

**Rational Pharmaceutical Management Plus
Mali Country Visit in Support of the National Malaria Control Program,
October 2004: Trip Report**

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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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Abstract

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ACRONYMS

ACT	Artemisinin-based Combination Treatment
ASCOM	« Association Santé Communautaire »
ATN	« Programme Santé USAID/Assistance Technique Nationale »
CDC	Centers for Disease Control
CNIECS	« Centre National d'Information, d'Education et Communication »
CPS	« Cellule de Planification et de Statistique »
CQ	Chloroquine
CSC	« Centre de Santé de Cercle »
CSCOM	« Centre de Santé Communautaire »
DEAP	« Département de l'Epidémiologie et des Affections Parasitaires » University of Bamako
DNLM	«Direction Nationale de Lutte contre la Maladie »
DNS	«Direction Nationale de la Santé »
DPM	«Direction Nationale de la Pharmacie et du Médicament »
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HPIC	Heavily indebted poor country
IDA	International Development Association – World Bank
IEC	Information, Education and Communication
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Nets
JHPIEGO	John Hopkins Program for International Education in Gynecology and Obstetrics
MAC	Malaria Action Coalition
MOH	Ministry of Health
MRTC	Malaria Research and Training Centre
NGO	Non-Governmental Organization
PNC	Pre-Natal Care
PNLP	« Programme National de Lutte de contre le Paludisme »
PPM	« Pharmacie Populaire de Mali »
RAOTAP	« le Réseau ouest Africain sur les Tests Antipaludiques »
RPM Plus	Rational Pharmaceutical Management Plus Program
SEGAL	Secretary General
SP	Sulphadoxine-Pyrimethamine
UMPP	« Usine Malienne de Produits Pharmaceutique »
UNICEF	United Nations Children's Fund
USAID	U.S. 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 Mali. As part of its efforts to reduce the public health impact of malaria, Mali is currently reviewing its malaria case management policy and plans to adopt an artemisinin-based combination treatment (ACT) to replace chloroquine as the first-line treatment of choice for uncomplicated malaria at health facilities. The policy change process has been ongoing since 2003 and Mali expects to formally adopt ACTs in 2004. Mali did not succeed in its application for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) round 4 grant and this has affected its plans for the implementation of the new policy as the GFATM grant was expected to be the primary resource for the financing of the implementation. RPM Plus as part of the MAC, has received funding from USAID/Mali to provide technical assistance to the Mali Ministry of Health (MOH) as it plans for the transition to this new policy.

Purpose of Trip

Grace Adeya from the RPM Plus program traveled to Bamako, Mali to provide technical assistance to the Mali MOH as they plan for the change in their antimalarial drug policy.

Scope of Work

- Provide an arrival briefing and/or departure debriefing to USAID upon request.
- To carry out a situational analysis on the state of the transition to ACT
- Participate in and make a presentation at the consensus building workshop planned for October 12/13, 2004
- Develop a workplan for RPM Plus in Mali for the upcoming year

ACTIVITIES

1. Provide an arrival briefing to USAID upon request.

Monday October 4, 2004

Briefing meeting at USAID/Mali

Participants: Sixte Zigurumugabe (USAID); Dr Alpha Diallo (UNICEF); Dr Ciro Franco «Programme Santé USAID/Assistance Technique Nationale (ATN) »; Violet Diallo (Local Consultant; Grace Adeya (RPM Plus)

During this briefing meeting, the plans for the two week mission were discussed and finalized. The main outcomes of the discussions were:

- That the Direction Nationale de la Santé (DNS) was aware of the RPM Plus mission and welcomed the opportunity to use the visit to help Mali think through the implementation of the ACT policy.
- That the consensus workshop was tentatively planned for Oct 12-13, 2004. Planning for the workshop had begun and was being coordinated by the National Malaria Control Program <*Programme National de Lutte de contre le Paludisme* > (PNLP) in collaboration with ATN.
- There was an impending change at the PNLN where the current head, Dr. Massambou Sacko, had just handed in his resignation and would be taking up a position with the WHO country office later in the week. As he had been involved in the discussions and planning for the mission, his departure would likely affect the planned activities.

2. To do a needs assessment on where Mali is in implementing its transition to ACT.

A series of meetings were held with some of the key stakeholders in the Roll Back Malaria (RBM) activities in the country. The purpose of these meetings was to:

- Introduce RPM Plus and the MAC partnership, and the technical expertise they have to the in-country RBM stakeholders;
- Obtain an understanding of the functions of these stakeholders and of their role in the malaria control efforts;
- Obtain an understanding of their knowledge and attitudes with respect to the planned change in malaria treatment policy from CQ to ACTs;
- To find out what issues the stakeholders felt should be addressed for the transition to ACT to succeed.

