

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

April–June 2015



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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to ensure 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
AMD	antimalarial medicines
AMDM	antimalaria drugs management
AMI	Amazon Malaria Initiative
AS/AQ	artesunate and amodiaquine
CAMEBU	Centrale d’Achat de Médicaments Essentiels du Burundi [central warehouse]
CECOMA	Central de Compras de Medicamentos e Meios Medicos de Angola [central medical store, Angola]
CES	Central Equatorial State
CMS	Central Medical Stores
CRS	Catholic Relief Services
DHIS	District Health Information Software [South Sudan]
DNPL	National Directorate of Pharmacies and Laboratory [Guinea]
DPM	Direction de la Pharmacie et du Médicament (Directorate of Pharmacy and Medicines, Mali)
DPML	Département de la Pharmacie, du Médicament et des Laboratoires (Department of Pharmacy, Medicines, and Laboratory, Burundi)
DRA	Drug Regulatory Authority
DRC	Democratic Republic of the Congo
DRS	Regional Health Directorate
DTC	Drug Therapeutic Committee
EMF	Emergency Medicines Fund
EUV	end use verification
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HC	health center
HCSM	Health Commodities and Services Management Program
HF	health facility
HR	human resource
IP	implementing partner
ISDP	Integrated Service Delivery Program
KPI	key performance indicator
LLIN	long-lasting insecticide-treated bed net
LMIS	Logistics Management Information System
M&E	monitoring and evaluation
MCH	Maternal and child health
MOH	Ministry of Health
NEML	national essential medicines list
NMCP	National Malaria Control Program
ORHB	Oromia Regional Health Bureau [Ethiopia]
PCG	Central Medical Store of Guinea
PFSA	Pharmaceutical Fund and Supply Agency
PHCU	Primary Health Care Units

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)
PPM	Pharmacie Populaire du Mali (Central Medical Stores, Mali)
PPMRm	Procurement Planning and Monitoring Report for malaria
PSI	Population Services International
RBM	Roll Back Malaria
RDT	rapid diagnostic test
SANRU	Projet Santé Rurale (Rural Health Project)
SIAPS	Systems for Improved Access to Pharmaceuticals and Services [Program]
SP	sulfadoxine-pyrimethamine
USAID	US Agency for International Development
WES	West Equatorial State
WHO	World Health Organization
ZHD	zonal health department

INTRODUCTION

According to the World Health Organization (WHO),¹ malaria mortality rates fell by 47% globally, and by 54% in Africa between 2000 and 2013. During this period, an estimated 4.3 million malaria deaths were averted globally, primarily as a result of the scale-up of interventions. However, much remains to be done. Although 55 countries are on track to reduce their malaria case incidence rates by 75%, in line with the World Health Assembly and Roll Back Malaria (RBM) targets for 2015, these countries account for only 3% of all malaria cases.

Working closely with the President's Malaria Initiative (PMI) in both Washington and PMI focus countries, the USAID-funded 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 the PMI's 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 artemisinin-based combination therapy (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 (CMS) to develop and implement strategies to strengthen pharmaceutical management to prevent and improve case management of malaria. 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 countries and region mentioned above between April and June 2015.

¹ World Health Organization. *World Malaria Report 2014*. Geneva: WHO; 2014.
http://www.who.int/malaria/publications/world_malaria_report_2014/en/.

MALARIA CORE

During this quarter, a team of two people travelled to Kenya and South Sudan (May–June 2015) to document each country's contribution toward reducing malaria morbidity and mortality through systems-strengthening approaches and other interventions that ultimately help to save lives through sustained access to safe and effective medicines. The team interviewed key stakeholders including ministry of health, health workers, community leaders, and other NGOs. Whenever possible, interviews were videotaped for future reference and corresponding qualitative and quantitative data, reports, or other materials were collected to support evidence of SIAPS' achievements. In South Sudan, the team held 10 interviews and discussions with a number of stakeholders. Overall SIAPS is acknowledged for:

- Building the capacity and continuous mentorship of the National Malaria Control Program (NMCP) in addition to day-to-day support
- Developing key policies and guidelines (Malaria Strategic Plan, 2014-2021; malaria treatment guidelines, etc.)
- Coordinating with partners through the pharmaceutical and malaria technical working groups
- De-junking county-level pharmaceutical stores and warehouses
- Developing pharmaceutical curriculum and trainings
- Supportive supervision
- Establishment of the Logistics Management Unit

The malaria team was represented at the SIAPS global meeting held June 2015 in Arlington, VA. A malaria session was held where a case study from Guinea was presented. Participants also discussed gaps, challenges, and opportunities in malaria programming

To facilitate procurement decisions at PMI, SIAPS aggregated data and reported on stock status of malaria commodities from Angola, Burundi, DRC, Ethiopia, Guinea, Kenya, Mali, South Sudan, and Uganda. During the quarter, DRC's and Mali's end use verification (EUV) findings were disseminated.

In 2013, SIAPS, in collaboration with its core partner the William Davison Institute, conducted a retrospective costing exercise to estimate the cost of distribution of malaria commodities including artemisinin-based combination therapy (ACT) and rapid diagnostic tests (RDTs) in Kenya and Benin. During the quarter, a dissemination workshop was held on June 3, 2015, at the Ministry of Health (MOH) in Cotonou, Benin. The workshop was organized by the National Malaria Control Program (NMCP) and the Central Medical Store. Twenty-five participants from the Global Fund Principal Recipients (Africare and Catholic Relief Services), RBM partners, UNICEF, USAID, and PMI implementing partners were in attendance. The findings and recommendations of the study were presented and discussed, as was the costing tool developed by SIAPS using Benin and Kenya data. Participants were interested in using the tool and requested that it be shared with them once it is validated. At the end of the meeting, a hard copy of the study was shared with participants.

ANGOLA

Implementation of PMI Monitoring Tools

In coordination with the NMCP, the program collected monthly stock levels information of antimalarial commodities and prepared the Procurement Planning and Monitoring Report for malaria (PPMRm) report that was submitted to PMI Washington through USAID DELIVER program. It was observed that all provincial warehouses have less than six months' worth of stock of ACTs. The Central Medical Stores (Central de Compras de Medicamentos e Meios Medicos de Angola [CECOMA]) is awaiting approval from the MOH to initiate emergency procurement process.

Under the coordination of the National Directorate of Medicines and Equipment (DNME) and the NMCP, the program provided logistics and technical support to conduct EUV survey. Data was collection in five provinces (Luanda, Cabinda, Huila, Moxico, and Namibe). Preliminary findings show improvements in the use of stock cards; however, some facilities were reporting stock-outs of some antimalarial products and patients' registers are not appropriately filled out.

