Activity and Product Status Report

Project Year 1, January–March 2008

Management Sciences for Health is a nonprofit organization strengthening health programs worldwide.

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

June 2008

Strengthening Pharmaceutical Systems Program
Activity and Product Status Report

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Strengthening Pharmaceutical Systems Program
Center for Pharmaceutical Management
Management Sciences for Health

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About SPS

The Strengthening Pharmaceutical Systems (SPS) Program strives to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems and services. SPS focuses on improving governance in the pharmaceutical sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines.

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ADDO	Accredited Dispensing Drug Outlets
AIDS	acquired immunodeficiency syndrome
AMR	antimicrobial resistance
ART	antiretroviral therapy
AQ	amodiaquine
ARV	antiretroviral
AS	artesunate
CESAG	Centre Africain d'Etudes Superieures en Gestion
COP	country operational program
CPDS	Coordinated Procurement and Distribution System [Rwanda]
CRS	Catholic Relief Services
DACA	Drug Administration and Control Authority [Ethiopia]
DOTS	internationally recommended strategy for tuberculosis control [WHO definition]
DTC	Drug and Therapeutics Committee
ECSA	East, Central, and Southern Africa
EML	essential medicines list
FHI	Family Health International
FTC	fixed-dose combination
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GDF	Global Drug Facility [Stop TB/WHO]
GLC	Green Light Committee
HIV	human immunodeficiency virus
IC	infection control
IMCI	Integrated Management of Childhood Illness
IR	intermediate result [USAID]
IRSP	Institut Régional de Santé Publique [Benin]
MCC	medicines control council [Namibia]
MDR	multidrug-resistant
MoH	Ministry of Health
MoHSS	Ministry of Health and Social Services
MSH	Management Sciences for Health
NASCOP	National AIDS and STD Control Programme [Kenya]
NCAIDS	National Center for AIDS [China]
NCTB	National Center for Tuberculosis Control and Prevention [China]
NDOH	National Department of Health
NGOs	nongovernmental organizations
NHTC	National Health Training Centre [Namibia]
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative

PMPB	Pharmacy Medicines and Poisons Board
PMTCT	prevention of mother-to-child transmission
PNA	Pharmacie Nationale d'Approvisionnement [Senegal]
PNLP	Programme National de Lutte contre le Paludisme [National Malaria Control Program]
PNLT	Programme National de Lutte contre la tuberculose [National Tuberculosis Control Program]
PSI	Population Services International
QA	quality assurance
RBM	Roll Back Malaria
REDSO	Regional Economic Development Services Office [USAID]
RDMA	Regional Development Mission–Asia
RMU	rational medicines use
RPF	Regional Pharmaceutical Forum
RPM Plus	Rational Pharmaceutical Management Plus [Program]
SOP	standard operating procedure
SPS	Strengthening Pharmaceutical Systems
STG	standard treatment guidelines
TA	technical assistance
TB	tuberculosis
TFDA	Tanzania Food and Drug Authority
TIPC	Therapeutics Information and Pharmacoviligance Center [Namibia]
TOT	Training of Trainers
TWG	technical working group
UNION	International Union Against Tuberculosis and Lung Disease
URC	University Research Corporation
USAID	U.S. Agency for International Development
USD	U.S. dollar
USG	U.S. Government
USPDQI	U.S. Pharmacopeia Drug Quality and Information [Program]
XDR-TB	extensively drug-resistant TB

GLOBAL PROGRAMS

ANTIMICROBIAL RESISTANCE

Overview

The rapidly growing problem of antimicrobial resistance (AMR) is rendering many first-line treatments useless, seriously impacting the treatment of malaria, tuberculosis (TB), HIV/AIDS as well as all other infectious diseases of major public health significance. Unless urgent, adequate, concerted, and sustained containment efforts are made, AMR will soon reverse all the gains achieved so far in treating infectious diseases and throw us back into a pre-antibiotic era. The AMR portfolio of Management Sciences for Health (MSH)/SPS will direct work to support the key activity areas identified in the U.S. Agency for International Development (USAID) intermediate results (IR) for SPS and AMR pathway. The activity areas are—

- Scaling up proven institutional interventions to minimize the spread of AMR
- Designing and implementing AMR interventions to improve medicines use behavior at the community level
- Implementing innovative AMR containment strategies and approaches at the global and country levels

Major Activities this Quarter

- In collaboration with SPS, the Makerere University successfully presented a Regional Drug and Therapeutics Committee (DTC)-Training of Trainers (TOT) Course from January 6 to 19, 2008. Thirty-one participants attended the course from 10 different countries (Afghanistan, Botswana, Kenya, Namibia, Rwanda, South Africa, Southern Sudan, Tanzania, Uganda, and Zambia). Follow-up activities have started with a number of participants and countries. With assistance from the Kenya SPS program, a training course at the Nairobi Hospital is planned for May 2008 that will help establish a DTC at this and other private/NGO hospitals. Following the Rational Medicines Use (RMU) training programs provided to Armenian primary health physicians in July and December 2007, SPS has started collaboration with the National Institutes of Health and Yerevan State Medical University to institutionalize RMU concepts and training programs. Activities continue with the local USAID bilateral project to teach RMU training programs through their regularly scheduled Management Training Seminars. Training materials have been adapted for the Management Training Seminars. Local facilitators that were trained under the RPM Plus program will work with PHCR to present the RMU training.
- Chinese stakeholders have requested SPS to provide technical assistance for a DTC training course in Nanchang, Jiangxi Province, China. The training course is planned for

May 5–10, 2008. The Chinese Hospital Association is sponsoring and organizing the course along with Dr. Xiao Yonghong of Peking University. SPS is sending three technical staff to facilitate the course.

- A presentation on the infection control self-assessment implementation experiences in South Africa and Swaziland was made by SPS staff at the South African Association of Hospital and Institutional Pharmacists (SAAHIP) annual conference held March 6–9, 2008. During this quarter, NDOH, SPS, and provincial quality assurance staff planned and conducted ICAT training of trainers (TOT) workshops in Pretoria, Gauteng Province (March 11–14; 23 participants); Polokwane, Limpopo Province (March 17–20; 28 participants), and East London, Eastern Cape Province (March 25–28; 18 participants). Each workshop concluded with a draft provincial ICAT roll-out plan, to be finalized and implemented locally with local resources. A technical report of the infection control implementation workshop conducted in Guatemala in November 2007 was also finalized and disseminated during this quarter. The Global Health Council accepted the abstract submitted on infection control implementation experiences in South Africa and Swaziland for presentation as a poster at the 35th Global Health Council to be held May 27–31, 2008.

- SPS technical staff participated and provided technical assistance relating to rational medicines use (RMU) and AMR topics at the University of Zambia medical curriculum content writing workshops on March 14, 17, and 19, 2008. Content outlines were drafted for different departments; AMR- and rational medicines use-related items were incorporated into the pharmacology/therapeutics outlines and also in microbiology outlines. The next step is to develop detailed curricular contents based on these outlines. The pharmacology/therapeutics focal person has requested SPS technical staff to review the draft details once they are developed.

- With regard to the new activity on improving community use of antimicrobials through the private Accredited Dispensing Drug Outlets (ADDO) in Tanzania, the activity manager traveled to Tanzania during this quarter to lay the ground work for the project and work with the in-country staff. Before leaving Tanzania, a workplan for the initial baseline survey was developed and agreed upon. SPS staff also developed data collection tools for the baseline. These data collection tools were subsequently revised based on feedback from user tests in Mvomero.

- The scope of work drafted for the University of Washington (UW) to collaborate with SPS in developing a detailed SPS pharmacovigilance framework document was shared and discussed with Andy Stergachis, UW contact person. Steps are underway to finalize the contract with UW for this task. During this quarter technical inputs were also provided on draft plans for country-level pharmacovigilance activities in Rwanda and Kenya.

- SPS technical staff made a presentation on “Containing Antimicrobial Resistance as a Component of a Health Systems Strengthening Strategy” during the Asia and Near East state of the art training held in Bangkok, March 3–7, 2008.

MALARIA

Overview

Every year, malaria causes 300 to 500 million cases of acute illness resulting in more than a million deaths worldwide of which 90 percent occur in sub-Saharan Africa. Most affected populations are children under five, pregnant women and people living with HIV/AIDS. The burden of malaria has been intensified by *Plasmodium falciparum* resistance to chloroquine and sulfadoxine-pyrimethamine (SP), forcing countries to change their first-line therapies for malaria. The World Health Organization (WHO) recommends that all countries should adopt an artemisinin-based combination therapy (ACT)[1] as first-line treatment of choice for uncomplicated malaria when revising their treatment policies. Similarly, WHO recommends the use of parenteral quinine or artemisinin derivatives in the management of severe malaria.

As ACT procurement funds are increasingly becoming available through the GFATM, the World Bank Booster Program, the President's Malaria Initiative (PMI), UNITAID, and other interventions such as the Affordable Medicines Subsidy for malaria mechanism; and more ACT suppliers are being prequalified by WHO, there are growing challenges to ensure adequate coordination among partners and dissemination and application of best practices for optimal health impact at country level.

In FY 2007, SPS will provide technical assistance to the PMI, other global malaria initiatives, and the Roll Back Malaria (RBM) Procurement and Supply Management working group in harmonizing and coordinating the capacity building efforts for effective national and global pharmaceutical supply systems for malaria.

Major Activities this Quarter

- Worked towards finalizing a draft of the monitoring and evaluation (M&E) guide for pharmaceutical management aspects of ACT policy implementation. The documents will be field-tested in one country in the upcoming quarter

- Prepared monthly reports and collected products and tools for core, PMI, and other country programs for improved internal knowledge management

- Developed a practical guide on quantification of severe malaria needs; the guide is intended to guide USAID missions and other donors in determining the needs for severe malaria medicines in PMI-supported countries

- Supported the Central African RBM Network partnership to perform a program implementation diagnostic mission on malaria case management and prevention in Cameroon and provided recommendations to address identified problems

- Participated in RBM East and West regional network meetings

[1] WHO (2004). Position of WHO's Roll Back Malaria Department on malaria treatment policy

- Assisted USAID and DELIVER in developing monitoring and performance indicators for malaria commodities in PMI-supported countries.