Monday October 4, 2004

Meeting held at the Direction Nationale de Lutte contre la Maladie (DNLM)

Participants: Dr. Benoit Karambiry (DNLM); Dr. Ciro Franco (ATN); Violet Diallo (Consultant); Grace Adeya (RPM Plus).

The DNLM thought it was important for Mali to move forward with the change in policy if it is to meet its RBM targets; and felt that the lack of success in the round 4 GFATM malaria proposal should not limit this progress. Given the changes at the PNLP, the DNLM had decided to take the lead organizing the consensus workshop planned for the following week. He also appreciated the offers of technical assistance (TA) and indicated that Mali will need additional TA from all partners in its efforts to achieve the RBM targets.

Meeting held at the Programme National de Lutte de contre le Paludisme (PNLP)

Participants: Dr. Massambou Sacko, Dr. Mamadou Diabate, Dr. Barrason Diarra, Dr. Sitan Traore, Mrs. Ballo Oumou, (PNLP); Dr. Arkia Doucoure (ATN); Violet Diallo (Consultant); Grace Adeya (RPM Plus).

The PNLP held the first meeting to discuss the need for a change in the national malaria treatment policy in July 2003. Subsequent to this meeting, a therapeutic committee was established within the PNLP to review the evidence for change and guide the process of change. There have been also been five consensus building meetings since then and the most recent meeting was held in June 2004.

The main reason for change in policy was the increasing resistance to chloroquine (CQ) in the country. Studies at sentinel sites in Mali that have been done by the Malaria Research and Training Center (MRTC), Bamako and the Department of Epidemiology, University of Bamako « *Département de l'Epidémiologie et des Affections Parasitaires* » (DEAP) have demonstrated this increasing resistance. Some sites have shown CQ resistance to be up to 30%. The two main ACT combinations under consideration to replace CQ are Artemether-Lumefantrine (ART-LUM) and Artesunate (ASU)-Sulphadoxine/Pyrimethamine (SP). Studies are currently being done at the sentinel sites to evaluate the effectiveness of these combinations in Mali. There have also been discussions on whether to use the ACTs at the level of the community health centers « *Centre de Santé Communautaire* » (CSCOM), or to retain them at the level of the district health centers « *Centre de Santé de Cercle* » (CSC)¹.

The main issues that the PNLP is faced with as it plans for the change in policy and its implementation are:

- a. Transition Period – The PNLP anticipates that the implementation of the policy change will need 2-3 years to complete. Given that timeframe, is there a need to use other non-ACT drugs during this period and what drugs would they use? How should they phase-out CQ during this period?

¹ There are currently 3 national reference hospitals, 8 regional hospitals, 58 CSC and 662 CSCOM in Mali. The CSCOM are the primary health care facilities.

- b. The PNLP has already begun preparing some posters for use by the health workers at the CSC. The production of these materials was supported by the round 2 GFATM grant. These communication materials incorporate both ACT combinations under consideration. It was not clear how these were intended to be used given that the policy change has not been officially approved and no plan or materials for training the health workers has been developed.
- c. Dissemination workshop – The PNLP had intended that the workshop to be held on October 12-13 be used to disseminate the new policy to the stakeholders and the regional health officials and had already begun to develop the terms of reference for this workshop. However, no invitations had been sent out.
- d. Financing of ACT procurements – this is a major concern given the lack of success with the GFATM round 4 grant application. The PNLP had identified possible alternative sources of funding including from
 - i. The World Bank – using the International Development Association (IDA) funds.
 - ii. The Highly Indebted Poor Country (HIPC) agreement.
 - iii. The Coopération Technique Belgique (CTB) – which would be used within three districts

Letters asking for assistance had been drafted and sent through the MOH chain of command to those responsible for disseminating these funds. It was not clear whether the letters had been received by the intended recipients.

- e. Drug availability – the PNLP has worked with the Pharmacies and Medicines Division «*Direction Nationale de la Pharmacie et du Médicament*» (DPM) to include the ACTs in the Essential Medicines List (EML) so that the Pharmaceuticals procurement agency «*Pharmacie Populaire du Mali*» (PPM) will be able to include them in the next procurement cycle. However the issue of the financing would need to be addressed before proceeding with the procurement.