Constraints to Progress

- Delays in procurement approval
- Review of the government budget that will affect the overall supply chain from central to health facility level, especially the risks of stock-outs
- Difficulty in collecting data from NMCP and provinces due to withdrawal of Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) support to pay some staff at provincial level (malaria provincial officials)
- Non-use or improper use of pharmaceutical management tools at health facility level that jeopardizes stock movement records

Partner Contributions

- DNME and NMCP's coordination role in EUV, provincial health directorates, and municipal teams in five provinces for field visits for EUV data collection
- NMCP and provincial warehouse managers and malaria supervisors in development of PPMRm report

Supply Chain Management

SIAPS continued to provide its technical support to CECOMA to collect daily data that allow the monitoring of key performance indicators (KPIs). SIAPS also organizes weekly KPI review meetings to address bottlenecks, recommend improvements of CECOMA operations, and monitor implementation.

SIAPS continued to support NMCP to closely monitor ACTs, sulfadoxine-pyrimethamine (SP) and RDTs stock levels at national and in all 18 provinces. This exercise resulted into the distribution of some quantities of artemether/lumefantrine (AL) 1 x 6 that will expire in July and October 2015, redistribution of RDTs from facilities that had near expiry stock and to alerting the NMCP leadership of the imminent stock outs of the products.

Constraints to Progress

The delays recruiting regional warehouse staff
Generalized stock-outs of ACTs and SP

Partner Contributions

CECOMA, for coordination in monitoring and improving KPIs
Provincial malaria teams

Capacity Building

To follow up on the implementation of pharmaceutical management post-training action plan, SIAPS worked with provincial teams of Luanda, Huila, and Cunene to gather information from municipal levels. Four municipalities reported that they have been able to organize cascade training sessions in their respective catchment areas, namely Cazenga and Rangel in Luanda, Kwanhama in Cunene, and Matala in Huila. Other municipalities reported that they lacked the budget to implement the planned training.

During the reporting period, 8 staff members (3 female and 5 male) of the DNME were trained on medicines registration and homologation.

Constraints to Progress

Municipal teams are reporting that there are no funds available to implement post-training action plans.

Partner Contributions

Provincial health directorates' teams to follow up the post-training action plan

Information Systems Management

During the reporting period, SIAPS held different meetings with NMCP M&E team to review the quality and completeness of the monthly reports sent by provinces. The one (and only) staff member at the M&E unit is not able to revise more than 2,000 reports and is unable to send regular and timely feedback to provinces. In provinces where SIAPS provided direct support last year, the majority of the health facilities reported on time

Constraints to Progress

Review of the government budget that will affect the overall supply chain from central to health facility level especially the risks of stock-outs

Partner Contributions

NMCP

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS continued to provide technical and logistical support to DNME to organize the bi-monthly Interagency Coordination Committee's logistics, procurement, and operations subcommittee to facilitate information sharing, optimizing utilization of resources, and follow-up on the recommendations of the previous meeting. In this quarter, 1 of 2 meetings was organized.

SIAPS participated in the drafting of the National Formulary Manual as a member of an ad-hoc commission constituted by the DNME. A meeting with the National Medicine Advisory Committee and the ad hoc commission was organized to discuss and agree on the structure and the content of the document. Development of this document is coordinated by an international consultant hired by Global Fund through United Nations Development Programme and its use will complement the National Essential Medicines List to promote good prescribing and dispensing practices while enhancing the rational medicines use for improved health outcomes.

Following a request from DNME, SIAPS continued to collect the needed information to draft the guiding document on pharmaceutical pricing policy that will be used by the MOH in the process of establishing this policy that will increase access to affordable pharmaceutical products once fully implemented and enforced.

Constraints to Progress

Changes in priorities of MOH due to crisis of the falling oil prices that slowed down the development of the National Supply Chain strategy and the approval of the National Essential Medicines List.

Difficulties in accessing essential data for developing a national pharmaceutical pricing policy guiding document

Partner Contributions

- MOH/DNME overall coordination in the organization of Interagency Coordination Committee's meeting and the development of the guiding documents
- CECOMA collaboration in providing some price data on past procurement to be used in the development of the pricing policy guiding document

- United Nations Development Programme/Global Fund for technical and logistics support in hiring the consultant to develop the National Formulary manual

BURUNDI

Implementation of PMI Monitoring Tools

SIAPS assisted the central warehouse (Centrale d'Achat de Médicaments Essentiels du Burundi [CAMEBU]), and the NMCP (Programme National Intégré de Lutte contre le Paludisme [PNILP]) to carry out monthly monitoring of stock status for malaria commodities at CAMEBU stores and to prepare the PPMRm reports for January-March 2015. Major recommendations consisted of speeding up PMI and Global Fund deliveries of 261,552 and 203,925 treatments of artesunate-amodiaquine 100–270 mg to prevent the stock-out of this item; CAMEBU currently has less than two months of stock available.

SIAPS also assisted the NMCP to conduct EUV survey reports will be available in July 2015.

Constraints to Progress

Rescheduling of the EUV implementation due to political unrest in May–June 2015

Partner Contributions

CAMEBU, NMCP

Supply Chain Management

SIAPS assisted the Department of Pharmacy, Medicines, and Laboratory (Département de la Pharmacie, du Médicament et des Laboratoires [DPML]) in conducting two monthly meetings of the Medicines Thematic Group for April and June 2015. The meetings focused on two key elements—the envisioned national quantification committee and the analysis of challenges facing the supply chain, based on various studies including the 2014 National Supply Chain assessment. As output, key activities to make health commodities consistently available for the next semester will focus on the roll-out of the redesigned Logistics Management Information System (LMIS) to collect data for appropriate decision making and a formalized quantification committee to reinforce the capacity to respond to needs of health products at all levels of the supply chain. SIAPS assisted in writing terms of reference for the national quantification committee and malaria subcommittee. The terms of reference were submitted for validation and approval by the MOH.

SIAPS assisted the NMCP to arrange for importation waivers for atovaquone/proguanil and artesunate (60 mg) as requested by USAID | DELIVER. Atovaquone/proguanil will be used in entomological studies on malaria vectors. SIAPS assisted with the delivery of 1,186,000 SP tablets for intermittent preventive treatment in pregnancy pilot implementation, 2,129,777 ACT treatments, and 2,200,000 RDTs purchased by PMI.

SIAPS assisted the NMCP in the distribution of malaria commodities from CAMEBU to health districts by analyzing health district monthly distribution reports and requisitions, and providing feedback to districts to improve the estimation of district needs and requisition process. Despite the political unrest, SIAPS assisted the NMCP to make sure districts placed their orders and received products on time

Constraints to Progress

Cancellation of a monthly meeting of the Medicines Thematic Group

Partner Contributions

NMCP, DPML

Capacity Building and Case Management

SIAPS assisted the NMCP logistically and technically to conduct the following trainings:

- Malaria diagnosis for 55 (5 women and 50 men) lab technicians. The training increased trainees' theoretical knowledge by 34% and practice by 29%.
- Refresher training on malaria diagnosis for 90 lab technicians (23% women) trained in 2012. Participants in the refresher training increased their theoretical knowledge by 24% and practice by 19%.
- Refresher training on malaria standard treatment guidelines for 97 health care providers (23% women). The average progress of trainees was 26% from a pretest score of 46% to a post test score of 72%. Learning focused on malaria epidemiology, diagnosis and treatment, good dispensing practices with more emphasize on the use of combination of quinine and clindamycin for the second-line treatment of uncomplicated malaria cases, and administration of injectable artesunate as pre-referral treatment.