- Provided technical support and orientation to colleagues who will be supporting malaria country programs

- As co-chair to the PSMWG, SPS provided support through—
    - Providing technical, organizational, and strategic guidance to the group members and the RBM board

    - Identifying, interviewing and sending consultants to countries needing support for Round 7 PSM plan development

    - Assisting in preparing for a workshop to validate Round 7 PSM plans

    - Participating in the Harmonization Working Group (HWG)/GFATM meeting and subsequent planning for Round 7 acceleration of grant signing and providing input into the HWG needs assessment and work streams for country readiness including TA for country support

    - Providing inputs to the global malaria business plan and Round 8 proposal development

    - Supporting Affordable Medicine Facility for malaria taskforce by participating in meetings and providing inputs into three work streams (local production, buyer eligibility, forecasting)

    - Participating in the forecasting task force meetings

TUBERCULOSIS

Overview

The Stop TB Partnership members have been busy promoting DOTS and DOTS Plus activities in developing countries. Even with greater support than previous years from partners and donors alike including GFATM, the Global Drug Facility (GDF), and the Green Light Committee (GLC), the millennium development TB goals for increased case detection and reduced prevalence by 2015 are not likely to be met by the majority of countries. Support by Ministries of Health only covers part of the TB populations in many countries. For partners and country TB programs alike, how to maintain this support plus expand to reach the rest of the TB population (private sector, rural residents, prisoners, HIV patients, and drug-resistant patients) remains a formidable task. In the area of TB drug resistance control alone (multidrug and extensively drug-resistant [XDR]), the DOTS Plus Working Group at WHO estimates that the number of treatable patients will reach 50,000 cases in 2007 and 800,000 in 2015.

With medicines and commodities being an integral part of TB control whether for first-line or drug-resistant disease, attention must continue to focus on TB pharmaceutical management components to assure medicines being available when patients need them and their rational use. This can only be done by strengthening both human resources and pharmaceutical supply and monitoring systems, and improving pharmaceutical governance in developing countries.

Through the RPM Plus program, the MSH TB team has developed TB pharmaceutical management tools, facilitated national, regional and country workshops on TB pharmaceutical management, provided technical assistance to international and local partners, and become a dependable source of expertise in the area of TB pharmaceutical management. The following outlines how the SPS program will continue to build on these activities to strengthen TB pharmaceutical systems.

SPS technical objectives have been formulated to address the pharmaceutical management component of USAID TB program results pathway and the Global Plan to Stop TB 2006–2015.

These 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
- Improved governance in the pharmaceutical sector
- Contain the emergence and spread of antimicrobial resistance (AMR)

The SPS TB team has identified three technical objectives which are key to meeting the challenge of strengthening local TB drug management capacity—

1. Strengthen capacity of TB global initiatives and Stop TB partners in managing pharmaceutical commodities to address the goals of the Global Plan to Stop TB for DOTS expansion and strengthening

2. Increase the capacity of national health programs to design, apply, and monitor appropriate interventions to ensure uninterrupted supply of quality commodities for TB/HIV co-infection

3. Provide technical leadership in pharmaceutical management to Stop TB partners engaged in the development of new tools for tuberculosis

Major Activities this Quarter

Provide Technical Assistance to GDF

SPS staff conducted a GDF monitoring mission in Ukraine during January 2008. Ukraine's TB program and its adherence to GDF terms and conditions and support were assessed and management information systems' (MIS) implementation for TB was recommended during this trip.

SPS conducted a GDF monitoring mission in Haiti during March 2008 where of TB-related commodities management improvement was assessed and program compliance with the terms and conditions of the previous grant was reviewed.

Regular support to GDF was provided by SPS, especially on procurement and management issues. A revision of the GDF catalogue prices to include costs of sampling, laboratory quality control (QC), and agency fees was prepared. SPS also developed a checklist for the pre-shipment inspections and redesigned the template for the clean report of findings. SPS developed a draft waiver with a World Bank consultant for countries receiving World Bank funds to procure TB drugs from GDF, without having to float tenders according to bank rules.

As a member of GDF Technical Review Committee, SPS evaluated two ad-hoc country applications for GDF medicines.

Provide Technical Assistance to GLC

- During March 2008, SPS assessed the supply chain management of the GLC commodities granted to multidrug-resistant (MDR)-TB program in Haiti.

- SPS conducted a GLC monitoring mission that was the first to include a medicine management expert as part of the team in the Philippines during March 2008. Key procurement issues in regards with the International Dispensary Association (IDA) were brought to attention during this mission and will be addressed by WHO/GDF.

- SPS developed workshop materials for training GDF/GLC consultants to conduct drug management missions.

Respond to MDR/XDR-TB Threat

- In conjunction with the GDF/GLC, SPS conducted an annual one-day workshop at the UNION World Health Conference on Lung Health "Confronting the challenges of HIV and MDR in TB prevention and care." Over 67 participants of NTP and essential medicines officials, consultants of NGOs, and TB donors attended the workshop, many of whom represented the African nations.
- In collaboration with GLC, develop generic MIS for TB and prepare to field-test it.
- An agreement in regards to copyright was finalized and signed with the tool developer during this quarter.
- SPS reviewed the MDR/XDR-TB Country Assessment Tool for pharmaceutical management component. After reviewing the tool, SPS sent the tool to several SPS countries (including Dominican Republic and Brazil) for NTP comments.

Strengthen Laboratory Systems Management

In anticipation of the launch of Global Laboratory Initiative (GLI) in April 2008, SPS attended a stakeholders meeting in Geneva in January 2008. GLI, proposed by the Subcommittee on Laboratory Capacity Strengthening and adopted by the Stop TB Coordinating Board in October 2007, aims to ensure universal access to quality-assured TB diagnostic services by 2015.

Provide Technical Leadership to Stop TB Partners and WHO

To help strengthen pharmaceutical management capacity for TB, MDR-TB and TB/HIV programs, SPS attended the fourth TAG meeting for the WHO/EURO in Denmark in January 2008.

Disseminate Pharmaceutical Management for TB Tools and Materials

Managing TB Medicines at the Primary Level was translated into French—the draft is currently under review.

Develop an Assessment Guide for TB/HIV Collaboration in Pharmaceutical Management

During this quarter, several meetings were held to discuss content and format of the assessment tool for TB/HIV collaborative programs. Development of assessment tool is now underway and the activity remains to be ongoing.

Provide Technical Leadership to Stop TB Retooling Task Force

SPS participated in a meeting in January 2008 in which key terms for the Stakeholder Engagement Guide were defined and finalized and discussions on field-testing the guide were held.

REGIONAL PROGRAMS

LATIN AMERICA AND CARIBBEAN—AMAZON MALARIA INITIATIVE

Overview

The Amazon Malaria Initiative (AMI), launched in March 2002, through USAID LAC/RSD-PHN, to address malaria in the Amazon countries (Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, and Venezuela), which have experienced a re-emergence of malaria in the early 1990s, including the appearance of *Plasmodium falciparum* and resistance to inexpensive, first-line antimalarial drugs. *P. falciparum* resistance to chloroquine was common throughout the region, with treatment failure rates of 20 percent and higher being reported in some areas. Colombia, Peru, and Venezuela also reported resistance to sulfadoxine-pyrimethamine, a second-line antimalarial drug. With AMI's technical and financial support, the eight participating countries responded by conducting in vivo efficacy studies of antimalarials and changing 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.

SPS has received $725,000 in FY 2007 funds to support pharmaceutical management activities under AMI. These funds will be used to provide technical assistance and build the capacity of the AMI country counterparts to improve the countries' pharmaceutical supply systems for malaria and to manage them effectively. The focus will be on filling gaps in information systems, establishing a baseline for monitoring and evaluating activities, engaging strategic partners within the countries, and helping the national malaria programs plan and implement activities that will directly improve the availability and use of malaria medicines and supplies based on their specific circumstances.

Major Activities this Quarter

During this quarter, SPS worked on a revised version of the "drug access and use master plan," incorporating comments and suggestions from USAID and the Pan American Health Organization (PAHO). The plan will be presented and discussed at the next AMI steering committee in Lima, Peru, April 8–11, 2008.

The following activities were carried out during this quarter—

- SPS is gathering all information produced on malaria pharmaceutical management during previous years to analyze the pharmaceutical management situation for each AMI country. These documents will be completed with information that regional workshop participants will bring with them on the improvement of the supply chain and quality of antimalarials.

- The regional workshop for the improvement of the supply chain and quality of antimalarials was scheduled for May 12–16. During this quarter, all partners (MSH, United States Pharmacopeia, and PAHO) developed the workshop agenda, the first draft of the participant's guide, and supporting materials.

- During this quarter SPS visited three AMI countries—Bolivia, Ecuador, and Guyana. SPS staff worked with local counterparts to analyze the pharmaceutical management of the national malaria programs and to elaborate a detailed technical assistance program for the rest of the year. SPS discussed with local counterparts specific problems on pharmaceutical supply management and different options to confront them—analysis and recommendations are included in the trip reports.

- SPS developed a guide for implementing pilot tests of the supervision tool on availability and use of antimalarials. This guide, in Spanish and English versions, was distributed to all AMI countries. SPS and PAHO recommended that the tool be tested promptly so that test results could be discussed at the May 2008 regional workshop. During the visits to Bolivia, Ecuador, and Guyana, SPS provided direct technical assistance for the implementation of pilot tests.

SPS will participate in the VII Technical Annual Meeting for the AMI/Amazon Network for the Surveillance of Anti-malarial Drug Resistance Partnership meeting.

- SPS and other AMI counterparts decided that a single workshop covering both supply chain management and procurement (programmed with SPS FY 2007 resources) will be more efficient, and will serve better the interests and busy agendas of AMI counterparts. FY 2006 resources for this activity are supporting the preparation and translation of materials. SPS FY 2007 resources will be used to sponsor the participants.

