

Systems for Improved Access to Pharmaceuticals and Services: Malaria Quarterly Updates

October–December 2013



USAID
FROM THE AMERICAN PEOPLE



President's Malaria Initiative

SIAPS 
Systems for Improved Access
to Pharmaceuticals and Services

This report is made possible by the generous support of the American people through the US Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-11-00021. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

This report may be reproduced if credit is given to SIAPS. Please use the following citation.

Systems for Improved Access to Pharmaceuticals and Services Program. 2014. *Systems for Improved Access to Pharmaceuticals and Services: Malaria Quarterly Updates*. Submitted to the US Agency for International Development by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program. Arlington, VA: Management Sciences for Health.

Systems for Improved Access to Pharmaceuticals and Services
Center for Pharmaceutical Management
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203 USA Telephone: 703.524.6575
Fax: 703.524.7898
E-mail: siaps@msh.org
Website: www.siapsprogram.org

CONTENTS

Acronyms and Abbreviations	iv
Introduction.....	1
Malaria Core	2
Angola.....	4
Implementation of PMI Monitoring Tools	4
Supply Chain Management	4
Capacity Building.....	4
Support for Policies, Guidelines, Regulations, and Partner Coordination	5
Burundi	6
Implementation of PMI Monitoring Tools	6
Supply Chain Management	6
Community Case Management of Malaria	6
Capacity Building/Case Management	7
Support for Policies, Guidelines, Regulations, and Partner Coordination	7
Democratic Republic of the Congo.....	9
Implementation of PMI Monitoring Tools	9
Supply Chain Management	9
Capacity Building.....	9
Support for Policies, Guidelines, Regulations, and Partner Coordination	10
Ethiopia.....	11
Implementation of PMI Monitoring Tools	11
Capacity Building.....	11
Supply Chain Management	11
Malaria Case Management.....	12
Support for Policies, Guidelines, Regulations, and Partner Coordination	12
Guinea.....	13
Implementation of PMI Monitoring Tools	13
Information Systems Management.....	13
Support for Policies, Guidelines, Regulations, and Partner Coordination	13
Latin America and the Caribbean: Amazon Malaria Initiative.....	16
Support for Policies, Guidelines, Regulations, and Partner Coordination	16
Mali.....	17
Implementation of PMI Monitoring Tools	17
Supply Chain Management	17
Capacity Building.....	17

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
AMDM	antimalarial drug management
ASAQ	fixed-dose combination of artesunate and amodiaquine
CCM	community case management
CECOMA	Central de Compras de Medicamentos e Meios Medicos de Angola
CHW	community health worker
CRMS	Continuous Results Monitoring System
CSCOM	Centre de Santé Communautaire
DNPL	Direction Nationale de la Pharmacie et des Laboratoires (Medicines Regulatory Authority)
DPM	Direction de la Pharmacie et du Médicament (Directorate of Pharmacy, Pharmacy and Medicines, Mali)
DPML	Département de la Pharmacie, du Médicament et des Laboratoires (Department of Pharmacy, Medicines, and Laboratory, Burundi)
DRC	Democratic Republic of the Congo
DRS	regional health directors
DTC	drug and therapeutic committee
EU	European Union
EUV	end use verification
FY	fiscal year
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HEW	health extension worker
HF	health facility
IPTp	Intermittent Preventive Treatment of malaria for pregnant women
LLIN	long-lasting insecticidal net
LMIS	logistics management information system
M&E	monitoring and evaluation
MOH	Ministry of Health
NEML	national essential medicines list
NMCP	National Malaria Control Program
NPP	National Pharmaceutical Policy [Guinea]
ORHB	Oromia Regional Health Bureau [Ethiopia]
PCG	Central Medical Store of Guinea
PMI	President's Malaria Initiative
PNILP	Programme National Intégré de Lutte contre le Paludisme (National Malaria Control Program, Burundi)
PNLP	Programme National de Lutte contre le Paludisme (National Malaria Control Program, Guinea)
PNME	Programa Nacional de Medicamentos Essenciais
PNSR	Programme National de Santé de la Reproduction
PPM	Pharmacie Populaire du Mali (Central Medical Stores, Mali)
PPMRm	Procurement Planning and Monitoring Report for malaria

