



Annual Activity Report for SIAPS Guinea FY 2013: October 2012–September 2013



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SIAPS
Systems for Improved Access
to Pharmaceuticals and Services

President's Malaria Initiative

Annual Activity Report for SIAPS Guinea FY 2013

October 2012–September 2013



This document is made possible by the generous support of the American people through the US Agency for International Development (USAID) Cooperative Agreement Number AID-OAA-A-11-00021. The contents are the responsibility of Management Sciences for Health (MSH) 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 assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. The SIAPS objective is to promote and utilize a systems strengthening approach consistent with the Global Health Initiative (GHI) that will result in improved and sustainable health impact. SIAPS will provide “next generation” technical leadership and assistance to developing countries in pharmaceutical system strengthening with a deliberate focus on patient-centered services and health outcomes for all Health Elements. SIAPS will assist USAID and partner countries to reconcile the long-term goals of country ownership, system strengthening, and sustainability with the immediate requirements for continuing scale-up and expansion of prevention and treatment programs without adversely affecting health outcomes.

Recommended Citation

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Systems for Improved Access to Pharmaceuticals and Services. 2013. *Annual Activity Report for SIAPS Guinea FY 2013: October 2012–September 2013*. 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, Inc.

Key words

SIAPS, Guinea, annual activity report 2013

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ASAQ	artesunate-amodiaquine
BSD	Bureau de Stratégie et du Développement [Bureau for Health Strategy and Development]
CNTS	Centre National de Transfusion Sanguine [National Center for Blood Transfusion]
CRS	Catholic Relief Services
DNPL	Direction Nationale de la Pharmacie et du Laboratoire [National Medicines Regulatory Authority]
DPS	Direction Préfectorale de la Santé [District Health Authority]
DRS	Direction Régionale de la Santé [Regional Health Authority]
EUV	end use verification survey
FY	fiscal year
GHI	Global Health Initiative
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IGS	Inspection Générale de la Santé [Health Inspection Agency]
IPTp	intermittent preventive treatment of malaria in pregnancy
LNCM	Laboratoire National de Contrôle des Médicaments [National Laboratory for Medicines Control]
MCHIP	Maternal and Child Health Integrated Program
MoH	Ministry of Health and Public Hygiene
M&E	monitoring and evaluation
NPP	National Pharmaceutical Policy
OSR	[Product] Order, Supply and Receipt form
PCG	Pharmacie Centrale de Guinée [Central Pharmacy of Guinea]
PMI	US President's Malaria Initiative
PMIS	pharmaceutical management information system
PNLP	Programme National de Lutte contre le Paludisme [National Malaria Control Program]
RDT	rapid diagnostic test
SIAPS	Systems for Improved Access to Pharmaceuticals and Services [program]
SNIS	Système National d'Information Sanitaire [National Health Information System]
SP	sulfadoxine-pyrimethamine
STTA	short-term technical assistance
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

The overall goal of the Systems for Improved Access to Pharmaceutical Services (SIAPS) program is to ensure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. In Guinea, the specific emphasis is on malaria commodities; however, the processes and tools designed by SIAPS and its partners can be easily applied to other pharmaceutical products, and synergies are sought out whenever possible.

SIAPS engages in both national-level activities and activities designed to support the 19 health districts of Conakry, Boke, Labe, Kindia, and Faranah that are supported by the US President's Malaria Initiative (PMI) through USAID. The other 19 health districts in the country are primarily supported by Global Fund grants, but SIAPS has helped distribute malaria commodities in these areas as well. SIAPS's activities aim to contribute to PMI's goal of reducing malaria-associated mortality in Guinea by 50% by the end of 2015.

SIAPS Guinea has proposed four major objectives over the life of its program:

- Objective 1: Pharmaceutical sector governance strengthened
- Objective 2: Capacity for pharmaceutical supply management and services increased and enhanced
- Objective 3: Pharmaceutical management information available and used for decision making
- Objective 4: Pharmaceutical services improved to achieve desired health outcomes

During the past fiscal year (FY 2013), the SIAPS Guinea team and its Ministry of Health partners (National Malaria Control Program [PNLP], Central Pharmacy of Guinea [PCG], National Medicines Regulatory Authority [DNPL], Bureau for Health Strategy and Development/National Health Information System [BSD/SNIS], Regional/District Health Authorities, and health facility agents) accelerated activities related to all four objectives outlined in the work plan. For the most part, SIAPS has succeeded in completing its key activities for the year, with specific progress noted especially for Objective 3, that of improving the availability of information (reporting) for decision making, and also for Objective 4, that of improving the availability of antimalarial products at the health facility level and correcting stock-outs.

Objective 1: Pharmaceutical Sector Governance Strengthened

After initial challenges and delays, one of the governance activities (the revision of the National Pharmaceutical Policy) got under way with a workshop organized by DNPL and financed by SIAPS. This activity will continue in the coming months with follow-up workshops that will draft and validate an Implementation Plan for the policy (supported by WHO and SIAPS). However, drug registration activities with DNPL and support for reforms at the PCG have been postponed.

