

## **Visit to Burundi to Support GFATM Round 6 Proposal Development and to Improve Pharmaceutical Management and IEC Activities for ACT Policy Implementation, July 6-20, 2006: Trip Report**

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Willy Kabuya      Rational Pharmaceutical Management Plus Program

Lonna Shafritz      Academy for Educational Development



1825 Connecticut Avenue NW  
Washington, DC 20009-5721



Rational Pharmaceutical Management Plus  
Center for Pharmaceutical Management  
Management Sciences for Health  
4301 North Fairfax Drive, Suite 400  
Arlington, VA 22203 USA

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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 therapy
ALUMA	Action de Lutte contre la Malaria
ART-AQ	artesunate-amodiaquine
BCC	behavior change communication
CAMEBU	Centrale d'Achat de Médicaments Essentiels, de Dispositifs Médicaux, de Produits et Matériels de Laboratoire du Burundi
DGSP	Directeur Générale de la Santé Publique
DPML	Direction Nationale de la Pharmacie, Médicaments et Laboratoires
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
IEC	information, education, and communication
IPT	intermittent preventive treatment
ITN	insecticide-treated nets
LMTC	Lutte contre les Maladies Transmissibles et Carentielles
MAC	Malaria Action Coalition
MOH	Ministry of Health
MOU	Memorandum Of understanding
NMCP	National Malaria Control Program
NGO	nongovernmental organization
RBM	Roll Back Malaria
RDT	rapid diagnostic test
REDSO	Regional Economic and Development Services Office [USAID]
SP	sulfadoxine-pyrimethamine
STGs	Standard Treatment Guidelines
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USD	U.S. dollar
WHO	World Health Organization

## **INTRODUCTION**

More than 90% of the clinical cases of malaria each year occur in Africa with much of the burden in children under five years of age. Pregnant women are especially at risk and strategies to decrease the morbidity in this group have been found to be effective. Strategies to address these challenges must be implemented in collaboration with programs aimed at integrated approaches to childhood illness and reproductive health.

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 pharmaceutical 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 ACCESS Program of JHPIEGO and RPM Plus.

RPM Plus has been working to improve pharmaceutical management for malaria in countries in Africa by identifying and addressing the causes of poor access, ineffective supply, and inappropriate use of antimalarials. RPM Plus has developed and applied tools to assess pharmaceutical management for malaria and has worked to provide technical assistance to countries by working with policymakers, researchers, managers, and providers in the public and private sectors to implement new and proven interventions. Significant among these interventions are Artemisinin-based Combination Therapies (ACTs).

The MAC partners have conducted in March 2005, an exploratory visit to Burundi in the East African region. At the end of this visit, a range of technical assistance (TA) needs based on changing the first-line treatment to ACTs have been listed in coordination with the National Malaria Control Program (NMCP) in Burundi. As result of continuous remote follow-up and exchange between the malaria program in Burundi and the regional office of RPM Plus, the Burundi NMCP has developed its ACT implementation workplan and has requested technical assistance. In February 2006, RPM Plus assisted Burundi to develop a plan of action on the issues of:

1. Development and dissemination of national malaria treatment guidelines
2. Evaluation and strengthening of the procurement, storage and distribution system of ACTs
3. Strengthening IEC activities

An activity timeline including other RBM partners and stakeholders in Burundi was developed and plans were made to hire a local consultant. A shift in dates will be applied to this timetable according to the actual signature date of the Memorandum of Understanding (MOU) with the Burundi MOH.

The Academy for Educational Development (AED) has made a strong commitment to tackle information, education and communication (IEC) activities.

## **PURPOSE OF THE VISIT**

Willy Kabuya from RPM Plus and Lonna Shafritz from AED traveled to Bujumbura, Burundi in July 2006 to assist NMCP in the development of its Global Fund Round 6 proposal and

initiate RPM Plus activities related to ACT policy implementation. The specific activities are:

**Willy Kabuya-Mutshipayi (July 6-20):**

1. Assist in the development of the Managing Drug and Supply Chain component of the Round 6 proposal for Burundi.
2. Capitalize AED's commitment and presence to assure the accurateness of IEC activities and material proposed for ACT implementation
3. Launch preparatory activities of STGs adaptation workshop
4. Discuss potential review of the activity timeline to harmonize with the proposal
5. Meet with the identified potential consultant to follow up his engagement process
6. Briefing/debriefing with USAID mission upon request

**Lonna Shafritz (July 7-14):**

1. Provide technical assistance in developing the Global Fund proposal for malaria.
2. While in country, Ms. Shafritz will also consult with counterparts to determine next steps for developing and implementing a behavior change and communication (BCC) strategy to improve prescription, dispensing and general public adherence behaviors related to ACT treatment for malaria.
3. Briefing/debriefing with USAID mission upon request

**EXPECTED OUTCOMES**

1. Draft of the Round 6 proposal
2. Memorandum of Understanding for the collaboration between RPM Plus and the Burundi MOH signed by the Minister of Health.
3. Review of timeline (Annex 1) and next steps to :
  - a. Hold a workshop to adapt WHO generic STGs in Burundi
  - b. Improve the antimalarial pharmaceutical management system
4. Detailed next steps to develop and implement a BCC strategy to improve prescription, dispensing and general public adherence behaviors related to ACT treatment for malaria.

