

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

July –September 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

ACT	artemisinin-based combination therapy
AMD	antimalarial medicines
AMDM	antimalaria drugs management
AMI	Amazon Malaria Initiative
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
CRS	Catholic Relief Services
DHIS	District Health Information Software [South Sudan]
DNME	National Directorate of Medicines and Equipment [Angola]
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)
DPS	prefectural health management [Guinea]
DRA	Drug Regulatory Authority
DRC	Democratic Republic of the Congo
DRS	Regional Health Directorate
DTC	Drug Therapeutic Committee
EMF	Emergency Medicines Fund
EUV	end use verification
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HC	health center
HCSM	Health Commodities and Services Management Program
HF	health facility
HR	human resources
IP	implementing partner
ISDP	Integrated Service Delivery Program
KPI	key performance indicator
LLIN	long-lasting insecticide-treated bed net
LMIS	Logistics Management Information System
M&E	monitoring and evaluation
MCH	Maternal and child health
MOH	Ministry of Health
NEML	national essential medicines list
NMCP	National Malaria Control Program
ORHB	Oromia Regional Health Bureau [Ethiopia]
PCG	Central Medical Store [Guinea]

PFSA	Pharmaceutical Fund and Supply Agency
PHCC	Primary Health Care Center
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
SANRU	Projet Santé Rurale (Rural Health Project)
SIAPS	Systems for Improved Access to Pharmaceuticals and Services [Program]
SP	sulfadoxine-pyrimethamine
USAID	US Agency for International Development
WES	West Equatorial State
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 USAID-funded 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, Niger and South Sudan. In addition, SIAPS provides regional support in Latin America.

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

During this quarter, SIAPS held a meeting with PMI/Washington to discuss activities proposed in the malaria core work plan. The work plan was revised accordingly and submitted to PMI for approval. Also during the quarter, two SIAPS staff members travelled to Ethiopia to document the country's contribution toward reducing malaria morbidity and mortality through systems-strengthening approaches and other interventions. The team interviewed key stakeholders including the MOH (MOH), health workers, community leaders, and nongovernmental organizations. Whenever possible, interviews were videotaped for future reference and corresponding qualitative and quantitative data, reports or other materials were collected to support evidence of SIAPS' achievements.

To facilitate procurement decisions at PMI, SIAPS aggregated data and reported on stock status of malaria commodities from Angola, Burundi, Ethiopia, Guinea, Kenya, Mali, South Sudan, and Uganda. During the quarter, Angola, Burundi, and Ethiopia disseminated their end-use verification (EUV) findings

ANGOLA

Implementation of PMI Monitoring Tools

During the reported period, the June 2015 EUV report was submitted to PMI and to other country stakeholders. The program compiled procurement and stock status data to develop and submit the quarterly Procurement Plan and Monitoring Report for malaria commodities (PPMRm) with action-oriented recommendations to address the current shortages of antimalarial products at provincial level. As a direct result of these reports, both PMI and Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) agreed to provide additional ACTs and RDTs to support the country while the ministry of health is working on emergency orders. Particular attention was paid to the current generalized stock-out of sulfadoxine-pyrimethamine (SP) in all provincial warehouses, which puts pregnant women on a high risk of getting malaria as health facilities will not be able to implement the Intermittent Preventive Treatment for malaria during antenatal care visits

Constraints to Progress

- Non-use or improper use of pharmaceutical management tools at health facility level that jeopardizes stock movement records
- Generalized stock-out of SP

Partner Contributions

- National Malaria Control Program (NMCP) for coordination
- All 18 provincial malaria teams in stock monitoring

Supply Chain Management

SIAPS continued to support NMCP to closely monitor ACTs, SP, and RDTs stock levels at the national level and in all 18 provinces. This information was shared with high officials of MOHMOH, NMCP, and donors as an advocacy tool to raise their awareness on the current alarming situation of chronic shortages in ACTs as there is always the gap between what is needed and what is donated or procured.

SIAPS continued to provide technical support to the Central Medical Stores (Central de Compras de Medicamentos e Meios Medicos de Angola [CECOMA]) to monitor its warehouse operations and Key Performance Indicators (KPI) and to organize weekly technical review meetings to address the identified bottlenecks to improve CECOMA daily operations

Constraints to Progress

Insufficient stock of antimalarial products at national and provincial level

Financial crisis due to oil price drops has impacted negatively CECOMA ability to recruit capable staff and to implement its annual plan

Partner Contributions

CECOMA for coordination in monitoring and improving KPIs
NMCP and other partners

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS continued to support and facilitate the National Directorate of Medicines and Equipment's (DNME) supply chain coordination role. An Inter-agency coordination committee for the revitalization, sub-commission for Logistics Procurement and Operations meeting was organized to review achievements in the last period, to assess the national pharmaceutical logistics situation and to propose corrective measure to improve the availability of essential medicines including antimalarial products.

SIAPS also continued to participate as an active member of the ad-hoc technical team of DNME in the meetings to draft the National Formulary Manual

As a member of the national task force for writing the global fund concept note for malaria, SIAPS attended different meetings to review comments issued by the Global Fund team and to improve the concept note that is due on October 15, 2015.

Constraints to Progress

Irregularities of the coordination meeting due to other competing activities at DNME level
Delays in getting all the needed inputs in finalizing the National Formulary manual

Partner Contributions

- DNME for their coordination role
- UNDP/Global fund for financing the development of the national formulary manual

BURUNDI

Implementation of PMI Monitoring Tools

SIAPS collaborated with the NMCP (Programme National Intégré de Lutte contre le Paludisme [PNILP]) to collect data on malaria commodities at the central warehouse (Centrale d'Achat de Médicaments Essentiels du Burundi [CAMEBU]) necessary for the April-June 2015 PPMRm report. SIAPS also supported the PNILP to develop monthly stock status analysis reports for August and September 2015.

Results for the June EUV were disseminated during the quarter. The survey identified:

- Shortages and stock-outs of malaria commodities in some health districts and facilities.
- Risk of expiry of clindamycin 300 mg and quinine 100 mg tablets stored at CAMEBU.
- Overstock of SP and artesunate injectable at CAMEBU.

As corrective actions, SIAPS:

- Is assisting the PNILP to analyze the Logistics Management Information System (LMIS) data in the 45 health districts to identify districts that are either understocked or overstocked with commodities. Results will inform a redistribution of malaria commodities to ensure a balanced availability in the country.
- Is assisting PNILP to prepare a rapid distribution plan of clindamycin 300 mg to avoid expiries.
- Has assisted the PNILP to develop a detailed action plan based on EUV recommendations.

Constraints to Progress

Slow introduction of clindamycin and quinine as second-line treatment protocol for uncomplicated malaria is putting the products at risk of expiry. The PNILP was waiting for a decree on free dispensing of the combination like ACTs. The decree under which the Government bears costs related to the purchase and distribution of quinine tablets is not yet signed

Partner Contributions

CAMEBU, NMCP

Supply Chain Management

SIAPS continued to assist the Department of Pharmacy, Medicines, and Laboratory (Département de la Pharmacie, du Médicament et des Laboratoires [DPML]) and PNILP to strengthen supply chain and improve availability of malaria commodities at all levels. During this quarter, SIAPS facilitated in-country clearing and reception of 598,500 blisters of artesunate amodiaquine (AS/AQ) 50/135 mg and 261,850 blisters of AS/AQ 100/270 mg purchased by the

USAID | DELIVER Project with PMI funds. All 2015 PMI-funded malaria commodities for FY15 have been delivered in-country.