Objective 2: Capacity for Pharmaceutical Supply Management and Services Increased and Enhanced

An important realization in FY 2013 (following two major workshops, two end use verification [EUV] studies, and a series of trainings) has been the need to focus significant resources and time toward building the pharmaceutical management capacity of individuals and institutions at all levels of the Ministry of Health hierarchy (national, regional, district, and facility levels).

During FY 2013, SIAPS provided technical assistance to PNLP and PCG for two quantification exercises linked to product distribution (in November 2012 and March 2013) and for developing a new integrated product Order, Supply and Receipt (OSR) form and process for malaria commodities. This provided an opportunity for training health districts and facilities on some additional specific topics related to pharmaceutical management. Additionally, SIAPS Guinea, in collaboration with SIAPS Mali, organized a training/workshop on quantification, which led to the decision to create a national task force that will coordinate procurement and supply chain management and will consist of all the key malaria stakeholders in Guinea.

Objective 3: Pharmaceutical Management Information Available and Used for Decision Making

Given the importance of having good data on malaria patients and commodities for decision making in the pharmaceutical sector, SIAPS Guinea deemed it critical to focus much of its attention in FY 2013 on improving the reporting system.

All the activities proposed under the FY 2013 work plan were completed, including three EUV surveys; two quarterly review meetings with Regional and District Health Directors and national-level representatives; and working sessions with a wide range of partners to develop a new standardized reporting tool, a simplified circuit for the transmission of reports, easy-to-use electronic templates, and a complete set of instructions. The newly improved PMIS (pharmaceutical management information system) was launched in partnership with PNLP and the National Health Information System (BSD/SNIS) through trainings that took place in all 19 PMI districts. (Approximately 200 public health facilities, plus the Military Health Services and some private facilities were trained.) Partners such as MCHIP, Faisons Ensemble, and Catholic Relief Services (CRS) were involved in the development of tools, and CRS will help ensure scale-up to the other 19 districts of the country. The trainings also introduced the new integrated OSR form for malaria commodities in PMI zones, along with a quarterly “pull” system of product orders and deliveries.

To fill basic gaps in information technology needs, SIAPS has provided two laptops, printers, and Internet connection keys to PNLP, in addition to DNPL and PCG. Moreover, SIAPS also issued Internet keys to all 19 district Data Managers for reporting purposes and initiated a “reporting competition” among the PMI-supported districts. The prizes, such as laptops, printers, and additional Internet credit, are based on the timeliness, quality, and electronic transmission of the new monthly malaria reports, and are issued in a transparent manner by PNLP and SIAPS during the quarterly review meetings.

The goal of these activities was to establish a well-functioning system whereby consumption and stock-level data for malaria commodities is reported by health centers to the districts, and from there to the central level on a regular basis and in a timely manner. This type of information was lacking at the PNLP level, and this process provided an opportunity to overhaul more generally the malaria reporting template employed by BSD/SNIS.

Objective 4: Pharmaceutical Services Improved to Achieve Desired Health Outcomes

Availability of malaria commodities in Guinea in recent years can be described as inconsistent, with frequent stock-outs of artemisinin-based combination therapies (ACTs), rapid diagnostic tests (RDTs), medicines for severe malaria, sulfadoxine-pyrimethamine (SP) for intermittent preventive therapy in pregnancy, long-lasting insecticide-treated nets, and other commodities. The Government of Guinea is highly dependent on donors for procurement of such commodities and PMI (SIAPS) was called upon in 2011, 2012, and 2013 to conduct emergency distributions of ACTs and other products for the purpose of correcting long-term stock-outs.

In late 2012 and 2013, PMI through USAID | DELIVER supplied significant quantities of ACTs, SP, injectable quinine and RDTs to the Government of Guinea; these products were stocked at the central PCG warehouse in Conakry. However, the key challenge throughout the year remained the lack of funding at the central level to distribute the products to the regions, and from there to the districts and the health facilities. Despite budgetary constraints, SIAPS stepped in and conducted several distributions of commodities: country-wide in November/December 2012; to districts in PMI zones in March 2013; and country-wide in August 2013, with a direct distribution to facilities in PMI zones and an indirect distribution to regional warehouses/district offices in non-PMI zones. This last distribution included for the first time a large and sufficient quantity of RDTs (supplied by PMI and the Global Fund), which are now available in-country.

BACKGROUND

Guinea is a country characterized by multiple public health challenges. Particularly, malaria is considered by the Ministry of Health (MoH) to be the main public health problem, with 31% of consultations, 25% of hospitalizations, 14% of hospital deaths, and an annual incidence of 115 per 1,000.¹ It continues to be a leading cause of death among children under five years of age. This situation is the result of political instability, poverty, and weak governance. Importantly, the health system does not receive funding from the national government sufficient to achieve adequate improvements in health outcomes.

