

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

January – March 2015



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About SIAPS

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

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ACRONYMS AND ABBREVIATIONS

AAH	Action African Help-International
ACT	artemisinin-based combination therapy
AMD	antimalarial medicines
AMDM	Anti-malaria Drugs Management
AMI	Amazon Malaria Initiative
AMR	antimicrobial resistance
AOP	annual operational plan
APTS	Auditable Pharmaceutical Transaction and Services
AS/AQ	artesunate and amodiaquine
CAMEBU	Centrale d'Achat de Médicaments Essentiels du Burundi [central warehouse]
CECOMA	Central de Compras de Medicamentos e Meios Medicos de Angola [central medical store, Angola]
CES	Central Equatorial State
CMS	Central Medical Stores
CRMS	continuous results monitoring system
CRS	Catholic Relief Services
DFID	Department for International Development
DHIS	District Health Information Software [South Sudan]
DNME	National Directorate of Medicines and Equipment
DNPL	National Directorate of Pharmacies and Laboratory [Guinea]
DPM	Direction de la Pharmacie et du Médicament (Directorate of Pharmacy and Medicines, Mali)
DPML	Département de la Pharmacie, du Médicament et des Laboratoires (Department of Pharmacy, Medicines, and Laboratory, Burundi)
DRA	Drug Regulatory Authority
DRC	Democratic Republic of the Congo
DRS	Regional Health Directorate
DTC	Drug Therapeutic Committee
EMF	Emergency Medicines Fund
EML	essential medicines list
EU	European Union
EUV	end use verification
FERASCOM	Community Health Regional Federation [Mali]
FMoH	Federal Ministry of Health
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HC	health center
HCNLS	Haut conseil national de lutte contre le Sida (Supreme National Council for AIDS, Mali)
HCSM	Health Commodities and Services Management Program
HEW	health extension worker
HF	health facility
HPF	Health Pool Fund

HR	human resource
IDSR	Institute of Reproductive Health
IDSR	integrated disease surveillance and response
IEC	information, education, and communication
IHP	Integrated Health Project
IHS	Imperial Health Sciences
IP	implementing partner
IPTp	intermittent preventive treatment in pregnancy
ISDP	Integrated Service Delivery Program
KPI	key performance indicator
LLIN	long-lasting insecticide-treated bed net
LMG	Leadership, Management and Governance
LMIS	Logistics Management Information System
M&E	monitoring and evaluation
MCH	maternal/child health
MOH	Ministry of Health
MSH	Management Sciences for Health
NEML	national essential medicines list
NMCP	National Malaria Control Program
ORHB	Oromia Regional Health Bureau [Ethiopia]
PAHO	Pan American Health Organization
PASA	Pan African Sanctuary Alliance
PCG	Central Medical Store of Guinea
PFSA	Pharmaceutical Fund and Supply Agency
PHCC	Primary Health Care Centers
PHCU	Primary Health Care Units
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)
PPM	Pharmacie Populaire du Mali (Central Medical Stores, Mali)
PPMRm	Procurement Planning and Monitoring Report for malaria
PSI	Population Services International
RBM	Roll Back Malaria
RDT	rapid diagnostic test
RTA	regional technical advisor
SANRU	Projet Santé Rurale (Rural Health Project)
SCMS	Supply Chain Management System
SEP-CNLS	Secrétariat Exécutif Permanent du Conseil National de lutte contre le SIDA [Burundi]
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOP	standard operating procedure
SP	sulfadoxine-pyrimethamine
STG	standard treatment guideline

TB	tuberculosis
TET	therapeutic efficacy testing
TOR	terms of reference
TOT	training of trainers
TWG	technical working group
UoN/ERC	University of Nairobi Ethical Review Committee
USAID	US Agency for International Development
WES	West Equatorial State
WMD	World Malaria Day
WFP	World Food Programme
WHO	World Health Organization
ZHD	zonal health department

INTRODUCTION

According to the World Health Organization (WHO),¹ malaria mortality rates fell by 47% globally, and by 54% in Africa between 2000 and 2013. During this period, an estimated 4.3 million malaria deaths were averted globally, primarily as a result of the scale-up of interventions. However, much remains to be done. Although 55 countries are on track to reduce their malaria case incidence rates by 75%, in line with the World Health Assembly and Roll Back Malaria (RBM) targets for 2015, these countries account for only 3% of all malaria cases.

Working closely with the President's Malaria Initiative (PMI) in both Washington and 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 the PMI's 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 artemisinin-based combination therapy (ACT), rapid diagnostic tests (RDT), and medicines for severe malaria. At the country level, SIAPS collaborates with national malaria control programs and Central Medical Stores (CMS) to develop and implement strategies to strengthen pharmaceutical management to prevent and improve case management of malaria. 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 countries and region mentioned above between January and March 2015.

¹ World Health Organization. *World Malaria Report 2014*. Geneva: WHO; 2014. http://www.who.int/malaria/publications/world_malaria_report_2014/en/.

MALARIA CORE

To improve the coverage of malaria interventions, SIAPS continued to meet with PMI/Washington staff to discuss the implementation of activities in PMI-supported countries.

SIAPS reviewed and submitted its Year 4 malaria core and country work plans per PMI recommendations. SIAPS continued to hold monthly coordination meetings with PMI/Washington to discuss implementation of PMI activities in supported countries.

Angola and Ethiopia finalized and submitted end use verification (EUV) reports for the quarter. SIAPS provided feedback on appropriate follow-up activities and interventions based on the survey results. In addition, SIAPS hosted the third EUV summit on March 16, 2015. The one-day summit was held to review progress and challenges in implementing EUVs, and to discuss future plans and improvements in the methodology as well as the inclusion of maternal/child health (MCH) commodities. Summit participants included PMI/Washington and USAID|DELIVER PROJECT staff.

To facilitate procurement decisions at PMI, SIAPS aggregated data for the Procurement Planning and Monitoring Report for malaria (PPMRm) commodities from Angola, Burundi, DRC, Ethiopia, Guinea, Kenya, Mali, South Sudan, and Uganda.

ANGOLA

Implementation of PMI Monitoring Tools

During this quarter, SIAPS worked with the National Malaria Control Program (NMCP) to submit the PPMRm for October to December 2014, and continued to closely monitor the stock status of ACTs, RDTs, and sulfadoxine-pyrimethamine (SP) at the national level and in all 18 provinces. This process alerted NMCP leadership to the imminent stock-out of ACTs and to stock levels near expiry among RDTs at the national level. The NMCP was subsequently advised to prepare a distribution plan for the RDTs and to send a request to the Central Medical Stores (Central de Compras de Medicamentos e Meios Medicos de Angola [CECOMA]) with the estimated quantities of ACTs and other malaria products to be purchased during 2015.

The same PPMRm report was shared with the national-level technical management unit for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

The report of the EUV exercise conducted in November 2014 was submitted to PMI. Findings suggest that most of the health facilities (except provincial warehouses) were not using stock cards, an essential pharmaceutical management tool to document stock transactions. The use of the “push system,” coupled with the lack of enforcement at the municipal level and low staff motivation, are some of the factors contributing to the poor use of inventory management tools.

Constraints to Progress

- Non-use or improper use of pharmaceutical management tools, especially the stock card.
- Generalized stock-outs of ACTs.
- Poor data quality in reporting due to incompleteness and delays.