SIAPS assisted the PNILP monthly distributions of malaria commodities from CAMEBU to health districts.

The seconded pharmacist within the PNILP has analyzed and reviewed monthly requisition forms submitted by the 45 district pharmacies, and provided feedback to districts to improve estimation of district needs and prevent stock-outs and expiries at the peripheral level. SIAPS staff members are transferring capacity to assigned PNILP staff while a full pharmacist is being recruited.

Constraints to Progress

None

Partner Contributions

NMCP, DPML

Capacity Building and Case Management

In the previous quarter, a series of trainings were organized for 242 health care providers on malaria diagnosis, entomological surveillance, pharmacovigilance, inventory management, and malaria case management. During this quarter, SIAPS assisted seven districts in Cankuzo, Rutana, and Muyinga Provinces to develop post-training action plans that aim to ensure that knowledge and competence acquired through these trainings are used to correctly diagnose and treat malaria cases. SIAPS assisted the seven target health districts to collect baseline data for key indicators over which progress and changes related to morbidity and mortality rates will be monitored throughout 2016.

Constraints to Progress

Delayed disbursement of the GF money set to complement SIAPS funds, delayed training of hospital health care providers as well as planned formative supervision.

Partner Contributions

NMCP and health districts and provinces

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS assisted the DPML in conducting three monthly coordination meetings of the Medicines Thematic Group for July, August, and September 2015. Key points on agenda were the status of the essential medicines list (EML) revision and strengthening the LMIS.

SIAPS collaborated with the Leadership, Management, and Governance (LMG) project and the PNILP to respond to the Technical Panel Review comments on the malaria Concept Note. In this regard, four workshops were held with stakeholders to develop key documents necessary for the Global Fund to sign the grant based on the approved malaria Concept Note. The documents include; an implementation plan, result framework, procurement and stock management plan and a detailed budget plan.

SIAPS worked with LMG in assisting PNILP to organize a five-day workshop to update the monitoring and evaluation (M&E) plan and align the plan to the 2013–2017 National Malaria Strategic Plan. The workshop gathered staff from PNILP, DSNIS (Direction du Système National d'Information Sanitaire/Direction of the National Health Information System), Caritas, SEP-CNLS (Secrétariat Exécutif Permanent du Conseil National de lutte contre le SIDA/Permanent Executive Secretariate of the National AIDS Control Council), and SIAPS. As results of the workshop, indicators, indicator definitions, baseline data, and targets have been aligned, and community case management indicators integrated into the PNILP M&E plan.

SIAPS assisted the PNILP in conducting the RBM partners' quarterly meeting which focused on (1) reviewing the status of Global Fund malaria concept note documentation, (2) launching the 2016 PNILP annual joint work plan process, (3) presenting 2015 EUV survey findings and next steps, and (4) determining the environmental risk that El Nino may pose in terms of increasing malaria cases in Burundi. Recommendations include:

- Global Fund concept note: the ongoing process of developing key global fund grant documents to be completed by the end of September 2015.
- PNILP 2016 work plan: the timeline and process was shared and will involve all levels from the peripheral to the central level including other vertical programs. The PNILP requested that partners who implement field-based projects/activities communicate with health districts and the PNILP to integrate work plans at both the district and national levels.
- EUV: immediate corrective measures were defined based on findings; participants also recommended a larger sample size for future surveys to get a better picture of stock status throughout the country

Constraints to Progress

Insecurity and civil unrest in Burundi has impacted the length of process for preparing for the Global Fund grant. The Grant Management Solutions Project and the Local Fund Agent were not able to travel to Burundi to assist the PNILP in finalizing the GF grant. Normally two trips are planned to assist countries; but only one workshop was conducted and this workshop had to be conducted in Uganda with Burundi staff involved due to insecurity and violence in Burundi. Additional assistance was provided virtually to follow-up on the Uganda meeting

Partner Contributions

PNLIP, DSNIS, Caritas, SEP/CNLS

DEMOCRATIC REPUBLIC OF THE CONGO

Implementation of PMI Monitoring Tools

SIAPS and the NMCP jointly conducted the second of the two EUVs for the year in September 2015. Data was collected from the same facilities that were surveyed in the previous April 2015 EUV. Data analysis continues and results will be disseminated in the next quarter

SIAPS collaborated with MEASURE Evaluation to conduct a study to determine baseline values for malaria case management indicators in a representative sample of health facilities located in the new PMI-supported health zones. The result of this baseline study will be available shortly and reported at the next quarter.

Constraints to Progress

- Logistic issues resulting in high EUV costs.
- Poor record keeping at health facilities which made it very difficult to complete the baseline study

Partner Contributions

NMCP, DRA, PNAM, IHP, PMI-Exp (PSI and CARITAS), USAID | DELIVER PROJECT, and the USAID mission

Capacity Building

SIAPS supported the NMCP to train 48 health workers (6 females and 42 males) on malaria case management, quantification of malaria commodities, and pharmacovigilance. To date (from January to September 2015), 884 health workers have been trained

Constraints to Progress

Additional PMI health zones are scattered over six health districts, complicating the logistics and increasing costs of activities like workshops

Partner Contributions

NMCP and MalariaCare for training

Support for Policies, Guidelines, Regulations, and Partner Coordination

During the quarter, SIAPS took part in the evaluation of the NMCP performance in accordance with its 2013–2015 strategic plan. The evaluation produced recommendations and guidance necessary to the development of the 2016- 2020 national malaria strategic plan.

To ensure traceability of medicines circulating across the country, SIAPS supported the pharmacy department to install and set medicines registration software (registration software SIGIP-ARP) within the Drug Regulatory Authority (DRA). SIAPS also provided technical and financial support for training of the 25 DRA staff members (10 women and 15 men) on the use of this software.

SIAPS continues to support the development of the strategic plan for the National Medicine Supply Chain System. The process is led and coordinated by the National Program for Medicines Supply (PNAM). Following the completion of the situation analysis of the DRC supply Chain, SIAPS, in collaboration with other partners, supported a five-day workshop on elaboration of a National Strategic Plan of the DRC Supply Chain. This strategic plan will be part of the 2016–2021 National Health Strategic Plan.

Constraints to Progress

None

Partner Contributions

UNICEF, UNFPA, WHO, DRA (DRC and Burkina Faso), Gates Foundation, Global Fund, PNMA, Pharmacy Department, and NMCP

ETHIOPIA

Implementation of PMI Monitoring Tools

The second countrywide² EUV survey was conducted from August 31 to September 05, 2015. Data was collected from 40 sites comprising 11 hospitals, 13 health centers, 8 health posts, and 8 medical stores. The data is being analyzed and a completed report will be circulated during the next quarter. The comprehensive report of the first round EUV survey carried out in April, 2015 was finalized and submitted

The fourth quarter PPMRm report was submitted; data were collected from the Federal MOH (FMOH) and the Pharmaceutical Fund and Supply Agency (PFSA).

Constraints to Progress

In some districts, the store managers were not available during the survey visit making it difficult to collect data

Partner Contributions

All regional health bureaus (RHB) collaborated in the EUV survey at the health facilities and medical stores and assigned staffs from regional, zonal, district health offices and health facilities to participate in the surveys

FMOH and PFSA cooperated in furnishing the information for the PPMRm.

