

**Follow up on Project Implementation, Obtain Country Clearance for Medicines Quality Data Dissemination, and Launch the Methadone Project
– Laos, Thailand, and Vietnam**

January 31- February 11, 2011

Trip Report

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Implemented by U.S. Pharmacopeia

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PROMOTING THE QUALITY OF MEDICINES

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About PQM

The Promoting the Quality of Medicines (PQM) program, funded by the U.S. Agency for International Development (USAID), is the successor of the Drug Quality and Information (DQI) program implemented by the United States Pharmacopeia (USP). PQM is USAID's response to the growing challenge posed by the proliferation of counterfeit and substandard medicines. By providing technical leadership to developing countries, PQM helps build local capacity in medicine quality assurance systems, increase the supply of quality medicines to priority USAID health programs, and ensure the quality and safety of medicines globally. This document does not necessarily represent the views or opinions of USAID or the United States Government. It may be reproduced if credit is given to PQM and USP.

Executive Summary

Dr. Phanouvong traveled to Laos, Thailand, and Vietnam to follow up on project progress, provide technical guidance to address programmatic issues encountered, personally request formal approval to use MQM data in the PQM global database, and launch the methadone project in Vietnam.

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Key Words

Center of excellence, Minilab[®], sentinel site, methadone, monitoring, medicines quality

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ACRONYMS

ACT	Artemisinin-based Combination Therapy
AIDS	Acquired Immunodeficiency Syndrome
ANEQAM	Asian Network of Excellence in Quality Assurance of Medicines
ASEAN	Association of Southeast Asian Nations
BDN	Bureau of Drugs and Narcotics
BREMERE	Building Regional Excellence in Medicines Regulation and Enforcement
BVBD	Bureau of Vector Borne Diseases, Thailand
DAV	Drug Administration of Vietnam
DQI	Drug Quality and Information Program
FDA	Thai Food and Drug Administration
FDC	Fixed-Dose Combinations
GMP	Good Manufacturing Practices
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HPLC	High Performance Liquid Chromatography
IEC/BCC	Information, Education, Communication/Behavior Change Communication
MPSC	Medical Products Supply Center, Laos
NIMPE	National Institute of Malariology, Parasitology and Entomology, Vietnam
MOH	Ministry of Health
MSH	Management Sciences for Health
NIDQC	National Institute of Drug Quality Control, Vietnam
NMCP	National Malaria Control Program
NTP	National TB Control Program
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PQM	Promoting the Quality of Medicines Program
PTSC	Pharmaceutical Technology Services Center, Chulalongkorn Univ.
QA	Quality Assurance
QC	Quality Control
RDMA	USAID Regional Development Mission for Asia
SCMS	Supply Chain Management System
SOP	Standard Operating Procedure
TB	Tuberculosis
TLC	Thin Layer Chromatography
USAID	United States Agency for International Development
USP	United States Pharmacopeia
USP-NF	United States Pharmacopeia - National Formulary
WHO	World Health Organization
WPRO	WHO Western Pacific Regional Office

Background

Due to concerns about the emergence of drug-resistant malaria and tuberculosis (TB) in the Mekong sub-region, many international organizations and initiatives have intensified their assistance in the region. As one effort to help tackle the lack of institutional expertise and experience in medicine quality and information in the Mekong sub-region, Promoting the Quality of Medicines (PQM) established a medicine quality monitoring (MQM) program in 2003 in close collaboration with the Ministry of Health (MOH), medicines regulatory authorities (MRAs), National Quality Control Laboratories (NQCLs) and national diseases programs (for TB, malaria, and HIV/AIDS). Results are used as evidence to facilitate enforcement actions and to raise public awareness.

PQM has also been involved with capacity-building through the Asian Network of Excellence in Quality Assurance of Medicines (ANEQAM), which serves as a regional resource for key areas of quality assurance of medicines. Interactions among participating institutions have fostered an atmosphere of cooperation and collaboration in addressing the issues of medicines quality.

Expanding the scope of activities in the region, PQM has begun providing technical assistance to selected local methadone syrup manufacturers, in support of the President's Emergency Plan for AIDS Relief (PEPFAR) Methadone Management and Treatment program in Vietnam. The Government of Vietnam is seeking assistance from the United States Agency for International Development (USAID) and other partners to help capacitate manufacturers to produce methadone locally. PQM will help these manufacturers produce methadone syrups in compliance with international standards.