Tuesday October 5, 2004

Meeting held at the Direction Nationale de la Santé (DNS)

Participants : Dr. Mamadou S. Traore (DNS) ; Dr. Arkia Doucoure, Dr. Ciro Franco (ATN) ; Violet Diallo (Consultant); Grace Adeya (RPM Plus).

Dr. Traore is new to this office, having been appointed the head of the DNS only three months ago. Improving the malaria control efforts of the MOH will be one his priorities. The main issues concerning the proposed change in policy that he felt needed to be considered included:

- a. Is there a general consensus that there is sufficient evidence to support the change in the malaria treatment policy in Mali? How should this information/evidence be disseminated to all interested parties?

- b. How should the country proceed with the planned change in policy – who are the key stakeholders that must be involved in the process? What steps need to be taken to ensure a successful implementation?
- c. Mali will benefit from receiving information on the lessons learnt from other African countries that have implemented a similar change in policy or that are contemplating a change in policy. Receiving TA from external partners would be useful in helping the country access this type of information.
- d. A task force or working group to guide the policy change process and the implementation of the new policy needs to be established.

Meeting held at the Direction Nationale de la Pharmacie et du Médicament (DPM)

Participants: Dr. Minkaila Maiga (DPM); Dr. A. Doucoure (ATN); Violet Diallo (Consultant); Grace Adeya (RPM Plus).

The DPM is responsible for formulating and enforcing policies and regulations for the sale and use of pharmaceutical products in Mali and for overseeing the national procurement agency, PPM. It is also responsible for the development of the Essential Medicines List (EML). This list is revised every two years and the latest revision was done earlier this year with the next revision planned for 2006.

SP has been included in the EML since 2002 and is approved for use within the CSCOM. Artemether (ART), Artesunate (ASU) and the ART-LUM combination were included in the latest revision of the EML, however their use is limited to the CSC level. They would need to be rescheduled if the decision was made to use the ACTs at the CSCOM level. As part of the process to amend the EML before the next revision, the DPM would require an official letter from the Minister of Health confirming the change in ACT policy in order to reschedule them for use at the CSCOM level.

The DPM has some concerns with regard to the proposed change in policy. These include:

- a. The involvement of all the stakeholders in the policy change process – the DPM felt that they had not been fully involved in the decision to change policy and that this was a major oversight given that they are responsible for ensuring the rational use of drugs in the country.
- b. Financing of ACT procurements – the DPM felt that as the Mali public health system is based on a cost-recovery model, the high price of the ACTs is likely to decrease access to antimalarial treatment by most of the population. The sale of the ACTs at the current prices at the health facilities may lead to trade-union complaints and requests for an increase in the wages of their members. It would probably be necessary to consider a subsidy system though the question of who would finance this system remains. Some solution to support the PPM will also be needed as it currently has debt of approximately 2 billion CFA F and this debt impacts its ability to finance its procurements.

- c. Drug Management of the ACTs – the DPM is responsible for the training of the pharmacists and storekeepers in MOH facilities. The short shelf life of the ACTs and their hygroscopic nature means that there will be a need to change current inventory management practices and to retrain the storekeepers and pharmacists to minimize losses from inappropriate inventory management practices and procedures. If the new policy is to be implemented then the DPM should be part of the planning process to make sure the inventory management practices are changed and the training completed before the drugs are procured.

The DPM planned to send a representative to the meeting planned for the following week to discuss these concerns.

Meeting held at the Programme National de Lutte de contre le Paludisme (PNLP)

Participants: Dr. Benoit Karambiry (DNLM); Dr. Massambou Sacko; Dr. Mamadou Diabate, Dr. Barrason Diarra, Mrs. Ballo Oumou, (PNLP); Dr. Arkia Doucoure (ATN); Violet Diallo (Consultant); Grace Adeya (RPM Plus).

The main objective of this meeting was to review the plans for the proposed workshop on October 12-13. Given the impending changes at the PNL, the limited time remaining to organize the meeting, and the concerns raised in the initial meetings with some of the stakeholders, it was agreed that instead of having the two day dissemination workshop, it would be preferable to have a one-day meeting on October 12 with a smaller group consisting of representatives from the key stakeholders. This meeting would be the first step in establishing a working group to guide the implementation of the ACT policy. It was agreed that the DNS would host the meeting and the PNL will prepare the agenda and develop the preliminary list of invitees.

Meeting held at the Malaria Research and Training Center (MRTC)

Participants: Prof. Ogobara Doumbo (MRTC); Ms. Lisa Nichols, Dr. Ciro Franco (ATN); Violet Diallo (Consultant); Grace Adeya (RPM Plus).

