

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

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October—December 2015



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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.

## **Recommended Citation**

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## ACRONYMS AND ABBREVIATIONS

|             |   |
|-------------|---|
| ACCESS-SMC  | Achieving Catalytic Expansion of Seasonal Malaria Chemoprevention in the Sahel                      |
| ACT         | artemisinin-based combination therapy   |
| AMI         | Amazon Malaria Initiative   |
| CAMEBU      | Centrale d'Achat de Médicaments Essentiels du Burundi [central warehouse]                           |
| CECOMA      | Central de Compras de Medicamentos e Meios Medicos de Angola [central medical store, Angola]        |
| CES         | Central Equatorial State  |
| CMS         | Central Medical Stores  |
| CRS         | Catholic Relief Services  |
| DHIS        | District Health Information Software [South Sudan]  |
| DNME        | National Directorate of Medicines and Equipment [Angola]  |
| DNPL        | National Directorate of Pharmacies and Laboratory [Guinea]  |
| DPM         | Direction de la Pharmacie et du Médicament (Directorate of Pharmacy and Medicines, Mali)            |
| DPS         | prefectural health management (Guinea)  |
| DRC         | Democratic Republic of the Congo  |
| DRS         | Regional Health Directorate   |
| DTC         | Drug Therapeutic Committee  |
| EUV         | end use verification  |
| FMOH        | Federal Ministry of Health  |
| FDC         | fixed dose combination  |
| Global Fund | Global Fund to Fight AIDS, Tuberculosis and Malaria   |
| HCSM        | Health Commodities and Services Management Program  |
| HF          | health facility   |
| IMA         | Interchurch Medical Association   |
| IPTp        | intermittent preventive treatment in pregnancy  |
| IP          | implementing partner  |
| ISDP        | Integrated Service Delivery Program   |
| LMG         | Leadership, Management, and Governance Project  |
| LMIS        | Logistics Management Information System   |
| M&E         | monitoring and evaluation   |
| MOH         | Ministry of Health  |
| NMCP        | National Malaria Control Program  |
| PCG         | Central Medical Store [Guinea]  |
| PFSA        | Pharmaceutical Fund and Supply Agency   |
| PHCC        | Primary Health Care Center  |
| PHCU        | Primary Health Care Units   |
| PMI         | President's Malaria Initiative  |
| PNILP       | Programme National Intégré de Lutte contre le Paludisme (National Malaria Control Program, Burundi) |

|       |  |
|-------|--|
| PNLP  | Programme National de Lutte contre le Paludisme (National Malaria Control Program, Guinea) |
| PPM   | Pharmacie Populaire du Mali (Central Medical Stores, Mali)                                 |
| PPMRm | Procurement Planning and Monitoring Report for malaria                                     |
| PSI   | Population Services International  |
| RBM   | Roll Back Malaria  |
| RDT   | rapid diagnostic test  |
| SIAPS | Systems for Improved Access to Pharmaceuticals and Services [Program]                      |
| SP    | sulfadoxine-pyrimethamine  |
| TWG   | technical working group  |
| USAID | US Agency for International Development  |
| WES   | Western Equatorian State   |
| WHO   | World Health Organization  |

## INTRODUCTION

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

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

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

This report describes the major activities that SIAPS conducted at the global level and in each of the countries and region mentioned above between October and December 2015.

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

<sup>2</sup> Ibid

## **MALARIA CORE**

In November 2015, SIAPS participated in a four-day meeting held in Abidjan, Ivory Coast. All senior technical advisors embedded in National Malaria Control Programs (NMCPs) of Burundi, Cameroon, Guinea, Ivory Coast, Laos, Liberia, Niger, and Sierra Leone attended the meeting. The meeting was also attended by the Leadership, Management, and Governance Project (LMG) and SIAPS principal technical advisors from Arlington, VA. This annual coordination meeting was held to promote regional coordination between LMG and SIAPS projects, identify and document good practices for providing capacity-building assistance to NMCPs, exchange information and experiences among senior technical advisors, and discuss strategies for ensuring sustainability of applied interventions. The meeting was also attended by LMG and SIAPS projects backstop staff. During the quarter, SIAPS received an approval for the malaria core work plan.

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



## ANGOLA

### Implementation of PMI Monitoring Tools

In November and December 2015, the program conducted the second EUV for the year in coordination with National Directorate of Medicines and Equipment's (DNME), NMCP, and selected provincial health directorates (DPSs) to provide a snapshot analysis of availability and use of malaria commodities at the health-facility level. Data was collected from 6 provincial warehouses, 9 municipal warehouses, 5 provincial hospitals, 10 municipal hospitals, and 24 health centers. Findings and recommendations will be presented in the EUV report to be published in January 2016. Preliminary findings include lack of human resources, poor management of malaria health commodities, lack of supervision to reinforce the compulsory use of pharmaceutical management tools, and stock-out of sulfadoxine-pyrimethamine (SP) that is used in intermittent preventive treatment in pregnancy (IPTp). SIAPS will continue to advocate for adequate staffing at the level of the national public health programs and to work with the available staff to capacitate them to sustain the gains of our interventions.

The program also submitted the quarterly Procurement Plan and Monitoring Report for malaria commodities (PPMRm) in October 2015 after collecting stock information data from the national and provincial levels. This report allowed all the national and international stakeholders in antimalarial commodity security to analyze the availability and pipeline of these commodities, identify bottlenecks in the supply chain, and suggest action-oriented solutions for improved prevention and management of malaria cases.

#### *Constraints to Progress*

- Not using adequate patient registers and stock cards at the health facility level to capture all EUV indicators
- Remote stock status data collection using telephones or emails with less possibility of validating these data for PPMRm through field visits
- Insufficient human resources at NMCP and Central Medical Stores (Central de Compras de Medicamentos e Meios Medicos de Angola [CECOMA]) due to the current financial crisis

#### *Partner Contributions*

- DNME and NMCP coordination role in EUV data collection
- DPSs of Luanda, Kwanza sul, Zaire, Bengo, Bie, and Cunene in making staff and transport available to conduct EUV data collection
- All DPSs in collecting data for the PPMRm

### Supply Chain Management

The program facilitated the issuing of administrative letters to facilitate customs clearance of PMI-donated products.

As a result of SIAPS support in monitoring of malaria commodities availability, the NMCP requested and obtained donations of some ACTs and RDTs from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and hence reduced the risk of stock-outs in the country. The commodities are being distributed in all 18 provinces.