To date, almost every health center in SIAPS target health provinces (Ruyigi, Rutana, and Cankuzo) and has one to two lab technicians who have been successfully trained in malaria diagnosis and are able to accurately diagnose suspected malaria cases.

NMCP and SIAPS envision conducting on-the-job supervision visits to further assist trained staff on practical aspects of malaria diagnosis.

Constraints to Progress

Conducting trainings in the field with unpredictable security conditions was a challenge. Due to unstable security conditions that prevailed in May and June, SIAPS technical team was obliged to remotely monitor and supervise two of the three trainings. SIAPS collaborated closely with the NMCP to make sure planned trainings were accomplished with the collaboration of NMCP and field-based trainers.

Partner Contributions

- NMCP and health districts and provinces provided facilitation expertise
- Hôpital Prince Régent Charles provided an expert who assisted in updating training materials and planning for malaria diagnosis and refresher trainings

Support for Policies, Guidelines, Regulations, and Partner Coordination

As result of previous SIAPS assistance to NMCP in fund mobilization, the Global Fund approved the NMCP Concept Note submitted in January 2015 for a total amount of 24,921,561 US dollars (USD) to support NMCP malaria activities for the coming three years. SIAPS continued to support the NMCP in the areas of governance and leadership.

- SIAPS assisted the NMCP to update the supply plans for malaria commodities for the next two years (2016–2017), according to the approved concept note in line with the new funding model (NFM). Updated supply plans will help the NMCP to develop a procurement and stock management plan, which is among pending requirements.
- SIAPS collaborated with the Leadership, Management, and Governance (LMG) Project to assist the NMCP to fulfill remaining requirements for the Global Fund to sign the concept note. Other requirements are an implementation mapping, a performance framework, procurement and stock management plan, a detailed budget, an M&E plan, responses and follow up actions to the Technical Panel Review observations on the concept note, and NMCP key information.
- SIAPS sponsored trips for two persons, the NMCP M&E officer and an MOH Advisor, to Zimbabwe for the EARN (East Africa Roll Back Malaria Network) and SARN (Southern Africa Roll Back Malaria Network) Joint National Malaria Control Program Managers Meeting. The main objective of this meeting was to build on the 2014 meeting and share information and experiences on the countries' annual work plans, TA plans, status and update on the Concept Note and grant making processes, transition from control to pre-elimination, and resource mobilization through development of business plans.

SIAPS assisted the NMCP with follow up of the legal decree titled “Renforcement des actions de lutte contre le Paludisme” that promotes the rational use of donated malaria commodities. The Ministry of Justice revised the decree again and issued a final version to be presented to the Cabinet for endorsement. This is a major step towards increased governance and accountability within the NMCP and in pharmaceutical management, hence improved malaria services.

SIAPS contributed to Malaria World Day celebration activities on April 24th. For the occasion, SIAPS assisted the NMCP with sponsorship to conduct an informational debate on malaria in Burundi and around the world, broadcast on national TV on April 23, 2015 (figure 1). The panel was comprised of a representative of the MOH, the Director of the NMCP, and a WHO representative. SIAPS contributed logistically preparations for the public celebration on April 24, 2015. The public celebration (figure 2) was honored by the Assistant of the Minister of Health.

Events articulated around the three-year theme, “Investing in the future. Combat malaria,” to draw attention again to the coordinated big push required to combat malaria.



Figure 1. Panelists discuss “Malaria in Burundi”, Left to right: BAZA Dismas (WHO), Gahungu Jean Nepomucene (Director in charge of planning, Ministry of Health), TV Presenter, and Nzimenya Helmenegilde (NMCP Director)



Figure 2. Youth at World Malaria Day Celebration, Karuzi, Burundi, April 24, 2015.

Both photos by SIAPS Burundi

SIAPS supported the NMCP to provide inputs to the RBM roadmap. NMCP contributions to the roadmap have been approved and the roadmap published on the WHO official website.

Constraints to Progress

Several activities have been rescheduled due to security unrest that prevailed in Burundi in May–June 2015

Partner Contributions

For Malaria World Day celebration, other organizations contributed in the following areas:

- Radio broadcasts and media synergy—Caritas, ACECI, and ALUMA
- Celebration venue logistics—Word Vision
- Informational debate— WHO
- Communication materials (T-shirts, Polo shirts, Caps)—GF, PSI, and Standard Diagnostica

DEMOCRATIC REPUBLIC OF THE CONGO

Implementation of PMI Monitoring Tools

SIAPS, jointly with the NMCP, conducted the first of the two EUVs for the year in April 2015. Data was collected from facilities that were not surveyed in the previous EUV. Findings include—

- Fifty-five percent (61/112) of health facilities were stocked out of infant AS-AQ for 3 days or more in the 3 months prior to the survey. This could be due to the fact that deliveries to health zones have not been regular. SIAPS continued to encourage and recommend regular commodities deliveries by the PMI implementing partners and the use of both pull and push systems in the country.
- Less than 50% of health facilities are submitting their stock report on time. SIAPS recommend the acceleration of the implementation of a LMIS.
- Only 30.5% (371/1,216) of health workers are trained in accordance with the recent malaria treatment guidelines (including use of rectal and injectable artesunate for the treatment of severe malaria).
- Twenty-seven percent of malaria cases are not confirmed by RDT or microscopy. SIAPS recommends decreasing this rate to reduce irrational consumption of malaria medicines.

During this quarter, SIAPS assisted the USAID|DELIVER PROJECT in the preparation of the PPMRm country report for the period January to March 2015. The data analysis on the stock status and distribution of antimalarial commodities was submitted in April 2015 after conducting the data validation jointly with USAID|DELIVER, IHP, and PMI-Expansion. Seven out of 11 regional warehouses experienced stock-out of SP and only two had distributed the SP during that period. It was recommended that the DELIVER project continue to follow up the SP exemption and the in-country shipping process. Also, a request was sent to DELIVER project home office to include other commodities such as artesunate injection, long lasting insecticidal nets (LLINs), artesunate rectal, quinine tablets, and injections on the PPMRm form.

