

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

July–September 2013



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President's Malaria Initiative

SIAPS 
Systems for Improved Access
to Pharmaceuticals and Services

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About SIAPS

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

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ASAQ	fixed dose combination of artesunate and amodiaquine
BSD/SNIS	Bureau de Stratégie et de Développement/Système National d'Information Sanitaire National Health Information System [Guinea]
CAMEBU	Centrale d'Achat de Médicaments Essentiels du Burundi (Central Purchasing Agency for Essential Medicines of Burundi)
CES	Central Equatoria State [South Sudan]
CHW	community health worker
CMS	Central Medical Stores
CPD	Country Project Director
CRMS	Continuous Results Monitoring System
CRS	Catholic Relief Services
DFCA	Drug and Food Control Authority [South Sudan]
DNPL	Direction Nationale de la Pharmacie et des Laboratoires (Medicines Regulatory Authority)
DPM	Direction de la Pharmacie et du Médicament (Directorate of Pharmacy, Pharmacy and Medicines, Mali)
DPML	Département de la Pharmacie, du Médicament et des Laboratoires (Department of Pharmacy, Medicines, and Laboratory, Burundi)
DRC	Democratic Republic of the Congo
EAC	East African Community
EML	essential medicines list
EUV	end use verification
FPM	(Global) Fund Portfolio Manager
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IHP	Integrated Health Project
ISDP	Integrated Service Delivery Program
JSI	John Snow, Inc.
LLIN	long-lasting insecticidal net
LMIS	logistics management information system
LMU	Logistics Management Unit
M&E	monitoring and evaluation
MIS	management information system
MOH	Ministry of Health
MPR	malaria program review
NEML	national essential medicines list
NMCP	National Malaria Control Program
NMP	National Malaria Program
NPP	National Pharmaceutical Policy [Guinea]
ORHB	Oromia Regional Health Bureau [Ethiopia]
PCG	Central Pharmacy of Guinea
PHCC	primary health care center

PHCU	primary health care unit
PMI	President's Malaria Initiative
PMIS	pharmaceutical management information system
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
RBA	Roll Back Malaria
RDT	rapid diagnostic test
SCMS	Supply Chain Management System
SDADME	Schema Directeur pour l'Acquisition et la Distribution des Medicaments Essentiels (National Plan for the Procurement and Distribution of Essential)
SEP/CNLS	Secretariat Exécutif Permanent/Conseil National de Lutte contre le Sida (Permanent Executive Secretariat/National Council for the Fight against AIDS, Burundi)
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOP	standard operating procedure
SP	sulfadoxine-pyrimethamine
STG	standard treatment guideline
TOT	training of trainers
USAID	US Agency for International Development
WES	Western Equatoria State [South Sudan]
WHO	World Health Organization

INTRODUCTION

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

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

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

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

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

MALARIA CORE

Monthly coordination meetings were held with PMI/Washington to discuss implementation of PMI activities in countries. Support was provided to countries in work planning for malaria interventions.

Dissemination of the malaria quantification manual to countries continues. During the reporting period, quantification training workshops using the new manual were held in Guinea (August 27–29), at which 29 participants representing the Ministry of Health (MOH) and other malaria partners and donors participated; and in South Sudan (September 24–27), where 10 people participated. The common trend in both countries was the lack of a functional committee to oversee activities related to the quantification of malaria commodities.

During this quarter, five countries (DRC, Ethiopia, Guinea, Kenya, and Liberia) conducted end use verification (EUV) surveys. Support was provided to review the findings and provide feedback on appropriate follow-up activities and interventions based on the EUV survey results. To facilitate procurement decisions at PMI, SIAPS aggregated data and reported on the stock status of malaria commodities in Angola, Burundi, DRC, Ethiopia, Guinea, Kenya, Mali, South Sudan, and Uganda. In addition, ACT needs for Burundi and South Sudan were estimated and reported.

SIAPS and William Davidson Institute (WDI) travelled to Kenya to collect data for a study to estimate the costs of distributing ACTs, RDTs, and long-lasting insecticidal nets (LLIN) from the central to the peripheral levels. In this way, countries may adequately budget for these commodities in their country roadmaps and requests to donors and ensure their availability at the end-user level. The outcome of this exercise will be the development of a costing model and methodology to support the estimation of public sector costs in other countries.

ANGOLA

Implementation of PMI Monitoring Tools

SIAPS supported the National Malaria Control Program (NMCP) to follow up on stock status and completeness of logistics reports at national and provincial levels. In this regard, the Procurement Planning and Monitoring Report for malaria (PPMRm) for quarter three was prepared. Following recommendations in the last PPMRm and EUV, SIAPS assisted the NMCP to review the distribution of ACTs and RDTs procured by PMI to reflect current needs in each province according to morbidity and consumption data. The new distribution plan, which will be implemented starting with the November RDT shipment, will minimize stock-outs in some provinces while preventing excessive quantities in others.