The program is preparing for the forthcoming malaria health facility survey that will be conducted in two provinces (Uige and Huambo). The study protocol has been finalized, translated, and submitted to NMCP for approval by the MOH ethics committee. SIAPS is developing electronic tools to aid data collection and analysis. The use of new technologies in this survey will allow the program to enhance the local experience and expertise in this flourishing domain and extend its implementation in other routine data collection exercises, such as EUVs and supervision visits.

### *Constraints to Progress*

- Poor management at the health facility level and lack of reliable data on consumption (poor logistics reporting and requisitions)
- Long administrative procedures to approve the study protocol for the malaria health facility survey and delays in identifying local data collectors in selected provinces
- Push system (rather than using the actual needs from HFs and provinces) for malaria commodities, resulting in imbalances in stock levels

### *Partner Contributions*

- NMCP in stock monitoring of antimalarial commodities
- CDC Atlanta, NMCP, DPS Uige, and Huambo in preparing for the malaria health facility survey

### **Capacity Building**

To strengthen CECOMA's institutional capacity, the program recruited an experienced consultant to work with CECOMA to develop the necessary documents and tools, and to build their procurement capacity in line with the best medicine procurement practices and in accordance with the current Angolan public procurement regulations and procedures. The consultant has already produced an advanced draft of internal CECOMA regulations for acquisition of medicines and medical devices in line with the public tendering law No. 20/10 and bidding documents. These documents are currently being reviewed by CECOMA management.

The program also supported the NMCP by seconding a full-time data analyst who is assisting the NMCP in compiling all the provincial reports in collaboration with the SIAPS M&E officer and all 18 provincial malaria control supervisors. This support has allowed for regular updates of the NMCP database with national level malaria case management and logistics data. All 18 provinces have been receiving feedback on their reports to improve completeness and quality.

### *Constraints to Progress*

- Insufficient human resources at NMCP, and CECOMA
- CECOMA is not yet fully functioning (administratively and financially) and is yet to recruit and fill in all the available posts

### *Partner Contributions*

CECOMA leadership to coordinate the work of SIAPS consultant

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

During the quarter, the program worked with its national and health facility counterparts to improve coordination among pharmaceutical supply chain stakeholders. In October 2015, SIAPS supported the DNME to organize a bimonthly Logistics, Operations, and Procurement Subcommittee (Sub-Comissão para a Logística, Aproveitamento e Operações, or SCLAO) meeting to discuss and identify specific bottlenecks that affect public health supply-chain services. Recommendations were made to improve efficiency in pharmaceutical management.

Plans to transform the DNME into a semi-autonomous institute to serve as the national regulatory authority continued. SIAPS supported the DNME to advocate for policy approval of this new national medicines authority. In this regard, DNME convened a multi-institutional meeting to discuss the current weaknesses that are affecting the medicine regulatory system in Angola. This meeting was organized after the discovery of counterfeit batches of artemether-lumefantrine (AL) in the market. Participants were from the DNME, General Inspectorate of Health, Criminal Investigation Unit, Ministry of Commerce, customs, and the private sector. The meeting recommended speeding up the process of regulating all importations of pharmaceutical products by the MOH as it has done for controlled medicines. The meeting also recommended implementing medicines registration, starting with the identification of all primary and intermediate sources of medicines that are entering the country, to be captured in a dynamic database of all imported pharmaceutical products with their country of origin and manufacturing sites.

### *Constraints to Progress*

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

### *Partner Contributions*

DNME in its leadership role in organizing SCLAO and other meetings to advocate for strengthening medicine regulatory systems

## BURUNDI

### Implementation of PMI Monitoring Tools

SIAPS collaborated with the NMCP (Programme National Intégré de Lutte contre le Paludisme [PNILP]) and the central warehouse (Centrale d'Achat de Médicaments Essentiels du Burundi [CAMEBU]) to produce monthly stock status reports for malaria commodities. The data was used to produce the quarterly PPMRm report.

During the quarter SIAPS also assisted the PNILP in implementing recommendations from the June 2015 EUV survey. The implementation included:

- Distributing copies of the malaria standard treatment guidelines to the 11 health centers where the guidelines were not available during the EUV visits.
- Designing a facility feedback form that highlights key EUV findings and suggestions for improvement for each visited health district. The PNILP appreciates this tool and used it during a supervision conducted in December to share findings with facilities, to coach districts and health centers, and to plan for the implementation of corrective actions.
- Conducting a meeting with health districts and provinces to implement the distribution of clindamycin 300 mg as a measure to mitigate the expiry of an overstock at CAMEBU.

### *Constraints to Progress*

Security concerns continued to be a challenge in the country, particularly in December. PMI and Global Fund deliveries of malaria commodities registered delay due to the reduction of air flights to Burundi caused by the current security situation. USAID | DELIVER is assessing the feasibility of unloading commodities in neighbouring countries' airports and forwarding them in country by tracks.

### Supply Chain Management

SIAPS continued to support the PNILP in analyzing requisition of malaria commodities from health districts and in encouraging districts to abide to the CAMEBU's distribution calendar.

Within the framework of the Concept Note for malaria activities to be funded by the Global Fund from 2015 to 2017, SIAPS assisted the PNILP to update supply plans for malaria commodities for the next two years (2016–2017).

### *Constraints to Progress*

In December 2015, three health districts missed the distribution schedule due to security situation in the city of Bujumbura. Concerned districts were rescheduled and served by CAMEBU the following week.

### **Capacity Building and Case Management**

Building on previous work in 2014-15 to develop the IPTp policy using SP, implementation plan, and training materials; SIAPS is now assisting the PNILP in scaling up the policy in 12 of the country's 18 health provinces. These 12 provinces are comprised of 30 health districts. During the quarter:

- SIAPS assisted the PNILP in conducting a two-day workshop to orient the national team of eight (7 females and 1 male) trainers (six from PNILP and two from the Programme National de Santé de la Reproduction/National Reproductive Health Program). This orientation session aimed to update the team on IPTp, review training materials, and develop the timeline for training trainers at provincial and district levels, as well as cascade training to health care providers.
- SIAPS assisted the PNILP in training 34 trainers (2 females and 32 males) from six health districts of three health provinces. The training of trainers covered one person from each health province office, four persons from each health district and one person from each hospital in the covered provinces. Trained personnel will assume the task of supervising health care providers on IPTp implementation. The training's outcome was the coordinated development of specific IPTp implementation plans for the six health districts.
- SIAPS assisted the PNILP to train 70 health care providers (18 females and 52 males) on IPTp from two health districts. Trainings covered service delivery facilities (30 health centers and 2 hospitals) and 2 district pharmacies. Overall, PNILP trained two healthcare providers for each service delivery facility and one district pharmacy manager per health district. Trainees include heads of health centers, nurses, midwives and managers of district pharmacies. After the training an IPTp implementation plan was developed for each of the trained health service delivery facility.

