

## **President's Malaria Initiative: Private Sector Distribution of Artemisinin-Based Combination Therapies in Liberia**

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Kwesi Eghan

March 2012



**USAID**  
FROM THE AMERICAN PEOPLE

**SIAPS** 

The SIAPS logo consists of the word "SIAPS" in a bold, green, sans-serif font. To the right of the text is a stylized blue graphic of a person with arms raised in a 'V' shape, symbolizing achievement or progress.

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## **About SIAPS**

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

## **Recommended Citation**

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## ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
AS/AQ	artesunate-amodiaquine
BCC	behavior change communication
CDC	Center for Disease Control
IEC	information, education, and communication
LD	Liberian dollar
LMHRA	Liberia Medicines and Health Products Regulatory Authority
LMIS	Liberia malaria indicator survey
M&E	monitoring and evaluation
MENTOR	malaria emergency technical and operational response
MOHSW	Ministry of Health and Social Welfare
MOU	Memorandum of understanding
MSH	Management Sciences for Health
NDS	National Drug Service
NMCP	National Malaria Control Program
PMI	President's Malaria Initiative
SDSI	Sustainable Drug Shops Initiative
SIAPS	Systems for Increasing Access to Pharmaceuticals and Services
STG	standard treatment guideline
USAID	United States Agency for International Development
USD	US dollar
WHO	World Health Organization

## **ACKNOWLEDGMENTS**

I thank Dr. Joel Jones, the Program Manager, NMCP; Rev. T. T. Tyee, Chief Pharmacist, Division of Pharmacy, MOHSW; Mr. B. Johnson, Chief Pharmacist and Director of the National Drug Service; and Ms. Jamesetta Gilayeneh, Coordinator, Private Sector Unit of the NMCP, for the audience, support, and openness provided me during this assignment to help move forward the private sector efforts of the Government of Liberia.

I also thank Dr. Soukeynatou Traore, President's Malaria Initiative (PMI) Advisor; Mr. Kaa William, USAID Liberia Malaria Specialist; and Dr. Fillipo Hernandez, Centers for Disease Control (CDC, Liberia), for their frank and forthright feedback and insights on SIAPS work in Liberia.

## EXECUTIVE SUMMARY

### Artemisinin-Based Combination Therapy Distribution in the Private Sector

Liberia launched US Presidents' Malaria Initiative (PMI)-supported activities in 2008 through the Strengthening Pharmaceutical Systems (SPS) Program, the predecessor to SIAPS. The USAID health unit focuses its resources on Montserrado, Nimba, Bong, and Lofa Counties where almost 60% of Liberia's 3.47 million people<sup>1</sup> are located. SIAPS focuses on Nimba, Lofa, and Bong Counties.

In Liberia, it is estimated that at least 46% of the population accesses antimalarials through the private sector. Quality-assured ACTs, however, are generally more expensive than older antimalarials; therefore, the majority of these outlets still stock chloroquine and other monotherapies.<sup>2</sup> According to the 2010–15 national malaria strategic plan, MOHSW is committed to increasing access to prompt and effective treatment.

To achieve this, the National Malaria Control Program (NMCP) plans to work directly with the private sector. In March 2010, SPS conducted a situational analysis in Montserrado County to explore the feasibility of distributing subsidized ACTs through the private sector. Following that analysis, SPS received funding in 2011 from USAID/Liberia to provide technical assistance to MOHSW to design mechanisms for policy implementation. SPS developed a concept paper on ACT distribution in the private sector that was discussed and accepted by the NMCP and USAID/Liberia with a decision to pilot the program in Montserrado County.

In 2011, a consignment of AS/AQ Winthrop was shipped to Liberia for distribution by the private sector. Since then, several problems have arisen, and the purpose of this visit was to sort out and resolve these problems.

### Clearance from Sanofi-Aventis for Placement of Stickers on ACTs

On the basis of the efforts of Systems for Increasing Access to Pharmaceuticals and Services (SIAPS)/Washington and the National Malaria Control Program (NMCP)/Liberia, Sanofi-Aventis finally approved rebranding of artesunate-amodiaquine (AS/AQ) Winthrop for private sector distribution in Montserrado County, Liberia.

