

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

October–December 2014



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About SIAPS

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

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
AMDs	antimalarial medicines
AS/AQ	artesunate and amodiaquine
CAMEBU	Centrale d’Achat de Médicaments Essentiels du Burundi [central warehouse]
CCM	community case management
CECOMA	Central de Compras de Medicamentos e Meios Medicos de Angola
CHW	community health worker
CRMS	Continuous Results Monitoring System
CSCOM	Centre de Santé Communautaire
DHIS	District Health Information Software [South Sudan]
DNME	National Directorate of Medicines and Equipment
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
DRS	regional health directors
EUV	end use verification
FY	fiscal year
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCSM	Health Commodities and Services Management program
HEW	health extension worker
HF	health facility
ICC	Inter-Agency Coordination Committee
IHP	Integrated Health Project
LLINs	long-lasting insecticide-treated bed nets
LMIS	logistics management information system
M&E	monitoring and evaluation
MOH	Ministry of Health
NEML	national essential medicines list
NMCP	National Malaria Control Program
ORHB	Oromia Regional Health Bureau [Ethiopia]
PCG	Central Medical Store of Guinea
PECADOM	Prise en Charge Communautaire a Domicile du Paludisme
PMI	President’s Malaria Initiative
PNILP	Programme National Intégré de Lutte contre le Paludisme (National Malaria Control Program, Burundi)
PNLP	Programme National de Lutte contre le Paludisme (National Malaria Control Program, Guinea)
PNME	Programa Nacional de Medicamentos Essenciais
PNSR	Programme National de Santé de la Reproduction
PPM	Pharmacie Populaire du Mali (Central Medical Stores, Mali)

PPMRm	Procurement Planning and Monitoring Report for malaria
PSI	Population Services International
RBM	Roll Back Malaria
RDT	rapid diagnostic test
SEP-CNLS	Secrétariat Exécutif Permanent du Conseil National de lutte contre le SIDA [Burundi]
SIAPS	Systems for Improved Access to Pharmaceuticals and Services {Program}
SOP	standard operating procedure
SP	sulfadoxine-pyrimethamine
USAID	US Agency for International Development
WHO	World Health Organization

INTRODUCTION

According to the 2013 World Malaria Report,¹ malaria incidence was reduced by about 31% and mortality rates by 49% in the World Health Organization (WHO) African Region between 2000 and 2012. These substantial reductions occurred as a result of a major scale-up of vector control interventions, diagnostic testing, and treatment with artemisinin-based combination therapies (ACTs). However, much remains to be done. The disease still took an estimated 627,000 lives in 2012,² mostly children under five years of age in Africa.

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. To this end, and based on PMI's 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), developing the capacity of local governments and organizations, and increasing country ownership. Through this approach, SIAPS aims to promote the availability and use of malaria products, including ACTs, rapid diagnostic tests (RDTs), 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 and improve case management of malaria. Areas supported by SIAPS include training; quantification; strengthening supply chain systems, including logistics management information; community and malaria case management; rational use; and medication safety. SIAPS works to strengthen malaria pharmaceutical management at the national level in Angola, Burundi, the Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Mali, and South Sudan. In addition, SIAPS provides regional support in Latin America.

This report briefly describes the major activities that SIAPS conducted at the global level and in each of the above mentioned countries and regions between September and December 2014.

¹ World Health Organization, World Malaria Report 2013.
http://www.who.int/malaria/publications/world_malaria_report_2013/en/

² Ibid

MALARIA CORE

To improve coverage of malaria interventions, SIAPS continued to meet with PMI/Washington to discuss activity implementation in PMI-supported countries. SIAPS contributed to improving metrics and monitoring of malaria commodities by conducting end use verification (EUV) surveys in several countries and submitting stock status of malaria commodities from Angola, Burundi, DRC, Ethiopia, Guinea, Kenya, Mali, South Sudan, and Uganda.

SIAPS also continued to hold monthly coordination meetings with PMI/Washington to discuss implementation of PMI activities in supported countries. Year 3 annual reports for malaria were finalized and countries received support in reviewing year 4 work plans as per PMI Washington recommendations.

Burundi, DRC, Mali, and Ethiopia; finalized and submitted the EUV reports for the quarter. Support was provided in giving feedback on viable follow-up activities and interventions based on survey results. To facilitate procurement decisions at PMI, SIAPS aggregated data and reported on stock status of malaria commodities from Angola, Burundi, DRC, Ethiopia, Guinea, Kenya, Mali, South Sudan, and Uganda.

ANGOLA

Implementation of PMI Monitoring Tools

During this quarter SIAPS conducted EUV activities in five selected provinces— Luanda (Belas and Kilamba Kiayi municipalities), Uige (Uige, Negage, and Damba municipalities), Malange (Caculama and Cancandala municipalities), Benguela (Benguela, Lobito, and Balombo municipalities) and Huila (Lubango, Humpata and Chibia municipalities). SIAPS collaborated with the National Directorate of Medicines and Equipment (DNME), the National Malaria Control Program (NMCP), the National Institute to Combat AIDS, and the reproductive health and family planning (RH/FP) program to conduct this biannual EUV survey. Government staff participated in the survey on regularly monitoring case management and availability of selected malaria, HIV and AIDS, RH/FP, and other essential medicines in those provinces covering the provincial and municipal levels. In total, 5 provincial warehouses, 10 municipal warehouses, and 28 health facilities (HF) were visited.

SIAPS provided support to NMCP to submit the quarterly Procurement Planning and Monitoring Report for malaria (PPMRm) report to USAID | DELIVER that is compiled in all PMI countries. The same report was shared with the technical management unit (Unidade Técnica De Gestão [UTG]) for Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) at national level. To avoid impending stock-outs, discussions were held with the central medical store (Central de Compras de Medicamentos e Meios Medicos de Angola [CECOMA]) to mobilize the necessary funds to launch an emergency order for artemisinin-based combination therapy (ACTs). This emergency order has been approved and will be executed in the first quarter of 2015.

Constraints to Progress

None

Partner Contributions

The Government (DNME, NMCP, and provincial teams) participated in EUV activities with staff. NMCP collaborated on the PPMRm.

Supply Chain Management

SIAPS continued to provide its support to NMCP to monitor ACTs, RDTs and sulphadoxine-pyrimethamine (SP) used in intermittent preventive treatment for malaria at the national level and in all 18 provinces. A summary of the situational analysis showed some stock-outs at provincial warehouse level—this was presented to NMCP leadership. Following this finding, NMCP prepared a distribution plan for CECOMA to distribute the available stock in selected provinces. Although not sufficient, the distribution of this stock helped in preventing deaths due to malaria, including pregnant women, and maternal and child deaths.

The program continued to provide support to malaria technical working group (TWG) to revise the national forecast and develop supply plans to ensure that antimalarial products are purchased according to the forecasted data.

During the reported period, SIAPS met with CECOMA to discuss current priorities in line with the newly promulgated presidential decree 268/14 of September 22, 2014. One of the major priorities is to support CECOMA to develop its annual and strategic work plans that will reflect its new expanded role and attributions. SIAPS continued to provide its technical assistance in monitoring selected key performance indicators to improve CECOMA warehouse management and distributions systems and to update the developed dashboards. Weekly technical meetings were facilitated among CECOMA key staff under CECOMA leadership.