Constraints to Progress

The development and pending approval of the five-year strategic plan have delayed the implementation of the activities originally proposed in the SPS October 2007–September 2008 workplan.

Next Steps

- Approval of the master and year workplans is expected for the first quarter of 2008.

- SPS will arrange visits to all AMI countries during the first quarter of 2008 to analyze the progress in implementing AMI interventions on pharmaceutical management. SPS will also support the pilot tests for implementing the monitoring tool for availability and use of medicines.

- The workshop on procurement and supply chain management of antimalarials is tentatively scheduled for March 2008

REGIONAL DEVELOPMENT MISSION—ASIA AND NEAR EAST

Overview

The SPS Program is a five-year, 147.5 million U.S. dollars (USD) Leader with Associates Cooperative Agreement being implemented by MSH. In 2007, the Regional Development Mission—Asia (RDMA) supported the establishment of a collaborative forum of USG partners addressing malaria control in the Greater Mekong sub-region. SPS will work with the Mekong forum and build upon existing collaborative partnerships with regional and country institutions to ensure complementary expertise under a framework of common objectives. As a partner, SPS will provide technical assistance and training to build capacity in pharmaceutical management and strengthen pharmaceutical systems.

SPS will build on existing work in HIV and TB pharmaceutical management and share the lessons learned from China with other countries in the region to strengthen local capacity to manage ARVs and other commodities. SPS will further promote the introduction of pharmaceutical management best practices and innovative approaches to build requisite competencies to ensure improved access to quality care, support, and treatment.

Major Activities this Quarter

SPS participated in the USAID Mekong Malaria Partners Meeting in Bangkok in October 2007. Current partners provided an update on progress within the last year, and with new partners, discussed planned activities to allow coordination of work plans, facilitate collaboration at country level, and contribute to improved malaria control in the region. SPS agreed to provide technical assistance to two RDMA countries—Laos and Thailand.

As a part of the development of the performance monitoring framework for the RDMA region, SPS reviewed indicators for pharmaceutical management for malaria for the region, and suggested new indicators that may be used by SPS, as well as other partners that are working at country level, to monitor improvements in availability of antimalarials or other pharmaceutical management systems improvements. SPS also discussed these potential indicators with University Research Co./Cambodia for use in their malaria control program.

WEST AFRICA REGIONAL PROGRAM (WARP)

Overview

The 2008 implementation year workplan for SPS regional portfolio has seven activities centered on building capacity for training institutions and supporting countries in pharmaceutical management for HIV and malaria programs. Key among the activities is SPS's technical assistance to build pharmaceutical management capacity for four anglophone and two francophone training institutions in West Africa. The anglophone institutions are the Ghana Institute of Management and Public Administration (GIMPA), Ghana, Kwame Nkrumah University of Science and Technology (KNUST), Ghana; University of Jos, Nigeria, and University of Liberia. The francophone institutions are Centre Africain d'Etudes Superieures en Gestion (CESAG), Senegal, and the Institut Régional de Santé Publique (IRSP), Benin.

The anglophone institutions have organized themselves into the West Africa Regional Technical Resource Collaboration KNUST's Dean Prof. Duwiejua is the current chair, assisted by Prof. Sokomba of the University of Jos.

Major Activities this Quarter

- A training of trainers (TOT) in HIV/AIDS pharmaceutical management was held March 24 to 29, 2008, in Accra, Ghana. Twenty-two participants drawn from four training institutions, two Ministries of Health, one hospital, and two health programs attended the training. The training institutions represented at the TOT are GIMPA, KNUST, Kumasi, Ghana; University of Liberia; and University of Jos, Nigeria. The MoH Liberia, and Jos University Teaching Hospital were also represented at the training. JSI/MEASURE Evaluation partnered with SPS to carry out the training. After the training, participants developed country work plans around a wide range of pharmaceutical management activities to be carried out in-country. Each country team was to look for resources to carry out the activities.

- CESAG and IRSP agreed that they will take the lead in organizing training for mid-level pharmaceutical managers from six francophone West African countries, with technical support from SPS. The training will take place July 7 to 11, 2008, in Benin.

- Discussion is ongoing to develop terms of reference for technical assistance that will be provided by SPS portfolio to the national malaria program of Cote D'Ivoire. Similar discussions are ongoing with the MoH in Yaoundé, Cameroon, to request for technical assistance that has been received.

COUNTRY PROGRAMS

BENIN

Overview

In 2007, Benin was selected as one of the eight countries to receive funding during the third year of the PMI. The initiative's goal is to assist African countries, in collaboration with partners, to rapidly scale up coverage of the most vulnerable groups with proven preventive and therapeutic interventions, including ACTs, insecticide-treated bed nets (ITNs), intermittent preventive treatment (IPT) of pregnant women, and indoor residual spraying (IRS).

In early 2007, PMI conducted a needs assessment in Benin to identify opportunities to support implementation of the existing national malaria control plan and assure achievement of RBM goals. The assessment identified several gaps in the supply management system, such a lack of coordination mechanisms for malaria commodity management, absence of an operational medicine MIS, lack of procurement and distribution plan at the Central Medical Stores (CAME), no detailed plan for phasing out old antimalarials and phasing in ACTs to cover the entire country, and absence of standard operating procedures for medicine management at department level and health facilities. The findings fed into the development of the 2008 malaria operational plan which specifies a role for the SPS program to support improving the management of medicines and supplies for malaria.

Major Activities this Quarter

- During this quarter, SPS visited Benin for the purpose of developing a work plan around the 2007 PMI needs assessment findings and exploring potential additional needs in that domain. The SPS team met with the CAME and National Malaria Control Programme (NMCP) officials and visited some health facilities and district depots to review/ascertain the assessment findings. These findings were validated at a meeting with USAID, MoH (NMCP, CAME, SNIGS) and other PMI partners in Benin.

- While in Benin, the team provided technical assistance to the NMCP, CAME, and CRS (Principal Recipient Malaria Grant Round 7) to review the GFATM procurement and supply management plan and the distribution and tracking of ACTs and other malaria commodities

- Plans are underway to open a new MSH Benin office and to recruit a Senior Program Associate to spearhead SPS PMI activities in the country.

DEMOCRATIC REPUBLIC OF THE CONGO

Overview

SPS activities started in October 2008, and focus on providing technical support to the Democratic Republic of the Congo (DRC) MoH in implementing the new antimalarial treatment policy and to rebuild and strengthen the pharmaceutical supply system. This support is provided through targeted technical assistance and close collaboration with DRC MoH departments, such as the national malaria control program, the national drug regulatory authority, and the national essential medicine procurement program (PNAM) in addition to USG partners such as the AXxes project and CRS. This support contributes to the USAID DRC expected results in the national malaria control policy while achieving SPS technical objectives.

Major Activities this Quarter

- SPS worked with NMCP, PNAM), Direction of Pharmacy and Medicines, and partners to create the medicine national committee with subcommittees dealing with malaria, HIV/AIDS, TB, reproductive health (RH), and integrated management of childhood illness (IMCI), respectively.

- Together with the Direction of Pharmacies and Medicines and partners (MoH agencies, University of Kinshasa, DRC Pharmacy Council, WHO, SPS updated and finalized the DRC pharmaceutical legislation and held a workshop to validate the new document. The document, available at the MoH, is ready to be submitted to parliament.

- SPS is working with the PNAM, MoH agencies, and other partners to develop a strategic plan for PNAM to facilitate improving the national essential medicines procurement and supply system and to use as a tool to mobilize resources for this improvement. Workshops for national procurement system strengths, weaknesses, opportunities, and threats (SWOT) analysis and for drafting the strategic plan were held.

- SPS provided additional copies of the pharmaceutical management technical guidelines to PNAM, AXxes project, and Catholic Relief Services (CRS) for dissemination to improve pharmaceutical management for malaria at the peripheral level, especially in USG-supported health zones.

- SPS held a technical meeting with CRS, PNAM, and NMCP to plan supervision and on-the-job refresher visits in selected CRS-supported health zones that had received training on pharmaceutical management under RPM Plus. These supervision and on-the-job refresher visits will be undertaken in the next quarter.

- After attending the first quarter CARN meeting, SPS worked with the NMCP and PSI to develop and finalize the country plan for scaling-up for impact effort according to RBM priorities.

- SPS is working with the NMCP and the MoH national health information system (NHIS) division to strengthen the NMCP M&E system by including pharmaceutical indicators for malaria.

- A technical meeting with AXxes/ECC was held by SPS to plan the pharmaceutical management training for Kasai health zones supported by AXxes project. The training should be conducted in the next quarter.

- SPS is working to assist the country coordinating mechanisms (CCM) and the NMCP to develop the GFATM Round 8 proposal in procurement and supply management components. For that purpose, SPS attended the Round 8 orientation workshop on developing proposals held in Pretoria.

Major Constraints to Progress

- Working with stakeholders requires arranging the schedule with all of them, which can sometimes delay activities and meetings due to conflicting activities.

Next Steps

- Hold regular meetings of the national subcommittee for malaria medicines with the NMCP and PNAM.

- Hold a validation workshop with MoH agencies and other partners to pull together the final draft of the strategic plan for the PNAM program that will help mobilize resources to improve the national pharmaceutical procurement and supply system.

- Assist the CCM and NMCP in developing the GFATM Round 8 proposal, particularly focusing support on procurement and supply management issues.

- Undertake the pharmaceutical management training for AXxes-supported health zones in Kasai.

- Conduct supervision and on-the-job refresher visits in selected CRS-supported health zone staff trained under RPM Plus.

- Assist the NMCP with RBM partners to organize the meeting with partners to present the in-country plan for scaling-up for impact effort according to RBM priorities.

- Participate nationally in the World Malaria Day celebration.

Quarterly Progress on Indicators

As can be seen in the following table, SPS provided support to development of the pharmaceutical legislation as well as revising the pharmaceutical management technical guidelines. To date, SPS has not yet evaluated USG-assisted service delivery points

experiencing stock outs of specific tracer drugs, and as of March 31, 2007, no trainings have yet taken place.