- Sanofi's correspondence on approval for rebranding has been shared with NMCP, the USAID Mission, and the Liberia Medicines and Health Products Regulatory Authority (LMHRA).
- A detailed activity plan highlighting all critical steps to ensure that the first stocks of AS/AQ Winthrop are rebranded and distributed to private pharmacies by March 31, 2012, was drawn up and shared with USAID/Liberia and all key stakeholders.

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<sup>1</sup> National Population and Housing Census, 2008

<sup>2</sup> SDSI, Bill & Melinda Gates Foundation-funded sustainable drug sellers initiative baseline report 2010

## Selection of Wholesale Distributors and Memorandum of Understanding

For the effective distribution of artemisinin-based combination therapies (ACTs) in the private sector, four pharmaceutical wholesalers have been preapproved. A meeting for these wholesalers and stakeholders was held on March 9, 2012, to update them on the ACT distribution. During this meeting, the terms of engagement were reviewed and finalized. The draft copy of the memorandum of understanding (MOU) is presently with the legal counsel of the Ministry of Health and Social Welfare (MOHSW). The final MOU should be signed by March 28, 2012.

## Pricing Structure for AS/AQ Winthrop in the Private Sector

The pricing structure for the ACTs was finalized at the stakeholder/wholesaler meeting. The final dosages and patient prices are—

- Adult AS 100 mg + AQ 270 mg, AS/AQ, strips of 6 tabs or 3 tabs – 25 LD
- Child AS 50 mg + AQ 135 mg, 3 tabs/blister AS/AQ, strips of 3 tabs or AS 25 mg + AQ 67.5 mg, strips of 3 tabs – 20 LD

Note that 1 US dollar (USD) = 82 Liberian dollars (LDs).

## Stock Status

**Table 1. Stock of AS/AQ at the National Drug Service Warehouse (as of March 7, 2012)**

Description (25 tabs per package)	Quantity invoiced	Quantity received	Quantity in stock	Batch #	Expiration date
Adult	4240	4240	4240	5278	December 2013
	1094	1094	734	5240	September 2013
Children 6-13 years	5650	5650	5578	5283	January 2014
1-5 years	2076	2076	2076	3076	January 2014
1-5 years	2875	2875	1761	3077	January 2014
2-11 months	1828	1828	1283	1048	July 2012

It was confirmed that AS/AQ for children 2-11 months would expire in July 2012. The NMCP issued a letter to the National Drug Service (NDS) to distribute 75% of the quantity in stock (963 packs) to the public sector, which had no stock of AS/AQ for this age group.

## IEC/BCC Strategy and Capacity Building

SIAPS is working in close collaboration with the Health Promotion Division and the information, education, and communication (IEC) unit of the NMCP to finalize the private sector

IEC strategy. The implementation of the IEC/behavior change communication (BCC) strategy and messages for the social marketing of private sector ACTs is now scheduled for March 29–April 2, 2012. Refresher training for 175 dispensers from pharmacy shops is scheduled for March 27–28, 2012. The initial distribution will be to the pharmacies; distribution to the medicine stores will commence once the 300 store attendants are trained in April 2012.

## **Meeting with USAID**

During the in-brief meeting held on the March 7, 2012, with Mr. Kaa Williams, Dr. F. Hernandez, Dr. Soukeynatou Traoure (PMI), David Sumo (SIAPS), and Kwesi Eghan (SIAPS), the USAID PMI team expressed concerns about the delays in implementation of the project; near-expiration of some of the PMI procured ACTs; poor visibility/leadership in the private sector ACT initiatives; and the apparent lack of efficiency within the SIAPS local staff operations (no clarity in the roles of technical officers; both technical staff tend to frequently focus on the same activities; considered that additional staff are required for SIAPS/Liberia).

We reviewed the work plan activities and staff capacities. To enhance the efficiency of implementation by the SIAPS/Liberia team, this review was shared with the USAID/Liberia PMI team to identify technical leads for each activity.

At this time, it was decided that there is no need to recruit additional staff or a consultant to support the team.

MSH headquarters will ensure monitoring and support to the in-country team to help them achieve timely and efficient implementation of all activities.