SIAPS collaborated with CARITAS-Burundi (Global Fund's principal recipient for community case management of malaria) to assist the PNILP in introducing the treatment of malaria by community health workers under the integrated community case management strategy in five health districts. In this regard, SIAPS assisted the PNILP in conducting a two-day orientation session for a central level team of nine persons (two females and seven males) on strategy. The team will train trainers of health care providers on integrated community case management. SIAPS collaborated with CARITAS to assist the PNILP and Direction de l'Offre et de la Demande de Soins in selecting and mobilizing community health workers in the five health districts based on a test administered to assess candidates' capacities.

### *Partner Contributions*

- CARITAS-Burundi
- Programme National de Santé de la Reproduction/National Reproductive Health Program

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

To strengthen leadership and coordination, SIAPS assisted the PNILP to update its organizational chart to integrate a Program Management Unit that will assist in managing the Global Fund grant. In relation to this, the PNILP revised internal procedures to reflect these changes and developed job descriptions for positions in the unit that will be filled later. The PNILP took the opportunity to upgrade the existing subunit of Information, Education, and Communication under the Communication and Public Relations unit to be a separate unit and to update related job descriptions. The new organizational structure will allow the PNILP to benefit from the expertise of the newly integrated Program Management Unit in managing the grant.

SIAPS assisted the PNILP to conduct the quarterly Roll Back Malaria partners' meeting in December 2015. Participants analyzed malaria epidemiological status in the country, evaluated the implementation of key malaria interventions, and received updates on negotiations with the Global Fund and East Africa Roll Back Malaria Network/Southern Africa Roll Back Malaria Network meeting held in Kampala in November 2015. During the meeting, the PNILP presented priority activities for 2016 and brought up current programmatic and financial gaps.

## DEMOCRATIC REPUBLIC OF THE CONGO

### Implementation of PMI Monitoring Tools

SIAPS finalized the September EUV report. This report summarized the key findings that were shared with all PMI stakeholders in the country. These findings were also presented at the Central Africa Rollback Malaria Network meeting held in Kinshasa November 25–27, 2015.

#### *Constraints to Progress*

Logistic issues resulting in high EUV costs

#### *Partner Contributions*

NMCP, Drug Regulatory Authority, National Program for Medicines Supply, IHP, PMI-Exp (PSI and CARITAS), USAID | DELIVER PROJECT, and the USAID mission

### Capacity Building

During this quarter, SIAPS continued its support to the NMCP in training health workers in both malaria case management and anti-malaria commodities managements. A total of 81 health workers (15 females and 66 males) were trained. During 2015, 965 health workers were trained.

SIAPS also disseminated the recent malaria treatment guidelines that include the use of both rectal and injectable artesunate for pre-referral treatment and treatment of severe malaria cases respectively.

SIAPS collaborated with the NMCP and the pharmaceutical inspection of Kinshasa to conduct support supervision visits in PMI-supported health zones. The supervision visits were aimed at assessing and coaching previously trained health workers on the management of both malaria commodities and malaria cases. Appropriate recommendations were made for improvement of health worker's performances.

SIAPS also supported five meetings (Kinshasa town, Haut Katanga province, Haut Lomami province, and Kasai Oriental province) for analysis and validation of malaria morbidity data.

#### *Constraints to Progress*

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

#### *Partner Contributions*

NMCP and MalariaCare for training

## **Supply Chain Management**

During this quarter, SIAPS ensured availability of malaria commodities by supplying the commodities to the 44 PMI-health zones.

Based on stock data provided by SIAPS, PMI loaned 3,000,000 tablets of SP to the Global Fund principal recipient to prevent stock-out in health facilities under its support.

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

SIAPS participated in a workshop held October 17–23, 2015, to develop the 2016–2020 national malaria strategic plan. SIAPS's contribution was focused on supply chain management especially the antimalarial availability indicators. As per the NMCP's request, one SIAPS staff travelled to Kalemie town to facilitate a national malaria strategic plan review workshop in Tanganyika Province.

SIAPS supported a two-day coordination workshop of NMCP partners in supply of malaria commodities in the country. The topics of this workshop were:

- Strategies to tackle theft and illegal sale of subsidized malaria commodities, especially long-lasting insecticide-treated bed nets.
- Finalization of the memorandum of understanding between all NMCP's partners that will allow resources to be pooled to standardize management of malaria commodities including stock exchanges and inventory management at the regional warehouses level.

### *Partner Contributions*

UNICEF, UNFPA, WHO, Gates Foundation, Global Fund, PNAM, Department of Pharmacy (DPM), and NMCP



## ETHIOPIA

### Implementation of PMI Monitoring Tools

The comprehensive report of the EUV survey carried out in September 2015 was finalized and submitted. SIAPS identified health facilities that did not adhere to the guidelines and communicated the information to the facilities' Drug and Therapeutic Committees (DTCs) for corrective actions.

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

#### *Constraints to Progress*

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

#### *Partner Contributions*

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

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

### Capacity Building

SIAPS supported the Oromia regional health bureau to conduct a training of trainers' course on Auditable Pharmaceutical Transactions and Services (APTS). The trainers are hospital staff members who will then train and support facility level staff members to establish and implement APTS at all public health hospitals in Oromia region. By implementing APTS, facilities will achieve continuous supply of essential medicines, appropriate use of medicines and optimal budget utilization. There were 53 participants from regional bureau (3), zonal health departments (8), and hospitals (28 pharmacists and 14 finance heads).

During the quarter, the regional technical advisors conducted supportive supervision visits to district health offices and health facilities in 8 zones reaching a total of 57 health facilities. During these visits, the technical advisors:

- Mentored facility level DTCs on managing malaria commodities
- Coordinated the health education sessions in collaboration with the DTCs

- Distributed national standard malaria diagnosis and treatment guidelines where needed and promoted their proper use
- Distributed malaria dispensing registers, health extension workers' handbooks, and prescription forms wherever required, and mentored providers on their use
- Monitored stock status of anti-malarial drugs, near expiring drugs, and provided feedback for immediate decision making

### *Partner Contributions*

The regional health bureaus led most of the organizational activities to conduct the training of trainers; SIAPS's role was mostly technical and financial support.