In recent years (2010–2012), many public health facilities experienced long periods of stock-outs of artemisinin-based combination therapies (ACTs)—the most effective antimalarial medicines for uncomplicated cases—because of a hold placed by the Global Fund to Fight AIDS, Tuberculosis and Malaria on its grants to the MoH. The US President’s Malaria Initiative (PMI), through the US Agency for International Development (USAID), responded to requests from Guinea’s MoH to provide more than 2.2 million treatments of ACTs over the past two years, including all four types of artesunate-amodiaquine (ASAQ), for infants, children, adolescents, and adults. Two emergency distributions of these ACTs were conducted country-wide by the National Malaria Control Program (PNLP) with support from SIAPS in late 2011 and late 2012, targeting all of Guinea’s public health centers and hospitals (approximately 450 facilities in total) and Military Health Services in Conakry. In March and August 2013, the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program distributed additional tranches of antimalarial products, including ASAQ, injectable quinine for severe malaria, sulfadoxine-pyrimethamine (SP) for intermittent preventive treatment in pregnancy (IPTp), and rapid diagnostic tests (RDTs). The PMI procurement of these life-saving commodities and SIAPS’s involvement played a critical role in filling product gaps at the national level and ensuring coverage of ACTs at a time when no other donor funding was being provided. As of 2013, the Global Fund started resupplying ACTs, RDTs, and SP to Guinea, and the Islamic Development Bank donated RDTs as well through the United Nations Children’s Fund (UNICEF).

Despite this assistance, recurrent stock-outs at the health facility level persisted, stemming from the inability of Guinea’s health system to adequately report information on the consumption and stock level of these commodities—data that is critically needed for the accurate quantification of needs as well as for procurement planning. Over the past year, SIAPS has worked closely with PNL, the National Health Information System (SNIS), and a wide range of in-country institutions and partners to improve the malaria commodity reporting system by introducing a new (electronic and standardized) template and a simplified circuit of transmission for such reports from the facility to the district level, and from there to the central level on a monthly basis. The new information system put in place by SIAPS in mid-2013 should significantly improve data collection in the coming years and support a more reliable commodity distribution system.

Weaknesses in the pharmaceutical sector and uncertainties with the Global Fund grant have made it a difficult task to coordinate the efforts of the various financial and technical partners. Delays in reforms at the Central Pharmacy of Guinea (PCG) have also led PMI to reassess whether PMI-procured antimalarial products should be distributed through the PCG.

¹ *Guinea Malaria M&E Strategy, 2008–2012.*

Therefore, in addition to strengthening the information system for pharmaceutical management, one key priority during the upcoming fiscal year will be the identification of a long-term solution for the regular distribution of products to Guinea’s regions and districts. This solution should support SIAPS’s efforts over the past year to revive the concept of a “pull” system for malaria commodities (based on product orders initiated at the health facility level) rather than the “push” system that was being employed (products pushed from the central level to the facility level, irrespective of consumption needs).

Guinea is currently in the final stages of validating its next five-year National Malaria Strategic Plan (2013–2017), a new monitoring and evaluation (M&E) plan, and more importantly, new guidelines for malaria treatment, which per World Health Organization (WHO) recommendations will require for the first time testing and confirmation of all malaria cases prior to treatment, and will change the preferred medicines for severe malaria. The USAID Guinea Mission is also in the process of finalizing its Country Development Cooperation Strategy (2013–2017). As these documents are developed, SIAPS will ensure alignment with both of these strategies.

The objectives set forth by SIAPS adhere to the principles of the Global Health Initiative (GHI). By design, SIAPS is a program intended to strengthen health systems, with a specific focus on the pharmaceutical sector.

The activities described in this report were implemented during fiscal year 2013 (FY 2013), using funds provided by PMI/USAID.

UPDATE ON THE PROGRESS OF SIAPS GUINEA ACTIVITIES, FY 2013

Objective 1: Pharmaceutical Sector Governance Strengthened

Sub-objective 1.1: Improved environment for key pharmaceutical institutions to fulfill their mandates within the pharmaceutical sector

Of the SIAPS objectives for the year, the governance objective has proved the most challenging to attain, as a result of various factors, including lack of capacity and focus at the National Medicines Regulatory Authority, or the Direction Nationale de la Pharmacie et du Laboratoire (DNPL), as well as a slow pace for making reforms at the PCG, the latter of which has led PMI to question the initial strategy of using PCG as the main distributor of PMI malaria commodities to Guinea's provinces. However, improving governance is a long-term goal, and since both the DNPL and the PCG have reengaged in activities with SIAPS in the last quarter we believe that progress is possible in the year to come.

Activity 1.1.1: Assist the DNPL in developing an implementation plan for Guinea's National Pharmaceutical Policy

Guinea's National Medicines Regulatory Authority (DNPL) is low in financial and staff resources and therefore unable to regulate the pharmaceutical sector. After the assessment of the DNPL last year, the director of the institution has required assistance with revising its National Pharmaceutical Policy (NPP) and developing an NPP Implementation Plan.