## **Meeting with John Snow Inc.**

A meeting was held with the USAID Deliver Chief of Party Jayne Waweru. John Snow Inc. (JSI) activities are focused primarily on supporting the supply management unit according to the Liberia supply chain master plan for Montserrado County. USAID-SIAPS focuses on strengthening pharmaceutical systems including dissemination and implementation of the Liberia malaria indicator survey (LMIS) in the Bong, Lofa, and Nimba counties. USAID-SIAPS also focuses on supporting ACT distribution in Montserrado County as well as rational use and guideline developments for key diseases.

## **Synergy and Collaborations**

- The output of JSI quantification and procurement serves as the input for SIAPS private sector work. SIAPS and JSI have worked closely in the past on assumptions for forecasting and quantifying ACTs needed for the private sector.
- Standard treatment guidelines (STGs) produced by SIAPS serve as input and facilitate the forecasting and quantification exercises done by JSI.
- SIAPS will provide copies of STGs to JSI for dissemination in Montserrado County.



The two projects worked synergistically and there were no overlaps that could create problems. It was agreed that regular meetings between SIAPS/Liberia and JSI are needed to ensure the continual collaboration.



## INTRODUCTION

Liberia, bounded by nearly 350 miles of Atlantic Ocean coast line to the southwest and by Sierra Leone (northwest), Guinea (north), and Cote D' Ivoire (east and west), is administratively divided into 15 counties and 95 districts.

Liberia launched US Presidents' Malaria Initiative (PMI)-supported activities in 2008 through the Strengthening Pharmaceutical Systems (SPS) Program, the predecessor to SIAPS. The USAID health unit focuses its resources on Montserrado, Nimba, Bong, and Lofa counties where almost 60% of Liberia's 3.47 million people<sup>3</sup> are located. SIAPS focuses on Nimba, Lofa, and Bong counties.

In Liberia, it is estimated that at least 46% of the population accesses antimalarials through the private sector. Quality-assured ACTs, however, are generally more expensive than older antimalarials; therefore, the majority of these outlets still stock chloroquine and other monotherapies.<sup>4</sup> According to the 2010–15 national malaria strategic plan, MOHSW is committed to increasing access to prompt and effective treatment.

To achieve this, the NMCP plans to work directly with the private sector. In 2011, following a situational analysis conducted by SPS in March 2010 in Montserrado County to explore the feasibility of distributing subsidized ACTs through the private sector, SPS received funding from USAID/Liberia to provide technical assistance to MOHSW to design mechanisms for policy implementation. SPS developed a concept paper on ACT distribution in the private sector that was discussed and accepted by the NMCP and USAID/Liberia with a decision to pilot the program in Montserrado County.

In June 2011, a consignment of AS/AQ Winthrop was shipped to Liberia for distribution by the private sector. Since then, several problems have arisen, and the purpose of this visit was to sort out and resolve these problems.

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<sup>3</sup> National Population and Housing Census, 2008

<sup>4</sup> SDSI, Bill & Melinda Gates Foundation-funded sustainable drug sellers initiative baseline report 2010

## **BACKGROUND**

### **Scope of Work**

In FY 10, SPS received funding from USAID/PMI to support NMCP in increasing access to ACTs through the private sector. SPS conducted an assessment of the private sector's capacity to distribute ACTs. Following the assessment, a stakeholder meeting was held in which a consensus on implementation strategies was reached. Implementation began by developing training materials and monitoring and evaluation (M&E) tools, training trainers, and training 176 dispensers from pharmacies in Montserrado County. In addition, supply chain channels were agreed upon and a draft MOU between wholesalers and the NMCP was developed.

Under the current work plan, SIAPS is working with USAID, NMCP, and other partners to implement the pilot project in Montserrado County.

### ***Purpose***

To undertake an appraisal of the current status of the private sector distribution of ACTS and support and expedite the implementation of this and other SIAPS/Liberia activities.

