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

April – June 2014

President's Malaria Initiative

SIAPS
Systems for Improved Access to Pharmaceuticals and Services

This report is made possible by the generous support of the American people through the US Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-11-00021. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

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

This report may be reproduced if credit is given to SIAPS. Please use the following citation.

Systems for Improved Access to Pharmaceuticals and Services Program. 2014. *Systems for Improved Access to Pharmaceuticals and Services: Malaria Quarterly Updates.* Submitted to the US Agency for International Development by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program. Arlington, VA: Management Sciences for Health.

Systems for Improved Access to Pharmaceuticals and Services
Center for Pharmaceutical Management
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203 USA
Telephone: 703.524.6575
Fax: 703.524.7898
E-mail: siaps@msh.org
Website: www.siapsprogram.org

CONTENTS

Acronyms and Abbreviations v

Introduction 1

Malaria Core 2

Angola 4
- Implementation of PMI Monitoring Tools 4
- Supply Chain Management 4
- Capacity Building 4
- Support for Policies, Guidelines, Regulations, and Partner Coordination 5

Burundi 6
- Implementation of PMI Monitoring Tools 6
- Supply Chain Management 6
- Community Case Management of Malaria 6
- Capacity Building/Case Management 7
- Support for Policies, Guidelines, Regulations, and Partner Coordination 8

Democratic Republic of the Congo 9
- Implementation of PMI Monitoring Tools 9
- Capacity Building 10
- Support for Policies, Guidelines, Regulations, and Partner Coordination 10

Ethiopia 11
- Implementation of PMI Monitoring Tools 11
- Capacity Building 11
- Supply Chain Management 12
- Support for Policies, Guidelines, Regulations, and Partner Coordination 13

Guinea 14
- Implementation of PMI Monitoring Tools 14
- Information Systems Management 14
- Supply Chain Management 14
- Capacity Building 14
- Support for Policies, Guidelines, Regulations, and Partner Coordination 15

Kenya 16
- Implementation of PMI Monitoring Tools 16
- Information Systems Management 16
- Capacity Building 16
- Support for Policies, Guidelines, Regulations, and Partner Coordination 16

Latin America and the Caribbean: Amazon Malaria Initiative 17
- Support for Policies, Guidelines, Regulations, and Partner Coordination 17

Mali 18
- Implementation of PMI Monitoring Tools 18
- Supply Chain Management 18

Capacity Building.....19
Support for Policies, Guidelines, Regulations, and Partner Coordination.....19

South Sudan.....21
Supply Chain Management.....21
Information Systems Management.....21
Capacity Building/Supportive Supervision.....21
Support for Policies, Guidelines, Regulations, and Partner Coordination.....22

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
AS/AQ	artesunate and 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
CSCOM	Centre de Santé Communautaire
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
DRS	regional health directors
EUV	end use verification
FY	fiscal year
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HEW	health extension worker
HF	health facility
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]
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, Guinea)
PNME	Programa Nacional de Medicamentos Essenciais
PNSR	Programme National de Santé de la Reproduction
PPM	Pharmacie Populaire du Mali (Central Medical Stores, Mali)
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
USAID	US Agency for International Development
WHO	World Health Organization

INTRODUCTION

According to the 2013 World Malaria Report,[1] 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,[2] 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 while addressing the information needed for managing them, strengthen financing strategies and mechanisms to improve access to malaria medicines, and improve the quality of pharmaceutical services provided to malaria patients.

The SIAPS technical approach emphasizes health systems strengthening with a special focus on improving metrics, monitoring and evaluation (M&E), developing the capacity of local governments and organizations, and increasing country ownership. Through this approach, SIAPS aims to promote the availability and use of malaria products, including 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 April and June 2014.

[1] World Health Organization, World Malaria Report 2013. http://www.who.int/malaria/publications/world_malaria_report_2013/en/
[2] 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 included the end use verification (EUV) tool and the Procurement Planning and Monitoring Report 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 Ethiopia and DRC. At the end of each EUV survey, feedback meetings with Ministry of Health (MoH) program partners were held to share and disseminate results and to highlight issues influencing the availability and use of malaria commodities along the supply chain down to the health unit level. For example, a stakeholders meeting was held in Mali to disseminate EUV results. A major decision that came out of this meeting was to offer RDT test free of charge to all patients presenting with fever

- 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.

- In preparation for the upcoming Malaria Operational Plan (MOP) visits, six countries (Angola, Burundi, DRC, Guinea, Kenya, and Mali) conducted gap analyses for malaria commodities. The findings were revised and submitted to PMI.

A two days orientation on quantification and consultative quantification workshop was held in Ethiopia May 6–8, 2014). SIAPS used this forum to share experiences of malaria products quantification from other countries and use the *Quantification of Malaria Commodities* manual so that the MoH and other key stakeholders/partners will benefit from proven quantification approaches and promote consistency, efficiency and transparency in the quantification process. The workshop was attended by 23 participants from the Federal Ministry of Health (FMoH) and partners.

In fiscal year 13, SIAPS in collaboration with its core partner William Davidson Institute conducted a retrospective costing exercise to estimate the cost of distribution of malaria commodities including ACTs and RDTs in Kenya and Benin. During the quarter, the findings of this work were presented to multiple audiences including PMI and a draft report was completed. The study has established a costing methodology that will be replicated elsewhere by host countries and implementing partners.

