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

April –June 2013

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About SIAPS

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

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
AMDM	Anti-Malaria Drugs Management
AMI	Amazon Malaria Initiative
CAMEBU	Centrale d'Achat de Médicaments Essentiels du Burundi (Central Purchasing Agency for Essential Medicines of Burundi)
CCM	community case management
CDR	regional distribution center, DRC
CHW	community health worker
CNPV	National Pharmacovigilance Center, DRC
CRMS	continuous result monitoring system
DIGEMID	General Directorate of Drugs and Medical Supplies, Peru
DPML	Département de la Pharmacie, du Médicament et des Laboratoires (Department of Pharmacy, Medicines, and Laboratory, Burundi)
DRC	Democratic Republic of the Congo
EUV	End Use Verification
FY	fiscal year
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HQ	headquarters
LMIS	logistic management information system
MOH	Ministry of Health
NMCP	National Malaria Control Program
ORHB	Oromia Regional Health Bureau, Ethiopia
PAHO	Pan American Health Organization
PCG	Central Pharmacy of Guinea
PHCC	primary health care center
PHCU	primary health care unit
PMI	President's Malaria Initiative
PMIS	pharmaceutical management information system
PNILP	Programme National Intégré de Lutte contre le Paludisme, Burundi
PPMRm	planning, procurement, and monitoring reports for malaria
RDT	rapid diagnostic test
RTA	Regional Technical Adviser
SEP/CNLS	Secretariat Exécutif Permanent/Conseil National de Lutte contre le Sida, Burundi
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
USAID	US Agency for International Development
WHO	World Health Organization

INTRODUCTION

According to the latest estimates of the World Health Organization (WHO),[1] there were about 219 million cases of malaria in 2010 and an estimated 660,000 deaths. Africa is the most affected continent: about 90 percent of all malaria deaths occur there. Between 2000 and 2010, malaria mortality rates fell by 26 percent around the world. In the WHO African Region, the decrease was 33 percent. During this period, an estimated 1.1 million malaria deaths were averted globally, primarily as a result of a scale-up of interventions. However, much remains to be done.

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

The SIAPS technical approach emphasizes health systems strengthening with special focus on improving metrics, monitoring and evaluation, capacitating 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 therapies (ACTs), rapid diagnostic tests (RDTs), and medicines for severe malaria. At the country level, SIAPS collaborates with national malaria control programs and central medical stores to develop and implement strategies to strengthen pharmaceutical management to prevent malaria and improve case management. Common 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 country levels, specifically in Angola, Burundi, the Democratic Republic of the Congo, Ethiopia, Guinea, Liberia, Mali, and South Sudan. In addition, SIAPS provides regional support in Latin America.

The following report briefly describes the major activities that SIAPS carried out at the global level as well as in each of the mentioned countries and region between April and June 2013.

[1] WHO Global Malaria Programme. 2012. *World Malaria Report 2012*. Geneva: World Health Organization. http://www.who.intmalaria/publications/world_malaria_report_2012/wmr2012_no_profiles.pdf.

MALARIA CORE

To improve coverage of malaria interventions, monthly coordination meetings were held with PMI/Washington to discuss implementation of PMI activities in countries. In a separate meeting, SIAPS had an opportunity to share accomplishments and challenges in implementing malaria activities in DRC with the USAID/PMI back stops for the country.

The malaria team was represented at the SIAPS global meeting in Kampala, June 2013. A malaria session was held with the objectives of reinforcing participants' understanding of SIAPS roles and responsibilities within PMI, sharing challenges and hurdles in providing technical assistance, and exploring opportunities that SIAPS is missing in providing technical assistance to malaria activities. Representatives from Angola, Burundi, DRC, Ethiopia, Kenya, Liberia, LAC portfolio, Mali, and South Sudan participated in this insightful and productive meeting. Also, a poster titled "Implementation of the End Use Verification (EUV): Experience from PMI-Supported Countries" was presented.

Dissemination of the malaria quantification manual to countries continues. During the reporting period, the first quantification training workshop using the new manual was held in Bamako, Mali (May 7-9, 2013); 18 external participants participated in the workshop, including representatives of the NMCP, the Direction de la Pharmacie et du Médicament (DPM), USAID/PMI, CDC/PMI, the central Pharmacie Populaire du Mali (PPM), the Direction Nationale de la Santé (DNS), and PSI at the central level. In addition, regional pharmacists from Kayes, Koulikoro, Sikasso, Segou, and Mopti were present.

During this quarter, DRC, Guinea, and Liberia conducted end use verification (EUV) surveys. Support was provided in reviewing the findings and providing feedback on viable follow-up activities and interventions based on EUV survey results. To facilitate procurement decisions at PMI, SIAPS aggregated data and reported on a quarterly procurement planning and monitoring report for malaria (PPMRm) from Angola, Burundi, DRC, Ethiopia, Kenya, Mali, and Uganda. SIAPS also provided PMI with a list of EUV commodities for Angola, Burundi, DRC, Ethiopia, Guinea, Kenya, Liberia, and Mali as well as copies of data collection tools used.

USAID approved the sub-contract with the William Davison Institute (WDI) for studying the costs of distributing malaria commodities. The team is now working towards collecting data.

