

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

January–March 2014



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President's Malaria Initiative

SIAPS 
Systems for Improved Access
to Pharmaceuticals and Services

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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.

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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 2013 World Malaria Report¹, malaria incidence and mortality rates were reduced by about 31% and 49%, respectively, in the World Health Organization (WHO) African Region between 2000 and 2012. These substantial reductions occurred as a result of a major scale-up of vector control interventions, diagnostic testing, and treatment with artemisinin-based combination therapies (ACTs). However, much remains to be done. The disease still took an estimated 627,000 lives in 2012², mostly children under five years of age in Africa.

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 malaria 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), developing the capacity of local governments and organizations, and increasing country ownership. Through this approach, SIAPS aims to promote the availability and use of malaria products, including ACTs, rapid diagnostic tests (RDTs), 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. 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 national level 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 conducted at the global level and in each of the above mentioned countries and regions between January and March 2014.

¹ World Health Organization, World Malaria Report 2013.
http://www.who.int/malaria/publications/world_malaria_report_2013/en/

² Ibid

MALARIA CORE

During the first quarter of 2014, SIAPS continued to hold monthly coordination meetings with PMI/Washington to discuss implementation of PMI activities in supported countries. Also during this quarter, SIAPS finalized the *Guide for Malaria Commodities Logistic Management System: Applying the Monitoring-Training-Planning Approach for Improving Performance*. The guide is intended to help countries improve the logistic management skills of their malaria programs.

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 high-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 Ethiopia and Mali and dissemination of EUV results in Angola. At the end of each EUV survey, feedback meetings with Ministry of Health (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, SIAPS supported the National Malaria Control Program (NMCP) to organize a national meeting with all provincial supervisors to discuss EUV findings and device corrective actions.
- 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 procurement planning and monitoring report for malaria (PPMRm). Data collected from the PPMRm were used to conduct a pipeline analysis, in collaboration with in-country partners, to identify and anticipate problems of stock-out/overstock and expiries. The information is provided to USAID | DELIVER for collation and sharing with the USAID/PMI team to facilitate procurement decisions. At the country level, decision makers also use data to identify, analyze, and anticipate problems of stock-out or expiries.
- In preparation for the upcoming Malaria Operational Plan (MOP) visits, six countries (Angola, Burundi, DRC, Guinea, Kenya and Mali) conducted gap analyses for malaria commodities, and shared those results with PMI.

During the quarter, SIAPS and the William Davison Institute continued to analyze the data for the costing study to estimate the cost of distribution of malaria commodities in Kenya and Benin. The costing information will allow these countries to adequately budget for the distribution of commodities and to develop requests to donors.

ANGOLA

Implementation of PMI Monitoring Tools

During the reported period, the findings of the last EUV were disseminated to the national malaria control program and to PMI Washington. The findings showed a generalized limited use of pharmaceutical management tools, especially stock cards at the municipal and facilities level, poor storage conditions, non-adherence to malaria treatment guidelines, and frequent stock-outs of ACTs and RDTs. Contributing factors included inadequate or lack of laboratory diagnosis in some facilities; national stock outs of RDTs, unbalanced distribution of ACTs at the provincial level, and lack of regular supervision at the facility level; and a low priority at the municipal level to reproduce the pharmaceutical management tools, especially stock cards. With support from SIAPS, the NMCP organized a national meeting with all provincial essential medicine and malaria supervisors to discuss these issues and recommend further corrective actions to improve the availability and use of antimalarial medicines. In addition, the 2013 quarter 4 PPMRm report was submitted.

Supply Chain Management

SIAPS assisted the national logistician of the malaria control program to review past distributions at the provincial level and update the malaria stock status of all provinces to inform the next distribution plan for Global Fund-funded products.

With regard to the establishment of the national quantification technical working groups for malaria commodities, the terms of reference were submitted to the National Malaria Control Program (NMCP) for review and approval. Challenges to this action include bureaucratic procedures concerning approval of the nomination of these groups.

