

**Workshop with SAIDI
National and
International Partners
to Prioritize the
Objectives and
Activities of a Plan to
Contain and Prevent
Antimicrobial
Resistance in Callao
and SAIDI Steering
Committee Meeting,
April 17 – 21, 2006:**

Trip Report

Management Sciences for Health
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April 2006

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ACRONYMS

AIS	<i>Acción Internacional para la Salud</i>
AMR	Antimicrobial Resistance
APUA	Alliance for the Appropriate Use of Antibiotics
CONCAMYT	<i>Laboratorio de Control de Calidad de Medicamentos y Tecnología</i>
CPM	Center for Pharmaceutical Management
DGPS	<i>Dirección General de Promoción de Salud</i>
DGSP	<i>Dirección General de Salud de las Personas</i>
DIGEMID	<i>Dirección General de Medicamentos, Insumos y Drogas</i>
DIGESA	<i>Dirección General de Salud Ambiental</i>
DISA	<i>Dirección de Salud</i>
INS	<i>Instituto Nacional de Salud</i> (National Institute of Health)
LAC	Latin America and the Caribbean
MOH	Ministry of Health of Peru
MSH	Management Sciences for Health
NGO	Non-governmental organization
PAHO	Pan American Health Organization
RPM Plus	Rational Pharmaceutical Management Plus
SAIDI	South American Infectious Disease Initiative
USAID	United States Agency for International Development
USP/DQI	United States Pharmacopeia / Drug Quality Initiative
WHO	World Health Organization

BACKGROUND

Infectious diseases continue to present a serious threat in the Latin America and Caribbean region. Finding strategies to address this threat is becoming more complicated due to growing resistance to the antimicrobial medicines presently available. Antimicrobial resistance (AMR) develops over time and is exacerbated by an increased exposure of the microorganisms associated with infectious diseases to antimicrobial medicines, and the subsequent development of survival mechanisms within these microorganisms. There are many factors that contribute to the development of AMR, but one of the major contributors from a public health perspective is the unnecessary use of antimicrobials for common conditions and/or, the use of inappropriate doses of the drugs in cases when they are required. Health systems contribute to this situation by lacking the proper legal frameworks, regulations and guidelines for the use of antimicrobials, and by implementing poor managerial mechanisms for proper selection, procurement, distribution and use of these valuable medicines. Physicians, pharmacists and drug vendors contribute to the unnecessary use of these drugs by prescribing and selling inappropriate treatments. Patients experienced with the benefits of antimicrobials tend to self-medicate, even when they may have access to formal health care services. The implication is that new strategies and more resources for second line drugs may be needed in the near future for these highly prevalent diseases as conventional treatments fail.

USAID's Regional Bureau for LAC has promoted an initiative called "South American Infectious Disease Initiative" (SAIDI) that allows organizations working in Cooperative Agreements with USAID, other US Government Departments and the Pan American Health Organization to join efforts in developing sound strategies to contain the advance of AMR in Peru, Bolivia and Paraguay. The SAIDI model enhances the collaboration of these technical organizations with country counterparts and governments and promotes extensive South-to-South information-sharing. Based on the experiences with this initiative, significant economies in terms of training, research, and interventions may be gained for the region. The SAIDI will be jointly managed out of the USAID/Peru Mission and the USAID Washington based Regional Bureau for LAC.

Purpose

To participate in a workshop with SAIDI Peru partners to prioritize the objectives and activities of a plan to contain and prevent antimicrobial resistance in Callao and to participate in the SAIDI steering committee meeting.

Scope of Work

- Brief/debrief USAID/Peru officials as requested;
- Participate in SAIDI Peru workshop;
- Participate in steering committee meeting;
- Meet with national partners on an individual basis as required.

ACTIVITIES

1. Workshop with international and national SAIDI partners

SAIDI international partners participated in a two-day workshop was held with SAIDI national partners in Peru to discuss the results of the assessment activities in Callao and possible strategies/activities to address the problem areas identified through the assessment. The agenda for the workshop and the list of participants are presented in Annex 1 and 2.

