between SPS and Tech Serve staff to further detail and plan the work necessary to prepare for a smooth transfer of DMU responsibilities from Tech Serve to SPS in 2011. Detailed activities were identified to move the process forward and responsibilities assigned for those activities. MSH offices in Boston and Washington were included in the discussions, and specific responsibilities identified for them where necessary. Discussions and work will continue throughout November/December when a final plan will be presented to USAID. The hand-over date for all DMU activities was initially proposed to be July 1, 2011. While this can continue to be the target for staff and assets, DMU management pointed out that they

	will be in the middle of their June-July distribution cycle at that time and therefore suggested a change of date. It was therefore agreed that warehouse and stocks will be handed over on July 31 instead of July 1. A plan was developed for transferring responsibility for quantification from Tech Serve to GDPA and for using that as a basis for developing a national method for quantification. A meeting was held with the GDPA Planning Department to discuss the plan at which staff expressed concern that they would not have sufficient human resources to accept this responsibility. It was explained, however, that the process would be fully supported by SPS and would proceed in a pragmatic, step-by-step manner and that responsibilities would not be transferred before the GDPA was fully prepared.
Barriers to Progress:	None.
Next Steps:	SPS will work collaboratively with Tech Serve to develop a transitional plan for submission on December 31, 2010.
Indicators:	None.

Angola

Angola-HIV/AIDS

Work plan: Angola HIV/AIDS **Year** 2009

Funding Level: $200,000.00

Work plan Background

In addition to $529,000 received from USAID/PMI Angola under MOP09 funds, SPS also received $200,000 in PEPFAR field support to improve HIV/AIDS commodity management in Angola. A separate work plan is available that addresses the use of PMI funds to provide technical assistance (TA) to the Ministry of Health National Malaria Control Program (MoH/PNCM). The plan integrates pharmaceutical management strengthening activities across the vertical programs, in line with USAID/Angola Mission integrated support strategy. This work plan addresses the HIV/AIDS-funded component of the integrated activities. The HIV/AIDS funds will be used to conduct an assessment of the existing HIV/AIDS pharmaceutical management system in collaboration with National AIDS Control Program (Instituto Nacional de Luta contra o Sida (INLS)), and to provide TA to the MOH National Directorate of Medicines and Equipment (DNME) and INLS in support of ongoing implementation of pharmaceutical management training and supportive supervision programs for health workers, tailored to improve capacity to manage ARVs and related essential medicines and consequently improve availability and use of these commodities at ART sites. The assessment will include forecasting, procurement, storage, distribution and rational use of antiretrovirals (ARVs) and medicines for related opportunistic infections (OIs), and adherence to antiretroviral therapy (ART) and treatment of OIs. The findings of the assessment will inform the development of future activities to address specific HIV/AIDS or other disease-related issues. The TA will be provided by SPS in-country technical staff and through short-term TA visits by externally-based staff.

Activity Title:	Technical activity coordination and monitoring.
Activity Lead:	Goredema, Wonder **Activity #:** 1 **Task**: LFAO09HIV **Subtask**: 97XXY1
Activity Description:	Technical activity coordination includes work plan development, activity and budget monitoring, progress reporting, meetings, and communication with partners and collaborators. Implementation of the work plan activities will involve close coordination among Luanda-based SPS staff and US-based technical staff, and with USAID/Angola Mission, MoH and INLS staff and other local partners. SPS staff in Luanda will be supported by the Program Manager in Arlington and other SPS technical staff via e-mail, telecommunication and short-term technical assistance visits. USAID/PMI Angola funding will also be used to support this activity.
SPS Partners:	None.
Budget: $30,340.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Work plans, quarterly reports, financial reports, coordination meeting minutes.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Preparation of registration paperwork continued and by the end of September, the documents were ready for submission. One consultant SPA assumed duty in early July. With the MoH PNME, SPS coordinated preparations for essential medicines management training that was conducted in September, and integrated supervisions that took place in June/July.

Barriers to Progress: The SPS local consultant's contract was not renewed when it expired in June 2010. Efforts to engage the 2 successful candidates for the consultant SPA position were delayed, as one candidate, a foreign national outside Angola, had visa and work permit-related issues and only entered Angola at the beginning of July. The other, a local citizen, was unavailable to assume duty in August due to contractual issues with an existing employer. As a result, SPS had to begin searching for potential candidates again.

Next Steps: Continue as planned.

Indicators: None.

Activity Title: Conduct a rapid assessment of HIV/AIDS pharmaceutical management.

Activity Lead: Goredema, Wonder **Activity #:** 2 **Task**: LFAO09HIV **Subtask**: 60A1A2

Activity Description: SPS will conduct an initial rapid exploratory assessment in consultation with the INLS and USAID/Angola Mission, to determine the gaps in pharmaceutical management for HIV/AIDS and to inform how best to adapt and tailor ongoing pharmaceutical management capacity building and supervisory activities. In addition to assessing the supply chain system, the assessment will also address rational use aspects of ARVs and OI medicines. It will determine if up-to-date standard treatment guidelines (STGs) for ART and related OIs are available, accessible and used by prescribers, and recommend appropriate improvements. Sub activities will include: develop an assessment tool, collect and analyze data, develop and disseminate an assessment report- including appropriate recommendations for updating existing essential medicines management training materials and supervision tool to address HIV/AIDS gaps- develop interventions to promote rational use of ARVs and OI medicines, and hold a meeting with USAID, MoH and key local stakeholders to disseminate and review the findings of the assessment and agree next steps for addressing identified gaps.

SPS Partners: None.

Budget: $125,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Trip report. Assessment report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Finalized technical and logistical preparations and collected data with local counterparts. Following preparatory discussions with the USAID/Angola HIV/AIDS team and local MoH counterparts (including the DNME/PNME and INLS), it was

	decided to collect data from 17 sites in: Luanda (3 HIV/AIDS treatment sites ─2 hospitals and 1 health center —and NEOPHARMA, the central warehouse where INLS stores all HIV/AIDS supplies), Benguela province (5 sites), Lunda Norte province (4 sites) and Cunene province (5 sites). Data will be collected by 2 teams, each comprising representatives from the DNME/PNME, INLS, provincial HIV/AIDS coordinator, and MSH/SPS. Data was collected during August.
Barriers to Progress:	There were unforeseen delays in accessing and coordinating with the key MoH counterparts-INLS. There were also administrative delays in obtaining INLS authorization to collect data in the field.
Next Steps:	Analyze data and hold meeting with USAID, MoH and key local stakeholders to disseminate preliminary results and obtain feedback. Develop and disseminate an assessment report. Develop FY10 work plan activities tailored to address specific assessment findings/recommendations.
Indicators:	None.
Activity Title:	Conduct trainings to build health workers' capacity to manage essential medicines and commodities, including medicine for HIV/AIDS and malaria.
Activity Lead:	Goredema, Wonder **Activity #:** 3 **Task**: LFAO09HIV **Subtask**: 60CXM3
Activity Description:	The provincial core-training group will comprise of about 15 representatives, some of whom received the basic training in the September 2009 workshop. This TOT will target warehouse staff and provincial supervisors, national PNME supervisors, INLS representatives and municipal logisticians that are currently being trained (with USAID support) in Luanda, Huambo and Lunda Norte provinces. Subsequently, SPS will provide additional TA support to the MoH and partners to assist members of the core training group to conduct four (4) regional roll-out trainings targeting representatives of health units. Each of these regional trainings will target about 30 health workers from 4-5 nearby provinces. The trainings will be jointly supported by HIV/AIDS and PMI funds. SPS will closely coordinate and support the DNME, PNME, PNCM, INLS, provincial health authorities and relevant partners with technical and logistical preparations and facilitating roll-out workshops, in a similar manner to the support that was provided for the September 2009 workshop. HIV/AIDS funds will be leveraged to support printing and make urgently needed pharmaceutical management forms available for use before, during, and immediately following training. Meanwhile, SPS will work with relevant authorities to plan for the longer-term strategies to address this chronic shortage. Other HIV/AIDS specific pharmaceutical management issues will be incorporated into the existing training materials for the TOT and for the roll-out trainings for health unit staff. HIV/AIDS and PMI funds will be leveraged to support training and capacity building activities.
SPS Partners:	None.
Budget: $29,250.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Training materials. Training reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4

Activity Progress:	The 1st regional scale up training on essential medicine management at the facility level was conducted September 21-23 in Luanda. The SPS-funded workshop was jointly organized by SPS and the MoH DNME/PNME and facilitated by PNME national supervisors that were trained during the TOT in April 2010. There were 25 participants from 4 provinces: Cabinda, Benguela, Kwanza Sul and Luanda. Participants from a 5th province, Zaire, failed to attend despite earlier confirmation of their attendance. Four participants attended with support from 4 different PMI INGOs: the MENTOR Initiative, AFRICARE, World Vision, and CRS. A considerable number of participants attended the training for the first time and the result of pre-post tests showed an encouraging increase in participant‘s knowledge.
Barriers to Progress:	The MoH budget was still not available to fund scale-up trainings and related activities as previously planned.
Next Steps:	Conduct 2nd regional scale up training on essential medicines management with participants from additional provinces.
Indicators:	None.

Angola-PMI

Work plan: Angola PMI **Year** 2009

Funding Level: $529,000.00

Work plan Background
SPS has received $529,000 in FY10 MOP funds to continue to provide TA to the Ministry of Health National Directorate of Medicines and Equipment (MoH/DNME) to implement pharmaceutical management of ACTs at the central, provincial, and district levels in Angola. These funds will be used to ensure that pharmaceutical management approaches and tools developed and implemented with previous USAID support are appropriately scaled up across different levels of the health care system. On-going activities will be supported, including receiving, storage and inventory management, distribution, appropriate use, training and supportive supervision of health workers in pharmaceutical management, and on-going implementation of PMI tools, such as the end use verification (EUV) tool. SPS‘ USAID/PMI-funded activities will continue to complement on-going efforts of other MoH partners, including GF Round 7 malaria grant activities. Some overlapping activities will be jointly funded by USAID/PMI and newly awarded USAID PEPFAR funding. The technical assistance support will be provided by SPS in-country technical staff and through short-term TA visits by externally-based staff.

Activity Title:	Technical Activity Coordination and Monitoring
Activity Lead:	Goredema, Wonder **Activity #:** 1 **Task**: LFA009PMI **Subtask**: 97XXY1
Activity Description:	Implementation of the work plan activities will involve close coordination among Luanda-based local SPS consultants, US-based technical staff, the USAID/Angola Mission and local counterparts (including MoH representatives, PMI implementing partners, and other local partners such as the Global Fund, and PMI NGOs). These groups will be responsible for following up, supporting, and monitoring implementation of activities, including periodic collection and dissemination of routine data using prescribed PMI tools (PPMRm, PMI Systems Strengthening tool).

	Local SPS consultants in Luanda will be supported by the Portfolio Manager in Arlington and other US-based technical staff via e-mail, telecommunication and short-term technical assistance visits. This is expected to occur throughout the year. HIV/AIDS funding will be leveraged to support this activity.
SPS Partners:	None.
Budget: $63,600.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Work plans. Quarterly reports. Financial reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Preparation of registration paperwork continued and by the end of September, the documents were ready for submission. One consultant SPA assumed duty in early July. With the MoH PNME, SPS coordinated preparations for essential medicines management training that was conducted in September, and integrated supervisions that took place in June/July.
Barriers to Progress:	The SPS local consultant's contract was not renewed when it expired in June 2010. Efforts to engage the 2 successful candidates for the consultant SPA position were delayed, as one candidate, a foreign national outside Angola, had visa and work permit-related issues and only entered Angola at the beginning of July. The other, a local citizen, was unavailable to assume duty in August due to contractual issues with an existing employer. As a result, SPS had to begin searching for potential candidates again. Two candidates were interviewed in September and one was selected for hire as 2nd consultant SPA pending MSH registration, and administrative procedures.
Next Steps:	As in previous quarter.
Indicators:	None.
Activity Title:	Provide TA Support to Receive, Warehouse and Distribute PMI Commodities from National to Health Facility Level
Activity Lead:	Goredema, Wonder **Activity #:** 2 **Task**: LFA009PMI **Subtask**: 60C4G2
Activity Description:	SPS and JSI/DELIVER in-country staff will continue to help facilitate port clearance and physical receipt and documentation of received goods at the warehouse. SPS technical staff also assists the PNME and PNCM to compile and execute effective provincial distribution tables and to follow-up and monitor distribution of the commodities. While measures are put in place to improve security and minimize loss of commodities from the centralized system, a parallel supply chain, by-passing the central warehouse in Luanda, has been in use since early 2010.Shipments of ACTs and other PMI commodities are stored at the PSI warehouse in Luanda, from where they are then distributed to provincial warehouses for subsequent distribution to health units. SPS will continue to provide technical assistance support in this regard. Sub activities include: (1) Continue to work with JSI/DELIVER technical staff to identify a safe transit warehouse for PMI commodities in Angola. (2) Support the MoH/NEDP and the PNCM in quantifying requirements and updating the provincial distribution table for ACTs and related malaria commodities in Angola. (3) Continue to work with

JSI/DELIVER and relevant warehouse staff to ensure that PMI shipments are transported safely from the airport to the private warehouse in Luanda, and received, secured, and entered into warehouse records. (4) Work with the MoH/NEDP, PNCM and shipping contractor to ensure the supplies are distributed from the private warehouse to provincial warehouses according to the distribution table. (5) Coordinate with the MoH/NEDP and PNCM to follow-up, confirm receipt and proper warehousing, and further distribution of PMI supplies from the provincial to facility level.

SPS Partners: None.

Budget: $40,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: No PMI shipment was received this quarter. Global Fund ACTs were distributed from CMS (in Angomedica) September 1 - October 19 to all 18 provinces. All provinces received their ACT requirements. The only stocks remaining at the warehouse is the emergency stocks of 40, 056 units. The stocks intended for the national hospital (30% or 400,558 of the total quantity received) are also stored at Angomedica. RDTs (Parachecks) were also distributed with the ACT in September-October. A new brand of RDT (SD Bioline) is expected next year.

Barriers to Progress: None.

Next Steps: Work with USAID/DELIVER to provide TA to the MoH to prepare waiver letters to the Ministry of Transportation and Ministry of Finance for the next PMI shipment of 1,800,000 treatments of Coartem and RDTs that are expected in December 2010/January 2011.

Indicators: None.

Activity Title: Conduct Trainings to Build Health Workers' Capacity to Manage Key Essential Medicines and Commodities, including Medicines for HIV/AIDS and Malaria.

Activity Lead: Goredema, Wonder **Activity #:** 3 **Task**: LFA009PMI **Subtask**: 60CXM3

Activity Description: Following a TOT for warehouse staff that was held in Luanda in September 2009, a 2nd TOT will be conducted to capacitate a core group of provincial trainers who will then roll-out pharmaceutical management trainings for health unit staff in the provinces. Additionally, SPS will support the MoH to assist members of the core training group with regional scale-up trainings for representatives of health units from neighboring provinces. Each regional scale-up training will be co-funded by the MoH NEDP, SPS and PMI NGOs and held in the most central of 4-5 neighboring provinces with participants from those neighboring provinces. Sub activities will include: (1) Plan the pharmaceutical management TOT for the core training group with national counterparts and local partners. Planning will include budgeting, agreeing on roles and budget responsibilities with partners, booking venue and updating the training materials as needed. (2) Coordinate with the DNME and PMI partners to assist core

training group members to conduct the 1st of 3-4 roll-out workshops for health unit staff from neighboring provinces, followed by additional regional provincial trainings. (3) Print and disseminate drug management forms for health units, where there are immediate needs.

SPS Partners: None.

Budget: $175,500.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The first regional scale up training on essential medicine management at the facility-level was conducted September 21-23 in Luanda. The SPS-funded workshop was jointly organized by SPS and the MoH DNME/PNME and facilitated by PNME national supervisors that were trained during the TOT in April 2010. There were 25 participants from 4 provinces: Cabinda, Benguela, Kwanza Sul and Luanda. Participants from a fifth province, Zaire, failed to attend despite earlier confirmation of their attendance. Four participants attended with support from 4 different PMI INGOs: the MENTOR Initiative, AFRICARE, World Vision, and CRS. A considerable number of participants attended the training for the first time and the result of pre-post tests showed an encouraging increase in participant‘s knowledge.

Barriers to Progress: The MoH budget was still not available to fund scale-up trainings and related activities as previously planned.

Next Steps: Conduct 2nd regional scale up training on essential medicines management with participants from additional provinces.

Indicators: None.

Activity Title: Improve Adherence to SOPs for Delivery and Receipt of Key Essential Medicines and Strengthen Warehouse Management and Commodity Security in Provincial Medical Stores

Activity Lead: Goredema, Wonder **Activity #:** 5 **Task**: LFA009PMI **Subtask**: 60C3M5

Activity Description: Generic warehouse management job aids, adapted and tailored to match the DNME Procedure Manual/existing warehouse SOPs and UNILOG warehouse management system procedures, will be developed to assist trained warehouse staff to train other staff to improve adherence to best practices in regional/provincial warehouses. Support will be provided to train warehouse staff in warehouse management, using the warehouse SOPs and job aids.

SPS Partners: None.

Budget: $0.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: None.

Barriers to Progress: This activity continued to stall due to the absence of in-country/permanent staff. Consequently, the activity was closed and the funds reprogrammed to support on-going MoH Pharmacovigilance (PV) Unit activities as part of efforts to strengthen Angola's medicines safety/PV systems. The funds will be used as part of a new activity (~~"~~provide TA to strengthen the pharmacovigilance system and support activities to improve the quality and safety of antimalarial medicines and other key essential medicines and related commodities"), to be continued under subsequent work plans to support the DNME in implementing appropriate medicines safety/PV-related interventions as needed.

Next Steps: N/A.

Indicators: None.

Activity Title: Provide TA support to Implement PMI Tools to Strengthen Procurement, Distribution and Use of Antimalarial Medicines and Related Commodities

Activity Lead: Goredema, Wonder **Activity #:** 6 **Task**: LFA009PMI **Subtask**: 60CXH6

Activity Description: Discussions with the MoH to initiate implementation of the EUV tool started in September 2009. The survey sample will include health centers at all levels of care (including hospitals, primary health care centers- 8 facilities in the 8 provinces where PMI NGOs are present and 2 large hospitals in Luanda- several other conveniently selected facilities, and medical stores). Data will be collected manually by the MoH and analyzed by SPS.

SPS Partners: None.

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

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Collected and submitted PPMRm data for July-September. Advanced EUV preparations, including: formed local EUV coordinating team, translated Episurveyor mobile data technology into Portuguese, and procured Nokia E-71 mobile phones for data collection (in coordination with the DNME Director). The phones will enable collection and instant analysis of data on facility, case management, and availability and stock management indicators. This method will shorten the time and reduce the costs of data collection and action in the long-term. The results (in simple frequency tables and graphs) can be used by local partners to identify gaps in the availability and management of the commodities, and inform the integrated design and implementation of appropriate interventions. Data will be collected quarterly from a representative sample of 20 health facilities (and if possible 3 medical warehouses) from the northern, central and southern regions of the country, starting with Cabinda, Luanda and Cunene provinces. Five teams of 2 people would collect data over 1-2 weeks. Staff also updated and integrated the questionnaire to include commodities from key MoH programs, and coordinated preparations to pilot mobile data collection in 12 facilities in Luanda and 8 facilities in Bengo. Arranged for SPS technical staff

	from the Malawi Country Program to travel to Angola to share their experiences implementing the tool and to assist with training and data collection.
Barriers to Progress:	None.
Next Steps:	Continue as outlined in work plan.
Indicators:	None.
Activity Title:	Provide TA to Strengthen the Pharmacovigilance System and Support Activities to Improve the Quality and Safety of Antimalarial Medicines and other Key Essential Medicines and related Commodities
Activity Lead:	Goredema, Wonder **Activity #:** 7 **Task**: LFA009PMI **Subtask**: 60B2M7
Activity Description:	To complement ongoing capacity-building activities, PMI training resources will be leveraged to fund SPS Angola Country Program and MOH DNME PV Unit staff to participate in a PV conference hosted by SPS in Nairobi in August 2010. The DNME has already conducted an assessment of PV in 3 provinces (Cabinda, Cunene, and Namibe) and currently plans for the information acquired at the Nairobi PV conference to be applied to finalize and implement the draft national PV plan that currently includes conducting PV assessments in 3 additional provinces and then holding a national PV stakeholders conference.
USG Sub-element:	Malaria HIV/AIDS
SPS Partners:	None.
Budget: $80,000.00	**Start Date:** Aug 2010 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS technical staff coordinated with the USAID/Angola HIV/AIDS and PMI teams and MoH DNME and agreed that the MoH DNME would collaborate to strengthen QA/PV system activities moving forward. SPS technical staff then coordinated and provided TA to the DNME PV Unit staff for draft PV plan to guide action before the Nairobi PV conference. This plan was to be shared with the mission and reviewed and updated as needed later. The two DNME PV Unit staff and SPS CPM then coordinated and worked on necessary travel preparations for Nairobi.
Barriers to Progress:	The activity started towards the end of the quarter. Unfortunately, one PV Unit representative had to drop out just before the planned departure date because of failure to renew an expired travel document, and the remaining one was not allowed to depart from Luanda without a valid visa for Kenya (they planned to acquire the visa upon arrival at the border post at Nairobi airport). The CPM subsequently traveled alone to Nairobi.
Next Steps:	Support the MoH DNME PV Unit to conduct PV assessments in additional provinces, as needed. Support the MoH to conduct a national PV stakeholders‘ conference to

share the results of the PV assessments, debrief and share the PV systematic approach with participating stakeholders, and draw-up a national plan of action that would spell out and prioritize PV/medicines safety interventions. Support the MoH DNME PV Unit to implement interventions in collaboration with other MoH programs, MSH/SPS and WHO-UMC Africa Center.

Indicators: None.

Bangladesh

Bangladesh-MCH

Work plan: Bangladesh MCH **Year** 2009

Funding Level: $100,000.00

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

Activity Title:	Provide technical leadership in supply chain management of reproductive health commodities to key USG partners, international organizations based in Bangladesh and national organizations.
Activity Lead:	Hussain, Zubayer **Activity #:** 1 **Task**: LFBD09MCH **Subtask**: 60CXH1
Activity Description:	This activity will include participation in key meetings on commodity security and reproductive health in Bangladesh. It will also include coordination with key national stakeholders on procurement and supply chain management issues. SPS will work with USAID and other donors to advocate for appropriate procurement and supply chain management, with a goal of ensuring commodity security.
SPS Partners:	None.
Budget: $35,329.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	Minutes of LCF meeting. Reports/minutes of meetings. Options analysis report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS facilitated the 6th Logistics Coordination Forum (LCF), chaired by the Director General of Family Planning. Attended USAID-partners' meeting and other relevant meeting organized by stakeholders.
Barriers to Progress:	None.
Next Steps:	Assist DGFP to implement actions taken during LCF meeting.
Indicators:	None.

Activity Title:	Assess opportunities to enhance the functionality and efficiency of MIS tools to meet the needs of DGFP.
Activity Lead:	Hussain, Zubayer **Activity #:** 4 **Task**: LFBD09MCH **Subtask**: 60G4H4
Activity Description:	Using FY09 funds, SPS will conduct a functionality analysis of the existing MIS tools and make short, medium and long-term recommendations for their improvement. The key areas to be addressed are improvement of the efficiency of the three systems by integrating functionality and avoiding duplication of data entry, enhancement of reporting functions of all three systems to present the available information in a format that is easier for decision-makers to understand and use, and exploration of the use of mobile technology to streamline data entry and reduce reporting errors. Following this review, SPS will work with the DGFP and USAID to prioritize implementation of the suggested enhancements to the systems.
SPS Partners:	None.
Budget: $10,344.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	Review report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS recruited staff with MIS/M&E-related experience, knowledge and skill.

Barriers to Progress:	None.
Next Steps:	Review current MIS tools used by the DGFP.
Indicators:	None.

Bangladesh-POP

Work plan: Bangladesh POP **Year** 2009

Funding Level: $1,100,423.00

Work plan Background

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

health care providers and institutions to improve commodity management, with an emphasis on governance, procurement, financing of commodities and services, institutional capacity building, pharmacovigilance, and other system strengthening initiatives.

Activity Title:	Technical activity coordination and monitoring
Activity Lead:	Hussain, Zubayer **Activity #:** 1 **Task**: LFBD09POP **Subtask**: 97XXY1
Activity Description:	This activity includes technical coordination, work plan development, meetings, and communication with partners and collaborators, and will be carried-out by local SPS staff with support from the Arlington-based SPS team.
SPS Partners:	None.
Budget: $54,995.00	**Start Date:** Jan 2009 **End Date:** Sep 2010
Products Planned:	Approved work plan and budget.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS organized a USAID partners' meeting and facilitated monthly procurement meetings with DGFP procurement staff. Staff also developed the annual work plan and performance matrix for FY 2010-11.
Barriers to Progress:	None.
Next Steps:	Continue to participate and facilitate USAID partners' meetings and procurement meetings. Develop M&E plan.
Indicators:	None.
Activity Title:	Conduct initial field visit to meet with USAID/Bangladesh and key stakeholders to define plan of action.
Activity Lead:	Aboagye-Nyame, Francis **Activity #:** 2 **Task**: LFBD09POP **Subtask**: 60XXA2
Activity Description:	This activity includes the initial visits and preparations involved in setting up of SPS Bangladesh program and office. Emphasis will be placed on reviewing existing systems and processes, with a focus on developing options for strengthening and enhancing functionality and efficiency of the system, while ensuring that services are not interrupted.
SPS Partners:	None.
Budget: $133,501.00	**Start Date:** Sep 2009 **End Date:** Feb 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Follow-up on NGO Bureau registration process.
Barriers to Progress:	The process for registration is lengthy and time consuming.
Next Steps:	Obtain the NGO Bureau registration approval letter.
Indicators:	None.

Activity Title:	Provide technical assistance to the Directorate General of Family Planning to strengthen the procurement management systems.
Activity Lead:	Hussain, Zubayer **Activity #:** 3 **Task**: LFBD09POP **Subtask**: 60C2H3
Activity Description:	SPS will also continue technical support to the DGFP for managing the procurement processes already in progress. Specific activities will include: (1) provide technical support to the DGFP to manage the 2010-2011 procurement processes under HNPSP. (2) Conduct an analysis of the procurement management system and based on the results, develop recommendations for the short, medium and long-term. (3) Provide technical assistance and support to DGFP for the development and/or strengthening of a comprehensive procurement tracking system to monitor selected procurement matrices and provide early warning alerts to enable timely remedial actions to avoid procurement delays. (4) Support the development of a comprehensive guideline for procurement at the DGFP, based on existing policies and procedures and provide training as required. (5) Organize regular update meetings to review the progress of procurement packages both with the DGFP and under the auspices of the LCF. (6) Support DGFP procurement staff in tours of country programs to promote experience sharing and networking. (7) Sponsor participation of DGFP procurement staff in relevant international procurement courses to enhance technical knowledge and build capacity. (8) Recruit and place a procurement consultant at the office of the DGFP to provide continuous on-site support and capacity building to the DGFP procurement cell.
SPS Partners:	None.
Budget: $380,157.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	Procurement management system assessment report. Procurement procedures manual. Training report for DGFP staff trained on SOPs of procurement management. Web-based procurement tracking system. Trip report for international procurement training workshop. Trip report(s) for tour(s) of country program(s). Minutes from update meetings.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS drafted an online procurement tracker. Shared the DGFP procurement procedure manual with stakeholders. Provided TA to DGFP procurement staff to start procurement process of 2010-11.
Barriers to Progress:	None.
Next Steps:	Review workshop on procurement procedure manual and finalize procurement tracker.
Indicators:	None.
Activity Title:	Strengthen the implementation and use of DGFP management information systems for reproductive health commodities.
Activity Lead:	Hussain, Zubayer **Activity #:** 4 **Task**: LFBD09POP **Subtask**: 60F5J4

Activity Description: SPS will provide support to maintain data quality and reporting of the Logistics Management Information System (LMIS) and the Warehouse Inventory Management System (WIMS). SPS staff will assist DGFP staff to improve data entry, data analysis and reporting. SPS will also provide IT support for the systems as necessary. SPS will ensure adequate functioning of the Upazila Inventory Management System (UIMS) in trained upazilas (89 by USAID | DELIVER and 43 by FPAB). During this year, SPS will review the training and roll-out strategies to identify opportunities for improvement. In collaboration with the DGFP and USAID, and based on the revised strategy SPS will continue to roll-out training to upazilas based on available funding. SPS will support the electronic generation of routine programmatic, analytic and strategic information to support supply chain management, forecasting, procurement planning, monitoring and evaluation (M&E) and health system (HMIS) reporting requirements in Bangladesh. SPS will review the content and format of the current routine reports (LMIS, pipeline and monthly highlights reports) and continue to produce the revised reports for submission to USAID Bangladesh and other relevant bodies. This activity will be done in collaboration with the MIS Unit of the DGFP.

SPS Partners: None.

Budget: $76,900.00 **Start Date:** Sep 2009 **End Date:** Oct 2010

Products Planned: DGFP management reports. UIMS assessment report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS‘ Program Associate (based in the field) provided TA in WIMS, web-based LMIS, and UIMS. Local IT firm (Softworks) provided technical support to DGFP field staff in hardware maintenance and software. Developed action plan.

Barriers to Progress: None.

Next Steps: Continue the current support to DGFP staff.

Indicators: None.

Activity Title: Assess opportunities to enhance the functionality and efficiency of MIS tools to meet needs of DGFP.

Activity Lead: Hussain, Zubayer **Activity #:** 5 **Task**: LFBD09POP **Subtask**: 60G4A5

Activity Description: Using FY09 funds, SPS will conduct a functional analysis of existing MIS tools and make short, medium and long-term recommendations for their improvement. The key areas to be addressed are: improvement of the efficiency of the three systems by integrating functionality and avoiding duplication of data entry, enhancement of reporting functions of all three systems to present the available information in a format that is easier for decision-makers to understand and use, and exploration of the use of mobile technology to streamline data entry and reduce reporting errors. Following this review, SPS will work with the DGFP and USAID to prioritize implementation of the suggested enhancements to the systems.

SPS Partners: None.

Budget: $10,113.00 **Start Date:** Sep 2009 **End Date:** Oct 2010

Products Planned:	Review report of MIS tools.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS recruited staff having MIS/M&E-related experience, knowledge, and skill.
Barriers to Progress:	None.
Next Steps:	Review current MIS tools used by the DGFP.
Indicators:	None.
Activity Title:	Provide field-based logistics support to central, regional, and upazila stores.
Activity Lead:	Hussain, Zubayer **Activity #:** 6 **Task**: LFBD09POP **Subtask**: 60CXH6
Activity Description:	SPS will with the DGFP to consolidate its role and capacity in the logistics management of RH commodities. SPS proposes to support this activity and expand technical assistance to include a range of logistics management functions, including warehousing, transportation, and inventory control systems. The technical assistance will also aim to create a systemic solution to cover the supply chain for FP commodities (i.e., quantifying and planning commodity needs, bringing commodities into the country, receiving and managing product quality, and ensuring appropriate storage and delivery to the service delivery level). SPS will continue to provide field-based logistics support at the central warehouse, the regional warehouse in Chittagong, and three other regional warehouses. SPS will review the functions and needs of this field-based support to improve effectiveness, and provide the necessary tools and additional training as required. The field-based support will assist DGFP staff in the central, regional and upazilla stores with all aspects of inventory management and provide on-the-job training as necessary. The goal of this support is to build capacity of DGFP staff at all levels to manage inventory and the supply chain independently and successfully.
SPS Partners:	None.
Budget: $307,631.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS Program Associate for Logistics provided TA to DGFP staff on the logistics management system. SPS staff, including senior technical officers, made field visit to upazila stores and service delivery points. Staff also performed monitoring visits for on-the-job training.
Barriers to Progress:	None.
Next Steps:	Perform monitoring visits with DGFP for on-job-training for capacity building.
Indicators:	None.

Benin

Work plan: Benin PMI **Year** 2009

Funding Level: $675,000.00

Work plan Background
Malaria continues to be a major health concern in Benin, accounting for 44% of outpatient visits and 40% of hospitalizations in the country.[1] As such, malaria prevention and control continues to be a high priority for the Government of Benin (GoB).[2] The United States government has supported the GoB in its goal to achieve Benin‘s National Malaria Control Program‘s five year strategic plan goal (2006-2010) to reduce malaria morbidity and mortality by 50%.[3] The United States government allocated $13.8 million in annual funds for malaria prevention and treatment for the first and second program implementation years.[4] Funding from the United States is in addition to substantial funds being provided from other donors, such as the World Bank's Booster Program, and the Global Fund to Fight Tuberculosis, AIDS and Malaria. Financial and technical support is also being provided from partners such as the World Health Organization (WHO) and UNICEF.[5] The Strengthening Pharmaceutical Systems program of Management Sciences for Health (MSH/SPS) received $700,000 in FY08 PMI funds. After establishing an office and hiring three staff, MSH/SPS responded immediately to USAID‘s request to evaluate Benin‘s Central Medical Stores (CAME) in order to identify weakness in governance and transparency that could affect the CAME‘s ability to adequately manage the acquisition and distribution of malaria commodities purchased by PMI and other partners. Implementation of the action plan resulting from this evaluation got underway shortly thereafter, and will continue with FY09 funds. Key action plan elements completed with FY08 funds included the revision of the CAME‘s legal framework, assistance tender preparation for new software acquisition for the CAME, and support in the revision of the National Essential Medicines List. Major achievements in the areas of prevention, case management, and IRS and ITN distribution were made during FY08. Several unforeseen events delayed key activities that were initiated under FY08 funds, but which will be completed in the following fiscal year. These include: (1) Follow up workshops to update health zone data on stock levels of key malaria products, Implementation of the first End Use Verification survey. (2) A national workshop using the Logistics System Assessment Tool Plus methodology assessment to mobilize stakeholders to reach consensus how to introduce pharmaceutical management information into Benin‘s existing health information system. For the second year of PMI funding, USD 13.8 million has been allocated for Benin to continue supporting the objectives of Benin‘s National Malaria Strategy which include: (1) Ensuring prompt and effective treatment of malaria in 80%children under 5 within 24 hours of onset of symptoms. (2) Providing effective treatment using ACTs to 80% of confirmed malaria cases presenting at health facilities. (3) Ensuring that 80% of pregnant women receive IPTp using sulfadoxine pyremethamine. (4) Ensuring that 80% of pregnant women and children under five sleep under LLINs. According to the USAID/Benin Mission, priority activities for MSH should be: implementing remaining key recommendations from the CAME evaluation, and improving malaria commodities tracking, through improvements in the quality, quantity and timeliness of available information. The funding allocated to MSH/SPS for Y2 of implementation is $675,000.

[1] Plan Strategique de Lutte Contre le Paludisme au Benin 2006-2010. Benin Ministry of Health. Cotonou: 2006, p. 24.

[2] Ibid. The government of Benin has added the use of LLINs, RDTs and SP for IPTp and use of ACTs in its strategic plan.

[3] Plan Strategique de Lutte Contre le Paludisme au Benin 2006-2010. Benin Ministry of Health. Cotonou : 2006

[4] FY08 and FY09 Malaria Operational Plans for Benin. www.fightingmalaria.gov

[5] The World Bank is providing $31 million in funds to the government of Benin from 2007-2011 through the World Bank Booster

program. The Booster program includes funding to purchase malaria commodities such as LLINs and ACTs. The Global Fund has recently awarded two malaria grants to Benin – an extension of the Round 3 Malaria grant totals $60.4 million over 6 years (approved in 2009 but not yet signed) and a Round 7 grant signed in April 2008 totaling $12.6 million over two years. Together, these two grants aim to provide coverage with LLINs and ACTs to 40% of health zones in Benin. Source: www.theglobalfund.org.

Activity Title:	Technical Activity Coordination
Activity Lead:	Djidjoho, Ghislaine **Activity #:** 1 **Task**: LFBJ09PMI **Subtask**: 97XXY1
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.
SPS Partners:	None.
Budget: $55,744.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	SPS Benin FY09 work plan. SPS FY09 Semester 1 Activity Report. SPS FY09 updated budget (May 2010 version).

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The SPS Senior Technical Advisor and Senior Program Associate held a number of coordination meetings with the USAID/Benin Activity Manager. The Senior Technical Advisor presented a quarterly report on SPS activities during the PMI quarterly meeting held in August 2010. Since November 2009, SPS had been aware that its funding allocation for FY10 was insufficient to keep an office open. SPS had planned to close the SPS/Benin office in September 2010, and to continue using technical staff on a consultant basis, to carry out the one activity assigned to SPS in MOPFY10. SPS learned that additional funds ($200,000) would be available to continue activities until an RFA came out. The USAID/Mission clarified its priorities for uses of this FY10 funding, and SPS/Benin office proceeded to develop a work plan for submission to USAID, in line with these priorities with support from SPS/HQ.
Barriers to Progress:	None.
Next Steps:	The next step will be to finalize the draft work plan and budget.
Indicators:	None.
Activity Title:	Technical assistance to strengthen the Central Medical Stores (CAME)
Activity Lead:	Djidjoho, Ghislaine **Activity #:** 2 **Task**: LFBJ09PMI **Subtask**: 60C3H2
Activity Description:	The revised CAME's constitution awaits validation by the Council of Ministers before the end of 2009. Following validation, FY09 funds will make it possible for MSH/SPS to: (1) Provide technical assistance to customize new software selected by the CAME in 2009, train CAME staff in its use and provide technical assistance in generating, using and analyzing data for strategic and operational decision making. (2) Support the CAME in revamping its General Assembly, training them in Board Governance and follow up with them in implementing what is learned in the training. (3) Support the CAME Board of Directors to create a business plan for the long term development of the CAME. (4) Support the CAME Board in establish formal

contracts with its key collaborators. (5) Support the CAME Board to establish a mechanism for following up on the performance of contracts.

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

SPS Partners: None.

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

Products Planned: Technical report. Trip report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: When the SPS consultant returned to Benin in August 2010 to participate in the training of the CAME Board of Directors, he also spent two days at the CAME in Cotonou to follow-up on the progress since his TDY in June 2010. One of the conclusions of the August 2010 TDY (with which the CAME senior management concurs), is that the IT department of the CAME needs to be reinvigorated. It is recommended that client-supplier service be established between this department and other departments in order to definitively elevate the level at which CAME professional staff function, by providing them with analyses that can meet the needs of senior management. The SPS consultant recommended that the new software and management information system be launched on January 1, 2011. The SPS consultant concluded that between the June 2010 technical report, follow-up by the CAME IT staff, and the training provided by the software vendor, the CAME should be able to conduct a test run on its own to see how the various tools introduced by the consultant perform (in terms of generating the requisite information for decision-making). It would be useful to continue monitoring the CAME from the outside, to see how well the tools have been applied to date. A test run of the software has been scheduled for October 15. This would give two months to the IT department to perfect its procedures and make it more likely that the CAME could successfully transition to using the new software entirely by January 2011. It was recommended that the CAME CoGes and Senior Management continue to receive technical assistance, as the modification of its information system proceeds. CAME managers should move toward having a more analytical role and focus more on using data for decision-making. To make this shift possible, the CAME‘s IT department will need to work differently. In the debriefing at the end of the TDY, the Director of the CAME agreed that the CAME needed to reorganize in order to free up its staffs‘ time and modernize its ways of working to focus on more analytical and managerial aspects. The CoGes stands to play an important role in supporting and encouraging initiatives to modernize the CAME‘s internal work methods and to develop an organizational culture where data is regularly used for decision-making. To this end, the SPS consultant recommended that a framework for monitoring of the key activities of the CAME be proposed during the planned training of the CoGes in August 2010. Ultimately, the CoGes requested that SPS assist it with finalizing its FY10 action plan,

which was incorporated into the training schedule. Training of the CAME‘s Board of Directors (the Comite de Gestion) in good governance and Central Medical Stores management was carried out in August 2010 in Bohicon, by a team of SPS trainers. The goal of the training was to provide the CAME Comité de Gestion with an overview of the basic knowledge and tools for conducting oversight over and providing strategic direction to a Central Medical Stores in general and to the CAME, in particular. The training was five days long and 11 of 13 Board members attended the entire training (the remaining two were out of the country). The USAID/Benin Health Team Leader made opening remarks on the first day of the training, and the USAID/Benin Logistics Advisor participated in 3 days of the training. During the training, the SPS consultant who had worked on the information system presented the latest version of the business plan to the CoGes.

Barriers to Progress: Difficulties experienced in collaboration between SPS and the CAME were alleviated as a result of dialogue to clarify expectations and timing of activities.

Next Steps: During quarter 1 of the FY10 work plan, SPS will follow-up on the CAME's progress in preparing its updated information system. Follow-up on the CAME Board of Director's (CoGes) progress on implementing its 3-year action plan (finalized during the training conducted by SPS).

Indicators: None

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

Activity Lead: Djidjoho, Ghislaine **Activity #:** 3 **Task**: LFBJ09PMI **Subtask**: 60G2P3

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

aggregation at the central level. The piloting of this pharmaceutical management information system (PMIS) for malaria products will feed into another activity in this work plan – the periodic collection of data using the End Use Verification Tool (EUV). (8) Provide technical assistance to the SNIGS and the PNLP to pilot integration of malaria products into the SNIGS (design new forms, test them, reproduce and distribute them, produce and test SOPs).

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

SPS Partners: None.

Budget: $145,276.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Technical reports. Trip reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Two meetings of the quantification committee took place during: one in July and the other in September, 2010. SPS/Benin staff continued to provide support to the NMCP‘s logistician in the updating of the PipeLine database and the use of the software for procurement planning. At the meeting on July 6, SPS presented the results of the Parakou and Lokossa workshops on the collection of LMIS data. Following this presentation, partners working in malaria shared their information on planned procurements. This information was entered into PipeLine. During the same meeting, the conditions for opening the special account for depositing proceeds from the sales of malaria commodities purchased by USAID was explained by the USAID/Benin Logistics Advisor. The CAME and the DNPS were then asked to open such accounts as soon as possible. At the meeting on September 7, the Deputy Coordinator of the NMCP informed the committee that the MoH had opened an account into which the proceeds for ACTs would be put, but she specified that the account was not just for ACTs that are being funded through the PMI program, as had been requested by USAID. By the time of this meeting, SPS had led an exercise to review the stock levels at all 34 health zones in Benin (completed in August 2010). SPS presented the results of the exercise to the committee. These results show an improvement in the availability of commodities in the health zones due to the acquisition of 1,002,600 does of ACTs by USAID in June 2010. The majority of partners working in malaria were not present at this meeting. Therefore, it was not possible to obtain the necessary information from them to update the PipeLine database. Changes have been made to tools developed for the new LMIS since they were originally developed. Therefore, update training may be needed for DRZ managers. However, the tools had not yet been printed (this is now scheduled for end of September, early October 2010). SPS has included training for DRZ managers and district medical coordinators in its FY10 work plan. The plan of the NMCP is still to have the district medical coordinators train health center dispensers ahead of rolling out the new LMIS for malaria commodities. In the meantime, supervision visits conducted jointly by SPS and the NMCP in August 2010 provided the opportunity to

	review pharmaceutical management practices in DRZs and to take immediate corrective action where appropriate. On July 15, SPS staff met with the DPM Director and his staff to discuss how to work together to create SOPs and how to coordinate with the PNLP to roll-out the LMIS for malaria medicines. This activity will continue under SPS's FY10 work plan, beginning with 3 meetings scheduled with DPM department heads in October. Supervision visits to 33 out of 34 health zone depots permitted SPS to review pharmaceutical management practices at all these facilities, once SPS had verified that the emergency order of malaria commodities had arrived in country. Supervision teams noted a major increase in consumption, resulting in much lower than anticipated stock levels. This could be explained by recent major floods, theft and/or pilferage, and an increased uptake of ACTs by patients and prescribers. Because of the low stock levels it will be necessary to place an emergency order as soon as possible. SPS and the NMCP collaborated to integrate modifications suggested at the May 2010 workshops into the draft LMIS tools and tools were finalized on July 12, during a meeting at the NMCP. The next steps would then be to update DRZ managers and district medical coordinators on the changes made to the tools since May, and then print and distribute the new registers. SPS had major difficulties obtaining the official request from the MoH to print the registers. For this reason, SPS requested USAID/Mission assistance to facilitate the dialogue needed with the NMCP and the Ministry of Health to move this activity forward. Within 24 hours of this intervention, the NMCP issued a communication asking SPS to proceed with the printing of registers, which is now scheduled for September 2010.
Barriers to Progress:	The National Malaria Control Program has not been consistently available for activities, leading to delays in implementation.
Next Steps:	The LMIS roll-out will start as soon as the registers are printed (expected to be accomplished in mid-late October, 2010). Support to this is included in SPS's FY10 work plan, submitted to USAID for approval. The next round of data collection from DRZs is scheduled to occur in December 2010. The next PPMRm report will be made in October 2010.
Indicators:	None.
Activity Title:	Supervision and monitoring of malaria commodities
Activity Lead:	Djidjoho, Ghislaine **Activity #:** 4 **Task**: LFBJ09PMI **Subtask**: 60F4H4
Activity Description:	Specific elements of the routine implementation of End User Verification Surveys (EUV) include: (1) Deciding on the frequency of EUV surveys in Benin. (2) Determining the survey sample for each data collection exercise in collaboration with the PNLP and the CAME. (3) Adapting collection tools from End User Surveys conducted in other countries. (4) Recruiting and training data collectors. (5) Collecting data at health facilities and pharmaceutical depots, as prescribed by the survey methodology. (6) Cleaning and analyzing data collected. (7) Presenting the data to key stakeholders and writing a report on the EUV exercise.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies

	Host Country Strategic Information Capacity Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine
SPS Partners:	None.
Budget: $97,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Technical reports. Trip reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The first EUVs report was completed and submitted to USAID in August, 2010. Data from the first EUVS report were presented to stakeholders by the National Malaria Program with support from SPS on September 10. Highlights from the report were as follows: (1) only 5.4% of facilities and depots surveyed had all presentations of AL in stock. (2) For ACTs, availability was best for AL (blisters of 12) at 56% and worst for AL (18) at 10%. (3) Among all malaria commodities, availability was best for SP, which was better available at health centers (71%) than at hospitals (30.8%). (4) For any given presentation of AL, at least one third of health facilities stock-outs of at least 3 days during the three months. Stock-outs of this length were most common for AL (blisters of 18) and least common for AL (blisters of 35.2%). Hospitals were most likely to experience stock outs of this length than health centers. (5) Long stock outs were least likely for SPs and LLINs. (6) The major of facilities visited had acceptable storage conditions. Health facilities (61%) and hospitals (66%) were less likely to have acceptable storage conditions than DRZ depots (100%) and CAME depots (100%). (7) Only 9% of health centers had stock cards that were up-to-date on the day of the visit. Hospitals fared slightly better at 33%. Depots did much better with 71% having up to date stock cards. (8) Only 16.7% on health centers had standard operating procedures (SOP) for managing malaria medicines, whereas 33% of hospitals and 57% of depots reported having SOPs. (9) There were 4 times as many treatments dispensed than there malaria cases notified. Planning is underway to conduct the second EUVS in late September/early October 2010.
Barriers to Progress:	The limited number of technical staff in Benin make carrying-out all work plan activities a challenge, particularly when activities ought to take place simultaneously to ensure that work plan objects are met.
Next Steps:	The 2nd EUV exercise will be conducted in October 2010. SPS/Benin plans to complete and disseminate the report by early November, 2010.
Indicators:	None.
Activity Title:	Office Management
Activity Lead:	Djidjoho, Ghislaine **Activity #:** 5 **Task**: LFBJ09PMI **Subtask**: 97XXYX
Activity Description:	The costs included under this line item included office rental, the Office Manager‘s salary, and costs associated with communication, computer networking, office maintenance and logistics.
SPS Partners:	None.

Budget: $135,457.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Office management activities continued as usual during quarter 4. Very late in the quarter, SPS was notified of an additional funding allocation from the USAID/Benin mission, which would enable it to continue all FY09 activities. SPS will therefore maintain its office in Cotonou and extend its lease through mid-January 2011.

Barriers to Progress: The late notice of additional funding allocated to SPS required SPS to move quickly to extend its lease and other contracts associate with office functioning.

Next Steps: Office management activities will continue as usual. A TDY will be conducted before the SPS office closes in January 2011, to ensure that administrative and financial aspects of closeout are properly executed.

Indicators: None.

Brazil

Work plan: Brazil TB **Year** 2009

Funding Level: $152,000.00

Work plan Background

Brazil continues to be ranked 16th of the 22 highest burdened countries for tuberculosis (TB) in the world. In 2008, Brazil's Ministry of Health (MoH) and National TB Program (NTP) estimated there were approximately 94,000 cases of TB reported annually, and 7,600 TB-related patient deaths. Although Brazil adopted the DOTS strategy in 1998, it was a slow implementation process; DOTS is estimated by NTP to have now reached approximately 80% of government health facilities where TB is treated. Adding to the severity of the problem, between 2000 -2009, approximately 3,320 cases of multi drug resistant (MDR) TB were reported and treated. The MDR-TB patient is resistant to TB's most potent medicines used to date—rifampicin and isoniazid. Presently, approximately 900 MDR-TB cases are under treatment. USAID expanded its TB assistance in Brazil by funding the Rational Pharmaceutical Management Plus program (RPM Plus) in 2004, and the Strengthening Pharmaceutical Systems Program (SPS) in 2007. This program works with its primary partners: the NTP and Secretary of Health Surveillance (SVS/MoH), the Oswaldo Cruz Foundation (Fiocruz/MoH), the Helio Fraga TB Reference Center (CRPHF/Fiocruz), the National Institute of Quality Control (INCQS/Fiocruz), Farmanguinhos/Fiocruz, the National Coordination of Laboratory Networks (CGLAB/SVS), and the Public Health Laboratory Network (Lacens). Major accomplishments to date are (1) strengthened diagnosis and treatment of MDR-TB patients through a Web-based surveillance system which has been decentralized to 132 state and regional reference centers/treatment units. (2) Development of procedural guidelines and training of trainers (TOT) materials, with standardized guidelines on clinical case management, team integration and information management at all levels. (3) Strengthened diagnostic capacity, treatment provision, pill-taking (directly observed treatment), and monitoring of MDR-TB cases in all reference centers. (4) Training of 950 health professionals in MDR-TB reference centers, including medical doctors, nurses, social assistants and pharmacists. (5) Increased MDR-TB case detection following TOT workshops, with current trends showing a 12 percent increase in cure rate. (6) Improved integration and information sharing among all TB reference centers, TB municipal or state coordinators, and the MDR-TB national reference center at CRPHF/Fiocruz. (7) Strengthened DOTS through the institutionalization of a product quality assurance testing program where TB products are sampled from health system delivery points. (8) Support in the move to fixed dose combination (FDC) TB products. (9) Increased awareness in NTP and local TB experts for a need to change current treatment schemes to new regimens more in line with WHO recommendations. As a result of support from USAID and achievements to date, MSH/SPS has gained strong, positive recognition among its local partners in the TB field, and is now an institution nominated by the MoH TB advisory committee to act as an active participant in national TB policy. In FY09, MSH/SPS is planning to consolidate the outcomes described above, expand its technical assistance to the NTP for any new challenges (resulting from recent changes in the national guidelines), and extend its partnership with new members of the Brazilian TB Network (Rede TB) using innovative approaches like introduction of new diagnostic methods for TB and DR-TB.

Activity Title:	Strengthening the SVS information systems for TB and MDR/XDRTB
Activity Lead:	Keravec, Joel **Activity #:** 2 **Task**: LFBR09XXX **Subtask**: 60G4H2
Activity Description:	Specific activities are as follows: (a) Participate in all information working group

meetings of the TB advisory committee and, at the NTP's request, all plenary sessions. (b) Build on the past experience in adapting the SINAN and the MDR-TB System with the re-treatment monitoring module and continue to strengthen all MDR-TB Reference Centers and Treatment Units, including all re-treatment sites. (c) Continue to assist the CRPHF to improve use of the information system for drugs management best practices and drug distribution control in all MDRTB reference centers/treatment units and re-treatment sites. (d) Assist NTP in harmonizing the different systems in use in some states (i.e., São Paulo). (e) Include the TB Lab Network in regular system use and key data entries, with the objective of decreasing the delays between suspect identification, diagnosis and treatment initiation. (f) Contribute to the development and implementation of the new Information System for Laboratories (GAL) currently under development at the National Coordination for Public Health Laboratories (CGLAB). (g) Conduct surveys and regular data extraction for publications at national and international levels on MDR/XDR situation in Brazil.

USG Sub-element:
DOTS Expansion and Enhancement
Increasing Availability of Drugs for Treatment of TB
Multi Drug Resistant TB
Development of New Tools and Improved Approaches
Health Governance and Finance (TB)
Host Country Strategic Information Capacity

SPS Partners: None.

Budget: $144,908.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Publish results on the coherency study between the MDR-TB and SINAN databases.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Two abstracts related to MDR-TB management in Brazil were accepted for the Union Conference 2010. The preliminary version of SITETB was tested and released. Support was given to MDR-TB system users and reference centers were monitored. There was no increase in case notification compared to quarter 3.MSH/SPS completed the following activities: (1) Managed SLD distribution through the MDR system. (2) Partially implemented the activity plan for CRPHF pharmacy accreditation. (3) CRPHF and MSH participated in 3 meetings at the Fiocruz Foundation Accreditation committee, in order to assure the accreditation process met Joint Commission guidelines, as well. (4) Supported clinical issues, system operation, and database completion and updated missing data on medical records within the MDR-TB system database. (5) With the NTP, organized the MoH Annual Workshop for FLD procurement. The workshop focused on: quantification tool preparation and presentation (using spreadsheets), pharmaceutical assistance recommendations, TB drugs quality control and new TB treatment guidelines presentations. (6) Participle in the MoH Annual Meeting for SLD procurement, through the quantification tool preparation and presentation. (7) SPS consultants at CRPHF's Central Unit for MDRTB surveillance validated 205 new notification forms, 1,106 new patient follow-up forms, and 99 post-cure forms. The total data currently available from the MDR-TB surveillance database is: 4,769 case notification forms, 15,678 patient follow-up

forms, and 2,582 post-cure forms. (8) Strengthening of DR-TB Reference Centers: MSH received the forms for re-registering the reference centers and consolidated the information. (9) MSH and CRPHF elaborated the material for the TB Reference Health Units training and scheduled the first states to participate (Espírito Santo, Bahia, Rio de Janeiro and Santa Catarina). (1) MSH, CVE and PRODESP had a meeting in São Paulo city to evaluate SITETB and TBWEB features and define a work plan.

Barriers to Progress: To plan coordination between SITETB and TBWEB, the required fields must be defined and this task was assigned to the information working group of the NTP Advisory committee. In order to complete activities proposed for the CRPHF pharmacy and ambulatory accreditation at levels 2 and 3, the physical renovation needs to be finalized.

Next Steps: SITETB preliminary version presented for approval by the CRPHF and NTP. Planning for SITETB piloting phase developed. Strengthening of DR-TB Reference Centers: Scheduled states (Espírito Santo, Bahia, Rio de Janeiro and Santa Catarina) to be trained. Interoperability plan between SITETB and TBWEB to be discussed at the information working group of the NTP Advisory Committee. Continue to implement the activity plan for the CRPHF ambulatory, pharmacy and laboratory accreditation.

Indicators: None.

Activity Title: Technical activity coordination and monitoring

Activity Lead: Keravec, Joel **Activity #:** 1 **Task**: LFBR09XXX **Subtask**: 97XXY1

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

SPS Partners: None.

Budget: $150,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Finalize a new edition of the MOU with CRPHF. Negotiate signature of the new work plan with Farmanguinhos. Protocol and final project for the new PPP (introduction of new rapid diagnostic tests in Brazil for earlier detection of TB and DR-TB) to be designed and finalized.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The SPS team continued to support the MoH TB steering committee and the NTP. Quality analysis results of the 4-in-1 FDC procured by PAHO were released by Projeto MSH Director Joel Keravec, during the TB Steering Committee meeting in July. Because the analysis identified severe deficiencies with the medication, the current contract was cancelled and future procurements will be made directly with a WHO pre-qualified supplier. An emergency direct procurement through GDF was

	requested, to replace the substandard medication that could no longer be distributed to patients. A new MOU with CRPHF/Fiocruz and Farmanguinhos/Fiocruz was finalized. The MSH team participated in several meetings to finalize the PPPs protocol with partners and identified local suppliers for the test kit procurement (GeneXpert and LPA).
Barriers to Progress:	None.
Next Steps:	Participate in regular meetings of the MoH TB Steering Committee working groups. Follow-up on the signature of the Cooperation Agreement sent to Oswaldo Cruz Foundation for approval. Follow-up on next steps for country owned mechanism for local SLDs procurement versus GLC mechanism with WHO/GLC and the Brazilian government.
Indicators:	None.
Activity Title:	Provide technical support for new FDC development and second-line drug production in Brazil
Activity Lead:	Keravec, Joel **Activity #:** 5 **Task**: LFBR09XXX **Subtask**: 60E3G5
Activity Description:	(1) Continue to conduct a close monitoring of activities, update the current work plan, and provide support to limit negative impact of identified barriers or potential problems hampering the development of this complex technical activity. (2) Provide technical and financial support in conducting all required surveys (bioequivalence for all components essentially) and assist partners in preparing final dossiers for registration of these new products at Anvisa. (3) Assist Farmanguinhos in sharing acquired knowledge and technical experience with other government/state manufacturer laboratories to enhance 4-in-1 FDCs development at the national level. (4) Assist NTP in maintaining an active TB drugs working group, gathering all stakeholders (Anvisa, MoH Department of Pharmacy, INCQS, public and private producers) to limit the impact of potential conflicts of current drugs policies and government agency mandates (which could hamper the development and production of new FDCs). (5) Start transferring the formulation and methodology of 4-in-1 FDC production to at least two other state or federal government manufacturers, to ensure a long-term autonomous response in the process of production of 4-in-1 FDCs. (6) Assist the WHO and partners (USP, Unitaid, and the GDF) to: (a) identify new potential technical partners in Brazil (public and private manufacturers) to broaden the current list of producers and future GDF suppliers of TB medicines (first and second line). (b) Assist these potential partners to move to pre-qualification process according to the new definitions presented at the Stop TB Partnership Forum in Rio de Janeiro (March 09).
USG Sub-element:	DOTS Expansion and Enhancement Increasing Availability of Drugs for Treatment of TB Care and Support Health Governance and Finance (TB)
SPS Partners:	None.
Budget: $330,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned:	Technical reports from SPS consultant and ad hoc technical answers. Analysis of stability studies and analytical profile of all new batches developed and proposed conclusions/recommendations. Final protocol for bioequivalence studies.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Detailed clauses for finalizing contracts with Farmanguinhos and bioequivalence centers were discussed and agreed upon. This included a step-by-step activity definition, payment schedule, and a clear definition of roles and responsibilities for overall technical and financial supervision. The contract was drafted and distributed for final approval and signatures.
Barriers to Progress:	None.
Next Steps:	Start bioequivalence studies when the centers confirm availability in their work plan schedule.
Indicators:	None.
Activity Title:	Provide technical, managerial and logistical support to the NTP to ensure the uptake of quality-assured 4-in-1 fixed dose combination (FDC) treatment regimens, in-line with the new national TB guidelines
Activity Lead:	Keravec, Joel **Activity #:** 4 **Task**: LFBR09XXX **Subtask**: 60EXH4
Activity Description:	Sub-activities will include: (1) Based on TOTs trainings, define a strategy and methodology for the introduction of 4-in-1 FDCs in country. (2) Elaborate training materials and train a pool of TOTs trainers. (3) Support the roll-out of the strategy in all states of Brazil, through workshops and trainings of health workers, to ensure implementation of quality-assured 4-in-1FDCs in-line with the new national TB guidelines.
USG Sub-element:	DOTS Expansion and Enhancement Increasing Availability of Drugs for Treatment of TB Care and Support Health Governance and Finance (TB)
SPS Partners:	None.
Budget: $270,000.00	**Start Date:** Oct 2009 **End Date:** Sept 2010
Products Planned:	Reports of the MoH TB technical advisory committee and working groups meetings. Strategic plan to capacitate a first group of health professionals as future TOTs in each state of Brazil. Finalize the project for the second phase of the quality control program of all TB drugs.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH organized and conducted 4 FDC training and capacity building TOT workshops in North, Southeast, Northeast and Central West Regions, with 349 health professionals trained (93 males, 256 females). At the end of September 2010, 4-in-1 FDCs were introduced and routinely used by the Rio de Janeiro state TB program ─ the entire country is now using the FDCs. MSH/SPS also purchased the chromatographic columns.

Barriers to Progress:	Detailed clearance procedures for the chemical reference substances and chromatographic columns made it impossible to elaborate the budget plan for the acquisition of reagents.
Next Steps:	Conduct FDC training and capacity building workshop in South Region. Support and/or assist to replicate workshops at the state level. Receive of chemical reference substances and chromatographic columns, and plan the budget for acquisition of reagents.
Indicators:	None.
Activity Title:	Provide technical support to the NTP/MoH in implementing and analyzing operational studies for Cat I and Cat II treatment scheme changes
Activity Lead:	Keravec, Joel **Activity #:** 6 **Task**: LFBR09XXX **Subtask**: 60BXG6
Activity Description:	(1) Design a study and select research sites to collect retrospective data and analyze results to compare previous treatment regimen in use in Brazil (2RHZ/4RH) with the new international standard scheme (2RHZE/4RH) and new dosages introduced in 2009. This will include: (a) Identifying collaborators and developing methodology for data collection and analysis with experienced technical experts. (b) Presenting and discussing intermediary (and final) results of the study with the TB advisory committee‘s working groups. (c) Publishing the final results, when data analysis is completed. Apart from producing strong scientific evidences to evaluate efficacy and effectiveness of the proposed new regimen versus the previous one, this approach is not yet documented in the TB literature and would constitute an innovative and interesting study benchmark for other countries. (2) Assist treatment and research groups of the TB advisory committee and partners in designing a study to compare two different re-treatment schemes, including Ofloxacin versus Moxifloxacin. This includes: (a) Discussing final composition of treatment regimens to be compared. (b) Finalizing the design of a study protocol and selecting research sites. (c) Submitting the protocol to the CONEP (National Ethical Committee) for approval, before any activity could begin. (d) Defining and negotiating the application conditions of the study protocol with all selected sites. (e) Identifying final collaborators and developing SOPs for the application. (f) Identifying and training data collectors and implementing quality controls for monitoring data collection at all sites. (g) Completing the survey and monitoring visits, according to the protocol. (h) Collecting and analyzing data with experienced technical experts. (i) Monitoring intermediary and final results of the study. (j) Publishing the final results of the study, after data analysis completion.
USG Sub-element:	DOTS Expansion and Enhancement Increasing Availability of Drugs for Treatment of TB Program Design and Learning
SPS Partners:	None.
Budget: $210,000.00	**Start Date:** Oct 2009 **End Date:** Sept 2010
Products Planned:	Literature research. Study protocol.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress:	NTP and MSH/SPS asked the USAID Brazil Mission to reallocate the remaining funds for this activity to support the introduction of new rapid TB tests to increase TB/DR-TB detection rate.
Barriers to Progress:	None.
Next Steps:	Upon approval from the mission, MSH/SPS will prepare a budget proposal for procurement of the rapid test kits to support the study protocols for GeneXpert and LPA introduction (public and private partnership).
Indicators:	None.
Activity Title:	Provide logistical support to DOTS supervision for the Rio De Janeiro State
Activity Lead:	Keravec, Joel **Activity #:** 7 **Task**: LFBR09XXX **Subtask**: 60F3H7
Activity Description:	This activity will allow Rio de Janeiro to appropriately meet its mandate concerning TB supervision. MSH/SPS will provide logistical support in contracting transportation services for the Rio de Janeiro State TB coordination. It will also facilitate interaction between treatment centers and laboratories, for improved TB case diagnosis, reduced delay between test request and results availability, and optimized level of care for patients.
USG Sub-element:	DOTS Expansion and Enhancement Increasing Availability of Drugs for Treatment of TB Care and Support
SPS Partners:	None.
Budget: $100,000.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	Detailed dossier on transport service bids. Contract with transport provider reviewed by legal adviser and signed.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Check-list with key indicators of activity progress and products defined. Routine activities continued to be executed during this quarter. For this period, the Rio de Janeiro TB state coordination reported: 146 visits to defaulters or active case findings /contact´s management, 105 supervisory visits to health centers, 37 capacity building activities for DOTS, 1 coordination activity of RJ State Program, 47 distribution of medicines or other TB commodities, 53 sputum transport or support to laboratorial/smear exams, 38 meetings with the HCW teams, 19meetings at the Secretary of State/TB Coordination offices, 2 trainings of HCW for 4-in-1 FDCs implementation, 4 social advocacy and community events for TB information, 12 activities for TB surveillance/information system, and 20 distributions of vouchers or food supplements to patients.
Barriers to Progress:	Doubts remain on who should be in charge of signing the cooperation agreement at the RJ TB State Program level and it was decided to proceed with activities as planned. Since TB is a chronic disease and data consolidation from municipal to state level usually takes time, 3 quarters was not enough for a significant evaluation of indicators and impact assessment. MSH expects to have this consolidation completed within the next fiscal year.

Next Steps:	Monitor activity completion from TB state coordination and continue to provide adequate logistical support according at USAID mission request. Evaluate overall performance of the State TB Program over the year using TB indicators. Obtain signature of the cooperation agreement. Collect data to generate indicators and impact assessment.
Indicators:	None.