Supply Chain Management

SIAPS assisted the NMCP to organize a one-day meeting to disseminate the quantification report for malaria products. Participants unanimously supported the establishment of a national technical working group that will meet regularly to review forecasting and monitor supply planning and stock levels. It was also recommended that the current quantification report be aligned with the 2011–2016 gap analysis to reflect current malaria trends and changes in assumptions. In this way, there will be one reference document for all stakeholders. Challenges include the lack of reliable information on consumption at the national level on which future quantifications may be based, instead of using the morbidity method.

SIAPS is also providing technical support to the NMCP to improve logistics management information systems and promote the availability and use of necessary pharmaceutical management tools to capture and report reliable and complete stock and consumption data.

Support for Policies, Guidelines, Regulations, and Partner Coordination

Only one of the three monthly meetings of the interagency coordination sub-committee for logistics was held this quarter. About 70% of the members participated. All of the programs provided updates on the status of their products and implemented and planned activities, and exchanged other information pertinent to the membership. The meeting also provided an opportunity to disseminate the Medicine Regulatory Assessment report that SIAPS conducted last year.

Capacity Building

SIAPS assisted the National Program of Essential Medicines, in collaboration with the NMCP, the National Reproductive Health Program, and the Provincial Directorate of Health of the Province of Huambo, to organize a training of trainers (TOT) for all municipal warehouse

managers and malaria and reproductive health municipal supervisors from the 11 municipalities of Huambo. There were 36 participants from the municipalities, 3 participants from the provincial warehouse, 2 representatives from the USAID-funded Strengthening Angolan Systems for Health program, and 1 representative from the Mentor Initiative. The training was completely supported by the provincial director, who officiated at the opening and closing ceremonies. Participants elaborated post-training plans, which included: replicating the training in their respective municipalities; implementation and correct use of stock cards and product delivery forms in all health facilities; use of consumption data in requisitions; and adherence to deadlines for monthly malaria and reproductive health reports.

BURUNDI

Implementation of PMI Monitoring Tools

In collaboration with the Programme National Intégré de Lutte contre le Paludisme (National Malaria Control Program [PNILP]) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) principal recipient for malaria—Secretariat Exécutif Permanent/Conseil National de Lutte contre le Sida (Permanent Executive Secretariat/National Council for the Fight against AIDS [SEP/CNLS])—SIAPS completed the pipeline analysis for ACTs and RDTs using the PPMRm based on data from January through July 2013, and submitted a revised quantification of estimated needs for ACTs and RDTs covering the remaining months of 2013 through December 2014. Further gap analysis in quantification was completed for 2015 since current assistance from the Global Fund in Burundi through the “rolling continuation channel” will end in April 2014.

Supply Chain Management

In collaboration with the Département de la Pharmacie, du Médicament et des Laboratoires (Department of Pharmacy, Medicines, and Laboratory [DPML]) and Supply Chain Management System (SCMS), SIAPS shared the new logistics management information system (LMIS) designed during a partner’s consultative workshop held in July 2013. The next steps are to present the new LMIS system design to Coordination des Partenaires en Santé et Développement (CPSD) for approval and to update the standard operating procedures (SOPs) accordingly. This activity is jointly developed with SCMS.

To secure the availability of malaria commodities, SIAPS assisted the PNILP and the SEP/CNLS to develop a consolidated proposal for submission to the Global Fund, covering the interim period between current funding and the new Global Fund support expected in 2016. SIAPS contributed its expertise in the quantification of malaria commodities. The necessary quantities of each commodity to be procured through December 2015 were calculated and included in the final proposal.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS works with two key MOH institutions: the PNILP and the DPML. SIAPS is working to improve the PNILP’s leadership and governance and to support the DPML to develop efficient and transparent pharmaceutical management systems.

To improve collaboration and coordination of all in-country Roll Back Malaria (RBM) partners, SIAPS continued to assist the PNILP and its partners to develop a five-year strategic plan for 2013–2017. SIAPS also assisted the PNILP to adapt the 2013 annual work plan to the strategic plan targets. Moreover, development of an M&E plan aligned with the draft strategic plan was started. Validation of the draft plan is scheduled for October.

A quarterly meeting with all RBM partners was held to track progress in the achievement of the PNILP's 2013 work plan objectives. Accomplishments were highlighted for the first nine months of 2013 and the plan was adapted for the remaining quarter.

To strengthen the organizational structure of the DPML as a pharmaceutical sector leader, SIAPS assisted in the organization of a two-day retreat for all staff in September 2013. During this retreat, staff conducted a “strengths, weaknesses, opportunities, and threats” analysis using MSH’s Management and Organizational Sustainability Tool. Conducted for the first time, this exercise allowed staff to develop a short-term action plan to address identified weaknesses. An urgent and immediate activity is the review of the organizational chart, including the identification of staffing needs, because the DPML is moving toward becoming an autonomous National Medicines Regulatory Authority.

