

A large, light blue stylized graphic of a human figure in profile, facing right. The head is a solid circle, the neck is a thick curved line, and the torso is a large, open, teardrop-like shape. The figure is positioned on the left side of the page, with its arm extending towards the center.

SIAPS Quarterly Report Maternal, Newborn, and Child Health Portfolio

Project Year 7, Quarter 2
January–March 2018



USAID
FROM THE AMERICAN PEOPLE

SIAPS 
Systems for Improved Access
to Pharmaceuticals and Services

SIAPS Quarterly Report Maternal, Newborn, and Child Health Portfolio

Project Year 7, Quarter 2
January–March 2018



USAID
FROM THE AMERICAN PEOPLE

SIAPS



Overall Objective

To provide support and overarching guidance on reproductive, maternal, newborn, child, and adolescent health (RMNCAH) commodity financing and supply chain management approaches to the Global Financing Facility (GFF) secretariat and participating countries.

Overall Quarter Progress

Highlights this quarter included an orientation workshop for 10 new GFF countries held in Accra, Ghana, at the end of January 2018, during which there was a parallel session on management of commodities and a technical webinar on commodity management for teams from the 16 existing countries. Technical support was provided for the review of documents, and technical discussions were held in Senegal, Liberia, Guatemala, and DRC.

Also during this quarter, the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program planned for the transfer of funds from USAID to the E2A project to allow the consultancy to continue beyond the end of SIAPS.

Specific activities

1. Develop guidance on commodity management for new GFF countries

During this quarter, the compilation of available commodity management data for the 10 new GFF countries was finalized, and data were included in country datasheets for use at the orientation workshop in January. As part of the workshop, SIAPS Principal Technical Advisor Jane Briggs presented a parallel session that highlighted the different components of commodity management and its importance for RMNCAH outcomes. The importance of analyzing data was stressed, and examples were given of situational analysis tools that can be used, such as the RMNCH landscape synthesis tool developed under the UN Commission on Life-saving Commodities for Women and Children and the US Agency for International Development's (USAID) National Supply Chain Assessment tool. Of the 10 new countries, four (Burkina Faso, Central African Republic, Cote d'Ivoire, and Madagascar) mentioned some aspect of commodity management in their final presentations of their priorities to be further developed in the investment case.

Ms. Briggs has been involved in on-going discussions with the GFF country focal point and the World Bank Task Team Leader (TTL) on the development and priorities of the Madagascar investment case and is exploring with the Global Health Supply Chain-Procurement Supply Management in-country team their role in supporting the prioritization exercise for the development of the investment case.

A section on management of commodities is being drafted for the guidance on developing investment cases that highlights the importance of strengthening systems for managing

commodities to support programmatic priorities. Examples of commodity management indicators are being included for country teams to consider to monitor progress. Comments have been compiled for the revision of the reproductive, maternal, newborn, and child health (RMNCH) commodities quantification supplement. Once updated, this important resource will be distributed to GFF countries.

The investment case prioritization could be an opportunity to ensure sufficient funding for non-malaria commodities used in community case management (CCM) approaches funded by Global Fund. Ms. Briggs is discussing this with UNICEF and Global Fund and will follow up with country teams to assess whether this should be a priority.

2. Support select countries in implementing activities to improve access to quality commodities

During this quarter, Ms. Briggs provided input on a number of technical discussions, including a private-sector collaboration to improve supply chains that will be further developed in DRC, Senegal, and Mozambique. She participated in team calls on private-sector partnerships, a meeting with the Gates team, and a call with the DRC country team to better understand the options and partners in DRC.

In Senegal, Ms. Briggs provided feedback on drafts of the investment case to ensure that it included more than just supply chain interventions, as an important priority of the investment case is quality of care. Suggestions were made to include activities related to the dissemination and use of treatment guidelines and activities that would help ensure the quality of products and adherence to treatment protocols.

In Liberia, Ms. Briggs participated in calls with a team from the Ministry of Health and the Global Fund to discuss potential options for local procurement under the results-based financing (RBF) model.

In Guatemala, she participated in meetings of the GFF mission in January and has been exploring both opportunities to use a private-sector initiative to improve procurement of commodities and commodity management priorities with the USAID PSM project

In DRC, the TTL has requested support on family planning commodity procurement, and Ms. Briggs has been involved in preliminary discussions to understand the need and mobilize appropriate technical assistance.

3. Contribute to the GFF secretariat's knowledge and learning agenda

Ms. Briggs conducted a webinar on commodity management for the 16 GFF countries on January 23. The webinar presented the complexities of managing lifesaving commodities and highlighted case studies from countries implementing measures to strengthen some key areas of commodity management. Dr. Lam Toro Mamadou Seck from the Central Medical Stores in Senegal presented a case study on the Informed Push Model that started with reproductive health commodities and now covers a wide range of essential medicines, and Dr. Frida Ngalesoni, commodities financing and RBF advisor from the USAID GHSC-PSM project in Tanzania,

presented on the use of RBF incentives to improve commodity availability at the facility level. After the presentations, country teams had an opportunity to raise specific problems, discuss potential solutions, and share their experiences. Seven countries—Cameroon, Ethiopia, Kenya, Liberia, Mozambique, Senegal, and Tanzania—participated in an animated discussion. Senegal raised the issue of quality assurance and quality surveillance being underfunded. Kenya raised the problem of maintaining cold chain for oxytocin and the challenges of subnational procurement. Country teams expressed their appreciation for the interesting presentation and stimulating discussion, and it is hoped that these discussions will continue in country and help to orient any revisions of the investment case.

Ms. Briggs was requested to review the Quality Assurance Manual for Procurement and Supply of Quality-Assured Maternal and Child Health Commodities, which was produced by the Concept Foundation for the GHSC-PMS project.

4. Contribute to the global agenda on commodities for RMNCAH

Ms. Briggs participated in the interagency supply group meeting on March 6 and engaged in discussions on situational analyses of the supply chain. She also participated in a meeting on the quality of maternal and child health commodities on March 8 and mentioned guidance and standard template documents that will be developed for use by the World Bank TTLs to guide them in the procurement of quality products.

She attended the Reproductive Health Supplies Coalition meeting March 20–22, where she participated in the premeeting of the Maternal Health Supplies Caucus and attended a parallel session on the Informed Push Model. She also took part in a side meetings of donors and another with Prashant Yadav and Deborah Dull of the Gates Foundation on collaboration in areas of supply chain assessment and strengthening and the role of the private sector.

Ms. Briggs participated in a Child Health Task Force teleconference to discuss the future of the task force and is following the discussion in her role as the chair of the supply chain management subgroup of the CCM Task Force to see how commodity management can be addressed under the new Child Health Task Force.

Throughout the quarter, Ms. Briggs has participated in GFF team meetings such as country program meetings and programmatic meeting, raising commodity issues where appropriate.