SIAPS assisted USAID | DELIVER to obtain the necessary letters to allow entry of PMI-funded products without paying the customs duties and to facilitate their reception at the airport. The tentative date for these products to arrive is set for mid-January 2015. The same support was also provided for long-lasting insecticide treated nets (LLIN).

Constraints to Progress

Administrative delays in securing the approval of the establishment of the TWG present a major constraint.

Partner Contributions

UNFPA, Pathfinder, and National Directorate of Public Health (DNSP)/Reproductive Health Program participated in the inventory activities.

Capacity Building

During this quarter the program organized a pre-service training for 32 final year students from the Faculty of Pharmacy at Private University in Angola (UPRA) in Talatona, Luanda. SIAPS adapted training materials in pharmaceutical management for final-year students in collaboration with facilitators from SIAPS, UPRA, and DNME. For ownership, SIAPS worked closely with DNME and UPRA facilitators to revise and adapt the materials and to facilitate the sessions.

As part of the first-ever Angola Pharmacy Week, the SIAPS Angola team facilitated two sessions for more than 600 participants in the conference with the theme “Access to pharmacists is access to health.” The two-day forum was organized by the Pharmacy Council of Angola; opened by the Secretary of State for Health, Dr. Alberto Maseca; and closed by the Minister of Health Dr. José Vieira Dias Van-Dúnem. SIAPS will continue to provide its technical assistance to the Ministry of Health (MOH) to implement key symposium recommendations such as setting up a national medicine registration system and advocate for defining the national pharmaceutical pricing policy.

Constraints to Progress

None

Partner Contributions

The Government and UPRA provided facilitators for the pre-service training (free of charge) while the university made training facilities available. Students paid their own transport.

Information Systems Management

In FY15, in line with the national supply chain strategy and the work plan of the PNME, SIAPS proposed to support MOH through DNME, PNME, CECOMA, and national public health programs to conduct a comprehensive situational analysis on the current bottlenecks that negatively affect logistics management information systems (LMIS), facilitate a forum to discuss findings from the situation analysis, and propose a way forward to improve LMIS. During this quarter, discussions with relevant LMIS technical staff at HQ commenced.

Constraints to Progress

None

Partner Contributions

None

Support for Policies, Guidelines, Regulations, and Partner Coordination

In this quarter, SIAPS provided technical and logistical support to DNME to organize the bi-monthly Inter-Agency Coordination Committee (ICC)'s logistics, procurement, and operations sub-committee to assist with sharing information, to optimize resources use, and to follow-up on recommendations from the previous meeting. In this quarter, only one out of two meetings was organized since the events of Angolan Pharmacy week took place in October instead of the ICC meeting. .

SIAPS participated in the final review of the National Essential Medicines List in the role of the secretariat of an ad-hoc commission constituted by DNME. All suggestions from public health programs were collected and incorporated in the final draft that is pending the final approval by MOH. The same list was presented in the routine Advisory Council of MOH in December.

In the efforts to eliminate malaria in Angola, SIAPS participated in the finalization of the NMCP concept note to be submitted to Global Fund in line with the new funding mechanisms

In this quarter, the report of mid-term review of the pharmaceutical strategic plan was submitted to DNME for final inputs, which were incorporated into the plan by a consultant. The document was then translated into Portuguese. The DNME work plan for 2015 was also finalized and translated and sent to DNME for final review and inputs. In this quarter, SIAPS continued its advocacy effort to get buy-in of principal stakeholders in the development of the national supply chain strategy. In this regards, SIAPS used the opportunity of the ICC meeting to present its 2014 achievements and the planned areas of interventions, among them this development strategy. Participants expressed their support of this important tool that is in line with the

National Health Development plan 2012–2025. SIAPS will continue to follow up with DNME to assume the full leadership and ownership throughout the entire process of this strategy.

Constraints to Progress

The biggest challenge was other pending activities and priorities inside the Ministry of Health that slowed the finalization of the key documents (NEML, national supply chain strategy).

Partner Contributions

The MOH/DNME provided the facilities for the ICC meeting at PNME. The MOH/DNME staff reviewed the midterm review report of the Pharmaceutical Strategic Plan and DNME 2015 work plan and to finalize the NEML.

BURUNDI

Implementation of PMI Monitoring Tools

SIAPS assisted the central warehouse (Centrale d'Achat de Médicaments Essentiels du Burundi [CAMEBU]), and NMCP (Programme National Intégré de Lutte contre le Paludisme [PNILP]) to carry out monthly monitoring of stock status for malaria commodities at CAMEBU stores and to prepare the PPMRm for quarter 3 of financial year 14. SIAPS assisted the PNILP in sharing stock status reports with key stakeholders including the Global Fund, UNICEF, PMI and Médecins Sans Frontières (MSF)/Belgium. Reports highlighted lower stock levels of malaria commodities at CAMEBU and recommended speeding up an expected PMI delivery of 731,373 RDT blisters for adults no later than mid-December 2015 to avoid a possible shortage.

SIAPS assisted the PNILP in hiring a consultancy to analyze the (EUV and supportive supervision data. The EUV report for in-country use and supportive supervision report are under editing prior to validation by key stakeholders.

Constraints to Progress

None

Partner Contributions

None

Supply Chain Management

SIAPS assisted PNILP to update quantification of ACTs, quinine, and clindamycin for uncomplicated malaria; injectable artesunate for complicated malaria; sulfadoxine-pyrimethamine (SP) for intermittent preventive treatment for malaria in pregnancy and rapid diagnostic tests (RDT) for plasmodium falciparum diagnosis. This quantification update helped the PNILP to determine adequate budgets for malaria commodities to be incorporated in the Concept Note for the Global Fund New Funding Model.

SIAPS assisted PNILP in following up on an importation waiver for SP 500/25 mg with DPML to introduce the intermittent preventive treatment for malaria in pregnancy in Burundi, as recommended by WHO.

SIAPS assisted PNILP in developing the terms of reference for the National Quantification Committee for malaria commodities. The terms of reference cover the committee's mandate and organization, and the roles and responsibilities of MOH's partner institutions and its members. Next steps include approval of the terms of reference by the MOH and nomination of the committee members. The committee would serve as the platform for effectively strengthening and supporting regular forecasting and supply planning exercises so as to make appropriate quantity of malaria products ensuring an uninterrupted supply chain.

SIAPS assisted PNILP in analyzing monthly reports and requisitions of malaria commodities from 45 health districts countrywide. As the end of year was approaching, SIAPS coached the PNILP, CAMEBU and health districts to implement programmed distribution and encouraged health districts to order malaria commodities for January 2015 in the first two weeks of December to avoid issues with reduced staff levels over the holiday season. From October to December 2014, the rate of orders placed within the first two weeks of current month for the following month shifted from 25% to 80%. As a result by December 15, 2014, CAMEBU had already served orders for January 2015 for 80% of health districts.

During the reporting period, SIAPS assisted the PNILP in presenting preliminary findings of the supportive supervision to Roll Back Malaria (RBM) partners in their quarterly coordination meeting. The supply chain recorded improvements in stock management and reporting at the central, district and health center levels as stock accuracy increased from 71% to 88%, and 100% of health facilities completed and submitted logistics management information system reports.