### ***Objectives***

In general—

- Provide technical assistance to the NMCP and SIAPS staff in-country to move forward the implementation of private sector activities
- Meet with LMHRA to discuss activities related to product registration
- Meet with SIAPS in-country staff to discuss matters relating to planning and execution of technical activities
- Meet with partners (DELIVER, Global Fund, etc.)
- Provide briefing and/or debriefing to USAID/PMI as required

In particular—

- Work with DELIVER and NMCP to resolve the issue of the expiring ACTs in the private sector
- Work with the mission health office to understand mission concerns surrounding the private sector activity (and overall SIAPS program) and develop a plan of action to address these concerns
- Ensure that roles and responsibilities of SIAPS and DELIVER are clear; if not, develop a plan of action to address the confusion

***Anticipated Contacts***

- USAID/PMI Liberia Field office
- CDC/PMI Liberia Field office
- USAID/DELIVER
- Director, NMCP
- Operations manager, NDS
- Other relevant organizations recommended by USAID

***Country Visit Details***

The visit lasted six days and was supported by the PMI field support fund. Mr. Eghan arrived in Monrovia on March 4 and departed on March 10, 2012. No additional Mission assistance was requested.

## KEY FINDINGS

### **Meeting with SIAPS Staff**

A full review of work plan activities was undertaken with the SIAPS/Liberia team. SIAPS/Liberia confirmed that a number of stakeholder meetings had been held in-country and the model for the private sector distribution of ACTs had been finalized. The delay in moving the distribution of ACTs forward had been due to the receipt of AS/AQ that did not meet the specifications that been agreed upon for the private sector. Following intervention by SIAPS/Washington and NMCP/Liberia, Sanofi-Aventis had concurred to the rebranding and placed MOHSW stickers on the foils of the PMI-procured AS/AQ Winthrop.

### **Actions Taken**

- A purchase order for stickers was issued
- A detailed activity plan for the re-branding process and rolling out of ACTs into the private sector was developed and shared with NCMP and USAID (annex B)
- Branded ACTs are to be available for distribution by March 31, 2012

### **Meeting with Pharmacy Board of Liberia and National Drug Service**

The meeting reviewed and agreed on governance issues around the private sector distribution of ACTs in Montserrado County.

### **Coordination**

A single coordination platform that brings together all stakeholders that seek to increase access to antimalarials in the private sector was established. This group meets every Wednesday.

The NMCP, in collaboration with SIAPS and the MENTOR Initiative (an initiative providing Coarsucam), is presently adapting uniform approaches for IEC and for training the private sector. The private sector forum is also advocating for use of rapid diagnostic tests. The SIAPS PMI-supported program will not use these tests until the legal issues regarding the medicine stores and private pharmacies are resolved.

### **Criteria for Selection of Wholesalers as Redistributors**

During the visit, SIAPS, in collaboration with the NMCP and PBL, reviewed and finalized the selection criteria for participating wholesalers, pharmacies, and medicine stores. The criteria included the need for shops and pharmacies participating in the program to be registered with the PBL. It also became evident that the NDS-operated community shops could also serve as redistribution points for ACTs in the private sector.

### **Ensuring Accountability for ACTs in the Private Sector**

It is envisaged that the private sector pharmaceutical importers and wholesalers would sign an MOU with MOHSW. The draft MOU is presently being reviewed by the MOHSW legal unit, and a finalized document is expected to be signed by March 31, 2012. The SIAPS team worked with Mr. Kaa Williams, a PMI malaria specialist, to ensure timely review and release of the MOU.

### **Procurement, Storage, and Stock Status of ACTs**

**Table 2. Stock Status of AS/AQ at the NDS Warehouse (as of March 7, 2012)**

<b>Description (25 tabs per package)</b>	<b>Quantity invoiced</b>	<b>Quantity received</b>	<b>Quantity in stock</b>	<b>Batch #</b>	<b>Expiration date</b>
Adult	4240	4240	4240	5278	December 2013
	1094	1094	734	5240	September 2013
Children 6-13 years	5650	5650	5578	5283	January 2014
1-5 years	2076	2076	2076	3076	January 2014
1-5 years	2875	2875	1761	3077	January 2014
2-11 months	1828	1828	1283	1048	July 2012

The private sector stock needs to be separated and stocked at a visible and easily accessible section of the NDS stores to ensure easier periodic stock counts.

It was confirmed that AS/AQ for children 2-11 months would expire in July 2012. Following a SIAPS recommendation, the NMCP issued a letter to NDS instructing them to distribute 75% of the medicine, equivalent to 963 packs, to the public sector. The NDS (public sector) had no stock of AS/AQ for this age group.

Accredited and selected wholesalers will receive the first stocks of ACTs by March 31, 2012.