Capacity Building

Coordinated by the National Directorate of Medicines and Equipment (DNME), SIAPS organized meetings with "Universidade Jean Piaget" to finalize preparations for training senior year pharmacy students at the university on pharmaceutical supply chain management. Finalized training materials were translated into Portuguese. A team-building session involving all facilitators will be held in April 2014 to finalize preparations for the training.

Coordinated by DNME and in collaboration with Provincial Health Directorates of Luanda, Bie, Cunene and Huila, meetings were held at the provincial level with all provincial malaria and essential medicines supervisors, Global Fund provincial malaria officials, provincial partners, all municipal health directors, and all municipal malaria supervisors to share the findings of the pharmaceutical management assessment conducted in the four provinces. During these meetings, key areas of intervention and key players were identified. Also, SIAPS interventions were integrated into provincial annual plans of action. Since the meetings, preparations have been underway for organizing provincial training of trainers in pharmaceutical management in each of

the four provinces that will enable the municipal teams to organize on-the-job pharmaceutical management capacity building sessions for the health facility staff.

Support for Policies, Guidelines, Regulations, and Partner Coordination

The monthly meeting of the sub-commission of logistics, procurement, and operations of the inter-agency coordination committee for the revitalization program was held January 30, 2014. It was designed to improve DNME's coordination role in supply chain management; 10 of 18 member institutions were represented at the meeting. Each of these institutions shared its activities during the past quarter and its plan for the coming period. SIAPS presented the findings of the last Angola public supply chain analysis. In addition, a draft of the national essential medicines list was distributed to all members for final input before the list is approved by the National Medicine Technical committee that will be appointed by the Ministry of Health.

BURUNDI

Implementation of PMI Monitoring Tools

To promote continuous availability of high-quality commodities, a PPMRm was conducted in January 2014 and discussed with the Principal Recipient of Global Fund Secretariat Exécutif Permanent/Conseil National de Lutte contre le Sida (SEP/CNLS; Permanent Executive Secretariat/National Council for the Fight against AIDS), UNICEF, USAID, the central warehouse (Centrale d'Achat de Médicaments Essentiels du Burundi [CAMEBU]), and NMCP (Programme National Intégré de Lutte contre le Paludisme [PNILP]) at the national level so that appropriate measures are taken. As a result, the delivery date for RDTs was moved up from June to April 2014 to avoid a stock out.

Supply Chain Management

The quantification team completed a 2014 to 2016 quantification exercise for malaria commodities (ACTs, RDTs, medicines for severe malaria, and sulfadoxine-pyrimethamine (SP) for intermittent preventive treatment in pregnancy (IPTp)). The quantification team analyzed current stocks at all levels against all orders that were planned and determined a gap in 2014 for the new stock parameters defined in the LMIS. The gap analysis was shared with key stakeholders such as USAID, UNICEF, RBM, and the Global Fund for resource mobilization

Community Case Management of Malaria

SIAPS continued to support community case management (CCM) in two districts. Newly recruited community health workers (CHWs) were trained and provided with basic equipment (bicycles, bags, mobile phones, umbrellas, cups, spoons, torches, etc.) to help them become fully operational.

In February 2014, SIAPS disseminated the results of the pilot evaluation of CCM in three districts in collaboration with PNILP and CONCERN Worldwide. The results were first disseminated at the central level and then shared in the two districts supported by SIAPS. A plan to implement corrective measures was shared and agreed upon by all stakeholders. The main recommendation was to institute a continuous education mechanism for CHWs. Based on these recommendations, SIAPS as well as PNILP, the two districts, and health centers will organize monthly meetings with CHWs focusing on best practices in managing fever among children less than 5 years, recognizing danger signs, completing stock cards, managing stock and re-supply systems of ACTs and RDTs, proper counseling on how to take medications, and managing the referral system. The first of these meetings was held in March 2014. All 25 health centers in the two supported districts held the meetings and oriented all 402 CHWs on “recognizing danger signs” critical to a well-functioning referral mechanism that will prevent child mortality. CHWs were also supplied with sufficient quantities of RDTs and ACTs.

Table 1 lists CHWs' activities in March 2014.