Constraints to Progress

The quarterly update of pipeline and supply plan for malaria commodities was not accomplished as PNILP and partners, namely Secrétariat Exécutif Permanent du Conseil National de lutte contre le SIDA (SEP-CNLS), DPML and CAMEBU, were working on the malaria concept note to be submitted to the Global Fund as a priority. The funding gap for 2014 of 715,820 RDT blisters for adults identified through the quantification held in February 2014 led to lower stock levels. SIAPS coordinated with USAID/PMI to accelerate delivery of ACT and RDT projected before end of 2014 to avoid stock-outs of ACTs and RDTs.

Partner Contributions

None

Capacity Building/Case Management

SIAPS partook in field visits with USAID and implementing partners of Integrated Health Project Burundi (IHPB) and Population Services International (PSI), to jointly assess malaria status and achievements at the country's peripheral levels and together with health authorities find solutions to identified challenges. Heads of visited health facilities expressed their satisfaction with USAID's assistance and implementing partners' collaboration.

Malaria remains the main cause of consultation of health services. SIAPS assisted PNILP by supporting the analysis of supportive supervision data collected in July and September 2014 in 24 health districts and 512 health centers. Preliminary findings have been shared with RBM partners in their quarterly coordination meeting. SIAPS will continue to assist the PNILP in implementing solutions to address identified areas for improvement.

SIAPS assisted PNILP to conduct a meeting to validate three printed job aids, including one on good dispensing practices and another on information delivery to patients to enhance adherence to treatment. The third is a medicine dispensing label with cells for names and age of patient,

prescribed dosage in number of times per day, and duration of treatment, which will reinforce the patient’s capability to take treatments in accordance with prescriptions.

SIAPS assisted PNILP to fully implement malaria STGs by developing a plan for the scale-up of the use of injectable artesunate to treat severe malaria cases and the use of clindamycin to be associated with quinine for the second-line of treatment of uncomplicated malaria cases. Clindamycin will be introduced in all districts taking into account the overall prevalence rate of the first-line treatment failure and co-infection rates. For injectable artesunate, a progressive scale-up is planned, starting with 50% of expected severe cases in 2015, 60% in 2016, and 70% in 2017. The plan has been presented to partners including SEP/CNLS/malaria and WHO. The scale-up of the two products is planned for February 2015.

SIAPS assisted the PNILP to develop a supervision guide for malaria activities. The guide completes the supervision checklist developed with SIAPS assistance in 2012. It covers supervision methods, steps of supervision for each aspect of malaria related activities (prevention, diagnosis, treatment, pharmaceutical management, data quality audit) and feedback methods.

SIAPS assisted the PNILP in following up the implementation of community case management (–Prise en Charge Communautaire a Domicile du Paludisme [PECADOM]) in two health districts (Gashoho and Gahombo) while preparing the transfer of PECADOM activities to USAID’s IHPB. Data collected among community health workers (CHW) for September and October show a decrease in CHW service utilization by the community for two reasons: unavailability of RDT during the first two weeks of September and effects of mass distribution of LLIN in June 2014.

Table 1. CHWs September–October 2014

CHW service for children	Children, N	% (no.)
Under age five children with fever	5,831	
Tested positive	3,632	62.3% (3,632/5,831)
Treated with ACTs,	3,610	99.4% (3,610/3,632)
Treated within 24 hours of the onset of fever	3,561	98.6% (3,561/3,610)

Overall, SIAPS reached its targets for the whole PECADOM implementation period. Generally, 88% of children less than 5 years have been seen by CHW within 24 hours of onset of fever and of those with positive RDT, 91% have been treated with ACT within 24 hours of onset of fever. Target for both indicators was 90%.

The transfer of PECADOM activities to IHPB was effective in December. SIAPS handed over key tools and documents to IHPB including the PECADOM database; case, requisition and reporting forms; list of equipment held by CHW; and activity reports and PPT presentation. The transfer has been an occasion to provide awards to health centers and CHW who demonstrated the best performance in supporting PECADOM implementation.

Constraints to Progress

None

Partner Contributions

SEP-CNLS and WHO provided feedback on the plan for the scale-up of the use of injectable artesunate to treat severe malaria cases and the use of clindamycin.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS continued to assist key Ministry of Health (MOH) institutions involved in combatting malaria to strengthen their organizational structure and capacities related to governance, leadership, and accountability. In October 2014, SIAPS assisted the PNILP to conduct the quarterly coordination meeting for RBM partners. The meeting aimed at assessing the progress of the PNILP's CN development, evaluating PNILP achievements, setting priority actions and planning for PNILP quarter 4 and major challenges and prospects for 2015. During the meeting—

- SIAPS collaborated with PNILP to present preliminary findings of supportive supervision conducted from July to September 2014 to RBM partners. MSF/Belgium shared their experience in the use of injectable artesunate in the treatment of severe malaria in Kirundo province, including care in hospitals and health centers as well as referral mechanisms.
- The Africa Indoor Residual Spraying project collaborated with the PNILP to present preliminary results of the entomological survey done on mosquitos in the insectarium. Results covered efficiency and identification of species, their role in the transmission of malaria, and their resistance to insecticides.
- The PNILP presented a plan to scale-up first-line treatment of severe malaria by injectable artesunate.

Within the process of seeking to become a Global Fund Principal Recipient under the new funding mechanism, SIAPS collaborated with the USAID-funded Leadership, Management, and Governance Project to assist the PNILP in developing the concept note to be submitted to Global Fund to apply for a grant. SIAPS technically and logistically assisted the PNILP to conduct four of eight workshops within the framework of finalizing the PNILP Concept Note. SIAPS recruited an international consultant to guide this process. SIAPS funded one PNILP staff member to participate in the peer review workshop held in Kampala, Uganda, in November 2014. A committee worked on the concept note to integrate responses to comments and recommendations from Country Coordination Mechanism, the Global Fund, and experts from RBM, WHO and African Leaders Malaria Alliance. In December, the Global Fund approved the designation of PNILP as the Principal Recipient to manage Global Fund grants under the new funding mechanism. This Global Fund designation was a major capacity building benchmark for PNILP and SIAPS.

Constraints to Progress

None

Partner Contributions

MSF/Belgium shared their experience in the use of injectable artesunate in the treatment of severe malaria. The Africa Indoor Residual Spraying (AIRS) project assisted in sharing preliminary results of the entomological survey conducted on mosquitos in insectarium. The PNILP presented the plan to scale up the use of injectable artesunate for severe malaria.

DEMOCRATIC REPUBLIC OF THE CONGO

Implementation of PMI Monitoring Tools

During this quarter, SIAPS assisted in the production of the PPMRm country report for the period from July to September 2014. The data analysis regarding the stock and distribution of antimalarial commodities was submitted in October after conducting data validation jointly by DELIVER, IHP, and PMI-Expansion. The results of this analysis show that one warehouse, which is located in Lubumbashi town, had excess stocks (overstock) with risk of expiry while the others had understock level for malaria commodities. Therefore, SIAPS assisted the implementing partners (IHP and PMI-Expansion) to redistribute those malaria commodities (artesunate-containing regimen) to avoid wastage due to expiry.

Constraints to Progress

The Excel file reporting used by the Regional Distribution Centers/Depots (Centrale de Distribution Régionale) is cumbersome to use and requires too much time for compilation. There needs to be a way to export that report directly to the electronic database used by the regional centers and depots.