All mentoring and supervision activities are carried out in close collaboration with zonal/district health managers, health facility management, DTCs, and staff members.

### **Rational Medicines Use**

In quarter two, Drug Use Evaluation studies were conducted by the DTC members at Woldia hospital in North Wollo zone of Amhara region and Mettu Karl hospital in Illuababora zone of Oromia region. The following was accomplished during this quarter:

- Woldia Hospital DTC: the DTC continued to implement the planned interventions.
- Mettu Karl Hospital DTC: SIAPS supported the hospital DTC to disseminate the findings to the medical staff and the management team. The participants finally agreed on ten interventions to be implemented.

SIAPS supported health facility DTCs to conduct health education sessions on malaria control, rational use of anti-malarial drugs, and proper handling of medicines to patients at the outpatient waiting areas at five health facilities (4 hospitals and 1 health center) in North Shewa and the North and South Wollo zones of Amhara region. A total of 50 sessions were conducted for 1,816 (926 females and 890 males) staff members.

### *Partner Contributions*

The health facility DTCs and management as well as staff members provided and technical and management supports in conducting the studies and planned implementation plans to avert the identified problems.

The health facility DTCs coordinated the program and the other technical staff delivered the health education sessions

## **Supply Chain Management**

To improve the storage and handling of medicines at health facilities, contracts were awarded for refurbishment of 11 facilities for FY15. Additionally, three facilities have been refurbished during the quarter, bringing the total number of completed facilities to eight. The remaining three were delayed because of slow response on the part of stakeholders in fulfilling their share of commitments.

SIAPS is supporting the Malaria and Pharmaceutical Logistic units at the FMOH through technical staff members assigned in different areas of the supply chain. Support included:

- Request the PFSA to procure 4.3 million doses of artemether-lumefantrine L using the Global Fund's money. The procurement by PFSA is underway and will arrive in the country in three months' time.
- Assist the FMOH to look into other sources of funding to procure RDTs and avoid national stock-out. UNICEF is now procuring 3 million RDTs using PMI funding.
- Forecast the needs for malaria commodities based on malaria patients' data and communicated to PFSA for distribution to districts and health facilities.
- Prepare distribution plan for 28 million long-lasting insecticide nets with malaria case-team and communicated to PFSA for distribution to target districts and households.
- Estimate the country's Indoor Residual Spraying chemical (propoxure 50% WDP, and bendiocarb 80% WDP) requirement for 2008 Ethiopian fiscal year. Procurement was initiated from a local pesticide factory. The chemicals are expected to be available before the major malaria transmission season.

To improve product availability at the health facility level, the FMOH is changing its supply chain system to direct delivery mode where commodities will be delivered from PFSA hubs to health facilities. SIAPS is working with the national malaria commodities technical working group (TWG) to support the implementation of the new supply chain system in addition to the technical supports provided to health facilities through joint and independent supportive supervisions.

### *Partner Contributions*

All the procurement and distribution activities are managed by the FMOH and PFSA while SIAPS's role is providing the necessary technical support.

Health facility management and staff supported and actively facilitated the planning and other on-site activities to support the work.

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

SIAPS is supporting the Oromia regional health bureau to promote APTS implementation in the region. During the quarter, the proposed regulations for APTS implementation were enacted by the Oromia Regional Council. The council accepted all articles of the regulation and recommended immediate implementation of APTS. SIAPS contributed to the drafting and reviewing of the enacted regulation and also provided technical support to Oromia Regional Health Bureau in the translation of original Afan Oromo version to Amharic and English for submission to Oromia Justice Bureau for publishing in the Legal Notice. The activities to promote the APTS legislation will soon be conducted in which officials from Oromia Regional Health Bureau, sectoral bureaus in Oromia, heads of zonal health departments hospital chief executive officers and pharmacy heads will be participating.

SIAPS participated in a National Malaria Logistic TWG review meeting held in October to discuss and plan the transition and implementation of the new supply chain system. During the meeting, the draft terms of reference for the establishment of regional malaria logistics TWGs were finalized. Accordingly, the first regional malaria logistics TWGs were established in eastern Ethiopia; one under Dire-Dawa PFSA Hub to serve Harari region Dire Dawa City Administration and the East and West Hararghe zones of Oromia, , while the second one was set up for the Jijiga Hub in the Somali region.

### *Partner Contributions*

PFSA, regional health bureaus

## GUINEA

### Implementation of PMI Monitoring Tools

The sixth EUV survey was conducted from October 26 to November 5, 2015. For the third time, the survey included data from both PMI and Global Fund-supported districts in Guinea. Fifty-two units were surveyed (36 health centers, 9 hospitals, 7 warehouses). Key findings include:

- Reporting rates continue to be high, especially in PMI zones. Only 45% of facilities countrywide had adequate storage conditions and only 33% used a standardized checklist for monitoring storage conditions. SIAPS will continue to fund comprehensive trainings in pharmaceutical management for health workers in PMI zones through Medicines for All Project, led by the MOH.
- Overall, 87% and 67% of surveyed health facilities reported to have supervision visits on drug management and malaria case management, respectively. The 2014 malaria treatment guidelines were available in many health facilities (84% countrywide or 96% in the PMI zone); however, about half of facilities (53% overall or 64% in the PMI zone) have reference guides for stock management on-site.
- Only 20% of patients were treated for malaria without being tested for the disease.
- Some Respectively, 18% and 6% of visited facilities in the PMI zone were stocked-out of infant and adult formulations of artesunate amodiaquine on the day of the visit.

The final EUV report was timely submitted to USAID Washington in December 2015.

### *Constraints to Progress*

- Lack of data quality control
- Lack of coordination between National Directorate of Pharmacies and Laboratory (DNPL), central medical store (PCG), and Bureau des Strategies et Développement (BSD) for the implementation of an efficient reporting system.

### *Partner Contributions*

The Global Fund contributed to the EUV survey.