Partner Contributions

- NMCP for coordination
- Provincial Health Directorates and municipal teams in five provinces for field visits for EUV data collection
- All 18 provincial malaria teams for stock monitoring

Supply Chain Management

SIAPS continued to provide technical support for the monitoring of selected key performance indicators (KPI) to improve warehouse management and distribution systems, and to develop guidelines for the selection and implementation of a warehouse management system that suits CECOMA’s current and future needs.

The program facilitated a study tour for two senior staff from CECOMA to the world-class warehouse of the Imperial Health Sciences (IHS) in Centurion, Pretoria, South Africa. This trip

provided an opportunity for a practical experience related to SIAPS' technical assistance to improve CECOMA's capacity and performance in warehouse management.

SIAPS assisted the USAID|DELIVER PROJECT to follow up on the receipt of PMI-funded products.

Although all provincial warehouses received hygro-thermometers through the Global Fund quality assurance program, the storage conditions in most facilities are very poor, exposing pharmaceutical products to deterioration, resulting in a lack of effectiveness and/or increased risk of toxicity. SIAPS will continue to advocate for the monitoring of and improvement to storage facilities to ensure proper maintenance of the quality of medicines throughout the supply chain.

Constraints to Progress

Insufficient storage space at CECOMA to allow for best storage practices.
Irregular KPI meetings at CECOMA due to other priorities.

Partner Contributions

CECOMA, for implementation of suggested improvements, including monitoring of KPIs.

Information Systems Management

SIAPS continued discussions and planning for a comprehensive situational analysis of the current bottlenecks that negatively affect the Logistics Management Information System (LMIS).

Constraints to Progress

None

Partner Contributions

None

Support for Policies, Guidelines, Regulations, and Partner Coordination

Following the official nomination of the National Medicines Technical Commission by the Minister of Health, SIAPS continued to participate in the finalization of the national essential medicines list (NEML). SIAPS facilitated the final validation of the list by an ad-hoc committee in the National Directorate of Medicines and Equipment (DNME). The validated NEML will be submitted to the office of the Minister of Health for final approval and dissemination.

In an effort to promote the NEML, SIAPS assisted the DNME to organize two meetings, one with all distributors, importers, and retail pharmacies, and another with all pharmacists.

Input from the DNME on the report of the mid-term review of the national pharmaceutical sector strategic plan was incorporated into the final version of the report. Moreover, with SIAPS technical assistance, the DNME work plan was developed and submitted.

In this quarter, SIAPS continued its advocacy efforts to get the buy-in from principal stakeholders for the development of a national supply chain strategy. SIAPS will continue to follow up with the DNME and to support it to assume full leadership and ownership during the strategy development process.

SIAPS participated in the Malaria Technical Working Group (TWG) for the preparation of the concept note for the Global Fund's new funding model, to be submitted by April 30, 2015.

SIAPS supported CECOMA to develop its 2015 annual work plan and budget.

Constraints to Progress

- Other competing priorities at the Ministry of Health (MOH).
- Delay in the approval of the NEML.
- Delay in finalizing the concept note for the Global Fund due to the absence of key data from government stakeholders, including financial contributions up to 2017.

Partner Contributions

- DNME, for coordination of the development and promotion of the NEML.
- NMCP and others partners

BURUNDI

Implementation of PMI Monitoring Tools

SIAPS assisted the central warehouse (Centrale d'Achat de Médicaments Essentiels du Burundi [CAMEBU]), and the NMCP (Programme National Intégré de Lutte contre le Paludisme [PNILP]) to carry out monthly monitoring of stock status for malaria commodities at CAMEBU stores and to prepare the PPMRm reports.

Constraints to Progress

None

Partner Contributions

None

Supply Chain Management

SIAPS assisted CAMEBU to conduct the annual warehouse inventory as of December 31, 2014.

SIAPS assisted the PNILP and CAMEBU to develop and share monthly stock status reports with key stakeholders, including the Global Fund, UNICEF, PMI, and Médecins Sans Frontières/ Belgium. This report highlights: the stock levels of tracer commodities (including malaria commodities) at the central level; stock imbalances; and recommendations to avoid supply interruptions. Recommendations consisted of: (1) speeding up a PMI delivery of 731,373 blister packs for adult treatment; and (2) speeding up a PMI delivery of 130,776 treatments of artesunate (AS) 100 mg + amodiaquine (AQ) 270 mg for children aged six to thirteen to avoid stock-outs in the country.

SIAPS supported the Department of Pharmacy, Medicines, and Laboratory (Département de la Pharmacie, du Médicament et des Laboratoires [DPML]) to finalize the terms of reference (TOR) for the Commodity Security Coordination Committee, which includes three quantification technical committees for HIV/tuberculosis (TB), malaria, and MCH commodities, under the leadership of the DPML. The TORs, along with the appointment letter, have been submitted to the MOH for approval.

SIAPS supported the PNILP to review the quantification of ACTs, quinine, and clindamycin for uncomplicated malaria, AS injection for complicated malaria, SP for intermittent preventive treatment in pregnancy (IPTp), and RDTs for *P. falciparum* diagnosis. This quantification update helped the PNILP to determine adequate budget amounts for malaria commodities in the concept note submitted to the Global Fund.

SIAPS also supported the PNILP to quantify required consumables for AS and quinine for clindamycin administration.

SIAPS supported the PNILP to conduct the first-ever coordinated quarterly meeting with key counterparts (DPML, CAMEBU, PNILP, and Secrétariat Exécutif Permanent du Conseil National de lutte contre le SIDA-Paludisme [SEP-CNLS/malaria]) to review and update the supply plan for malaria commodities. After validation, the data were captured in the Pipeline database for the period January to March 2015, and the team reviewed and made necessary adjustments to ensure that the stock levels of all products fluctuate between the established minimum and maximum levels for the in-country supply chain. The main recommendation was to speed up the Global Fund's delivery of 203,925 infant treatments to avoid stock-outs and to identify funding for an additional 488,792 blister packs that will be required to fill the supply pipeline with adequate quantities.

SIAPS continued to assist the PNILP in analyzing malaria commodity reports and requisitions from districts. Overall, 100% of districts pharmacies submitted reports and placed orders, and 82% received formal feedback focused on deadlines, accuracy, completeness, minimum and maximum stock levels, and/or ordering parameters. CAMEBU introduced a new distribution system with the support of the Supply Chain Management System (SCMS) project. Now health districts place their orders and receive commodities following a pre-established calendar developed by CAMEBU.

SIAPS assisted the PNILP in communicating with districts about the new distribution system and calendar, and in encouraging districts to place orders on time to comply with the calendar and avoid stock-outs. From January to March 2015, the trend in placing orders on time improved from 53% to 100%.

Constraints to Progress

The quarterly update of the pipeline and supply plan for malaria commodities was not accomplished because the PNILP, SEP-CNLS /malaria, DPML, and CAMEBU were working on the priority of submitting the malaria concept note to the Global Fund.

Partner Contributions

PNILP

Capacity Building and Case Management

Capacity Building

SIAPS assisted in conducting a workshop to update and validate the supervision guide for malaria activities. Updates concerned integrating all key malaria indicators, including indicators to measure performance of pharmaceutical services, prescriptions in compliance with standard treatment guidelines (STG), and patient and medicines safety. Seven organizations/projects

participated in this process: PNILP, UNICEF, Population Services International (PSI), Integrated Health Project (IHP) Burundi, World Vision, SEP/CNLS/malaria, and SIAPS.

SIAPS assisted the DPML and PNILP to conduct a training on entomology surveillance for 24 people from the eight sentinel sites. The training targeted the 16 health promotion technicians. It aimed to equip health workers at sentinel sites with knowledge and competences in the systematic collection, analysis, and interpretation of entomological data for effective interventions in malaria vector control.

