

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

---

January—March 2016



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

## **About SIAPS**

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to 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.

## **Recommended Citation**

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

SIAPS. 2016. *Systems for Improved Access to Pharmaceuticals and Services: Malaria Quarterly Updates (January – March 2016)*. Submitted to the US Agency for International Development by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program. Arlington, VA: Management Sciences for Health.

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

## CONTENTS

Acronyms and Abbreviations .....	v
Introduction.....	1
Malaria Core .....	2
Angola.....	3
Implementation of PMI Monitoring Tools.....	3
Capacity Building.....	3
Information Systems Management.....	4
Support for Policies, Guidelines, Regulations, and Partner Coordination .....	5
Burundi .....	6
Implementation of PMI Monitoring Tools.....	6
Supply Chain Management .....	6
Capacity Building and Case Management .....	7
Support for Policies, Guidelines, Regulations, and Partner Coordination .....	8
Democratic Republic of the Congo.....	9
Implementation of PMI Monitoring Tools.....	9
Supply Chain Management .....	9
Capacity Building.....	9
Rational Medicines Use .....	10
Information Systems Management.....	10
Support for Policies, Guidelines, Regulations, and Partner Coordination .....	11
Ethiopia.....	12
Implementation of PMI Monitoring Tools.....	12
Supply Chain Management .....	12
Capacity Building.....	14
Rational Medicines Use .....	16
Information Systems Management.....	17
Guinea.....	18
Information Systems Management.....	18
Supply Chain Management .....	19
Capacity Building.....	19
Support for Policies, Guidelines, Regulations, and Partner Coordination .....	20
Kenya .....	22
Implementation of PMI Monitoring Tools.....	22
Supply Chain Management and Capacity Building .....	22
Information Systems Management.....	22
Support for Policies, Regulations, and Partner Coordination .....	22
Latin America and the Caribbean: Amazon Malaria Initiative.....	24
Case Management and Supply Chain Management.....	24
Information Systems Management.....	24

Support for Policies, Guidelines, Regulations, and Partner Coordination .....	25
Mali .....	26
Implementation of PMI Monitoring Tools .....	26
Supply Chain Management .....	26
Information Systems Management.....	27
Capacity Building.....	27
Support for Policies, Guidelines, Regulations, and Partner Coordination .....	28
Niger .....	30
Supply Chain Management .....	30
Support for Policies, Guidelines, Regulations, and Partner Coordination .....	30
South Sudan .....	32
Information Systems Management.....	32
Supply Chain Management .....	32
Capacity Building/Supportive Supervision .....	33
Support for Policies, Guidelines, Regulations, and Partner Coordination .....	34

## ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
AMI	Amazon Malaria Initiative
APTS	Auditable Pharmaceutical Transactions and Services
AS	artesunate 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]
CDR	Centrale de Distribution Régionale
CES	Central Equatorial State
CHW	community health workers
CMS	Central Medical Stores
CRMS	continuous results monitoring systems
CRS	Catholic Relief Services
DHIS	District Health Information Software
DNME	National Directorate of Medicines and Equipment [Angola]
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)
DRC	Democratic Republic of the Congo
DRS	Regional Health Directorate
DTC	Drug Therapeutic Committee
EUV	end use verification
FMOH	Federal Ministry of Health
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HF	health facility
iCCM	integrated community case management
IMA	Interchurch Medical Association
IPtP	intermittent preventive treatment in pregnancy
IP	implementing partner
IPLS	Integrated Pharmaceutical Logistics System
ISDP	Integrated Service Delivery Program
LLINs	long-lasting insecticidal nets
LMG	Leadership, Management, and Governance Project
LMIS	Logistics Management Information System
LMU	Logistics Management Unit
M&E	monitoring and evaluation
MOH	Ministry of Health
NMCP	National Malaria Control Program
ORHB	Oromia Regional Health Bureau

OSPSANTE	Outil de Suivi des Produits de la Santé
PAHO	Pan American Health Organization
PCG	Central Medical Store [Guinea]
PFSA	Pharmaceutical Fund and Supply Agency
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
PTWG	Pharmaceutical Technical working Group
RBM	Roll Back Malaria
RDT	rapid diagnostic test
SCMS	Supply Chain Management System
SIAPS	Systems for Improved Access to Pharmaceuticals and Services [Program]
SMC	seasonal malaria chemoprevention
SNNPR	Southern Nations, Nationalities, and Peoples' Region
SP	sulfadoxine-pyrimethamine
TOR	terms of reference
TWG	technical working group
USAID	US Agency for International Development
USP/PQM)	US Pharmacopeia Promoting the Quality of Medicines
WES	Western Equatorial State
WHO	World Health Organization

## INTRODUCTION

According to the World Health Organization (WHO),<sup>1</sup> the number of malaria deaths fell by 48% globally, and the number of malaria cases by 18% between 2000 and 2015. During this period, it is estimated that 6.2 million fewer malaria deaths occurred globally, primarily as a result of the scaled-up interventions. However, despite impressive gains in malaria intervention coverage, millions of people still do not receive the services they need.<sup>2</sup>

Working closely with the President's Malaria Initiative (PMI) in both Washington and PMI-focus countries, the US Agency for International Development (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, Niger, and South Sudan. In addition, SIAPS provides regional support in Latin America.

This report describes the major activities that SIAPS conducted at the global level and in each of the countries and region mentioned above between January and March 2016.

---

<sup>1</sup> World Health Organization. *World Malaria Report 2015*. Geneva: WHO; 2015.  
<http://www.who.int/malaria/publications/world-malaria-report-2015/en/>

<sup>2</sup> Ibid

## **MALARIA CORE**

To document SIAPS's contribution toward reducing malaria morbidity and mortality through systems-strengthening approaches and other interventions, key stakeholders including the Ministries of Health, health workers, community leaders, and nongovernmental organizations were interviewed. Information was collected in DRC, Ethiopia, Guinea, Kenya, and South Sudan. Whenever possible, interviews were videotaped for future reference and corresponding qualitative and quantitative data, reports, and other materials were collected to support evidence of SIAPS's achievements

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



## ANGOLA

### Implementation of PMI Monitoring Tools

The program submitted the quarterly Procurement Plan and Monitoring Report for malaria commodities (PPMRm) in January 2016 after collecting stock information data from the national and provincial levels. This stock analysis allowed the National Malaria Control Program (NMCP) to review its distribution plan for RDTs for a balanced availability of these commodities across the provinces.

Also, the EUV report conducted in November and December 2015 was submitted to PMI.

#### *Constraints to Progress*

Delays in sending monthly reports from the provinces due to unreliable, intermittent internet connectivity, and data collected on monitoring and/or improving the provinces' daily activities was not used.

Remote collection of stock status data by telephone or emails that limits the possibility of validating these data for PPMRm through field visits

Insufficient human resources at the NMCP and Central Medical Stores (Central de Compras de Medicamentos e Meios Medicos de Angola [CECOMA]) due to the current national financial crisis

#### *Partner Contributions*

NMCP and provincial malaria teams were involved in coordination of data collection of malaria case management and monthly stock status.

### Capacity Building

Thirteen staff members from the national AIDS control program, NMCP, CECOMA, USAID Angola, and SIAPS participated in a nine-day intense training in quantification data collection and validation, assumptions, processes, and methods. Participants were able to apply electronic forecasting tools Quantimed<sup>®</sup> and PipeLine<sup>®</sup> tool for supply planning and stock-level monitoring.

The program continued to second a short-term consultant to CECOMA to develop the necessary documents and tools that are needed to build the procurement capacity of the warehouse, both on an institutional and individual level, in line with best procurement practices and current Angolan public procurement regulations and procedures. The consultant finalized and submitted documents to guide medicines procurement as well as a training manual to implement these guiding documents.