### Information Systems Management

SIAPS is supporting the DNLP in developing a Logistics Management Information System (LMIS). A SIAPS consultant participated in workshops organized by the BSD to analyze the Health Management Information System (HMIS) and develop a five-year HMIS strategic plan and key indicators for the monitoring health commodities in the HMIS. Another key

consideration during the workshop was the use of LMIS to integrate information about medicines and other health products and equipment alongside all common indicators. But following discussions reinforced by SIAPS/Guinea, it was agreed to maintain separate information on medicines and other health product indicators (to be supervised by the DNPL) and on equipment and infrastructure (to be supervised by the Directorate of Equipment and Maintenance).

*Partner Contributions*

DNPL, BSD

**Supply Chain Management**

In the preceding quarter, reports on the average monthly consumption of malaria commodities indicated an overstock in several health facilities. A systematic review of stock status and monthly consumption of health products was carried out during the quarter. The results revealed overstock of RDTs in certain districts and stock-outs in others. Based on these findings, commodities were accordingly redistributed within the regions of Labe, Dubreka, Forecariah, Cohia, Conakry, Dinguiraye, and Boke.

*Partner Contributions*

None

**Capacity Building**

During this quarter, SIAPS continued to support the capacity building of individuals and organizations on pharmaceutical management and supervision, particularly for malaria commodities.

Following a request by the Guinea Pharmacists Council, pharmaceutical management training for 30 private pharmacists was conducted in collaboration with MOH's departments of Pharmaceutical Inspection and General Health Inspection. A second training was conducted for 27 heads of health units in Boke, Fria, and Boffa.

Additionally, SIAPS continued regular support for on-site training (supervision visits) on pharmaceutical management of malaria commodities in the PMI-supported zone (Conakry, Coyah, Forecariah, Dubreka, Labé, Boké, and Boffa).

*Partner Contributions*

Guinea Pharmacists Council, MOH

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

All sections of the Guinea Pharmacy Act draft have been finalized and the draft is now ready for next steps including a review by a consultant that the USAID-funded US Pharmacopeia Promoting the Quality of Medicines project has planned to recruit in January 2016. Before a final validation exercise, the consultant's recommendations will be presented to a government-appointed lawyer who will check for compliance with Guinea's judicial system.

The final version of the therapeutic flowcharts for health centers has been completed and validated and is ready for printing and dissemination. This dissemination exercise and health worker training on the revision is planned for January–March 2016 in the form of regional workshops. A post-dissemination test will follow to verify use and improvement in rational prescription practice.

Revisions of the medicines equivalence tables have been completed. These tables are intended to facilitate substitution of generic formulations for brand names medications for practitioners in line with currently registered medications in Guinea. Following an inquiry into users' needs, the team is currently finalizing the tables in a format that will best serve users. The tables will reflect international non-proprietary names of medicines alongside the branded names and will be fed into the National Essential Medicines List to be completed February and March 2016.

During this quarter, a SIAPS consultant who supports the DNPL completed a review and revision of the DNPL's organizational chart and subsequently made recommendations that will require approval by the MOH and its partners before implementation. The consultant also reviewed the existing medicines registration system and found it is not robust enough. To remedy this situation, a draft of a new manual of procedures was developed to guide future registration—this will be presented to the DNPL and MOH as a whole for approval and implementation.

SIAPS and its partners participated in a workshop to support development of a national manual of procedures for destruction of expired medicines as recommended by the WHO. This is a work in progress as key aspects of financing destruction procedures and implementation mechanisms have yet to be finalized.

Within the overarching framework of support for governance and transparent management of the PCG, SIAPS continued to work with departments within the medical store to revise the internal manual of procedures on receipt, storage, and distribution of pharmaceutical products at the central level and regional depots.

On October 2, 2015, SIAPS organized meetings with partners supporting the PCG with the goal of harmonizing all support activities proposed by their agendas including *Projet d'appui à la santé*, Catholic Relief Services (CRS), Population Service International (PSI), UNICEF, and WHO.

SIAPS also participated in a meeting of health development partners, held by UNICEF on October 30, at which discussions included (1) repositioning the PCG within the overall

framework of the health system revival, (2) the national poliomyelitis response, and (3) the current initiatives to support the national health management information system.

A working session to harmonize interventions supporting the pharmaceutical sector was held with WHO Geneva staff responsible for pharmaceutical policy in Francophone African countries December 14–17.

SIAPS participated in a December second workshop organized by CRS, a Global Fund principal recipient, to review current bottlenecks in the fight against malaria.

On the invitation of the National Malaria Control Program (PNLP), SIAPS participated in the recruitment of a new pharmacist who will work on commodity supply chain within the PNLB with support from the Global Fund.

A cost-benefit study of seasonal malaria prophylaxis within the Achieving Catalytic Expansion of Seasonal Malaria Chemoprevention in the Sahel (ACCESS-SMC) project was conducted during a visit from headquarters. In view of the quality and rigorousness of the data collected in Guinea, the preliminary results of this study will be presented at a partners' meeting in Uganda in January 2016. This study will demonstrate to partners the use of cost data and also contribute to the overall discussion of improving access and effectiveness in the implementation of seasonal malaria prophylaxis.

SIAPS participated in the monitoring malaria activities through various meetings and working sessions during the PMI supervisory mission December 7–13. During this mission, a special session was held to analyze monthly malaria commodity consumption data provided by health units.

### *Partner Contributions*

WHO, Projet d'appui à la santé, and CRS contributed to PCG activities

PNLP



## KENYA

### **Implementation of PMI Monitoring Tools**

The Health Commodities and Services Management (HCSM) Program supported the NMCP to finalize the Quality of Care Round 10 Survey that monitors malaria case management indicators. Data analysis and report writing are ongoing.

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

#### *Constraints to Progress*

None

#### *Partner Contributions*

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

### **Supply Chain Management**

To ensure commodity security in the country, a rapid assessment for malaria commodities was done in 47 counties in preparation for El Nino rains. The findings will inform redistribution of malaria commodities to the counties in need.

#### *Constraints to Progress*

Competing activities at the NMCP leading to delays in implementation

#### *Partner Contributions*

NMCP, KEMSA, CHAI, COUNTIES, PMI, WHO

### **Information Systems Management**

In collaboration with University of Nairobi, HCSM continued to work with NMCP to complete the new web-based malaria stock status monitoring tool started in the previous period. The tool is linked to the live National Health Information System (DHIS2) database, making facility/county level malaria commodity and service data accessible. The malaria dashboard was showcased in the Malaria Case Management TWG meeting held this quarter

The program is working with the NMCP to triangulate and validate findings of the Malaria Fever Study with data from routine reporting systems (DHIS2 and IDSR) and the HIV early warning indicators monitoring through electronic dispensing tools in collaboration with KEMRI/Wellcome Trust.