SIAPS financially and technically supported a first DNPL workshop, which led to the revision of the NPP. The workshop took place in Kindia from August 23 to 25, and included experts from various MoH departments and partner institutions, such as the Health Inspection Agency (IGS), the National Laboratory for Medicines Control (LNCM), the National Center for Blood Transfusion (CNTS), the Medical and Pharmacy School at the University of Conakry (PMPOS/UGANC), the Health Human Resources Agency (DRHS), the National Treatment and Prevention Program for STIs/AIDS (PNPCSP), the National Association of Guinean Pharmacists (ONPG), the National Hospital Ignace Deen, DELIVER, and SIAPS.

The next steps are a second workshop funded by WHO, which will draft an Implementation Plan for the NPP; and a final validation workshop supported by SIAPS. These follow-up workshops were initially scheduled for September 2013, but were delayed because of legislative elections in Guinea.

Performance indicator per the work plan:

- Number of policy documents or plans produced
- Target: 1; actual: 1 (National Pharmaceutical Policy revised in August 2013)

Deliverable:

- Proposed: *NPP Implementation plan*
- Actual: Report of the NPP workshop along with newly revised NPP document. See activity report, entitled « *Rapport synthèse de l'atelier de révision de la Politique Pharmaceutique Nationale, Kindia, du 23 au 25 Août 2013* »

Activity 1.1.2: Implement measures to make Guinea’s drug registration system more efficient and transparent

During its first year of activity in Guinea, SIAPS conducted an assessment of the DNPL (National Medicines Regulatory Authority) and subsequently made a number of recommendations needed to improve the functioning of the DNPL so that it can exercise better oversight over Guinea’s pharmaceutical system. One recommendation was to improve the medicines registration system by making it more efficient and transparent. As a result of budgetary constraints in SIAPS’s second year as well as the unavailability of the partner, DNPL, this activity has been delayed. A regional consultant has been identified for the work.

In the short term, SIAPS provided some much-needed basic equipment to DNPL in the form of two laptops and two printers and involved one DNPL staff member in the implementation of the end use verification (EUV) survey.

Performance indicator per the work plan:

- Number of medicine dossiers processed by the DNPL per quarter (target TBD)

Deliverable:

- Proposed: Technical report
- Status: Not achieved (due to the activity not being completed).

Activity 1.1.3: Provide technical assistance to the PCG to modify its legal status

One of the recommendations of the assessment of the DNPL centered on the PCG’s capacity to exercise sufficient independence from the Government of Guinea to better manage its finances and function autonomously. The PCG had initially expressed its wish for assistance with changing its legal status; however, this activity was no longer a priority for the PCG Board in 2013.

Following discussions with the PMI Washington team in June 2013, PCG has decided to revive efforts to accelerate reforms and reevaluate its internal procedures and legal status. During the preparation of the SIAPS work plan for FY 2014, the SIAPS Country Project Director met with the PCG Director and agreed to delay this activity until the next fiscal year, with slight revisions and additions to the scope of work. The PCG Director requested support from SIAPS in reviewing PCG’s technical procedures manual and 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. The PCG reforms will be coordinated with the PCG Board and carried out with assistance from an international consultant who has been identified.

Performance indicator per the work plan:

- Number of legal frameworks modified
- Target: 1; actual: 0 (postponed)

Deliverable:

- Proposed: (Consultant) trip report
- Status: This deliverable will be provided in the next fiscal year.

Objective 2: Capacity for Pharmaceutical Supply Management and Services Increased and Enhanced

Sub-objective 2.1: Inventory and pharmaceutical management capacity of individuals and institutions strengthened

A critical objective of SIAPS in Guinea is to strengthen the pharmaceutical management capacity of individuals and institutions. Toward this goal, SIAPS Guinea and SIAPS Mali teamed up to organize a training workshop on the quantification of malaria commodities (especially ACTs and RDTs). The training took place August 27–29 in Conakry under the auspices of PNLP, PCG, and the USAID Mission, and included 30 participants from national government agencies, regional Pharmacist Inspectors, some district-level Pharmacists, and implementing partners (Stop Palu, DELIVER, CRS, and UNICEF).

Previously, SIAPS conducted two mini-quantification exercises with PNLP and PCG to determine the quantities of products to be delivered to health facilities based on the limited consumption data available. These exercises took place in November 2012 and March 2013 and involved the active collection of monthly consumption reports from facilities/districts for the previous quarter and the development of databases that evolved into distribution plans.

Activity 2.1.1: Provide technical assistance to strengthen the task force for coordinating procurement and supply chain management for malaria commodities

The lack of coordination of actors involved in the pharmaceutical sector in Guinea has been a challenge, and to date the only source of collective information about what happens overall in the malaria supply chain is the PNLP Pharmacist. PCG is involved in product distributions at the country level, but does not produce regular reports for PNLP regarding malaria products received and issued during a given time period, so information is often incomplete.

A main recommendation from the quantification workshop was to revive a national task force for coordinating the procurement and supply chain of malaria commodities. The terms of reference for the task force are currently being drafted under the lead of PNLP and with guidance from SIAPS. The task force would consist of several key government agencies and technical partners who would exchange information about product orders and deliveries, medicines consumption, and stock level data, and who would hold joint annual quantification exercises.