Regarding management of funds received from the sale of ACTs to the private sector, it was agreed that the NDS will set up a separate and dedicated account for the management of PMI ACTs. A decision on how to utilize these “ringed fenced funds” will be made by the NMCP in collaboration with USAID and MOHSW.

### **Meetings at NMCP**

#### **Meeting with Dr. Joel Jones**

A letter duly signed by Dr. Joel Jones was sent to NDS requesting the immediate reallocation of AS/AQ for children 2-11 years to the public sector. Copies of the letter and emails were shared with the USAID/Liberia PMI team.

### **Meeting with NMCP's Private Sector Unit and Communication Team**

The NMCP has appointed Jamesetta Gilayeneh as a private sector coordinator. The first key issue discussed was identification and selection of providers. SPS and the Bill & Melinda Gates-funded Sustainable Drug Shops Initiative (SDSI) had just completed a full GPS-enabled mapping of the medicine stores and pharmacies in Montserrado County. The results of the mapping exercise show that, even though the official numbers of medicines shops and pharmacies were 550 and 135, respectively, a total of 635 medicine shops and 114 pharmacies were found to be operating. Of the total numbers of outlets in operation, 51% of medicine shops and 50% of pharmacies were registered. It was agreed that the selected wholesalers will be provided with the list of registered medicine shops and pharmacies to ensure that medicines are distributed only to registered pharmacies and medicine shops. (The full results of the mapping are to be shared at the March 28, 2012, private sector meeting.)

The second key issue discussed was standardization of training materials. SIAPS had developed and shared its training materials, and it was agreed that, to ensure standardization, all other initiatives needed to adopt the standards of the SIAPs material and make adjustments where necessary.

The third key issue discussed was consumer education and the BCC strategy. The focus of consumer education would be the introduction of the new brand of malaria treatment (FDC AS/AQ). The IEC plan had been delayed. SIAPs and the MENTOR team were to provide a supplementary budget as well as the messaging tag lines for IEC. The IEC team will finalize their plan by April 15, 2012, and the IEC messaging is scheduled for the fourth week of April 2012.

### **Meeting with Wholesalers**

During the week, a wholesalers' meeting was held. The key objective was to update and review the pricing structure for ACTs in the private sector.

Approximately 99% of all pharmaceuticals in Liberia are imported. Based on interviews with wholesalers and confirmation calls to relevant national bodies, the key elements in the cost/price build for pharmaceuticals in Liberia were confirmed (table 3).

**Table 3. Pricing Structure of Pharmaceuticals in Liberia**

1	Ex works + freight	Y
2	Customs (duty)	2.5%Y
3	GSC (general sales)	7.0%Y
4	Ecogas trade levy	1.0%Y
5	BIVAC (inspection) fee	1.2%Y
6	Miscellaneous containerized fee	\$800 per 20 ft. container
7	Landed cost	Y + 2.5%Y + 7%Y + 1%Y + 1.2%Y + miscellaneous fee
8	Wholesaler price	Landed cost X 35-50%
9	Retail price (price to patient)	Wholesaler price X 50%