In commemoration of World Malaria Day, SIAPS held a brown bag meeting and a presentation titled “Malaria Pharmaceutical Management in Low Incidence Areas: Lessons learned from the Americas.” The team shared a few things learned on managing antimalarials in low-incidence settings working under the Amazon Malaria Initiative (AMI).

ANGOLA

Implementation of PMI Monitoring Tools

During the reported period, SIAPS worked with NMCP to submit the quarterly PPMRm report. The sixth EUV exercise was conducted in five provinces (Luanda, Bie, Huila, Uige, and Kwanza norte). In total, 47 health facilities and warehouses were visited from June 16 to 27, 2014. The exercise also included other health commodities such as HIV/AIDS and RH/FP. Findings showed similarities with the past visited provinces such as a generalized low use of pharmaceutical management tools especially stock cards, poor storage conditions, poor malaria case diagnosis with a high number of non-confirmed cases of malaria, and some facilities with stock-outs of ACTs and RDTs. Continuous supportive supervisions and close monitoring of stock movements of all products are recommended to improve the current situation of managing the available resources including pharmaceutical products.

Supply Chain Management

SIAPS continued to provide ongoing support to the central medical store (Central de Compras de Medicamentos e Meios Medicos de Angola [CECOMA]) to develop additional systems, procedures, and tools to optimize storage, distribution, and meet requirements of a central warehouse. SIAPS also created job descriptions and provided additional technical guides including warehousing fundamentals, warehousing best practices, transport solutions, graphic job-aids for manual handling, fork lift truck operation, and clerical tasks.
The national technical working group (TWG) reviewed the forecast for the next five years and determined the current gap in funding using a SIAPS-developed quantification worksheet by. Participants for this review were from the NMCP, the Coordination Unit for Global Fund, WHO/Global Fund principal recipient for antimalarial products, PMI, SIAPS, and CECOMA. Results from this exercise will be included in the next national malaria strategic plan as a requirement for the new Global Fund financing model.

Capacity Building

SIAPS assisted CECOMA in conducting a series of on-the-job workshops with the CECOMA's technical staff. In addition, standard operating procedures (SOPs) for warehouse management and distribution were developed and 12 key performance indicators to monitor CECOMA's performance were identified.

During the reported period, the program supported the National Directorate of Medicines and Equipment (DNME) to conduct a number of pharmaceutical management trainings. A national-level team comprising of 6 national facilitators from the ministry of health and 3 SIAPS staff members held a 3-day team building session with 15 provincial (Huila, Bie, and Cunene) facilitators on the training materials and methodology. The national team supported the provincial facilitators to conduct a five-day training of trainers for municipal warehouse managers, malaria supervisors, and pharmacy managers of the provincial hospitals. In total, 99

people (26 females and 73 males) received this training support. Each municipal team developed a post-training action plan that contains different interventions, notations on who the responsible people are, and deadlines that will improve pharmaceutical management for a continuous availability and rational use of pharmaceutical products including antimalarial products. A supervision tool to monitor the developed post-training action plan was also provided to provincial and municipal teams with clear indicators that will assist in documenting positive changes over time.

In previous quarters, SIPAS, in collaboration with the DNME and the University Jean Piaget, developed pharmaceutical supply chain management training materials for senior year pharmacy students at the university. During the quarter, 30 pharmacy students (22 women and 8 men) were trained (April 28 to May 9). The university Rector, his deputy, and the academic vice-rector recognized this great opportunity offered by the MoH to equip their students with more practical skills and knowledge in pharmaceutical management before they are integrated into the pharmaceutical sector. In addition to this collaboration with academic institutions, a SIAPS technical staff member is co-supervising a dissertation of one finalist student who is working on the evaluation of warehouse and distribution conditions of essential pharmaceutical products in one province. Findings will be used to inform improvements in medicines quality and management to ensure better health outcomes.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS continued its efforts to support good governance and coordination in pharmaceutical supply chain by facilitating the organization of the Interagency Coordination Committee (ICC) meeting for the subcommission of logistics, procurement, and operations, through agenda reviews, follow up with participants and provision of the logistics of the meeting. One out of 2 planned meetings was held.

SIAPS hired a consultant to work with DNME to review the 2010–2015 national pharmaceutical strategic plan. An ad hoc committee was appointed by DNME to coordinate review activities to promote MoH's ownership of the process. The findings and recommendation were presented to the DNME.

SIAPS worked with a WHO consultant on the revision and finalization of the National Essential Medicines List and the National Formulary manual and facilitated the dissemination of the advance drafts to stakeholders for their final inputs before holding a high- level validation workshop.

Despite long administrative delays, the TWG’s terms of reference (TOR) were approved by the NMCP Coordinator.

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 2 PPMRm.

Supply Chain Management

SIAPS contributed to the validation of SOPs for pharmaceuticals management at all levels in a two-day meeting organized through the thematic group of medicines under the Département de la Pharmacie, du Medicament et des Laboratoires (Department of Pharmacy, Medicines, and Laboratory [DPML]) leadership. Once approved and implemented, the new SOP will help improve information and intelligence sharing and reporting, allow timely information-based decision making within the supply chain system, and hence contribute to the timely delivery of commodities.