Main Objectives of the Trip

1. Follow up on project progress and provide technical guidance to address programmatic issues encountered
2. Follow up on our request for formal approval to use MQM data in the PQM global database
3. Launch the methadone project in Vietnam

Source of Funding

This trip was supported with funds from USAID/Regional Development Mission–Asia (RDM-A) and USAID/Vietnam.

Overview of Activities

Laos: January 31-February 4, 2011

Dr. Souly Phanouvong met with national and international partners from the Ministry of Health (MOH), Food and Drug Department (FDD), Food and Drug Quality Control Center (FDQCC), Medical Products Supply Center (MPSC), Pharmacy Faculty of National University, National TB Control Program (NTP), World Health Organization (WHO), law enforcement agencies (police, customs, prosecutors), and USAID representatives.

Highlights of progress and meeting discussions:

1. PQM program activities have been well received and appreciated by all partners because they have contributed a great deal to the capacity building of DDF, FDQCC, and national health programs in improving the quality of medicines and reducing the availability of substandard and counterfeit medicines in the country.
2. Broadcasting the “Pharmacide” Public Service Announcement (PSA) on two TV channels (Lao

- Star and Lao National Television) was approved by Ministries of Health and Information and Culture; the PSA will broadcast beginning February 24, 2011.
3. Posters were produced by MOH with the support of PQM. 3,000 posters will be posted at ports of entry, bus stations and public buses, schools, universities, and government and community gathering places.
 4. Training of sentinel site field staff by the FDQCC on new Minilab[®] methods for prothionamide, levofloxacin, and moxifloxacin was scheduled for March 14-18, 2011. The training will also address any technical issues the field staff have been encountered.
 5. Between December 2010 and February 2011, a total of 224 samples (51 antimalarials, 6 antituberculars, and 167 antibiotics) were collected and are undergoing testing.
 6. The FDQCC is finalizing the quality manual which is being reviewed by a consultant, Dr. M. Shakil Siddiqui, under Global Fund to Fight AIDS, Tuberculosis and Malaria support (GFATM). Dr. Saddiqui's role includes developing a road map to help FDQCC toward ISO 17025 accreditation. PQM will work closely with Dr. Siddiqui on how best to help FDQCC achieve ISO accreditation.
 7. As of February 2011, GFATM will provide support to expand five MQM sentinel sites in Laos which are all managed and run using PQM's protocol. By the end of 2012, GFATM will provide all 17 provinces with a Minilab[®].
 8. FDQCC has been overloaded with samples received from various clients, mainly from the MQM program (both PQM and GFATM samples) and FDD registration samples. FDQCC requests that USAID/PQM provide financial and technical support for more equipment (HPLC, dissolution testers, and IR) and training and also to strengthen its two regional labs to help analyze the MQM samples. Currently, the FDQCC can analyze about 1,700 samples (food and medicines combined). In 2010, it analyzed 500 medicine samples with compendial methods.
 9. The law enforcement representatives welcomed the activity proposed by PQM to establish a regional task force (BREMERE: Building Regional Excellence in Medicines Regulation and Enforcement) to facilitate the investigation process, enhance information exchange, and coordinate investigation and enforcement action.
 10. FDD informed PQM that the MOH is establishing the Bureau of Food and Drug Inspection (BFDI) which will be under the direction of the existing FDD. The BFDI's main role will be to conduct inspections of supply and distribution chains of food and pharmaceutical establishments and GMP compliance of producers.

Areas for follow up and to propose for FY12 Laos workplans:

1. Enforcement action: although in the past, FDD notified and coordinated with the police, customs, and prosecutors to conduct most enforcement actions at central and provincial levels when counterfeit or substandards are found. The group indicated that it would be more effective if PQM could provide additional funding to cover daily allowances, transportation, and accommodations for collective investigations, raids, and update meetings and to conduct *Rapid Alert System* (RAS) measures. PQM is requested to help with developing Standard Operating Procedures (SOPs) on RAS and a protocol for enhancing the work between FDD and other law enforcement agencies.
2. One of the many challenges the FDQCC and FDD technical staff have been facing is their limited English proficiency, which results in ineffective communication and delays in writing and reporting. Both agencies requested that PQM provide support to improve their English by hiring an English teacher to teach them on-site. They cannot afford to pay their staff to attend English courses at the International English Schools in Laos.

