

Quantification of Antimalarial Drug Requirements in Madagascar: Trip Report, September 2004

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About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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ACRONYMS

ACT	Artemisinin-based Combination Treatment
CDC	US Centers for Disease Control
CQ	Chloroquine
DLPTL	<i>Direction de la Lutte contre le Paludisme, Tuberculose et Lèpre</i>
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
IPT	intermittent preventive treatment
ITN	insecticide treated nets
MAC	Malaria Action Coalition
MOH	Ministry of Health
PR	Principal Recipient
PSI	Population Services International
RBM	Roll Back Malaria
RPM Plus	Rational Pharmaceutical Management Plus Program [MSH]
SNLP	<i>Service National de la Lutte contre le Paludisme</i>
SP	Sulphadoxine / Pyrimethamine
USAID	United States Agency for International Development
WHO	World Health Organization

BACKGROUND

Management Sciences for Health's (MSH) Rational Pharmaceutical Management Plus (RPM Plus) Program has received funds from USAID to develop strategies to implement malaria policies and to provide technical assistance in drug management issues for malaria. RPM Plus is a key technical partner in the USAID Malaria Action Coalition (MAC), a partnership among four technical partners: The World Health Organization (WHO), working primarily through its Africa Regional Office (AFRO), the US Centers for Disease Control (CDC), the JHPIEGO/ACCESS program and RPM Plus.

Malaria is a major cause of morbidity and mortality in Madagascar. As part of its efforts to reduce the public health impact of malaria, Madagascar recently adopted Intermittent Preventive Treatment (IPT) with Sulfadoxine-Pyrimethamine (SP) as the national policy for the prevention of malaria during pregnancy. It is currently reviewing its malaria case management policy and plans to adopt an artemisinin-based combination treatment (ACT) to replace chloroquine (CQ) as the first-line treatment of choice for uncomplicated malaria at health facilities. Madagascar submitted a round 4 proposal to support this transition to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). This grant was successful. Madagascar was also successful in its round 3 GFATM proposal which focused on IPT and use of insecticide treated nets (ITN). It is considering reprogramming some of these round 3 funds to support the implementation of the ACT policy.

In support of these new policies, RPM Plus, as part of the MAC, has received funding from USAID/Madagascar to provide technical assistance to the Madagascar Ministry of Health (MOH) to quantify the antimalarial drug requirements for use in the case management and in the prevention of malaria during pregnancy in the public health facilities. These activities will improve the procurement of required antimalarials and improve their availability in the peripheral health facilities.

Purpose of Trip

Grace Adeya from RPM Plus traveled to Antananarivo, Madagascar to provide technical assistance to the MOH in quantifying their antimalarial drug requirements.

Scope of Work

- Provide an arrival briefing and/or departure debriefing to USAID upon request.
- Work with the local consultant, the MOH, and other Roll Back Malaria (RBM) partners to develop appropriate estimates of the antimalarial drug requirements for case management of malaria and for IPT.

ACTIVITIES

1. Provide an arrival briefing and/or departure debriefing to USAID upon request.

Grace Adeya met with Wendy Benazerga and Noe Rakotondrajaona of USAID/Madagascar on September 14, 2004 at the USAID office to brief them on the plans for the trip. During the meeting the main issues that were discussed included:

- There has been an ongoing disagreement among the RBM partners in Madagascar. No partnership meeting had taken place since March 2004 and this was affecting the review of the national malaria policy and the plans to adopt ACTs as the first-line treatment for uncomplicated malaria.
- Despite these difficulties, quantification for ACTs should still be done as part of this exercise, though, given that there has been no decision on the specific ACTs to use, the alternatives under consideration should all be quantified as these figures could be useful in determining the choice of ACTs.

A debriefing meeting was held on September 24, 2004 at the USAID office. During this meeting, the completion of the next steps outlined below were discussed and agreed by the USAID/Madagascar mission.

2. Work with the local consultant, the MOH, and other RBM partners to develop appropriate estimates of the antimalarial drug requirements for case management of malaria and for IPT.

