

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

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July–September 2014



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President's Malaria Initiative

**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 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.

## **Recommended Citation**

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## ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
AMI	Amazon Malaria Initiative
AS-AQ	artesunate/amodiaquine
CCM	community case management
CECOMA	Central de Compras de Medicamentos e Meios Medicos de Angola
CHW	community health worker
CRMS	Continuous Results Monitoring System
DNPL	Direction Nationale de la Pharmacie et des Laboratoires (Medicines Regulatory Authority)
DPM	Direction de la Pharmacie et du Médicament (Directorate of Pharmacy, Pharmacy and Medicines[Mali])
DPML	Département de la Pharmacie, du Médicament et des Laboratoires (Department of Pharmacy, Medicines, and Laboratory, Burundi)
DRC	Democratic Republic of the Congo
EUV	end use verification
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HF	health facility
ICC	Inter-agency Coordination Committee [Angola]
JSI	John Snow Initiative
KAP	key affected populations
KPI	key performance indicators
LMIS	logistics management information system
M&E	monitoring and evaluation
MoH	Ministry of Health
NEML	national essential medicines list
NMCP	National Malaria Control Program
ORHB	Oromia Regional Health Bureau [Ethiopia]
PAHO	Pan American Health Organization
PECADOM	community case management
PCG	Central Medical Store of Guinea
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, DRC, Guinea)
PPMRm	Procurement Planning and Monitoring Report for malaria
RDT	rapid diagnostic test
SIAPS	Systems for Improved Access to Pharmaceuticals and Services [Program]
SOP	standard operating procedure
SP	sulfadoxine-pyrimethamine
USAID	US Agency for International Development
WHO	World Health Organization



## INTRODUCTION

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

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

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

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

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<sup>1</sup> World Health Organization, World Malaria Report 2013.  
[http://www.who.int/malaria/publications/world\\_malaria\\_report\\_2013/en/](http://www.who.int/malaria/publications/world_malaria_report_2013/en/)

<sup>2</sup> Ibid

## MALARIA CORE

SIAPS continued to support PMI countries in the use of PMI monitoring tools, in close collaboration with USAID | DELIVER and PMI/Washington. The tools include the end use verification (EUV) tool and the Procurement Planning and Monitoring Report tool for malaria (PPMRm). These tools aim to improve the availability of high-quality malaria medicines and commodities through the establishment of a regular stock tracking system that monitors availability and contributes to the detection and prevention of commodity leakages and stock-outs in PMI programs. During the quarter:

- EUV data collection and reporting was finalized in Angola and Ethiopia. At the end of each EUV survey, meetings with Ministry of Health (MoH) program partners were held to share and disseminate feedback and results and to highlight issues influencing the availability and use of malaria commodities along the supply chain down to the health unit level.
- SIAPS supported Angola, Burundi, DRC, Ethiopia, Guinea, Kenya, Mali, South Sudan, and Uganda to collect information on the stock status of malaria medicines through the quarterly implementation of PPMRm. Data collected from the PPMRm were used to conduct a pipeline analysis, in collaboration with in-country partners, to identify and anticipate problems of stock-out/overstock and expiries. The information is provided to USAID | DELIVER for collation and sharing with the USAID/PMI team to facilitate procurement decisions.
- Six countries (Angola, Burundi, DRC, Guinea, Kenya, and Mali) provided updated information on EUV data collection methodologies and budgets. The information will help PMI plan better for future surveys.

In fiscal year 13, SIAPS, in collaboration with its core partner William Davidson Institute, conducted a retrospective costing exercise to estimate the cost of distributing malaria commodities including ACTs and RDTs in Kenya and Benin. A report on this study was finalized during the quarter and was disseminated to PMI and the two countries. The study has established a costing methodology that will be replicated elsewhere by host countries and implementing partners.

## ANGOLA

### Implementation of PMI Monitoring Tools

During the reported period, SIAPS worked with the NMCP to submit the quarterly PPMRm and the EUV report that was conducted in the last quarter. SIAPS continued to support the NMCP to closely monitor ACTs, sulfadoxine-pyrimethamine (SP), and RDTs stock levels at national and in all 18 provinces. This exercise resulted in developing a national distribution plan that was submitted to the central medical store (Central de Compras de Medicamentos e Meios Medicos de Angola [CECOMA]) to replenish the stocks at provincial level to minimize stock-outs.

#### *Constraints to Progress*

- Nonuse of pharmaceutical management tools
- Poor data due to delayed incomplete and inadequate reporting

#### *Partner Contribution*

- NMCP for coordination
- Provincial health directorates and provincial malaria teams in stock monitoring

### Supply Chain Management

SIAPS continued to provide ongoing support to CECOMA<sup>3</sup> to implement the developed standard operating procedures (SOPs) and start measurement of key performance indicators (KPIs). CECOMA is supported to organize data collection and entry in the designed KPI worksheets that are used in weekly technical meetings to address identified bottlenecks.

The NMCP was supported to use the results of the next 5 year forecasting of antimalarial products in determining the current gap in antimalarial procurement. Findings suggest that because support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) for antimalarial products procurement was cancelled and the PMI contribution was reduced, the government of Angola will be the key source of these products through CECOMA.

#### *Constraints to Progress*

- Administrative delays in approving the developed SOPs and job descriptions
- Other competing priorities inside CECOMA
- Lack of dedicated staff to enter all the data needed for measuring KPIs

#### *Partner Contribution*

CECOMA for implementation of the suggested improvements including monitoring of KPIs

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<sup>3</sup> CECOMA got its official status approved and published in official gazette of Angola as a semi-autonomous institution of the ministry of health

## Capacity Building

Under the coordination of National Directorate of Medicines and Equipment /National Program of Essential Medicines and the NMCP, the program organized two five-day training of trainers sessions in the Provinces of Uige and Luanda. The 71 participants (30 from Luanda and 41 from Uige), who included provincial and municipal warehouse managers and municipal malaria supervisors, were instructed on pharmaceutical management of malaria commodities and how to implement supportive supervisions. Post-training action plans were developed by each municipal team to be implemented on their return to the respective municipalities. It is expected that three selected improvements (the correct use of pharmaceutical management tools especially the stock card and the delivery note, timeliness in reporting of logistics information management systems, and the use of consumption data in requisitions) will be measured over time.