*Constraints to Progress*

Delay in finalizing the contractual process with KEMRI/Wellcome Trust.

*Partner Contributions*

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

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

HCSM continued to provide technical assistance to national health malaria commodity-related TWGs and committees. In this quarter, NMCP hosted three drug management subcommittee meetings and the Malaria Case Management subcommittee meeting.

*Constraints to Progress*

None

*Partner Contributions*

Malaria Interagency Coordination Committee meeting members—MOH/NMCP, KEMRI, CDC, PMI, CHAI, AMREF, Global fund, UNICEF, KEMSA

## LATIN AMERICA AND THE CARIBBEAN: AMAZON MALARIA INITIATIVE

### Case Management and Supply Chain Management

During this quarter, SIAPS visited Loreto, Peru, to assess the progress in the introduction of mefloquine + artesunate fixed-dose combination (FDC). The situation is critical: mefloquine is in short supply (increasing the risk of mono-therapy), and there is no local plan for the use of a limited stock of FDC received from a Brazilian laboratory. This batch of medicines will expire on April 2016. These concerns were shared with national counterparts and Amazon Malaria Initiative (AMI) partners.

SIAPS continued working with local counterparts in Pará and Roraima, Brazil, in the systematization of interventions to improve access to malaria diagnosis and treatment in gold mining areas. The technical reports could not be completed due to difficulties accessing the mining areas during the rainy season. In next quarter, SIAPS will finalize the technical report and will start monitoring the implementation progress and preliminary results.

In Guatemala, the malaria program has suffered stock-outs for a number of years, partly due to the absence of a solid methodology for forecasting malaria medicines and diagnostic supplies. SIAPS supported the malaria program in a quantification exercise for 2016 and 2017, analyzing data from the last four years to estimated needs using morbidity as well as logistics data. The outputs of this exercise (forecast and supply plan) serve as a basis for procurement for 2016 but also to validate and document the process for the malaria program to use in future occasions.

SIAPS provided technical input in the final revision of the guides and posters that had been developed and validated as a pilot exercise. With the assistance of designers from Links Media, revisions were applied to the materials received the final revisions and were printed in a sufficient quantity for national dissemination; this was financed through national AMI funds. There are guides for malaria supervisors at district level, health centers and posts, and the district pharmacy; for the malaria volunteers there is a poster on case management and a laminated sheet on medicines management. SIAPS developed a draft curriculum to orient staff in the use of these guides.

SIAPS staff visited Ecuador on October to assess the situation of malaria pharmaceutical management, and to discuss alternative interventions with national counterparts for the transition of the malaria supply management from the National Control Program to the national pharmaceutical system. A trip report was distributed to national counterparts and AMI partners.

### *Constraints to Progress*

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

### *Partner Contributions*

PAHO has facilitated the contact with Ecuador health authorities.

### **Information Systems Management**

The technical report on the situation of malaria pharmaceutical management, and the impact of AMI-supported interventions in seven AMI countries, was finalized. A regional meeting to analyze the implication of this study for the eradication of malaria in selected countries is scheduled for March next year.

SIAPS supported the compilation of information from eight countries and its analysis for the Quarterly Bulletin on Availability and Consumption of Antimalarials, disseminated by PAHO in October 2015. The availability of antimalarials in central warehouses was stable (85%) compared with the previous quarter, but certain countries still face problems with the availability of antimalarials. Guatemala has low stock levels of primaquine and chloroquine. An immediate procurement is needed to replenish stock levels at central and departmental levels. Honduras has low stock levels of primaquine at department level. Distribution from the central warehouse is needed. Peru has low levels of mefloquine in Loreto. A distribution from the central to the departmental level is needed to prevent the risk of monotherapy.

In Guatemala, SIAPS worked with the malaria grant team, malaria program, and the MOH medicines logistics unit to develop a quantification and procurement manual based on the MOH norms for essential medicines but making it specific for malaria. This quarter, SIAPS also helped the malaria program to finalize a procedures guide describing the flow of information and how to monitor at each level of the supply chain.

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

SIAPS participated in a regional meeting for the Revision of the 2016 -2020 Malaria Action Plan for the Americas, held in Punta Cana, Dominican Republic. SIAPS facilitated the discussions in one of the technical groups.

## MALI

### Implementation of PMI Monitoring Tools

SIAPS worked closely with the Directorate of Pharmacy and Medicines (Direction de la Pharmacie et du Médicament [DPM]), the NMCP (Programme National de Lutte contre le Paludisme [PNLP]), the CMS (Pharmacie Populaire du Mali [PPM]), PSI, and USAID/PMI to produce the PPMRm report. Based on the report, malaria commodity management partners made recommendations in terms of procurement, a replenishment plan, and inventory management.

#### *Constraints to Progress*

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

#### *Partner Contributions*

PPM, PSI, DPM, DSR, and USAID, provided data and participated to data analysis and validation for the PPMRm reports.

### Information Systems Management

SIAPS continued to provide assistance to 50 districts to support LMIS data entry process in Outil de Suivi des Produits de la Santé (OSPSANTE) dashboard. Information generated by OSPSANTE allowed stakeholders to make informed decisions to ensure availability of key commodities at the lowest level. For example, in Bamako, 11,250 RDTs were transferred from Commune 5 to Commune 3 and 4,800 artemether-lumefantrine 6 X 1 presentations were transferred from Commune 5 to Commune 6.

The number of health facilities that completed and submitted an LMIS report for the most recent months increased from 85% to 87%. Likewise, , the proportion of health facilities that reported to have stock-outs of tracer elements that lasted for three days or more in the last three months remains at 31%.

#### *Constraints to Progress*

- There is a limited ownership of staff at all levels to analyze data and make relevant decisions.
- Inadequate use of data generated by OSPSANTE at all levels.

#### *Partner Contributions*

Direction Régionale de la Santé (DRS), PPM Regional warehouses and 50 health districts of Kayes, Koulikoro, Sikasso, Segou, Mopti regions and Bamako participated to data collection and entry in OSPSANTE.