Capacity Building

In collaboration with other USAID Partner organizations, SIAPS supported the Oromia Bureau of Health (ORHB) in conducting the Pharmaceutical Supply Chain Management and Pharmacy Services Assessment at health facilities (HF) and zonal and district levels in the region. A total of nine survey teams formed from staff members of ORHB, SIAPS, zonal health departments, district health offices (DHO), USAID | DELIVER, and MSH/Supply Chain Management Systems visited 156 HFs (36 hospitals and 120 health centers), 54 DHOs, and 24 zonal health departments and collected data using the checklist developed for the purpose. The supervisory teams held discussions with HF staff to provide recommendations and technical guidance on the following areas—

- Pharmacy human resource deployment and development
- On the job trainings provided to pharmacy staff
- Supportive supervisions
- Establishment and functionality of Drug and Therapeutic Committees (DTCs) at the HFs

² All regions—Oromia, Amhara, SNNPR, Tigray, Somali, Harar, Dire Dawa, Afar, Gambella, and Benshangul Gumz—were included

- Availability of clinical pharmacy and drug information services at the HFs
- Rational medicine prescribing, dispensing, use, and adherence practices
- Availability of tracer drugs including antimalarials

As HFs improve their capacity to manage malaria patients and malaria commodities, the strategy is to remove the facilities from routine support as they are self-sustainable.. With this objective, SIAPS “graduated” nine health facilities³ in Oromia region during the quarter. The graduation ceremonies were attended by representative from ORHB, respective zonal and district health offices, and USAID/PMI. The facilities are ready to sustain antimalarial medicine management activities in collaboration with their program management at district and zonal health offices. Using the data generated by the continuous results monitoring system tool, these facilities were able to conduct review meetings in the presence of RHB, zonal and district pharmacy and malaria program managers, and representatives from USAID/PMI and SIAPS. To ensure sustainability of the encouraging progresses registered at these facilities and as strategy for expansion to other nearby facilities, the zonal and district health offices have taken responsibility to provide close follow-up and necessary technical support to the facilities.



photo by SIAPS Ethiopia staff

Graduation of Wolliso Health Center staff members

A two-day Continuous Results Monitoring System review meeting was held for antimalarial drugs management program (AMDM) sites in Bale zone, Oromia region, and included 17 managers and staff members from Oromia RHB, Bale zonal health department, and DHO, Delomena hospital and Goro health center, and USAID/SIAPS. Presentations and discussions were held on the following areas:

- Malaria case management (progress and challenges)
- Availability of malaria products at target facilities (progress and challenges)
- Antimalarial medicine use (progress and challenges)
- Information management at health facilities
- Medicine storage and handling conditions

The review meeting created an opportunity to share best experiences from the different HFs especially the newly graduated Delomena hospital. The review meeting was successful and all

³ Adama HC, Olenchite HC, Wonji Hospital and Batu No1 HC from East Shewa zone, Wolliso HC from South West Shewa zone, Nekemte, Dembidolo, Nejo hospitals in Wollega zones and Delomena hospital from Bale zone

stake holders have been given assignments to minimize the gaps seen through the past implementation period.

SIAPS Regional Technical Advisors (RTAs) conducted supportive supervision visits to PMI/AMDM sites in eight regions to support improve the overall pharmacy services. During the visits, the RTAs:

- Mentored facility level DTCs on AMDM and coordinating the health education sessions to patients
- Distributed 34 copies of National Standard Malaria Diagnosis and Treatment guidelines where needed and promoted their proper use
- Distributed 114 malaria dispensing registers, 182 health extension workers' handbooks, prescription forms wherever required, and mentored providers on their use

Constraints to Progress

None

Partner Contributions

ORHB took the lead of the survey and coordination of the continuous monitoring review meeting while SIAPS and other partner organizations provided the necessary technical support and financial contribution for the process

Rational Medicines Use

In quarter two, Drug Use Evaluation (DUE) studies were conducted by the DTC members at Woldia hospital in North Wollo zone of Amhara region and Mettu Karl hospital in Illuababora zone of Oromia region. The following was accomplished during this quarter:

- Woldia Hospital DTC: After holding a review meeting with stakeholders and partners, an implementation plan covering nine action points was developed. Nine interventions are planned, of which three were held by the DTC during July–September 2015.
- Mettu Karl Hospital DTC: Completed the analysis and reporting. The hospital DTC is planning to conduct a review meeting and develop corrective actions based on recommendations indicated in the report.

SIAPS supported health facility DTCs conduct health education sessions on malaria control and rational use of, and proper handling of antimalarial medicines in the outpatient waiting areas at Mersa and Mekoy health centers. A total of 18 sessions (4 at Mersa and 14 at Mekoy) were presented to 487 individuals (84 at Mersa and 403 at Mekoy).

Constraints to Progress

None

Partner Contributions

The HF DTCs and management as well as staff members have shown a willingness as well as technical and management support in conducting the studies and planned implementation plans to avert the identified problems.

Supply Chain Management

To support improving the storage and handling of drugs at health facilities, contracts were awarded for refurbishment of 11 out of 12 HFs planned for the year. Five out of the 11 facilities have been refurbished during the quarter and handed over to the management of the respective health facilities.

Constraints to Progress

None

Partner Contributions

Health facility management and staff supported and actively facilitated the planning and on-site support activities to facilitate the works.

Information Systems Management

The August 2015 CRMS data was collected by RTAs from PMI sentinel sites in Oromia for aggregation and reporting.

Constraints to Progress

None

Partner Contributions

- Health facilities collaborated in providing the necessary information.
- ORHB malaria unit and the zonal health departments oversaw the implementation.

Support for Policies, Guidelines, Regulations, and Partner Coordination

In collaboration with other USAID partner organizations, SIAPS supported ORHB to conduct Annual Pharmaceutical Supply Chain management and Pharmacy Services performance review meeting conducted in Adama, August 22–23, 2015. Participants from all zonal health departments and all hospitals in the region, representatives from Oromia region sectoral bureaus, PFSA have attended. As part of the review process, the findings of the pharmaceutical fund supply management and Pharmacy Services assessment conducted earlier were presented and discussed and recommendations for improvements proposed.

Constraints to Progress

None

Partner Contributions

ORHB

GUINEA

Information Systems Management

Starting July 25, 2015, SIAPS received a team from Village Reach, a SIAPS global partner, for a two-week mission to assess the current LMIS. The team met with various partners involved in LMIS, and conducted site visits to rural and urban hospitals and health centers in collaboration with focal persons from the National Directorate of Pharmacies and Laboratory (DNPL). The findings of the evaluation were presented during a national workshop that included participants from MOH, technical partners, and funding agencies including USAID. Key findings from this assessment included:

- A lack of leadership and coordination between the vertical disease programs and the Central Medical Store (PCG) which limits implementing an integrated system for managing logistics that can provide reliable information.
- A weak technical and human resource capacity for ensuring good quality logistics data and data analysis needed to inform decision makers at all levels of the supply chain. This results in stock-outs or over-stocks of pharmaceutical products for the different disease programs.
- A mismatch between the different information tools and the needs of their users.

To overcome the stated challenges, the following recommendations were made:

- Establish a central mechanism for the collection, flow, analysis, management, sharing and utilization of Logistics data.
- Create a regional unit for logistics management supervised by the central coordinating mechanism in order to facilitate support supervision for the collection of data and its utilization for decision making.

Implement the use of electronic data management tools following an in-depth assessment of what data users need the tools to do.

Constraints to Progress

During this quarter, the ongoing Ebola outbreak has continued to be a major preoccupation of the MOH with all resources including personnel focused on responding to the disease. Various activities that required the joint effort of MOH and project staff were therefore difficult to plan and implement. Similarly the on-going countrywide pre-election activities were disruptive to transportation and planned activities, further slowing down implementation.