SIAPS collaborated with HIS, its global partner in warehouse management and distribution, to conduct a two week on-the-job training within CECOMA in line with the comprehensive support that SIAPS is providing to CECOMA. Selected CECOMA senior technical staff participated in this Supply Chain Performance Improvement Program (warehousing management module) tailored to select KPIs that CECOMA will measure over time to document positive changes in its warehouse management systems. A rapid assessment to measure CECOMA's pre- and post-intervention status could not be performed due to some challenges in accessing CECOMA warehouse operations data that delayed this training, initially planned for the previous quarter. CECOMA is however capturing all the needed data to measure selected KPIs since June and this will offer a great opportunity to document CECOMA performance over a certain period of time after the intervention.

A SIAPS technical advisor provided technical guidance to a final year pharmacy university student (who benefited from pharmaceutical management training) in finalizing his project proposal for his end-year dissertation to assess the current situation of medicines storage in Namibe province.

### *Constraints to Progress*

- Other competing activities at municipality level and lack of needed support from municipal authorities to implement the post-training action plan
- Insufficiency (in quality and quantity) of human resources at municipal and facility level to improve pharmaceutical management

### *Partner Contribution*

- DNME and NMCP played a key role in overall coordination of training activities.
- The provincial health directorates for coordination of the training and implementing partners for following up improvements at municipal and facility levels

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

SIAPS collaborated with the DNME to organize the bimonthly Inter-Agency Coordination Committee (ICC) meeting held in September for the sub-commission of logistics, procurement, and operations. One out of two planned meetings was held and 12 out of 14 members participated. In this meeting, SIAPS presented findings from the recent review of the 2010–2015 national pharmaceutical strategic plans. SIAPS worked with the ad-hoc technical team in DNME to review the National Essential Medicines List (NEML) after inputs from a WHO consultant.

*Constraints to Progress*

- Low turnover of the members of the ICC especially the national programs
- Irregularities of the meeting due to other competing activities at DNME level
- Delays in getting all the needed inputs to finalize the national essential medicine list

*Partner Contribution*

DNME for coordination of ICC meetings and the NEML

## BURUNDI

### Implementation of PMI Monitoring Tools

To promote continuous availability of high-quality commodities, SIAPS supported the central warehouse (Centrale d'Achat de Médicaments Essentiels du Burundi [CAMEBU]), and NMCP (Programme National Intégré de Lutte contre le Paludisme [PNILP]) to finalize quarter 3 PPMRm. Following the PPMRm, SIAPS coordinated with USAID/PMI to accelerate the delivery of ACT and RDT expected before the end of 2014, and supported the PNILP to mobilize funds with USAID/PMI and Global Fund based on the quantification for 2014–2016.

SIAPS assisted the PNILP and the Département de la Pharmacie, du Médicament et des Laboratoires (Department of Pharmacy, Medicines, and Laboratory [DPML]) in conducting the EUV survey. The EUV covered 64 health facilities: CAMEBU, 21 health district pharmacies, and 42 health centers. The supervision covered 24 health district pharmacies and 512 health centers. Overall, 64.6% of warehouses and 64.5% of health centers experienced stock-outs of RDTs in the previous three months. And 79.3% of health facilities maintained acceptable minimum-maximum stock levels for other malaria commodities. Corrective measures tailored to health centers with specific challenges in maintaining adequate stock of malaria commodities will be implemented. Additionally, more coordination, and shared lessons learned in the area of procurement of malaria commodities will be advocated for in coordination meetings with donors and partners of the Burundi's MoH.

#### *Constraints to Progress*

None

#### *Partner Contribution*

PNILP provided vehicles for EUV

### Supply Chain Management

SIAPS assisted in analyzing districts' reports and requisitions of malaria commodities. Needs identified from these analyses were used to assist health districts to appropriately use distribution data to update their Average Monthly Distribution (AMD) after every six months to adjust requisitions to morbidity trends, to encourage health districts to submit reports and place requisitions at regular intervals, and to install a feedback form to be used by PNILP in collaboration with SIAPS to provide feedback to health districts.

SIAPS assisted the PNILP to monitor stock status of malaria commodities at CAMEBU on monthly basis. CAMEBU stocked-out of RDTs for two-month period in the quarter due to a delayed Global Fund's delivery. SIAPS assisted the PNILP in following up on the delivery, reception by CAMEBU, distribution planning, communicating with health districts, and immediately implementing the distribution upon reception by CAMEBU so as to limit the duration of RDT stock-out at health center level.

SIAPS assisted the PNILP in following up with the DPML on the importation waiver for SP 500 mg/25 mg to introduce intermittent preventive treatment of malaria in pregnancy. Via SIAPS, JSI forwarded to DPML a signed Country Procurement Information Report (and a copy of an invoice and good manufacturing practices from the manufacturer. SIAPS has shared with JSI extra technical and administrative information needed by DPML to provide an importation waiver.

### *Constraints to Progress*

- Unavailability of SP importation waiver handicapped the procurement process. SIAPS continues to follow up with JSI and is in close communication with DPML to make sure the waiver is issued as soon as possible.
- Delays in the delivery of RDTs (funded by Global Fund) hindered the performance of the supply chain from the central store to CHW. SIAPS is in contact with USAID Mission in Burundi to advocate a more coordinated procurement of malaria commodities

### *Partner Contribution*

CAMEBU, PNILP

## **Community Case Management of Malaria**

SIAPS continued to provide supportive supervision to the PNILP’s community health workers (CHWs) during monthly coordination meetings in 25 health centers providing community case management (PECADOM) for malaria. In July and August, PNILP trained 387 CHWs on referral criteria and the whole PECADOM process for 361 CHWs. Additionally, for July and August, 135 CHWs were observed when practicing—112 (83%) were able to ask all appropriate questions to assess the child’s status and 101 (75%) of them were able to ask all appropriate questions to identify dangers signs, and give feedback.

Table 1 lists CHWs’ activities in July–August 2014.