SIAPS supported PNILP to mobilize funds from USAID/PMI and Global Fund according to the 2014–2016 quantification report to ensure an uninterrupted supply plan of malaria commodities.

SIAPS assisted PNILP in analyzing monthly requisitions from all 45 districts and providing appropriate feedback to health districts. SIAPS also continued to support CAMEBU in monthly stock monitoring to ensure stock availability of ACTs and RDTs at CAMEBU, district pharmacies, and health facilities. In June, the central level/CAMEBU registered a stock-out of RDTs caused by a delayed delivery by UNICEF and the Global Fund. As a result of SIAPS's support to the CAMEBU, partial shipment has been received.

During the reporting period, SIAPS assisted in organizing the transportation of malaria commodities in the Gashoho and Gahombo health districts. SIAPS also assisted CAMEBU in follow-up of an expected delivery of ACTs by Global Fund and receipt at CAMEBU for quick distribution to districts pharmacies, especially for ACTs stock for children aged 6– 13 years for which was already exhausted at central level

Community Case Management of Malaria

SIAPS continued to work with the PNILP and districts (Gashoho and Gahombo) to improve the quality of the care offered by community health workers (CHWs) through supportive supervision and training sessions during CHW monthly meetings at the 25 health centers implementing malaria community case management (CCM). During the quarter, SIAPS helped observe and coach CHWs practicing malaria CCM. Coaching focused on CHWs' compliance with malaria case management steps, the use of RDTs, and the use of CCM algorithm.

In the two districts, 375 CHWs were trained to recognize danger signs of malaria during the April meeting and 388 CHWs on the use of the CCM algorithm in May. In addition, CHWs were resupplied with needed commodities and refreshed on the use of commodities.

The health districts worked with SIAPS to evaluate meeting attendance and reporting practices across CHWs. The results include—

- The meeting attendance rate in Gahombo for the last three quarters was over 90% while in Gashoho the attendance rate has steadily increased from 55% in quarter 1, 92% in quarter 2, to 100% in quarter 3.

- Overall, the proportion of CHWs reporting on time has increased from 77% in quarter 2 to 99% in quarter 3.

- The CHWs' stock-out rate decreased dramatically from 26.3% (February) to 6.2% (April) in Gahombo district and from 68.2% to 8.2% in Gashoho.

This improvement was a result of meetings to address irregularities in recording information in consultation registers, meeting attendance, use of requisition and stock tools, and timely reporting, followed by targeted PNILP-SIAPS supervision and coaching missions. Gashoho District will be closely monitored to ensure achieved improvements are sustained.

Table 1 lists CHWs' activities in April/May 2014.

Table 1. CHWs April–May 2014

Under age five children with fever	19,371	
Tested with RDT, no. (%)	19,218	99.2% (19,218/19,371)
Tested positive, no. (%)	14,388	74.9% (14,388/19,218)
Treated with ACTs, no. (%)	14,082	97.5% (14,082/14,388)
Treated within 24 hours of the onset of fever, no. (%)	13,048	91.0% (13,048/14,082)

NB: Number of under five children with fever increased from 9,462 in March to 19,371 in May

Capacity Building/Case Management

SIAPS assisted PNILP in training 164 health center providers on new malaria standard treatment guidelines to ensure diagnosis, prescription, and dispensing practices are improved and comply with the new guidelines. SIAPS trained a total of 422 health providers and PNILP/ Global Fund trained an additional 232, for a total of 654 providers nationwide.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS contributed to the development of vector control guidelines that donors required as a condition for financing indoor spraying activities.

SIAPS assisted the PNILP to revise the SOP for appointing staff to newly created positions. Filling these positions will increase the PNILP's operational capacity and accountability.

In May, the PNILP hired a lawyer to prepare a new decree-law which will allow the PNILP to become an autonomous institution. SIAPS reviewed the decree law it was submitted to the MoH. Also, SIAPS assisted PNILP to recruit a consultant to prepare a decree-law allowing MoH and NMCP to improve control of commodities provided to health facilities or to the community. The decree-law was finalized on June 2, 2014, and transmitted to MoH for review and then forwarded to the Government for adoption. The decree would lead to increased good governance and accountability in health sector, therefore increasing access to malaria commodities for poor and vulnerable people.

To prepare for the next grant submission to Global Fund, SIAPS assisted the PNILP by sponsoring a trip of three PNILP members to a workshop organized by the Roll Back Malaria (RBM) Harmonization Working Group. The workshop was held to assess country readiness and outline support needed to apply for the Global Fund New Funding Model (NFM). In May, SIAPS organized logistics for PNILP key staff members preparing Global Fund/Geneva evaluation of PNILP managerial capacities. The Global Fund appreciated administrative services and financial/accounting procedures put in place by the PNILP.. SIAPS also participated in a CCM meeting to analyze PNILP's progress toward meeting the Global Fund NFM requirements.

SIAPS assisted the PNILP in its efforts to improve its strategic plan by supporting the trip of two PNILP key staff and one CCM member to Kampala, Uganda, for a workshop in June 16-18, 2014, organized by RBM. Workshop attendees from 21 countries focused on national strategic plans peer review, with the Global Fund providing an evaluation tool to be used by the peer groups. SIAPS will organize a workshop to incorporate comments issued from this review into the PNILP National Strategic Plan 2013–2017.