Burundi

Work plan: Burundi **Year** 2009

Funding Level: $900,000.00

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

Activity Title:	Provide technical assistance for the implementation of Long-Lasting Insecticide Treated Nets (LLINs).
Activity Lead:	Shretta, Rima **Activity #:** 2 **Task**: LFBI09PMI **Subtask**: 60F4H2
Activity Description:	During its first year plan, SPS will focus its efforts on finalizing the LLIN strategy document for universal coverage and on helping to plan the mass-coverage campaign planned for next year. SPS will specifically provide support in the following areas: (a) work with the PNILP and the drafting committee to finalize the LLIN strategy for Burundi. (b) Support the PNILP and partners in planning a follow-up mass-distribution campaign in for 2010, including potentially developing a planning document. Burundi will be holding presidential and other political elections in May-August 2010; therefore it is likely that a campaign will not be feasible until November 2010.
SPS Partners:	None.
Budget: $66,748.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Strategy document for LLIN implementation. Planning document for mass campaign.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS assisted the PNILP in a workshop to learn lessons from the last LLIN campaign.

	SPS contacted the IFRC to plan their participation in the planning for the new campaign.
Barriers to Progress:	Changing date of the campaign.
Next Steps:	Determine when the nets will arrive in the country and develop a written action plan.
Indicators:	None.
Activity Title:	Review of the capacity of the pharmaceutical system to support the National Malaria Control Program (PNLP).
Activity Lead:	Shretta, Rima **Activity #:** 3 **Task**: LFBI09PMI **Subtask**: 60F4A3
Activity Description:	Review of the capacity of the pharmaceutical system to support the national malaria control program (PNLP).
SPS Partners:	None.
Budget: $209,798.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Assessment report and recommendation for interventions needed. Workshop report on training/capacity building in quantification.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS completed a draft report for the assessment of the pharmaceutical management system for malaria. SPS liaised with PNILP and partners to plan for a dissemination workshop. A tentative date for November was fixed.
Barriers to Progress:	None.
Next Steps:	Plan for dissemination workshop. Incorporate comments and finalize report.
Indicators:	None.
Activity Title:	Provide technical assistance for the Prevention of Malaria in Pregnancy (MIP) and Intermittent Preventive Treatment (IPTp).
Activity Lead:	Shretta, Rima **Activity #:** 4 **Task**: LFBI09PMI **Subtask**: 60F4H4
Activity Description:	Given that a strategy for approaching malaria in pregnancy (MIP) cannot be introduced until the issue of IPTp is resolved, SPS will provide support in the following areas: (a) Obtaining and compiling published and unpublished information on SP resistance and treatment and SP efficacy for IPTp. (b) Obtaining and documenting the process for reintroducing SP for IPTp in a country where SP was previously abolished and then reintroduced (such as in Rwanda). (c) Mobilizing international partners to provide support to PNILP for the IPTp policy. (d) Reviewing and providing comments on the proposed study protocol on using mefloquine for IPTp. (e) Eventually providing input in developing an MIP strategy document, once the IPTp issue has been resolved.
SPS Partners:	None.
Budget: $58,413.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Document compiling evidence for SP efficacy for IPTP in the context of SP resistance for treatment. Strategy/policy document for MIP. Document compiling evidence for

	SP efficacy for IPTP in the context of SP resistance for treatment (English version). Trip report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS collaborated with the PNILP to plan for a dissemination workshop for the findings of the IPT report. A meeting was planned for November 2010.
Barriers to Progress:	Agreeing on a suitable date for the dissemination meeting.
Next Steps:	Plan for dissemination meeting.
Indicators:	None.
Activity Title:	Provide technical assistance for the community based strategy for malaria.
Activity Lead:	Shretta, Rima **Activity #:** 5 **Task**: LFBI09PMI **Subtask**: 60F4H5
Activity Description:	SPS will provide support in the following areas: (a) Provide assistance in the development of pharmaceutical management tools and training materials in support to a home-based management pilot project. (b) Work with ESD and DPML to obtain necessary regulatory waivers for ACTs to enable their use at the community level. (c) Create linkages between the CHW and the health centers for storage, supervision, monitoring, reporting and distribution of community ACTs. (d) Support ESD and DPML in incorporating pharmaceutical management tools including ordering tools and reporting tools for cases treated during their piloting of HBM including potentially testing a simple system for the active adverse drug reaction monitoring and reporting (ADRs) by CHW. (e) Work with PNILP and partners to develop the pharmaceutical management component of a policy document that will guide community case management of malaria in Burundi.
SPS Partners:	None.
Budget: $114,880.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Strategy/policy document on community-based management of malaria developed. Pharmaceutical management tools adapted for use at community level.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS had discussions with the PNILP, ESD project and USAID to provide input into the tools being developed for the CCM pilot in Burundi.
Barriers to Progress:	None.
Next Steps:	Continue to work to develop tools and training materials.
Indicators:	None.
Activity Title:	Monitoring and evaluation of pharmaceutical management including EUV implementation.
Activity Lead:	Shretta, Rima **Activity #:** 6 **Task**: LFBI09PMI **Subtask**: 60A1C6
Activity Description:	SPS is proposing the implementation of the End User Verification (EUV) and the Systems Strengthening Tools, in collaboration with USAID/Burundi. SPS will provide support in the following areas: (a) Contribution to the review of pharmaceutical

	management indicators developed by the EPISTAT pharmaceutical group. (b) Implementation of the EUV and the health system strengthening tool and dissemination of the results. (c) Determining future technical assistance needs for a pharmaceutical management information system in support of agreed-upon pharmaceutical indicators.
SPS Partners:	None.
Budget: $74,851.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	EUV implementation reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS planned to implement the EUV in Burundi in November 2010.
Barriers to Progress:	None.
Next Steps:	Implement EUV in November 2010.
Indicators:	None.
Activity Title:	Support PNILP to develop its organizational and functional capacity.
Activity Lead:	Shretta, Rima **Activity #:** 7 **Task**: LFBI09PMI **Subtask**: 60F4H7
Activity Description:	SPS will: (a) Provide PNILP with support for organization of their new program office, including regional professional development opportunities, internet connection and office supplies and equipment as needed. (b) Collaborate closely with PNILP staff in carrying-out the above described activities and, therefore building their functional capacity in pharmaceutical management and in coordinating with relevant partners (especially CAMEBU and DPML).
SPS Partners:	None.
Budget: $50,659.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS collaborated with the PNILP to develop a draft capacity building plan with prioritized needs. SPS sponsored 4 participants from the PNILP for a study tour of CCM implementation in Ethiopia. SPS also arranged to hire a car in Ethiopia for transportation to the study sites.
Barriers to Progress:	Ad hoc requests from PNILP.
Next Steps:	Finalize the capacity building plan.
Indicators:	None.
Activity Title:	Technical assistance for acceleration of Round 9 grant signature.
Activity Lead:	Shretta, Rima **Activity #:** 8 **Task**: LFBI09PMI **Subtask**: 60F4Q8
Activity Description:	The average time for grant signature has been shown to be 290 days. If the Burundi Round 9 grant is approved and these funds are to be used to procure LLINs necessary for the 2010 campaign, it will be necessary to ensure that every effort is made to

	reduce the time taken for the grant signature. SPS will provide assistance to the PNILP and the MoPH to ensure that the Round 9 grant is signed in a timely fashion, by assisting in the development of key documents needed for signature such as the Procurement Supply Management Plan, the M&E plan and the work plan. SPS will leverage the RBM partnership to provide this support.
SPS Partners:	None.
Budget: $10,076.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	PSM plans. Work plans. M&E plans.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	PSM plan, work plan and M&E plan approved. Grant signed.
Barriers to Progress:	None.
Next Steps:	Activity completed.
Indicators:	None.
Activity Title:	Office management.
Activity Lead:	Shretta, Rima **Activity #:** 9 **Task**: LFBI09PMI **Subtask**: 97XXYX
Activity Description:	SPS will establish an office in Bujumbura to provide continuous technical assistance for malaria activities in Burundi. This will include hiring at least two full-time technical staff, as well as one full-time operational staff/office manager. It is expected that one of the technical staff will be an expatriate (recruited from the region).
SPS Partners:	None.
Budget: $164,864.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The accountant that was hired left to join another organization offering a longer contract. Interviews for replacement were conducted, as were interviews for second technical position.
Barriers to Progress:	Registration of MSH as an NGO and length of contract being offered to potential employees. Staff not motivated to join SPS as short-term consultants.
Next Steps:	Continue pursuing registration and recruitment.
Indicators:	None.

China

Work plan: China **Year** 2009

Funding Level: $100,000.00

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

Activity Title:	Monitor progress on implementation of SOPs in Guangxi province.
Activity Lead:	Morley, Sharri **Activity #:** 3 **Task**: LFCN09IDX **Subtask**: 60F2F3
Activity Description:	Three to six months after the workshop, SPS will conduct follow-up visits to selected sites in Guangxi to monitor progress on implementation of SOPs. During these visits, SPS will collect feedback on the functionality of the tools provided as part of the SOPs and will make adjustments to them as necessary, so that provincial authorities in Guangxi can take these adjustments into account as they implement SOPs throughout the province.
USG Sub-element:	Program Design and Learning
SPS Partners:	None.
Budget: $28,180.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Report on implementation of SOPs in Guangxi Province.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress:	Minor technical problems were experienced in the SOP implementation sites. The problems and issues were documented and collected. SPS will plan to review, address and resolve the issues during a follow-up monitoring and evaluation visit to SOP implementation sites in the next fiscal year (October 2010). Followed-up the request from WHO/China to conduct an ARV management workshop in collaboration with NCAIDS and WHO China. The exact technical content and activities are yet to be finalized. Suggestions from WHO/China to SPS are: provide technical expertise on software development for ARV management and conduct two TOT workshops at the national level for capacity building on pharmaceutical management for ARVs.
Barriers to Progress:	The funding for the upcoming year will only be sufficient to conduct a follow-up assessment visit for the SOP implementation and provide limited TA remotely ─ unless partners (such as the WHO) provide additional support.
Next Steps:	Conduct the follow-up assessment of SOP implementation in pilot sites in October. SPS also plans to discuss with NCAIDS and WHO/China potential collaboration on ARV management activities, such as software development and training workshops.
Indicators:	None.

Democratic Republic of the Congo

Work plan: DR Congo **Year** 2009

Funding Level: $1,730,000.00

Work plan Background
The Democratic Republic of the Congo, following a long period of civil war and unrest, is characterized by the presence of several public health problems and very limited resources (financial and human) to address them. For public health providers to effectively treat patients and improve health service delivery, the necessary essential medicines must be available in the public health facilities. However, in DRC an uninterrupted supply of essential medicines is not currently available throughout the public health system. In USAID-assisted health zones, challenges related to pharmaceutical management include but are not limited to – lack of capacity to adequately quantify needs, inappropriate management of medicines, irrational prescribing, lack of funds to order sufficient quantities from the regional depots, and stock-outs do occur at the regional depot level. Additionally, the distances and lack of infrastructure make distribution of medicines from the central level to the regional level and then to the health zone and facility levels expensive and time consuming. Although the MOH decentralization policy has been in effect for several years, the capacity at the provincial level, in terms of financial and human resources for pharmaceutical management, is insufficient to ensure the adequate implementation and monitoring of existing national pharmaceutical norms and guidelines. In addition, the linkages between health zones, districts, provincial inspection offices and international donors and partners working in pharmaceutical management are often lacking. Besides the lack of available medicines, the DRC pharmaceutical sector, in general, has several problems ranging from the lack of necessary and up-to-date legislative and regulatory policy documents to the lack of an effective and sustainably functioning supply chain system. The pharmaceutical law in DRC is outdated and although SPS has helped revising the law, it is still pending parliamentary approval. Roles and responsibilities of the different structures involved with pharmaceutical management are sometimes blurred due to lack of defined procedures. Registration of medicines has been hampered by the capacity of the DPM in this regard as well as the lack of a system to track documentation of registered medicines. Typical of a post-conflict situation, multiple donors and partners provide support to the procurement and distribution of medicines in DRC. Donors may target specific regional areas or focus on products that support a particular disease. However, the system lacks the systematic coordinating role to ensure adequate coverage of needs, standardization of quantification methods, and the potential integration of distribution models. In the same way, several systems exist in how medicines are financed. Some donors purchase medicines themselves and make them available to target populations; others finance local entities such as the CDRs to procure the medicines while delineating specific credit lines for health zones and facilities. The extent to which the patient contributes to medicine costs varies from one area to another, based on donor and provincial level policies for cost recovery. The modality for collecting patient fees can also vary from one place to another; while some charge the medicines separately; others charge it as part of an episode of illness fee or a comprehensive consultation fee. Also, no standard policy or procedure is available on how medicine generated fees are to be used; in some instances it is targeted, at least partially, for the procurement of new medicines and in other instances, it is targeted towards service improvements and/or to cover operational costs. The ―Commission Nationale du Médicament" as part of the ―Comité National de Pilotage" could, in the future, serve as a forum to obtain consensus on potential solutions to many of these issues. An additional critical gap relates to the lack of pharmaceutical information at all levels of the system. This information is important to monitor stock status of key products and of essential medicines and to also feed

into quantification exercises. Such lack of information negatively impacts the ability to adequately make informed decisions regarding medicine availability and future procurement activities. Though the Ministry of Health, with support from donors, has adopted a medicine information module (SNIS-Med) as part of the overall health management information system (SNIS), the system has its limitations since it is designed to only signal the overall performance of the system based on indicators of a limited tracer drug list. Other methods to monitor actual stocks of essential medicines as well as consumption and use of key products such as ARVs are still needed for adequate informed decisions.

Activity Title:	Assist the DRC Country Coordinating Mechanisms and Principal Recipients on Global Fund procurement and supply management issues.
Activity Lead:	Diagne, Serigne **Activity #:** 2 **Task**: LFZR09XXX **Subtask**: 60CXH2
Activity Description:	SPS will continue to work with these PRs on PSM issues as they begin grant implementation as well as working to build capacity of the MoH to take over as PR under Phase 2 of these grants. SPS will also respond to requests for assistance in support to signature acceleration for the TB R9 grant and/or in the preparation of R10 applications. As USAID implementing partners rely upon GF for HIV/AIDS medicines in their geographic areas of intervention, SPS will work with GF implementing partners to ensure sufficient coordination and communication on quantification and procurement; and will help to avoid stock-outs of these life-saving medicines. In coordination with the Grant Management Solutions PSM team, SPS will assist in the following: (1) Assist in the quarterly meetings of the central level procurement task force and quantification committee to ensure appropriate coordination on PSM issues and to review the quantifications and future orders for medicines and supplies purchased by SANRU and CordAID. (2) Provide guidance and assistance to formalize the quantification committee that was constituted for the purpose of these grants; but which will serve an important role for monitoring the validation of future quantifications of essential medicine needs as well as validating technical specifications of medicines and related products to be purchased. (3) Continue to assist the PRs and SRs with PSM issues, focusing on USAID-assisted health zones. (4) Work with the MoH program management unit to prepare for Phase 2 in terms of PSM. (5) Work with the Country Coordinating Mechanisms in the DRC.
USG Sub-element:	Other/Policy Analysis and System Strengthening Increasing Availability of Drugs for Treatment of TB Treatment with Artemisinin-Based Combination Therapies
SPS Partners:	None.
Budget: $57,362.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Quantification Committee meeting minutes. PSM SOPs for the MoH program management unit for phase 2.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS supported the National Malaria Program (PNLP) and the National HIV/AIDS Program (PNLS) in preparation and submission of the procurement section of the DRC‘s Round 10 Global Fund proposal. SPS also assisted the MoH‘s preparations to eventually take over as GF Principal Recipient (PR), through the _Cellule d‘Appui a la

	Gestion‘ (CAG), by supporting the drafting of National Procurement Procedures.
Barriers to Progress:	None.
Next Steps:	Establish a buffer stock of ARVs and TB medicine with the PNLS and PNLT.
Indicators:	None.
Activity Title:	Provide TA to USAID health service delivery implementing partners on pharmaceutical management.
Activity Lead:	Diagne, Serigne **Activity #:** 3 **Task**: LFZR09XXX **Subtask**: 60EXH3
Activity Description:	SPS will continue to work with USAID/DRC health service delivery implementing partners. SPS will provide technical assistance and guidance on pharmaceutical management issues and will work closely with partners to establish and strengthen systems in their target health zones to ensure a continuous supply of essential medicines. This will include providing technical assistance to the AXxes, LMS and the PROVIC projects on pharmaceutical management issues. Depending on the individual partner‘s mandate, this assistance may include developing procurement tenders, quantification of needs, assistance with registration or obtaining importation waivers, developing distribution plans, assessing regional depots, assisting in defining pharmaceutical management indicators and/or establishing pharmaceutical information systems. In addition, SPS will work with partners to determine their current or projected ARV stock levels, average monthly consumption and procurement lead times in order to calculate a reasonable buffer stock for ARVs. This will build on previous quantification exercises such as the one conducted in the 2008 assessment. SPS will coordinate with USAID and other ARV procurement mechanisms (such as SCMS) for the determination of quantities and timing for the procurement of such a buffer stock to be financed, directly to the ARV procurement mechanism, by USAID. SPS will facilitate importation approvals and tax exemptions and will work with national partners to determine the best suitable location for the storage of such national buffer stock.
USG Sub-element:	HIV/AIDS Treatment/ARV Drugs Increasing Availability of Drugs for Treatment of TB Treatment with Artemisinin-Based Combination Therapies Anti-microbial Resistance (MCH) Policy Analysis and System Strengthening
SPS Partners:	None.
Budget: $25,588.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Meeting minutes. ARV buffer stock plan.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS continued to provide technical assistance to LMS in the distribution of medicines in the landlocked district of Sankuru in Kasai Oriental. SPS participated in supervision visits with AXxes staff in AXxes-supported health zones, keeping SPS informed on the supply chain management situation as the AXxes project nears its end. TA was also provided to Provic during ARV procurement.

Barriers to Progress:	None.
Next Steps:	Train health providers in USAID-supported health zones in ARV and HIV commodity management. Continue supporting the DPS in supervision of pharmaceutical management in USAID-assisted health zones.
Indicators:	None.
Activity Title:	Provide TA to pharmaceutical management counterparts at the central level to establish national pharmaceutical policies, regulations, updated guidelines and strengthen the financial management within the pharmaceutical sector.
Activity Lead:	Diagne, Serigne **Activity #:** 4 **Task**: LFZR09XXX **Subtask**: 60AXH4
Activity Description:	As DRC continues to implement the national essential medicines system (SNAME), it is essential for the necessary policy and regulatory building blocks to be in place to guide those working within the pharmaceutical supply system at all levels. SPS will continue to provide technical assistance and work closely with the national drug regulatory authority as well as the national essential medicines procurement program to establish national policies, regulations, SOPs and improve coordination of pharmaceutical management stakeholders at the national level. In order to improve the standardization, documentation and transparency of the registration process, SPS will continue to work with the DPM to adapt and implement the PharmaDex, a computerized drug registration system, to streamline the medicines registration process. With remaining FY08 and FY09 funds, establishing this tool and building capacity within the DPM to use it will be the focus to help facilitate the registration of all essential medicines and key products for public health programs. SPS will also work with the national malaria control program to revise the national malaria standard treatment guidelines to reflect the new malaria case management policy, including confirmation of cases with rapid diagnostic tests, use of fixed-dose combination, and update the second line treatment. SPS will also work with the NMCP to develop related job aids. Together with the PNAM and DPM, SPS will review and update these technical guidelines to include the updated national essential medicines list, SNIS-Med reporting forms, improved information on good dispensing and rational use as well as supervision guidance and tools. Guidance for regional depots on how to manage medicines coming from multiple partners and destined for specific target health zones will also be included as donors and NGOs continue to contract with depots to manage, and in some cases, arrange distribution of their medicines to target health zones. Once these guidelines have been updated SPS, will work with the PNAM and USAID partners working in health zones to print and disseminate them to USAID target health facilities. SPS will continue to work with the DPM and PNAM to strengthen their capacity in coordinating pharmaceutical management activities among MOH units and among stakeholders involved in pharmaceutical management in DRC, at the central level. This will include assistance to the ―Commission Nationale du Médicament" and its sub-committee for ―Approvisionnement et Distribution" in order to ensure the formalization of its structure and functions. As needed, SPS will assist this coordinating mechanism by making pharmaceutical information and tools available and in providing direct TA for quantification of needs when necessary SPS will also use this mechanism for consensus building when key

national decisions are required such as for the adoption of revised STGs or the roll-out of new pharmaceutical management tools.

USG Sub-element: HIV/AIDS Treatment/ARV Drugs
Other/Policy Analysis and System Strengthening
Increasing Availability of Drugs for Treatment of TB
Health Governance and Finance (TB)
Treatment with Artemisinin-Based Combination Therapies
Health Governance and Finance (Malaria)
Policy Analysis and System Strengthening
Health Governance and Finance (FP)
Anti-microbial Resistance (MCH)

SPS Partners: None.

Budget: $178,270.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: National malaria standard treatment guidelines. Revised national pharmaceutical management technical guidelines. Options analysis report on medicines financing and improving financial management in the pharmaceutical sector.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The MoH decided to produce this comprehensive piece of law governing public health in DRC: ―La Loi Cadre de la Santé." The Pharmaceutical Law that was written with SPS assistance in April 2008 will become a section of this comprehensive law on public health. SPS took part in the workshop addressing this issue. SPS worked with the Drugs Regulatory Authority (DRA) of the MoH to finalize the last steps in installation of Pharmadex. Hardware has been identified and the procurement process initiated. The pilot period is planned to start in November 2010. SPS worked on strengthening the PNLS leadership in HIV/AIDS, with all stakeholders and ―Health Systems 20/20', and produced a strategic document on strengthening PNLS managerial and coordination capacity. The next of 2 remaining steps will be carried-out in October 2010. The 2nd step consists of creating a task force that will lead to the last step, which is the establishment of the permanent committee of stakeholders. SPS gathered data on adults and children currently on ART in the country. The data are broken down by province, by health zones, and by treatment site. This is the first time that this type of break down has been available. SPS added information on the partners supporting each treatment site by health zone (within each province). MSH/SPS continued to work with PNLS toward the constitution of an ARV buffer stock. The first meeting of the ―Comite de Pilotage Elargi', comprising a representative from each stakeholder group, was planned for early October 2010. This will be the formal forum to discuss all matters pertaining to the program, including the ARV buffer stock. SPS supported the PNLS in the revision of the following documents: the National Treatment Guideline on Antiretroviral Therapy (ART), the National Treatment Guideline on Pediatric ART, and the National Guideline on PMTCT. SPS assisted the PNLS in the production of guides for trainers, and of training modules in management of ARVs and other HIV/AIDS commodities. SPS and other involved stakeholders took part in the PNLT annual meeting, where

	proposals were made for improving stock management. One of the main points of consensus was that quarterly meetings should be held with all stakeholders within the already existing forum called PATIMED. SPS supported two colleagues (from the MoH and Faculty of Medicine at the University of Kinshasa) to attend the International Pharmacovigilance Conference in Nairobi. Additionally, SPS collaborated with both the Faculties of Medicine and Pharmaceutical Sciences to define the content of the training material for use by the pharmacovigilance focal persons in training of hospital staff. SPS finalized the details for the official launching of the Essential Medicines List by the Minister of Health. WHO will ensure the dissemination of the EML to the 515 health zones of the country, through MoH provincial representatives. SPS attended an introductory meeting for the Country Operational Plan (COP) 2011 and submitted a proposal. SPS worked with other stakeholders (including USAID and UNFPA) to produce a map of all sponsors of reproductive health in each province in the DRC. Agreement was reached on how all should work together to strengthen the collection of consumption data on family planning (FP) commodities. The DRC has successfully piloted the Community-based Integrated Management of Childhood Illnesses (CIMCI). SPS was part of the preparations and is now continuing on the pharmaceuticals part of the intervention, for an imminent scale-up of the program.
Barriers to Progress:	None.
Next Steps:	With the WHO and DPM, SPS will distribute the EML to the provinces, once it has been officially launched. SPS will work with the PNLS and ONLT to establish a buffer stock of ARV and TB medicine. Continue strengthening the DRA at the MoH.
Indicators:	None.
Activity Title:	Strengthen the provincial health management teams to strengthen pharmaceutical management at the provincial level.
Activity Lead:	Diagne, Serigne **Activity #:** 5 **Task**: LFZR09XXX **Subtask**: 60CXH5
Activity Description:	Following completion of the assessment of the financial flows through the DRC pharmaceutical system with FY08 funding, SPS will review, under this FY09 plan, the findings and recommendations of the assessment with USAID/DRC, the MoH and key other donors and partners. Based on these recommendations and identified priorities with partners, SPS will develop an options analysis for the steps that would need to take place to address some of the agreed upon priority medicine financing areas. These options will take into consideration the promotion of financial accessibility for medicines, governance and good financial practices, as well as equitable access. A stakeholder meeting will be held with all partners to review the options and achieve consensus on next appropriate actions. Based on these inputs, an action plan will be developed to strengthen and streamline pharmaceutical financial flows including advocacy for resource allocation, cost recovery mechanisms, and capacity building in pharmaceutical financial management.
USG Sub-element:	HIV/AIDS Treatment/ARV Drugs Increasing Availability of Drugs for Treatment of TB Treatment with Artemisinin-Based Combination Therapies

Anti-microbial Resistance (MCH)
Policy Analysis and System Strengthening

SPS Partners: None.

Budget: $199,588.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Meeting minutes from regular Provincial Pharmaceutical Management Commission meetings. Periodic reports from DTCs established in targeted general reference hospitals. A mapping report of pharmaceutical outlets in each of the respective USAID-assisted health zones.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Kasai Oriental: assisted CDR CADIMEK to prepare a distribution plan for MSH/LMS medication in USAID health zones. Assisted the Pharmacien Inspecteur Provincial (PIP) and Pharmacien Inspecteur de District (PID) to strengthen the capacity of quantification committees in six health zones. Provided support in the analysis of pharmaceutical data generated by the SNIS-MED in six health zones: Bibanga, Mpokolo, Mwene Ditu, Kalenda, Luputa, and Kanda-Kanda. SPS accompanied the Mwene Ditu health district PID to supervise pharmaceutical activities in four of the six health zones in his district. As support to the Commission Provinciale du Medicament (CPM), SPS conducted training for 23 people on the inspection and control of private pharmacies in Mbuji-Mayi, Tshilenge and Muene-Ditu. Twenty four persons (2 women and 22 men) were briefed on the use of zinc in the management of diarrhea in children under five years of age in the health district of Tshilenge in the province of Kasai Oriental. SPS assisted the Provincial Health Management of Kasai Oriental in the dissemination of posters on use of zinc that had been translated in four local languages (Tshiluba, Kisongue, Kanyok and Tetela). Kasai Occidental: SPS collaborated with the PIP in the supervision of the following health zones: Ndekesha, Kalomba, Luiza, and Bilomba. As in Kasai Oriental, SPS assisted the CDR CADIMEKO with the necessary preparations for receiving LMS drugs. Support was given to the CPM in the drafting of strategies to improve the private pharmaceutical sector in Kananga Town. Katanga: SPS/Kinshasa worked with its HQ in Arlington to finalize a MOU to be signed between MSH/SPS and the provincial MoH. This MOU was signed between the two parties and is available. SPS assisted the CPM Katanga to conduct an assessment of storage condition of drugs in public and private wholesale pharmaceutical establishments in the province. The activity is ongoing and the results of this evaluation will be available at the end of the activity. Technical support was provided to the PIP for organizing work, defining the working procedures of the PIP‘s office, and coordinating the CPM activities. As a result, the PIP‘s office was able to hold a full meeting with all staff in the province and share its new vision and work plan for the first time. With support from MSH/SPS, the PIP of the province initiated the mapping of private pharmacies in the province, as part of the plan to improve the private pharmaceutical sector. SPS supported meetings of quantification committees in all AXxes-supported health zones. Seventeen health zones held their meetings in September. The draft report of the SNIS-Med evaluation in 2 health districts has been finalized. Sud Kivu: SPS support to the provincial coordination of PNLS by

	strengthening the capacity in ARVs and HIV/AIDS commodities management in USAID-supported health zones in this province. SPS assisted Sud Kivu in their endeavor to establish a 'Centrale de Distribution Regionale' (CDR) in the province. SPS assisted the CPM to harmonize all pharmaceutical management tools in Sud-Kivu.
Barriers to Progress:	None.
Next Steps:	Support the extension of SNIS-Med to the 2 Kasai provinces. Train health providers in USAID-supported health zones in ARV and HIV commodity management. Ensure supervision of desk officers in the private sector.
Indicators:	None.
Activity Title:	Strengthen the capacity of health workers responsible for prescribing, managing, and dispensing medicines in USAID target provinces and health zones.
Activity Lead:	Diagne, Serigne **Activity #:** 7 **Task**: LFZR09XXX **Subtask**: 60E3H7
Activity Description:	SPS will complete training in pharmaceutical management. The remaining zones to be trained will cover approximately 238 health providers in 6 HZ in S. Kivu and 1 HZ in Kasai Occidental. These trainings will be completed in June 2010. It is to be noted that Mutoto health zone workers in Kasai Occidental were trained on pharmaceutical management in 2008 with IRC assistance so MSH/SPS will not repeat this training but will provide necessary refreshers during supervision visits. SPS will reproduce and disseminate copies of the national pharmaceutical management guidelines (fiches techniques) to those health zones. In September 2009, SPS worked closely with the Pharmacist Inspectors of the Kasai Oriental and Occidental provinces to establish Drug and Therapeutic Committees (DTC) in the Tshikaji and Mwene Ditu referral hospitals. The DTCs are aimed to coordinate activities related to inventory management, hospital drug formulary, rational medicines use, the containment of antimicrobial resistance including hygiene and infection control, as well as pharmacovigilance activities at the hospital level. These DTCs are still in the pilot phase. They have now developed individual action plans with some of the activities to be supported by SPS. As an initial activity, SPS will be sharing with the DTCs, infection control and antimicrobial resistance tools developed in other countries for potential DTC adaptation, SPS also plans to train a cadre of provincial level staff to serve as trainers on rational medicines use and DTC. SPS will conduct a desktop review of existing studies on rational medicine use in DRC. This will inform training and technical assistance activities to DTCs on prescribing, rational use and dispensing. The review will also document key indicators that will serve as a baseline against which future improvements in rational use practices and behaviors can be measured. SPS will use its own existing French language training materials for DTC and RMU and adapt them as necessary for the DRC context. This adaptation will be done in collaboration with the DPM and the PNAM. SPS will initially focus efforts on the Kasai Oriental and Kasai Occidental provinces. These cadres of trainers will be important to roll out DTC trainings at the HGR level and general rational medicines use at the health facility level. Subsequent to the training of trainers, SPS, together with the provincial and USAID implementing partners, will train health providers in the Tshikaji and Mwene Ditu health zones. Trainings will be conducted separately for

	the HGR staff and health center staff. A total of four workshops will be held by the end of 2010. Remaining USAID-assisted health zones will be progressively trained on DTC and RMU in the subsequent funding year. SPS provincial representatives will follow up on DTC activities to see what the committees have done in their sites and what effect those activities have had on rational use. Best practices will be documented and disseminated to serve as an advocacy for other future DTCs in other zones and provinces.
USG Sub-element:	HIV/AIDS Treatment/ARV Drugs Increasing Availability of Drugs for Treatment of TB Treatment with Artemisinin-Based Combination Therapies Anti-microbial Resistance (MCH) Policy Analysis and System Strengthening
SPS Partners:	None.
Budget: $192,413.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Summary report on rational medicines use in DRC. DTC and RMU training materials.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS supported the DTC at the Hospital General de Reference Tshiamala in Muene-Ditu, Kasai Oriental province to develop guidelines for waste management, hygiene and hand washing techniques, and the rational use of antibiotics in surgery. Staff supported the DTC at Hospital Bon Berger Tshikaji in the development of a hospital therapeutic formulary based on the EML, strictly observed by all prescribers. The prescription trend has already started showing an improvement. Based on the roadmap developed with SPS assistance, the hospital has managed to successfully submit a proposal to another NGO that funded the acquisition of 14 new sinks to replace some of the broken ones in the hospital. Lastly, several trainings in infection control for all staff were organized.
Barriers to Progress:	None.
Next Steps:	Extend implementation of DTCs to other hospitals in the four USAID-supported provinces.
Indicators:	None.
Activity Title:	Monthly stock monitoring for regional depots managing USAID procured medicines.
Activity Lead:	Diagne, Serigne **Activity #:** 8 **Task**: LFZR09XXX **Subtask**: 60C3H8
Activity Description:	SPS will work with AXxes and LMS, PNAM as well as with regional CDRs and depots to develop a simple standard and concise monthly report format to collect stock availability data for all medicines managed by each facility and by partner stock. The report will also project product availability based on draw down on each particular product. SPS will identify an appropriate electronic tool to facilitate in the collation of this data on a monthly basis so that AXxes and LMS can have the data for decision-making and also project future needs to avoid overages or shortfalls of any of the essential medicines. The tool will build/interface with existing tools and data collection processes, thus avoiding unnecessary duplication of effort. As part of this

	process SPS will require updated information from AXxes and LMS on orders in progress and upcoming orders so that these data can also feed into the tool as this information will be necessary for projections. SPS Kinshasa and provincial representatives will help facilitate data collection and follow up with depots as needed to ensure timely and accurate submission of data.
USG Sub-element:	HIV/AIDS Treatment/ARV Drugs Increasing Availability of Drugs for Treatment of TB Treatment with Artemisinin-Based Combination Therapies Anti-microbial Resistance (MCH) Policy Analysis and System Strengthening
SPS Partners:	None.
Budget: $101,396.00	**Start Date:** Oct 2009 **End Date:** Sep 2010

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Regular visits took place in all 4 provinces.
Barriers to Progress:	None.
Next Steps:	Continue supporting the DPS in the supervision of pharmaceutical management of USAID-assisted health zones.
Indicators:	None.

Dominican Republic

Work plan: Dominican Republic TB **Year** 2009

Funding Level: $450,000.00

Work plan Background
The Dominican Republic (DR) National TB Program (NTP) is currently receiving support from the USAID Mission in Santo Domingo to expand the implementation of the WHO-supported strategy: Directly Observed Treatment Short Course (DOTS). Critical for successful DOTS is ensuring the continuous supply of quality medicines and pharmaceutical supplies for TB, as well as promoting their appropriate use (according to standardized treatment regimens). SPS activities for FY08 (October 2008 – September 2009) included scale-up of the introduction of FDCs, technical assistance to strengthen the management of TB laboratory supplies, the implementation of an electronic management information system for clinical and pharmaceutical management of MDR-TB, and technical assistance for the organization of a national pharmaceutical management system, incorporating all SESPAS programs (TB and HIV/AIDS, included). SPS has received USD 450,000 from the USAID mission in Dominican Republic in FY09 funds to strengthen the pharmaceutical supply system, including following-up on the aforementioned activities and strengthening the selection and procurement of HIV/AIDS medicines and diagnostic products.

Activity Title:	Consolidate the supply management of TB medicines and laboratory commodities
Activity Lead:	Barillas, Edgar **Activity #:** 2 **Task**: LFDO09TBX **Subtask**: 60C3H2
Activity Description:	For FY09, SPS will support the quantification for the next procurement of medicines and laboratory supplies through GDF, the scale-up of laboratory kit use (to the whole country), and the improved use of the information generated by the pharmaceutical management information system. SPS will assess the impact of the introduction of the TB laboratory kits and the implementation of operational procedures for the management of laboratory reagents and commodities in four pilot areas. Based on these results SPS will support a plan to scale-up these practices to the entire country.
USG Sub-element:	Increasing Availability of Drugs for Treatment of TB Improve Management of TB/HIV Development of New Tools and Improved Approaches Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $43,600.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip reports. Assessment reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	During this quarter MSH/SPS supported the procurement of FDCs through the Global Drug Facility (GDF)/Partners for Supply Chain Management. MSH/SPS evaluated the inventory of anti-TB medicines in the central medical store during a visit in September 2010. The procurement through the GDF was delayed due to bureaucratic issues. The first shipments arrived by mid-September 2010. The delivery of the

	complete order (including the TB diagnostic kits) should be completed the first week of November 2010. MSH/SPS completed the collection of information for a study on the impact of the introduction of TB diagnostic kits.
Barriers to Progress:	None.
Next Steps:	For the next quarter, MSH/SPS will support the estimation of needs for 2011-12, and will finalize the report on the introduction of TB diagnostic kits. The results of this study will be presented during the next TB-UNION conference (Berlin, November 2010).
Indicators:	None.
Activity Title:	Support the supply management of HIV/AIDS medicines and diagnostic materials
Activity Lead:	Barillas, Edgar **Activity #:** 3 **Task**: LFDO09TBX **Subtask**: 60F2H3
Activity Description:	For FY09, SPS will support a rapid assessment of the supply management of HIV/AIDS medicines and diagnostic supplies, an analysis of ARV selection and current therapeutic schemes, and the estimation of needs for annual procurement. Other components of the supply chain will be strengthened, as the implementation of an integrated pharmaceutical management system (as proposed in activities 4 and 5) progresses.
USG Sub-element:	Other/Policy Analysis and System Strengthening Improve Management of TB/HIV
SPS Partners:	None.
Budget: $86,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip reports. Assessment report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	During this quarter MSH/SPS provided TA to the Presidential Commission for HIV/AIDS (COPRESIDA), to estimate the need for an urgent procurement of antiretrovirals that will ─if procured on time─ prevent major stock outs at the end of 2010. This analysis was presented by COPRESIDA during a meeting held on September 27, 2010.
Barriers to Progress:	None.
Next Steps:	If requested, MSH/SPS will provide TA for the procurement of antiretrovirals during the next quarter.
Indicators:	None.
Activity Title:	Technical assistance for the development of SOPs for pharmaceutical management
Activity Lead:	Barillas, Edgar **Activity #:** 4 **Task**: LFDO09TBX **Subtask**: 60F3H4
Activity Description:	For FY09, SPS will provide technical assistance for the design and implementation of an integrated pharmaceutical management system. If all stakeholders agree on the pertinence and feasibility of the proposal, SPS will support the elaboration of standard operational procedures for the procurement of medicines and supplies of all SESPAS programs (starting with the TB and HIV/AIDS programs as pilots) through

	competitive national tenders and international agencies, and its distribution through a new logistics operator.
USG Sub-element:	Improve Management of TB/HIV Development of New Tools and Improved Approaches Health Governance and Finance (TB)
SPS Partners:	None.
Budget: $61,900.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	SOPs. Trip report. Presentation. Proposal.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	In collaboration with local counterparts, MSH/SPS organized a national workshop to improve pharmaceutical management practices (La Romana, July 27-29). More than 40 participant from the central and regional levels participated in the workshop. Besides theoretical concepts and hands-on exercises, the SUGEMI SOPs for various components were presented, discussed and validated during this workshop.
Barriers to Progress:	None.
Next Steps:	For the next quarter MSH/SPS will provide TA to complete SOPs on programming and good storage practices.
Indicators:	None.
Activity Title:	Support the implementation of good storage practices and inventory systems in central and peripheral warehouses
Activity Lead:	Barillas, Edgar **Activity #:** 5 **Task**: LFDO09TBX **Subtask**: 60CXH5
Activity Description:	For FY09, SPS will support the elaboration and validation of SOPs that will provide the framework for other specific interventions included in this work plan. These include (but are not limited to): procurement through international agencies and inventory management and distribution through more efficient logistics operators.
USG Sub-element:	Improve Management of TB/HIV
SPS Partners:	None.
Budget: $68,800.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	Assessment of warehousing conditions.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	In collaboration with national consultants, MSH/SPS visited three regional warehouses to assess the infrastructural conditions, and estimate the cost of renovation/maintenance. Based on this report, the MoH and cooperation agencies, including the Global Fund Project, will plan the necessary investments.
Barriers to Progress:	None.
Next Steps:	For the next quarter MSH/SPS will draft SOPs for regional warehouses, train regional technical teams, and complete the infrastructural assessment of all regional warehouses.

Indicators:	None.
Activity Title:	Participate in internal and external evaluations of the TB Program
Activity Lead:	Barillas, Edgar **Activity #:** 6 **Task**: LFDO09TBX **Subtask**: 60F3A6
Activity Description:	As a component of an integrated pharmaceutical management system, SPS will support the coordination between the SESPAS programs (TB and HIV/AIDS, for instance) and a new logistics operator (PROMESE), particularly on the estimation of needs, annual procurement, inventory control and requisition/delivery to periphery sites/warehouses. If requested, SPS will also provide technical assistance to improve the warehousing conditions of the regional/provincial warehouses/facilities and their inventory systems.
USG Sub-element:	Host Country Strategic Information Capacity Program Design and Learning
SPS Partners:	None.
Budget: $20,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip report. Evaluation reports. Meeting minutes.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS participated in the VII External Evaluation of the TB program (September, 2010). MSH/SPS contribution was specifically focused on the pharmaceutical management component.
Barriers to Progress:	None.
Next Steps:	A consolidated evaluation report will be presented by the mission leader during next quarter. MSH/SPS will participate in the next UNION Conference, to be held in Berlin (November 11-15). MSH/SPS will organize a workshop on TB pharmaceutical management, and present the contribution of operational research to decision making.
Indicators:	None.
Activity Title:	Technical assistance to institutionalize the procurement of medicines and supplies of all SESPAS programs
Activity Lead:	Barillas, Edgar **Activity #:** 7 **Task**: LFDO09TBX **Subtask**: 60C2N7
Activity Description:	For FY09, MSH/SPS will assess the feasibility of integrating all electronic applications into a single platform, allowing an extended use of data bases and the organization of information to more appropriately respond to the needs of different users. If such an approach is not feasible, MSH/SPS will discuss (with national authorities and technicians) alternatives that will also move toward developing an integrated pharmaceutical management information system.
USG Sub-element:	Increasing Availability of Drugs for Treatment of TB Health Governance and Finance (TB)
SPS Partners:	None.
Budget: $39,700.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip reports. Standardized guidelines for procurement.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	During a visit in September 2010, MSH/SPS participated in meetings with PROMESE/CAL authorities to discuss participation as procurement agent within the SUGEMI proposal. PROMESE/CAL may take full responsibility of procurement for the public sector early next year, once the MoH improves their programming practices.
Barriers to Progress:	None.
Next Steps:	For the next quarter, MSH/SPS will provide TA to consolidate the programming practices of the MoH, and create the necessary conditions for the transfer of the procurement responsibilities to PROMESE/CAL.
Indicators:	None.
Activity Title:	Technical assistance for the implementation of a national pharmaceutical management information system
Activity Lead:	Barillas, Edgar **Activity #:** 8 **Task**: LFDO09TBX **Subtask**: 60G4H8
Activity Description:	SPS will participate in internal evaluations that will present the results of interventions supported with USAID/SPS technical assistance. SPS will also present the results of the aforementioned interventions at national and international symposiums.
USG Sub-element:	Development of New Tools and Improved Approaches Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $117,300.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Technical report on the assessment of information system and re-organization proposal. Trip reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	During the previous quarter, MSH/SPS supported the elaboration of an institutional development plan for the National Pharmaceutical Department. The implementation of this plan, which is critical for the consolidation of the SUGEMI, requires the appointment or transfer of personnel, but no appointments were made during this quarter. During this quarter, MSH/SPS completed the collection of information for an assessment of the situation of the multiple pharmaceutical management information systems currently used by the MoH. It is expected that the results will provide the foundation to organize an integrated pharmaceutical management information system, within the SUGEMI framework.
Barriers to Progress:	None.
Next Steps:	For the next quarter, MSH/SPS will support the implementation of the plan, including the training of new personnel (if any are appointed by the MoH). A technical report on the Pharmaceutical Management Information System should be completed by November 2010.
Indicators:	None.

Ethiopia

Ethiopia-PEPFAR

Work plan: Ethiopia PEPFAR **Year** 2009

Funding Level: $2,503,120.00

Work plan Background

In 2007, the U.S. Agency for International Development (USAID) awarded Management Sciences for Health (MSH) a five-year grant for the Strengthening Pharmaceutical Systems (SPS) Program. The mandate of the SPS Program is to build capacity within developing countries to effectively manage pharmaceutical systems, successfully implement USAID priority services, and ultimately save lives and protect the public‘s health by improving access to and use of medicines of assured quality. SPS was launched in Ethiopia in September 2008, as a follow-on to the Rational Pharmaceutical Management Plus (RPM Plus) program. SPS collaborates with its sister MSH-Ethiopia programs under the ―One-MSH Operations Platform”: HIV Care and Support (HCSP), Supply Chain Management Systems (SCMS), Leadership and Management, and TBCAP, and receives additional funding for antimalarial drug management (AMDM) under the President‘s Malaria Initiative (PMI). All MSH programs are located on the same premises and benefit from this coordinated and cost-effective operational support. The MSH/SPS Chief of Party serves as MSH‘s Country Representative. Under COP09, SPS will continue to support capacity building of national organizations- such as the Pharmaceutical Fund and Supply Agency (PFSA), the Drug Administration and Control Authority (DACA) and Regional Health Bureaus (RHBs) - professional associations, teaching institutions and health facilities. This capacity building includes all aspects of patient-focused pharmaceutical management systems for sustained results. Support is focused around strengthening pharmaceutical management, improving pharmaceutical good governance, reforming policy and practice (aimed at strengthening national skills and capacity in various areas of pharmaceutical systems), promotion and implementation of rational use of medicines, containing the emergence and spread of antimicrobial resistance, and promotion of treatment adherence and medicines safety (with the aim to improve treatment outcomes). There are about fifty SPS professionals at central and regional levels providing direct assistance in training, mentoring, supportive supervision, implementing manual and automated record keeping and inventory control tools, and supporting RHBs and Regional HIV/AIDS Prevention and Control Offices (HAPCOs) in Antiretroviral Therapy (ART) scale-up and ART service quality improvement. As a result, over 100 public hospitals, 500 health centers and 25 private and faith-based health institutions in all eleven regions of the country are providing life saving ARV drugs to over 160,000 persons. Moreover, a recent report released by a team of USAID‘s external assessors concluded: ―In sum, the historic activities of these two projects [SPS and SCMS] have contributed significantly to the current outstanding success and growth in the HIV/AIDS program in Ethiopia. The project teams, management, and program funders have every right to be proud of their accomplishments” (RPM+/SPS and SCMS in Ethiopia: An Evaluation, July 2009).

Activity Title:	Technical activity coordination and monitoring
Activity Lead:	Daniel, Gabriel **Activity #:** 1 **Task**: LFET09HIP **Subtask**: 97XXY1
Activity Description:	In addition to general coordination and monitoring, a major element of the activity will be strengthening documentation of SPS activities and success stories.

SPS Partners: None.

Budget: $134,910.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Reports and work plan.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Gabriel Daniel spent three weeks in Ethiopia supporting the program. Gabriel participated in the program retreat with key staff in Bishoftu and also participated in the quarterly program review, which brings all regional staff together. The revised work plan template was shared at this meeting. Attended the USAID logistics partners meeting and discussed harmonization of data tools. Had meeting with Elina at USAID and discussed work plan development progress including issues related to drug vendors, a disposal concept paper, GHI, and neglected tropical diseases. Heard reports from SPS seconded staff from DACA, SPS and EPA. Attended the presentation on Good Manufacturing Practice prepared by the SPS seconded staff to DACA. Had a brief meeting with the Director General and Deputy of PFSA on developments at PFSA. It was learned that PFSA would like to focus on rational drug use TA from SPS, now that the logistics effort is well underway.

Barriers to Progress: None.

Next Steps: Develop COP10 and COP11 work plans.

Indicators: None.

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

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

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

SPS Partners: None.

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

Products Planned: Reports (quarterly, semi-annual, annual, program and financial).

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Technical assistance was provided to Debre Markos Hospital on hospital-specific drug list development, SOP preparation for selected pharmacy activities, implementation of EDT, promotion of rational drug use, establishment of DIS, dispensing and counseling, and other pharmacy related activities. This followed a gap identification assessment that was done earlier. In addition, an ABC analysis was performed on the hospital‘s pharmaceutical consumption for three consecutive years. VEN analysis of the hospital drug list was made at the time of a drug list development workshop. Joint supportive supervisions have been conducted with regional PFSA hubs, RHB and JSI/DELIVER. Such collaborative work helps us to ensure intra-organizational collaboration and cooperation and to enhance program management and

harmonization of PFSA partners in their interventions.

Barriers to Progress: Budget limitation hinders supportive supervision and mentoring activities.

Next Steps: Organize SPS-Ethiopia annual review meeting and discuss its achievements. Develop detailed implementation plan (DIP) for COP10.Participate in joint supportive supervision organized by regional offices. Continue collaborative work with USAID mission, USG partners, and governmental and non-governmental organizations. Participate in program review meetings organized by Regional Health Bureaus, regional HAPCO and other partners.

Indicators: None.

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

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

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

SPS Partners: None.

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

Products Planned: Reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: IEC materials for four regimens of ARVs (D4T/3TC/NVP, D4T/3TC/EFV, ZDV/3TC/NVP, ZDV/3TC/EFV), counseling and dispensing guides, ADR reporting forms, ARV drugs prescription papers, and other PMIS forms have been distributed to health facilities with a brief orientation provided to dispensers on how to use IEC materials to promote RDU and reduce medication errors. Supportive supervision was conducted to implement rational dispensing practices, and patient counseling on the rational use of drugs at health facilities.

Barriers to Progress: Shortage of reference materials and guidelines at health facilities. The demand for ART side effects recognition and management IEC materials has continued to increase.

Next Steps: Print 12 reports and IEC materials. Continued distribution and follow-up on use of the IEC materials mentioned above. Continued preparation of patient education materials on proper drug use. Follow-up on journalists trained on AMR prevention and containment.

Indicators: None.

Activity Title: Support Drug and Therapeutic Committees (DTCs) at health facilities

Activity Lead: Daniel, Gabriel **Activity #:** 3 **Task**: LFET09HIP **Subtask**: 60BXH3

Activity Description: In collaboration with PFSA and RHBs, technical assistance will be provided to further

establish/strengthen DTCs. Emphasis will be placed on close follow-up and mentorship. Computers, reference books, internet facility and other resources will be provided so that professionals will have access to up-to-date technical information. Specific activities include: Supporting the establishment and strengthening of DTCs, providing TA and material support to 60 hospitals (60 computers, printers, and reference books), making DTCs fully functional, providing TA and material support in the production of facility-specific drug lists/formularies, establishing new DTC, and support PFSA to conduct trainings on DIS, in 40 public hospitals, 30 health centers and 5 private hospitals, providing TA through training and mentoring to capacitate DTCs to take active role for the following facility-level interventions- Promotion of adherence, containment of antimicrobial resistance, including the proper use of antiseptics and disinfectants, prevention of ADR and increased reporting of adverse events, provision of patient education on the use of medicines, conducting medicines use review, supporting health facilities in the disposal of expired and obsolete medicines, reagents and equipment, and supporting PFSA to organize regional DTC best practice sharing meetings/workshops- Support the establishment and maintenance of Drug Information Services (DIS), provide TA to health facility DTCs to establish DIS, including the provision of information on the management of toxicities, ADRs and poisoning.

SPS Partners: None.

Budget: $193,317.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Reports. Facility specific drug lists and formulary.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: In the reporting period, nine hospital-specific drug list development workshops were organized by DTCs of Debark, Felegehiwot, Debremarkos Referral, Arbaminch, Mehal Meda, Hawassa Army, Hiwot Fana, Jugel, and Enat hospitals. The workshops were organized in collaboration with the hospitals DTC, SPS and PFSA Branches. During the workshops, the draft drug lists were reviewed in the presence of physicians, health officers, pharmacists, nurse and other professionals. With technical and financial support from USAID and MSH/SPS, drug lists of 12 hospitals (Butajira, Dilla, Yirgalem, Bisidimo, Harar police, Debretabor, Metema, Alamata, Wukro, Metahara, North Command Kombolcha, and Woldia) were printed and handed over to the hospital‘s management. MSH/SPS has been playing a significant role in establishing and strengthening DTCs in health facilities of Ethiopia. Currently, SPS is collaborating with PFSA to promote rational drug use at the facility-level. In collaboration with PFSA, SPS organized two training events for DTCs. The objective of the trainings was to create a common understanding of the roles, functions and benefits of DTCs in promoting rational drug use, identify major drug use problems, design and implement interventions to improve rational drug use. A total of 135 participants attended the training events. MSH/SPS has collaborated with the Pharmaceuticals Fund and Supply Agency (PFSA) and WHO in providing training on RDU and DTCs. As a result, 41 participants attended this training. There have been inquiries from the JHU-Tsehai project, regarding possible collaboration with SPS in

establishing DISs in JHU-supported hospitals in three regions. SPS has accepted their request and the collaborative work has started by sending DIS assessment checklist to regional advisors of JHU-Tsehai and the corresponding SPS RPMAs to assess the hospitals of interest (Ammanuel, Hawassa Refera and Gambella hospitals). On September 4, DIS was inaugurated in Debre Markos referral hospital, the first of its kind in the region. Technical, material and financial support were provided by SPS to complete the minimum requirements needed to establish the hospital‘s DIS.

Barriers to Progress: Problems institutionalizing DTCs: the success of many DTCs depends on the performance and commitment of individual DTC members, rather than institutional set up and support.

Next Steps: Finalize DTC strategic document, in collaboration with PFSA and RHBs and organize consensus among key stakeholders. SPS considers DTCs as the entry point to initiate and sustain all Rational Drug Use and Logistics interventions at the facility level. Provide ongoing supportive supervision and follow-up with PFSA and regional health bureaus throughout the process to make DTCs functional. Follow the printing status of drug lists and work on editorial activities for these lists.

Indicators: None.

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

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

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

SPS Partners: None.

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

Products Planned: Reports. National AMR containment framework.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: In collaboration with FMHACA, SPS conducted a stakeholders‘ consultative workshop to discuss and further develop the draft National Strategic Framework on Prevention and Containment of Antimicrobial Resistance. Twenty two participants from government agencies, academia, non-governmental organizations, professional associations, private sector, and other groups attended the consultative workshop. Valuable comments and suggestions relating to the draft document were received and currently the document is being modified accordingly. IEC material entitled ―Antimicrobial Resistance: Basic Facts for Healthcare Providers” has been finalized and is awaiting printing.

Barriers to Progress: Could not conduct the National AMR advisory committee meeting we were hoping to because of a restructuring at the FMHACA.

Next Steps: Hold a national consensus building workshop to obtain stakeholder buy in and support for the implementation of the National AMR framework, in collaboration with the

National AMR Advisory Committee. Support the development, printing, and dissemination of IEC materials to promote practices aimed at containing AMR in Ethiopia.

Indicators: None.

Activity Title: Promote adherence to treatment

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

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

SPS Partners: None.

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

Products Planned: Reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: IEC materials for ARV adherence and guidelines for dispensing and counseling have been distributed to health facilities and brief orientations on how to use the guidelines have been provided to service providers.

Barriers to Progress: None.

Next Steps: Continue with the distribution and follow-up of IEC materials. Communication to finalize pediatric prescribing and dispensing aid: ―Pediatric Antiretroviral drugs strength, dose, frequency of administration, food requirements, side effects, and drug interactions chart". Continued preparation of patient education materials.

Indicators: None.

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

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

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

facilities. (4) Developing, printing and distributing posters and brochures on ADR and medication error. (5) In collaboration with PQM, provide support to DACA for collaboration with the WHO and other international networks on ADR and pharmacovigilance.

SPS Partners: None.

Budget: $12,450.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS supported 2 FMHACA conducted trainings: a cascade training on ADR for six health providers drawn from three health facilities, and a training on pharmacovigilance. In addition, a one day training was organized in collaboration with FMHACA and EPA on known ADRs of TB, malaria and HIV, and the National Pharmacovigilance System. In the reporting quarter, a total of 94 ADR reports were collected from three health facilities, and 86 reports were entered into the WHO UMC database Vigiflow. Additional activities performed include: preparation of a pharmacovigilance newsletter, initiation of the development of database to store and document ADR reports.

Barriers to Progress: None.

Next Steps: Provide technical assistance to FMHACA to establish management capacity and systems for ADR monitoring. Support printing and distribution of yellow form to the health facilities. Develop IEC materials on ADR recognition, prevention, and reporting.

Indicators: None.

Activity Title: Support DACA to strengthen pharmaceutical management capacity and promote pharmaceutical good governance

Activity Lead: Daniel, Gabriel **Activity #:** 7 **Task**: LFET09HIP **Subtask**: 60A5H7

Activity Description: Specific activities include: (1) Provision of technical assistance and trainings to DACA on pharmaceutical management, leadership and sustainability (in collaboration with MSH's Center for Leadership and Management) to assist with the implementation of BPR. (2) Provision of TA for the development/review and/or implementation of guidelines, STGs, formularies and drug lists, and other policies. (3) Seconding four SPS senior pharmacist to DACA to provide TA covering the areas of standards, good community pharmacy practice regulation, good manufacturing practice (in collaboration with PQM), and pharmacovigilance and AMR. (4) Support the salaries of 5 pharmacists to be seconded to the five DACA regional offices. (5) Provision of trainings to DACA to strengthen their capacity to implement regulatory aspects of RMU. (6) Support networking and review meetings between PFSA, DACA, SPS, EPA, EDA, schools of pharmacy, RHBs and other implementing partners, for consultation and experience sharing.

SPS Partners: None.

Budget: $210,904.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: As part of the promotion of good governance in the pharmaceutical sector, the FMHACA, in collaboration with SPS, organized two training events on FMHACA's new proclamation, regulations and guidelines for regional health officials, judges, police inspectors and journalists. These three events were held in Hawassa (27 participants), Harar (25 participants), and Bahir Dar (26 participants). TOT on the draft regulatory standards regarding pharmaceutical services were given to central and regional inspectors of FMHACA in two rounds. Premises (physical facility) standards for health facilities, as part of the regulatory standard, were finalized and a combined version of the standards will be submitted to FMHACA management for final approval. A technical consultative workshop on draft disposal directives on pharmaceutical waste was conducted with financial and technical support from SPS. Comments from participants have been incorporated and submitted to FMHACA management for the way forward. During the reporting period, seconded staff at FMHACA supported the institution in revising the lists of medicines for different levels health facilities (general hospital, primary hospital, health center, and health post), lists of emergency medicines for clinics (primary, secondary, and specialty), lists of medicines for retail medicine outlets (community pharmacy, drug shop, rural drug vendor), and the list for over-the-counter medicines. As a result, the Essential Medicines List (4th edition) and the National Medicines List for Ethiopia (6th edition) have been printed and made ready for distribution. Additionally, technical support was given to FMHACA to develop a Good Manufacturing Practices (GMP) guideline.

Barriers to Progress: None.

Next Steps: Provide technical assistance to FMHACA to establish management capacity and systems for ADR monitoring. Support printing and distribution of yellow form to the health facilities.

Indicators: None.

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

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

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

SPS Partners: None.

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

Products Planned: Reports and EPA's website developed.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: EPA managed to hold in its annual conference with the theme: ―Pharmacy Education and Practice in Ethiopia: Challenges and prospects". The conference was attended by approximately 618 participants from across the nation. The occasion included of an awards ceremony by the association for people selected to be exemplary for promoting pharmaceutical service in Ethiopia's health care system. Accordingly, Dr. Negussu Mekonnen, Chief of Party of SPS and Country Representative of MSH-Ethiopia, was a winner of the Pharmaceutical Service Gold Medal award and other SPS staff were handed a cup for positive influence on hospital pharmacy practice. These awards are examples of the role of MSH/SPS in the country's pharmaceutical system. The joint annual activities performed by MSH/SPS and SPS /PMI in collaboration with EPA were covered in different publications of the association and circulated during the annual conference.

Barriers to Progress: None.

Next Steps: Developing joint work plan for FY2010.

Indicators: None.

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

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

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

SPS Partners: None.

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

Products Planned: Reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Regional partnership meetings among MSH/SPS, PFSA, SCMS and DELIVER were organized and conducted at Bahir Dar and Jimma by PFSA branches in collaboration with SPS. The purpose of the meetings was to discuss how to strengthen PFSA at the regional level, how to organize joint activities, and the need for information exchange for proper documentation of activities performed by each partner. At the meeting, the respective activity areas, performance, and plan of each partner were presented. The meetings also addressed how to strengthen relationship between implementers (RHB and PFSA) and other partners, how to conduct joint supportive supervision using the check list prepared for IPLS implementation monitoring (after including additional points from joint plan of actions prepared by PFSA and each partner), and how to fill gaps found as a result of the supervision. Partners have also agreed to exchange their activity plans in order to minimize wastage/duplication of resource and also to have a monthly meeting to discuss the achievements and challenges. The revised, draft strategic document, ―Strategy for Enforcing the Establishment and Operation of Drug and Therapeutics Committees (DTCs) in the Health Care System of Ethiopia" has been shared with the managements at PFSA and SPS.

Barriers to Progress: Inadequate staffing at PFSA, both at head office and regions, delayed joint execution of some activities.

Next Steps: Finalize the strategic document and organize a national workshop to build consensus among partners. Staff secondment to PFSA regional offices.

Indicators: None.

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

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

Activity Description: Specific activities include: (1) Provide practical training to pharmacy personnel in target facilities. (2) Provide pre-service training on ART products and their management for graduating pharmacy students. (3) Train pharmacy personnel in inventory management tools/SOP, RMU, and the establishment and operations of DTCs. (4) EPA and EDA will be provided with TA and resources to train pharmacy personnel from the private sector. (5) PFSA will be provided with TA and resources to train regional and facility level pharmacy personnel. (6) Provide external short-term trainings for PFSA, DACA and other relevant partners.

SPS Partners: None.

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

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

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: In the reporting period, 16 training events and two workshops were organized in conjunction with partners and collaborators (FMHACA, PFSA, WHO, ICAP, JHU, and UCSD). These training events were on DTC, pharmaceutical good governance, and PMIS standard operating procedures (manual and electronic). A total of 798 professionals participated in the trainings and workshops.

Barriers to Progress: High patient load at the dispensary affected facilitation of mentoring on good dispensing and counseling practices.

Next Steps: SOP/ART training support as requested from partners. Write success story on pre-service and summer deployment. Finalize report on ―Training Experiences of MSH/SPS Ethiopia".

Indicators: None.

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

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

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

SPS Partners: None.

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

Products Planned: Reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Training on the Electronic Dispensing Tool (EDT), which helps to implement real time dispensing on the management of patients and pharmaceutical information has been organized for SPS Regional Pharmaceutical Management Associate (RPMAs) and Regional Data Managers. The course was designed to introduce participants to the EDT, application of its new modes of implementation, and real-time dispensing. The current EDT supports dispensing of ARVs, TB, antimalaria and opportunistic infections drugs with the possibility of expanding to all essential medicines. It helps to track medication errors, harmful drug interaction, allergies, adverse drug reactions, thereby ensuring the safety of patients and avoiding medication related harms. So far, EDT has been implemented in 12 health facilities. EDT generates data related to medication management on product consumption, dispensing of the correct drugs to clients, patient management on basic patient profile and ADR, treatment outcomes,

adherence levels and other relevant data. The manual PMIS is functioning in more than 350 government and private health facilities. During the quarter, various PMIS tools (ARV drugs dispensing register for adult, ARV drugs dispensing register for pediatric, OI drugs register, PEP, expiry and damage log books, ARV prescription pads, PTC, ETC, PIS and reporting formats) have been distributed. Nine new ART sites that have started providing ART service during the reporting period have been supplied with all the necessary tools and on-site trainings were provided to the data clerks and pharmacy professionals on the proper use of the tools. Technical assistance was provided to 89 ART sites by SPS data managers through supportive supervision, during which they provided support in the following areas: updating of antivirus programs, installation of ADT 3.0, maintenance of computers, support on EDT, database trouble-shooting, on site demonstration of data recording, documentation and reporting on PMIS formats for new data clerks, and collection of monthly pharmacy activity and OI reports. National and regional patient uptakes, including cumulative regimen reports have been collected, compiled and shared with SPS management, USAID, SCMS, Regional Logistic Associates (RLAs), RHB, HCSP, I-Tech Ethiopia, the Clinton Foundation and regional HAPCO and John‘s Hopkins University.

Barriers to Progress: High turnover of data clerks resulting in late reporting of patient uptake information. Frequent failure of the computers and database at some HFs. Data backup is not done properly at some HFs and it causes data to be lost.

Next Steps: Convert PMIS database from ADT to new EDT in selected HFs. Distribute the revised PMIS formats (new adult and pediatric registration) to the health facilities. Collect patient update data by regimen, compile, prepare, and distribute reports on monthly basis. Conduct supportive supervision and assist data clerks and pharmacy personnel to generate quality data.

Indicators: None.

Ethiopia-PMI

Work plan: Ethiopia PMI **Year** 2009

Funding Level: $600,000.00

Work plan Background

Oromia Regional State is the largest region in Ethiopia, covering 27 million people, 68% of whom are at risk for malaria. Three quarters of the region (242 of 261 districts, 3932 of 6107 kebeles, the smallest administrative unit of Ethiopia), are considered malarious, accounting for over 17 million persons at risk of infection. There are 1.5 to 2 million clinical cases per year, with malaria accounting for 20-35% of outpatient consultations and 16% of annual hospital admissions. Malaria deaths, at a rate of 18-30%, are the leading cause of all hospital deaths. While overall PMI systems support will benefit central management at the Federal Ministry of Health (FMoH) and the country in general, PMI is focused on Oromia Regional State. Currently AMDM activities are implemented at 86 service provision sites under the Oromia Region Health Bureau (ORHB): 19 hospitals, 47

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

Activity Title:	Technical activity coordination and monitoring
Activity Lead:	Daniel, Gabriel **Activity #:** 1 **Task**: LFET09PMI **Subtask**: 97XXY1
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, program oversight, progress monitoring, reporting, meetings, and communication with partners and collaborators. All activities will be managed in-country, with support from SPS headquarters in Arlington. There will be continuous interaction with PMI/Washington to ensure sharing of experiences with other PMI country programs. There will be a portfolio manager who will provide on-going technical and managerial support to field operations, including facilitation of off-shore procurement, short-term technical assistance (STTA) management, and quarterly visits for site monitoring and supportive supervision. SPS will engage the services of experienced experts based at its headquarters and consultants, who will travel as

needed, to support the implementation of field activities and sharing of best practices in appropriate venues.