## **ACTIVITIES/RESULTS**

### **1. Project MOU approved; Activities described in the project begin**

At a meeting on Monday, July 10, the Minister of Health signed the MOU, defining collaboration between the MOH and RPM Plus. From that time on, Dr. Jean Kamana, the new technical consultant for RPM Plus, joined the team in meetings and activities.

### **2. Briefing/Debriefing at USAID**

The team met with Jean Claude Niyongabo, the USAID Mission Administrator. The Mission Director had traveled. The team exchanged with the mission representative on their SOW and presented the new RPM Plus consultant to the Mission. At the end of the visit, the team met briefly with Mr. Niyongabo again and submitted a copy of the MOU.

### **3. Meeting with the Malaria Team**

Dr. Kabuya and Ms. Shafritz met with members of the malaria service, Global Fund and RBM partners individually in small working groups and in larger groups to review and revise the draft proposal. They also provided suggestions on the comments made by GF on Burundi's Round 5 application and general GF comments for how to prepare Round 6, as well as specific feedback on the Round 5 application. The head of the malaria service and the M&E manager were scheduled to travel from July 10-15 so Dr. Kabuya and Ms. Shafritz, spent most of the weekend of July 8 and 9 meeting with them and other members of the malaria team to fix the meeting schedule and methodology.

On July 11th, there was an afternoon review of suggestions from the preparation team for changes in the proposal. All day on July 13th (and 14th), the team prepared Annex 5, the first year workplan, based on the overall changes, in small groups.

In addition, Ms. Shafritz spent significant time with the IEC staff sharing materials, strategies and ideas for improving appropriate use of ACTs in order to reduce mortality and morbidity due to malaria, while Dr. Kabuya led the meeting and provided feedback to working groups.

At the end of the visit Annexes 3 and 5 of the proposal draft were completed and reviewed, and the four main objectives distributed to team members for narrative redaction. Annex 3, the ACT quantification table, has been developed and utilized to update gaps and show programmatic drug needs.

### **4. STGs review**

Dr. Kabuya and Dr. Kamana discussed with Dr. Dismas Baza (LMTC Director) the process to adapt generic WHO STGs in the Burundi context. This activity will be an opportunity for a scientific technical discussion with the public and private sector practitioners and to improve their implementation of and adherence to ACT policy.

## **5. Pharmaceutical management system improvement**

Dr. Kabuya and Dr. Kamana met with Donatien Bigirimana, General Director of CAMEBU to discuss pharmaceutical management system improvement activities scheduled in the timeline. The decision was made to start evaluating the existing system, with the involvement of DPML, GFATM, WHO, UNICEF and, of course, LMTC. The first step will be the development of evaluation protocol that will be submitted for approval.

## **6. Behavior Change/Communication**

After a review of the malaria materials and media at the IEC Unit and discussions with about five members of the staff, it was clear that there's a need for capacity building in the process of planning, management and evaluation of effective strategies and activities.

Specific creative and management capacity building needs include:

- Strategic approach to behavior change for appropriate management, dispensing and adherence of patients to the combination therapy.
  - Products:
    - Formative research report on behaviors, barriers and enabling factors for different target groups (community, prescribers, dispensers).
    - Strategy document with list of specific targets and messages and channels for target
- Implementation of IEC activities as part of an integrated, synergistic process, based on the strategy, instead of as random materials.
  - Products:
    - Creative Briefs
    - Draft materials
- Materials and media that focus on desired action and provide compelling benefits as incentive for specific target groups to take these actions.
  - Products:
    - Pretest reports
    - Revised materials

Apparently, the unit also needs more modern equipment and training on how to use it – particularly in order to record and mix digitally, so that they can lay down individual tracks and manipulate how they come together with the computer.

A major barrier for the MOH/IEC team to accomplish this is the fact that most of the programs with whom they work do not understand that IEC is a process and not just products. Therefore, there is often not the necessary time for the IEC team to develop materials following a necessary logical process.