The MRTC provides technical assistance to the PNL both nationally and regionally. They have been in the forefront in collecting the antimalarial drug resistance data and subsequently in advocating for the adoption of intermittent preventive treatment (IPT) in the country as part of the strategy to reduce malaria during pregnancy. They have set up and are managing the pharmacovigilance system to monitor the use of SP during IPT.

In addition the CQ resistance studies that MRTC has done, they have also collected resistance data on Quinine and SP which have been shown to still be effective in treating malaria in Mali. They are currently doing studies to evaluate the effectiveness of four ACT combinations

- Artesunate + Mefloquine
- Artesunate + SP
- Artesunate + amodiaquine
- ART-LUM

The results from these effectiveness trials will be available in December 2004 and may contribute to the final decisions on what drugs to use as part of the new malaria treatment policy.

The main issues MRTC has with the adoption and implementation of an ACT policy include:

- a. Drug Selection – Prof. Doumba was of the opinion that no one ACT combination should be selected and promoted in the new policy. This is mainly because of the limited global supply of the ACTs which he believes makes it unlikely that any one manufacturer or supplier can produce enough of the ACTs to meet the needs of a country like Mali. He estimates that Mali will need approximately 4 million ACT doses each year let alone the other African countries that would be demanding the same combinations.
- b. Pharmacovigilance – As there is currently no data on the effects of widespread use of the ACTs in African populations, there needs to be a pharmacovigilance system established to capture this data. This system should preferably be separate from the SP for IPT pharmacovigilance system that they have already established.

Wednesday October 6, 2004

Meeting held at the Pharmacie Populaire du Mali (PPM)

Participants: Dr. Yattassaye A. Guindo (PPM); Dr. Arkia Doucoure (ATN); Violet Diallo (Consultant); Grace Adeya (RPM Plus).

The PPM is responsible for procuring and distributing all the pharmaceuticals required by the public health facilities and some of the private health facilities in the country. It only procures drugs that are included in the EML and, based on the current EML, they would not be authorized to procure ACTs for use in the CSCOM facilities. All procurements are done using international competitive bidding, consistent with World Bank standards. There is no system of prequalification of suppliers in place, therefore, the WHO prequalified suppliers of ACTs would also be subject to the existing tender system. Since Mali uses the WHO guidelines as part of the post-qualification for tender review process, then the WHO prequalified suppliers should theoretically meet the expected quality standards.

The normal procurement cycle is approximately 7 months:

- 45 days – advertisement of invitation to submit tenders
- 2 weeks – opening of tender bids
- 2 weeks – supplier selection
- 1 month – notify suppliers
- 105 days (3 months + 15 days) – lead time to delivery in Bamako

45% of the deliveries come through the port in Abidjan, Côte d'Ivoire. The ports of Accra, Ghana, Lomé, Togo or Dakar, Senegal are the alternatives that can be used for emergency deliveries.

The PPM delivers supplies to the regional depots every three months and the district depots collect their supplies from these regional depots. There supplies are delivered to the regional depots and district depots at cost. The district depots sell supplies to the health facilities at a 10%-15% mark-up. Both the PPM and the regional depots should ideally maintain a 3-month supply of security stock. The PPM uses a computerized inventory management system that is linked directly to the inventory management systems at the regional depots. Limited capacity at the central warehouse is the major problem at this time. In 1990 the PPM was handling stock worth 2-3 billion CFA F; this has increased to 8 billion CFA F with no corresponding increase in storage space. A brief tour of the warehouse confirmed that it is now operating at maximum capacity. The buildings are old, there are insufficient shelving units or pallets and no temperature control mechanisms (though there is a separate cold room of vaccines and other items requiring refrigeration).

Consumption of chloroquine is currently estimated at approximately 20 million 150 mg tablets every 6 months and an invitation to submit tenders for a six-month supply of chloroquine has just been sent out. The PPM is concerned that it has not been involved in the discussions leading up to the anticipated change in malaria treatment policy. Their main concern is the financial implications of instituting the change. Currently 10 tablets of CQ, which is sufficient for a full adult course of treatment, costs approximately 75 CFA F; in contrast the ART-LUM would cost at a minimum 1300 CFA F (if procured from Novartis through the WHO) for a full adult course of treatment. The question they have is: who will pay for these drugs? Dr. Guindo was also interested in participating in the planned consensus meeting.

Meeting held at the Usine Malienne de Produits Pharmaceutique (UMPP)

Participants: Prof. Ousmane Doumbia, Mr. Bakary Coulibaly, Mr. Kane (UMPP); Violet Diallo (Consultant); Grace Adeya (RPM Plus).