## Capacity Building

As part of the ongoing efforts to build sustainable pharmaceutical management capacity, SIAPS supported local partners (DPM, PPM, PNL, Regional Health Directorates (DRS) and health districts) to provide training or technical assistance in pharmaceutical management. In this regard;

- SIAPS supported Kayes DRS to provide trainings on pharmaceutical management, to 152 (31 females and 121 males) stock and facilities managers of Kita and Kayes districts. The training included topics such as storage, stocks cards and logistic reporting tools including requisition form and how to calculate commodities needs as included in the new LMIS SOPs.
- The DRS teams were supported to conduct a two- days training workshops on supportive supervision guidelines. The workshop targeted health services workers in Koulikoro, Sikasso, Segou, Mopti regions and Bamako district. A total of 181 (153 males/28 females) supervisors were trained.
- The DRS also trained 333 (274 males and 59 females) health workers on pharmaceutical management. The number of people trained on pharmaceutical management increased from 1260 to 1593 out of an annual target of 1650. After each training session, trainees developed their post training action plans to implement what they have learned to improve stock management and availability of medicines and commodities at facilities levels.

SIAPS provided technical and logistics assistances to 6 DRS and 50 health districts to conduct supportive supervision visits from regional level to district and from district to health facilities levels (CSCoM). The regional teams visited 48 health districts out of 50 and the districts teams visited 1112 health facilities. The supportive supervision focused on identifying and solving supply chain issues by strengthening relationships between supervisors and supervisees. Findings of this ongoing supportive supervision will permit to address medicine management issues.

### *Constraints to Progress*

Post training action plans are not implemented effectively.

### *Partner Contributions*

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

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

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

At the central level the DPM organized two Comité National de Coordination (CNC) meetings. These were chaired by the MOH's medicines technical advisor and were attended by representatives of the MOH, NGOs, USAID implementing partners and donors such as USAID, UNFPA, and Civil society Organizations (CSO). Participants validated Malaria and family planning commodities forecasting results and the updated malaria and Family planning supply plans based on assumptions and logistic data presented by the technical working groups. Participants also discussed Malaria, Family Planning, and MNCH commodities stock status. The number of supply plans updated under SIAPS increased from 13 to 15 out of 18 (project target). The main challenges faced during the meetings were related to financial gap of the supply plans and stock out of products. To address those challenges several recommendations were made and a technical note signed by the MOH medicines advisor that summarized all recommendations was sent to all partners. The next step is the following of the implementation of recommendations.

At the regional level, SIAPS supported five regions and Bamako District to organize quarterly coordination meetings to address supply chain issues and bottlenecks by making decision based on LMIS data and reports submitted by health facilities. During these regional workshops, each district team presented its logistic data report and the regional Health Directorate team presented the compiled data report for the region and gave feedback to the health districts managers. After discussions, the participants validated the LMIS data report for each region and the compiled regional report was submitted to the central level. The main challenges discussed during the workshops were the stock out or over stock of some commodities at health facilities level and the fact that some health facilities do not on submitting their LMIS report. To address these challenges recommendations were made by participants.

During this reporting period, SIAPS also provided support to the DPM and the PPM to organize an annual national review conference with public pharmaceutical sector stakeholders. The purpose of the 3-days meeting held to identify specific bottlenecks that affect the public health services in general and particularly pharmaceutical sector. A total of 83 participants including representatives of the Inspection de la santé, NMCP, DNS, DRS, Bamako district, implementing partners, USAID, donors and UN agencies, attended the meeting. It also involved civil society organizations such as health professional's boards and associations, private pharmacies and other stakeholders. The workshop was chaired by the deputy director of DPM and The President Director of PPM. During the meeting, each regional direction of health presented their annual pharmaceutical activities and identified bottlenecks and proposed solution. The DPM also presented central level activities and the national LMIS report generated by OSPSANTE. Through presentation and working group sessions, attendees discussed lessons learnt, and the use of data to make better decision to render available medicines at all levels. At the end of the meeting, the DPM gave feedback and orientation on the MOH priorities to make medicines available.

### *Constraints to Progress*

- Respect of SDADME and LMIS SOPs by all stakeholders
- Effective use of data generated by OSPSANTE to make decision

*Partner Contributions*

- All the above partners participated to national and or regional coordination meetings on supply chain and they helped identify bottlenecks and solutions.
- MOH, DPM, CNC
- Donors: USAID, Global Fund/PSI, UNFPA.
- CSOs: Fédération Nationale des Associations de Santé Communautaire, PSI, Keneya Jemu Kan, Marie Stope International, Futures Group, USAID ASSIST.



## **NIGER**

### **Supply Chain Management**

During the quarter, the SIAPS technical advisor collaborated with the NMCP and CRS (Global Fund's principal recipient) to organize the first national quantification workshop for malaria commodities. Other participants included the National Drug Authority, CRS, World Health Organization, UNICEF, World Vision, Save the Children, Médecins sans Frontières (MSF) Belgium, SOLTHIS, and other partners. This is the first time that all malaria partners in Niger have met to conduct this exercise. Results of this joint effort were presented to the Global Fund and resulted in the Global Fund agreeing to procure malaria commodities to cover the country's needs until September 2016. It is expected that the order will be delivered by February 2016 once forward funding is approved. The commitment by the Global Fund is particularly important as the 2016–2018 malaria grants have not been signed yet.

The SIAPS technical advisor was fully involved in the discussions, provided needed explanations, and coordinated the communication between CRS and the NMCP.

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

On July 17, 2015, the Global Fund notified Niger that the technical review panel approved the concept note for an amount of 36,735,493 US dollars (USD) and an additional USD 2,449,465. Additional clarification has been asked by the Global Fund and responses were provided in December 2015. CRS has been officially designed as principal recipient for this new grant and negotiation with Global Fund will start in January 2016.

SIAPS has supported the NMCP this quarter in conducting meetings with partners involved in malaria management.

Coordination meetings with CRS mitigated the risk of stock-out of malaria commodities during the two first quarters of 2016. Working together, NMCP and CRS provided explanation and clarification after the quantification for the possible stock-out risk and obtained Global Fund's approval to place an emergency order in a situation where the government order would not be available before June 2016.

