

SIAPS MNCH Core End of Project Report



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SIAPS 
Systems for Improved Access
to Pharmaceuticals and Services

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to 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

CCM	community case management
CHW	community health worker
CHX	chlorhexidine
EPCMD	ending preventable child and maternal deaths
EPI	Expanded Program on Immunization
GFF	Global Financing Facility
iCCM	integrated community case management
LMIS	logistics management information system
MHSC	Maternal Health Supplies Caucus
MHTRT	maternal health technical resource team
MNCH	maternal, newborn, and child health
MOH	Ministry of Health
MSH	Management Sciences for Health
PSM	pharmaceutical supply management
RHSC	Reproductive Health Supplies Coalition
RMNCH	reproductive, maternal, newborn, and child health
SCM	supply chain management
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
TRT	technical resource team
UNCoLSC	UN Commission on Life-saving Commodities for Women and Children
USAID	US Agency for International Development
WHO	World Health Organization

BACKGROUND

As the Millennium Development Goals came to an end in 2015, the global community reaffirmed its commitment to ending preventable child and maternal deaths (EPCMD) through the Sustainable Development Goals and made new, more ambitious commitments to reduce maternal, newborn, and child mortality rates—commitments that would require more intensified efforts and holistic, systems strengthening approaches.

Despite progress in reducing both maternal and child mortality rates in recent decades, both rates still remain high. Alarming, a large proportion of these deaths could be avoided if women and children had access to adequate health services with the necessary quality medicines and supplies and skilled health care providers. The preventative and curative measures for the major causes of maternal and child deaths are well known, but access to them remains elusive for many.

To address these and other issues, in 2012, the UN Commission on Life-saving Commodities for Women and Children (UNCoLSC) was launched. It focused on 13 essential reproductive, maternal, newborn, and child health (RMNCH) commodities and identified a set of recommendations aimed at increasing access to and availability of these commodities. Two years later, recognizing the need for heightened attention for maternal, newborn, and child health (MNCH), the US Agency for International Development (USAID) and the global MNCH community renewed their commitment to EPCMD by setting new targets (fewer than 50 maternal deaths per 100,000 live births and fewer than 20 child deaths per 1,000 live births) to be achieved by 2035.

Five strategic shifts were proposed to achieve these targets: increase efforts in the countries that account for the largest share of under-five deaths; reach the most underserved populations; target priority causes of mortality with innovation efforts and interventions poised to go to scale; in addition to health programs, invest in empowering women and supporting an enabling environment; and create transparency and mutual accountability at all levels, with a strengthened commitment to common metrics for tracking progress.¹

As the Sustainable Development Goals commenced, the Global Financing Facility (GFF) was launched to support Every Woman Every Child—a platform to better leverage financing to support country-led investment plans aimed at improving RMNCH.

¹ USAID. Acting on the Call: Ending Preventable Child and Maternal Deaths Report, June 2014. Available at: https://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf

CHALLENGE

Many essential MNCH medicines and supplies are generic products that are currently widely available in both the public and private sectors. However, ensuring access to and availability of these medicines and supplies in-country requires improving pharmaceutical policy; enforcing compliance with policies and procedures, especially in procurement; and addressing regulatory components of the health system. In addition, several key MNCH products are often only authorized for administration by highly skilled providers, despite evidence that administration by less skilled providers is both feasible and effective. The availability of quality MNCH medicines and supplies is often subject to the weaknesses present in public-sector systems, including inaccurate quantification of requirements; inappropriate pharmaceutical procurement mechanisms; procurement of products that do not meet the necessary technical specifications; weak distribution systems; inadequate storage facilities; and limited inventory tracking systems, especially to the community. In the private sector, the quality of available MNCH medicines is often questionable as weak regulatory authorities are unable to consistently implement quality assurance measures.

Limited information for decision making at all levels is also a barrier to access to MNCH commodities. The scarcity of reliable morbidity data and the lack of personnel skilled in analyzing and using those data make it difficult to accurately estimate demand for procurement purposes or identify gaps in coverage. Financial obstacles can also impede access. Public-sector procurements for MNCH are mostly funded through public-sector health budgets and depend on perceived national priorities and limitations in funding mechanisms. The money allocated for the purchase of pharmaceutical products is often insufficient to meet the demand, and there may be inefficiencies or bottlenecks in financial flows. A complicating factor is that several key medicines and supplies are used for multiple indications and are not necessarily limited to MNCH conditions. Changing provider and client behavior to prioritize the use of these medicines for MNCH conditions will help to ensure that they are available when needed.

