

USAID/PAHO Project for the Prevention and Control of Antimalarial Resistance in the Amazon

Work Plan for the Period October 2002 through September 2003

Country Work Plan, Venezuela

Intermediate Result 1 - Reliable and standardized malaria drug efficacy information available. **Indicators:** 1) Number of target countries that have selected an adequate number of sentinel surveillance sites, including a reference laboratory, and initiated training activities. 2) Number of target countries where the WHO/PAHO protocol has been adapted. 3) Number of target countries that initiated anti-malarial drug resistance studies based on the WHO/PAHO protocol.

Activities	Tasks	Staff , Other Human Resources, and Other Inputs	Product	Month/Year	Remarks
A1.1. Establish a regional network for surveillance of drug resistance and monitoring of activities under coordination of PAHO.	1. Participate in the second regional technical meeting	PAHO focal point, National Project coordinator Technical expert	2002 Work plans evaluated.	March 03	Cost included in task A3.1
	Regional meeting to discuss suggested modifications to the WHO protocol.	PAHO focal point National Project coordinator Technical expert	A regional report including recommendation regarding protocols for the Region of the Americas		Cost included in task A3.1

Activities	Tasks	Staff , Other Human Resources, and Other Inputs	Product	Month/ Year	Remarks
A.1.2. Establish National sentinel surveillance networks with quality control in each target country to assess the efficacy of antimalarial drugs.	1.Consolidate the structure and operation of the National Committee	Meetings (6). Transportation (6 trips for 6 persons = US\$ 6,000), per diem (US\$6,000)	* National technical advisory committee operational * Antimalarial drug resistance surveillance network established	Nov/02 - Sep/03	
	2. Provide inputs to three news sentinel sites (2 in the State of Bolivar and 1 in the State of Amazonas) and for the network's operation	Microscopes (3)= 9,000 Other supplies and equipment (scales, electronic thermometers, lancets, colorants, slides, cell counters, chronometer) = 5,000	Four new sentinel sites established in the states of Amazonas (2) and Bolivar (2)	January 03	
	3. Operationalization of the sentinel sites and implementation of clinical protocols (7 sentinel sites: 4 new and 3 old)	Human resources staff of the sentinel sites x 9 months (physicians, microscopists, visitors): Sucre=1010/month; Bolivar=3,900/month; Amazonas=4,700/month	Sentinel sites operating and staffed 100%	Oct/02 - Sep/03	Counterpart: 3 physician 100% dedication, 5 physician 20%, 2 visitors
		Provision of antimalarial drugs for study purposes	Second-line drugs acquired for efficacy studies	Mar/03;	
		Maintenance for three vehicles and minor repairs for three vehicles. =10,000 Maintenance and repair microscopes =1,500	Vehicles in good condition and in adequate operation	Nov/02 - Sep/03	
		Logistic expenditures for network operation and monitoring	Sentinel sites operating	Oct/02 - Sep/03	
	4.To implement a quality control system of the parasitological diagnosis.	Transportation and per diem for quality control visits of the IAES expert (8 visits = US\$ 600 each)	100 % of sentinel sites and reference centers participating in quality control system.	Oct/02 - Sep/03	Counterpart: salary of expert IAES microscopist
	5.Internal and external monitoring and evaluation of the sentinel sites.	Visits to sentinel sites, CICFV-DGSACS (8) (600 c/u) Visits to sentinel sites, INH (6) (transportation =900, per diem = 2,100	100 % of sentinel sites monitored and supervised.	Oct/02 - Sep/03	Two staff members from the assigned MSDS institution
	6. To design and implement study of adherence to therapeutic schemes to improve adherence	Carry out survey with focal groups in selected localities.	Information regarding determinants of failure to adherence to treatment.	Feb/03 - Sep/03	
	7. Implement passive surveillance in therapeutic failure in pilot municipals of the Sucker State.		Surveillance system in pilot areas conducting passive surveillance of therapeutic failures.	Jan/03 - Sep/03	
	8. Carrying out resistance tests in vitro. ELISA "DELI" technique: malaria laboratory, IVIC, CICFV		Results of antimalarial drugs sensibility testing available.	Jan/03 - Sep/03	
	9. Conduct genotyping tests: BIOMED (Carabobo University) e IVIC	Genotyping on a sample of cases of treatment failure.	Information regarding differentiation among recrudescence and reinfection available.	Jan/03 - Sep/03	
	10. Determination of drug levels IVIC	Measurement of antimalarial levels in a patient with treatment failure in a sample of patients	Information regarding antimalarial pharmacokinetics available	Jan/03 - Sep/03	