SIAPS worked with CECOMA to draft a memorandum of understanding that will be signed between USAID/PMI and CECOMA to channel, manage, and distribute some PMI-funded commodities through the warehouse. Once this memorandum is finalized and signed by both parties, efficiency in malaria health commodity logistics management will be improved by avoiding parallel distribution systems that were not empowering CECOMA to monitor PMI commodities at the provincial level

SIAPS staff that is embedded at NMCP continued to support compiling of all provincial reports in collaboration with the SIAPS M&E officer and malaria control provincial supervisors. This support is ensuring regular updates of the NMCP database for malaria case management and logistics data that is compiled at the national level. At the same time, all 18 provinces have been receiving feedback on their reports to improve quality and completeness.

### *Constraints to Progress*

- Insufficient human resources at CECOMA and health facilities
- Lack of warehousing space and poor storage conditions for pharmaceutical products
- Lack of internal supervision to reinforce the use of pharmaceutical management tools

### *Partner Contributions*

NMCP in the preparation of quantification training

CECOMA in the current consultancy to develop guiding documents in medicine procurement

## **Information Systems Management**

The program facilitated all the logistics for data collection of the malaria health facility survey conducted in the Uige and Huambo provinces. In coordination with the NMCP and the US Centers for Disease Control (CDC), 90 health facilities were included in the study, and the study team has started data analysis. SIAPS developed electronic tools that were used during data collection. Using these tools has allowed the program to enhance local experience, capacity, and expertise in using electronic forms in surveys—this has been recognized by the team of CDC principal investigators. The developed tools will be implemented in other routine data collection exercises, such as EUVs and supervision visits. Findings will assist NMCP and PMI to evaluate and redesign their interventions to ensure improved malaria case management and address current gaps.

### *Partner contributions*

NMCP in stock monitoring of antimalarial commodities

CDC Atlanta, NMCP, and Uige and Huambo provinces in conducting the malaria health facility survey

## **Support for Policies, Guidelines, Regulations, and Partner Coordination**

During the quarter, the program continued to support coordination among pharmaceutical supply chain stakeholders. In February 2016, SIAPS supported the National Directorate of Medicines and Equipment (Direcção Nacional de Medicamentos e Equipamentos [DNME]) to organize a bi-monthly meeting of the Logistics, Operations, and Procurement Subcommittee (Sub-Comissão para a Logística, Aprovisionamento e Operações [SCLAO]) to discuss and identify specific bottlenecks that affect public health supply chain services.

A plan to strengthen registration systems was discussed with the DNME director, and contacts were made with the Mozambique national medicine regulatory authority to facilitate a one-week study visit for DNME staff to share experiences and learn from their Mozambique counterparts. Preparations were made for an internal consultancy scheduled for April to support DNME in developing and implementing a data collection tool to identify all medicines imported in the last three years; this information will serve as a starting point of the national medicine registration process.

### *Constraints to Progress*

Due to the current financial crisis, MOH has other high-level priorities that affect the finalization of the national pharmaceutical supply chain strategy.

### *Partner Contributions*

DNME took a leadership role in organizing the SCLAO and other meetings to advocate for strengthening medicine regulatory systems.

## BURUNDI

### Implementation of PMI Monitoring Tools

SIAPS assisted the NMCP (Programme National Intégré de Lutte contre le Paludisme [PNILP]) in implementing the EUV survey. Data collection is complete; the report is being written and will be available in the next quarter.

SIAPS assisted the central warehouse (Centrale d'Achat de Médicaments Essentiels du Burundi [CAMEBU]) and PNILP to assess monthly stock levels for malaria commodities at CAMEBU. The data was used to produce the quarterly PPMRm. Additionally, the results of analysis were discussed with stakeholders including the the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund), UNICEF, PMI, and Secrétariat Exécutif Permanent du Conseil National de lutte contre le SIDA-Paludisme [SEP-CNLS/malaria]). Recommendations included—

- Speed up the Global Fund delivery of 360,000 ACT treatments for children aged 6-13 years
- Review the malaria commodity quantification to identify gaps, particularly for ACTs and RDTs due to the rise of malaria in the country.

#### *Partner contributions*

PNILP, CAMEBU

#### *Constraints to Progress*

The EUV previously planned for January was postponed to February as most of data collectors were involved in implementing the emergency response to limit the rise of malaria cases and deaths.

### Supply Chain Management

SIAPS collaborated with the Supply Chain Management System (SCMS) project to assist the Department of Pharmacy, Medicines, and Laboratory (Département de la Pharmacie, du Médicament et des Laboratoires [DPML]) in conducting a baseline study prior to the implementation of the newly approved logistics management information systems (LMIS) manuals and tools..

To strengthen in-country quantification capacity, SIAPS is assisting the MOH and partners to create a National Commodity Security Committee. During the quarter, the MOH nominated the committee members and endorsed the terms of reference (TOR). This committee has been set up to ensure optimal supply of commodities for priority public health programs including the malaria program. Its work will focus on issues related to quantification and procurement, personnel training, LMIS, and inventory control. The new committee assisted the PNILP in

reviewing quantification, analyzing gaps and updating supply plans for malaria commodities. In the review, the committee found a 40% gap in ACTs and RDTs needs due to the increase in malaria incidence.

SIAPS assisted the PNILP to facilitate the delivery of PMI procured commodities (1,250,000 RDT and 1,401,737 blisters packs of ACT) in country.

SIAPS also assisted the PNILP and CAMEBU in distributing malaria commodities from the central store to the 46 health districts. In this regard, SIAPS assisted districts to estimate monthly needs based on monthly distribution reports, and communicated CAMEBU's distribution calendar.

### *Partner contributions*

SCMS, DPML, CAMEBU, PNILP

### *Constraints to Progress*

The surge in malaria cases has put pressure on the supply chain, resulting in stock-out of ACT for children aged 6 to 13 years.

## **Capacity Building and Case Management**

SIAPS collaborated with SCMS and the DPML in finalizing training materials for the LMIS manual and tools including trainers' and participants' guides. SIAPS and SCMS also assisted the DPML in training 159 trainers at the central level (19), district level (26), and health facility level (114). LMIS training is planned to target approximately 425 persons from four health provinces. Thus far, about 37% target participants have been trained.

SIAPS assisted the PNILP and Direction de l'Offre et de la Demande de Soins to validate the integrated community case management (iCCM) training module and trained 17 trainers (41%) of the central level on training techniques and iCCM policy. Central trainers helped in training 45 trainers (24% women) at the province and district levels. During the quarter under review, trained province and district level trainers assisted in training 56 trainers (20% women) at health center level. Also during the quarter, 121 community health workers (CHWs) of Bubanza and Mpanda health districts were trained on iCCM (focusing on malaria community case management). These newly trained CHWs have been provided with necessary equipment and materials to start treating malaria starting in March 2016.

SIAPS supports the PNILP and National Reproductive Health Program (Programme National de Santé de la Reproduction) in scaling up in intermittent preventive treatment in pregnancy (IPTp) using sulfadoxine-pyrimethamine. During this quarter, 40 trainers (18% women) from Bururi, Mwaro, and Makamba health provinces were trained on IPTp policy. These trainers then trained 442 health care providers to implement the IPTp policy.

SIAPS assisted the PNILP and National Reproductive Health Program to conduct sensitization seminars for the local administration on how to implement IPTp. In all, 326 local administration agents located in the six health provinces have been sensitized. The sensitization aimed at seeking ownership of the policy by local leaders who will contribute to relaying information to communities and generating demand for health-center based IPTp services among area women and their families.

SIAPS assisted the newly created communication unit within the PNILP to validate a communication guide on malaria and train 30 trainers (20% women) at the central level. The guide explains appropriate communication methods and key messages on malaria prevention. SIAPS also supported the PNILP to train 340 trainers (26% women) on malaria prevention communication guidelines, methods, and messages. Trainers will assist in training CHWs on raising awareness, sensitization techniques, and malaria prevention communication. CHWs will in turn sensitize populations in their catchment areas to change attitudes and adopt positive behaviors to prevent malaria.