ANGOLA

Implementation of PMI Monitoring Tools

SIAPS provided assistance to the national malaria control program and, in collaboration with the National Directorate of Medicines and Equipment and the National Program for Essential Medicines, conducted EUV surveys in 30 health facilities, 10 municipalities, and 5 provincial warehouses in Luanda, Huambo, Bie, Kuando Kubango, and Moxico. Key findings include generalized unavailability of malaria rapid tests kits in 4 out of 5 visited provinces, consequently leading to over-prescribing of ACTs and frequent stock outs; the use of monotherapies; and lack of key management tools, such as stock cards and requisition forms (when available, they were not properly filled. After presenting the results, a plan was devised to increase the quantities of RDTs procured as well as funding mechanisms, since PMI is the only mechanism for now. As a recommendation, the National Program for Essential Medicines was encouraged to ensure that stock cards and other key management tools are available and implemented in all health facilities, depots, and warehouses.

A quarterly PPMRm for health products was done and one of the recommendations was to review distribution plans to align them to the current needs of provinces. Some provinces continue to receive more stock than needed while others are in a constant state of stock out. The issue of stock outs of RDTs was also documented.

Supply Chain Management

During the reporting period, SIAPS worked with Huambo and Luanda provincial warehouses to reorganize the warehouses and rearrange products of malaria and other essential medicines according to good storage and distribution practices. This support was highly appreciated by top officials in the Provincial Health Directorate who visited the warehouse. Apart from reorganization of the warehouses, standard operating procedures (SOPs) and tools will be reviewed and disseminated.

SIAPS also requested that the central medical stores (CECOMA) obtain significant quantities of key LMIS tools (that were produced by SIAPS' predecessor SPS), such as stock cards, prescription pads, weekly consumption registers, and patients registers, to be distributed to all municipalities and health facilities.

For the last quarter quantification for all malaria health commodities, additional information was collected to finalize the report. Once the report is finalized and translated into Portuguese, SIAPS will support the NMCP to organize a validation meeting before the report is officially approved.

Support for Policies, Guidelines, Regulations, and Partner Coordination

A meeting was organized with the director of National Directorate for Medicines and Equipment (DNME) to discuss the way forward since the interagency coordination logistics sub commission

meetings were suspended in January 2013. With SIAPS efforts, there is a hope that the meeting can be resurrected in July.

A consultant was selected to provide technical assistance to revising CECOMA processes and procedures, and the contract is being prepared for signature approval.

A thorough revision of the current work plan to better articulate the current interventions of SIAPS in improving availability of health commodities was done and shared with the Mission. SIAPS participated in MOP review and planning sessions for FY14.

SIAPS Angola participated in the SIAPS global meeting in Kampala, Uganda. The meeting's theme was sharing the vision and accelerating results.

Capacity Building

Preparations for training of trainers in pharmaceutical management for all warehouse managers, malaria supervisors, and reproductive health coordinators in Huambo municipalities were done. SIAPS worked with national facilitators from the National Essential Drug Program (PNME), the National Malaria Control Program, and the National Reproductive Health Program to review the training materials. The Huambo Provincial Directorate for Health provided local facilitation and logistics. Other key USG implementing partners, such as SASH/Forca de Saude, Pathfinder, and the Mentor Initiative, were involved in the process and will be represented in the training. The trained municipal team of facilitators will be supported to organize trainings for their respective health facilities and a formative supervision will be regularly conducted to measure and improve selected supply chain performance indicators.

BURUNDI

Implementation of PMI Monitoring Tools

During the quarter, SIAPS with the National Malaria Control Program (PNILP) and SEP/CNLS-Malaria completed a pipeline analysis of malaria commodities using the PPMRm for the period April through June 2013. This quarterly pipeline analysis indicated the necessary quantities per commodity that need to be procured to cover needs through the end of 2013. USAID/PMI and Global Fund have started procuring the estimated quantities of ACTs and RDTs.

Supply Chain Management

To strengthen the supply chain management of essential medicines, SIAPS in collaboration with SCMS is supporting the Directorate of Pharmacies, Medicines, and Laboratories (DPML) in developing an integrated logistics management information system (LMIS) from central to peripheral levels. A mapping exercise of stakeholders involved in supply chain functions and structures is on-going as well as the review of pharmaceutical management tools that are currently used at peripheral level. To this end, the technical group, appointed by the DPML for that task, collected all pharmaceutical management tools, including tools developed by vertical programs, and reviewed them. The LMIS and revised tools will be validated with stakeholders at a consensus meeting in July.