The UMPP is a government-owned manufacturing plant that manufactures pharmaceuticals for sale primarily to the private sector in Mali. They are currently not selling to the PPM, primarily because they are not competitive in the price of their products. The only antimalarial they produce at this time is CQ. The UMPP is scheduled for privatization and is not in a position to invest in new equipment to produce alternative antimalarials.

CQ suspension and tablets make up 60% of their annual output. Three months ago they had monthly CQ sales of 50 million tablets. but this has now declined to 20 million tablets per month. The UMPP traced this decline to the IPT information, education and communication (IEC) campaign that begun running TV spots suggesting that chloroquine was no longer efficacious in the management of malaria. They believe that these spots have convinced most of the population to stop purchasing CQ. They are concerned that since the ACTs are not yet widely available in the country, nor are they affordable for those who would wish to purchase them from the private pharmacies, sending the message that CQ is no longer efficacious while providing no viable alternatives is not a responsible policy on the part of the MOH. They believe that the PNLP needs to review its communication strategies to ensure that the message is compatible with the situation on the ground at the health facilities. They would also be represented at the October meeting.

Thursday October 7, 2004

Meeting held at the office of the Secretary General (SEGAL), Ministry of Health

Participants: The Secretary General (MOH); Dr. Mamadou Diabate (PNLP); Dr. Ciro Franco (ATN); Sixte Zigurumugabe (USAID); Violet Diallo (Consultant); Grace Adeya (RPM Plus).

This meeting was organized to inform the SEGAL about the planned change in policy; the planned workshop; the RPM Plus mission in Mali and the technical assistance available to Mali through RPM Plus and the other MAC partners. The SEGAL wanted to know if there was sufficient evidence of the extent of the resistance to CQ in the country to justify the change in National Policy and he was in agreement that there was a need to hold a meeting with the key stakeholders to disseminate this evidence to all of them and to plan appropriately for the implementation of the proposed change.

Meeting held at the World Bank Mali Office

Participants: Tonia Marek, Gaston Sorgho (World Bank); Dr Ciro Franco (ATN); V. Diallo (Consultant); Grace Adeya (RPM Plus).

The World Bank had been approached by the PNLP to support the procurement of the ACTs but was not up to date on the progress of the PNLP in its plans to change the policy. The IDA funds are available and there is also the possibility of using the HIPC funds to support the procurements of the required drugs and commodities; however they were still waiting for the detailed estimation of the drug requirements and the official letter requesting their assistance from the MOH.

Meeting held at the Programme National de Lutte de contre le Paludisme (PNLP)

Participants: Dr Benoit Karambiry (DNLM); Dr Mamadou Diabate, Dr Barrason Diarra, Mrs Ballo Oumou, (PNLP); Sixte Zigurumugabe (USAID); Dr A. Dialo (UNICEF); Dr Ciro Franco (ATN); V. Diallo (Consultant); Grace Adeya (RPM Plus).

This was a planning session for the consensus meeting. Given the issues that have arisen from the meetings with some of the stakeholders during this mission, it was agreed that the two main objectives of this meeting should be:

- To ensure that all the main stakeholders in the implementation of the new policy have the same information concerning the reasons for the planned change in policy – CQ resistance data; the steps the PNLP has taken in reaching the decision to change policy; and the progress to date in the planning for the change in policy.
- To set up the Working Group that will be responsible for moving the policy change process forward.

The team reviewed the planned agenda and participants list for the consensus meeting. It was also agreed that the meeting should be held on October 13 instead of October 12 to avoid potential scheduling conflicts for some of the senior members of the MOH.

Friday October 8, 2004

Meeting held at the WHO Mali Country office

Participants: Dr. Massambou Sacko, Dr. Sarmoye Cisse, Dr C. O. Coulibaly (WHO); Violet Diallo (Consultant); Grace Adeya (RPM Plus).

Dr.Sacko, having just begun to work with the WHO country office, was up to date with the PNLN activities and plans relative to the change in policy. He would be representing WHO in the subsequent meetings.

Saturday October 9, 2004

Visit to the CSCOM in Dio Village (located approximately one hour to the west of Bamako), and the maternity clinic in the neighboring village of Doumbila.

Participants: Violet Diallo (Consultant); Grace Adeya (RPM Plus).

The visit coincided with the market day in the village of Dio and the start of the polio vaccination campaign. There were several clients at the CSCOM though most of the clients were there for the vaccination of their children. The CSCOM has 4 members of staff: a nurse who is responsible for the consultations; a nursing aide who is responsible for dispensing the drugs prescribed; and two other nurses who manage the prenatal clinics. All four have not had any recent training and are unaware of the new IPT policy or the planned changes malaria treatment policy. There were an additional 2 health workers at the CSCOM who were there as part of this vaccination campaign.