Partner Contributions DELIVER Project, NMCP, IHP, PMI-Expansion

Supply Chain Management

During this quarter, SIAPS contributed to improving the medicines' storage conditions of one of the two depots selected for fiscal year (FY) 2015. In the Kasai Occidental province, the regional warehouse (Centrale d'administration et de distribution des médicaments essentiels du Kasai) received equipment for quarantine zone, dehumidifiers, and thermo-hydrometers. Those materials will allow a better control of humidity rate which always used to be higher than 95%, while the recommended rate is 65% or less. The regional warehouse is one of ten warehouses that are also managing malaria commodities provided by PMI.

Constraints to Progress

None

Partner Contributions

None

Support for Policies, Guidelines, Regulations, and Partner Coordination

In line with the USAID Scope of Work, SIAPS provided technical and financial assistance to National Essential Medicine Supply Program (Programme National d'Approvisionnement en Médicaments essentiels) to organize and hold a preparatory meeting for the development of the first National System for Procurement of Essential Medicines (Système National

d'Approvisionnement en Médicaments Essentiels) strategic plan. This meeting was held November 5–7, 2014. From this meeting, three deliverables were produced: (1) situation analysis of pharmaceutical services in DRC, (2) a roadmap for the developing the national system for procurement strategic plan, and (3) terms of reference for recruiting a consultant to develop the strategic plan.

Moreover, SIAPS supported USAID-funded IHP to produce its close-out plan for pharmaceutical management.

In accordance with the malaria operational plan that plans to extend the PMI support to 43 new health zones, and based on the current USAID scope of work, SIAPS supported the PNLN to produce a work plan to implement patient care activities in the 43 new PMI health zones. In November 2014, SIAPS provided technical and financial assistance to PNLN Katanga to hold a meeting to introduce the work plan and its scheduled activities in malaria management during FY2015. The meeting was held in the Katanga Provincial Division of Health (DPS) offices with USAID representatives, chief medical officers in charge of health zones of interest, and all other implementing partners including SIAPS.

SIAPS continued to assist the medicine registration committee to ensure that the average number of days taken to register a candidate medicine remains in accordance to the regulatory authority's standard operating procedures (SOPs). During this quarter, the average number of days taken to register a candidate medicine went down from 68 to 64.6 days. This is an improvement that allows malaria medicines newly recommended by the NMCP to quickly reach the country. Out of 318 dossier applications submitted, 235 dossiers (or 74%) were approved and authorized, 7 dossiers (or 2.2%) were rejected, 38 dossiers (or 11.9%) were unable to be completed due to incomplete data, and 38 dossiers (or 11.9%) were deferred to the next session and treated as a backlog.

To promote and reinforce transparency and professionalism regarding the registration process, SIAPS assisted the DRA to procure the registration software *Système Intégré de Gestion Informatisée des Processus Réglementaires au sein d'une autorité de réglementation pharmaceutique (SIGIP-ARP)*. The software was procured from Burkina Faso where it is successfully in use.

Constraints to Progress

None

Partner Contributions

NMCP, Malaria Care, FHI360, Measure Evaluation, DELIVER Project, DRA

ETHIOPIA

Implementation of PMI Monitoring Tools

October 2014 data was collected from 40 HFs in Oromia region and the quarterly EUV report was compiled and sent to SIAPS headquarters in Arlington for submission to PMI-Washington. The survey found that 91% of the health facilities are able to treat malaria having at least one form of artemether-lumefantrine in this reporting period. However, the percent of HFs with all presentations or packs of artemether-lumefantrine did not show improvements. In addition, the overall percent of facilities stocked-out of ACTs for three days or more in the last three months has risen during this report period as compared to the July report period. ORHB and district health offices have been notified these changes, for immediate action and follow-up accordingly.

Availability of RDTs at health centers on the day of the visit has also declined by nine percentage points from 88% in the last report to 81%. These health centers require immediate re-supply of RDTs for their redistribution to health posts, where RDTs are used. This gap has been notified to district health offices for their resupply and follow-up.

Although there has been some improvement regarding the percent of facilities that are appropriately stocked for malaria medicines based on the established maximum/minimum (artemether-lumefantrine 18 and 24 tablets and chloroquine tablets), most of the facilities are still either understocked or overstocked. To bring the level of stocks at facilities to optimum levels, SIAPS is working with the Oromia Regional Health Bureau (ORHB) to strengthen the supply chain system, including sharing of stock status information to facilitate stock transfer between health facilities.

The number of non-laboratory confirmed cases treated for malaria (52%) has improved by more than 21% compared to the last report (30.5%).

The first quarter PPMRm data was collected from stakeholders (Federal Ministry of Health and Pharmaceutical Fund and Supply Agency), compiled and reported to the SIAPS HQ.

Constraints to Progress

Some of the facilities mentioned shortage in vehicles to collect the ACTs from the district health offices.

Partner Contributions

ORHB has been aware of the shortages and stock-outs of ACTs and other antimalarial medicines (AMDs) at health facilities and is trying to make immediate distribution plans to solve the problem; and FMOH has contributed by providing the PPMRm data.

Capacity Building

Support was provided to ORHB in developing and enacting legislation to establish a system for transparent and accountable pharmaceutical transactions and services. Technical and financial support was provided to ORHB during the final Auditable Pharmaceutical Transaction and Services (APTS) legislation document review workshop organized November 13-14, 2014, at Adama town. The document was finalized and submitted to the office of the president for enactment by the regional council of cabinets. The next step will be to support the enactment of the legal framework and its implementation at given hospitals in the region.

Constraints to Progress

None

Partner Contributions

ORHB and other regional organizations contributed in preparing and reviewing the final draft legislation.

Supply Chain Management

To improve storage and dispensing capacities and practices at hospitals and health centers in Oromia region, SIAPS procured and distributed the following storage supplies to 12 health centers, five health posts, one district health office, and one zonal health department in October 2014:

- Store shelves—102
- Lockable store cupboards—2
- Dixon type dispensing shelves—20
- Wooden pallets—122

The supplied items were fixed in the appropriate location in the storage and dispensing areas, thereby improving the drug storage and handling practices.

The detailed engineering plan and cost estimate earlier prepared for minor renovation of six HFs was forwarded to the Arlington contract office for submission to USAID for final approval. Follow up of progress still continues for final approval.

Constraints to Progress

None

Partner Contributions

Health facility management and staff supported and actively helped set up and install supplies in their appropriate locations. SIAPS HQ is communicating with USAID for final approval of the renovation plan.

Information Systems Management

The Regional Technical Advisors in Oromia collected data from 39 out of the 44 continuous results monitoring system (CRMS) sites using the CRMS monitoring checklists for the compilation of the October 2014 quarterly CRMS report. The July 2014 CRMS report was compiled and disseminated to ORHB, USAID, and SIAPS staff.

To help strengthen the capacity of facilities to use information for decision making and maintain collecting, recording, and using malaria related information, SIAPS distributed PMIS tools and mentored health care providers at four health facilities (two HCs and two HLs) in Borana Zone, Oromia region. As a result, quarterly malaria treatment and AMD management reports have been collected from the HFs for CRMS report.

Constraints to Progress

None

Partner Contributions

Health facilities have supported the program staff by providing the necessary data and information.

Operation and Management Support

The FY 15 work plan covering the period October 1, 2014–September 30, 2015 was drafted and submitted to USAID-E PMI program office for final review and approval. Main features of this year's work plan included:

- A total of 27 activities were incorporated under four Intermediate Results in the plan.
- Program support is planned to be provided to 180 health facilities in all the nine regional states and Dire Dawa city Administration. Support is also planned to be provided to the regional health bureaus, FMOH, and the Food, Medicines, and Health Care Administration and Control Authority.
- The EUV survey is to be carried out through sampling HFs throughout the country. CRMS will also be expanded to cover 64 HFs in Oromia from the earlier 44 sites.