SIAPS supported the DPML to conduct a training for 21 new health district and hospital pharmacy managers to strengthen their competencies in pharmaceutical management and Channel software. Pre- and post-tests indicate that participants benefited from the training.

SIAPS assisted the PNILP to conduct a training for 36 PNILP personnel on internal administrative, finance, and human resource (HR) procedures. Thirty-nine percent (39%) of the participants were women. The training is intended to strengthen governance and accountability within the PNILP and build its capacity to serve as a Global Fund Principal Recipient.

SIAPS assisted the PNILP to identify training needs and develop a training plan for PNILP personnel. Three areas were targeted: (1) general training for all PNILP personnel, for instance, English language and computer courses; (2) technical training tailored to technical staff needs to improve their technical performance; and (3) management training for key PNILP leadership staff. The PNILP will share the plan with RBM partners for validation.

Case Management

SIAPS assisted the PNILP to review the plan to introduce clindamycin for the second-line treatment of uncomplicated malaria cases in 10 selected districts, and scale up of AS injection for severe malaria treatment in 13 selected districts. The plan includes: a distribution plan for both products; a training plan for hospital health care providers on malaria STGs; refresher training for health care providers on the use of AS injection; an instruction note on the use of clindamycin; and a mapping of partners that are to be mobilized to support training/refresher training of health workers on malaria STGs.

SIAPS also assisted the PNILP in advocating for CAMEBU to purchase commodities for the second-line treatment of uncomplicated malaria (quinine and clindamycin) and severe malaria treatment (AS injection). An advocacy note was developed and submitted to the PNILP. Based on the note, the PNILP conducted an advocacy meeting with the Directorate of Resources in the MOH and CAMEBU to advance the issue with the MOH and plan for the distribution of clindamycin and AS. A revised note was provided to the Minister, who developed a decree to accompany the note for further advocacy with the Ministry of Finance and the Cabinet.

Constraints to Progress

None

Partner Contributions

Abt Associates and PNILP provided facilitation expertise and a training module for the entomology surveillance training of PNILP staff.

DMPL provided facilitation expertise for several sessions of the training for new pharmacy managers in pharmaceutical management and Channel software.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS continued to assist the PNILP to improve malaria services to reduce mortality and morbidity related to malaria. The MOH adopted two key documents: an IPTp policy implementation guide, and integrated community case management implementation guidelines.

During the quarter, SIAPS assisted the medicines thematic group, under the leadership of the DPML, to conduct a meeting to validate the harmonized LMIS manual and tools. The MOH adopted the LMIS manual and tools in January 2015. Moreover, SIAPS assisted the DPML to conduct workshops to develop the DPML strategic plan 2015-2017 and work plan for 2015.

Within the process of seeking to become a Global Fund Principal Recipient under the new funding mechanism, SIAPS collaborated with the Leadership, Management, and Governance (LMG) Project funded by the US Agency for International Development (USAID) to assist the PNILP to:

- Finalize their Global Fund concept note. SIAPS assisted in organizing a workshop to update the national malaria strategic plan 2013-2017 to comply with Global Fund requirements. The proposal for the Global Fund and its annexes (modular tool, analysis of gaps, programmatic gaps, financial gaps, and list of annexes) were sent to the Country Coordinating Mechanism on January 24, 2015.
- Conduct a self-assessment of internal capacity, as requested by the Global Fund. The assessment was based on a Global Fund capacity assessment tool.
- Develop an implementation plan for the Global Fund grant. This plan is critical as it is one of the conditions that must be fulfilled for the Global Fund to make a decision regarding the concept note submitted.

SIAPS assisted the PNILP to conduct the RBM partners' quarterly meeting in January 2015. The meeting covered the following agenda items: (1) evaluation of the PNILP's activity implementation in 2014; (2) validation of the PNILP work plan for 2015; and (3) analysis of malaria trends. Sixty-five percent (65%) of the PNILP's 2014 work plan was implemented. The PNILP lacked funding for 14 activities that had been planned by the Global Fund. Preparation of the concept note and the mosquito net distribution campaign were national priorities, and required a lot of time of the PNILP's leadership. As for the validation of the PNILP work plan for 2015, the meeting endorsed updates made to comply with Global Fund requirements for the new funding mechanism. Concerning malaria prevalence, trends have slowed down in the second semester of

2014 following the long-lasting insecticide-treated bed net (LLIN) campaign conducted in June 2014.

Constraints to Progress

None

Partner Contributions

PNILP co-facilitated the training of personnel on internal administrative, finance, and HR procedures.

DEMOCRATIC REPUBLIC OF THE CONGO

Implementation of PMI Monitoring Tools

During this quarter, SIAPS assisted the USAID|DELIVER PROJECT in the preparation of the PPMRm country report for the period October to December 2014. The data analysis on the stock status and distribution of antimalarial commodities was submitted in January 2015 after conducting the data validation jointly with USAID|DELIVER, IHP, and PMI-Expansion. As in the previous quarter, the Lubumbashi warehouse continues to be overstocked with AS/AQ despite previous redistribution efforts. In response, SIAPS and the NMCP accelerated distributions to 10 health zones, thereby avoiding the loss of more than 72,000 ACT treatments (valued at over \$32,000).

Constraints to Progress

None

Partner Contributions

USAID | DELIVER Project, NMCP, IHP, PMI-Expansion, and the USAID mission

Supply Chain Management

This quarter, SIAPS initiated distribution of malaria commodities to 19 of 43 new PMI-supported health zones. Then, 312,293 ACT treatments (including 72,000 with risk of expiry) and 325,718 RDTs were distributed to health zones whose health workers had received training in malaria case management. It should be noted that all of these health zones were out of stock of ACTs and RDTs.

Constraints to Progress

None

Partner Contributions

NMCP

Capacity Building

During this quarter, SIAPS supported the NMCP in Katanga province to conduct training on malaria case management and quantification of malaria commodities for 287 health care workers (121 females and 166 males) from nine health zones (out of the 43 new PMI health zones). Prior

to this training, a training of trainers (TOT) was conducted to address performance gaps in malaria case management in the region.

With support from SIAPS, the NMCP conducted supervision visits to three provinces, visiting facilities in 10 health zones, including four warehouses (Kamina, Kolwezi, Kalemie, and Kisangani).

Under SIAPS's mentorship, 15 health zones (three per province) were able to appropriately quantify their needs for essential medicines (including malaria commodities) using consumption data.

Constraints to Progress

Additional PMI health zones are scattered over six health districts, complicating the logistics. The quality of consumption data is problematic.

Partner Contributions

- NMCP training and supportive supervision
- Pharmacist inspectors

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS supported the NMCP to hold its quarterly workshop, January 29–30, 2015. During this workshop, the NMCP and its main partners (PMI, SANRU Rural Health Program [Projet Santé Rurale]/Global Fund, and the Department for International Development [DFID]) shared and analyzed data for malaria commodities. Also during the workshop, it was learned that PMI has a large stock of mosquito nets while SANRU/Global Fund is experiencing a stock-out. A loan of PMI's bed nets to SANRU/Global Fund was agreed upon. In addition, participants agreed to develop a Memorandum of Understanding that will allow depots to systematically use the first expiry, first out (FEFO) method of inventory management.

To enhance transparency and professionalism in the registration process, during this quarter, SIAPS provided a software called "Computerized Integrated Management System of Regulatory Process within a Drug Regulatory Authority" (French acronym: SIGIP-ARP) to the Drug Regulatory Authority (DRA). This software has been installed at the DRA with technical assistance from the DRA of Burkina Faso.