Table 1. CHWs March 2014

Under five children with fever	9462	
# tested with RDT	9420	99.6%(9420/9462)
# tested positive	7452	79.1%(7452/9420)
# treated with ACTs	7318	98.2%(7318/7452)

Capacity Building/Case Management

Recent findings on best practices in case management of malaria revealed that 52.5% of visited facilities have a copy of the new malaria standard technical guidelines (STG), 76.5% of their prescriptions complied with the new malaria STGs, 63.6% of dispensed medicines labels were clear and legible, 96.6% of patients received instructions on the proper use of their medication, and 50.9% of the patients can repeat the information they have received about their medication. Based on these data, SIAPS will continue to improve practices through on-the-job supervision at the facility level, emphasizing best dispensing practices to ensure rational use of malaria treatment.

Two PNILP staff (a new staff member in charge of case management and a medical doctor in Gashoho), attended a five-course training on malariology from February 1, to April 6, 2014. The course will make the participants aware of new dynamics and concepts in management of a national malaria program.

SIAPS also provided equipment to the PNILP office to ensure a good working environment and efficiency, and helped organize internal monthly meetings with the management team (director, deputy director, and head of department) to plan future activities.

Also during the quarter, 11 staff at the central level (PNILP, CAMEBU, SEP/CNLS and MSF Belgique) were trained in quantification methods and use of specific tools, such as Quantimed and PipeLine.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS continued to strengthen the organizational structure, governance, and accountability of PNILP. SIAPS assisted PNILP and all of the in-country Roll-Back Malaria (RBM) stakeholders organize a quarterly coordination meeting in January 2014. As a result of the meeting, the 2014 joint annual work plan was validated. The PNILP has disseminated the validated work plan to all implementers, stakeholders, and district teams for use in implementation.

On April 3, 2014, SIAPS assisted the PNILP meet with RBM stakeholders to track progress and highlight achievements during the first quarter (January to March 2014). Of the 66 planned activities, 11(16.7%) were completed, 54 (81.8%) are ongoing, and one activity (the

establishment of a pharmacovigilance system) was transferred to the Département de la Pharmacie, du Médicament et des Laboratoires (Department of Pharmacy, Medicines, and Laboratory [DPML]).

In preparation for the next grant submission to the Global Fund, SIAPS started to coordinate the development of a sound technical note, the first stage in the grant application process for the Global Fund New Funding Mechanism. The new Global Fund mechanism will be based on the PNILP strategic and M&E plans for 2013-2017 that were validated in December 2013.

In line with strengthening the organizational structure of PNILP, SIAPS guided the development of a standard operating procedures (SOPs) manual for financial, administrative, and human resources management. Job descriptions for all staff were drafted with a high degree of involvement by the staff. As an immediate step to implement the SOPs, the PNILP management team (director, deputy director and four heads of department) will appoint staff in accordance with the new structure and match skills with newly developed job descriptions. An assessment of available skills and competence of staff will lead to development of a training plan and a proposition for a new revised PNILP functional structure.

SIAPS continued to strengthen the leadership and good governance of DPML by means of a stakeholder's coordination (Thematic Group on Medicines). Monthly meetings were held under the leadership of DPML. Discussions focused on national procurement procedures, the redesign of the Logistics Management Information System (LMIS), the Pharmacy Act and other regulations in place, and the establishment of a pharmacovigilance system in Burundi. In addition, the monthly requisition process was harmonized for all pharmaceuticals.

SIAPS continued to facilitate the adoption and subsequent implementation of the new IPTp policy by MOH. During the quarter, quantification of SP was completed with the help of SIAPS' technical expertise and was shared with USAID and UNICEF for procurement. In collaboration with WHO, UNICEF, PNILP, (Programme National de Santé de la Reproduction [PNSR]), the guidelines for IPTp and training modules were developed and validated. The official launch of the IPTp policy was scheduled for June 2014 but could be delayed due to the procurement of SP.

In addition, SIAPS contributed to various "comite de pilotage," a LLINs nationwide campaign, and a committee preparing for the World Malaria Day celebration April 30, 2014.