The SIAPS-Ethiopia FY 15 annual plan review meeting was held in Shashamene town December 15–18, 2014. The meeting discussions focused on FY14 accomplishments and on the specific activities of the USAID-Ethiopia approved FY15 plan (both the PEPFAR and PMI funded activities). The meeting also focused on the details of the implementation subactivities under each activity in the plans.

Constraints to Progress

None

Partner Contributions

Active support was obtained from USAID/PMI staff in critically reviewing the draft plan and proposing areas for focus.

Support for Policies, Guidelines, Regulations, and Partner Coordination

Jennifer Wray, from PMI-Washington, visited Ethiopia in October 2014. During her stay, she conducted several meetings with the SIAPS-Ethiopia management and the SIAPS-Ethiopia PMI team. Discussions focused on progress of the SIAPS PMI activities and achievements, areas for improvements, and activities envisaged for FY 15 work plan and future focus areas expected of the program.

Jennifer and Tsion Demissie, the USAID-E PMI program management specialist, also made site visits to health facilities supported by the SIAPS PMI program. They made visits to Batu health center, Shashamene referral hospital in Oromia region, and Guangua health center and Adare hospital in The Southern Nations, Nationalities and People's Region region. The PMI and USAID staff also visited specific SIAPS- supported activities with focus on availability of antimalarial drugs and other supplies, drug storage and handling practices including minor refurbishment and storage supplies support using PMI funds, dispensing and rational use of AMDs, and record-keeping practices. The senior staff also held discussions with managers and staff at each HF.

The implementing partners' meeting was held on November 26, 2014, in Addis Ababa. The meeting was officially opened by Jeanne Rideout, Deputy Head Health, AIDS, Population and Nutrition (HAPN) of USAID-Ethiopia. The main agenda included PMI update, Ethiopian national malaria and Oromia Regional Malaria Control updates, and activity and next plan presentation by each of the 12 implementing partners. The presentations were followed by discussion sessions.

The PMI partners' meeting with H.E. Dr. Kebede, State Minister of FMOH, was held at the Ministry's meeting hall on December 22, 2014. Participants included USAID-Ethiopia deputy head of HAPN, PMI program managers, FMOH staff and representatives of the 12 PMI program implementing partners. Following opening remarks by the State Minister and a USAID representative, short presentation on activities and planned activities for FY 15 were made by each partner organization followed by discussions. The meeting was successful and each partner highlighted its efforts in supporting malaria control in Ethiopia which also received praises from the Ministry. The Deputy Minister gave future areas of focus and support expected of each partner, including SIAPS.

Constraints to Progress

None

Partner Contributions

None

GUINEA

Implementation of PMI Monitoring Tools

In December, SIAPS organized a fifth EUV survey in the country (this survey had been delayed in the previous FY due to the Ebola outbreak). This survey, like the previous one, covered the areas supported by both PMI and the Global Fund. Thirty-one HFs and five pharmaceutical warehouses (including the new depot in the region of Boke) were surveyed, and findings will be available in late January 2015. SIAPS was responsible for training the data collectors from the MoH, leading field activities, and data analysis in collaboration with PNLP.

Constraints to Progress

Because of the Ebola outbreak, the EUV survey conducted during this quarter had been postponed from the previous FY. A challenge identified has been the need for Government of Guinea partners to take more ownership of the EUV survey, in particular the data analysis and follow up of recommendations.

Partner Contributions

PNLP

Information Systems Management

In October 2014, a common strategy was developed by the Programme National de Lutte contre le Paludisme (PNLP) with SIAPS and Stop Palu (both PMI/USAID-funded projects) to actively verify the data quality and validity of the monthly malaria reports compiled by health facilities in PMI zones and reported electronically via the health districts. This strategy involves supervision visits at the facility level that compare the data recorded in the patient registers and stock cards with the data reported to PNLP. An Excel tool has been developed based on the initial supervisions conducted at health facilities in Kaloum and Dixinn (districts of Conakry) and Dubreka (a district in the region of Kindia).

SIAPS participated in a supervision visit in the Labe region to test the new malaria supervision guidelines, developed jointly by PNLP, Stop Palu, Catholic Relief Services (CRS), and SIAPS during the previous quarter to help those supervising malaria case management and pharmaceutical management activities at various levels: health centers, hospitals, and district and regional health authorities.

In November 2014, SIAPS and PNLP organized a new series of malaria quarterly reviews in the regions of Boke, Labe (with participation from the Faranah region) and Kindia (with participation from the Conakry region). These reviews typically involve the directors, pharmacists, and data managers of all 19 health districts in the PMI-supported zone and their respective regional health authorities. In addition, other implementing partners supporting PNLP (Stop Palu, DELIVER) attended these review meetings. The two-day agenda focused on salient topics: the results of the latest EUV survey, key activities conducted or planned by PNLP and its partners, reporting rates for malaria, findings of the recent supervisions focused on data validity,

data summaries by district, the new comprehensive guidelines for malaria supervisions at the facility level, and importantly the presentation of a plan to mitigate the effects of Ebola on malaria case management in Guinea.

Several meetings were held between the Direction Nationale de la Pharmacie et des Laboratoires (the National Medicines Regulatory Authority), the Central Medical Store of Guinea (Pharmacie Centrale de Guinée [PCG]), the National Health Information System (Système National d'Information Sanitaire [SNIS]), the United Nations Population Fund (UNFPA), and SIAPS to define best ways to implement a LMIS for all priority disease programs (not only malaria).

A three-day workshop was held in Kindia in mid-December to establish common reporting forms for collecting consumption data. This workshop received funding from UNFPA and technical assistance from SIAPS.

Constraints to Progress

Because of the Ebola outbreak, the quarterly regional malaria review meetings have not been conducted as they should

Partner Contributions

SIAPS collaborated with many of the partners and Government of Guinea agencies.

Supply Chain Management

During the previous quarter, SIAPS had helped PNLN finalize its terms of reference for a new working group, composed of the main PNLN partners, focused on the supply management of malaria medicines. During this quarter, the group held its first meeting. This working group has been seen as a priority by SIAPS since the beginning of the program and is now in charge of all aspects of quantification, distribution, and stock monitoring for the country.

SIAPS participated, along with Stop Palu and the World Food Programme, in helping PNLN develop a process for the routine distribution of long-lasting insecticide-treated bed nets (LLINs) to pregnant women and children under the age of five through the health centers. This activity was already scheduled for 2015, but during his recent visits to Guinea, the US Centers for Disease Control Director recommended that it be initiated as soon as possible to help prevent new cases of malaria, the symptoms of which can be easily confused with Ebola. Consequently, routine distributions of LLINs have been conducted countrywide by the PCG with funding from the National Foundation for the US Centers for Disease Control and Prevention (CDC Foundation) via the nongovernmental organization eHealth.

SIAPS helped to restructure the PCG's quality assurance department. In the previous quarter, job descriptions and processes/procedures had been defined, in particular for self-inspections. During this quarter, in late October, SIAPS trained approximately 20 PCG staff on the new SOPs.

During this quarter, SIAPS helped PCG with quantification of Ebola commodities needs and the distribution plans.