Partner Contributions

Village Reach, DNPL

Supply Chain Management

In view of the unreliable monthly report data from the different health units (epidemiological data, monthly consumption, and stock status), and inconsistencies between the reported data and actual stock status, PMI requested that a stock inventory be undertaken in all health units before any future distributions. SIAPS Guinea supported an inventory exercise for all health facilities within the PMI-supported regions of Boke, Conakry, Kindia, Labe, and the prefectural health management (DPS) of Dingiraye. The exercise also captured information on the monthly consumption of the supported health units. This same exercise was supported Catholic Relief Services (CRS) in the Global Fund supported region. Reports from the inventory exercise indicated:

- Stock outs or understock of some commodities including RDTs (a lot expired at the end of August), some AS/AQ formulations, quinine 300 mg tablets, and SP
- Overstock of other commodities
- Increased demand of artemether/lumefantrine (AL) distributed in June 2015 in the six districts where seasonal chemoprophylaxis is implemented

The USAID mission requested SIAPS to conduct an emergency distribution of malaria commodities with the PCG. SIAPS distributed the commodities with support of the DPS' and the regional pharmacists. In addition, AS/AQ was redistributed from overstocked health facilities to those understocked

During this quarter, SIAPS provided support to PCG to receive and store a consignment of PMI-funded malaria commodities including 3,198 treatments of artesunate injection, 145,380 treatments of AL formulations, and 1 million pairs of examination gloves. This will improve availability of malaria commodities in supported health facilities.

Constraints to Progress

The use of PCG for distribution of PMI-funded commodities has not been possible because of pending approval from USAID/Washington to pay PCG service fees.

Partner Contributions

CRS, NMCP, PCG, and DPS

Capacity Building

During this quarter, SIAPS worked with the PCG and technical assistants funded by the European Union for the health support project *Projet d'appui à la santé* to specify the quality of pharmaceutical products to be included in the upcoming international call for tenders for the PCG.

SIAPS collaborated with DNPL, PCG, and *Projet d'appui à la santé* Project to conduct a joint mission to Nzerekore region from September 14 to 20. The region has been significantly affected by the Ebola epidemic. The team—

- Organized a regional workshop on the medicines and medical devices needs for the entire region in collaboration with all the focal persons from the regional health management (DRS), DPS pharmacists and hospital directors
- Evaluated the qualitative and quantitative needs for medicines and medical devices and, the capacity for pharmaceutical product management
- Conducted supervision visits to health centers and hospitals within the region, the regional depot of the PCG in Nzerekore to enhance best practices in pharmaceutical management.
- Visited the proposed site for the construction of the PCG depot in Guinée Forestière region

As part of continuous effort of capacity building in pharmaceutical management, SIAPS in collaboration with WHO supported the establishment of an ad hoc committee for the integration of Ebola related commodities into the current quality control system at the PCG. Going forward all commodities including those specific for emergency response including Ebola would be quality assured alongside other inputs at the PCG to streamline/ enhance central supply management procedures.

SIAPS also conducted a training of pharmacists from the 6 regional depots of the PCG in the decentralization of stock and the distribution of malaria commodities. This was in line with future decentralization plans to the regions to improve routine medicines distribution in the country.

SIAPS supported the Procurement Supply Management technical working group (TWG) of the NMCP to define the technical specifications for the choice of insecticide treated mosquito nets that will be procured with financial support from the Global Fund. This will ensure that imported mosquito nets comply with agreed international standards and also meet the unique needs of the end user

Constraints to Progress

The ongoing Ebola outbreak has continued to be a major preoccupation of the MOH with all resources including personnel focused on its response. Various activities that required the joint effort of MOH and project staff were therefore difficult to plan and implement. Similarly the ongoing countrywide pre-election activities were disruptive to transportation and other planned activities, further slowing down implementation.

Partner Contributions

- PASA Project, DNPL, DRS, and DPS Nzerekore, hospital directors.

Support for Policies, Guidelines, Regulations, and Partner Coordination

During this quarter, SIAPS supported the National Directorate of Pharmacies and Laboratory (DNPL) and its national commission for the revision of the pharmaceutical Act. SIAPS worked specifically on sections related to (1) medicines and medical and pharmaceutical devices, (2) microbiology products, (3) veterinary pharmacy, and (4) traditional medicines. The draft was kept ready for professionals from Law Council, health corporations, and unions, and MOH Directorates to provide their inputs and feedback before sending the final draft to the Minister.

SIAPS hired a consultant to support the revision of the therapeutic flow charts for health center level in collaboration with a DNPL focal person. These flow charts were last reviewed in 1993 and therefore needed to be updated. This activity involved visiting health units to verify the use of existing diagnostic algorithms and consulting with specialists on the current management of various conditions to feed into the revisions. Most of the therapeutic flow charts have been updated in line with national treatment guidelines and WHO recommendations. The new flow charts will be presented to members of a national revision committee for validation. Following this, regional workshops are planned to present the revisions and to conduct health worker training on the changes. Concurrently, the team has maintained a list of suggested medicines to be used at the health center level following the revision of the therapeutic flow charts. This will allow the finalization of the National Essential Medicines List. Revision of these algorithms and the NEML will significantly contribute to improving medicines rational use countrywide, and enhance pharmaceutical management

Constraints to Progress

The ongoing Ebola outbreak has continued to be a major preoccupation of the MOH with all resources including personnel focused on its response. Various activities that required the joint effort of MOH and project staff were therefore difficult to plan and implement. Similarly, the ongoing countrywide pre-election activities were disruptive to transportation and planned activities, further slowing down implementation.

Partner Contributions

- SIAPS has leveraged efforts with key partners WHO, CRS, and SOLTHIS to support pharmaceutical governance related activities, and with CRS and Stop Palu for assistance to PNLP.
- WHO, Projet d'appui à la santé, and CRS contributed to PCG activities.

KENYA

Implementation of PMI Monitoring Tools

The Health Commodities and Services Management (HCSM) Program supported the NMCP to finalize the Quality of Care Round 9 Survey that monitors malaria case management indicators. Most key indicators on test and treat policy for malaria showed significant improvements compared to baseline results in 2010. The percentage of malaria cases treated according to recommended treatment guidelines rose from 28.1% (in round 1) to 62.0% (in round 9), above the 2015 target of 60%. Additionally, the survey found that there has been tremendous improvement in availability of malaria diagnostics at 98% in 2015 up from 45% in 2011. The negative stock trends of AL experienced in 2014 were observed to have been reversed in April/May 2015 due to the intensified commodity distribution exercise conducted by NMCP with support from HCSM. Availability AL 24 packs was noted to have reached 44.6%, up from 10.5% and 36.1% in round six and seven respectively. These trends are presented in figure 1 below.