The morning and part of the afternoon of the first day (April 18) were spent reviewing the results of the assessment activities undertaken in Callao. For the remainder of the workshop, participants were divided in three groups: prescribers, dispensers and consumers. Each group discussed the problem areas identified and suggestions for activities that could be carried out to address these areas. The results of these discussions were presented in matrixes (See Annex 3).

In the afternoon of April 19, SAIDI international partners met with representatives from the DISA Callao and SAIDI national coordinators to discuss how to proceed in defining activities to be implemented based on the matrixes presented by each group. Partners decided that the matrixes would be consolidated into a logical framework by DISA Callao and DIGEMID, to be shared among partners by April 26. Partners would then have two weeks to provide feedback and a final framework would be available by May 19.

2. Steering Committee Meeting

SAIDI international partners met on Thursday, April 20 for the SAIDI Steering Committee meeting. The agenda is presented in Annex 4.

Some of the major topics discussed were partners' opinions on the Peru workshop, the feasibility of conducting a similar workshop in Paraguay and how to proceed with activities in Bolivia.

With respect to the Peru workshop, partners agreed that the results of the experience were favorable. Some suggestions on how to direct the group work more efficiently were given, such as providing more guidance in the development of the matrixes. Partners concluded that replicating the experience in Paraguay would be beneficial. B. Yeager will be in contact with SAIDI Paraguay coordinators to organize the workshop for late July – early August.

Regarding Bolivia, partners decided to try to build on relationships already developed between some international partners (in particular USP and PAHO) and local Bolivian institutions (i.e., CONCAMYT and medical schools), as opposed to trying to generate a national SAIDI working group similar to those formed in Peru and Paraguay.

Dr. Peter Cegielski the new CDC representative in SAIDI participated in the meeting and proposed that CDC could focus on drug resistant TB issues building on what already has been done in this area. Specifically in Peru, CDC has been working on rapid diagnosis of multi-drug resistant TB, strengthening laboratories and infection control.

3. Individual meetings with national partners

B. Yeager met with the team from DIGEMID and DISA Callao on Monday, April 17th to discuss the results of the assessment activities in Callao and assist with workshop coordination. She also met with them on Friday, April 21st to provide feedback on the draft report of assessment findings.

A. Smine met with the and the team in charge of quality analysis of the drug samples collected in Callao. A. Smine met also with DIGEMID, new director of the Quality Control Laboratory (*Centro Nacional de Control de Calidad*) and the INS. The meeting was very successful in dealing with all the gaps between DIGEMID and CNCC/INS about drug testing. All participants agree to meet on a regular basis, draft SOPs on how to handle requests between the two institutions to better assure the quality of medicines in Peru. DIGEMID also presented their draft strategy to strengthen drug registration in particular and all DIGEMID functions as a whole. The strategy will be drafted into laws which should at some point be presented to law-makers for approval. USP DQI was very satisfied that most of the recommendations given to DIGEMID at the last training in January 2006 were addressed.

A. Sosa and M. Sanchez met with the team working on the qualitative study of prescriber and dispenser knowledge, attitudes and practices.

M. Sanchez held a number of meetings with community leaders and potential partners to explore interest and resources for supporting future SAIDI implementation activities. The organizations visited included: the BBDO advertising firm (Executive Director José Astudillo); a consumer protection group, ASPEC (President Jaime Delgado and his staff); *Club de Leones* of La Punta Callao; and the Rotary Club of La Punta Callao.

4. Debriefing of USAID/Peru officials

Dr. Jaime Chang, USAID/Peru was present during the workshop with national and international partners and in the Steering Committee meeting.

Adjustments to Planned Activities and/or Additional Activities

All activities were completed as planned.