Constraints to Progress

The PNLP working group on the supply management of malaria commodities was established during the previous fiscal year, but it was not yet functional. SIAPS will continue to work to support this group, which is key for the coordination of the various partners.

Partner Contributions

The new PNLP working group on malaria commodities involves partners such as PCG, SIAPS, DELIVER, Stop Palu, Catholic Relief Services, and USAID, PMI and CDC representatives in country.

Capacity Building

As part of the "Medicines for All" program initiated by the Ministry of Health to provide comprehensive pharmaceutical management training to health workers, SIAPS lent its support to establish a committee responsible for revising the training modules and for developing a new module specific to Ebola commodities (in collaboration with the WHO). The revision process will last through late January 2015.

Constraints to Progress

None

Partner Contributions

WHO

Support for Policies, Guidelines, Regulations, and Partner Contribution

Many of the activities implemented over the past quarter aimed to improve good governance, transparency, and accountability as well as coordination among the various partners involved in dealing with malaria and Ebola, and working on other activities.

With prior support from SIAPS, PCG launched an international tender in October 2014 for procurement of essential medicines and for pre-qualification of products and suppliers. In December, SIAPS helped review the bids with the National Commission for Public Procurement of Guinea and supported it during the pre-qualification process. The drugs purchased under this tender are to be sold to patients as part of the cost recovery program. The 50 commodities (medicines and medical devices) most commonly sold by the PCG in 2014 are covered by this tender; however, antimalarial products are not included as these are procured and distributed for free by donors such as PMI/USAID and the Global Fund. This SIAPS support allowed PCG to noticeably improve its medicines procurement process in terms of transparency, equity, and suppliers competition.

In December 2014, SIAPS attended a PNLP workshop organized by the Management Sciences for Health Leadership, Management and Governance (LMG) program to roll out a new leadership process at PNLP. The workshop reunited all PNLP stakeholders and established a

management committee for this initiative, with SIAPS being included as a member of this committee.

At the request of PMI, SIAPS drafted a new concept note that defines the activities and budget for malaria commodity distributions that will be conducted by PCG with technical support from SIAPS starting in 2015.

In October 2014, SIAPS attended a meeting of the RBM committee organized by PNL. Although the committee meets on a quarterly basis, the October meeting was called to address changes needed to malaria treatment guidelines given the Ebola outbreak. Two staff members of RBM Geneva came to take part at this meeting, including the Operations Director and the Manager for Community Health.

SIAPS participated in the development of an emergency plan revising malaria case management protocols in the context of Ebola, according to WHO recommendations. This activity was conducted jointly by PNL, Stop Palu, and Catholic Relief Services. SIAPS attended the workshop held in Kindia on December 2–3, 2014, which resulted in the adoption of new case management protocols and tools.

From November 24 to December 3, SIAPS conducted a joint mission with the Essential Medicines program of WHO Geneva and the UNICEF regional office in Dakar to assess the impact of Ebola on PCG operations and determine how to support the PCG, especially in coordinating logistics for Ebola at the national level.

SIAPS helped the PCG to adapt its five-year strategic plan to the Ebola context and to develop a budget for it. This activity was carried out in collaboration with WHO, UNICEF, UNFPA, and others. The strategic plan was presented in December at a WHO meeting in Geneva that reunited technical and financial partners and Ministry of Health delegations from the 3 countries affected by Ebola (Guinea, Sierra Leone, and Liberia).

SIAPS participated in negotiations that led to funding of the PCG by the eHealth Africa project for Ebola commodity distribution. eHealth is funded by the CDC Foundation to support trainings related to sanitation and the protection of health workers against Ebola. The cost recovery study described in the work plan for this fiscal year is anticipated to take place in early 2015.

Constraints to Progress

Given that Ebola-related activities are a priority for all MOH departments and the PCG, and many international organizations have arrived to support this work, all other activities, including those in the SIAPS work plan will be implemented gradually over time.

Partner Contributions

During the quarter, SIAPS worked with the wide range of local and international partners mentioned above. Coordination has been both a goal and a challenge.

KENYA

Implementation of PMI Monitoring Tools

The Health Commodities and Services Management (HCSM) Program, Kenya, provided support to operational research and EUV surveys. The program carried out a quality of care survey round eight during the quarter, and disseminated round seven survey results.

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

Constraints to Progress

None

Partner Contributions

Collaboration with Malaria control Unit, Kenya Medical Research Institute (KEMRI) and HCSM.

Information Systems Management

HCSM Kenya provided support to the MOH to continue reporting of commodity data on the District Health Information Software 2 platform and to design dashboards and platforms. During this quarter, national reporting rates of malaria commodities were maintained at above 70% throughout the quarter. The program plans to develop a national supply chain portal to monitor commodity trends at both the national and peripheral levels.

Constraints to Progress

None

Partner Contributions

None

Supply Chain Management

During this quarter, HCSM Kenya provided technical assistance to national health commodity-related technical working groups and committees. The program conducted monthly monitoring of malaria stock status, with two-page reports available each month of the quarter. Delivery of delayed shipments from JSI was completed in December 2014.

Constraints to Progress

Railway development led to a delay in the delivery of commodities.

Partner Contributions

Continued follow-up of supply chain in conjunction members of the malaria control unit drug management subcommittee—members include that include HCSM, PSI, CHAI, KEMSA, and Health Information System.

LATIN AMERICA AND THE CARIBBEAN: AMAZON MALARIA INITIATIVE

Case Management

SIAPS participated in a regional meeting organized by WHO/Pan American Health Organization (PAHO) in Paramaribo, Suriname, November 11–13, 2014, to discuss strategies to prevent the emergence of ACT resistance in the Americas. SIAPS hired a short-term consultant in Brazil to systematize the interventions to improve access to malaria diagnosis and treatment in mining camps located in Para and Roraima. During this quarter, SIAPS organized a meeting in Brasilia, Brazil, to discuss and agree with local counterparts on the activities to be implemented to document the results/impact of the interventions to improve access to diagnosis and treatment in gold mining camps.

During this quarter SIAPS assessed the situation of malaria pharmaceutical management in the remote areas of Loreto, Peru. A technical report will be shared with AMI partner for the next quarter.

During this quarter, SIAPS visited Colombia to facilitate a workshop leading to the agreement on the criteria for programming and distributing antimalarials in low incidence areas. This criteria will be immediately used to adjust procurement estimates and for the distribution of medicines to departmental warehouses.

Constraints to Progress

None

Partner Contributions

None

Information Systems Management

The technical report on the situation of malaria pharmaceutical management, and the impact of AMI supported interventions for Honduras was finalized and distributed. Seven national assessment and reports have been completed. During this quarter, SIAPS processed and analyzed the consolidated data and will distribute the finalized technical report , SIAPS will finalize and distribute among counterparts in the next quarter.

Through its local consultants, SIAPS supported the compilation of information and analysis for the Quarterly Bulletin on Availability and Consumption of Antimalarials, disseminated by PAHO on November 2014. Nine countries shared information. The availability of antimalarials in central warehouses increased slightly from 85% (last quarter) to 86%.

In Colombia, major inaccuracies in the estimation of needs and distribution are a consequence of a poorly estimated percentage of non-registered malaria cases. For the next quarter, SIAPS will

support the elaboration of a research protocol to estimate under registry percentages for high burden *departamentos*.