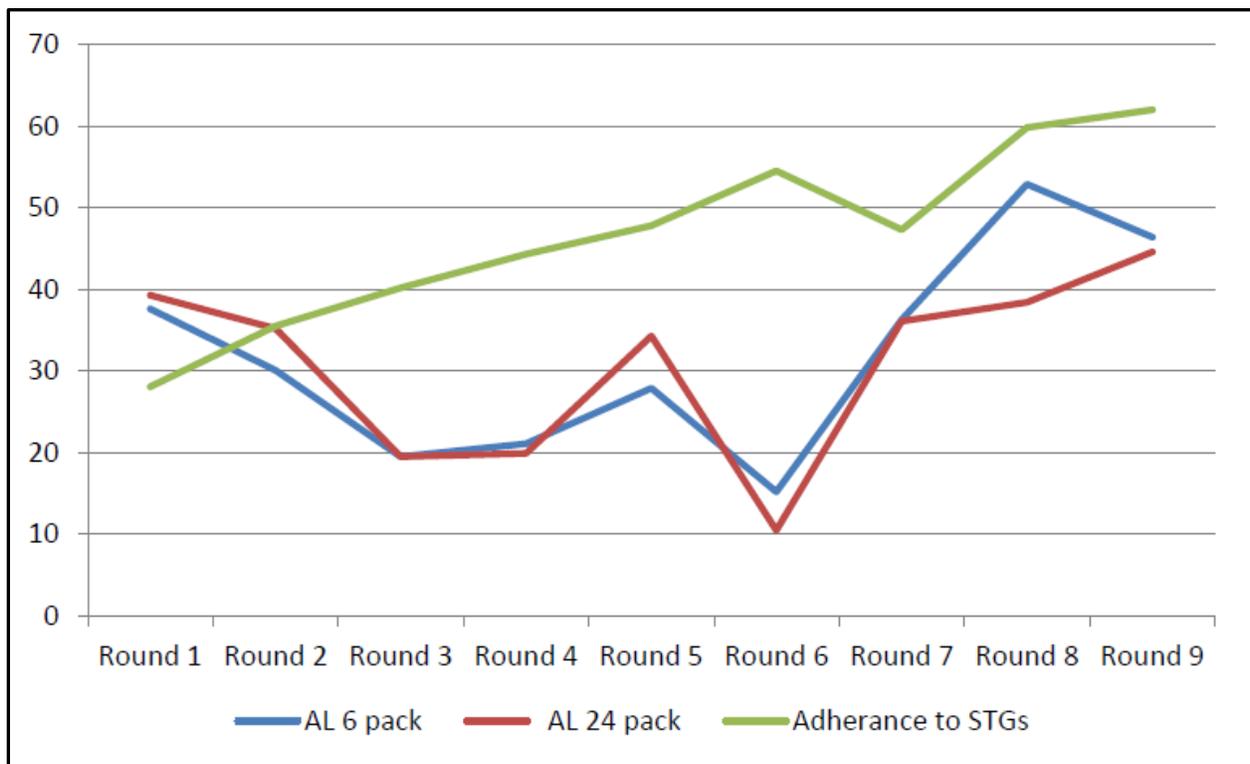


Figure 1. Trend in commodity availability for selected malaria commodities and adherence to malaria treatment guidelines

The program prepared a PPMRm for the quarter, which was reported to PMI. Tracking of USAID-funded health commodity shipment and follow-up from appointed clearing agent on the status of documentation was also done and updates provided to the NMCP unit and stakeholders

Constraints to Progress

None

Partner Contributions

Collaboration with the Malaria Control Unit, Kenya Medical Research Institute (KEMRI)-Wellcome Trust, PMI, and DELIVER

Supply Chain Management

HCSM continues to support the MOH/NMCP to enhance the uptake and consistent use of long-lasting insecticide-treated bed nets (LLINs). During the quarter, HCSM supported NMCP to complete the baseline assessment to identify current status of and gaps in the uptake and use of LLINs. The mobile phone survey, conducted by GeoPoll Inc., was performed with health facilities (facility managers) and households (community level).

- The findings from community level indicated a high level of awareness of the benefits of LLINs in the 13 initial HCSM priority counties. About 88% of the respondents were currently using nets with an average of two or more nets in each household and the main sources of nets were health facilities which account for 57% distribution followed by community health workers (22%).
- Findings from facility level respondents (167 health facility managers each representing a single health facility) indicated that 96% of pregnant women and 62% of children younger than 5 years of age visiting the facilities reported to have been provided with LLINs. Stock-outs of LLINs in the three months prior to the survey were found in 25% of the health facilities surveyed.

Based on these findings, HCSM will support NMCP to develop/review and disseminate communication strategies and action plans to inform malaria control interventions. The strategy will include development of key indicators to use to monitor future implementation of LLINs' campaigns.

In collaboration with University of Nairobi, HCSM continued to work with NMCP to complete the new web-based malaria stock status monitoring tool started in the previous period. The tool is linked to the live National Health Information System (DHIS2) database, making facility/county level malaria commodity and service data accessible. Additionally, the tool has a data capture interface that allows the entry of national level malaria commodity data from KEMSA. By capturing and processing county level and national level data, the tool provides the NMCP with full malaria supply chain visibility, making data available to stakeholders and aiding in decision making at national, county, and facility level as well as supporting the NMCP planning functions. For output, the tool has the ability to represent county and national months of stocks data in a color-coded map that gives the user a visual impression of malaria commodities stock status at any level of the supply chain. By automating the county and national commodity data

stock status information, usable data will be more readily available, data processing time greatly reduced for NMCP, and timely interventions made possible through the early warning displays.

During the reporting period, the project supported NMCP to undertake quantification of malaria commodities for FY 2015/2016 create a supply plan for 2015–2017, and update the RBM gap analysis template for 2015 -2020, for continuous resource mobilization activities. The quantification exercise established the gaps from FY 2016/2017 for ACTs as 5,553,050 doses (USD 3,424,318), RDTs 7,481,715 tests (2,244,514.40), for the preventive methods, the funding streams are yet to be confirmed prior to giving the actual gap in the commodities and finances. Notably, as informed by the LLINs survey results, the report for this year for the first time contained vector control commodities (LLINs and Indoor residual spraying). The quantification report will be used for mobilization of resources to ensure consistent supply of Malaria commodities in the country.

HCSM continued to support the NMCP to complete two guidelines (Malaria Quantification and Redistribution Guidelines) drafted in the previous quarter. These guidelines will be used to guide malaria commodities quantification at national level and redistribution activities at county level. While the quantification guidelines aim at ensuring accurate estimation and rational budgeting for health commodities, the redistribution document is a guide for inter-county/facility distribution of malaria commodities. The re-distribution of commodities is critical to forestall expiries in situations of overstocking and stock-outs in high need areas having zero or low stock levels. The commodities covered include anti-malarial pharmaceutical products and Malaria RDT kits. The main principles stipulated in these guidelines may be applied in re-distribution of other health commodities as may be necessary.

In support of the DHIS2, the project continued to facilitate the national and county mechanisms to ensure that strategic information on consumption of Malaria commodities was available and of the right quality to facilitate decision making at all levels. The average reporting rates for HCSM supported counties for July/August 2015 was 87% against a national average of 70%, a slight improvement from the 85% and 67% respectively achieved in the last quarter.

Constraints to Progress

None

Partner Contributions

NMCP/MOH, University of Nairobi

Support for Policies, Regulations, and Partner Coordination

HCSM continued to provide technical assistance to national health malaria commodity-related TWGs and committees. In this quarter, NMCP hosted three drug management subcommittee meetings and the Malaria Case Management subcommittee meeting.

Constraints to Progress

None

Partner Contributions

Malaria Interagency Coordination Committee meeting Members—MOH/NMCP, KEMRI, CDC, PMI, CHAI, AMREF, Global fund, UNICEF, KEMSA

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) 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, SIAPS supported the development of a plan for introducing artemisinin-based fixed-dose combinations. For the next quarter, this plan will be revised and validated with national counterparts and partners. If technical assistance is requested, SIAPS will support the estimation of needs and the operative distribution plans. SIAPS will also assess the progress in the introduction of RDTs. If requested by national counterparts, SIAPS will support the development, along with other Amazon Malaria Initiative (AMI) partners, of a plan for the systematic introduction of RDT.

With the technical assistance of SIAPS, the Loreto medical store was certified in good storage practices (just the second one in Peru). For the next and following quarters, SIAPS will continue providing limited technical assistance to keep the certification valid.