3. Strengthen pharmacy faculty capacity: all partners pointed out that in order to address the problem of medicines quality, efforts should include the involvement of university pharmacy students. Updating the pharmacy curriculum to include law and regulations on pharmaceuticals, medicines registration, licensing and quality of medicines should be supported by PQM and other programs. Specific training courses on pharmaceutical analysis starting with the use of Minilabs[®] are another need.
4. Model pharmacy: FDD and Medical Products Supply Center (MPSC) requested that PQM support establishing a model hospital/community pharmacy to serve as a resource for training and educating other pharmacies in the country to help law enforcement agencies. This can be done in conjunction with the Pharmacy Certification activity of PQM.

USAID’s temporary representative, Mr. John Rogosch, Health Program Manager, is working on establishing a permanent USAID Mission in Laos. Mr. Rogosch asked Dr. Phanouvong to come to Laos for a comprehensive discussion on PQM’s potential activities in the country during his next visit to the region in April or May 2011.

On February 2-4, 2011, Dr. Phanouvong—accompanied by an FDD inspection and licensing officer, Mr. Souksomkhouane Chanthamath, and Mr. Thongvang Latsavong, Deputy Director FDQCC—visited Attapue province sentinel site in the south of Laos via Champasack and Xekong province sentinel sites.

Highlights of observations during the site visit in Laos:

1. FDD, FQDCC, and provincial health authorities and field staff were very pleased to see PQM visiting and providing feedback on the work they carry out at the field level so that they can improve and address on-site any technical issues. The visit built stronger relationships between PQM and local partners.
2. Sites in Champasack and Attapue are in relatively good working condition. Field staff are engaged with the MQM project, with good record keeping and proper documentation of sample collection and testing. Minilabs[®], solvents, and reagents were well stored and maintained. Xekong, the GFATM-supported Minilab[®] site, was, however, not appropriate for conducting the testing of samples, especially when working with acetone, methanol, and/or concentrate acids because the testing table is in the same office as the staff, with no proper air ventilation or windows.
3. All sites require a “simple” hood to be installed to help field staff reduce their exposure to chemicals (some of them toxic). As simple hoods are not available on the Laos market, PQM is considering providing each of its sentinel sites with a “kitchen” hood, as requested by the FDD, provincial health authorities, and the sentinel site staff. These hoods function in the same manner as simple hoods and can be adapted easily for this use.
4. Champasack Health Authority, FDD, and FDQCC requested PQM to support Champasack’s QC lab, with essential lab supplies (dissolution tester, HPLC, glass wares, and medicines sample storage cabinet) and on-site training on Good Laboratory Practices (GLP) and



Champasack sentinel site

pharmacopeial methods for selected medicines so that it can help confirm the tests under the MQM project and reduce the backlog of samples sent to FDQCC.

5. Champasack Health Authority and FDD requested to be one of the pilot sites to participate in the PQM's Pharmacy Certification activity.
6. Attapue province has become a key port of entry of foods and medicines from Vietnam and Cambodia, and the Health Authority requested help to strengthen its existing Minilab[®] site in the Health and Food Division by adding an additional Minilab[®] at the port of entry. This request was also reinforced by the provincial customs authority. Dr. Phanouvong visited Phoukheua, a main port of entry between Laos and Vietnam about 50 km from Attapue, and found that it would be appropriate to equip a Minilab[®] there, since customs has already made space available to accommodate it as well as an office for the Provincial FDD officer.

Next Steps

1. PQM to consider equipping Champasack and Attapue with two Minilabs[®] and training their inspection staff on checking consignments and testing.
2. PQM will include Champasack as a pilot site to participate in the Pharmacy Certification program; Xekong and Attapue to participate in awareness raising sites for out reaching the grass root levels (leaflets, posters, talk at community gatherings using Village Health Volunteers who will be trained by FDD and provincial health authorities.
3. PQM to provide essential lab supplies (glassware and 1 dissolution tester) to Champasack's regional lab, contingent on the availability of USAID funding.

Thailand: February 6-8, 2011

Dr. Phanouvong visited Bangkok, Thailand to follow up on the progress of PQM programs.