Constraints to Progress

None

Partner Contributions

NMCP, IHP, USAID|DELIVER PROJECT and PMI-Expansion; SANRU/Global Fund; DFID, DRAs of DRC and Burkina Faso

ETHIOPIA

Implementation of PMI Monitoring Tools

The January 2015 continuous results monitoring system (CRMS) data were collected from 38 health facilities in Oromia region, and the quarterly EUV report was extracted, compiled, and reported to SIAPS' Arlington headquarters for submission to PMI/Washington. Some of the findings were:

- Most health facilities (93%) had at least one form of ACT during this reporting period. SIAPS continued to share information with Oromia Regional Health Bureau (ORHB) for follow up and timely resupply of products to facilities. On the other hand, 92% of the health facilities are able to treat malaria patients with chloroquine tablets, indicating a two percentage point decline compared to the last report.
- The availability of RDTs at rural health centers (HC) has improved since the last report, from 22% to 52%. Rural HCs supply RDTs to health depots in their catchment areas.
- The proportion of facilities with appropriate stock levels has improved from 6% to 10% since the last quarter, meaning that a good number of facilities are either understocked or overstocked with antimalarial medicines (AMD). SIAPS is working with the ORHB to bring facilities to the optimum level by strengthening the supply chain system, including sharing stock status information to facilitate stock transfers between health facilities.
- Only 60% of patients were tested for malaria before receiving treatment.

The second quarter PPMRm report was submitted; data were collected from the Federal Ministry of Health (FMoH) and the Pharmaceutical Fund and Supply Agency (PFSA).

Constraints to Progress

Some of the facilities mentioned shortages in the availability of vehicles to collect ACTs from the district health offices.

Partner Contributions

The ORHB, health facility Drug Therapeutic Committees (DTC), and management staff have paid due attention to the shortages and stock-outs of ACTs and other AMDs at health facilities. Efforts are underway to conduct immediate distribution to solve the problem as well as trying to correct improper use of AMDs at the facilities.

Capacity Building

SIAPS continued to support the development of regional legislation to establish and implement Auditable Pharmaceutical Transaction and Services (APTS) in Oromia. During the quarter, SIAPS supported the ORHB to undertake the following activities until the regulation is enacted:

- Customized APTS tools (vouchers, sales tickets, and registers) during a workshop held on February 27–28, 2015.
- Selected five model hospitals and other potential hospitals to be considered as implementation sites for the first round of APTS implementation.

To prepare for nationwide EUV implementation, orientation training was conducted for 22 participants, including SIAPS regional technical advisors (RTA) who will be conducting the surveys in their respective regions. An orientation was also provided to ORHB and SIAPS country office senior staff. Data collection methods and tools were discussed in detail and the tools were customized for the local context. The participants were also provided information on the experience of CRMS in Ethiopia and EUV surveys from other countries.

The RTAs visited a total of 42 health facilities in: Amhara (West and East Amhara); Oromia (North Shewa, West Shewa, East Shewa, S. West Shewa, Bale, Arsi, West Arsi, Wollega (Horo Gudru, West, East, Kelem Wollegas); and Benshangul Gumz (Assosa). They provided onsite mentoring support, which included distribution of standard prescription forms, dispensing manuals, information, education, and communication (IEC) materials on antimicrobial resistance (AMR) advocacy and containment, malaria treatment guidelines, the drug management handbook for health extension workers (HEW), and organized programs for health education. In addition, they identified potential CRMS sites in Oromia, collected CRMS data, and followed up on baseline data for selected rational medicines use indicators for selected health facilities (HF).

An ongoing joint supportive supervision visit by ORHB, consisting of both malaria and pharmacy staff, and SIAPS/Ethiopia was undertaken from March 16 to April 4, 2015. A total of 12 health facilities, 12 district health offices, and four zonal health departments (ZHD) were planned to be visited. The team will provide mentoring on the availability and rational use of AMDs, including proper diagnosis and treatment based on the national malaria guidelines, and good prescribing and dispensing practices. The ORHB is also planning to hold a review meeting with ZHDs to share the best practices and challenges observed during the supervision visits as feedback on action points to sustain best practices and to identify solutions for the challenges.

Constraints to Progress

Delays in the enactment of the legislation due to time constraints and other pressing issues at the regional level.

Partner Contributions

ORHB, Oromia Finance Bureau, and Oromia Justice Bureau contributed to preparing and reviewing the final draft legislation and customization of the financial vouchers.

The USAID/Ethiopia PMI office provided technical support and advice in the planning and execution of the training.

Health facility DTCs, staff, and management personnel fully participated in the mentoring processes and agreed to address the recommendations.

Rational Use of Medicines

Following findings from the recent supervision meetings and CRMS, DTCs at two health facilities decided to conduct medicine use evaluation studies to assess the use of artemether-lumefantrine and artesunate (60 mg) injections at their respective facilities. Results will guide the DTCs to devise corrective measures.

Medicine use health education sessions were conducted by hospital pharmacy personnel at health facilities, namely: Woldia General Hospital and Enat Hospital (Amhara region), and Ayder Hospital (Tigray region). A total of 33 topics on the proper handling and use of medicines, including AMDs, were discussed during the quarter. The topics included: storage, medicine interactions, adherence to treatment, self-medication, dangers in the use of expired/spoiled medications, medicine use during pregnancy, and containment of AMR.

SIAPS staff advocated for the rational use of medicines and containment of AMR in collaboration with the Oromia TV and Radio Agency. The one-hour program was held in Afan Oromo and was broadcast live on television and radio on February 22, 2015. The objective of the session was to sensitize the public about the rational use of medicines and the emergence of AMR due to irrational use of antimicrobial medications. Major points raised during the program included: the definition of and criteria for rational medicine use; examples of rational and irrational medicine use; the adverse impact of irrational medicine use, which is contributing to the spread of AMR, with examples from the Ethiopian context, including resistance to chloroquine and anti-TB medicines as well as patient-related factors that contribute to the increasing prevalence of AMR.

Constraints to Progress

None

Partner Contributions

The HF DTCs, management personnel, and other HF staff are showing their willingness to participate in activities, and are providing technical and management support for the conduct of studies and averting problems.

DTCs and staff at HFs are participating effectively in planning and conducting the health education sessions. Almost all the supported HFs are also showing willingness to participate in future activities. The one-hour question and answering session on TV/radio drew a big audience, as indicated by the number of questions forwarded by the public.

Supply Chain Management

During the quarter, the RTAs assessed storage conditions at HFs in the new PMI sites in all regions and identified the supplies and support needed to improve the storage and handling of malaria and other products.

Constraints to Progress

None

Partner Contributions

Health facility management personnel and staff supported and actively facilitated planning and other activities to implement the work.

Information Systems Management

The RTAs in Oromia collected data from 38 out of 42 CRMS sites using the CRMS monitoring checklist for the compilation of the January 2015 quarterly CRMS report.

Using the stock status data collected from 38 CRMS sites, the HF AMD stock status report was prepared and shared with ORHB and 17 ZHDs in Oromia region. The report will be used by ORHB and the ZHDs to facilitate stock redistribution (exchange/transfer) between HFs and thereby reduce wastage due to expiry and overstock of AMDs.

Constraints to Progress

None

Partner Contributions

Health facilities and other supply chain stakeholders supported program staff by providing the necessary data and information.