DEMOCRATIC REPUBLIC OF THE CONGO

Implementation of PMI Monitoring Tools

SIAPS submitted the quarterly PPMRm report for the period October to December 2013. The report revealed that ACTs have been distributed to only 59 (43%) of the 138 PMI intervention health zones in which SIAPS is working. The goal is to ensure that orders are submitted on time so facilities do not miss out on their scheduled deliveries.

Supply Chain Management

Developed distribution plans for ACTs and RDTs in PMI-supported zones.

Capacity Building

During this quarter, SIAPS supported a two-day workshop for the National Malaria Control Program on sharing information on malaria commodities supplies and different mechanisms for monitoring the management of these products at the health facilities.

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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. January 2014 data was collected from 40 health facilities in Oromia region and the quarterly EUV report was compiled and reported to PMI. Overall, stock outs of ACTs have decreased; the index of availability of all forms of ACTs on the day of visits has improved from 22% in October 2013 to 48% during this reporting period. On the other hand, the number of confirmed cases in January 2014 (66%) decreased from the October 2013 total (75%) indicating more non-laboratory-confirmed cases were treated for malaria during this reporting month (34%) than in October 2013 (25%). SIAPS has identified the health facilities treating non-laboratory-confirmed patients for malaria and has informed the RHB and ZHDs for follow-up and resolution of the situation. In addition, the support provided through regular supportive supervisions will continue to improve the situation at the health facilities.

Capacity Building

Support was provided to the Federal Ministry of Health (FMOH) and Pharmaceutical Fund and Supply Agency (PFSA) in developing and implementing a national quantification guideline for antimalarial drugs (AMDs) and related commodities. In this regard, discussions were held with both stakeholders about conducting a workshop on AMDs and commodities quantification and the formulation of a national guideline based on the manual *Quantification of Malaria Commodities*. A technical committee consisting of the FMOH, PFSA, and SIAPS was established to coordinate the presentation of a national AMDs quantification workshop that would bring together participants from regional and federal stakeholders, international organizations, and partner organizations. At the end of the workshop, which is tentatively scheduled for May 6-11, 2014, forecasting for product requirements during 2015-2017 will occur and a national guideline for future quantification process will be endorsed.

In the previous quarter, SIAPS identified a number of facilities that had not established malaria treatment guidelines. During this quarter, support was provided for printing and distributing the *National Malaria Diagnosis and Treatment Guidelines*. As part of this process, a contract to print 2,000 copies of the guideline has been awarded to a private printer.

In FY2013, SIAPS prepared the first draft of a drug reference handbook to provide health extension workers (HEWs) at health posts with basic knowledge and skills on the management and use of medicines approved at that level. This resource will help ensure proper inventory control, safe medicine use, and reporting. During the quarter, the HEW drug information handbook was submitted to Oromia Regional Health Bureau (ORHB) for approval to print the document. ORHB has conducted a final review and requested that it be translated into Afan

Oromo before it is distributed to the HEWs. A private consulting firm is translating the handbook, which it will hopefully soon complete and submit the translated version for printing.

Supply Chain Management

SIAPS is helping ORHB 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 availability and reduce waste of antimalarials, and create a consistent approach that will yield a transparent and responsible stock exchange practice. During the reporting period, a draft AMDs excess stock/near-expiring drugs transfer guideline has been prepared and shared with ORHB for review and comment.

In response to a request from ORHB, SIAPS conducted a cross-sectional survey on the availability, price, and affordability of antimalarials at public, private, and nongovernmental organizations' medicine outlets in six zones of Oromia Region in December 2013. A draft technical report on the results of the study and its recommendations was finalized during the quarter and will soon be sent to headquarters for editing and finalization.

Support for Policies, Guidelines, Regulations, and Partner Coordination

Support was provided to ORHB in developing and enacting legislation to establish a system for transparent and accountable pharmaceutical transactions and services. A consultative meeting was planned to discuss Auditable Pharmaceutical Transactions and Services (APTS) and their implementation, and to develop consensus with APTS stakeholder bureaus in the region. A draft APTS legal framework has been developed in both Afan Oromo and Amharic. The draft document has been reviewed and readied to present to the “Caffee Oromia”, the regional council, for enactment.