Highlights of the visit in Thailand:

1. The PQM Team (Dr. Phanouvong and local consultants Mr. Chris Raymond and Dr. Asawin Likhitsup) met with program partners in Thailand—four representatives from the FDA, two from Bureau of Vector Borne Diseases (BVBD), and four from the Bureau of Drugs and Narcotics (BDN)—to update each other on PQM-supported projects in Thailand and the region. The FDA is willing to be more involved in project development and implementation than in the past.
2. BDN is in the process of working toward WHO Pre-qualification. An application was submitted to WHO, and they are expecting to receive a WHO inventory visit in the first week of May 2011. The BDN Director, Ms. Sooksri U. Boonpisal, has requested technical assistance from PQM, and PQM reassured her that a team will work with the BDN lab.
3. BDN indicated that it will introduce a new pricing scheme which will lead to a higher rate for analytical work services. PQM requested a concessional rate from BDN considering our long-established relationship and collaboration for public health goals; BDN will consider the request.
4. In a separate meeting, PQM met with other relevant divisions of FDA and the Pharmacy Council of Thailand to discuss developing a Pharmacy Certification program, which all parties welcomed. It was suggested that the program should cover antimalarials, antituberculars, and antibiotics due to their increasing quality concerns in Thailand and the region.
5. The Team also met with Dr. Charles Delacollette, Mekong Malaria Programme (MMP) Coordinator, to discuss potential USP/PQM activities in Burma and China:
 - a. China: MMP and WHO Western Pacific Regional Office (WPRO) are working on travel clearance and finalization of an agreement for Dr. Phanouvong to go to China to meet with WHO, the State Food and Drug Administration (SFDA) in Beijing, and local

authorities in Yunnan to discuss resuming Yunnan province's participation in MMP/PQM's MQM activities. The trip is scheduled in April 2011.

- b. Burma: MMP and PQM agreed that PQM's work in establishing a pilot MQM in Burma should be done by PQM's partners in the Mekong region, e.g., Thailand BDN or Laos FDQCC, with the lead of PQM's consultant, Dr. Likhitsup. The acquisition and supply of lab supplies will be done with the help of the WHO Country Procurement Officer. A short project description will be submitted to WHO Burma and MMP for discussion with the Burmese FDA.



Partners Meeting at Thailand FDA

Vietnam: February 9-11, 2011

Dr. Phanouvong visited Hanoi, Vietnam to obtain clearance from the MOH to implement the methadone local production project and to collect additional important information on the supply and management of medicines used for opportunistic infections (OIs) under PEPFAR and the Vietnam National AIDS program.

Highlights of the Vietnam visit are summarized below:

1. Meeting with Vietnam AIDS Administration Committee (VAAC) Deputy Director, Prof. Bui Duc Duong and his senior staff in charge of the Methadone Management and Treatment (MMT) program and PEPFAR grant coordination and implementation—discussed methadone local production and OI medicines quality evaluation projects supported by PQM. Both projects were welcomed by VAAC, who agreed to provide support.



Meeting with VAAC

2. Meeting at the National Institute of Drug Quality Control (NIDQC) to provide an overview of the PQM project in Vietnam and to discuss action items to implement the methadone local production and OI products quality projects. The Deputy Minister of Health, Professor Trinh Quan Huan; Associate Prof. Trinh Van Lau, Director of NIDQC, Dr. Nguyen Van Tranh, Deputy Director General of DAV; Mr. Jonathan Ross, Director Office of Health/USAID Mission in Vietnam; and their respective team members were present. Outcomes were:
 - a. MOH welcomed the two projects with technical assistance from USP/PQM.
 - b. MOH will assign focal points from DAV and VAAC for the projects and report to PQM.
 - c. MOH will inform PQM of the final approval of manufacturers' selection criteria by mid-March 2011.
 - d. MOH/DAV will send an invitation letter to PQM for an assessment visit of selected manufacturers by the end of March 2011.
 - e. DAV and VAAC will send names and contact details of focal points to PQM for regular communication and to follow up on progress.
 - f. Details of the Partners Meeting are described in *Annex 2*.
3. Meeting with Dr. Nick Medland, U.S. Centers for Disease Control and Prevention (CDC) medical officer in charge of the PEPFAR program in Vietnam, to revise the OI project work plan and exchange ideas on appropriate approaches to obtain samples. The key revision was the list of OI products to be sampled from various levels of the distribution chain by focusing on priority OIs that are expensive and most commonly used. The revised work plan was then submitted to USAID/Vietnam for final approval.
4. Meeting with NIDQC management to discuss existing and potential collaborations and its involvement in the methadone and OI projects.
5. Meeting with TV-O2 management to follow up on an action plan to broadcast the Pharmacie PSA in Vietnam. Upon receiving final approval from DAV, TV-O2 will broadcast according to the agreed timeline stated in the contract. Discussions also covered the possible involvement of TV-O2 in future awareness raising activities.

Dr. Phanouvong met with and submitted hard copies of the request to all relevant authorities in Laos, Thailand, and Vietnam for their formal approval allowing PQM to post medicine quality data in the PQM Medicine Quality Database. All country authorities gave their formal permission and signed the request letters.