Acronyms and Abbreviations

PSI	Population Services International
RDT	rapid diagnostic test
SCMS	Supply Chain Management System
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOP	standard operating procedure
SP	sulfadoxine-pyrimethamine
USAID	US Agency for International Development
WHO	World Health Organization

INTRODUCTION

According to the latest estimates of the World Health Organization (WHO),¹ there were approximately 219 million cases of malaria in 2010 and an estimated 660,000 deaths. Africa is the continent most affected, about 90% of all malaria deaths occur there. Between 2000 and 2010, malaria mortality rates fell by 26% around the world. In the WHO African Region, the decrease was 33%. During this period, an estimated 1.1 million malaria deaths were averted globally, primarily as a result of the scale up of interventions. However, much remains to be done.

Working closely with the President's Malaria Initiative (PMI) both in Washington and in PMI focus countries, the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program aims to ensure the availability of quality pharmaceutical products and effective pharmaceutical services in support of PMI objectives. To this end, and based on PMI's program priorities, SIAPS endeavors to: improve pharmaceutical governance; build capacity to manage malaria products while addressing the information needed for managing them; strengthen financing strategies and mechanisms to improve access to malaria medicines; and improve the quality of pharmaceutical services provided to malaria patients.

The SIAPS technical approach emphasizes health systems strengthening with a special focus on improving metrics, monitoring and evaluation (M&E), capacitating local governments and organizations, and increasing country ownership. Through this approach, SIAPS aims to promote the availability and use of malaria products, including artemisinin-based combination therapies (ACT), rapid diagnostic tests (RDT), and medicines for severe malaria. At the country level, SIAPS collaborates with national malaria control programs and central medical stores to develop and implement strategies to strengthen pharmaceutical management to prevent malaria and improve case management. Common areas supported by SIAPS include: training; quantification; strengthening supply chain systems, including logistics management information; community and malaria case management; rational use; and medication safety. SIAPS works to strengthen malaria pharmaceutical management at the country level, specifically in Angola, Burundi, the Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Mali, and South Sudan. In addition, SIAPS provides regional support in Latin America.

This report briefly describes the major activities that SIAPS carried out at the global level and in each of the abovementioned countries and region between October and December 2013.

¹ WHO Global Malaria Programme. 2012. World Malaria Report 2012. Geneva: World Health Organization. http://www.who.int/malaria/publications/world_malaria_report_2012/wmr2012_no_profiles.pdf.

MALARIA CORE

Monthly coordination meetings were held with PMI/Washington to discuss the implementation of activities in focus countries. Also during the quarter, a technical discussion was held with Country Project Directors and Deputies who were attending the capacity building seminar² in Arlington to discuss SIAPS' roles and responsibilities in support of PMI's efforts in pharmaceutical systems strengthening for malaria.

In collaboration with various partners, including the US Agency for International Development (USAID)/PMI, the Centers for Disease Control, and USAID/DELIVER, among others, SIAPS developed a manual titled *Quantification of Malaria Commodities*. The manual is designed to provide users, especially those at the program level, with practical steps and guidance on how to carry out a national-level quantification of ACTs and RDTs for the diagnosis and treatment of uncomplicated malaria. In fiscal year (FY) 13, SIAPS distributed hard copies of the manual to all nine SIAPS/PMI countries and developed training materials to accompany the manual and facilitate its use at the country level. During the quarter, quantification training workshops using the new manual were held in the DRC (October 23–26, 2013), at which 24 participants representing the Ministry of Health (MOH) and other malaria partners and donors participated; and in Angola (December 13), at which 20 people participated. The common trend in both countries was the lack of a functional committee to oversee activities related to the quantification of malaria commodities.