Constraints to Progress

None

Partner Contributions

None

Support for Policies, Guidelines, Regulations, and Partner Coordination

Nine states in Brazil are implementing strategies to close the gaps for an adequate implementation of the malaria control strategies. A workshop to assess the progress was carried out on the first week of December 2014. During this workshop, all states developed “gap closure plans,” based on the deficiencies identified during the monitoring exercise conducted by SIAPS. During this quarter, SIAPS visited Colombia to discuss with national counterparts the terms of reference for the implementation of a similar intervention in the Colombian *departamentos* with high malaria incidence.

Constraints to Progress

None

Partner Contributions

Data collection in Honduras was coordinated with PAHO.

MALI

Implementation of PMI Monitoring Tools

During this quarter, SIAPS Mali submitted one PPMRm to track and report to USAID Washington on the availability and the use of key antimalarial commodities. The PPMRm showed that the country currently has the following levels of stock at the Central Medical Store (Pharmacie Populaire du Mali [PPM]):

- 3 months of stock for artemether-lumefantrine tablet 6 X 1
- 4 months of stock for artemether-lumefantrine tablet 6 X 2
- 13 months of stock for artemether-lumefantrine tablet 6 X 3
- 2 months of stock for artemether-lumefantrine tablet 6 X 4
- 2 months of stock for SP
- 8 months of stock for malaria RDTs

To avoid stock-outs or overstock, recommendations were made and shared with donors involved in malaria supply planning (USAID/ PMI, PSI/Global Fund, PPM/MOH).

SIAPS also conducted regional and national workshops to disseminate findings and recommendations from the August/September 2014 EUV survey on the availability and use of antimalarial products (ACTs, RDTs). The findings of the EUV surveys regarding the supply chain and malaria case management were disseminated in six regions (Kayes, Koulikoro, Sikasso, Segou, Mopti, and in the district of Bamako) and at the national level with the key actors, so that corrective actions could be taken and implemented.

Constraints to Progress

None

Partner Contributions

- PPM, PSI, Direction de la Pharmacie et du Médicament (Directorate of Pharmacy, Pharmacy and Medicines–DPM), Division of Reproductive Health, USAID
- For data collection and validation: regional health directors (DRS) and health districts of Kayes, Koulikoro, Sikasso, Segou, Mopti Regions, and Bamako PPM
- Regional warehouses of Kayes, Koulikoro, Sikasso, Segou, and Mopti Regions

Capacity Building

During this quarter, SIAPS contributed to building the capacity of individuals and organizations in medicines supply chain management. SIAPS trained the community health center technical directors and the stock managers of the health districts of Tominian in Segou Region and Bandiagara in Mopti Region.

Additionally, SIAPS organized post-training coaching sessions for stock managers in the health districts of Niono, Diema, and Kenieba in Kayes Region; in health districts of Selingue and Kinyan in Sikasso Region; and Bankass in Mopti Region. A total number of 95 users (42 in

Tominian, 53 in Bandiagara), benefitted from a training on SOPs. As a result, the number of trained health workers in the country increased to 896 out of 946 planned for the program year 4.

SIAPS also continued to assist the DRS to organize quarterly supply chain coordination meetings in three regions (Kayes, Sikasso and Segou) to validate medicines stock status (specifically for malaria, maternal and child health, FP and commodities, and HIV tests) and address any pharmaceutical management issues that were identified during coaching visits at health facilities and Centre de Santé Communautaire (CSCOM). These meetings allowed stakeholders to discuss all pharmaceutical management issues including data quality, reporting rates, and key findings. In collaboration with SIAPS and PPM Regional Warehouses, DRS presented stock status and identified major medicines supply chain bottlenecks so that all stakeholders could identify customized corrective actions based on specific CSCOM context. Findings from aggregation, quality and analysis of collected medicines data were validated during these meetings before their submission to DPM. From an expected total of 636 LMIS reports (CRGS) from these three regions, 239 reports were transmitted.

During the project year 4, SIAPS Mali plans to support PPM to develop and update their SOPs and to develop a supply chain operations training package for PPM staff members. The first step to achieving this objective was a visit of Imperial Health Sciences consultant from December 9 to 22, 2014, to work with PPM to review its SOPs and subsequently acquire best practices on storage and distribution of commodities. Almost all current PPM operational procedures were reviewed, new organization chart that identified training needs was proposed. It is expected that a training of PPM staff will take place after a completion of SOPs review process during the next quarter.

Constraints to Progress

None

Partner Contributions

- DRS of Kayes, Sikasso, and Segou Regions
- Health districts of: Tominian, Bandiagara, Niora Diem Kenieba, Selingue, Kignan, and Bankass
- PPM

Support for Policies, Guidelines, Regulations, and Partner Coordination

During this quarter, SIAPS provided assistance to the DPM to organize two national technical committee meetings to coordinate and monitor malaria commodities, through the malaria technical working group. Held on October 29, 2014, the technical meeting was focused on updating to update the malaria commodities supply plan. After the meeting, the MOH sent requisition letters to all partners (PSI/Global Fund, USAID, and PPM) involved in the supply plan so that they could procure commodities for the malaria program for 2014 and 2015.

To maintain transparency of the distribution system of donor-funded malaria commodities, SIAPS provided technical assistance to the NMCP on October 2, 2014, to develop distribution

plans for PMI-funded SP based on logistics data to ensure that the quantities allocated are adequate and follow transparent assumptions. Given that health districts are the final point of the PPM distribution process of malaria commodities, SIAPS regional technical advisors supported the regional pharmacists to coordinate efforts with PPM Regional warehouses, DRS, and health districts to ensure that CSCOM and all other health facilities receive malaria commodities based on their needs and in line with developed distribution plans.

Finally, SIAPS provided pharmaceuticals management tools (stock cards, LMIS reports, and SOPs) to 21 health centers of Tominian health district in Segou Region and 27 health centers of Bandiagara health district in Mopti. Producing and providing pharmaceutical management tools to health facilities will enable managers to better manage and report on commodities stock status and other logistics data for evidence-based decision making.

Constraints to Progress

Issues with keeping local civil society organizations involved in the process of decision making on supply and distribution of health commodities in the country.

Partner Contributions

- Malaria TWG, DPM, PPM, PNLP
- Donors: USAID, PSI, UGP, PNUD
- OSC: Projet village du millénaire, FERASCOM, Projet de développement décentralisé, Marie Stopes International, ESTHER AID

SOUTH SUDAN

Information Systems Management

With support from the NMCP prepared and presented the Malaria Indicator Survey (MIS) 2013 report to the MOH Senior Board. The report was then presented to the Senior Board on November 14, 2014, in a meeting chaired by the Director General for International Health and Coordination on behalf of the Under Secretary. The meeting members discussed the report and noted with concern the increasing malaria transmission despite a number of interventions being implemented. SIAPS staffs were able to explain this trend in terms of current interventions coverage being too low to trigger the reversal of the malaria transmission rate in the country.

The meeting attendees concluded that at an appropriate date the report will have to be presented again to the Board in the presence of both the Under Secretary and the Minister of Health, the next MIS should be based on states and not regions as the level of analysis, and a high level launch of the report should be organized as a means of advocacy, raising awareness and mobilizing resources.

SIAPS also supported the NMCP to improve and strengthen malaria reporting. SIAPS participated in the three-day training workshop for the District Health Information Software (DHIS) for state malaria coordinators and M&E officers plus some members of the malaria technical working group in South Sudan. The Health Management Information System (HMIS) in South Sudan is now an electronic system for reporting, analysis, and interpretation of health data collected routinely from the health facilities.