Other activities:

1. Brief/debrief the USAID Missions (or representatives) in Laos, Thailand, and Vietnam on progress of PQM supported projects and inform them about programmatic and technical issues encountered.
 - a. Vientiane, Laos: met with Mr. John Rogosch, USAID Health Program Manager, to give him an overview of PQM program in the GMS and Laos in particular. Mr. Rogosch indicated that he will organize a meeting during PQM's next staff visit to Laos for a briefing to the U.S. Ambassador on USAID-supported projects in Laos.
2. Bangkok, Thailand at USAID/RDMA Office: The PQM team debriefed the Office of Health's Director, Dr. Thwin, and Deputy, Ms. Satin, on the Laos visit and partners meetings. Some key points of discussion:
 - a. RDM-A recommended that PQM investigate the possibility of receiving funding from USAID country missions (Vietnam, Cambodia) to complement RDM-A's funds for in-country tuberculosis activities. RDM-A funds should be used for regional medicines

- quality activities to support RDMA's mandate in controlling MDR-TB and focus on countries where there is no other USAID presence.
- b. RDM-A would like to see more awareness-raising and publicity activities about the good work and achievements countries have made in improving medicines quality, with the technical assistance of PQM. These activities should be carried out by the country partners themselves with guidance from PQM.
 - c. Any activities related to publications, interviews, and other media relations, PQM should notify USAID and the Embassy Media Relation Department.
 - d. RDM-A is in the process of establishing a regional center of excellence for MDR-TB and would like PQM to explore possibilities for involvement in this endeavor.
 - e. RDM-A approved formally the Malaria and TB work plans for FY11 activities.

At the USAID/Vietnam Office of Health, Dr. Phanouvong debriefed Mr. Xerses Sidhwa, Deputy Director, and Dr. Nguyen Thi Minh Ngoc and Dr. Pham Huy Minh, HIV/AIDS Program Care & Treatment Specialists on the visit and discussed ways forward to implement the methadone local production and OI products quality assessment projects.



Key Stakeholders Consultative Meeting
NIDQC – Feb 11, 2011

PQM Technical Assistance:
Methadone Local Production
and
Quality of Opportunistic Infections Medicines

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United States Pharmacopeia (USP)

Promoting the Quality of Medicines Program

- ◆ Founded in 1820, non-profit organization establishes officially recognized U.S. standards for medicines quality
- ◆ Only nongovernmental pharmacopeia in the world
- ◆ Over 600 staff and four laboratories in the U.S., India, China, and Brazil
- ◆ Over 600 volunteers on USP Expert Committees



Promoting the Quality of Medicines (PQM) Program

Promoting the Quality of Medicines Program

- ◆ Cooperative agreement between USP and USAID
- ◆ October 2009–September 2014
- ◆ Successor to the Drug Quality and Information (DQI) Program, 2000-2010



PQM Objectives

Promoting the Quality of Medicines Program

Build capacity & strengthen QA/QC systems

- ▶ Train and educate in quality assurance
- ▶ Establish postmarketing surveillance programs

Help increase supply of QA medicines

- ▶ TA to AMLs and TB manufacturers toward WHO PQ
- ▶ Assist in dossier compilation and review
- ▶ Improve manufacturers' GMP compliance

Combat availability of counterfeit meds

- ▶ Provide technical assistance to IMPACT, INTERPOL and other initiatives
- ▶ Raise awareness w/PSAs, campaigns

Provide technical leadership

- ▶ Advocate globally about medicine quality
- ▶ Promote new detection technologies



PQM-supported Countries

Promoting the Quality of Medicines Program

Africa

- ▶ Benin, Ethiopia, Ghana, Kenya, Liberia, Mali, Rwanda, Senegal, Tanzania, Uganda

Asia

- ▶ Cambodia, India, Laos, Myanmar/Burma, Nepal, Philippines, Thailand, Vietnam, Yunnan Province of China, Indonesia

Latin America and the Caribbean

- ▶ Bolivia, Brazil, Colombia, Ecuador, Guyana, Guatemala, Paraguay, Peru, Suriname

Europe/Eurasia

- ▶ Russia



Methadone local Production - Vietnam

Promoting the Quality of Medicines Program

Some Numbers:

- Currently 10,000 patients under treatment
- To increase to 15,600 by 2012
- And 80,000 by 2015 covering 30 provinces

Issues:

- All the Methadone finished dosage form used has been imported
- Importation complicated and time consuming – thus affect timely supply
- Pro-activity is necessary for timely supply to the above challenging numbers.