SIAPS continued to support PMI countries in the use of PMI monitoring tools, in close collaboration with USAID/DELIVER and PMI/Washington. The tools included the End Use Verification (EUV) tool and the Procurement Planning and Monitoring Report for malaria (PPMRm). These tools aim to improve the availability of quality malaria medicines and commodities through the establishment of a regular stock tracking system that monitors availability and contributes to the detection and prevention of commodity leakages and stock-outs in PMI programs. During the quarter:

- SIAPS supported the implementation of the EUV tool in Angola and Burundi. At the end of each EUV survey, feedback meetings with MOH program partners were held to share and disseminate results, and to highlight issues influencing the availability and use of malaria commodities along the supply chain down to the health unit level. The EUV process has given MOH partners the opportunity to assess and take steps to correct and improve the availability and use of malaria commodities. For example:
 - In Angola, survey findings were used to advocate for the availability and dissemination of pharmaceutical management tools.
- SIAPS supported Angola, Burundi, DRC, Ethiopia, Guinea, Kenya, Mali, South Sudan, and Uganda to collect information on the stock status of malaria medicines through the quarterly implementation of the PPMRm. Data collected from the PPMRm were used to

² the 2013 SIAPS Country Project Leadership Seminar November 4- 14,2013

conduct a pipeline analysis, in collaboration with in-country partners, to identify and anticipate problems of stock-out/overstock and expiries. The information is given to USAID/DELIVER for collation and sharing with the USAID/PMI team to facilitate procurement decisions. At the country level, data are also used by decision makers to identify, analyze, and anticipate problems of stock-out or expiries. For example, in Angola, based on PPMRm findings, the NMCP coordinated the redistribution of Coartem from one province that overstocked to two other provinces that had stock-outs.

Strengthening financial strategies and mechanisms and improving the efficiency of pharmaceutical management processes reduce financial barriers and release much-needed funds for additional procurements. The availability and accessibility of adequate quantities of quality malaria commodities at affordable price are dependent on the availability of funds and adequate financing strategies. Financing strategies are best informed by costing information. In collaboration with its core partner, the William Davison Institute, SIAPS completed a retrospective costing exercise to estimate the cost of distribution of malaria commodities, including ACTs, RDTs, and bed nets, in two PMI countries—Kenya and Benin. The costing information will allow these countries to adequately budget for the distribution of commodities and to develop requests from donors.

ANGOLA

Implementation of PMI Monitoring Tools

An EUV survey was conducted from November 25 to December 7, 2013. Under the coordination of the NMCP, data collectors from the NMCP, the National Essential Medicines Program (Programa Nacional de Medicamentos Essenciais [PNME]), and SIAPS visited 50 health facilities in six provinces (Luanda, Huila, Kwanza Sul, Lunda Norte, Lunda Sul, and Bié). The facilities visited were registering incomplete data in their reporting and the majority of malaria cases. Findings suggest that there is a need to reinforce the availability and use of pharmaceutical management tools, especially stock cards, at all levels; improve storage conditions of pharmaceutical products; and conduct regular supervision at the facility level. The NMCP is coordinating discussions with relevant institutions, including the National Directorate for Medicines and Equipment, to advocate for the availability and dissemination of pharmaceutical management tools. This is because the PNME, which was in charge of producing and distributing the forms, no longer has a budget line item for this task nor does it have sufficient resources to monitor their use. Possible sources of budget could be from municipalities, which are receiving significant funding as part of the revitalization program.

Coordinated by the NMCP, SIAPS assisted in the preparation of the PPMRm quarterly report for the period July to September 2013. The stock levels were taken from the national medical store (Central de Compras de Medicamentos e Meios Medicos de Angola [CECOMA]) and all 18 provincial warehouses. Findings suggested an imbalance between provinces that are overstocked and others that are stocking out of some ACTs. In response to this report, the NMCP coordinated the redistribution of some stocks of ACTs from one province that was overstocking to two other provinces that had stock-outs. CECOMA stock was also used to supply three additional provinces. On the basis of the recommendations of the past PPMRm, provincial distribution plans now reflect malaria products needs according to registered malaria cases by weight groups and by province. These have been reviewed and communicated to PMI to guide the next shipments of ACTs and RDTs, and to minimize unbalanced stock levels.

Supply Chain Management

The contract between SIAPS and Imperial Health Services, its global partner with expertise in warehouse management, storage, and distribution of pharmaceuticals and other healthcare products, was approved by USAID. The contract is part of SIAPS' ongoing technical assistance to strengthen CECOMA's warehouse system. The timeframe and deliverables for the contract were discussed and decided with CECOMA for its approval.