An additional challenge for the global MNCH community is how to maintain momentum in the wake of the UNCoLSC ending in 2016. It is crucial that RMNCH commodities remain high on countries' agendas and that they prioritize access to and availability of commodities for women and children.

THE SIAPS APPROACH

Achieving the targets of EPCMD requires a focused, systems strengthening approach.

The USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program worked with global and in-country partners to improve access to and use of life-saving medicines for women and children, thereby contributing to EPCMD. By promoting a pharmaceutical systems strengthening approach, SIAPS activities went beyond addressing supply chain challenges to incorporate interventions to positively affect the system as a whole, from strengthening pharmaceutical legislation, regulations, and policies to supporting appropriate community case management (CCM) and patient-centered care.

SIAPS strategies that were implemented at the global and country levels included improving governance of pharmaceutical systems, strengthening supply chain management (SCM) capacity, increasing the availability of pharmaceutical information for decision making, developing appropriate pharmaceutical financing strategies, and promoting rational use of medicines and supplies.

SIAPS ACHIEVEMENTS

Global-level Engagement/Contributions

UNCoLSC

SIAPS was actively engaged in supporting the UNCoLSC since it was created in 2012. SIAPS participated in the planning meetings to define the 13 commodities prioritized by the UNCoLSC. SIAPS then worked to enhance the background materials that informed the final recommendations of the Commission.² Following the publication of these recommendations, SIAPS continued to provide support through its participation in the Commission’s technical resource teams (TRTs). Table 1 provides a brief summary of SIAPS’ contributions to the TRTs in which it most actively participated.

Table 1. SIAPS Support to the UNCoLSC, 2011–2017

Technical Resource Team	Key Contributions and Products
Maternal Health	<ul style="list-style-type: none"> Developed an inventory of tools for increasing access to and improving use of maternal health supplies Conducted an options analysis with national stakeholders in Mali on whether to integrate oxytocin into the Expanded Program on Immunization (EPI) cold chain at the district and community levels and developed a case study on Mali as well as a generic guidance document on integrating oxytocin in the EPI cold chain Collaborated with the Concept Foundation and the World Health Organization (WHO) to conduct a workshop in Uganda on optimal procurement of maternal health commodities Supported the revision of DRC’s treatment guidelines to include misoprostol for prevention and treatment of postpartum hemorrhage Facilitated the merger of the Maternal Health TRT (MHTRT) and the Maternal Health Supplies Caucus (MHSC) of the Reproductive Health Supplies Coalition (RHSC), which was chaired by a SIAPS staff member and contributed to the MHTRT legacy document Contributed to a literature review on universal health coverage for reproductive health commodities
Supply Chain	<ul style="list-style-type: none"> Developed a set of program briefs on promising practices in SCM Produced guidance on quantification of 13 priority RMNCH commodities (English and French) and disseminated it at the International Conference of Family Planning, RHSC annual meeting, Global Maternal and Newborn Health Conference, and USAID Mini-University and through two webinars conducted in English and French Cofacilitated workshops on the quantification of RMNCH commodities, including the francophone South-to-South workshop on quantification of RMNCH commodities after the RHSC Sécurité Contraceptive en Afrique Francophone meeting in Dakar in September 2015 Validated quantification guidance and worked with two Ecumenical Pharmaceutical Network members in DRC—the Baptist Church in Central Africa and Soins de

² Medicines for Maternal Health. Prepared for the United Nations Commission on Life-Saving Commodities for Women and Children. Working paper. February 2012. Available at: http://www.everywomaneverychild.org/images/Key_Data_and_Findings_Maternal_Health_Medicines_FINAL_3_26_2012__COMPLETE_reduced.pdf