Collaborators and Partners

The workshop with national partners was organized by DIGEMID (Dr. Amelia Villar, Dr. Jan Karlo Zavalaga, Dr. Susana Vasquez, and Dr. Rita Ricaldi). The VIGIA project (Ms. Rossana Geng) also assisted with workshop preparation and logistics.

NEXT STEPS

1. DISA Callao and DIGEMID will work on logical framework and circulate to all national and international partners by April 26.
2. National and international partners will give feedback and a final logical framework will be developed by May 19.

ANNEX 1: WORKSHOP AGENDA

Taller Iniciativa Sudamericana Contra las Enfermedades Infecciosas – SAIDI
Presentación y análisis de la situación del uso de los antimicrobianos en la Dirección de Salud Callao

Día 1: 18 de abril del 2006

08:30 – 08:45 Hrs.	Entrega de materiales
08:45 – 09:15 Hrs.	Ceremonia de inauguración
09:15 – 09:30 Hrs.	Avances del desarrollo de la Iniciativa SAIDI <i>Dr. Jan Karlo Zavalaga (DIGEMID)</i>
09:30 – 13:00 Hrs.	Presentación de los resultados de la Fase Diagnóstica <i>Dra. Marisela Mallqui (DISA Callao)</i>
09:30 – 10:00	Vigilancia de la resistencia bacteriana en la Dirección de Salud Callao <i>Responsable de Laboratorios de la DISA Callao</i>
10:00 – 10:30	Evaluación de las características de la prescripción en médicos <i>Dr. Victor Suarez (INS-SP)</i>
10:30 – 11:00	Situación de los antimicrobianos en la Red BEPECA de la Dirección de Salud Callao <i>Responsable DISA Callao</i>
11:00 – 11:15 Hrs.	Refrigerio
11:15 – 11:45	Estudio para determinar la calidad de un grupo de antimicrobianos trazadores de la Red BEPECA de la Dirección de Salud Callao <i>Dra. María Ayala / Dra. Delia Ramos (DIGEMID/ DISA Callao)</i>
11:45 – 12:15	Ánalisis de la Base de Datos del SIS para determinar las prácticas de prescripción de antimicrobianos en el primer nivel de atención
12:15 – 12:45	Factores determinantes sobre el uso de antimicrobianos de consumidores en Callao (Estudios cualitativo y cuantitativo) <i>Dra. Marisol Sánchez (Links Media)/ Dr. Aníbal Sosa (APUA)</i>
12:45 – 13:15	Factores determinantes en el uso de antimicrobianos por prescriptores médicos y dispensadores / expendedores (Estudio cualitativo) <i>Dra. Marisol Sánchez (Links Media)/ Dr. Aníbal Sosa (APUA)</i>
13:15 – 14:30 Hrs.	Almuerzo

- 14:30 – 14:40 Hrs. Taller: Determinación de objetivos y actividades de intervención en la Red BEPECA de la DISA Callao – Presentación de la metodología y conformación de los grupos de trabajo
Dr. Jaime Chang (USAID)
- 14:40 – 16:30 Hrs. Taller: Trabajo en grupo
- 16:30 – 16:45 Hrs. Refrigerio
- 16:45 – 17:30 Hrs. Taller: Determinación de objetivos y actividades de intervención en la Red BEPECA de la DISA Callao (continuación)
Dr. Jaime Chang (USAID)

Día 2: 19 de abril del 2006

- 08:30 – 10:00 Hrs. Trabajo de grupos: Determinación de objetivos y posibles actividades en la Red BEPECA de la DISA Callao (continuación)
Dr. Jaime Chang (USAID)
- 10:00 – 13:00 Hrs. Presentación y discusión de los trabajos de grupo
Dr. Jaime Chang(USAID)
- 10:45 – 11:00 Hrs. Refrigerio*
- 13:00 – 13:15 Hrs. Ceremonia de clausura
- 13:15 – 14:30 Hrs. Almuerzo