Capacity Building

Twenty participants, including ten representing key institutions involved in the quantification of malaria commodities (i.e., the NMCP, CECOMA, PNME, and MOH's cabinet for planning and

statistics (Gabinete de Estudos, Planeamento e Estatística [GEPE]), together with representatives from the Provincial Directorates of Luanda and Benguela, participated in the training on the quantification of malaria commodities (December 2013). One of the key recommendations was to form a working group that will oversee the quantification of malaria commodities. The terms of reference for the new quantification working group were drafted by participants, to be submitted to the NMCP for approval. Once established, the NMCP will coordinate the working group's activities, with support from SIAPS.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS participated in a five-day national coordination meeting convened by the NMCP for all malaria program provincial supervisors, essential medicines provincial supervisors, and malaria provincial officers to evaluate the past six months and plan for the coming six-month period. SIAPS co-facilitated sessions on pharmaceutical management and logistics information systems for antimalarial products. One of the expected outcomes of the meeting is the improved quality and timeliness of reporting, including logistics information, to prevent stock-outs or loss due to expiration.

BURUNDI

Implementation of PMI Monitoring Tools

In collaboration with MOH, SIAPS conducted the fourth EUV survey for effective monitoring of the stock status of malaria commodities and case management practices. The survey was conducted from September 30 to October 4, 2013 in 62 facilities: the central warehouse (Centrale d'Achat de Médicaments Essentiels du Burundi); 17 health district warehouses; and 44 health centers. Survey results were validated in December 2013 by the steering committee. Preliminary results showed that out of 1,724 fever cases analyzed, 41.8% had uncomplicated malaria, 0.6% severe malaria, and 57.5% other diseases. Of the 45 districts, only 18 (40%) had providers (one per health center) trained on the new malaria treatment guidelines.

In collaboration with the NMCP (Programme National Intégré de Lutte contre le Paludisme [PNILP]) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) principal recipient for malaria (Secretariat Exécutif Permanent/Conseil National de Lutte contre le Sida [Permanent Executive Secretariat/National Council for the Fight against AIDS]), SIAPS completed and submitted the PPMRm with supply chain data from January through September 2013. The project also analyzed the pipeline of ACTs and RDTs to identify and anticipate problems of stock-out and expiries. All expected ACTs and RDTs were supplied by December 2013. The availability of stock is good.

Supply Chain Management

To strengthen the supply chain management of essential medicines, in collaboration with Supply Chain Management System (SCMS), SIAPS supported the Département de la Pharmacie, du Médicament et des Laboratoires (Department of Pharmacy, Medicines, and Laboratory [DPML]) to revise and propose an integrated logistics management information system (LMIS) from the central to the peripheral levels.

Community Case Management of Malaria

SIAPS/Burundi supported the PNILP to train an additional 27 supervisors to improve supervision of community health workers (CHWs). Most of the current CHW supervisors are employees of the health centers and are too overwhelmed with daily duties to dedicate time to CHW supervision. The training focused on: adult learning methodologies; epidemiology and the burden of malaria in Burundi; malaria prevention; the new standard guidelines for malaria treatment and the use of an algorithm of community case management (CCM) for malaria; use of RDTs to diagnose malaria; using data collection tools and completing reports.

SIAPS also supported the PNILP to train 88 newly recruited CHWs that were elected in 2013. By the end of the training, the CHWs were able to: (1) have a comprehensive understanding of the CCM strategy; (2) use the algorithm of CCM to evaluate a child with fever and identify

danger signs and referral needs; (3) perform RDTs using the RDT job aid for malaria;(4) treat malaria cases in under-five children; (5) follow up patients; and (6) properly use the tools designed for the collection of data and reporting on malaria cases. Table 1 presents CHWs' activities report.

Table 1. CHWs October/November 2013 Report

Under five children with fever	5041	
# seen within 24 hours	4464	89%
# tested with RDT	4996	99%
# tested positive	3486	70%
# treated with ACTs	4447	128%
# treated within 24 hours	3103	89%

In collaboration with Concern Worldwide, SIAPS supported the PNILP to evaluate the pilot phase of CCM for malaria. Data collection was done in the three pilot districts (Gahombo, Gashoho, and Mabayi). During this quarter, a preliminary report was produced and will be presented to the technical committee in January 2014. A workshop for dissemination of results of the evaluation is planned for early February 2014.