SPS Partners: None.

Budget: $57,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Quarterly and annual report, work plan, and budget.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Technical Assistance was provided from the Washington HQ through the visit of Gabriel Daniel who was in country from June 22- August 11, 2010. The technical support provided included: drafting of the MOP 10 (October, 2010- September, 2011) work plan, discussions and coordination of activities with stakeholders and partner organizations, planning and conducting review meeting with ORHB, zonal and district health managers from E/Shewa, SE/Shewa and W/Shewa, planning review meetings with field RPMAs, and review of the Continuous Results Monitoring System (CRMS) reports.

Barriers to Progress: None.

Next Steps: Similar technical assistance is expected during MOP 10.

Indicators: None.

Activity Title: MSH/SPS Office management

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

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

SPS Partners: None.

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

Products Planned: Reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The regular program office activity coordination and implementation were conducted during the 4th quarter. The SPS management meeting was held in Bishoftu town from July 15- 16, 2010. A one and half day SPS/AMDM activities review meeting conducted between SPS head office managers and field RPMAs was held from July 21- 22, 2010 in Adama. Main agenda points discussed included the progress of AMDM activities in each zone and the MOP 10 work plan. The SPS Annual Review Meeting was conducted from August 9-10, 2010 at the Imperial Hotel, in Addis Ababa. The main parts of the review program consisted of highlights of the FY 10 activity implementations, group works on selected activity areas. The SPS/AMDM FY 11 work plan focus areas were presented in the meeting followed by discussion. The MOP 10 work plan was completed and a final draft submitted to USAID-E PMI office for final review and approval. Support supervision was carried-out for health facilities in the Jimma zone (Agaro, Jimma, and Asendabo health centers). Compilation and submission of quarterly and other periodic reports to Arlington HQ. Prepared and submitted the SPS/AMDM 3rd quarterly (April- June, 2010) activity and SMS reports. Prepared and submitted the 4th quarterly PPRM product commodity stock update report covering the period from July- September and submitted to Arlington office. The draft End User Verification report for June was prepared and submitted to the Arlington HQ.
Barriers to Progress:	None.
Next Steps:	Conduct series of joint supervisions and review meetings in collaboration with regional, zonal and district health managers to supported sites for identification of problems and recommendations for improvement of services for facility level staff. Strength the continuous mentoring supports. Undertake improvements and clarifications on the indicators of the monitoring checklists and preparation of SOPs, giving adequate definitions and explanation on the checklists for distribution to all concerned to harmonize the uniformity of the collected data. Compilation and distribution of the CRMS reports.
Indicators:	None.
Activity Title:	Partnerships and coordination
Activity Lead:	Daniel, Gabriel **Activity #:** 3 **Task**: LFET09PMI **Subtask**: 60F9N3
Activity Description:	Activities will include: (1) Responding to requests from NMCP and collaborators to support technical meetings, seminars, training workshops, and site visits related to AMDM. (2) Completing quarterly partners‘ meetings for reporting progress and coordinating activities. (3) Establishing working groups with NMCP, ORHB, DACA, PFSA, WHO, UNICEF, IRC, the Geospatial Analysis for Public Health Program, the United States Pharmacopoeia Drug Quality and Information (USP-DQI), US Peace Corps Volunteers program, and other relevant USAID/Ethiopia implementing partners in the key areas of: malaria products quantification and forecasting, procurement planning, distribution, human capacity development, storage and handling, management information systems (MIS), and monitoring and evaluation.

SPS Partners: None.

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

Products Planned: Meeting reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The country portfolio manager from Arlington and the staff of the SPS/AMDM office held a meeting with program manager and staff of the USAID-E PMI Team, consisting of Dr. Richard Reithinger, Dr. Joseph Malone, and Ms. Tsion Demissie on August 10, 2010. Main discussion points included: SPS/AMDM activity progress, MOP 10 work plan and de-briefing by Gabriel Daniel on his technical support visit to Ethiopia. Meeting held between the USAID-E Logistic Team, coordinated by Elina Sverdova and USAID-E logistic implementing partners, including MSH/SPS. The main agenda was discussion on COP 10 work plans prepared by each implementing partner organization. Meeting held on July 5, 2010 between USG Logistic Partner Organizations which focused on integration of PIMS (EDT), HCTS, and HCMIS. The Country Portfolio Manager and the SPS/AMDM staff held discussion with Mrs. Dea Hertzberg, Associate Director of the Peace Corp- Ethiopia, on developing future work relations with Peace Corp volunteers assigned in the different districts of Oromia. Mrs. Hertzberg agreed to supply the list of names of the volunteers assigned in the different districts. SPS participated in a review meeting of DACA‘s draft Good Manufacturing Practice (GMP) Guidelines on July 8, 2010 at the Yoli Hotel. Met with the MDF group, consultants from the US, to discuss the CRMS data capturing template and the tool to integrate AMDs into the HCTS data system. The group performed demonstration on the data system.

Barriers to Progress: No significant constraints encountered except that the regular monthly meetings between the USAID Program Office and the SPS/AMDM could not be held due to overlapping work programs.

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

Indicators: None.

Activity Title: Secondment/HR

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

Activity Description: Activities: (1) Second a pharmaceutical advisor to NMCP who will work closely with staff of the FMoH, PFSA, regional health bureaus (RHBs) and other relevant partners to support planning, coordination, and information exchange related to the national AMDM efforts. The pharmacist will have the following responsibilities: Serve as the liaison between SPS and NMCP/PFSA, identify and plan TA needs, support the implementation of the national AMDs quantification efforts, assist the development of a national standard operating procedure (SOP) for quantification, assist in training, and support realization of an uninterrupted supply of malaria products at all levels. (2) Develop the capacity of NMCP to forecast national AMD requirements and coordinate with PFSA for evidence-based distribution to target facilities. (3) Plan

quantification workshops for NMCP, PFSA, regional stakeholders, and partner organizations. (4) Assist in the development of SOPs for malaria products management, including definition of roles and responsibilities of key partners and stakeholders, coordination, drug regulatory aspects, quality assurance, quantification, forecasting, procurement, appropriate storage, security and transportation, communication, monitoring and evaluation, and pharmaceutical management capacity building needs. (5) Assist in policy and guideline review and AMDM updates, based on current data on drug use and efficacy studies. (6) Identify specific activities and technical assistance inputs needed to build the capacity of NMCP to improve AMDM activities. (7) Support improvement of national reporting rates on drug and related products usage, including implementation of innovative strategies and technologies to capture this information, such as electronic reporting tools. (8) Evaluate the operational capacity of the PFSA to deliver AMDs directly to health facilities, in concordance with the national logistics master plan and in-line with experience in antiretroviral drugs management.

SPS Partners: None.

Budget: $56,000.00 **Start Date:** Sep 2009 **End Date:** Oct 2010

Products Planned: Quantification and workshop report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Technical Assistance to the FMoH, ORHB and Oromia Zonal Health Departments. The Pharmacist Advisors seconded to the FMoH and ORHB and the other seven pharmacists deployed in the different Oromia zones are continuing to give technical support to the PMI/AMDM activity in their assigned areas. The activities carried-out by all RPMAs deployed in Oromia region included receiving and compiling the monthly reports, compiling the bi-monthly monitoring checklist, stock status at HFs and zonal and district stores, and providing routine technical and mentoring support on AMDM. Two workshops were conducted, Integrated Quantification of HIV/AIDS, Malaria, and TB Drugs, organized by PFSA in collaboration with SCMS, SPS/AMDM, and TBCAP. These were held in Adama from August 23-27, and Addis Ababa from September 7-11, 2010. The first work hop focused on: update and discussion on the National Malaria Diagnosis and Treatment Guidelines and the National Malaria Prevention and Control strategies, assumptions build up, and validation of the quantification parameters and available data sources. The second follow-up workshop in Addis Ababa worked on finalizing the assumptions proposed in the earlier workshop and the actual finalization of the quantification exercise of AMDs, RDTs and laboratory reagents.

Barriers to Progress: No major constraints.

Next Steps: Provide technical support to the FMoH, ORHB and Zonal/District. Identify the current situation of AMDs quantification, procurement, distribution and tracking system and provide technical support to develop national quantification guidelines.

Indicators: None.

Activity Title:	Promote rational medicine use (RMU)
Activity Lead:	Daniel, Gabriel **Activity #:** 6 **Task**: LFET09PMI **Subtask**: 60E3H6
Activity Description:	(1) Develop and disseminate basic drug information and reference materials that promote staff RMU and develop and disseminate IEC materials on proper drug use (promote ADR and contain AMR) to the public through various media outlets. (2) Produce information, education, and communication (IEC) materials to support community education on AMDs. (3) Create awareness and sensitization workshops on ADR for concerned health professionals and promote reporting of such cases. (4) Organize consensus-building workshop with private sector organizations to identify means of establishing cooperation in promoting RMU and AMDM. (5) Support EPA and EDA to implement a program of continuing education to pharmacy professionals, including AMDM to impart current knowledge and practice in the field. EPA will also be supported to educate the general public on rational use of AMDs and adherence to therapy. (6) In collaboration with DACA and PFSA, support availability of prescription forms at health facilities. (7) Improve counseling practice at health facilities. (8) Promote the introduction and use of tools, such as pharmacy-level medication registers to facilitate documenting and monitoring drug use. (9) Strengthen the capacity of drug and therapeutic committees (DTCs) to play an active role in the implementation of rational drug use, recognition of ADR and its prevention, and AMR containment interventions in health facilities. (10) Support EPA and EDA to hold/conduct AMDM related sessions during their annual meetings.
SPS Partners:	None.
Budget: $56,000.00	**Start Date:** Sep 2009 **End Date:** Oct 2010
Products Planned:	Training report, IEC materials, and prescription forms.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Two training sessions on AMDM and rational antimalarial drugs use were conducted for private drug retail outlets in East Shewa and Jimma zones of Oromia. The trainings were sponsored by SPS/AMDM as part of the RDU collaboration with the Ethiopian Pharmacy Association (EPA). The first training for East Shewa zone was conducted from July 23- 24, 2010 in Adama town while the second one for Jimma zone was held from September 22- 23. A total of 94 participants, (33 in Adama and 61 in Jimma) participants attended the training. The 30th Annual Conference of EPA was held from August 27-28, 2010 at the UN Conference Hall in Addis Ababa. As part of the MOU reached between SPS/AMDM and the AEPA, SPS/AMDM was to partially sponsor the conference while EPA was to produce articles on malaria control and give the program a continuing education platform. Accordingly, SPS/AMDM was featured as the Platinum sponsor and the involvement of SPS/AMDM was properly depicted through different activities, including: (1) The PMI SPS/AMDM logo was continuously displayed on the overhead projector. (2) The PMI SPS/AMDM logo was printed on the back covers of both the Pharma Forum and the program and abstract book. (3) An article entitled ―Malaria and its Management" was printed in the Pharma Forum volume 15, No. 2 issue and distributed to all the participants of the conference. (4) SPS made a 30 minute presentation in the Continuing Education Session of the

conference (August 28) on malaria and antimalarial drugs. (5) The presentation was followed by a long discussion session and the issues raised well indicated the interest of the professionals on malaria and the SPS/AMDM program activity areas. (6) SPS/AMDM was awarded a Certificate in Recognition of its contribution as a Platinum Sponsor to the 30th Annual Conference. Two participants (Mr. Amanu Nure from SPS/AMDM and Mr. Abdulmalik Ibro from ORHB), were supported by the SPS/AMDM fund to attended a Pharmacovigilance workshop organized by MSH/SPS in Nairobi, Kenya from August 16-18, 2010. The workshop was attended by a total of about 100 participants including Ethiopian staff from SPS, PFSA and DACA supported by the PERFAR fund.

Barriers to Progress: None.

Next Steps: Work on the other RDU activities.

Indicators: None.

Activity Title: AMDM Framework Implementation/DSM

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

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

SPS Partners: None.

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

Products Planned: RPMAs report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Routine follow up of the planned PMI/AMDM activities were carried out by all RPMAs deployed in Oromia region. These included receiving and compiling the monthly monitoring of stock status at HFs and zonal and district stores. Other important areas of technical support and mentoring provided included store arrangement and stock control, use and update of management information tools like patient diagnosis and drug treatment tools, and segregation of expired and obsolete products for ultimate disposal. Based on the bi-monthly monitoring checklist for the periodic mentoring of health facilities, the zonal RPMAs conducted the bi-monthly services and systems assessments and monitored stock status at the facilities. Details of the findings were regularly aggregated, updated and compiled as a CRMS Report which was distributed to the concerned stakeholders and partners for discussion and joint action. The first CRMS review meeting was held for participants from E/Shewa, W/Shewa/ S.W/Shewa and was conducted from July 20-21, 2010 at the Adama German Hotel, in Adama. Main agenda points discussed included: introduction to SPS and the AMDM program, challenges in drug supply management (from the stakeholders perspective), a briefing on AMDM baseline assessment findings, AMDM progress to date, CRMS review: definition, process, and findings, CRMS: participatory engagement, and the way forward.

Barriers to Progress: No major constraints.

Next Steps: In collaboration with regional, zonal and district health managers, conduct a series of joint supervisions and review meetings for identification of problems and recommendations for improvement of services for facility level staff. Strengthen the continuous mentoring support. Make improvements and clarifications on the monitoring checklist indicators and prepare SOPs, giving adequate definitions and explanation on the checklists for distribution to all concerned to harmonize the uniformity of the collected data. Compile and distribute the CRMS reports.

Indicators: None.

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

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

Activity Description: (1) Print inventory management cards, patient pharmacy registers, reporting forms and other pertinent tools and make them available to health facilities handling AMDs. (2) Train existing pharmacy data clerks at health facilities and data managers at regional facilities to track patient medication records, stock status and compile reports. (3) Provide computers and printers where electronic tools are used. (4) Provide hand-held digital appliance (PDAs) for real-time data entry into monitoring checklists and monthly reporting on patient uptake and stock status. (5) Assist zonal, district, and regional level aggregation of data collected from health facilities to assist in quantification and redistribution. (6) In collaboration with PSFA and ORHB, continue the production and distribution of SOPs, guidelines, and forms to all health facilities

managing malaria products, to ensure uniform practice, inventory management, and reporting. (7) Computerize current manual drug inventory and patient drug-use monitoring forms, using electronic AMDM dispensing tool developed by SPS at all hospitals as appropriate. (8) Under the supervision of the SPS IMS officer, hire an AMDM data manager to support manual and electronic IMS, and reporting and monitoring for malaria products. (9) Collaborate with the International Rescue Committee (IRC) in mapping of all AMDM target sites and forward data to IRC on quarterly basis. (10) Collaborate with PMI/Washington in quarterly end-use verification and stock-status reporting exercise.

SPS Partners: None.

Budget: $171,000.00 **Start Date:** Sep 2009 **End Date:** Oct 2010

Products Planned: Quarterly end-use verification and national ACT stock status report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Each RPMA in the zones visited the health facilities in his catchments area and ensured the continuous availability of the necessary MIS tools and followed that they are used and updated. RPMAs also collected monthly pharmacy activity reports and the bi- monthly monitoring checklists from each facility and submitted them to the SPS/AMDM office. Met with the MDF group, consultants from the US, to discuss the CRMS data capturing template and the tool to integrate AMDs into the HCTS data system. The group performed demonstration on the data system. A meeting was held on July 5, 2010 between USG logistic partner organizations, which focused on integration of PIMS (EDT), HCTS, and HCMIS.

Barriers to Progress: Some health facilities fail to regularly update their forms, noting shortage of pharmacy staff and lack of clerical staff support.

Next Steps: After conducting of the AMDM trainings for health facility level staff, it is believed that the capacity and willingness of the staff will improve, motivating proper and regular use of the tools.

Indicators: None.

Activity Title: Improve infrastructure

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

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

SPS Partners: None.

Budget: $56,000.00 **Start Date:** Sep 2009 **End Date:** Oct 2010

Products Planned: Disposal guidelines. Disposal records of expired and/or obsolete drugs.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Requests on required infrastructure support (store shelves, pallets, and tables) were compiled for district and facility level stores using the second program year budget. A purchase request was submitted and the procurement process is in progress. The following will be distributed to 13 hospitals, 42 health centers, 13 health posts, and 32 zonal and district health offices: 187 store shelves, 138 dispensary shelves, 28 lockable storage cabinets, 36 filing cabinets, 32 office tables, 19 swivel chairs, 63 guest chairs, and 313 wooden pallets. Minor renovation of storage and dispensing areas of 4 health facilities were completed. Planning of 5 sites has been completed and the actual renovation work will start shortly.

Barriers to Progress: Delay in the procurement processes and fabrication of the supplies. Due to prevailing poor storage conditions at many sites, the request for supplies and minor renovations is very high and beyond the financial means of the program.

Next Steps: Follow the procurement of the supplies and the renovations of the sites which are in progress.

Indicators: None.

Ghana

Work plan: Ghana PMI **Year** 2009

Funding Level: $400,000.00

Work plan Background
Malaria is hyper-endemic and a major public health problem in Ghana, where 80-90% of malaria infections are due to Plasmodium falciparum. The principal vectors are the Anopheles gambiae complex and Anopheles funustus, both very common in late-night biting mosquitoes in rural and peri-urban areas. Ghana‘s Ministry of Health (MoH) estimates that malaria accounts for over 40% of all outpatient visits and represents a 22% mortality rate in children under the age of five. In 2008, a new Malaria Strategic Plan 2008-2015 was developed in Ghana as the follow-on to the previous plan (2000-2010) that was created to provide direction toward the goal of reducing the country‘s burden of disease due to malaria. The current strategic plan endorses measures to ensure access to prompt diagnosis, provide effective and appropriate treatment, improve the quality of health care and referral systems, and conduct operational research (drug quality monitoring, efficacy monitoring, and pharmacovigilance). The Ghana National Malaria Control Program aims to increase participation in malaria control by bringing key stakeholders together and working based on their relative strengths. Ghana was selected as a beneficiary country in the third round of the United States Government‘s President‘s Malaria Initiative (PMI), which seeks to ―dramatically reduce malaria as a major killer of children in sub-Saharan Africa. The overall five-year, $1.2 billion initiative is targeted towards the rapid scale-up of malaria prevention and treatment interventions in 15 Africa countries. Interventions include promotion of insecticide –treated nets (ITNs) and indoor residual spraying (IRS), prompt and effective case management, and intermittent preventive treatment. PMI/Ghana and its implementing partners have supported malaria case management through the implementation of interventions including strengthening drug management system capacity, promoting rational use, logistics and supply chain strengthening, pharmacovigilance, and drug quality monitoring which has lead to improved availability of vital antimalarials products to vulnerable populations. In Year 1, SPS carried-out the following activities: supported the MoH/Ghana‘s National Drugs Programme to review Ghana‘s Standard Treatment Guidelines, reviewed and finalized the National Health Insurance Medicines List and Tariffs, to incorporate new malaria policy, developed Malaria Case Management Training Manuals for pharmacists and licensed chemical sellers (LCS)- in collaboration with the NMCP, the Pharmaceutical Society of Ghana, and the Pharmacy Council- and conducted a comprehensive assessment of pharmaceutical management in health facilities, to evaluate inventory management, storage requirements, and prescribing and dispensing practices of antimalarials in both the public and private sectors. The assessment‘s findings and recommendations address rational use and storage challenges for antimalarials and essential medicines in Ghana‘s health system. As per the PMI Ghana Malaria Operational Plan (FY09), in Year 2, SPS is mandated to – ―Strengthen pharmaceutical management capacity, including reinforcing rational use of ACTs and other malaria treatments, targeting both the public and private sectors, provide technical assistance for estimation of drug needs and gaps, and support the development and implementation of a comprehensive drug logistics information system.” The Malaria Operational Plan further states that ―building on the training and guideline development activities carried out with Year 1 PMI resources, the focus [for SPS] of Year 2 will be on supporting MoH/GHS to effectively implement the new malaria treatment policy for maximum public health impact.” This FY09 work plan builds on previous SPS activities in Ghana by helping to address the deficiencies in rational use of anti-malarials. SPS will support Ghana's health system in the following priority areas: (a) Promote the rational use of ACTs and other anti-malaria treatments in the private and public sectors of Ghana. This will be achieved through

disseminating the reports, guidelines, and training materials which were developed by SPS in Year 1, and by strengthening drugs and therapeutic committees, training health care workers, and providing assistance to programs of supportive supervision at 10 leading health facilities – all located in 3 focus regions. (b) Support the development of an accreditation and monitoring mechanism for private sector providers, which will enhance their ability to access and rationally disburse ACTs. (c) Support in-country stakeholders to improve the national pharmacovigilance and medication safety system. Following consultation with the NMCP, the National Drugs Program, the GHS Pharmacy Unit and other stakeholders, SPS selected the Drug and Therapeutic Committees (DTCs) that will be targeted to receive support in Year 2. DTCs are facility-level committees made up of prescribers, dispensers, and procurement team members who meet regularly to ensure adherence to hospital formularies and recommended prescribing, dispensing and procurement policies. Strengthening DTCs is an effective approach to ensuring sustainable rational use of antimalarials and other essential medicines in the health system. The Strategic Plan of the Pharmacy Unit of the Ghana Health Service (GHS) – ―Improving Pharmaceutical Services in the Health Sector 2007-2011", highlights the establishment and/or strengthening of DTCs as a key means to ensuring good pharmacovigilance reporting and adherence to prescribing policies by providers in Ghana. SPS plans to support DTC and rational use programs in the Greater Accra, Central, and Western Regions. This geographic focus is based on three main considerations: (1) In 2007 and 2008, the WHO supported DTCs in 4 regions, (Brong-Ahafo, Northern, Upper East and Upper West). (2) These three regions are the focus of the new USAID five-year strategy for health system strengthening, which will allow for synergies with other USG-funded programs. (3) SPS year 2 resources would not permit adequate support to all 10 of Ghana's regions. SPS will support the NMCP and MoH to develop an accreditation and monitoring system for private sector pharmacies and LCS as a means to address an important bottleneck in the promotion of rational ACT use. High quality ACTs are sufficiently available at the Central Medical Stores, and the NMCP is eager to increase their distribution through private providers. Another key challenge to the full implementation of the new Anti Malaria Drug Policy has been the numerous anecdotal ―reports" of adverse drug reactions to the use of recommended ACTs. Additionally, there is little coordination between the various players in the pharmacovigilance system, preventing efficiency and efficacy when ensuring medication safety. SPS will support the development of strategic options for strengthening PV activities for antimalarials in Ghana. Considering that the FY09 work plan represents the final year of the SPS program in Ghana under PMI funding, activities have been prioritized to focus on the three USAID focus regions – Greater Accra, Central and Western. SPS will collaborate closely with other PMI and USAID implementing partners who support malaria pharmaceuticals (namely the ProMPT, DELIVER, and future 3-Region Focus projects), in order to ensure that activities are harmonized during Year 2 and that follow-up activities will continue in Year 3 and afterward. http://www.whitehouse.gov/news/releases/2005/06/print/20050630-8.html

Activity Title:	Support dissemination of the Standard Treatment Guidelines to key providers and stakeholders in the three (3) USAID regions
Activity Lead:	Eghan, Kwesi **Activity #:** 10 **Task**: LFGH09PMI
Activity Description:	Support the dissemination of the STGs to key providers and stakeholders in the three USAID regions (concurrent with site visits for training and supportive supervision).
SPS Partners:	None.
Budget:	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress:	SPS supported the dissemination of copies of the STGs to health facilities during DTC trainings and supportive supervisory visit activities.
Barriers to Progress:	None.
Next Steps:	Activity completed.
Indicators:	None.
Activity Title:	Undertake supportive supervision to facility dispensaries in three select USAID regions to ensure the rational use of ACTs
Activity Lead:	Eghan, Kwesi **Activity #:** 4 **Task**: LFGH09PMI **Subtask**: 60E3H4
Activity Description:	In collaboration with the NMCP and the GHS Pharmacy Unit, provide supportive supervision in ten selected facilities (and additional facilities in their referral network, if necessary) to ensure rational use of ACTs. The ten facilities, including the Korle Bu Teaching Hospital (the largest referral health facility in Ghana) are characterized by high-volume prescribers who have influence on the prescribing and referral systems in the country. SPS seeks to impact rational use of ACTs in these three regions by addressing facilities, as the "top of the pyramid". After October 2010, it is anticipated that the Pharmacy Units of the GHS and the Korle-Bu Teaching Hospital (among others), will continue this activity as part of their routine work. This activity will be done in close coordination with other USG-supported partners working in these locations.
SPS Partners:	None.
Budget: $13,737.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS conducted supportive supervisory visits to DTCs in four hospitals (public and quasi-government hospitals) in the Western region of Ghana. Additional supervisory visits were conducted in 4 DTCs in the greater Accra region and 4 DTCs in the Central region. A post-intervention visit was conducted at two DTCs in the greater Accra region (Maamobi and Kaneshie polyclinics) to collect post-baseline data.
Barriers to Progress:	None.
Next Steps:	Finalize summary reports of supervisory visits.
Indicators:	None.
Activity Title:	Support the office of the Chief Pharmacist to improve the functioning of DTCs through targeted workshops and technical assistance in the Western, Central and Greater Accra regions.
Activity Lead:	Eghan, Kwesi **Activity #:** 5 **Task**: LFGH09PMI **Subtask**: 60E3P5
Activity Description:	Support the office of the Chief Pharmacist to improve the functioning of existing DTC‘s. In selected cases, SPS will support the establishment of DTC‘s through targeted workshops and technical assistance in the Western, Central and Greater Accra regions. The focus of this work will be targeted at 3 mission facilities, 3 regional

hospitals, 3 private clinics, and the Korle-Bu Teaching Hospital.

SPS Partners: None.

Budget: $74,788.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS completed baseline data collection from 20 health facilities in the greater Accra, Western and Central regions of Ghana. SPS also conducted post-baseline visits to Maamobi and Kaneshie polyclinic DTCs in the greater Accra region. A draft summary report was prepared.

Barriers to Progress: None.

Next Steps: Finalize reports.

Indicators: None.

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

Activity Lead: Eghan, Kwesi **Activity #:** 7 **Task**: LFGH09PMI **Subtask**: 60A2H7

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

SPS Partners: None.

Budget: $45,944.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS attended several meeting to discuss and agree on strategies (proposed by SPS) for monitoring ACT distribution in the private sector. The final report on this activity was prepared and a hundred copies of it were disseminated to key stakeholders.

Barriers to Progress: None.

Next Steps: Activity completed.

Indicators: None.

Activity Title: Support the design of an M&E system to aid the monitoring of ACT use in the private sector

Activity Lead: Eghan, Kwesi **Activity #:** 8 **Task**: LFGH09PMI **Subtask**: 60D3P8

Activity Description: Support the design of an M&E system for monitoring accredited private sector providers for ACT distribution.

SPS Partners: None.

Budget: $12,847.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS received feedback on the draft strategy developed for ACT private sector involvement. SPS was asked to develop indicators for monitoring movement of ACTs in the private sector. The draft monitoring indicators were reviewed by partners before finalization. The activity report was prepared and finalized in this quarter. One hundred copies of the report were printed and disseminated to key stakeholders in Ghana.

Next Steps: Activity completed.

Indicators: None.

Activity Title: In collaboration with FDB, the WHO, the Chief Pharmacist's Office, and the NMCP, complete a mapping of all pharmacovigilance activities, to develop a comprehensive strategy for Ghana.

Activity Lead: Eghan, Kwesi **Activity #:** 9 **Task**: LFGH09PMI **Subtask**: 60A1Q9

Activity Description: To achieve the objectives of Ghana's pharmacovigilance system and support NMCPs' request for more documented data on ADRs, SPS will collaborate with FDB, the WHO, the National Pharmacovigilance Center, NMCP and all stakeholders, to support the mapping and gap analysis of all PV activities, and propose recommendations for the development of a comprehensive PV systems strengthening strategy for Ghana. This collaborative approach will create synergy and improve coordination in creating and sustaining advocacy and actions that support pharmacovigilance and ADR reporting for ACTs and other medicines.

SPS Partners: None.

Budget: $43,267.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS conducted a stakeholder meeting in September to disseminate findings and recommendations from the pharmacovigilance assessment. At the end of the meeting, partners were assigned follow-on activities. SPS meet with identified partners to strategize and support approaches for activity implementation.

Barriers to Progress: None.

Next Steps: Activity completed.

Indicators: None.

Guatemala

Work plan: Guatemala **Year** 2009

Funding Level: $150,000.00

Work plan Background
Infection control (IC) is a key strategy to slow the spread of antimicrobial resistance. Hospital acquired infections remain a global problem, despite the availability of guidelines at both global and local levels. In Guatemala, Strengthening Pharmaceutical Systems (SPS) has supported the central Ministry of Health (MoH) hospital coordination team to roll out a standard approach to improve infection control practices, consisting of the application of an infection control assessment tool combined with the rapid cycle quality improvement, to its network of 43 hospitals.

Activity Title:	Technical activity coordination and monitoring
Activity Lead:	Briggs, Jane **Activity #:** 1 **Task**: LFGT09XXX **Subtask**: 97XXY1
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.
SPS Partners:	None.
Budget: $20,179.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS completed quarterly reporting, portfolio reviews and planning with USAID. The team also coordinated with the technical team of the Vice Ministry of Hospitals, SIAS and Capacity Project.
Barriers to Progress:	Most activities with the VM hospitals have been put on hold due to a state of emergency.
Next Steps:	Continue reporting and planning for completion of project or continuation depending on funding possibilities for FY10.
Indicators:	None.
Activity Title:	Introduction of infection control assessment tool and quality improvement approach to secondary level health facilities (health centers)
Activity Lead:	Briggs, Jane **Activity #:** 2 **Task**: LFGT09XXX **Subtask**: 60A2H2
Activity Description:	SPS would provide technical assistance to the SIAS to implement the standard approach to improve control of nosocomial infections in the four Centros de Atención Integral Materno-Infantiles (CAIMIs) that are operational. This would serve as a pilot experience to inform the roll-out to future CAIMIs as they are established, the roll-out being the responsibility of the MoH. In addition, all area de salud teams will be oriented in the material and the approach to implement in the facilities of their areas.

The materials used in the hospital orientation will be adapted as need for use in the primary level health facilities. A technical group from the SIAS including members of the Unidad de Supervision, Monitoreo y Evaluacion (USME) will review the evaluation tool as well as the training material to finalize the version to be used in implementation in primary health care facilities. A Training of trainers (TOT) course will be conducted in Guatemala City to form a pool of 4 trainers from the MoH SIAS. It is then proposed that all direccion de area de salud staff from the 29 areas would be oriented in two workshops in the approach and tools to improve infection control practices. The SPS team and the central level MoH staff will assist the regional teams to orient staff from the 4 functioning CAIMIs in the tools and the approach and to conduct follow up activities. This would include plan development and implementation at facility level as well as follow up and monitoring. SPS would assist with initial follow-up and monitoring and then hand over to the staff of the area de salud with the guidance of staff from USME.

USG Sub-element: Anti-microbial Resistance (MCH)

SPS Partners: None.

Budget: $58,555.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Manual. Training materials. Training reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The facilitator team of 6 (consisting of one or two persons from each of the technical departments of the SIAS involved in the activity) was oriented in the training material by SPS staff. Teams from 3 CAIMIs (a total of 159 participants) were oriented on the infection control assessment tool, applied the tool‘s modules, and developed quality improvement plans with technical assistance from SPS. The following is a summary of workshops: July 20-21 in Ixcan for 43 participants (18 women and 25 men), August 10-11 in San Cristobal, Verpaz for 68 participants (21 women and 47 men), and August 17-18 in Cuilco Huehuetenango for 50 participants (29 women and 21 men). The key achievements of the workshops are that each of the 3 CAIMIs named infection control committees and developed improvement plans. A meeting with the Director of SIAS, Dra. Xiomara Castañeda was held to inform her of these activities. She expressed interest in seeing the approach expanded to CAPs (centers of permanent care) if possible and the importance of continued follow-up and monitoring to be conducted in the 5 CAIMIs by USME. Several meetings were held with the health and nutrition team of the World Bank project to discuss implementation of the infection prevention approach in the CAPs they support.

Barriers to Progress: The rain and mudslide delayed some of the planning. Two workshops were delayed until October/November.

Next Steps: Teams from the 2 remaining CAIMIs will be oriented and staff from URC and the WB project will participate. USME will monitor implementation in the CAIMIs. SPS will assist with the development of a check list for supervisory visits. SPS will provide technical assistance to the WB project to develop infection control training materials and train staff at 29 CAPs. The tool will be revised as necessary, taking into account

	comments from its use in the 5 CAIMIs. After this validation, the methodology and tool will be introduced to the health area teams for implementation in CAPs, under the guidance of the USME and the WB project.
Indicators:	None.
Activity Title:	Continued technical assistance in the monitoring of hospitals activities
Activity Lead:	Briggs, Jane **Activity #:** 3 **Task**: LFGT09XXX **Subtask**: 60AXH4
Activity Description:	The SPS consultant will accompany the VM hospital staff on some follow-up visits, with the aim of accompanying the hospital coordinators on at least one visit per hospital. These follow-up visits are not intended to be planned specifically for this activity, but will be conducted as part of the regular supervisory visits that the hospital coordinators conduct on a regular basis. A checklist has already been made available to guide the visit and the coordinators will make a point of meeting with the infection control committee to discuss the progress in the implementation of their infection control improvement plans. Indicators for specific activities and subsequent results of application of the modules of the tool will be monitored through use of a reporting template which all hospitals will use to report their results and this will be made available on the MoH intranet to stimulate and motivate the different hospitals. As the surveillance system will be concurrently strengthened in the hospitals, the rate of nosocomial infections will also be tracked.
USG Sub-element:	Anti-microbial Resistance (MCH)
SPS Partners:	None.
Budget: $24,980.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Each hospital has an IC plan with defined indicators. Reports of monitoring visits by consultant. Monitoring of module results and key indicators related to hand hygiene posted on MoH intranet.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	A report of the results of the baseline application of the ICAT in all 43 hospitals is being finalized. The hospitals have been requested by the VM hospitals to apply the modules a second time by October 20, 2010 to enable comparison with the baseline. During the Stop AI workshops, each hospital presented their progress since the initial workshops. Most hospitals (88%) had applied modules once, although only 7% had used all 20. Most hospitals focused on the baseline activity and few hospitals presented results on key indicators, such as hand washing. A starter stock of 45 dispensers with alcohol gel was purchased to support hand-washing in one hospital The dispensers will be placed in selected areas of the hospital (such as the neonatal unit and intensive care).
Barriers to Progress:	Lack of a supervision structure at the VM hospitals within which to include monitoring and supervision of infection control practices.
Next Steps:	Support the VM Hospitals to establish a monitoring system for the key indicators of infection prevention previously defined by SPS and the Capacity Project. Strengthen the supervision mechanism of the hospitals using the hospital coordinators. Plan

	supervision visits to hospitals ─ where possible accompanied by the hospital supervisors and coordinated with Capacity Project. Revise the protocol for surveillance of nosocomial infections (planned for October 19, 2010).
Indicators:	None.
Activity Title:	Support to the MoH in revis ng the IC norms
Activity Lead:	Briggs, Jane **Activity #:** 4 **Task**: LFGT09XXX **Subtask**: 60A2H7
Activity Description:	Technical assistance will be provided to the MoH to update the national infection control norms. This activity is partly funded under FY08 funds and will be conducted in collaboration with other key players, such as PAHO who had previously committed to supporting the printing costs of the document.
USG Sub-element:	Anti-microbial Resistance (MCH)
SPS Partners:	None.
Budget: $20,415.00	**Start Date:** Oct 2009 **End Date:** Sept 2010
Products Planned:	Revised infection control norms.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	No progress this quarter.
Barriers to Progress:	Conflicting priorities in the VM Hospitals of the MoH.
Next Steps:	This activity will be coordinated with the epidemiologist at the VM hospitals. The working group to revise the norms will be formed and a methodology developed to divide up the document for revision. The norms have to be typed up into a word document as the MoH has no electronic copy.
Indicators:	None.
Activity Title:	Develop and field test materials promoting infection control practices.
Activity Lead:	Briggs, Jane **Activity #:** 5 **Task**: LFGT09XXX **Subtask**: 60FXC5
Activity Description:	Posters to guide hospital staff in the classification of waste, already validated by the VM hospitals, will be produced and distributed to the hospitals. Materials on hand hygiene could come from posters developed in the hospitals and a competition could be held to select the winning design to be displayed at all sinks in the hospitals. This activity is continued from last year and will be partially funded with FY08 funds.
USG Sub-element:	Anti-microbial Resistance (MCH)
SPS Partners:	None.
Budget: $26,276.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Poster on hand hygiene developed or adopted.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The poster competition was approved by the Vice Minister and the conditions were revised.
Barriers to Progress:	None.

Next Steps:	Follow-up visits will be made to ensure that the posters have been displayed and are used correctly to label the waste recipients. The poster competition for hand washing will be launched on October 15: International Hand Washing Day
Indicators:	None.

India

Work plan: India **Year** 2007

Funding Level: $150,000.00

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

Activity Title:	Work with KSAPS and partners to adapt and implement HIV/AIDS pharmaceutical management training materials for pharmacists at ART centers
Activity Lead:	Walkowiak, Helena **Activity #:** 3 **Task**: LFIN07HIV **Subtask**: 60F2E3
Activity Description:	During this work plan period, SPS will work with KSAPS, KHPT and other local partners to adapt and implement the SPS HIV/AIDS pharmaceutical management training materials for pharmacists working at existing ART centers and also for newly recruited pharmacists at ART Link Centers in Karnataka. The training materials will incorporate a performance improvement approach to encourage pharmacists to apply the skills and knowledge acquired at their workplace to achieve results. To build local capacity, SPS will work with KHPT to involve St John's Medical College and

Hospital, KIMS, and potentially the Pharmacy Council of Karnataka and selected schools of pharmacy, in the development and implementation of HIV/AIDS pharmaceutical management training materials. The sub-activities will include: Engaging local stakeholders to share SPS HIV/AIDS pharmaceutical management training materials and identify adaptations needed based on local training needs (lead partners: KHPT and KSAPS), initial desktop adaptation of selected modules and sessions to the local context and NACO guidelines (lead partners: SPS), collection and analysis of baseline data on ART pharmaceutical management practices prior to workshop (lead partner: SPS to prepare instrument and analyze data, KHPT and KSAPS for data collection), TOT workshop to finalize adaptation of materials with trainers followed by the workshop to launch the training program (lead partners: SPS with partners), final revision of materials post-testing (lead partners: SPS with partners), and ongoing training (lead partners: KSAPS and KHPT; SPS as a resource at first workshop). This activity will be co-funded with KHPT and KSAPS. SPS funding will be used to cover the level of effort (LOE) of SPS staff for initial adaption of the materials, development of data collection tool, analysis of baseline data, SPS participation in the TOT and launch workshops, LOE for revision of materials post-testing, and SPS participation as a resource in one follow-up training. KHPT have indicated that they will support the engagement of stakeholders to determine training needs, translation of materials into Kannada and printing costs, and KHPT participation in the TOT, launch workshops, and any subsequent workshops. KSAPS have indicated that they will cover costs for the TOT and launch workshops and ongoing trainings. Both partners aim to contribute to collecting the baseline data.

SPS Partners: None.

Budget: $89,667.00 **Start Date:** Jan 2010 **End Date:** Sep 2010

Products Planned: Training materials developed and translated into Kannada. Report of baseline data on ART pharmaceutical practices. Trip reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: In July 2010, SPS worked to finalize the training materials for the second three-day HIV/AIDS Pharmaceutical Management workshop for pharmacists working at ART centers, which was rescheduled for August 2010. In early August, the training coordinator for the course from KIMS used the revised baseline data collection tool to observe operations, perform inventory record reviews, and conduct semi-structured interviews with pharmacists working at 8 of the 19 ART centers who were scheduled to send pharmacists to the second training. SPS covered the travel costs and per diem for the data collection exercise. One SPS staff member travelled to Karnataka to support the second workshop held from August 17-19, 2010. Nine local trainers from medical/pharmacy colleges, ART centers and KHPT were involved in facilitating fourteen sessions at the workshop. The baseline data on ART pharmaceutical management practices for the other 11 participants attending the second training workshop was collected by self report at the start of the workshop. The data for all 19 centers was analyzed by SPS and presented by the training coordinator as part of Module 4, which addresses performance improvement. At the end of the second

workshop, all 38 pharmacists working in Karnataka at ART centers had completed the training. The training materials were finalized and handed over to KSAPS, KIMS and KHPT in September 2010. In addition, SPS worked with KSAPS and KHPT to support communications with Dr. P.K. Lakshmi, Professor and Head of the Department of Pharmacy, G. Pulla Reddy College of Pharmacy, Hyderabad who is collaborating with the Delhi Society for Promotion of Rational Use of Drugs (DSPRUD) on the development and roll-out of training for pharmacists at ART centers, to identify opportunities for collaboration and cross learning on training of ART pharmacists.

Barriers to Progress: Due to the delay in holding the second workshop, the report that documents the analysis of baseline data on current ART pharmaceutical practices will be completed in October 2010.

Next Steps: SPS will finalize the report that documents the analysis of baseline data on current ART pharmaceutical practices collected or self-reported at all ART centers that sent pharmacists to the launch or second HIV/AIDS Pharmaceutical Management training workshop in October 2010. SPS will continue to work with KSAPS and KHPT to support communications with Dr. P.K. Lakshmi and DSPRUD to identify opportunities for collaboration and cross learning on training of ART pharmacists. In the next trip, if NACO is agreeable, SPS will schedule travel through Delhi and deliver a presentation to NACO on support rendered to KSAPS for capacitating ART pharmacists.

Indicators: None.

Activity Title: Work with KSAPS, KHPT, and Engender Health to develop and implement performance improvement and monitoring activities for ART pharmaceutical management

Activity Lead: Walkowiak, Helena **Activity #:** 4 **Task**: LFIN07HIV **Subtask**: 60XXH4

Activity Description: To support the roll-out of training for pharmacists described in activity 3 and the ongoing partner activities for quality of service improvement at ART centers, SPS will begin work with partners to develop and implement performance improvement approaches and monitoring activities for pharmaceutical management. As a first step, SPS will work with partners to develop a strategy that identifies activities and implementation methods that include an ongoing performance improvement approach for skills building and complement partner efforts to strengthen self-monitoring and supervision. Baseline data on current pharmaceutical management practices will be collected as part of activity 3, as described earlier. Activities this year will include incorporating a performance improvement approach into the HIV/AIDS pharmaceutical management training materials and supporting partners to start an ongoing approach to advance improvements in practice. Activities will include drafting a self assessment module on ART pharmaceutical management that includes standards and a monitoring checklist for inclusion in the COPE tool. Activity implementation continuing into next year, if funding is available, could include testing and finalization of the COPE module.

SPS Partners:	None.
Budget: $12,175.00	**Start Date:** March 2010 **End Date:** Sep 2010
Products Planned:	Module on performance improvement approach included in HIV/AIDS pharmaceutical management training materials. Checklist for use by District Officers for supervision at ART sites. Checklist/Annex for the COPE tool.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	During this quarter, SPS worked with Engender Health to draft the checklist for ART pharmaceutical management monitoring and self-supervision, and a more detailed tool for inclusion as an annex to the COPE tool. The draft strategy was reviewed and approved by KSAPS at a meeting held in Karnataka in August 2010 and submitted to USAID after the meeting. The checklists were also reviewed at the meeting. Following the meeting, SPS worked with Engender Health to review and finalize the checklist for use by the District Officers and for self-supervision and the tool was sent to KSAPS for final review and testing. The COPE checklist was revised and sent to Engender Health for a wider review by the country team.
Barriers to Progress:	Finalization of the checklists has been delayed pending local partner inputs.
Next Steps:	The next step is for KSAPS to review the District Officers checklist and with assistance from local partners to orientate the District Officers to the tool and to test it. The final changes to the COPE checklist will be made once the review by Engender Health is completed.
Indicators:	None.

Kenya

Kenya-PEPFAR

Work plan: Kenya PEPFAR **Year** 2009

Funding Level: $3,370,000.00

Work plan Background
HIV/AIDS was declared a national disaster and a public health emergency by the Government of Kenya (GoK) in 1999. In response, the government established the National AIDS Control Council (NACC) to provide policy and strategic framework for mobilizing and coordinating resources for prevention, care, and support of people living d with HIV. Implementation of the HIV/AIDS technical areas (e.g. antiretroviral therapy [ART]) have continued to be implemented under the National AIDS and STI Control Program (NASCOP). The US President‘s Emergency Plan for AIDS Relief (Emergency Plan) first began in 2003, as a 5-year program aimed at combating HIV/AIDS globally. Its emphasis was prevention of HIV infection, care for HIV-infected individuals and AIDS orphans, and provision of antiretroviral drugs on a large scale, concentrating on the poorest, most afflicted countries [1]. The Emergency Plan initially identified fourteen priority countries which had among the highest prevalence of HIV infection and accounted for nearly 20 million HIV-infected men, women and children. On July 30, 2008, H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008 was signed into law, thereby re-authorizing the Emergency plan for an additional 5 years. This legislation expands the U.S. Government‘s commitment to this successful program through 2013. Working in partnership with host nations globally, PEPFAR supports: Treatment for at least 3 million people, prevention of 12 million new infections, and care for 12 million people, including 5 million orphans and vulnerable children. Kenya was one of the priority countries named in the Emergency Plan and continues to receive USG support. The first identified case of HIV in Kenya was recorded in 1986. Since then, the epidemic and the government‘s mechanisms to monitor it have expanded greatly. The recent Kenya AIDS Indicator Survey (2007) showed that the estimated prevalence of HIV is now 7.1% nationally, with an estimated 1.4 million adults living with HIV [2]. NASCOP/GoK and USG PEPFAR partners realize that providing ART has several challenges in Kenya, including: human resource capacity and training, sustainability of resources, poor infrastructure, weak management information systems and laboratory support services, and poor commodity management. Most public health facilities experience periodic drug, medical supply and laboratory reagent stock outs due to poor quantification, cumbersome procurement processes, inadequate proper drug record systems, weak distribution mechanisms, and financial constraints. With USAID funding under COP 2007 and COP 2008, MSH/SPS worked closely with the MoH/NASCOP, USG partners and other stakeholders to strengthen the ART commodity supply chain, in order to improve access and use of commodities for people living with HIV/AIDS (PLWHA), HIV/AIDS prevention (PMTCT) and prophylaxis (e.g., Co-trimoxazole). By the end of the COP 2008 performance year, over 280,000 patients were receiving ARVs through the two major pipelines that were being primarily supported by MSH/SPS. The MSH/ SPS program will continue to provide TA in systems strengthening to GOK institutions and agencies, such as NASCOP, DLTLD, NPHLS, the Department of Pharmacy, the Logistics Management Unit-LMU, the National Quality Control Laboratory, and the Pharmacy & Poisons Board (PPB). SPS will continue to provide cross-cutting support for commodity management to USG agencies and PEPFAR-implementing partners funded by USAID, CDC and US DOD. [1] See White House Fact Sheet:http://www.whitehouse.gov/news/releases/2003/01/20030129-1.html[2] National AIDS and

STI Control Programme, Ministry of Health, Kenya. July 2008. Kenya AIDS Indicator Survey 2007. Nairobi, Kenya.

Activity Title:	Provide TA to strengthen supply chain management efficiency and M&E capacity for the public sector
Activity Lead:	Staley Jr., Robert **Activity #:** 2 **Task**: LFKE09HIP **Subtask**: 60CXH2
Activity Description:	Typical sub-activities will include, but are not limited to: (1) Provide TA to MoH/DOP to develop and implement a sustainable M&E framework for routine application, to improve supply chain efficiency at all levels. This will involve working with the Ministry of Medical Services, Ministry of Public Health and Sanitation, KEMSA, USG partners and other stakeholders to develop an M&E framework that guides supply chain M&E activities from the central level to the service delivery points. This will aim at institutionalizing supply chain M&E for ART commodities at all levels. (2) Provide TA to the MoH on improving supply chain performance by implementing key performance indicators (KPIs). MSH/SPS will work with MOMS, MoPHS, KEMSA and other key supply chain stakeholders to implement key indicators for monitoring the supply chain. This will include review of existing tools to incorporate priority indicators that can be collected at various levels of the supply chain.
USG Sub-element:	Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine Epidemic Preparedness and Response
SPS Partners:	None.
Budget: $200,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Supply Chain M&E Framework and Key Performance Indicators.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Developed the draft M&E framework, including the key performance indicators.
Barriers to Progress:	DOP needs to and is in the process of articulating the roles of its six divisions, in order to identify the lead division for supply chain M&E.
Next Steps:	Finalize supply chain M&E framework with the TWG.
Indicators:	None.
Activity Title:	Provide TA to improve commodity security
Activity Lead:	Staley Jr., Robert **Activity #:** 3 **Task**: LFKE09HIP **Subtask**: 60CXH3
Activity Description:	Typical sub-activities will include, but are not limited to: (1) Advocate, formulate, operationalize and support Commodity Security Committees at the MoH. MSH/SPS will continue to advocate for strengthening commodity security systems for HIV/AIDS services. Specifically, MSH/SPS will support consensus meetings for key stakeholders to discuss approaches that ensure constant availability of HIV/AIDS commodities.

USG Sub-element:	Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine
SPS Partners:	None.
Budget: $75,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Forecasting and quantification reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS provided technical leadership and advice to the NASCOP Commodity Sub-committee developing the implementation plan to adapt the HIV commodity supply chain system to the new ART, PMTCT and IYCF guidelines. Also supported NASCOP in developing a justification report for presentation to high-level policy makers on the Tenofovir stock situation at KEMSA. This resulted in distribution of new TDF-based regimens from KEMSA to ART sites and request for more procurement under GoK. SPS supported NASCOP in developing a report documenting trends in ARV regimen usage over time, as part of strategic information disseminated to key stakeholders with the national ARV stock status reports.
Barriers to Progress:	Conflicting priorities of key MoH program staff limits their availability for routine management of commodity security activities.
Next Steps:	Continue supporting NASCOP and other stakeholders to prioritize and advocate for increased focus on commodity security aspects. Provide technical support to NASCOP‘s key programs in quantification and procurement planning for Global Fund Round 7, Phase 2.
Indicators:	None.
Activity Title:	Provide TA to the MoH/Department of Pharmaceutical Services to Implement the Revised Kenya National Pharmaceutical Policy
Activity Lead:	Staley Jr., Robert **Activity #:** 4 **Task**: LFKE09HIP **Subtask**: 60A2P4
Activity Description:	Typical sub activities with MSH/SPS TA support will include, but are not limited to: (1) Support finalization and dissemination of Kenya's National Pharmaceutical Policy (KNPP). MSH/SPS will work collaboratively with the MoH/DOP and other stakeholders to support the finalization and launch of the KNPP. (2)Support the MoH/DOP and work collaborative with stakeholders to develop an implementation plan in-line with the revised policy. (3) Support the MoH/DOP and work collaboratively with stakeholders to initiate implementation of the revised policy and associated reforms. This will involve participation in the KNPP- Implementation plan taskforce and other technical working groups.
USG Sub-element:	Anti-microbial Resistance (Malaria)
SPS Partners:	None.
Budget: $125,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Kenya National Pharmaceutical Policy. Kenya National Pharmaceutical Policy Implementation Plan.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS worked collaboratively with the MoH/DOP, WHO, DANIDA and other stakeholders to develop KNPP session paper No. 1 of 2010. The paper and policy are pending approval by ministerial heads. MSH/SPS worked with DOP, MOMS, and MoPHS to develop a training package to support planned STGs/KEML dissemination training workshops, nationally and regionally. MSH/SPS supported the production and dissemination of 230 CDs with the STG/KEML training package, for use during dissemination training workshops. Staff presented the draft Pharmaceutical Service Charter Handbook and SOPs to the DOP divisional heads for approval. Suggested changes were incorporated and the documents were finalized.
Barriers to Progress:	None.
Next Steps:	Continue to work with DOP, MOMS, MoPHS and DANIDA to implement national and regional STGs and KEML dissemination workshops. Support DOP, MOMS and MoPHS in dissemination of the STGs and KEML to facilities countrywide.
Indicators:	None.
Activity Title:	Support to Priority Health Reform Initiative collaboration between MOMS and USAID
Activity Lead:	Staley Jr., Robert **Activity #:** 5 **Task**: LFKE09HIP **Subtask**: 60A4E5
Activity Description:	Sub-activity 1: Complete assessment in level 5 hospitals to establish gaps in pharmaceutical management. MSH/SPS will support the pharmaceutical and laboratory assessments, in order to identify specific areas that require strengthening. The assessments will focus on 3 hospitals identified jointly by MOMS, USAID and partners. Sub-activity 2: Work collaboratively with other USAID mechanisms to undertake health service system strengthening in priority level 5 hospitals as requested by the MoH and USAID. MSH/SPS will support system strengthening activities in the priority hospitals, through focused interventions as jointly agreed on by the MOMS/USAID teams. MSH/SPS will focus on areas identified for pharmaceutical and laboratory system strengthening. Sub-activity 3: Undertake institutional and HR capacity building in level 5 hospitals to ensure sustainability. This will be done through training pharmacy and lab staff in the priority hospitals on commodity management, provision of tools to improve services, support to development and implementation of SOPs, among other interventions.
USG Sub-element:	Other/Policy Analysis and System Strengthening
SPS Partners:	None.
Budget: $400,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Assessment tools. Assessment findings and recommendation reports. Implementation plans.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Worked with MOMS, MoPHS, the Capacity Project, USAID, Western Provincial

	General Hospital, Coast General Hospital, and Machakos Level 5 Hospitals to develop strategic plans for the 3 hospitals, which are under the Hospital Reform Initiative. These plans address gaps identified during assessments carried-out during quarter 1 and priorities set during strategic planning meetings held in quarter 2. MSH/SPS developed draft SPS work plans for support to these PHR hospitals, based on their strategic plans.
Barriers to Progress:	Slow progress in consensus-building for development and approval of hospital strategic plans.
Next Steps:	Presentation of the strategic plans to the Priority Hospital Reforms Working Group.
Indicators:	None.
Activity Title:	Support to MoH/NASCOP to strengthen Pharmaceutical Management Capacity to improve Access to and Use of ART commodities
Activity Lead:	Staley Jr., Robert **Activity #:** 6 **Task**: LFKE09HIP **Subtask**: 60C3H6
Activity Description:	Typical sub activities with MSH/SPS TA support will include, but are not limited to: (1) Support NASCOP commodity security activities of the ARV drug team including, quantification, forecasting, and medium-term requirements planning. This will involve participation in the ART Task Force and other NASCOP subcommittees and technical working groups. MSH/SPS will support NASCOP‘s forecasting and quantification activities. MSH/SPS will also work collaboratively with NASCOP, KEMSA, USG partners and other stakeholders to determine ARV and OI stock status and undertake routine pipeline monitoring. (2) Provide TA and support on adherence to ART medicines initiatives by NASCOP, through the implementation of adherence indicators. This will involve support to NASCOP ART adherence monitoring efforts at priority ART sites, including development, review, dissemination and implementation of manual and electronic tools, patient medication counseling job aids, and related materials, to track and monitor adherence. (3) Support printing of manual P/LMIS tools. MSH/SPS will work collaboratively with NASCOP and stakeholders to develop, review, implement and disseminate tools in various areas of inventory management for commodity tracking. (4) Undertake regional trainings in ART commodity management collaboratively with APHIAs and other regional USG Partners. In order to support decentralization initiatives and downward referral, MSH/SPS will work collaboratively with NASCOP, USG partners and other stakeholders to strengthen human resources for pharmaceutical management systems and services at all levels. MSH/SPS will work collaboratively with NASCOP and stakeholders to strengthen regional training teams by improving skills and addressing knowledge gaps in ART pharmaceutical management systems. (5) Support NASCOP ART decentralization initiatives by disseminating and implementing the ART pharmaceutical services' decentralization package. MSH/SPS will: (i) provide technical assistance in the development, review and adaptation of SOPs and job aids in support of ART/PMTCT commodity management at all levels. (ii) Support decentralization, task shifting, and dissemination of decentralization packages including mentorship. (iii) Support NASCOP in improving the policy and practice environment for pharmaceutical services in support of ART decentralization

initiatives. This will include support to electronic tools and relevant IT equipment for peripheral sites where applicable. (iv) Support National ART/PMTCT facilities mapping to improve commodity usage information management. Strengthen regional commodity management teams to undertake support supervision activities. (6) Support high-level NACC activities, such as development of KNASP (Kenya National AIDS Strategic Plan) with focus on commodity management, and Global Fund PSM. MSH/SPS in collaboration with NACC, NASCOP and other partners will provide technical leadership on commodity requirement planning. This will include participation in high-level committees and TWGs that provide oversight to medium term commodity procurement planning.

USG Sub-element: Increasing Availability of Drugs for Treatment of TB
Health Governance and Finance (TB)

SPS Partners: None.

Budget: $500,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Monthly stock status reports. HIV/AIDS Pharmaceutical Management Decentralization Handbook.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS participated in one ART Taskforce meeting, 2 ART Drugs and ART Commodities sub-committee meetings, 1 PMTCT TWG meeting, 1 ART Training subcommittee, and 1 Communications TWG meeting. Staff contributed to the following: (1) Compilation of report on forecasting and quantification of HIV/AIDS commodities for FY 2010/11 to 2011/12 (part of the NASCOP TWG meeting). (2) Dissemination of quantification and forecasting reports for HIV/AIDS commodities to the HIV commodity sub-committee. (3) Development of an implementation plan to phase-out stavudine based regimens and phase in the new regimens. MSH/SPS also conducted a final evaluation of 3 Group B study sites, and a baseline and evaluation of 3 Group B control sites participating in the study. These included: data collection, data entry, data transcribing, data cleaning, and data preparation for analysis. Data analysis of the adherence study commenced and generated preliminary results of the adherence study. Staff developed a draft manuscript for the Kenya adherence study. MSH/SPS supported the post-pilot revision of the integrated ARVlLogistics system and development of draft implementation plan. During trainings in July, MSH/SPS disseminated ART commodity management job aid packets and National ART SOPs manuals to: KEMRI/CDC (40 job aids and 27 SOPs) and ICAP (30 job aids and 30 SOPs). MSH/SPS participated in the stakeholders meeting that defined the core competencies for health care workers providing HIV care. Staff also updated the ART Commodity Management Curriculum for PHC settings, in-line with current local and global HIV/AIDS trends. In collaboration with NASCOP, SPS disseminated the following materials during the 9 regional mentorship and decentralization meetings: 1,000 HIV/AIDS Decentralization Guidelines, 876 HIV/AIDS Pharmaceutical Management Handbooks, and 800 HIV/AIDS Services Pharmaceutical Management Decentralization Toolkit CDs. TA was provided during site visits, to support use of the ARV Dispensing Tool (5 sites in Nairobi and Central Province) and by

phone/email (11 sites across the country). MSH/SPS provided TA for development of Kenya's application to GF Round 10, and participation in a CCM meeting that resulted in commodity requirements of GF Round 10 application that were adapted from the national HIV F&Q report. Lastly, the report on the independent audit of KEMSA was reviewed and finalized.

Barriers to Progress: None.

Next Steps: Hold a writing workshop and finalize data analysis and report writing for the Adherence Study under the INRUD IAA project. Continue to work collaboratively with NASCOP and USG local implementing partners to roll-out and implement SOPs, job aids, training curricula, and manual and electronic tracking tools in support of pharmaceutical management in public, private and faith-based facilities. Follow-up to orient new central sites on the decentralization concept. Revision of ART Commodity Management PHC curriculum.

Indicators: None.

Activity Title: Strengthening Human Resource Capacity for Pharmaceutical Management by MoH

Activity Lead: Staley Jr., Robert **Activity #:** 7 **Task**: LFKE09HIP **Subtask**: 60C3M7

Activity Description: Typical sub activities will include, but are not limited to: (1) In collaboration with NASCOP and USG partners, implement pharmaceutical management trainings at district and primary health care levels, in support of decentralization and task-shifting initiatives. (2) In collaboration with professional societies, undertake community-based trainings to capacitate health practitioners on commodity management. MSH/SPS will collaborate with professional organizations (e.g. PSK) to undertake community trainings that target practitioners from public and the private sector. The trainings will strengthen commodity management, adherence, rational use of medicines, as well as address challenges and develop strategies on promoting pharmaceutical care. (3) In collaboration with PPB, UON, and NQCL, train MoH staff on pharmacovigilance. (4) Conduct commodity quantification trainings for the MoH and partner staff. This will involve working collaboratively with MOMS/DOP, KEMSA, USG partners and other stakeholders.

USG Sub-element: Increasing Availability of Drugs for Treatment of TB
Health Governance and Finance (TB)

SPS Partners: None.

Budget: $400,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Training curriculum on various areas of pharmaceutical management.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS planned and implemented a pre-service training workshop, "Effective Management of ART Commodities in Primary Health Care Settings in Kenya". 200 pharmacy students in their final year at the Kenya Medical Training Colleges participated in the workshop. Training was conducted simultaneously at campuses in Mombasa, Nairobi and Machakos. Meetings for the finalization of the EMMS did not

	materialize due to competing priorities. In collaboration with PSK for Nairobi Region, MSH/SPS planned and conducted the Practice Based Training Workshop for HIV/AIDS Practitioners in Private and Community Settings, focusing on "Effective ART Commodity Management in Primary Health Care Settings in Kenya". A total of 45 participants attended the training. In collaboration with NASCOP and PPB, staff planned and conducted 2 Pharmacovigilance Boosted Sentinel Surveillance Site trainings. A total of 51 participants from Meru and Kisii Level 5, Bungoma, COGRI, Aga Khan University, St. Carmillus, Moi Teaching and Referral Hospital/AMPATH, Eldama Ravine, Nyeri, Vihiga, and Machakos hospitals attended the training. Participants included PASCOs from Garissa, Nyanza, Coast, Western, Eastern, North and South provinces. MSH/SPS disseminated pharmacovigilance tools in support of the Boosted Sentinel Surveillance Sites, including: National Guidelines on Pharmacovigilance Systems, alert cards, reporting form booklets for suspected ADRs and poor quality medicine, and sets of pharmacovigilance IEC materials and job aids. MSH/SPS presented on pharmacovigilance and disseminated these tools to participants attending the PEPFAR HIV Implementers Meeting in August. MSH/SPS conducted a baseline assessment for 12 sites targeted as Boosted Sentinel Surveillance Sites, in collaboration with NASCOP and PPB. The situational analysis informed the selection criteria for inclusion into the program. Staff organized and participated in the International Conference on National Pharmacovigilance Systems, where 130 participants from 30 countries participated.
Barriers to Progress:	None.
Next Steps:	Plan for the upcoming "Effective Management and Appropriate Use of Medicines" training, which was rescheduled to February 2011 due to time constraints and logistic issues. Finalize Guidelines for the Effective Management of Medicines and Medical Supplies and the accompanying training curriculum. Follow-up on group 2 of the sentinel sites. Work towards accreditation of the KMTC in-service training PPB.
Indicators:	None.
Activity Title:	Provide TA to strengthen public sector pharmaceutical/logistics management information systems capacity for access and use of data in decision making
Activity Lead:	Staley Jr., Robert **Activity #:** 8 **Task**: LFKE09HIP **Subtask**: 60G4J8
Activity Description:	Typical sub activities with MSH/SPS TA support will include, but are not limited to: (1) Maintain commodity access and use tracking database at KEMSA/LMU to support MoH Divisions‘ need for data to inform decision making. This will involve supporting the LMU operations (maintenance of the LMIS database and workstations, provision of courier services for reports‘ submission, airtime provision to support flow of information), support to MoH divisions and KEMSA staff to utilize the LMU database, and provision of feedback reports to facilities. (2) Support active acquisition for pharmaceutical management strategic information (SI) that provides USG partners with critical decision-making data for commodity procurement. MSH/SPS will continue to work collaboratively with MoH programs, KEMSA, USG partners, and other stakeholders to strengthen collection, analysis, reporting and use of strategic commodity information. MSH/SPS will support regular acquisition of commodity

stock status and procurement information from MoH divisions, KEMSA and stakeholders to prepare stock status reports. (3) Provide TA and help programs implement manual and electronic tools at the district/peripheral level, in support of integration of services. MSH/SPS will also support implementation of tools that support integration of services in selected pilot districts and health facilities.

USG Sub-element: Intermittent Preventive Treatment of Pregnant Women with Sulfadoxine Pyrimethanine
Epidemic Preparedness and Response

SPS Partners: None.