Proposed solution:

- Capacitate local manufacturers to produce locally
 - ▶ Quality products with cGMP compliant manufacturers



PQM Proposed TA Objectives

Promoting the Quality of Medicines Program

- Objective 1:** Consult with stakeholders and obtain formal Government clearance for the project and select manufacturing firm
- Objective 2:** Secure high-quality active pharmaceutical ingredient of methadone from reliable supplier(s)
- Objective 3:** Establish product formulation and quality specifications and good manufacturing practices (GMP) compliance requirements



Activities to Achieve Objectives – FY11

Promoting the Quality of Medicines Program

Obj.1: Consult with stakeholders and obtain formal clearance and select manufacturing firm

1. Meet with MOH, DAV, VAAC, NIDQC and other concerned partners
2. Agree on process and procedures to obtain clearance, **if necessary**, from the MOH or other appropriate authority
3. Recommendation on candidate manufacturers (max: 3) for assessment – and one for receiving TA from PQM



Activities to Achieve Objectives – FY11

Promoting the Quality of Medicines Program

Obj.2: Secure high-quality API of methadone from reliable supplier(s)

1. Identify and select 1-2 reliable source(s) that can provide Methadone HCl API of acceptable quality standards
2. Conduct testing of Methadone HCl API using compendial specifications
3. Facilitate the importation of Methadone HCl API into Vietnam



Activities to Achieve Objectives – FY11

Promoting the Quality of Medicines Program

Obj.3: Establish product formulation and quality specifications and GMP compliance requirements

1. Develop/adapt product formulation and quality specifications and formulation of finished dosage form
2. Provide specific recommendations for addressing GMP deficiencies to the selected firm
3. Perform follow-up with manufacturer to ensure full GMP compliance before pilot production
4. Establish and validate process control and QA/QC:
 - Container and closure system
 - Adapting manufacturing equipments
 - Experimental stability, before pilot batches
 - Comparison studies with innovator on physical and chemical characteristics (Characterization)



Activities to Achieve Objectives – FY11

Promoting the Quality of Medicines Program

Obj.3: Establish product formulation and quality specifications and GMP compliance requirements -continued

5. Perform quality control check of 3 consecutive pilot batches/lots
5. Develop protocols for stability studies (accelerated and long-term) on the product under different storage conditions and the firm carries out the studies.



Planned Activities For FY12

Promoting the Quality of Medicines Program

Obj.4: Commence the process of licensing the manufacturer and registering the product

1. Develop drug product master file for Methadone HCl finished dosage form
2. Gather necessary information as required by the regulatory agency (DAV) for licensing authorization and registration of the finished product
3. Develop other necessary technical documents as required by the regulatory agency (DAV) for licensing authorization
4. Submit application to DAV for license to produce Methadone HCl in accordance to the DAV requirements; consolidate and respond to DAV queries as needed



Planned Activities For FY12

Promoting the Quality of Medicines Program

Obj.5: Quality monitoring and evaluation in the supply and distribution chain

1. Develop post-marketing surveillance (PMS) program at supply chains for ensuring the quality of Methadone HCl finished dosage form – with special considerations based on the narcotic nature of the product
2. Train and implement PMS program across the distribution/supply chains



Planned Activities For FY12

Promoting the Quality of Medicines Program

Obj.6: Follow up

1. Help the manufacturer maintain GMP compliance
2. Follow up product quality throughout the supply and distribution chains



Time Line for FY11

Promoting the Quality of Medicines Program

Formal clearance

Explore QA API

Stability test

Oct-Nov 2010

Dec 2010–Feb 2011

Mar – July 2011

Aug 2010-Jan 2012

Feb 2012-Jun 2012

PMS

Selection of manufacturers to receive TA from PQM

GMP assessment

Establish product formulation, specifications and GMP compliant requirements (e.g. process validation, control, and QC of pilot batches)

Preparation of DMF and product dossier for registration

Large scale production of final products



OI Products Quality Assessment

Promoting the Quality of Medicines Program

Technical Objectives:

Objective 1: Obtain evidence data on quality of selected OI medicines being locally manufactured, imported from overseas, procured, distributed, stored and used in selected PEPFAR and USAID-funded project sites in Vietnam.

Objective 2: Present the data to relevant agencies and authorities for appropriate measures to take to improve their quality assurance and quality control (QA/QC) systems of OI medicines.