**Table 1. CHWs July–August 2014**

Under age five children with fever	No.	%	
Tested with RDT	10,824	95.0	10,824/11,394
Tested positive	7,681	71.0	7,681/10,824
Treated with ACTs	7,666	99.8	7,666/7,681
Treated within 24 hours of the onset of fever	7,154	93.0	7,154/7,666

SIAPS collaborated with UNICEF to assist the MoH to implement integrated community case management (iCCM) for childhood illnesses. During this quarter, an advocacy workshop for scaling up iCCM was held to share lessons learned from the Ghana’s iCCM symposium; Benin’s experience in iCCM implementation; and Burundi’s<sup>4</sup> experiences with PECADOM. The

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<sup>4</sup> SIAPS, World Relief, Concern and IADH (Initiative d’Appui au Développement Humain Durable = initiative for sustainable human development)

workshop also covered the following aspects: iCCM package, implementation conditions, lists of standardized equipment and standardized medicines for CHWs, capacity building, motivation, and supervision for CHWs, launch of iCCM scale-up, monitoring, and evaluation; and integrating iCCM data into the National Health Information System. In August and September, SIAPS collaborated with UNICEF to assist the MoH in producing a report to guide the implementation of iCCM.

#### *Constraints to Progress*

None

#### *Partner Contribution*

- UNICEF funded major costs for workshops on iCCM, provided STTA for iCCM gap analysis, and supported the trip of Benin's iCCM presenter
- MoH, World Relief, Concern, and IADH contributed experience to PECADOM

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

SIAPS assisted the MoH through DODS to train 86 health managers from 14 health districts. The training was on integrated supervision guidelines to equip them with knowledge and skills to conduct supportive supervision in health centers. Following the training, supervision teams visited 24 health districts and 512 health centers and carried out onsite training/coaching for health care providers according to facility needs. Furthermore, based on supervision results, SIAPS encouraged PNILP to conduct targeted actions to respond to the identified priority areas of diagnosis, dispensing medication, and dissemination of malaria treatment guidelines.

SIAPS also assisted the PNILP and DPML to conduct visits to all health districts to coach managers of health district pharmacies on using distribution data appropriately to update their AMD each six months and on providing feedback to health centers on how to use consumption data and updated average monthly consumption to place orders for malaria commodities. SIAPS assisted the PNILP to design a feedback form for districts to improve timeliness, completeness, coherence, and precision of reports and requisitions.

SIAPS assisted the PNILP in developing two job aids, one for dispensers on good dispensing practices and another for patients on how to take ACTs, common side effects of ACTs, when to return to the health facility (HF), and the importance of completing treatment even if one feels better. SIAPS also assisted the PNILP to develop medicine packages labels. These tools were tested in six health facilities and comments were given by users to improve the quality of the content and their presentation.

**Constraints to Progress:** None

#### *Partner Contribution*

- Global Fund provided 5 vehicles and fuel for supportive supervision
- PNILP provided cars for the supportive supervision

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

The PNILP is seeking to become a Principal Recipient (PR) of the Global Fund under the new funding mechanism (NFM). SIAPS has been assisting the PNILP to meet the required criteria. During the quarter, several workshops were held to review the National Malaria Strategic Plan 2013-2017, develop a concept note that complies with Global Fund's criteria, and develop key administrative documents. The workshops involved Roll Back Malaria partners (in country and regional), donors (USAID, Global Fund) and others. SIAPS also assisted the PNILP to put together an application package and submitted the application to the Country Coordination Mechanism (CCM). The PNILP's application to become a PR of Global Fund's NFM fulfilled 73% of Global Fund's requirements—sufficient to proceed with the application process. SIAPS will continue to work with the PNILP to meet remaining requirements.

SIAPS contributed to meetings with PNILP, partners, and the Performance Based Financing (PBF) National Technical Unit to gather information on procedures and criteria to access PBF.

SIAPS assisted the DPML to develop a standard operating procedures (SOPs) manual for administrative, human resources, and financial management. The SOP manual was submitted to DPML for MoH validation.

SIAPS assisted the PNILP to follow up on a law decree drafted in June that prohibits the misuse such as commercialization of health commodities that are supposed to be given to end users freely, such as long lasting insecticide-treated net (LLINs), anti-malaria medicines and malaria rapid diagnostic tests (RDT). The law decree passed through the National Legislation Service under the Ministry of Justice and is now in the Office of Government's Secretary General. The decree,

SIAPS contributed to evaluation meetings for the June LLINs distribution campaign. A catch up mini-campaign will be launched to provide LLINs through health centers to registered families with vouchers who were not served during the general campaign.

### *Constraints to Progress*

None

### *Partner Contribution*

- In country workshops to improve the PNILP's concept note were funded by RBM (2 workshops) and WHO (1 country workshop)
- UNICEF funded trips to Uganda/Kampala for 2 persons and RBM funded trips for 5 of 11 persons participating in peer reviews
- Global Fund co-funded field visits and the country dialogue with vulnerable and groups with special needs

## DEMOCRATIC REPUBLIC OF THE CONGO

### Implementation of PMI Monitoring Tools

During this quarter, SIAPS, jointly with and NMCP (Programme National de Lutte contre le Paludisme [PNLP]), conducted the second EUV survey of the year. The survey also assessed the availability of 16 maternal and child health (MCH) commodities. Some of the findings include:

- 92 % (142/155) of health facilities had all the four doses of malaria medicines
- 80% (900/1124) of under-five malaria case were treated with AS-AQ combination as per PNLP recommendation
- The number of health care providers taking care of malaria cases and who were trained on the updated malaria guidelines was 32% (411/1279). To address this, SIAPS recommended and encouraged other PMI implementing partners to intensify their support to PNLP and train health care providers on the updated malaria guidelines. SIAPS is also planning a series of training for health care providers working in the 43 new health zones supported by PMI.
- Only 42% (65/155) of health facilities have acceptable storage conditions. SIAPS reiterated its recommendation to support the pharmacist inspectors technically and financially to collect samples for regular analysis of AS-AQ and RDTs stored at HF level.

SIAPS jointly with DELIVER project prepared and submitted the PPMRm report for the period April to June 2014. This PPMRm shows an AS-AQ overstock with risk of expiry in one of the 11 warehouses that are managing PMI commodities and an under stock of AS-AQ and RDTs in 3 others. Then SIAPS has recommended to PMI implementing partners (IHP and PMI-Exp) to reallocate ASAQ stock to prevent both stock out and expiry.