Constraints to Progress

Logistic issues resulting in high EUV costs
Cumbersome clearance process

Partner Contributions

NMCP, DRA, PNAM, IHP, PMI-Exp (PSI and CARITAS), USAID|DELIVER PROJECT, and the USAID mission

Capacity Building

SIAPS supported the NMCP to train 549 (129 females and 420 males) health workers from 426 (41.2%) health facilities on malaria case management, quantification of malaria commodities, and pharmacovigilance. To date (from January to June 2015), 836 health workers have been trained and 59% (642/1,086) of PMI-supported health facilities have at least one person trained on the new guidelines

Constraints to Progress

Additional PMI health zones are scattered over six health districts, complicating the logistics and increasing costs of activities like workshops

Partner Contributions

NMCP and MalariaCare for training

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS supported the Drug Regulatory Authority (DRA) to disseminate the second edition of the registered medicines directory throughout the country for use by pharmacist inspectors and customs officers at the border posts in 4 provinces of the DRC. The inspectors and officers also received training on how the directory could be used as a medicine control tool. It is expected that the influx of unauthorized medicines will reduce significantly in the country.

Simultaneously, SIAPS supported the MOH to disseminate the updated version of the National Essential Medicine List (NEML) to health zones and facilities.

The DRA was also supported to hold two National Medicine Committee's meetings on May 28 and June 19, 2015, respectively. The meetings were held to

- Discuss mechanisms to strengthen the committee
- Ensure that the 2015 planned activities are being implemented
- Mitigate obstacles and bottle necks that hinder the effectiveness of the committee
- Plan activities for the next quarter

SIAPS continue to support the development of the strategic plan for the National Medicine Supply Chain System (SNAME). The process is led and coordinated by the National Program for Medicines Supply (PNAM). On June 12, 2015, SIAPS actively participated in and contributed to conducting the situation analysis for the supply chain. This was a crucial step in the process of developing a strategic plan which is scheduled to be finalized by August 2015.

Constraints to Progress

None

Partner Contributions

UNICEF, UNFPA, WHO, DRA

ETHIOPIA

Implementation of PMI Monitoring Tools

The first countrywide² EUV survey was conducted from April 25 to 27. Data was collected from 44 health units comprising 22 health facilities (hospitals and health centers), 10 health posts, and 12 medical stores. The EUV findings indicated that—

- Eighty two percent (82%) of the health facilities surveyed had at least one presentation of ACTs on the day of the visit. In addition, 70% of the health facilities are able to treat patients with *Vivax* malaria using chloroquine.
- The availability of RDTs at rural health centers (which supply health posts in their respective catchment area) is 87%.
- Most of the health facilities are not stocked appropriately, as defined by the country's maximum and minimum policies for antimalarial medicines. Almost all products assessed were reported to be understocked, indicating shortages at the health facilities.
- The proportion of patients treated after laboratory confirmation for malaria is 63%, indicating treatment of malaria is based on clinical evaluations only. SIAPS has identified specific health facilities with these issues, and communicated the information to the facility's Drug and Therapeutic Committee for corrective actions.

SIAPS will share the findings of this EUV report with pertinent stakeholders. In addition, SIAPS regional technical advisors have provided technical assistance and recommendations to the field, reinforcing the need for timely distribution and re-distribution of antimalarial medicine. In those health facilities that were assessed, stakeholders were notified about shortages and stock-outs for immediate action and follow-up accordingly.

The third quarter PPMRm report was submitted; data were collected from the Federal Ministry of Health and the Pharmaceutical Fund and Supply Agency (PFSA).

Constraints to Progress

None

Partner Contributions

All regional health bureaus (RHB) collaborated in the EUV survey at the health facilities and medical stores and assigned staff members from regional, zonal, district health offices and health facilities to participate in the surveys.

² All regions (Oromia, Amhara, SNNPR, Tigray, Somali, Harar, Dire Dawa, Afar, Gambella and Benshangul Gumz) included

FMOH and PFSA cooperated in furnishing the information for the PPMRm.

Capacity Building

SIAPS continues to support the development of regional legislation to establish and implement Auditable Pharmaceutical Transaction and Services (APTS) in Oromia. During the quarter, SIAPS supported the Oromia Bureau of Health (ORHB) to conduct a baseline assessment of potential health facilities to implement the Auditable Pharmaceutical Transaction and Services once the regional regulation is enacted.

The joint supportive supervision that began in the last quarter was completed in April. ORHB and SIAPS staff visited 14 health facilities (HFs), 12 district health offices (DHOs) and 4 zonal health departments. Information on malaria case management, antimalarial drugs availability and use were collected from the health facilities and important analyses were made to evaluate adherence to treatment guidelines and quality of services. Discussions were held with the prescribers, pharmacy staffs and facility managers to address the major gaps identified. In addition, technical and managerial guidance regarding the use of information for supporting decision making and monitoring of progress of antimalarial drugs management was provided.

Regional Technical Advisors (RTAs) visited regional/district health offices and HFs in Amhara (East Amhara) and Oromia (North Shewa, S. West Shewa, Benshangul Gumz) regions and provided mentoring to the Drug Therapeutic Committees (DTCs) to promote proper management and rational use of malaria medicines. Also, 64 National Standard Malaria Diagnosis and Treatment guidelines, 130 health education workers' handbooks, 210 malaria drugs dispensing registers and monthly report summary forms, and electronic prescription forms were distributed where needed.

To promote the use of STGs, 1,000 copies of the malaria guidelines were reprinted for distribution

Constraints to Progress

Enactment of the legislation was delayed due to time constraints and other pressing issues at the regional level.

Partner Contributions

ORHB is following up on the enactment of the legislation by the regional cabinet.

RHBs, health facility DTCs, staff members, and management fully participated in the supervision and mentoring processes and agreed to follow up to ensure that recommendations are implemented.

Malaria program staff from the RHB were members of the supervision team and zonal/district and facility level staff and management provided full support and participation

Rational Medicines Use

Drug use evaluation (DUE) studies were conducted by the DTC members at Woldia hospital in North Wollo zone of Amhara region and Mettu Karl hospital in Illuababora zone of Oromia region. Results from Woldia hospital indicate that most patients were not tested for malaria before receiving treatment, there was irrational prescribing of AL and patients' charts were inappropriately filled in or not filled in at all. A review meeting was held to discuss the findings. The meeting was attended by hospital staff and other medical and pharmacy staff members from Amhara RHB, Wollo University, and the PFSA. By the end of the meeting, an implementation plan covering nine action points and implementation time frame were set.

Also during the quarter, medicine use health education sessions were conducted in the Mehal Meda hospital in the North Shewa zone of Amhara region by the hospital pharmacy staff. The sessions discussed proper handling and use of medicines including antimalarial drugs.

Constraints to Progress

None

Partner Contributions

The health facilities' DTCs, staff, and management

Supply Chain Management

After obtaining the approval from USAID headquarters office, the refurbishment work has begun at six health facilities (storage areas). This will be soon followed by six more facilities. The refurbishment of the health facilities' storage areas is expected to improve the handling and storage of medicines.

Printing of 360 copies of the malaria drugs dispensing register and monthly report summary form was completed for distribution to all PMI sites in all regions. During the quarter, a total of 210 copies of the form were distributed to health facilities mentioned in the previous section.