To respond to the rise of malaria cases, SIAPS supported the MOH to organize mobile clinics organized across 18 affected health districts. Teams of health care providers reached patients in their communities to allow easier access to malaria services.

### *Partner Contributions*

CARITAS-Burundi contributed facilitation expertise and logistics aspects of iCCM trainings.

PNSR

### **Support for Policies, Guidelines, Regulations, and Partner Coordination**

SIAPS assisted the PNILP to develop the 2015 annual activity report and 2016 work plan through two workshops conducted with SIAPS assistance. The work plan will guide malaria activities for 2016 and serves as a basis for quarterly and annual evaluations.

To improve operational capacities at the PNILP and the DPML, SIAPS provided laptops, 9 power back-up stabilizers, and 2 printers to the DPML, as well as 12 laptops and 4 power stabilizers to the PNILP.

## DEMOCRATIC REPUBLIC OF THE CONGO

### Implementation of PMI Monitoring Tools

In March, SIAPS began collecting EUV data in collaboration with the NMCP. In addition to PMI supported facilities, the current EUV also included Global Fund-supported facilities. The findings of the EUV will be available next quarter

#### *Constraints to Progress*

Logistic issues resulting in high EUV costs

#### *Partner Contributions*

NMCP, Drug Regulatory Authority, National Program for Medicines Supply, IHP -Plus, PMI-Exp (Population Services International [PSI] and CARITAS).

### Supply Chain Management

During this quarter, SIAPS provided technical and logistics support to the Kamina and Kisangani Regional Distribution Centers (Centrale de Distribution Régionale [CDRs]) to improve storage conditions. Among other improvements, SIAPS helped relocate CAMEKIS (Kisangani's largest depot) to a better building, and provided Kamina's CDR with refrigerators, hygro- thermometers, and pallets.

SIAPS also ensured the quarterly supply of malaria commodities in the 44 PMI-health zones covered by its scope of work.

#### *Partner Contributions*

HIP-plus, CDRs, and PMI-Exp (CARITAS)

### Capacity Building

SIAPS supported supervision of health workers in Kasai Oriental health zones. Fifteen sites (12 health facilities and 3 warehouses) were visited and 37 health workers (12 women and 25 men) were supervised. The supervision focused on malaria case management and antimalarial medicines management.

#### *Constraints to Progress*

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

### *Partner Contributions*

NMCP, Pharmacists at provincial level

### **Rational Medicines Use**

SIAPS collaborated with the Provincial Health Divisions (Divisions provinciales de la santé) to conduct a medicine use survey to compare performance in hospitals with a Drug and Therapeutics Committees (DTCs) and those without. The survey was conducted in four USAID-supported provinces (Sud Kivu, Kasai Oriental, Kasai Occidental, and Province Orientale) and a total of 10 hospitals (five with and five without DTCs) were visited. Overall, facilities with DTCs seem to perform better than those without. For example:

- The proportion of prescriptions with at least one antibiotic was 59% in hospitals without DTC compared to 47% in hospitals with DTCs.
- 35% of prescriptions had at least one injectable in hospitals without DTCs, while hospitals with DTCs only had 12%.
- In hospitals with a DTC, 58% of interviewed patients knew all the aspects of their medication (name, dose, frequency, treatment duration, and route of administration) compared to 23% that went to hospital without DTCs.
- In hospitals with DTCs, 60% of malaria cases were treated as per the recommended malaria treatment guidelines while in hospital without DTCs, only 40% of malaria patients were treated according to guidelines.

### *Constraints to Progress*

- Difficult access to sites due to logistical and infrastructures constraints.
- Resistance to change by other USAID implementing partners.

### **Information Systems Management**

As part of its work to strengthen the LMIS, SIAPS piloted the pharmaceutical management component of the District Health Information Software (DHIS) 2.0 in South Kivu and Mwene Ditu. Following the results of the pilot phase, SIAPS will continue working with the developers to optimize the module

### *Constraints to Progress*

Inconsistencies identified during the pilot.



### *Partner Contributions*

IHP+

### **Support for Policies, Guidelines, Regulations, and Partner Coordination**

During this quarter, SIAPS continued supporting the DPM to strengthen DRC's medicine registration process. In January 2016, the quarterly registration session was held and 251 of the 263 received dossiers were analyzed. Of those analyzed, 69 (27.4%) were registered and authorized, 176 (70.1%) did not have sufficient information to complete registration, 12 (4.6%) were deferred to next session due to time constraints, and 6 dossiers (2.4%) were rejected. This brings the total number of registered medicines in DRC to 4,419, up from approximately 400 in 2011 at the beginning of SIAPS project.

On February 26 to 27, SIAPS supported the MOH to hold a two-day workshop for Technical and Financial Partners of the National Medicine Coordination Committee. The workshop aimed to evaluate each partner's respective contributions in the DRC annual medicines plan for 2016. The workshop produced a nationwide medicine distribution map that will allow adequate allocation of commodities across the country

Following DRC's recent restructuring of the health provinces, SIAPS continued to support the MOH in the establishment of provincial medicine committees (CPM) in newly established provincial health divisions. The CPM plays a critical role in coordinating medicines provision, distribution, and use among all of the MOH partners. During this quarter, SIAPS supported the establishment of CPMs in the three provincial health divisions of Mweneditu, Kamina, and Kalemie.

### *Constraints to Progress*

Newly created provinces lack resources, thereby making it difficult to establish their provincial health divisions.

### *Partner Contributions*

WHO, UNICEF, UNFPA

## ETHIOPIA

### Implementation of PMI Monitoring Tools

The third round, countrywide EUV survey data was collected from January 15 to February 17, 2016. The data was collected from a total of 27 sites comprising of 9 hospitals, 8 health centers, 4 health posts, and 6 zonal district health office stores. The survey showed that:

- Sixty-one percent of visited facilities had at least one presentation of artemether- lumefantrine (AL) on the day of the visit
- About 83% of the health facilities had chloroquine in stock and are able to treat *plasmodium vivax* malaria.
- Most patients (98%) were treated for malaria based on the national treatment guidelines.

To close the gaps seen during this reporting period, SIAPS is working with national, regional, and facility key stakeholders to initiate corrective actions through regular supportive supervision and mentoring of health workers on stock management, use of diagnostics, and adherence to malarial guidelines during malaria case management.

The second quarter PPMRm report was submitted; data were collected from the Federal Ministry of Health (FMOH) and the Pharmaceutical Fund and Supply Agency (PFSA). Appropriate information was also forwarded to stakeholders and partners with recommendations for action

### *Constraints to Progress*

In some districts, the store managers were not available during the survey visit, making it difficult to collect data.

### *Partner Contributions*

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

The Federal Ministry of Health and PFSA cooperated in furnishing the information for the PPMRm.

### Supply Chain Management

Supported four (Oromia, Amhara, Tigray and Southern Nations, Nationalities, and Peoples' Region [SNNPR]) regional health bureaus (RHBs) to review antimalarial drugs stock status. In this regard, data on available stock and stocks with less than 6 months to expiry were collected from a total of 83 health facilities. A report was disseminated to each RHB, PFSA hubs, and USAID-PMI for follow up and actions. Moreover, all SIAPS regional technical Advisors (RTAs)

were informed to make the necessary follow up with the concerned zonal health offices, PFSA hubs, and health facilities for appropriate actions.

SIAPS is supporting the Oromia RHB to implement a directive for redistribution of overstock and near expiry antimalarial and other essential medicines. During the quarter, a draft Directive for Transfer of Overstock and near Expiring Medicines between Health Facilities in Oromia Region was prepared based on the provision of Articles in the Oromia Regional State enacted Auditable Pharmaceutical Transaction and Services (APTS) Regulation in both Afan Oromo and Amharic languages and submitted to Oromia Regional Health Bureau (ORHB) for final review and approval by the ORHB Management Team.