Information Systems Management

SIAPS organized working sessions with the PNILP, SEP/CNLS-GFATM recipient, and the Department of National Health Information System (DSNIS) to revise malaria case definitions, a list of core indicators to be routinely monitored at health facility and community levels, and the best approach for their integration into the current health information system. The meeting analyzed root causes of inconsistency of the data reported such as (1) staff workload at the facility level and lack of time to report in a timely manner, (2) multiple management tools used at the health facility level that can result in confusion, and (3) errors in transcription of data on the reporting tools because of the lack of compilation forms. At the end of the meeting, a list of stakeholders to invite to the review meeting was identified and a review plan developed. This activity will start in July with dissemination of the new standard treatment guidelines (STGs), which clearly states the definition of a malaria case, at the facility level. The following step will be to update management and reporting tools for the new STG and train all data managers.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS works with two key MOH institutions, the PNILP and the DPML, to improve the PNILP's leadership and governance, and support DPML to develop efficient and transparent pharmaceutical systems. During the quarter, SIAPS continued to support the development of

PNILP strategic planning for 2013-2017. The PNILP is using findings from the malaria indicators survey (MIS) and other recent surveys to formulate a new plan for 2013-2017 in line with the National Development Health Plan (NDHP 2011-2015). Identified interventions will aim to strengthen the health system for the long term. The fourth draft is available and defines objectives, key strategic interventions, activities, indicators, means of verification, budgets, and potential funding sources.

During the month of June, SIAPS funded the participation of the PNILP director in the session to finalize the MIS report in Maryland. Once the report is finalized, dissemination will follow to a large group of stakeholders to guide future planning and implementation.

SIAPS continued to support the DPML to organize the thematic group on medicine (MTG) meetings to improve coordination of all stakeholders involved in the pharmaceutical sector. Three monthly meetings were held that focused on formative supervision and quantification of health commodities. As far as formative supervision is concerned, the MTG recommended that a supervisor profile be clearly defined, supervision plans be jointly elaborated by stakeholders under the coordination of the DPML, refresher trainings on supervision techniques for supervisors be held, and the pharmaceutical management supervision tool be updated. The MTG suggested that SOPs on quantification for all essential medicines be developed to guide central-level staff.

Community Case Management of Malaria

SIAPS continued to support the implementation of a pilot malaria community case management (CCM) project, called PECADOM, in Gahombo and Gashoho districts. A supervision check list for district teams to supervise health centers on PECADOM was developed and validated during the consensus meeting organized in June attended by provincial, district health office, and health center representatives. During this consensus meeting, participants jointly analyzed several errors that are often found in monthly reports. At the end of the meeting, a supervision plan for community health workers was developed by each health center, as well as recommendations to improve the data reporting system. As a result of SIAPS support to CCM:

- 8,304 children under five years with fever were seen by community health workers during April and May; 7,211 were seen within 24 hours of onset of fever
- 8,157 were tested for malaria and 5,325 were diagnosed positive with an RDT
- 5,147 malaria cases were treated with ACTs; 4,725 were treated within 24 hours

SIAPS continued to support the PNILP to prepare the end evaluation of the pilot CCM projects. The terms of reference for evaluation were reviewed and validated by the technical committee appointed by MOH. Recruitment of consultants to conduct the evaluation was started. The cost of the evaluation will be shared between SIAPS and Concern Worldwide Burundi, an NGO that is implementing a similar intervention in Mabayi district/Cibitoke province. The results of the

evaluation are expected by the end of August and will guide future scale-up of CMM at nationally.

Capacity Building

To assist PNILP to improve their organizational and managerial structure, SIAPS provided an opportunity for a PNILP staff member to attend the regional training course called Monitoring and Evaluation of Malaria Programs Workshop, organized by USAID's Measure Evaluation Project in Ouagadougou/Burkina Faso in June. At the end of the training, the PNILP staff will organize a session to share M&E fundamentals knowledge with other staff within the PNILP and thus build capacity to strengthen the M&E system.

Quality Assurance and Pharmacovigilance

During this quarter, SIAPS assisted the DPML and the national pharmacovigilance technical committee to finalize a short-term action plan to reactivate an operational pharmacovigilance system. This action plan describes the legal framework needed, including guidelines for the system with clear roles and responsibilities of interveners at different levels.

DEMOCRATIC REPUBLIC OF THE CONGO

Implementation of PMI Monitoring tools

The submitted PPMRm showed progressively improving information on country stock levels on hand, in the pipeline, and, to some extent, the consumption of malaria commodities in the country, with recommendations about future orders. Other partners have started providing data in a timely manner.

Supply Chain Management

The Sud Kivu is the only province in DRC without a regional distribution center (CDR) while some other provinces have up to four. The provincial health authorities have been working with SIAPS on the establishment of a CDR in Bukavu for the Sud Kivu province. With SIAPS technical and financial assistance, the Sud Kivu has finalized the terms of reference for the structure, organization, and functions of the board of directors and the staff of the new CDR.

USAID commissioned an evaluation of three National Pharmaceutical Supply System (SNAME) structures (FEDECAME, ASRAMES, and CADIMEK) in April 2012. SIAPS was charged with the responsibility of assisting CADIMEK to address the recommendations from this evaluation. From June 21 to 23, SIAPS assisted CADIMEK in the implementing these recommendations, in preparation of the upcoming second USAID assessment.

SIAPS assisted the CDR staff to update the SOPs they developed to meet the requirements of Good Distribution Practice. These updated SOPs have been submitted to the CADIMEK board of directors for approval, scheduled for July 14, 2013.