SIAPS supported PNILP and RBM partners to conduct a quarterly meeting on April 3, 2014. The PNILP presented achievements for the previous quarter and planned activities for the second quarter. Meeting participants updated the plan for the long-lasting insecticide net mass campaign scheduled for June 2014. Out of 66 activities in the action plan, 11 were completed, 22 are ongoing, 2 rescheduled, 26 not begun, and 1 activity transferred to DPML. Such meetings help increase the accountability of the PNILP.

Progress was also made in the introduction of prevention of malaria in pregnancy. The policy was validated and has been submitted for final signature and the procurement of sulfadoxine-pyrimethamine tablets is in process.

DEMOCRATIC REPUBLIC OF THE CONGO

Implementation of PMI Monitoring Tools

EUV results were finalized and submitted to PMI Washington in May. During a survey performed March 17 to 22, 147 health facilities and 37 warehouses were assessed and 4,383 patient charts reviewed. Key findings include:

- Seventy-four percent of staff are trained in pharmaceutical management

- About 60% of facilities had stock cards to track quantities of artesunate and amodiaquine (AS/AQ) and RDTs. One of the contributing factors to the lack of stock cards is that the facilities are not provided with tools on time by implementing partners. Therefore, SIAPS suggested taking over the provision of pharmaceutical management tools, especially stock cards, to health facilities.

- Only 26% of staff in the visited facilities was trained in the new malaria case management guidelines. As a result, only 58% of malaria cases in children under age 5 are treated with AS/AQ. SIAPS recommends that PMI implementing partners (Integrated Health Project, , Population Services International/ l' Association de Sante Familiale and the NMCP intensify training on the recent malaria case management guidelines.

- Six percent of health facilities and 17% of warehouses reported stock-outs on the day of the visit. This was likely due to logistical problems transporting medicines to the local level health zone. SIAPS recommended that PMI commodity distribution should be carried out quarterly and independently of the transportation of other essential medicines.

- Only 48.3% of health facilities have acceptable storage conditions. This confirms a real need to periodically sample medicines to assure their quality. SIAPS is planning to do that by the next quarter.

SIAPS, in collaboration with USAID | DELIVER, prepared and submitted on PPMRm for the period January to March 2014. As a result of previous recommendations by SIAPS,[3] of the 138 PMI targeted health zones receiving ACTs from warehouses, the number has increased from 59 (43%) in the previous quarter to 121 (88%) in this quarter.

[3] Use a combination of push and pull systems. The push system is used for health zones that do not transmit their orders on time.

Capacity Building

With SIAPS support NMCP and provincial pharmacist inspectors conducted supportive supervision visits in 12 health zones (with an average of 3 facilities per health zone). During this visit, 68% of facilities were found with stock-out of a pre-selected group of medicines (ASAQ among them) for 3 days or more in the last three months. SIAPS held also jointly with the pharmacist inspector a supportive supervision in Katana Hospital, one of the two hospitals that having MTC in south Kivu. In this hospital, appropriated recommendations were given to visited health facilities for improving management and rational use of medicines.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS supported the NMCP in holding the quarterly malaria stakeholders' workshop (June 5–6) which serves to share information on malaria commodities supplies and different mechanisms for monitoring the management of these products at the health facilities. The workshop was an opportunity for SIAPS to share the EUV findings and critical recommendations with all PMI stakeholders.

SIAPS also supported the first medicine's committee meeting in the Sankuru district. This meeting was the opportunity to sensitize health zone coordinators on the necessity of a monthly medicines reporting and to emphasize flat-rate pricing for health care.

ETHIOPIA

Implementation of PMI Monitoring Tools

The Continuous Result Monitoring System (CRMS) is a comprehensive indicator-based performance management system used by SIAPS and the PMI program in Oromia Regional State to track progress in malaria products management, strengthen systems, and improve health outcomes. Data was collected from 40 health facilities in the region during April 2014 and the report was finalized in May 2014. According to the report—

- The index of availability of ACTs on the day of visit shows that facilities with at least one formulation of ACTs rose from 90% in January 2014 to 95% in April 2014.

- Although the overall percent of facilities with all forms of the ACTs has slightly improved from 48% (January 2014) to 50% (April 2014), half of the reporting facilities do not have all forms of ACT presentations.

SIAPS has communicated this gap to the Zonal Health Districts and Regional Health Bureaus (RHB) to further improve the availability of antimalarials at health facilities.

The third 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 HQ.

Capacity Building

A national malaria medicines quantification workshop that brought 23 participants from RHBs, FMOH, PFSA, USAID Ethiopia, and other partners involved in malaria commodities management was held May 06–10, 2014. At the end of the workshop, a four-year (2014–2017) forecast of malaria commodities was conducted.

With SIAPS technical support, Oromia RHB organized four rounds of malaria commodities quantification and antimalarial drugs management workshops. A total of 320 participants including program managers, pharmacy staff and malaria experts attended the workshop. The participants represented zonal health departments (18), town administration (6), and district health offices (266). The importance of proper record keeping and regular reporting at all levels for supply planning and monitoring of all antimalarial medicines management activities were discussed during the workshop. The participants have agreed to strengthen their antimalarial medicines management activities including recording and reporting to ensure uninterrupted supply and rational use of AMDs at the health facilities.