Grace Adeya met with Dr. Jean Désiré Rakotoson, the local consultant, on September 15 -16 to:

- Review the progress on the plans for the quantification activity
 - Because of the difficulty in intra-country travel and a national measles campaign that had just begun, it was decided that data collection would be limited to the national level and the regional levels. Depending on the completeness of the data collected at these levels, district level and health facility level data collection would be rescheduled for October 2004 after the national measles vaccination campaign.
- Finalize the plans for the training of the data collectors and their travel to the field for the data collection exercise.
- Review the data collection instruments and make adjustments as needed.

Meetings were also held with Dr. Maurice Andriamiandrisoa, the director of the Division for the prevention of Malaria, Tuberculosis and Leprosy <*Direction de la Lutte contre le Paludisme, Tuberculose et Lèpre*> (DLPTL) on September 16, and with Dr. Philemon Tafangy, head of the National Malaria Control Program <*Service National de la Lutte contre le Paludisme*> (SNLP) later the same day to brief them of the plans for the activity and obtain their support. Both were in support of the objectives of the exercise.

Training of the data collectors took place at the SNLP offices within the MOH on Friday September 17, 2004. Dr. Rakotoson led the training session and was assisted by Dr. Adeya. Subsequent to the training, the data collection instruments were finalized. Data collection at the national level and at the regional levels occurred from September 20 – 24 in the regional capitals of each of the six regions in Madagascar; additionally national level data was collected at the national capital, Antananarivo. A debriefing session with all the data collectors was held at the SNLP offices on September 25.

Data collection efforts were incomplete in three regions - Fianarantsoa, Toamasina and Toliary - as a result of the ongoing national measles vaccination campaign which involved several of the key personnel who were scheduled to be interviewed. It was agreed during the debriefing session with the data collectors that the missing data for these regions should be completed in the last week of October 2004. It was also agreed that data collection at the district and health facility levels would be done during this subsequent visit. The local consultant will be responsible for planning and coordinating this second phase of the data collection. The results from this activity and a draft report will be available in December 2004.

Collaborators and Partners

- Dr. Jean Désiré Rakatoson, MAC Local Consultant
- Dr. Philemon Tafangy, SNLP
- Dr. Maurice Andriamiandrisoa, DLPTL
- Ms. Wendy Benazerga, USAID/Madagascar
- Mr. Noe Rakotondrajaona, USAID/ Madagascar
- Dr. Luciano Tuseo, WHO

Adjustments to Planned Activities and/or Additional Activities

While in the country, Grace Adeya was asked to review work with relevant stakeholders to assist Madagascar complete the documentation required by the GFATM for the grant reprogramming meeting that was to be held in Nairobi on September 30 – October 1, 2004. The documentation required included a checklist of key actions for the implementation of the ACTs in the country; an estimate of the national ACT requirements for the next two years; and a procurement and supply management plan. Dr P. Tafangy (SNLP) was scheduled to travel to Nairobi to represent Madagascar at this meeting.

As part of the preparation for this meeting, Dr Adeya:

1. Met with Mary Carron from Population Services International (PSI) in Madagascar. PSI was one of the principal recipients (PR) for Madagascar's round 4 proposal. PSI was unaware of the planned reprogramming meeting.

2. Participated in a meeting with Dr. Tafangy, Dr. Luciano Tuseo (WHO/Madagascar) and representatives of SALFA that was held on September 23, 2004 to discuss the plans for the reprogramming. SALFA is one of the PR of the round 3 grant.
3. Was unable to meet with representatives of CRESAN II who are also PR for the GFATM grant who were busy preparing for the signing of the round 3 grant that was to occur on September 27.
4. Met with Dr. Tafangy daily from September 21 – 23, 2004 to review the progress on the planned change in national policy and the progress on completing the required documentation for the GFATM reprogramming meeting.
 - a. Dr. Tafangy indicated that the MOH was determined to proceed with the change in policy to ACT and he anticipated that the minister of health would be making an announcement to that effect within the next few months.
 - b. He had received the information on the planned reprogramming meeting and had not yet had the opportunity to update all the PRs and the other RBM partners.
 - c. He also had not yet had time to complete the documents that were required for the meeting. After reviewing the documents and the information available to him at that time, it was clear that he would not be able to complete them prior to the meeting. A message stating this was drafted and sent to the GFATM to notify them of this.

NEXT STEPS

Immediate Follow-up Activities

- Complete the planning for the second phase of data collection in October 2004 and conduct the data collection activities as scheduled
- Prepare report detailing the estimated antimalarial quantities for Madagascar.