Technical Resource Team	Key Contributions and Products
	<p>Sante Primaire En Milieu Rural—to provide training on quantification of the 13 priority products</p> <p>Participated in a workshop to disseminate Supply Chain TRT products at the Global Health Supply Chain Summit</p> <p>Developed the Supply Chain TRT legacy document summarizing progress the group has made since the beginning of the UNCoLSC</p>
Chlorhexidine	<p>Created a framework to guide stakeholder discussions on plans to introduce chlorhexidine (CHX)</p> <p>Provided technical assistance to introduce CHX use in DRC, Bangladesh, and Pakistan, helping the countries develop a CHX introduction strategy</p> <p>Provided technical support to DRC to conduct a survey on the use of CHX and facilitate its registration</p> <p>Supported the revision of DRC treatment guidelines to include CHX for umbilical cord care and the adoption of these guidelines and developed the introduction strategy for the Ministry of Health (MOH) Secretariat General</p> <p>Contributed to the development of a note on the appropriate use of CHX that was posted on the Chlorhexidine TRT website</p> <p>Supported the team from the DRC MOH to prepare for participation in the regional CHX sustainability meeting in Ethiopia</p> <p>Translated technical documents produced by the CHX TRT to French</p>
Diarrhea and Pneumonia	<p>Contributed to the development of a strategy to increase access to treatment of childhood diarrhea, malaria, and pneumonia in Ethiopia</p> <p>Supported the development of plans to scale up treatment of diarrhea and pneumonia in DRC</p> <p>Provided input on technical documents produced by the TRT, including key advocacy documents for amoxicillin dispersible tablets and dispensing tools for amoxicillin</p> <p>Developed a protocol to pilot the use of amoxicillin job aids and product presentation in DRC and conducted a study in DRC on the use of amoxicillin dispensing tools, job aids, and dispensing envelopes. Results were presented in country and at the working group meeting in New York in 2016. Reports were produced in French and English, and the dispensing envelopes and job aids will be available on the Every Breath Counts (http://everybreathcounts.info/) and Lifesaving Commodities (http://www.lifesavingcommodities.org/) websites</p> <p>Contributed to the development of a lessons learned document on zinc/oral rehydration solutions</p>
Injectable Antibiotics	<p>Conducted a landscape analysis of antibiotics for newborn sepsis in DRC with an award from Save the Children under the Injectable Antibiotics TRT as a cost-sharing initiative and disseminated the results in DRC and to the TRT; the report is available in French and English</p> <p>Reviewed the implementation guidelines of the newborn sepsis management recommendations at WHO's request</p>

GFF

A SIAPS staff member was seconded to the GFF for the first five months of a 12-month consultancy by USAID to the GFF secretariat. The main objective of this one-year technical assistance was to provide support and overarching guidance on RMNCAH commodity financing and SCM approaches to the GFF secretariat and the 26 participating countries. This was through a combination of in-person technical support, the development of global guidance, and the identification of technical partnerships to ensure scalability. The 10 new GFF countries were oriented on commodity management by the SIAPS consultant as part of an orientation workshop and were encouraged to consider commodity management among their priorities in the investment case. In addition, a section on commodity management for inclusion in the investment case guidance document has been drafted. The SIAPS consultant was involved in technical discussions in a number of existing GFF countries, including DRC, Guatemala, Liberia, Senegal, Sierra Leone, and Tanzania, to better understand RMNCAH commodity bottlenecks and identify possible solutions. Under the GFF ongoing knowledge management and learning agenda, SIAPS hosted a webinar for country teams from the 16 existing GFF countries on commodity management that highlighted the importance of strengthening pharmaceutical systems using GFF investment cases rather than just focusing on logistical challenges. SIAPS began discussions with the World Bank to ensure that commodity quality is addressed in the procurement process and drafted guidance for the Task Team Leaders of World Bank projects to facilitate their approval of national procurements. Following the close of SIAPS, this technical assistance will be provided by Management Sciences for Health (MSH) under the E2A project.

Other Global Partnerships and Initiatives

SIAPS also actively participated in standing technical communities of practice.

Table 2. SIAPS Contributions to Communities of Practice

Community of Practice	Key Contributions and Products
RHSC	Served as the MHSC cochair of the RHSC from 2014 to 2017
MHSC	Contributed to MHSC work planning
Systems Strengthening Working Group	Facilitated the merger of the MHTRT and the MHSC Presented webinars on the RMNCH quantification supplement Helped with planning and attended meetings of the MHSC and the RHSC; actively led activities on RMNH supplies in the Systems Strengthening Working Group session, the MHSC session, and at a panel on the MHTRT
CCM Task Force/SCM Subgroup	Served as cochair and then chair of the SCM subgroup over the life of SIAPS Assisted the subgroup in organizing a series of webinars on SCM (SCM for integrated CCM (iCCM), mhealth and logistics management information system (LMIS) for CCM, quantification, tools for resupply of community health workers (CHWs), the role of the private sector in SCM for iCCM, and waste management) and presentations at two core group meetings Conducted a mapping of nongovernmental organizations working in pharmaceutical supply management (PSM) for iCCM Set up an “ask the expert” page on the CCM Task Force website Contributed to discussions on monitoring and evaluation indicators for iCCM Participated in CCM Task Force consultation meetings on the transition to a child health taskforce and facilitated a discussion on the role of the