GUINEA

Implementation of PMI Monitoring Tools

Preparations for the next quarterly review meetings, with national, regional and district health authorities, and for the fourth EUV survey are underway. These activities are planned for April and May 2014, respectively.

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. With technical support from SIAPS, the NMCP (Programme National de Lutte contre le Paludisme [PNLP]) and the National Health Information System (BSD/SNIS) have been receiving monthly malaria reports from the districts and facilities in PMI zones for more than six months. The quality of that data has steadily improved as a result of ongoing trainings that SIAPS and PNLN have provided during the quarterly review meetings. At this stage, PNLN would like to create a regular newsletter to share the epidemiological and pharmaceutical data more broadly. SIAPS has begun working with PNLN's M&E team on data aggregation and analysis and review of data quality. Another organization, Stop Palu, will support this further by working directly with health facilities and districts on data validation at the source and eliminating common errors. The PNLN is also working with Catholic Relief Services (CRS) to introduce the new malaria reports and product order forms to the remaining 19 districts outside PMI zones.

Supply Chain Management

The storage conditions at the Central Medical Store of Guinea (PCG) were assessed and PCG developed and validated a plan for improving them. PCG agreed to conduct warehouse enhancement works based on this plan. Next steps were also established, including revision of the PCG Pharmaceutical Tender Document based on a self-assessment tool, the revision of PCG SOPs, and the development of a road map for improvement of PCG governance and transparency. To address storage management issues in the new warehouse in Boke, SIAPS visited this facility and provided key recommendations for implementing storage and distribution best practices. A more efficient organizational flow was proposed and specific issues were discussed, including reception, quarantine, storage and distribution areas, a temperature and humidity record system, and the storage of specific products and cold chain requirements.

SIAPS continued to support PNLN and its partners in conducting quantification exercises for antimalarial commodities (ACTs and RDTs) that are to be distributed throughout the PMI-supported districts and health facilities in Labe, Boke, Faranah and Kindia regions. SIAPS outlined a distribution plan extending from the central level to the health facilities that is

immediately functional, with an uninterrupted control and permanent follow-up system involving MOH staff from each level of the health system (central, regional, district, and peripheral levels).

During this quarter, PMI/USAID requested SIAPS to conduct an emergency distribution of PMI-funded antimalarial commodities to 19 districts and approximately 175 health facilities. As a quick solution to stock outs of these life-saving commodities, SIAPS developed distribution plans to determine the quantity that should be shipped to PCG regional warehouses and other regional depots so that all health facilities have a continuous supply and use of these health products. Additionally, several meetings took place between SIAPS, DELIVER, PNLPL, PCG, and USAID/PMI (both in Guinea and in Washington) to identify the best way to synergistically address the availability of commodities and their effective use by patients in need. SIAPS and DELIVER are expected to develop a joint work plan to address logistics bottlenecks and enhance the supply chain of PMI-funded commodities in Guinea.

Capacity Building

PCG asked SIAPS to provide technical assistance so it could meet expectations regarding transparency and accountability. On February 22, 2014, SIAPS organized a training workshop for PCG staff on Good Pharmaceutical Distribution Practices (GDPs); 22 (8 females and 14 males) were trained and a self-assessment check-list for GDPs was developed and established for regular use in PCG warehouses.

To expand the implementation of the LMIS for malaria commodities, SIAPS trained health workers on LMIS tools and methodology in Mamou, Kindia and Faranah regions. Training workshops took place in seven health districts in these regions March 19-24, 2014. A total of 121 trainees (12 females and 109 males) participated, including health workers, district statisticians, and pharmacists. On February 5 and 6, 2014, SIAPS, key national priority disease programs (HIV, TB, malaria, FP/RH, etc.), and health partners (UNFPA, WHO, SOLTHIS, CRS, CNLS, MSF, etc.) attended a workshop on the Logistic Management Unit (LMU) that was organized by Direction Nationale de la Pharmacie et des Laboratoires [DNPL] and DELIVER to discuss issues regarding the implementation of a comprehensive LMIS in which PCG, BSD/SNIS, and DNPL should play key roles.