In addition, since the malaria communication activities are divided among a number of partners, and there is no IEC/BCC person in the malaria service, it is not clear who is directing and coordinating the various activities, which could result in overlap and wastage of

efforts and funds. Following technical exchanges with Lonna Shafritz, the IEC department team met with Dr. Kamana and Dr. Kabuya to detail activity costs in developing a malaria case management protocol poster for health centers and hospitals. The poster will be developed in collaboration with PSI, UNICEF and LMTC.

## **RECOMMENDATIONS**

### ***Round 6 Proposal Development***

- LMTC to continue effort with the redaction team and share the first draft before deadline for input.

### ***Behavior Change Communication***

- The MOH should include capacity building for health communication in the Round 6 proposal being developed.
- When the malaria service becomes a program, they should engage a behavior change specialist who will direct and coordinate the behavior change and communication activities among those partners working in the area.
- BCC including training – targeting the public, health systems, private pharmacies, and community influence – needs to be intensified to sustain a high level of appropriate prescription, dispensing, treatment acceptance and compliance with ACT protocols.
- In the short term, the LMTC and the IEC Department should work together to develop and disseminate some effective key IEC materials to improve treatment in health facilities and pharmacies, in addition to improving adherence in the community, directly and through intermediary influences.

### ***Antimalarial pharmaceutical management system***

- CAMEBU should take the lead and invite DPML, WHO, UNICEF and PSI to develop a protocol and conduct an evaluation of the system in at least 9 out of 17 provinces including Bujumbura, the capital city.
- A report of this evaluation will identify bottlenecks in the existing system and formulate recommendations. Then training sessions will target real personnel need for improvement.

## **IMMEDIATE NEXT STEPS**

1. Pharmaceutical Management: Start development of pharmaceutical system evaluation protocol next week. Provided feedback on detailed activity costs.
2. BCC/IEC: Feedback on steps to follow in developing the case management protocol poster. Recommendations to work closely with LMTC, UNICEF and PSI for continuous technical advice and experience exchange.
3. STGs adaptation: Feedback to include both private and public sector practitioners in the process. Detailed steps to be presented by LMTC early August.

## **DETAILED NEXT STEPS FOR BCC/IEC ACTIVITIES**

1. Develop specific key materials (malaria case management protocol poster)
2. Pretest and revise
3. Conduct and analyze small-scale research to determine the situation related to prescription, dispensing and adherence to the ART-AQ (artesunate – amodiaquine) protocol, the barriers and enabling factors that can be used to develop behavior change strategy.
4. Update the malaria communication strategy from 2002 – focus on treatment and include description of targets with associated messages and channels.
5. Develop and include creative briefs for proposed materials in the strategy
6. Develop, pretest and revise materials.
7. Develop advocacy strategies for needed changes in policy and enforcement of existing policies at national, health facility, and local levels.

## ANNEX 1: MSH RPM Plus – LMTC Activity Timeline

### Chronogrammes des activités appuyées par MSH/RPM+AU BURUNDI

Domaine d'intervention	Activités	Indicateur	Responsables	Echéancier																			
				Aout				Septembre				Octobre				Novembre				Décembre			
				S 1	S 2	S 3	S 4	S 1	S 2	S 3	S 4	S 1	S 2	S 3	S 4	S 1	S 2	S 3	S 4	S 1	S 2	S 3	S 4
1.IEC. *Développement d'un poster	Révision/adaptation ancien outil	Draft disponible	IEC/LMTC		X	X																	
	Pré-test et correction	Version corrigée	IEC/LMTC			X																	
	Production et impression	1000 fiches produites	IEC				X																
*Distribution		Affiches disponibles dans les cds et hopitaux	IEC				X																
S/T 1																							
*Communication de masse	Organisation matinée scientifique d'information sur le traitement et la prévention du paludisme milieu urbain	Une matinée organisée	IEC/LMTC										X										
	Organisation matinée scientifique d'information sur le traitement et la prévention du paludisme milieu rural dans 4 Provinces	4 matinées organisées	IEC/LMTC													X	X	X	X				
S/T 2																							
<b>S/T IEC</b>																							
2.CAMEBU. Evaluation et renforcement de la gestion des antipaludiques	Evaluation du système d'approvisionnement, de gestion et de distribution des ACTs dans le public et prive	Rapport d'évaluation disponible	CAMEBU, DPML, LMTC	X	X	X	X	X	X														
	Formation des cadres des BPS en charge de la	Nombre de cadres	CAMEBU, DPML,					X	X														