In collaboration with the DPML and key stakeholders, SIAPS organized a working session to prepare for the development of a strategic plan for the pharmaceutical sector that is aligned with the second National Health Development Plan. To this end, a desktop review of all existing documentation related to the management of the pharmaceutical sector was launched. To complement this desktop review, an assessment of the pharmaceutical sector is necessary to collect evidence-based information that will support a literature review. This activity will be conducted in collaboration with the East African Community (EAC) project funded by the World Bank.

SIAPS collaborated with SCMS and key stakeholders to support the DPML in organizing the thematic group on medicine meetings to improve coordination of all stakeholders involved in the pharmaceutical sector. Two meetings were held, focusing on the review of the system design for the health commodities supply chain and a mapping exercise of pharmacies in the private sector.

Community Case Management of Malaria

SIAPS conducted an inventory of community health workers (CHW) who were currently active and tracked the availability of commodities for each CHW. As there was a stock-out of RDTs at the PNILP, SIAPS borrowed RDTs from the Centrale d’Achat de Médicaments Essentiels du Burundi (CAMEBU, the Central Purchasing Agency for Essential Medicines of Burundi) to avoid the interruption of service at the community level.

Table 1. CHWs July/August 2013 Report

Under five children with fever	3,478	
# seen within 24 hours	2,364	68%
# tested with RDT	3,433	99%
# tested positive	2,103	61%
# treated with ACTs	1,989	95%
# treated within 24 hours	1,797	85%

In collaboration with Concern Worldwide, SIAPS supported the PNILP to conduct the final evaluation of the pilot phase of its community case management strategy, which started in 2011. A memorandum of understanding was signed with Concern Worldwide/Burundi describing the cost sharing arrangements for the final evaluation. SIAPS hired three consultants for the evaluation: one for the quantitative and qualitative aspects, another for the costing evaluation, and a data manager. The evaluation protocol and tools were developed and approved by the technical committee appointed by the MOH. Forty data collectors and eight data entry clerks were hired and trained on the evaluation methodology and questionnaires over a five-day period. The team collected data in the three pilot districts supported by SIAPS and Concern Worldwide. Preliminary results will be presented to the technical committee in October 2013. A dissemination workshop on the evaluation results is planned for early November.

Capacity Building

SIAPS assisted the PNILP to disseminate the new malaria standard treatment guidelines (STGs). A four-day training for health care providers was organized for 263 participants from 18 districts (7 provinces out of 17). The remaining 27 districts will be trained with funding from the Global Fund later in October. The 263 participants included 258 health center nurses, 2 medical doctors and three district or provincial-level supervisors. Learning objectives focused on: malaria epidemiology; the reason for changing the treatment protocol; clinical signs of uncomplicated malaria; recognition of severe malaria and its specific signs; diagnosis of malaria; appropriate treatment of uncomplicated and severe malaria; communication and counseling about malaria; and data recording and reporting. At the end of the training, copies of the STGs and algorithms were distributed to each health center.

As for strengthening the organizational structure of the PNILP and managerial skills of its staff, SIAPS provided an opportunity for a PNILP staff member to attend the PMI Behavior Change Communication workshop held in Ethiopia, September 16–20, 2013. In addition, all PNILP staff completed a local English language course that aimed to improve written and verbal communication. Command of the English language is important so that PNILP staff may participate more fully as a member of the EAC and make use of regional resources and regional lessons learned.

DEMOCRATIC REPUBLIC OF THE CONGO

Implementation of PMI Monitoring Tools

The second EUV for the fiscal year was conducted from August 6 to 10, 2013 with the NMCP, the National Program for Supplying Essential Drugs, and four provincial health authorities from the four USAID/PMI-supported provinces. The EUV survey covered 153 structures: 119 health facilities and 34 others facilities, including regional distribution centers and depots. The main finding of the EUV was an improvement in the availability of the fixed-dose combination of artesunate and amodiaquine, called ASAQ. The percentage of facilities experiencing stock-outs of three days or more in the last three months decreased: from 43% to 41% for the ASAQ 3-tab for infants; from 67% to 26% for the ASAQ 3-tab for toddlers; from 75% to 24% for the ASAQ 3-tab for children; and from 68% to 25% for the ASAQ 6-tab for adults. The survey also showed that 65% of malaria cases among under-fives were treated with an ACT compared to 3% in the previous survey. Storage conditions for pharmaceuticals are still need improvement as only 62% of surveyed facilities met acceptable standards for storage conditions. The malaria STGs are available in 75.6% of the surveyed facilities. Quinine is still used to treat uncomplicated malaria in 76% of the surveyed health facilities despite what the malaria STGs recommend.

SIAPS also submitted the PPMRm report.