In the previous quarter, SIAPS identified a number of facilities that had not established 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. SIAPs continued to follow up on the printing.

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 at that level. Translation of the reference book into Afan Oromo was completed during this quarter and printing orders for 1,000 English version copies and 3,000 Afan Oromo version copies have been placed.

With the support from SIAPS, ORHB visited 4 zonal health districts, 5 district health offices, and 9 facilities for supportive supervision and mentoring on rational use of antimalarial medicines, adherence to malaria treatment guidelines, inventory management, and storage conditions. ORHB held discussions with all levels of the visited sites on what the gaps exist and how best practices can be sustained. Some of the findings include:

- Improved storage conditions of medicines and use of the pharmaceutical inventory management tools at all health facilities visited. This is attributed to the regular supportive supervisions and technical assistance given by SIAPS in collaboration with ORHB.

- Most of the facilities (67%) have near expiry antimalarial medicine, so the visiting team recommended regular practice of stock rotation and exchange between facilities to reduce risk of expiry of these drugs and to improve shortage of the same drugs at other facilities.

Supply Chain Management

To improve storage and dispensing practices at health facilities, a detailed engineering plan and cost estimate was prepared for minor renovation of six health facilities and sent to contract office for submission to USAID for final approval. In addition, the procurement process has been initiated for the purchase of 102 drug shelves, 2 lockable cupboards, 20 Dixon Type dispensing shelves, and 122 wooden pallets. These supplies should improve the storage and dispensing practice at health facilities.

SIAPS is helping ORHB develop a guideline to support the transfer and exchange of antimalarials between health facilities. A draft antimalarial medicines s excess stock/near-expiring drugs transfer guideline was developed and presented to the ORHB for review and comment. During the reporting period, SIAPS received feedback from the ORHB malaria and pharmacy units a final review by a working group is planned as next step before submission to the SIAPS HQ for editing.

.

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 draft technical report on Availability, Price and Affordability of Artemisinin-Based Combination Therapies (ACTs) and other Antimalarial Drugs in Oromia Regional State of Ethiopia has been completed and sent to HQ for editing and finalization. The findings were also presented to program managers, pharmacy and malaria experts from ORHB, zonal health districts, and district health

offices during the four rounds of malaria commodities quantification and antimalarials management workshops. Participants discussed the survey findings and provided various recommendations to support the current efforts in improving universal access to antimalarials including availability and affordability at all levels of the health care service provision sectors. In addition, to improve the shortages of antimalarials identified at facilities, ORHB has decided to financially support health facilities to procure antimalarial medicines that are not supplied through donation from partners.

Support for Policies, Guidelines, Regulations, and Partner Coordination

A draft Auditable Pharmaceutical Transactions and Services legal framework was developed. During the quarter, the earlier version of the framework was reviewed and approved by the ORHB board of management before presentation to the Oromia Region Cabinet for enactment. SIAPS has technically supported ORHB during the review of the draft legal framework

GUINEA

Implementation of PMI Monitoring Tools

Preparations for the upcoming nationwide EUV survey are underway. This will be the first time that the survey is conducted beyond PMI supported zones. SIAPS is closely working with the NMCP (Programme National de Lutte contre le Paludisme [PNLP]) and other implementing partners to prepare for the survey. Conducted gap analysis for malaria commodities in collaboration with PNLP

Information Systems Management

SIAPS took a lead role in developing and launching an improved monthly malaria reporting template, which now includes more detailed information on malaria case management and a new section on medicines management. With technical support from SIAPS, the NMCP (Programme National de Lutte contre le Paludisme [PNLP]) and the National Health Information System (BSD/SNIS) have been receiving monthly malaria reports from the districts and facilities in PMI zones. SIAPS worked with Catholic Relief Services (CRS) (Global Funds Principal Recipient) to provide the new malaria reports and other logistics management information system (LMIS) tools to the remaining 19 districts outside PMI zones

SIAPS participated in a workshop on the assessment of Guinea Health Management Information System that was conducted with USAID financial support.

Supply Chain Management

During this quarter SIAPS worked with CRS for an integrated effort to improve availability of health commodities through the following joint activities—

- Distribution of malaria commodities to PMI-supported health districts
- Quantification of malaria commodities for Global Fund-supported health districts in Guinea
- Assessment of national medicines supply chain in Guinea

Capacity Building

To build capacity of individuals and organizations on medicines supply chain, 114 health workers in charge of medicines dispensation were trained on best practices of pharmaceutical management as part of *Médicaments pour tous* project.

Together with CRS, SIAPS conducted post-distribution supportive supervision visits in Boke. SIAPS also supported the PNLP in developing its semester supervision plan.

Support for Policies, Guidelines, Regulations, and Partner Coordination

During this quarter, SIAPS worked with the Direction Nationale de la Pharmacie et des Laboratoires (DNPL) to effectively increase its capacity to regulate and manage pharmaceutical systems. Major achievements are the following: include

- Validation of the National Pharmaceutical Policy (Politique Pharmaceutique Nationale)
- Validation of *Plan Directeur Pharmaceutique Quinquennal*, a five-year (2014–2018) plan to implement the National Pharmaceutical Policy

These two validated documents were used by the MoH as regulatory reference on pharmaceutical sector in Guinea during *les Etats Généraux de Santé*, a national health review meeting that took place in Conakry from June 23 to 25, 2015.