Regular meetings of the task force will assist in the collection of data for various reporting and planning purposes (Procurement Planning and Monitoring Reports for malaria [PPMRm], ACT/RDT estimation needs, gap analyses, etc.).

Performance indicators per the work plan:

- Number of people trained in quantification and/or procurement planning
 1. Target: 10; actual: 27 (Conakry workshop in August 2013)

- Number of quantification or procurement planning exercises conducted
 1. Target: 2; actual: 2 (quantification exercises in November 2012 and March 2013)

Deliverable:

- Proposed: Summary technical report on activities conducted to strengthen the malaria coordination mechanism
- Actual: Training report from the quantification workshop. See report, entitled « *Rapport synthèse de l'atelier de formation en quantification des intrants antipaludiques, Conakry, du 27 au 29 Août 2013* »

Objective 3: Pharmaceutical Management Information Available and Used for Decision Making

Sub-objective 3.1: Pharmaceutical management information systems (PMIS) support both products and patients

A major achievement toward this objective over the past year has been SIAPS's lead role in developing and launching an improved monthly "Malaria Reporting Template," which now includes more detailed information on patients, cases tested/confirmed/treated/referred, and a brand-new section on pharmaceutical management, including stock status and monthly consumption at the health facility level. This last section provides significant value-added by gathering pharmaceutical management information from the field. After two workshops on how to improve reporting, some simple yet concrete strategies proposed by SIAPS were validated and are leading to a more efficient system of e-mail reporting using a standardized Excel form. The new system was launched through trainings led by PNLP and the Bureau for Health Strategy and Development/National Health Information System (BSD/SNIS) with technical and financial support from SIAPS; these trainings took place in all 19 districts of the PMI zone in late June to early July 2013. The Global Fund implementing partner CRS plans to do the same trainings using the same trainers in the other 19 districts of Guinea.

Given the information technology constraints in Guinea, SIAPS provided PNLP and data managers from the 19 PMI-supported districts with Internet connection keys and monthly Internet access for reporting purposes. SIAPS also initiated a "reporting competition" among the districts that has resulted in equipment prizes such as laptops and printers, which are related directly to reporting needs. The challenge in FY 2014 will be to ensure that the newly launched reporting system functions well at all levels of the health system and that high-quality data is transmitted in a timely manner and analyzed for decision making.

Activity 3.1.1: Conduct training of trainers ahead of rolling out the malaria commodity PMIS (pharmaceutical management information system)

SIAPS and PNLP organized a national workshop that built consensus around the strategies and reporting tools that would improve the PMIS in Guinea (November 2012) and organized a first quarterly review meeting of Regional and District Health Directors, where concrete proposals and reporting templates were discussed and validated for PMI zones (March 2013). Following these workshops, SIAPS collaborated with PNLP and the National Health

Information System (BSD/SNIS) in launching the new reporting system for malaria in June–July 2013. Trainings were conducted in all 19 PMI-supported districts with Data Managers, Pharmacists, and the chiefs of more than 200 health facilities. The trainings covered the following agreed-upon elements of the new PMIS:

- A new, standardized template for the Monthly Malaria Report, including data on patients/testing/treatment and medicines management (consumption/stock status), was introduced.
- While the report is still being filled out in hard copy by facilities, it is now submitted by e-mail by districts to PNLP and BSD/SNIS, using a standard Excel template.
- PNLP with support from SIAPS provides feedback to the districts on the e-mailed reports to correct any issues. Based on the timeliness, quality, and e-delivery of the reports, the top-performing districts receive prizes such as a laptop, printer, or additional Internet access as part of a quarterly reporting competition.

Although the e-reporting system had a slow start in the first month following the trainings, reporting rates gradually improved in the last quarter of FY 2013 and are expected to continue to improve over the next fiscal year. Transmission and timeliness rates were as follows:

July 2013:

- Transmission rate: **15** (of 19 districts) reported, or **83%** of health facilities.
- Timeliness: **5** districts reported on time, covering **21%** of health facilities.

August 2013:

- Transmission rate: **17** (of 19 districts) reported, or **92%** of health facilities.
- Timeliness: **6** districts reported on time, covering **24%** of health facilities.

September 2013:

- Transmission rate: **16** (of 19 districts) reported, or **79%** of health facilities.
- Timeliness: **13** districts reported on time, covering **69%** of health facilities.

The transmission rate is defined as the percentage of monthly reports transmitted to the central level (PNLP) by districts for their health facilities, of the total number of facilities in PMI zones. Timeliness is defined by SNIS and PNLP as the percentage of monthly reports transmitted before the 15th of the following month.

The target of a 70% transmission rate, which had been set by SIAPS Guinea earlier in the year, was achieved and exceeded: on average, 85% of facilities reported for the quarter ending in September 2013. Timeliness improved considerably over the quarter, reaching close to 70% for the month of September. With the strengthening of the PMIS, it is hoped that in the next fiscal year, PNLP will have reliable data to conduct gap analyses and plan for distributions at the regional/district level.