#### *Constraints to Progress*

Very high transportation costs, no functional LMIS

#### *Partner Contribution*

- DELIVER Project,
- PNLP, IHP, PMI-Exp, and Programme National de Santé de la Reproduction

### Supply Chain Management

SIAPS jointly with DELIVER project supported PNLP and National Essential Medicines Supply Program (Programme national d’approvisionnement en médicaments essentiels [(PNAME)]) to quantify the need for malaria commodities for 138 PMI-supported health zones for the period covering July 2014 to December 2015.

#### *Constraints to Progress*

Lack of reliable data on malaria commodities use, thereby making it difficult to conduct consumption based quantification. Morbidity based quantification approach was used.

*Partner Contribution*

DELIVER, PNLP, PNAME

**Capacity Building**

During this quarter SIAPS worked towards increasing and enhancing the capacity of health workers on pharmaceutical management and supply services, by organizing training on the Good Distribution Practices for Regional and District Pharmacist Inspectors in tandem with the Drug Regulation Authority and the Belgium Cooperative Agency. The training was to build capacity so as to enable and equip health workers with knowledge and skills required for medicine inspection in relation to the quality assurance. A total of 24 pharmacists from various provinces were trained.

*Constraints to Progress*

None

*Partner Contribution*

Drug Regulation Authority and Belgium Cooperative Agency

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

SIAPS supported the PNLP to hold its quarterly workshop between the 5th and 6th of August 5 and 6, 2014. Through this workshop, the PNLP and its main partners (PMI, SANRU/Global Fund, and DFID) managed to share and analyze data for malaria commodities. It came out from this workshop that SANRU/Global Fund and DFID were holding overstock quantities of malaria testing kits and some antimalarial drugs such as artesunate suppository, whereas many other stores were understocked. This information sharing allowed redistribution of those valuable commodities, thereby preventing expiry and stock-outs.

SIAPS continues to support activities related to medicine registration through the medicine registration committee. SIAPS provides support to the committee to ensure that the number of days taken to register medicines remains to a minimum. For this quarter, SIAPS conducted a review of the medicines registration database in order to produce an updated list of registered medicines that are authorized on the Congolese market. More 3,000 items have been registered so far and are authorized to be used in the DRC market.

*Constraints to Progress*

Delays in transmitting data by the warehouses (CDRs)

**Partner Contribution**

NMCP, IHP, DELIVER Project, PMI-Exp, SANRU/Global Fund, DFID

## ETHIOPIA

### Implementation of PMI Monitoring Tools

EUV data was collected from 37 health facilities in Oromia Region during the reporting period. Almost half of the facilities did not have all ACTs formulations. The findings prompted the Oromia Regional Health Bureau (ORHB) to distribute significant quantities of all forms of ACTs to Zonal Health Departments for their subsequent distribution to the health facilities. This action by ORHB is expected to improve the availability at the facilities during the major malaria epidemic season, September to November, in Ethiopia.

The fourth quarter PPMRm data was collected from Federal Ministry of Health (FMOH) and Pharmaceutical Fund and Supply Agency (PFSA), and compiled and reported to the SIAPS headquarters.

#### *Constraints to Progress*

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

#### *Partner Contribution*

- ORHB has paid attention to the shortage and stock-out of ACTs and other antimalarials at health facilities and made immediate distribution to solve the problem.
- PFSA and FMOH contributed to providing the PPMRm data

### Capacity Building

In the previous quarter, SIAPS identified a number of facilities that did not have a copy of malaria treatment guidelines. Consequently, a contract to print 2,000 copies of the National Malaria Diagnosis and Treatment Guidelines was awarded to a private printer. These were distributed during this quarter to 268 district health offices for their subsequent distribution to health centers under their catchment areas.

In FY2013, SIAPS prepared the first draft of a drug reference handbook to provide health extension workers (HEWs) at health posts with basic knowledge and skills on the management and use of medicines approved for that level. During the reporting period, SIAPS provided technical and financial assistance to ORHB to distribute 5,000 copies of the translated handbooks (local language-Afan Oromo version) through woreda health offices and health centers. In addition, to ensure optimum use of the handbook, 318 malaria focal persons and pharmacy experts from all malaria zones and woredas of Oromia Region have been sensitized on the handbook during a national malaria strategic plan workshop organized by the ORHB.

To support the efforts of ORHB to minimize wastage of antimalarial drugs through expiry at health facilities, USAID/SIAPS has provided technical and material support to ORHB to finalize “Guideline for the Redistribution of Excess and Near Expiry Antimalarial Drugs between Public Health Facilities.” During the quarter, a workshop was held to familiarize 293 malaria focal

persons and 18 pharmacy experts from 18 ZHDs, 7 town administrations, and 268 woreda health offices with the guideline's contents and how to implement.

To strengthen the capacity of facilities to use information for decision making, SIAPS supported ORHB technically and financially in the organization of four rounds of Continuous Results Monitoring System review meetings. A total of 267 participants (15 zonal health district [ZHD] heads and deputy heads, 15 ZHD pharmacy experts, 15 ZHD malaria focal persons, 39 district health office heads, 39 district health office malaria focal persons, 39 district health office pharmacy experts, 11 hospital CEOs, 11 Hospital medical directors and 11 hospital pharmacy department heads, 28 health center heads, 28 health center pharmacy department heads, and 16 participants from ORHB) attended the review meetings. The review meetings focused on the availability of malaria products and treatment guidelines, adherence to national malaria treatment guidelines and quality of malaria case management, rational use of antimalarial medicine, availability and use of inventory management tools for record keeping and reporting, availability of adequate storage areas and storage conditions including storage supplies, supportive supervision, and performance monitoring practices. The participants used the review meeting sessions to review their antimalarial drugs and malaria management and identify challenges for future improvement.

#### *Constraints to Progress*

None

#### *Partner Contribution*

- ORHB coordinated the distribution of the guidelines and handbooks to participants of the workshop
- ORHB participated in organizing and conducting the review meetings.

### **Supply Chain Management**

To improve storage and dispensing capacities and practices at hospitals and health centers in Oromia region, SIAPS has completed the procurement of storage and dispensing supplies (20 dispensing shelves, 102 store shelves, 122 pallets and 2 lockable cabinets). These supplies have been distributed to 11 health centers, 5 hospitals, 1 ZHD store, and 2 district health office stores

In response to a request from ORHB, SIAPS conducted a cross-sectional survey on the availability, price, and affordability of antimalarials at public, private, and nongovernmental organizations' medicine outlets in six Oromia Region zones in December 2013. A technical report has been completed and will be shared with PMI and partners.