SIAPS is supporting the FMOH (Malaria and Pharmaceutical Logistic units) through an assigned staff, in the different areas of the supply chain. Support included:

- Develop an implementation plan for detailed planning for antimalarial drugs and supplies. The implementation plan was revised in series of meetings and the micro planning exercise will be conducted in the next quarter.
- Follow up on the PFSA procurement of 4.3 million doses of AL, which is expected to arrive in the country quite soon.
- Procurement of 5.4 million RDTs. A bid evaluation has been completed and the RDTs will be available in a month's time.
- Distribution of antimalarial commodities based on malaria case data that was provided by the Ethiopian Public Health Institute.
- Integration of malaria supplies into the Integrated Pharmaceutical Logistics System (IPLS) through the Malaria Logistics Working Group. Under the IPLS, commodities will be directly delivered from PFSA hubs to districts and health facilities.
- Follow up on the procurement of indoor residual spraying chemicals (prophoxure 50% water-dispersible powder , and bendiocarb 80% water-dispersible powder ) from local pesticide factories. Both chemicals will be available and ready for use starting May 2016.

To improve the storage and handling of medicines at health facilities, contracts were awarded for refurbishment of 11 facilities. Also, Mizan/Aman and Yabello hospitals were refurbished during the quarter, bringing the total number of completed facilities to nine.

To help facilities prepare for APTS implementation, SIAPS designed pharmacy dispensing areas for 7 health facilities in the Oromia region. In addition, a purchase request was placed and procurement process has started for:

- 41 dispensing booths
- 8 cashier booths
- 26 shelves
- 7 aluminum-framed doors
- 49 dispensing chairs

### *Partner Contributions*

Health facility management and staff supported and actively facilitated the planning and other on-site activities to support the work. The health facilities are covering expenses of the dispensing pharmacies renovations while SIAPS covers procurement costs for the supplies to the model APTS hospitals.

### **Capacity Building**

To help implement the newly enacted APTS regulation, ORHB in collaboration with SIAPS organized a one-day workshop during the quarter to raise awareness of the new regulation. There were 183 participants from ORHB (37), Oromia Civil Service and Good Governance Bureau (2), Oromia Audit Bureau (2), Oromia Finance and Economic Development Bureau (2), Office of the Oromia Region President (2), Oromia Justice Bureau (2), Regional Hubs of PFSA (7), FMOH (1), hospitals (106), and zonal health departments (70). The following topics were presented:

- Overview about Auditable Pharmaceutical Transactions And Services (APTS)
- Overview of the APTS regulation
- Roles and responsibility of Civil Service Bureau, Finance Bureau, Health Bureau, Audit Bureau, hospitals, and other stakeholders in implementing APTS
- Implementation strategies and requirements in all hospitals

At the end of the workshop the participants agreed on the APTS implementation strategy in health facilities in the region.

SIAPS regional technical advisors (RTAs) in collaboration with zonal, district malaria, and pharmacy experts provided mentoring and technical support to health facility staff members in Oromia, Benshangul Gumz, and Amhara regions. Major areas of technical supports focused on:

- Monitoring availability of key essential medicines including antimalarials
- Monitoring stock status and antimalarials near expiry
- Promoting rational use of malaria medicines
- Mentoring for and technical support to DTCs
- Providing technical support to make hospitals aware of and ready for implementing APTS
- Making health facilities aware of and ready for the implementation of the IPLS.
- Distributing national guidelines such as the National Formulary third edition and the national antimicrobial resistance (AMR) strategy to hospitals.
- Participating in the PFSA-coordinated malaria technical working group (TWG )
- Collection of continuous results monitoring systems (CRMS) and EUV data from health facilities and forwarding data for compilation and reporting by the program office.

SIAPS and ORHB carried out a joint integrative supportive supervision during the quarter. A total of four zonal health departments, 12 district health offices, 14 hospitals and 23 health centers were visited. The supervision focused on Pharmaceutical services, storage conditions,

APTS, availability of some tracer medicines and management ownership: Discussions and feedbacks were undertaken with the managements at each health facility and with respective district and zonal health offices. The following were observed and communicated as gaps that should be given due attention for improvement:

- Inadequate attention and commitment to providing patient-centered pharmacy services and drug information services by the management and pharmacy professionals
- Inadequate attention to the provision of patient education on rational use of medicines and other related topics
- Inadequate attention to the promotion of rational prescribing and dispensing
- Insufficient storage space, poor storage conditions, and inadequate overall store management at most health centers
- Absence of pharmacy professionals at most health centers and shortage at almost all hospitals

As HFs improve their capacity to manage malaria patients and commodities, they become self-sustainable and the strategy is to remove them from routine support.. With this objective, SIAPS “graduated” four centers (Metahara and Bulbula from East Shewa zone, Ogolcho from Arsi zone, and Goro from Bale zone) in Oromia region during the quarter. The graduation ceremonies were attended by representative from ORHB, respective zonal and district health offices, and SIAPS. The facilities are ready to sustain antimalarial medicine management activities in collaboration with their program management at district and zonal health offices. Using the data generated by the continuous results monitoring system tool, these facilities were able to conduct their first review meetings. To ensure sustainability of the encouraging progress these facilities have made and as a strategy for expansion to other nearby facilities, the zonal and district health offices have taken responsibility to provide close follow-up and necessary technical support to the facilities.

### *Constraints to Progress*

Health facilities are working hard to improve their service but there are still challenges in properly documenting and communicating results. Tools are developed and supplied as part of the support to health facilities to be able to document and communicate results to decision makers. These challenges include:

- Commitment to documenting and reporting services provided at HFs. Poor quality data received from HFs.
- Lack of internet access at hospitals to run drug information services and share pharmacy service reports to RHB and partners,
- Resistance to record and report APTS activities as per requirements.
- Lack of computers at health facilities to record and report financial and service reports.

The absence of incentive packages related to APTS and shortage of pharmacy professionals in some district hospitals is compromising pharmacy service provision (counseling, appropriate evaluation, and documentation).

## Partner Contributions

SNNPR RHB and Sawla Hospital facilitated APTS training. Regional health bureau heads and Hospital Chief executive officers commitment facilitated scale-up of APTS implementation. All mentoring and supervision activities are carried out in close collaboration with zonal/district health managers, health facility management, DTCs, and staff members.

Almost all DTCs are interested in participating in the AMR containment activities and want to revise their plan of action according to the national strategy. National AMR Advisory Committee members committed to meet regularly.

## Rational Medicines Use

To assess for improvements in prescribing AL and for implementation of recommendations after the April 2015 drug use evaluation study, a second evaluation was conducted at Woldia General Hospital. The study looked at the indication for prescribing AL, the dosages, duration of treatment, contraindications, and drug interactions. The findings (figure 1) show how health facility DTCs can contribute to improving medicine use and better health outcomes. Also, hospital DTC and management have taken over ownership of the SIAPS supported activity ensuring sustainability.