Constraints to Progress

None

Partner Contributions

Health facility management personnel and staff supported and actively facilitated planning and other activities to implement the work.

Information Systems Management

The April 2015 stock status data was collected from continuous results monitoring system sites, aggregated and reported to ORHB/and 17 zonal health departments. The findings were used to guide appropriate management actions of resupply, exchanging excess stocks and near expiring products. Based on the current and earlier findings, 542 ampoules artesunate injections and 3,870 doses of ACTs (worth total estimated cost of 75 thousand birr) were redistributed between health facilities, thereby reducing wastage due to overstock and expiry.

Constraints to Progress

None

Partner Contributions

Health facilities collaborated in providing the necessary information. ORHB malaria unit and the zonal health departments oversaw the implementation.

Support for Policies, Guidelines, Regulations, and Partner Coordination

The following activities were conducted during the quarter—

- In collaboration with the FMOH Malaria Prevention and Control Unit, a mid-year malaria control performance review meeting was conducted in Adama town April 6–8, 2015. Forty-five participants from different directorates of FMOH (malaria control and prevention case-team, health system special support directorate, Pharmaceuticals Logistics Management Unit), Ethiopian Public Health Institute, representatives from all the 11 regions, and a USAID/SIAPS representative attended. All the 11 regions presented their reports, through their regional malaria control and prevention focal person. Overall, all regions reported a decrease in malaria-related morbidity and mortality in their areas. Participants also had an opportunity to discuss the successes, achievements, strengths, challenges, and limitations of supply management and use of antimalarial products. Recommendations for improvements were suggested, following a presentation by the SIAPS PMI staff seconded to the FMOH.
- Participated in the USAID PMI implementing partners meeting held on May 17, 2015. The meeting was also attended by the USAID/CDC Washington Malaria Operational Plan 16 Evaluation Team and USAID, Health, Population, and Nutrition Office Chief. The meeting agenda included:
 - Oromia region malaria status update
 - Activity progress reports from implementing partners
 - PMI Strategy 2015–2020 by Washington PMI Team
- Attended a meeting of the Malaria Logistics Technical Working Group, which will deal with issues related to the transition of malaria commodity management/distribution to

PFSA management, and monitor and oversee malaria commodity management after transition. Main discussion points were malaria transition update and the prepared draft document “Logistic System Design Options and Recommendations for Malaria program Commodities.”

- A Joint USAID PMI and SIAPS PMI/Antimalarial Drugs Management activity review meeting was held on June 17, 2015, at the USAID head office in Ethiopia. Tsion Demissie attended from USAID PMI while Hailu Tegegnework and Fikadu Deme from USAID/SIAPS. SIAPS presented an activity update, and after discussion, the USAID program manager provided recommendations on future approaches of activity follow up.

Constraints to Progress

None

Partner Contributions

Apart from coordination by the Ministry, the review meeting was conducted through cost sharing between FMOH and SIAPS.

GUINEA

Information Systems Management

During this quarter, SIAPs and the NMCP (Programme National de Lutte contre le Paludisme [PNLP]) continued organizing regional quarterly review meetings on pharmaceutical management of malaria commodities. Because of Ebola-related trouble in Boke, review meetings were organized only in Labe and Kindia regions. The meetings provided an opportunity for the PNLN authorities to learn how the Ebola outbreak had negatively affected service provision and the reporting system.

On June 15, 2015, SIAPS also attended a meeting that the MOH and partners have organized to find ways to rebuild the national Health Management Information System and develop its related strategic plan.

Constraints to Progress

Activities related to the availability of information on pharmaceutical management for decision-making were limited due to the Ebola outbreak in Guinea.

Partner Contributions

SIAPS collaborated with the partners and government agencies mentioned above.

Supply Chain Management

Guinea is implementing seasonal malaria chemoprevention (SMC) using amodiaquine (AQ) and SP. Given the high risks associated with concomitant use of artesunate-amodiaquine tablets (AS-AQ) and SP, the country has decided to replace AS-AQ with AL as the first-line treatment of uncomplicated malaria. During this quarter, SIAPS supported the Central Medical Store (PCG) to receive and store a consignment of 607,830 treatments of AL tablets and 11,520 artemether injections that have been procured with PMI funds. This will improve availability of malaria commodities, particularly with a planned withdrawal of AS-AQ.

Because of the Ebola outbreak, the country changed its malaria treatment guidelines. All patients with fever can now receive antimalarial treatment without diagnostic testing. This change resulted in overconsumption of ACTs leading to stock-outs in some parts of the country. To address this problem, PMI requested SIAPS to work with the PNLN to assess the stock status of ACTs and RDTs countrywide so plans for redistribution can be made. SIAPS contributed to develop a scope of work for this activity along with a data collection tool and participated in training sessions for data collectors in Labe on June 9, 2015. This intervention is expected to be continued in next quarter for Conakry and Kindia region.

Constraints to Progress

- Ebola impact on health service delivery in Guinea
- The lack of coordination among actors working in health system. There were multi-country mass immunization campaigns that Guinea participated in, therefore delaying all other activities that have been planned during the same period

Partner Contributions

- Catholic Relief Service (CRS), Management Sciences for Health Leadership, Management, and Governance Project, and Stop Palu
- CRS, Management Sciences for Health Leadership, Management, and Governance Project and Stop Palu

Support for Policies, Guidelines, Regulations, and Partner Coordination

During this quarter, SIAPS supported the National Directorate of Pharmacies and Laboratory (DNPL) to organize a three-day workshop that was held in Kindia to develop a draft of a law on pharmaceutical legislation and regulation in Guinea. After this workshop, the next step was for DNPL to establish an ad hoc committee and identify its members for a finalization of the pharmacy law draft.

Efforts and resources were leveraged with WHO and CRS to support DNPL in conducting an activity related to a development of a job description for Regional Pharmacist Inspector (RPI). It is expected that the inspector will play a key role in improving implementation of pharmaceutical regulatory activities in regions and health districts.

PCG benefited from SIAPS technical assistance to develop and present its annual operational plan to reflect the strategic plan that has been earlier developed and validated with SIAPS support.

On April 14–16, 2015, SIAPS attended the restitution meeting that PNLP has organized on findings from the recent integrated supervision. PNLP subsequently requested SIAPS to assist refining a reporting template that each supervised region will use to capture key supervision facts and findings so that a final report could be issued based on individual reports from regions.

Finally, in collaboration with other partners, SIAPS participated in a validation of standard operating procedures that a consultant has developed for the PNLP M&E Unit. The validation workshop was organized by PNLP at Donka Hospital on May 13–14, 2015

Constraints to Progress

During this quarter, the Ebola outbreak was still a major focus of the attention and efforts of the Ministry of Health staff members, making difficult for any MOH partner to plan and conduct other activities with them.