Activities	Tasks	Staff , Other Human Resources, and Other Inputs	Product	Month/ Year	Remarks
A.1.3. Provide training to improve national capability to conduct the surveillance network of malaria drug resistance in all target countries.	1.National workshop for microscopists in malaria diagnosis, including parasitemia quantification.	Participants include microscopists assigned to sentinel sites and other points for malaria diagnosis (10 personas x 4 weeks)	Microscopists in new sentinel sites trained in staining and interpretation of extended Ggy	Jan/03	
	2. Training workshop in clinical protocol to the physicians to the new sentinel sites.		Physicians trained in clinical protocols in new sentinel sites.	Jan/03	
	3. Workshop in Epi info developed by CDC for RAVREDA and data analysis (regional workshops replication at national level)	Transportation and per diem, 10 persons for 5 days	Sentinel sites and DRS trained in data base utilization for clinic protocols.	Abr/03	
	4. National workshop on clinical testing implementation	Transportation and per diem for 10 persons for 5 days. Procurement of audiovisual equipment for RAVREDA	Reference center staff and DRS trained on clinical testing implementation	03-Jul	
	5. Training workshop for microscopists in the State of Sucre on passive surveillance to the therapeutic failures.		Microscopists participating in FT passive surveillance pilot experience.	03-May	
A.1.4. Study findings reviewed alternative treatments evaluated, and consensus on appropriate protocols reached.	1.Surveillance network meetings for analysis of results and discussion of sentinel site data.	To conduct 2 national meetings with 30 participants. Transportation and per diem.	Study results analyzed and discussed at national level and recommendations presented for new therapeutic schemes	Nov/02 Sep/03	
	2. Data tabulation and analysis		Document preparation and dissemination of results	Nov/02 Sep/03	
	3.Assesment of therapeutic schemes				
	4.Asses strategy for alternative schemes.				
5. Results and conclusions disseminated in national meetings: Infectology, Microbiology, ASOVAC, Dr. Gabaldón symposiums.	Convention participation: Infectology: 4 pers /3d = 3000 Microbiology 2 pers/3d=1000 ASOVAC= 2 pers/3d= 1000 symposiums 6 pers/2d= 2000	Dissemination of studies in national meetings	Nov/02 Dic/02		
Subtotal IR1.					
13% PSC					
Subtotal IR1. plus PSC					

Activities	Tasks	Staff , Other Human Resources, and Other Inputs	Product	Month/ Year	Remarks
Intermediate Result 2. Tools and approaches developed, adapted, tested and disseminated. Indicator: Number of sites identified in Brazil with trials of rapid tests for malaria					
A2.1 Rapid tests for malaria diagnosis evaluated in selected sites and appraisal of their cost-effectiveness evaluated.	Rapid test studies in scattered localities	Procurement of kits for rapid test diagnosis.	Rapid test procured, disseminated and in use for validation studies in specific areas.	03-Jan	
	Training workshop for microscopists on rapid test reading.		Microscopists trained in the use of rapid test.	03-Mar	
	Logistics support to carry out studies regarding the use of rapid tests.		Studies completed.	Mar/03 - Sep/03	
Subtotal IR1.					
13% PSC					
Subtotal IR1. plus PSC					
Note: ASOVAC, Venezuelan Association for the Progress of the Science; CICFV, Francesco Vitanza Center for Research in the Field; DGSSACS, Sectoral Office of Environmental Health and Sanitary Control; DRS, Health Regional Bureau; IAES, The Dr. Arnaldo Gabaldon Institute of Higher Studies in Public Health; INH, Rafael Rangel National Institute of Health; IVIC, Venezuelan Institute for Scientific Investigation; FT, Therapeutic failure; MSDS, Department of Health and Social Development;					
Intermediate Result 3. Partnerships to improve malaria control in the sub-region enhance . Indicator: Number of surveillance network of anti-malarial drug resistance activities carried					
A3.1. Sub-regional dialogue and planning for prevention and containment anti-malaria drug resistance facilitated.	Participate in regional/sub-regional meetings to discuss work plans, agendas, evaluation progress of the national networks and applied methodologies in technical assistance. (Include a mid term inter-country meeting)		Meeting reports.	Mar/03;	
	Regional meeting to discuss suggested modifications to the WHO protocol.				
A3.2. Centers of excellence for regional training supported.	Establishment of the Training Center for malarial parasitological diagnosis	10 microscopes conditioner	An air Training Center operational	Feb/03 - Jul/03	

Activities	Tasks	Staff , Other Human Resources, and Other Inputs	Product	Month/ Year	Remarks
A3.3. South-to-south technical assistance and training activities executed.	1. Participation on border meetings. Colombia - Venezuela Brazil - Venezuela Guyana - Venezuela	Transportation and per diem, 4 persons, 3 meetings (2,500 c/u)	Border meetings carried out. Cooperation strategy defined with border countries.	Ene/03 - Sep/03	
	2. Participation in Epi - info regional workshop	Attendance of 2 network participants.	National human resources trained to use Epi info		
	3. Participation in data analysis regional workshop	Attendance of 2 network participants.	National human resources trained on data analysis.		
	4. Participation in entomology regional workshop.	Attendance of 2 network participants.			
	5. Training with excellence center on pharmacokinetics.		National human resources trained in pharmacokinetics		
Subtotal IR3.					
13% PSC					
Subtotal IR3 plus PSC					
TOTAL VENEZUELA					
13 % PSC					
TOTAL VENEZUELA PLUS PSC					