DOMINICAN REPUBLIC

Overview

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

With USAID funds, the SPS Program will continue to provide technical assistance for the implementation of a Pharmaceutical Management Information System (PMIS) and to scale up the use of fixed-dose combination medicines (FDC).

The SPS work plan for FY07 (October 2007–September 2008) also includes the scale up of the introduction of FDC, technical assistance to strengthen the management of TB laboratory supplies, implementation of an electronic application for clinical and pharmaceutical management of MDR-TB, and institutionalization of procuring and distributing TB medicines and laboratory supplies.

Major Activities this Quarter

SPS visited Dominican Republic on February 11–15 to support analysis PMIS-generated information - and to provide technical assistance for estimating FDC needs for the third procurement of FDC from. The arrival of the next procurement is scheduled for July 2008. The scale up of the introduction of FDC to the entire country will start immediately after.

SPS and local counterpart developed a tool for a rapid assessment of the laboratory supply chain. Data collection started on March 2008. The study results will be presented and discussed at a working meeting scheduled for April 2008. Preliminary study results revealed stock-outs of various laboratory supplies. SPS analyzed the financial and technical advantages of procuring the laboratory supplies though the GDF mechanism. SPS provided technical assistance to complete the requisition form that will be submitted to the GDF.

The implementation of the electronic application tool for clinical and pharmaceutical management of MDR-TB was delayed because of conflicting agendas of the SPS consultants in charge of adapting the software. The SPS consultants' first visit to the DR to the implement this software is scheduled for the third quarter of FY 2007.

SPS and local counterparts developed a tool for a rapid assessment of procurement and distribution practices in the public sector. Data collection will start on April 2008, and the study results will be presented and discussed on a working meeting scheduled for June 2008.

GHANA—PMI

Overview

Ghana was selected in the third round of beneficiary countries by the PMI which seeks to *"dramatically reduce malaria as a major killer of children in sub-Saharan Africa."*[1]
The SPS Program an implementing partner under the Ghana Malaria Operational Plan for fiscal year 2008. SPS is tasked with providing support to strengthen drug management system capacity, such as including development of a comprehensive drug logistics information system, supervision, forecasting, warehousing, at regional and district levels.

Major Activities this Quarter

- During this quarter, SPS conducted a PMI Joint Assessment of Supply Chain and Pharmaceutical Care Management for antimalarials and ITNs with USAID DELIVER project. The joint team provided several recommendations, and helped develop an implementation plan for strengthening antimalarial activity under PMI support.

- A Senior Technical Advisor (stationed in Ghana was recruited to spearhead Ghana SPS PMI activities. SPS staff visited Accra during this quarter to support the establishment of the new country program and discuss workplans with USAID and key partners.

- Plans are underway to open a new MSH Ghana office and to recruit an office manager who will be responsible for financial and administrative tasks.

[1] http://www.whitehouse.gov/news/releases/2005/06/print/20050630-8.html

KENYA—MALARIA

Overview

With support from the USAID mission, SPS has been supporting the Division of Malaria Control (DOMC) through the process of implementing the new antimalarial policy. It has also been working with the DOMC to establish robust but practical M&E systems that will ensure that the limited resources invested in malaria prevention and treatment are used in the most cost-efficient, effective, and equitable way. In FY 2007, with funding provided by the USAID Kenya mission, SPS will continue to provide support to the Division of Malaria Control in the early diagnosis and prompt treatment of malaria using effective medicines while achieving SPS technical objectives.

Major Activities this Quarter

- Participated in a workshop to develop a curriculum for training health workers on ACT policy. A draft of a nine-module curriculum and implementation guide was developed.

- SPS, with the assistance of the DOMC and Kenya Medical Supply Agency (KEMSA), provided an update to the USAID Malaria Operational Plan (MOP) 2008 and a forecast for MOP 2009 on what the gap for artemether-lumefantrine (AL) supply will be in view of the move away from single-sourcing of AL from Novartis Pharma AG to tendering for AL

- Organized and participated in a workshop on leadership and management concepts

- Participated in an MSH/SPS Kenya meeting to discuss joint approaches to pharmacovigilance by the various portfolios

- Supported indoor residual spraying (IRS) activities through participating in the IRS task force and M&E subgroup meetings

- Reviewed progress made by the KEMRI/Wellcome Trust group in implementing a pilot project on community access to ACTs using retail sector in three districts. Preliminary retail census and audits are scheduled to start in May in the three study districts

- Held discussions with the Head of the KEMRI/Wellcome Trust's Malaria Public Health and Epidemiology Group on conducting an assessment in the DOMC sentinel districts to determine why the RBM indicator on access to antimalarials

- rial medicines within 24 and 48 hours has proved to be the most intractable of achievements for Kenya since the launch of the National Malaria Strategy in 2001

- Developed, with the assistance of the DOMC and JSI, an AL distribution schedule for the current quarter. The schedule was the reviewed by the Drug Management Subcommittee

- Participated in an M&E technical working group meeting to review progress in the drafting of the malaria indicator survey

- Discussed with the DOMC on how best to work with them and the QA committee at the Pharmacy and Poisons Board (PPB) in monitoring the quality of first- and second-line antimalarial medicines. SPS also held discussions with the focal persons for pharmacovigilance and inspections at the PPB on priority areas of technical assistance

- Participated in DOMC meetings on reviewing Kenya's progress in meeting its GFATM Round 4 Phase 2 obligations and plans for the Round 8 application.

- Provided technical and financial support for collecting data on ACT consumption for GFATM reporting.

- Continually updated the DOMC website for content

- Undertook a number of activities regarding the plan for and implementation of the main MIAS system, including award of tender, conducting preparatory meetings with stakeholders for development of main MIAS system, and instituting a management structure for the project implementation.

- In regional activities, continued to coordinate East Africa RBM network activities and attended network's first quarter meeting where the EARN 2007 annual report and EARN 2008 work plan were finalized. SPS also participated in and facilitated sessions in the RBM sponsored Global Fund Round 8 application workshops and the resources for future meeting both held in Johannesburg, South Africa.

MALAWI—PMI

Overview

Malawi is one of the high malaria burden countries in sub-Saharan Africa that has been selected in the second round of beneficiary countries by the SPS activities support technical areas including regulatory and operational aspects of national ACT policy implementation. Activities focus on supporting the drug supply and pharmaceutical management with a comprehensive implementation plan to address regulation, procurement, storage, distribution, and rational use of ACTs.

SPS activities focus on two main technical objectives on improving the supply and quality of antimalarial and related supplies, and improving the case management and use of appropriate antimalarials. SPS works closely with NMCP and other RBM partners in Malawi to achieve these objectives.

Major Activities this Quarter

- First quarterly review meeting with district pharmacy technicians to review AL consumption in the districts since the beginning of its implementation. During the review, unexpectedly high consumption was noted in some districts. The findings were presented to district staff and NMCP partners at the Malaria Annual Review meeting. SPS launched an investigation and it was discovered that there was some leakage of AL to the private sector. In response to the leakage, meetings were held with the Pharmacy Medicines and Poisons Board (PMPB), USAID, and the MoH to try to find out the extent of the problem and to come up with recommendations on what could be done to address the problem. SPS also took the following actions—
    - Drafted points of action to respond and address the AL leakage and submitted them to the Mission
    - Further investigated the high AL consumption by collecting data from 10 facilities in the districts; a report on the findings was submitted to the mission
    - Sourced quotations on “Not for Sale” stickers
- ACT task force meetings at which the following was achieved—
    - Reviewed AL consumption trends and subsequently revised the quantities to be procured in the third consignment.
    - Made plans for including the Church Health Association of Malawi facilities in the delivery schedules of the Regional Medical Stores
    - Gave authority to USAID/Deliver to extend the third-party storage contract for AL
- SPS supported the NMCP to conduct an orientation workshop for supervisors to review the ACT assessment and supervisory tool and plan for the first quarterly supervision. The

supervision teams visited 44 (out of 54) facilities in 23 districts, and the supervision report work is being finalized. The visit's findings will be presented at the upcoming pharmacy technicians quarterly review meeting.

- Developed and presented work plan to Christian Health Association of Malawi. The work plan was approved; implementation will begin in the next quarter.

- Supported the NMCP to distribute ACT dispensing registers to all facilities (330) in the northern and central region.

- Visited Regional Medical Stores (South) to help with reporting and ordering AL from CMS; this included orientation for pharmacy technician responsible for AL management—as a result, the Southern region made realistic orders.

- Finalized the work plan for the PMPB which was approved by the Boards management. Implementation of the work plan started in this quarter.

- Developed a protocol for baseline survey on Quality of Antimalarial Medicines in Malawi in collaboration with the PMPB. An action plan for the survey was also developed and in preparation for this survey, SPS supported two PMPB staff members to attend mini-lab training in Ethiopia.

NAMIBIA PEPFAR

Overview

The SPS Namibia project objectives address key areas related to governance in the pharmaceutical sector, strengthening pharmaceutical management systems, containing the emergence and spread of AMR, and expanding access to essential medicines. The SPS project focuses on building and strengthening institutional capacity under the following objectives—

Objective 1. Strengthen relevant policies, legal framework and national management systems that support the implementation of the National Medicine Policy
This objective aims at providing support to build capacity and strengthen medicines regulation systems that will enable the medicines control council (MCC) to achieve and sustain a strengthened regulatory system that assures quality, safety, and effectiveness of medicines used in Namibia. SPS will achieve this by applying an integrated approach to medicines regulation through supporting the MCC secretariat, registration, inspection and quality surveillance activities, and therapeutics information and pharmacovigilance center activities. The integrated approach to strengthening medicines regulation with focus on ARVs will improve local capacity and lead to sustained awareness, improve stewardship in safeguarding public health, contain safety scares, and guarantee public trust in the safety of program medicines. Under this objective, the SPS project also provides support to Ministry of Health and Social Services (MoHSS) in its review of the National Medicines Policy (NMP) and development of an implementation master plan. SPS also provides technical assistance and support for setting up a functional pharmacy MIS and other management supports to ensure that the National Medicines Policy Coordination (NMPC) subdivision has the capacity for coordination, monitoring, and evaluation of the NMP implementation.