Partner Contributions

- SIAPS has leveraged efforts with key partners WHO, CRS, and SOLTHIS to support pharmaceutical governance related activities, and with CRS and Stop Palu for assistance to PNLP.
- WHO and CRS contributed to PCG activities.

KENYA

Implementation of PMI Monitoring Tools

The Health Commodities and Services Management (HCSM) Program conducted round nine quality of care survey during the quarter. , Data entry process was finalized also finalized, report writing and dissemination to be done in the next quarter.

The program prepared a PPMRm for the quarter, which was reported to PMI.

Constraints to Progress

None

Partner Contributions

Collaboration with the Malaria Control Unit, Kenya Medical Research Institute (KEMRI)- Wellcome Trust, PMI, and DELIVER

Capacity Building

Developed a draft malaria diagnostics (Quality Assurance/Quality Control [QA/QC]) curriculum and accompanying participants and trainers manuals. The drafts are awaiting final review by the Lab Sub committee

HCSM supported the Malaria control unit to develop the malaria QA/QC implementation plan. The draft implementation plan was finalized during the quarter and will be printed and disseminated in the next quarter.

Constraints to Progress

- Many conflicting activities with the Malaria Diagnostics focal point at the NMCP leading to delayed finalization
- Delayed in receiving signatures in the final drafts from the MOH

Partner Contributions

MOH/NMCP, KEMRI

Supply Chain Management

The team provided technical assistance to national health commodity-related TWGs and committees to compile and disseminate the stock status reports for April – June 2015.

In collaboration with the University of Nairobi, the new web stock status tool being developed, that will show National and county level stock status

Developed malaria commodities quantification and redistribution guidelines both guidelines are awaiting review by the NMCP

HCSM continues to support to the MOH/NMCP to enhance the uptake and consistent use of LLINs. In this regard;

- HCSM secured ethical approval of a scientific protocol describing a baseline mobile phone-based survey from the University of Nairobi Ethical Review Committee. The findings of this survey will inform the development of strategies that will enhance the uptake and consistent use of LLINs.
- HCSM formally engaged a company that offers mobile phone survey solutions to undertake the quantitative survey using m-technology (Innovation).
- HCSM has overseen the start of the actual mobile phone study. The study involves two separate surveys (household and health facility surveys). The household survey is complete and the health facility survey is on going

Constraints to Progress

Delayed commodity reports from KEMSA

Malaria case management focal person resignation from the NMCP led to a delay in the review of these guidelines

Long time taken to secure political goodwill and administrative permission from county governments for health facility managers to participate in the study

Partner Contributions

NMCP/MOH, University of Nairobi

Support for Policies, Regulations, and Partner Coordination

HCSM facilitated and attended a Malaria Interagency Coordination Committee meeting

With HCSM the support the County pharmacist's forum was held to discuss Malaria commodities and case management priorities for the counties and the National level

Constraints to Progress

None

Partner Contributions

MICC Members who include: MOH/NMCP, KEMRI, CDC, PMI, CHAI, AMREF, GF, UNICEF, KEMSA

LATIN AMERICA AND THE CARIBBEAN: AMAZON MALARIA INITIATIVE

Case Management and Supply Chain Management

SIAPS participated in a meeting organized in Iquitos, Loreto, Peru (March 2–5) to analyze the conditions and factors leading to the recent increase in malaria incidence in Loreto, and agree on alternative strategies to confront the epidemic. Based on these agreements, SIAPS supported the development of a plan for the introduction of artemisinin-based fixed-dose combinations. For the next quarter, this plan will be revised and validated with national counterparts and partners. If technical assistance is requested, SIAPS will support the estimation of needs and the operative distribution plans. SIAPS will also assess the progress in the introduction of RDTs. If requested by national counterparts, SIAPS will support the development, along with other Amazon Malaria Initiative (AMI) partners, of a plan for the systematic introduction of RDT.

With the technical assistance of SIAPS, the Loreto medical store was certified in good storage practices (just the second one in Peru). For the next and following quarters, SIAPS will continue providing limited technical assistance to keep the certification valid.

SIAPS continued working with local counterparts in Pará and Roraima (Brazil) to systemize interventions to improve access to malaria diagnosis and treatment in gold mining areas. For next quarter, SIAPS will finalize the technical report on the systemizing these interventions, and will start monitoring the implementation progress and preliminary results, based on a monitoring plan to be completed by August 2015.

Constraints to Progress

The introduction of guidelines to support malaria pharmaceutical management in primary health facilities, and monitor the availability of antimalarials used by primary health volunteers in Guatemala, has been delayed, due to a conflicting agenda of national counterparts.

Partner Contributions

None

Information Systems Management

The technical report on the situation of malaria pharmaceutical management, and the impact of AMI supported interventions in seven AMI countries, was finalized. During this quarter, SIAPS uploaded the report to its website (Situación del Suministro de Antimalaricos en Países) and distributed to all AMI partners, along with a synthesis of the main conclusions.

Through its local consultants, SIAPS supported the compilation of information and analysis for the Quarterly Bulletin on Availability and Consumption of Antimalarials, disseminated by Pan American Health Organization on May 2015. Nine countries shared information. The

availability of antimalarials in central warehouses has slightly decreased (from 79% last quarter to 71%), due to the depletion of cloroquine and primaquine in some countries. For the next quarter, SIAPS consultants will continue supporting this activity.

In Colombia, major inaccuracies in the estimation of needs and distribution are a consequence of a poorly estimated percentage of unregistered malaria cases. Along with national counterparts, SIAPS developed the first draft of a research protocol to estimate under registry percentages in high burden regions. For the next quarter, the protocol the data collection instruments will be pilot tested in a few health facilities.

Constraints to Progress

National counterparts in Colombia have been dealing with other technical and administrative priorities. For this reason, the implementation of an evaluation of malaria control strategies has been delayed.

Partner Contributions

The elaboration of the research protocol in Colombia has been supported by the National Health Institute

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS has proposed a performance evaluation of malaria control strategies in Colombian regions with high malaria incidence. During this quarter, the evaluation criteria and the data collection forms were drafted. For the next quarter, SIAPS will discuss alternative strategies for the implementation of this activity with local counterparts in Colombia.

Constraints to Progress

National counterparts in Colombia have been dealing with other technical and administrative priorities. For this reason, the implementation of an evaluation of malaria control strategies has been delayed.

Partner Contributions

None

MALI

Implementation of PMI Monitoring Tools

SIAPS worked closely with the Directorate of Pharmacy and Medicines (Direction de la Pharmacie et du Médicament [DPM]), the NMCP, the CMS (Pharmacie Populaire du Mali [PPM]), PSI, and USAID/PMI to produce the PPMRm report

SIAPS supported the NMCP to organize dissemination meetings for the last EUV survey results in five regions and Bamako.

Constraints to Progress

Lack of partner's commitment to adhere to National Supply Plan for malaria and Family Planning commodities

Partner Contributions

- PPM, PSI, DPM, and USAID attended meetings on analysis and validation of collected pharmaceutical management data.