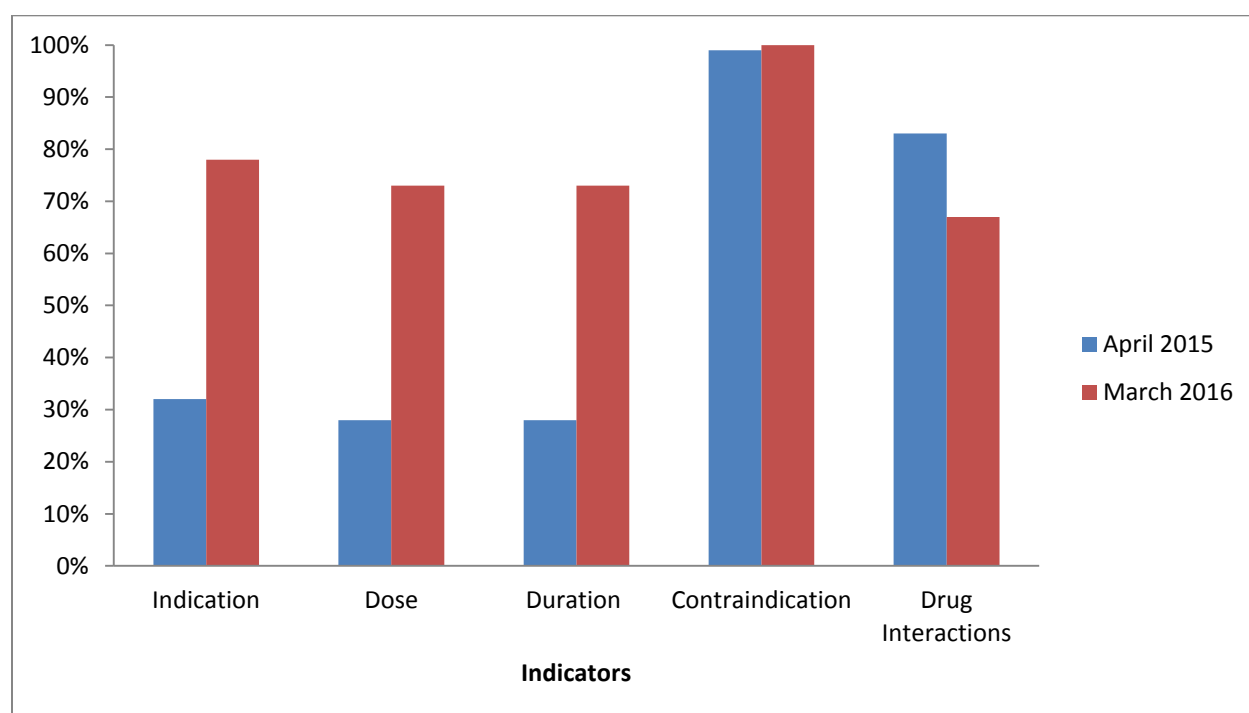


Figure 1. Drug use evaluation results

SIAPS is collaborating with the FMOH to review/update the “Drug Management Handbook for Health Extension Workers” to include reproductive, maternal, newborn, and child health and other drugs used at health post level. A task force comprising of members from the different program units of the FMOH, Food, Medicine and HealthCare Administration and Control Authority, PFSA, and other stakeholders was formed to oversee the implementation of the activity. The task force recommended that the preparation of the handbook be carried out by an external consultant for early completion. The TORs for hiring the consultant were drafted and the process is being followed by the MSH-Ethiopia Contract Office.

### *Constraints to Progress*

Because of time constraints and RHB and PFSA working on other priorities, health extension workers hand book customization could not be completed.

### *Partner Contributions*

The health facility DTCs and management as well as staff members provided technical and management support in conducting the studies and forging implementation plans to avert the identified problems. The health facility DTCs coordinated the program and the other technical staff delivered the health education sessions.

## **Information Systems Management**

The January 2016 CRMS data was collected from 43 CRMS health facilities in Oromia. The collected data was analyzed and report prepared for dissemination to stakeholders and partner organizations.

## GUINEA

### Information Systems Management

Having received the go ahead from USAID to purchase and install the SAGE software at central medical store (PCG), SIAPS coordinated the first meeting between PCG and the vendor to discuss the implementation process.

In collaboration with National Directorate of Pharmacies and Laboratory (DNPL), and Bureau Stratégie et Développement (BSD)/ Health Management Information System (HMIS), a number of activities were undertaken, including:

- Recruitment of a consultant to develop a roadmap to implement the LMIS activities
- Meeting with all HMIS stakeholders (DNPL, Direction de la Santé de la Ville de Conakry (DSVCO), Projet d'appui à la santé (PASA), BSD, United Nations Population Fund (UNFPA), PCG, PNLP, etc.)
- Finalization and validation of the HMIS strategic plan.
- Meeting with BSD to identify SIAPS contributions to the LMIS in collaboration with the supply chain focal person at MOH.

SIAPS participated in meetings organized by the MOH's HMIS unit in which the Research Triangle Institute (RTI) International presented the progress on consolidating patient registers in health facilities as well as the codification of all HF's in Guinea. In addition, the timeline of implementation of the DHIS-2 was also presented.

SIAPS is supporting the DNPL to develop supply chain indicators that will be integrated in the list of indicators to be tracked by the DHIS-2. During the quarter, SIAPS, BSD, DNPL, and the HMIS organized a workshop to discuss and agree on the indicators.

#### *Constraints to progress:*

The quarterly regional meetings that were initially planned did not take place as PNLP and partners are focused on organizing the long-lasting insecticidal nets (LLINs) mass distribution campaign.

#### *Partner Contributions*

BSD/HMIS and DNPL lead the LMIS work

RTI International, Direction de la Santé de la Ville de Conakry, PASA, BSD, UNFPA, PCG, and PNLP participated in meetings



## **Supply Chain Management**

Following the decision by USAID to assign the distribution of the Infection Prevention and Control (IPC) materials to SIAPS, the program held several meetings with the logistics subcommittee of the EBOLA Coordination Committee (ECC). The discussions from the meetings showed that there was little information at the central level on the stock status of these items. It was recommended to the logistics subcommittee to organize a nationwide inventory exercise in all health facilities, which would include activities that will also help assess their utilization and levels of consumption. The TOR for this activity have been already approved by the ECC and the first regional teams begun working in the regions of Boke and N'Zerekore.

During this quarter, two review meetings took place with the Office of US Foreign Disaster Assistance (OFDA) team to discuss the storage, distribution, and use of protective materials against epidemics. A meeting with World Food Programme (WFP) also took place to discuss PCG's readiness to take over from the WFP's central storage of Ebola commodities. WFP's storage facilities were also visited to assess the amount of commodities in stock.

An inventory of malaria products was completed in all facilities of Conakry region. Findings from the inventory helped identify stock imbalances (overstocks, stock-out threats, expiry risks); as follow-on action, a redistribution plan was developed which will be implemented in the next coming two weeks.

SIAPS completed reception and stock count of PMI products (gloves, AL treatments, and RDTs) delivered during this quarter under review.

### *Partner Contributions*

WFP, PCG

## **Capacity Building**

During this quarter, SIAPS continued to provide technical support for effective management of pharmaceuticals, especially malaria products. Regular PSM thematic group monthly meetings were held; these helped to provide the PSM group with a comprehensive situation of the supply levels of malaria products. Also, working sessions were held that helped define key indicators for stock monitoring.

SIAPS participated in logistics committee meeting for the mass distribution campaign of LLINs. At the meeting, all practical considerations were reviewed including repositioning points for LLINs, which will be all regional PCG depots plus few selected health facilities. Additionally a meeting was also organized for all stock managers of the regional depots. It was suggested that the army should be associated to the logistics of the LLINs mass distribution campaign.

The semi-annual supervision carried out PNLP with support from SIAPS took place in health facilities of CONAKRY region. This activity, same as the inventory exercise, revealed low levels of utilization of artesunate amodiaquine (AQ) in both public and not-for-profit health facilities. Findings showed an overstock of AQ and stock-outs of RDTs and sulfadoxine-pyrimethamine. With the predominance of private pharmacies in Conakry, it was found that prescribers tend to prescribe ACTs to patients other than those subsidized by the MOH and patients end up buying these with out-of-pocket money.

Regarding the monitoring of consumption and management of malaria products, a meeting of the procurement and supply management TWG was held.

The PNLP, SIAPS, and Catholic Relief Services (CRS) held working sessions to develop a technical one-page document to be used in health facilities, which is a recap of best practices in managing medicines.

SIAPS supported the organization of the PCG staff's annual meeting; trainings were also conducted for all pharmacists of PCG regional depots with the aim to prepare them for the decentralization of the distribution of malaria products.