Budget: $350,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Improving ART Program Management Through Use of Routine Strategic Information: Lessons from Kenya Use of Information Systems in Kenya Assessment Report on Facilities Using Lab Inventory Tracking Tool.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS collaborated with KEMSA/LMU managers to hold 4 follow-up meetings, at least 1 with each key MoH program (including NASCOP and TB) for strengthening the LMU processes. Also supported the managers to hold 6 internal LMU staff meetings to discuss LMU data management issues. Ongoing technical support and leadership was provided for the analysis of the pilot system and finalization of the Integrated ARV Commodity Logistics System during the ARV Logistics Design workshop. MSH/SPS conducted a baseline assessment on ICT infrastructure and user needs for LMIS software improvements. To support migration of LMIS software from Oracle to the SQL server, staff designed enhanced LMIS software with expanded capabilities using data flow diagrams. MSH/SPS developed a SQL version and created web-enabled forms to allow decentralized/remote data entry. The LMIS database was routinely updated to support the increasing number of reporting sites: 201 ART ordering points (with 658 service points), 4,287 lab test kit SDPs and over 130 CD4 sites, and SPS collaborated with NASCOP to follow-up with non-reporting sites. Reporting rates for the ART program remained over 90% from May to July, and between 65 and 80% for CD4 sites. MSH/SPS provided ongoing capacity building for KEMSA on management of the integrated LMU, including: orientation of KEMSA/LMU management staff, stakeholder meetings to identify priority actions, documentation of roles and responsibilities of LMU staff, handover and documentation of LMIS software to KEMSA/LMU management staff. Support for ICT issues at LMU included: upgrade of key tools, database backup, TA during discussions on plans for re-location of the LMU within KEMSA, and design of a joint data equipment center at KEMSA to support both LMIS and KEMSA databases. Three meetings were held during which KEMSA approved designs for the integrated server room/data center. Two new staff members were trained on LMIS data entry (1 from the TB program, 1 from NASCOP ART program). MSH/SPS continued to provide operational support (including courier service) for use by 35 staff working at the LMU, including MoH program staff. SPS developed a brief on trends of key ARV regimen use over time and ART patient number trends, and circulated the report to

key HIV stakeholders with the monthly national ARV stock status report. Worked with NASCOP, Kenya Pharma and other key HIV commodity stakeholders to compile the National Commodity Stocks Status Reports (2-pagers) for ARVs and for HIV lab commodities. LMU provided the relevant consumption and patient information for the 2-pager reports. MSH/SPS worked with NASCOP and KEMSA to issue routine monthly National Commodity Consumption Reports (workbooks) as well as physical stock count reports for ARVs, OI drugs, HIV test kits and CD4 commodities for the months of June to August 2010. This ensured that policy-makers and program managers were briefed on central-level ARV stock status and could make adjustments in procurement numbers (given the change in National ART Guidelines from d4T-based to TDF-based regimens). MSH/SPS provided ADT to 4 sites: St. Mary‘s Mission Hospital Nakuru, Tigoni District Hospital, one FHOK satellite site, and Buru Buru SOS clinic. Also provided direct ADT technical support to 9 sites (via site visits), email and telephone support to sites (Nyanza PGH, Central PGH, Western PGH, Embu PGH, Nyeri PGH, Machakos DH, and Bungoma DH), training for two people from Walter Reed Kericho and Kisumu (basic troubleshooting for ADT), and training for one pharmacist (OJT), at Tigoni District Hospital (basic use of the ADT). Staff clarified roles and responsibilities for ITT installation with ART sites and DoP/MoMS: sites are responsible for computer maintenance while SPS provides support for ITT.

Barriers to Progress: Key MoH programs, DoP and KEMSA continue to face conflicting priorities and viewpoints in relation to mainstreaming LMU.

Next Steps: Sensitize Department of Pharmacy and obtain buy-in for the urgent need to initiate the process of posting a DoP staff member at the LMU, for actualization of DoP oversight of LMU. Continue technical support and orientation for KEMSA staff managing the LMU, and support LMU stakeholder meetings with key MoH programs, focusing on a transition plan. Provide technical support to roll-out the final Integrated ARV Commodity Logistics System, includes: manual tools, revision and provision of electronic tools, orientation package, and implementation plan. Provide technical support to set-up KEMSA Data Center. Finalize and share LMU activity matrix with KEMSA and DoP. Develop draft LMU briefing document on LMU mainstreaming activities. Review the SQL server-based LMIS software database, with MoH focal persons, and design the reports. Plan for review of the draft LMIS training materials, in light of enhanced LMIS software. Develop draft LMU/LMIS concept paper for discussion with DoP and stakeholders. Review draft LMU SOPs and KPIs, in light of reviewed roles and responsibilities of LMU staff

Indicators: None.

Activity Title: Support MoH/NPHLS to strengthen ART laboratory services

Activity Lead: Staley Jr., Robert **Activity #:** 10 **Task**: LFKE09HIP **Subtask**: 60LXH0

Activity Description: Sub-Activity 1: Support to management of National Laboratory ICC and its activities. MSH/SPS will provide support to management of National Laboratory ICC and its activities on behalf of DDFS and NPHLS and other laboratory stakeholders by: Continued support to the ICC secretariat, management of ICC events and the steering

sub-committee, technical leadership and support to the lab service functions and support systems subcommittee, and participation in other sub-committees (such as M&E and training). Sub-activity 2: Support to the review and update/development of the National Laboratory Policy and Strategic Plan. Including: (i) advocacy for implementation and integration of laboratory policies, standards, accreditation processes, and strategic plan within existing public sector systems by supporting high-level strategic planning, advocacy meetings and panels for engagement of policy makers. (ii) National Laboratory Policy and strategic plan review and dissemination through consultative partner/stakeholder, advocacy and expert review meetings. (iii) Implementation of the strategic plan's activities by supporting the formation of regional lab ICCs in-collaboration with stakeholders, such as USG partners, Provincial Medical Laboratory Technologists (PMLTs), and MoH divisions (e.g. NPHLS, NASCOP, NLTP, DDFS, and DOMC). Sub-activity 3: Support strengthening of laboratory MIS. MSH/SPS will support: (i) Printing and disseminating manual Laboratory Management Information System (MIS) and inventory management tools (e.g. DARs, stock cards, and CDRR), and SOPs for inventory management and consumption tracking. (ii) Continued implementation of electronic lab commodity management tools in sites initiated under COP 2008. Sub-activity 4: Provide TA and support in capacity building for laboratory commodity management. MSH/SPS will continue to work collaboratively with stakeholders and partners such as AMREF to strengthen laboratory commodity management systems. This will be done by undertaking laboratory management, QA and refresher trainings at the peripheral level using: lab commodity management curriculum and materials, the national refresher curriculum on good clinical diagnostic practices for lab and clinical staff, TOT curriculum for commodity management, and laboratory facility management hand book and curriculum.

USG Sub-element: Insecticide-Treated Nets (ITNs) to Prevent Malaria

SPS Partners: None.

Budget: $700,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Revised National Lab policy. Laboratory strategic plans.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS supported an expert review of the National Lab Policy guidelines. In addition, supported Lab ICC meeting in August 2010, at which staff presented to stakeholders the progress on the revised draft Lab Policy guidelines. 27 lab personnel from Nyanza were trained in laboratory commodity management. MSH/SPS led the review, layout, and design of the Laboratory Commodity Curriculum Facilitators' Guide and generated the final artwork for LCM materials. MSH/SPS supported NASCOP lab team meetings where strategies for strengthening commodity and information flow for HIV/AIDS commodities were developed. Staff provided TA to NASCOP/KEMSA during monthly facility follow-ups and for the development of monthly stock status reports for lab commodities. With partners, provided TA to the NPHLS/DMLNBTS in drafting the National Quality Assurance Manual. Developed a checklist to assess 12 Lab ITT pilot sites. Conducted assessment of the pilot sites.

Barriers to Progress: None.

Next Steps: Support policy guidelines, strategic plan, and lab ICC activities. When edits from experts and stakeholders are received, finalize policy guidelines. Initiate discussions on lab strategic plan development. Internal review for the finalization of the facilitators' guide for the laboratory commodity curriculum, before printing and seeding. Support follow-up on facilities to improve reporting rates for ART lab commodities, including supporting DMLTS to send reports to LMU. Develop of Lab Commodity Management TOT curriculum and guidelines. Technical assistance in the development of the monthly 2-pagers. Internal review of the recommendations from the ITT survey report, review of the SOPS and guidelines on lab ITT, and support supervision to the ITT pilot sites. Review assessment framework data. Print AMREF/MoH-supported institutional and quality assurance strengthening materials.

Indicators: None.

Kenya-PMI

Work plan: Kenya PMI **Year** 2009

Funding Level: $1,606,000.00

Work plan Background

Malaria is the leading cause of morbidity and mortality in Kenya and remains one of the key public health concerns. Based on 2009 population projections [1], the total population at risk of malaria is approximately 27.6 million, or 70% [2], which includes an estimated 4,633,075 children under the age of five and 1,241,833 pregnant women (who bear the greatest burden of the disease). Clinically diagnosed malaria is responsible for 30% of outpatient consultations, 19% of hospital admissions, and 3-5% of inpatient deaths in the country. In 2007, there were 9.2 million clinically diagnosed malaria cases reported in health facilities [3]. The Ministry of Public Health and Sanitation has prioritized malaria control through the National Malaria Strategy (NMS, 2001-2010) and the National Health Sector Strategic Plan II (NHSSP II, 2005-10), laying emphasis on the scale-up of activity implementation for reduction in morbidity and mortality of malaria, and aiming to achieve the global malaria targets on universal coverage and access and the Millennium Development Goals (MDGs). The NMS is also in-line with the MoH‘s vision to transform Kenya into ~~"a~~ nation free from preventable diseases and ill health", set forth in Vision 2030, a document setting targets for the health sector. The key strategic interventions of the NMS 2001-2010 for treatment, prevention and control of malaria are: (1) Universal distribution of long lasting insecticide treated nets (LLITNs) through appropriate channels. (2) Indoor residual spraying in targeted areas. (3) Provision of intermittent presumptive therapy for pregnant women at antenatal clinics and at the community level. (4) Diagnosis and treatment of uncomplicated malaria with Artemisinin-based Combination Therapy (ACT). In 2006, Kenya adopted the use of Artemether-Lumefantrine (AL), as the first line treatment for uncomplicated malaria. This intervention provides for early diagnosis and prompt treatment of malaria using effective medicines. The key challenges in implementation of this intervention have been: ensuring an uninterrupted supply of ACTs, ensuring all health workers are trained on the treatment policy, ensuring health worker adherence to standard treatment guidelines in the management of malaria, and strengthening information systems for reporting on the malaria indicators. In the year 2008/9, the budget allocation for malaria control was approximately 4.78% of the Ministry of Public Health and Sanitation‘s budget. In addition to government funding, malaria control is mainly supported by the Global Fund to fight AIDS, Tuberculosis, and Malaria

(GFATM). Other funding partners include the World Health Organization (WHO), the United Nations Children‘s Fund (UNICEF), the Department for International Development (DfID), the United States Government Agencies- including the U. S. Center for Disease Control (CDC), the United States Agency for International Development (USAID), the Walter Reed Army Institute of Research, and the Millennium Challenge Account. In 2009, the DOMC undertook a Malaria Program Review (MPR) which outlined the current status of delivery of malaria control interventions, capacity, structures, systems and management of the national malaria control program within the national public health system. This review provided a summary of past progress and performance, current key issues, challenges, risks, problems, proposed solutions, and strategies and activities for accelerating and scaling up universal access and coverage of high quality malaria control interventions. The MPR fed into the revision of the NMS (2001-2010). The vision of the NMS 2009-2017 is to have a malaria-free Kenya and its goal is to have reduced malaria-related morbidity and mortality by two thirds (based on 2007-2008 rates) by 2017. In December 2006, Kenya was selected as one of the eight new countries to receive funding during the third year of the President‘s Malaria Initiative (PMI) [4]. The objective of the initiative is to collaborate with partners to assist African countries to rapidly scale-up the four highly-effective interventions for preventing and treating malaria in vulnerable populations. In 2007, the CDC and USAID conducted a PMI needs assessment in Kenya, with support from the Rational Pharmaceutical Management Plus (RPM Plus) program, which identified opportunities to support implementation of the existing national malaria control plan and assure achievement of Roll Back Malaria goals. The assessment identified gaps in malaria control programming and pharmaceutical system functioning, which led to the development of the Kenya FY 2008 Malaria Operational Plan (MOP) and identified the Strengthening Pharmaceutical Systems (SPS) program as a partner to support the GoK in improving malaria control. Since 2003, through funding from USAID, RPM Plus and its successor SPS have been supporting the DOMC through the process of transitioning to and implementing its current antimalarial treatment policy. In FY 2008, SPS provided technical assistance to the DOMC for: provision of administrative/management support to the Division of Malaria Control (DOMC), training of health workers for treatment and policy roll-out, and provision of TA for supply chain management health management information system (HMIS) support. For the period 2009-2010, SPS will continue to build on the successes and lessons learned to better inform the DOMC‘s strategic decisions and planned activities while achieving SPS‘s technical objectives.

[1] Kenya National Bureau of Statistics, 2008. [2] Kenya. Ministry of Health. National Guidelines for Diagnosis, Treatment and Prevention of Malaria for health workers in Kenya. Division of Malaria Control, Ministry of Health 2008 edition. [3] Kenya. Ministry of Health. Annual Health Sector Status report 2005-2007. [4] The President‘s Malaria Initiative (PMI) was announced in 2005 and began in three countries in 2006: Angola, Tanzania and Uganda. In 2007 four countries were added: Malawi, Mozambique, Senegal and Rwanda.

Activity Title:	Participate in Appropriate Meetings and Working Groups
Activity Lead:	Staley Jr., Robert **Activity #:** 2 **Task**: LFKE09MAL **Subtask**: 60F4N2
Activity Description:	Typical sub-activities will include the following: (1) Participate in meetings of the Malaria Inter-Agency Coordinating Committee (MICC). (2) Participate in Technical Working Group meetings. (3) Support implementation of the new National Malaria Strategy (2009-17). (4) Support resource mobilization through proposal development. SPS will continue to participate in these meetings to strengthen policy dialogue and support the development of appropriate tools/interventions that promote effective integrated management of malaria, pharmaceutical system strengthening and program performance monitoring. This activity is expected to occur throughout the year.

SPS Partners: None.

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

Products Planned: Minutes of malaria ICC and Subcommittee meetings.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS provided technical and logistical support for the Operational Research Technical Working group meeting, attended the quarterly Malaria Interagency Coordinating Committee meeting, participated in the Kenya Malaria Indicator Survey Technical Working group meeting, participated in the Affordable Medicines Facility Technical Working group meetings, attended the Drug Management subcommittee meetings, and was present at the Quality of Care Survey Planning meetings.

Barriers to Progress: None.

Next Steps: Continue participating in appropriate meetings and support the implementation of the NMS 2009-17 and the National Malaria Policy.

Indicators: None.

Activity Title: Provide Administrative/ Management support to the Division of Malaria Control

Activity Lead: Staley Jr., Robert **Activity #:** 3 **Task**: LFKE09MAL **Subtask**: 60G4H3

Activity Description: Activities proposed by SPS for FY09 include: (1) Administrative support to the DOMC for critical program activities and functions. (2) Technical and logistical support to the DOMC for planning, organization, and oversight of support supervision for planned malaria interventions at national, provincial and district levels. (3) Developing and strengthening the capacity of DOMC staff to manage implementation of planned malaria activities. This activity is expected to occur throughout the year.

SPS Partners: None.

Budget: $178,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Malaria Monitoring and Supervision Guidelines.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS supported the DOMC in a pilot of the draft Integrated Malaria M&E Supervision Manual and checklists in the Coast Province at facility and district-levels. 130 health facilities and 8 DHMTs were supervised. Also supported the DOMC in a two-day sensitization meeting for provincial malaria coordinators to update them on the National Malaria Policy, the abridged NMS, the draft Malaria Monitoring and Supervision Manual, and planning for the mass country-wide LLINs distribution. Lastly, SPS led the procurement and installation of a new server.

Barriers to Progress: None.

Next Steps: Hold the Coast Province stakeholder's meeting to incorporate comments and finalize the Malaria Monitoring and Supervision Manual.

Indicators: None.

Activity Title:	Technical assistance and support for strengthening health worker adherence to the new malaria treatment guidelines through active support supervision at the district level.
Activity Lead:	Staley Jr., Robert **Activity #:** 4 **Task**: LFKE09MAL **Subtask**: 60AXH4
Activity Description:	Typical sub activities will include: (1) Support in the development/revision and dissemination of the support supervision manual, job aids, and review and standardization of the case management supervisory checklists. (2) Technical support to the DOMC for capacity building of selected District Health Management (DHMT) teams, including district pharmacists, on support supervision and M&E for adherence of health workers to the new treatment guidelines. (3) Support the DOMC and selected districts to carry out support supervision and M&E visits on adherence of health workers to the new malaria treatment guidelines. (4) Carry out one health facility assessment to monitor adherence to the new treatment guidelines. This activity is expected to occur throughout the year.
SPS Partners:	None.
Budget: $512,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	National Guidelines for the Diagnosis, Treatment and Prevention of Malaria in Kenya, 2010. Monitoring Outpatient Malaria Case Management Under the 2010 Diagnostic and Treatment Policy in Kenya.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS provided technical and logistical support to the DOMC for final review, editing and layout, and printing of the malaria treatment guidelines 2010. SPS provided technical and logistical support to DOMC for revision and editing of the malaria job aids. Technical and logistical support to DOMC for dissemination of the Quality of Care Survey report in July 2010. Support to the DOMC for launching of the 3rd Edition of the National Malaria Treatment guidelines, printing of 5,000 copies and distribution to 4,000 public health facilities country-wide.
Barriers to Progress:	None.
Next Steps:	Dissemination of the revised Malaria Treatment Guidelines. Planning and execution of the second quality of care survey. Finalize, print, and disseminate malaria job aids.
Indicators:	None.
Activity Title:	Provision of Technical Assistance for Supply Chain Management
Activity Lead:	Staley Jr., Robert **Activity #:** 5 **Task**: LFKE09MAL **Subtask**: 60CXH5
Activity Description:	Sub activities will include: (1) Support of targeted supplementary distribution of malaria medicines to endemic and epidemic-prone areas to avert stock outs. (2) Support of strengthening LMIS and supervision for improved malaria medicines management. (3) Technical assistance to DOMC for quantification, commodity security, and pipe line monitoring. (4) Complete bi-annual field assessments to establish the status of pharmaceutical management of malaria medicines. This activity

	is expected to occur throughout the year.
SPS Partners:	None.
Budget: $575,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	LMIS report. Monthly stock reports. Quantification and Forecasting Report 2010-2011.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS supported the physical stock count of malaria medicines at KEMSA and preparation of routine monthly stock status reports for April-June 2010. Prepared PPMRm reports for the quarter ending September 2010. Staff supported the drug management subcommittee (DMSCM) meetings to develop an implementation plan for roll-in of RDTs and quantification of RDTs and antimalarial medicines. Supported DOMC in upstream LMIS data capture from health facilities and M&E for malaria medicine management. In collaboration with the DOMC, held regional district pharmaceutical facilitators meetings to discuss LMIS malaria data for decision making in Kisumu, Eldoret, and Garissa. Continued to supply consumption tracking tools to health facilities. Staff made post-quality of care phone calls to 174 sampled facilities to track and inform on country-stock status.
Barriers to Progress:	Delay in sending LMIS reports by health facilities as well as accuracy and completeness of the reports. Delay in commencement of the July-Sept 2010 distribution cycle of KEMSA resulted in increased AL stock-outs at health facilities.
Next Steps:	Regional pharmacist stakeholders‘ sensitization workshops on use of MIS data for decision making planned for South rift and Central Province.
Indicators:	None.
Activity Title:	Health Management Information System (HMIS) support
Activity Lead:	Staley Jr., Robert **Activity #:** 6 **Task**: LFKE09MAL **Subtask**: 60G4H6
Activity Description:	In FY 2009 SPS through PMI funding will support the DOMC to ensure timely collection of quality HMIS malaria data. Sub activities here will include: (1) Supporting DOMC data planning and update meetings with HMIS. (2) M&E and supervisory field visits to selected health facilities at various malaria zones to assure quality HMIS malaria data and timely reporting. (3) Support in strengthening of linkages for obtaining malaria data from other sources which include divisions of the government, research institutes and partner agencies. This activity is expected to occur throughout the year.
SPS Partners:	None.
Budget: $40,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Minutes of meetings. MIS Technical reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Supported uploading of key malaria data from external data sources on MIAS.

	Continued routine user support of MIAS and supported upload of requisite district, provincial and national level reports on MIAS.
Barriers to Progress:	Timely submission of reports from external data sources.
Next Steps:	N/A.
Indicators:	None.

Kenya-POP

Work plan: Kenya POP **Year** 2009

Funding Level: $1,000,000.00

Work plan Background

The USAID/ Kenya mission is committed to supporting the Ministry of Public Health & Sanitation (MoPHS) /Division of Reproductive Health (DRH) to successfully deliver reproductive health services as stipulated in the National Health Sector Strategic Plan 2005-2010 (NHSSP II)[1] and ensure they are used efficiently and effectively. Historically, commodity security in Kenya has been weak and largely inadequate. Assessments conducted throughout the country point to less than optimal commodity financing and weak pharmaceutical management systems as the main detriments to commodity security. The NHSSP II has enumerated key goals for improving this situation, including ensuring the security of pharmaceutical and non-pharmaceutical products at all levels of health care. Also, these commodities are to be properly accounted for and the DRH is to be responsible for the delivery of reproductive health services within the Kenya Essential Package for Health (KEPH) at the different levels of the health system in Kenya. To ensure delivery of services, DRH is involved in the development of standards and guidelines for each area of reproductive health (RH) intervention and for the provision of the corresponding pharmaceuticals for each area. Various assessments have shown that frequent stock outs of RH pharmaceuticals are experienced at the various levels of the health care system. In FY 2008-2009 and with USAID/Kenya field support, MSH/SPS worked collaboratively with select MoPHS Divisions (that is DRH, NASCOP, and LMU) to provide technical and tactical assistance to strengthen the pharmaceutical management systems in support of RH commodities. This support resulted in improved commodity requirements planning and security. Also, there was increased human resource and institutional capacity built in support of the family planning program. Under similar and expanded USAID/K funding for FY 2009-2010, MSH/SPS will continue TA to the DRH and also include support for family planning (FP) commodity distribution in addition to human and institutional capacity building and improved pharmaceutical management information systems. The overall aim of MSH/SPS technical assistance will be to improve FP commodity security and, in the longer term, access to these commodities at all levels of the health care system.
[1] Ministry of Health 2006 –The Second National Health Sector Strategic Plan of Kenya (NHSSP 2005-10): Reversing the Trends", Nairobi.

Activity Title:	Technical support to DRH for FP pharmaceutical requirements planning and distribution to improve access and availability of commodities.
Activity Lead:	Staley Jr., Robert **Activity #:** 2 **Task**: LFKE09POP **Subtask**: 60FXH2
Activity Description:	Typical sub activities will include, but are not limited to: (1) With DRH, determine the FP requirements for district stores. (2) Provide support to KEMSA's Logistics Department to strengthen the distribution processes and facilitate smooth dispatch of

FP commodities. (3) Support distribution of FP commodities to district stores. (4) Conduct structured site assessments jointly with DRH to determine stock levels of FP commodities.

USG Sub-element: Service Delivery

SPS Partners: None.

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

Products Planned: Monthly RH/FP Stock status reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Collaborated with DRH and KEMSA in conducting monthly FP inventory and monthly stock summary report to track commodity stocks, issues and receipts. Monitored upstream FP commodity delivery schedules in collaboration with DRH/CMU and partners. Determined contraceptive requirements for 144 district stores based on stock-on-hand and consumption data collected at the end of March 2010. Prepared a distribution plan for FP commodities for 144 district stores. Determined contraceptive requirements for World Contraceptive Day celebrations. Distributed FP commodities and IUCD insertion kits to 144 district stores in Central, Coast, Eastern, North Eastern, Nyanza, Rift Valley and Western provinces. Participated in meetings to discuss clearing, forwarding and distribution of male condoms. A decision was made to fast-track delivery and distribution of 7.2 million condoms through PSI and KEMSA.

Barriers to Progress: None.

Next Steps: Continue RH commodity stock status monitoring at KEMSA. Prepare district specific kit lists to meet contraceptive needs at Rural Health Facilities (RHFs), in collaboration with DRH. Monitor commodity distribution and prepare periodic reports to document the same.

Indicators: None.

Activity Title: Provide technical leadership to support the functions of the FP commodity security working group

Activity Lead: Staley Jr., Robert **Activity #:** 3 **Task**: LFKE09POP **Subtask**: 60AXH3

Activity Description: Typical sub activities will include, but are not limited to: (1) Support for focused technical, tactical, and advocacy activities of the FP commodity security working group. This will involve supporting the preparation of commodity status reports and organizing quarterly meetings for the commodity security working group. (2) Technical leadership in forecasting/quantification and procurements planning of FP commodities in support of the DRH to improve the supply chain for FP commodities. (3) Introduce the use of a commodity procurement tracking tool which maintains data on the value, lead times, and scheduled deliveries of the commodities. Participate in organizing conferences, seminars, workshops and various meetings as required by USG team, DRH and partners. (4) Conduct rapid assessments and facilitative supervision missions at selected sites to trouble shoot and strengthen pharmaceutical

	management systems in support of commodity security. This will also involve linkages with APHIA 2 bilaterals and other USG field based mechanisms.
USG Sub-element:	Service Delivery
SPS Partners:	None.
Budget: $40,500.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	National RH commodity forecasting and quantification report. Procurement Planning and Monitoring Reports (PPMR). Monthly RH commodity management assessment checklist for district stores. 2011 FP commodity Procurement Plan.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Prepared and submitted monthly RH commodity stock status reports using the CYP and PPMR format. Prepared and submitted stock status reports (2-pager). In collaboration with DRH, prepared presentations for use in advocacy activities for the FP Technical Working Group (TWG). Participate in conferences, seminars, workshops and various meetings as required by USG team, DRH, and partners. Supported and participated in the RH ICC and FP TWG. In collaboration with DRH, its partners, and stakeholders: prepared and forwarded documents to PS MoPHs and USAID for procurement of FP commodities for FY 2010/11 and finalized and circulated the 2010-2013 FP commodity Forecasting/Quantification and Procurement Planning report. Participated in the following meetings: RH commodity security working group meeting, meeting at NACC to discuss condom commodity security, taskforce on acceleration of FP priority interventions, and condom TWG. Assessed pharmaceutical management practices at 153 districts stores.
Barriers to Progress:	None.
Next Steps:	Regular review of the FP commodities quantification. Regular monitoring of FP commodity procurements and stock status. Participation in the FP technical working group, RH ICC, USG team and related DRH meetings. Continued support to the RH commodity security working group through the provision of regular stock status reports.
Indicators:	None.
Activity Title:	Provide technical assistance to build the human resource and institutional capacity of MoPH&S/DRH to improve access to, and rational use of, quality FP/RH pharmaceutical products
Activity Lead:	Staley Jr., Robert **Activity #:** 4 **Task**: LFKE09POP **Subtask**: 60EXH4
Activity Description:	Typical sub activities to strengthen HR capacity will include, but are not limited to: (1) Strengthen national level capacity to respond and plan for sustainable commodity management practices. (2) Strengthen capacity of DRH staff at central and district level to deal with data management and preparation of commodity usage reports that support supply chain decisions. (3) Implement the RH commodity management training curriculum and materials. (4)Support commodity management training for regional based trainer. (5) Provide short-term technical assistance to strengthen

national level DRH staff on pharmaceutical management. Typical sub activities to strengthen DRH institutional capacity will include, but are not limited to: (1) Disseminate SOPs, and job aids to strengthen pharmaceutical management systems. (2) Strengthen the inventory management at service delivery points (SDPs) and district health management offices through the provision of tools such as the DAR and CDRR. (2)Support DRH to implement commodity tracking tools. These tools are designed to assist in the monitoring of commodities at various levels of health care delivery.

USG Sub-element: Communication
Host Country Strategic Information Capacity

SPS Partners: None.

Budget: $287,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: RH commodity management SOPs and job aids. Contraceptive fact sheets. RH commodity management training package for SDPs. Monthly SDP Contraceptive Consumption Data Report and Request (CDRRs) booklets.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Prepared a power point presentation and fact sheet on appropriate use of contraceptives for the PSK to update pharmacists. Participated in advocacy and planning meetings where DRH reorganization and staffing issues were discussed. Participated in the KEMSA/supplier pre-bid conference for COCs and implants, and proposed staggered delivery of these commodities. Held 5 technical assistance meetings with DRH counterparts in support of pharmaceutical management. Finalized district electronic tool for FP commodity data aggregation. Provided TA on use of provincial electronic tool for FP commodity data aggregation and analysis. Revised the provincial electronic tool for FP commodity data aggregation and analysis, based on feedback from provinces.

Barriers to Progress: None.

Next Steps: Conduct additional updates on appropriate use of contraceptives. Monitor data aggregation and analysis by provinces. Pilot district electronic tool for FP commodity data aggregation to 12 districts in 3 provinces.

Indicators: None.

Activity Title: Provide TA to strengthen, and support the DRH activities and functions at the Logistic Management Unit

Activity Lead: Staley Jr., Robert **Activity #:** 5 **Task**: LFKE09POP **Subtask**: 60CXH5

Activity Description: Typical sub activities with MSH/SPS TA support will include, but are not limited to: (1) Support DRH in improving reporting rates on commodity usage from SDPs and district RH coordinators using various strategies and innovative technologies, such as use of electronic reporting tools, hand held devices, provision of airtime and courier services for delivery of reports to LMU to improve reporting rates, and regularizing feedback reports. (2) Support training on data management/use for decision making at

	the peripheral level, in collaboration with DRH and APHIA II partners. This will help service providers appreciate the value of timely and accurate data and reporting. (3) Support quarterly provincial review meeting in collaboration with DRH and APHIA II partners aimed at providing reporting feedback to the districts, thereby improving the quality and timeliness of reports. (4) Support DRH in development and implementation of a monthly reporting system. (5) Field-test the decentralization of LMIS tool to one district.
USG Sub-element:	Communication Host Country Strategic Information Capacity
SPS Partners:	None.
Budget: $130,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Monthly District and SDP Contraceptive Consumption Data Report and Request (CDRRs) booklets.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Continued to: provide and support communication services to facilities via telephone and email at LMU, update and maintain the LMIS database at LMU, provide DRH with mobile airtime to improve telecommunication and reporting between RH service delivery points and the LMU, and provide DRH with a courier service account for transmission of commodity consumption reports to LMU. Provided TA to support tracking of RH commodity stocks, issues and receipts in collaboration with DRH technical personnel. Worked in collaboration with DRH and other key RH providers to prepare the monthly national commodity stock status reports. Prepared and shared feedback reports with DRH, which were subsequently sent to the provinces. Provided comprehensive national level feedback report (excel-based FP workbook) to DRH with information on commodity consumption and reporting rates to guide commodity resupply decision-making and monitoring and supervision activities.
Barriers to Progress:	None.
Next Steps:	Continue to provide DRH with mobile airtime to improve telecommunication and reporting between RH service delivery points and the LMU. Continue to provide DRH with courier service account for transmission of commodity consumption reports to LMU. Continue to provide and support communication services to facilities via telephone and email at LMU. Continue to provide and support workstations at LMU. Continue to update and maintain the LMIS database at LMU. Monitor RH commodity stock status at all levels. Monitor reporting of contraceptives and provide feedback to provinces and districts.
Indicators:	None.

Lesotho

Work plan: Lesotho **Year** 2009

Funding Level: $426,575.00

Work plan Background
AIDS constitutes an alarming threat to Lesotho and its people. Preliminary findings of the 2004 Lesotho Demographic and Health Survey carried out by the Ministry of Health and Social Welfare (MoHSW) and the Bureau of Statistics confirmed that Lesotho has a severe, generalized HIV epidemic. According to the 2008 report of the Joint United Nations Program on HIV/AIDS (UNAIDS), overall adult prevalence in Lesotho is estimated to be 23.2%. In the 2003 HIV Sentinel Survey Report, the MoHSW estimated that there were 100,000 children under the age of 15 who had lost one or both of their parents to an AIDS-related cause. The Government of Lesotho (GoL) is committed to mitigating the effect of HIV and AIDS. Its current HIV/AIDS National Strategic Plan (NSP) 2006-2011 recognizes the need to provide treatment, care, and support services for the large number of individuals testing positive for HIV and AIDS. The plan makes provision for the scale-up of care and treatment by increasing access to ART services, ensuring quality of services, and expanding capacity and efficiency of service provision in both the public and the private sector. It aims to provide access to ART therapy to more than 80% of individuals who are in need by 2010. One of the key challenges of this scale-up is the need to ensure that adequate human, technical, infrastructural resources and effective commodity procurement and distribution systems are put in place. Support from the United States Government (USG) to the (GoL) is provided through its USAID Regional HIV/AIDS Program based in Pretoria, South Africa, in collaboration with the U.S. Embassy in Lesotho. In FY06 and FY07, and with funding from USAID, the Rational Pharmaceutical Management (RPM) Plus program managed by MSH provided technical assistance support to the (GoL) in the area of pharmaceutical management. Since FY08, technical assistance has been provided through the MSH Strengthening Pharmaceutical Systems (SPS) program, the follow-on to RPM Plus. Under the FY10 plan, SPS will continue to support strategic focus 3 of Leotho‘s NSP: treatment, care, and support. In addition to addressing pharmaceutical system gaps in support of the scale-up of HIV/AIDS programs, SPS will continue to address key laboratory commodity priority areas as identified during the joint RPM Plus/SCMS assessment conducted during the last quarter of 2007. This plan delineates the activities that have been planned for Lesotho in consultation with key partners under COP09, focusing on health system strengthening, policy, and strategic information support.

Activity Title:	Technical activity coordination and monitoring.
Activity Lead:	Hoohlo-Khotle, Nomaphuthi **Activity #:** 1 **Task**: LFLS09XXX **Subtask**: 97XXY1
Activity Description:	This activity includes work plan and budget development, coordination and monitoring of activity implementation, routine M&E activities, reporting, attending meetings and coordination with PEPFAR partners and collaborators.
SPS Partners:	None.
Budget: $40,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Work plans, quarterly reports, budget, pipeline reports, and coordination meeting minutes.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Attended two RxSolution Task Team meetings and SPS office meetings. Co-developed the first draft of the MSH-Lesotho work plan for FY10. Assisted the SPS office in taking a project car for service and also facilitated the transportation of various MSH officers (not based in Lesotho) from the airport and hotels. Participate in the iBis Navigator training and a HR and PPRD orientation.
Barriers to Progress:	None.
Next Steps:	Continue with any and all technical activity coordination tasks.
Indicators:	None.
Activity Title:	Provide technical assistance to the MoHSW and local partners on key pharmaceutical policy activities.
Activity Lead:	Hoohlo-Khotle, Nomaphuthi **Activity #:** 2 **Task**: LFLS09XXX **Subtask**: 60AXH2
Activity Description:	SPS will provide support in the implementation of the Pharmaceutical Strategic Action Plan and Standard Operating Procedures (SOPs). As part of assisting with the implementation of the pharmaceutical strategic action plan, SPS will support the implementation of a set of pharmaceutical standard operating procedures (SOPS) to support standardization, training, and monitoring of pharmaceutical services at all levels. Support will also be provided to the District Health Management Teams in the implementation of supervisory checklists to monitor adequate implementation of the Drug Supply Management Systems. SPS will also provide TA in the evaluation of progress on implementation of NMP objectives and activities.
SPS Partners:	None.
Budget: $35,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Medicine legislation and registration guidelines. SAP Implementation Evaluation Report. Trip report. Assessment. Survey.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Completed the draft Medicines Access Survey Report and submitted it to the Director of Pharmaceuticals for validation by the ministry‘s management before publication of the report. Completed the draft Health Systems Assessment Report. Facilitated a consensus meeting for the Drug Supply Manual for Health Centers.
Barriers to Progress:	None.
Next Steps:	Continue as planned.
Indicators:	None.
Activity Title:	Strengthen the operations of the National Drug Services Organization (NDSO).
Activity Lead:	Hoohlo-Khotle, Nomaphuthi **Activity #:** 4 **Task**: LFLS09XXX **Subtask**: 60C2H4
Activity Description:	SPS will continue to support the NDSO with system implementation. FY10 will focus on ensuring that NDSO can provide the required level of support to maintain the

system(s). In FY08, NDSO requested that SPS assist in defining a fee-for-service (mark-up) for donated products to the NDSO to enable them to make appropriate recommendations to its board to apply such a fee to recover the costs associated with their handling these donated products. SPS conducted a costing study to analyze NDSO costs and make appropriate recommendations for such a fee-for-service. In FY10 SPS will assist NDSO with the implementation of these recommendations.

SPS Partners: None.

Budget: $60,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Field report. Mark-up study. TA reports for procurement.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Provided continuous technical support to a site currently implementing RxSolution. Successfully implemented batch management at the site. This feature of RxSolution will enable users to input expiry dates of products into the system and subsequently enable monitoring of items which are near their expiry dates. This feature has only been piloted on the donations database (for ARVs). Arranged the logistics for RxSolution administration training for NDSO IT staff and met with NDSO management and staff to identify their technical support needs.

Barriers to Progress: None.

Next Steps: Continue supporting implementation.

Indicators: None.

Activity Title: Development and implementation of pharmaceutical quantification models.

Activity Lead: Hoohlo-Khotle, Nomaphuthi **Activity #:** 5 **Task**: LFLS09XXX **Subtask**: 60C1H5

Activity Description: SPS will continue to strengthen quantification practices and the monitoring of estimates vs. purchases vs. morbidity data for medicines used for HIV/AIDS, TB, STIs, and OIs. Previously, the focus was on ARV quantification at both central (NDSO) and facility levels (hospitals). This work is done in close collaboration with the Clinton Foundation. Additional models will be introduced to quantify other priority diseases (TB, OIs, and STIs) and commodities (lab reagents). Other relevant program managers and health personnel will be included in this program. The decentralization of the quantification is one of the key success factors; therefore facility level procedures will be developed and implemented. SPS will provide training for pharmacists and other pharmacy personnel in the use of the quantification models.

SPS Partners: None.

Budget: $20,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Quantification models. TA reports for quantification.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Met with the Director for the Laboratory Directorate and discussed the Directorate‘s needs. Attended a Laboratory Technical Working Group meeting.

Barriers to Progress: None.

Next Steps: Continue as planned.

Indicators: None.

Activity Title: Training of pharmacists, pharmacy technicians, and other health personnel on pharmaceutical management and infection control.

Activity Lead: Hoohlo-Khotle, Nomaphuthi **Activity #:** 6 **Task**: LFLS09XXX **Subtask**: 60CXM6

Activity Description: During FY10, SPS will conduct workshops and on-site follow-up/evaluation visits to sites adopting the monitoring, training and planning (MTP) approach will be conducted. This will ensure that acquired knowledge from the training is adequately reflected in applied skills and that pharmaceutical management improvement plans are adequately applied. Training programs will also be expanded to the management of other HIV co-infections (TB, STIs, and OIs). Target audiences will include pharmacists and pharmacy technicians as well as District Health Management Teams (DHMT) and personnel in medicines supply management with focus on supporting access to ART. SPS will: (1) Continue to train pharmacists, pharmacy technicians and other key personnel involved in the provision of pharmaceutical services at all levels. The training programs will cover drug supply management practices (e.g. assessing reorder level, optimized inventory management) and rational drug use. (2) Conduct training on the management of HIV and AIDS (e.g. adherence monitoring, counseling, adverse drug event monitoring). This will include pharmacy staff from public, private and mission hospitals. (3) Conduct a training on drug supply management for TB covering clinical pharmacology principles and other relevant issues such as: drug-to-drug interactions between Rifampicin and different classes of ARVs, immune reconstitution inflammatory syndrome (IRIS), rationale for changing ART regimen in the presence of TB, assessment of tolerance to TB drugs, increased toxicity, adherence to both ARV and TB treatment, and counseling. (3) An infection control improvement plan will be developed to address gaps identified using the ICAT. Opportunities to work with other PEPFAR partners will be explored.

SPS Partners: None.

Budget: $96,575.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Workshop reports. Trip reports. Training curriculum.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Trained 6 pharmacy personnel, from three sites, on the inventory management of RxSolution, as a preparation before implementing the software at their site. Ran an administration course on RxSolution for two IT officers, one from NDSO and the other from the MoHSW headquarters. Trained 19 health personnel from health centers and hospitals on drug supply management.

Barriers to Progress: None.

Next Steps: Continue with trainings.

Indicators: None.

Activity Title:	Roll-out of RxSolution at selected sites.
Activity Lead:	Hoohlo-Khotle, Nomaphuthi **Activity #:** 7 **Task**: LFLS09XXX **Subtask**: 60G4H7
Activity Description:	The piloting of the RxSolution system is currently underway at four sites (Maseru, Leribe, Mafeteng and Berea). During FY10, SPS will continue providing support to the system‘s implementation and improvement, building capacity at the site level to ensure that the system is fully functional and that health personnel use the collected data to support management. Roll-out of the system to other hospitals will also start during this FY, and it will be undertaken in a phased approach. SPS will also continue to build national level counterpart capacity to maintain and support the system.
SPS Partners:	None.
Budget: $45,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	TA reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Provided support for RxSolution (by telephone and on-site), including the support of computer hardware, at 7 sites. Implemented the dispensing module of RxSolution at the ART center of Mafeteng Hospital. Implemented the inventory management module of RxSolution at three new sites: Quthing Hospital, Nts‘ekhe Hospital and Butha-Buthe Hospital.
Barriers to Progress:	None.
Next Steps:	Continue with support and implementation of RxSolution.
Indicators:	None.
Activity Title:	Provide technical assistance to review the National Essential Medicine List (NEML) and establish a medicine information/pharmacovigilance function at the national level.
Activity Lead:	Hoohlo-Khotle, Nomaphuthi **Activity #:** 8 **Task**: LFLS09XXX **Subtask**: 60B2H8
Activity Description:	Under this plan, SPS will assist with the implementation and strengthening of Pharmaceutical and Therapeutics Committees (PTCs) at both the national and institutional levels. These committees will play a key role in promoting Standard Treatment Guidelines (e.g. HIV and AIDS regimens) and reviewing and improving medicine use practices. SPS will: (1) Support the Pharmaceuticals Directorate (PD) and PTCs by providing additional training and by directly supporting their operation at both national and institutional levels. The program will assist in the review of the National Standard Treatment Guidelines (STGs) and the NEML and publication of the documents. Support will also be provided in aligning the NDSO procurement process with the reviewed EML. Appropriate support will also be given to the PD in the assessing implementation of the country‘s National Medicines Policy (NMP). (2) Assist selected institutions that are providing TB treatment to implement adherence monitoring systems for TB patients on ARVs. This will include recognition, treatment, and reporting of adverse drug events (ADR), medication errors reporting, and a quality improvement strategy. The institutions will be selected in consultation

	with the relevant units within the MoHSW. (3) Initiate the establishment of the national medicine information and pharmacovigilance center that will provide timely on-line and off-line responses to all health workers on queries related to medicines (i.e., ARVs) including mode of action, side effects, etc. This service could also be expanded to the private sector. The core mandate of this center will be to record reported adverse drug reactions (ADR), strengthen the regulatory system, and establish systems for improving medicines safety.
SPS Partners:	None.
Budget: $45,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Arranged the logistics for the Pharmacovigilance Conference in Nairobi. Attended the National Pharmacovigilance Conference in Kenya. Facilitated attendance of 2 local participants from the MoHSW and National University of Lesotho at the conference.
Barriers to Progress:	None.
Next Steps:	Continue as planned.
Indicators:	None.
Activity Title:	Office management.
Activity Lead:	Hoohlo-Khotle, Nomaphuthi **Activity #:** 10 **Task**: LFLS09XXX **Subtask**: 97XXYX
Activity Description:	This activity includes general office management tasks, including: printing, photocopying, and equipment lease, repair, and maintenance.
SPS Partners:	None.
Budget: $40,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Arranged for delivery of letters to different ministry‘s and follow-up for the building local capacity project (to be implemented). Facilitated the opening of an office bank account. Made payments to suppliers, arranged logistics for vehicles to be taken for service, managed office finances (i.e., petty cash), prepared the payroll, submitted PAYE to Lesotho Revenue Authority, arranged logistics for the placement of an advertisement for the Senior Program Associate (SPA) position, participated in the interviewing panel for the SPA position, and arranged logistics for the placement of an advertisement for the position of Senior Technical Advisor/OVC. Lastly, conducted a physical count of MSH/SPS inventory and a market survey for office needs.
Barriers to Progress:	None.
Next Steps:	Continue with general office maintenance tasks.
Indicators:	None.

Liberia

Work plan: Liberia PMI **Year** 2010

Funding Level: $830,000.00

Work plan Background
Since 2007, Management Sciences for Health's Strengthening Pharmaceutical System (SPS) Program has been receiving funding from PMI to help strengthen the pharmaceutical supply system in Liberia. Since then many activities have been conducted in close collaboration with stakeholders and implementing partners in different countries. SPS priorities were first focused on capacity and skills-building activities at all levels. These included revising the School of Pharmacy's curriculum to allow the inclusion of professional courses (clinical pharmacy and pharmaceutical management) into the pharmaceutical program. SPS also conducted pharmaceutical management training targeting staff responsible for managing medicines and related commodities at health services delivery point (SDP) and depots. During FY09, SPS continued to build on the previous year's activities and commenced working on strategies to increase access to ACTs in the private sector. In early 2010, the Liberia MoHSW requested SPS's support in supporting activities to promote rational use of medicines, including revision of three key policy documents: the National Formulary (NF), the National Therapeutics Guidelines (NTG), and the Essentials Medicine List (EML) ─ all of which were published in 1986. Since this urgent request was not included in the FY09 work plan, it was revised to be included with those activities and proposed for FY10. This revised work plan covers a period of 18 months from April 2010 to September 2011. During this period, SPS will use FY09 and FY10 funds to carry-out the following activities: develop a policy paper for ACT distribution through the private sector and phase out Chloroquine and other monotherapies from the market, provide support to the National Malaria Control Program and others partners in quantification, support the Rational Use of Medicine Program, update three policy document (including NF, NTG, and EML), and support NMCP to design a comprehensive monitoring and supervision system including EUV tool implementation for monitoring purposes.

Activity Title:	Technical Activity Coordination and Monitoring
Activity Lead:	Doumbia, Seydou **Activity #:** 1 **Task**: A040 **Subtask**: PMLR10TC
Activity Description:	This activity includes work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.
USG Sub-element:	Personnel
SPS Partners:	None.
Budget: $59,755.00	**Start Date:** Apr 2010 **End Date:** Sep 2011
Products Planned:	Work plans. Trip reports.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS Liberia is planning on hiring a Senior Program Associate ─the position was advertised in local newspapers and 2 applicants were interviewed for the position. The new SPA is expected to start working early October.

Barriers to Progress:	None.
Next Steps:	Finalize the hiring process.
Indicators:	None.
Activity Title:	Develop a policy paper for distribution of ACTs through private sector
Activity Lead:	Mwansasu, Andwele **Activity #:** 3 **Task**: A040 **Subtask**: PMLR1003
Activity Description:	In FY10 and FY11, SPS will work with USAID, the NMCP, NDS, MOHSW and other stakeholders to develop a concept paper on the distribution of ACTs through the private sector. SPS will use their experience in Tanzania where subsidized ACTs are being distributed through accredited drug dispensing outlets. Liberia MOHSW has already issue a statement banning the importation of Chloroquine and other monotherapies into the country. To execute the ban and eliminate monotherapies in the market, the following activities will be implemented in conjunction with activities related to the distribution of subsidized ACTs through private sector: (1) Include in the ACT distribution policy document an MOU to ban the importation of Chloroquine and other monotherapies by participating private pharmaceutical importers/wholesalers. (2) Quantify the stock of antimalarial monotherapies on the market. (3) Based on the quantification, give a grace period to wholesalers that would allow the phasing out of existing Chloroquine and other monotherapies on hand.
USG Sub-element:	Treatment with Artemisinin-Based Combination Therapies
SPS Partners:	None.
Budget: $103,795.00	**Start Date:** Apr 2010 **End Date:** Sep 2011
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	A draft MOU between the NMCP and the wholesale pharmaceutical distributors was completed and submitted to the NMCP for review and action. After review, the NMCP submitted it to the Chief Medical Officer (CMO) for the MoH input and action. The draft criteria for the selection of wholesale distributors of private sector ACT was finalized and submitted to the NMCP. In a follow-up meeting with the Pharmacy Board of Liberia on July 16, 2010, it was agreed that ACT be reclassified as OTC medication, so the laws are not violated in the process of distributing ACTs through the private sector. Training of private sector drug dispensers started on Monday, July 19 and ran through to Friday July 23, 2010. A total of 176 dispensers from the various pharmaceutical outlets took part in the trainings. At the end of the training, each participant received a certificate of participation, which is one of the requirements for the sale of the FDC in the shops.
Barriers to Progress:	The NMCP did not have enough funds to continue with dispensers‘ training.
Next Steps:	Follow up with the NMCP.
Indicators:	None.
Activity Title:	Provide support to MOHSW to define Rational Use of Medicine interventions

Activity Lead:	Doumbia, Seydou **Activity #:** 6 **Task**: A040 **Subtask**: PMLR1004
Activity Description:	During the 18 months implementation period of this work plan, SPS Liberia Country Program with technical guidance and support from SPS Antimicrobial Resistance (AMR) Portfolio will assist Liberia MOHSW to conduct these key activities; revisions of STGs and options analysis for rational use.
USG Sub-element:	Program Design and Learning
SPS Partners:	None.
Budget: $348,090.00	**Start Date:** Apr 2010 **End Date:** Sep 2011
Products Planned:	STGs.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS Liberia sponsored the participation of representatives from the NMCP/MoH and the Liberia Medicines and Health Products Regulatory Authority (LMHRA) in an international pharmacovigilance conference which took place from August 16 – 18, 2010, in Nairobi, Kenya. The revision of three policy documents (Standard Treatment Guideline, the National Formulary List, and the Essential Medicines List) was started after the arrival of an SPS consultant and subsequent meeting with the Chief Pharmacist and other authorities of the MoHSS.
Barriers to Progress:	None.
Next Steps:	Continue working with the policy documents.
Indicators:	None.

Malawi

Malawi-PEPFAR

Work plan: Malawi PEPFAR **Year** 2009

Funding Level: $281,581.00

Work plan Background
Under the COP 09 work plan, SPS will work closely with the MoH HIV/AIDS units and provide technical assistance to systematically integrate rational use of medicines (specifically for PMTCT medicines) and commodities management [revised activity from COP07 work plan]. SPS will also provide technical support to health technical services support (HTSS-pharmaceuticals department) to strengthen its role in providing leadership, policy and technical guidance to key public health programs and districts. The support to strengthen MoH pharmaceuticals department transition into a directorate is a critical part of long-term system strengthening and institution capacity development that will have broader impact on the pharmaceutical sector in Malawi. Both in the short- and long- term, this support will serve the interest of the HIV/AIDS unit and other public health programs.

Activity Title:	Provide technical support to HTSS (pharmaceuticals department) to strengthen its role in providing leadership, policy and technical guidance to key public health programs and districts.
Activity Lead:	Kamtengeni, Cynthia **Activity #:** 1 **Task**: LFMW09HIV
Activity Description:	The support to strengthen the MoH pharmaceuticals department transition into a directorate is critical part of a long-term system strengthening and institution capacity development that will have broader impact on the pharmaceutical sector in Malawi. Both in the short- and long-term, this support would serve the interest of HIV/AIDS unit and other public health programs. Part of the support would be to revitalize the national DTC committee to support this activity throughout the country. The establishment of a district DTC provides a mechanism for improved pharmaceutical services and cares in several areas such selection and use of medicines, transparency, and implementation of accountable and efficient procurement practices. The DTC will support periodic drug utilization reviews to address major medicines use issues including ARVs.
SPS Partners:	None.
Budget: $0.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Printing and distribution of 4,000 copies of the new Malawi Standard Treatment Guidelines and Essential Medicines List was completed. This was co-funded by PMTCT funds, as well.

Barriers to Progress:	None.
Next Steps:	None: Malawi office is closing.
Indicators:	None.
Activity Title:	Strengthening rational use of PMTCT commodities [revised COP07]
Activity Lead:	Kamtengeni, Cynthia **Activity #:** 3 **Task**: LFMW09HIV **Subtask**: 60EXM6
Activity Description:	Building on work started under COP 08, SPS plans to expand facility-level support on ART pharmaceutical management to PMTCT sites and work with several USG partners and support their sites in the areas of rational use of PMTCT medicines, develop SOPs, and support the PMTCT unit in supervision activities. The TA provided would not to be limited to PMTCT/ARV drugs only, but rather the focus is to provide technical assistance to create an integrated pharmaceutical supply and rational use/dispensing system. To the extent feasible, some support would be linked to on-going SPS work under malaria medicines supported by PMI.
SPS Partners:	None.
Budget: $80,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Developed 3 job aids for shelf life management in dispensing ARV suspensions, combination regimen, and CPT. Developed 1 poster to promote patient adherence of PMTCT regimen. Provided orientation and materials for rational use of PMTCT medicines to 5 pharmacy technicians for district trainings: 150 health care workers trained.
Barriers to Progress:	Funding to print the forms and distribute them on all PMTCT sites not available. MoH PMTCT unit will source funds from other partners
Next Steps:	None as the SPS office in Malawi will be closing.
Indicators:	None.

Malawi-PMI

Work plan: Malawi PMI **Year** 2009

Funding Level: $820,000.00

Work plan Background
Malawi officially launched new Artemether-Lumefantrine (ACT) treatment policy in November 29, 2007 with US Presidential Malaria Initiative (PMI) support. The Malaria Strategic Plan 2005-2010, Scaling-Up Malaria Control Interventions, and approved by the Malawi MOH guides allocation of resources and outlines three key areas for scale-up: case management for treatment of malaria cases, IPTp and mosquito vector control (ITNs and IRS). Since 2006 SPS and USAID/DELIVER developed a joint work plan to provide support to key technical area of the PMI/Malawi Malaria Operational Plan (MOP07) – pharmaceutical and commodities

management. The technical assistance focused on strengthening medicines supply and logistics management systems, training of pharmaceutical personnel, quality assurance, and quantification and monitoring and evaluation of the pharmaceutical management system for anti-malarials. The SPS program is members of the MoH Drug Change Plan Task Force established to oversee implementation of the ACT policy change in Malawi and provide technical support to MoH/NMCP through the pharmaceutical management, logistics, and drug safety sub-committee. Malawi‘s pharmaceutical management and supply chain system continues to experience several challenges in the areas of quantifications and forecasting, inventory management (ordering, receipt), storage, and the distribution. Currently, Central Medical Stores (CMS) handles the procurement, storage, and distribution of most drugs to all government health facilities. SPS has provided technical assistance to NMCP, CMS and health facilities to improve the data quality and flow of information to improve consumption based data for proper forecasting decisions-making. SPS work at facility level has focused on rational drug use issues, building the capacity of districts, health facilities (both public and CHMA) in appropriate dispensing to patients, stock records and management of drug stocks at the health facility level through regular supportive supervision, training and mentoring of health care workers. The PMI end-use verification/monitoring of availability of key antimalarial commodities at the facility level have been integrated into routine quarterly supervision that SPS supports NMCP. SPS has also provided technical assistance to the Malawi regulatory authority Pharmacy, Medicines and Poisons Board (PMPB) to strengthen capacity for the quality assurance program and improving medicine and patient‘s safety.

Activity Title:	Technical Activity coordination and monitoring
Activity Lead:	Kamtengeni, Cynthia **Activity #:** 1 **Task**: LFMW09PMI **Subtask**: 97XXY1
Activity Description:	Technical activity coordination includes work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators. Implementation of the listed work plan activities will be through the MSH/SPS office in Malawi work closely and coordinate with the PMI team (USAID and CDC), NMCP, Pharmacy Medicine and Poisons Board (PMPB), Central Medical Stores (CMS), USAID | Deliver, Christian Health Association of Malawi (CHAM), UNICEF, WHO and other partners at the national, and district levels. SPS /Malawi team will receive technical and managerial support from SPS team based in Arlington, Virginia.
SPS Partners:	None.
Budget: $50,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	This quarter‘s staff LOE was largely spent finalizing remaining activities and informing various stakeholders of the closure of SPS program in Malawi. Finalized reports and prepared for the stakeholders result dissemination. Followed-up on other staff HR and administration issues.
Barriers to Progress:	None.
Next Steps:	None.
Indicators:	None.

Activity Title:	Provide support to NMCP secretariat and technical working group
Activity Lead:	Kamtengeni, Cynthia **Activity #:** 4 **Task**: LFMW09PMI **Subtask**: 60F4H4
Activity Description:	SPS program will continue to play a pivotal role in the coordination of the NMCP technical working group secretariat on pharmaceutical management, supply chain and medicines quality sub-committee. TA would be provided to NMCP to coordinate partners and also in the piloting of the cell phone for data collection and reporting of end-user and LMIS data.
SPS Partners:	None.
Budget: $120,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Provided orientation to NMCP M&E staff on the analysis of supervision data in preparation for SPS hand-over of supervision activities.
Barriers to Progress:	None.
Next Steps:	None.
Indicators:	None.

Activity Title:	Provide technical support to the Pharmacy Medicine and Poisons Board (PMPB) to strengthen systems for monitoring the quality and safety of medicines including ACTs
Activity Lead:	Kamtengeni, Cynthia **Activity #:** 5 **Task**: LFMW09PMI **Subtask**: 60DXH5
Activity Description:	To strengthen PMPB regulatory oversight, SPS will continue to provide technical assistance in all areas of quality and medicine safety monitoring. The regulatory authority, PMPB, has the overall responsibility in the inspection of all medicines to ensure product quality and safety. This includes ensuring quality of products in the private sector. Activities to PMBP to strengthen the national pharmacovigilance system in collaboration with WHO will continue. A pharmacovigilance system is important especially when new medicines such as ACT are introduced. To improve pharmaceutical products registration process, accountability and tracking of registration status, SPS will support PMPB to install registration data base and use portable devises in inspection process. The data base will enhance PMPB capacity to store/manage registration data for easy validation of product registration status during inspection. Also PMPB will regularly update list of registered products. Availability of portable devises will allow easy, simple access to registration data for inspection at Kamuzu International Airport (KIA) in Lilongwe, management of inspection records (easy reporting format) and easy updating of a list of registered products. This capability will facilitate communication between Malawi Revenue Authority (MRA) and PMPB on all inspection-related issues.
SPS Partners:	None.
Budget: $160,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Provided support to the board to finalize piloting the use of a medicines inspection tool (MedIT) in the inspection at POE and post-marketing surveillance. This tool makes the inspection process recording and reporting easier and faster. Using MedIT, 2 post-marketing surveillance activities were conducted at community pharmacies and 2 at wholesalers in town.
Barriers to Progress:	None.
Next Steps:	Work with the board to trouble shoot remaining technical problem in the MedIT.
Indicators:	None.

Mali

Mali-HIV (09)

Work plan: Mali HIV **Year** 2009

Funding Level: $100,000.00

Work plan Background

Availability and accessibility of quality medicines and health commodities remain critical elements to the successful implementation of Mali‘s Health and Development Program (PRODESS). As such, these elements have been a priority for USAID/Mali of the past few years. In Mali, USAID provides resources for strengthening pharmaceutical systems through various US government funding sources. One of the most visible of these sources is the United States Presidential Malaria Initiative (PMI), from which Mali received $15 million in its first year. For its second year of PMI implementation, Mali is being awarded $15.4 million. PMI‘s funding for Mali supports the National Malaria Program‘s (PNLP) National Strategic Plan for the period 2007 – 2011, which aims to: reduce malaria mortality by at least 50 % (compared to levels in the year 2000), to reduce malaria case fatality rates by at least 80 % (compared to year 2005 levels), and to reduce malaria morbidity by at least 50 % (as compared to year 2000 levels). Additionally, the low prevalence of contraceptive use in Mali [1] has led USAID/Mali to also focus on the availability of contraceptives and other reproductive health-related commodities. For Year 1 of its activities in Mali, Management Sciences for Health‘s Strengthening Pharmaceutical Systems program (MSH/SPS) received $1,600,179 in FY08 funds from various USAID funding sources: $450,000 was provided by the US Presidential Malaria Initiative, $299,999 in malaria funds, and $100,000 in HIV/AIDS funds and $750,180 in population funds. For Year 2, MSH/SPS is receiving $645,000 FY09 funds to provide technical assistance to the pharmaceutical sector in Mali. SPS‘s funding for its second year in Mali is allocated to SPS is as follows: $400,000 PMI funds, $145,000 in POP funds, and $100,000 in HIV/AIDS funds. Highlights of the activities that SPS completed in its FY08 work plan included: (1) completing assessments to inform planning for malaria commodity management, including: (a) a rapid assessment of the pharmaceutical system in Mali, using the PMI system strengthening tool. (b) A situational analysis on the distribution of ACTs and rapid diagnostic test kits (completed in collaboration with the Pharmacie Populaire du Mali (PPM). (2) Providing technical assistance to the Directorate of Pharmacy and Medicines to revise the National Pharmaceutical Policy, which is now awaiting ratification by the Ministry of Health (MoH). (3) Developing job aids for the storage and use of uterotonics. (4) Providing quarterly updates on stock levels for ACTs at the central level in Mali. (5) Conducting data quality audits in an area covering 50% of health districts, to inform planning of interventions to improve the quality and quantity of pharmaceutical management data reported from peripheral to central level. (6) Evaluating storage capacity needs of the PPM, in order to identify the PPM‘s needs for space and equipment. (7) Collaborating with the Malian Ministry of Health‘s Directorate of Pharmacy and Medicines (DPM) and the Division of Reproductive Health (DSR) to update the Reproductive Health Commodity Security Tool (RHCSAT) for Mali, in order to collect data necessary for developing a reproductive health commodity security plan. (8) Collaborating with the DPM , the DSR, and another MSH projects (i.e., the Leadership, Management and Sustainability Program, LMS) to facilitate a workshop on leadership and governance for the Ministry of Health‘s National Contraceptive Security Committee, as part of a larger set of activities to reactivate this committee and to create a Reproductive Health Commodity Security plan. As of September 30, 2006, 63% or $1,023,499 of the FY08 work plan funds had been spent. This is a result of a delay in starting a number of activities, due to a number of factors, including:

time needed to recruit staff, requests to delay the start of activities until official launches were carried out, and modifications made to the work plan midway through the fiscal year. During the second semester, SPS caught up on several of these activities. Activities that were not completed will be implemented in addition to new activities in this FY09 work plan. Strategic Approach -MSH/SPS‘s funding for its second year in Mali is allocated to MSH/SPS as follows: $400,000 in PMI funds, $145,000 in POP funds, and $100,000 in HIV/AIDS funds. As with the first year of MSH/SPS‘s implementation in Mali, the USAID Mission‘s vision in Mali is for MSH/SPS to provide technical assistance to improve the functioning of Mali‘s public pharmaceutical sector in general, while providing attention to particular groups of health commodities (such as those used in the National Reproductive Health Program, and the National Malaria Program). As such, SPS‘s key collaborators within Mali‘s MoH are: the Directorate of Pharmacy and Medicines, the Programme National de Lutte contre le Paludisme (PPM) and the Division de la Santé Reproductive (DSR). Another important collaborator which is not part of the MoH is Mali‘s autonomous central medical stores known as the Pharmacie Populaire du Mali (Central Medical Stores). Other major disease programs, such as the National HIV/AIDS program (the Comité Sectorielle de Lutte contre le SIDA), provide an opportunity for future collaboration. MSH/SPS‘s success in providing technical assistance to the DPM, the PPM and the PNLP in its first year of operation has laid the groundwork for MSH/SPS to succeed in implementing the new activities under FY09 funding. This work plan is linked to and builds upon the work done by SPS in its first year of implementation and identifies the activities carried over from the FY08 work plan, as well as the activities to be carried out with FY09 (new) funds. The remaining funds from FY08 (as of September 30th, 2009) are as follows: $41,000 in malaria FY08 funds (PMI), $ 610 in malaria FY07 funds, $355,817 in POP FY07 funds, $144,828 in POP FY08 funds, and $ 34,046 in HIV/AIDS FY08 funds- this totals $645,645. The total funds available from FY08 and FY09 equal $1,221,680. [1] The 2006 Mali Demographic and Health Survey showed that 8% of women across age groups were using a family planning method at the time and of these 7% were using a modern method of contraception and 1% were using a traditional method. Source: Enquête Demographique et de Santé IV.Bamako, Mali, 2008, p.100.

Activity Title:	Development of commodity security plans
Activity Lead:	Onyango, Christine **Activity #:** 2 **Task**: LFML09HIV **Subtask**: 60CXP2
Activity Description:	Under year 2 of implementation (FY09 work plan), MSH/SPS plans to support the National Committee for Contraceptive Commodity Security in writing the Reproductive Health Commodity Security Plan (Q2/Q3).
SPS Partners:	None.
Budget: $10,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Terms of Reference. Reproductive Health Commodity Security Plan.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The workshop to finalize the situation analysis was held on October 7-8, 2010. The objectives of the workshop were as follows: (1) To disseminate the results of the situational analysis on reproductive health commodity security in Mali. (2) To validate the results of the situation analysis with relevant stakeholders. (3) To finalize the recommendations arising from the situational analysis. (4) To validate the list of products that would be included in the reproductive health commodity security plan. Among the recommendations made by participants in the dissemination workshop included: (1) The need to include professional associations and wholesalers in the

	preparation of the contraceptive procurement plan. (2) The need to sensitize private sector health providers on the need to provide data on contraceptive use. (3) The need to establish a system for collecting data on contraceptive use from the private sector. (4) The need to provide ELISA tests at the level of CSRef laboratories. (5) The need to provide appropriate tests at lower levels of the health system to facilitate the promotion of blood safety. (6) The need to construct and use operating rooms with adequately trained staff in CSComs in hard-to- reach areas. (7) The need to put in place a system for coordination of commodities between donors and stakeholders in reproductive health.
Barriers to Progress:	Unavailability of DPM staff to lead this activity from the MoH side, and unwillingness of the DPM to collaborate closely with SPS on scheduling this activity. This is primarily due to DPM‘s desire to be paid directly by SPS.
Next Steps:	The next steps for creating the Reproductive Health Commodity Security plan are to develop the TOR for writing the RHCS plan and write the plan during a stakeholder workshop.
Indicators:	None.