Information Systems Management

To facilitate timely data aggregation for decision making, SIAPS provided support to Mali MoH for the implementation of the Outil de Suivi des Produits de la Santé, a web-based dashboard that captures, aggregates, tracks and makes information available and accessible for malaria and family planning commodities. The new tool would help the MOH and its stakeholders to gain information for better and faster decision making. During this quarter, SIAPS conducted a User Acceptance Testing and orientated warehouse managers and managers on the data entry and other transactions into the dashboard. Trained professionals came from 50 health districts including six regional, National and regional hospital pharmacies.

Constraints to Progress

Proper management of the new system at all level to make a relevant decision

Partner Contributions

PPM, PSI, DPM, Reproductive Health Directorate, USAID, UNFPA

Capacity Building

During this quarter SIAPS supported 18 local organizations by building their capacity to conduct training and provide technical assistance in pharmaceutical management. Hence, twenty-three

TA visits and trainings were conducted with DPM, PPM, NMCP, Regional Health Directorates (Direction Régionale de la Santé [DRS]) and health districts.

With its resource partner William Davison Institute, SIAPS conducted a qualitative assessment and strategic review of the technical assistance that SIAPS has provided to Mali health system; aiming at establishing key results and impact that came from significant SIAPS interventions in the area of supply chain management in the country.

SIAPS worked with MoH representatives to conduct coaching and mentoring sessions in health districts of Tominian (Segou Region) and Bandiagara (Mopti Region), for professionals who have been previously trained in pharmaceutical management. The percentage of trainees who successfully completed their post-training action plan increased from 36% to 46%. Similar activities were initiated and are still ongoing in additional health districts including Bafoulabe (Kayes Region), Bougouni (Sikasso Region), Baraouli (Segou Region, and Djenne (Mopti Region).

Constraints to Progress

None

Partner Contributions

- DRS and health districts of Kayes, Koulikoro, Sikasso, Segou, Mopti and Bamako.
- Hôpital du Point G, Hôpital Gabriel Toure, Hôpital du Mali, Hôpital de Kati, Hôpitaux de Kayes, Sikasso, Segou and Mopti
- PPM, DPM, NMCP, USAID, Measure Evaluation, CRS, PSI, Unité de Gestion du Projet/Programmes des Nations Unies pour le Développement (UGP/PNUD), UNFPA, Global Funds

Support for Policies, Guidelines, Regulations, and Partner Coordination

To improve pharmaceutical governance, SIAPS supported the DPM to organize malaria technical working group (TWG) meetings held to update malaria plans based on medicines consumptions and inventory replenishments data. Key recommendations from the meetings were the following:

- Inform NGOs to make available information and data a week before the workshop.
- Organize a meeting to present the procurement plan to the member of the Technical Coordination Committee
- Send a request to the government and partners for health commodities procurement.
- Send the procurement plan to the PPM.

Additionally, to improve transparency and accountability in PPM, SIAPS and a consultant from Imperial Health Services supported the PPM to develop four standard operating procedures (SOPs) for their main pharmaceutical management transactions: reception, storage, picking,

packing, and shipping. A package of training materials will be developed to train staff on how to implement and measure the SOPs adherence for each department.

Six quarterly coordination meetings were organized in Kayes, Koulikoro, Sikasso, Segou, Mopti, and Bamako to discuss and validate LMIS data that showed an increase of reporting rate from 53% to 67%.

Constraints to Progress

During this quarter, SIAPS found insufficient involvement of stakeholders during the update of supply plans

Partner Contributions

- Malaria technical working group, DPM, PPM, NMCP, USAID, Global Fund
- DRS, PPM regional warehouses, and health districts of Kayes, Koulikoro, Sikasso, Segou, Mopti regions, and Bamako participated to quarterly review meetings

SOUTH SUDAN

Implementation of PMI Monitoring Tools

SIAPS compiled the April–June 2015 PPMRm reports, which included the national anti-malarial stock status report for the country. The report showed that the availability of anti-malarial is approximately 3–4 months of stock, which is consistent with current pipeline and procurement data

Constraints to Progress

None

Partner Contributions

PSI contributed significantly in providing data for anti-malarial stock status from their supplies.

Information Systems Management

To ensure that information for decision making is enhanced, SIAPS continued to provide monthly stocks status reports through the Logistics Management Unit. The data received this quarter was mainly from Central Equatorial State (CES). During the monthly report data collection and feedback to the counties, the team noted that there has been a continuous improvement in stock availability. The rate of stock-outs of tracer medicines has reduced in all counties. This can be attributed to the effective distribution of Emergency Medicines Fund (EMF) throughout the country. The Logistics Management Unit received data from five counties (Terekeka, Yei, kajo-keji, Morobo, and Lainya) and the reporting rates increased from 10% in 2014 to 60% in 2015.

Constraints to Progress

Human resources availability remains a challenge at the health facility level, and the capacity to undertake inventory management tasks is minimal. This leads to delays in receiving prompt and accurate reports for analysis. The program has just recruited a new data officer for West Equatorial State (WES) to facilitate data collection process in the state.

Partner Contributions

SIAPS worked with Integrated Service Delivery Program (ISDP) partners within CES and WES in data collection and field visits. PSI also contributed significantly in providing data for anti-malarial stock status from their supplies.

Supply Chain Management

SIAPS coordinated with DELIVER to ensure that all the 16 CES and WES counties received their EMF supplies which include antimalarials and other essential commodities. SIAPS communicated through its partners like the ISDP, and county health departments to ensure that available space was created to receive the consignment and also proper documentation was done to ensure accountability for the supplies received.

SIAPS provided technical and logistical support to Morobo County in CES to distribute EMF commodities to Aboroto, Payume, Lujulo, and Aloto Primary Health Care Centers, and Yaribe and Kendila Primary Health Care Units. SIAPS engaged the county's implementing partners such as the ISDP in the process.

To ensure correct and uninterrupted supply of medicine, SIAPS has been working with its partners including the MOH to discuss plans and options for the next procurement of essential medicines as the EMF comes to a close. By September 2015, the country faces an imminent stock-out of essential medicines. SIAPS has met with the different stakeholders to look at options and also quantify for the vital commodities needed given the limitations in funding from donors and partners. Hopefully, with financial commitment from donors, the availability of essential medicines will be assured to help save lives of many South Sudanese.

SIAPS continues to provide technical assistance in the management of the CES medical store to ensure smooth operation, appropriate medicine storage, and proper inventory management practices. Currently, supplies are issued based on requests from facilities as part of the implementation of the pull system.

SIAPS has been engaging with the DELIVER team to ensure that the procurement of the 400,000 long-lasting insecticide-treated nets, 630,000 doses of ACTs, and about 7,500 doses of SP are received on time, transported, and appropriately stored. These supplies are to be distributed to all the 16 counties of WES and CES. SIAPS made arrangements to store and distribute these supplies when they arrive in-country.