The CSCOM dispensary has no SP and only stocks CQ and Quinine. There was SP available in the informal drug sellers in the market and in the private dispensary in the village. There were several of these informal drug sellers who mostly had antipyretics (e.g. paracetamol), CQ, and antihelminthics. Several of these products were from neighboring countries.

The maternity clinic in Doumbila is supported by one of the local non-governmental organizations (NGOs) and manages approximately 10 deliveries per month. It also runs a prenatal clinic, but it has received no information on the new IPT policy and it does not have any SP in stock at the facility.

Monday October 11, 2004

Meeting held at the Keneya Ciwara CARE- Mali office

Participants: Dr. K. Togbey, Dr. N. Koita (CARE-Mali); Violet Diallo (Consultant); Grace Adeya (RPM Plus).

The project works in 5 of the 8 regions in Mali and malaria control is one of their main activities. Their malaria control activities have three components:

- Promotion of the use of insecticide treated nets (ITN) in collaboration with Population Services International (PSI), Netmark and ATN
- Promotion of the IPT policy
- Promotion of community based approach to the management of malaria

Meeting held at the ASACOBA, Bamako, Mali

Participants: Dr. Mahamane Maiga (ASACOBA); Violet Diallo (Consultant); Grace Adeya (RPM Plus).

This was the first CSCOM established in Mali. Approximately 25% of their out-patient cases are from malaria. They were not yet aware of the planned change in malaria treatment policy, however, they have some concerns about how this will be communicated given that they learned of the IPT policy from television spots. They are not yet implementing IPT because they have not yet received the official communication from the MOH as is required for the implementation of a new policy in the CSCOM.

Tuesday October 12, 2004

Meeting held at the Groupe Pivot Santé/Population (GP)

Participants: Dr. Souleymane Dolo; Violet Diallo (Consultant); Grace Adeya (RPM Plus).

The GP represents several of the NGOs working in Mali and its objective is to professionalize the activities of the NGOs in collaboration with the formal health institutions and the MOH. The main malaria control activities of the GP focus on the IEC activities. The GP is one of the recipients of the round 2 GFATM grant and will be responsible for the training of community health workers and their supervision after the training. At the time of the visit, they had already developed the training modules and were preparing to begin their training in the two weeks.

Summary of Findings:

The main issues concerning the planned adoption of the ACT policy that arose from the discussions with the stakeholders can be summarized as:

- What evidence is available to support the need to change policy and how can this be disseminated?
- How to coordinate and plan for the implementation the new policy – including a decision on what ACT combination should be adopted; how to involve all stakeholders implicated in the change; and what communication strategies should be used.
- How to finance the change in policy – including financing the procurement of the ACTs; whether or not to provide subsidies; and how to finance the subsidies.

It was agreed by all stakeholders interviewed that the consensus building workshop scheduled for the following week would provide a good opportunity to begin a discussion among all the stakeholders of these issues.

3. Participate in and make a presentation at the workshop the consensus building workshop planned for October 12-13, 2004

The meeting took place on Wednesday, October 13, 2004 under the auspices of the DNS. A copy of the RPM Plus presentation is included in Annex 1. Representatives of most of the stakeholders that had been interviewed as part of the information gathering process in the preceding week attended the meeting.

The two key questions that needed to be answered during the meeting were:

- a. Is there a consensus that there is sufficient evidence to support the need to change the malaria treatment policy?
- b. How should the MOH proceed with the implementation of this change in policy?

Three presentations were made to provide information and to guide the discussions in response to these questions. Dr. Alassane Dicko of MRTC presented the data on the antimalarial resistance studies that has been collected by the MRTC at their sentinel sites. The resistance to CQ in several localities in the country is up to 25% parasitological resistance. This exceeds the level that WHO recommends for the change in policy. Resistance to Amodiaquine (AQ) has been in one locality has risen to approximately 15%. SP remains highly effective in all regions of Mali. Dr. Adeya's presentation focused on the key elements of an effective implementation plan including examples from other African countries that have changed or are in the process of changing their policies. The PNLP presented a summary of the progress to date in changing the policy and in planning for the implementation.

At the end of the meeting there was a consensus that Mali needs to move forward with the plan to change the policy. The next steps agreed on at the end of the meeting were:

- a. The DNS will be responsible for the finalization of the draft National Malaria Policy.
- b. A working group consisting of representatives from DNS, DPM, CPS, CНИЕCS, UNICEF, USAID and WHO will be established to coordinate the planning for the implementation of the ACT policy. This group will meet on November 10, 2004 to begin this process.