Support for Policies, Guidelines, Regulations, and Partner Coordination

The following activities were conducted during the quarter:

- SIAPS attended a meeting to establish the Malaria Logistics Technical Working Group, which will deal with issues related to the transition of malaria commodity management/distribution to PFSA management and will oversee malaria commodity management after the transition. Members of the committee are representatives from the PFSA, the malaria program focal person, FMoH, USAID/PMI, UNICEF, SIAPS/Ethiopia, Ethiopian Public Health Institute, Food, Medicine and Health Care Administration and Authority, and USAID|DELIVER PROJECT. The working group has approved its TOR and has started functioning.
- Attended a working group meeting coordinated by USAID-Ethiopia/PMI. It involved discussions by USAID| DELIVER PROJECT and SIAPS on future cooperation in data/information sharing from supported HFs concerning stock status and movements at the

facilities. The information exchanged between the programs will help to avoid duplication of effort and foster leveraging of resources. A TWG of representatives from both programs has discussed and submitted recommendations on future areas of collaboration and the scope of the data exchange processes for final endorsement by the main working group.

- A meeting was held with the FMOH National Malaria Control Team concerning future cooperation and technical support from SIAPS/Ethiopia in areas of AMD rational use and other logistics issues. Based on the discussion, it was agreed to work together and organize a joint review meeting for regional- and central-level malaria control and logistic coordinators and the PFSA on April 6–8, 2015.
- A Joint USAID-Ethiopia/PMI and SIAPS-Ethiopia/PMI/Anti-malaria Drugs Management (AMDM) activity review meeting was held on January 15, 2015 at the USAID/Ethiopia head office. SIAPS presented an activity update. Following discussions, the USAID program managers provided recommendations on future approaches for activity follow up, CRMS, data/information sharing with other USAID logistics partners for use in the CRMS and the bimonthly stock status report compilation by SIAPS.
- The USAID/Ethiopia PMI Team Leader and Ms. Judy Micelle from USAID/Ethiopia visited health offices and facilities in East Shewa zone of Oromia region from March 24 to 26, 2015. They also visited the East Shewa Health Department, Metehara and Boset District Health Offices and Batu No.1 health center, Wonji Hospital, and Metehara and Wolenchite HCs. They visited both medicine storage and dispensing areas and observed the availability of AMDs, recording at stores and dispensing areas, the request process for acquisition of supplies, and the management of excess and near expiring medicines that cannot be consumed at the facilities. Health office and health facility management and staff explained how they deal with each issue and indicated that the main challenges are mostly the absence of the pediatric dose of ACT and that they try to redistribute excess and near expiry products to other health facilities in consultation with their respective district and zonal health offices. Finally, the team advised SIAPS PMI/AMDM to focus in areas of pharmacy services and also work closely with other PMI partner organizations involved in the supply system in order to effectively use PMI resources.

Constraints to Progress

None

Partner Contributions

Active support was obtained from USAID/PMI staff in critically reviewing the draft plan and proposing areas of focus.

GUINEA

Information Systems Management

During this quarter, SIAPS worked with the NMCP (Programme National de Lutte contre le Paludisme [PNLP]) and its TWG to improve the pharmaceutical management information system through joint supervision visits.

In February 2015, SIAPS provided technical assistance to the PNLN to conduct regional quarterly review meetings in Global Fund-supported districts. Supervision visits took place in Mamou, Nzerekore, and Kankan to harmonize collection tools for epidemiologic and pharmaceutical management data. Given the insufficient capacity of pharmacists and statisticians to properly collect and organize data for routine reporting purpose, onsite training was provided on the collection of malaria commodities' consumption data.

Constraints to Progress

Because of the Ebola outbreak, the implementation of some activities was delayed.

Partner Contributions

SIAPS collaborated with the partners and government agencies mentioned above.

Supply Chain Management

SIAPS worked with the PNLN and USAID/PMI representatives to conduct a gaps analysis and review the country's needs for malaria commodities to be ordered in 2015.

The project supported the Malaria TWG to develop its annual operational plan and organize the distribution of incoming PMI-funded health commodities.

Constraints to Progress

None

Partner Contributions

SIAPS collaborated with the partners and government agencies mentioned above.

Capacity Building

During this quarter, SIAPS conducted a series of trainings that the CMS (PCG) technical staff attended to improve their capacity in health commodity management, quality assurance system,

and medicine storage conditions in the PCG's main and regional warehouses. As a result, job descriptions for the three pharmacists in charge of quality assurance and their annual action plans were revised. Using the tools developed, the Regional Medical Store in Boke and some health facilities were subsequently supervised and corrective actions suggested.

In collaboration with the World Food Programme (WFP), SIAPS supported the PCG to train 60 professionals (pharmacists and storekeepers) on the management of Ebola health commodities and supplies. Beginning March 23, four groups of 15 professionals attended a six-day training that concluded with a site visit to the WFP warehouse where Ebola-related health commodities and supplies are stored. The training covered key management activities, such as quantification, reception, storage, distribution etc., and provided basic technical specifications for hazmat protection.

From March 9 to 15, 2015, the TWG conducted supervision of the management of malaria commodities in Conakry with a focus on the good distribution practices, commodities stock status, and free of charge delivery of PMI-funded commodities.

From March 15 to 31, 2015, SIAPS supported the PNLN to conduct biannual supervision countrywide, using a template for an integrated supervision that was finalized with SIAPS technical assistance. The supervision findings revealed the availability of huge quantities of commodities at the health facility level, insufficient use of pharmaceutical management tools, and inefficient order processes due to the "push" system that is in place.

In collaboration with the USAID-funded LMG project implemented by Management Sciences for Health (MSH), SIAPS supported the PNLN to develop priority actions plans that include improvement in management for epidemiologic and medicines consumption. To this end, workshops were conducted under the PNLN's leadership from February 14 to 15, 2015 in Kindia region and Conakry (health districts of Ratoma and Matoto).

Constraints to Progress

The PNLN TWG on malaria commodities involves partners such as the PCG, USAID|DELIVER, Stop Palu, Catholic Relief Services (CRS), and USAID; it still needs support to improve its functioning.

Partner Contributions

WFP, PCG, USAID|DELIVER, Stop Palu, CRS, and USAID

Support for Policies, Guidelines, Regulations, and Partner Contribution

During this quarter, SIAPS supported the national medicines regulatory authority (National Directorate of Pharmacies and Laboratory [DNPL]), to organize preparatory sessions for a workshop to address pharmaceutical legislation and regulatory issues in Guinea and to

subsequently revise medicines regulatory documents. The sessions took place in February and March 2015. Key achievements included the following:

- Identification of existing legislative acts and regulatory documents.
- Collection of international referral documents related to pharmacy and medicines regulation.
- Identification of gaps in existing medicines regulation documents.
- Development of a training module on international referral documents related to pharmacy and medicines regulation.
- Development of the agenda for the upcoming workshop on pharmaceutical legislation and regulation.

As part of reform efforts to improve transparency and accountability of the PCG, SIAPS and representatives from six regional medical stores participated in the annual meeting of the board of directors. In addition, SIAPS conducted a series of trainings that PCG technical and administrative staff attended to improve the documentation process for finance and commodity management and to enhance the quality assurance system in place.

Finally, SIAPS collaborated with the WHO and European Union (EU)-funded Pan African Sanctuary Alliance (PASA) project to revise the CMS' strategic plan. As a result, PCG adopted an integrated approach that includes the EU-funded Regional Medical Store of Nzerekore.