To price the ACTs in the private sector, factors considered included—

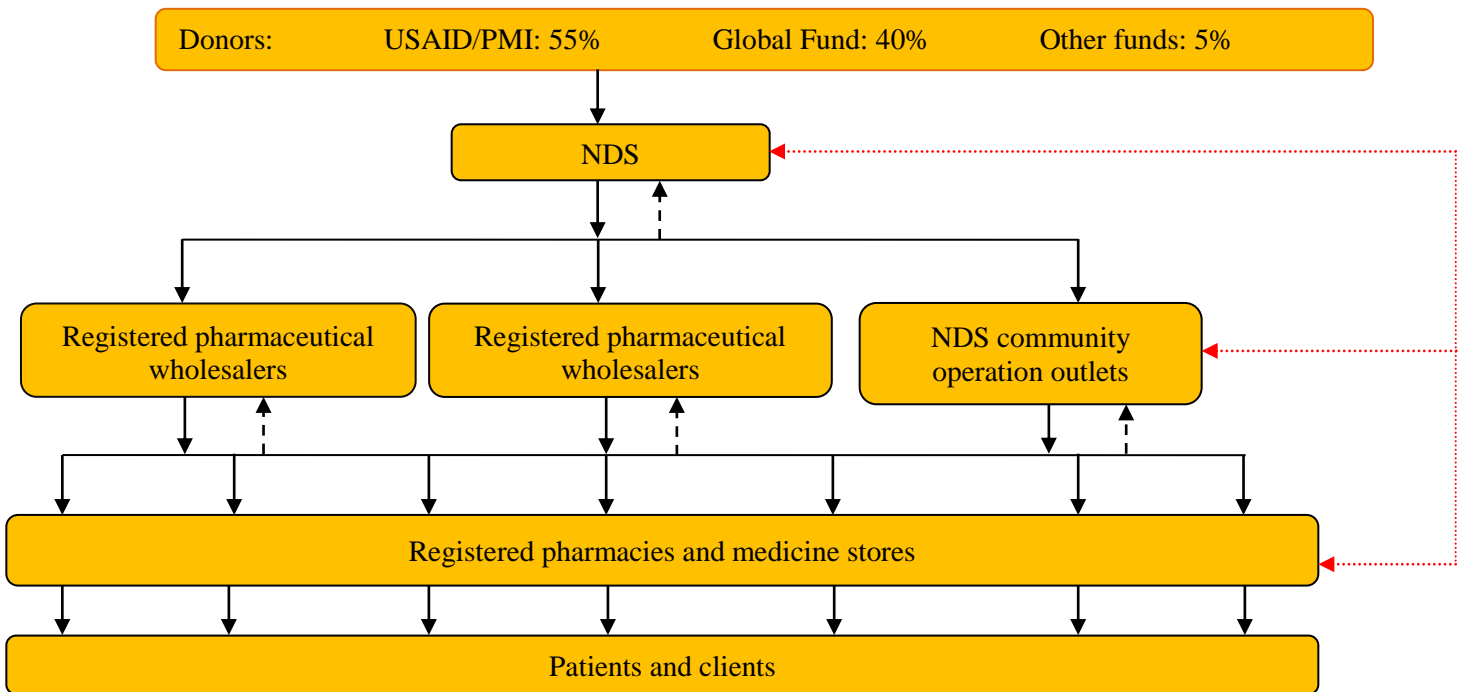
- Comparative pricing of chloroquine, amodiaquine, sulfadoxine-pyrimethamine, and other monotherapies
- Incentives for wholesalers to aggressively redistribute ACTs
- Current prices of other ACTs on the market

**Table 4. Price and Incentives for Private Sector (in LDs)**

Product	NDS supply price per strip	NDS price per box of 25 strips	Proposed wholesale price per pack of 25 strips	Proposed retail price per pack of 25 strips	Proposed cost per strip to patient at retail outlets
Adult: AS 100 mg + AQ 270 mg, 6 tabs/blister AS/AQ, strips of 6s/3s	4	100	375	625	25
Children: AS 50 mg + AQ 135 mg, strips of 3s or AS 25 mg + AQ 67.5 mg 3 tabs	3	75	225	500	20

### Supervision, Monitoring, and Evaluation

During the week, the distribution, supervisory, and M&E approaches for the private sector ACTs initiative were reviewed.



**Figure 1. Liberia private sector ACT supply chain model (dotted arrow, information flow; solid arrow, stock flow; red arrow, M&E/feedback)**

### **Monitoring by Use Sticker and Batch Numbers**

MOHSW stickers and the specific product batch numbers will be used to track the movement of ACTs in the private sector. The wholesalers will have the list of accredited/registered retail outlets where products can be sold. A joint monitoring team made of inspectors from the Pharmacy Board, LMHRA, and third-party contractors will collect sales and consumption data by batch numbers to differentiate between public drugs already in the private sector and drugs being sold through this private sector project.

The monitoring and supervision process shall be led by the LMHRA and Pharmacy Board of Liberia with technical support from SIAPS in collaboration with partners.

The wholesalers will report on the stock status of ACTs and quantity of sales. The report shall be collected by the monitoring team on a monthly basis. The reporting tools for this purpose will be obtained during the supply process. The retailers will also keep inventory and sales records by using the provided tools. All pharmacies and medicines stores will be requested to record sales of ACTs in joint sales and disease management ledgers. The stock levels, reported ACT side effects, complaints, customer feedback, and any referrals (when clients present with dangerous signs and symptoms) to health facilities will be tallied monthly.