Mali-HIV (08)

Work plan: Mali HIV **Year** 2008

Funding Level: $100,000.00

Work plan Background
Mali is a low-income country with a heavy burden of disease and poor levels of development indicators. Challenged with high under age five mortality rates [1], over 900,000 cases of malaria per year, and an estimated 66,000 adults living with HIV and other transmissible diseases, Mali has struggled to respond to the demands on its health system posed by this health burden. Mali's participation in various international health initiatives aimed at preventing and fighting transmissible diseases such as the PMI, the Global Fund, and the GAVI have provided much needed additional financial resources. However, these additional resources have also brought new pressures and challenges to a public pharmaceutical system that needs to adapt to dealing with an increased volume and variety of pharmaceutical products and with the requirements of the new donors. Following Mali's selection as one of the 15 countries participating in the PMI, the USAID mission in Mali has sought to collaborate with the Malian Ministry of Health and international partners such as the Global Fund to strengthen the existing public pharmaceutical system in Mali to improve the management of all essential medicines, including products financed by international initiatives. In this context, the MSH/SPS program participated in two USAID-funded assessments in 2007. The first assessment was conducted in March 2007 with the objective of developing a three-year strategy and year 1 implementation plan for Mali's activities under the PMI. A component of this assessment examined the challenges linked to implementation of recently introduced new malaria treatment protocols based on artemisinin-based combination therapies as well as those posed by the scaling up of the use of ITNs. The second assessment identified weakness in Mali's national pharmaceutical system and provided concrete recommendations on the technical assistance required to improve the capacity of the national medical stores (known as the Pharmacie Populaire du Mali or PPM) and to strengthen key public sector institutions involved in the management of pharmaceuticals. This assessment was jointly conducted by MSH/SPS and the USAID|DELIVER project in October 2007. The results and

recommendations from the assessment were shared and discussed with all relevant local counterparts, and a final report was produced and disseminated. Recommendations focused on actions required to improve capacity in quantification, procurement, distribution, and rational medicines use while reducing the need for parallel logistical systems for the various disease programs. Over the last few years, MSH under the RPM Plus provided technical support to the MoH Mali through country visits. Assistance has been provided for the quantification of products procured under the Global Fund. Additionally, RPM Plus contributed to the work of the Prevention of the Postpartum Hemorrhage Initiative (POPPHI) in Mali by conducting training in the management of uterotonics used in postpartum hemorrhage and by developing job aids for management of these products. Starting in FY08, MSH/SPS program will consolidate and expand the work that was initiated under RPM Plus. With USAID/Mali mission support, SPS will assist the MoH to strengthen Mali's entire public sector pharmaceutical system through a comprehensive project to be implemented during the next three years. During year 1, SPS will receive funding under the Malaria Operational Plan (MOP) for FY08 to support specific activities focused on strengthening the capacity of the Mali's MoH to effectively manage malaria medicines and ITNs. The MOP FY08 covers a broad range of interventions aimed at preventing and treating malaria. These include: ITNs and indoor residual spraying (IRS), prevention and treatment of malaria in pregnancy, effective case management, capacity building of the national malaria program (PNLP), and M&E. PMI also aims to increase the percentage of women receiving IPT, as well as to improve case management of malaria by improving diagnosis, introducing the use of RDTs, making RDTs available, and promoting their use. In addition, SPS will receive funding from USAID to improve the management of sexual and reproductive health supplies, HIV/AID-related products, and all essential medicines. These funds will also facilitate the implementation of cross-cutting interventions aiming to build the capacity of pharmaceutical staff both at the national and community levels. SPS will build on the success of its experts in pharmaceutical policy, pharmaceutical procurement procedures, and pharmaceutical sector capacity building to provide technical assistance and to build human capacity within Mali's public sector pharmaceutical system. SPS's collaborative approach aimed at the transfer of skills and building capacity of public sector staff working in pharmaceutical management is a strategy that has been successfully implemented in other African countries such as Rwanda. Funding sources: FY07- 516,794 USD MAARD, Malaria 300,000 USD, FY08- POP 233,386 USD, Malaria (PMI) 450,000 USD, HIV/AIDS 100,000 USD, Total: 1,600,180 USD. These activities are those to be completed using FY08 HIV funds totaling 100,000 USD for SPS's activities in Mali. Strategic approach: the SPS implementation strategy for Mali will be three-fold: to build on existing systems and structure, to transfer capacity to local counterparts, and to balance short-term priority interventions aimed at resolving immediate issues with medium to long- term actions to ensure sustainability. There are four levels to Mali's health system. At the central level, the MoH provides strategic direction, creates policy and oversees its implementation, establishes systems for training medical staff, and sets standards and procedures. Also at this level are the three national hospitals that provide specialized care. At the regional level are the Regional Health Directorates (Direction Regional de Sante) which supervise the district level of the health system and provide technical support. There are also seven regional hospitals. Eight regional depots have the responsibility for ensuring that pharmaceutical products are available for each region. Next is the district level. Also known as cercles, districts have referral health centers known as Centres de Sante de Reference (CSREF). The role of the CSREF is to be a link between community level health facilities and hospitals at the regional level as well as health centers at the district level. Dépôts repartiteurs de cercle (DRC) are depots for medicines and other health products and they supply hospitals, health centers and dispensaries. DRCs are considered part of the CSREFs and are supplied by the eight regional depots. The health system at the community level consists of community health centers known as Centres de Sante Communautaires (CSCOM), which are mandated to provide a predefined minimum package of primary health care services. Day to day management of the CsCOMs is the responsibility of Community Health Associations (Associations de Sante Communautaires (ASACO). Technical supervision of

the CSCOMs is the responsibility of the CsREF for each given district. Several institutions within the Mali MoH are involved in the management of pharmaceuticals at these different levels. The PPM is responsible for the procurement and distribution to the regional level of essential medicines which are subject to Mali‘s cost recovery scheme within the health sector. The PPM‘s responsibility for distribution only extends to the regional level. Responsibility for the distribution of pharmaceuticals provided free of charge by donors lies with a group of stakeholders coordinated by the Directorate of Health Care, and the national programs of HIV/AIDS and malaria (CSLS and PNLP). In general, the Directorate of Pharmacy (DPM) in collaboration with the Directorate of Health Care (DNS) is responsible for establishing and enforcing the pharmaceutical laws and regulations for the procurement and distribution of essential medicines and other health supplies for the entire country. The National Health Laboratory (LNS) is charged with ensuring the quality of products circulating in both public and private sectors, and the Directorate of Financing and Administration (DAF) deals with the allocation of financial resources for pharmaceutical procurement. At regional level, representatives of the PPM, DPM and DNS are responsible for reflecting the role played by each of these entities at the central level of the health system by ensuring availability and accessibility of pharmaceuticals at the regional, district levels and at the community (CsCOM) level. The assessment conducted in October 2007 revealed that the pharmaceutical system in Mali is characterized by structural and operational weaknesses. Although roles and responsibilities of the different institutions within the Ministry of Health are defined by ministerial decrees and in procurement guidelines, the mechanisms for communication and information flow among institutions are not established. This has led to in effective communication which has operational consequences, as the pharmaceutical system operates without sufficient supervision and corrective mechanisms to ensure quality of pharmaceutical services. Hence, the availability of pharmaceuticals at the central level does not necessarily reflect availability at the regional or district, or community levels, and stock outs at these levels are frequent. These systemic weaknesses also increase the risk of over stocks and product expiry, conditions more likely to occur with products that are newer to Mali‘s pharmaceutical system such as ACTs and ARVs. Given the above, SPS work closely with the Secretary General of the Ministry of Health, and with all the institutions involved in the pharmaceutical system. At the national level, this includes the PPM, DNS, DPM, CSLS, PNLP, and LNS. At the regional level, the PPM, DNS and DPM are the corresponding institutions at the community level. During the first year of implementation, MSH/SPS aims to create coordinating mechanisms and protocols among key entities involved in pharmaceutical management at both national and regional levels. MSH / SPS will also play a catalytic role to ensure that national and regional entities and their international collaborating partners communicate effectively according to agreed work plans and priorities identified by different stakeholders. While building synergistic interactions among different stakeholders, MSH/SPS will collaborate with the DPM to facilitate the process of revision of key existing documents (such the Schéma Directeur d‘Approvisionnement et de Distribution des Médicaments Essentiels) and the development of other documents as needs are identified for specific programs or for general pharmaceutical management. SPS will also provide support and training for specific areas to key players such as the PPM and the DPM, in specific areas such as quantification, good procurement practices and development of capacity building plans. At regional level MSH/SPS will focus its first year of implementation on working with regional counterparts of the PPM, DNS and DPM to establish indicator-based work plans and problem solving mechanisms aimed at facilitating the availability of pharmaceutical products at regional and circle levels. Furthermore, MSH/SPS will work closely with regional counterparts of the DPM, the PPM and the DNS to implement indicator-based supervision of pharmacy staff at the regional and circle level. A priority of the indicator-based work plans will be to produce quality data on the distribution and use of medicines for use in better planning and quantification at the community as well as national level. During years 2 and 3, the coordinating mechanisms established in year 1 will be consolidated and adapted as new needs arise and lessons learned in year 1 are applied. It is expected that by the end of year 1, comprehensive plans to expand pharmaceutical management information systems, as well as capacity building plans for pharmacy staff at all

levels of the system would have been developed and ready for implementation. As such, strengthening activities for year 2 and year 3 can be expected to expand to improve pharmaceutical management at the community level. While the interventions aimed at making pharmaceutical data available are being consolidated, additional interventions will be conducted to increase the capacity of the pharmacy staff at circle and community levels. These interventions will cover: how to plan adequately, how to make best use of the storage space, how to optimize the human and other resources available and to provide the best services to the patients. The creation of medicines and therapeutic committees at hospitals and other interventions aimed at improving the rational use of medicines and the containment of antimicrobial resistance will also be explored for the latter years of the program. [1] Estimated at 191/1,000 in the 2006 Mali Demographic and Health Survey. [2] Mali Round 6 Malaria proposal approved by the Global Fund to fight Tuberculosis AIDS, and Malaria. [3]2006 Mali Demographic and Health Survey. The number is based on HIV prevalence in Mali of 1.3% among men and women aged 15-49.

Activity Title:	Facilitate a participatory revision of the Schema Directeur
Activity Lead:	Nfor, Emmanuel **Activity #:** 1 **Task**: LFML08HIV **Subtask**: 60A2H1
Activity Description:	This activity will consist of initial consultations among key partners such as DPM, the PPM, the DNS, the malaria and the HIV/AIDS national programs, and the WHO to agree on the approach for the update and on the key issues to be addressed during the revision. Once the approach and key issues to be updated are agreed to, working sessions led by the DPM and including key stakeholders will follow. The new version of the SDADME will be finalized through a validation meeting led by the DPM. Among the issues to be addressed in the revision related to cost recovery are: How Mali‘s policy of cost recovery on essential medicines will address additional costs associated with free pharmaceuticals arriving through global health initiatives, appropriate allocation of funds generated from sales of pharmaceuticals at CsCOMs and at district depots to ensure that full costs for management of drugs (including cold chain equipment, transportation of medicines from depots and pharmacy staff training and development) are addressed, capacity building for ASACO members in managing purchases of medicines and medical supplies, and appropriate pricing of essential drugs (such as ACTs for children over five and adults). Additional issues to be addressed will include: continuing education for health professionals, strengthening existing supervision mechanisms in the public pharmaceutical sector, establishment of a system of pharmacovigilance, and development of procedures on good dispensing.
SPS Partners:	None.
Budget: $19,841.00	**Start Date:** Apr 2009 **End Date:** Sep 2010
Products Planned:	Terms of reference for the revision of the Schema Directeur. Study on the application of the Schema Directeur in the health system. Revised Schema Directeur.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS eventually manage to participate in the workshop to validate the revised SDADME manual. The workshop took place August 11-13, 2010. In attendance was key staff from the MoH, the DPM, the DNS, the DAF, the Health Inspectorate, the National Institute for Health Research, the Faculty of Medicine and Pharmacy from the University of Bamako, the National Division of Health Statistics, the National

	Pharmaceutical Association, and hospital and DPM pharmacists. This workshop marks the end of this activity and the finalization of the product from this activity.
Barriers to Progress:	The DPM wants to be paid directly by SPS have affected SPS's ability to participate in preparatory meetings.
Next Steps:	The activity is completed.
Indicators:	None.

Mali-PMI

Work plan: Mali PMI **Year** 2009

Funding Level: $400,000.00

Work plan Background
Availability and accessibility of quality medicines and health commodities remain critical elements to the successful implementation of Mali‘s Health and Development Program (PRODESS). As such, these elements have been a priority for USAID/Mali of the past few years. In Mali, USAID provides resources for strengthening pharmaceutical systems through various US government funding sources. One of the most visible of these sources is the United States Presidential Malaria Initiative (PMI), from which Mali received $15 million in its first year. For its second year of PMI implementation, Mali is being awarded $15.4 million. PMI‘s funding for Mali supports the National Malaria Program‘s (PNLP) National Strategic Plan for the period 2007 – 2011, which aims to: reduce malaria mortality by at least 50 % (compared to levels in the year 2000), to reduce malaria case fatality rates by at least 80 % (compared to year 2005 levels), and to reduce malaria morbidity by at least 50 % (as compared to year 2000 levels). Additionally, the low prevalence of contraceptive use in Mali [1] has led USAID/Mali to also focus on the availability of contraceptives and other reproductive health-related commodities. For Year 1 of its activities in Mali, Management Sciences for Health‘s Strengthening Pharmaceutical Systems program (MSH/SPS) received $1,600,179 in FY08 funds from various USAID funding sources: $450,000 was provided by the US Presidential Malaria Initiative, $299,999 in malaria funds, and $100,000 in HIV/AIDS funds and $750,180 in population funds. For Year 2, MSH/SPS is receiving $645,000 FY09 funds to provide technical assistance to the pharmaceutical sector in Mali. SPS‘s funding for its second year in Mali is allocated to SPS is as follows: $400,000 PMI funds, $145,000 in POP funds, and $100,000 in HIV/AIDS funds. Highlights of the activities that SPS completed in its FY08 work plan included: (1) completing assessments to inform planning for malaria commodity management, including: (a) a rapid assessment of the pharmaceutical system in Mali, using the PMI system strengthening tool. (b) A situational analysis on the distribution of ACTs and rapid diagnostic test kits (completed in collaboration with the Pharmacie Populaire du Mali (PPM). (2) Providing technical assistance to the Directorate of Pharmacy and Medicines to revise the National Pharmaceutical Policy, which is now awaiting ratification by the Ministry of Health (MoH). (3) Developing job aids for the storage and use of uterotonics. (4) Providing quarterly updates on stock levels for ACTs at the central level in Mali. (5) Conducting data quality audits in an area covering 50% of health districts, to inform planning of interventions to improve the quality and quantity of pharmaceutical management data reported from peripheral to central level. (6) Evaluating storage capacity needs of the PPM, in order to identify the PPM‘s needs for space and equipment. (7) Collaborating with the Malian Ministry of Health‘s Directorate of Pharmacy and Medicines (DPM) and the Division of Reproductive Health (DSR) to update the Reproductive Health Commodity Security Tool (RHCSAT) for Mali, in order to collect data necessary for developing a reproductive health commodity security plan. (8) Collaborating with the DPM , the

DSR, and another MSH projects (i.e., the Leadership, Management and Sustainability Program, LMS) to facilitate a workshop on leadership and governance for the MoH‘s National Contraceptive Security Committee, as part of a larger set of activities to reactivate this committee and to create a Reproductive Health Commodity Security plan. As of September 30, 2006, 63% or $1,023,499 of the FY08 work plan funds had been spent. This is a result of a delay in starting a number of activities, due to a number of factors, including: time needed to recruit staff, requests to delay the start of activities until official launches were carried out, and modifications made to the work plan midway through the fiscal year. During the second semester, SPS caught up on several of these activities. Activities that were not completed will be implemented in addition to new activities in this FY09 work plan. Strategic Approach -MSH/SPS‘s funding for its second year in Mali is allocated to MSH/SPS as follows: $400,000 in PMI funds, $145,000 in POP funds, and $100,000 in HIV/AIDS funds. As with the first year of MSH/SPS‘s implementation in Mali, the USAID Mission‘s vision in Mali is for MSH/SPS to provide technical assistance to improve the functioning of Mali‘s public pharmaceutical sector in general, while providing attention to particular groups of health commodities (such as those used in the National Reproductive Health Program, and the National Malaria Program). As such, SPS‘s key collaborators within Mali‘s MoH are the DPM, the PPM and the DSR. Another important collaborator which is not part of the MoH is Mali‘s autonomous central medical stores known as the Pharmacie Populaire du Mali (Central Medical Stores). Other major disease programs, such as the National HIV/AIDS program (the Comité Sectorielle de Lutte contre le SIDA), provide an opportunity for future collaboration. MSH/SPS‘s success in providing technical assistance to the DPM, the PPM and the PNLP in its first year of operation has laid the groundwork for MSH/SPS to succeed in implementing the new activities under FY09 funding. This work plan is linked to and builds upon the work done by SPS in its first year of implementation and identifies the activities carried over from the FY08 work plan, as well as the activities to be carried out with FY09 (new) funds. The remaining funds from FY08 (as of September 30th, 2009) are as follows: $41,000 in malaria FY08 funds (PMI), $ 610 in malaria FY07 funds, $355,817 in POP FY07 funds, $144,828 in POP FY08 funds, and $ 34,046 in HIV/AIDS FY08 funds- this totals $645,645. The total funds available from FY08 and FY09 equal $1,221,680. The MSH/SPS implementation strategy for Mali remains the same as it was from year 1: to build on existing systems and structures, to transfer capacity to local counterparts, and to balance short-term priority interventions aimed at resolving immediate issues with medium to long term actions to ensure sustainability. In Year 1, MSH/SPS‘s work focused on the central level of the health system, with the Directorate of Pharmacy and Medicines, the Pharmacie Populaire du Mali (PPM), the Direction Nationale de la Santé (DNS) and the PNLP. [2] MSH/SPS also provided support to key actors in the pharmaceutical system, such as the DPM, the PPM, the PNLP, and the DSR in the following areas: quantification of anti-malarials, revision of procurement and distribution procedures, and the reactivation and capacity building of a national committee mandated to ensure the availability of pharmaceutical products used in reproductive health activities. Progress was made on revising or initiating the revision of key policy documents of the public pharmaceutical sector, such as the national pharmaceutical policy and the Schéma Directeur d‘Approvisionnement et de Distribution des. In Year 2, MSH/SPS plans to work on three of the four levels of Mali‘s health system: the central, regional [3], and district levels. In SPS‘s first year of implementation, all of the technical staff operated out of the capital of Bamako. In Year 2, three MSH/SPS regional coordinators will support the regional pharmacists located within each of Mali‘s nine Regional Health Directorates (Direction Régional de Santé). These individuals will assist to implement interventions aimed at improving management of pharmaceutical products and resolving problems related to the availability of products, as they are encountered in the course of supervision visits. MSH/SPS also plans for interventions to reach the district or ―cercle” level. Districts have referral health centers known as Centres de Santé de Référence (CSREF), which link community level health facilities with hospitals at the regional level, as well as with health centers at the district level. The district level also has pharmaceutical depots known as ―Dépôts repartiteurs de cercle” (DRC), which supply hospitals, health centers and

dispensaries. DRCs are considered part of the CSREFs and are supplied by the eight regional depots. The total funding available to MSH/SPS for year 2 limits its ability to reach the community level (the fourth level) of Mali‘s health system. Still, MSH/SPS will incorporate a limited number of CsComs in its monitoring and supervision of medicines with the Regional Health Teams and District Health Teams, which will pave the way for expanding MSH/SPS work with CsComs in Year 3. [4] MSH/SPS will continue working closely with the Secretary General of the Ministry of Health (SEGAL), and with the institutions involved in the pharmaceutical system. At the national level, this includes the PPM, DNS, DPM, CSLS, PNLP, and Laboratoire Nationale de la Santé (LNS). At the regional level, SPS will collaborate with the PPM regional stores, the Regional Health Directorates (DRS) and the DPM‘s regional pharmacists. SPS activities in Mali will contribute to the US Foreign Assistance Investing in People program through the health element and specifically the malaria sub element. SPS will also contribute to the USAID/Mali‘s intermediate results and PMI objectives through technical objectives that correspond to the following SPS key results areas: (1) Improve governance in the pharmaceutical sector: SPS will address governance in pharmaceutical management by improving decision making and strategic planning capabilities (SPS IR 1.2), applying ethical, transparent, accountable and efficient procurement practices (SPS IR 1.3), and improving the stewardship and oversight through the establishment and maintenance of appropriate standards in pharmaceutical management and medicines use (SPS IR 1.4). (2) Strengthen pharmaceutical management systems to support public health services: Most of the activities under this work plan directly address this key result area. SPS will work to increase local capacity to improve pharmaceutical system operations (2.1), improve quality and quantity of human resources capable of performing pharmaceutical management functions and services (2.2), improve pharmaceutical management systems and effective approaches to support PHN service delivery interventions (2.3), improve laboratory commodity management (2.4), and improve availability of essential medicines, diagnostic equipment and other health supplies for USAID supported programs (2.4). (3) Contain the emergence and spread of antimicrobial resistance: By promoting good dispensing practices, the activities related to strengthening the supervision system for malaria products at the health zone level will also contribute to IR 3.2 (AMR interventions designed and implemented to improve medicines use behaviors at the community level). [1] The 2006 Mali Demographic and Health Survey showed that 8% of women across age groups were using a family planning method at the time and of these 7% were using a modern method of contraception and 1% were using a traditional method. Source: Enquête Demographique et de Santé IV.Bamako, Mali, 2008, p.100. [2] Several institutions within the Ministry of Health of Mali are involved in the management of pharmaceuticals at these different levels. In general, the Directorate of Pharmacy (DPM) in collaboration with the Directorate of Health Care (DNS) is responsible for establishing and enforcing the pharmaceutical laws and regulations for the procurement and distribution of essential medicines and other health supplies for the entire country. The National Health Laboratory (LNS) ensures the quality of products circulating in both public and private sectors, and the Directorate of Financing and Administration (DAF) deals with the allocation of financial resources for pharmaceutical procurement. The PPM is responsible for the procurement and distribution to the regional level of essential medicines which are subject to Mali‘s cost recovery scheme within the health sector. The PPM‘s responsibility for distribution only extends to the regional level. Responsibility for the distribution of pharmaceuticals provided free of charge by donors lies with a group of stakeholders coordinated by the Directorate of Health Care, and the national programs of HIV/AIDS and malaria (CSLS and PNLP). [3] At regional level, representatives of the PPM, DPM and DNS are responsible for reflecting the role played by each of these entities at the central level of the health system by ensuring availability and accessibility of pharmaceuticals at the regional, district levels and at the community (CsCOM) level. [4] The health system at the community level consists of community health centers known as Centres de Santé Communautaires (CsCOM), which are mandated to provide a predefined minimum package of primary health care services. Day to day management of the CsCOMs is the responsibility of Community Health Associations (Associations de

Santé Communautaires (ASACO). Technical supervision of the CsCOMs is the responsibility of the CsREF for each given districts.

Activity Title:	Supportive supervision activity at the regional, district and community level
Activity Lead:	Onyango, Christine **Activity #:** 3 **Task**: LFML09PMI **Subtask**: 60CXH3
Activity Description:	Training, supportive supervision and monitoring to be carried out by Regional Coordinators at the regional level will include: (1) training regional pharmacists in the SDADME and in its correct application. (2) Assisting regional pharmacists with the development of their regional plans. (3) Supporting the DPM and the DRS in conducting training of store and pharmacy managers in inventory management. (4) Coordinating with the DPM to improve supervision tools used by regional pharmacists. (5) Performing joint supervisions with regional pharmacists. (6) Supporting the PNLP in conducting training on supervision of inventory management and reporting. At the level of health districts (cercles), key activities will include: (1) Educating health management committees (Conseils des Cercles) on the Schéma Directeur and how it should be applied at the district-level. (2) Supporting the health management committees in the management of medicines. (3) Supporting training and retraining of the équipe cadres de cercles so that these can provide adequate supervision of the depots de ventes. (4) Collecting data for the End User Verification Survey. Activities at the level of the community health centers (CsComs): (1) Participating in the training and retraining of stock managers of CSCOMs. (2) Participating in educational sessions on the management of medicines and other health commodities organized for ASACOs ***[1]***. *(3)* Monitoring the availability of a key basket of pharmaceutical products (tracer drugs) at selected sites. [1] ASACOs are ―associations de santé communautaires" or community health associations which function as Boards of Directors to ensure the proper operation and management of community health centers or ―centres de santé communautaires (CsCOMs).
SPS Partners:	None.
Budget: $50,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	By the end of Q4, a cumulative number of 456 DRC and DV/CsCom managers had been trained in good pharmaceutical management practices and in the application of Mali's Schema Directeur. Additionally, SPS supported and/or participated in supportive supervision visits to 103 health center pharmacies and 40 district-level pharmaceutical depots.
Barriers to Progress:	The small number of project vehicles and small number of staff continues to slow down these activities. Occasionally, field-based staff is called up to assist with ad hoc data collection activities, which pulls them away from their primary functions of training and supervision.

Next Steps:	A training and supervision calendar will be established by SPS staff form the upcoming FY10 work plan.
Indicators:	None.
Activity Title:	Periodic data quality audits
Activity Lead:	Onyango, Christine **Activity #:** 4 **Task**: LFML09PMI **Subtask**: 60AXH4
Activity Description:	The quality of data reported by the pharmaceutical management information system is as important as the timeliness with which data is transmitted. Although examining the quality of data is built into the supervision activities that SPS carries out in collaboration with regional pharmacists under the FY09 work plan, SPS has also built in an annual data quality audits to the work plan to provide a measure of effects on the availability and quality of pharmaceutical management data from the ensemble of SPS‘s interventions in Mali to strengthen the pharmaceutical system.
SPS Partners:	None.
Budget: $40,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	From September 19 to October 8, a data quality audit was conducted to evaluate the quality of pharmaceutical management data in 5 regions (Kayes, Koulikoro, Gao, Tombouctou and Kidal). Using a standardized data quality audit tool developed by The Global Fund, the DQA aimed to do the following: (1) Evaluate the validity of medicines consumption data at all levels of the health system. (2) Provide an overview of the management of anti-malarials during the Mali government‘s fiscal year. (3) Make recommendations on corrective measures to take in order to improve the quality of data available on health commodities. In many ways, this data quality audit was so serve as a method of evaluation the effectiveness of SPS‘s interventions one year following a number of interventions. A total of 28 districts in the regions of Kayes Koulikoro, Sikasso, Ségou, Mopti, Tombouctou, Gao and the district of Bamako were part of this data quality audit. The 2010 DQA only focused on malaria commodities. The results of the DQA were not available by the time this activity report was being finalized. The DQA will continue into Q1 of the FY10 fiscal year. During Q4, the NMCP decided to make a request to USAID for procurement of dispersible AL for children under five. The NMCP‘s rationale for this request was its decision to change its strategy for distribution of AL syrup from direct delivery to the regions (and keeping no buffer stock at the central level of the health system) to establishing a buffer at the central level in Bamako. SPS assisted the NMCP with estimating the amounts to request, using the results of the recently completed quantification for Mali‘s Round 10 Malaria application (submitted in August 2010) as a basis for calculating the amount of dispersible AL to order. Also during Q4, MSH /SPS collaborated with JSI/DELIVER to identify warehouses in Bamako for storing a large shipment of commodities for use in severe malaria which could not be stored at Mali‘s Central Medical Stores due to space constraints.

Barriers to Progress:	Availability of SPS staff for the long periods of time required for field data collection.
Next Steps:	Finalize EUV report and continue data quality into Q1 of QY10.
Indicators:	None.
Activity Title:	Finalize assessment of storage capacity at the PPM, disseminate results and implement selected recommendations
Activity Lead:	Onyango, Christine **Activity #:** 5 **Task**: LFML09PMI **Subtask**: 60C3H5
Activity Description:	During year 1 FY08 funds, MSH/SPS had planned to provide technical assistance to the PPM to assess its storage capacity needs in light of the increased volume of pharmaceuticals that PPM is expected to handle. The assessment would be followed by implementation of measures to optimize existing storage space, including procurement of priority equipment to facilitate this. Additionally, the assessment would define the needs of the PPM in additional storage space. This assessment was to focus not only on the PPM‘s storage facilities at the central level, but also on its regional stores. This activity did not occur in year 1 because of an overall delay in activities stemming from circumstances outside of SPS's control.
SPS Partners:	None.
Budget: $65,000.00	**Start Date:** Oct 2009 **End Date:** Sept 2010
Products Planned:	Final assessment report. Minutes from the dissemination meeting.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The assessment report produced by SPS on the PPM‘s storage capacity and practices supported Mali‘s Round 10 Global Fund proposal submission. The PPM is also used this document as an advocacy tool to mobilize resources for constructing a modern warehouse at the central level. Supervision missions are planned in the various PPM regional warehouses to review the implementation of recommendations from the report. The PPM has used a SPS report discussing options for consolidating the LLIN procurement and distribution system to position it to take over these functions in the future. The report presented the PPM as an option for taking over this function (from the current situation which consists of four separate supply chains for the procurement and distribution of LLINs). Since the PPM's distribution activities do not extend beyond the regional level, SPS is ready to assist the PPM in calculating the costs of extending distribution down to the district level. SPS provided direct assistance to the PPM and PNLP for preparing the parts of the Round 10 proposal relating to PPM taking over the function of procurement, storage and distribution of LLINs. SPS continues to follow-up on the progress on procurement of equipment. Suppliers have been selected, and the dates they have indicated for arrival of the cold rooms and forklift in Mali are around November 2010.
Barriers to Progress:	None.
Next Steps:	SPS will continue to follow-up on implementation of recommendations and procurement of equipment.
Indicators:	None.

Activity Title:	Purchase priority equipment for the PPM
Activity Lead:	Onyango, Christine **Activity #:** 6 **Task**: LFML09PMI **Subtask**: 60C2H6
Activity Description:	MSH/SPS will work with the PPM to identify and acquire key equipment identified as necessary to improve the use of existing space and the functionality at the PPM's central and regional warehouses. Items to be purchased will be identified based on the findings of the assessment.
SPS Partners:	None.
Budget: $65,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS continues to follow-up on the progress on procurement of equipment. Suppliers have been selected, and the dates they have indicated for arrival of the cold rooms and forklift in Mali are around November 2010.
Barriers to Progress:	None.
Next Steps:	SPS will continue to follow-up on procurement of equipment.
Indicators:	None.

Mali-POP

Work plan: Mali Pop **Year** 2009

Funding Level: $145,000.00

Work plan Background
Availability and accessibility of quality medicines and health commodities remain critical elements to the successful implementation of Mali's Health and Development Program (PRODESS). As such, these elements have been a priority for USAID/Mali of the past few years. In Mali, USAID provides resources for strengthening pharmaceutical systems through various US government funding sources. One of the most visible of these sources is the United States Presidential Malaria Initiative (PMI), from which Mali received $15 million in its first year. For its second year of PMI implementation, Mali is being awarded $15.4 million. PMI's funding for Mali supports the National Malaria Program's (PNLP) National Strategic Plan for the period 2007 – 2011, which aims to: reduce malaria mortality by at least 50 % (compared to levels in the year 2000), to reduce malaria case fatality rates by at least 80 % (compared to year 2005 levels), and to reduce malaria morbidity by at least 50 % (as compared to year 2000 levels). Additionally, the low prevalence of contraceptive use in Mali [1] has led USAID/Mali to also focus on the availability of contraceptives and other reproductive health-related commodities. For Year 1 of its activities in Mali, Management Sciences for Health's Strengthening Pharmaceutical Systems program (MSH/SPS) received $1,600,179 in FY08 funds from various USAID funding sources: $450,000 was provided by the US Presidential Malaria Initiative, $299,999 in malaria funds, and $100,000 in HIV/AIDS funds and $750,180 in population funds. For Year 2, MSH/SPS is receiving $645,000 FY09 funds to provide technical assistance to the pharmaceutical sector in Mali. SPS's funding for its second year in Mali is allocated to SPS is as follows: $400,000 PMI funds, $145,000 in POP funds, and $100,000 in

HIV/AIDS funds. Highlights of the activities that SPS completed in its FY08 work plan included: (1) completing assessments to inform planning for malaria commodity management, including: (a) a rapid assessment of the pharmaceutical system in Mali, using the PMI system strengthening tool. (b) A situational analysis on the distribution of ACTs and rapid diagnostic test kits (completed in collaboration with the Pharmacie Populaire du Mali (PPM). (2) Providing technical assistance to the Directorate of Pharmacy and Medicines to revise the National Pharmaceutical Policy, which is now awaiting ratification by the Ministry of Health (MoH). (3) Developing job aids for the storage and use of uterotonics. (4) Providing quarterly updates on stock levels for ACTs at the central level in Mali. (5) Conducting data quality audits in an area covering 50% of health districts, to inform planning of interventions to improve the quality and quantity of pharmaceutical management data reported from peripheral to central level. (6) Evaluating storage capacity needs of the PPM, in order to identify the PPM‘s needs for space and equipment. (7) Collaborating with the Malian Ministry of Health‘s Directorate of Pharmacy and Medicines (DPM) and the Division of Reproductive Health (DSR) to update the Reproductive Health Commodity Security Tool (RHCSAT) for Mali, in order to collect data necessary for developing a reproductive health commodity security plan. (8) Collaborating with the DPM , the DSR, and another MSH projects (i.e., the Leadership, Management and Sustainability Program, LMS) to facilitate a workshop on leadership and governance for the Ministry of Health‘s National Contraceptive Security Committee, as part of a larger set of activities to reactivate this committee and to create a Reproductive Health Commodity Security plan. As of September 30, 2006, 63% or $1,023,499 of the FY08 work plan funds had been spent. This is a result of a delay in starting a number of activities, due to a number of factors, including: time needed to recruit staff, requests to delay the start of activities until official launches were carried out, and modifications made to the work plan midway through the fiscal year. During the second semester, SPS caught up on several of these activities. Activities that were not completed will be implemented in addition to new activities in this FY09 work plan. Strategic Approach: MSH/SPS‘s funding for its second year in Mali is allocated to MSH/SPS as follows: $400,000 in PMI funds, $145,000 in POP funds, and $100,000 in HIV/AIDS funds. As with the first year of MSH/SPS‘s implementation in Mali, the USAID Mission‘s vision in Mali is for MSH/SPS to provide technical assistance to improve the functioning of Mali‘s public pharmaceutical sector in general, while providing attention to particular groups of health commodities (such as those used in the National Reproductive Health Program, and the National Malaria Program). As such, SPS‘s key collaborators within Mali‘s MoH are the DPM, the PPM and the DSR. Another important collaborator which is not part of the MoH is Mali‘s autonomous central medical stores known as the Pharmacie Populaire du Mali (Central Medical Stores). Other major disease programs, such as the National HIV/AIDS program (the Comité Sectorielle de Lutte contre le SIDA), provide an opportunity for future collaboration. MSH/SPS‘s success in providing technical assistance to the DPM, the PPM and the PNLP in its first year of operation has laid the groundwork for MSH/SPS to succeed in implementing the new activities under FY09 funding. This work plan is linked to and builds upon the work done by SPS in its first year of implementation and identifies the activities carried over from the FY08 work plan, as well as the activities to be carried out with FY09 (new) funds. The remaining funds from FY08 (as of September 30th, 2009) are as follows: $41,000 in malaria FY08 funds (PMI), $ 610 in malaria FY07 funds, $355,817 in POP FY07 funds, $144,828 in POP FY08 funds, and $ 34,046 in HIV/AIDS FY08 funds- this totals $645,645. The total funds available from FY08 and FY09 equal $1,221,680. [1] The 2006 Mali Demographic and Health Survey showed that 8% of women across age groups were using a family planning method at the time and of these 7% were using a modern method of contraception and 1% were using a traditional method. Source: Enquête Demographique et de Santé IV.Bamako, Mali, 2008, p.100.

Activity Title:	Develop commodity security plans		
Activity Lead:	Onyango, Christine	**Activity #:** 2 **Task**: LFML09POP	**Subtask**: 60CXP2

Activity Description: A reproductive health commodity security plan is a document that defines a long-term vision and a mandate for ensuring availability of reproductive health commodities in a given country, based on situational analysis and identification of problems to accessing reproductive health commodities. The goal of the plan is to get partners working in the health sector to support the same national strategic plan for ensuring availability of reproductive health products and to coordinate closely to mobilize resources to ensure achievement of the medium and long-term goals for the plan. It should be noted that the list of products considered to be "reproductive health commodities" is quite broad, and ranges from contraceptives, to products for treating sexually transmitted infections, anti-retroviral medicines, medicines used in obstetric emergencies, medicines and products used for neonatal care, and anti-malaria medicines.

SPS Partners: None.

Budget: $10,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Terms of reference for the situation analysis. Technical report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Workshop dates were set for August 2010, but the workshop dates were postponed to the end of September/beginning of October 2010.

Barriers to Progress: Difficulty in finding workshop dates to accommodate all potential writing workshop participants continues to be the main obstacle to finishing this activity.

Next Steps: Write the RHCS plan at the rescheduled workshop.

Indicators: None.

Namibia

Namibia-PEPFAR (08)

Work plan: Namibia PEPFAR **Year** 2008

Funding Level: $3,924,426.00

Work plan Background
In COP 08, MSH/SPS will strengthen the partnerships that have been developed with MoHSS departments and USG partner agencies to maximize efficiency and leverage efforts in strengthening pharmaceutical management systems for the delivery of ART programs. MSH/SPS will partner with Pharmaceutical Services division, the Directorate of Special Programs (DSP), National Health Training Centre (NHTC), CDC/Namibia, Supply Chain Management Systems (SCMS), University Research Company (URC), International Training and Education Centre on HIV (ITECH), IntraHealth, Catholic Health Services and Catholic AIDS Action to strengthen pharmaceutical systems, improve pharmaceutical management, and improve rational use of medicines at treatment sites. MSH/SPS work falls under four key objectives: (1) to improve access to ART treatment and other essential medicines, (2)to improve RMU and strengthen interventions to contain antimicrobial resistance, (3) to strengthen management systems and human capacity development for pharmaceutical services, and (4) to strengthen medicine regulation and improve governance in the pharmaceutical sector. Implementation of SPS activities under COP 08 will involve a great deal of partnership, leveraging, linkages, and coordination to ensure efficiency and sustainability of interventions that will guarantee the development of sustainable systems, availability and the rational use of ARVs and other medicines.

Activity Title:	Provide integrated TB/HIV pharmaceutical care and services
Activity Lead:	Mabirizi, David **Activity #:** 13 **Task**: LFNA08HIP **Subtask**: 60AXHC
Activity Description:	In FY08, SPS will conduct a public health evaluation to identify the extent of the IPT, CTX guidelines noncompliance, and identify factors associated with it. SPS will develop Prescription Quality Indicators to review providers' compliance to ARV, IPT, and CTX guidelines─ this evaluation will be implemented in collaboration with TBCAP, Directorate of Special Programs Response M&E, the HIVQUAL project and Therapeutics Committees (TC) from selected facilities to build capacity and sustainability. SPS will work with the MoHSS to develop interventions to ensure that prescriptions are monitored so that patients qualifying for CPT and IPT according to the Namibia guidelines receive these medicines. Monitor side effects of second-line TB medicines. Concerns have been raised about the side effects of second-line TB medicines. In FY08, SPS, in collaboration with the TB CAP, will introduce and support patient-initiated adverse event reporting and train CBOs that support DOTS to monitor and report side effects and adverse drug reactions to TB medicines in Erongo, Caprivi, and Karas regions. Expand content of the HIV/AIDS pharmaceutical management training materials─ SPS will expand the content of the training material to include topics on rational use of TB medicines, good prescription practices, prevention with positives, and palliative care medicines. To ensure sustainability through adoption into pre-service training programs, the National Health Training Center will be involved in the content review in close collaboration with I-TECH.

USG Sub-element: Palliative Care: TB/HIV

SPS Partners: None.

Budget: $200,238.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS Namibia's work in the HIV/TB program area has 3 components aimed at implementing pharmaceutical care strategies that will improve quality of life for patients on treatment for HIV, and TB or any opportunistic infection (OI). Following reports which suggested that some patients eligible for Cotrimoxazole prophylaxis therapy (CTX) and Isoniazid prophylaxis therapy (IPT) were not being offered treatment, MSH/SPS planned to carry-out a public health evaluation (PHE) on prescription practices of CPT and IPT, initiate active monitoring arrangements for side effects of 2nd line TB medicines (using the therapeutics information and pharmacovigilance center, TIPC), and integrate rational use of TB medicines in pharmaceutical training, including supporting training of health workers in TB pharmaceutical care. During the year under review MSH/SPS prepared a protocol for the implementation of the PHE to assess prescription practices for Co-trimoxazole (CPT) and Isoniazid preventive therapy (IPT) in public health facilities to estimate the level of compliance to the national prescription guidelines and to determine factors associated with non-compliance. Findings will be used to improve compliance, which should improve patient outcomes. The protocol will use the Medicine Use Evaluations (MUE) methodology as an ongoing system for monitoring and evaluation of CPT and IPT prescribing practices, and explore ways of including CPT and IPT data on the electronic dispensing tool (EDT) to allow routine data collection of the relevant data. The PHE will be implemented in the FY10. MSH/SPS trained the first 30 community based health workers to introduce a patient-initiated adverse event reporting (ADR) in the Erongo Region. Following the training, the number of adverse drug events reported from Erongo Region, increased to 56 when compared to the regional average of 15. With the training, Erongo became the highest reporting region for ADRs during the reporting period. In collaboration with the National TB Control Program, MEDSCHEME (a private health care provider) and TBCAP, MSH/SPS trained 50 private sector practitioners including doctors, pharmacist, nurses and other health care workers. The workshop focused on providing the basic skills required for the management of MDR and XDR TB in the context of HIV/AIDS in the private sector. The workshop provided a forum for the clarification of referral procedures for TB suspects from the private to the public sector. The forum emphasized the importance of following up on suspected TB cases referred to the public sector. Emphasis was also placed on appropriate use of second line drugs to prevent resistance and encouraging TB patients to go through a voluntary HIV test. MSH/SPS facilitated stakeholder consultations for the identification of challenges in monitoring TB patients in the context of increasing numbers of MDR-TB. The stakeholders agreed to implement the e-TB Manager to strengthen the existing systems.

Barriers to Progress: Delays in stakeholder consultations impacted the development of the PHE protocol on IPT and CTX.

Next Steps: Finalize the quality review of the protocol, advocate for its approval and implementation of the PHE. Implementation of the e-TB manager in 8 facilities to enhance monitoring of TB/HIV pharmaceuticals.

Indicators: None.

Namibia-PEPFAR (09)

Work plan: Namibia PEPFAR **Year** 2009

Funding Level: $3,603,775.00

Work plan Background

In FY 2010 (October 1, 2009- September 30, 2010), MSH/SPS will strengthen the partnerships that have been developed and enhanced in FY 2009 with MoHSS departments and USG partner agencies to maximize efficiency and leverage efforts in strengthening pharmaceutical management systems for ART delivery programs. MSH/SPS will partner with the Pharmaceutical Services Division (PhSs), the MoHSS Directorate of Special Programs (DSP), the MoHSS National Health Training Centre (NHTC), CDC/Namibia, Supply Chain Management Systems (SCMS), University Research Company (URC), International Training and Education Centre on HIV (ITECH), Intrahealth, Catholic Health Services, and Catholic AIDS Action to strengthen pharmaceutical systems and improve pharmaceutical management. SPS‘ Namibia program‘s objectives address components of the system building blocks of the WHO framework for strengthening health system. This ensures that there is increased access, coverage, and improved quality of medicines to improve the health status of the population in Namibia. SPS Namibia objectives and rationale: (1) To improve access to antiretroviral therapy (ART) and other essential medicines. MSH/SPS Namibia provides technical assistance and support for improving access to essential medicines through the development of sustainable systems for managing pharmaceuticals in the public sector and reducing cost of essential medicines in the private sector. SPS supports treatment facilities with systems for quantification and ordering, storage and inventory management, dispensing, tracking and reporting on medicines consumption. Support is also provided to MoHSS decentralization efforts through improvement of inventory management and capacity of non-professional pharmacy officers to manage antiretroviral (ARVs) and other essential medicines to ensure quality service delivery to people living with HIV/AIDS (PLWHAs). This objective also addresses the provision of training in pharmaceutical management, implementation of Standard Operating Procedures (SOPs), and provision of infrastructure to ensure adequate storage and good dispensing practices. The private sector is also engaged in exploring and implementing strategies that reduce the cost of ART, ensure quality of services in the private sector, and contribute to improved access to ART treatment. (2) To improve rational use of medicines and strengthen interventions to contain antimicrobial resistance. This objective is designed to provide technical assistance and support for the establishment and sustainability of an efficient, rigorous and transparent essential medicines management system, improvement in rational use of medicine, and the strengthening of interventions to contain antimicrobial resistance in Namibia. SPS provides support to ensure evidence-based approaches for medicines selection and the implementation of proven strategies for the improvement of systems in use of medicines. SPS/Namibia collaborates with therapeutics committees to develop and implement effective strategies for ensuring effective use of medicines in Namibia. In FY 2010 SPS will continue to use proven

strategies in efforts to mitigate antimicrobial resistance in Namibia. SPS will provide support to the MoHSS and work in collaboration with the World Health Organization (WHO) office in Namibia to strengthen systems and data analysis of early warning indicator (EWIs) against HIV drug resistance and ensure interventions that will minimize this risk. SPS will continue with efforts to revitalize and strengthen therapeutics committees (TC). The Functional Therapeutics Committee serves as the foundation for the improvement of rational use of medicines at treatment facilities. In FY 2010, SPS will continue to focus on enhancing the capacity of TCs, developing a TC performance criterion that will enable performance assessment of TCs and focused capacity building to effectively carry out AMR interventions, drug utilization reviews, and infection control interventions. (3) To strengthen management systems and human capacity development for pharmaceutical services. This objective aims to develop and implement strategies that will strengthen management systems, human resources, and institutional capacities for the delivery of pharmaceutical services. The SPS program continues to support the implementation of the Pharmacy Management Information System (PMIS) and the generation of quality data to inform management decisions on the use of pharmaceuticals. SPS supports the implementation of the ART commodity tracking system at treatment facilities and continued roll-out of the Electronic Dispensing Tool (EDT). SPS works with the National Health Training Centre (NHTC) to strengthen the Pharmacists Assistants (PA) training program, supports the PA curricular review, and provides equipment and other infrastructure that will improve the capacity of the institution to improve output of mid-level pharmacy staff. SPS has a memorandum of understanding with the University of Namibia (UNAM) to support a Pharmacotherapy program, establishment of a local chapter of the International Network for Improving Rational Use of Drugs (INRUD), and the establishment of a pharmacy degree program. SPS Namibia is also working with other partners like the Interim Health Professions Council and the Pharmaceutical Society of Namibia to implement continuing professional development programs. (4) To strengthen medicine regulation and improve governance in the pharmaceutical sector. This objective aims to provide support to build capacity and strengthen medicines regulation systems that will enable the Namibia Medicine Regulatory Council (NMRC) to achieve and sustain a regulatory system that assures safety, quality, and effectiveness of medicines used in Namibia. SPS will achieve this by applying an integrated approach to medicines regulation by supporting the NMRC secretariat‘s registration, inspection, quality surveillance, and therapeutics information and pharmacovigilance center (TIPC) activities. The integrated approach to strengthening medicines regulation with focus on ARVs will improve local capacity and lead to sustained awareness, improved stewardship in safeguarding public health, containment of safety scares, and guarantee public trust in the safety of program medicines. Under this objective the SPS project also provides support to MoHSS in efforts to finalize the National Medicines Policy (NMP) and the development of an implementation master plan. SPS also provides technical assistance and support for improving transparency and governance in the pharmaceutical sector in Namibia. Implementation of MSH/SPS activities under FY2010 will involve a great deal of partnership, leveraging, linkages, and coordination to ensure efficiency and sustainability of interventions that will guarantee the development of sustainable systems and the availability and rational use of ARVs and other medicines.

Activity Title:	Technical Activity Coordination
Activity Lead:	Mabirizi, David **Activity #:** 1 **Task**: LFNA09HIP **Subtask**: 97XXY1
Activity Description:	This activity includes coordination at the activity and program level, as well as with external stakeholders. It will involve coordinated work plan development, implementation and monitoring, budget monitoring, progress monitoring, reporting, meetings, and strategic communication of results with partners and collaborators.
SPS Partners:	None.
Budget: $218,291.00	**Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Accomplishments include the tracking of program inputs, outputs, outcomes and impacts which were compiled and disseminated to key stakeholders. Some key products that were shared include quarterly reports, newsletters and success stories.

Barriers to Progress: Staffing issues were a key a challenge.

Next Steps: Continue with the regular technical activity coordination.

Indicators: None.

Activity Title: Provide dispensing equipment to 15 health centers and clinics.

Activity Lead: Mabirizi, David **Activity #:** 2 **Task**: LFNA09HIP **Subtask**: 60XXH2

Activity Description: In order to reduce waiting time and enhance adherence, MSH/SPS will provide dispensing and related equipment to enhance efficient delivery of pharmaceutical services to the increasing numbers of patients. Support to these facilities will also ensure timely and complete ART data capturing and reporting to enable the MoHSS and the Central Medical Stores (CMS) quantify adequate supplies for all patients on treatment. This activity will support services at the static ART sites which have increased from 35 in FY 2007, to 50 in FY 2008, and are projected to reach 65 in FY 2009.

SPS Partners: None.

Budget: $272,640.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS collaborated with the Directorate of Special Programs (DSP) and the Division of Pharmaceutical Services to implement a health facility survey on ART outreach services and sites throughout Namibia. The survey collected information on ART dispensing equipment and pharmaceutical human resources needs at ART service delivery sites. The information collected informed MoHSS planning decisions on ART decentralization in order to expanding access to ART by all the eligible population (MoHSS Assessment of Pharmacy ART Outreach Services Report in Namibia, December 2009). One of the key challenges identified was the increasing workload and the need for tablet counting machines. Based on this finding, 3 tablet counting machines were procured for Katima Mulilo, Rundu and Katutura Hospitals. The machines are expected to improve the efficiency of the pre-packing processes and re-allocation of scarce labor resources to patient management functions, in addition to ensuring hygienic pre-packing of medicines

Barriers to Progress: Delays were experienced due to staffing challenges in the Pharmaceutical Services Division. Some activities underway in collaboration with the MoHSS are currently challenged and delayed by lack of staff in the sub-division National Medicines Policy coordination.

Next Steps: Monitor the utilization of the dispensing equipment in Katima Mulilo, Rundu and Katutura hospitals. Increase focus on the use of data from the EDT for EWI abstraction and development of adherence interventions. Replacement of the vacancy in the National Medicines Policy Coordination Unit of the MoHSS.

Indicators: None.

Activity Title: Provide support through Potentia for selected positions.

Activity Lead: Mabirizi, David **Activity #:** 3 **Task**: LFNA09HIP **Subtask**: 60XXH3

Activity Description: This activity will include payment of salary support for current staff, staff performance management, advocating for absorption of the staff by the ministry, and providing support for the MoHSS restructuring process.

SPS Partners: None.

Budget: $452,757.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: During the reporting period, MSH/SPS continued to support 14 technical and service delivery staff seconded to MoHSS including Kunene Regional Health Directorate, National Medicines Policy Coordination (NMPC), Namibia Medicines Registration Council (NMRC), and the Therapeutic Information and Pharmacovigilance Centre (TIPC). This enabled the delivery of critical technical support in the areas of essential medicines selection and policy coordination, training, medicines regulation, and medicines information and safety monitoring, and monitoring pharmaceutical services at the regional level. In addition, the program was involved in a process of recruiting two key staff that will provide technical support to the University of Namibia on the coordination and establishment of the pharmacy degree course, whose curriculum was approved by the senate during the reporting period.

Barriers to Progress: Delays in work permit approval for the two UNAM lecturers.

Next Steps: Continue follow-up with MoHSS on the planned integration of the staff in the MoHSS. Continued follow-up with USAID on work permits.

Indicators: None.

Activity Title: Strengthen regional pharmacists‘ routine monitoring and supervision activities.

Activity Lead: Mabirizi, David **Activity #:** 4 **Task**: LFNA09HIP **Subtask**: 60BXH4

Activity Description: This activity will involve: Training regional pharmacists in monitoring and training approach, Coordinating with MoHSS on scheduling and allocation of staff, visiting 102 health facilities, preparing trip reports by the visiting teams, secondary analysis of the trip reports and preparation of a national report for dissemination to health facilities, and follow-up by regional pharmacists during routine visits.

SPS Partners: None.

Budget: $250,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Technical supportive visits were provided to 11 regions, 32 hospitals and 66 clinics. The supportive visits provides an opportunity for the provision of on-site support in the areas of pharmaceutical management information system, therapeutic committees, ART dispensing SOPs, EDT user support, EDT adherence monitoring, and medicines stock management to ensure quality delivery of effective pharmaceutical services at the facility level, with a goal of strengthening pharmaceutical systems capacity in the facilities. These visits were carried-out by five regional pharmacists who conducted routine monitoring and supervision visits with MSH/SPS support. In addition to these, the MoHSS and SPS conducted national support supervision visits covering 11 regions and 23 hospitals (out of 35). Due to the level of staff deployed in most clinics, these visits are imperative for the delivery of quality pharmaceutical services at these levels. MSH/SPS continues to support the MoHSS to strengthen the role of regional pharmacists through provision of appropriate tools and resources for routine supportive supervision of health facilities.
Barriers to Progress:	Staffing challenges in the National Medicines Policy Coordination Unit.
Next Steps:	Dissemination of the reports and recommendations and then follow-up visits in COP10.
Indicators:	None.
Activity Title:	Improve access to palliative care medicines
Activity Lead:	Mabirizi, David **Activity #:** 5 **Task**: LFNA09HIP **Subtask**: 60A6H5
Activity Description:	This activity will include: assessment of dispensing practices for community home based workers, training of nurse supervisors in inventory control, adverse drug events reporting, development and implementation of SOPs for community health workers, and training of CBOs and advocating for availability of palliative care medicines at the community level.
SPS Partners:	None.
Budget: $68,796.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS continued to work with the MoHSS to ensure sustainable availability and rational use of palliative care medicines for PLWHA at all levels of the healthcare system. SPS activities included the inclusion of appropriate medicines (including morphine) in NEMlist and the standard treatment guidelines, integration of appropriate staff in the relevant procurement processes, advocacy for appropriate policies that enable dispensing by appropriate levels of staff, assessment of dispensing practices at the community level, and the training of relevant staff in handling and rationale use of the medicines. MSH/SPS actively engaged with other partners to advocate for the approval of a palliative care policy through participation in the 3rd Annual Palliative Care Conference which was held in Windhoek. During the

conference, SPS presented a paper on improving access to palliative care medicines in Namibia, highlighting issues that hamper access to palliative care and the potential strategies for improving access. SPS will support the training of Catholic AIDS Action (CAA) volunteers and nurses in the handling and management of palliative care medicines and the establishment of reporting systems for adverse drug reactions in palliative care patients in COP10.

Barriers to Progress: Delays in the approval of relevant policies relating to palliative care by the MoHSS. Delays in incorporating the recommended palliative care medicines in the procurement process.

Next Steps: Attend the palliative care TWG meeting and support the implementation of the recommendations.

Indicators: None.

Activity Title: Provide technical assistance to the essential medicines selection system.

Activity Lead: Mabirizi, David **Activity #:** 6 **Task**: LFNA09HIP **Subtask**: 60EXH6

Activity Description: This will include: supporting the Technical Advisory Committee and EMLC meetings and regional EMLC workshops, reviewing of TORs for EMLC, providing TA on a formulary tool, and review of the NEMLIST and harmonization with Standard Treatment Guidelines.

SPS Partners: None.

Budget: $47,775.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: During the reporting period, 30 NEMlist updates were received. An EML meeting to discuss and endorse the EML Secretariat recommendations took place on the September 30, 2010. The meeting resulted in the following: (1) Addition of 27 first and 2 second line ARVs, 8 medicines for Multi Drug Resistance TB, Extremely Drug Resistant TB and Mycobacteria other Than Tuberculosis (MOTT) and 22 other medicines for various conditions. (2) Deletion of 6 medicines no longer needed in the health system. (3) Reclassification of 12 medicines to lower levels in the health system to improve accessibility. (4) Reclassification of medicine to a higher (district hospital) level due to safety concerns. These changes are expected to facilitate: (1) increased availability and accessibility of suitable dosage forms. (2) Increased accessibility of re-classified medicines at health center and clinic level. (3) Integration of the essential medicine selection and NEMlist review process with the STG development process into an overarching essential medicines selection system. This will harmonize and streamline the essential medicines selection process and ensure that medicines mentioned by the STG are all accommodated in the EML. (4) Assurance that the same rigorous evaluation procedure and criteria are applied to both processes, ensuring uniformity of content for both the NEMlist and the STGs. Also during the reporting period, work on the reviews of the STGs continued with support

	from MSH/SPS. Final reviews were conducted by 2 SPS staff working in close collaboration with the MoHSS. A final draft of the guidelines was presented to the MoHSS for approval and adoption as scheduled. However the process stalled when it become apparent that the final size (i.e. number of pages and thickness) of the booklet will exceed the desirable specifications and that the cost of producing this thicker version would exceed the available budget. The MoHSS deliberated internally on this issue and later resolved to have the full version of booklet. SPS therefore continued with the graphic design, layout and typesetting of the booklet in readiness for dissemination. It is anticipated that the dissemination would take place in the Q1 of FY 2011.
Barriers to Progress:	Changes in staffing led to delays in moving this activity forward.
Next Steps:	Finalize, print, launch and disseminate the STGs in the next quarter.
Indicators:	None.
Activity Title:	Support Therapeutics Committees (TC) to improve rational use and mitigate antimicrobial resistance (AMR).
Activity Lead:	Mabirizi, David **Activity #:** 7 **Task**: LFNA09HIP **Subtask**: 60EXH7
Activity Description:	Sub-activities include: revision of TC TORs and indicators, implementation of TC performance indicators, provision of support for TC projects, completion of refresher training for TCs in rational use, support development and review of IEC materials for educating health workers, patients and non medical care givers, support of training for prescribers and dispensers in AMR, and monitoring the scale up of infection control activities in hospitals.
SPS Partners:	None.
Budget: $0.00	**Start Date:** Oct 2009 **End Date:** Sept 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	During the reporting period, MoHSS developed a comprehensive action plan for supporting TCs in the country. Support was provided to Oshikoto, Erongo and Ohangwena regional TCs. Two regional meetings discussed the implementation of activities aimed at enhancing rational use of medicines in the Oshikoto and Erongo regions. An average of 27 health workers (including doctors, nurses, and pharmacists) attended each meeting. Apart from medicine use discussions, participants were sensitized on various therapeutic issues through presentations done by regional pharmacists. Costs of both meetings were shared between the ministry and SPS. In addition, facilities conducted TC meetings to discuss medicine use issues on monthly basis.
Barriers to Progress:	Lack of key staff in some hospitals is hampering functionality of TCs in those facilities.
Next Steps:	Support TCs to implement interventions to address challenges to rational medicines use in their facilities.

Indicators:	None.
Activity Title:	Implement evidence-based strategies for HIV Drug Resistance surveillance activities.
Activity Lead:	Mabirizi, David **Activity #:** 8 **Task**: LFNA09HIP **Subtask**: 60F2P8
Activity Description:	This will include: participating in HIV DR TWG, training of 30 prescribers in HIV DR, supporting monitoring of EWIs and other HIV DR surveillance activities, and supporting the NIP in analyzing sensitivity patterns to inform prescribing and supply of medicines.
SPS Partners:	None.
Budget: $47,945.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS continued to support MoHSS work on HIV drug resistance. MSH/SPS supported collection of EWI data on 6 indicators which are reported to the HIVDR Technical Working Group in the MoHSS for use in monitoring HIV drug resistance in the country. ―A Population Based Monitoring of HIV Drug Resistance with EWIs in Namibia", published on www.jaids.com found that EWI monitoring directly resulted in public health action. This action optimizes quality of care, specifically strengthening of ART record systems permitting monitoring of 5 EWIs in future years and protocols for improved ART patient. A data quality validation process was carried-out in 12 sites across the country. MSH/SPS provided expertise to the MoHSS during implementation of the validation exercise.
Barriers to Progress:	The limited number of staff in the Response Monitoring and Evaluation Unit to regularly analyze and disseminate HIV drug resistance data.
Next Steps:	Provide support to the MoHSS through the HIV DR Technical Working Group and provide leadership on the implementation of HIV drug resistance surveillance activities.
Indicators:	None.
Activity Title:	Support implementation of infection control strategies.
Activity Lead:	Mabirizi, David **Activity #:** 9 **Task**: LFNA09HIP **Subtask**: 60AXH9
Activity Description:	FY2010 activities on infection control are a continuation of FY 09 and are centered on the infection control assessment tool (ICAT) roll-out in all the 13 regions (34 districts) in Namibia. The process builds on the MoHSS guidelines that were recently launched and provides a mechanism for the roll-out of the guidelines. This will include: conducting a facility needs assessment, procuring commodities for selected facilities, developing/disseminating high impact IEC, and facilitating roll-out of selected IC activities.
SPS Partners:	None.
Budget: $16,691.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS collaborated with the MoHSS to implement comprehensive and sustainable strategies for the prevention of nosocomial infections. SPS supported the application of the Infection Control Assessment Tool (ICAT), which is a self-assessment and self-improvement tool designed to facilitate the identification, control, and prevention of nosocomial infections through an easily-administered and scored instrument that highlights areas of concern and suggests economical improvements within hospitals.. Arrangements were made for an ICAT TOT workshop to be conducted in the second quarter.
Barriers to Progress:	MSH/SPS is scaling down this activity and handing over to URC. A national training of trainers did not take place as planned, but was rescheduled for next quarter.
Next Steps:	Conduct national TOT for the ICAT and close the activity.
Indicators:	None.
Activity Title:	Conduct PHEs approved in COP08
Activity Lead:	Mabirizi, David **Activity #:** 10 **Task**: LFNA09HIP **Subtask**: 60AXIA
Activity Description:	This will include conducting a PHE evaluation on adherence to treatment, a PHE on switching guidelines, a study on the prevalence of AZT anemia, and program activity evaluations on HRH and information systems.
SPS Partners:	None.
Budget: $155,814.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS worked on the recruitment of a Survey Coordinator, Assistant Survey Coordinator and Statistician. These individuals were recruited and hired to implement the adherence study. In addition to the recruitment processes, the program completed some preparatory activities, including upgrade of the EDT, which is a key information source for the study. The protocol on compliance to guidelines was submitted for review to USAID Namibia and SPS is addressing the comments raised by the USAID mission.
Barriers to Progress:	The long process in obtaining OGAC approval delayed implementation of the adherence study.
Next Steps:	Finalize recruitment of consultants for adherence PHE and start data collection. Follow-up on OGAC approvals.
Indicators:	None.
Activity Title:	Implementation of adherence interventions in adults
Activity Lead:	Mabirizi, David **Activity #:** 12 **Task**: LFNA09HIP **Subtask**: 60E4MB
Activity Description:	This will involve: piloting of adherence interventions in 10 health facilities in Namibia, conducting regional and national-level adherence trainings and dissemination workshops, scaling up of successful interventions, training of health

workers in adherence monitoring, measurement and promotion, and supporting interventions to improve compliance to ART guidelines on switching.

SPS Partners: None.

Budget: $163,668.00 **Start Date:** Oct 2009 **End Date:** Sept 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The report on the evaluation of the treatment literacy intervention was finalized and it has been shared with other stakeholders for their input. The evaluation found that the intervention has actually been effective in terms of improving knowledge on ART, as well as improving the efficiency of the counseling process. Based on this, the evaluation has recommended the scale-up the intervention to the entire country. This is subject to the approval of the Technical Advisory Committee (TAC). A presentation to the TAC has been scheduled during the first quarter of FY 2011. This activity was implemented in partnership with the Catholic Health Services, the MoHSS (Pharmaceutical Services Division and the Directorate of Special Programmes), and Broad Reach.

Barriers to Progress: None.

Next Steps: Preparation of the evaluation report. Presentation of evaluation report to the MoHSS' Technical Advisory Committee. Scaling-up of the intervention to all facilities in the country.

Indicators: None.

Activity Title: Improve Private Public Partnerships and the Quality of ART Services in the Private Sector.

Activity Lead: Mabirizi, David **Activity #:** 13 **Task**: LFNA09HIP **Subtask**: 60AXHC

Activity Description: SPS will: hold results dissemination meetings for stakeholders, provide technical support in the development and implementation of interventions to reduce costs of ART in the private sector (to increase access to ART), and train private sector personnel focusing on compliance and importance of ART related reporting and ensuring private sector data is captured in the overall figures of patients on treatment.

SPS Partners: None.