Performance indicator per the work plan:

- Number of people trained to implement the malaria commodity PMIS
- Target: 20; actual: 232 (five trainers from PNL, two from BSD, and one from PCG were trained by SIAPS; they in turn trained 224 staff, the majority being health agents from the facility/district level, and some technical partners: Stop Palu, CRS, and the Maternal and Child Health Integrated Program [MCHIP]).

Deliverable:

- Proposed: training report
- Actual:
 1. Report from the PMIS national workshop, entitled « *Rapport synthèse de l'atelier de renforcement du système d'information de gestion pharmaceutique en Guinée, Conakry, du 28 Novembre au 1^{er} Décembre 2012* »
 2. Report from the PMIS trainings in health facilities and districts in PMI zones, entitled « *Rapport synthèse de la formation des agents de santé sur l'utilisation du nouveau canevas du Rapport SNIS-Paludisme et du nouveau Bon de commande, livraison et réception dans les zones appuyées par PMI, Guinée, du 27 juin au 6 juillet 2013* »

Activity 3.1.2: Conduct end use verification (EUV) surveys for malaria commodities

By the end of FY 2013, three separate EUV surveys had been conducted in PMI zones at a total of 45 health centers, 17 hospitals/community medical centers, and 4 PCG warehouses. The surveys took place in December 2012, April 2013, and September 2013. Data collectors were retrained before each survey and represented PNL, PCG, SNIS, DNPL, national Pharmacy inspectors, and regional and district-level pharmacists and physicians. Partners MCHIP and Faisons Ensemble participated in the first two surveys.

The EUVs were conducted approximately one month after product distributions led by SIAPS, PNL, and PCG, to conduct random checks and ensure that commodities reached the health facilities. Summary reports were submitted to PMI/USAID, and detailed presentations of the results (aggregated and by region) were presented at the quarterly Regional and District Health Directors' meetings, to encourage discussion and action on the recommendations. The next EUVs are proposed for February and August 2014, in both PMI and non-PMI areas.

Performance indicators per the work plan:

- Percentage of health facilities with all presentations of ACTs

(Note: If one ACT is not available, this indicator is reduced. The stock of ASAQ infant was almost entirely consumed by the second quarter of 2013, hence the low value for EUV 3)

1. Target: **70%**, EUV 1: **24%**, EUV 2: **80%** , EUV 3: **38%**
- Percentage of facilities experiencing ACT stock-outs of three days or more in the past three months

(Notes: Ranges are given below due to various types of ASAQ. The high stock-out rate for EUV 3 stems from the low stock of ASAQ infant and the continued lack of a routine system of product distribution in Guinea.)

1. Target: **0%**, EUV 1: **61-72%**, EUV 2: **0-15%**, EUV 3: **23-48%**

- Percentage of health facilities with expired malaria commodities

(Note: Ranges are given below due to various types of malaria commodities being researched; for EUV 3, the expired products were: injectable quinine, found at two facilities, and ASAQ child found at one facility.)

1. Target: **0%**, EUV 1: **0%**, EUV 2: **0-5%**, EUV 3: **0-8%**

- Percentage of health facilities transmitting data to DPS
(Note: Only the data transmitted for EUV 3 is reflective of the new PMIS reports introduced by SIAPS and PNLP in mid-2013.)

1. Target: **50%**, EUV 1: **95%**, EUV 2: **80%**, EUV 3: **81%**

Deliverables:

- Proposed: Survey report
- Actual: All three EUV survey reports were submitted on time to PMI/USAID.

Activity 3.1.3: Monitor and report on availability of malaria stocks through the PPMRm reporting mechanism

SIAPS Guinea worked with the PNLP Pharmacist to obtain the data needed for the quarterly PPMRm reports. PNLP in turn collaborated with PCG to conduct physical inventories at the central depot and to obtain most product delivery receipts from districts and regional depots. While the information provided by PNLP and PCG cannot be 100% verified by SIAPS, it is close to the data obtained through product delivery receipts and the EUV surveys.

In addition, the June–July 2013 trainings in PMI zones included a module on the new product Order, Delivery and Receipt form (OSR) and the new quarterly schedule for ordering and receiving malaria commodities in PMI zones. The OSR form replaces three separate forms, so its simplicity was appreciated at the local level. The quarterly (rather than semiannual) order and delivery schedule is intended to reduce stock-outs and lead to better planning at all levels of the health system. Product orders are to be based on the previous quarter's consumption and adjusted for periods of stock-outs; a one-month buffer stock will cover delays in deliveries. Product orders placed by individual health centers and hospitals are approved at the district, then regional level, without making their way to the national level (PNLP), which would cause significant delays; however, a copy of the final OSR form, signed by all parties including the receiving facility, will be sent to PNLP for verification purposes.

The training also provided an opportunity to retrain health centers and District Pharmacists on how to make calculations and where to find the source of information for the OSR form.

Deliverable:

- Proposed: PPMRm reports
- Actual: All quarterly PPMRm reports were submitted on time to PMI/USAID.