Support for Policies, Guidelines, Regulations, and Partner Coordination

This quarter SIAPS provided only a reduced financial assistance to the quarterly Drug Regulatory Authority (DRA) registration session; 273 dossiers were examined, out of which 173 new medicines were registered, including the artesunate/lumefantrine combination, lately adopted by the National Malaria Control Program as a first-line drug for the treatment of uncomplicated malaria. The DRA continues to publish the list of medicines submitted for registration and the list of medicines registered within 15 days after the registration. There is no longer any backlog of applications.

Capacity Building/Supportive Supervision

During the quarter, SIAPS adapted the existing supervision tool, oriented the Integrated Health Program (IHP) and provincial MOH staff on its use, and provided financial assistance to MOH in

the joint supervision of 27 IHP health zones using the adapted tool. During these supervision visits, information gathered allowed the joint team to achieve the following:

- Allocate medicines budgets to all health facilities within each health zone; SIAPS assisted with updating the mechanism to take into account medicines that are distributed free of charge
- Assess medicines storage conditions at health zones
- Brief MOH and IHP staff on the health zone monthly reporting tool on pharmaceuticals management
- Distribute medicines from health zones to health facilities based on actual consumption; SIAPS assisted with a simple Excel tool allowing health zones to determine the quantity of medicines to be distributed to health facilities
- Reallocate malaria RDTs that are close to expiry to other health zones in need
- Launch an investigation of unexplained losses of drugs recently delivered to some health zones

Quality Assurance and Pharmacovigilance

The hospitals with Medicine and Therapeutic Committees (MTCs) established by SIAPS contributed greatly to increase the total amount of adverse drug event notifications submitted to the Uppsala Monitoring Center. Although MOH has standard guidelines for a few diseases, they are not bound in one document and are seldom available when and where needed. In response to recommendations of the baseline study conducted in eight health zone referral hospitals, SIAPS has supported the development of STGs to serve as a pilot tool in hospitals with MTCs.

SIAPS assisted in updating the formulary list of Tshiamala Referral Hospital (Kasai Oriental), developed two years ago. SIAPS also assisted the Katana Referral Hospital MTC (Sud Kivu province) to develop its first formulary list.

ETHIOPIA

Implementation of PMI Monitoring Tools

Using the continuous result monitoring system (CRMS) checklist and tools, data on antimalarial medicine management was collected from sentinel PMI sites in Oromia in April 2013. Based on these data, EUV and CRMS reports were provided to partner organizations and to PMI headquarters.

The April EUV report shows an improvement in the availability of all AL presentations, artesunate injection, RDTs, and chloroquine tablets at health facilities. Although there was an overall reduction of stock-out of antimalaria drugs at health facilities, additional work is needed to improve the availability of other presentations of AL (1×6, 2×6, and 3×6).

In an attempt to institutionalize the CRMS and thus promote ownership, facility specific CRMS review meetings were held with health professionals and facility managers at Wonji Hospital, Shahsemene Hospital, and Wolenchiti Health Center. Discussions were also held at the Oromia Regional Health Bureau (ORHB), East Shoa Zone, and Shashemene Town health offices and health facilities on future strategies to institutionalize the CRMS at the health facility level to support DTCs and improve health facilities' pharmaceutical management.

The PPMRm data for the second quarter and the annual gap analysis of malaria commodities (ACTs, RDTs) were compiled and submitted. The report showed 6.4 to 9.8 months of stock availability. Procurement is planned for 7 million doses of ACTs through the MDG fund, 3 million doses of ACTs through the PMI fund (through UNICEF), and 18 million RDTs through the GF.

Information System Management

Using the new monthly malaria drug stock status tracking formats, the April and May antimalarial drug stock status reports have been produced and shared with ORHB to improve management in general and reduce stock outs and expiry in particular. The report has been acknowledged and appreciated by both ORHB and the USAID-Ethiopia PMI team and is being used as a source of data for transferring/exchanging antimalarial drugs among health facilities, eventually reducing expiry and improving shortages and stock outs.

To meet PMI information requirements in Oromia, antimalarial drug dispensing registers were given to PMI sites. During the quarter, SIAPS followed up on the availability and use of these registers at all sites in the region to maintain collection of data on malaria and use of antimalaria drugs.

SIAPS provided hardware and software maintenance and upgrades to the Antiretroviral and Electronic Dispensing Tools for health facilities. On- the-job and refreshment trainings for health facilities were conducted to sustain the service and build the capacity of the staff.

Supportive Supervision

To build the capacity of the ORHB in coordinating and monitoring joint work plans, supportive supervision was conducted during the quarter. Health facilities in the West Arsi, South West Shoa, West Shoa, Jimma, Illuababora, and Kellem Wollega zones were visited. These include a hospital, 12 health centers and health posts, and 12 district health offices. Technical and managerial support was provided on:

- Rational use of antimalarials (good prescribing, dispensing practices, and adherence to the National Malaria Diagnosis and Treatment Guidelines [NMDTG])
- Appropriate storage
- Availability of commodities
- Stock redistribution to avoid expiries and stock outs

Support for Policies, Guidelines, Regulations, and Partner Coordination

To support the revision, updating, and proper implementation of guidelines, facilities in need of the NMDTG were identified. Distribution of the guidelines will soon start, either from already printed NMDTGs in stock at the Malaria Consortium (a USAID/Ethiopia PMI implementing partner organization), or if enough copies are not available, by duplicating more copies of the original print. Availability of the guidelines will greatly improve rational diagnoses and treatment outcomes.