Objective 2. Strengthen human resources capacity through institutional capacity building, human resources development and improving systems capacity for the management of pharmaceuticals
SPS develops and implements strategies that strengthen human resources and institutional capacities for the delivery of pharmaceutical services. SPS works with the National Health Training Centre (NHTC) to strengthen the institution's Pharmacists Assistants training program, support the program's curricular review, and provide equipment and other infrastructure that will improve the institution's capacity to produce mid-level pharmacy staff. SPS support salaries for staff recruited through a local human resource company and seconded to work full-time with MoHSS. SPS Namibia is also working with partners like the Interim Health Professions Council and Pharmaceutical Society of Namibia to implement continuing professional development programs. These activities will be aimed at strengthening health systems and building human resource capacity.

Objective 3. Strengthen health commodity management in treatment facilities through the development and implementation of relevant manual and electronic tools and improving inventory management

SPS provides technical assistance and support for improving systems for the quantification and ordering, storage and inventory management, tracking and reporting on medicines consumption in the treatment facilities. Currently, SPS supports the deployment and use of the ART dispensing tool (ADT) in virtually all ART facilities in Namibia. SPS provides pharmaceutical management training, support for development and implementation of the SOPs, and provision of infrastructures to ensure adequate storage, inventory control, and good dispensing practices.

Objective 4. Strengthen the selection, monitor effectiveness, and improve RMU through the implementation of proven strategies medicines

SPS provides technical assistance and support in establishing and sustaining of an efficient, rigorous, and transparent essential medicines management system in Namibia. SPS supports processes for the use of evidence-based approach for medicines selection and the implementation of proven strategies for the improvement of rational use of medicines. MoHSS requested SPS to provide support for the review and update of the pocket manual for health workers and the Namibia essential medicines list. SPS provides technical assistance to the therapeutics committees to cover areas of containment of AMR, drug utilization reviews, compliance with clinical practice guidelines, and infection control. SPS works closely with the therapeutic committees in providing them technical assistance and support for the development of locally relevant projects and in their implementation to improve medicines use in the treatment facilities.

Major Activities this Quarter

- During this reporting period, SPS implemented strategies to establish a sustainable essential medicines management system in Namibia. The Namibia essential medicines (NEM) list committee set up by MoHSS has not been able to function optimally. Also, the subdivision NMPC which serves as the secretariat of the NEM list committee has been unable to carry out its secretarial mandate principally because of lack of manpower, expertise, and tools to drive the activities of the committee. SPS collaborated with NMPC in reactivating and strengthening the NEM list committee and the committee's secretariat with an overall goal of systematic capacity building.

- SPS developed training materials on the essential medicines concept and processes for developing and implementing standard treatment guidelines, and facilitated sessions at the Namibia essential medicines workshop on review of the Pocket Manual and the essential medicines list. The workshop brought together 25 senior health professionals and policy makers who discussed critical activities imperative to the successful implementation of the essential medicines list (EML) committee in Namibia, and afterward, the reestablished committee met. The EML committee met to adopt new terms of reference and proposed procedures to ensure that the process of essential medicines management is rigorous, transparent, and consistent, and also in line with the WHO EML procedures. During the meeting, the committee also approved new medicines used in treatment programs for inclusion into the NEM list including ARVs, TB, palliative care, and IMAI medicines. The EML committee thereafter drafted a way

forward to guide the committee in ensuring the finalization of the production of the new EML.

- The MoHSS invited the SPS Project to provide support towards the review and update of the Pocket Manual—a primary health care standard treatment guideline used by health workers in Namibia. SPS collaborated with MoHSS to develop plans for the Pocket Manual review process. SPS recruited a local consultant who participated in the first issue of the Pocket Manual to lead this activity. To ensure coordination and harmonization of activities, the consultant participated in the essential medicines management workshop and used the forum to inform participants and obtain feedbacks on the review process. The review process is planned to ensure that all relevant stakeholders, including notable clinicians and opinion leaders, have the opportunity provide input into the new manual. During the last quarter, the consultant with support from SPS conducted four focus group discussions to accommodate the inputs of health center and clinic nurses and other health care workers on the new guideline.

- SPS provided support towards the establishment of systems for the TIPC through the development of draft SOPs and template for the publication of the center's bulletin (titled *Medicines Watch*). These templates and procedures were submitted to MoHSS for review and possible adoption. SPS supported MoHSS with new TIPC positions and will enhance the activities of the center. SPS also provided technical assistance towards to the MCC in the finalization of the MCC website, improvement in regulatory functions and preparations for the launch of the TIPC.

- SPS collaborated with the African Palliative Care Association to provide support to MoHSS for—
    - Development of terms of reference for national palliative care (PC) task force
    - Organization of pain medication advocacy workshop for the Southern Africa subregion held in Namibia
    - Development of strategic plan for pain medication advocacy in Namibia
    - Development of tools/instruments for national PC assessment in Namibia
    - Provision of motivation for reclassification of IMAI/PC medications in the NEM list

- SPS collaborated with the directorate of special programs in an assessment to identify outreach clinics to serve as decentralized ART center—a total of 29 outreach clinics were identified. A rapid needs assessment for all and the four identified IMAI sites was conducted and a list of items needed to improve pharmaceutical care and other services at these sites was compiled, purchased, and deployed to the facilities.

- The transitioning of the pharmaceutical management training course from SPS-led to MoHSS trainers led course is a major achievement during the quarter. The new expertise

within MoHSS to handle the course and the increased use of locals has ensured capacity building and sustainability of that particular intervention.

- SPS has successfully supported the roll-out of ADT to all 35 sites providing ART in Namibia. SPS has collaborated with heads of treatment facilities to ensure the smooth running of the tool and supported communicable disease clinic teams to ensure that the ART is used in identifying patients lost to follow-up and defaulting on ART. The tool is currently used to track consumption of ARVs nationwide through the MoHSS ART monthly report and can generate a refill list to trigger defaulter tracing.

Next Steps

- Official opening of the renovated classrooms at the NHTC and the installation of the lab equipment

- Official launch of the TIPC planned for May 2008

- BroadReach to lead consultancy for strengthening of the TIPC therapeutics information component

- Putting SOPs and systems in place at the PC&I for use by all units including registration, inspection, quality surveillance, and TIPC; unveiling of the MCC website

- Develop final draft of the NEM list

RWANDA—PEPFAR

Overview

The MSH program has been working in Rwanda since 2003 with funding from the USAID under PEPFAR and, most recently, under the PMI agenda. Currently, the PEPFAR initiative in Rwanda is making ARVs much more accessible to the population. Between August 2004 and December 2007, the number of patients on ART supported by PEPFAR increased from 1,000 to more than 20,000 patients, which represents around 50 percent of the 48,300 patients that were under ARVs in the country by the end of 2007. This figure indicates the significant financial contribution of PEPFAR for the procurement of ARVs. However, PEPFAR's contribution to the Rwandan pharmaceutical sector goes far beyond the purchase of medicines. Indeed, maintaining patients in treatment and scaling up to new patients is a challenge that requires multidisciplinary efforts at all levels of the health system and the social network, and ensuring a continuous availability of quality ARVs is crucial to build trust in the health system, and ensure patients' adherence to the treatment.

SPS collaborates with clinical agencies and other donors to coordinate the actions conducted at the pharmacy level with clinical interventions. As such, SPS works collaboratively with clinical partners to ensure adequate implementation and maintenance of the ADT, which allows dispensers to properly manage patients' files and medicines data. SPS also participates in the trainings conducted by clinical partners for clinical staff on basic concepts of pharmaceutical management. In addition, SPS works collaboratively with SCMS under the PEPFAR agenda in complementary pharmaceutical management areas. Since SCMS started to work in Rwanda in mid-2006, the two agencies have divided responsibilities and elaborated joint action plans according to their respective strengths.

During 2008, SPS will also transfer the responsibility of supporting the Coordinated Procurement and Distribution System (CPDS) for implementing technical activities related to efficient supply chain, including quantification, forecasting, procurement, and distribution, while SPS will maintain the leadership for ensuring the integrity and good governance of the CPDS in line with the pharmaceutical policy. As such, while SCMS will be responsible for ensuring availability of quality ARVs and other HIV/AIDS pharmaceuticals in the country by following procedures established by the MoH through the CPDS, SPS will strengthen the policy framework and human capacities, at both central and peripheral levels, for effective and rational use of the HIV/AIDS medicines, health commodities, and other essential medicines.

Major Activities this Quarter

Over the course of the reporting period, SPS rendered TA and support to the CPDS Coordinator. SPS provided TA for finalizing the sixth quantification of ARVs and other commodities for the CPDS. On February 7, the CPDS Resource Management Commission met to review the results of the sixth quantification. SPS has assisted the CPDS coordinator with producing a one-year workplan that outlines activities to be implemented with stakeholders/partners throughout the year. One key activity is developing a plan to revise the CPDS governance framework. SPS assisted the CPDS coordinator with designing a process for revising the framework, which will allow government members to be involved in and promote ownership of the process and the

CPDS; the proposal is currently under review by the Permanent Secretary. On March 18–19, the CPDS convened a meeting comprised of technical committee members to elaborate individual plan of actions for the year. In addition, SPS provided assistance to the CPDS implementation committee for finalization of the quarter 2 CPDS report.