SIAPS contributed to the acceleration of revising the Convention between the Government of Guinea and PCG (Central Medical Store) in providing financial support to organize a workshop chaired by the Minister of Health Counselor to review roles and responsibilities of the Government and PCG. Representatives from Guinea Ministry of Finance and other key actors from the MoH attended this workshop where it was agreed that the Government should provide public funds to PCG to procure medicines and other health commodities

SIAPS supported the PNLP to hold quarterly review meetings on pharmaceutical management of malaria commodities in Conakry, Boke, and Labe.

KENYA

Implementation of PMI Monitoring Tools

The gap analysis for the malaria operational plan for fiscal year 2015/2016 was finalized and disseminated.

Information Systems Management

The project is supporting the MoH to report commodity data on the District Health Information System 2 (DHIS 2) platform, and in the design of dashboards and decision-support platforms. DHIS 2 is a flexible, web-based open-source health management information system and data warehouse. Using the system during the quarter,

- Commodity reporting rates were maintained at above 70% on the DHIS 2 platform
- Artesunate injection was added to the DHIS 2 platform to help report on its use for management of severe malaria
- Dashboards were developed to check on facility level stock status, consumption data, and confirmed diagnosis patient data

Capacity Building

Twenty quality assurance (QA) officers were trained and sensitized on microscopy and RDT quality assurance (QA) and quality control (QC) in Kisumu and Kisii counties to establish the 100% malaria diagnostics QA/QC process in these two priority counties.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS provided technical assistance to national health commodity-related TWGs and committees; as a result of this support, the monthly two-page reports for April, May, and June 2014 were completed and disseminated.

SIAPS also finalized the quality of care survey Round 7 report—the report will soon be disseminated. Also a QA/QC implementation plan for malaria diagnostics was drafted to support the NMCP in developing and implementing a QA/QC system to ensure adherence to RDT policy guidelines.. The plan is awaiting finalization by the malaria control unit.

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 Ecuador and Colombia were finalized and distributed. Data collection for a similar study was finalized in Loreto, Peru. The results were presented and discussed with malaria program authorities and technicians during a meeting hold in Loreto on May 2014. During the same visit to Peru, SIAPS consultants shared with the Director of the National Pharmaceutical Directorate the results and products generated by the decentralized technical assistance to Loreto. The Director will review the information, and consider dissemination to other regions in Peru.

Nine estates in Brazil are implementing strategies to remove barriers to adequately implementing malaria control strategies. A workshop to assess the progress is scheduled for November 2014. The Colombia NMP has not confirmed their interest in a baseline assessment of the malaria control strategies. A meeting to agree on the next steps is scheduled for July 2014.

The Pan American Health Organization coordinated the collation and production of the January–March AMI quarterly bulletin on the availability and consumption of antimalarials, disseminated on May 2014. Through its local consultants, 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 Colombia and Peru. Preliminary reports were presented and discussed with national counterparts in both countries. For the next quarter, the collection and analysis of information will be completed in Brazil, Guyana, and Nicaragua

SIAPS completed the technical report on knowledge, attitudes, and practices influencing access to antimalarials in Suriname gold mining areas, and presented the results, which were discussed during a meeting in Paramaribo in February 2014. Based on the input from this meeting, SIAPS prepared a summary of the background information for a plan of action. This document will be shared with national counterparts and partners. For the next quarter, once an agreement on the interventions is reached, SIAPS will provide technical assistance to those interventions in the area of pharmaceutical management.

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 Acre and Roraima.

Six countries have implemented revised criteria for programing and distributing antimalarials in low-incidence areas. During this quarter, SIAPS completed the collection of information to assess the results of this intervention in Ecuador, Colombia, Guyana, and Peru. For the next quarter, similar information will be collected in Brazil and Nicaragua.

MALI

Implementation of PMI Monitoring Tools

SIAPS worked closely with the Direction de la Pharmacie et du Médicament (Directorate of Pharmacy and Medicines [DPM]), the Central Medical Stores (Pharmacie Populaire du Mali [PPM]), and the NMCP to produce the PPMRm. These reports contained recommendations relating to the supply and distributions for malaria commodities. SIAPS subsequently assisted the DPM, the NMCP, and the PPM to implement the recommendations.

SIAPS assisted the NMCP to disseminate EUVs results and recommendations at the central level through a one-day workshop. The MoH representative, Regional Health Directorate (Direction Régionale de la Santé [DRS]), focal people for malaria, and partners involved in malaria supply chain and case management attended this meeting. One of the key meeting decisions was to make free RDTs available for the entire population with no cost recovery. In the past, only pregnant women and children under age 5 received the free tests. As a result, reported consumption of RDTs did not reflect the actual needs. With the proposed recommendation, it is expected that RDTs consumption will increase and that patients will be managed according to malaria standard treatment guidelines.

Supply Chain Management

During this quarter, with SIAPS support, 10 members of the malaria commodities TWG (set up in January 2014) were trained and then completed quantification for malaria commodities using Quantimed and Pipeline software. Quantimed was used for commodities forecasting and Pipeline for the supply planning. Demographic and consumption methods were used for forecasting for years 2014-2018.