#### *Partner contributions:*

PNLP spearheads the campaign activities; CRS supports the mass distribution campaign of LLINs in Global Fund-supported regions while STOP Palu supports this activity in PMI-supported regions

### **Support for Policies, Guidelines, Regulations, and Partner Coordination**

A meeting was held with DNPL and the US Pharmacopeia (USP/ Promoting the Quality of Medicines (PQM) delegation to discuss the Pharmacy Act that is under development. Follow on meetings were held between DNPL and other country-level stakeholders to analyze and integrate recommendations from USP/PQM in the existing draft document

- SIAPS also worked with DNPL to complete the equivalence tables for the essential medicines used in Guinea
- A meeting was also held with the supply chain focal point at MOH during which a joint work plan was developed for the DNPL and Logistics Management Unit (LMU) activities that SIAPS will support.

At a request of the PCG management, SIAPS assisted to review both the organogram and procedures for the PCG distribution unit. This was requested because the unit was crowded and that a reallocation of roles and responsibilities was needed. A new organogram along with job descriptions were proposed.

SIAPS technically supported the new coding, classification, and naming of all pharmaceutical products stored at PCG. This preliminary work will facilitate the upload of product master file within SAGE Saari 100 software—an electronic warehouse management system.

SIAPS also participated in various discussions and meetings with PCG Board of Directors, management team and partners on changing the institutional status of PCG into a notfor-profit organization with a board of directors comprising the Government of Guinea, technical and funding partners of the MOH and PCG clients.

SIAPS participated in the annual joint work plan meeting between the National Malaria Control Program (Programme National de Lutte contre le Paludisme [PNLP]) and its partners. All partners presented their work plans and all activities were integrated in the PNLP annual work plan template. This will help improve coordination while ensuring there are no overlaps in terms of activities and timeline.

Two Roll Back Malaria partners' meetings, held under the auspices of the PNLP, discussed the preparation for World Malaria Day, April 25, 2016, and the LLINs mass distribution campaign planned early in May. PNLP informed the meeting of the award of the best country in the fight against malaria won by Guinea in Addis-Ababa at the latest congress of African Leaders Malaria Alliance. All partners were also reminded at the meeting to plan activities over the next three months bearing in mind that the top priority will be the preparation and implementation of the LLINs mass distribution campaign.

### *Partner Contributions*

DNPL, PCG, PNLP, PASA, USP/PQM

## KENYA

### Implementation of PMI Monitoring Tools

The Health Commodities and Services Management Program supported the NMCP to conduct the Quality of Care Round 10 Survey for monitoring malaria case management indicators.

The program prepared a PPMRm for the quarter, which was reported to PMI. Tracking of USAID-funded health commodity shipments and follow-up from appointed clearing agent on the status of documentation was also done and updates provided to the NMCP unit and stakeholders.

#### *Partner Contributions*

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

### Supply Chain Management and Capacity Building

To ensure commodity security in the country, the program reviewed the quantification and supply planning report for FY 2015/2016. It also supported the national malaria technical committee in the review of the draft of the Kenya: Malaria Diagnostics and Treatment Guidelines.

#### *Partner Contributions*

NMCP

### Information Systems Management

The program is working with the NMCP to triangulate and validate findings of the Malaria Fever Study with data from routine reporting systems (DHIS 2 and the Integrated Disease Surveillance and Response [IDSR]) With support from KEMRI/Wellcome Trust. During the quarter, the teams successfully obtained all the data, cleaned and validated the DHIS2 and IDSR datasets, and performed initial data analysis and sought clarification from the NMCP Monitoring and Evaluation Team.

#### *Partner Contributions*

NMCP/MOH, University of Nairobi, KEMRI/Wellcome Trust

### Support for Policies, Regulations, and Partner Coordination

To strengthen and institutionalize commodity security and supply chain oversight at national level, the Health Commodities and Services Management program hosted three drug

management subcommittee meetings and the county malaria forum for county pharmacists and lab personnel to discuss reporting and redistribution of malaria commodities and disseminate the online dashboard for malaria commodities.

## **LATIN AMERICA AND THE CARIBBEAN: AMAZON MALARIA INITIATIVE**

### **Case Management and Supply Chain Management**

During this quarter, SIAPS met with the Peruvian Medicine Directorate to present illustrative experiences in malaria pharmaceutical management, implemented and documented in Loreto and Madre de Dios. SIAPS proposed a short-term technical assistance for the scale up of these activities to the rest of the country. SIAPS and DIGEMID agreed on an implementation work plan and cost sharing. The implementation of the work plan started on March 2016.

During this quarter SIAPS provided technical assistance for the design of a “graphic prescription” that will facilitate the introduction of mefloquine + artesunate fixed-dose combination in Loreto. No other technical assistance has been requested for this intervention.

SIAPS continued working with local counterparts in Pará and Roraima (Brazil) in the systematization of interventions to improve access to malaria diagnosis and treatment in gold mining areas. SIAPS finalized a technical report on the “Systematization of Malaria Control Interventions in Pará Mining Areas.” The report includes a proposal for the monitoring of results. For the next quarter, SIAPS will complete a rapid assessment on the situation of access to malaria treatment in Roraima’s underserved communities as the basis for the design of interventions.

In Guatemala, SIAPS supported a pilot intervention in Escuintla, which will lead to the integration of malaria medicines to a unified supply chain system. The Malaria Logistic Management Manual was validated in Alta Verapaz and Escuintla.

#### *Constraints to Progress*

The systematization of interventions to improve access to malaria diagnosis and treatment in Brazil has been delayed due to difficulties accessing mining communities during the rainy season, and conflicting agendas of the local malaria program.

#### *Partner Contributions*

Pan American Health Organization (PAHO) has facilitated the contact with Ecuador health authorities.

### **Information Systems Management**

The regional meeting to discuss current problems in the availability of antimalarials (originally scheduled for May 2016) was canceled, due to the proximity with the AMI regional meeting. However, during the AMI regional meeting (May 3–6, 2016) PAHO and SIAPS will present the challenges LAC countries are still confronting to assure a continuous supply of antimalarials.

Through its local consultants, SIAPS supported the compilation of information and analysis for the *Quarterly Bulletin on Availability and Consumption of Antimalarials*, disseminated by PAHO on February 2016. Nine countries shared information. The availability of antimalarials in central warehouses decreased (74%) compared with the previous quarter (85%). Certain countries still face problems with the estimation of needs and procurement of antimalarials. These problems will be analyzed and discussed during the next Amazon Malaria Initiative (AMI) regional meeting.

In Guatemala, SIAPS supported the estimation of needs for the donations on antimalarials through PAHO's Strategic Fund.

### *Partner Contributions*

The presentation and discussion of current problems in accessing antimalarials during the AMI Regional Meeting will be moderated by PAHO and SIAPS.

## **Support for Policies, Guidelines, Regulations, and Partner Coordination**

SIAPS finalized a performance assessment of Colombia's Integrated Management Strategy for Malaria Control. The results were presented and discussed with the Director of Malaria National Control Program on March 2016. For the next quarter, and based on the agreements reached during this meeting, SIAPS will support a workshop to present and discuss the results of the study and the development of "gap closure" plans for low performing activities.

Also during this quarter, SIAPS collected information to assess the current situation using an "adequacy approach." For the next quarter (May 2016), SIAPS will facilitate another workshop to present the results of the assessment and preparation of "gap closure" plans for 2016/2017.

### *Constraints to Progress*

The implementation of activities in Colombia has been delayed due to other epidemiological emergencies national counterparts had to face: dengue and Zika virus.

## 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 (Programme National de Lutte contre le Paludisme [PNLP]), the CMS (Pharmacie Populaire du Mali [PPM]), PSI, and USAID/PMI to produce the PPMRm report. Data for the PPMRm was extracted from Outil de Suivi des Produits de la Santé (OSPSANTE) dashboard. The report shows a low stock level of malaria commodities. An expedited delivery of ACTs by PSI is recommended to avoid stock-outs.

#### *Constraints to Progress*

There is a limited ownership of actors at all levels to analyze data and make relevant decisions.