Supply Chain Management

To avoid stock-outs of RDTs in PMI-supported health zones in Sud Kivu Province, SIAPS coordinated the redeployment to Bukavu (Sud Kivu Province) of 78,750 RDTs from Lubumbashi (Katanga Province) and 56,250 RDTs from Lodja (Kasai Oriental). Following a delay in the delivery of the PMI order of 4.4 million doses of ACTs for the DRC, SIAPS recommended that ACTs destined for PMI Expansion-supported health zones in Kasai Occidental be distributed in Integrated Health Project (IHP)-supported health zones where there was an impending stock-out of ACTs.

Support for Policies, Guidelines, Regulations, and Partner Coordination

For this fourth quarter, the MOH prioritized two other major activities: Training of Pharmacist Inspectors and review of the national essential medicines list (NEML) For the NEML, an additional fifth province (Bas Congo) provided its provincial list of essential medicines. National Public Health programs have also provided their specific lists. The MOH has planned the plenary session for October 8–10, 2013 for the final draft, to be edited by SIAPS during the first quarter of program year three.

During August 23– 24, SIAPS supported a workshop on strengthening the coordination of the supply chain for malaria commodities. This workshop allowed the NMCP and its partners in the IHP, PMI-Expansion as well as SANRU (rural health program) to agree to the sharing of malaria commodities data on a quarterly basis using one standard tool.

ETHIOPIA

Implementation of PMI Monitoring Tools

The quarterly Continuous Results Monitoring System (CRMS) data were collected from the PMI sentinel sites and the report is being compiled. In addition, the June 2013 health facility monthly stock status report was prepared and shared with the Oromia Regional Health Bureau (ORHB) and other stakeholders to support evidence-based decisions on moving stocks between health facilities to reduce expirations and stock-outs. The July 2013 EUV report was prepared and shared with the SIAPS home office.

The PPMRm data and the annual gap analysis of malaria commodities (e.g., ACTs, RDTs) were compiled and submitted.

Capacity Building

SIAPS provided technical support to the ORHB during the four malaria commodities quantification workshops conducted during the quarter. The workshops were conducted to improve the availability of antimalarial medicines at health facilities in the Oromia Region through the proper quantification and forecasting of needs. The program prepared a draft handbook on medicines management at health posts. As part of the development and finalization of this handbook, a two-day review workshop was conducted with concerned professionals and health managers from ORHB, selected Zonal Health Departments, SIAPS/Ethiopia, and other stakeholders. The workshop provided an important opportunity to obtain comments and recommendations to be included in the handbook.

Mentoring and on-the-job training was provided to Borena Zone health facilities (i.e., Bule Hora hospital, Yabello hospital, Mega health center, and Moyale health center) in the collection and compilation of quarterly CRMS-related data on antimalarial medicines management to meet PMI information requirements.

Support for Policies, Guidelines, Regulations, and Partner Coordination

USAID/Ethiopia and SIAPS/Ethiopia held monthly joint activity review meetings during the quarter. The main agenda item was to update and review current and planned activities for the coming months.

SIAPS/Ethiopia participated in the USAID/Ethiopia PMI Implementing Partners Meeting, which focused on:

- National and Oromia region malaria status update
- PMI Ethiopia program update
- Presentations by each implementing partner focusing on achievements and priority activities for fiscal year 2014

GUINEA

Implementation of PMI Monitoring Tools

A third EUV survey was conducted in PMI zones in September 2013, involving 15 health centers, 6 hospitals, and 4 drug warehouses. Refresher training for data collectors was provided by SIAPS at its offices. This was the first EUV conducted during the rainy season. The local SIAPS team was joined by a SIAPS M&E colleague from Arlington for the field work. SIAPS and the National Malaria Control Program (Programme National de Lutte contre le Paludisme [PNLP]) are in the process of entering and analyzing the data. The results will be available by the end of October. The next EUVs are proposed for February and August 2014, with an expanded geographical scope (countrywide).

Information Systems Management

SIAPS took a lead role in developing and launching an improved monthly malaria reporting template, which now includes more detailed information on malaria case management and a new section on medicines management.

As a result of two workshops on how to improve reporting, some simple yet concrete strategies proposed by SIAPS have been validated and are contributing to a more efficient system of e-mail reporting using a standardized Excel form. The new system was launched through trainings led by the PNLP and the National Health Information System (BSD/SNIS), with technical and financial support from SIAPS. The training took place in all 19 districts of the PMI zone in late June/early July 2013; 230 health agents and district statisticians/pharmacists were trained. The Global Fund partner (Catholic Relief Services) is planning to do the same training in the Global Fund-supported areas. While reports are still submitted in hard copy by facilities to the districts, they are sent electronically by the districts to the PNLP, BSD/SNIS, and the region via e-mail. For this purpose, SIAPS supported Internet access, with an ongoing monthly credit, for all 19 districts. Although the e-reporting system had a slow start in August, reporting rates improved in September.