Community of Practice	Key Contributions and Products
	<ul style="list-style-type: none"> subgroup in this new task force Conducted a mapping exercise of other technical working groups in child health and commodities so the group can define its niche in the Child Health Task Force Coordinated the participation of the SCM subgroup in satellite sessions on district systems strengthening at the Vancouver Health Systems Research conference Organized a session on strong systems to ensure commodity availability and use at the community level for the 2017 Institutionalizing Community Health Conference in South Africa
iCCM Financing Task Team (FTT) supporting countries to scale up iCCM with Global Fund support	<ul style="list-style-type: none"> Developed the iCCM PSM checklist and PSM guidance document, which were disseminated to countries going through the Global Fund New Funding Model process Helped organize and facilitate a 2015 UNICEF, UNFPA, and Global Fund meeting on “Enhancing integrated PSM programming for increased RMNCH impact” for UNICEF and UNFPA global and regional advisors in New York. SIAPS presented on PSM lessons learned from integrated programming, drawing on examples from iCCM and other SIAPS and MSH country PSM activities. Contributed to the planning and organization of a 2016 meeting for countries scaling up iCCM under the Global Fund in Nairobi and Kenya and cofacilitated a session on PSM Contributed to the development of advocacy documents and review of the documentation of the work of the FTT Finalized the French version of the documentation protocol for use in francophone countries to document iCCM implementation under the Global Fund’s New Funding Model

SIAPS also contributed to other global-level activities to demonstrate global technical leadership on MNCH pharmaceutical management. In collaboration with the Countdown Health Systems and Policy Working Group, under the Countdown to 2015 Initiative, SIAPS analyzed the pharmaceutical management policies and systems that affect access to essential RMNCH medicines and supplies across countries and submitted an article for publication *BMC Health Services Research*. This activity was conducted as a cost-share with the Countdown Health Systems and Policy Working Group, and the work was presented in a working group meeting and at the final meeting of technical experts of Countdown to 2015.

SIAPS was requested by USAID to gather information on RMNCH programs in five MNCH priority countries—Ghana, Kenya, Mozambique, Nepal, and Rwanda—using the landscape synthesis tool developed by the UNCoLSC. SIAPS worked with USAID and the RMNCH Strategy and Coordination Team to communicate the results to USAID missions and country MOHs and to obtain approval to display the results from the data collection.

Throughout the life of the program, SIAPS attended and actively participated in or presented at strategic international meetings such as Women Deliver conferences, the Global Maternal and Newborn Health conferences in Arusha in 2013 and Mexico in 2015, APHA in 2015, and the USAID Mini-University in 2016. SIAPS also facilitated a session on commodities at the post-partum hemorrhage meeting organized by the Maternal and Child Survival Program.

Country-level Contributions

To assist countries in their efforts to end preventable child and maternal deaths, SIAPS supported the development of innovative approaches to address barriers to access using a systems strengthening approach. Specifically, in child health, SIAPS assisted the Ministries of Health in Guinea and Burundi to improve access to treatment for diarrhea and pneumonia through CCM. In both countries, SIAPS brought SCM for CCM prominently into the planning cycle. In Guinea, SIAPS collaborated with the Maternal and Child Health Integrated Program to complement efforts to scale up CCM by providing technical support to the MOH for quantification and SCM and to support the development of a community LMIS to generate data on consumption and stock-outs among CHWs on a regular basis. In Burundi, SIAPS focused on maintaining the supply chain for CHWs and on the quality of care provided by contributing to protocols, job aids, and other tools and conducting an evaluation of CCM of malaria with a costing study component. The recommendations will orient the MOH in the expansion of CCM for malaria into iCCM.

These and other examples of country support illustrate SIAPS' efforts toward EPCMD (table 3).