## **ANNEX 2. Mission Activity Meeting Schedule - July 2006**

<b>Date</b>	<b>Activity</b>
Thursday, 7/6	Arrival – W. Kabuya
Friday 7/7	Brief – Dr. Thadee ? -
	Arrival – L. Shafritz
	Brief – Dr. Baza and Dr. Ndaruhutse
Saturday 7/8	Review activities GF: D. Baza, D. Niyungeko, A. Ndayishimiye
Sunday 7/9	Review activities GF: D. Baza, J. Ndaruhutse, D. Birgirimana, A. Ndayishimiye
Monday 7/10	Minister of Health – Sign MOU for project
	Visit IEC
	Visit PSI
Tuesday 7/11	USAID briefing: J. Niyongabo
	Install Dr. Jean Kamana dans son bureau
	Review comments on activities: CCM
Wednesday 7/12	All day work session with IEC – L. Shafritz, J. Kamana
	Visit WHO – W. Kabuya
	Visit UNICEF – W. Kabuya
	Work session: CAMEBU – W. Kabuya/J. Kamana
Thursday 7/13	Review activities :CCM
	Work session with IEC: L. Shafritz
Friday, 7/14	Departure – L. Shafritz
Saturday, 7/15	MSH / RPM Plus consultant orientation
Monday 7/17	MSH / RPM Plus consultant orientation
Tuesday 7/18	Departure – W. Kabuya

### **ANNEX 3. Meeting of the Technical Committee for Development of the Malaria Proposal for the 6<sup>th</sup> Round of the Global Fund**

#### **11<sup>th</sup> July**

<b>Name</b>	<b>Service</b>
Dieudonne Sindihebura	Projet Palu/F.M.
Donatien Bigirimana	CAMEBU
Albert Mbonerane	ALUMA - Burundi
Dismas Nyamwana	PSI
Dr. Jerome Ndaruhutse	F.M./Paludisme
Anatolie Ndayishimiye	LMTC/MSP
Willy Kabuya	MSH/RPM Plus
Dr. Jean Kamana	MSH/RPM Plus
Lonna Shafritz	AED/RPM Plus

#### **13<sup>th</sup> July**

<b>Name</b>	<b>Service</b>
Dieudonne Sindihebura	Projet Palu/F.M.
Amedee	INSP
Emmanuel Seheye	EPISTAT
Bernard Mbisamakoro	MOH/IEC
Dr. Emmanuel Maregeya	UNICEF
Albert Mbonerane	ALUMA - Burundi
Adelaide Nahimana	F.M./Palu
Dismas Nyamwana	PSI
Dr. Jerome Ndaruhutse	F.M./Paludisme
Anatolie Ndayishimiye	LMTC/MSP
Willy Kabuya	MSH/RPM Plus
Dr. Jean Kamana	MSH/RPM Plus
Lonna Shafritz	AED/RPM Plus

### ANNEX 4. People Consulted During Mission

<b>Name</b>	<b>Organization</b>	<b>Position</b>
Kossi Ayigan	World Health Organization	Action de Sante dans les Situations de Crise (WR acting in-charge)
Liliane Nduwayezu	World Health Organization	Assistant Programme MAL/PEV
Dismas Baza	MOH	Head of Programme de LMTC
Jerome Ndaruhutse	MOH	Directeur technique du Projet: Appui a l'Initiative Faire Reculer le Paludisme au Burundi finance par le Fonde Mondial
Olivier Basenya	MOH	Directeur du Departement des Programmes et Services de Sante (DSPS)
Donatien Bigirimana	CAMEBU	Directeur General
Emmanuel Seheye	EPISTAT	Directeur
Georges Nsengiyumva	MOH	Directeur General de la Sante Publique
Albert Mbonerane	MOH	ALUMA DG
Lievin Mizero	DPML	Directeur
Spes Ndayishimiye	IEC/BCC	Chef de Service IEC
Jean-Claude Niyongabo	USAID/Burundi	Administrative Assistant
Liesbeth Steuten	PSI	Director
Dismas Nyamwana	PSI	Research - Qualitative
Deogratias Niyungeko	Institute National de Sante Publique	Research Director
Thadee		DPML
Adelaide Mahimana	LMTC	
Anatolie Ndayishimiye	MOH	Malaria Advisor, Mosquito Nets, LMTC
Constantin Ndayikengurukiye	MOH/IEC	Chef de service, a.i.
Bernard Mbisamakoro	MOH/IEC	Chef de bureau formation et supervision
Jeremie Sindyikengera	MOH/IEC	Responsable recherché et evaluation
Bora Uzima (Bozi) Munganga	MOH/IEC	Chef de bureau production audio-visuelle
Terence Bwarikindi	MOH/IEC	Bureau de production audio-visuelle

Signing of the MOU at the Burundi MOH during RPM Plus Senior Program Associate Willy Kabuya's visit in July 2006