#### *Partner Contributions*

PPM, PSI, DPM, Direction Régionale de la Santé (DRS), and USAID, provided data and participated to data analysis and validation for the PPMRm reports

### Supply Chain Management

During this quarter, SIAPS provided technical support to the Malaria TWG lead by the DPM and NMCP to update the malaria commodities national supply plan. The updates were based on actual logistic data (consumptions, stock on hand) generated by OSPSANTE and by using PipeLine software. The donors' orders and shipments were also updated in the PipeLine and several recommendations regarding commodities procurement and security were made by the participants. This exercise has also shown that malaria needs are not adequately covered, particularly for ACTs 6X4.

SIAPS facilitated the finalization of malaria commodities distribution plans drafted by the NMCP. Twenty three distribution plans were developed.

#### *Constraints to Progress*

There is a limited ownership of participants at all levels to analyze data and make relevant decisions.

#### *Partner Contributions*

DPM, USAID/PMI, NMCP, MOH, and civil society organizations



## **Information Systems Management**

SIAPS continued to provide technical and financial support to MOH at regional and district levels to support the warehouse and HIMS managers to capture monthly LMIS report into the OSPSANTE dashboard. For this end, internet access was provided to warehouse managers in 50 districts, 5 regional pharmacists, and 6 regional information system managers.

Support was also given to the 50 districts in coaching and mentoring health information and districts warehouse managers to enter LMIS reports into OSPANTE. As a result, the proportion of trainees who successfully implemented their post training action plan increased from 46% to 52% and the percentage of facilities that submitted a LMIS report for the previous month increase from 87% to 96 %.

The handover of the OSPSANTE tool was also discussed with the MOH during a meeting with DPM and the MOH IT Department. It was agreed during this meeting that the MOH IT department will provide DPM with the all the resources needed to maintain OSPSANTE after the handover to DPM. During the reporting period, SIAPS and Measure Evaluation held several meetings called by USAID/Mali to explore interoperability option between OSPSANTE and DHIS2 platform

### *Constraints to Progress*

There is a limited ownership of staff at all levels to analyze data and make relevant decisions.

### *Partner Contributions*

Direction Régionale de la Santé (DRS), PPM Regional warehouses and 50 health districts of Kayes, Koulikoro, Sikasso, Segou, Mopti regions and Bamako participated to data collection and entry in OSPSANTE. DPM, PPM, SG/HCNLS, CSLS, USAID, UGP/UNDP DPM, DNS, UNICEF, PPM, USAID, and USAID/Service de Santé à Grand Impact (SSGI)/Save the children participated in the consensus meeting

## **Capacity Building**

After the existing LMIS for health commodities was assessed and redesigned several years ago, new SOPs were developed to focus on stock management and LMIS. SIAPS Mali provided assistance to the MOH to develop training materials for different levels of the health system. During years 3 and 4, SIAPS Mali supported DPM and DRS to train 24 trainers on the new developed LMIS SOPs and to subsequently roll out the process. During year 4, LMIS trainings (dissemination of specific SOPs and tools related to LMIS) expanded beyond the regional level, and involved stock managers at district and the community health centers. This activity was closed during Year 4 and is being handed over to the MOH .

During this quarter, as requested by the USAID Mission, SIAPS supported the district of Kita to finalize the last training of community health centers depot managers on storage, use of tools including stocks cards and logistic reporting tools, requisition forms, and how to calculate

commodities needs as indicated in the new LMIS SOPs. To build individual and institutional capacity, SIAPS also supported the DRS of Kayes to conduct supervisors' training. The total number of people trained on pharmaceutical management increased from 1,593 to 1,645

To improve pharmaceutical services to achieve desired health outcomes, SIAPS Mali worked with DRS to conduct joint supportive supervision and coaching visits to the regional depots, regional hospitals, district depots, HFs, health center pharmacies, in Kayes, Koulikoro, Sikasso, Segou and Mopti,. A total of 5 regional warehouses, 4 regional hospitals, 42 district warehouses, and 1,069 health facilities received the supervision visits.

The methodology used to conduct this supervision included

- Two days' orientation workshop of supervisors on the supportive supervision guide
- Supervision planning by district senior staff according to the supervision guide
- Identifying itineraries
- Identifying bottlenecks with local staff and development of action plan

Those supportive supervisions contributed significantly to make progress on medicine management at facilities level. As a result, the stock record corresponding with the physical count increased from 80% to 84% (1,761/2,093) The majority of depot managers (93%) are now using consumption data to inform ordering. A total of 1,091 facilities that submitted logistics management information system report during the last month are using country appropriate tools. They have also contributed to improve LMIS rollout, implementation of the essential medicines procurement and distribution scheme, and strengthening the capacity of field-based health workers to use the new tools for medicine stock status, consumption, and number of treated patients. During supervision and coaching visits, supply chain bottlenecks and problems were identified and discussed with all stakeholders, and corrective actions were taken accordingly

### *Constraints to Progress*

Post-training action plans are not implemented effectively.

### *Partner Contributions*

DPM, DRS and 50 health districts in Kayes, Koulikoro, Sikasso, Segou, Mopti, and Bamako

## **Support for Policies, Guidelines, Regulations, and Partner Coordination**

To reinforce pharmaceutical governance, SIAPS supported the DPM and the DRS to organize coordination meetings to discuss and address issues related to health commodities management and availability at all levels.

At the central level the DPM organized one Comité National de Coordination meeting. This meeting was hosted by DPM, and chaired by the Ministry of health's pharmaceutical advisor on March 10, 2016. The objective was to present and validate the results of the updated

procurement plan of malaria commodities and to monitor the management of malaria, maternal and child health, HIV&AIDS, TB, FP and tracer products. Through presentations and discussion several recommendations were made to avoid stock out and improve commodities availability at central level

Similar meetings were held, in six regions including Bamako to discuss commodities procurement and distribution issues, as well as LMIS data recorded into OSPSANTE. During those meeting attendees discussed, analyzed and validated district by district, logistics data and used OSPSANTE dashboard to support evidence-based decision to improve availability of key products (included malaria commodities) at the lowest level of the Health system. Discussions were also focused on data availability and data quality regarding timelessness, completeness and how to use OSPSANTE data to make decision to address supply chain bottleneck

### *Constraints to Progress*

Respect of national supply plans by some donors

Not using OSPSANTE data effectively to make decisions

### *Partner Contributions*

All the above partners participated in national and or regional coordination meetings on supply chain and helped to identify bottlenecks and solution: MOH DPM Comité National de Coordination Donors: USAID, Global fund/PSI, UNFPA. PPM staff contributed by cleaning the catalog list.

## **NIGER**

### **Supply Chain Management**

Under the supervision of the Country Coordination Mechanism , partners involved in commodities supply chain had multiple meetings to identify major activities and develop a work plan that can be funded by Global Fund through the TB-Health Systems Strengthening grant. An amount of one million euros is planned for supply chain activities. Based on recommendations from previous assessments, the following activities were proposed:

- Develop and implement a logistics management system and tools
- Set up a national commodities committee
- Support the extension of stock management and dispensing software after its development and pilot phase funded by France Expertise 5% Initiative and the HIV and AIDS Global Fund grant.
- Strengthen the central medical store (Office National des produits Pharmaceutiques et chimiques) capacity by rehabilitating one regional warehouse, procuring warehouse material and truck for distribution.

The SIAPS technical advisor was involved on all discussions and provided necessary contribution to strengthen the commodities supply chain.

In addition to these activities, specific actions to improve malaria commodities supply chain have been identified and funding will come from the malaria Global Fund incoming grant. Activities identified to strengthen NMCP capacity include:

- Support to malaria supply chain committee
- Recruitment of a procurement and supply manager at NMCP
- Support training courses of NMCP supply chain unit of stock management, procurement
- Training of stock manager at district and health levels

### **Support for Policies, Guidelines, Regulations, and Partner Coordination**

The NMCP is implementing seasonal malaria chemoprevention (SMC) in 11 districts in Niger with funding from the Achieving Catalytic Expansion of Seasonal Malaria Chemoprevention in the Sahel project. The project implementation is led by Malaria Consortium in partnership with Catholic Relief Services (CRS). To ensure better implementation of the SMC in 2016, the second planning meeting was held in January to review 2016 targets, coverage area, and funding gaps.