Constraints to Progress

Ebola-related activities remained the top priority for all departments of the MOH and the PCG. Therefore, the implementation of all planned activities was impacted and slowed down.

Partner Contributions

During the quarter, SIAPS worked with a wide range of local and international partners, including WHO, WFP, and the EU-funded PASA Project.

KENYA

Implementation of PMI Monitoring Tools

The Health Commodities and Services Management (HCSM) Program prepared for a round nine quality of care survey during the quarter, and disseminated round eight survey results.

The program prepared a PPMRm for the quarter, which was reported to PMI.

Constraints to Progress

None

Partner Contributions

Collaboration with the Malaria Control Unit, Kenya Medical Research Institute, and HCSM

Information Systems Management

Provided support to the MOH to continue reporting commodity data on the District Health Information Software (DHIS 2) platform and to design dashboards and platforms. National reporting rates for malaria commodities were maintained at above 70% throughout the quarter. The program plans to develop a national supply chain portal to monitor commodity trends at both the national and peripheral levels.

Constraints to Progress

None

Partner Contributions

None

Supply Chain Management

The team provided technical assistance to national health commodity-related TWGs and committees to compile the monthly monitoring of malaria stock status.

HCSM met with the MOH/NMCP and led the development of a focused MOH/NMCP management discussion to have HCSM support the MOH/NMCP in ongoing activities to enhance the uptake and consistent use of LLINs.

SIAPS facilitated the formation of a MOH/NMCP-led TWG charged with developing strategies to enhance the uptake and consistent use of LLINs.

SIAPS developed a scientific protocol for a baseline mobile phone-based survey for submission to the University of Nairobi Ethical Review Committee (UoN/ERC). HCSM secured the MOH/NMCP's buy-in on the protocol and submitted it to the UON/ERC for ethical review. The findings of this survey will inform the development of strategies that will enhance the uptake and consistent use of LLINs. The team also engaged a company that offers mobile phone survey solutions to undertake the quantitative survey using m-technology (Innovation).

Constraints to Progress

None

Partner Contributions

MSH/HCSM, PSI, Clinton Health Access Initiative, Kenya Medical Supplies Authority, Health Information System Unit, and the NMCP.

LATIN AMERICA AND THE CARIBBEAN: AMAZON MALARIA INITIATIVE

Case Management and Supply Chain Management

SIAPS participated in a meeting organized in Iquitos, Loreto, Peru (March 2–5, 2015) to analyze the conditions and factors leading to the recent increase in malaria incidence in Loreto, and agree on alternative strategies to confront the epidemic. Based on these agreements, and starting next quarter, SIAPS will support plans for the introduction of ACTs and RDTs.

SIAPS consultants visited the Loreto medical store. With the technical assistance of SIAPS, this facility was certified in good storage practices (only the second one in Peru). For the next and subsequent quarters, SIAPS will provide continued, limited technical assistance to keep the certification valid.

SIAPS continued working with local counterparts in Pará and Roraima (Brazil) in the systematization of interventions to improve access to malaria diagnosis and treatment in gold mining areas. For next quarter, SIAPS will finalize the technical report on the systematization of these interventions, and will start monitoring the progress of implementation and preliminary results, based on a monitoring plan to be completed by April 2015.

Constraints to Progress

The introduction of guidelines to support malaria pharmaceutical management in primary health facilities, and monitor the availability of AMDs used by primary health volunteers has been delayed due to the conflicting agenda of national counterparts.

Partner Contributions

None

Information Systems Management

The technical report on the situation of malaria pharmaceutical management and the impact of Amazon Malaria Initiative (AMI)-supported interventions in seven AMI countries was finalized. During this quarter, SIAPS processed and analyzed the consolidated data. The results were presented at the AMI Annual Technical Meeting (Rio de Janeiro, March 24-26, 2015). For the next quarter, SIAPS will review and edit the technical report and disseminate hard copies and electronic versions to all AMI partners and counterparts.

Through its local consultants, SIAPS supported the compilation of information and analysis for the quarterly Bulletin on Availability and Consumption of Antimalarials, disseminated by the Pan American Health Organization (PAHO) in February 2015. Ten countries shared information. The availability of AMDs in central warehouses has decreased slightly (from 86% last quarter to

79%), due to stock-outs of a few antimalarial presentations in some countries. SIAPS consultants will continue supporting this activity next quarter.

In Colombia, major inaccuracies in the estimation of needs and distribution are a consequence of a poorly estimated percentage of non-registered malaria cases. Along with national counterparts, SIAPS developed the first draft of a research protocol to estimate the under-registered percentages in high burden departments. The protocol will be finalized next quarter. SIAPS will then discuss alternatives for financing the study with national counterparts and other agencies.

Constraints to Progress

National counterparts in Colombia have been dealing with other technical and administrative priorities. For this reason, the finalization of the research protocol and data collection has been delayed.

Partner Contributions

The development of the research protocol in Colombia was supported by the National Health Institute.

Support for Policies, Guidelines, Regulations, and Partner Coordination

Nine states in Brazil are implementing strategies to address identified gaps for the adequate implementation of malaria control strategies. A workshop to monitor their progress was carried out last quarter. During this quarter, SIAPS finalized the technical report and distributed it to counterparts and partners. SIAPS has proposed a similar intervention in Colombian departments with high malaria incidence, but the technical assistance plan has not been endorsed by national counterparts. In the next quarter, SIAPS will discuss alternative strategies for the implementation of this activity with local counterparts in Colombia. A follow-up monitoring exercise in Brazil is scheduled for February 2016.

SIAPS participated in the Technical Review Panel for Global Fund Malaria Concept Notes (PAHO office, Washington DC, March 17–19, 2015).

Constraints to Progress

National counterparts in Colombia have been dealing with other technical and administrative priorities. For this reason, the evaluation of malaria control strategies has been delayed.

Partner Contributions

None

MALI

Implementation of PMI Monitoring Tools

SIAPS worked closely with the Directorate of Pharmacy and Medicines (Direction de la Pharmacie et du Médicament [DPM]), the NMCP, the CMS (Pharmacie Populaire du Mali [PPM]), PSI, and USAID/PMI to produce the PPMRm. Recommendations for supply and distribution of malaria commodities were made in this report. SIAPS subsequently assisted the DPM, NMCP, and PPM to implement recommendations, particularly adherence to the national supply plan by stakeholders and the implementation of distribution plans by the PPM.

In collaboration with SIAPS, the NMCP conducted one EUV survey in February 2015. The findings of this exercise will be disseminated at national and regional levels during the next quarter so that corrective actions may be taken.

Constraints to Progress

None

Partner Contributions

- PPM, PSI, DPM, the Institute of Reproductive Health (IDSR), USAID, and UNFPA attended meetings on the analysis and validation of pharmaceutical management data collected.
- The Regional Health Directorate (DRS), PPM regional warehouses, and the health districts of Kayes, Koulikoro, Sikasso, Segou, and Mopti regions and Bamako participated in quarterly review meetings.

Supply Chain Management

On February 16-17, 2015, SIAPS supported the NMCP to disseminate results from an assessment conducted to determine the possibility of involving private pharmacies in the management of malaria according to the national malaria case management policy in Mali. The main finding of this study was that access to AMDs could be improved by private pharmacies that serve between 50 and 200 clients per day, one-fifth of them having been prescribed an AMD. However, data also showed that only 40% of pharmacies were inspected by a medicines regulatory authority in the last two years.

Constraints to Progress

Donors do not respect the terms of existing malaria commodity procurement and supply plans.