Supply Chain Management

Following discussions among PMI/USAID, the Central Pharmacy of Guinea (PCG), the PNLP, and SIAPS in late June, funding of the PNLP-PCG agreement for in-country distribution of PMI products was put on hold by PMI until a decision is made about whether PMI will continue to use the PCG as a mechanism for product storage and delivery to the regions. In the meantime, SIAPS was asked by the USAID Mission to proceed with the distribution of malaria commodities remaining at the PCG because a large quantity of RDTs (supplied by both PMI and the Global Fund) had recently been made available in the country. SIAPS advanced funding for this activity, which was conducted with the PNLP and PCG in August 2013.

The following quantities were distributed at the country level: over 1 million RDTs; 4,750 doses of ASAQ/infant (stock exhausted); 900,000 doses of ASAQ/small child; 70,000 doses of ASAQ/adolescent; 100,000 doses of ASAQ/adult; 35,600 doses of injectable quinine; and 784,000 doses of sulfadoxine-pyrimethamine (SP.). The vast majority of the remaining stock was moved out of the national warehouse in Conakry and placed in the regional warehouses.

In response to feedback received during the prior emergency distribution, especially from Peace Corps volunteers, SIAPS developed a low-literacy flyer that describes the donation of the products supplied by donors. Developed jointly with the PNLN, UNICEF, Stop Palu, the Maternal and Child Health Integrated Program and others, the flyers were distributed to each health facility in the PMI zones so that they may be visibly posted at the pharmacy for all patients to see. The flyer includes photos and PNLN phone numbers that patients may call to report if products are being sold instead of issued for free. The products include: ACTs, RDTs, SP, and bed nets (when available).

Capacity Building

SIAPS/Guinea and SIAPS/Mali teamed up to organize a training workshop for the quantification of malaria commodities in Guinea. Dr. Safoura Berthe, Senior Technical Advisor in Mali, and Serigne Diagne, Guinea Country Project Director (CPD), acted as co-facilitators. The training took place from August 27–29 at the Mariador Hotel in Conakry under the auspices of the PNLN, PCG, and the USAID Mission. It included participants from national government agencies, USAID and Global Fund implementing partners, regional Pharmacist Inspectors, and some district-level pharmacists. The various presentations and hands-on exercises helped participants become acquainted with the quantification process (especially for ACTs and RDTs), the main quantification methods, and the necessary information/data to be gathered. Discussions also touched upon: the lack of a malaria quantification sub-committee at the ministerial level and, in general, the non-functioning of the national quantification committee on essential medicines; the influence of preventive interventions (such as LLINs and community education) on reducing morbidity related to malaria; rational use of ACTs; and lack of knowledge regarding consumption data and the minimum/maximum stock levels. In terms of next steps, a small committee was designated by the PNLN to draft the terms of reference for the new quantification task force for malaria commodities. The committee met once at the SIAPS office and is in the process of drafting its scope of work.

This activity will be followed up by SIAPS early in the fiscal year, with a proposal to meet at least quarterly and include all key stakeholders involved in malaria procurement and supply chain management in Guinea, including technical partners, such as SIAPS, CRS, DELIVER, etc.

Support for Policies, Guidelines, Regulations, and Partner Coordination

During this quarter, the key activity of revising the National Pharmaceutical Policy (NPP) got underway after being delayed several times due to the unavailability of the partner, the Medicines Regulatory Authority (DNPL). In advance of a workshop organized by the DNPL and financed by SIAPS, copies of the old NPP (dated December 2007) were distributed to 25 experts

who reviewed it and proposed updates. The experts met in Kindia, August 23–25, to discuss the NPP revisions in depth and agree on strategic changes. Two consultants designated by the DNPL are preparing the final report, which will be shared with a variety of in-country partners. The next steps will be a second workshop funded by WHO, at which an implementation plan for the NPP will be drafted, and a final validation workshop supported by SIAPS.

During the preparation of the work plan for program year 3, the SIAPS CPD met with the PCG director and agreed to delay the medicines registration activity until next fiscal year, with slight revisions and additions to the scope of work. The PCG Director requested support from SIAPS to review its technical procedures manual, expressed interest in continued collaboration, and in assessing options for a new legal framework that would meet the requirements noted by the PMI US team during its visit to Guinea in late June 2013. The European Union also shared a confidential draft of the PCG audit report it conducted, which the SIAPS CPD will forward to PMI.

The second series of reviews took place in September, at the regional level (in Boke, Conakry, and Labe, for one day each). Regional pharmacists and regional and district statisticians in charge of reporting were invited. The meetings were an opportunity for the PNLN and SIAPS to present activities implemented since the March meeting, the findings of the second EUV survey, and to again review the new reporting system and the new product order and delivery system that were launched specifically to avoid the frequent stock-outs that had been experienced in the past. Discussions also touched upon: the confirmation of malaria cases using RDTs that are now available in country; the possibility of involving the chiefs of small health posts in trainings; and the key quarterly indicators that each district will present at the next Regional Review Meetings. These meetings will follow a quarterly schedule, starting in November 2013, with continued support from SIAPS under the leadership of the PNLN and potentially higher-level MOH officials.