During January and February, the NMCP and the CRS (Principal Recipient) conducted several meetings to negotiate the new malaria grant under the Global Fund New Funding Model. A SIAPS technical advisor led the PSM part of the negotiations, with support of

the NMCP manager and the CRS team. The negotiations were successful and all parties reached an agreement

Based on the technical documentation presented and some savings by the country, the Global Fund agreed to reallocate some funds to cover more commodities needs within the grant threshold. Also taking account the current status of malaria commodities at the central level, the delivery time of the products and the anticipated late beginning of this new grant (signature expected for early May 2016), the Global Fund agreed to place an emergency order in December 2015 and also an order for year one (2016 orders) of the grant.

During this quarter, the NMCP started the review and evaluation of their 2011–2015 national malaria strategic plan and also the development of the 2016–2020 strategic plan. To complete this activity, the NMCP has WHO's financial and technical support. SIAPS's contribution was mainly to support the evaluation and development of the supply chain activities.

During this quarter, SIAPS has supported the NMCP in conducting meetings with partners in malaria management including supply chain. SIAPS also contributed in the revision of malaria data collection tools and the review of the reporting system and information flow. Coordination meetings took place with all partner involved in commodities supply chain to discuss activities and work plans to strengthen management of commodities in Niger and implementation of iCCM and SMC.

### *Constraints to Progress*

The NMCP lacks essential staff members to properly manage medicines including malaria commodities. Also, the NMCP does not have the organizational capacity to effectively manage the program and achieve desired results. To better achieve its objectives, the NMCP management team needs more leadership and management training. The supply chain team should receive basic training in forecasting and supply planning.

### *Partner Contributions*

NMCP, CRS, MSF

## **SOUTH SUDAN**

### **Information Systems Management**

To ensure that information for decision making is enhanced, SIAPS continued to provide monthly stock status reports through the LMU for Central Equatoria State (CES) and Western Equatoria State (WES) and stock status reports from other counties in the six Health Pooled Fund (HPF)-supported states. The generated monthly stock reports were shared with various forums including the Pharmaceutical TWG.

SIAPS also submitted PPMRm report for the period October–December 2015 showing commodities availability across various partners and donor source including estimated months of stock and next shipment plan.

#### *Constraints to Progress*

The LMU is functional and data is being received from various counties supported by partners; however, the two states supported by World Bank through Interchurch Medical Association is still not submitting reports to LMU despite several reminders and discussion on this subject at Pharmaceutical TWG meetings. Also funding for Integrated Service Delivery Program (ISDP) ended and the project closed; hence, facilities supported by it are already constrained in their capacity to send data/generate stock status and monthly consumption reports.

#### *Partner Contributions*

SIAPS worked with ISDP partners within CES and WES on data collection and field visits. HPF has provided support through the Supply Chain Advisor seconded to the LMU and the data officers at field level sending the reports. PSI, Crown Agents, and International Procurement Agency (CAIPA) and USAID | DELIVER also contributed significantly in providing data for antimalarial stock status from their supplies as well as distribution

### **Supply Chain Management**

SIAPS continued to provide storage and finalized the distribution plan of the balance of 535,000 ACTs, 400,000 LLINs, and 250 medicine storage shelves procured by USAID for use in WES and CES. The distribution plan for the LLINs covered 8 states, including the six HPF supported states in addition to CES and WES. The distribution plan was approved by USAID and Ministry of Health and by end of March 2016, 193,600 doses of ACTs were distributed to five counties in CES (Juba, Terekeka, Lainya, Yei, and Morobo) and 25 shelves were distributed to Juba county and El Sabbah Children Hospital in Juba.

SIAPS did gap analysis for the year 2017 countrywide malaria commodities and submitted the report to USAID in January 2016. Based on this gap analysis, USAID plans to procure 1 million RDTs for malaria testing for 2017, which expected to arrive by September 2016

### *Constraints to Progress*

Western Equatoria State continues to encounter insecurity in most of its counties that hinders travel to the field to collect monthly stock status reports.

Low capacity at the county level also affects reporting accuracy and timeliness, as does the phasing out of ISDP project that was providing logistical and technical support.

### *Partner Contributions*

The project collaborated with ISDP, Interchurch Medical Association, CAIPA, WHO, South Sudan Ministry of Health, and HPF to ensure that pharmaceutical management trainings are rolled out throughout the country.

## **Capacity Building/Supportive Supervision**

To increase and enhance the capacity for pharmaceutical supply management and services, SIAPS provided technical assistance in the day-to-day management of the county medical stores in CES and WES during supportive supervision visits at health facility levels. This continues 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.

Supportive supervision visits to health facilities and county health departments were conducted in four counties in CES (Lainya, Yei, Morobo, and Kajokeji). SIAPS conducted malaria case management training for 37 health workers (7 females and 31 males) in Yambio WES working together with the state malaria coordinator. SIAPS also printed 45 copies of the malaria case management guidelines for the training.

SIAPS team did a staff retreat in January 20–22, 2016, with the new Project Director, SIAPS technical team, and Country Operations Management Unit team. This was aimed at developing work plan and performance planning review and development for staff for the year.

### *Constraints to Progress*

Human resources are a challenge at the facilities, and the capacity to undertake pharmaceutical management task is minimal. This leads to difficulty in rolling out program activities. Because of insecurity, especially in WES, some health facilities have encountered staff attrition, which affects the amount of work that staff can accomplish. Even planned supervision visits had to be cancelled due to insecurity in WES.

### *Partner Contributions*

The project collaborated with ISDP, CAIPA, WHO, Sudan MOH, and HPF to ensure that pharmaceutical management trainings are conducted on the job during the supervision visits.

## **Support for Policies, Guidelines, Regulations, and Partner Coordination**

SIAPS supported and coordinated the four biweekly Pharmaceutical TWG meetings held in the quarter for the period ending March 15, 2016, which focused on ensuring decisions are made on commodities overall but with a focus on malaria commodities.

SIAPS provided on-going technical assistance to the malaria sub-working group meetings, especially the malaria case management to review the concept note and budget for conducting Therapeutic Efficacy Testing study planned for the second half of the year. SIAPS is working closely with WHO, MOH, and PSI on this.

SIAPS supported the review and finalization of case management guidelines for malaria; these were endorsed by the MOH Undersecretary for printing on January 28, 2016

SIAPS developed National Malaria Control Policy document and shared with partners and the SIAPS Senior Malaria Advisor at Headquarters for comments and inputs. A summary briefing was also presented to the Director General of Preventive Health Services for Policy as part of pre-approval activities.

During this quarter, SIAPS provided technical assistance to revise and finalize the NMCP July–December 2015 biannual report, for submission to the Director General for Preventive Health Services. This is to strengthen the capacity of NMCP to document and scale up its interventions.

SIAPS supported the NMCP to prepare job descriptions for a monitoring and evaluation specialist and an international medical entomologist to be recruited to conduct integrated vector mapping and susceptibility study; the interview process yet to be conducted.

SIAPS supported NMCP, PSI, and Global Fund to plan for the mass LLINs distribution campaign in the country through series of planning meetings.

SIAPS supported NMCP and partners in planning meetings for the World Malaria Day commemoration; support included writing a concept note for the event, reviewing budget and activities, and compiling malaria articles from partners that will be featured in the new South Sudan Malaria newsletter.

SIAPS provided inputs in the concept note for technical support from Roll Back Malaria through WHO for South Sudan planned for April 2016.

### ***Constraints to Progress***

Some key malaria partners have not been attending the Pharmaceutical TWG so information sharing from them has been limited. Some partners have also not been sharing their commodity status leading to information gaps regarding actual stock status.

### ***Partner Contributions***



The partners that supported include USAID, WHO, PSI, UNICEF, Médecine Sans Frontières, CAIPA, HPF, Malaria Consortium, International Rescue Committee.