#### *Constraints to Progress*

None

#### *Partner Contribution*

None

## GUINEA

### Implementation of PMI Monitoring Tools

SIAPS and the PNLN organized the fourth EUV survey in the country, which had been initially scheduled for early 2014 but delayed for several months due to the Ebola outbreak in Guinea. For the first time, the survey included some districts from the area supported by the Global Fund that were selected based on their proximity to the PMI-supported districts. This geographical expansion allows the PNLN to gain a broader understanding of the malaria commodity and case management situation in the country and to propose corrective actions. CRS, the main Global Fund implementing partner, participated in field activities along with data collectors from various MoH departments. The EUV showed good availability of ACTs, RDTs, and SP, following product distributions in April in the PMI zones and in June in the Global Fund zones. It also showed that a number of facilities need further training on inventory management, especially on filling out the stock cards and maintaining proper storage conditions.

In general, malaria case management is more problematic at the hospital level, while issues of stock management tend to occur at the health center level. The data collectors found that about a quarter of the patient registers were not filled out well. And while 100% of facilities in the PMI zone had received feedback on their malaria reports in the previous six months, usually at district-level meetings, many facilities had reported data in the last month that did not necessarily match what was in the source documents (especially in the patient registers). Since Stop Palu was also noticing problems with data reliability at the facility level, a common strategy was developed by PNLN, SIAPS, and Stop Palu to conduct quality control checks through targeted supervisions that will be initiated in early October. These supervisions will compare in detail the reports transmitted to the central level against the patient registers, stock cards, and other source documents.

#### *Constraint to progress*

Because of the Ebola outbreak, one EUV survey and two regional malaria review meetings have been postponed to early project year 4.

#### *Partner Contribution*

, SIAPS is coordinating on reporting activities, with the Stop Palu project, which also has a mandate to support data collection. Stop Palu's focus is more on malaria case management data and the HF level (while SIAPS focuses principally on pharmaceutical management data and the national/regional/district level).

### Information Systems Management

During the quarter, SIAPS has supported PNLN's M&E team by using Excel<sup>®</sup> that aggregate and graph the data from the monthly reports. The goal is to facilitate analysis, discussion, and decision making that is evidence-based and also to disseminate the data, once it is verified, in the form of a regular PNLN newsletter. SIAPS provided technical assistance to PNLN's pharmacy

team to establish a routine process of tracking malaria commodities, including: stock status, consumption patterns, quantification exercises, product orders, and deliveries. PNLP and SIAPS can now calculate the average monthly consumption of various malaria medicines at the national level, based on the new monthly malaria reports that are available from both the PMI and Global Fund-supported zones.

*Constraint to progress*

None

*Partner Contribution*

PNLP

## **Supply Chain Management**

The Ebola epidemic has fundamentally altered the landscape of Guinea's national health system. Because the population does not trust health care providers and are afraid of catching Ebola, they are avoiding the health facilities. Health workers, aware of the many colleagues who got infected and died of Ebola, are now refusing to treat patients who show fever symptoms. PNLP and PMI are in the process of finalizing a new strategy for the fight against malaria in the context of the Ebola epidemic. Thus, it will be very important in the coming months to support PNLP in revitalizing good practices for malaria case management and to continue the distribution of medicines to health facilities to rebuild the population's trust of the population. SIAPS has become involved in the national Ebola Logistics Commission, as an extension of its work with the Central Medical Store (PCG). This Logistics Commission is in charge of storing, managing, estimating needs for, and distributing all the supplies and equipment provided by donors for the fight against Ebola. It meets daily at the PCG to provide activity and budget updates (all technical partners can attend the meetings). As of late September, the Ebola Logistics Commission was planning the urgent distribution of gloves and protective kits/gear for health workers, with a priority given to those working in the Ebola-designated triage centers. During the quarter, DELIVER was responsible for malaria product distributions. DELIVER is one of the partners actively involved in the new PNLP working group for supply chain management.

*Constraint to Progress*

None

*Partner Contribution*

The Ebola Logistics Commission, managed through the PCG, involves not only SIAPS but pharmacists and physicians from all the government and technical partners involved in the fight against Ebola.

## **Capacity Building**

SIAPS helped PNLP develop its semi-annual work plan and was involved in a workshop where supervision guidelines for malaria activities at the health facility level were harmonized and agreed upon by all the technical partners.

*Constraint to Progress*

None

*Partner Contribution*

PNLP collaborated with SIAPS, Stop Palu, CRS, PMI, and US Centers for Disease Control representatives in country to harmonize malaria supervision guidelines.

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

SIAPS and PNLP have made preparations and developed content for the next series of malaria review meetings, which were delayed due to Ebola concerns but are tentatively planned for October.

SIAPS participated in drafting the terms of reference for various working groups created under the umbrella of PNLP—these groups will focus on M&E, supply management of malaria commodities, and supervisions. The working group for supply management is formally recognized by the Ministry of Health and led by PNLP’s main pharmacist. It involves all key malaria partners, including PCG, SIAPS, DELIVER, Stop Palu, CRS, and USAID, PMI, and US Centers for Disease Control representatives in country and meets on a regular basis. Following a decision to manage as a unit all the antimalarial products provided by donors (PMI and Global Fund) this working group is now in charge of all aspects of quantification, distribution, and stock monitoring for the entire country

Over the past year, SIAPS has accelerated activities in the governance area and established a close working relationship with two of the national institutions that play a central role in Guinea’s pharmaceutical sector: the PCG and the National Medicines Regulatory Authority (DNPL). Regular exchanges and planning meetings, for example, have led to PCG relying on SIAPS for additional support, which was not initially envisioned in the work plan. During the quarter, SIAPS supported the PCG to develop its five-year Strategic Plan as part of a broad collaboration with a range of government and technical partners. These efforts were chaired by the DNPL. The PCG Strategic Plan was reviewed by a select committee who drafted the logical framework to render it more actionable.