Capacity Building/Case Management

To support the Introduction of Intermittent Preventive Treatment of malaria for pregnant women (IPTp), SIAPS advocated with the PNILP and the national reproductive health program (Programme National de Santé de la Reproduction [PNSR]) to organize a discussion meeting with key institutions and stakeholders to define a roadmap to introduce IPTp policy. A discussion meeting was held with key institutions, such as UNICEF, USAID, PNSR, DSPS (Office of Health Services and Programs), and SIAPS. The meeting identified several key activities, including: (1) developing implementation guidelines for IPTp and related training modules; and (2) quantification and procurement of sulfadoxine-pyrimethamine (SP). UNICEF committed to hiring an international and a national consultant to develop an implementation plan for IPTp. SIAPS shared the draft of the SP quantification with the PNILP and PNSR for validation. USAID committed to procuring the necessary quantity of SP for the first year of implementation of the IPTp policy.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS continued to provide technical assistance to improve the organizational structure, governance, and accountability of the PNILP and DPML. During this quarter, SIAPS assisted the PNILP and in-country Roll- Back Malaria stakeholders to organize the quarterly coordination meeting in October 2013 to monitor and evaluate the implementation of the joint annual work plan. SIAPS also assisted the PNILP to finalize its strategic plan for 2013–2017. The strategic

plan defines objectives, key strategic interventions, activities, indicators and means of verification, budget, and potential funding sources. It will enable the PNILP to monitor and evaluate its progress. A stakeholder’s validation workshop was organized to review the plan. Next steps will be to organize a larger dissemination of the strategic plan and assist the PNILP to mobilize resources.

In 2014, a nationwide mass campaign to distribute long-lasting insecticidal nets (LLIN) will be organized to ensure universal access to them. SIAPS participated in the steering committee meetings for logistics planning of this important event.

DEMOCRATIC REPUBLIC OF THE CONGO

Implementation of PMI Monitoring Tools

SIAPS submitted the quarterly PPMRm report for the period July to September 2013. The report showed a one-month stock of fixed dose combination of artesunate and amodiaquine (ASAQ) in the two Kasai provinces and a six-month (1.2 million doses) stock of ASAQ for Province Orientale. With the agreement of the USAID Mission, 50% of the Province Orientale consignment was redirected to the two Kasai provinces.

Supply Chain Management

SIAPS provided technical support to the NMCP to conduct a gap analysis for malaria commodities. This exercise will allow the NMCP and its partners to plan for procurement and distribution of malaria commodities to ensure continuous availability. SIAPS shared information on PMI procurements planned for the period 2012 to 2015.

Under the leadership of MOH, during this quarter SIAPS organized three monthly meetings with all stakeholders involved in the management of malaria commodities, including USAID. The meetings focused on reviewing the use and stock status of malaria commodities in USAID-supported health zones to ensure sustained supply and avoid losses due to expiries. As a result of these meetings, 579,866 malaria RDTs that were to expire in January 2014 were redistributed from overstocked provinces to other provinces in need.

Capacity Building

A workshop to disseminate the manual, *Quantification of Malaria Commodities*, was held during this quarter (October 23–26, 2013); 24 participants (8 females and 16 males) from the NMCP and other key MOH institutions and partners (PMI, Santé Rurale [Rural Health Program], Integrated Health Project, Population Services International [PSI], SCMS) involved in malaria case management at the central level were trained. Following the training, the NMCP decided on the following:

- Establishing a national malaria commodities quantification subcommittee for the first time, using the new competencies gained in the training
- Combining two quantification methods (consumption and morbidity), depending on the availability of data
- Developing an improvement plan for the quantification cycle

Support for Policies, Guidelines, Regulations, and Partner Coordination

The DRC National Essential Medicines List (NEML) Review Committee developed the final draft of the country's NEML. SIAPS' assistance led to the inclusion of a number of important lifesaving commodities in this version of the NEML (misoprostol, chlorhexidine 7.1%, artesunate suppositories, etc.). The final draft of the NEML was adopted in a session chaired by the Permanent Secretary of MOH, in the presence of delegates from all stakeholders. The NEML is in the process of being printed.