LATIN AMERICA AND THE CARIBBEAN: AMAZON MALARIA INITIATIVE

Support for Policies, Guidelines, Regulations, and Partner Coordination

Operational procedures and electronic tools for requisition and dispatch of malaria medicines were finalized in Honduras and Colombia. The NMPs, however, postponed national meetings for the presentation, validation, and scale up of the procedures and tools. Malaria pharmaceutical management guidelines for primary health care facilities were distributed in Choco, Colombia. An evaluation to assess the impact of this intervention is scheduled before the end of 2013.

Using EpiInfo, SIAPS developed an electronic application to consolidate information generated by the malaria supervision system in Guyana. The Guyana NMP has not, however, incorporated this tool into its regular operational routines. The bulletin covering the second quarter of 2013 was distributed by the Pan American Health Organization the third week of July 2013. Eleven countries (including some in Central America) provided data.

During this quarter, SIAPS finalized reports on the performance of malaria control strategies using an “adequacy approach” for Belize, Honduras, and Brazil.

The USAID/Amazon Malaria Initiative-supported assessment of structural conditions at department-level medical stores in Honduras could not be completed because the Pharmaceutical Directorate and the central warehouse underwent a profound reorganization, delaying the implementation of technical assistance plans.

SIAPS consultants completed the technical report on access and use of antimalarial medicines in Brazilian gold mining areas. SIAPS participated in the presentation and discussion of results in Brasilia in August 2013. In Suriname, SIAPS finalized the collection of information for a knowledge, attitude, and practice study in gold mining areas.

LIBERIA

Implementation of PMI Monitoring Tools

In collaboration with the NMCP of the Ministry of Health and Social Welfare, SIAPS conducted an EUV survey from August 11–23, 2013. Two counties (Nimba and Lofa) were sampled for the EUV survey. A total of 40 facilities were selected for data collection, including 2 county depots, 6 hospitals, 3 health centers and 29 clinics. The EUV survey provides essential information on the stock status of antimalarial medicines and malaria case management at the facility level.

MALI

Implementation of PMI Monitoring Tools

During this quarter, SIAPS worked with the Central Medical Stores (Pharmacie Populaire du Mali [PPM]) and the NMCP to produce and submit the quarterly PPMRm report. Based on the stock available at the central level and the average monthly distribution at the central level, the following recommendations were made:

- John Snow, Inc. (JSI) should urgently expedite the planned delivery of ACTs, SP, and RDTs by July 2013 and also anticipated deliveries planned for November 2013.
- The NMCP should develop a distribution plan for the quantities of medicines available at the central store and a distribution plan for the quantities received.

As a result of these recommendations, discussions were held with the USAID Mission to distribute the available products. SIAPS then assisted the NMCP to develop distribution plans so that malaria commodities available at the central level may be sent to the peripheral level and distributed to patients.

SIAPS also provided support to the NMCP to organize a workshop to disseminate the results of the EUV survey. Representatives from all levels of the health system participated in the workshop, which was chaired by the office of the MOH. The results and findings of the EUV survey were presented by the NMCP. The following recommendations were formulated to improve the management of malaria commodities:

- Strengthen the supervision of activities to fight malaria, including medicines management.
- Continue the implementation of a functional LMIS system so that data from the community level to the central level are made available.
- Continue the distribution of reference guidelines for malaria to all levels.
- Monitor the supply and distribution of donated products, particularly between the district and the community levels.

Supply Chain Management

SIAPS supported the NMCP to develop a distribution plan for the following commodities delivered by JSI/PMI or donated to the MOH: artemether 80 mg ampules; artemether/lumefantrine (ALU) P/12 tablets; artemether/lumefantrine P/24 tablets ; and RDTs.

Capacity Building

Progress was made during this quarter to build the capacity of counterparts and services for pharmaceutical supply management. SIAPS continued to support the implementation process for the redesigned LMIS to improve the availability of logistics data for decision making. The implementation of the redesigned LMIS requires the training of counterparts at all levels. SIAPS provided technical and financial assistance to the Direction de la Pharmacie et du Médicament (Directorate of Pharmacy and Medicines [DPM]) for the organization of a five-day workshop to develop training modules on the new LMIS SOPs. The workshop was held at the Hotel Timbuktu, September 2–6, and involved counterparts from the national level. Draft modules developed by the national-level participants were reviewed by a consultant. The consultant also developed several tools, such as a participant's manual, facilitator's manual, general session plans, and a TOT guide. These documents were validated by the DPM during the preparatory phase of the TOT. The next step for this activity is the TOT, which will begin by September 30, 2013.