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

With the technical assistance of SIAPS, the Loreto medical store was certified in good storage practices (just the second one in Peru). For the next and following quarters, SIAPS will continue providing limited technical assistance to keep the certification valid.

SIAPS continued working with local counterparts in Pará and Roraima (Brazil) in the systemizing 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 implementation progress and preliminary results, based on a monitoring plan to be completed by August 2016.

In Guatemala, SIAPS provided technical assistance for the introduction of guidelines to support malaria pharmaceutical management in primary health facilities, and monitor the availability of antimalarials used by primary health volunteers. Standard operating procedures (SOPs) and training materials have been finalized. Training to primary health volunteers is scheduled for next quarter.

In Ecuador, the MOH has requested technical assistance for transitioning the malaria supply management from the National Control Program to the recently organized national pharmaceutical system. SIAPS will visit Ecuador next October to collect primary data to assess the situation, and to discuss alternative interventions with national counterparts.

Constraints to Progress

The systematization of interventions to improve access to malaria diagnosis and treatment in Brazil has been delayed, due to difficulties accessing mining communities during the rainy season, and conflicting agendas of the local malaria program

Partner Contributions

PAHO has facilitated the contact with Ecuador health authorities.

Information Systems Management

The technical report on the situation of malaria pharmaceutical management and the impact of AMI-supported interventions in seven AMI countries was finalized. No additional activities were planned for this quarter. A regional meeting to analyze the implication of this study for the eradication of malaria in selected countries is scheduled for February next year.

Through its local consultants, SIAPS supported the compilation of information and analysis from eight countries for the Quarterly Bulletin on Availability and Consumption of Antimalarials, disseminated by PAHO on August 2015. The availability of antimalarials in central warehouses has slightly increased (from 71% last quarter to 86%). Certain countries still face problems with the availability of antimalarials:

- In Guatemala, stock-outs at the central level and limited stock at the departamentos level
- In Nicaragua, limited stocks of cloroquine and primaquine
- In Perú, availability of artesunate at central level does not match the availability of mefloquine

A few countries are implementing standardized criteria for the distribution of medicines for severe cases. For the next quarter, SIAPS consultants will continue supporting the collection of information and analysis of the availability of antimalarials in AMI countries.

Constraints to Progress

None

Partner Contributions

The elaboration of the research protocol in Colombia has been supported by the National Health Institute.

Support for Policies, Guidelines, Regulations, and Partner Coordination

SIAPS has proposed a performance evaluation of malaria control strategies in Colombian regions with high malaria incidence. During this quarter, SIAPS finalized the research protocol (data

collection instruments included) and validated it with the Malaria Control Program Director. SIAPS will collect the information in three regions during next quarter. A follow-up monitoring exercise for the same evaluation approach in Brazil is scheduled for February 2016.

During this quarter SIAPS supported coordination meetings with local counterparts and AMI partners to finalize a plan for the introduction of artesunate + mefloquine fixed-dose combinations. For the next quarter, the regional malaria program in Loreto has scheduled the introduction of this combination in selected Loreto counties to pilot test operational procedures for the scale up to the rest of the provinces.

Constraints to Progress

None

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 (Programme National de Lutte contre le Paludisme [PNLP]), the CMS (Pharmacie Populaire du Mali [PPM]), PSI, and USAID/PMI to produce the PPMRm report

SIAPS supported the PNLN to conduct the second EUV survey of this current program year. This EUV was conducted during the rainy season (August 2–September 17, 2015) in 79 health facilities in 5 of the 8 regions of Mali. The data collected during this exercise showed significant progress on logistic data reporting rates as well as on the availability of malaria commodities at the lowest level and on the implementation of the new malaria treatment guidelines. In fact, 74.36% of facilities surveyed submitted stock reports and orders on time, 97.47% of the health facilities had at least 1 presentation of AL in stock on the day of the visit while 59% had all 4 presentations, and 91% (3,140/3,459) of malaria patient under age 5 with uncomplicated malaria were treated with ACT as recommended by malaria standard treatment guidelines. The findings of this EUV survey will be disseminated at central and regional levels so corrective actions could be taken and implemented. During the next quarter, SIAPS will assist the NMCP and regional direction of health, to organize regional dissemination meetings which will involve key actors.

Constraints to Progress

There is a limited ownership of actors at all levels to analyze data and make relevant decisions.

Partner Contributions

- PPM, PSI, DPM, DSR and USAID, provided data and participated to data analysis and validation for the PPMRm reports

Information Systems Management

To facilitate timely data aggregation for decision making, SIAPS continued to support the implementation of the Outil de Suivi des Produits de la Santé (OSPSANTE), a web-based dashboard that captures, aggregates, track, and makes information available and accessible for malaria and family planning commodities. During this quarter, SIAPS supported the trained managers at the district level to enter data into OSPSANTE. This new tool made a significant improvement on the reporting rate. The number of health facilities that completed and submitted an LMIS report for the most recent months increased from 67% to 87%.

Constraints to Progress

There is a limited ownership of actors at all level to analyze data and make relevant decisions.

Partner Contributions

DRS, PPM regional warehouses, and 50 health districts of Kayes, Koulikoro, Sikasso, Segou, and Mopti regions, and Bamako participated in entering data into OSPSANTE.

Capacity Building

As a part of the ongoing effort to build sustainable capacity in the pharmaceutical management area, SIAPS/Mali supported a total of 15 local institutions (DPM, PPM, PNLP, DRS, and health districts) to providing training or technical assistance in pharmaceutical management. Trainings sessions were conducted in 6 health districts to strengthen the capacity of stock managers of 142 health facilities. A total of 285 stock managers (228 males and 57 females) were trained in Bamako and in the community health centers of the following districts: Djenne (Mopti Region), Bougouni (Sikasso Region), Bafoulabe (Kayes Region), Baraoueli (Segou Region), and Banamba (Koulikoro Region). The trainings focused on pharmaceutical management tools such as stocks cards and logistic reporting tools including requisition form and how to calculate commodities needs as included in the LMIs SOPs developed in 2012 and adopted in 2013. Trainers from the central and regional levels conducted these sessions following the standard guidelines and using the trainings materials developed and adopted in 2013 by the MOH.

To ensure that trainees retain effectively implement acquired skills and knowledge, SIAPS provided technical assistance to the Regional Health Directorates (Direction Régionale de la Santé [DRS]) and health districts to conduct supervision and coaching visits for 8 districts: 6 in Bamako, 1 in Segou (Tominian), and 1 in Mopti (Bandiagara) regions. Of the 171 previously trained stock managers who also received coaching were revisited, and 40% of them had successfully completed their post-training action plans. Efforts should be made to continue to reach the target of 71% of trainees who should successfully complete their post-training action plans.

Following the training and the user acceptance testing of OSPSANTE, SIAPS and the DRS have conducted coaching and mentoring activities in 50 health facilities to ensure logistic data entry in the dashboard. These capacity building efforts have contributed to improving the quality of implementation of the LMIS SOPs and the ownership of users in the field to use the tools and report on logistic data to the higher levels.

Constraints to Progress

It appeared from supervision visits that some health professionals previously trained on pharmaceutical management were still struggling to properly implement their post-training action plans.

Partner Contributions

- DRS and health districts of Kayes, Koulikoro, Sikasso, Segou, Mopti, and Bamako.