Budget: $35,401.00 **Start Date:** Oct 2009 **End Date:** Sept 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: A study on factors affecting access to HIV treatment through the private sector was completed. SPS also completed a comparative analysis of costs between the public and private sector, as requested by stakeholders. Dissemination of results has been postponed until October 2010. SPS established linkages with the Namibia Association of Medical Aid Funds (NAMAF). These linkages are crucial to supporting private sector HIV management through the Medical Insurance Schemes. Through this

	collaboration, SPS supported the NAMAF 5th Annual conference, specifically the track on –Affordability of Medicines: a Conundrum" which was a debate looking at what can be done to improve affordability of medicines in the private sector.
Barriers to Progress:	There is no clear unit responsible acting as a liaison with the MoHSS, resulting to delays and difficulties in the facilitation of private sector collaborative interventions.
Next Steps:	Dissemination of the cost comparison report.
Indicators:	None.
Activity Title:	Enhance access to ART for pediatrics
Activity Lead:	Mabirizi, David **Activity #:** 15 **Task**: LFNA09HIP **Subtask**: 60CXHE
Activity Description:	SPS Namibia will provide TA for user and provider satisfaction of pediatric regimens, support interventions to improve compliance to treatment to guidelines, implement adherence interventions in children, support integration of pediatric ART services with adult and PMTCT, and collaborate with ITECH in supporting the models of care that enable follow-up and management of HIV-infected children.
SPS Partners:	None.
Budget: $309,900.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS generated data on pediatric ART coverage to support the MoHSS decision making processes in increasing access to pediatric ART. The EDT analysis reports show that there were 6,531 pediatric ART patients at the end of September (an increase of 579 since March 2010).
Barriers to Progress:	Delays in issuance of work permits and the long consultation process delayed the activities under this intervention.
Next Steps:	Carry-out a situation analysis of pediatric ART treatment and engage stakeholders to ensure universal access to pediatric ART treatment.
Indicators:	None.
Activity Title:	Provide support for strengthening integrated TB/HIV pharmaceutical care services
Activity Lead:	Mabirizi, David **Activity #:** 16 **Task**: LFNA09HIP **Subtask**: 60FXHF
Activity Description:	SPS Namibia will conduct PHE on compliance to ART guidelines on switching, ensure rational use and safety of TB medicines, and expand training in TB pharmaceutical management and increase support for M&E.
SPS Partners:	None.
Budget: $145,787.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	An e-TB manager reconnaissance visit was conducted in July 2010 by a team from the

	Brazil and Arlington SPS offices, as planned. Two potential pilot sites were selected to pilot the e-TB manager tool. The assessment of the TB pharmaceutical systems was rescheduled for implementation during the second quarter of FY 2011.
Barriers to Progress:	Staff constraints contributed to slow progress on this intervention.
Next Steps:	e-TB Manager adaptation and implementation.
Indicators:	None.
Activity Title:	Support ART and essential medicine commodities tracking system
Activity Lead:	Lim, Yen **Activity #:** 17 **Task**: LFNA09HIP **Subtask**: 60CXHG
Activity Description:	SPS Namibia will facilitate technical support visits to health facilities on the electronic dispensing tool, support the use of data generated by the EDT for periodic reviews of ARV and OI medicine use, and implement EDT mobile, EDT trainings, and review of the EDT system.
SPS Partners:	None.
Budget: $69,005.00	**Start Date:** Oct 2009 **End Date:** Sept 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS continued to support sites using the EDT. Apart from monitoring the use of the EDT mobile and supporting the users where necessary, the visits were also aimed at verifying the quality of EDT data from selected facilities. Use of the EDT data was more evident during the reporting period. An ART patient mobility study, using data from the National ART database, was presented to the Technical Advisory Committee in the MoHSS ─a final report will be completed in the 1st quarter of FY2011.
Barriers to Progress:	Sub-optimal use of EDT stock management modules by most facilities. The PMIS review has been delayed as SPS awaits the creation of a task force by MoHSS to lead the review.
Next Steps:	PMIS indicator review.
Indicators:	None.
Activity Title:	Support data quality, program monitoring and the pharmacy management information system
Activity Lead:	Mabirizi, David **Activity #:** 18 **Task**: LFNA09HIP **Subtask**: 60G4HH
Activity Description:	SPS Namibia will provide technical support to improve data quality for PMIS, support PMIS data quality trainings, support data synthesis and triangulation to other care indicators, conduct a review of the PMIS system, and incorporate key PMIS indicators into the national essential indicator framework for the health sector.
SPS Partners:	None.
Budget: $68,715.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	PMIS data sources were verified through the support supervision that was carried out in 10 out of the 13 regions. The scope of the data verification involved checking the availability of completed data sources, verifying the accuracy of the details contained in the forms, and utilization of the data. Utilization of PMIS information was evident in most facilities and regional pharmacies were able to use PMIS information in facility TC meetings. For example in Hardap region, regional management successfully negotiated for additional human resources in the pharmacy, citing high work load as identified through PMIS indicators. The review of the PMIS was a key activity that was initiated during the review process at the pharmacists‘ forum.
Barriers to Progress:	The PMIS review has been delayed as SPS awaits the creation of a task force by MoHSS to lead the review.
Next Steps:	PMIS Indicator Review.
Indicators:	None.
Activity Title:	Improve governance in medicine regulation
Activity Lead:	Mabirizi, David **Activity #:** 19 **Task**: LFNA09HIP **Subtask**: 60AXHI
Activity Description:	SPS Namibia will support strengthening of the NMRC through training, dossier reviews, Pharmadex, and website support.
SPS Partners:	None
Budget: $56,063.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS continued to support the Namibia Medicines Regulatory Council (NMRC) through the provision of human resource support for medicines registration, inspection, and licensing. The human resource support enabled the continued review of dossiers and registration of medicines. The NMRC SOPs were reviewed during a one day workshop at which NMRC section heads met to review and endorse the SOPs. 51 of the SOPs have been completed and are being implemented. 55 are still being discussed according to the integration of registration, inspection and quality assurance of the NMRC. This will contribute to a sustainable availability of effective and safe medicines in both the private and public sector. In an effort to improve the efficiency of the registration processes, MSH/SPS collaborated with MoHSS in the review of the NMRC database (Pharmadex) to integrate registration, inspection, quality testing, and medicine safety services. The Pharmadex will enhance the efficiency of the drug regulation processes (including the registration process) through introduction of online submission, application processes, and reviews.
Barriers to Progress:	None.
Next Steps:	Finalize the review of the Pharmadex database.
Indicators:	None.
Activity Title:	Strengthen TIPC and adverse events data collection, analysis and use for regulatory

	and policy decisions
Activity Lead:	Mabirizi, David **Activity #:** 20 **Task**: LFNA09HIP **Subtask**: 60B2HJ
Activity Description:	Sub-activities include: Implementation of treatment literacy interventions, renovation of the TIPC infrastructure, training of CBOs in adverse events drug monitoring, support analysis of TIPC reports and queries, and development of information products and completion of trainings to address issues raise by HWKs in the queries.
SPS Partners:	None.
Budget: $174,836.00	**Start Date:** Oct 2009 **End Date:** Sept 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The implementation of the study on AZT anemia was completed. The study identified risk-factors for occurrence of anemia in patients exposed to AZT-containing HAART regimens. The study report will be distributed in October 2011.
Barriers to Progress:	None.
Next Steps:	Finalization of the AZT study. Conduct sensitization meeting on TIPC activities in selected regions. Printing and dissemination of ARV drug interactions chart. Develop implementation plan for the prospective activity surveillance activity funded through the Global Fund.
Indicators:	None.
Activity Title:	Provide technical assistance for the implementation of the NMPMP
Activity Lead:	Mabirizi, David **Activity #:** 21 **Task**: LFNA09HIP **Subtask**: 60AXHK
Activity Description:	Sub-activities include: complete, launch, and dissemination of the NMPMP, hold workshops for regional pharmacists to develop operational regional work plans, and support the development of tools for monitoring of the NPMP.
SPS Partners:	None.
Budget: $40,855.00	**Start Date:** Oct 2009 **End Date:** Sept 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	A meeting to establish concurrence on the draft NPMP was held. The last meeting for the finalization of the NPMP and NMP was held and the dissemination and launch of these two key documents is scheduled for January 2011.
Barriers to Progress:	Staffing challenges and MoHSS approval delays contributed to the limited progress on this activity.
Next Steps:	Launch of the NPMP and NMP.
Indicators:	None.
Activity Title:	Strengthening sustainable human resource capacity for the delivery of pharmaceutical services.

Activity Lead: Mabirizi, David **Activity #:** 22 **Task**: LFNA09HIP **Subtask**: 60CXHL

Activity Description: This includes: placement of qualified staff in critical MoHSS positions, pre-service training of mid-level pharmacy staff, provision of in-service training, provision of organizational and institutional support to UNAM, and provision of organizational and institutional support to NHTC.

SPS Partners: None.

Budget: $197,319.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The pharmacy degree curriculum was developed with support from SPS and was approved by the University of Namibia Senate on September 7, 2010. This has been a key success in the development of the institutional capacity for UNAM to establish a pharmacy degree course and to ensure long-term availability of qualified pharmacist in the country. The approval follows a rigorous and extensive consultative curriculum development process which included: (1) The mapping of the current and future roles of pharmacists in Namibia‘s health care system to ensure that the degreed curriculum is relevant to the needs the system. (2) Development of broad outcomes of competency framework in-line with the Namibia Qualifications Authority. (3) Refinement of broad learning outcomes of competency framework in-line with the Namibia Qualifications Authority. (4) Key stakeholder consensus building and development of the second competency framework. (5) Drafting the curriculum and development of teaching materials. In preparation for student enrollment and implementation of the curriculum, SPS: (1) Drafted the curriculum implementation plan. (2) Coordinated a tour for a delegation from the North West University of South Africa to explore potential areas of collaboration and support for the UNAM pharmacy program. (3) Concluded contracting of persons selected for the positions of Pharmacy Course Coordinator and Pharmacotherapy Lecturer and applied for their visas and work permits. (4) Supported the MoHSS and Pharmacy Society of Namibia to hold Pharmacy Week 2010 activities which highlighted the establishment of UNAM pharmacy course and sensitized prospective students to prepare for the enrollment process. (5) Provided technical assistance and contributed to the design an exam for mature-entry candidates to the bachelor of pharmacy course. (6) Provided technical assistance in prioritization of the lecturer positions to be recruited and filled by UNAM in 2011. The needs based approach followed in the development the UNAM pharmacy curriculum has been acclaimed as a best practice in the development of seamless pharmacy education. A poster presentation on the approach was presented during the FIP (International Pharmaceutical Federation) Congress which took place in Lisbon, Portugal on August 28- September 2, 2010. Support to NHTC included provision of equipment, infrastructural support, placement of qualified pharmacy assistant tutors, and institutional development to enable the production of more mid-level pharmacy staff. This support is integrated into an existing training institution under the MoHSS to ensure sustainability. A total of 18 pharmacist assistants graduated from the NHTC during the year. This was the highest

	number of candidates to graduate from the NHTC, since receiving support from SPS. During the same period, a total of 49 students were undergoing training in their first and second years at the center. SPS continued to work on NHTC capacity to ensure further expansion of the training capacity to 35 candidates graduating per year. The National Qualifications Authority approved the Pharmacy Assistants Course Curriculum, signifying a major program achievement. The development of curriculum was supported by MSH/SPS, as part of its efforts in improving the quality of the pharmacy assistant training course. In addition to improving the quality of the training for pharmacy assistants, the approval will contribute to other SPS efforts aimed at developing a career path for pharmacy assistants, and further contribute to their retention in the public sector.
Barriers to Progress:	Delays in the processing and granting of visas and work permits for the identified UNAM pharmacy lecturers may hamper progress in the recruitment process.
Next Steps:	Support enrollment of students for the degree courses and the NHTC certificate courses.
Indicators:	None.

Rwanda

Rwanda-PEPFAR

Work plan: Rwanda PEPFAR **Year** 2009

Funding Level: $760,000.00

Work plan Background
In 2007, The U.S. Agency for International Development (USAID) awarded Management Sciences for Health (MSH) funding for its five-year Strengthening Pharmaceutical Systems (SPS) Program (a follow-on to its Rational Pharmaceutical Management (RPM) Plus Program). The mandate of the SPS Program is to build capacity within developing countries to effectively manage pharmaceutical systems, successfully implement USAID priority services, and ultimately save lives and protect the public‘s health by improving access to and use of medicines of assured quality. In 2003, the RPM Plus Program was invited to Rwanda to evaluate the capacity and readiness of the pharmaceutical and laboratory systems for scaling up antiretroviral therapy (ART). As a result, RPM Plus and SPS have been working in Rwanda since 2004 under the U.S. President‘s Emergency Plan for AIDS Relief (PEPFAR) and now the President‘s Malaria Initiative (PMI). The mandate of SPS in Rwanda has changed over time. During the first years of implementation, RPM Plus mainly focused on interventions related to quantification, procurement, distribution, and management information systems at the national level (Ministry of Health [MoH] and CAMERWA). The mandate was expanded to include capacity building and supervision related to many different areas of pharmaceutical management at the district and facility level. When RPM Plus started in Rwanda in 2003, decisions regarding the selection, procurement, distribution, and use of medicines were taken either by the national public health programs, such as HIV/AIDS, tuberculosis, or malaria, or left to the medicine suppliers (CAMERWA, BUFMAR, or the private sector). The Directorate of Pharmacy at the MoH had very limited involvement in regulating pharmaceutical management in the public sector. Over the last few years, the Directorate of Pharmacy, which became the Pharmacy Task Force (PTF), has increased its presence as the authority to regulate pharmaceutical management in both public and private sectors. However, decisions related to medicines are not totally harmonized and coordinated. Long-term impact and sustainability of PEPFAR and PMI interventions require strengthened political and legal frameworks covering all aspects of the pharmaceutical management system, including rational medicines use (RMU), quality assurance, and medicines safety. During FY08, PEPFAR supply chain activities were effectively transferred to the Supply Chain Management System (SCMS) project, while SPS focused its technical assistance on medicine safety at national and peripheral levels, specifically in the areas of pharmacovigilance and rational medicines use, which are SPS‘ areas of expertise.

Activity Title:	Support the MoH/PTF in the implementation of policies and interventions related to drug safety and rational medicines use
Activity Lead:	Morris, Mark **Activity #:** 3 **Task**: LFRW09HIP **Subtask**: 60EXH2
Activity Description:	During COP09, SPS will contribute to help build PTF capacity in the areas of pharmacovigilance and RMU. These activities will be supported through the following activities with the leveraging of technical and financial resources of the SPS AMR portfolio with the funds of PEPFAR. Activities include: continuing to second one SPS full time staff member to the PTF as a permanent technical advisor to advise the PTF in routine activities, building the institutional capacity of the MoH/PTF to

establish the NMC and implement the national pharmaceutical policy and strategic plan, supporting the PTF in organizing a 2nd stakeholders meetings (a "call-to-action") to launch a nationwide campaign to contain AMR and implement the action plan developed to address AMR advocacy and containment in Rwanda, working with the Pharmacy Task Force, establish the AMR working group (or taskforce) within the framework of the PTF or other national MoH structure, and conducting an assessment of the AMR situation in Rwanda.

SPS Partners: None.

Budget: $56,278.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS conducted an assessment on infection control practices in three referral hospitals (King Faical, CHUK, and CHUB). In September 2010, SPS supported PTF to identify three district hospitals where the ICAT could be implemented. Findings of the assessments will guide planning interventions to improve containment of antimicrobial resistance of selected medicines and advocate for an AMR group.

Barriers to Progress: Delay in legal document approval. The MoH has defined rules and regulation on official TWG to be established. Delay on the decision to establish an AMR TWG within the MoH.

Next Steps: Support PTF to organize a stakeholders‘ dissemination meeting on the National Medicine Policy, the national policy on traditional medicine, the Essential Medicine List, and the Narcotics Law and Pharmacy Law. Organize a retreat for PTF staff to discuss the structure of PTF within the new MoH structure and the planed RFMA. Train staff and conduct the assessment on infection control practices with ICAT in 3 selected district hospitals (Kibogora, Ruhengeri, and Rwamagana).

Indicators: None.

Activity Title: In collaboration with the MoH/PTF and the NUR, support the integration of pharmaceutical management, RMU, and AMR and infection prevention components into the academic curriculum of pharmacy students

Activity Lead: Morris, Mark **Activity #:** 4 **Task**: LFRW09HIP **Subtask**: 60G2H3

Activity Description: During FY09, SPS/Rwanda will implement the following activities related to curriculum reform: Help organize a meeting of key stakeholders to develop a profile of pharmacists in the country and region, conduct a course review and a preliminary analysis for AMR, RMU, pharmaceutical management, and pharmacovigilance training components and develop new modules or adapt existing modules, and organize a training session for university pharmacy department staff on the new modules.

SPS Partners: None.

Budget: $50,319.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Action plan detailing process to carry out revision of curriculum Revised curriculum

	inclusive of pharmaceutical management, RMU, AMR, and infection prevention components
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS and PTF have decided to postpone the activity and start on the curricula review of the University/School of Pharmacy. SPS continued to support the National University of Rwanda, Department of Pharmacy (NUR) in strengthening the curriculum of the pharmacist degree course and harmonizing this with the comprehensive pharmacist profile for the country. With SPS support, NUR conducted 2 workshops (May 14-16 and June 11) to develop curriculum content related to antimicrobial resistance (AMR), patient safety and pharmacovigilance (PV) and rational medicines use (RMU). The objective of the first workshop was to analyze the data collected during the assessment of the AMR/RMU and PV topics and to organize the 3 month data clerkship for students in year 5.10 people were in attendance, including representatives from NUR, MSH/SPS and PTF/MoH. The objective of the second workshop was to come to a consensus with all stakeholders on the AMR, RMU and PV topics to be integrated into the academic curriculum and on the TOR of the clerkship. 20 people attended this workshop, including representatives from: PTF/MoH, Rwinkwavu Hospital, JSI/Deliver USAID, RAMA, ARPHA, BUFMAR, and private pharmacies such as Pharmacy CONSEIL, LABOPHAR and UNR. SPS assisted NUR to organize a workshop with 11 lecturers on the development of AMR, RMU and PV contents and identifying appropriate teaching methodology for each module. SPS also supported NUR/School of Pharmacy in the supervision of the clerkship for the students in their final year. SPS supported the NUR to prepare an abstract on "Strengthening the Curriculum of the Pharmacist Degree Course at the National University of Rwanda, Department of Pharmacy and Harmonizing this with the Comprehensive Pharmacist Profile for the Country". The abstract was presented during the FIP congress held in Portugal, August 28-September 2.
Barriers to Progress:	Delays due to the curriculum review at NUR. Developing the curriculum required more time/effort than expected. The training of lecturers from UNR was postponed to Q1 COP 10, after the content and teaching methodology are finalized and approved by NUR academic senate.
Next Steps:	Collect the documentation to be used for the identification of the pharmacist profile within the EAC. Finalize curricula to be submitted to the NUR academic senate in November. Follow- up on the approval of the new curricula. Support NUR to organize a one-day meeting to get feedback from supervisors and students on the clerkship. Start the organization of the TOT on the new curricula for lecturers of School of Pharmacy.
Indicators:	None.
Activity Title:	Support the MoH/PTF, ARPHA and RAMA to improve RMU, pharmaceutical care, and GDPs in the public and private sectors
Activity Lead:	Morris, Mark **Activity #:** 5 **Task**: LFRW09HIP **Subtask**: 60E3H4
Activity Description:	During FY09, SPS will implement the following activities: Help the MoH/PTF

promote RMU through public education and participation in national health campaigns, in collaboration with MoH/PTF, support the establishment of DTCs in six additional district hospitals in five districts with training on DTC, RMU, AMR, pharmaceutical care and good dispensing practices (and implement an action plan through effective supervision), help MoH/PTF support all 18 (14 existing and 4 additional to be added) DTCs to complete their work plans by implementing quarterly monitoring-training-planning meetings, assist MoH/PTF and ARPHA to implement RMU and pharmaceutical care interventions in the private sector, and in collaboration with the MoH/PTF and DTCs, conduct a drug use study to identify problems and design interventions to effectively address RMU issues in Rwanda.

SPS Partners: None.

Budget: $123,313.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Action plans (one for implementation of MTP approach). Minutes of meetings progress reports. Educational materials (e.g., articles, flyers, and posters) on RMU, pharmaceutical care, and good dispensing practices implementation reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: With PTF/MoH, SPS continued to provide technical support to 14 existing and 5 new DTCs through the implementation of plans to improve medicine use and patient care. It is in this regard that a set of indicators to measure DTC performances were developed and included in the PBF evaluations for all district hospitals. Those indicators include the official nomination and recognition of a DTC by the hospital management, the existence of an action plan and its implementation, and some technical activities (for example, drug use evaluation and clinical audits conducted by DTCs). It also includes the number of prevented rates of morbidity and mortality due to medication errors and ADRs, as impact indicators. A formative supervision with MoH officials and peer-evaluators has been conducted to make sure that those DTC-related indicators are well measured. SPS provided this technical assistance through visits to supported DTCs, in order to make sure that they are performing well in this PBF framework. Other activities have been undertaken by individual DTCs such as the improvement of antimicrobial use (Ruhengeri, Kibogora and Nyamata hospitals), the revision of the formulary and its use during procurement of medicines (Kibuye, Nyanza, Kabgayi and Nyagatare), and the improvement of patient counseling during dispensation (Gisenyi, Nyanza and Kibogora). In collaboration with referral hospitals (King Faisal, Butare, and Kigali University Teaching hospitals), SPS conducted two assessments, one on the current activities in relation to pharmacovigilance and medicine safety. Findings of the assessment will be used to formulate PV and medicine safety systems. The poster of the revised list of ARV drugs available in Rwanda, the flyer containing information on ARV side effects, and a poster highlighting the new treatment protocol of HIV/AIDS have been finalized and approved by TRAC Plus. They have been printed and disseminated. SPS also supported TRAC Plus to review and edit the National Protocol of OIs before its printing. SPS collaborated with WHO to support PTF to develop job aids aiming to educate prescribers, dispensers, and patients on good prescribing and dispensing

practices ─ these will be printed and disseminate nationwide. SPS supported PTF/MoH to establish DTCs in 6 new hospitals. The first meeting with DTC members took place in Gahini, Kibuye and Rwamagana hospitals to discuss the DTC's terms of reference and to plan for activities for the current quarter (March to May 2010). First meeting with DTC members in Kibogora and Nyagatare hospitals also took place and 31 staff participated. SPS supported the district hospital of Byumba to organize the first meeting to establish the DTC and identify key problems in rational drug use that will be addressed by the DTC. Visits were scheduled in the 19 DTCs to support the members in the implementation of activities for rational drug use. After the development of a training curriculum, SPS hired two specialists as consultants to develop the training module on the management of diabetes and HIV/AIDS to be provided to selected pharmacists and dispensing nurses. Drafts of these training modules will be shared with technical staff at headquarters before the training. A draft protocol for the intervention is under development and will be shared with stakeholders implementing the pharmaceutical care services for this pilot stage. Individual DTCs continued to initiate descriptive studies aimed at either identifying problems related to medicines use or to suggest an intervention for its improvement. It is in this regard that the Ruhengeri DTC conducted a study to learn about factors associated with the over-prescription of antimicrobials, and Kibogora conducted a study on the use of amoxycillin. SPS has assisted the 2 hospitals to develop methodology for the studies, tools for data collection, and the data analysis. Findings will result in recommendations aiming to improve the use of the 2 medicines.

Barriers to Progress: High turnover of DTC members and lack of support for DTC activities from some hospital directors. Delay in the administrative recruitment process of consultants.

Next Steps: Close follow-up of DTC activities by members and the hospital management team and assist them to increase PBF score on the next evaluation. Organization of the DTC joint meeting to share achievements and lessons learned between hospitals. With PTF and WHO, finalize job aids on good dispensing practices, to be disseminated nationwide. Continue to support the 20 DTCs in the implementation of their work plan. Develop the pharmaceutical pilot study protocol, the training module, job aids and all relevant tools to support the pilot stage in 10 selected public and private pharmacies. Work closely on the DUE on Cephalosporines in Ruhengeli and Amoxycillin in Kibogora.

Indicators: None.

Activity Title: In collaboration with INRUD and TRAC Plus, follow-up on adherence research intervention in selected ART sites according to the approved plan and research protocol

Activity Lead: Morris, Mark **Activity #:** 6 **Task**: LFRW09HIP **Subtask**: 60F2H5

Activity Description: During FY09, the following specific activities will be implemented: in collaboration with TRAC Plus and INRUD-IAA, organize the 3rd Annual East African INRUD Meeting on adherence to and retention of patients on ARV therapy in Rwanda, with TRAC Plus, continue with the adherence research intervention in select ART sites according to the approved plan and protocol, and conduct the final evaluation, and help TRAC Plus organize a workshop at the end of the study to disseminate findings.

SPS Partners: None.

Budget: $45,454.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Action plan outlining specific areas for support. Progress reports. Final research report. Implementation plan.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Completed organization of the 3rd Annual East African INRUD Meeting on Adherence to and Retention of Patients on Antiretroviral (ARV) Therapy in Rwanda. Data collected during the study were analyzed with INRUD and Harvard University teams‘ support. A report writing workshop is planned for the second week of November to develop articles, papers to publish and abstracts that will be presented in the ICIUM congress, and to finalize the findings report to be disseminated locally.

Barriers to Progress: None.

Next Steps: Organize a report writing workshop to develop articles, papers and abstracts to be published. Hold dissemination meeting.

Indicators: None.

Activity Title: Assist MoH to establish and strengthen the National Pharmacovigilance and Medicine Information Center (NPMIC), and expand the Pharmacovigilance/ADR Notification System to district hospitals

Activity Lead: Morris, Mark **Activity #:** 7 **Task**: LFRW09HIP **Subtask**: 60G2H6

Activity Description: SPS will help the PTF develop a strategy and implementation plan on effective use DTCs to decentralize the pharmacovigilance system, particularly to expand the ADR monitoring system in health facilities. The SPS AMR portfolio will provide technical guidance and direction. SPS will continue to provide support in the following areas: in collaboration with WHO, assist MoH/PTF to strengthen the NPMIC by purchasing key equipment and supporting the registration of the NPMIC to Uppsala Monitoring Centre, support MoH/PTF to launch the NPMIC during the pharmacovigilance TOT and to disseminate the Rwanda medicines safety guidelines, help MoH/PTF disseminate ADR notification forms, patient alert cards, and information request forms through existing DTCs, and support and capacitate members of the NPMIC to be able to respond to ADR notification.

SPS Partners: None.

Budget: $117,525.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Action plan progress reports. Minutes of meetings.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: In June 2010, the PTF coordinator agreed that the Rational Drug Use desk will act as the National Pharmacovigilance and Medicine Information Center (NPMIC) while waiting the establishment of the National Drug Authority. The goal of the NPMIC is to develop and implement a medicine safety surveillance system that will provide unbiased information, monitor safety and effectiveness, and improve rational use of

essential medicines in Rwanda. A comprehensive roadmap including a distinct framework for the establishment of the NPMIC has been developed in collaboration with PTF. The PTF Coordinator appointed a staff member to be the focal point of PV activities. As a result, the WHO/Uppsala Monitoring Center (UMC) registered and recognized Rwanda as an associated member of this international forum in August 2010. Once Rwanda submits 20 ADR reports to WHO/UMC, it will be recognized as a full member. For the set up of the NPMIC, SPS developed a strategy for the Management Information System (MIS) that will support the ADR reporting system and integration into the Health Management Information system (HMIS), in general. SPS elaborated a list and budget of key personnel and their TOR, as well as all documentation and equipment needed to start with, all which was shared internally with the MoH/PTF. Equipment such as laptops, software, documents and furniture will be provided to PTF to equip the NPMIC. SPS supported PTF to organize PV trainings in 41 district hospitals. The training modules for health care providers on the adverse event (AE) reporting system were finalized. Job aids on the AE reporting system and information for the public on the importance of the AE reporting were developed and printed. The trainings are planned in October and 205 participants are expected. The NPMIC Coordinator participated in the SPS international conference held in Nairobi, August 16-18. SPS collaborated with the WHO/Kigali office to get access to HINARI/WHO online library for accurate pharmaceutical information and SPS supported PTF/NPMIC to get access to the UMC database (Vigiflow).

Barriers to Progress: The training of healthcare providers at district hospitals has been delayed as we wait for the MoH to approve the ADR reporting system and tools.

Next Steps: Train health care providers from the 41 district hospital on the ADR reporting system. Disseminate ADR notification and reporting forms. Finalize SOPS for routine activities of the NPMIC. Organize PTF information center. Hold trainings on the Vigiflow/UMC database.

Indicators: None.

Activity Title: Support and capacitate the Community Health Desk to monitor RMU in the community

Activity Lead: Morris, Mark **Activity #:** 8 **Task**: LFRW09HIP **Subtask**: 60EXH7

Activity Description: SPS will continue to provide support in the following areas: developing a detailed strategy with the MoH Community Health Desk to address the issue of RMU at community level, assessing the current situation of RMU at community level, developing a comprehensive plan of action to address RMU at community level, participating in support to the MoH/Community Health Desk in supervising RMU trainings for community health workers, and supporting the MoH/Community Health Desk to monitor the use of drugs and compliance with the community case management guidelines.

SPS Partners: None.

Budget: $86,840.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Action plan outlining specific areas for support. Progress reports. Implementation plan. Training materials. Assessment report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS worked closely with the Expanded Impact Program (EIP) to assist the Community Health Desk (CHD) to develop a protocol on the rapid evaluation of the performance of CHWs implementation of the IMCI program. The protocol was approved by the Maternal Child Desk/MoH. SPS worked with EIP and CHD to train evaluators on the protocol and tools to be used during the evaluation, starting July 5 in 21 district hospital catchment areas. SPS supported the CHD, CAMERWA, JSI and PSI to avail CCM product in districts pharmacies ─products were redistributed from districts with extra stock to the districts with stock-out/shortages. SPS hired a consultant to process the data entry and data analysis of the evaluation. SPS supported the CHD and CAMERWA to develop technical specifications based on recommendations made to improve the presentation of CCM products. SPS continued to follow-up with CAMERWA on the tendering process for CCM medicines (Zinc and Amoxycillin blisters).
Barriers to Progress:	None.
Next Steps:	Finalize data analysis and organize a dissemination meeting with all stakeholders. Assist CHD in trainings CHWs in the 8 districts that still need to implement IMCI policy. Work closely with CHD and CAMERWA on the analysis of the different cost options for the blister presentation of zinc and amoxycillin. Follow-up with CAMERWA on the availability of CCM medicines in blisters forms.
Indicators:	None.

Rwanda-PMI

Work plan: Rwanda PMI **Year** 2009

Funding Level: $150,000.00

Work plan Background

As one of the highest malaria-burdened countries in sub-Saharan Africa, Rwanda was selected by the U.S. Government in May 2005 to benefit from the President‘s Malaria Initiative (PMI). The overall five-year $1.2 billion initiative supports the rapid scale-up of malaria prevention and treatment interventions with the goal of reducing malaria-related mortality by 50 percent through 85 percent coverage of at-risk groups with four key interventions: (1) artemisinin-based combination therapy (ACT), (2) intermittent preventive treatment for malaria in pregnancy, (3) insecticide-treated mosquito nets, and (4) indoor residual spraying with insecticides. While Rwanda, like most developing countries, benefits from the increased availability and accessibility of new medicines and fixed-dose combination formulations to treat HIV/AIDS and malaria, the lack of experience with these products creates concerns about drug safety, and highlights the need to identify and evaluate adverse drug reactions (ADRs) to better understand possible risks and improve treatment protocols. Therefore, Rwanda needs to implement a pharmacovigilance system. The World Health Organization defines pharmacovigilance as ―the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug-related problems.” In many countries, the national drug authority is responsible for ensuring the quality, safety, and efficacy of the medicines available in the country, through activities such as medicine registration, quality control testing, and pharmacovigilance. Although Rwanda is in the process of establishing a

national drug authority, it is not yet functional. Despite the fact that Rwanda does not have a national drug authority or experience in pharmacovigilance interventions, PMI under MOP07, in collaboration with other donors (PEPFAR and the Global Fund), funded the implementation of a pharmacovigilance system in Rwanda to be hosted by the Pharmacy Task Force (PTF). In close collaboration with the U.S. Centers for Disease Control and Prevention (CDC) and the MoH, SPS helped the PTF, the National Malaria Control Program (PNILP), and other in-country counterparts develop a national plan for pharmacovigilance in FY07. During the MOP08 implementation period, Rwanda identified the establishment of an ADR notification system as one of its highest priorities. Prompt access to effective malaria treatment is a major strategy to reduce the burden of malaria, which implies access to community-based treatment. To implement this strategy, Rwanda initiated a home-based management of malaria (HBM) program in late 2005. In 2006, an external evaluation conducted by USAID‘s BASICS project and RPM Plus recommended scaling-up the HBM program. The strategy also replaced sulfadoxine pyrimethamine/amodiaquine with the ACT artemether/lumefantrine as the first-line treatment for simple malaria, and incorporated rapid diagnostic tests in some districts. A second assessment in July 2008 conducted with PMI support, evaluated the quality of care provided by community health workers in HBM districts, the supervision system, and the community‘s perception of the program. SPS and BASICS provided technical support to the assessment. The results of the assessment were analyzed and a report drafted and shared with PNILP and USAID Rwanda for comment and approval. The report was validated and disseminated at a meeting in Kigali on March 11, 2009. Rwanda is also expanding the HBM strategy to include community case management of pneumonia and diarrhea in children under the age of five. The national plan is to roll-out community case management into all 30 districts before the end of 2009. Findings of the HBM assessment are critical because identified weak areas will need to be strengthened to ensure the success of community case management.

Activity Title:	In collaboration with PTF and PNILP, expand the ADR notification form to all district hospitals by organizing a national TOT session in pharmacovigilance
Activity Lead:	Morris, Mark **Activity #:** 3 **Task**: LFRW09PMI **Subtask**: 60B2M2
Activity Description:	Training activities will involve, but are not restricted to: (1) a TOT on advanced pharmacovigilance topics for key staff at the provincial and district levels, preferably the district pharmacists and two doctors at district hospitals including the hospital director. Staff already trained at national level will facilitate this training. At the end of the training, participants will be able to: understand pharmacovigilance in the context of Rwanda, understand and define ADRs, and use ADR cards correctly and understand the reporting system. (2) Trainers at provincial and district levels will then start a cascade training targeting health facilities at all levels, focusing on doctors, prescribers, nurses, and pharmacy staff (whether pharmacists or nurses). The objectives of this training will be for participants to: define and understand ADR monitoring as part of pharmacovigilance, and understand the reporting system for ADRs or for other problems related to medicine use.
SPS Partners:	None.
Budget: $55,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Standardized set of training materials adapted to the Rwandan context.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS in support to MoH/PTF developed a training plan for the cascade trainings to be

	conducted for referral hospitals, public health programs, and district hospitals. The training modules for the upcoming trainings of health care providers on the ADR reporting system were developed.
Barriers to Progress:	The cascade trainings were delayed due to the imperative to organize the TOT when the ADR guidelines and tools are approved by MoH authorities
Next Steps:	Organize the dissemination meeting of the training report and official launching of NPMIC in November 2010. Support district hospitals/ PV subcommittees to organize on-the-job trainings for healthcare providers.
Indicators:	None.
Activity Title:	In collaboration with PTF, use DTCs to help district hospitals expand ADR monitoring and notification systems
Activity Lead:	Morris, Mark **Activity #:** 4 **Task**: LFRW09PMI **Subtask**: 60D3E3
Activity Description:	SPS will help the PTF develop a strategy and implementation plan for how to effectively use DTCs to decentralize the pharmacovigilance system, particularly to expand the ADR monitoring system in health facilities. The SPS AMR portfolio will provide technical guidance and direction.
SPS Partners:	None.
Budget: $15,351.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Action plan, implementation plan, progress reports, and minutes of meetings.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	DTC is already approved by the MoH and has a PV subcommittee which will play the role of a decentralized unit at the peripheral level. Indicators on PV activities were added to the revised PBF indicators to be implemented at the hospital-level. The PV subcommittees have been trained as trainers at the national-level and developed plans to expand PV activities within their hospitals.
Barriers to Progress:	None.
Next Steps:	Support the PV subcommittees to organize AE and a medicine quality reporting system within their hospitals and to NPMIC
Indicators:	None.
Activity Title:	In collaboration with PTF and PNILP, use DTCs to support active ADR surveillance
Activity Lead:	Morris, Mark **Activity #:** 5 **Task**: LFRW09PMI **Subtask**: 60DXE4
Activity Description:	One of assessment‘s key recommendations is to strengthen DTCs‘ capacity to monitor safety and treatment failure. SPS Rwanda will leverage SPS AMR portfolio funds and technical guidance to help the PTF develop a plan build the capacity of DTCs to conduct active ADR surveillance.
SPS Partners:	None.
Budget: $14,441.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Action plan. Implementation plan. Progress report. Minutes of meetings.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS assisted the TRAC Plus/HAS and Malaria Units to develop draft protocols and tools for active surveillance for monitoring ADR related to ARVs and ACTs. The primary objective is to determine the safety and effectiveness of ACTs in the HBM program. The protocols were shared with TRAC Plus for their comments and approval.
Barriers to Progress:	None.
Next Steps:	Continue to support TRAC plus and other stakeholders to implement the active surveillance protocols for monitoring ARVs and ACTs.
Indicators:	None.
Activity Title:	Support the Government of Rwanda's expansion of malaria case management efforts and facilitate assessment of the role of private clinics in malaria case management in urban areas
Activity Lead:	Morris, Mark **Activity #:** 6 **Task**: LFRW09PMI **Subtask**: 60F4H5
Activity Description:	During FY09, SPS will continue to leverage SPS MCH core funds, as well as the technical expertise of the MCH portfolio staff to help the MoH Community Health Desk‘s efforts to expand malaria case management throughout Rwanda. SPS will continue to provide support in the following areas: Availability of key medicines for community case management at all levels of the health system, appropriate management of medicines, collecting consolidated information on medicine consumption at the community level, and ongoing training and supervision of community health workers. In addition, SPS will collaborate with the PNILP and the MoH Community Health Desk to plan and conduct an assessment of the role private clinics can play in expanding treatment for malaria and other childhood illnesses as part of the broader context of the community case management strategy. SPS will provide recommendations for any identified changes.
SPS Partners:	None.
Budget: $50,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Action plan outlining specific areas for support. Implementation plan. Progress reports. Training materials. Assessment report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Two focal persons within the Malaria Unit were assigned to work with SPS to develop the objective, protocol, and tools of the assessment. In agreement with the Malaria Program, the assessment will focus on the management of malaria cases in private clinics and pharmacies. The tools were pre-tested in one private clinic and 2 dispensaries in Kigali. The pretest showed that needed data will be available. In July, the assessment was suspended by the Malaria Unit due to unavailability of PRIMO (ACT/Coartem) in the private sector for children younger than five. The PTF, Malaria Unit and PSI organized a meeting to gauge the feasibility of reintroducing Primo in the private sector, with close monitoring to avoid linkages. As a result, the assessment of the malaria case management in private sector was postponed until early 2011.

Barriers to Progress:	The assessment was suspended due to unavailability of Coartem in the private sector for children younger than five.
Next Steps:	Conduct the assessment when Primo is available in the private pharmacies.
Indicators:	None.

Senegal

Senegal-PMI

Work plan: Senegal PMI **Year** 2009

Funding Level: $230,374.00

Work plan Background

According to the Senegal National Malaria Control Program (NMCP), in 2008 there were 275 806 cases of malaria, and malaria accounted for 5.62% of all outpatient consultations in the public health system. This is a reduction from previous years where malaria accounted for roughly a third of outpatient consultations in public sector facilities. In 2005, Senegal followed WHO recommendations and adopted an Artemisinin-based Combination Therapy (ACT) as the first-line treatment for uncomplicated malaria. Senegal is currently implementing their ACT policy with support from different funding mechanisms such the Global Fund to Fight AIDS, TB and Malaria (Global Fund) and the President‘s Malaria Initiative. During periodic supervision visits to regional and district stores, health centers, posts and huts in recent years, MSH/SPS has identified the following major pharmaceutical management issues: the limited availability and inappropriate use of stock and inventory management tools, the lack of collaboration and exchange of information between the pharmaceutical distribution system and the public health system, the inappropriate quantification methods and the lack of distribution plan for antimalarials and other commodities and inappropriate use of ACTs based on RDT results. Since 2002, MSH has been working in Senegal to strengthen the pharmaceutical management system. Initial work begun under the Rational Pharmaceutical Management Plus (RPM Plus) program focusing on child survival interventions and has continued under the Strengthening Pharmaceutical Systems program (SPS) with PMI funding. SPS support in the past year has focused on finalizing a pharmaceutical management supervision tool to ensure that critical pharmaceutical management issues are addressed through standardized supervisions. SPS has also worked closely with the NMCP and the NTP on activities related to – improving quantification of pharmaceuticals, distribution of TB medicines to regional depots, and improving the quality of consumption data collected and rational use issues. Using FY08 PMI funds SPS activities will continue to strengthen the Senegal pharmaceutical supply system to ensure access to and appropriate use of medicines of assured quality. To achieve this, SPS will continue to work closely with the Senegal MoH counterparts, as well as with relevant stakeholders (both public and private).

Activity Title:	Training on pharmaceutical management for staff who manage pharmacies in health centers, health centers, and treatment centers.
Activity Lead:	Diagne, Serigne **Activity #:** 2 **Task**: LFSN09PMI **Subtask**: 60AXM2
Activity Description:	This training will rely upon regional trainers trained in August 2008, will address the management of antimalarial medicines, will be carried out in approximately 15 districts in 3 regions (Matam, Tambacounda and Ziguinchor), will target approximately 271 health center and health post staff responsible for managing medicines in their facilities. In late 2008, MSH received funding as a sub-recipient under the Global Fund R7 malaria grant to provide technical support, including training on pharmaceutical management of antimalarials, in the districts of Touba and Diourbel in the Diourbel region and the districts of Dioffior and Fatick in the Fatick

region. This technical assistance was for one year and will be wrapping up by the end of 2009. MSH/SPS will also coordinate with the NMCP to ascertain whether they have funds available to cover the training costs of the remainder of the districts in the country to ensure that those responsible for managing medicines in health centers and health posts are appropriately trained.

SPS Partners: None.

Budget: $68,981.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Training reports and participant lists.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS provided pharmaceutical management training sessions in the Ziguinchor region in September 2010. Overall, 105 depositaires, out of 107 targeted, were trained in the five districts of the Ziguinchor region. Among the trainees there were 73 males and 32 females. During the sessions in Ziguinchor, Oussouye and Bignona districts, participants were asked the question: what do they expect from this training? Their answers included that they expect to improve their management tools, to know how to order correctly and effectively, and to know how to arrange and manage their stocks in order to have a clean and organized store. At the end of the training sessions when participants were asked if their expectations were met, they answered yes for all the expectations. They asked us to conduct refresher sessions more frequently. (Note: implemented in coordination with the Senegal TB portfolio).

Barriers to Progress: None.

Next Steps: None.

Indicators: None.

Activity Title: Supervision of pharmaceutical management in health centers, health posts and treatment centers and data collection PMI key pharmaceutical management indicators and central level stock level.

Activity Lead: Diagne, Serigne **Activity #:** 3 **Task**: LFSN09PMI **Subtask**: 60CXH3

Activity Description: MSH/SPS will carry-out supervision visits in a sample of health facilities (~15) each quarter. These supervision visits will target districts in regions that were trained on pharmaceutical management, so these visits will also serve as on-the-job, post-training follow up visits. They will focus on pharmaceutical management issues and will target regional medical stores, district stores, and health center and health post dispensing pharmacies. SPS will continue to engage staff at the regional and district level with a view to eventually transition the supervisory role to the health offices at these levels. Starting under FY09 funding for all PMI countries are requested by the USAID/W PMI team to collect regular (ideally quarterly) data using the End Use Verification Tool developed by SPS and USAID|DELIVER. SPS will combine these data collection visits with the planned supervision visits to save both time and money. However, given the limited funding, SPS may not be able to visit the suggested number of sites on a quarterly basis. Funds remaining from FY08 will be used to compliment FY09 funds in an effort to carry-out the EUV according to the guidance.

SPS Partners: None.

Budget: $33,028.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Supervision reports, data on PMI end user verification indicators.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: September 13-20, MSH/SPS conducted supervision in the Matam region. Overall, 41 health facilities were visited in the three districts. Among these facilities, data at two health posts were not available because of information/data retention strike. At the other 39 health facilities, there were stock-outs of all ACTs, including ACTs presentations for children (< 5 years old) in one health post. Significant effort was made to improve storage conditions in most of the visited health facilities. In the Kanel district, there is serious issue of availability of stock cards. We noted that the District Depot, which should provide health facilities with stock cards, did not have stock cards available. In the Matam and Ranerou districts, there was an improvement in the availability of stock cards (15 of the 22 health facilities visited had stock cards available). (Note: implemented in coordination with the Senegal TB portfolio).

Barriers to Progress: None.

Next Steps: With the Tambacounda regional medical store pharmacist, plan and organize post-training supervision activities in the region. Plan and conduct the first EUV data collection.

Indicators: None.

Activity Title: Technical assistance on pharmaceutical management at the central level.

Activity Lead: Diagne, Serigne **Activity #:** 4 **Task**: LFSN09PMI **Subtask**: 60CXH4

Activity Description: This activity will include SPS technical staff participation in a variety of meetings to ensure that pharmaceutical management aspects are appropriately considered and addressed. As one of the NMCP and USAID implementing partners, SPS is often solicited to participate in meetings either directly or indirectly related to our mandate in Senegal. This activity will cover participation in such meetings. It will also include staff time to explore more feasible options to engage MoH stakeholders and other partners in a forum to coordinate, discuss, and identify solutions to pharmaceutical management issues, particularly for antimalarials and anti-TB medicines, in Senegal. MSH/SPS will continue to work with the various MoH vertical programs, as well as the USP/DQI program, in moving forward with establishing a single unique pharmacovigilance (PV) system as opposed to having multiple, separate vertical program PV systems. MSH/SPS will provide technical assistance and share experiences of other countries that have established similar national PV systems.

SPS Partners: None.

Budget: $8,280.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Meeting minutes.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The MSH/SPS Senior Technical Advisor and the Country Manager met with the National TB Program (NTP coordinator and the logistician). During the discussion it was mentioned that the NTP was at risk of stock out of anti tuberculosis medicines throughout the country. MSH/SPS advocated to GDF in order to facilitate procurement of these essential. The process is ongoing and MSH/SPS is facilitating the exchanges between GDF and the NTP. MSH/SPS supported Dr. Birame Drame, the focal point for pharmacovigilance in the MoH, at the International Conference on Pharmacovigilance held in Nairobi on September 16- 18, 2001. This provided an opportunity to exchange with pharmacovigilance experts and organizations from other countries in order to apply lessons learned to improve the pharmacovigilance system in Senegal. MSH/SPS participated in a pharmacovigilance workshop held in Thies from July 27- 29, 2010. The goal of this workshop was to identify bottlenecks faced by the adverse drug reaction (ADR) reporting system. Problems identified include: availability of reporting forms, lack of follow-up of ADR, lack of supervision, lack of ownership by health staff and the community. MSH/SPS met with the NTP logistician and those responsible in the central medical store (PNA) in order to discuss how to get the PNA Software SAGE installed at the PNT. We were told that the NTP Coordinator needs to make an official request to the PNA Director and explain the reasons why the PNT wants to install the SAGE software. MSH/SPS is facilitating the process. MSH/SPS continues to assist in collecting data for the quarterly procurement planning, monitoring and reporting for malaria medicines. Through this and regular exchanges with the NMCP and the PNA, MSH/SPS attempts to monitor the availability of sufficient quantities of ACTs in the supply chain to meet the needs of the country. MSH/SPS is coordinating with the national reproductive health program, PNA, and Intrahealth project staff to collect and report on central-level contraceptives stock data for the procurement planning, monitoring, and reporting for contraceptives. (Note: implemented in collaborations with the Senegal TB portfolio).

Barriers to Progress: None.

Next Steps: Participate in pharmacovigilance activities and coordinate next steps for establishing the national pharmacovigilance system with USP/PQM. Assist in collecting data for the quarterly procurement planning, monitoring, and reporting for malaria medicines. Assist in collecting and reporting on central-level contraceptives stock data for the procurement planning, monitoring, and reporting for contraceptives.

Indicators: None.

Senegal-TB

Work plan: Senegal TB **Year** 2009

Funding Level: $50,000.00

Work plan Background

Although it is not considered one of the TB high-burden countries, TB remains a public health threat in Senegal. In 2006, WHO estimated that in Senegal, the incidence rate for positive microscopic-tested tuberculosis cases was 121 per 100,000 inhabitants, which is an increase over the 2004 estimates of 110 per 100,000 inhabitants.

In 1994, Senegal adopted WHOs DOTS strategy that is being implemented in 68 diagnosis and treatment centers throughout the country. Yet, the case detection rate is still very low (56 percent in 2004). In 2006, the treatment success rate for TB cases registered in five regions supported by USAID was 72 percent. Also, according to sentinel surveillance, the morbidity rate for patients with HIV-tuberculosis co-infection is high at 15 percent. In 2007, the National Tuberculosis Control Program (NTP) adopted a new therapeutic approach effectively reducing the treatment period from 8 to 6 months. This change was coupled with the introduction of FDCs to improve patient adherence. The NTPs goal is to contribute to reducing the morbidity and mortality rates resulting from tuberculosis in an environment marked by poverty and the TB/HIV co-infection. The expected impact is the reduction by 2015 of the tuberculosis incidence by achieving a case detection rate of 70 percent and a treatment success rate of 85 percent. Since 2002 MSH has been working in Senegal to strengthen the pharmaceutical management system. Initial work begun under the Rational Pharmaceutical Management Plus (RPM Plus) program, focusing on child survival interventions has continued under the Strengthening Pharmaceutical Systems (SPS) program with PMI and TB funding. SPS support in the past year has focused on finalizing a pharmaceutical management supervision tool to ensure that critical pharmaceutical management issues are addressed through standardized supervisions. SPS has also worked closely with the NMCP and the NTP on activities related to – improving quantification of pharmaceuticals, distribution of TB medicines to regional depots, improving the quality of consumption data collected and rational use issues. Using FY08 PMI and TB funds the SPS activities will continue to strengthen the Senegal pharmaceutical supply system to ensure access to and appropriate use of medicines of assured quality. SPS will continue to work closely with the Senegal MoH counterparts as well as relevant stakeholders to achieve this (both private and public).

Activity Title:	Training in pharmaceutical management for staff who manage pharmacies in health centers, health posts, and TB treatment centers.
Activity Lead:	Diagne, Serigne **Activity #:** 2 **Task**: LFSN09TBX **Subtask**: 60AXM2
Activity Description:	This activity is a continuation of training activities that started under FY07 funding and continue in an effort to ensure that health center, health post and TB treatment center staff responsible for managing and dispensing medicines (dépositaires) in all districts across Senegal is adequately trained to manage medicines. The foundation of this activity resides in the fact that health workers who manage and dispense medicines in these facilities are somewhat mobile, in addition to the fact that some of them have never received a formal training on pharmaceutical management. To date SPS has trained these staff in the St. Louis, Thies, Kaolack, and Louga regions. This training will rely upon regional trainers trained in August 2008, will address the management of anti-TB medicines, will be carried out in approximately 15 districts in 3 regions (Matam, Tambacounda and Ziguinchor), and will target approximately 271 health center and health post staff responsible for managing medicines in their facilities. In late 2008, MSH received funding as a sub-recipient under the Global Fund R7 malaria grant to provide technical support including training on pharmaceutical management of antimalarials in the districts of Touba and Diourbel in the Diourbel region and the districts of Dioffior and Fatick in the Fatick region. This technical assistance was for one year and will be wrapping up by the end of 2009. Therefore, MSH/SPS will coordinate with the NMCP to ascertain whether they have funds available to cover the training costs of the remainder of the districts in the country to ensure that those responsible for managing medicines in health centers and health posts are appropriately trained.

SPS Partners: None.

Budget: $5,586.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Training reports and participant lists.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS provided pharmaceutical management training sessions in the Ziguinchor region in September 2010. Overall, 105 depositaires, out of 107 targeted, were trained in the five districts of the Ziguinchor region. Among the trainees there were 73 males and 32 females. During the sessions in Ziguinchor, Oussouye and Bignona districts, participants were asked the question: what do they expect from this training? Their answers included that they expect to improve their management tools, to know how to order correctly and effectively, and to know how to arrange and manage their stocks in order to have a clean and organized store. At the end of the training sessions when participants were asked if their expectations were met, they answered yes for all the expectations. They asked us to conduct refresher sessions more frequently. (Note: implemented in coordination with the Senegal PMI portfolio).

Barriers to Progress: None.

Next Steps: None.

Indicators: None.

Activity Title: Supervision of pharmaceutical management in health centers, health posts, and TB treatment centers and collection of central level stock levels.

Activity Lead: Diagne, Serigne **Activity #:** 3 **Task**: LFSN09TBX **Subtask**: 60CXH3

Activity Description: MSH/SPS will carry-out supervision visits in a sample of health facilities (~15) each quarter. These supervision visits will target districts in regions that were trained on pharmaceutical management, so these visits will also serve as on-the-job, post-training follow-up visits. They will focus on pharmaceutical management issues and will target regional medical stores, district stores, health center, and health post dispensing pharmacies. SPS will continue to engage staff at the regional and district level with a view to eventually transition the supervisory role to the health offices at these levels. MSH/SPS will also join the NTP during their biannual supervisions of TB treatment centers (a sample) to observe and correct, as needed, any TB medicines management problems identified. SPS will also participate, as possible, in the NTP biannual review meetings.

SPS Partners: None.

Budget: $7,694.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Supervision reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: September 13-20, MSH/SPS conducted supervision in the Matam region. Overall, 41 health facilities were visited in the three districts. Among these facilities, data at two health posts were not available because of information/data retention strike. At the

other 39 health facilities, there were stock-outs of all ACTs, including ACTs presentations for children (< 5 years old) in one health post. Significant effort was made to improve storage conditions in most of the visited health facilities. In the Kanel district, there is serious issue of availability of stock cards. We noted that the District Depot, which should provide health facilities with stock cards, did not have stock cards available. In the Matam and Ranerou districts, there was an improvement in the availability of stock cards (15 of the 22 health facilities visited had stock cards available). (Note: implemented in coordination with the Senegal PMI portfolio).

Barriers to Progress: None.

Next Steps: With the Tambacounda regional medical store pharmacist, plan and organize post-training supervision activities in the region. Plan and conduct the first EUV data collection.

Indicators: None.

Activity Title: Technical assistance on pharmaceutical management at the central level.

Activity Lead: Diagne, Serigne **Activity #:** 4 **Task**: LFSN09TBX **Subtask**: 60CXH4

Activity Description: This activity will include SPS technical staff participation in a variety of meetings to ensure that pharmaceutical management aspects are appropriately considered and addressed. As one of the NMCP and USAID implementing partners, SPS is often solicited to participate in meetings either directly or indirectly related to our mandate in Senegal. This activity will cover participation in such meetings. It will also include staff time to explore more feasible options to engage MoH stakeholders and other partners in a forum to coordinate, discuss, and identify solutions to pharmaceutical management issues, particularly for antimalarials and anti-TB medicines, in Senegal. Additional TA may relate to implementation of an electronic TB case management and information tool. Although SPS does not have the funding necessary to support the implementation of such a tool, we will have some staff LOE set aside to provide technical assistance for training on the electronic tool and follow-up required for implementation of this information management system in the event that the NTP identifies sufficient funds to roll it out in Senegal. MSH/SPS will continue to work with the various MoH vertical programs as well as the USP/DQI program, in moving forward with establishing a single unique pharmacovigilance (PV) system as opposed to having multiple, separate vertical program PV systems. MSH/SPS will provide technical assistance and share experiences of other countries that have established similar national PV systems.

SPS Partners: None.

Budget: $2,700.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Meeting minutes.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The MSH/SPS Senior Technical Advisor and the Country Manager met with the National TB Program (NTP coordinator and the logistician). During the discussion it

	was mentioned that the NTP was at risk of stock out of anti tuberculosis medicines throughout the country. MSH/SPS advocated to GDF in order to facilitate procurement of these essential. The process is ongoing and MSH/SPS is facilitating the exchanges between GDF and the NTP. MSH/SPS supported Dr. Birame Drame, the focal point for pharmacovigilance in the MoH, at the International Conference on Pharmacovigilance held in Nairobi on September 16- 18, 201. This provided an opportunity to exchange with pharmacovigilance experts and organizations from other countries in order to apply lessons learned to improve the pharmacovigilance system in Senegal. MSH/SPS participated in a pharmacovigilance workshop held in Thies from July 27- 29, 2010. The goal of this workshop was to identify bottlenecks faced by the adverse drug reaction (ADR) reporting system. Problems identified include: availability of reporting forms, lack of follow-up of ADR, lack of supervision, lack of ownership by health staff and the community. MSH/SPS met with the NTP logistician and those responsible in the central medical store (PNA) in order to discuss how to get the PNA Software SAGE installed at the PNT. We were told that the NTP Coordinator needs to make an official request to the PNA Director and explain the reasons why the PNT wants to install the SAGE software. MSH/SPS is facilitating the process. MSH/SPS continues to assist in collecting data for the quarterly procurement planning, monitoring and reporting for malaria medicines. Through this and regular exchanges with the NMCP and the PNA, MSH/SPS attempts to monitor the availability of sufficient quantities of ACTs in the supply chain to meet the needs of the country. MSH/SPS is coordinating with the national reproductive health program, PNA, and Intrahealth project staff to collect and report on central-level contraceptives stock data for the procurement planning, monitoring, and reporting for contraceptives. (Note: implemented in collaboration with the Senegal PMI portfolio).
Barriers to Progress:	None.
Next Steps:	Participate in pharmacovigilance activities and coordinate next steps for establishing the national pharmacovigilance system with USP/PQM. Assist in collecting data for the quarterly procurement planning, monitoring, and reporting for malaria medicines. Assist in collecting and reporting on central-level contraceptives stock data for the procurement planning, monitoring, and reporting for contraceptives.
Indicators:	None.

South Africa

South Africa-PEPFAR (08)

Work plan: South Africa PEPFAR **Year** 2008

Funding Level: $5,412,600.00

Work plan Background
South Africa's AIDS epidemic is one of the worst in the world. It is a generalized epidemic, affecting all segments of society. The country is one of the PEPFAR's 15 focus countries, which collectively represent approximately 50 percent of HIV infections worldwide. Information from annual surveillance of pregnant women attending sentinel prenatal clinics collected since 1990 shows HIV infection rates among pregnant women in South Africa grew from less than 1 percent (1990) to an estimated 28 percent (2007), with a peak of almost 30.2 percent in 2005. South Africa Department of Health. 2006. National HIV and Syphilis Antenatal Seroprevalence 2008. According to the Joint United Nations Programme on HIV/AIDS report on the Global AIDS Epidemic (2008), national (HIV/AIDS) prevalence among adults (ages 15-49) was at 18.1 percent; adults and children (ages 0-49) living with HIV at the end of 2007 was 5.7 million and the number of individuals receiving ART as of September 30, 2008, reached 549,700.Through the PEPFAR, the USG supports, with more than 300 implementing partners, the implementation of the South Africa's AIDS and STI National Strategic Plan(NSP, 2007-2011) which identifies a wide range of interventions for the containment of the HIV/AIDS pandemic. Over the next few years, South Africa will greatly increase the entire spectrum of HIV/AIDS interventions. The health system response must continue to scale up to provide ART for additional patients, and must also cope with long-term support for the increasing numbers of patients already on ART. [USAID. 2008. PEPFAR Country Profile: South Africa] The national program continues to be guided by the NSP. This plan includes the accreditation of pharmacies at service points, the availability of a sufficient number of personnel who have the necessary competencies, procurement and distribution of appropriate medicines, pharmacovigilance, medicine information, and systems for M&E. Over the years, TA to the Government of South Africa in the area of pharmaceutical management has been given through RPM Plus program and, since last year, through the SPS program, the follow-on to RPM Plus. Under this plan, SPS continues to focus on strengthening the national, provincial, and local Government Pharmaceutical Services to ensure adequate support to the NSP. This focus directly addresses the fact that the effectiveness of commodity management systems determines the success or failure of many public health programs. Unless essential quality commodities are available in the right quantities, where and when needed, and are used correctly, the objectives of providing quality care for the treatment and prevention of HIV and AIDS cannot be met. SPS will continue to coordinate and collaborate with the Directorate of Affordable Medicines of the National Department of Health (NDOH), USAID, and local partners to address key pharmaceutical priority areas, at the national and provincial levels, aimed at strengthening the capacity of pharmacy personnel to improve access to and use of health commodities for the treatment and care of those affected by HIV and AIDS, this also include the support of related key areas such as infection control, pharmacovigilance and adherence monitoring. MOUs will be put in place with local counterparts, including provincial departments of health and local government, delineating key areas of collaboration and TA.

Activity Title:	Strengthen the capacity of pharmacy personnel in the area of TB medicine supply management including quantification

Activity Lead: Sallet, Jean-Pierre **Activity #:** 3 **Task**: LFZA08HIP **Subtask**: 60F3E4

Activity Description: SPS will assist the NDoH TB sub-directorate to strengthen TB medicine supply management and management of TB patients on ARVs by training health workers supporting the TB program on clinical pharmacology related to TB/HIV co-infection, and improving infection control, adherence monitoring, adverse drug reaction (ADR) reporting, medication errors, and referral systems at selected government institutions (hospitals, community health centers, and PHC clinics). SPS will also train pharmacists on estimating requirements for TB medicines. The major area of emphasis includes training and task shifting, as pharmacists and pharmacists assistants will take on greater roles in TB/HIV care.

SPS Partners: None.

Budget: $146,508.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Three training workshops on TB medicine supply management (TB DSM) were conducted in Kwazulu-Natal (KZN) in Uthungulu district on July 21-22 (36 people trained), Amajuba district on September 21-22 (36 people trained) and Umzinyathi district on September 29-30 (31 people trained). Personnel trained included PHC nurses, operational managers, PHC supervisors and PHC trainers. Implementation of principles included in the training is being monitored using the TB DSM facility assessment tool. The district pharmacists and TB coordinators have committed to assist with collection of completed assessment tools. Follow-up MTP sessions will be conducted with these groups. A further workshop on TB DSM was conducted in the Western Cape on August 4-5 (39 nurses and pharmacists‘ assistants trained). A follow-up MTP workshop was conducted with 10 facilities in the Western Cape on August 3 for the group trained on May 12-13. During this period, a TB DSM training planning and guidance document was developed. The TB quantification tool and presentations were updated in August. A draft final report for the October 2009 Western Cape group was also completed. A draft guideline document for dispensing TB medicine was developed. This was to be communicated at the National TB meeting planned for August. This meeting was, however, postponed due to the national strike. No activity on the TB Adherence tool took place during this period.

Barriers to Progress: Training target will not be met as activities could not be planned during the World Cup and thereafter, during the national strike period. Furthermore, 3 training workshops planned for September in the FS province were cancelled by the Provincial TB Directorate due to other training priorities.

Next Steps: None.

Indicators: None.

Activity Title: Provide TA to target sites to strengthen pharmaceutical services around TB

Activity Lead: Sallet, Jean- **Activity #:** 4 **Task**: LF ZA08HIP **Subtask**: 60F3H5

Pierre

Activity Description: MSH/SPS will work in close collaboration with the directorates dealing with TB, HIV and AIDS and Quality Assurance at the National level to improve infection control (IC), adherence monitoring, and rational use of medicines. Local authorities have requested support from SPS to strengthen the role of pharmacy personnel in supporting the TB program. XDR-TB has been identified in South Africa which requires highly specialized treatment facilities and medicines. In December 2005, "Managing Pharmaceuticals and Commodities for Tuberculosis: A Guide for National Tuberculosis Programs" was published by RPM Plus. This publication was shared with the National TB sub-directorate and they have expressed interest in using these guidelines to support their own program. RPM Plus also developed an Infection Control Assessment Tool (ICAT) which is used to assess IC practices in hospitals. As a follow-up an IC improvement plan will be developed to address gaps identified using the ICAT.

SPS Partners: None.

Budget: $146,475.00 **Start Date:** Oct 2008 **End Date:** Sep 2009

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Clinical TB training was conducted in Eshowe, KZN on July 14 in support of their 5 day TB training program. A total of 37 PHC nurses and operational managers from 15 facilities were trained. The MDR adverse events monitoring tools in use in KZN were reviewed but were found to be unsuitable for the project. A new reporting form has thus been developed. The plan in KZN is to incorporate this form into the electronic patient management information system that has been developed for the ACADEMIK cohort study, in order to maximize the use of this system. A meeting took place on September 28 with the programmers (VPPS). During September, follow-up took place in North West, Northern Cape (NC), Free State (FS), Western Cape (WC) and Limpopo provinces to determine the current status of this activity. It was determined that very little progress has been made. A strategic decision was taken to re-prioritize this activity by focusing on just 2 or 3 provinces. These will be selected after review of capacity and structures within identified sites and level of commitment by both provincial counterparts and SPS coordinators.

Barriers to Progress: None.

Next Steps: Follow-up on MDR TB surveillance project in selected provinces.

Indicators: None.

South Africa-PEPFAR (09)

Work plan: South Africa PEPFAR **Year** 2009

Funding Level: $14,516,922.00

Work plan Background

South Africa has the world's highest HIV/AIDS caseload. According to the Joint United Nations Programme on HIV/AIDS report on the Global AIDS Epidemic (2008), HIV/AIDS prevalence among adults (ages 15-49) was at 18.1 percent. By the end of 2007, the number of adults and children (ages 0-49) living with HIV was 5.7 million. Through the President's Emergency Plan for AIDS Relief (PEPFAR), the US Government (USG) supports and more than 300 implementing partners are involved in implementation of South Africa's HIV & AIDS and STI National Strategic Plan (2007-2011). One of the key priority areas of this plan is to provide treatment, care, and support to 80% of HIV positive people and their families. This approach is supported by the National Department of Health's 10 point plan (2009/10-2013/14), specifically, key priority 7: focusing on accelerated implementation of the HIV and AIDS strategic plan and increased focus on TB and other communicable diseases. As of December 2009, it was reported that 932,891 patients (60%) were reported to be receiving ART. Plans to scale-up HIV/AIDS treatment and care were announced by the President on World Aids Day (December 1, 2009). The target is to cover 1.4 million patients on ART, which translates to 80% of the population accessing care, by March 2011. Various changes to the program will be implemented, including simplification of the ART accreditation process to an assessment of readiness to provide ART, as well as comprehensive changes to treatment guidelines. Over the next few years, South Africa will greatly increase the entire spectrum of HIV/AIDS interventions. The health system response will continue to require further scale-up to provide ART for additional patients, and must also cope with long-term support for the increasing numbers of patients already on ART. The availability of a sufficient number of personnel who have the necessary competencies, efficient procurement and distribution of appropriate medicines, thorough pharmacovigilance, and competent drug information and systems for the monitoring and evaluation of the program will continue to be of paramount importance. Management Sciences for Health (MSH) provides technical assistance to the Government of South Africa in the area of pharmaceutical management. MSH had for several years provided technical assistance towards strengthening pharmaceutical management through the Rational Pharmaceutical Management Plus (RPM Plus) program- this support is now provided through the follow-on Strengthening Pharmaceutical Systems (SPS) program. Under this plan, SPS continues to focus on strengthening pharmaceutical services to National and Provincial Pharmaceutical Directorates and to local government pharmaceutical services. This focus recognizes that the effectiveness of pharmaceutical management systems determines the success or failure of many public health programs. Unless essential, safe, and quality health products are available in the right quantities, where and when needed, and are used correctly, the objectives of providing quality care for the treatment and prevention of HIV and AIDS cannot be met. Through funding from the United States Agency for International Development (USAID), SPS will continue to coordinate and collaborate with the Directorate of Affordable Medicines of the National Department of Health (NDoH) and local partners to address key pharmaceutical priority areas at the national, provincial and local levels, aimed at strengthening the capacity of pharmacy personnel to improve access to and use of health commodities for the treatment and care of those affected by HIV and AIDS. Also included is support of related key areas, such as infection control, pharmacovigilance and adherence monitoring. MSH/SPS South Africa has several memoranda of understanding with local key counterparts, including provincial departments of health (PDoH) and the local government, delineating priority areas of collaboration and technical assistance.