Each phase has a set of indicators that will be monitored and will involve collection of pertinent data through from monthly data collection, routine data reporting, supervision (weekly, biweekly, and monthly), and evaluation.

**Table 5. Planned M&E Activities**

	<b>Activity</b>
1	Finalize the M&E strategy, develop indicators, and design and validate monitoring tools
2	Train data collectors
3	Collect data on prices, sales, and use from selected outlets
4	Arrange transportation for data collection
5	Analyze quarterly distribution data and prepare quarterly reports for SIAPS
6	Prepare final report on private sector distribution, including recommendations for scale up

### **Meeting with JSI**

In a meeting with the USAID Deliver Chief of Party Jayne Waweru , she articulated that JSI was mandated to focus on M&E activities to support LMIS, data capture, and computerization for the supply chain in Liberia. JSI activities are focused primarily on supporting—

- The supply management unit in line with the Liberia supply chain master plan
- And strengthening supply chain activities in the Montserrado County as part of its work with funding family planning and reproductive health and PMI

USAID/SIAPS focuses on—

- Strengthening pharmaceutical systems including providing support to LMIS dissemination and implementation in Bong, Lofa, and Nimba counties
- The private sector to support the ACT distribution in Montserrado County

*Synergy and Collaborations*

- The output of JSI quantification and procurement serves as the input for SIAPS private sector work. Because SIAPS and JSI have worked closely in the past developing assumptions for forecasting and quantifying ACTs, this information can be used for the private sector.
- Availability of STGs produced by SIAPS will now facilitate the forecasting and quantification exercise.
- SIAPS is to collaborate with JSI in the dissemination of STGs to Montserrado County.
- SIAPS support to implementing the supply chain master plan should include development of guidelines for prescription standards that could be used by JSI to promote rational use of medicines in Montserrado County.

The two projects have worked synergistically and there were no overlaps that could create problems. It was agreed that regular meetings between SIAPS/Liberia and JSI were needed to ensure continued collaboration.

**Meeting with USAID**

During the in-brief held March 7, 2012, (attended by Mr. Kaa Williams, Dr. F. Hernandez, Dr. Soukeynatou Traoure, David Sumo, and Kwesi Eghan), the USAID PMI team expressed the following concerns about the private sector ACTs and SIAPS/Liberia—

- Delays in implementation of the project
- Potential loss of future leveraging of other stakeholders (e.g., Global Fund) for future procurement because all other stakeholders saw the initial PMI funding as a pilot and were waiting for lessons learned
- Near-expiry of products
- Apparent lack of efficiency of SIAPS local staff operations (e.g., no clarity in the roles of technical officers) with all technical staff frequently focusing on same activities

- SIAPS' poor visibility and leadership in the private sector ACT initiatives; concern expressed that additional staff may be required for SIAPS

The PMI team mentioned that, although funding for 2012 did include procurement of ACTs for the private sector, HPN (Health, Population, and Nutrition) could make adjustments if the need arose and the project takes off and shows impact.

Work plan activities and staff capacities were reviewed, and this review was shared with the USAID/Liberia PMI team. To enhance the efficiency of implementation by the SIAPS/Liberia team, technical leads were identified for each activity.

At this time, there is no need to recruit additional staff or a consultant to support the team.

SIAPS headquarters will ensure monitoring and support to the in-country team to help them achieve timely and efficient implementation of all activities.

### **Next Steps**

- Finalize sticker production and distribute ACTs in the private sector
- Work with IEC/BCC team of MOHSW and NMCP to finalize the IEC messages for ACT distribution in the private sector
- Conduct refresher courses for 175 pharmacies
- Conduct training for 300 medicine store assistants
- Roll out monitoring and evaluation plan

## **ANNEX A. GUIDELINES FOR ACT DISTRIBUTORS**

**REPUBLIC OF LIBERIA**  
**MINISTRY OF HEALTH AND SOCIAL WELFARE**  
PO BOX 10-9009, 1000 MONROVIA 10-LIBERIA, WEST AFRICA

Guidelines for the Accrediting Pharmaceutical Outlets for the Distribution of Subsidized  
Artesunate Amodiaquine (Fixed Dose Combination) in the Private Sector in Liberia