Activity 3.1.4: Provide technical assistance to PNLN to implement a regional quarterly review mechanism at the Direction Préfectorale de la Santé (DPS) level, which will serve to actively collect pharmaceutical management data from USAID-focus areas

The first quarterly review meeting reunited all five Regional and 19 District Health Directors (DRS and DPS level) from PMI-supported zones, along with national-level Ministry of Health officials and partners in Conakry in March 2013. Many decisions that influenced the launch of the new PMIS were made at this initial meeting.

The second review meetings were organized in early September 2013 at the regional level (in Boke, Conakry, and Labe), with a delegation from PNLN and SIAPS participating in each of the regional meetings. Regional Pharmacists and regional-/district-level Statisticians in charge of reporting were invited, along with the Regional and District Health Directors.

The general terms of reference for these meetings include a presentation and discussion of the latest EUV results; a discussion on the malaria situation at the district level based on the monthly standard reports; the active collection of hard-copy reports and product delivery forms if they did not otherwise make it to the central level; the announcement of the top-performing districts in terms of reporting for the previous quarter; issuance of prizes; and specific trainings (or refreshers) for the regional/district level.

Regular meetings can help in identifying/understanding challenges, proposing collective solutions, and following up to make sure that problems have been corrected. They can also serve as “training of trainers” and a means of channeling information toward the health facility and community levels. These meetings will continue quarterly with support from SIAPS and under the leadership of PNLN and high-level Ministry of Health officials. Partners such as Stop Palu, MCHIP, DELIVER, PCG, DNPL, WHO, and UNICEF are invited to these meetings.

Deliverable:

- Proposed: Technical reports summarizing the quarterly review meetings
- Actual:
 1. Technical report from the first Review Meeting, March 2013, entitled:
« Rapport synthèse de la première réunion trimestrielle des Directeurs régionaux et préfectoraux de la santé dans les zones appuyées par PMI en Guinée pour la restitution de l'enquête EUV et l'analyse des rapports de gestion de produits antipaludiques, Conakry, du 12 au 14 Mars 2013 »
 2. Technical report from the second Review Meeting, September 2013, entitled:
« Rapport synthèse de la deuxième réunion trimestrielle des activités de lutte contre le paludisme dans les zones appuyées par PMI, Boké / Conakry / Labé, du 6 au 11 Septembre 2013 »

Objective 4: Pharmaceutical Services Improved to Achieve Desired Health Outcomes

Sub-objective 4.1: Availability of pharmaceuticals improved

Continuous availability of essential drugs in general, and malaria commodities in particular, at the various levels of the health system in Guinea remains a great challenge.

Because of financial constraints and governance issues, the PCG is not capable of ensuring the availability of all necessary medicines throughout the whole pipeline of the health system. Although donors such as PMI/USAID, the Global Fund, and the Islamic Development Bank began to send significant quantities of malaria commodities to Guinea in 2013, the Ministry of Health lacks funding to *distribute* these commodities from the central PCG warehouse in Conakry to the regional level, and from there to districts and health facilities on a regular basis. Additionally, given that PCG is an autonomous institution, it does not receive funds from the MoH for the *storage* and *monitoring* of these products and is requesting that donors cover these costs.

Over the past year, responding to requests from PNL and PMI/USAID, SIAPS supported several ad-hoc “emergency” distributions of antimalarial products country-wide (with a particular focus on PMI-supported areas), to correct impending stock-outs. SIAPS also facilitated consensus building through two workshops and reintroduced the concept of a “pull” system for orders and deliveries of malaria commodities. However, because of recent uncertainties over which institution would be in charge of future product distribution in PMI zones, this regular “pull” system of (quarterly) product deliveries has yet to be implemented; its implementation remains a target for FY 2014, once PMI/USAID decide on the best mechanism for in-country distribution of PMI-acquired commodities.

Activity 4.1.1: Assist PNL in initiating and coordinating corrective actions to address imminent or actual stock-outs or overstocks of malaria commodities

To avoid stock-outs, SIAPS, PNL, and PCG conducted three formal distributions of malaria products over the past year: (1) a supervised distribution to health facilities country-wide in November/December 2012, which primarily issued two types of ACTs procured by PMI (ASAQ infant and ASAQ child); (2) a distribution to District Health Directors in PMI zones in March 2013 (all forms of ASAQ, SP, injectable quinine, and some RDTs); and (3) a country-wide distribution of all commodities (including for the first time a large quantity of RDTs) in August 2013, which involved direct delivery to health facilities in PMI zones outside of Conakry. (In Conakry, because of the accessibility of the PCG main warehouse, districts organized the pick-up and the distribution of products to facilities; in non-PMI zones, because of funding constraints, PCG trucks deposited the products either at the district level or at the regional warehouse). PMI products were sent to PMI zones, and Global Fund products to Global Fund zones. Some Global Fund products were assigned by PNL to PMI zones as needed (given that early in the fiscal year, some PMI products had been sent to Global Fund zones).