Support for Policies, Guidelines, Regulations, and Partner Coordination

During this quarter, two meetings were held at the DNPL office and a timeframe was outlined for the supportive activities for which SIAPS is responsible. The following activities were discussed:

- Validation workshop for National Pharmaceutical Policy (NPP)
- Validation workshop for National Pharmaceutical Implementation Plan (NPIP)

- Revision of all pharmaceutical regulatory documents and Good Pharmaceutical Practices, including inventory and drug management tools, and the medicines registration file
- Revision of the National Essential Medicine list
- Preparation of a cost recovery round table

SIAPS met with the president of the Comité de Suivi (which follows up on PCG legal reforms and the implementation of EU audit recommendations) and agreed to provide support to the Comité de Suivi incoming meeting in order to review the Government-PCG convention and make it more operational.

LATIN AMERICA AND THE CARIBBEAN: AMAZON MALARIA INITIATIVE

Support for Policies, Guidelines, Regulations, and Partner Coordination

An evaluation of the impact of Amazon Malaria Initiative (AMI)-supported interventions was conducted and finalized in Choco, Colombia. The results were presented and discussed with malaria program authorities and technicians. Data collection for a similar study was initiated in Loreto, Peru.

The Pan American Health Organization coordinated the elaboration of the AMI quarterly bulletin on the availability and consumption of antimalarials. SIAPS supported the collection of information in some AMI countries.

During this quarter, SIAPS finalized the technical report and success story documenting the impact of the introduction of a guideline for malaria pharmaceutical management in Choco, Colombia. This story is available on the SIAPS/AMI website at <http://siapsprogram.org/ami/>.

During this quarter SIAPS also concluded a research protocol to assess the availability of antimalarials in AMI countries and the impact of interventions supported by AMI. Information from primary sources for this initiative has already been collected in Colombia, Ecuador, and Peru. During the next quarter, information will be collected in Brazil. The other AMI countries have not authorized the collection of information yet.

SIAPS concluded the technical report *Knowledge, attitudes and practices influencing access to antimalarials in Suriname gold mining areas*. The results were presented and discussed during a meeting in Paramaribo in February 2014. Participants in this meeting agreed on national interventions to improve access to high-quality pharmaceuticals in mining areas. They also drafted recommendations on regional interventions involving neighboring countries (Brazil and French Guyana), and support of regional initiatives, including AMI. Six countries have implemented revised criteria for programing and distributing antimalarial medicines in low-incidence areas. The results and impact of this intervention have not been assessed yet.

SIAPS is currently conducting a rapid assessment that will determine (among other variables) the availability of medicines in low-incidence areas. The results will be presented and discussed during a regional meeting scheduled for the second semester of 2014.

MALI

Implementation of PMI Monitoring Tools

In February 2014, SIAPS collaborated with the NMCP in conducting an EUV survey in six regions of Mali. They visited 86 facilities (health facilities and medical stores) during the survey. Key findings include:

- Malaria standard guidelines are available in 83% (65/78) of the health facilities.
- Twenty-one percent (199/929) of uncomplicated malaria cases for those under age 5 were not treated with ACTs.
- Supervisions are not conducted on a regular basis; 59% of health facilities received supervision on malaria case management during the last six months.
- Only 36% of health facilities received the four presentations of artemether lumefantrine (AL).

SIAPS recommends supportive supervision to ensure that products are available and that guidelines are understood and used for malaria case management. These findings will be disseminated next month so that corrective actions could be taken and implemented. To assist with healthcare supervision and other activities, such as training, coaching, and coordinating meetings, SIAPS advisors have been relocated at the regional level.