ETHIOPIA

Implementation of PMI Monitoring Tools

The Continuous Result Monitoring System (CRMS) is a comprehensive indicator-based performance management system used by SIAPS and the PMI program in Oromia Regional State to track progress in malaria products management, strengthen systems, and improve health outcomes. To date, the CRMS reports have been prepared quarterly from data collected by SIAPS staff from health facilities (HFs) and other supply sources. To promote ownership and sustainability of the antimalarial drug management (AMDM) program and the CRMS monitoring system, in collaboration with the Oromia Regional Health Bureau (ORHB), SIAPS is developing guidelines that will enable HFs to produce their own CRMS reports and maintain the monitoring system. The guidelines will first be used to support existing AMDM-supported program sites that are about to graduate.

Capacity Building

In October 2013, SIAPS held discussions with the ORHB malaria prevention and control team members to assess gaps in the existing malaria commodities quantification and forecasting practice (microplan) for the region. Although microplanning has contributed to reducing stock outs in the districts, there is still a need to standardize the quantification process and improve data quality. SIAPS/Ethiopia will support the Federal Ministry of Health to adapt the manual on *Quantification of Malaria Commodities* to the country context and disseminate the manual in a workshop.

SIAPS supports the ORHB to conduct regular supportive supervision visits. Facilities needing extra support are identified during these visits. A number of facilities (75%) did not have malaria treatment guidelines in place. SIAPS will provide the treatment guidelines to facilities in need to improve malaria treatment adherence.

In FY 13, SIAPS prepared a first draft of a drug reference handbook to provide Health Extension Workers (HEW) at health posts with basic knowledge and skills on the management and use of medicines approved at their level. This resource will help ensure proper inventory control, safe medicine use, and reporting. The need for this material was recognized when it was found that HEWs did not have access to basic reference materials that may be used to improve their knowledge about medicines and their management. During this quarter, editing of the final version of the HEW Drug Information Handbook was completed and the document was readied for translation into the local language, Afan Oromo.

Supply Chain Management

Results from previous reports and supervision visits showed that approximately 40% of facilities had an excess stock of antimalarials, approximately 25% had near-expiry stock, and about 40%

had shortages or stock outs. The redistribution of medicines between health facilities to prevent expiry or stock outs has not always been successful due to the lack of guidelines. To address this problem, SIAPS is assisting the ORHB to develop a guideline to support the transfer and exchange of antimalarials between health facilities. The guideline will support efforts being made at all levels to improve the availability and reduce waste of antimalarials, and create a consistent approach that will bring about a transparent and responsible stock exchange practice. This activity will result in resource savings by reducing wastage due to expiry of medicines.

In response to a request from the ORHB, SIAPS conducted a cross-sectional survey on the availability, price, and affordability of antimalarials at public, private, and nongovernmental organization's medicine outlets in six zones of Oromia Region. A total of 67 facilities (public=30, private= 30 and NGO=7) were surveyed. The survey findings will provide insight on the issues surrounding the availability and affordability of antimalarials. It will enable the ORHB to better plan for policies and initiatives that will make antimalarial medicines more affordable and available in all sectors in the region.

Malaria Case Management

The review of medicines use is the first step in addressing the problems of irrational use of medicines³. In this regard, SIAPS held discussions with hospital drug and therapeutic committees (DTCs) on the importance of undertaking regular reviews of antimalarial medicine use to identify gaps in understanding of the underlying causes and to implement interventions that will ensure appropriate use of antimalarials. It was agreed that with support from SIAPS, the hospital DTCs will conduct regular antimalarial medicines prescription reviews. The review findings will guide the development of interventions to resolve identified problems and eventually reduce irrational use of these medicines.

Support for Policies, Guidelines, Regulations, and Partner Coordination

The FY 14 AMDM activity plan has been developed in line with other SIAPS activities. Based on the approved plan, SIAPS staff held a review meeting to develop a detailed implementation plan for FY 14. The overall plan has been shared with the ORHB.

³66% and 31% of patients were treated for malaria without laboratory confirmations in 2010 and 2013 respectively.

GUINEA

Implementation of PMI Monitoring Tools

During this quarter, the data from the third EUV survey, conducted in September 2013, were analyzed and reported to PMI and at national, regional, and district levels during quarterly regional review meetings. An action plan was drafted, which will be followed up on at the next Quarterly meetings. The EUV results from September were similar to the ones from April. The recommendations focused on: improving the quality and frequency of supervision; involving hospitals (in addition to health centers) in district-level meetings; providing written feedback to facilities on their monthly reports; training facilities on the new malaria treatment guidelines; improving the use of patient registers by including key information, such as the results of malaria tests; training facilities on stock management; and submitting product orders for malaria commodities based on consumption and stock status. The next EUVs are proposed for February/March and August 2014. They will expand their scope to a countrywide review.