SIAPS technically supported the NMCP and Population Services International to develop distribution plans of malaria commodities for the regional and district levels to ensure that the quantities allocated are adequate and that they follow transparent assumptions (logistic data and forecasted consumption). Distribution plans were developed for RDT available at the central medical store and for ACT to be delivered early in July by Global Fund/Population Services International and USAID/PMI.

SIAPS supported production and dissemination of 850 LMIS SOPs, 1,756 stock cards, and 872 logistic data reporting tools (Compte-rendu de Gestion de Stock [CRGS]). These documents were disseminated during LMIS training at the health facility level in Bamako and in four regions (Segou, Kayes, Mopti, and Sikasso). Production and provision of pharmaceutical management tools to health facilities will enable managers to better report on commodities stock status and other logistic data for evidence-based decision making.

Capacity Building

SIAPS/Mali supported the Regional Directorate of Health, to conduct six trainings sessions and coaching visits for warehouse and health information managers on the new country LMIS. Support was also given to train the malaria TWG in Quantimed and Pipeline software for the forecasting and the supply planning of malaria commodities. SIAPS also assisted in helping train the PPM quality assurance manager at Committee for Medicinal Products for Human Use France.

. During this quarter, SIAPS continued to support the DPM and DRS in rolling out the new SOPs for the LMIS. As of June 1, 2014, 238 users (including pharmacists, district warehouse managers, and health information managers) were trained in the Kayes, Koulikoro, Sikasso, Segou, Mopti, and Bamako districts. These trainings focused on warehouse management, storage, and tools such as stocks cards and logistic reporting tools including requisition forms; also covered was how to calculate commodities needs as per new LMIS SOPs As part of the trainings implementation process, SIAPS provided technical and financial assistance to the DRS to conduct coaching visits.

The central medical store (PPM) is in a process of developing and implementing a quality process (ISO standards) such as revision or development of operational standards procedures. SIAPS provided additional support to strengthen the PPM quality assurance manager's technical capacity to understand and implement the quality process. With SIAPS financial support, the PPM quality assurance officer attended a three-weeks training workshop organized by Committee for Medicinal Products for Human Use in France. An action plan was developed and should be implemented to improve PPM operations.

Support for Policies, Guidelines, Regulations, and Partner Coordination

During this quarter, SIAPS/Mali provided assistance to the DPM to organize two meetings of the national technical committee for the coordination and monitoring of health commodities (Malaria, MCH, HIV, TB, and FP). Specific technical assistance was provided to PPM to develop their five-year strategic plan. These activities are intended to improve supply chain coordination and transparency and to keep key pharmaceutical system actors more accountable SIAPS assisted the DRS to organize quarterly review meetings to analyze and validate logistic data on medicines and other health commodities management in the regions of Mopti, Sikasso, Segou, and the district of Bamako. These meetings allowed stakeholders to discuss data reports sent to regions from the districts , in terms of quality and reporting rate, key findings, and other issues identified during coaching visits. Major medicines supply chain bottlenecks and problems were discussed with all stakeholders, and recommendations and corrective actions were proposed.

SIAPS assisted PPM to revise their strategic plan including business development process. Support included:

- PPM situational analysis (diagnosis) of the current situation—operating procedures, practices, business/financial situation, and the overall supply chain environment scanning (considering the suppliers, clients and governance)

- Development of a strategic plan using the situation analysis findings and analysis of available options to improve PPM based on priorities identified to cater for the needs of Mali people on health commodities availability and accessibility

SOUTH SUDAN

Supply Chain Management

During this quarter, the first consignments of Essential Medicines Fund (EMF) supplies reached counties and facilities with storage challenges completed de-junking exercises.

SIAPS finalized two gap analysis and de-junking reports. The reports are to be used to continuously advocate for leveraging resource from other partners to improve the County Health Department (CHD) store management and provide required materials and PMIS tools. The reports identified that six (37.5%) of the 16 counties in Western Equatorial State (WES) and Central Equatorial State (CES) do not have county stores and two out of ten stores did not have personnel to manage stocks. It also identified that shelving and pallets were still a challenge and several stores still kept essential commodities on the bare floor, thus affecting quality and integrity of the medicines. Presently, the World Vision has agreed to provide support in addressing gaps in Mundri East health facilities.

SIAPS de-junked Olo's primary health care centers in Maridi County and met with county and Integrated Service Delivery Project (ISDP) staff members to discuss the distribution of EMF commodities. At the end of the discussions, Malteser International agreed to distribute the EMF commodities to facilities. SIAPS will address some of the transportation needs/gaps where necessary. The Health Pooled Fund (HPF) project, a consortium run by Crown Agents for South Sudan, was able to de-junk 14 out of 16 counties in WES and CES—freeing up storage space for commodities.