Support for Policies, Guidelines, Regulations, and Partner Coordination

During this quarter, SIAPS supported the finalization and dissemination of Schema Directeur pour l'Acquisition et la Distribution des Médicaments Essentiels (SDADME)² at the regional level. The SDADME was disseminated in five regions of southern Mali: Kayes, Segou, Sikasso, Koulikoro and, Mopti; 238 people from 39 health districts participated in the dissemination workshops as well as 36 others from local organizations.

SIAPS continued to provide technical assistance to the DPM by supporting the organization of the second meeting of the Technical Committee for the Coordination and Monitoring of Drug Management. This committee, whose terms of reference were validated in June 2013, met for the second time on August 27, 2013. The committee aims to improve coordination among stakeholders involved in the Malian pharmaceutical sector. Ten agencies took part to the meeting: two participants from civil society organizations; five national agencies (PPM, DPM, NMCP, Programme National de Lutte contre la Tuberculose, and National Inspection); a representative from the private sector; and two international organizations (United Nations Population Fund and USAID). The most important points discussed during this meeting were:

- Validation of the list of tracer medicines by health program.
- Adoption of a presentation outline for future meetings.
- Validation of the Ministry decision on the creation of the Technical Committee for the Coordination and Monitoring of Drug Management.

² The SDAME is a procedural document that allows for the implementation of the national medicines policy.

SOUTH SUDAN

Implementation of PMI Monitoring Tools

SIAPS provided information on the stock status of antimalarial medicines through the PPMRM data request by USAID, by consolidating all procurements from partners and the MOH, including pipeline data. This helps partners to provide timely responses to avoid stocks-out of antimalarial medicines, and generally helps to ensure that there is an uninterrupted supply of antimalarials in the country. SIAPS collaborated with DELIVER and Population Services International (PSI) to provide stock status reports at the central level, which fed into the report. In general, antimalarial medicines are available at the central level. Several more shipments are expected under the Emergency Medicines Fund in October 2013.

Information Systems Management

SIAPS recruited a data officer as part of the implementation of the Logistics Management Unit (LMU). County-level reporting of data for selected counties was analyzed. Analysis tools were also pretested to review data and reports from the counties that feed into the LMU. SIAPS provided a mapping document to DELIVER on the state of all 16 county stores.

Capacity Building/Supportive Supervision

SIAPS trained 26 personnel from various disciplines in Western Equatoria State (WES) in its effort to strengthen the pharmaceutical management system and to establish a model county pharmaceutical management information system (PMIS) in Tambura County. SIAPS conducted a three-day pharmaceutical management training for health workers at health facilities to refresh their knowledge on the PMIS and storage management.

In Maridi County, the project visited three health facilities: Langbua Primary Health Care Unit (PHCU), Olo Primary Health Care Center (PHCC), and Maridi Hospital. During the visits, the stores at the Olo PHCC and Maridi Hospital were rearranged, with expired medicines removed and registered. Additionally, the project had discussions with the Integrated Service Delivery Program (ISDP) subcontractor, Malteser International, on pharmaceutical management issues. This has led to improved storage space and conditions in the facilities.

In Mundri West County, the project carried out on-the-job training and rearrangements and improvements in the medical stores at Gulu, Mbara, Karika, and Mandi PHCUs, and Kotobi PHCC. During the visit, ISDP sub-contractors, Action Africa Health-International and the County Health Department (CHD), were notified of the supportive supervision. They expressed appreciation for the project's continued support and technical assistance.

In Mundri East County, SIAPS visited four health facilities: Mariba and Dosho PHCUs, and Mideh and Kediba PHCCs. Similar pharmaceutical management support was provided.

At the end of the visit, the ISDP agent Mundri Relief and Development Association was briefed on the outcomes of the supervision.

SIAPS trained 30 personnel from various disciplines in Kajo Keji County of Central Equatoria State (CES) as part of the effort to strengthen pharmaceutical management and introduce the implementation of the pull system. Some of the training carried out included inventory management using PMIS tools, such as stock cards, registers, and requisition vouchers. Participants were also trained on how to place orders from their respective counties and how to document the consumption of medicines.

SIAPS facilitated pharmaceutical management training in CES for facility managers in various payams of Juba county. The implementation of the pull system, through the use of PMIS tools, was the focus of the training. A total of 62 participants were trained, of which 20 were female and 42 were male. Participants were oriented to the proper preparation of stock cards and dispensing registers. They also had hands-on practice on how to undertake such activities.

SIAPS participated in a malaria quantification training organized by the SIAPS team from headquarters to expose the South Sudan country office and major partners involved in malaria activities, such as the NMCP and PSI. Participants were introduced to the various forecasting methodologies and the advantages and disadvantages of using different methods. It was evident during the training that the lack of data has a negative impact on the production of accurate results. Moreover, tools, such as stock cards and dispensing registers, need to be available to capture logistics information. It is expected that this local capacity building will lead to further trainings at the state levels of WES and CES and that other partners from other states will be invited to participate.