- USAID, PSI, Unité de Gestion du Projet/Programmes des Nations Unies pour le Développement, UNFPA, Global Funds

Supply Chain Management and Partner Coordination

To improve pharmaceutical governance, SIAPS supported the DPM and the PNLP through TWGs to update the quantification of malaria commodities. During these workshops, the forecasting for malaria commodities were conducted using Quantimed, . At the end of this exercise, consensus supply plans were developed using Pipeline software. These national supply plans included all donors' commitments and will cover five years (2015/2020) for malaria commodities. It is expected that with that inclusive and transparent process, national needs will be covered and donors will be more confident in procuring commodities based on their own commitments. The next step to finalize this process will be a validation of the quantification results by the "Comite National de Coordination et de suivi de la gestion des medicaments" and then the implementation of these supply plans by all donors and the MOH.

SIAPS also supported the PNLP to develop two distribution plans for ACT malaria commodities purchased by USAID/PMI.

Support was also given to the PPM to finalize the development and implementation of SOPs and KPIs for their main pharmaceutical management operations and also to push the implementation of the PPM five-year strategic plan developed and validated in June 2015 with SIAPS technical support. For that purpose, SIAPS/Mali supported the PPM to begin the process of acquiring a new warehouse management system to improve the organization's overall management information system and improve inventory data management for decision making. In addition, SIAPS began a gap analysis for the current and existing PPM management information system for commodities against the known standard warehouse management software such as Sage[®]. The team also worked with PPM and USAID in preparations for the procurement and installation of a Warehouse in a Box[®] for PPM Mali.

Constraints to Progress

The main challenge that the program faced during this quarter was the lack of a task force to take over the quantification process. Even if a TWG exists, the country still needs to establish a Logistics Management Unit (LMU) to deal with all medicines logistics concerns.

Partner Contributions

- Malaria TWG: DPM, PPM, NMCP, USAID, Global Fund
- Donors: USAID, Global Fund/PSI, UNFPA, and civil society organizations

NIGER

Supply Chain Management

During the quarter, the SIAPS technical advisor collaborated with the NMCP and the central medicine store supply chain manager to develop a distribution plan for RDTs and ACTs. The plan targets government and Global Fund-procured commodities. This is the first time that a distribution plan was developed based on estimated needs of health districts using 2014 data provided by partners (Médecins Sans Frontières [MSF] and UNICEF). Approximately 2,101,000 RDTs and 1,850,000 treatments of antimalarials (523,000 treatments of AS/AQ and 1,327,000 treatments of AL) have been delivered to all the 44 health districts of Niger's eight regions during this quarter. This ensures availability of malaria commodities during the high transmission session (July to November).

Following the distribution, the stock levels at the regions and districts were evaluated and the results were summarized. There is an overstock of pediatric formulation in some regions resulting from previous distributions by UNICEF; these commodities were not accounted for at the time of distribution plan development.

Support for Policies, Guidelines, Regulations, and Partner Coordination

The Malaria Supply Chain technical committee held its initial meeting on September 3, 2015. The meeting was chaired by the Director of National Drug Regulation Authority and participating committee members included UNICEF, CRS, Save the Children, MSF Switzerland, MSF Belgium, MOH Directorate of Laboratory, and the NMCP. During this meeting, the SIAPS technical advisor presented the committee's terms of reference and the malaria stock status at the CMS as of August 31, 2015. The analysis shows a stock-out of major malaria commodities at the CMS. The government has stock on order that would be sufficient for two months if delivered by December 2015. The technical advisor recommended a quantification exercise be held and a request for an emergency procurement sent to the Global Fund.

To address the malaria data quality challenges, the NMCP, in collaboration with the World Health Organization and CRS, organized a four day workshop with all regional and district data managers. This workshop was held to validate the first and second quarter data for 2015. The technical advisor provided input on revising existing data collection tools and harmonizing commodities and indicator item description. He also provided guidance on reporting stock management information (stock on hand, consumption, stock-outs, etc.) and how to analyze data on consumption, number of people tested for malaria and number of malaria cases treated. This workshop helped validate data that may be used for the upcoming quantification exercise, will allow for better allocation of resources by partners, and may improve availability of stock at each level. Also, the revised tools will help improve data accuracy during the next quarter for better decision making

The technical advisor participated in writing the Global Fund concept note for the 2016 to 2018 malaria grants funding. On July 17, 2015, the Global Fund notified Niger that the technical

review panel approved the concept note for an amount of USD \$36,735,493 and an additional USD \$2,449,465. Unfortunately, grant negotiation did not start as the MOH did not meet the organizational requirements to become the principal recipient (PR). Another PR has been proposed and could possibly be CRS, the PR of the current grant ending in December 2015.

SIAPS participated in a meeting with seasonal malaria chemoprevention (SMC) partners to finalize distribution plans for the SMC campaign. To avoid wastage of sulfadoxine/pyrimethamine + amodiaquine (SP + AQ) stored at the MSF store, the SIAPS technical advisor facilitated communication and coordination between the NMCP, CRS, and MSF Spain to have approximately 375,000 treatments of SP + AQ that are set to expire in 2016 be used during the second round of distribution. About 62% of children aged 3 to 59 months received SP + AQ during the first round of SMC distribution.

The technical advisor supported the Country Coordinating Mechanism and other partners to identify priority procurement and supply chain management activities that may be funded by the Global Fund through the health systems strengthening grant.

Constraints to Progress

The country could potentially face stock-outs of some malaria commodities due to delayed and incomplete delivery of government-procured products. Both the CMS and the NMCP lack essential staff members to properly manage medicines, including malaria commodities. Also, the NMCP lacks the organizational capacity to effectively manage the program and achieve desired results. For the time being, the SIAPS technical advisor supports the NMCP in facilitating and coordinating follow-up actions, as well as provides technical assistance to NMCP.

SOUTH SUDAN

Information Systems Management

To ensure that information for decision making is enhanced, SIAPS continued to provide monthly stocks status reports through the Logistic Management Unit for Central Equatorial State (CES) and Western Equatorial State (WES). During the monthly data collection and feedback to the counties, the team noted that there has been a continuous decline in the rate of stock-outs of tracer medicines in all 16 counties. This can be attributed to the effective distribution of Emergency Medicines Fund (EMF) throughout the country.

The LMU received data from five counties in WES (Nzara, Yambio, Tambura, and Ezo counties). Results indicated about 76% availability of all tracer medicines, an indication of sufficient supplies in the five counties and good distribution system.

Constraints to Progress

Human resources availability remains a challenge at the health facility level, and the capacity to undertake inventory management tasks is minimal. This leads to delays in receiving prompt and accurate reports for analysis.

Partner Contributions

SIAPS worked with Integrated Service Delivery Program (ISDP) partners within CES and WES in data collection and field visits. PSI also contributed significantly in providing data for anti-malarial stock status from their supplies.

Supply Chain Management

SIAPS coordinated with DELIVER to ensure that all the 16 counties in CES and WES received their EMF supplies which included anti-malarial and other essential commodities. SIAPS continued to communicate with its county health departments and integrated service delivery program partners to ensure readiness to receipt consignment, availability of storage space, and proper documentation was done to ensure accountability for the supplies received. Currently, all counties have received their last quarter of EMF supplies and SIAPS is supporting partners to ensure distribution of these much needed supplies to the facilities. SIAPS continues to provide technical and logistical support to Morobo County health facilities in CES in distributing EMF commodities that had been requested earlier but could not be delivered because of logistic challenges. These health facilities included Aboroto, Payume, Lujulo, and Aloto Primary Health Care Centers (PHCCs) and Yaribe and Kendila Primary Health Care Units (PHCUs).