For this first year, the Government of Guinea provided a grant of 4 billion GNF (close to USD 600,000) to the PCG for the purchase of pharmaceuticals products. SIAPS provided technical assistance to PCG’s Procurement Unit to draft the international tender document and the associated dossier for the pre-selection of suppliers. The files were submitted to the National Commission on Public Procurement—given PCG’s legal status as a public institution of an industrial or commercial nature—and they were accepted with minimal administrative changes required. As a result, the European Union has decided to use these templates in guiding an international tender planned through the EU-funded PASA health project (Projet d’Appui a la Sante en Guinee) to purchase pharmaceutical products for the PCG.

With SIAPS support, the PCG organized a finance technical committee that met regularly on the weekends to review the financial results and balance sheets of the PCG for the past 3 years. An Excel® model was set up, with the inputs being the actual financial data over the three-year period; the model will allow PCG and its partners to test the financial options laid out in the Strategic Plan and assess their viability for the future.

SIAPS also supported the reorganization of the Quality Assurance department of PCG, defining new job descriptions for personnel, new standard operating procedures and in particular guidelines for self-monitoring and supervision.

### *Constraints to Progress*

One of the activities envisioned by the work plan was to facilitate coordination among the Committee members responsible for planning the next revision of the NEML. Early discussions took place between SIAPS and DNPL to determine the methodology for revising the NEML. However, this activity has not progressed during the year due to DNPL being focused on Ebola activities. Given that the next revision of the NEML is due in the spring of 2015, preparations will ramp up in the coming months.

### *Partner Contribution*

The PCG Strategic Plan was developed in partnership with DNPL, national priority disease programs, and other Ministry of Health departments, WHO, UNICEF, UNFPA, the Ministry of Finance, the National Laboratory for Quality Control, hospital pharmacists and directors, and regional and district health directors. The PCG finance committee was composed of WHO, UNFPA, SIAPS, the French Development Agency AFD, the PCG auditor, and PCG finance leadership.

## LATIN AMERICA AND THE CARIBBEAN: AMAZON MALARIA INITIATIVE

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

Technical reports on the situation of malaria pharmaceutical management, and the impact of Amazon Malaria Initiative (AMI)-supported interventions for Brazil, Peru, Guyana, and Nicaragua, were finalized and distributed. Data collection for a similar study was finalized in Honduras. In Honduras, SIAPS organized a one-day workshop to discuss the integration of disease control programs (malaria included) into an integrated pharmaceutical system, and present the results of the assessment on the medical stores conditions and practices. Nine estates in Brazil are implementing strategies to close the gaps for an adequate implementation of the malaria control strategies.

#### *Constraints to progress*

None

#### *Partner Contributions*

Pan American Health Organization (PAHO) coordinates the edition of the Stock Monitoring bulletin.

### **Information Systems Management**

PAHO coordinated the completion of April to June AMI quarterly bulletin on the availability and consumption of antimalarials and disseminated it on August 2014. SIAPS supported the collection and analysis of information in some AMI countries.

As a key component of a regional study, SIAPS analyzed the availability of medicines in Brazil, Peru, Guyana, Nicaragua, and Honduras. Final reports were presented and discussed with national counterparts for the first four countries.

#### *Constraints to progress*

None

#### *Partner Contributions*

Data collection was coordinated with PAHO focal points for malaria

### **Supply Chain Management**

SIAPS participated in the AMI steering committee meeting, held in Washington DC, September 9–11. A meeting priority was the need to agree on the strategy to prevent the emergence of ACT resistance in Suriname and Guyana. A top intervention should be to improve access to diagnosis and treatment in gold mining camps located in the Surinam/Brazil/French Guyana border, as recommended in the key affected populations

(KAP) study conducted by SIAPS and PAHO. In the next quarter, SIAPS will participate in a meeting in Paramaribo to analyze the situation and agree on a strategy.

SIAPS hired a short-term consultant in Brazil to systematize the interventions to improve access to malaria diagnosis and treatment in mining camps located in Para and Roraima. A draft version of the intervention proposal was prepared during this quarter. Next quarter, the consultant will validate the proposal with local counterparts and the national malaria program.

Six countries have implemented revised criteria for programing and distributing antimalarials in low incidence areas. Preliminary results of the regional assessment show that just two countries—Brazil and Ecuador—are fully using these criteria for programing and distribution. Next quarter, SIAPS will disseminate a report with the regional assessment results to encourage use of these criteria in the rest of the countries. SIAPS will also visit Colombia to facilitate a workshop leading to the agreement on the criteria for programming and distributing antimalarials in low-incidence areas.

*Constraints to progress*

None

*Partner Contributions*

None

## MALI

### Implementation of PMI Monitoring Tools

SIAPS submitted a PPMRm this quarter to USAID/Washington in which it was recommended that Population Services International (PSI) (Global Fund PR) needed to speed up transfer of malaria commodities received in the country to the central medical store to improve the distribution of ACTs and RDTs nationwide and therefore prevent stock-outs. This report also recommended that the PNLN develop distribution plans for commodities that are available at central level while DELIVER has to expedite a shipment of the 1,500,000 doses of ACTs planned to replenish the pipeline.

During this quarter, SIAPS/Mali assisted the PNLN to conduct an End User Verification Survey for malaria commodities

#### *Constraints to progress*

None

#### *Partner Contributions*

Pharmacie Populaire du Mali, PNLN, PSI, and PMI participated in data collection for PPMRm report.

### Supply Chain Management

As part of its strategy to combat malaria, the NMCP has requested SIAPS's assistance to introduce ACTs and malaria RDTs in private pharmacies in Bamako district to ensure that 100% of patients with fever are tested for malaria at all levels of the health system and are appropriately treated as per the revised five-year NMCP strategic plan (2013–2017).

Prior to the implementation, SIAPS proposed conducting a quantitative and qualitative study to explore the feasibility of introducing ACTs and RDTs for malaria case management in private sector pharmacies in Mali and to determine what factors contribute to or impede effective and sustained introduction of these medicines.

During this quarter, a study protocol was developed and finalized following discussions with USAID, the MoH, the Directorate of Pharmacy and Medicines (DPM), the NMCP, the national Pharmacy Council, and Bamako Pharmacy Council. Also data collection tools were developed, field tested, and finalized. Two consultants, three focal point staff members (from DPM, PNLN, and SIAPS) and 16 pharmacy interns constituted the data collection team. The team participated in a two-day training where the data collection tools were reviewed and tested and data collection plans discussed. The Pharmacy Council provided an official letter of introduction to all pharmacy owners and data collection started at the end of September 2014.