4. Develop a workplan for RPM Plus in Mali for the upcoming year

Dr. Adeya met with Sixte Zigurumugabe and Ciro Franco on October 14, 2004 to agree on proposed activities for RPM Plus in Mali. The proposed RPM Plus activities are:

- Provide technical support to the MOH in planning for the implementation of the ACT policy
- Provide technical support in the quantification of the antimalarial drug needs for Mali
- Provide technical support for the procurement of the ACT

These proposed activities were discussed with Dr. Traore (DNS) and his approval was obtained at a debriefing meeting with Dr. Adeya and Dr. Franco later that day.

Collaborators and Partners

Dr. Mahamane Maiga	ASACOBA
Dr. Ciro Franco	ATN
Dr. Arkia Doucoure	ATN
Dr. Benoit Karambiry	DNLM
Dr. Mamadou Soungalo Traore	DNS
Dr. Minkaila Maiga	DPM
Dr. Souleymane Dolo	Groupe Pivot Santé/Population
Dr. Kwami Togbey	Keneya Ciwara CARE-Mali
Dr. Nouhoum Koita	Keneya Ciwara CARE-Mali
Ms. Violet Diallo	Local Consultant
Dr. Alassane Dicko	MRTC
Prof. Ogobara Doumbo	MRTC/DEAP
Dr. Mamadou Diabate	PNLP
Dr. Barrason Diarra	PNLP
Dr. Yattassaye Aicha Guindo	PPM
Prof. Ousmane Doumbia	UMPP
Mr. Bakary Coulibaly	UMPP
Dr. Alpha Diallo	UNICEF
Mr. Sixte Zigirumugabe	USAID
Anne Hirschey	USAID
Dr. Massambou Sacko	WHO (formerly PNLN)
Dr. Sarmoye Cisse	WHO
Dr. Chieck Oumar Couliably	WHO
Ms. Tonia Marek	World Bank
Mr. Gaston Sorgho	World Bank

Adjustments to Planned Activities and/or Additional Activities

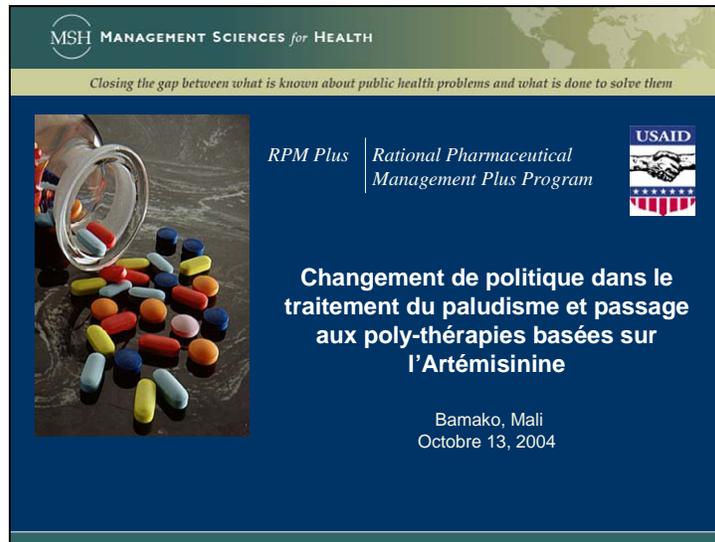
The changes made were as described in the preceding section.

NEXT STEPS

Immediate Follow-up Activities

- Complete the MAC workplan for the upcoming fiscal year and submit to the USAID/Mali mission for approval

ANNEX 1: RPM Plus Presentation at Mali Policy Change Consensus Building Workshop



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Closing the gap between what is known about public health problems and what is done to solve them



RPM Plus | Rational Pharmaceutical Management Plus Program



Changement de politique dans le traitement du paludisme et passage aux poly-thérapies basées sur l'Artémisinine

Bamako, Mali
Octobre 13, 2004



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Introduction

Le changement de la politique de traitement peut se faire en trois phases :

- Le processus de changement de politique :
 - les processus et procédures menant au choix de la nouvelle politique de traitement
- La phase de transition :
 - lorsque la décision sur la nouvelle politique de traitement a été prise mais l'exécution n'a pas encore eu lieu
- L'application totale de la nouvelle politique :
 - le lancement national de la nouvelle politique