SIAPS worked closely with the Direction de la Pharmacie et du Médicament (Directorate of Pharmacy and Medicines [DPM]), the Central Medical Stores (Pharmacie Populaire du Mali [PPM]), and the NMCP to produce the PPMRm. The PPMRm is a mechanism that was established to provide specific information on the availability of malaria commodities on a quarterly basis. In these reports, recommendations are made regarding the supply plan and distribution of malaria commodities. SIAPS assisted the DPM, the NMCP, and the PPM in implementing these recommendations.

Supply Chain Management

To improve the availability of malaria commodities, SIAPS will assist the NMCP develop distribution plans for AL received in the country by March 2014. SIAPS will also follow up with the central medical store and the district warehouses on implementation of the distribution plans to ensure that commodities reach the facilities. In addition, 32% of facilities have submitted stock reports on time.

SIAPS/Mali assisted the PPM in reviewing its operations and SOPs as well as in developing a five-year strategic and business plan. These activities included a document review, stakeholder consultations, and site visits (PPM production and an outlet in Bamako, PPM, and the Kayes

regional depot). The first phase of this technical assistance focused on addressing appropriate immediate needs and “quick fixes” and gathering information that will be used for strategic and business plan development during the second phase, planned for May 2014.

Capacity Building

SIAPS continued to support implementation of the redesign of the LMIS. During this quarter, SIAPS assisted the DPM in developing supportive supervision guidelines and tools. A stakeholder’s workshop involving MOH (central and regional level) and Global Fund principal recipients (PSI and UNDP) was held in January 2014. Presentations were given on the minimum requirements of a supportive supervision tool and key components of supportive supervision guidelines. Participants in working groups reviewed and adapted existing tools and produced a draft Malian supportive supervision guideline and tools for the supply chain. The supervision guideline is a key document that will help to standardize supportive supervision activities at all levels of the health system.

During this quarter, SIAPS also provided support to the DPM and the Direction Régionale de la Santé (DRS) to conduct training workshops for warehouse and health information managers in six regions (Kayes, Koulikoro, Sikasso, Segou, Mopti, and Bamako). The trainings focused on warehouse management, storage, tools such as stock cards and logistics reporting tools, including requisition forms and how to calculate commodities needs included in the new LMIS SOPs; 138 users including pharmacists, district warehouse managers, and health information managers were trained during these workshops. Separate trainings will be held for district, health center, and community-level personnel in the next quarter. In addition, SIAPS will provide technical and financial assistance to the DRS to conduct supportive supervision and coaching visits using the newly developed guideline.

To strengthen the managerial competence of institutions that manage medicines, in 2013 SIAPS supported the trainings of four central managers engaged in managing medicines in general and particularly in the information and logistics management system at the central level. These trainings improved their understanding and overall vision of LMIS and understanding of their roles in the implementation of the LMIS. To foster further understanding and adherence, SIAPS provided funding for the formation of three additional managerial positions (two DPM and one NMCP) in March 2014.

Support for Policies, Guidelines, Regulations, and Partner Coordination

To improve transparent and accountable pharmaceutical management systems, in March 2014 SIAPS assisted the PPM in reviewing its SOPs to ensure they meet partners’ expectations. During the technical coordination meeting in January 2014, which was chaired by the Minister of Health technical advisor in charge of medicines, the status and levels of stocks for key diseases commodities (malaria, TB, HIV, MCH, and FP) were presented as well as the pipeline for these commodities. Supply chain issues were discussed and recommendations were made.

SOUTH SUDAN

Supply Chain Management

To improve pharmaceutical services aimed at achieving desired health outcomes, SIAPS worked with the Central Equatorial State (CES) MOH to deliver much needed antimalarials (ACTs) received under the Emergency Medicines Fund (EMF) Lot 7 to all six counties of CES. SIAPS stepped in for the DELIVER PROJECT to support the distribution of these medicines in response to a request by MOH and USAID. All six counties of CES have received some antimalarials with technical support from SIAPS. SIAPS continues to provide technical assistance in the day-to-day management of the newly renovated CES medical store to ensure it operates smoothly regarding required inventory management practices. The receipt of accurate data from CES will enhance the quality of logistics information used for decision making.