Activity Title:	Technical Activity Coordination
Activity Lead:	Sallet, Jean-Pierre **Activity #:** 1 **Task**: LFZA09HIP **Subtask**: 97XXY1
Activity Description:	MSH/SPS will provide TA in the key areas of prevention (PMTCT), care (TB/HIV) and HIV and AIDS treatment/ARV services. Technical activity coordination includes

the coordination and holding of meetings, the preparation of minutes, and communications with partners and collaborators. Implementation of the work plan activities will require that the SPS South Africa team work closely and coordinate with the USAID/South Africa mission, PEPFAR partners, and the South African NDOH, PDOHs, Metros, Medicine Control Council (MCC), and other structures by means of meetings and direct field support.

SPS Partners: None.

Budget: $420,600.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: In the Eastern Cape (EC) the MOU with the province was signed by the Superintendent-General and SPS/MSH in September. A staff meeting was held on August 19 – 20. A staff meeting of the MSM Cluster took place on September 23. A meeting took place on July 8 at the IPHC offices to discuss collaboration between the two projects. In the Northern Cape (NC) a meeting was held at Kimberley Hospital (August 5) with pharmacy management to identify training needs and conduct an assessment on infection control practices in the pharmacy. Another meeting with the TB directorate took place on August 6 in Kimberley. Items to be included in the MOU for the appointment of a pharmacist at the West End Hospital were discussed. The MOU has been drafted by SPS/MSH and submitted to counterparts/stakeholders in the province. An orientation and introduction session took place (September 9) with the new SPA appointed to the province. Financial support and TA were provided for the district pharmacists meeting held September 29 – October 1, 2010. The new SPS SPA was introduced to the district pharmacists. District pharmacists were requested to submit their training needs so that a training plan can be developed. A training coordinator for the province was designated by the HOPS. A request was made for Pharmaceutical Services to make presentations at the SAAHIP conference in March 2011. A meeting was held on August 30 with the CPM Director, a Right to Care representative and SPS/MSH to discuss possible collaboration between SPS/MSH and the Wits Health Consortium. It was agreed to have further discussions. One of the SPAs completed an assessor course and was granted a certificate of competence. A course on Lean Management was attended by the Manager of Monitoring and Evaluation from August 10-12. Interviews were conducted for the positions of provincial ARV monitors (NC, Kwazulu-Natal, and EC) and Regional HR Manager. The ARV Coordinator at NDoH and 7 of the 10 provincial ARV Monitors have started working. The Regional HR Manager assumes duties on October 15. ARV Monitors for Mthatha Depot and North West declined the offers, while an appointment may be made in the NC soon. In the Free State (FS) weekly meetings were organized with the PS, to coordinate activities. These meetings will also be attended by the ARV Monitor. In the Western Cape (WC) weekly meetings are held with the HOPS and ARV Monitor to discuss work progress. In the WC various challenges with regard to the job description, reporting lines, and placement of the ARV monitor in the province were addressed following intense consultation with all

	parties. This was ultimately resolved with the placement of the ARV monitor at the offices of Pharmacy Services. Arrangements were made for the parking project cars in the provinces (FS, NC, and WC).
Barriers to Progress:	Negotiations around the role and placement of the ARV monitor in the WC were time-consuming.
Next Steps:	Continue with appointments.
Indicators:	None.
Activity Title:	Provide support to the PMTCT program at the provincial and national level
Activity Lead:	Sallet, Jean-Pierre **Activity #:** 2 **Task**: LFZA09HIP **Subtask**: 60F8H2
Activity Description:	In FY 2010 SPS will focus on supporting the implementation of the new prevention of mother-to-child transmission (PMTCT) guidelines, through strengthening the integration within pharmaceutical services in the provinces and metropolitan areas. Specific activities include training of pharmacy and nursing personnel at sites, as well as support for logistics systems for PMTCT commodities.
SPS Partners:	None.
Budget: $320,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	As the North West (NW) province was experiencing some challenges with the quality of PMTCT data collected in the province, it was decided to embark on a training program for all facility and data managers on the new PMTCT indicators. A plenary meeting on M&E for PMTC held on July 19 in Mafeking was attended. This meeting was held to prepare for the training and ensure consistency in the training provided. Training subsequently took place from July 20-23 in a number of the sub-districts. Together with other partners, SPS/MSH participated in eight workshops, and provided financial support for another seven workshops. A total of 477 people were trained. The focus of the training was to ensure that everyone collecting data understood the meaning of each indicator, as well as the data source. Follow-up training for facility managers on how to use the data collected to monitor program performance in their facilities is planned. A subsequent meeting with the PMTCT manager and all the partners working in the NW province to finalize the PMTCT work plan was attended on September 11 in Mafeking. The province wants to ensure coordination of partner activities to ensure that there is no duplication and resources wasted. A lack of coordination had been identified as one of the challenges in the implementation of the PMTCT program. A work plan was finalized. Mpumalanga province (MP) indicated a need for training of the NIMART nurses on implementation of the PMTCT program, as well as on how to ensure the constant availability of PMTCT commodities. This training took place from July 19- 23 and was conducted in conjunction with the Regional Training Centre (RTC) trainers (19 people trained). This approach was taken to ensure sustainability, as these trainers will be able to continue the training of nurses

in the future. Further training on PMTCT was done in the Free State and Gauteng (31 and 19 people were trained, respectively).

Barriers to Progress: None.

Next Steps: None.

Indicators: None.

Activity Title: Update quantification models for HIV/AIDS, STIs, OIs and PEP in accordance with new guidelines and train national and provincial pharmacy and procurement staff in the application

Activity Lead: Sallet, Jean-Pierre **Activity #:** 5 **Task**: LFZA09HIP **Subtask**: 60C1H5

Activity Description: MSH/SPS is constantly improving and developing new models to estimate and monitor medicine needs using morbidity and consumption data. These models are specifically tailored to the South African National STGs for HIV and AIDS, STIs, OIs, other priority diseases and post-exposure prophylaxis (PEP). In previous years, provincial staff responsible for the submission of provincial estimates, provincial pharmaceutical warehouse managers and pharmacists responsible for the procurement of ARVs and medicines used for the treatment of OIs and STIs at the institutional level (hospital, community health center and district) was trained. Training in quantification needs to be an ongoing function, especially in the public sector in South Africa where community service pharmacists are often in charge of pharmacies during their year of service, then leave the public sector for the private sector without plans for succession. The quantification models will be shared with other partners that are supporting the NDoH (e.g. SCMS and Clinton Foundation) and joint training workshops will be conducted.

SPS Partners: None.

Budget: $320,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Quantification study.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The quarterly quantification forum was held on August 4-5. This meeting was delayed as the priority of getting the tender estimates finalized for the treasury took precedence. The first part of the meeting was devoted to a presentation on the assumptions that were made for quantification for the country. This presentation was shared between CHAI and SPS/MSH. After the presentation, provinces were interviewed one-by-one to discuss the USG donation and what was being delivered. The representative from the NDoH's Affordable Medicines Directorate was part of these discussions. The role of SPS/MSH was to assist provinces to quantify their needs for the next four months (to enable them to place orders until the end of November by which time the new tender should be in place). The second day was devoted to a meeting between the TB medicine industry and the provinces in accordance with tender regulations. The ARV industry was not invited due to the current tender process. Weekly task team meetings were attended to discuss and

monitor the USG donation to the country. These meetings are attended by SCMS, NDoH, CHAI and SPS/MSH. Problems with the supply of Abacavir, Tenofovir and Nevirapine solution were discussed in order to find solutions to the shortages. Arrangements were made for visits by SCMS and SPS to various provincial depots to assess the situation. Visits were subsequently paid to the depots in Mpumalanga, Limpopo, Free State and the Mthatha Depot in the Eastern Cape. Limpopo province was the first to receive a visit from a group of representatives from the NDoH, SPS/MSH, SCMS and CHAI. The new SPS ARV monitor attended the meetings, as well. Provincial representatives included the HOPS, HIV manager, a clinician from Waterberg, two district pharmacists and the Deputy Director for professional services. This was a very useful visit, in that there was a clinician present to give information on the numbers or percentages of patients on the different regimens, the number switching from the d4T regimen, and the numbers increasing monthly. As a pilot to the planned provincial visits, this initial visit was helpful in setting the agenda for future visits. As a result of the information received, the quantification tool was updated. A joint visit to the Mthatha Depot was conducted in collaboration with SCMS on August 11-12. The purpose of the visit was to understand their quantification processes. A focus session was held with the Acting Depot Manager, DD HIV/AIDS, Pharmaceutical Services, and SCMS. In the Free State, SCMS and SPS visited the depot on September 14. Possible strategies to improve medicine supply management at PHCs were discussed.

Barriers to Progress: None.

Next Steps: None.

Indicators: None.

Activity Title: Provide support to national and provincial pharmacy staff on monitoring and evaluation of pharmaceutical services (data for decision making and indicators)

Activity Lead: Sallet, Jean-Pierre **Activity #:** 6 **Task**: LFZA09HIP **Subtask**: 60BXM6

Activity Description: SPS will continue to provide TA in emerging areas such as monitoring and evaluation of pharmaceutical service delivery. These activities will build South Africa's capacity and support the improvement of health services. This will also provide an opportunity to strengthen the working relationship between pharmacists and other program managers. MSH/SPS will also continue the training of pharmacy personnel in using their data for decision making to ensure that the increasing demand for medicines required for the care and treatment of HIV and AIDS and other related programs is met, and monitored.

SPS Partners: None.

Budget: $240,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Indicators developed to monitor performance of chronic dispensing unit. Outline for the 4th session of a workshop on M&E. Standards for the provision of services by the Cape Medical Depot (CMD) of the provincial government of the Western Cape (PGWC).

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Training in M&E was conducted for the management of the South African Pharmacy Council (SAPC) on August 4-5 (13 people trained). Subsequent to the training, development of a monitoring and evaluation system commenced. The system is being aligned with the operational plan and the dashboard system. Training in M&E was conducted for the North West (NW) province (22 people trained). In Kwazulu-Natal (KZN), TA continued in monitoring and evaluation of pharmaceutical services. The indicators and data collection forms were loaded on the DHIS. Reports for the first quarter were received from the districts. In the Eastern Cape (EC), meetings with the M&E task team took place to finalize the tools, guidance document, and sites to be assessed. A protocol for the proposed baseline assessment was prepared and permission to conduct the assessment obtained from management. The assessment will be conducted in October. All documents were distributed to the M&E coordinators. The draft tool for the assessment of the depots was prepared and tested. A results framework for pharmacy services in the Western Cape was prepared. As part of the 18 priority districts and 1,000 Facility Quality Improvement project the Pharmacy Quality Improvement Initiative (PQI) project ─ which focuses on medicine availability (including ARVs and TB medication), waiting times, and assessment of prescribing and dispensing practices ─was initiated. The PQI data collection forms were field tested and aligned with the tools for monitoring of availability of ARVs and TB medicines. After assessments were conducted at facilities in the NC, NW and MP, improvements were made to increase medicine availability at these sites. In August, revisions to the tools were made in collaboration with the Director of Affordable Medicine of the NDoH. A draft list of medical supplies was prepared. TA continued to be provided to the Office of Standards Compliance of the NDoH in the revision of the Core Standards for Health Establishments in SA. After field testing of the assessment tool and checklist at Pretoria West Hospital, a summary of the results and input on the entire tool was prepared and submitted to the Office of Standards Compliance. Scoring was also done using the tool. Monitoring and evaluation training on HIV/AIDS and HCT indicators took place in all the districts in the NW. The monitoring tool for ARVs at the primary-level was provided the HAST Director in Limpopo. The tool was updated to accommodate abbreviations used in the ARV register.
Barriers to Progress:	In KZN, there is poor communication between the Provincial Quality Assurance, Monitoring and Evaluations unit and Pharmaceutical Services. Pharmacy Managers are interpreting the approved Pharmaceutical Data Indicators differently, resulting in data quality problems.
Next Steps:	Address data quality problems in KZN. Finalize indicators for pharmacy services in the WC. Integration of PQI tools and NDoH core standards.
Indicators:	None.
Activity Title:	Provide assistance to improve the governance of pharmaceutical services including the compliance with standards relating to pharmaceutical services
Activity Lead:	Sallet, Jean-Pierre **Activity #:** 7 **Task**: LFZA09HIP **Subtask**: 60A2H7

Activity Description: Since 2004, assistance has been provided to all provinces in monitoring progress towards compliance with the SAG legislative requirements that relate to the delivery of pharmaceutical services, as well as the applicable standards for the accreditation of health institutions (hospitals, community health centers) to provide ART. After the first SPS national meeting in August 2008, most of the provinces and metros requested additional support in new areas to support governance (e.g. management and leadership, strategic planning, and project and financial management). SPS will provide assistance with the development of policies and procedures at all levels, development and implementation of models of service delivery to support the provision of quality service to patients with HIV and AIDS, TB and other diseases, capacity building in the areas of governance, pharmaceutical care, and monitoring and evaluation of pharmaceutical service delivery. SPS will continue to provide assistance to all provinces in monitoring progress towards compliance with the Pharmacy Act and Medicines Act legislative requirements that relate to the delivery of pharmaceutical services. SPS will explore opportunities to work with the Joint Commission International (JCI), a SPS sub partner, on some of these issues. SPS will continue to provide technical assistance to non-governmental organizational structures (SA Pharmacy Council (SAPC)) in a wide range of services, such as the development of staffing norms for pharmacies, accreditation of facilities, and revision of legislation relating to pharmaceutical services.

SPS Partners: None.

Budget: $385,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Presentations.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: In the Free State (FS) TA continued to be provided to the Medical Depot to assist in complying with legislative requirements necessary for licensing of the depot, in terms of the Medicines and Related Substances Act 101 of 1965. Following a Medicines Control Council (MCC) inspection, the depot was given until September 2010 to submit outstanding reports. Recommendations made by the MCC included updating SOPs, providing attendance certificates for MSM training, and restructuring of the organogram to indicate the responsible pharmacist. These were addressed with assistance from SPS/MSH. A follow-up inspection by the MCC found only minor deficiencies. These were addressed and communicated to the MCC. Work continued on the development of a Leadership and Management course for Pharmacy Managers with coordination meetings being held with the consultant employed. Most of the draft modules have been prepared. The Deputy Regional Technical Advisor was appointed to and served on a Ministerial Appeal Committee appointed in terms of the Pharmacy Act 53 of 1974 to consider a dispute about the awarding of a pharmacy license. The work of such committees has the potential to promote good governance by ensuring that clear and concise criteria are applied in the awarding of pharmacy licenses. Currently, it would appear that no criteria are applied. The case is on-going.
One of the challenges facing Gauteng province is the number of pharmacist assistants (PAs) who although registered with a private provider of education and training for

the Learner Basic Pharmacist's Assistants course have not made much progress since commencing the training. Reasons for this include a lack of involvement of tutors and limited support from the provider. TA was provided to arrange a program to bring the learners together and go over the learning material, aiming to ensure course completion by the end of the year. This approach is in support of the push to train PAs and place them at PHC facilities to provide pharmaceutical support to nurses. The Eastern Cape (EC) is experiencing problems training PAs, similar to those of Gauteng. In addition, there is a shortage of assessors in the province, resulting in absence of assessments that typically accompany learning. Concern was expressed that these learners may not have been assessed in all the modules by December 2010. TA was provided by SPS/MSH in the assessment of PAs in the EC on July 15-16. A proposal was made to the EC HOPS that a similar process be undertaken to support learners. In the EC, input was provided on the revision of the adult clinical record, especially the chronic and acute prescription sections of the chart, and the SOP for completing the form. This ensured the form follows legislation and is user-friendly. Work continued on EC SOPs for pharmaceutical services. In the EC, support visits were conducted at Mooiplaas and Kwelera Health Centers, together with the LSA pharmacist and HIV/AIDS Directorate. The purpose was to review and understand processes, as these are newly approved sites which previously received medicines from an NGO. In the Western Cape (WC), TA was provided in the evaluation of the roles and responsibilities of Pharmacy Services, the District Deputy Directors and HIV/AIDS Directorate in relation to the provincial Annual Performance Plan (APP). It was agreed to arrange a RACI workshop to clarify responsibilities and accountabilities, eliminate duplication of work, and improve efficiencies and communication between Pharmacy Services and the HAST Directorates. Two RACI mini-workshops were held and roles clarified for the Pharmacy Services team. This was followed by a meeting held on September 22 to discuss progress and roles for the APP. In the WC, assistance was provided with the collection and analysis of provincial pharmacy staffing data. The KZN model was used to calculate the gap between current pharmacy staffing and recommended staffing levels. Shortcomings in the KZN model were corrected. A staffing norms workshop was held with members of the Pharmacy Services Management Team (PSMT) where it was decided to hold workshops with pharmacy management at various levels (i.e. regional, tertiary, and CHCs) to test the KZN model and gather information on problems experienced with the model. Meetings were held with regional hospitals (September 1) and MDHS CHCs (September 21). Support was provided to NMMU in pre-service training of final year pharmacy students in ethics and pharmacy legislation (42 students). The examinations for November and January were set. A document outlining the legislative principles affecting prescribing by nurses was prepared and provided to NDoH and provinces, on request. The Bosberaad for inspectors of the South African Pharmacy Council was attended by the SPAs who perform inspections on behalf of the SAPC. A proposal was made to provide TA for revision of the inspection questionnaires and the development of criteria for analysis of reports.

Barriers to Progress: A number of challenges were experienced in the development of the Leadership and Management course for Pharmacy Managers. These included: (1) Slow response by

members of the _editorial‘ team. (2) Although the first intake was supposed to be in the EC in November, (which would serve as a pilot) it is unlikely that this will be achieved. (3) Fort Hare University (FHU), the main partner, have been slow in providing comments/feedback. (4) The expectation from FHU that participants will have to pay a fee so as they can be reimbursed for their administrative support and the cost of accrediting the course.

Next Steps: In WC, a RACI workshop will be held on November 7 to train individuals on the RACI model and discuss cross-departmental roles and responsibilities for APP implementation, in terms of the RACI model. In WC staffing meetings will be held with tertiary hospitals, West Coast Winelands, and Southern Cape districts. Follow-up with FHU and EC to clarify relationships and expectations, with regard to Leadership and Management course for Pharmacy Managers.

Indicators: None.

Activity Title: Strengthen pharmacovigilance programs both at the national and provincial levels

Activity Lead: Sallet, Jean-Pierre **Activity #:** 8 **Task**: LFZA09HIP **Subtask**: 60B2H8

Activity Description: The CCMT program recognizes the importance of strengthening pharmacovigilance measures to ensure the safe and effective use of ARVs and other medicines used in HIV/AIDS patients. Improving the ability of healthcare workers to identify, diagnose, manage and report HIV medication related adverse effects that are critical to managing safety and minimizing patient harm.

SPS Partners: None.

Budget: $655,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Two ACADEMIK steering committee meetings were held on July 2 and September 9, 2010. The study coordinator commenced duty on July 1. The study protocol received full ethics approval on August 11. The lePRS system was installed at five of the cohort sites. At Greys Hospital written notification was given that the study would commence on August 10. The system is functional at this hospital with data being captured. Although the study has not commenced officially at GJ Crookes and Murchison Hospitals, the lePRS system has been implemented. Site visits and training was done on July 27 and 28, respectively, and site investigators were informed of consent procedures and patient enrollment. Progress at the other four sites has been hindered due to the following: At Madadeni Hospital, training on the system had to be postponed due to the National strike. At Northdale Hospital, the system has been installed and existing patient data imported but study could not commence due to staff shortages at the ART clinic. Meeting has been held with CEO. At St. Mary‘s Hospital, interfacing of lepRS with existing hospital patient information systems has to be done first. At Edendale Hospital, lack of cooperation from management. Wireless network

and some computers still to be installed. SPS has signed a contract with Virtual Purple Professional Services (VPPS), the developers of the lePRS system, for the maintenance of the electronic patient record system at the cohort sites. A meeting was held on August 27 to discuss issues on program implementation and database application. In the Free State (FS), pharmacovigilance (PV) training was conducted to support the provincial ART expansion plan. Training was conducted in Fezile Dabi and Lejweleputswa from July 26-27 and in Thabo Mofutsanyane District from August 2-3 (78 people trained). As part of the IPAT assessment of the pharmaceutical industry, a set of forty four indicators have been developed and field tested in four pharmaceutical companies. The formal assessment is being undertaken with 25 pharmaceutical companies. Data collection commenced on September 1 and is planned to be completed by September 30. The protocol for the sIPAT assessment in the public sector was approved by NMMU in August. Field testing (3 pilots) has been conducted and the revision of the indicators is in progress. SPS attended the ARV drug resistance task team meeting on September 20. This meeting was also attended by the National PV coordinator who did a brief presentation on the National PV framework and the link with drug resistance monitoring. Following discussions, a proposal was put forward by the task team to the HAST unit to approve an ARV drug resistance surveillance study in KZN. This proposal was accepted in principal. A formal letter will be sent to HAST, once the study protocol has received ethics approval. A few members of the task team have been assigned to develop a policy for drug resistance testing in the province and the study protocol will be aligned with this policy. A meeting was held with KZN pharmaceutical services officials to clarify the role of SPS staff seconded to the ACADEMIK project. The outcome of the meeting was satisfactory, with all having a better understanding of roles and reporting lines.

Barriers to Progress: None.

Next Steps: None.

Indicators: None.

Activity Title: Strengthen management of HIV/AIDS at facility level through the training of pharmacy personnel and roll-out adherence measuring tools nationwide

Activity Lead: Sallet, Jean-Pierre **Activity #:** 9 **Task**: LFZA09HIP **Subtask**: 60EXM9

Activity Description: In the light of plans to scale-up treatment with ARVs and introduce treatment initiation by nurses at PHC level, there is an urgent need to strengthen capacity among pharmacy and nursing personnel to manage patients on ARVs. The SPS HIV/AIDS Pharmaceutical Management and PMTCT training courses intended for pharmacy and nursing personnel, address this need. Course materials include the National HIV/AIDS Treatment Guidelines for the treatment and care of adults and children, prevention of mother to child transmission, follow-up care and testing of exposed infants, management of adverse drug reactions, medicine interactions, management of TB/HIV co-infection, patient education on HIV/AIDS and ART, provider education on HIV, AIDS and ART, psychological and social screening of patients to assess readiness for treatment, and support services to facilitate resolution of barriers to adherence. These efforts will also contribute to the overall strengthening of the health

system, as medication adherence monitoring and support measures are generic tools that may be applied to settings providing treatment for other chronic diseases.

SPS Partners: None.

Budget: $445,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: HIV/AIDS Pharmaceutical Management Training material was updated to include new HIV guidelines for adults, pediatrics and PMTCT. During this reporting period, the following training on HIV/AIDS Pharmaceutical Management was provided: (1) Community service pharmacists in Polokwane, Limpopo on July 27-30 (49 people trained). (2) Wits University from August 17-19 (19 people trained). (3) Pharmacists‘ assistants in Mpumalanga on August 17-19 (28 people trained). (4) Four workshops to update pharmacists and pharmacists‘ assistants on new HIV, PMTCT and pediatric guidelines for North West Pharmacy Managers from September 14-17 (88 people trained). (5) Update on new guidelines for pharmacists in Mpumalanga on September 21 (14 people trained). (6) In conjunction with IPHC, on September 28-29, training for a mixture of professional nurses, enrolled nurses, and enrolled nursing assistants in Lebowkgoma, Limpopo (14 people trained). HIV training assignments for the course held on May 11-14 in the Western Cape (WC) were analyzed. Results were disseminated and interventions recommended. SPS held a meeting with Deputy Directors (DDs) to explain results-based training. DDs were requested to address poor assignment response. A new approach was introduced during this reporting period where participants are required to conduct a baseline assessment at the commencement of the training, identify an intervention to improve the quality of care, and thereafter submit a post-intervention assessment (three months later). A summary of the baseline assessments prepared (n=60 patients and 6 sites) showed that: 12% patients find it difficult to remember to take their meds, 42% could provide the names of their meds, 60% patients were counseled about side effects, 48% could enumerate potential side effects, 57% patients counseled about drug interactions, 82% patients knew about medicine interactions, 20% of regimen changes made (due to an ADR) were reported as ADRs, and 24% of regimen changes made at the 6 sites had appropriate reasons for regimen changes documented in the patient folder. The post-basic pharmacists‘ assistants who have been trained in Mpumalanga will be placed at PHC facilities that will be rolling out ART. A program of TA at these facilities will be implemented with the support of pharmacists from the hospitals to provide mentoring of the PAs. In the Free State (FS), SPS/MSH supported the CSP training workshop on July 1. CSPs were trained on the new HIV/AIDS and TB Treatment Guidelines, down referral systems, and pharmaceutical policies. ART Expansion Site Readiness Assessments was done in Ficksburg (2 PHCs) and Botshabelo (2 PHCs). Some challenges were identified in HR, training, and space for ARVs. Training on Pharmacovigilance and Treatment Guidelines for HIV/AIDS, PMTCT and IPT are recommended. Appointment of PBPAs at clinics to support the expansion and introduction of the ADR reporting tool will also be useful. TA was provided to update

provincial ART guidelines and update the circular and policy regarding ART. SPS attended the Regional Training Centre's meeting to evaluate the e-RTC donated by I-TECH (PEPFAR partner). In Mpumalanga, the new provincial coordinator met the ARV pharmacist and attended the provincial CCMT meeting. Comment was provided to the Arlington office on the WHO Health Sector Strategy Response to HIV. A consultant was appointed for the development of the ART pediatric adherence tool. The protocol for the development of the tool is currently under review, to ensure that it reflects scientific progression over the past year.

Barriers to Progress: Enrolled nurses with limited embedded knowledge found the HIV/AIDS course content too advanced. Low submission rate of assignments after the HIV/AIDS course (8 of 27 participants submitted their assignments).

Next Steps: None.

Indicators: None.

Activity Title: Support rational medicine use at national, provincial, district and institutional level and strengthen evidence-based principles for the selection of medicine

Activity Lead: Sallet, Jean-Pierre **Activity #:** 10 **Task**: LFZA09HIP **Subtask**: 60BXH0

Activity Description: In previous years training materials to assist with the implementation and strengthening of PTCs at both provincial and institutional levels were developed. These committees play a key role in promoting STGs (e.g. HIV and AIDS regimen), reviewing drug use practices, developing provincial medicine formularies, and assigning prescriber levels. SPS will further build the capacity by training new PTCs at the provincial and institutional level and carry out trainings as requested by provinces for their individual districts and institutions.

SPS Partners: None.

Budget: $240,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Guidance document. TOR. Medication review summary. Drug utilization evaluation criteria.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: PTC training was conducted in the Pixley Ka Seme district in the Northern Cape (NC) from August 24-26 with 11 participants attending the full training. The implementation plan for the establishment of the PTC was drafted and it was agreed assignments would be submitted on October 11. One day training was conducted on September 7 at the Langlaagte Pharmacy Depot for members of the PTC of the city of Johannesburg. 13 participants representing the 8 regions which form the district attended. Participants included one doctor, pharmacists, pharmacists' assistants, and nurses. A request was made for more technical support. In the Eastern Cape (EC), training was conducted for the PTC of the PE Metro/District from September 6-8. The training was attended by the majority of PTC members, as well as two members of the Nelson Mandela Metropolitan University (NMMU). Assignments are to be submitted

by October 29. Most of the PTC members are pharmacists and, as such, the terms of reference and composition of the PTC needs to be reviewed. Discussions took place about including aspects of the PTC program into the pre-service training of pharmacists at NMMU. A PTC workshop was conducted in George in the Western Cape (WC) on August 10-13. The course was extended by one day to workshop MUR practicum. Tenofovir was used as an example with 50 patient folders being drawn from Mossel Bay Hospital. In the NC, TA was provided by phone and by site visits to the PTCs of Kimberley Hospital, Namakwa, and Siyanda districts. The John Taole Gaetsewe District PTC has not yet started, as members are not willing to attend meetings because of other commitments. Terms of reference and letters of appointment for the NC provincial PTC members were drafted and submitted to the HOPS. In the Free State, support was provided to the provincial PTC meeting on August 18 (TA and refreshments). A presentation on PTCs was made to Bophelong CHC management on September 3 and a PTC project brief (1st draft) was prepared. TA was provided to the Gauteng Provincial PTC which had not met for almost a year (term of office of the current PTC having come to an end). A task team has been set up that is looking at new terms of reference for the PTC. TA is also being provided with the review of the Gauteng formulary, as an ABC analysis of the province shows that medicine usage in the province is heavily weighted towards the use non-EDL medicines. A project plan was developed and meetings were scheduled for October to discuss the proposed TOR of the new PTC and proposed changes in the formulary. A presentation was made at the Gauteng Provincial Pharmacy Conference on rational drug ─the management of therapeutic classes and repackaging practices was emphasized using relevant examples. Training needs for the new Mpumalanga PTC were assessed. Three National EDL meetings were attended (1 tertiary and 2 hospital-level). A pharmacoeconomic analysis of oral verses intravenous vinorelbine in the management of advanced breast cancer was performed. The ENT and ophthalmology chapters of the hospital-level adult STGs were reviewed, presented to the committee, and approved for circulation to provincial PTCs and academic centers for comment. The pharmaceutical entities used during cataract surgical procedures were reviewed with the result that a new section will be included in the EDL. There is currently considerable expenditure in this area (in excess of R27 million). A meeting was held on August 5 with the CEO of Kimberley Hospital and the Deputy Director for Clinical Support. This was a follow-up to discuss the appointment of a full time pharmacist at the Clinical Resource Centre (CRC) in the NC. There were still administrative challenges. Another meeting took place on August 27, during which it was agreed to have the CRC newsletters distributed to all the districts. Pharmaceutical Services were to assist in this regard. It was also agreed to have pharmacovigilance activities in the province monitored from the CRC. All the health care facilities will have to send the ADR forms to the center. Discussions were still to take place with Pharmaceutical Services and the HIV Directorate, regarding this matter.

Barriers to Progress: Poor turnout at PTC training in the WC. Public sector strike interfered with meetings of the Gauteng PTC task team, as several meetings of the task team had to be cancelled.

Next Steps: Incorporation of aspects of PTC training in the pre-service training of pharmacists to

be incorporated in the existing MOU with NMMU. Continue supporting Gauteng PTC task team. Continue negotiations with CRC in the NC for the appointment of a pharmacist.

Indicators: None.

Activity Title: Support the national infection control program both at the national and provincial levels

Activity Lead: Sallet, Jean-Pierre **Activity #:** 11 **Task**: LFZA09HIP **Subtask**: 60E3HA

Activity Description: Infection control helps slow the spread of AMR by decreasing the volume of antimicrobial medicines used. Under RPM Plus, MSH collaborated with Harvard University to develop a self-assessment and quality improvement approach suitable for strengthening IC in hospitals in resource-constrained countries. RPM Plus in South Africa then adapted the tool to the local setting. The tool was piloted and the results were discussed and adopted in a review workshop with local stakeholders. The tool has now been introduced in all the provinces.

SPS Partners: None.

Budget: $240,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: In the Northern Cape (NC), copies of the ICAT Pharmacy module were sent to the HOPS for an assessment of infection control practices in government hospitals in the province. Once the results have been received, TA will be provided for improvement in identified areas. Agreement was reached in August with the Provincial Quality Assurance Directorate and the Kimberley Hospital IPC practitioner to conduct a one day ICAT refresher course in Kimberley. Participants were expected to report back on their activities with plans for training and implementation of the tool. An ICAT CD was given to the Quality Assurance Deputy Director in the NC and the ICAT Tuberculosis Precautions module was forwarded to the Provincial TB Directorate for use at TB facilities. A meeting was held on September 10 at the NDoH's Quality Assurance Directorate with the Director of QA and the MSH IPC expert seconded to the department. Items discussed included the following: (1) The NIPC Manual: the three reviewers have submitted their comments. Comments will be consolidated into one document by the end of October. Final document will be forwarded to CPM/MSH for editing and printing in the first week of November. (2) The ICAT and the NIPC manual will be presented as one document. The QA Director will prepare the foreword and introductions to be incorporated in the final document. (3) Creation of IPC position at the department: Steps are underway for the creation of this position by April 2011. The Director has requested a 3- 6 month extension of the contract of the IPC expert in case of delays in the creation of the position at NDoH. A letter for the extension of the contract would be prepared and submitted to SPS/MSH. (4) IPCAN conference feedback: The Director expressed his gratitude to SPS/MSH for supporting the attendance of this conference by the seconded IPC expert. It was an opportunity

for him to network and meet the experts in the field of IPC in the country, and communicate NDoH plans on IPC. Feedback on the implementation of the ICAT in the Western Cape (WC) was received from various institutions during the QA managers meeting held on September 15. Some reported having made extensive progress, while others are still in the process of implementation. A request was made to incorporate a module on forensic pathology and another on housekeeping. A need was expressed to use the tool for training purposes at universities and nurses training institutions. A technical assistance visit was undertaken on September 16 to Groote Schuur Hospital (a tertiary hospital) in Cape Town. The QA manager who is in charge of IPC activities has used all ICAT modules to do an assessment in every unit within the hospital. She is using the findings as a baseline for putting improvement plans in place. In some units, such as emergency, there has been a substantial improvement in hand hygiene and waste management. The key challenge remains the shortage of IPC practitioners, with only one nurse dealing with IPC in this 900 bed hospital. A presentation on ICAT was made on September 18at the WC Pharmacy Conference. The audience of about 80 pharmacists found the tool to be useful. The pharmacy module was distributed so that they can conduct an assessment at their facilities. Feedback is expected. Preparations commenced for the ICAT TOT planned for Namibia in November.

Barriers to Progress: The ICAT workshop planned in the NC could not be held because of the strike by public healthcare workers.

Next Steps: None.

Indicators: None.

Activity Title: Overall TA to the national and provincial level (including staffing norms, pricing and public-private partnerships, and pharmaceutical care)

Activity Lead: Sallet, Jean-Pierre **Activity #:** 13 **Task**: LFZA09HIP **Subtask**: 60AXHC

Activity Description: From program inception, MSH was regularly solicited by government (e.g., Medicines Control Council) and non-government (e.g., South African Pharmacy Council) counterparts to provide ad-hoc TA for a wide range of areas, such as development of staffing norms for pharmaceutical services, development of standards of pharmacy practice, the review and revision of the scope of practice and competency standards for persons involved in the provision of pharmaceutical services, regulations and norms for dispensing practices, implementation of legislation to reduce the price of medicine and improve medicine availability to communities (including ARVs and medicine used in the treatment of co-morbidities) and public-private partnership service level agreements. SPS will continue this TA activity.

SPS Partners: None.

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

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: In the Eastern Cape (EC), the Superintendent General (SG) tasked the Acting General Manager of Clinical Support Services to identify weaknesses in the delivery of pharmaceutical services at all levels in the province and identify quick-wins, medium, and long-term solutions. A task team was constituted to critically evaluate the issues with meetings being facilitated by SPS/MSH. A draft Pharmaceutical Services plan was prepared and still needs to be finalized with contributions from the task team members. Attempts to convene as a task team to finalize this document were underway. In the Free State (FS), support was provided to the Pharmaceutical Services/Universitas Hospital Pharmacy Week Conference held on September 7. SPS/MSH attended the FS Partners meeting held on September 21 and reported on SPS activities for the period May – September 2010. The Manager for Monitoring and Evaluation was appointed and acted as a judge in the Enterprising Spirit Award for pharmacists in the Western Cape (WC). At a national level, SPS attended 3 meeting, continuing to provide TA to the Pricing Committee. The annual review of the Single Exit Price (SEP) was done and a recommendation made to the MoH. Comments received on the proposed pharmacists‘ dispensing fee published in the Government Gazette were reviewed and meetings held with various stake holders. A final fee for implementation was recommended to the Minister. A policy framework to enable NGOs to access medicines at prices below the SEP was formulated and is being reviewed. Assistance was provided to the SAPC in the preparation of supplementary comments on the pharmacists dispensing fee published in the Government Gazette. TA was provided to the MCC in the regulation of medicines and clinical trials. Four clinical trials were reviewed and presented at three CTC meetings. TA was provided to other reviewers in terms of standard of care and the pre-clinical aspects of oncology biosimilars. One meeting of the full MCC was attended. Pharmacovigilance training on post-marketing systems was done as part of the local DIA training course at the University of Pretoria. This involved development of training material and presentation to participants. Outstanding information pertaining to the provincial medicines depots and human resources was collected by the provincial co-coordinators. The draft report was presented to the Director General in July (interim), finalized and submitted in August, with a further updated in September. The report was due to serve before the National Health Committee in early October. Three meetings of this sub-committee were attended by the SPS/MSH personnel. The main recommendation of the MTT on Medicines Procurement (establishment of a central authority for procurement of health goods within NDoH) was proposed as a basis for procurement under NHI. A number of variations are however, still being discussed. Examples from other countries were studied and presented to the subcommittee by SPS/MSH members. Various governance and structural aspects of the proposed system were reviewed. Several meetings were held with the pharmaceutical industry group the PTG, which aims to take up small projects in aid of the public sector, especially in medicines procurement. A meeting was facilitated between the PTG and the Gauteng HOPS, however the project presented by Gauteng was too large for the pilot. It was agreed that Gauteng will present smaller, manageable but visible projects directly to the PTG. SPS/MSH will liaise between PTG and North West and Mpumalanga Pharmaceutical Services. A meeting took place with Global Fund consultants and contributions were made to the funding proposal for Round 10. The

	proposal includes the main recommendation of the MTT on medicines procurement and makes provision for SPS/MSH provincial ARV monitor posts to be financed for at least three more years. The annual conference of the Board of Healthcare Funders was attended by the Deputy Regional Director in his capacity as President of the South African Pharmacy Council. The conference was of value as topical issues around healthcare financing (e.g. NHI) were discussed. A presentation was made by the SPA involved on the importance of international benchmarking in promoting access to medicines. During this reporting period, support commenced to the Standard Generating Body appointed by the SAPC with the appointment of a consultant to facilitate the process of the development of the qualification for the proposed two new cadres of pharmacy support personnel (namely pharmacy technical assistants and pharmacy technicians). Technical and financial support was provided. The qualification includes the exit-level outcomes, assessment criteria, and number of credits attached to each qualification. Revisions to the scope of practice of both categories were also made. Support continued to be provided to the Human Resources Task Team of the SAPC in the finalization of the pharmacy HR plan. The aim of the plan is to respond to the Strategic Framework for Human Resources for Health, complete a comprehensive analysis of the human resource challenges facing the pharmacy profession, and coordinate a plan of action to address these challenges. Work also continued on the guidelines for staffing norms for pharmaceutical services.
Barriers to Progress:	Difficulties in accessing reliable expenditure data for the Ministerial Task Team ─ this is indicative of the need to strengthen information management and accounting systems. Overall NHI plan not open to non-core members of NHI subcommittee.
Next Steps:	Finalize draft EC Pharmaceutical Services plan. It is expected that SPS/MSH will be required to provide one-on-one TA to the provinces to address deficiencies identified in the Ministerial Task Team on Medicines Procurement report.
Indicators:	None.
Activity Title:	Disseminate results and lessons learned from the implementation of emergency plan pharmaceutical services improvements
Activity Lead:	Sallet, Jean-Pierre **Activity #:** 14 **Task**: LFZA09HIP **Subtask**: 60G2HD
Activity Description:	SPS will update and implement the Monitoring, Evaluation and Results Plan (MERP) plan in line with COP 09. This activity also aims at the regular reporting on program implementation and documenting the different lessons learned from the implementation of the Emergency Plan interventions as applied to the pharmaceutical sector. It will document workable solutions and strategies. The program will work with the USG Team, SPS Washington, and other partners to identify success stories and ensure their documentation. The program will work with the USG team and other partners to identify opportunities for the presentation and dissemination of lessons learned locally, regionally and internationally, as well as to contribute to publications of global interest. This activity also includes work plan development, budget monitoring, progress monitoring, quarterly and semi-annual reports, and pipeline reports. Indicators developed and agreed on with partners will be used for monitoring activities and will serve as a basis for reports provided to the USAID mission, as well

as for revising targets in order to contribute to reaching PEPFAR goals in South Africa.

SPS Partners: None.

Budget: $220,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The FIP Conference held in Lisbon, Portugal from August 26 –September 1 was attended by the Deputy Regional Technical Advisor in his capacity as President of the South African Pharmacy Council (SAPC), as well as the SPA who is the technical lead on governance. The conference provided valuable information on pharmacy human resources, quality and pharmacy practice from around the world, as well as the opportunity for networking. The report on the conference was circulated. The SPS Pharmacovigilance Conference held in Kenya, Nairobi from August 16-18 was attended by the Regional Technical Advisor, Viloshini Manickum and Caroline Adam, and presentations were made on the IPAT Industry Assessment and ACADEMIK study in Kwazulu-Natal (KZN). The Western Cape Pharmacy Services conference was attended the Deputy Regional Technical Advisor (in his capacity as President of the SAPC), the Manager for Monitoring and Evaluation, and the Cluster Manager for Medicine Supply Management. A presentation was done on the ICAT tool and the legislative implications of dispensing of the prescriptions of nurses by pharmacy personnel. A workshop on nurses prescribing ARVs was facilitated. A presentation was made at the Academy of Pharmaceutical Sciences Conference, on the value of functional PTCs and the application of ABC Analyses. The presentation was based on the work of MTT on Medicines Procurement. Three abstracts on work done by MSH/SPS in South Africa (the Central Chronic Medicine Dispensing Unit (CCMDU) project in KZN, the development of an M&E framework in KZN and the research to quantify the services of a pharmacist) were accepted for presentation at the WHO‘s First Global Symposium on Health Systems Research to be held in Montreux Switzerland in November. SPS/MSH products were identified. The annual report for SPS SA was prepared and loaded on the PEPFAR Data Warehouse together with four success stories: (1) New Clinical Resource Centre makes medical information available in the Northern Cape. (2) Improving access and quality of care through centralized dispensing of chronic medicine in KwaZulu-Natal, South Africa. (3) Improving patient experiences using electronic management tools. (4) Developing capacity for pharmacists who care. At meetings held at the beginning of September with the CPM Director, discussions took place around mapping of SPS SA activities at national and provincial levels and the development of project briefs for all activities. Work commenced on the preparation of project briefs for each of the technical areas.

Barriers to Progress: None.

Next Steps: None.

Indicators: None.

Southern Sudan

Southern Sudan- Malaria

Work plan: Southern Sudan Malaria **Year** 2009

Funding Level: $1,000,000.00

Work plan Background
With the signing of the Comprehensive Peace Agreement (CPA) (January 2005), post conflict reconstruction is well underway in Southern Sudan. With assistance from technical partners such as USAID, the institutional, technical, and organizational capacity of the health sector and public health programs is now being built. In 2006, the USAID Sudan Field Office (SFO) mandated the MSH/Rational Pharmaceutical Management Plus (RPM Plus) Program, to provide support to the Ministry of Health (MoH) during establishment of a functional National Malaria Control Program and in strengthening the national pharmaceutical management systems. In 2007, the Strengthening Pharmaceutical Systems (SPS) program replaced the RPM Plus Program. SPS continues to support MoH in building the organizational, technical, and programmatic capacities of the NMCP and the Directorate of Pharmaceutical Services (DPS), while strengthening its coordination within the government and among the different donors and organizations involved in malaria activities. Initial support was focused creating policies, strategies and guidelines for malaria control and pharmaceutical management, as well as ensuring coordinated implementation and monitoring of malaria control interventions. To operationalize the NMCP's strategic plan and the pharmaceutical master plan, various implementation guidelines and tools have been developed and disseminated. SPS has also played a critical role in supporting MoH in mobilizing financial resources (from GFATM and other partners) for scaling-up effective interventions. Through support from SPS and partners, there is more coordinated implementation and progress in achieving intervention coverage. However, major challenges remain, including scarce human resources, inadequate infrastructure and equipment, and weak supportive systems, such as laboratory, referral, and health information. In the pharmaceutical sector, long procurement processes and inaccurate quantification of requirements leads to stock outs, distribution mechanisms and storage facilities are inadequate, and regulation and quality assurance mechanisms are still weak. In FY 09, SPS will continue support to the NMCP and DPS, focusing on scaling-up malaria control and pharmaceutical management interventions. Effective scaling-up can be achieved through dissemination of existing pharmaceutical policies, procedures, strategies, and guidelines that were previously developed. SPS will continue to strengthen the M&E system so that credible data on malaria programs and intervention are available. In this regard, a Malaria Indicator Survey (MIS) will be conducted and sentinel sites established at selected hospitals to ensure continuity of data collection. In the pharmaceutical sector, SPS will aim to strengthen the quality assurance systems for medicines. SPS will also support states to strengthen pharmaceutical management systems. Activities proposed under FY09 are consistent with the USAID result areas under the SPS program and will contribute to the achievement of the USAID Sudan Field Office multi-sectoral strategy for infectious diseases and Intermediate result 10.1: related development of core institutional structures for an effective, transparent, and accountable GOSS. Broadly, SPS will utilize FY09 funding to provide technical assistance, enhance national capacity, improve access to ACTs, set up quality assurance systems, and strengthen information systems.

Activity Title:	Strengthen office management and operational capacity
Activity Lead:	Azairwe, Robert **Activity #:** 2 **Task**: LFSD09MAL **Subtask**: 60F4H2

Activity Description: Sub-activities will include: provide office supplies, manage transportation for SPS Staff and consultants, improve office structure by replacing windows and improving water drainage, install an intercom system and teleconference facilities, complete semi-annual inventories of office fixed assets and maintain an up-to-date borrower's record for movable/portable equipment, maintain up-to-date records of financial transactions, and manage national staff payroll and travel expenditure frameworks (TEFs).

USG Sub-element: Malaria

SPS Partners: None.

Budget: $90,194.00 **Start Date:** Oct 2009 **End Date:** Oct 2010

Products Planned: Procurements. Semi-annual inventories.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Maintained office operations. Coordinated a mission for pharmaceutical assessment conducted jointly by SPS and SCMS. Coordinated with USAID and MSI to organize the logistics related to evaluation of the Southern Sudan SPS approach of placing long-term Technical Advisors into MoH departments.

Barriers to Progress: None.

Next Steps: Strengthen office management and operations.

Indicators: None.

Activity Title: Support MoH to strengthen planning and coordination of malaria control activities at central and state level

Activity Lead: Azairwe, Robert **Activity #:** 3 **Task**: LFSD09MAL **Subtask**: 60F4H3

Activity Description: The specific activities that will be undertaken under this objective will include: (1) drafting a guide for planning of malaria control activities at state and county levels. (2) Conducting 5 state-level malaria planning and review meetings. This will bring together implementing partners in each state to orient them on the national malaria policies, strategies and priorities. SPS will facilitate the development of joint state malaria control and prevention plans. These meetings will also discuss key drug supply management constraints and how to address them. (3) Provide technical assistance to NMCP and GFATM malaria grant partners, to organize a national RBM coordination meeting. The meeting will serve to review progress in implementation of the national RBM strategic plan and dissemination of national malaria control and prevention policies. (4) Publish the 2010 Malaria Newsletter. SPS will work with NMCP to draft articles, solicit for articles from partners and to design and publish the newsletter. This will facilitate sharing of new initiatives, progress and experiences among malaria control partners. (5) Provide technical assistance for the planning and implementation of the 2010 World Malaria Commemoration Day. (6) Participate in malaria Technical Working Group (TWG) meetings and other specific committees or taskforces related to malaria control activities. (7) Provide a scholarship to the NMCP program manager for a summer course at Boston University, as part of strengthening the management and coordination of the malaria control program.

USG Sub-element: Malaria

SPS Partners: None.

Budget: $97,616.00 **Start Date:** Oct 2009 **End Date:** Oct 2010

Products Planned: Planning guide drafted. Reports from partners coordination meetings. The 2010 malaria newsletter published. MoH briefing of World Malaria Day activities. Reports on TWGs.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS supported NMCP to draft and submit the GFATM round 10 proposal, the gap analysis process, identifying Service Delivery Areas/interventions, and the NMCP to draft a concept paper and timelines for drafting of the proposal. SPS continued to participate in CCM meetings and facilitated the selection of the Principal Recipients for the 3 proposals (TB, Malaria and HIV/AIDS). SPS was a member of the technical subcommittee of CCM that reviewed the PR applications and made recommendations to the CCM. Support was also provided to the CCM and proposal drafting team to ensure timely submission and response to clarifications raised in the screening phase. The NMCP was supported to draft a formal request for extension of the current malaria strategic plan (2006/7-2010/11) to allow MoH to undertake a Malaria Program Review (MPR) and draft a new plan. SPS participated in a meeting with the Local Fund Agency (LFA) to discuss appropriateness of activities proposed under phase 11 of the round 7 malaria grant and the need to strengthen malaria M&E systems. SPS also supported NMCP and PSI to draft a justification for downward adjustment of the round 7 targets for home management of malaria. SPS also supported NMCP to draft the malaria section of the MDG report. NMCP was also supported to draft the malaria section of the Health Sector Strategic Plan (HSP). SPS facilitated attendance for the NMCP focal person for malaria case management (Dr Thabo) at the EARN malaria planning and review meeting in Kigali. NMCP was also supported to prepare a power point presentation for the meeting.

Barriers to Progress: The number of SPS staff and MoH counterparts is not adequate to address the work load.

Next Steps: Recruit program staff and procure program vehicles. Develop and build consensus on TOR for pharmaceutical management committees (PMC). Discuss and agree with MoH GOSS and state MoH on the placement of SPS staff at state/county levels. Finalize the guideline for planning malaria control and prevention activities at state and county levels.

Indicators: None.

Activity Title: Review and strengthen implementation of the ACT-based malaria treatment policy

Activity Lead: Azairwe, Robert **Activity #:** 4 **Task**: LFSD09MAL **Subtask**: 60EXH4

Activity Description: Specific activities to be undertaken will include: (1) Developing tools for reviewing the ACT policy implementation process. (2) Conducting field visits and collecting data to determine factors affecting policy implementation. This will include gathering information on barriers and enhancers to policy implementation. (3) Sharing of

	findings and building consensus on key actions to improve the ACT policy implementation process. (4) Training health workers on case management. The training will also aim to empower health care workers with skills to identify and address operational constraints at the facility level. (5) Support NMCP and partners to develop/update operational tools for treatment of malaria with ACTs at the community level. This will be done in the context of improved home-based management of malaria (HMM) as part of the national integrated child survival strategy. Produce educational materials (and tools) to improve ACT policy implementation including effective introduction of fixed dose combination of AS+AQ.
USG Sub-element:	Malaria
SPS Partners:	None.
Budget: $127,984.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	Scope of work. Final report drafted. Health worker training reports. Educational materials developed.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS conducted training for 42 in-service health workers in the management of both uncomplicated and severe malaria in Terekeka County, Central Equatoria state. As part of capacity building, facilitation was done by both NMCP and SPS staff. SPS developed dosage charts for the fixed dose combination of Artesunate +Amodiaquine as a job aid to increase compliance to the malaria treatment policy.
Barriers to Progress:	New activities (pharmaceutical sector assessment, and SPS evaluation and drafting of the Global Fund round 10 proposal) took considerable time and affected achievement of other outputs/products.
Next Steps:	Finalize the guideline for planning malaria control and prevention activities at state and county levels. Support NMCP to review and update malaria case management guidelines. Continue malaria case management and pharmaceutical management trainings. Commence support to NMCP to set up a system for antimalarial Therapeutic Efficacy Tests (TET).
Indicators:	None.
Activity Title:	Support MoH to strengthen malaria M&E systems at central and state levels
Activity Lead:	Azairwe, Robert **Activity #:** 5 **Task**: LFSD09MAL **Subtask**: 60GXH5
Activity Description:	Specific activities to strengthen M&E under FY09 will include: (1) Facilitating support supervision to state, county and health facility levels. This will include one round of support supervision to all 10 states, one round of support supervision visits to all counties in 2 states, and at least 20 health facility level supervision visits. (2) Conducting post-training follow-up on malaria case management to assess performance at the workplaces. This activity will also form part of the ACT policy implementation review process. (3) Expanding the malaria indicator surveillance system to 6 state hospitals while consolidating ongoing data collection at the current 5 sites. A meeting will be held to introduce the malaria indicator surveillance system to

state surveillance officers and other M&E staff. SPS will review and produce a report on the status of key malaria indicators on a bi-annual basis. (4) Continued support to MoH and partners to implement the 2009 Malaria Indicator Survey (MIS). (5) Supporting MoH to set up a drug efficacy monitoring system with focus on antimalarials. A consultant(s) will be hired to support NMCP to develop an overall efficacy monitoring plan and develop/adapt study protocols. SPS will support MoH to build capacity for conducting at least one study at one site (Juba Teaching Hospital). This will include training a team of health workers and providing basic equipment at the selected sentinel site. (6) Support MoH/NMCP to draft and publish an annual report to highlight the main malaria control activities, achievements and challenges.

USG Sub-element: Malaria

SPS Partners: None.

Budget: $120,855.00 **Start Date:** Oct 2009 **End Date:** Oct 2010

Products Planned: Support supervision reports. MIS reports. Monitoring plan developed. Annual report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS supported NMCP in carrying-out data entry and analysis of the Malaria Indicator Survey (MIS). Recruitment and training of data entry clerks and funding of 5 data cleaning clerks were provided. SPS helped to review the draft MIS report and provide comments on areas that required more data analysis. A malaria technical working group meeting was organized to discuss the draft report and plan for dissemination of the findings. SPS continued to coordinate malaria data collection at sentinel sites. SPS analyzed the existing data, produced, and shared the malaria trends for specific sites. Compiled data and drafted a synthesis report of support supervision findings from 5 counties in Eastern Equatoria State. SPS participated in the training of senior staff (head nurses, lab techs, pharmacists, and statisticians) on data collection tools (registers). SPS participated in an M&E technical working group meeting to review and finalize the health facility assessment tools for assessing the quality of care and services offered at health facilities.

Barriers to Progress: None.

Next Steps: Continue support supervisions. Support the NMCP to disseminate the MIS report and the MoH to pilot the first response malaria RDT test.

Indicators: None.

Activity Title: Support MoH to develop a five-year pharmaceutical sector strategic plan for South Sudan

Activity Lead: Azairwe, Robert **Activity #:** 6 **Task**: LFSD09MAL **Subtask**: 60AXH6

Activity Description: The specific activities that will be undertaken under this section include: (1) Conducting desk reviews, hold consultative meetings including visits to state and county levels, to agree on content of the strategic plan. (2) Drafting the strategic plan. (3) Holding consensus workshop to present draft strategic plan and incorporate partner inputs. (4) Holding a finalization workshop. (5) Printing and dissemination of the strategic plan. (6) Develop a scope of work and engage a consultant.

USG Sub-element: Other Public Health Threats

SPS Partners: None.

Budget: $74,392.00 **Start Date:** Oct 2009 **End Date:** Oct 2010

Products Planned: Scope of work. Draft strategic plan.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS conducted a pharmaceutical sector and supply chain assessment in collaboration with SCMS and organized a stakeholders‘ workshop to present the assessment findings and build consensus on the way forward. SPS supported the Directorate of Pharmaceutical Services to make a presentation to status of the pharmaceutical sector to the new Minister of Health. The MoH was also supported in drafting the pharmaceutical section for the overall 5-year health sector strategic plan.

Barriers to Progress: The number of SPS staff and MoH counterparts is not enough to address the work load.

Next Steps: Continue giving support.

Indicators: None.

Activity Title: Support the procurement and management of ACTs and RDTs procured through USG funds

Activity Lead: Azairwe, Robert **Activity #:** 7 **Task**: LFSD09MAL **Subtask**: 60CXH7

Activity Description: Specific activities to be carried out under this section include: (1) Documenting the support provided to management of 1.6 million ACT doses procured under FY08. This will involve field visits to assess availability and use of the medicines. Appropriate tools will be developed for the purpose. (2) Quantifying the ACT and RDT needs to be procured under FY09. (3) Receiving and ensuring appropriate storage of USG procured ACTs & RDTs. (4) Develop distribution plans for the FY09 ACTs and RDTs. (5) Coordinate the distribution of FY09 ACTs and RDTs.

USG Sub-element: Other Public Health Threats

SPS Partners: None.

Budget: $83,985.00 **Start Date:** Oct 2009 **End Date:** Oct 2010

Products Planned: SPS support documented. ACTs and RDTs distribution report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS worked with MoH to update the CMS list of facilities to supply. SPS supported CMS to: finalize the distribution list for 42 hospitals, 220 PHCC and 820 PHCU, finalize the distribution plan, and adapt and produce LMIS tools (waybills and issue/receipt vouchers) for distribution of essential medicine kits to health facilities. SPS worked with USAID/DELIVER to receive, arrange and inventory over 1.1 million treatments of first line antimalarial medicines donated by USAID to the MoH. A physical inventory of antimalarials in CMS was also conducted and a quarterly PMI report completed and submitted. SPS advised CMS on areas to consider in renovations and supported CMS in removal of all narcotics from the kits and dispatched them to

	hospitals as controlled substances.
Barriers to Progress:	None.
Next Steps:	Plan the official handover and distribution of USG procured ACTs.
Indicators:	None.
Activity Title:	Support drug registration, inspection and quality control testing activities
Activity Lead:	Azairwe, Robert **Activity #:** 8 **Task**: LFSD09MAL **Subtask**: 60AXH8
Activity Description:	In FY09, SPS will consolidate support for strengthening quality assurance mechanisms through the following activities: Introduce Pharmadex, a drug registration management tool that was developed to help streamline and track medicines registration for drug registration authorities. This activity will include conducting a comprehensive assessment of installation and technical needs, customization, installation of the software, and training of users. SPS will work with the MoH and other partners on this activity. Train customs personnel on medicine inspection (1-day workshop/meeting). Appropriate checklists will be developed. Provide technical and logistical support to quarterly inspection of pharmaceutical premises in 6 counties of Central Equatoria. Provide technical assistance to MoH to make the Kaya minilab site more functional and set up one additional site. This will include provision of office supplies, on-job training, support supervision visits, management of data from the sites, and where applicable, facilitating key MoH staff to inspect major manufacturers of pharmaceutical products. Support MoH to establish mechanisms for testing samples that fail through the minilabs at reference laboratories in the region. Emphasis will initially be placed on testing antimalarials. Facilitate training in Tanzania or other regional countries on port of entry inspection, Minilab and quality control laboratory.
USG Sub-element:	Other Public Health Threats
SPS Partners:	None.
Budget: $90,167.00	**Start Date:** Oct 2009 **End Date:** Oct 2010
Products Planned:	Training report. Inspection reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	SPS conducted workshops for key stakeholders at the Kaya port of entry. SPS supported one MoH director to participate in the SPS Pharmacovigilance Conference in Kenya and supported MoH to finalize the draft bill to establish an autonomous Drug & Food Control Authority and Pharmacy Council in Southern Sudan.
Barriers to Progress:	SPS staff and MoH counterparts are not enough to address the workload.
Next Steps:	Continue support supervisions and inspections of the pharmaceutical management outlet. Commence renovations and make Juba minilab site functional.
Indicators:	None.
Activity Title:	Develop private sector accreditation scheme to strengthen quality, access, and use of medicines in private sector
Activity Lead:	Azairwe, Robert **Activity #:** 9 **Task**: LFSD09MAL **Subtask**: 60D2H9

Activity Description: The specific activities that will be conducted under this section will include: (1) Conducting feasibility assessment/situational analysis to determine baseline private sector prescription/treatment practices including availability, quantities and distribution of monotherapies and sub-optimal combination therapies on the market. This will guide the development of a strategy for phasing out non-recommended antimalarial treatments. (2) Drafting a concept paper on implementation of a private sector ACT subsidy scheme. (3) Conducting advocacy, consensus building and resource mobilization activities. This will include a consensus-building meeting for the MoH and major stakeholders. (4) Facilitating familiarization trips for key MoH staff, to countries that have already setup distribution models of subsidized ACTs through the private sector. (5) Develop a training curriculum, and accreditation standards for private sector distributors.

USG Sub-element: Other Public Health Threats

SPS Partners: None.

Budget: $92,012.00 **Start Date:** Oct 2009 **End Date:** Oct 2010

Products Planned: Reports on feasibility studies. Concept paper drafted.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Training materials (PowerPoint slides) for training private sector operators on pharmaceutical management of malaria were finalized. The materials/trainings are based on the Manual for Pharmaceutical Management of Malaria in Private Pharmacies and Community Medicine Shops in Southern Sudan, developed with SPS support. SPS conducted a two-day private sector workshop on pharmaceutical management of malaria during which 59 participants (14 females and 45 males) were trained.

Barriers to Progress: Limited staffing.

Next Steps: Continue.

Indicators: None.

Activity Title: Strengthen pharmaceutical management capacity at selected public and private sector sites

Activity Lead: Azairwe, Robert **Activity #:** 10 **Task**: LFSD09MAL **Subtask**: 60CXH0

Activity Description: Under FY09, SPS will continue to support the MoH to build capacity of the in-service health workers through appropriate trainings and focused on-site implementation support. The following activities will be carried out: (1) Train 100 health workers from the public and private sectors in different aspects of pharmaceutical management. About ½ of the trainees will be from the private sector. (2) Conduct a national monitoring training and planning (MTP) workshop for supervisors/trainers (15 participants). (3) Conduct quarterly MTP visits to selected sites. (4) Conduct medicine use evaluation studies at selected sites (5-10) and design appropriate strategies to improve rational use of medicines at the sites. Such strategies may include introduction of DTCs, training, IEC materials, and health talks. (5) Introduce pharmaceutical management information system (PMIS) tools at selected sites (5-10)

and provide appropriate on job-training and supportive supervision. (6) Recruit and build the capacity of one national staff to coordinate some of the activities proposed under the FY09 work plan.

USG Sub-element: Other Public Health Threats

SPS Partners: None.

Budget: $97,911.00 **Start Date:** Oct 2009 **End Date:** Oct 2010

Products Planned: Evaluation report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS conducted a rapid assessment of pharmaceutical management practices at El Shabah pediatric hospital. This was followed by reorganization of the stores and pharmacy, physical inventory, and introduction of LMIS tools. SPS provided technical assistance in sorting and inventorying contents of essential medicines kits to separate expired products, laboratory items and medical equipment from different stores located in different areas of the hospital. Stores and in-patient/outpatient rearrangements were done. MoH was supported in the review of pharmaceutical service set up and practices in Juba Teaching Hospital. This resulted in reorganization of the out-patient pharmacy, streamlining work flow, assignment of key personnel to manage the different pharmacy sections, reorganization/reallocation of the hospital stores, and inventory of all item in stock. PMIS tools were also adapted for printing by MoH to be used in Juba Teaching Hospital, including: restricted medicine prescription form, ordinary prescription sheets, and hospital dispensing registers. Job orientation tools and sessions were held for the new pharmacists and store personnel (operation of pharmaceutical incinerator) at the hospital. A recommendation was made to establish a pharmacy compounding unit for local preparations (e.g. Gentian violet, calamine lotion, and iodine tincture). A workshop was held to review and finalize the implementation guide for introduction of fixed dose combination (FDC) of Artesunate and Amodiaquine. SPS conducted a pharmaceutical management monitoring and training plan (MTP) workshop in Yei, South Sudan. 28 participants (24 males and 4 females) from five counties were trained (Morobo, Yei, Lainya, Mundri East and Mundri West). PSI and SHTP-II collaborated with SPS in identifying suitable participants for the workshop.

Barriers to Progress: None.

Next Steps: Continue to strengthen management capacity at selected private and public sector sites.

Indicators: None.