The NMCP is implementing SMC in 11 districts in Niger with funding from the UNITAID-funded ACCESS-SMC project. The project implementation is led by Malaria Consortium in partnership with CRS. The senior technical advisor participated in a meeting held on November 3 2015, at which the second and third rounds of SMC distribution campaigns were evaluated and plans for the fourth round of distribution discussed. The second, third, and fourth rounds of SMC distribution campaign were held from September to November 2015. To ensure a improved implementation of the SMC in 2016, the SIAPS technical advisor advised the NMCP manager and the SMC focal point to hold a planning meeting in December to discuss 2016 targets, coverage area, and funding gaps.

*Constraints to Progress*

The NMCP lacks essential staff members to properly manage medicines including malaria commodities. Also, the NMCP lacks the organizational capacity to effectively manage the program and achieve desired results. To better achieve its objectives, the NMCP management team needs more leadership and management training. The supply chain team should receive basic training in forecasting and supply planning.

*Partner Contributions*

NMCP, CRS, MSF

## **SOUTH SUDAN**

### **Information Systems Management**

To ensure that information for decision making is enhanced, SIAPS continued to provide monthly stocks status reports through the Logistic Management Unit (LMU) for Central Equatoria State (CES) and Western Equatoria State (WES). During the quarter, the LMU received monthly reports from four counties in CES and four from WES. Health facilities stock status reporting could not be retrieved because of the introduction of the District Health information system reporting template that does not include consumption data. However, the MOH is working on including information on consumption on the reporting template. The generated monthly stock reports were shared with various forums including the Pharmaceutical TWG meeting.

#### *Constraints to Progress*

The LMU is functional but partner support (e.g., Interchurch Medical Association (IMA) and the World Bank)), is still lacking, especially regarding collecting and sending information from the field.

#### *Partner Contributions*

SIAPS worked with Integrated Service Delivery Program (ISDP) partners within CES and WES in data collection and field visits. PSI, Crown Agents and International Procurement Agency (CAIPA) and USAID | DELIVER also contributed significantly in providing data for anti-malarial stock status from their supplies as well as distribution.

### **Supply Chain Management**

SIAPS facilitated customs clearance and storage for the 635,000 ACTs and 400,000 LLINs procured by USAID for use in WES and CES. SIAPS also developed a distribution plan that was submitted to USAID for approval. SIAPS also procured 250 medicine storage shelves for use in CES and WES and a distribution plan was prepared and shared with USAID for review and approval.

Gap analysis for 2016 countrywide malaria commodities was done and submitted to USAID. SIAPS supported CAIPA to develop a distribution plan for the 1.6 million doses of ACTs procured to support the malaria upsurge response.

#### *Constraints to Progress*

The monthly stock status reporting has been hindered by security issues especially in WES and some counties in CES. Capacity is so low at the county level that it affects reporting accuracy and timeliness.

### *Partner Contributions*

The project collaborated with ISDP, IMA, CAIPA, WHO, South Sudan Ministry of Health, and Health Pooled Fund to ensure that pharmaceutical management trainings are rolled out throughout the country.

### **Capacity Building/Supportive Supervision**

To increase and enhance the capacity for pharmaceutical supply management and services, SIAPS provided technical assistance in the day-to-day management of the CES medical store, ensuring smooth operation and appropriate medicines storage and inventory practices, including arrangement of medicines in the store, stock card update, and receipt and issue of medicines. SIAPS provided computers and basic training on their use to help the staff carry out the day-to-day task of warehouse management.

A SIAPS Technical Advisor in CES and a data coordinator conducted three pharmaceutical management trainings; one in Morobo for 13 health workers, one in Terekeka for 22 health workers, and in Juba for 22 health workers. The training covered the following topics: good storage practices, emergency medicines fund contents overview, correct use of pharmaceutical management information system tools and reporting forms (PMIS tools), and rational use of medicines.

SIAPS conducted supportive supervision in Primary Health Care Centers (PHCCs) and Primary Health Care Units (PHCUs) in the following counties—Morobo (Morobo hospital, Kaya PHCC, Rodoba PHCU, Kimba PHCU, and Aboroto PHCC), Yei (Yei Hospital, Morak PHCC and Ombasi PHCC) Terekeka (Terekeka county store and Terekeka PHCC), and Nzara (Yabua PHCU, Nzara PHCC, Nzara county store).

During the visit, SIAPS organized counties' medicines stores, collected information for the continuous results monitoring system (CRMS) reports, assessed the stock status, and updated stock cards.

Together with the WES Director for Pharmaceuticals, SIAPS team travelled to Ezo County for supportive supervision visit with the aim of collecting monthly consumption reports, continuous results monitoring system activities, rearranging facility stores and updating stock cards. Thirteen out of the 28 facilities were visited and key findings were PMIS tools were not in use.

### *Constraints to Progress*

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

Access to some counties due to bad roads and insecurity hindered the initial training plan for health workers, so capacity development remained a gap. Even planned supervision visits had to be cancelled due to insecurity.

### *Partner Contributions*

The project collaborated with ISDP, IMA, CAIPA, WHO, SMOH, and Health Pooled Fund, to ensure that pharmaceutical management trainings are rolled out throughout the country.

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

SIAPS supported and coordinated the six biweekly Pharmaceutical TWG meetings held in the quarter which were focused on making decisions are made on overall commodities. In November 2015, the LMU director presented the unit's achievements and urged other TWG members to support the unit.

In October 2015, the SIAPS team met in Juba to review year five work plan development process in a bid to prioritize the activities for the quarter and introduce new staff to work planning process for final SIAPS year.

SIAPS provided on-going technical assistance to the Malaria TWG meetings, sub-working group meetings, and the National Malaria Response Task force set up by the Hon. Minister of Health on October 8, 2015, to address the malaria upsurge issues in the country.

SIAPS supported the review and finalization of case management guidelines for malaria.

SIAPS supported the finalization of the 2013 Malaria Indicator Survey document; 1,000 copies are being printed.

SIAPS presented to the M&E Technical working group meeting the draft concept for the National Malaria Control Policy for consensus building and buy in from partners.

SIAPS and the NMCP presented status updates on malaria situation in the country to the Health forum meeting on November 3, 2015.

SIAPS Malaria Technical Advisor presented a country malaria situation report with the donor communities with focus on the antimalarial commodity status, gaps, and projections for 2016.

### *Constraints to Progress*

Some key malaria partners have not been attending the PTWG as such information sharing from them has been limited.

The malaria upsurge situation in the country shifted a lot of focus on the response and case management/commodity gap analysis.

*Partner Contributions*

The partners that supported include USAID, WHO, DELIVER, UNICEF, MSF, CAIPA, HPF, and ISDP