Table 3. SIAPS Contributions to EPMCD

Country	Key Accomplishments
Angola	Supported the national commodity security working group Conducted a national quantification exercise
Bangladesh	Disseminated the findings of an assessment on subnational procurement Conducted an assessment of pharmaceutical management practices at the district level Developed a five-year forecast for essential RMNCH commodities Created a technical working group to support the development of an LMIS for the Directorate General of Health Services Included RMNCH commodities in the pharmacovigilance system
Burundi	Developed tools and job aids for CHWs to strengthen SCM and quality of care Conducted an evaluation of CCM of malaria with a costing study, resulting in the recommendation to expand the iCCM package
DRC	Revised the Essential Medicines List to include key MNCH medicines, such as CHX and misoprostol Revised national MNCH guidelines to align with the revised Essential Medicines List Developed a national plan to introduce CHX Supported all UNCoLSC efforts in-country
Guinea	Supported the MOH in planning the scale up of CCM Strengthened commodity management by CHWs through the use of job aids highlighting procedures Conducted a quantification exercise for CCM medicines and supplies Developed a community LMIS
Mali	Developed a new LMIS that included community-level data Developed training materials, tools, and job aides for the new LMIS
South Sudan	Provided pharmaceutical management support for the introduction of misoprostol Supported the development of an LMIS to increase the visibility of data on availability of MNCH medicines

Tools and Innovations

SIAPS finalized a number of tools to assist countries in ramping up efforts to decrease maternal and child mortality, thereby contributing to EPCMD.

- ***The Estimation of Unmet Need for Maternal Health Medicines.*** The estimation of unmet need for maternal health medicines, designed by SIAPS to assist countries to plan for better quantification and procurement, was finalized and validated in DRC and Bangladesh. The approach has been disseminated through electronic media, webinars, and presentations and has since been used extensively as the basis for other work related to forecasting demand for maternal health medicines.
- ***Subnational procurement assessment.*** SIAPS developed tools to assess the subnational procurement of MNCH medicines. Assessments in Bangladesh and Kenya provided a snapshot of procurement practices at the subnational level and identified options for the government to increase access to RMNCH commodities through improved procurement practices and more efficient use of financial resources.
- ***Intervention Guide for the Management of Childhood Illnesses.*** SIAPS published a guide to assist district managers in developing interventions to improve the availability and use of medicines for childhood illness. The guide was successfully validated in three districts in Zambia and presented to the School of Public Health of the University of Zambia for use in research activities. It was disseminated widely to the core group, the Diarrhea and Pneumonia Working Group of the UN Commission, country offices, and UNICEF and on the SIAPS website.
- ***Guidance for Planning the Introduction of New RMNCH Medicines and Supplies.*** The purpose of the document is to provide guidance to MOH program managers at the national and subnational levels and other stakeholders on actions to take and factors to consider when expanding access to essential RMNCH commodities. It addresses several pharmaceutical management issues (pharmaceutical policies, effective medicine management, strengthening regulatory systems, information needs, and product quality and safety practices) that are often overlooked when considering the introduction of new products.
- ***Mapping Financial Flows in Bangladesh, Kenya, Nepal, and Uganda.*** SIAPS mapped financial flows related to MNCH commodities in Bangladesh, Kenya, Nepal, and Uganda to document how decisions regarding financing for these commodities are made and assist the donor community in making smarter investments and countries in mobilizing additional resources. The results were disseminated in all countries except Nepal and presented to the USAID/Washington MCH team and as a webinar through the RHSC. A summary document of key bottlenecks for financing MNCH commodities was also developed.
- ***Pharmacovigilance of MNCH commodities.*** SIAPS worked with the Bangladesh country team to include MNCH commodities in the pharmacovigilance systems being set up in

Bangladesh. SIAPS trained approximately 100 MNCH service providers at Bangabandhu Sheikh Mujib Medical University Hospital to report adverse drug reactions to MNCH medicines, and focal persons were delegated to coordinate the reporting of adverse events to commodities used in MNCH services.

- ***Assessment of the Medicines Benefit Program of the Ghana National Health Insurance Scheme.*** The purpose of this assessment was to assess how MNCH medicines are managed under the National Health Insurance Scheme in Ghana.

CHALLENGES

To achieve the global targets set for EPCMD, the appropriate medicines and supplies must be available when and where women and children need them, and acquiring these products and the services in which they are provided must not represent a financial hardship for women and their families. This requires a strong pharmaceutical system in which the quality of medicines in circulation is assured, appropriate medicines and supplies are provided, there are strong supply chains to ensure the availability of quality products at service delivery points, and service providers are able to administer the products and counsel patients on their appropriate use. As global initiatives aim to accelerate progress to end preventable child and maternal deaths, country ownership and participation is essential, as promoted through the approach of the GFF. However, it is essential that strengthening pharmaceutical systems is not overlooked and should be recognized as a country priority and addressed.

Table 4. SIAPS-supported Countries

Afghanistan	Burundi	Kenya	Pakistan
Angola	DRC	Mali	South Sudan
Bangladesh	Guinea	Nepal	Uganda