During the reporting period, SPS, in collaboration with the CPDS Coordinator and the PTF, developed a plan for the implementation of trainings on existing and new reporting tools (opportunistic infections, essential medicines, malaria, TB, and labs) developed by SPS with the pharmacy task force, the Programme National Integre de Lutte contre de Paludisme (PNILP or national malaria control program), and CAMERWA in 2007. The plan is a three-phased approach for providing TOT at central, district, and health facility levels. During phase I (February 26–28) at the central level, staff of clinical partners, programs (PNILP, PNILT, and NR), and partners (SCMS, CAMERWA, and the pharmacy taskforce) were provided TOT. In phase II (March 24–28), individuals trained during Phase I performed a TOT for staff at the district level (district pharmacy managers, supervisors of district hospital, and health directors). A total of 117 individuals were trained thus far. Phase II training recipients will facilitate training on the tools at the health facility level during quarter 3.

For implementation of decentralization policy, SPS has conducted eight of ten site surveys and has completed tender documents and tender announcement to be published in local newspaper. SPS has invited representatives of all ten districts to participate in a meeting to be held on April 10 to review the tendering documents and announcement prior to publishing, as well as to review the process to be used for selection of contractors and completion of rehabilitations. Two remaining sites will be surveyed during quarter 3.

During the reporting period, SPS developed and administered a baseline questionnaire at eight district pharmacies to implement MTP approach for performance improvement. Results of the data gathered from the questionnaires have been used to develop the first MTP session for the eight district pharmacies; the first meeting is scheduled to occur the beginning of quarter 3.

In collaboration with the pharmacy task force, SPS developed a concept paper on pharmacovigilance. SPS finalized terms of reference for a consultant who will be responsible for helping the taskforce TF establish a national pharmacovigilance system for Rwanda. In preparation for a stakeholders orientation workshop scheduled for third week of May, SPS has supported the task force by convening smaller meetings with various programs.

Finally, SPS continued its support to eight hospitals that are in various stages of establishing or strengthening existing DTCs. In collaboration with the pharmacy taskforce, SPS organized and conducted a five-day training on DTCs for new members of three DTCs; a total of 25 individuals were trained.

RWANDA—PMI

Overview

Rwanda is one of the high burden malaria countries in sub-Saharan Africa that was selected by the USG in May 2005 to benefit from the PMI. Malaria is the leading cause of morbidity and mortality in Rwanda, with over 1.4 million outpatient cases, 127,000 hospitalizations, and 888 deaths reported in 2005 (PNILP annual report 2005). In 2005, malaria was responsible for nearly half of the morbidity cases and half of the deaths. Children under five years of age are especially vulnerable; in 2005, they represented one-third of consultations and 40 percent of hospital deaths due to malaria. In May 2005, USAID/PMI team conducted an initial assessment to identify appropriate areas for PMI investment in Rwanda. An important consideration was that Rwanda is the recipient of Rounds 3 and 5 of GFATM grant to support the national malaria control program, including the procurement of ACTs, training providers, and establishing a viable distribution system, among other activities.

SPS will build on activities initiated under the RPM Plus Program, focusing on two main technical objectives on improving the supply and quality of antimalarial and related supplies and improving the case management and use of appropriate antimalarials.

Major Activities this Quarter

- Continued discussions with the CDC, PNILP, and the pharmacy taskforce on developing a pharmacovigilance unit in Rwanda. During this quarter, SPS was asked to lead the planned activities, including preparing for national orientation workshop. During this quarter, SPS convened a meeting with various programs on March 28 to provide general information they had requested on pharmacoviligance activities. The next steps includes a visit by a group comprised of staff of PTF, SPS, USAID, and WHO to each individual program to learn about pharmacoviligance activities that they may already be engaged in or tools that they might have developed. A meeting is scheduled for April 15 with the PNILP to ascertain its specific goals and interests in pharmacoviligance so to prepare for the stakeholder's orientation workshop. SPS, in consultation with the PNILP and PTF, developed terms of reference for a consultant who would conduct the workshop; a candidate for the consultancy in pharmacoviligance has been selected and is currently going through SPS internal procedures to finalize consultancy contract. The stakeholders' pharmacoviligance orientation workshop is tentatively scheduled to occur around the third week of May.

- Supported the PNILP in organizing and supervising trainings on the revised ACT reporting tools for health center managers in all districts. To date, staff from 75 percent of health centers have been trained countrywide. The new tools were also distributed to the facilities. Following the trainings, SPS met with the PNILP to plan for supervising the reporting process using the revised tools.

- Proposed to PNILP the procedure for assessing the needs to develop a malaria CPDS during stakeholders meetings. Following the presentation, the PNILP decided not to have a formally organized malaria CPDS. Instead, PNILP suggested initiating periodic technical meetings to discuss procurement and distribution. During these meetings, SPS will assist PNILP to fully explore the system it intend to establish and determine whether elements of previously conceived concept for malaria CPDS could be adopted to suit the need of PNILP.

- Assisted CAMERWA to develop a systematic inventory draw-down analysis; a related template has been developed. SPS still advocates that all inventory data on antimalarials could be presented in one report instead of separate reports with partial data to each partner.

- Assisted CAMERWA to reorganize ACT distribution data gathering, filing, and analysis. SPS developed a template for collecting ACT and artemether consumption data and supported the data collection process. Work is ongoing to compile the tables.

- Met with BASICS and the PNILP to plan the re-evaluation survey of the home management of malaria, with objective to monitor the ACT compliance. Decision made to revise the existing home management assessment tools. The meeting decided on conducting the survey in mid-June 2008.

SENEGAL—PMI

Overview

In June 2006, Senegal was selected as a beneficiary country of PMI. Malaria is a major cause of morbidity and mortality in Senegal and a public health priority for the government. The disease is responsible for about one-third of all outpatient consultations and between 20 and 30 percent of mortality in health facilities.

SPS activities focus on supporting the medicine supply and pharmaceutical management system, and address issues related to quantification, storage, and distribution. Contributing to national efforts to fight against malaria, the SPS Program will build on lessons learned and work done by RPM Plus and will continue providing technical support to Senegal to implement ACTs.

Major Activities this Quarter

- Following the intensive support in the previous quarter to finalize and field-test the pharmaceutical management supervision guide, SPS made minor modifications based on the field-test results and presented the document to national level partners for validation. The final step is by the Minister of Health.

- Using both PMI and remaining RPM Plus OGAC funds for GFATM bottlenecks, MSH organized a team building workshop for the MAC follow-up committee, which is effectively a forum for coordination of antimalarial procurement and supply management (PSM) issues in Somone in late January. The action plan was reviewed and revised based on what was accomplished and activities not yet completed. The group agreed to invite other interested programs to participate in meetings, such as the national TB program, to improve PSM coordination for other essential medicines.

- SPS continues to participate in the PNLP quarterly review meetings (North and Dakar axes) to discuss malaria treatment, IPT, ITN distribution, and ACT management. Participants include district health officials, regional medical team, PNLP, PNA, and partners. Following the January review, a meeting was held at the NMCP to discuss some observations made during these reviews as well as challenges that are common across regions and potential strategies to address them. This task force will meet following each quarterly review and SPS will play an active role. An initial recommendation is to focus supervision and for NMCO focal points to followup by in underperforming districts.

- Participated in task force meetings to review the streamlined reporting by districts during quarterly reviews. SPS proposed instructions to facilitate filling out the NMCP reporting templates on ACT consumption in the district depot and in health facilities.

- As a key partner supporting the NMCP, SPS participated in NMCP recruitment process for deputy coordinator, finance manager, and two accountants.

- Met with SPS USAID CTO to discuss pharmaceutical management indicators and administrative aspects to consider for the expected upcoming PMI audit.

Constraints to Progress

- NMCP and PNA staff unavailable to plan and carry out central-level TOT using the pharmaceutical management supervision guide and pharmaceutical management procedures manual to begin cascade trainings in regions/districts.

Next Steps

- Finalize with NMCP the achievements report under the MAC follow-up Committee

- Plan and carry out a central level TOT on the pharmaceutical management supervision guide and pharmaceutical management procedures manual. This activity will be a joint NMCP and NTP activity as the target audience is the same for the central level TOT and the basic materials/concepts are the same.

- Plan with the NMCP, PNA, PRA, and district management teams for cascade trainings in selected regions/districts to be supported by SPS and coordinate with the NMCP to identify funding opportunities for these trainings in other regions/districts

- Participate with NMCP team and other partners in supervising targeted underperforming districts

- Assist the NMCP in developing a supervision plan for underperforming districts

SENEGAL—TB

Overview

In 2004, WHO estimated that the incidence rate for smear-positive tuberculosis cases was 110 per 100,000 inhabitants in Senegal. WHO's DOTS strategy was adopted throughout the country in all health regions, involving 68 diagnosis and treatment centers. Despite this, the case detection rate remains very low (51 percent in 2005). In 2006, the treatment success rate for TB cases registered in five regions supported by USAID was 72 percent. The HIV-TB co-infection weighs heavily on morbidity (15 percent for the HIV/TB co-infection according to the sentry surveillance).

The National Tuberculosis Control Program (PNT) has decided to adopt a new therapeutic approach consisting of changing the treatment period from 8 to 6 months. This change will be coupled with the introduction of FDCs. For a successful transition, the PNT has solicited the support of the MoH's technical partners. In an environment marked by poverty and TB/HIV co-infection, the PNT's goal is to contribute to reducing the TB morbidity and mortality rates, by reinforcing and expanding the DOTS strategy application throughout the country. SPS is providing support to the NTP and other MoH partners for managing TB medicines based on the new treatment plan.

Major Activities this Quarter

- SPS met with the new pharmacist of the National TB Program to discuss progress and partner availability for planned activities with NTP and partners.

- SPS provided review and feedback support to the Senegal GFATM Round 7 TB PSM plan.

- SPS met with the Malaria Action Coalition follow-up committee during a team-building workshop to discuss integrating the National TB program into the existing committee to share experiences related to coordinating procurement and supply management issues. The committee members agreed to invite the PNT to the next meeting.

- SPS discussed including TB issues on the agenda for the national committee for pharmaceutical management with the MoH advisor on pharmaceutical affairs.

- SPS advocated for central medical store (Pharmacie Nationale d'Approvisionnement [PNA]) and regional store pharmacists' participation in a TOT on new anti-TB medicines.