#### *Constraints to progress*

None

*Partner Contributions*

USAID, the MoH, the DPM, the NMCP, the national Pharmacy Council, and Bamako Pharmacy Council reviewed the protocol.

## SOUTH SUDAN

### Supply Chain Management

SIAPS contributed to timely distribution of Essential Medicines Fund (EMF) supplies to all 10 states through coordination and technical supports with MOH, DELIVER, and other partners which ensured availability of essential medicines. –

SIAPS supported partners (e.g., Health Pooled Fund [HPF]) to roll out de-junking exercises by facilitating a workshop in Warrap State. Six counties were represented and 26 participants (3 female and 23 males) trained. This will help improve the storage situation and make essential commodities more available.

SIAPS finalized the distribution plan for 350,000 LLINS procured by DELIVER through USAID funding. These LLINs are to be used for routine services (EPI, ANC) in Western Equatorial State (WES) and Central Equatorial State (CES). The distribution plan outlines what quantities go to each county and provides the necessary logistics data per county. This will help DELIVER in planning for transport and storage.

Based on a gap identified in the pharmaceutical system, SIAPS through USAID funding developed PMIS tools to be used in WES and CES. The availability of tools will ensure consumption data for EMF commodities is reported. This will guide MOH and partners to make evidence-based decisions for future quantification and address supply management challenges. SIAPS initiated the distribution of these tools in all 16 counties in WES and CES. –

As part of technical support to EMF team, SIAPS initiated a national county storage gap assessment by developing assessment tool and sharing with partners. This tool will evaluate the availability of storage space, storage condition, and capacity; mapping of potential store rooms; availability of shelves and pallets, availability of store personnel, and functional cold chain. Partners (IMA and HPF) compiled and shared county storage gap assessment reports for the states where they are working. SIAPS coordinated the compilation of this data for WES and CES.

SIAPS procured and received the mini-lab reagents and reference drugs as replenishment for quality control activities at Juba and Kaya Minilab quality control office to ensure that essential medicines that are imported into the country by the private and public sector are of good quality. SIAPS organized a handing-over ceremony and delivered the reagents to the MoH/national drug regulatory authority (DFCA). The MOH/DFCA was very appreciative of the good gesture and praised the program for the long relationship and TA provided throughout the years and in the establishment of the DFCA

#### *Constraint to progress*

- The current insecurity in some parts of the country especially in the Unity, Upper Nile, and Jonglei has impeded the distribution of very essential medicals supplies to those states. The

approval of the distribution of EMF by the Minister of Health has provided some relieve and has improved the situation.

- The rains and bad roads have also made transport and distribution of medical supplies very difficult in some parts of WES and CES states.
- Although the de-junking activity has relieved most counties, there is a need for improvement of the limited or nonexistent storage capacity in most of the counties with support of proper store handling equipment and human resource.
- As per USAID's request, we have suspended all procurements and TA related to quality assurance, despite the MOH's recently established DFCA request for support in area of drug quality assurance.

### *Partner Contribution*

SIAPS worked with our Integrated Service Delivery Project (ISDP) partners in WES and CES to ensure the distribution of the EMF is monitored and the further distribution to the facilities are carried out. Similarly SIAPS, in collaboration with MOH and USAID, used the EMF TWG forum to work with the HPF and IMA to facilitate the distribution of EMF kits from counties to health facilities to leverage resources, EMF information sharing, and technical support to HPF- and IMA-contracted county implementing partners. ISDP also provided information to SIAPS on functional facilities while updating of the distribution plan and alert us on any challenge during the distribution of EMF. Other partners such as the HPF also engage us for TA in pharmaceutical management trainings and de-junking activities.

### **Information Systems Management**

As part of its routine pharmaceutical management assessment of selected health facilities, SIAPS used the Continuous Results Monitoring System tool to carry out assessment in five counties (two health facilities in each county) in CES. Tools looks at malaria diagnosis, handling of expired drugs, the dispensing environment, dispensing practices, and storage conditions.

Some of the findings are—

- Six out 10 facilities were entering the prescriptions in the dispensing register properly whereas the rest were not.
- Seven out of 10 facilities counsel patients on how to take their medications.
- Only 3 in 10 dispensers counseled or advised patients on adverse drugs reactions.

SIAPS supported the validation, review, and analysis of data and generation and dissemination of reports on monthly stocks status on tracer medicines including malaria commodities at the county warehouses to partners including Sudan MOH and USAID. These monthly reports enabled the MOH to take action on stock outs to ensure continued availability of medicines.

### *Constraint to progress*

The human resources challenges at the facilities and the capacity to undertake inventory management task is very minimal. This leads to delays in receiving prompt and accurate reports for analysis. Most facilities also don't have PMIS tools for recording logistics data and this makes record keeping virtually impossible. The Program has only one data officer to cover both states of WES and CES; this has made it impossible to get information from the WES. Lack of resource to ensure the availability of adequate resource to ensure uninterrupted supply of PMIS formats such as stock cards, prescriptions, dispensing registers.

### *Partner Contribution*

None

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

To improve the quality of health services, SIAPS funded and conducted a joint supervisory visit to all the six counties of CES. The visiting team included the CES malaria control program coordinator, state surveillance officers, and SIAPS technical staff. The activity was part of SIAPS M&E activities to track project performance and outcome/impact. Six counties, county health departments and 46 health facilities (26 primary health care centers [PHCCs] and 20 primary health care units [PHCUs]) were visited. Using checklists developed for the activity, training, malaria management, commodity availability tock-(e.g., ACTs) were some of the areas reviewed. Although ACTs were available in over 90% of facilities, almost all reported stock-outs of one to two ACT formulations including products for managing severe malaria. All patients reviewed received correct ACTs for malaria. There is marked improvement in record keeping at the OPD level (all facilities had clean, filled out registers). Improvements in supply chain management should be prioritized to prevent antimalarial stock outs.