Supportive supervision reports documenting gaps and challenges in pharmaceutical management systems in the counties and at facilities are shared with the concerned state MOH for appropriate action. Lanyia and Tereka have stockpiles of infusions. MOH in taking steps to return them to the Central Medical Stores (CMS) for redistribution. In Lanyia, stock-outs of ACTs were identified and steps have been taken to provide supplies.

Supply Chain Management

SIAPS had a series of meetings and discussions with DELIVER regarding the Emergency Medicines Procurement, to prepare the ground for the delivery of these shipments to county warehouses. Plans for uncluttering county stores were discussed. DELIVER was provided with an analysis of the status of the various stores, such as which counties have stores, proper inventory management systems and tools, and information on human resource capacity at the various county stores. This information will help DELIVER plan with the MOH on what steps to take regarding counties without adequate stores and to plan for alternative arrangements for those facilities. Ultimately, this will help to ensure that every county in WES and CES has adequate supplies of primary health care commodities, such as antimalarials and antibiotics, to save lives.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS facilitated the National Pharmaceutical Technical Working Group Meeting. The agenda for the meeting was to: discuss the operations of the Drug and Food Control Authority (DFCA) and some of the challenges it has faced; implementation and next steps for the LMU roll-out; and the strategy for the revision of the Essential Medicines List (EML) and STGs for the MOH. The meeting was very fruitful, with partners providing input on some of the approaches and action plans for the issues discussed. The status of medicine supplies was also discussed, with feedback from MOH provided on what the Government was doing to avoid imminent stock-outs.

SIAPS worked on planning for the review of the STG/EML documents, including preparation of the terms of reference and an action plan for the review process. The project collected various MOH disease-specific guidelines and other reference materials for use by partners, such as the WHO, Médecins Sans Frontières, and other country resources, to help in the review process.

SIAPS organized a quality assurance meeting with MOH DFCA officials, including the Secretary General, Director General of Registration and Licensing, and Director Generals of various directorates in the DFCA. The agenda was to follow up on the current situation regarding quality assurance work in the country. In particular, the issue of the non-functionality of minilabs at Kaya and CMS was raised and discussed. The project mentioned its support to the DFCA in the coming year, as planned activities in the DFCA strategic plan, and proposed to support the DFCA in the area of registration through the use of tools, SOPs, and technical assistance. SIAPS also mentioned the proposed plan to procure a prefab for the Kaya minilab to ensure the uninterrupted operation of work. SIAPS has also allocated some furniture to the DFCA to set up an office at the airport as part of its plan to monitor medicines arriving at the Juba airport. This will help to dramatically reduce medicines coming in without authorization and will ensure quality control at the country's borders. SIAPS facilitated a meeting organized by the department of pharmaceutical services at the state MOH in WES to discuss the inspection of private pharmaceutical and medical premises. This was as a result of the rapid expansion of private medicine stores and influx of substandard medicines in the state.

SIAPS participated in the Management Information System (MIS) Technical Committee meeting, which consists of representatives from key malaria partners (e.g., Malaria Consortium, PSI), MOH departments, the National Bureau of Statistics, WHO, and UNICEF. The meeting was held to: review the final budget and explore options for covering the funding gap, then standing at about USD 200,000; discuss mechanisms for channeling funds to ensure the smooth and efficient implementation of the MIS; and identify urgent tasks in the MIS roadmap. Meeting participants agreed to task the select committee on the budget to make yet another effort to review the detailed budget to further reduce the gap by considering using existing, available government and partners vehicles, where possible, instead of hiring vehicles and reducing the rates and duration of allowances.

SIAPS reviewed the near final draft report of the 2012 South Sudan malaria program review (MPR) and submitted the reviewed version, together with recommendations for further action, to the consultant for the MPR, with copies to the program manager, NMCP.

In collaboration with the NMCP, SIAPS attended the East African Roll Back Malaria Network Meeting in Khartoum, September 18–22, 2013. The WHO and Global Fund made presentations on achievements and strategies for the following years. In the meeting, endemic countries were called upon to address weaknesses in their performance, provide up-to-date status reports of their RBM roadmaps, prepare for the new funding model of the Global Fund, and develop Integrated Vector Management strategies. The RBM/WHO pledged to provide full support for all technical assistance needs of countries, as presented in the roadmaps.

SIAPS had a satellite meeting with the Global Fund Portfolio Manager (FPM) for South Sudan to discuss bottlenecks to accessing in-country funds. At the meeting, it was agreed that the program had made significant progress in resolving funding bottlenecks. The FPM promised to follow up with the Principal Recipient during the upcoming Global Fund mission to South Sudan to ensure the better flow of funds. She also informed meeting participants that the performance rating for the malaria grant in South Sudan had been upgraded in response to the performance improvements and actions taken to address bottlenecks.