Information Systems Management

SIAPS took a lead role in developing and launching an improved monthly malaria reporting template, which now includes more detailed information on malaria case management and a new section on medicines management. The reporting system is manual at the facility level and electronic from the district level on up. SIAPS also provided internet keys and monthly credits to all 19 PMI-supported districts to enable electronic transmission of reports from the districts to the NMCP (Programme National de Lutte contre le Paludisme [PNLP]), the National Health Information System, and the region.

During the quarter, SIAPS worked closely with the PNLP's M&E team to track the monthly malaria reports, which are now transmitted via email to a generic address (RapportPalu@gmail.com). A tracking tool has been set up in Excel, which assigns a monthly (then quarterly) score to the districts, based on the rate of completion, timeliness, data quality and e-delivery of the reports. Regular working sessions between the PNLP and SIAPS have allowed for the timely review of reports, sending reminders to the districts, and providing detailed feedback. This work-intensive tracking mechanism was considered critical in the initial months after launching the new reporting system, and has led to further improvements in the rate of completion. For the three months of this quarter, the average completion rate for reports was 80%.

Support for Policies, Guidelines, Regulations, and Partner Coordination

The third quarterly regional meetings on malaria took place in Conakry, Labe, and Boke (for two days each) during December 5–13, 2013. A PNLP and SIAPS delegation led the meetings, which had approximately 80 participants, including the regional directors (DRS), prefectural directors of health, hospital directors, pharmacists, data collectors, and the regional supervisory

physicians. The EUV survey results and recommendations were presented, along with progress made with the new reporting system and next steps, especially for improving data quality. Practical sessions focused on the presentation of the epidemiological and pharmaceutical management situation at the district level and answering questions from peers on problems identified. Other sessions went into details on the most common errors found in reports and offered concrete strategies on how to analyze the data at the district and regional levels before they are sent to the national level. Also, in response to specific problems identified during the EUV surveys and based on requests for training from the field, SIAPS provided refresher training on: stock cards, including how to properly complete them at the health facility level; the new product order, supply and receipt form; and the “pull” system for malaria commodities.

Three districts were announced as the winners of the second reporting competition, and received prizes in the form of a laptop, printer, and scanner. A fourth district received a certificate of accomplishment. Discussions were conducted around the need for better feedback and supervision of facilities and the commitment of district- and regional-level authorities to further improving data quality.

In August 2013, SIAPS supported the National Regulatory Authority (Direction Nationale de la Pharmacie et des Laboratoires [DNPL]) to conduct a workshop that led to the revision of the National Pharmaceutical Policy (NPP). A second workshop was held during this quarter to draft an Implementation Plan for the NPP. The DNPL and SIAPS are currently in discussions to plan the final workshop to validate these new documents at the country level.

In December 2013, SIAPS/Guinea and headquarters representatives participated in a high-level meeting at which the European Union (EU) presented the results of its 2012 audit of the Central Medical Store of Guinea (PCG). The audit evaluated the PCG’s system of internal controls and organization, financial situation, and technical aspects, such as procurement and distribution of medicines. Among the key recommendations were: the MOH should revive its agreement with the PCG and provide funding so that the PCG can balance its budget and recover from debt; the PCG should revise its manual of internal procedures (this activity is in the SIAPS work plan) and improve its operations;

MOH should reorganize the DNPL to make it more efficient; and partners/donors should better coordinate their activities and support the PCG in its central role of distributing medicines in Guinea. A second meeting at MOH established a committee to follow up on the recommendations of the audit. It was suggested that SIAPS be part of this committee. In addition, the EU announced that SIAPS, the EU, and UNICEF will take the lead in organizing a partners’ coordination committee focused on pharmaceutical management, with discussions starting in January 2014.

SIAPS invited the PNLP, Stop Palu, and Catholic Relief Services to a brainstorming session in December to discuss the expansion of the new reporting system to the non-PMI districts. Stop Palu plans to support the system by working directly with the health facilities (through their regional representatives) to ensure better quality and better sources of information. A follow-up meeting to discuss the data analysis phase will take place in early January.