Southern Sudan- MCH

Work plan: Southern Sudan MCH **Year** 2009

Funding Level: $400,000.00

Work plan Background

Based on the government of Southern Sudan's (GoSS) health policy and the inherently defined basic package for health services, the MoH prepared the "Comprehensive Multi-Year Plan (cMYP) for the Expanded Program on Immunization (EPI), 2007-2011" to define the road map for development of a national routine immunization service delivery system throughout the country. Over the last three years, the GoSS and its routine immunization partners (UNICEF, WHO and NGOs) worked closely to implement and strengthen the routine immunization services delivery system. Significant improvements in routine immunization service delivery have been observed in spite of the enormous challenges. Reported immunization performance indicators (using DPT-3 and DPT1-DPT3 dropout rate) continue to show that gains can be made in a relatively short period of time. It is important to note that in the face of enormous obstacles, government, partner organizations, and individuals have achieved much in a very short time. In a few years, the GoSS, the MoH, PHC/EPI, UNICEF, WHO, and multiple NGOs have created a functioning structure for health service delivery and a platform for further development of the health care system. However, there are still very high DPT1-DPT3 dropout rates at national and state levels, showing that access to routine immunization has increased disproportionately above improvements in constant availability, quality, and demand for services. The MoH/EPI and partners continue to face major issues and opportunities in their efforts to expand routine immunization services. These include: (1) routine immunization of infants and women is not recognized as a priority by the government (at all levels), health authorities, or the public. (2) The presence of NGOs that previously provided the minimum EPI services has decreased and is expected to continue to decline. Those that have remained have high staff turnover, and often replacements are inexperienced in EPI. (3) The WHO immunization team focuses largely (and almost exclusively) on accelerated disease control/elimination activities and is under significant international pressure. (4) UNICEF created the cold chain system and supported the development of routine immunization services in Southern Sudan for many years. However, for reasons of policy and a reduction in funding, UNICEF is committed to turning over more responsibility to the MoH. As a result, support provided by UNICEF for staff in communications and cold chain has been withdrawn or will be in the near future. (5) GAVI/ISS funds, which are essential and support all program operations, are being reprogrammed from development of a routine immunization services delivery system to Periodic Intensified Routine Immunization (PIRI), interrupting EPI services delivery and creating high dropout rates. (6) The EPI program does not have sufficient staff to effectively manage and conduct routine immunization services at any level (national, state, county, or facility): the national EPI has 9 critical vacant positions (10 EPI-related positions), counties, payams and facilities have few, if any, GoSS immunization staff, at the county and health facility-level staff are not regularly paid and/or are not on the MoH payroll, and in some counties, paid health staff do not agree to provide routine immunization services. (7) The program currently lacks clear and documented policies to guide routine immunization implementation and strengthening. (8) The stated implementation strategy of the program (the Reach-Every-County strategy adapted from the larger Reach-Every-District strategy) has not been made functional. Only budgets (micro-plans) have been submitted to the national EPI for funding. Although Reach-Every-County (REC) training has been given and directives and formats were provided, no state and/or county is known to have implemented the REC strategy. This is most likely due to: undefined health facility catchment areas that are not stratified for static, outreach and pulse-campaign activities, villages that are not listed with their populations, unorganized community involvement, unavailable sessions at the health facility level, lack of work plan from any level (facility, county and/or state), and absence of routine supervision and routine analysis and use of data at the local-level. (9) There is no national EPI cold chain and logistics officer (as the cold chain is managed by UNICEF). There is a large amount of cold chain equipment that is dependent on oversight from a mixture of MoH/EPI, WHO and UNICEF field staff, yet there is no uniform guideline for vaccine storage and handling and no routine supervision of cold chain operations. (10) Transport (e.g., motorcycles) has been

provided by GoSS and donors specifically for support of routine immunization services. However, some of the transport provided for EPI services have been allocated to non-immunization program officials and staff. (11) There is no support-supervision system in place. (12) While there is a functioning data recording and reporting system that collates data at each level for onward transmission to the national level, there is no routine data analysis, feedback, or use of routine immunization data at the field and intermediate level, data is collated and processed only at the national-level, and there is no system in place for data quality assurance (verification, validation, timeliness, completeness and quality indexing). The USAID Sudan Field Office (SFO) has mandated the Strengthening Pharmaceutical Systems (SPS) program to provide support to the MoH to strengthen the National EPI Program. SPS support will focus on ensuring that progress is made in critical EPI areas such as routine immunization services, measles elimination, polio eradication, and vaccine preventable disease surveillance. Activities proposed under this plan are consistent with the USAID result areas under the SPS program and will contribute to the achievement of the USAID Sudan Field Office multi-sectoral strategy for infectious diseases and intermediate result 10.1: related development of core institutional structures for an effective, transparent, and accountable GoSS.

Activity Title:	Strengthen office management and operational capacity
Activity Lead:	Azairwe, Robert **Activity #:** 2 **Task**: LFSD09MCH **Subtask**: MHSD09
Activity Description:	The SPS Southern Sudan program supports the MoH to meet the office management needs of the National Malaria Control Program including providing essential supplies, logistical support, and acquisition and maintenance of facilities and equipment.
USG Sub-element:	Immunization, Including Polio
SPS Partners:	None.
Budget: $68,000.00	**Start Date:** March 2010 **End Date:** Sep 2010
Products Planned:	None.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	As part of the MSH/SPS EPI activity plan, SPS contributed to cost sharing arrangements with SHTP II, including office utilities (internet and stationary) and other overhead items.
Barriers to Progress:	None.
Next Steps:	Continue with arrangements unless otherwise indicated.
Indicators:	None.
Activity Title:	Support MOH to strengthen planning, coordination and communication of EPI activities
Activity Lead:	Azairwe, Robert **Activity #:** 3 **Task**: LFSD09MCH **Subtask**: MHSD09
Activity Description:	As part of this activity, SPS will: (1) be involved in EPI stakeholder mapping. (2) Provide technical assistance to the EPI Program Manager, the Directorate of PHC, and partners to develop a comprehensive and integrated, annual, departmental work plan. (3) Conduct two (2) state-level EPI planning workshops based on the EPI Comprehensive Multi-Year Plan (cMYP). (4) Conduct EPI micro-planning workshops for 4 of the 13 SHTP II counties, based on the EPI cMYP. (5) Support the EPI Program Manager to call for and hold monthly EPI Technical Working Group/ICC

meetings. SPS will also actively participate in specific committees or task forces related to EPI. (6) Support the EPI Program at the MoH to produce a bi-annual newsletter.

USG Sub-element: Immunization, Including Polio

SPS Partners: None

Budget: $63,000.00 **Start Date:** March 2010 **End Date:** Sep 2010

Products Planned: EPI stakeholder support matrix. Annual EPI work plan. Quarterly EPI reports. Annual EPI reports. State specific EPI planning workshop reports. Draft state EPI work plans. Four county-level EPI micro-plans. Quarterly ICC EPI newsletter.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS participated in the EMRO Inter-country meeting for EPI managers that took place in CAIRO from July 2-9, 2010. As part of the meeting proceedings, SPS supported EPI/MoH to develop a poster presentation on implementation of vaccination week in Southern Sudan. EPI/MoH was supported to develop a matrix for preparatory activities for the Polio Supplemental Immunization planned for October, 2010. MoH was facilitated to conduct EPI micro-planning workshops for 3 states: Lakes, Central Equatoria, and Western Bahr El Ghazal. SPS also supported review of micro-plans for acceleration of routine immunization in the two states of Western Equatoria and Lakes. At the request of the State EPI operations officer, SPS facilitated a one-day review meeting of the Juba county EPI operational micro-plan. The follow-up meeting for Juba county sought to initiate county partners‘ buy-in for the routine immunization operational micro-plan. SPS supported EPI/MoH to draft the 2010-2011 operational plan that outlines the GAVI/ISS investment plan for utilization of the current grant ($2,100,000 USD). The EPI/MoH was also supported to develop the fourth quarter operational plan for routine immunization activities in conjunction with planned immunization campaigns. This includes inputs and actions to be implemented by immunization stakeholders supporting the program in Southern Sudan. SPS supported the EPI/MoH to document the EPI technical meeting proceedings, as a continued effort to create an institutional memory of technical decision making processes in the program. This included the 9th ICC meeting held on September 30, 2010. For the first time ever, the program was supported to develop a report of follow-up actions arising from the previous ICC meetings. MoH was also supported to draft the Child Health Section of the Health Sector Strategic Plan. SPS ensured that the EPI program‘s aspiration to introduce new vaccine technologies was articulated. SPS also helped to review two chapters of the GoSS/HSSP that are linked to child health and survival: Maternal, neonatal and reproductive health, and Leadership and governance of the health sector.

Barriers to Progress: There is shortage of trained and experienced EPI staff at all levels. The cold chain system is inadequate and not available at all levels. Transport for EPI products and staff is hampered by lack of dedicated vehicles for the program.

Next Steps: Continue to strengthen planning, coordination, and communication of EPI activities.

Indicators: None.

Activity Title:	Support development and/or update EPI policies, guidelines, strategies and interventions.
Activity Lead:	Azairwe, Robert **Activity #:** 4 **Task**: LFSD09MCH **Subtask**: MHSD09
Activity Description:	The EPI program requires clear policies and guidelines. The first EPI policy document was prepared, reviewed by the Technical Working Group (TWG), and presented and endorsed by the Executive Board of Directors of the MoH. This strategic document remains to be printed and disseminated to all immunization stakeholders in Southern Sudan. SPS will support the EPI program to: (1) Disseminate the EPI Policy, including a national launching of the EPI policy and dissemination of the EPI policy to county health departments. (2) Develop EPI policy implementation guidelines/tools, including drafting, consulting and finalizing the EPI standards, and adapting WHO immunization in practice modules to the Southern Sudan context.
USG Sub-element:	Immunization, Including Polio
SPS Partners:	None,
Budget: $63,000.00	**Start Date:** March 2010 **End Date:** Sep 2010
Products Planned:	Adapted immunization in practice modules.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	EPI/MoH was supported to complete the first draft of the adapted WHO Immunization in Practice Manual for Southern Sudan. A chapter on micro-planning for EPI services delivery was drafted and tested in a micro-planning workshop for Lakes State in Rumbek (August 9– 13, 2010). The draft has been circulated for comments/inputs from stakeholders. SPS helped to proof-read the Immunization Policy for Southern Sudan prior to its mass production in Nairobi. A guide for routine immunization operational planning (EPI micro-planning) for Southern Sudan was developed. In addition, SPS supported the EPI/MoH to develop a checklist for conducting an EPI micro-planning workshop involving county health departments and EPI implementing partners at the state-level.
Barriers to Progress:	EPI is not adequately prioritized in government plans.
Next Steps:	Continue to update and develop EPI policies, guidelines, strategies and interventions
Indicators:	None.
Activity Title:	Strengthen EPI program capacity at central and state levels.
Activity Lead:	Azairwe, Robert **Activity #:** 5 **Task**: LFSD09MCH **Subtask**: MHSD09
Activity Description:	The EPI program is largely under-staffed and existing service providers do not have the required capacity to effectively implement EPI activities. SPS will support the MoH and EPI to develop a capacity building program and organize EPI training courses at central, state and county-levels. SPS will support EPI to: (1) Conduct immunization in practice training in SHTP II-supported counties. (2) Support development of research protocols for assessment of perinatal risk of Hepatitis B infection. (3) Procure one program vehicle — the 4WD hardtop will be managed by MSH/SPS but available to support EPI program coordination activities.

USG Sub-element: Immunization, Including Polio

SPS Partners: None.

Budget: $72,000.00 **Start Date:** March 2010 **End Date:** Sep 2010

Products Planned: Protocol for risk of perinatal transmission of Hepatitis B.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS provided on-the-job training for 2 EPI staff members on how to conduct a monitoring and supportive supervision visit. To support routine EPI operational planning (micro-planning), on-the-job training was also conducted for 9 central facilitators. EPI/MoH was facilitated to train 46 (42 male and 4 female) state and county EPI officers in routine immunization operational micro-planning. The EPI Director was supported to make a poster presentation documenting experiences in implementation of Vaccination Week, at the 26th Inter-country meeting of EPI Managers in Cairo. The EPI Director was also supported to present experiences from Vaccination Week in Southern Sudan at the MSH/SHTP II implementing partners meeting in Juba on September 24, 2010**.**

Barriers to Progress: There is shortage of trained EPI staff at all levels.

Next Steps: Continue to strengthen EPI program capacity at the central and state levels.

Indicators: None.

Activity Title: Support the MoH to strengthen EPI M&E Systems

Activity Lead: Azairwe, Robert **Activity #:** 6 **Task**: LFSD09MCH **Subtask**: MHSD09

Activity Description: SPS will assist the EPI Manager, the M&E unit of MoH, and implementing partners to develop a practical EPI monitoring and evaluation plan and to jointly execute it with partners. This will involve establishing linkages and effective collaboration with the IDSR program. SPS will support the EPI program to: develop/update a support supervision checklist for immunization, form support supervision teams, conduct EPI support supervision visits to 10 states, 13 SHTP II counties, and at least 42 service delivery points (4 in each of 13 counties), and provide feedback on support supervision findings through a scheduled EPI performance review meeting for state and national level EPI officers.

USG Sub-element: Immunization, Including Polio

SPS Partners: None.

Budget: $76,000.00 **Start Date:** March 2010 **End Date:** Sep 2010

Products Planned: EPI support supervision checklist. Support supervision reports Annual EPI review report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS supported EPI/MoH to conduct technical reviews of the weekly update of the polio eradication progress report for Southern Sudan. In line with the Reaching-Every-County (REC) strategy, SPS supported EPI/MoH to produce prospective and cumulative feedback (Jan-Aug 2010) to all state EPI operations officers, documenting

	progress towards their 2010 targets for routine immunization. As part of the feedback, EPI operations officers were requested to update their county specific EPI performance monitoring graphs (roadmaps for coverage improvements for the period September to December 2010). Upon review of the cumulative performance for routine immunization (Jan-Jun 2010), all states were requested to plan and execute 3 rounds of acceleration campaigns as a strategy to boost immunization coverage rates across all antigens and in all counties. SPS supported EPI/MoH to conduct a monitoring and supervision visit to Western Equatoria State. Focus was put on the SHTP II-supported counties of Mundri East, Mundri West and Mvolo in an attempt to obtain synergies for acceleration of immunization outputs. During this mission, county specific EPI performance monitoring curves were disseminated. Technical supportive supervision was also given to Upper Nile State (including Malakal and Baliet counties), following persistent deviation from the set immunization targets for 2010. EPI/MoH was supported in the revision of the 2009 GAVI annual progress report for re-submission on August 30, 2010.
Barriers to Progress:	Supervision and the EPI information system are weak at all levels.
Next Steps:	Continue to support the EPI M&E Systems in Southern Sudan.
Indicators:	None.

Swaziland

Work plan: Swaziland PEPFAR **Year** 2009

Funding Level: $490,000.00

Work plan Background
HIV/AIDS remains one of the major challenges to the Kingdom of Swaziland‘s socioeconomic development. The epidemic has continued to spread relentlessly in all the parts of the country. Since 1992, the Swazi government has been conducting antenatal clinic (ANC) sentinel surveillance. The latest data shows that the prevalence amongst women attending ante-natal care facilities is at 42%. In 2006-07 the country conducted its first Demographic and Health Survey, including HIV testing at the national level. The results confirmed that Swaziland is in a crisis- the country reports a 19% prevalence rate in its population above the age of two, 26% prevalence rate in the reproductive age group (population of women and men aged 15-49), and HIV prevalence is higher among women than men (22 percent and 15 percent, respectively). In 2003, the National Emergency Response Committee on HIV&AIDS (NERCHA) was established to coordinate and facilitate the national multi-sector response to HIV and AIDS, while the Ministry of Health (MoH) is responsible for the delivery of many of the services. The National HIV&AIDS Strategic Plan (NSP) makes provision for the scale-up of care and treatment by increasing access to ART services, ensuring quality, and expanding capacity and efficiency of service provision. Both the Government of Swaziland and the President‘s Emergency Plan for AIDS Relief (PEPFAR) recognize the key challenge to this rapid scale-up is the country‘s weak national pharmaceutical management system. Support from the United States Government (USG) to the Government of the Kingdom of Swaziland is provided through the United States Agency for International Development (USAID)/PEPFAR office in Swaziland. Over the years, technical assistance to the Government of Swaziland, in the area of pharmaceutical management, has been given through Management Sciences for Health‘s Rational Pharmaceutical Management (RPM) plus program and, in FY08 through the Strengthening Pharmaceutical Systems (SPS) program, the follow-on to RPM-plus. Under this plan, SPS will continue to support objective 22 of the Swaziland NSP. In addition to addressing pharmaceutical system gaps in support of the HIV and AIDS program, MSH/SPS will also address key laboratory commodity priority areas. This plan delineates the activities that have been planned for Swaziland, in consultation with the MoH and other key partners.

Activity Title:	Technical activity coordination.
Activity Lead:	Matshotyana, Kidwell **Activity #:** 1 **Task**: LFSZ09XXX **Subtask**: 97XXY1
Activity Description:	MSH/SPS will provide TA to other PEPFAR program partners and the MoH in the key areas of prevention of mother to child transmission of HIV, TB/HIV, ARV drugs, HIV and AIDS care and treatment (adult and pediatric), laboratory services, and health systems strengthening. Technical activity coordination includes coordination of meetings and communications with partners and collaborators. Implementation of the work plan activities will require that the MSH/SPS Swaziland team work closely and coordinate with the USAID/Swaziland mission, PEPFAR partners, and the Swaziland MoH, NERCHA, and NDAC. This activity will be carried out by local MSH/SPS staff, with support from the Arlington-based MSH/SPS team and is expected to occur throughout the year.

SPS Partners:	None.
Budget: $70,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Trip report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	The Deputy Director of Finance and Operations (Ms. Vicky Hawk) and the Director of Finance and Administration from MSH South Africa (Ms. Carole Evans) visited the Swaziland program to provide managerial support to the local office. A technical/trip report for this visit was compiled.
Barriers to Progress:	None.
Next Steps:	None.
Indicators:	None.
Activity Title:	Strengthen pharmaceutical services at target facilities.
Activity Lead:	Matshotyana, Kidwell **Activity #:** 2 **Task**: LFSZ09XXX **Subtask**: 60E3H2
Activity Description:	Specific sub-activities with MSH/SPS TA support will include, but are not limited to the following. (1) Implement and improve the drug tracking system at target facilities: install and support the use of RxSolution for drug management systems including dispensing, install and support the use of RxPMIS to improve clinical patient information, and building capacity at the site-level to ensure that the system is fully functional and that health personnel use the collected data to support management decisions. (2) Improve adherence to ARV medicines, including TB treatment: Incorporate adherence monitoring parameters into the RxSolution©; and provide training to 50 health workers (pharmacists, pharmacy technicians and nurses) on the use of an ART adherence assessment tool (developed by MSH/SPS using four different methods - self reporting, visual analog scale, pill recognition and pill count, and refill dates). (3) Support the implementation of an integrated HIV/TB computerized medicine supply management system at health facilities providing TB treatment. Working with the NTP to introduce a patient management system for TB patients at TB hospitals and integrated TB/HIV clinics in the country. This sub-activity will include a review of the ETR.net which is currently being used at various TB facilities in the country. Install RxSolution at TB hospitals and TB centers to monitor medicine supply management, provide training and ongoing support for the staff at the TB hospital, and integration of TB/HIV dispensing at hospitals and clinics (both initiation and diagnostic sites). (4) Strengthen the referral system for TB patients to access ARVs. Support the development and implementation of pharmacy discharge procedures/guidelines to ensure patients sent home with TB treatment are referred to a DOTS community health worker. (5) Support the national decentralization of HIV and AIDS treatment services. Assist in the development and implementation of a decentralization plan of HIV treatment services, install RxPMIS at priority decentralization facilities in the country to support the program/clinical information management, and conduct baseline assessment of pharmacy services and develop a strengthening plan.

SPS Partners: None.

Budget: $30,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Adherence monitoring tool.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS Swaziland engaged a consultant to develop a comprehensive report on the baseline assessment of pharmaceutical services carried out in quarter 3. Analysis tables were developed using the raw data from the questionnaires used in the survey to develop with thematic sections for inclusion and discussion in the report. Three meetings were held with the relevant pharmacy stakeholders to review and inform the development of a final report for this survey. The first draft of the report has been completed and is being reviewed by the stakeholders. MSH/SPS worked with URC to integrate TB/HIV data into the RxPMIS software. TB/HIV co-infected patient data is now captured on the software and relevant program reports are generated monthly from the RxPMIS software. Various TB/HIV integration meetings have been held to improve the pharmaceutical component of the TB/HIV management. MSH/SPS has worked with ICAP to roll-out the ART decentralization tools developed in the previous quarter. MSH/SPS also facilitated a session on the orientation of health care workers on the decentralization of ART services. A monthly pharmacists‘ forum was held in September, where the issue of finalizing the pharmacy SOPs was discussed and a resolution taken to implement them at all facilities (starting with those providing ART services). Support supervisory visits to 17 ART sites were made to monitor and provide technical assistance on ART pharmaceutical program implementation.

Barriers to Progress: None.

Next Steps: Continue to provide support to sites using RxSolution for inventory management.

Indicators: None.

Activity Title: Provide technical support to the CMS operations.

Activity Lead: Matshotyana, Kidwell **Activity #:** 3 **Task**: LFSZ09XXX **Subtask**: 60CXH3

Activity Description: In FY10 MSH/SPS will continue to provide technical support to the Central Medical Stores in order to strengthen availability to ARVs, and all commodities used to support programs such as PMTCT, pediatrics HIV and AIDS care and treatment, and TB/HIV. Specific sub-activities with MSH/SPS TA support will include, but are not limited to: (1) Collaborate with CMS and NERCHA to enhance quantification practices in order to monitor and estimate medicines used for HIV and AIDS, TB, STIs and OIs at both facility level and the CMS. (2) Strengthen the inventory controls and support the optimum utilization of RxSolution at the Central Medical Stores. MSH/SPS will work with CHAI on these activities.

SPS Partners: None.

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

Products Planned: TA reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	In collaboration with Crown Agents and the MoH, MSH/SPS conducted a consumption data collection exercise in the four regions of Swaziland to inform the annual quantification for 2011/2012. Facilities selected in the exercise included hospitals, health centers, clinics and PHUs which handle high volumes of medicines and health products ─ 230 items were considered for quantification, using stock cards as the data source. A report on the consumption data was compiled and shared with the national procurement unit. MSH/SPS has worked with Clinton Health Access Initiative (CHAI) to assist the MoH in compiling ARV estimates, including the relevant laboratory commodities for the 2011/2012 tender cycle. The final estimates have been costed and submitted to the MoH procurement unit. The CMS continues to generate and distribute monthly ARV stock status reports. The stock availability report for TB medicines was compiled and distributed to all stakeholders and partners supporting the TB program. A quarterly medicine order/distribution template was developed to ensure accurate information on TB drugs distribution to facilities. This template is being used by the National TB Program Pharmacist. The CMS continues to be supported on using RxSolution to generate supply chain relevant reports, such as VEN and ABC analysis. MSH/SPS supported the expansion of the local area network (LAN) at the CMS by adding 6 network points, a 24-port switch, brush and patch panel. This made it possible for more users to access RxSolution at the CMS.
Barriers to Progress:	Bin/tally cards are seldom updated. Distribution of TB drugs is parallel and hence availability is erratic.
Next Steps:	In collaboration with MoH, plan and conduct support visits, providing onsite mentorship on updating bin cards. Ensure routine indicators on bin cards use are included on the checklists for support visits.
Indicators:	None.
Activity Title:	Provide training of healthcare workers on medicine supply management and the pharmaceutical management of HIV/AIDS, STI, and TB.
Activity Lead:	Matshotyana, Kidwell **Activity #:** 4 **Task**: LFSZ09XXX **Subtask**: 60CXM4
Activity Description:	During FY10 the MSH/SPS training programs will also include medicines supply management and quantification of pediatric HIV and AIDS and PMTCT related medicines and laboratory commodities. The MSH/SPS training programs will target health personnel from ART, TB, and laboratory service. Participation in these training programs will focus on pharmacists, pharmacy technicians, matrons, clinic managers, national program managers, public health doctors, professional nurses and other healthcare workers. A total of 250 participants are expected to attend the workshops. Specific sub-activities with MSH/SPS TA support will include, but are not limited to the following: (1) Provide training and workshops for health workers on medicine supply management and the pharmaceutical management of HIV/AIDS, TB/STI. (2) Training of pharmacy and nursing personnel from ART and PMTCT sites. The focus of the training workshops will be on training primary healthcare (PHC) level workers, as PHC sites constitute one of the primary sites for prevention, diagnosis, staging,

referral and routine follow-up of HIV-infected patients. Medicines supply management and quantification of PMTCT related medicines and commodities will also be addressed during the training. About 167 health workers will be trained.

SPS Partners: None.

Budget: $20,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Workshop reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS conducted 3 trainings/workshops for 128 health professionals on medicines and health products quantification, RxSolution for medicines supply management, and the use of bin cards for stock management at the facility level. The previously procured bin cards were launched and 70 participants were trained on using these bin cards for medicine management at facilities. These workshops were co-facilitated by the MoH pharmacist.

Barriers to Progress: None.

Next Steps: Training of pharmacy personnel on pharmaceutical management of HIV/AIDS.

Indicators: None.

Activity Title: Strengthen pharmaceutical policy and provide national level support (NADC, PTC, DI).

Activity Lead: Matshotyana, Kidwell **Activity #:** 5 **Task**: LFSZ09XXX **Subtask**: 60BXH5

Activity Description: Using FY09 funding, MSH/SPS will continue to provide technical assistance and build the capacity of the NDAC committee members to ensure they can assume their critical roles and functions. This activity will be conducted in collaboration with the WHO. Specific sub-activities with MSH/SPS TA support will include, but are not limited to: (1) Provide technical assistance and build the capacity of the NDAC members to ensure that they can assume their critical roles and functions. (2) Support the procurement of HIV/AIDS, STI/TB, OI medicines (including PMTCT commodities). (3) Continue to assist the MoH to implement legislation for the Swaziland Medicine Regulatory Authority and the Pharmacy Bill to regulate the importation, procurement, storage and distribution of medicines for the public and private health sector.

SPS Partners: None.

Budget: $20,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: TA reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS participated in the National Medicines Advisory Committee meeting on September 6, 2010. The purpose of the meeting was to plan for the 2011/2012 tender. At this meeting, it was resolved that the committee would collect consumption data from a sample of health facilities that are demanders at the CMS. The TOR that was

developed in quarter 3 is yet to be reviewed and adopted by the committee. The second edition of the Swaziland National Pharmaceutical Policy (SNPP) that was developed in 2008 is still in draft form. A meeting with the WHO and the MoH was facilitated to develop a plan of finalizing this document. The demographic section of the document has been updated in consultation with MoH pharmacists. The Medicines Bill and the Pharmacy Bill were shared with the Attorney General‘s office. Two pharmacists from the MoH were supported to attend a conference entitled ―National Pharmacovigilance Systems: Ensuring the Safe Use of Medicines” in Nairobi, Kenya. The conference served as a platform for discussion of national strategies for implementation of a comprehensive pharmacovigilance system. MSH/SPS participated in the selection and appointment of 4 regional pharmacists to support pharmaceutical services in the 4 regions of Swaziland. MSH/SPS initiated discussions on the training of a mid-level pharmacy cadre in Swaziland. A meeting was held with the Southern African Nazrene University and the University of Swaziland to explore areas of collaboration to support this activity. A curriculum that was developed by the MoH is also being considered for possible review. The Senior Technical Advisor continued to provide technical assistance to the National Emergency Response Council to HIV/AIDS (Global Fund / NERCHA) in the development of a pharmaceutical and health products country profile. This country profile document was required as a condition for disbursement of funds from the Global Fund grant. Further support was provided to the MoH and NERCHA during the Global Fund Office of the Inspector General‘s visit to Swaziland in September. MSH/SPS provided technical assistance in generating and customizing medicine stock reports from RxSolution for the audit.

Barriers to Progress: Because the chief pharmacist is still on suspension, there is a gap in pharmaceutical leadership at the MoH.

Next Steps: Conduct a stakeholder consultation to finalize the bills. Finalize the SNPP and hold a consensus building workshop. Develop the SNPP implementation plan. Establish a pharmacovigilance program for the ART/TB program under the Swaziland National AIDS Program (SNAP). Review and develop training for the mid-level pharmacy cadre.

Indicators: None.

Activity Title: Strengthening laboratory logistics and quantification services.

Activity Lead: Matshotyana, Kidwell **Activity #:** 6 **Task**: LFSZ09XXX **Subtask**: 60LXH6

Activity Description: Training will be provided to all laboratory personnel on the computerized commodity management software, once it is installed. Follow-up of training at site-level will be conducted to reinforce the use of the bin card tool. Target populations include NLS personnel, public health doctors, professional nurses, pharmacists, pharmacy technicians and other healthcare workers. Specific sub-activities with MSH/SPS TA support will include, but not limited to: (1) Improvement of selection and procurement practices for laboratory reagents and equipment at the NLS. (2) Continue to support the development and implementation of quantification models for laboratory commodities. (3) Assist the NLS with the development of standard operating

procedures (SOPs) for laboratory services at the health facility level.

SPS Partners: None.

Budget: $30,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Quantification models. TA reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS has setup a server at the National Referral Laboratory (NRL) warehouse and installed RxSolution on both the server and client computers. Inventories for laboratory commodities are now being captured on the RxSolution and reports are available. A training was conducted on RxSolution for 6 NRL warehouse personnel, to assist with the commodity management processes. MSH/SPS continues to provide continuous technical assistance to the NRL. The uninterrupted power supply (UPS) units at the NRL were replaced. Replacement of these units was performed due to the server shutting down every time a power surge hit the NRL, which caused problems with connecting to the server from local client computers.

Barriers to Progress: There is no communication link between the NRL warehouse and peripheral laboratories, because the NRL warehouse server is not on the governmental network.

Next Steps: Finalize and implement the laboratory SOPs. Develop additional supply management tools (e.g. ordering forms and supply reporting forms).

Indicators: None.

Activity Title: Provide technical assistance to review the EML and implement STGs.

Activity Lead: Matshotyana, Kidwell **Activity #:** 7 **Task**: LFSZ09XXX **Subtask**: 60B4E7

Activity Description: With FY 09 funding, SPS will continue to provide technical assistance to the MOH on the review of the national Essential Medicines List (EML) and the implementation of the STG. Specific sub-activities with MSH/SPS TA support will include, but not limited to: (1) Support the implementation of the EML and promote Rational Medicines Use. (2) Support the implementation of STGs. (3) Provide guidance on the selection of essential medicines to ensure that the process is in line with evidence based medicine approaches (e.g. pharmacoeconomic principles). (4) Support the MoH in the development and compilation of national standard treatment protocols and guidelines (STGs) for HIV and AIDS, OIs, TB and other diseases in line with international recommendations.

SPS Partners: None.

Budget: $20,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: TA reports for PTC. TA reports for EMP. Revised STGs and EML.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The draft Essential Medicines List (SWEML) was updated during the annual quantification exercise held in September. Various products have been added, while others removed from the list. MSH/SPS met with the MoH Director for Health

	Services to explore the process of finalizing the SWEML. The Director indicated an interest in including the STGs in the process. The WHO has been consulted to be part of the technical lead in the development of the STG/SWEML. Terms of reference for the team to develop the STG/SWEML were developed and shared with the MoH
Barriers to Progress:	There is no one identified by the MoH to lead the development and finalization of the SWEML/STG, in the absence of the chief pharmacist.
Next Steps:	Advocate for the appointment of an Expert Review Committee/task-team. Engage a consultant to lead the process.
Indicators:	None.
Activity Title:	Maintain a computerized medicine information system after national roll-out at public and private sites and set up national data warehouse.
Activity Lead:	Matshotyana, Kidwell **Activity #:** 8 **Task**: LFSZ09XXX **Subtask**: 60CXJ8
Activity Description:	Specific sub-activities with MSH/SPS TA support will include, but are not limited to: (1) Implement and maintain a drug tracking system (RxSolution) at facilities. Expand implementation of drug supply management systems (both manual and computerized) to ensure availability of essential medicines, optimize reorder level, monitor expenditures and strengthen the accountability for stock at all levels, support the national level managers monitoring of use and availability of essential commodities throughout the country through a central data warehouse, and continue to build national and regional MoH capacity to maintain and support the system. (2) Implement an integrated patient management and dispensing system (RxSolution/RxPMIS). MSH/SPS will continue to support this activity through system upgrades, on-site training and follow-up support visits, development of new management reports that are in line with the PEPFAR/MoH M&E framework, and train healthcare workers on improving patient management and monitoring through the use of the system at the facility and national level. The focus will be to strengthen healthcare workers‘ capacity to analyze and use the data generated by RxSolution© to support decision making. Maintain, support, and improve the MSH/SPS inventory and dispensing computerized system at 15 sites to support access to ART (including private sites), work with other partners (ICAP, URC LLC, MSF) to improve the functionality and use of RxPMIS at facilities for patient clinical information, develop a set of standard operating procedures/user manuals for RxPMIS, and deploy RxPMIS at 8 ICAP supported decentralization sites. (3) Provide support to the MoH M&E information systems. Participate in the MoH technical working group on health information systems.
SPS Partners:	None.
Budget: $85,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Training reports. TA reports.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS setup a database backup strategy at the CMS. This backup is uploaded onto

the National Health Server (MoH) to ensure data security. Assistance was provided to the CMS in generating critical management reports on demand and customizing other special reports. Technical assistance to CMS and other sites using RxSolution software was provided. With the recent finalization of ART treatment guidelines, the RxPMIS software needed to be updated and regimens standardized accordingly. MSH/SPS worked with the CHAI in standardization of protocols (ART regimens) as used in the Rx-PMIS software. A meeting was held where several stakeholders met to develop with a list of nationally preferred protocols and plans made around the interface on how to accommodate these. The draft standard regimens to be included in the RxPMIS were finalized, pending a final review by the clinicians in October. 8 health facilities in Hhohho and Manzini region have been networked and computer equipment procured as part of a MoH/NERCHA one-time funding project. These facilities have installed RxSolution/RxPMIS. The SPS Pretoria RxSolution product manager visited the program to assist in the selection of a consultant to review the RxPMIS software. A trip report for this visit is available. A consultant has been selected to review and simplify the RxPMIS software for the ART program. Meetings have been held with the MoH and other PEPFAR partners to get consensus on the areas that need improvement on the RxPMIS. The new version of the RxPMIS will include various data needs for the ART decentralization program. MSH/SPS has setup client computers at Raleigh Fitkin Memorial (RFM) Hospital and Mankayane Hospital, and installed RxPMIS on each of the computers. The RxSolution (store and dispensing modules) has been setup at Cabrini Mission, a private clinic supported by ICAP. RxSolution was upgraded to the latest version of the software at Hlathikulu, Piggs Peak and Sigombeni Health Centres. The Remote Demander Module is still being finalized, a pilot version has been presented to the Ministry of Health‘s Strategic Information Department and further reviews are underway. MSH/SPS continues to support and strengthen the use of RxSolution software at ART treatment sites.

Barriers to Progress: Software support still remains the responsibility of MSH/SPS with MoH IT officers not taking over the responsibility. MSH/SPS continues to build capacity within the MoH IT officers to provide system support to the RxSolution.

Next Steps: RxSolution to be set up and linked within the local network at CMS. RxSolution back-up at the CMS-ARV, which will need to have the CMS-ARV on the government network. Networking of 12 facilities in Shiselweni and Lubombo Region. Engage the consultant to review the RxPMIS software. Finish up the planning and implementation of standard protocols in Rx-Solution® into existing sites. Set-up the Remote Demander Module at a MoH identified pilot facility.

Indicators: None.

Activity Title: Disseminate results and lessons learned from the implementation of the emergency plan for pharmaceutical services improvements.

Activity Lead: Matshotyana, Kidwell **Activity #:** 9 **Task**: LFSZ09XXX **Subtask**: 60G2H9

Activity Description: The Monitoring, Evaluation, and Results Plan (MERP) monitors the different activities, the results chain, and indicators. SPS will now update and implement the plan in conformity with COP 10. Specifically, SPS will: report regularly on program

implementation and documenting the different lessons learnt from the implementation of the Emergency Plan interventions as applied to the pharmaceutical sector, as well as document workable solutions and strategies, identify success stories and ensure their documentation, and to identify opportunities for the presentation and dissemination of lessons learned locally, regionally and internationally, as well as to contribute to conceptual publications of global interest, and develop work plans, monitor budgets, monitor progress, prepare quarterly and semi-annual reports, and pipeline reports.

SPS Partners: None.

Budget: $10,000.00 **Start Date:** Oct 2009 **End Date:** Oct 2010

Products Planned: MERP plan. Documented success stories and lessons learned. Reports and presentations from conferences/meetings.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The country office held a workshop on developing the work plan for FY11. During this workshop, the team also reflected on the program objectives and priorities for FY11/12. Te Senior Technical Advisor and the Country Program Manager developed COP11 and FY10 (PY04) work plans. The COP11 and FY11 work plan were submitted to the PEPFAR Swaziland Mission for approval. Regular meetings were held with different PEPFAR Swaziland partners (ICAP, URC, and EGPAF) to improve pharmaceutical services in the country and general program support coordination. The quarter 3 report was submitted to the SMS system. Meetings were held with the Director of Health Services (MoH) and NERCHA to provide updates on progress of program activities.

Barriers to Progress: None.

Next Steps: None.

Indicators: None.

Activity Title: TB/HIV infection control.

Activity Lead: Matshotyana, Kidwell **Activity #:** 10 **Task**: LFSZ09XXX **Subtask**: 60F3K0

Activity Description: The implementation of the ICAT will assist institutions in providing data for the National TB Control Program and the Quality Assurance Unit. This activity will assist with the overall monitoring and evaluation of the country TB program. Specifically, SPS will: support the training of pharmacists and pharmacy technicians, matrons, clinic managers, national program managers, public health doctors, professional nurses and other healthcare workers in implementing TB infection control measures and procedures at facilities where TB/HIV services are provided, and implement the ICAT for monitoring of infection control at regional hospitals. About 50 health workers are expected to be reached through these activities. This activity will be achieved in partnership with PATH.

SPS Partners: None.

Budget: $25,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned:	TB infection control tool.
Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	MSH/SPS continues to participate in technical working group meetings on TB Infection Control (TBIC). Technical assistance and advice was given to the task team on developing IEC materials to promote TBIC activities. Training needs analysis has been conducted to identify HCW trained by MSH in 2007 and to look at where they are currently. This report will be finalized in the next quarter. MSH/SPS works closely with PATH, a PEPFAR partner funded to support TBIC activities.
Barriers to Progress:	None.
Next Steps:	None.
Indicators:	None.

Tanzania

Work plan: Tanzania PEPFAR **Year** 2009

Funding Level: $699,999.00

Work plan Background

As in several countries in the region, the HIV pandemic in Tanzania had a major impact on the socioeconomic conditions and overall well-being of the population. With an estimated total population of approximately 40 million (IDB 2008,) Tanzania‘s HIV prevalence in adults between the ages 15 to 49 is approximately 5.7%. The estimated number of people (adults and children) living with HIV is close to 1.4 million [1] and the number of children (0 and 14 years) living with HIV is estimated to be 140,000 (UNAIDS 2008). The President‘s Emergency Plan for AIDS Relief (PEPFAR) emphasizes prevention, care, and treatment for HIV infected individuals through the provision of antiretroviral medicines (ARVs) -and other health related supplies- and in building national health systems. To ensure appropriate care is provided to patients on ARVs, pharmaceutical management and care need to be updated and strengthened. The challenges in ART deliveries are numerous and include human resources capacity and training, poor infrastructure, weak management of supply systems, weak distribution systems, poor record keeping, weak information systems, and overall weak laboratory support services. In addition to this list, the USG and its partners in Tanzania are keenly aware that providing ART services involves meeting the challenges surrounding the appropriate use of medicines, adherence to treatment, good dispensing and counseling practices, and delivering appropriate pharmaceutical care services at the ART sites. Providing technical support to strengthen the management of ART pharmaceutical management is crucial to successful treatment outcomes and ensuring rational use of ARVs, adherence, and continuous monitoring of patient safety. With the ongoing scale-up plan of HIV/AIDS care and treatment services in Tanzania, there is a growing need to expand overall capacity of staff handling health supplies in pharmaceutical management, advanced training in pharmaceutical management, leadership and management skills, and mentorship to provide high quality service. This is particularly important in primary health care level facilities. Under COP08, SPS achieved the following: (1) Participated in planning meetings to prepare for the national trainings on the re-designed ART logistic management system. (2) Participated in a TOT workshop and reviewed the ART logistic management training curriculum (organized by NACP with support from SCMS). (3) Collaborated with EGPAF, MDH and SCMS, in training 462 staff from ART sites in Arusha, Kilimanjaro, Tabora and Shinyanga and Dar on the ARV and HIV test kit logistics system. (4) Provided support in developing an _after training plan‘ and conducting supervisory visits to 57 facilities in Arusha, Kilimanjaro, Tabora and Shinyanga. (5) With a request from the MDH, provided support in training of 12 ART pharmacy staff from Dar sites and MDH IT personnel on ADT use and troubleshooting, as well as training of 64 ART site pharmacy staff in advanced training for pharmacists, organized by MDH. (6) In collaboration with NACP and SCMS, SPS provided technical assistance to the Regional Training Resource Collaboration (RTRC) of the School of Pharmacy, Muhimbili University of Health and Allied Sciences (MUHAS), in training 22 MSD managers in HIV/AIDS pharmaceutical management. (7) In collaboration with FHI‘s TUNAJALI HBC program, SPS conducted a rapid assessment to identify potential ADDOs that could participate in HBC kit distribution, sensitization of ADDO owners was conducted as well as development of HBC distribution tracking tools. [1]. UNAIDS and 2007– 08 Tanzania HIV / AIDS and Malaria Indicator Survey (THMS).

Activity Title:	Technical activity coordination and monitoring
Activity Lead:	Gabra, Michael **Activity #:** 1 **Task**: LFTZ09HIP **Subtask**: 97XXY1

Activity Description: This activity includes work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators. This will involve MSH/SPS local office coordination with MSH/SPS office in Arlington, coordination of activities with the USAID/PEPFAR activity manager and CTO, NACP, TFDA and other USG funded partners.

SPS Partners: None.

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

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS and SCMS technical staff held a meeting to discuss how to collaborate on a number of activities. Specifically, SPS will facilitate a 2-days session on rational use of medicine for training organized by SCMS. SPS staff participated in the three-day APR trainings and implementing partners reporting system organized by CDC and USAID. SPS followed approval procedures and sent all required documents (letter of introduction with attached PMTCT work plan) on July 12, 2010 to the permanent secretary MoHSW. Formal approval of the PMTCT activities has not been granted.

Barriers to Progress: None.

Next Steps: None.

Indicators: None.

Activity Title: Provide TA in strengthening ART pharmaceutical management systems at facility level in collaboration with partners and stakeholders

Activity Lead: Mwakisu, Salama **Activity #:** 2 **Task**: LFTZ09HIP **Subtask**: 60A2H2

Activity Description: Under COP 09, MSH/SPS will build on existing efforts and provide support in strengthening capacity of districts pharmacists, to monitor performance of ART sites under their catchment areas, to ensure provision of quality services in ART pharmaceutical management and care. The targeted sites include district level and primary health care facilities. The activity will be implemented in close collaboration with NACP and other care and treatment partners building on the work and lessons learnt under COP 08.

SPS Partners: None.

Budget: $300,000.00 **Start Date:** July 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS conducted follow-up visits to 12 ART sites in two districts: Njombe and Bukombe. The districts were selected after a review of findings and prioritization of needs. Onsite training and support related to pharmacy practice and rational use of HIV/AIDS medicines was provided to 37 dispensing staff. SPS participated in a two-day workshop for pharmacy personnel to pretest the PMTCT training package and

materials. The workshop was organized by the PMTCT unit and was held in the Kibaha district. Participants at the workshops were pharmaceutical personnel from the Coast Region.

Barriers to Progress: None.

Next Steps: Conduct visit to Coast, Lindi, Mbinga and Temeke districts ART sites and provide technical. Develop plans/strategies to increase coverage and frequency of visits to CTC sites by SPS and other SPS trained staff. Finalize plan to train district pharmacists and other staff identified to act as ―champions" and provide support to other ART/PMTCT sites under their catchment areas. The training is scheduled for first week of December, 2010.

Indicators: None.

Activity Title: Provide TA to NACP and partners to promote rational use, adherence and pharmacovigilance of ARVs and other related medicines

Activity Lead: Mwakisu, Salama **Activity #:** 3 **Task**: LFTZ09HIP **Subtask**: 60F2H3

Activity Description: To promote good pharmaceutical care, MSH/SPS will provide technical assistance to support and ensure that good pharmaceutical practice including proper prescribing, good dispensing practice for ARVs and other related medicines, proper medication use, and adherence counseling is provided to clients. This intervention is aimed at ensuring good quality of pharmaceutical services and care to avoid antimicrobial resistance and reduce treatment failure. In addition, under COP 09, MSH/SPS will work in collaboration with NACP and TFDA to facilitate regular reporting of ADR to TFDA ensuring that the information recorded in CTC2 reaches to TFDA.

SPS Partners: None.

Budget: $210,000.00 **Start Date:** July 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Finalized reviewing, editing, and formatting the following tools (developed during the previous reporting period): SOPs for good dispensing practices and medicine use counseling, medicine monitoring tool guide, pediatric dosing charts, and training material on rational use of ARVs and related medicines. Provided support in the development of a facilitators guide for training on rational use of ARVs and related medicines, including the translation of the English version of the participants‘ manual into Kiswahili language. In collaboration with NACP, SPS organized a 4-day stakeholders‘ meeting to review the tool kit on rational use of ARV and other medicines. The kit includes a participants‘ manual, dispensing SOPs, a pediatric dosage chart, summary guidelines on management of HIV/AIDS, and a RUM monitoring tool guide. The meeting was attended by implementing partners and representatives from NACP, PMTCT, the Pharmaceutical Services Unit of Ministry of

	Health and Social Welfare, selected district and hospital pharmacists, and treatment clinics
Barriers to Progress:	None.
Next Steps:	None.
Indicators:	None.

Ukraine

Work plan: Ukraine **Year** 2009

Funding Level: $512,350.00

Work plan Background
Tuberculosis (TB) is a serious public health threat in many countries of Eastern Europe. Despite the efforts made by the governments and donors in scaling-up the World Health Organization (WHO) recommended diagnostic and treatment strategies, the current epidemiological situation is marked with high rates of multi-drug resistant (MDR) TB, with most countries of the region reporting MDR TB in more than 5% of new cases, and in over 50% of previously treated cases [1]. Possible factors contributing to this situation include limited infrastructure, poor diagnostic and laboratory capacity, improper prescribing and lack of providers‘ adherence to standard treatment guidelines, and poor compliance of patients to treatment regimens. Added to this is the problem of inadequate procurement and distribution practices of TB medicines (even among Global Drug Facility assisted countries) which can result in potentially poor quality medicines and stock-outs. Lack of adequate infection control procedures within health institutions has also been a factor in the spread of MDR and extensively drug resistant (XDR) TB, ultimately increasing the length and cost of treatment. Often the exact reasons for poor outcomes of TB programs are impossible to identify because the information and reports required for the analysis of program operations and for informing management decisions are not readily available at all levels of the health system (health facility, provincial, and national levels). In Ukraine, TB control activities are managed by a large network of institutes, dispensaries, hospitals, outpatient clinics, sanatoria, and rural operations. A deputy minister of health and a national committee from the department of socially dangerous diseases have taken the lead responsibility for TB. There is no National TB Program (NTP) or NTP manager and the Research Institute for Respiratory Disease and Tuberculosis of the National Academy of Sciences leads development of policy and standards for TB control. The TB system in prisons and pre-trial detention centers is managed by the Ministry of Internal Affairs. Establishing an adequate TB management information system (MIS) can help overcome many of the challenges of coordinating TB control activities in Ukraine, by providing the required information for TB control monitoring and management decision-making. Key to this system is its ability to align in-country programs with WHO recommendations for Directly Observed Therapy, Short-course (DOTS) and DOTS Plus programs (e.g., standard data collection, recording, and reporting), creating user-friendly web-based information sharing and consolidating different reporting level data extraction tools into a single interface, thus ensuring rapid response to case and drug management issues. The system should provide a database protected by a validation process to ensure internal security features and unique patient identification. It should use open sources for technical solution development (not needing additional licenses) and be used with a mixed system of online reporting and paper systems at peripheral levels. In response, and with USAID core funding, the Strengthening Pharmaceutical Systems (SPS) of Management Sciences for Health (MSH) developed an approach to address the information gaps in TB programs. The program developed an electronic web-based tool known as the e-TB Manager© (e-TBM). The e-TBM aims at strengthening TB programs and improving program outcomes through the implementation of a comprehensive information system pulling together all elements of DOTS strategy and its supporting databases. The information collected by healthcare workers flows into one comprehensive management tool that is easily customized, translated, and adapted for country specific requirements. Once collected, the information can be generated into reports made readily available for analysis and management at all levels, and for informed decision making at the national level. The e-TBM captures all the necessary information of a TB program,

including the following functions- Treatment and case management: e-TBM uses online notification and follow-up, clinical records and laboratory results, tracks patients‘ transfers in and out of facilities, and provides data for treatment adherence and patient contact evaluation. First- and second-line medicines management: e-TBM provides data for medicine consumption, forecasting, ordering, distribution, and dispensing, records stock movements/inventories, and tracks medicine batch numbers generated from good quality data at all levels of the health system. Information and surveillance management: e-TBM maps TB and MDR/XDR case patterns, epidemiological indicators, resistance patterns, co-morbidities, previous treatment history, and treatment cohort results, and provides surveillance reports. This updated information can be readily accessed online at central and peripheral levels. Operational and clinical research: e-TBM provides easy methods for analyzing collected data, evaluating treatment costs, and exporting data to other statistical programs. In FY09, using USAID Europe and Eurasia (E&E) funding, SPS planned and initiated activities in the region aimed at the implementation of the e-TBM. Activities began in November 2008, with an SPS regional workshop on the e-TBM in Tbilisi, Georgia. The purpose of the workshop was to familiarize a number of countries with the tool, its potential role in strengthening country TB programs, implementation steps, and required resources. Seventeen (17) participants from Georgia, Armenia, Azerbaijan, Kazakhstan, and Ukraine attended the workshop. All countries represented at this workshop expressed interest in the e-TBM and in potentially adopting it to support their national TB programs. The workshop was followed by a pre-implementation planning and technical needs assessment review for the Georgia TB program. Also a series of trips to Armenia, Azerbaijan, Kazakhstan, Ukraine, and Uzbekistan were carried out to better understand their needs vis-à-vis the e-TBM. SPS also remotely tested the initial version of the e-TBM in these countries with the aim to address potential bugs and make any additional system adjustments. Finally, country-specific versions of the e-TB Manager were developed, followed by country-specific user trainings. The focus in Ukraine was to develop, validate, and test a country-specific version of the e-TBM. The country-specific version is currently installed on a designated server at the National TB Institute. A Memorandum of Understanding between the Ministry of Health (MoH) of Ukraine and MSH/SPS was signed. The e-TBM is thus ready to be piloted in oblasts designated by the MoH. Currently under consideration are Kherson, Donetsk, Zaporizhia and Kharkiv oblasts, and the penitentiary system. Additionally, national data collection forms for susceptible TB were revised and adopted in line with WHO reporting requirements. Also National Guidelines for MDR TB were adopted. Such effort was critical for the adequate customization of e-TBM for Ukraine. The recent FY 09 field support funding from the USAID/Ukraine Mission to SPS will allow SPS to pursue the establishment of the e-TBM in Ukraine, thus strengthening the management of the national TB program through improved access to the standardized information on case and commodity management, and better reporting. In addition to strengthening information systems for TB, SPS will initiate other pharmaceutical management activities in FY09 aimed at improving rational use for TB medicines. Partnerships are important to control TB in Ukraine. SPS will collaborate with PATH who are currently providing assistance to implement the DOTS strategy in Ukraine, and the Rinat Akhmetov Foundation for Development of Ukraine (FDU), who have a Stop TB program including a DOTS Plus treatment project in the Donetsk oblast. [1] Anti-tuberculosis Drug Resistance in the World. Fourth global report. The WHO/IUATLD Global Project on Anti-Tuberculosis Drug Resistance Surveillance 2002-2007.

Activity Title:	Technical Activity Coordination and Monitoring
Activity Lead:	Duzey, Olya **Activity #:** 1 **Task**: LFUA09TBX **Subtask**: 97XXY1
Activity Description:	This activity includes work plan development, budget monitoring, progress monitoring, reporting, meetings, communications with partners and collaborators, and monitoring and evaluation.
SPS Partners:	None.

Budget: $62,799.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: None.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: MSH/SPS met with USAID/Ukraine to discuss requested revisions to the work plan and current activity progress. A revised final work plan was submitted to the Mission for review and approval.

Barriers to Progress: None.

Next Steps: Follow-up with USAID/Ukraine to obtain work plan approval.

Indicators: None.

Activity Title: Support Implementation of the e-TB Manager

Activity Lead: Duzey, Olya **Activity #:** 2 **Task**: LFUA09TBX **Subtask**: 30F3M2

Activity Description: SPS will provide support in the following areas: Prepare a self-assessment plan for site implementation readiness at the oblast level, train super-users (trainers) and other decision makers at each oblast level on the e-TB manager, develop oblast specific roll-out plans including identifying gaps in information technology resource needs, facilitate and support implementation of developed roll-out plans in target oblasts (including assessments, trainings, resource mobilization, and tool application), assess practicability of populating e-TB manager with retrospective data in target oblasts, and support implementation in target oblasts towards nationwide coverage. It is anticipated that SPS will conduct and fund at least two trainings for 15 super-user participants each over four days for participants from five oblasts. Super-users will then be able to conduct trainings with technical assistance from SPS for end-users. Refresher training will be provided to follow-up on issues identified during the training and oblast roll-out implementation. Logistics and resource responsibilities will be shared among SPS, PATH and the FDU. Resources will allocated based on priorities determined by the MoH.

USG Sub-element: Increasing Availability of Drugs for Treatment of TB
Multi Drug Resistant TB
Development of New Tools and Improved Approaches

SPS Partners: None.

Budget: $235,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Participant training materials. User Manual. Train the Trainers Manual.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Minor modifications and bug fixes discovered during the first training were addressed and training materials were revised to reflect the changes. Participants from the first five oblasts entered patient data after receiving Training: Part One. End-users were provided ongoing technical assistance and support after the training to implement the system in their oblasts. Part Two of the training was conducted in July. The training addressed questions from participants after two months of hands-on data entry, a

session on the Medicine Management Module, and a Training of Trainers session.

Barriers to Progress: None.

Next Steps: Fix minor bugs discovered during the training and address system modification requests. Plan trainings for participants from an additional seven oblasts. Provide ongoing post-training technical support for system end-users and provide technical assistance for oblast specific roll-out.

Indicators: None.

Activity Title: Provide Technical Assistance to the National Level to Monitor Implementation of the e-TB Manager and to Ensure Data Quality

Activity Lead: Duzey, Olya **Activity #:** 3 **Task**: LFUA09TBX **Subtask**: 60F3H3

Activity Description: SPS will provide support in the following areas: Assist local counterparts in planning all activities related to the establishment and roll-out of the e-TBM, provide technical assistance for the development and execution of Standard Operating Procedures (SOPs) and quality assurance procedures to produce high quality data, assist with the monitoring of e-TBM implementation including quality reporting and appropriate use of data, and develop recommendations for improvement.

SPS Partners: None.

Budget: $37,551.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Data quality management SOPs.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: Nothing new to report.

Barriers to Progress: Many attempts have been made to obtain information on the number of cases entered into the system. The government is hesitant to provide tracking data to the MSH US office.

Next Steps: Obtain case entry data from e-TBM reports. Ensure case entry tracking forms have been completed and submitted to MSH/SPS monthly. Create an e-TBM Implementation Monitoring Working Group. Plan an initial meeting with the working group to review implementation progress and develop SOPs for data quality management.

Indicators: None.

Activity Title: Provide Technical Assistance at the National and Oblast Level to Analyze and Use Information Generated From e-TB Manager For Decision Making and Planning

Activity Lead: Duzey, Olya **Activity #:** 4 **Task**: LFUA09TBX **Subtask**: 60G3H4

Activity Description: SPS will: Provide assistance to national and oblast staff to ensure their appropriate use of data for adequate quantification, and for monitoring prescribing patterns for first- and second –line medicines according to WHO recommendations and according to national standard treatment guidelines (STGs). Assistance will also support treatment and case management processes, the mapping of TB and MDR/XDR case patterns, and managing inventories based on sound information obtained from e-TB Manager.

	Work with the National TB Center for the adoption of WHO standard layout for TB reports. SPS will also mobilize partners and stakeholders to revise current national TB reporting guidelines and put them in better accord with the Stop TB recommendations for TB and patient classification.
SPS Partners:	None.
Budget: $0.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Data analysis reports

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	Nothing new to report.
Barriers to Progress:	None.
Next Steps:	After discussion with the Mission, this activity will not be conducted. Funds are being reprogrammed for activity number 8: Provide TA in pharmaceutical management for the external evaluation of the NTP.
Indicators:	None.
Activity Title:	Build the Capacity of Key National Ukrainian TB Institutions to Provide Training on the Implementation of Second-Line TB STGs
Activity Lead:	Duzey, Olya **Activity #:** 5 **Task**: LFUA09TBX **Subtask**: 60E3M5
Activity Description:	SPS will assist in the adequate implementation of second-line TB STGs by: Training health care personnel to become national trainers on second-line STGs and drug management in collaboration with the WHO Collaborative Centre for Research and Training on MDR TB in Riga, Latvia. Providing technical assistance to national trainers to conduct trainings, and provide training feedback to improve future sessions. One central ten day training of National Trainers workshop for ten participants to be held in Ukraine is planned. National trainers will then be able to conduct trainings with technical assistance from SPS for healthcare workers to conduct their own in-service programs.
USG Sub-element:	Tuberculosis
SPS Partners:	None.
Budget: $75,000.00	**Start Date:** Oct 2009 **End Date:** Sep 2010
Products Planned:	Training materials. Training report.

Reporting Period:	**Year:** Project Year 3 **Quarter:** Q4
Activity Progress:	A workshop on the Management of MDR-TB was held in Kyiv from September 6-10 for 16 participants representing 14 oblasts. The purpose of the workshop was to train MDR-TB specialists to carry-out high quality medical practice in their field and to train others in MDR-TB management, based on experience gained during the workshop.
Barriers to Progress:	Originally planned as a two week course, participants were only able to participate for one week. Thus the TOT sessions planned for the second week must be rescheduled.

Next Steps: Plan a follow up training, where participants from the first training can share the experience of implementation of what they learned in the first training, respond to their questions, and conduct a formal TOT workshop. Provide technical assistance for participants to organize local trainings and implement compliance to TB STGs in their respective oblasts. Plan a second training for participants from additional oblasts. Provide workshop facilitators continuing education on Ukraine specific TB management.

Indicators: None.

Activity Title: Provide Support to Improve The Use of TB Medicines Through Drug Utilization Reviews

Activity Lead: Duzey, Olya **Activity #:** 7 **Task**: LFUA09TBX **Subtask**: 60EXM7

Activity Description: SPS will assist in the evaluation of compliance to the national TB STGs by: Conducting an indicator based TB medicine use study at a sample of TB facilities to obtain baseline data against which progress can be measured. Conducting an indicator based assessment of drugs procured for TB treatment at the national and facility level to obtain baseline data against which progress can be measured. Developing a plan to improve the use and selection of medicines for procurement and monitor progress. The analysis of the results from the assessments will be used to formulate an action plan for needed interventions to address identified shortfalls. A consensus amongst stakeholders will be derived regarding the action plan and responsibilities for its implementation.

SPS Partners: None.

Budget: $77,000.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Drug Procurement Assessment Protocol. Prescriber‘s Adherence to TB STGs Assessment Protocol. TB Medicine Rational Use Improvement Action Plan.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: The Prescriber's Adherence to TB STGs Assessment protocol was drafted and sent to a sub-set of team members for review. Initial inquires on obtaining local regulatory approval to conduct studies in Ukraine and identifying local data collecting organizations had been made.

Barriers to Progress: None.

Next Steps: Draft a Drug Procurement Assessment protocol. Put together a full protocol team to review and finalize the protocols. Once protocols are finalized, obtain local regulatory approval to conduct the studies in Ukraine. Plan protocol implementation phase.

Indicators: None.

Vietnam

Work plan: Vietnam **Year** 2009

Funding Level: $250,000.00

Work plan Background
The government of Vietnam recognizes the importance of establishing a national system for collecting and monitoring adverse drug reactions and for providing drug information. The Ministry of Health‘s Drug Administration Department and the Hanoi University of Pharmacy were assigned to develop a National Drug Information (DI) and Adverse Drug Reaction (ADR) Monitoring Centre on March 24, 2009. The National DI & ADR Centre was launched on June 9, 2009 and has legal status and an account at the National Treasury under the administrative management of the Hanoi University of Pharmacy. Building on this legal framework, the National DI & ADR Centre will serve as a key unit for Vietnam‘s pharmacovigilance system. However, the government of Vietnam does not have sufficient funding or the technical support to get this center (plus three other proposed regional centers in Northern, Central and Southern Vietnam) started. Moreover, the current pharmacovigilance system is based primarily on a passive approach to monitoring and reporting ADRs. Lessons learned from other countries suggest that active approaches are needed to detect and evaluate potential safety concerns and quantify risk, so as to assist decision-making for national regulatory authority and prevent harm to the public. Management Sciences for Health‘s support for pharmacovigilance activities in Vietnam began in October 2008 under the Rational Pharmaceutical Management Plus Program (RPM Plus), which used Viracept recall funds to identify and engage key Ministry of Health officials, the Hanoi University of Pharmacy, and other stakeholders that currently do or potentially could play an important role in pharmacovigilance in Vietnam. In March 2009, RPM Plus assisted these stakeholders to adopt a framework for pharmacovigilance that incorporates active surveillance of adverse events and ensures public health program participation. RPM Plus also conducted a training-of-trainers introductory course on pharmacovigilance and medication safety aimed at 42 participants from 17 institutions in Vietnam. The Strengthening Pharmaceutical Systems (SPS) Program, a follow-on to RPM Plus, is using COP 09 funding to assist local counterparts to further strengthen their capacity to conduct pharmacovigilance activities in the country.

Activity Title:	Provide technical assistance to Hanoi University of Pharmacy for the start-up of pharmacovigilance activities
Activity Lead:	Walkowiak, Helena **Activity #:** 2 **Task**: A040 **Subtask**: 60AXA2
Activity Description:	SPS will provide technical assistance to HUP to strengthen DI & ADR Centre‘s capacity to provide medicine and safety information, and to develop a strategy for preparing a pharmacovigilance-related proposal for GFATM funding. Specifically, SPS will assist the DI & ADR Centre to (1) develop a detailed one-year action plan for 2009-2010, (2) provide an initial training to its staff on key issues relating to medicine information and safety, (3) develop a strategy for acquiring and updating drug information and pharmacovigilance reference resources, (4) identify the changes needed in the existing monthly bulletin on Clinical Pharmacy Information, (5) map basic steps involved in the provision of question-answer service planned for the future, (6) carry-out a stakeholder analysis to identify key players that could support

its vision and activities, and (7) review and identify revisions needed for the existing ADR reporting form. Additionally, SPS will render technical assistance to HUP to help it prepare a GFATM Round 10 grant proposal relating to pharmacovigilance system strengthening. SPS will leverage Supply Chain Management System (SCMS) Project support for a DI & ADR Centre staff study tour to South Africa and Namibia to learn from experiences of these countries in medicine information, pharmacovigilance, and GFATM grant proposal development. SCMS will also donate a set of core clinical drug information and pharmacovigilance reference resources to the DI & ADR Centre.

SPS Partners: None.

Budget: $98,606.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Trip reports. Technical report.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS collaborated with in-country partners and the WHO to review and provide inputs/feedback on the draft write-up of the PV section in the HSS component of the GF Round 10 proposal. The application, including the PV component, was successfully submitted to GF in August 2010.

Barriers to Progress: None.

Next Steps: Assist in-country stakeholders, if requested, in providing responses/clarifications to any questions that may arise from the technical reviewers of the proposal.

Indicators: None.

Activity Title: Support in-country counterparts to initiate an active surveillance system in the ART program

Activity Lead: Joshi, Mohan **Activity #:** 3 **Task**: A040 **Subtask**: 60A1H3

Activity Description: SPS will engage VAAC and other stakeholders to initiate the design of standard active surveillance procedures within the HIV/AIDS Program in Vietnam through use of routine procedures. Technical support will be provided to map the care and treatment processes, data collection points, and data elements in order to inform the design. Technical assistance will also be directed toward developing customized data collection procedures and tools and an implementation plan based on selection of sentinel sites.

SPS Partners: None.

Budget: $135,355.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Active Surveillance Protocol. Trip reports.

Reporting Period: **Year:** Project Year 3 **Quarter:** Q4

Activity Progress: SPS technical staff visited Vietnam to work with VAAC and the DI&ADR Center to plan the next steps in initiating implementation of the pilot protocol. They also discussed and addressed the comments/suggestions regarding the protocol. During the period of this visit, VAAC identified the facilities that would function as the sentinel

	sites. These will be: Dong Da OPC, TDH, Binh Thanh OPC, Hai Doung PAC OPC, Quan Hoa District Health Preventive Center OPC, and Vinh Phuc PAC OPC. After discussions, it was also agreed that the pilot would include two groups of patients: (1) ART naive new adult patients (as originally suggested in the protocol), and (2) those already on treatment with stavudine (d4T) regimen, due to the issue of side effects with this component and subsequent treatment switches. Since it will be a pilot with a primary objective of demonstrating the feasibility of active surveillance and collaboration between the various involved parties, everyone agreed that we should try to keep the sample size manageably small (about 600 for each of the two groups). Once this pilot shows success, the eventual goal will be to scale-up the process with more patients and longer follow-up, in order to capture rare and/or delayed events. SPS, VAAC and DI&ADR Center staff also had a meeting with senior level health providers at Dong Da Hospital in Hanoi. They provided extensive feedback on the draft active surveillance form. The form was revised based on their inputs. The SP technical staff also met and briefed WHO Vietnam officers about the progress on the activity during this trip. During the trip, the SPS technical staff also demonstrated the preliminary version of the database for the pilot, and informed the stakeholders that SPS would help revise the database taking into account the new changes in the active surveillance form.
Barriers to Progress:	None
Next Steps:	SPS technical staff is scheduled to visit Vietnam in November to field-test and finalize the active surveillance form and database, and to make a detailed planning for the active surveillance training (tentatively scheduled for January/February 2011).
Indicators:	None.