SIAPS facilitated a de-junking and disposal of last supplies of Multi-Donor Trust Fund (MDTF) commodities that were stored by selected counties in both CES and WES. Part of the exercise was to also re-arrange the stores to create more space for the incoming EMF supplies. SIAPS worked closely with implementing partners on the ground such as Juanitor International and other ISPD partners, e.g., World Vision International.

Constraints to Progress

The general insecurities continue to greatly affect drug supply and management in the country, with certain areas being very difficult to reach due to the conflict.

Limited funding for health programs such as drug procurement has potential implications on some of the key intervention on drug availability.

In CES and WES, some counties do not have storekeepers and pharmacists who can be accountable for handling the medicines. This affects the management of the drug supply and capacity-building efforts by the program.

Selected counties and health facilities have challenges with shelves and pallets, which results in poor storage and management of EMF supplies. The program in collaboration with the NMCP and the National Aids Control program have initiated procurements of pallets to reduce the problem.

Partner Contributions

The project has collaborated with and leveraged resources from partners such as the ISDP, Health Pool Fund, WHO, UNICEF, and USAID | DELIVER to ensure that issues related to medicine supply and pharmaceutical management are addressed.

Capacity Building/Supportive Supervision

SIAPS continues to provide technical assistance in the day-to-day management of the CES medical store, ensuring smooth operation and appropriate medicines storage and inventory practices, including arrangement of medicines in the store, stock card update, and receipt and issue of medicines.

SIAPS provided technical assistant to World Vision through facilitation of pharmaceutical management training from June 15–19, 2015, for their health care providers. The participants included clinical officers, midwives, and nurses from the refugees' camps and health facilities which include Mapudu PHCC and Napere Primary Health Care Units. Ten health workers were trained (8 males and 2 females). This forms parts of SIAPS support in rolling out the pharmaceutical management interventions to the health facility level to improve medicines availability and use.

SIAPS also facilitated five days pharmaceutical management training of trainers workshop in collaboration with Inter Church Medical Aid (IMA). Participants included CHWs, nurses, medical storekeepers, clinical officers, and pharmacy technicians from Upper Nile and Jongeli states. Some of the areas covered in the training included good Storage practices, correct use of PMIS tools and reporting forms, rational medicines use, and conducting effective supportive supervision. The trainers are expected to roll out the pharmaceutical management interventions. In all 30 participants were trained (6 females and 24 males).

SIAPS conducted a three-day pharmaceutical management training in Yei, April 1–3, 2015. The training focused on improving participants' skills and knowledge of pharmaceutical management, using PMIS tools, and preparing participants to address immediate pharmaceutical management challenges they encounter on regular basis at their workplace. The participants composed of clinical /officers, nurses, lab technician, medical storekeepers, midwives/antenatal care and Community health workers. Twenty-nine males and only one female were trained.

SIAPS worked with the CES malaria coordinator Mr. Ismail Abdu to conduct malaria case management refresher trainings for 80 health staff members (40 each from the public and private sectors). SIAPS is currently supporting preparatory work for the case management training which would take place in August.

Constraints to Progress

Human resources availability remains a challenge at the facility level, and the capacity to undertake pharmaceutical management tasks is minimal. This leads to difficulty in rolling out program activities.

Partners Contribution

The project has collaborated with ISDP, IMA, and Health Pool Fund to ensure that pharmaceutical management trainings are rolled out throughout the country. These partners provided logistics and materials for the training

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS participated in a one-day meeting that focused on orienting the NMCP staff on the Global Fund NFM. The training gave NMCP staff a better understanding of the NFM and increased preparedness for grant proposal writing.

As part of the monthly malaria M&E technical meetings, SIAPS updated the previously developed malaria M&E work plan for January–December 2015. This was shared with the NMCP officers and partner M&E officers from Malaria Consortium and PSI. The updated work plan also highlighted and synchronized timelines for the different M&E activities.

SIAPS worked together with the NMCP Program Manager and other NMCP partners to discuss the plan for the Malaria Mid-year Review Meeting. SIAPS provided technical input for the review meeting which took place June 22–25, 2015, by preparing and presenting on the 2015–2016 Malaria annual work plan overview, malaria surveillance and M&E updates; SIAPS also led the discussions on the January–June 2015 state progress reporting sessions. The state reporting sessions served to validate plans for the next six months (July–December 2015) prior to the next review meeting. SIAPS also supported Mr. Bakhit Sebit, the NMCP M&E Officer, to prepare a presentation on the “Overview of Malaria Morbidity and Mortality Trends.” The next step is to finalize the state progress reports and submit them for incorporation into the final workshop report. Forty-three NMCP staff members (9 females and 34 males) took part in the meeting. These including NMCP staff, state M&E officers, and malaria coordinators as well as malaria partners—both implementers and donors (e.g., USAID, UNICEF, Global Fund local funding agent and PSI).

SIAPS also had a meeting with the USAID M&E specialist, Mr. Eruaga Jackson, to discuss key elements of the SIAPS performance monitoring plan (including malaria activities such as trainings, supervision, and sentinel surveillance). Also discussed was the USAID prospect of

developing a performance management plan and the need to come up with an indicator that can be monitored in all USAID projects to track performance. It was agreed that the common indicator to be tracked will be “# of pharmaceutical management training and supportive supervision activities conducted in WES and CES.”

SIAPS Participates in a Community-Based Test and Treat Campaign

To celebrate the 2015 World Malaria Day, the South Sudan NMCP with support from SIAPS and other partners, organized a four days (April 27–30) community-based “Malaria: Test and Treat” campaign that was conducted at the outskirts of Juba City, Gurei Payam. Activities included—

- Design, printing, and distribution of 500 flip charts and 1500 T-shirts
- Community mobilization and awareness through TV and radio sessions, key messages also passed through text messaging and town criers.
- On site-health education throughout the four days of the campaign

In total, about 6,500 people (mainly women and children) were tested for malaria and 3,200 (49.2%) tested positive and were treated. All received LLINs.



Figure 3. Test and Treat Campaign
Photo by SIAPS South Sudan

Constraints to Progress

The newly established Drug and Food Control Authority lacks sufficient human resources to engage in fruitful discussions on the essential medicines list/standard treatment guidelines development

The Malaria Advisor position has not been filled yet and the recruitment process is still on-going. It is hoped that this position will be filled in the next quarter to support the program. The human resource capacity at the national, state, and county levels to fully implement malaria interventions is limited. This has limited the ability of the malaria program to fully roll out its strategies at the lower levels. Embedded advisors from SIAPS and WHO are supporting the national program to develop the necessary policies and tools for effective implementation of malaria activities.

Partner Contributions

The Global Fund, through PSI, WHO, and USAID, has been supporting malaria activities through the engagement of technical assistance/consultants and advisors.