SIAPS conducted its regular supportive supervision activities in Nyakuron PHCC, Munuki PHCC, Terekaka, and Muni PHCCs. In Nyakuron, the SIAPS worked with the in-charge staff to put the labels on the shelves in the store and showed the in-charge how to arrange the supplies on the shelves and pallets in the store. Three pallets were delivered to the PHCC and also SIAPS distributed supplies such as multivitamin capsules, gentamicin eye/ear drops from the CES warehouse. Supplies that were stocked out were co-trimoxazole 480 mg tablets, ferrous and folic acid tablets, antacid tablets, and quinine 300 mg tablets.

To ensure the operationalization and improved capacity of the CES warehouse staff, SIAPS has set up two technical staff to mentor the warehouse personnel on the day-to-day functions of the warehouse and its management. Some of the activities undertaken are inventory management, stock card updates, daily temperature recording, issuing requested medical supplies, and filing and store arrangement.

SIAPS organized two successful training of trainers pharmaceutical management training events which were conducted at Yambio and Juba for ISDP and its implementing partners, state MOH and county health departments (CHDs), to ensure proper drug management and rational medicine use with focus on EMF essential commodities. In total 46 participants were trained for

both WES and CES (37 male and 9 female). Participants had various pharmaceutical and health backgrounds (Pharmacists, storekeepers, dispensing technicians, clinicians etc). They were taken through topics such as Pharmaceutical management cycle, inventory management, good storage practices, rational use of medicines including good prescribing and dispensing practices. These trainers are expected to roll out the training at the county and health facility levels to improve pharmaceutical management and ultimately, this will ensure continuous availability of essential medicines.

SIAPS facilitated a Pharmaceutical Training Workshop organized by Catholic Medical Mission Board in Yambio. Ten health workers (5 males and 5 females) from three counties were trained as follows participants were trained in stock keeping practices, storage management and inventory management. This forms part of SIAPS collaboration with other partners in rolling out the pharmaceutical management practices throughout the counties and facilities of WES and CES.

SIAPS organized and conducted a TOT for malaria case management in WES and CES. SIAPS is supporting training of health workers in malaria case management including parasitological diagnosis using standard national training guidelines. Sixteen participants, 8 from each state were trained.

SIAPS participated together with NMCP officers in the planning and organization of the training on malaria sentinel sites reporting funded by WHO. The training (41 participants [4 females and 37 males] from 32 sites) was to improve performance of the sentinel sites reporting. As follow-on training, SIAPS held separate meetings with WHO, Malaria Consortium, and Liverpool Associates in Tropical Medicine regarding training of NMCP staff as well as state malaria coordinators and M&E officers on District health Information System.

#### *Constrain to progress*

The availability and capacity of human resources throughout the supply chain and at the facilities is low. This results in delays in rolling out interventions. Most of the county and health facilities don't have pharmacist and trained store managers. There is also lack of continuous supportive supervision at the county and health facilities and this results in delay in putting interventions to resolve challenges that arise. There was a lack of allocated MOH and partner resources for rolling out pharmaceutical management trainings. Therefore, SIAPS brought up this challenge to MOH, donors, and partners through EMF TWG forum for future consideration of allocation budget to cascade this trainings.

#### *Partner Contribution*

CMMB organized the training in Yambio. WHO paid for the sentinel sites training.

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

SIAPS coordinated and facilitated seven EMF TWG meetings by providing an agenda, chairing the meetings, documenting and sharing minutes with the action points, follow up and technical support in implementing action activities, and closely working with EMF team members.

SIAPS developed and shared with partners a document about EMF medicine and medical supplies lists by facility. It has information on EMF kits and quarter/annual quantities for health facility kit. This information was helpful to increase awareness by CIPS, county health departments, and health facilities for monitoring the EMF kits' distribution to counties and health facilities in terms of contents and quantities. In collaboration with DELIVER, SIAPS supported compilation of detailed data on total volume, total weight, and total number of cartons of EMF kits which is important for monitoring purposes and helpful for prior arrangement of storage space and transportation.

SAIPS facilitated the country dialogue <sup>5</sup>meeting with refugees as part of the Global Fund's new funding mechanism grant application. This is to ensure that the country request through the concept note represents the interests and needs of all stakeholders and KAPs in the country. There were 16 participants drawn from a refugee camp within Juba County. The recommendations were collated, harmonization with other country dialogue meeting recommendations, and included in the concept note.

SIAPS facilitated the organization and coordination of the technical team retreat to finalize the concept note. Fifteen members from partner organizations and NMCP were present. The team refined the document in their working groups, and SIAPS was the rapporteur for selected groups. After the review the final document was submitted to the Global fund grant management platform

SAIPS participated at the East Africa Roll Back Malaria Network (EARN) review meeting held in Kigali, Rwanda. The meeting focused on key progress updates on malaria interventions, main challenges, and the way forward. South Sudan chaired the meeting, presented its progress report, and identified its TA needs. Later, South Sudan was nominated as EARN co-chair. The next step is for the new EARN co-chairs to update the country reporting template and decide on the venue for the next meeting.

SIAPS, together with the acting program director of the NMCP, attended a meeting called by USAID to brainstorm on ways to improve net use. It was agreed that, as part of its operational research, the program should come up with a protocol for a KAP survey (qualitative and quantitative) to find out the key reasons for low use and misuse of nets. This will be followed by targeted interventions to improve uptake and use. However, routine activities to promote use of interventions will continue as planned.

SIAPS, together with NMCP, attended a training organized by the Global Fund on finance management. The next step is NMCP representative to attend training on the Global Fund finance management tool. The training will prepare the NMCP to become a sub-recipient (SR) with the necessary capability to manage its Global Fund money allocations, a task that is currently performed by PSI.

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<sup>5</sup> As part of wide stakeholder and KeyKAPs

*Constraint to Progress*

The past political crisis has stalled major activities to be implemented; the re-alignment of the work-plan saw some of the activities removed. The integration of the parallel pharmaceutical supply and management by donors and national essential drug program is a challenge which sometimes leads to expiry, overstock in some facilities and understock in others on some antimalarial in different areas.

*Partner Contribution*

The Global Fund, through PSI, WHO, and USAID, has been supporting the Malaria activities through the engagement of technical assistance/consultants and advisors. USAID has also contributed in the procurement of anti-malarial and 350,000 LLINS for the case management of malaria.