Constraints to Progress

- Unavailability of PNA staff (central and regional medical store pharmacists) who were selected as trainers but could not do so because they were busy with annual tender preparation.

Next Steps

- Organize a TOT targeted to central level (PNA and NTP) and regional medical store pharmacists on the pharmaceutical management supervision guide and management of anti-TB medicines. This activity will be a joint NMCP and NTP activity as the target audience is the same for the central level TOT and the basic materials/concepts are the same.

- Participate in training staff from health center depots and TB treatment centers on the management of anti-TB medicines in selected districts/regions.

SOUTHERN SUDAN

Overview

With the signing of the Comprehensive Peace Agreement (CPA) (January 2005), the stage has been set in Southern Sudan for comprehensive reconstruction after years of conflict. The institutional, technical and organizational capacity of the health sector and public health programs that had been grossly disrupted is now being rebuilt. In this context, the USAID Sudan Field Office (SFO) has requested technical assistance from MSH/Strengthening Pharmaceutical Systems (SPS) program, to provide support to the Ministry of Health in establishment of a functional National Malaria Control Program and strengthening the national pharmaceutical management systems.

SPS will build on the achievements of, and platform laid under RPM Plus, to consolidate support to the Malaria Control Program and Directorate of Pharmaceutical Services of MOH. The SPS Sudan program has received $800,000 in FY07 funds to support malaria and other public health threats programs including the pharmaceutical management aspects of the two elements. Broadly, the funds will be used to provide technical assistance, enhance capacity, and improve coordination and information systems for the two programs. Support will be provided to three states (Central Equatoria, Eastern Equatoria and Jonglei), in addition to overall support to the malaria control program and pharmaceutical management interventions in all the 10 states.

Major Activities this Quarter

1. *Support MoH in strengthening planning and coordinating malaria control activities at central and state levels*
   - SPS provided support to NMCP to hold two malaria technical working group meetings. The first meeting, at which SPS presented the MoH ITN plan, discussed the distribution plan and how partners should fit into it. The second meeting discussed both ITN distribution and filling the gap in CT supplies. While the Malaria Consortium will be the new secretariat for the malaria TWG meetings, SPS will continue to play a key role in guiding the group's agenda and operations.

   - SPS actively participated in three CCM meetings and contributed to discussions on streamlining CCM's structure and strengthening its functioning. SPS provided updates to the CCM regarding GMS's TA plans. SPS also participated in the CCM strengthening workshop for CSOs.

   - SPS also participated in a coordination meeting organized by Eastern Equatoria state. This was the first meeting to bring together all state-level partners and to discuss ways of improving collaboration. SPS facilitated the group work.

2. *Support MoH to scale up implementation of effective malaria interventions—ITNs and ACTs*

SPS supported NMCP to develop a tool and collect data from partners on their 2008 ITN distribution plans—number of nets and states and counties where they are to be distributed. Based on the data, the MoH GOSS ITN distribution plan was updated and gaps identified. All partners are to contribute to the GOSS plan.

- SPS supported MoH and Population Services International (PSI) to refine plans and develop operational tools for distribution of one million ITNs procured under MDTF nets. SPS actively participated in weekly ITN campaign planning and coordination committee meetings. SPS participated in state level micro-planning workshops in Warrap and Western Bahr el Ghazal states. Nets will be distributed beginning April 2008.

- SPS supported MoH to update the national ITN strategy to reflect the new Government approach of mass distribution of free nets to the whole population at risk of malaria. The document has been distributed to partners for their input.

3. *Support MoH to strengthen malaria M&E at national and state levels*
   - SPS supported NMCP and partners (WHO and later MC) to review malaria indicators included in the national M&E framework refine indicators that can be tracked at sentinel health facilities. A concept paper on tracking the indicators was drafted. Site visits were made to two of the proposed sites (Juba Teaching Hospital and Torit Civil Hospital) to review data collection tools and discuss modalities of tracking the indicators at the sites. Data collection is to begin in quarter 3.

   - NMCP was assisted in making support supervision visits to Western Equatoria and Warrap states. In Western Equatoria, a county-level (Nzara) supervision visit was also undertaken.

   - SPS drafted a scope or work for an M&E position to support NMCP. The position and SOW was discussed within MoH and USAID and approved. Recruitment will be carried out in quarter 3.

4. *Support the Directorate of Pharmaceutical Services, MoH/GOSS to develop and implement standard operating procedures for pharmaceutical management*
   - SPS facilitated MoH to train 16 health workers in Juba Teaching Hospital in pharmaceutical management. The trainees included pharmacists, pharmacy medical assistants, medical store keepers, medical officers, and nurses. Trainees were given an overview of pharmaceutical management (medicine selection, procurement, storage, distribution and use), and trained on inventory management, how to quantify medicines needs for health facilities, good storage practices, and rational medicine use.

   - SPS aided MoH in designing an organogram and job descriptions for key staff of MoH/GOSS to support the Revolving Drug Fund project to be implemented by the Pharmaceutical Society of Southern Sudan.

- SPS supported MoH to prepare job aids for pharmacy and store staff. The aids are being used in Torit Civil Hospital.

- SPS developed a tool for tracking status of pharmaceutical procurements and oriented the head of procurement (pharmaceuticals), IT specialist, and stores clerk on how to use it.

5. *Support the development and implementation of initiatives to capacitate and license private pharmaceutical premises for the provision of pharmaceutical services*
   - SPS supported MoH to finalize the guidelines for registration and issuance of licenses for pharmaceutical businesses in Southern Sudan. Final draft submitted to the MoH/GOSS Executive Board to approve prior to printing.

   - In addition, SPS supported development of application forms, certificates, and inspection checklists to facilitate licensing or private pharmaceutical businesses (to accompany the guideline for registration/licensing of private operators)

   - SPS supported MoH/GOSS to draft guidelines and application forms for verification of imports of pharmaceuticals into Southern Sudan. The draft was circulated within MoH and to partners for comments, and the guideline has been finalized and submitted to the Executive Board of MoH for review/approval

   - MoH is currently being supported to draft a guide for orienting private pharmacy sales assistants on the new malaria treatment guidelines and rational medicines use. In addition, Drug Registration Guidelines for Southern Sudan are being drafted.

6. *Support quantification, procurement and distribution of essential medicines*
   - MoH was supported to develop a plan for distribution of essential medicines for under the Multi-donor Trust Funds Umbrella Program for Health Systems Development. SPS also supported preparation of issue vouchers for over 1,000 health facilities. This was a precondition for funding the next round of distribution under MDTF.

   - SPS facilitated clearance of medical supplies for CMS that were held up at Kaya port of entry for over two months awaiting a tax exemption letter. SPS supported MoH to clear the accrued dues and send CMS staff to secure the tax exemption at customs.
   - SPS supported CMS to expedite preparations for distribution by funding repacking of kits that were supplied in lump sum units bigger than portions for health facilities. Repacking was done for 200 primary health care centers and 600 primary health care units.

   - MoH was facilitated to organize meetings between USAID and partners to address shortage of ACTs in Southern Sudan and the lack of storage space for SHTP kits and incoming supplies from IDA. As a result, ACT procurement through Multi-Donor Trust Funds' funding was initiated and PSI and SHTP/JSI offered warehouse space for the medical kits.

- To accelerate delivery of kits, MoH recently approved that NGOs can transport supplies for counties where they operate. To aid logistic planning by NGOs, SPS supported MoH/CMS to summarize and share with partners tonnage/volumes of kits for each state by county.

7. *Support MoH to strengthen mechanisms for rational drug use at health facilities through establishment of DTCs*
   - SPS facilitated four MoH/GoSS pharmacists to attend a two-week regional training (Kampala, Uganda) on DTCs. Thereafter, the pharmacists took a one-week study tour in Uganda, visiting the National Medical Stores, National Drug Authority, the MoH Pharmacy Division, National Quality Control Laboratory, National Chemotherapeutics Laboratory , and private pharmacy premises.

   - MoH received support to hold a dissemination meeting for the trained pharmacists to share their experiences on the DTC training and study tour and chart a way forward. The meeting was attended by MoH staff and partners, including NGOs, the Pharmaceutical Society of Southern Sudan, and the private sector. SPS has supported the team to write up the report for the DTC debrief meeting and finalize their country work plan.

TANZANIA—PEPFAR

Overview

The SPS Program in Tanzania has received funds from USAID/Tanzania to provide support for HIV/AIDS, specifically for technical assistance to Ministry of Health and Social Welfare (MoHSW) and Tanzania Food and Drug Administration (TFDA). This includes assistance for the scale-up of the ADDO program and integration with other public health interventions such as the Tunajali home-based care/orphan and vulnerable children program in Morogoro. In addition, SPS program funds in Tanzania are being leveraged with SO3 core funds to integrate child health intervention using IMCI approaches into the ADDO program.

ADDO scale-up and linkage to community HIV/AIDS palliative care services in Morogoro region is PERFAR-funded. Its implementation runs into two phases—first, the accreditation of the outlets, and second, integrating the community HIV/AIDS palliative care services by linking the outlets with the Home Based Care kits distribution programs. The first phase is in its final stages. Although SPS planned to finalize accreditation for the remaining district in the first quarter of 2008, the implementation was not carried out as planned because of delays in getting final clearance from TFDA. SPS is still discussing with TFDA the best approach for municipal settings. The process of linkage of ADDO with Tunajali community HIV/AIDS palliative care services is underway in collaboration with FHI. The long delay in starting the intervention was due to discussions and review process within FHI to agree on the proposed intervention and the MOU that was drafted by SPS and submitted to them, back in October 07. The MOU has finally been reviewed by FHI-Tunajali and will be signed in April 2008 by the two parties. Once signed a pilot implementation of the identified activities will begin in Kilosa district.

Program Objective

The SPS/Tanzania program overall objective is to increase the capacity of Ministry of Health, TFDA, NGOs, local government, and private sector to maximize the efficient and effective use of ADDOs as community-based platform to support HIV/AIDS prevention and care services. Objective. Increase the capacity of USAID, local government and private sector to maximize the efficient and effective use of resources for HIV/AIDS-related health commodities in support of an expanded response to the HIV/AIDS pandemic.