SIAPS plans to ensure coordination with DELIVER so that data from the newly-launched information system are used to support the distribution of commodities. Moreover, it is important for DELIVER to be briefed on the system of quarterly product orders and deliveries and the new forms introduced by SIAPS, the PNLP, and PCG at the district and facility levels in 2013. During this quarter, further discussions took place among SIAPS/Guinea, SIAPS headquarters, and the USAID/PMI Mission, which resulted in the Mission connecting DELIVER and SIAPS to discuss and arrange for the January distribution. SIAPS will conduct this distribution, with funding likely transferred from DELIVER.

LATIN AMERICA AND THE CARIBBEAN: AMAZON MALARIA INITIATIVE

Support for Policies, Guidelines, Regulations, and Partner Coordination

Operational procedures and electronic tools for the requisition and distribution of malaria medicines were finalized in Honduras and Colombia. The electronic tool has been implemented in Colombia, however, the validation and roll out of the tool has been postponed in Honduras. Data collection to assess the impact of the introduction of the malaria pharmaceutical management guidelines for primary health facilities was completed in Choco, Colombia. A final report will be finalized and presented next quarter.

SIAPS developed an electronic application (using EpiInfo) to consolidate information generated by the malaria supervision system in Guyana. However, the Guyana National Malaria Program has not incorporated use of this tool into its regular operations in the last six months. This activity will therefore not be continuing.

The bulletin corresponding to the third quarter 2013 was distributed by the Pan American Health Organization Strategic Fund during the third week of July 2013. Eight countries (including some in Central America) provided data. During this quarter, SIAPS finalized and translated into Portuguese reports on the performance of malaria control strategies in nine Brazilian states.

The USAID/Amazon Malaria Initiative's review of the structural conditions of department-level medical stores in Honduras could not be completed again this quarter. The presidential elections and a significant reorganization of the pharmaceutical directorate and the central warehouse delayed the implementation of technical assistance plans. This activity has been rescheduled for next quarter. In Suriname, SIAPS finalized the technical report for a knowledge, attitude, and practice study in gold mining areas. A workshop to present the results and interventions designed to address problems identified in the study is scheduled for next quarter.

MALI

Implementation of PMI Monitoring Tools

SIAPS worked closely with the Direction de la Pharmacie et du Médicament (Directorate of Pharmacy and Medicines [DPM]) and the NMCP to produce the quarterly PPMRm. This report provides specific information on the availability of ACTs, SP, and RDTs at the central level. The PPMRm report contained the following information:

- Stock on hand at the Central Medical Stores (Pharmacie Populaire du Mali [PPM]), reported as months of stock
- Upcoming expected shipments for each antimalarial medicine (per partner, including PMI and the Global Fund)
- Recommendations on critical actions to be taken by USAID to respond to problems

Supply Chain Management

SIAPS/Mali provided technical support to the NMCP to develop distribution plans for PMI-procured ACTs and SP that arrived in country during this quarter.

SIAPS is supporting the DPM to establish a new LMIS. Under the new LMIS, the distribution of all commodities, including donated malaria products, will follow a pull system from the central level to the community health center (Centre de Santé Communautaire ([CSCOM]), and a push system between the CHWs and the CSCOM. SIAPS will provide support to MOH to roll out the new LMIS standard operating procedures (SOP) in the coming months. During the transition period, SIAPS continued to assist the NMCP to develop distribution plans for malaria commodities at the regional and district levels to ensure that the quantities allocated are adequate and that they use transparent assumptions (epidemiologic data and/or logistic data).

Capacity Building

During the quarter, SIAPS provided technical and financial assistance to the DPM and regional health directors to train a pool of 24 trainers (19 men and 5 women) on the LMIS SOPs. Knowledge and skills acquired by the trainers will ensure the roll out of the LMIS. The training of trainers was held from September 30 to October 10, 2013 at the Hotel Salam. At the end of the training, the trainers, including regional pharmacists (from Kayes, Koulikoro, Sikasso, Segou, Mopti, Timbuktu, and the district of Bamako), pharmacists from the national level (DPM, PPM, NMCP), and PSI/Mali developed an action plan for the roll out. The next step will be the training of users, coaching, and supervision.