Planned Activities For Objective 1

Objective 1: Obtain evidence data on quality of selected OI medicines being locally manufactured, imported from overseas, procured, distributed, stored and used in selected PEPFAR and USAID-funded project sites in Vietnam

1. Consult with the appropriate agencies and authorities, including VAAC, PEPFAR, USAID, CDC, MOH, DAV and NIDQC
2. Develop sampling and testing protocols for the OIs
3. Conduct training workshop
4. Collect samples from randomly selected suppliers, distributors, central/regional/provincial VAAC warehouses, HIV/AIDS treatment health facilities and clinics with a total approximate number of 100 samples.
5. Provide reference standards for quality testing.
6. Conduct testing of samples collected using pharmacopeial specifications.
7. Perform data analysis.
8. Write a technical report with recommendations.



Planned Activities For Objective 2

Promoting the Quality of Medicines Program

Objective 2: Present the data to relevant agencies and authorities for appropriate measures to take to improve their quality assurance and quality control systems of OI medicines.

1. Present the findings
2. Disseminate the report to relevant agencies as appropriate to advocate for strengthening the QA/QC of OI medicines in Vietnam.



Questions?



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MEETING MINUTES

Meeting: Key stakeholders consultative meeting to discuss and agree on action plan for technical assistance of Promoting the Quality of Medicines (PQM) program, United States Pharmacopeia (USP) to the Government of Vietnam to locally produce Methadone in oral finished dosage form and work plan for assessing the quality of selected opportunistic infections medicines being purchased and used under PEPFAR funds in Vietnam

Time: 9.00 – 10.30 am, 11th February, 2011

Venue: Meeting room, NIDQC, 48 Hai Ba Trung street, Hanoi, Vietnam

Invited participants were Professor Trần Quân Hùng, Vice Minister of Health, and representative(s) from the following agencies: Drug Administration of Vietnam (DAV), Vietnam Administration of HIV/AIDS control (VAAC), National Institute of Drug Quality Control (NIDQC), United States Agency for International Development (USAID) and USP (PQM)

1. Professor Trần Quân Hùng, Vice Minister of Health
2. Assoc. Professor Trần Văn Lưu, Director of NIDQC, Vietnam
3. Dr. Jonathan Ross, Director of Public Health Office, USAID, Vietnam
4. Dr. Souly Phanouvong, Manager of Asia Programs, Promoting the Quality of Medicines, United States Pharmacopoeia, USA
5. Dr. Nguyễn Văn Thanh, Vice Director of DAV
6. Dr. Đoàn Cao Sơn, Vice Director of NIDQC, Vietnam
7. Dr. Nguyễn Văn Lợi, Director of Quality Management department, DAV
8. Dr. Trần Ngọc Hải, staff of National Institute of Malariology, Parasitology and Entomology, Vietnam; a focal point of PQM program in Vietnam
9. Pharm. Nguyễn Ngọc Lâm, MSc, Director of Planning department, NIDQC
10. Dr. Nguyễn Thị Minh Ngọc, Care and Treatment Specialist, USAID, Vietnam
11. Ms. Nguyễn Thị Hằng, staff of DAV
12. Pharm. Nguyễn Thị Thanh Thảo, MSc, staff of NIDQC, meeting minutes taker.

Contents:

Following a brief introduction of the meeting objectives and participants by Associate Professor Trần Văn Lưu, the meeting proceeded as follows:

1. **Presentation by Dr. Phanouvong:**

Dr. Phanouvong gave a brief overview about USP PQM program, its objectives as well as PQM-supported countries in Africa, Asia, Latin America and Caribbean, Europe/Eurasia.

Dr. Phanouvong presented a work plan outlines and proposed action items for technical assistance of PQM to selected Vietnamese pharmaceutical manufacturers to produce locally Methadone in oral finished dosage form to support the scaling up of the Methadone Management Plan (MMP) of the Government of Vietnam, including the PEPFAR-supported program. The 3 main objectives for year 2011 include:

- Consult with key stakeholders (MOH, DAV, VAAC, NIDQC...); obtain formal clearance of MOH to implement projects (if necessary) and select manufacturing firm

- Secure high-quality active pharmaceutical ingredients (API) of Methadone from reliable supplier(s) and facilitate the importation of Methadone HCl API into Vietnam.
- Establish product formulation and quality specifications and good manufacturing practices (GMP) compliance requirements; establish and validate process control and QA/QC; perform quality control check of 3 consecutive pilot lots; develop protocol for stability studies.