By September 2015, the country faces a major stock-out of essential medicines. To ensure an uninterrupted supply of the correct medicines, SIAPS has been working with its partners, including the MOH, to discuss plans and options for the next procurement of essential medicines as the EMF comes to a close. SIAPS has been working closely with WHO, DFID, and Canadian international

development agency to identify and adopt the best mechanism to procure some essential commodities for the country to avert stock-outs. Currently, about 54 commodities, which include antimalarial, antibiotics, and diarrhea prevention and treatment medications, have been proposed as essential commodities to be procured. SIAPS continues to provide technical assistance in the management of the CES medical store (which also holds supplies for Juba County) to ensure smooth operation, appropriate medicine storage, and proper inventory management practices (e.g., store arrangement of medicines, stock card update, receipt and issue of medicines).

SIAPS has been engaging with the DELIVER team to ensure that, the procurement and shipment of the 400,000 LLINs, 630,000 doses of ACT, and about 7,500 doses of SP are received on time, transported, and appropriately stored. These supplies are to be distributed to all the 16 counties of WES and CES.

Currently, SIAPS has also initiated the customs clearance and the necessary tax exemption required to clear the 400,000 LLINs. SIAPS has also made arrangements store and distribute these supplies once they arrive in-country.

Constraints to Progress

The general insecurities continue to greatly affect drug supply and management in the county, with certain areas very difficult to reach due to the conflict. Limited funding for health programs such as drug procurements has potential implications on some of the key intervention on drug availability. In CES and WES, some counties do not have store keepers and pharmacists who can be accountable for the management of drugs. This affects the management of the drug supply and capacity-building efforts by SIAPS. Selected counties and health facilities have challenges with shelves and pallets, which results in poor storage and management of EMF supplies. SIAPS has initiated procurements of pallets to reduce the problem.

Partner Contributions

The project has collaborated with and leveraged resources from partners such as the Integrated Service Delivery Program, Health Pool Fund, WHO, UNICEF, and USAID | DELIVER to ensure that issues related to medicine supply and pharmaceutical management are addressed.

Capacity Building/Supportive Supervision

To improve the capacity for pharmaceutical supply management and services, SIAPS continues to provide technical assistance in the day-to-day management of the CES medical store, ensuring smooth operation and appropriate medicines storage and inventory practices, including arrangement of medicines in the store, stock card update, and receipts and issues of medicines. SIAPS has provided computers and basic training on the use of these computers to help the staff carry out the day-to-day task of warehouse management.

SIAPS conducted a supportive supervision in health facilities in the following counties: Tambura County—Mangburu PHCU, Mabaiku PHCU, Source Yubu PHCC, Bakirigbma PHCU, Mupoi

PHCC, Dingimo PHCU, Tambura State Hospital, and Matoto PHCU; and in Ezo County—Ezo PHCC and Naandi PHCC. The County Medical Store in Tambura County Health Department was part of the team involved in capacity building strategy to improve the health department's pharmaceutical management capacity. During the visit, SIAPS assisted in organizing and rearranging the medicines stores and labeling shelves at Naandi, Mupoi, and Ezo PHCCs. In Tambura and Ezo counties, SIAPS carried out an on-site training on stock cards for dispensers and community health workers was carried out at Mabaiko, Dingimo, Matoto, and Bakirigmba PHCUs. Some challenges such as limited human resources were reported and the county health department was asked to address the gap.

SIAPS worked with the state malaria coordinator for CES to develop a training plan and budget for malaria case management training for in-service health workers in the state. The training was held in two separate sessions, each taking about five days, running July 27 to August 7, 2015. A total of 69 people (37 male and 32 female) were trained.

During September 7–16 2015, SIAPS facilitated a joint supportive supervision for NMCP in WES. A supervision team of 8 staff members split into two teams; one focused on investigating LLINs leakage and pharmaceuticals system strengthening, while the other team focused on malaria case management at Yambio, Tambura, Ezo, and Nzara counties' selected health facilities, which were —4 hospitals, 6 PHCCs, and 6 PHCUs.

SIAPS worked with the program manager to review, finalize, and submit for printing the South Sudan Guidelines and Training Manual for malaria case management. One hundred and fifty copies of these were printed with funding from SIAPS to facilitate the training in CES. The remaining manuals were meant for a malaria case management training in WES that is yet to take place. However, during the training, it was noted that certain key elements in the manual still need to be incorporated, e.g., dosage schedule for the newly introduced artesunate injection

Constraints to Progress

Human resources availability remains a challenge at the facility level, and the capacity to undertake pharmaceutical management tasks is minimal. This leads to difficulty in rolling out program activities.

Partners Contribution

The project has collaborated with Integrated Service Delivery Program, Inter Church Medal Aid, and Health Pool Fund to ensure that pharmaceutical management trainings are rolled out throughout the country. These partners provided logistics and materials for the training.

Support for Policies, Guidelines, Regulations, and Partner Coordination

Due to change in focus in pharmaceutical sector governance program, SIAPS' role is very limited in supporting the review and update of the standard treatment guidelines and essential medicines list for South Sudan. SIAPS has been collaborating with WHO to establish the

committees and partner discussions for this process to begin, using the Pharmaceutical TWG as the forum for this review. As WHO is the lead in this process, it will engage a consultant for the process until it is completed. It is expected that after the review, partners will support the printing and dissemination of the document in their respective states and counties. The newly established Drug and Food Control Authority is lacking sufficient human resources to being work on the STG/EML updates.

SIAPS assisted the NMCP manager in preparing for the malaria mid-year review meeting. During the meeting, which was chaired by the SIAPS Project Director, SIAPS gave a presentation on key M&E updates, including the annual work plan. This three-day meeting was attended by 48 participants, comprising of state coordinators and M&E officers as well as malaria partners (including the donor community). SIAPS did a summary of achievements by state malaria control programs. This was submitted to the program manager for incorporation into the final report (yet to be shared).

SIAPS met with the newly recruited M&E officers to orient them on key malaria issues as highlighted in the M&E plan. Key program documents such as the malaria annual work plan 2015–16 and malaria strategic plan 2014–2021 were shared. Three staff members were assigned regions and the states they encompass. Other assignments given to them include monthly collection of reports (e.g., sentinel site, state malaria offices as well as attendance at key meetings such as the IDSR weekly meetings and M&E monthly meetings).

SIAPS held a malaria team meeting on August 31, 2015, in which Stephen Ayella, the Senior Malaria Advisor seconded by SIAPS, was introduced along with several other new team members recruited under Global Fund support through PSI. All participants discussed how to work together to build a strong team and ensure better services delivery. They also recommended reviving the weekly/ biweekly malaria team meeting to keep up to date on changes, new developments, and possible support needed. The meeting was attended by 12 people (3 females and 9 males) from SIAPS, and NMCP MOH.

A malaria team building meeting was held at MSH boardroom on September 2, 2015. The meeting was aimed at helping the malaria team understand each other's roles, work relationship and how to function as part of the team. The team building process and characteristics of highly functioning teams were also discussed. The meeting was attended by 14 people (3 females and 11 males).

Constraints to Progress

The newly established Drug and Food Control Authority lacks sufficient human resources to engage in fruitful discussions on the essential medicines list/standard treatment guidelines development.

There are still not enough human resources available at the national, state, and county levels to fully implement malaria interventions. This has limited the ability of the malaria program to fully roll out its strategies at the lower levels. Embedded advisors from SIAPS and WHO are

supporting the national program to develop the necessary policies and tools for effective implementation of malaria activities.

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 antimalarials for case management. Supervision in WES was conducted in partnership with the state MOH malaria coordinators and malaria M&E officers, as well as the respective County Health Department teams. WHO, UNICEF, USAID and other key partners have been involved in preliminary discussions on the process and review of the STG/EML.