SIAPS also helped Yambio County ensure it provided proper inventory management of all the antimalarials it received. It worked with the storekeepers to verify their receipt of the ACTs. A total of 55 cartons have been distributed to hospitals, primary health care units (PHCUs), and primary health care centers (PHCCs). The distribution of the medicines was undertaken in collaboration with World Vision, an implementing partner in Yambio County.

SIAPS, in collaboration with the Directorate of pharmaceuticals for Western Equatorial State (WES), continued with the de-junking campaign to ensure that storage conditions in all 16 county stores in Ibba and Nzara states have improved. SIAPS also oversaw the ongoing disposal of expired/damaged commodities in Kajokeji after the de-junking exercise.

SIAPS coordinated the provision of LMIS tools to Tambura County to ensure a continuous supply of commodities through the request and issuance of medicines.

Information Systems Management

SIAPS analyzed the status of the stock at health facilities in Juba, Yei, Lainya, Terekeka, and Morobo counties. SIAPS also analyzed the data that was collected and provided feedback to the counties as well as the Directorate of pharmaceuticals and the state MOH.

SIAPS conducted a rapid assessment in CES to determine the stock levels of pharmaceutical supplies, as well as other inventory management issues such as the availability of PMIS tools, whether the tools have been reviewed by supervisors, and the rational use of medicines using CRMS tools in Juba county. During the visits, it provided trainings to commodity managers in the use of stock cards and filing the request and issues vouchers for the supply of medicines. Generally it found a good storage arrangement but poor record keeping at most of the facilities, which could be attributed to the unavailability of PMIS tools in some facilities.

Capacity Building/Supportive Supervision

SIAPS supervised and supported the updating of the monthly essential medicines consumption reports by Yambio Hospital and discussed with the storekeeper how to improve the reporting systems. At Yambio PHCCs it reviewed the filling of the dispensing register and the availability of LMIS tools and found that some have been completed, especially the report and requisition voucher and the dispensing register.

Despite delays resulting from the political environment there, SIAPS continued to support the completion of the training plan for malaria case management in CES and WES. Discussions were held with the state coordinators or their representatives about selection of the participants. These trainings will ultimately lead to improved malaria case management at the facilities and enhance treatment and care of malaria patients.

Support for Policies, Guidelines, Regulations, and Partner Coordination

To ensure that information used for decision making is enhanced, SIAPS joined national partners in reconvening the Pharmaceutical Technical Working Group (PTWG), a forum that brings government and partners together to discuss challenges, gaps, opportunities, and solutions concerning supply chain and other pharmaceutical management issues. SIAPS serves as the secretariat to the PTWG.

Following a final review of the Malaria Program Review (MPR) report, SIAPS finalized the document for printing. The printed document will be disseminated widely to stakeholders.

SIAPS worked with the Directorate for Policy Practice Unit to review the concept note for STG/EML review. SIAPS also supported the preparations for a two-day STG/EML task force establishment and orientation workshop in collaboration with the WHO and other partners.

SIAPS reviewed the plan for the official establishment of a task force to review the 2007 EML. The review will be based on recent changes in the disease guidelines of South Sudan, the recent WHO model EML, and the 2012 South Sudan essential drug procurement list selection and quantification exercise lists.

SIAPS supported the development of TORs and SOPs for the malaria indicator survey (MIS) blood slide readers and supervisors. The MIS co-investigator in collaboration with the South Sudan Reference Lab and the NMCP led the process of selecting candidates from the database of laboratory technicians.

SIAPS also facilitated the completion of the second data entry process for the MIS. Data analysis and report writing will be carried out in the months following the data entry process. Most of the data was collected prior to the changes in the political climate; and work on MIS during this quarter has been focused on data entry and analysis.

SIAPS reviewed draft national malaria treatment guidelines. When finalized, the guidelines will be used in malaria case management trainings throughout the country and enhancing treatment protocols for malaria, thus ensuring effective treatment of the disease in the country.

SIAPS reviewed the generic WHO guidelines for developing national malaria strategic plans and adapting them to circumstances in South Sudan as part of the review and updating process for the malaria strategic plan there.