The USAID/Ethiopia and SIAPS Ethiopia PMI/AMDM held two monthly joint activity review meetings during the quarter. Present were Tsion Demissie, USAID/Ethiopia Program Manager; Desalegne Tesfaye, USAID/Ethiopia HAPN Pharmaceutical Logistic Specialist; and Hailu Tegegnework and Fikadu Deme from SIAPS Ethiopia PMI/AMDM. The main agenda of the meeting was to update and review current and planned activities for the coming months.

The USAID-Ethiopia PMI Implementing Partners Meeting was held on June 11, 2013, at the Harmony Hotel in Addis Ababa. The meeting was also attended by the PMI-Washington Evaluation and Planning Team. The meeting focused on:

- National and Oromia region malaria status update
- PMI Ethiopia program update
- Presentation by each implementing partner focusing on FY 13, quarters 1 and 2 achievements, planned activities for the remainder of FY 13, and focused activities for FY 14

Community Case Management

Support has been provided to MOH and the Pharmaceutical Fund and Supply Agency (PFSA) in the production and distribution of 2,000 integrated community case management (ICCM) kits, 1 to each health post. These kits consist of basic supplies for the ICCM program, including antimalarial products.

Supply Chain Management

SIAPS participated and provided technical support at the drug selection and quantification workshop for health centers. The workshop was organized by the PFSA in collaboration with ORHB and TB-Care-1.

After identification of health facilities needing minor renovation, detailed engineering plans and cost estimates for six facilities have been completed. Instruction has been given to the program engineer to proceed with preparing contract documents and to undertake the renovations. Procurement for the supplies is also in progress.

GUINEA

Implementation of PMI Monitoring Tools

A second EUV survey was conducted in PMI zones in April 2013 in collaboration with the National Malaria Control Program (PNLP); SNIS; national regulatory authority (DNPL) (DNPL); national, regional, and district level supervisors; and USAID partners MCHIP and Faisons Ensemble. The survey included some additional questions reflecting new SIAPS outcome indicators and lessons learned from the first survey of December 2013. SIAPS and PNLP entered and analyzed the data into a complete database and a presentation of the results has been drafted to be discussed at the regional quarterly meetings in July 2013.

The April EUV survey found good availability of PMI products at the facility level (100 percent of facilities visited had AS-AQ for small children and adults in stock; 95 percent had AS-AQ for adolescents; 85 percent AS-AQ for infants; 83 percent SP; 91 percent injectable quinine, and 87 percent RDTs, although the quantity of RDTs available in country was minimal at the time). The good availability of products was due to another one-off distribution conducted by SIAPS in March 2013 at the same time as the Health Directors' workshop. The next EUV survey is scheduled for late August 2013.

Information Systems Management

A key objective for this year's work plan is to ensure that pharmaceutical management data is available and used for quantification and procurement planning. This past quarter marks a landmark toward strengthening Guinea's Pharmaceutical Management Information System (PMIS) with the launch of the new monthly malaria report that now includes a section on stock status, consumption data, and stock-outs. The new malaria report (which includes both patient and product data) will be completed in hard copy at the facility level, but will be incorporated into a standardized Excel template (with built-in formulas) at the district level. As of August 1, it will be transmitted to PNLP, the National Health Information System (BSD/SNIS), and the regional level at the same time via email. BSD's platform can import the Excel file (which is easier to use by data managers at the district level). SIAPS ensured the coordination of reporting requirements with PNLP and BSD/SNIS and, for scale-up purposes, with USAID, Global Fund implementing partners, MCHIP, Faisons Ensemble, and CRS. Hands-on trainings with the heads of health facilities and district data managers are ongoing everywhere in the PMI zones.

To support basic information technology needs, particularly for reporting purposes, all 19 data managers of PMI districts have received an Internet connection key with a limited monthly subscription. PNLP has also received two Internet keys, two laptops, and two printers, designated for the pharmacy and M&E teams. SIAPS is in the process of distributing additional laptops and printers to the Central Pharmacy of Guinea (PCG), DNPL, and to the districts as part of the newly-establishing quarterly reporting contest.

Supply Chain Management

SIAPS and its partners (PNLP, PCG, and others) launched a new product order and delivery form for antimalarial products, which replaces three previous forms. The introduction of this new form provided the opportunity to train all the heads of health centers and the district pharmacists on good stock management practices including physical inventories, record keeping and stock cards, computing methods for average monthly consumption (especially in an environment of frequent stock-outs), minimum and maximum levels of stock, and quantities to order.

While discussions continue between PMI/USAID, PCG, and PNLP regarding the draft convention for in-country distribution of PMI products, SIAPS has been asked to ensure that all remaining products currently stored at PCG are distributed to the regions as soon as possible (in July 2013). In the past weeks, PNLP drafted a distribution plan based on allocation (rather than product orders based on consumption). SIAPS and PNLP will work together to find a quick yet efficient way to distribute the products to the regions.