Partner Contributions

NMCP, DPM, Private Sector Pharmacists Association, National and Regional Pharmacists Councils, Community Health Regional Federation (FENASCOM, FERASCOM Bamako), DRS Bamako, CRS, PSI, TB PPM, National Directorate for of Health.

Capacity Building

As part of its capacity building efforts in pharmaceutical supply management, SIAPS supported 12 local institutions, therefore allowing professionals from these local partners to complete 30 technical assignments.

To improve the availability of commodities at all levels of the country's health system and to assist stock managers in their day-to-day tasks, SIAPS supported the DPM, DRS, and districts to conduct supportive supervision visits. The supervision visits contributed to strengthening the capacity of field-based health workers to use pharmaceutical management tools to improve the availability of medicines and increase the number of treated patients at the health center level. Approximately 100 facilities, including five PPM regional warehouses, five DRS, 48 health facility depots, and 42 district warehouses were visited (in the regions of Kayes, Koulikoro, Sikasso, Segou, and Mopti, and the District of Bamako) providing an opportunity to conduct coaching sessions, where needed.

In addition, SIAPS supported the DRS of Kayes, Koulikoro, Sikasso, Segou, Mopti, and Bamako to organize their quarterly meetings to analyze and validate data on malaria. Commodity stock status data were collected from the district level and aggregated. The meetings also addressed pharmaceutical management issues identified during joint supportive supervision and coaching sessions. Validated data showed that the percentage of health facilities that completed and submitted required LMIS reports increased from 32% to 40%. The reports will be reviewed and subsequently submitted to the DPM for decision making.

Finally, in collaboration with its global partner (IHS), SIAPS supported a validation process for the PPM's five-year strategic plan along with the preparatory phase of the PPM's standard operating procedure (SOP) assessment that will drive the improvement of its supply chain management operations.

Constraints to Progress

It appears from the supervision visits that some health professionals previously trained in pharmaceutical management are still struggling to properly implement their post-training action plans.

Partner Contributions

- Health districts of: Tominian, Bandiagara, Niora Diem Kenieba, Selingue, Kignan, and Bankass
- PPM
- DRS of Kayes, Sikasso, and Segou regions
- Health districts
- CMS, DPM, NMCP, Reproductive Health Directorate, HIV program, Supreme National Council for AIDS (Haut conseil national de lutte contre le Sida [HCNLS]), CRS, National Pharmacists Council
- USAID, PSI, UNDP, UNFPA, Global Fund

Support for Policies, Guidelines, Regulations, and Partner Coordination

To improve pharmaceutical governance, SIAPS supported the DPM to organize its quarterly supply chain coordination meetings to discuss and address issues related to health commodities management.

During this quarter, the national committee meeting was held to discuss malaria and other commodity's stock status. Following up on recommendations from the meeting, the Malaria TWG held a meeting to update malaria supply plans based on medicines consumption and inventory replenishment data for malaria commodities, using the Pipeline software. The TWG recommended that donors respect their commitments to maintain supply plans and the delivery calendar.

To improve governance in the pharmaceutical public sector, SIAPS supported the DPM, DRS, and districts to disseminate LMIS SOPs, the stock management reporting tool (Compte-rendu de Gestion de Stock [CRGS]), and medicine stocks cards to health facilities. The number of health facilities with available management tools increased from 562 to 835 (including 102 health facilities in Kayes region, 57 health facilities in Koulikoro region, 237 health facilities in Sikasso region, 209 health facilities in Segou region, 173 health facilities in Mopti region, and 57 health facilities in Bamako).

Constraints to Progress

During this quarter, SIAPS found that the involvement of all stakeholders in the decision making process for pharmaceutical management was insufficient. Other constraints included the lack of operations standardization for medicines supply at all levels of the national supply chain system, including an insufficient CMS operations performance.

Partner Contributions

- Malaria TWG, DPM, PPM, PNL
- Donors: USAID, PSI, UNDP
- Civil society organizations: Projet village du millénaire, FERASCOM, Projet de développement décentralisé, Marie Stopes International, Esther's Aid

SOUTH SUDAN

Implementation of PMI Monitoring Tools

SIAPS compiled the fourth quarter PPMRm report for South Sudan, which documented the national AMD stock status as of the end of December 2014. The data are used globally as an early warning system to monitor countries' stock status information for AMDs, including information on national AMD selection, procurement, and distribution, and current national issues. The report showed that there are around four to five months of stock for most AMDs, which is consistent with the current pipeline and procurements in the country.

Constraints to Progress

None

Partner Contributions

None

Information Systems Management

To ensure the enhancement of information for decision making, SIAPS continued to provide monthly stocks status reports through the Logistic Management Unit of the Central Equatorial State (CES). During the process of monthly data collection for the report and feedback to the counties, the team noted a continuous decline in the frequency of stock-outs of tracer medicines in all counties, which may be attributed to the effective distribution of the Emergency Medicines Fund (EMF) throughout the country. In general, the CES stock-out frequency declined from 29% in September 2014 to 14% in December 2014. SIAPS continued to provide emergency support to facilities that were stocked out in CES and West Equatorial State (WES).

SIAPS undertook stock status analysis for health facilities in the counties of Juba, Yei, Lainya, Terekeka, and Morobo. The Program analyzed data collected and provided feedback to the counties as well as to the Directorate of Pharmaceuticals and Supplies and the State MOH.

As part of inventory management and the strengthening of data collection, SIAPS visited selected facilities, including the following: Nyokuron Primary Health Care Centers (PHCC); Gurei Primary Health Care Units (PHCU); Malakia, Secrete Heart PHCU; Mahad, Kator PHCU; Gumbo, Hai Jebel, Gudele PHCU; St. Kizito, Gudele Block 4 PHCU; and Munuki PHCC. Stock status data for the Juba County Health Department were collected and analyzed in January 2015 and shared with the CES MOH.

Constraints to Progress

HR challenges at the facilities are great and their capacity to undertake inventory management tasks is very minimal. Such conditions led to delays in receiving prompt and accurate reports for

analysis. SIAPS has only one data officer to cover both the states of WES and CES. This has made it impossible to get information from WES.

Partner Contributions

State MoH

Supply Chain Management

SIAPS worked with the CES MOH to deliver ACTs received under the EMF Lot-7 to all of its six counties.

SIAPS provided technical and logistical support to Morobo County in CES for the distribution of EMF commodities to health facilities that had requested them earlier but were unable to receive them due to logistics challenges. The health facilities included: Aboroto, Payume, Lujulo and Aloto PHCCs; and Yaribe and Kendila PHCUs. SIAPS engaged the county implementing partners (IP) in the process.

SIAPS facilitated a dejunking exercise for Nagero County (WES) in response to a request by the Integrated Service Delivery Program (ISDP), which supports the county in implementing primary health care services. SIAPS removed expired commodities from the county store, and freed up space for the receipt of EMF supplies.

SIAPS prepared a malaria procurement information request form for the procurement of AMDs for WES and CES. In all, 400,000 LLINs, 630,000 doses of ACT, and 250,000 doses of SP will be procured through the USAID | DELIVER PROJECT and stored at the state warehouse for distribution. These supplies will help prevent and treat malaria-related ailments and save lives.

Constraints to Progress

The general insecurities continue to impact greatly on supply and medicine management in the country, with certain areas being very difficult to reach due to the conflict.

In the two states of CES and WES, some counties do not have storekeepers and pharmacists who can be accountable for the management of medicines. This negatively affects pharmaceutical management and capacity building efforts by the Program.