ANNEX 2: LIST OF PARTICIPANTS

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ANNEX 3: MATRIXES OF IDENTIFIED PROBLEMS AND POSSIBLE ACTIVITIES

Problema identificado	Factores contribuyentes	Objetivos a lograr	Actividades
Prescripción inadecuada	<ul style="list-style-type: none"> ▪ Ausencia de guía de tratamiento antimicrobiano con base en evidencia: elaboración/adaptación, difusión, socialización, adopción, evaluación de su uso. 	Aumentar la proporción de prescripción según las guías, en la red BEPECA.	Elaborar/adaptar guía Distribuir guía Socializar/capacitar guía Evaluar uso guía
	<ul style="list-style-type: none"> ▪ Falta de estrategias validadas localmente que promuevan el uso racional de antimicrobianos (ej. antibióticos de reserva) 	Cumplir las estrategias validadas sobre uso racional de ATM en los establecimientos de salud de la red BEPECA	Seleccionar estrategias Validar estrategias Aplicar estrategias Evaluar uso de estrategias
	<ul style="list-style-type: none"> ▪ La vigilancia de la resistencia es limitada en cobertura y calidad. 	Ampliar el número de establecimientos de la red BEPECA que participan en la red de vigilancia de la resistencia, con control de calidad adecuado.	Normar el protocolo de vigilancia de la resistencia a los ATM. Capacitar Difundir Evaluar
	<ul style="list-style-type: none"> ▪ Falta formación en uso racional de ATM en pregrado, posgrado y educación continua. 	Establecer en la red BEPECA un sistema de formación médica continua para el uso racional de ATM.	Elaborar un programa de formación médica continua en el uso racional de ATM. Capacitar a los profesionales de salud de la BEPECA en el uso racional de ATM

Problema identificado	Factores contribuyentes	Objetivos a lograr	Actividades
			con participación de las universidades y otras instituciones de la sociedad civil.
	<ul style="list-style-type: none"> ▪ Presión de la industria farmacéutica en quienes prescriben (falta regulación de la industria). 	Establecer un sistema de regulación de la promoción y publicidad farmacéutica a nivel de los establecimientos de salud de la Red BEPECA.	Normar, difundir, supervisar y evaluar la aplicación de la regulación sobre promoción y publicidad farmacéutica
Incidencia alta de enfermedades infecciosas	<ul style="list-style-type: none"> ▪ Prácticas inadecuadas de control de infecciones: intrahospitalarias y atención primaria 	Aumentar el número de establecimientos de salud de la red BEPECA que cumplen las medidas generales de control de infecciones (lavado de manos, técnica aséptica).	Capacitar al personal de salud. Proveer insumos para asegurar las medidas generales de control de infecciones a los establecimientos de la red BEPECA. Supervisar y evaluar las prácticas de control de infecciones.
	<ul style="list-style-type: none"> ▪ Falta de prácticas de higiene en la comunidad. 	Utilizar los servicios de salud y organizaciones comunitarias para	Realizar actividades de IEC en la comunidad, utilizando materiales disponibles