Major Activities this Quarter

This was a quarter with very minimum field activities, nevertheless SPS continued to provide TA to TFDA and collaborative meetings with other implementing partners: implemented activities are summarized here below.

Provision of Technical Assistance to TFDA

- MSH/SPS participated in the national ADDO program advocacy to 16 regions of Tanzania mainland. The seminars, organized by TFDA in collaboration with regional authorities, were aimed at creating awareness about the program and capacity and

ownership building for the local authorities to start preparing for implementation of the program in their respective districts.

- Preparations for the Medicines Access Steering Committee (MASC) meeting. SPS in collaboration with TFDA, National Malaria Control Program, and Clinton Foundation organized the second MASC meeting. At this meeting, all issues related to medicines access to underserved rural communities were discussed in relation to the role of ADDOs and the need for faster program roll-out.

- SPS provided TA to TFDA in developing draft strategy on proposed new accreditation approach aiming at increasing pace of accreditation process while integrating community based health interventions such as malaria, child health and HIV/AIDS related interventions

Collaboration with FHI/TUNAJALI

- MSH/SPS continued collaborating with FHI/TUNAJALI program to create link between the ADDOs and HBC services under TUNAJALI program for distribution of HBC Kits for PLWHA. The MOU between the two parties have been finalized and is in the final stage of signing. Major activities have been identified and shared with FHI/TUNAJALI and forms part of the attachments to the MOU.

- Development of a plan of action for piloting the HBC kits distribution in Kilosa district is being done and will be shared with FHI/TUNAJALI. Implementation of the intervention in Kilosa district will start as soon as the MOU is signed.

Major Constraints to Progress

- SPS/Tanzania program still continued to experience funding problems resulting into over stretching the current staff and skipping other vital planned activities which would have further strengthened the system.

- SPS continues to experiences delays in activities that have been planned due to unavailability of TFDA staff to travel to the districts or lack of approval for some activities. For instance, the scale-up of ADDO in Morogoro urban district has been delayed for months because TFDA management have not yet made a strategic decision on how to approach urban setting despite a draft strategy proposal that was prepared by SPS months earlier.

Next Steps

- Continue follow up issues that need TFDA decisions to allow implementation of the planned activities

- Follow up the signing of the MOU with FHI/TUNAJALI to clear the way for the HBC-Kit distribution intervention using the ADDOs

TANZANIA—PMI

Overview

Tanzania is one of the high malaria burden countries in sub-Saharan Africa. The burden of malaria has been intensified by the appearance of chloroquine and SP-resistant *Plasmodium falciparum*, forcing countries to change their first-line therapies for malaria. To address this challenge, WHO recommended that all countries, revising their first-line treatment policies for malaria should opt for a combination treatment, preferably an ACT.[2] Responding to this need, Tanzania is implementing ACT policy with support from different funding mechanisms such GFTAM and PMI.

USAID/Tanzania, in March 2006, asked the Rational Pharmaceutical Management Plus (RPM Plus) Program to provide technical support for the implementation of the President's Malaria Initiative (PMI) in Tanzania. The activities supported by RPM Plus/PMI program have included implementation through private sector distribution of subsidized ACT through the Accredited Drug Dispensing Outlet (ADDO) program, and support to TFDA to undertake adverse drug reaction (ADR) monitoring for ACTs.[3]

Contributing to national efforts to fight against malaria, the SPS Program will build on lessons and work done by RPM Plus and will continue providing technical support to Tanzania in the implementation of Artemisinin-based Combination Therapy policies through USAID's Regional Economic Development Services Office (REDSO) for Eastern, Central and Southern Africa (ECSA) using the comprehensive approach proposed in the *Implementation Guide* "*Changing Malaria Treatment Policy to Artemisinin-Based Combinations"* prepared by RPM Plus in collaboration with the RBM partnership and the GFATM, this support will contribute to the PMI expected results in the context of the National malaria policies in Tanzania while achieving SPS technical objectives

Major Activities this Quarter

- Work is ongoing to develop a simple computerized database system for easy tracking of ACT consumption in ADDOs to ensure accurate data is available for quantification and that orders are placed in a rational manner.

- Held a meeting with Pyramid Pharma (main ACT distributor for ADDO) to discuss strategies to expand the ACT distribution network to the district and ward level where ADDO owners can easily purchase ACTs. Following this meeting, SPS developed a proposal that was submitted to TFDA for consideration and approval.

- Met with districts pharmacists, IMCI/malaria focal persons and ACT distributors to follow up on distribution and consumption of the subsidized ACTs in ADDOs. Reports for Sept.–-Dec. 2007 period show that out 53,760 treatment doses of subsidized ACTs that were

[1] WHO (2004). Position of WHO's Roll Back Malaria Department on malaria treatment policy
[2] RPM support to Malaria Control President's Malaria Initiative. Revised workplan FY06.

dispatched to regional distributors during this period, almost 60 percent have been sold to individual ADDOs. SPS continues to monitor ACT distribution and consumption.

- Held several meetings with JHU/COMMIT project and PSI–Tanzania to discuss linking availability of subsidized ACTs in ADDOs with behavior change and communication (BCC) activities. SPS provided key messages to address the gaps in ACT implementation. In the coming quarter, PSI will run road shows in Ruvuma and Morogoro regions to convey the messages.

- Coordinated and participated in the pharmacovigilance working group meeting where the new pharmacoviligance unit head at TFDA was oriented on activities. In the ACT management working group meeting, SPS provided updates on subsidized ACT distribution through ADDOs.

- SPS participated in a number of meetings including the monthly NMCP-PMI partners meetings and the MoHSW Medicines Access Secretariat meetings where updates on private sector distribution of ACTs were presented and the PMI partners meeting which was organized by JHU/COMMIT project to discuss harmonization of BCC for malaria activities under PMI funding. SPS also participated in the MoHSW Medicines Access Steering Committee meeting to present the implementation status of distribution of subsidized ACTs through ADDOs and participate in the discussions, on strategies to implement GFATM Round 7 among other issues on improving medicines access in Tanzania.

UGANDA—PMI

Overview

Uganda is one of the high burden malaria countries in sub-Saharan Africa that was selected by the USG in May 2005 to benefit from the PMI. The country was selected because malaria is still a leading cause of morbidity and mortality and accounts for 40 percent of outpatient visits, 25 percent of hospital admissions, and 14 percent of hospital deaths. The burden of the disease is greatest among children under 5 years of age and pregnant women.[1] People living with HIV/AIDS (PLWA) have also increasingly become a vulnerable group. The RBM strategic plan (2006-2010) currently guides malaria control activities in Uganda and supports the use of (1) prompt and effective treatments, including home-based management; (2) vector control, including ITNs and IRS; (3) IPT during pregnancy; and (4) epidemic preparedness.

While there has been major progress in treatment and prevention efforts led by the MoH NMCP, it is envisaged that the implementation of the PMI Five-Year Strategy and Plan will continue to be achieved in close collaboration with the MoH in Uganda and will serve to address the major unmet needs in achieving the Abuja targets.

With the recent award to MSH of USAID's SPS cooperative agreement, contribution to national efforts to fight against malaria will be continued through the SPS program

Major Activities this Quarter

- Finalized the report on the PMIS data needs workshop and developed terms of reference for a health information system analyst consultant to help design a pharmaceutical management information system focusing on malaria medicines

- Through SPS, PMI supported the development of stakeholders' guidelines for the phase out of monotherapies. The guidelines have been adopted by NDA management and will be disseminated to stakeholders in the next quarter. PMI through SPS provided technical assistance to NDA for reclassifying ACTs to over-the-counter medicines

- Together with the MoH pharmacy division and NMCP, SPS supported districts to circumvent the impact of the shortage of Coartem dosage forms procured by GFATM, i.e., blue, green, and brown through use of yellow aggregation to appropriate dosages, and estimated quantities of Coartem yellow that can be used to substitute Coartem green, brown, and blue to fill the districts' orders

- Supported NMS identification of priority areas for immediate intervention to improve the storage and distribution function of malaria medicines. SPS provided TA to NMS to assess storage and distribution bottlenecks and made recommendations to improve efficiency
- Reviewed and revised training materials to include additional sessions on SOPs development and medicines management for Home Based Management of Fever (HBMF). SPS provided

[1] The Africa Malaria Report 2005

technical assistance in training two district health teams (Arua and Nebbi) on SOPs and HBMF medicines management and to draw up work plans for the activities to be carried out in these districts.

- SPS provided TA in support to monitoring the progress of the MTP work in Moyo and Adjumani, and obtained the reports for the December activities that had been done at the districts. SPS provided TA to the supervision teams in Adjumani district and agreed on corrective interventions to improve pharmaceutical management. SPS has made plans for training in Oyam and Amuru districts for the pharmaceutical management of malaria

- Through SPS, PMI supported a consultancy to carry out field visits, interviews, and a workshop to gather information for writing the guidelines to improve access of ACTs through the private sector. The final document is under review.

- Disseminated progress to PMI and partners on SPS work done in the last quarter.

- SPS developed draft guidelines and quantification procedures for the national-level quantification of antimalarials.

- Carried out a Coartem stock audit that revealed the inadequacy of the stock position in the quarter. Supported the development of terms of reference for a consultant to align NMS business process with the MIS with emphasis on storage and distribution for malaria medicines.

In total, 2,574,480 doses of ACTs were distributed by NMS on behalf of GFTAM with TA from SPS. No ACTs were purchased using USG funds and none are expected to be bought in the near future but through SPS, the PMI provided TA for the distribution during this quarter. MoH has informed PMI that the quantities to be procured under GFATM Round 4 Phase 2 will be sufficient to cover the country up to FY 2010 for the treatment of uncomplicated malaria. This is because the price of Coartem fell drastically, making the funds budgeted under GFATM sufficient to cover the country needs. Quarter 2 figures are much less than quarter 1 due to stock-out of all dosage forms except yellow Coartem.