Information Systems Management

As part of its support to other partners in strengthening information management, SIAPS had a meeting with HPF on implementation of logistics management unit data collection and analysis in the other states beyond CES and WES. This would help get other states' partners to implement similar activities, and allow SIAPS to consolidate its efforts in improving information management of commodities in country especially EMF commodities

Capacity Building/Supportive Supervision

SIAPS has developed an action plan with a training of trainers (TOT) program on pharmaceutical management intended for ISDP and its implementing partners, state MoH and CHDs in CES and WES, and program managers and pharmacy focal personnel to ensure proper medicine management and rational medicine use with focus on EMF commodities. It is expected that ISDP and CHDs will roll out the trainings in the various facilities they support through regular supportive supervision and training. Ultimately, this will ensure continuous availability of essential medicines.

To obtain data on malaria diagnosis and treatment, availability of tracer medicines and medical supplies, handling of expired drugs, dispensing environment, storage conditions, dispensing practices, availability and application of MoH-approved LMIS tools and appropriateness of record keeping of supplies documents, SIAPS carried out supportive supervision activities in Lainya, Yei, and Morobo counties.

SIAPS had a review meeting with representatives of the Sudan MoH State Malaria Control Coordinator, State Malaria M&E Officer, and storekeepers to explain the concept of CRMS as a tool for supervision and data collection. The meeting was successful as the members express readiness to participate in the CRMS exercise facilitated by SIAPS. Following the review and sensitization meeting, SIAPS conducted joint SIAPS/SMoH supervision at facilities in three counties (Mvolo, Mundri West, and Mundri East). During the visits, CRMS data was collected and stock cards and dispensing registers were assessed. The team met with the staffs at Catholic Medial Mission Board, the ISDP Implementing Partner in Mvolo to discuss distribution of EMF medicines, implementation of pull system and use of MoH approved LMIS/PMIS tool. The team also used the opportunity to train new dispensers at Lui Hospital. Similar activities was carried out in CES counties (Juba, Morobo, Yei, Lainya, Kajo Keji) and information on data on malaria diagnosis and treatment, availability of tracer medicines and medical supplies, handling of expired drugs, dispensing environment, storage conditions, dispensing practices, availability and application of MoH-approved LMIS tools and appropriateness of record keeping of supplies documents were assessed and the information is being analyzed

SIAPS provided on-job training (expired commodities including stock card updating and store management) for the facilities of Lasu, Kaya, Logo, Angebi, Pisak, Jamara, Limuro, Kogulu, Bori during the de-junking.

Support for Policies, Guidelines, Regulations, and Partner Coordination

Representing CCM, SIAPS participated in a malaria control strategy review meeting organized by RBM. A follow-up meeting resulted in the development of a draft malaria strategic plan (MSP) for South Sudan that outlines strategic objectives and priority interventions. A two-week stakeholders workshop worked out detailed components of the new MSP, identifying priorities for inclusion in Global Fund New Funding Model Concept Note.

SIAPS reviewed and updated the national malaria case management guidelines based on WHO recommendations adapted to country context and submitted for adoption. Reflecting best practices, the guidelines will be used for training of trainers and trainings at facilities. SIAPS reviewed previous training plans and developed a malaria case management training plan for 16 trainers and 200 health workers with focus on WES and CES.

SIAPS participated in a harmonization exercise organized by the MoH M&E department for review of indicators for routine reporting. SIAPS reviewed malaria indicators in health management information system (HMIS) and the Integrated Disease Surveillance and Response (IDSR) and sentinel sites reporting tools to identify indicators for inclusion in District Health Information System (DHIS). In another meeting, indicators were presented, discussed, and 15

agreed upon for routine reporting (60% increase). This will ultimately minimize the cost of parallel reporting.

SIAPS participated in review and update of malaria roadmap for Global Fund Concept Note. SIAPS presented the updated roadmap in a CCM meeting and incorporated comments. The roadmap ensures all activities are completed and that the Concept Note submitted by August 15, 2014, which is critical for malaria funding by January 2015.

SIAPS participated in country dialogue activities, e.g., meetings to develop country dialogue plans, stakeholder and partner preparatory meetings, and the first malaria country dialogue where SIAPS presented the new MSP. Country dialogues inclusive of all stakeholders, partners, and key affected populations are a key requirement by Global Fund for Concept Note development. SIAPS participated in a capacity development workshop for disease programs organized by CCM and funded by DFID to helped program staff better understand Global Fund's New Funding Model and develop a successful Concept Note.

For the World Malaria Day celebration, SIAPS chaired meetings, took minutes, added technical inputs, designed banners and posters, reviewed key messages (jingles, drama and song), arranged and decorated venue, and drafted and printed the day's program.

Malaria Indicator Survey MIS 2013: SIAPS participated in data cleaning and report writing. SIAPS drafted contracts and TORs for national and international consultants, including contract extensions, and helped with cleaning and merging of blood slide results with individual household data by identifying coding links. Nine out of 10 states completed the process
To track progress, achievements, and challenges in MSP implementation, SIAPS met with malaria M&E focal persons to discuss a plan for NMCP M&E activities: supervisions, studies (TET/MIS), reports (HMIS, IDSR, partners), meetings (IDRS, HMIS), and sentinel sites surveillance.

SIAPS participated in South Sudan's health cluster meeting, where stakeholders and partners discussed current emergency health services issues, including stock-outs of essential commodities. SIAPS delivered a presentation on de-junking activities carried out in WES and CES, and advocated for other partners to conduct similar campaigns with other states CHDs and health facilities to make space available for EMF medicines and improve storage management.