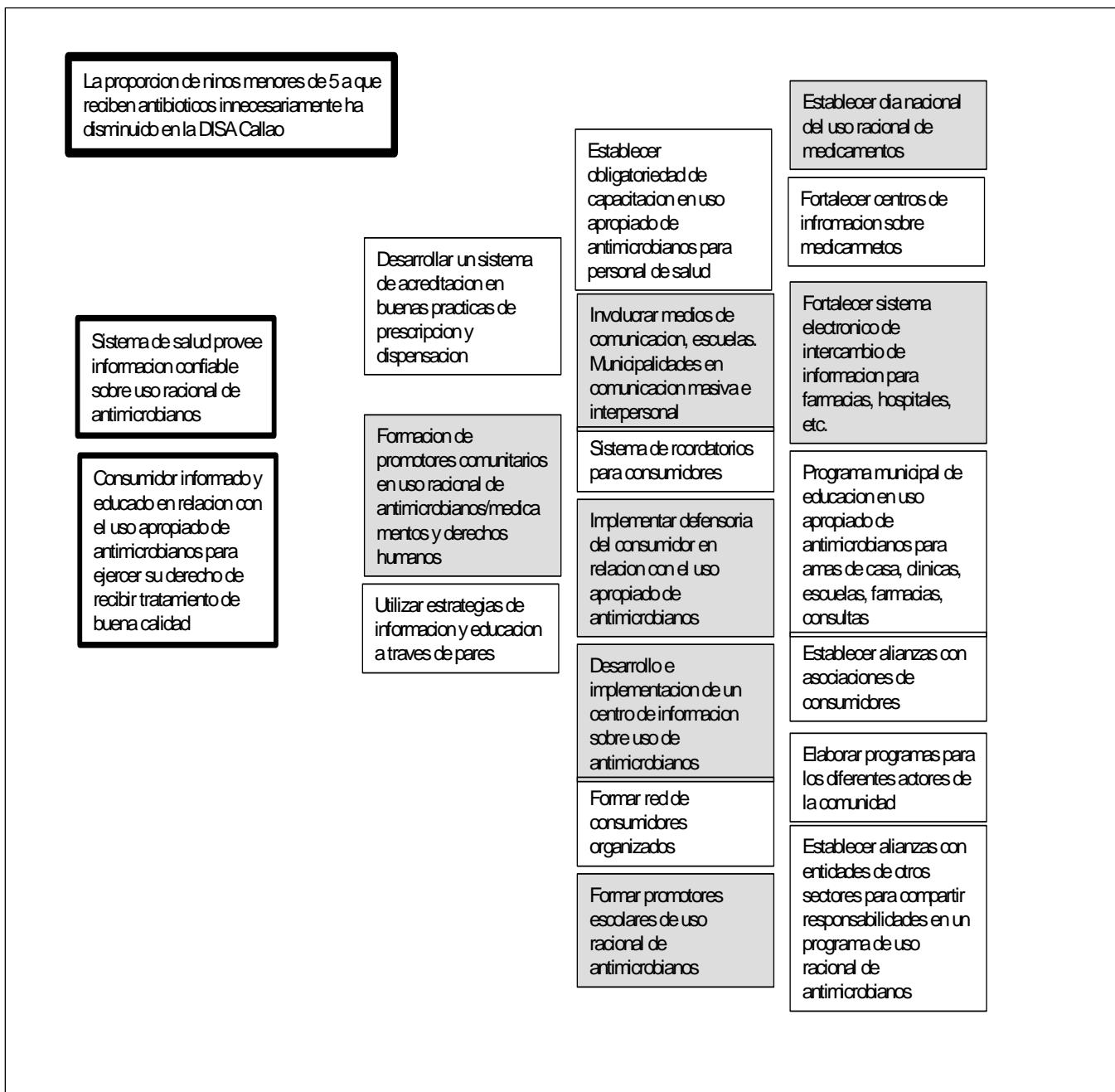
Problema identificado	Factores contribuyentes	Objetivos a lograr	Actividades
		dar información y educación sobre lavado de manos y otras prácticas de higiene.	(afiches y otros). Incorporar en las actividades de IEC a los servicios de salud y organizaciones comunitarias.
	▪ Diagnóstico laboratorial y tratamiento tardío de tuberculosis	Brindar diagnóstico y tratamiento oportuno de la tuberculosis.	Fortalecer los servicios de laboratorio de salud pública del Callao. Fortalecer el sistema de referencia y contrarreferencia de muestras y resultados de laboratorio. Mejorar el acceso a DOTS +.