As of the end of FY 2013, all PMI products supplied in FY 2013 had been moved out of the national warehouse, with the vast majority distributed to health facilities and with only a small quantity remaining in stock at the regional warehouses to suffice for the quarterly order of October 2013. Overall, SIAPS helped distribute the following quantities of PMI products during FY 2013:

- 754,725 ACTs (including 75,900 doses of ASAQ infant, 301,475 doses of ASAQ child, 188,950 doses of ASAQ adolescent, and 188,400 doses of ASAQ adult)
- 1,100,000 RDTs
- 700,000 tablets of SP
- 80,000 doses of injectable quinine

Additionally, SIAPS funding enabled PNLP and PCG to distribute a significant quantity of antimalarial products purchased by the Global Fund (especially ASAQ and RDTs) to regional warehouses and districts in non-PMI zones.

Based on feedback received during the prior emergency distribution from Peace Corps volunteers, SIAPS developed a low-literacy poster that outlines the cost-free availability of the main products supplied by donors. The posters were developed jointly with PNLP, UNICEF, Stop Palu, MCHIP, and others and were distributed to health facilities in PMI zones to be posted visibly at the pharmacy for all patients to see.

Performance indicator per the work plan:

- Percentage of health centers targeted for emergency distribution
 1. Target: 100%, actual: 100% (of public health facilities in PMI zones)

Deliverable:

- Proposed: Technical report
- Actual:
 1. Technical report from the November/December 2012 distribution, entitled « *Rapport technique : Supervision de la distribution urgente des combinaisons thérapeutiques à base d'artémisinine (CTA) et des tests diagnostics rapides (TDR) dans les 8 régions administratives de la Guinée, Novembre–Décembre 2012* »
 2. Distribution plan for PMI-supported zones, March 2013
 3. Distribution plan for PMI and Global Fund zones, including regional warehouses, August 2013

TECHNICAL ACTIVITY COORDINATION AND MONITORING

Work Planning

SIAPS Guinea submitted its Work Plan and budget for FY 2014 to PMI/USAID in August 2013 and received feedback at the end of September. SIAPS drafted responses in early October and received work plan approval from the USAID Mission in early November 2013.

Technical Coordination Activities

SIAPS participated in several coordination meetings with the Mission and other health implementing partners in Guinea, with PMI and Centers for Disease Control and Prevention (CDC) delegations from the United States, and with the technical services of the MoH (in particular, PNLP and PCG).

All activities at the country level are planned and implemented in collaboration with and under the auspices of government partners such as PNLP, DNPL, PCG, the SNIS and its parent organization (BSD), national inspectors, and regional/district (DRS/DPS) health authorities. This approach ensures country ownership of all activities, trainings, and projects, while SIAPS's ongoing technical assistance is intended to build strong technical skills and political commitment within the MoH so that the efforts can continue beyond the life of the program to ensure sustainability. SIAPS also works collaboratively with other partners, such as USAID implementing partners MCHIP, Faisons Ensemble, the new Stop Palu project, WHO, UNICEF, and CRS.

Recruitment and Short-Term Technical Assistance

The current SIAPS Guinea organizational chart consists of one expatriate Country Project Director (CPD), one Senior Technical Advisor (position filled since October 2012 by a technical/project management/M&E consultant) and one Finance and Administrative Manager, who are backstopped by a Portfolio Manager at SIAPS headquarters in Arlington, Virginia. Occasional assistance is provided for financial and administrative support from SIAPS headquarters.

Short-term technical assistance (STTA) was provided via visits from Seydou Doumbouya, Gabriel Daniel, and Odon Mulangu in late 2012 in connection with the national PMIS workshop and the implementation of the very first EUV survey. More recently, STTA has been provided by Dr. Safoura Berthe from SIAPS Mali, who co-facilitated the quantification training in Conakry in August 2013, and by Tobey Busch, M&E Officer, who participated in the third EUV survey in September 2013.

Monitoring and Evaluation

A new M&E plan and outcome indicators were developed during FY 2013 for the lifetime of the project. This new plan will be shared as appropriate by SIAPS headquarters.

Additionally, SIAPS reported on the progress of activities through quarterly narrative reports and on the status of malaria commodities through quarterly PPMRm reports.

Three EUV studies were conducted at randomly selected health facilities and medicines warehouses to check the availability of commodities.

ANNEX A. SUCCESS STORIES



Saving Lives Through Emergency Distribution of Anti-malarial Medicines

<http://siapsprogram.org/2013/02/15/saving-lives-through-emergency-distribution-of-anti-malarial-medicines/>

PMI has featured this story on the World Malaria Day 2013 page. See last story under “New Voices from the Field”: http://www.pmi.gov/news/wmd_13.html



Rapid Evaluation, Rapid Solutions: First End Use Verification Survey in Guinea

<http://siapsprogram.org/2013/04/18/rapid-evaluation-rapid-solutions-first-end-use-verification-survey-in-guinea/>



Good Data Promotes Better Health Outcomes: Building Guinea’s Information Management System

<http://siapsprogram.org/2013/12/13/good-data-promotes-better-health-outcomes-building-guineas-information-management-system/>

ANNEX B. RESULTS FRAMEWORK FOR SIAPS GUINEA, FY 2013