Other activities which are planned for year 2012 include: commencing the process of licensing the manufacturer and registering the product with DAV; quality monitoring and evaluation in the supply and distribution chain by developing and implementing post-marketing surveillance (PMS); follow-up activities such as helping the manufacturer maintain GMP compliance and following up product quality through the supply and distribution chain.

Work plan for assessing quality of selected opportunistic infections medicines was presented by Dr. Phanouvong with 2 main objectives: obtaining evidence data on quality of selected OI medicines being locally manufactured, imported from overseas, procured, distributed, stored and used in selected PEPFAR and USAID-funded project sites in Vietnam; presenting the data to relevant agencies and authorities for appropriated measures to improve the quality assurance and quality control systems of OI medicines .

2. Key discussion points, opinions and resolutions:

- **Vice Minister of Health Trần Quân Hùng :**

- Deputy Prime Minister Trần Văn Trường has directed the project to locally produce Methadone in finished dosage form in Vietnam. Minister of Health Nguyễn Quốc Triệu has signed the decision of implementing this project for the period 2010-2015. This is first time PQM, USP proposed the technical assistance for the project and it is in line with Government plan.

- Up to now, the pilot treatment by Methadone is conducted in Hanoi, Haiphong and Ho Chi Minh city with good results and there are 12 other provinces will be expanded with this treatment program. There is a need to have support from WHO, USP, USAID to implement this project.

- Norms of selection manufacturers for producing Methadone finished dosage form are being prepared and will be signed soon, hopefully in March, 2011.

Number of manufacturers which will be selected also has not been decided yet. Two may be the best and in the safe site, because if choose only 1 and something is going wrong, there will be a shortage. This

- For API of Methadone: Vice Minister Trần Quân Hùng has visited a year ago, Covidien Pharmaceuticals in USA, which produces Methadone finished dosage form. However, the API of Methadone is imported from Italy. Therefore, it should be considered carefully when choosing the supplier of API.

- DAV and VAAC have to assign focal points for communication further with PQM to implement this project (suggest to Dr. Trần Quốc Cường, Director of DAV assigning Dr. Nguyễn Văn Lợi from DAV and Dr. Nguyễn Thành Long, Director of VAAC assigning Dr. Bùi Cảnh Dũng from VAAC).

- NIDQC is prequalified by WHO and conducting the quality control tests for many products of Global Fund, therefore NIDQC is able to carry out the quality control for Methadone finished dosage form produced under project.

- **Dr. Jonathan Ross – Representative of the Donor:**

If Methadone finished dosage form is produced locally, the difficulties of importation will be ceased and price will be reduced. Also, the number of drug users who need to be treated by Methadone is increasing. Therefore, the project will bring many benefits, USAID will be happy to support this project.

- **Other notes:**

- Dr. Thanh: Whether medicines which are supported by PEPFAR or GF should be assessed by international agencies or only MOH of Vietnam? Vice Minister Hu n said that these medicines produced in Vietnam should be meet WHO standards. With the technical assistance of PQM, PQM and MOH will assess the manufacturers and confirm that these manufacturers meet the defined requirements.

- Dr. Phanouvong informed the Vice Minister about an upcoming TB manufacturers workshop organized by PQM with financial support from USAID, in Jakarta on March 8-9 and agreed to send an invitation to DAV to send one representative to take part in this workshop. This workshop will focus on common technical dossier following new requirement of WHO prequalification and also GMP inspection requirement.

3. Wrap up and Action items:

- In principle, there is an agreement for project that the scaling up of MMP in Vietnam will benefit from.
- Following the signing of the norm of selection of manufacturing firm by the Minister of Health before mid March, the Vice Minister will follow up on the sending a letter of authorization to Dr. Phanouvong for PQM expert(s) to come to Vietnam to conduct an assessment of selected firms between March 18th-31st time frame.
- Two local Vietnamese manufacturers may be selected to receive technical assistance from PQM for local production of methadone finished syrup form.
- The week February 14-18, DAV and VAAC will officially assign their staff to be focal points to communicate with PQM to implement the project (Dr. Nguy n V n L i of DAV and Dr. Bui c D ng of VAAC as proposal by Vice Minister of Health Trnh Quân Hu n). Regular communication will be established between the focal points and PQM on the project progress, update and address any issue encountered.
- If it is possible, PQM would like to receive the list of manufacturers which were targeted by MOH before coming into Vietnam for assessment to help PQM have better preparation for assessment. DAV will respond to PQM on this point by beginning of March.
- PQM will continue to follow up on selection for Methadone HCl API and will communicate with focal points to discuss further.

The meeting adjourned at 10.30 am of 11th February, 2011.