OPTIONS DE TRAITEMENT ADOPTÉES EN AFRIQUE

ATM-LUM*	ATM-LUM	ASU+AQ*	ASU+AQ	SP+AQ**
Benin	Ethiopia	Cameroon	Burundi	Senegal
Comoros	South Africa	Equatorial Guinea	Zanzibar	Rwanda
Kenya	Zambia	Gabon		Mozambique
Uganda		Ghana		
Tanzania		Liberia		
		Sao Tome and Principe		
		Sierra Leone		

* Politique adoptée, pas actuellement étant déployé, en cours de processus d'exécution

** Politique d'intérim

Le développement d'un plan d'introduction (I)

- Plan d'exécution par phases
 - Selon un modèle géographique: par exemple Zambie
 - Par la choix de certaines parties du système de santé pour commencer
 - Par la choix des populations de cible pour commencer: par exemple enfants au-dessous de 5 ans (Nigeria)

Avantages:

- Des coûts plus faible au démarrage
- Des matériaux de formation et les stratégies de communication peuvent être examinés et des ajustements être faits
- L'adoption de la nouvelle politique dans les établissements de santé peut être suivie et ajustée



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Exemple: Une exécution par phase - Zambie

- Phase 0 - Q1 2003
 - Le démarrage dans 7/72 de districts
 - leçons apprises sur l'exécution
- Phase 1 – fin de 2003
 - L'augmentation jusqu'à 28/72 districts
 - Amélioration les systèmes de diagnostic de laboratoire
 - Quantification des besoins et examen de système prévu de pour la distribution des médicaments
- Phase 2 – fin de 2004
 - Couvrir tout le pays

Source: Zambia National Malaria Control Programme

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Le développement d'un plan d'introduction (II)

- Un plan de mise en oeuvre a l'échelle du pays
 - Couvrir tout le pays avec la nouvelle politique au même temps

Avantages:

- Empêche la confusion
- Évite des conflits politiques
- Évite des complications dues au mouvement de population



Cadre pour l'exécution de la politique de CBA

Cinq éléments principaux du plan d'application:

- Planification et coordination
- Mobilisation de financement et des autres ressources
- Considérations / Aspects Technique
- Considérations / Aspects Opérationnelles
- Suivi et Évaluation

La Planification et la Coordination

- Identifier les parties prenantes
- Déterminez les rôles et les responsabilités
- Un comité de transition ou l'autre groupe de travail :
 - Par exemple au Ghana, quatre groupes de travail ont été établis
 - Groupe de travail pour le gestion des médicaments
 - Groupe de travail pour le prise en charge de paludisme
 - Groupe de travail pour le IEC
 - Groupe de travail pour le surveillance et d'évaluation
- Établissez le mandat pour les groupes de travail développez le mode du travail et la fréquence des réunions de ces groupes

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Mobilisation de Financement

- Les ressources financières
 - Approvisionnement des médicaments
 - Pour d'autres activités de la mise en œuvre de la politique
 - Pour renforcer les systèmes de santé
- Préparer une stratégie de financement
 - Bailleurs de fonds (bilatéral, multilatéral, Banque Mondiale, Fond Globale)
 - Budgets du gouvernement nationale
- Revue des systèmes de recouvrement des coûts
- Développement des stratégies pour protègent les personnes les plus vulnérable
- Développement des mécanismes de responsabilité financière

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Considérations / Aspects Technique

- Révision de la réglementation des médicaments
- Développement/révision de la liste des médicaments essentiels (LME), des directives standardisées de traitement (DST) et/ou de toute autre directive et matériel CCC pour lutter contre le paludisme
 - Diffusion des DST révisées et/ou toute autre directive et matériel CCC pertinents pour le paludisme
 - Formation et supervision des agents de santé conformes aux nouvelles directives
 - Information, éducation et communication (IEC) qui vise la communauté

Considérations / Aspects Opérationnelle

- Préparation d'un plan d'élimination progressive de chloroquine
- Gestion des approvisionnements de CBA
 - Prévion de la demande et des quantités
 - achats
 - Distribution
 - Gestion de l'inventaire
- Revue des mécanismes de garantie de la qualité
 - Pharmacovigilance
 - Surveillance de la qualité des produits

Summaire: Pourquoi changez la politique de traitement de paludisme?

Table 1: Jongwe Health Facility, Zanzibar

	Oct. 03 to Jan 04	Sept 04
Le nombre de patients a examiné	102	234
Cas de positif de malaria	50	5
Pourcentage	49	2.1

Source: Abdullah S. Ali, Programme Manager, Malaria Control Programme, Zanzibar