Selected counties and health facilities do not have enough shelves and pallets, which results in poor storage conditions and management of the EMF supplies. SIAPS has initiated the procurement of pallets to be distributed to these locations to address the problem.

Partner Contributions

The project collaborated with ISDP, Health Pool Fund (HPF), and USAID|DELIVER PROJECT to ensure that issues related to medicine supply and pharmaceutical management are addressed.

Capacity Building/Supportive Supervision

To increase and enhance capacity in pharmaceutical supply management and services, SIAPS continued to provide technical assistance in the day-to-day management of the CES medical store, ensuring its smooth operation, appropriate medicine storage, and implementation of necessary inventory management practices, including store arrangement of medicines, stock card update, and receipt and issue of medicines.

SIAPS conducted supportive supervision in Yei, Morobo, and Terekeka counties in CES, with the objective of improving the performance of facilities that had very poor stock status reports and medicine requisition practices. In Morobo County, SIAPS and the Action African Help-International (AAH) facility supervisor visited Yondu, Lujulo, and Yogufe PHCUs and Kaya PHCC. In Yei County, in partnership with the County Assistant Administrator and AAH facility supervisor, SIAPS visited Pisak, Logo, and Wadupe PHCU, and Mugwo and Payawa PHCCs. In Terekeka County, in collaboration with the county M&E staff, SIAPS visited Lojora PHCU and Jobem PHCU. In all, SIAPS provided on-the-job training to 11 male and two female staff.

SIAPS provided introductory training on computer use to CES warehouse staff (three males and one female). The objective is to capacitate warehouse managers to appreciate the use of computers and to prepare them for future computer-based management of commodities to improve efficiency and reduce workload.

SIAPS conducted on-the-job training in the use of pharmaceutical management tools and store arrangements for facility staff at Kogulu, Kimba, Rodoba, Yaribe and Moijo PHCUs, and at Lasu, Aboroto, and Payume PHCCs. In all, 18 staff were trained (12 males and six female). These trainings will ensure that data on medicine use and their management at the facilities are strengthened as well as to improve information for proper decision making, such as for quantification.

SIAPS facilitated a three-day pharmaceutical management training in Nimule (CES) as part of its support to other partners in strengthening pharmaceutical management activities in the country. The training focused on best practices and standards for handling and storing pharmaceuticals, enabling participants to apply the standards in their respective health facilities. Participants received materials to guide the implementation of practices at their facilities. This will ultimately help to improve storage management and maintenance of the quality of medicines. In all, 20 participants from Nimule Hospital were trained (five males and 15 females).

As part of the roll-out of pharmaceutical management training after the TOT in first quarter, SIAPS conducted a three-day pharmaceutical management training in Kajokeji (CES). The training focused on inventory management, including the proper use of stock cards, dispensing registers, issue and receipt vouchers, and proper storage management. In all, 24 participants (12 males and 12 females) were trained. This training is critical to ensuring that the current distribution of EMF commodities reaches the intended beneficiaries to save lives and maintain good storage practices.

Constraints to Progress

The HR challenges at the facilities are great and their capacity to undertake pharmaceutical management tasks is very minimal. This leads to difficulty in rolling out program activities.

Partner Contribution

The project collaborated with ISDP and HPF to ensure that pharmaceutical management training is rolled out throughout the country. SIAPS provided technical assistance and training materials for the trainings in other states beyond WES and CES.

Support for Policies, Guidelines, Regulations, and Partner Coordination

Due to changes in the focus of the program in the area of pharmaceutical sector governance, SIAPS' role is limited to supporting the review and update of the STG/EML for South Sudan. SIAPS is currently collaborating with the WHO to establish the committees and partner discussion groups to launch the process, using the Pharmaceutical Technical Working Group as the forum for discussion and implementation of the review. WHO is taking the lead in this process and will engage a consultant to manage the process until its completion. Following the review, it is expected that partners will support the printing and dissemination of the document to the various states and counties they support.

A Malaria TWG meeting to finalize the Malaria Annual Operational Plan (AOP) for 2015–2016 was held. The AOP will guide the NMCP to prioritize its activities and ensure effective implementation of malaria interventions. Following finalization of the consolidated AOP by the NMCP and partners, state-level AOPs were developed. SIAPS supported CES and WES in the development of their AOPs. A draft was sent to the State coordinator for review and feedback.

A malaria case management TWG meeting was held to discuss country Malaria Updates, Seasonal Malaria Chemoprevention, finalization of the Malaria Case Management and Training Guideline, and the summary NMCP Plan for 2015. SIAPS participated in discussions, and prepared and gave a presentation on the malaria situation in South Sudan. The meeting recognized the need for more research and documentation regarding adaption of Seasonal Malaria Chemoprophylaxis in South Sudan. On review and finalization of the guidelines, several changes were suggested for incorporation.

A DHIS training for Malaria Grant IPs, including NMCP staff, was conducted. The DHIS consultant will update the malaria DHIS system, including malaria sentinel indicators. This will simplify analysis and reporting of sentinel site data.

A Malaria TWG meeting was held to discuss the kick-off of the Therapeutic Efficacy Testing (TET) study. A TET technical committee was formed. A detailed schedule of activities and timelines were prepared to ensure the timely submission and implementation of the protocol. The study will monitor the efficacy of currently used first-line AMDs (including AS/AQ) to enable early detection of resistance. SIAPS participated in drafting the schedule of preparatory activities

and TORs for the TET technical committee, TET site assessment tool, and a road map for the 2015 TET implementation. With the threat of resistance to ACTs spreading from South East Asia, this study is important. The first TET commenced in 2013 but stopped due to the outbreak of war.

SIAPS staff and the NMCP met during an integrated disease surveillance and response (IDSR) review meeting funded by WHO to review the overall achievements, challenges, and way forward for the IDSR system in the country. The objective is to improve IDSR performance, including the malaria sentinel surveillance system.

SIAPS participated in a Global Fund country team meeting to review the various stages of the malaria application and the steps to grant signing. Following guidance from the Global Fund team, the NMCP will identify key activities in the cost extension work plan (January to March 2015) that the program can complete before March 31, 2015.

April 25th is commemorated as World Malaria Day (WMD). Careful planning for the occasion was initiated, involving SIAPS and all partners. Key activities and events were identified. A roadmap for the event was prepared and mapping of available resources was done. SIAPS provided a tentative budget to support the activity. A WMD technical committee was formed. The WMD is an advocacy event for NMCP activities to communicate gains achieved and key messages for the public.

In consensus with the Global Fund/Geneva, the Malaria TWG drew up a plan for the launch of the Global Fund's new funding model grant implementation. The launch (April 1, 2015) will also recognize the award presented to the President of the Republic by the African Leaders Malaria Alliance in recognition of South Sudan as the "most improved national malaria control program."

Constraints to Progress

The newly established Drug and Food Control Authority lacks sufficient human resources to engage in fruitful discussions on the EML/STG.

HR capacity at national, state, and county levels to fully implement malaria interventions is limited. This has constrained the ability of the malaria program to fully roll out its strategies at lower levels of the health system. Currently, the embedded advisors from SIAPS and WHO are supporting the national program to develop the necessary policies and tools for effective implementation of malaria activities. The Global Fund has also provided resources for the recruitment of key technical personnel, such as M&E and logistics officers, to support the program.

Partner Contributions

The Global Fund, through PSI, WHO, and USAID, has been supporting malaria activities through the engagement of technical assistance consultants and advisors. USAID has also contributed to the procurement of AMDs for the case management of malaria.