The Ministry of Health and Social Welfare is calling for applications by private pharmaceutical wholesalers to distribute subsidized malaria medicines (artesunate amodiaquine in fixed dose combination) in the private sector. The following are the criteria for selection:

- I. The pharmaceutical wholesaler must be registered and certificated by the Pharmacy Board of Liberia for doing business in Liberia.
- II. The pharmaceutical wholesaler must agree to sign a Memorandum of Understanding (MOU) between the National Malaria Control Program (NMCP) of Liberia before receiving and distributing subsidized Artesunate Amodiaquine FDC.
- III. The pharmaceutical wholesaler wishing to receive and distribute the subsidized medicines must have a dispenser that underwent the USAID-MSH/SPS and NMCP training that certifies the dispenser to appropriately dispense and store artesunate amodiaquine. Such dispenser must present a copy of the training workshop certificate.
- IV. The pharmaceutical wholesaler should be willing to sell the malaria medicines at an agreed price range.
- V. The pharmaceutical wholesaler must submit a monthly sale or consumption report to the monitoring and supervision team.
- VI. The pharmaceutical wholesaler will sell the subsidized malaria medicines to retail pharmacies and medicine stores that are registered in Montserrado County only.
- VII. The pharmaceutical wholesaler shall not sell the medicines to non-registered persons and medicine peddlers. Violating this leads to the disqualification from receiving and distributing the fixed dose combination ACTs.
- VIII. The pharmaceutical wholesaler must meet the following conditions:
  - Well ventilated with a ceiling not less than 10 ft. high; shelves painted with white paint
  - Floor matted facility
  - Glassware counters and main door maintained

- IX. All pharmaceutical wholesalers wishing to receive and distribute the fixed dose combination ACTs must have the capacity to store and distribute ACTs to all the pharmacy shops in Monsterrado County.

**ANNEX B. DETAILED ACTIVITY PLAN FOR ROLL OUT OF PRIVATE SECTOR  
ACTS IN MARCH 2012**

	<b>March 5</b>	<b>March 6</b>	<b>March 7</b>	<b>March 8</b>	<b>March 9</b>
Morning	Office staff meeting <ul style="list-style-type: none"> <li>• Work plan activities overview</li> <li>• Challenges</li> <li>• Activity timeline</li> <li>• Next steps</li> </ul>	USAID briefing	<ul style="list-style-type: none"> <li>• Private sector one-day meeting</li> <li>• Staff one-on-one meeting</li> </ul>	SDSI steering committee meeting	<ul style="list-style-type: none"> <li>• USAID debrief meeting</li> <li>• Meeting with DELIVER</li> </ul>
Afternoon	Meetings <ul style="list-style-type: none"> <li>• Chief pharmacist/ MOH</li> <li>• NDS (Beyan Johnson)</li> </ul>	<ul style="list-style-type: none"> <li>• NMCP (Dr. Jones)</li> <li>• Supply chain unit</li> <li>• IEC/BCC meeting</li> </ul>	Review of M&E PSA (Dr. Matowe)	Meeting with wholesalers	Departure

## ANNEX C. LIST OF PERSONS MET DURING THE VISIT

<b>N°</b>	<b>Name</b>	<b>Position/organization</b>	<b>Contact</b>
1	Dr. Joel J. Jones	NMCP Program Manager MOHSW	
2	Ms. Jamesetta Gilyeneh	NMCP Private Sector Coordinator	
3	D. Jonathan Enders	Scientific Officer/NMCP	<a href="mailto:enderjonathan@yahoo.com">enderjonathan@yahoo.com</a>
4	J. Julius Janafo	Ag Manager Supply Chain Management Unit	
5	Rev. T. T. Tyee	Ag Chief Pharmacy MOHSW	
6	Mr. Beyan Johnson	Director NDS	
7	David Logan	Global Fund Coordinator	
8	Dr. Lyold Matowe	Pharmasystems Africa Ltd.	
9	Dr. Soukeynatou Traore	PMI Advisor USAID Liberia	
10	Mr. Kaa Williams	PMI USAID Liberia Malaria Specialist	
11	Dr. F. Henandez	CDC Resident Advisor	
12	Dr. Jayne Waweru	JIS Resident Advisor	
13	Paul Njala	NMS/Entebe	
15	Mrs. Clavenda Bright Parker	Chairman and Ag CEO LMHRA	