Support for Policies, Guidelines, Regulations, and Partner Coordination

Activities regarding the implementation plan of the National Pharmaceutical Policy are delayed at the moment due to competing priorities at the DNPL. The SIAPS Country Project Director has had several meetings with DNPL and has extended technical and financial support for two central-level workshops that will help revise the National Pharmaceutical Policy and draft an implementation plan. The activity has been initiated and will continue based on the partners' availability.

SIAPS and PNLP are also in the process of organizing the second quarterly review meetings with the Regional and District Health Directors. The first meeting took place in Conakry in March 2013. The July meetings will take place at the regional level and will include a review of the monthly malaria reports to date.

The team has also begun discussions with in-country partners on next year's work plan, in particular, PNLP. Discussions will continue over the next weeks with other partners, such as DNPL and PCG. During the recent in-country visit of the PMI Washington team, it became evident that SIAPS must work closely together with these partners to better identify their needs in areas that match SIAPS's program goals.

In June, SIAPS presented an update on its activities to the PMI and CDC delegation from the US. SIAPS also attended the Stakeholder meeting organized by PNLP and the PMI Guinea/HQ teams which outlined Guinea's priority activities in malaria for 2014. This meeting was attended by the Minister of Health, the USAID Mission director, and all major malaria partners.

The SIAPS country project director participated in World Malaria Day activities organized by PNLP in Forecariah, Guinea, in April. Also around World Malaria Day, a success story from SIAPS Guinea was featured on the PMI website, relating the emergency distribution of ACTs that took place countrywide in November. A second success story appeared on the SIAPS website describing the first EUV survey in Guinea. In June, the Guinea team submitted a poster to the SIAPS global meeting in Uganda that highlights progress made over the past months six months in strengthening the PMIS.

LATIN AMERICA AND THE CARIBBEAN: AMAZON MALARIA INITIATIVE

Support for Policies, Guidelines, Regulations, and Partner Coordination

The antimalarial requisition and dispatch forms and e-tools elaborated for Honduras were adjusted, considering the new MOH administrative structure.

SIAPS visited Bogota, Colombia, in June 2013 to assess progress in the implementation of pharmaceutical management activities supported by the Amazon Malaria Initiative (AMI). The requisition and dispatch electronic application (in Excel) for malaria medicines and commodities has been implemented in all endemic departments. The reliability of the information and opportunity of the report are still low.

SIAPS consultants visited Paramaribo, Suriname, in May 2013, for a follow-up on the pharmaceutical management activities supported by AMI. Responding to the request of the national counterpart, SIAPS translated into English and distributed the study "Bottlenecks in the Procurement through the PAHO Strategic Fund" and shared storage manuals and pharmaceutical guidelines for the primary health level. SIAPS also collected data to assess the feasibility of a knowledge, attitude, and practice (KAP) study, focusing on the access and use of medicines in the mining areas.

The malaria pharmaceutical management guidelines for primary health facilities were finalized and validated in Colombia and Bolivia. SIAPS could not support the printing and distribution of these guidelines in Bolivia, because of the closure of the USAID Mission in that country.

The translated bottleneck study was distributed to AMI English speaking countries. SIAPS also distributed Spanish and English versions of the report "Criteria for Programing and Distributing Antimalarials in Low Incidence Areas." The final reports of the aforementioned interventions were posted on the SIAPS webpage (http://siapsprogram.org/wherewework/ami/).

SIAPS elaborated in EpiInfo an electronic application to consolidate the information generated by the malaria supervision system in Guyana. DIGEMID and SIAPS transferred the coordination of the malaria regional stock monitoring system to the PAHO Strategic Fund. Through its national consultants, SIAPS supported national counterparts in the collection of information. The bulletin corresponding to the first quarter of 2013 was distributed by the PAHO/SF the third week of May 2013. Ten countries (including some in Central America) provided data. SIAPS is still processing the information to finalize the performance assessments of malaria control strategies (using an adequacy approach) for three Central American countries.

The USAID/AMI diagnosis of the structural conditions of the department medical stores in Honduras could not be completed. Because of the lack of transportation, two far-away stores were not evaluated. SIAPS consultants completed the collection of data for the study on access and use of antimalarials in Brazilian gold mining areas. In Suriname, SIAPS also collected data to assess the feasibility of a KAP study on the access and use of medicines in the mining areas.

LIBERIA

Implementation of PMI Monitoring Tools

SIAPS Liberia conducted EUV exercises in the counties of Bomi and Cape Mount. A total of 24 facilities (2 hospitals, 2 health centers, 2 county drug depots, and 18 clinics) were visited during the data collection period. The draft report has been developed and is being reviewed for input and editing.

ACTs and RDTs in the Private Sector

SIAPS continued to support the national private sector ACT Technical Working Group (PSACTTWG) coordination activities with technical input on the overall design and common reporting tools for roll out of the private sector ACT program. SIAPS worked with the NMCP and PSACTTWG to finalize the monitoring and supervision strategies and the client referral forms needed for the private sector malaria program.

MALI

Implementation of PMI Monitoring Tools

During this quarter, SIAPS worked with the Central Medical Stores (PPM) and the NMCP to produce and submit the quarterly PPMRm, along with the ACT and RDT needs estimate. The data was shared with decision makers to facilitate procurement decisions for malaria commodities and to help the PNLP make distributions plans for SP and RDTs.