Grupo de Dispensadores

Problema identificado	Factores contribuyentes	Objetivos a lograr	Actividades	Prioridad/ Factibilidad
La norma de registro de productos farmacéuticos no se ajusta a los estándares internacionales	Poder de la industria; debilidad del estado	Promover la revisión de las normas legales referentes al registro sanitario, incluyendo control de calidad	-Consolidación de información existente a nivel nacional sobre las consecuencias de los procesos actuales de registro; -Difusión de la información, priorizando a la sociedad civil organizada relacionada a la salud Propuesta de norma para el cambio del RS	Alta Factible
Presencia de productos antimicrobianos con problemas de calidad en el mercado	Limitado labor de control de vigilancia sanitaria por parte de la autoridad regulatoria; Incumplimiento de buenas prácticas de manufactura; Malas prácticas de almacenamiento; Adquisición de productos de dudoso procedencia; Desconocimiento de la población sobre los riesgos de productos de mala calidad	Velar por la calidad de los antimicrobianos en el mercado	Fortalecimiento capacidades del personal existente dedicado a vigilancia sanitaria; Contratación de personal capacitado para control de vigilancia sanitaria; Desarrollo de alianza estratégica con municipalidad para labores de vigilancia sanitaria de acuerdo a su competencia;	Alta; Factible Alta; Factibilidad baja Alta; Factible

Venta de ATM sin receta medica	Falta de cumplimiento de la normatividad; Desconocimiento de la normatividad; Personal dispensador no es técnico en farmacia; Falta de químicos farmacéuticos en los establecimientos para atención farmacéutica; Factor socioeconómico (tanto del consumidor, como del dispensador); Tiempo (difícil acceso a servicios de salud);	Disminuir la venta de ATM sin receta medica	Difusión de la norma a todo nivel; Monitoreo del cumplimiento de la norma; Introducción en la curricula de las universidades/institutos temas de uso racional y legislación; Difusión de información a la población sobre los riesgos del uso de antibióticos sin receta medica	Alta; factible Alta; factible baja Alta; factibilidad mediana Alta; factibilidad
Existencia de establecimientos no registrados de venta de antimicrobianos	Incumplimiento de la normatividad; Falta de control; Demanda; Falta de conocimiento de la población	Erradicar establecimientos no registrados	Desarrollo de alianza estratégica con la municipalidad; con gobierno regional	Mediana; baja

Grupo consumidores



ANNEX 4: AGENDA FOR STEERING COMMITTEE MEETING

April 20, 2006

Participants:

Anibal Sosa, APUA	Marisabel Sanchez, LinksMedia
Roxane Salvatierra, PAHO	Gabriel Schmunis, PAHO
Maria Paz Ade, PAHO	Jaime Chang, USAID/GH
Karim Smine, USP	Beth Yeager MSH/RPM Plus

Objectives:

1. Discuss SAIDI Peru workshop process and results
2. Determine how to move forward in Peru
3. Review progress in Paraguay and define date for Paraguay workshop
4. Review progress in Bolivia and evaluate strategy in Bolivia
5. Analyze sections for the country profiles and select leading and contributing partners
6. Discuss monitoring and evaluation
7. Discuss budget
8. Discuss dissemination plans
9. Define date for next SAIDI partner meeting

9:00 a.m. – 9:15 a.m. **Review of proposed agenda and objectives**

9:15 a.m. – 10:45 a.m. **Peru**
Discussion about workshop
Discussion on how to determine interventions and
how to move forward in their planning and
implementation

10:45– 11:00 a.m. **Break**

11:00 – 12:30 p.m. **Paraguay update**
Progress report on activities
Dates for Paraguay workshop and discussion on
structure of workshop

12:30 p.m. – 1:00 p.m. **Bolivia**
Progress report
Evaluate strategy in Bolivia

1:00 p.m. – 2:30 p.m.	Lunch
2:30 p.m. – 3:00 p.m.	Country Profiles Review areas and sections Select leading and contributing partners
3:00 p.m. – 3:30 p.m.	Monitoring & Evaluation
3:30 p.m. – 4:30 p.m.	Budget review
4:30 p.m. – 5:30 p.m.	Dissemination plans Discuss how information about SAIDI (process, results) can be shared; Outline plan <i>Note:</i> Dissemination of results in each country should be discussed during the time allotted to the country