To ensure maximum utility of the DHIS, it is necessary to train all health system users of health information in using the DHIS. SIAPS engaged WHO in discussions on the need for training state malaria coordinators and M&E officers as well as members of the national malaria technical working group on the DHIS. WHO agreed to provide funding for the basic (beginner's) training which was conducted from September 30 to October 2, 2014. The training was facilitated by experts from the Health Pooled Fund and the M&E department of the ministry of health.

At the end of the training, the facilitators expressed their willingness to provide the intermediate level training for a core team of NMCP staff and malaria working group members once funding is secured for the training excluding facilitator fees. The training was successfully concluded and next steps are to update the malaria indicators in case management, update the DHIS system, send USB flash drives to states, and ensure all 2013 and 2014 datasets are loaded into the system.

Constraints to Progress

The MIS report finalization has been delayed due to the earlier presentation attempt being put off by the Undersecretary who insisted the external consultant should be there to present the report and not the NMCP Manager. In addition, the Minister and Undersecretary did not provide a date for the presentation of the report to the full board.

The M&E department delayed the recommended update of the malaria case management indicators in the DHIS system; hence the USB drives with the updated indicators have not been distributed to the states.

Partner Contributions

Malaria partners under the malaria technical working group jointly reviewed the report with the external consultant prior to the presentation to the MOH Board. Partner representatives participated in the presentation to the MOH Board and in responding to the issues raised by the Board during the presentation.

WHO funded the costs of the DHIS training. Partner representatives participated in the training.

Supply Chain Management

During this quarter, SIAPS provided support to NMCP scale up coverage of key malaria interventions. USAID procured 350,000 LLINs through the DELIVER project to be distributed through antenatal clinics and expanded program on immunization clinics in the two focus states of Western Equatoria (WES) and Central Equatoria (CES). SIAPS participated in meetings with USAID | DELIVER and Jhpiego to plan distribution of these LLINs. The meeting focused on ensuring the availability of adequate storage space for the LLINs in all the 16 counties of the two states, identified responsible integrated service delivery program (ISDP) implementing partners to manage the distribution at county level and outlined the guidelines for giving out the nets to beneficiaries based on the MOH LLINs guidelines. The meeting members agreed to distribute the malaria prevention IEC flip charts to counties together with the nets. A distribution schedule that was shared in advance with all county implementing partners in the two states was finalized. It is expected that these distributed items will go a long way to reduce malaria cases and prevent deaths.

Constraints to Progress

The recent political crisis has stalled implementation of major activities. The realignment of the work plan saw some of the activities removed. Transportation arrangements were difficult due to bad roads and heavy rains.

Partner Contribution

SIAPS worked with ISDP partners and DELIVER to ensure the distribution of the LLINs in WES and CES and to further coordinate distribution to the facilities. ISDP also provided information through periodic updates on the county to facilities levels of distribution and to alert SIAPS on any challenges during the distribution of LLINs.

Capacity Building/Supportive Supervision

SIAPS reviewed and updated the malaria supervision checklists which provide supervision tools to be used at the national, state, county, and facility levels of the health care delivery system. SIAPS supports malaria program implementation mainly in WES and CES.

SIAPS undertook a supportive supervision visit to WES from September 15 to 26, 2014. The visit covered the counties of Yambio, Tambura, and Maridi and had the following objectives—

- Assess the status and performance of the health system in the state
- Assess status of malaria planning, implementation, supervision, and monitoring within the different levels of the state health care system
- Assess health workers' capacity in malaria case management including parasitological diagnosis according to the updated guidelines
- Monitor implementation of malaria in pregnancy interventions including intermittent preventive treatment in pregnancy and LLINs distribution through antenatal clinics
- Assess availability of antimalarials and diagnostics at the health facilities
- Assess client satisfaction with information provided on medications dispensed to them
- Assess quality of malaria data reporting, analysis, and use by facilities
- Provide feedback on key issues, challenges, and recommended actions

Constraints to Progress

Time was not adequate to cover all the counties in the state as bad roads impeded access to most areas.

Partner Contribution

Supervision was jointly conducted with the state malaria officers and county representatives.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS supported the NMCP in the development of the Global Fund concept note. The Note for the Global Fund's New Funding Model was highly rated by Global Fund's Technical Review Panel (TRP) and recommended to the Grant Approval Committee for funding.

Following communication of this “good news” to South Sudan, the Malaria TWG had to quickly embark on a series of activities as follows:

1. Preparing responses to issues raised in the feedback from the Technical Review Panel
2. Addressing specific actions recommended by the panel
3. Working on a number of documents required for the next stage of the process—grant negotiation.

SIAPS therefore facilitated a Global Fund grant making retreat November 3 to 7, 2014. The objectives of the retreat were to—

1. Finalize M&E plan of the malaria strategic plan
2. Develop grant work plan
3. Develop the grant budget and associated PSM costs
4. Finalize the performance framework for the grant
5. Finalize sub-recipient evaluation and selection
6. Develop the Implementation map for the grant covering all Sub-recipients

SIAPS played a lead role in the sub-recipient evaluation and selection processes while also actively contributing to finalization of the M&E plan.

The NMCP and partners finalized the development of the National Malaria Strategic Plan (MSP) 2014/15-2020/21, and the M&E plan. The seven- year strategic plan is to be operationalized through three-year rolling plans and annual operational plans. It also lays the basis for the formulation of comprehensive national and state level malaria annual plans incorporating activities of all malaria partners at the national and state levels.

In this regard SIAPS supported the NMCP to organize a workshop held from December 12 to 18, 2014, in Juba to review malaria program implementation and develop the consolidated national and state annual plans. The workshop participants included Director Generals, malaria coordinators and M&E officers from all ten States, NMCP, Partner representatives and other MOH departments. The RBM Secretariat sent a representative to be part of this planning workshop. The objectives of the workshop were to:

- Update states on the national malaria strategic plan and M&E plan 2014/15-2020/21, malaria indicator survey 2013, technical strategies, and operational guidelines and tools
- Update States on the Global Fund concept note, work plan, and budget
- Share experiences from state level malaria programming—planning, coordination, challenges, opportunities, etc.
- Review implementation progress and agree on key priorities for inclusion in the 2015 state malaria annual plans
- Formulate state level malaria annual plans
- Discuss and agree on malaria management and coordination arrangements between the central and state levels

The workshop results included:

1. Consolidated state malaria annual plans (January 2014–June 2016)
2. Consolidated national malaria annual plan (January 2014–June 2016)
3. Updated RBM roadmap reporting tool
4. RBM in-country partnership framework

In the week preceding the workshop, SIAPS staff consulted with key malaria partners to discuss and receive their malaria planned activities for the 2015 planning cycle to be incorporated into the consolidated national and state malaria annual plans. Partners consulted included PSI, Malaria Consortium, ISDP/JHPIEGO, Health Pooled Fund, IMA-World Health, Department for International Development (United Kingdom), USAID, UNICEF, and Mentor Initiative.

Constraints to Progress

A major constraint was the tight deadline within which to address numerous queries from the Global Fund as part of the grant negotiation process. Challenges associated with sharing costs led to delays in the start of the NMCP workshop by one week.

Partner Contributions

All malaria partners have been actively involved in the concept note process. All key malaria partners provided their plans to be incorporated into the consolidated annual plan. The costs of the workshop were shared between SIAPS and the RBM Secretariat.