With NMCP, SIAPS also coordinated and conducted the EUV survey by following the sampling protocol and EUV guidance introduced by PMI in 2011. The technical assistance provided to the NMCP by SIAPS consisted of elaborating the protocol, organizing data collection, and analyzing and using the information to make decisions at different levels regarding availability and storage of commodities and medicine prescription. In July, a workshop will be held with NMCP to validate and share EUV results for decision making.

Supply Chain Management

During this quarter, SIAPS also assisted the PNLP in the elaboration of distribution plans for malaria commodities (artemisinin-based combination therapy [AL 24]) delivered by USAID/JSI in May and June 2013

Capacity Building

With the goal of improving quantification to ensure the constant availability of antimalarials in health care centers, SIAPS assisted the NMCP in organizing a training workshop to strengthen the capacity of the principal actors involved in the forecasting exercise at Hotel Columbus on May 7-9, 2013. This workshop was attended by executives (pharmacists and other staff) from the central and regional levels and nongovernmental organizations involved in the management of antimalarials. The participation of regional actors allowed them to better grasp the necessity of collecting and transmitting information; this has been a major challenge to quantification. During the three days of training, the participants were instilled with the quantification process based on the newly developed manual; they learned about principle methods, necessary data, and the formulation of assumptions. At the end of the workshop, a national quantification improvement plan was developed by the participants. They recognized the necessity to create a national coordination committee to monitor data input into the national-level quantification. The introduction of tools, such as Quantimed, to be used for quantification was also adopted.

In April, SIAPS supported the training of four national managers (two Department of Pharmacy and medicines [DPM] managers, one PNLP manager, and one PPM manager) for one week in Burkina Faso during a training program provided by Bioforce. This training focused on the organization and management of logistics management systems for medicines. It is anticipated that because the knowledge acquired at the training will make DPM, PPM, and NMCP managers

more comfortable with LMIS concepts, they will be more inclined to participate fully in the functionality of Mali's LMIS for health commodities.

Support for Policies, Guidelines, Regulations, and Partner Coordination

During this quarter, SIAPS provided technical assistance to DPM, NMPC, and PPM to promote good governance in the pharmaceutical sector by disseminating the Schema Directeur pour l'Acquisition et la Distribution des Medicaments Essentiels (SDADME), a policy document at the central level that builds individual and institutional capacity. The SDAME describes Mali's supply chain and all the tools (forms, registers, etc.) that actors in the pharmaceutical sector have to manage and track pharmaceuticals. SIAPS discussed with DPM and adopted the SOW and budget of the dissemination workshops for the SDADME at the regional, district, and facility levels. The five regions of South Mali were identified to receive these workshops in July 2013.

In Mali inadequate coordination exists among key stakeholders in the pharmaceutical sector. Lack of information sharing among key actors which has accompanied this poor coordination has resulted inaccurate quantification, and inadequate supply plan monitoring. Based on the recommendations from the recent LMIS assessment conducted during the first year of SIAPS activities, SIAPS assisted the DPM to create an overarching mechanism to coordinate quantification, forecasting, distribution and corrective actions for the supply of health commodities. The first meeting of this technical committee was called by the DPM on June 14th 2013. During this first meeting, the terms of reference for these mechanisms were updated, the roles and responsibilities of the members were clarified, and a calendar of activities was established (which includes quarterly coordination meetings) to ensure that the work of the mechanism is implemented. SIAPS will provide technical support during quarterly meetings of these committees, during which the stock levels of key commodities including malaria commodities will be reviewed and decisions made concerning corrective actions to take in response to supply chain problems identified.

Information Systems Management

SIAPS Mali focused on supporting Mali's MOH to redesign the LMIS to improve inventory management, recording, and transmitting LMIS data; improve ordering and order fulfillment; reduce stock outs; and improve availability of health commodities at all levels of the health system. SIAPS assisted the DPM (MOH) to organize a national workshop in March 2013 with the key actors of the Malian supply chain from all levels of the health system (central, regional, district, and community). USAID implementing partners, such as PSI, ATN Plus, PSI and PKCII, also participated in this workshop in which roles and responsibilities for the logistic information system were specified. All the participants agreed on tools, frequency, and mechanisms to report logistic data from the community level to the central level. The output of this workshop was the development of an SOP manual for the management of pharmaceutical LMIS in Mali. During this quarter, SIAPS assisted the DPM to organize the validation of the new LMIS SOP manual. The next step of this process will be the TOT workshop planned for September.

SOUTH SUDAN

Implementation of PMI Monitoring Tools

SIAPS provided the stock status of antimalarials through the PPMRm data request by consolidating all procurements from partners and MOH, including pipeline data. This information leads to decision making at the national level to ensure security for antimalarial commodities. To further improve the depth of data, SIAPS will be working with James Kong and MOH to obtain similar data at the county level on a monthly basis. SIAPS currently serves as the secretariat to the National Pharmaceutical Technical Working Group.

Information Systems Management

SIAPS has begun the roll out of the Logistics Management Unit and has initiated a short-term contract for a data officer to facilitate the coordination and collection of data through the county health departments.

Capacity Building/Supportive Supervision

SIAPS has shared the draft pharmaceutical training manual with MOH counterparts for their input before finalization. The training manual, when completed, will serve as the national guide for all training in pharmaceutical management at all facilities by all partners providing pharmaceutical management support in the country. This forms part of the harmonization strategy by MOH being rolled with SIAPS support. SIAPS has trained 26 personnel from various disciplines in Western Equatorial State (WES) in its effort to strengthen the pharmaceutical system and to establish a model PMIS program in Tambura County.

SIAPS conducted three-day pharmaceutical management training for health workers at facilities in Tambura County to refresh their knowledge of PMIS and storage management. The project, as part of its capacity building efforts for the Directorate of Pharmaceuticals and Equipment (DP&E), facilitated a procurement and supply training course in Ethiopia; two senior staff members (Director of Pharmaceuticals and Supplies and Director of Quality Control) attended the training. It is envisaged that these continuous trainings will expose the senior leadership to best practices to make it easier for similar changes in the country.

Supportive supervision reports indicating gaps and challenges in the pharmaceutical management systems in the counties and facilities are shared with the state MOH for actions to be taken. Lanyia and Tereka have stockpiles of infusions, and MOH in taking steps to return them to CMS for redistribution. In Lanyia, stock out of ACTS was identified, and steps have been taken to provide them with stocks.

SIAPS as part of its regular supportive supervision activities, visited primary health care units (PHCU) and primary health care centers (PHCC) in Terekaka (Muni PHCC and Tukoro, Wujungani, Meridi, Lokweni, and Nyikabur PHCUs) and helped them to update their stock cards with maximum, minimum, and reorder levels and oriented them on how to correctly place orders using report and requisition vouchers; this forms part of our strategy of introducing the pull system in some selected counties and facilities. On-the-job training was also done for staff in Yei, Lanyia, and Morobo counties on how to correctly fill the stock cards and dispensing registers to track consumption and to request for new supplies based on consumption trends; this is part of plans to initiate pull systems. The project carried out these activities with the state MOH counterparts from Central Equatorial State (CES). As part of activities in CES, SIAPS, with NMCP and PSI, visited Juba Teaching Hospital (JTH) and El-Sabah Hospital jointly and Munuki, Nyakuron, Kimu, and Gurei PHCCs around Juba. These visits revealed the actual need of ACTS in the El Sabaah and PHCCs. The team supports the supply of ACTs and RDTs to the facilities, except JTH which had enough stock of both items. SIAPS and the M&E team, NMCP, and PSI will work closely with the facilities to ensure accurate reporting of consumption data using the government reporting tool printed by SIAPS with funding from USAID and distributed to facilities in the CES and WES.

Supply Chain Management

SIAPS provided responses to queries regarding the Emergency Medicines Fund (EMF) procurement from DELIVER through several consultations with MOH/DP&E, and also supported DELIVER in understanding the country's needs and requirements. Several issues regarding EMF supplies were also deliberated as to how the gaps could be filled and ensure commodity security in the country. This led to DELIVER procuring the right products as requested by MOH and facilitating an early shipment of ACTs into the country to avoid any stock outs of ACTs.

SIAPS has worked with UNICEF and the state MOH to renovate the state MOH medical store in Juba. Currently, we are waiting for final approval before the contractor can begin renovation work. It is expected that this warehouse will ease the pressure on the CMS, and ensure that commodities, including malaria and family planning commodities, are in good storage conditions.

SIAPS is currently working with MOH to start collating county-level data on stock status of much needed ACTs and other key essential medicines. SIAPS provided technical assistance to health partners including NGOs in requesting quantities of ACTS at the CMS, of approximately 400,000 doses of ACTs from USAID and approximately 1.2 million doses from PSI to be used as buffer stock during the rains and for other emergency and humanitarian situations.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS has begun the process of reviewing and updating the EML and STGs for MOH. Official letters have been written to the Directorate General for Pharmaceuticals through the director of

policy and pharmacy practice to set up a committee to review the EML and STGs. This is a MOH-led activity and the project will provide technical assistance and coordination for the review and update of these important documents. SIAPS has also allocated two office spaces in the NMCP building to facilitate activities to the DFCA, enabling them to establish a work area to carry out their daily activities. Some of the temporary items provided are printers, furniture, and Internet connection. SIAPS facilitated a meeting organized by the Department of Pharmaceutical Services at the state MoH in WES to discuss the inspection of private pharmaceutical and medical premises. This was as a consequence of the rapid expansion of private drug stores and influx of substandard medicines in the state.

As part of support to MOH to engage partners in sharing technical knowledge and to resolve some of the challenges in the pharmaceutical sector, SIAPS helped to prepare the last quarter's TWG meeting by supporting MOH to send out invitations to partners, drafting a technical presentation on quality assurance of medicines, and facilitating follow-up actions from the TWG. In this quarter, PSI and DELIVER shared information of their procurement activities, especially for ACTs, which led to MOH's engaging facilities to request and receive them on time before the rainy seasons. SIAPS is currently working with MOH to start collating county-level data on stock status of much needed ACTs and other key essential medicines.