



Malaria Logistics Highlights

Ensuring Sustained Availability of ACTs in Malawi through Improved Routine Logistics Reporting and Pipeline Monitoring



Two girls waiting at clinic.

Through improved information management and pipeline monitoring, Malawi has been able to maintain high ACT availability. This increased availability means those suffering from malaria can receive treatment.

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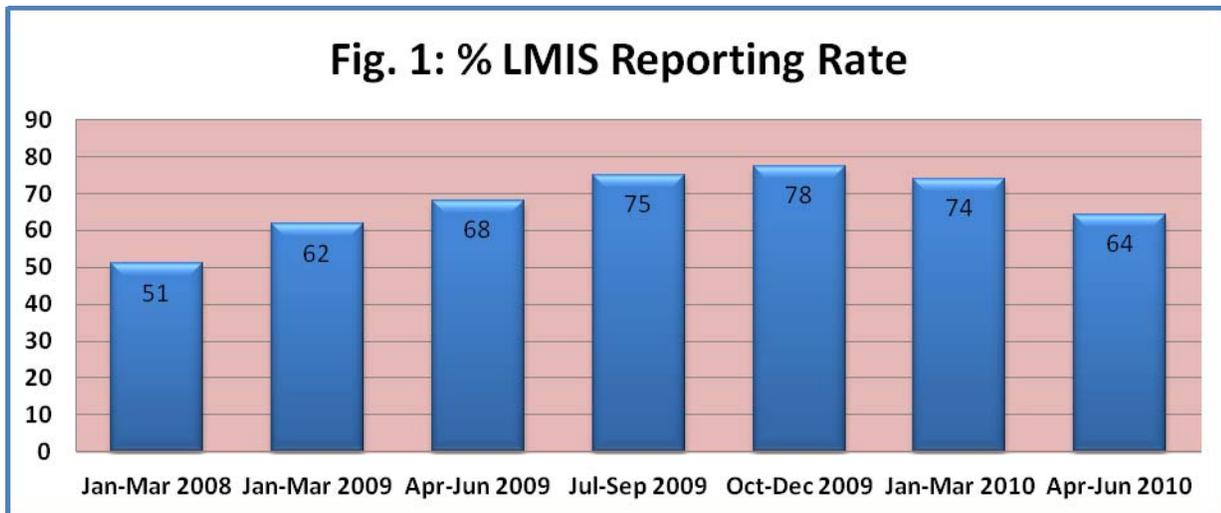
Malaria is a major public health problem in Malawi with the whole population at risk of contracting the disease throughout much of the year. The Ministry of Health estimates that 33 percent of all outpatient visits are caused by malaria, and malaria remains the major cause of hospital admission for children under the age of five years. In a country rated among the poorest in the world, the disease continues to negatively impact the socioeconomic status of its citizens. Low-income families spend about 28 percent of their yearly income to treat malaria.¹ With sulfadoxine-pyrimethamine becoming progressively ineffective, Malawi decided in 2006 to change the first line treatment of uncomplicated malaria to artemisinin-based combination therapy (ACT).

It was decided that ACTs be distributed and managed as stipulated in the guidelines for the integrated Malawi Health Commodities Logistics Management System (MHCLMS). The USAID / DELIVER PROJECT (the project) provided technical support in revising the system to enable it to accommodate ACTs.

The project assisted in the review of the MHCLMS Standard Operating Procedures and the upgrading of the logistics management information system software, *Supply Chain Manager*, in all 29 districts in the country to facilitate the management of ACTs. This review was followed by health workers' trainings using the updated materials and ongoing facility level supervision. As a result, the monthly logistics management information system (LMIS) reporting rate for antimalaria commodities increased from 40 percent in January 2008 to 68 percent in January 2010 (figure 1).

¹ See the National Malaria Control Program Strategic Plan, 2005–2010.

Figure I. % LMIS Reporting Rate



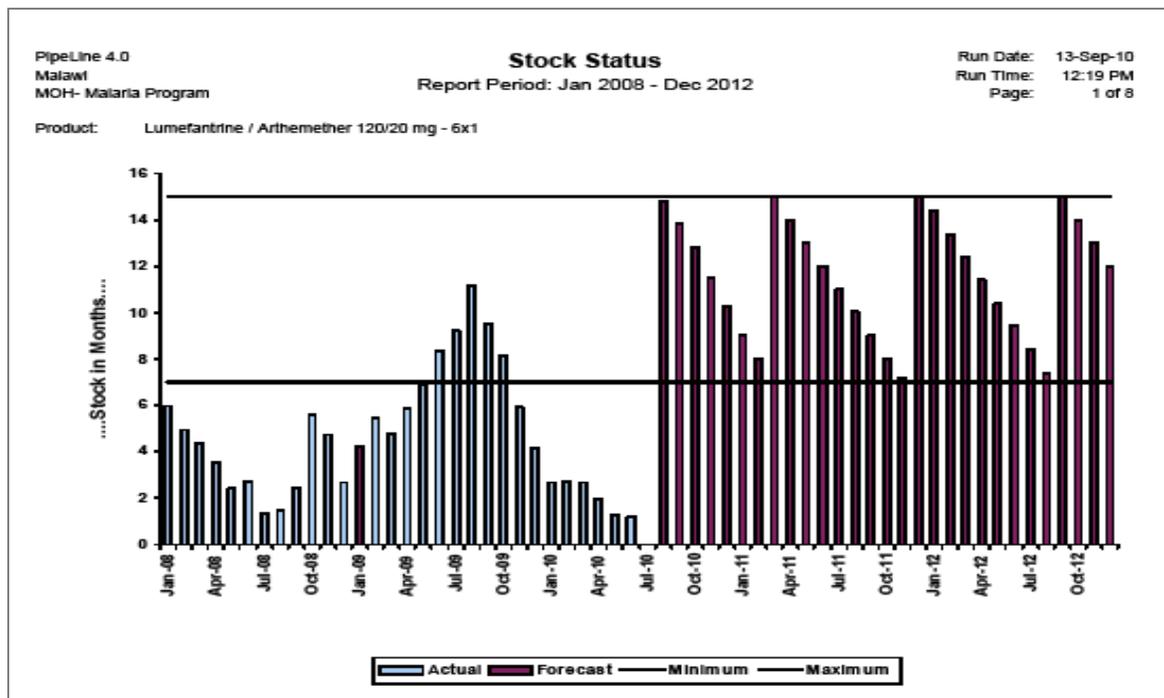
Use of LMIS Data

Antimalaria drugs continue to be the only commodity type with LMIS information reported to the Ministry of Health (MOH) from all the public health facilities in the country, including facilities affiliated with the Christian Health Association of Malawi. This reporting has enabled timely resupply, with the proportion of service delivery points stocked out on all four ACT presentations remaining, on average, below 10 percent in 2009. The district health management teams, with the assistance of the Project, are able to use the *Supply Chain Manager* data for decisionmaking. In 2009, one district, which had some facilities overstocked with ACT as a result of vertical distribution by one of the partners, was able to pick up this information and redistribute the supplies, thus averting major waste resulting from expired stock.

At the central level, the project assists in the transmission and analysis of the antimalaria drugs' LMIS data reported monthly through *Supply Chain Manager*. In collaboration with the Ministry of Health (MOH), we use the information generated from this analysis to update the Pipeline Monitoring and Procurement Planning System (*PipeLine*), which allows routine monitoring of the status of the procurement plans and the in-country ACT stock status. The MOH is able to use those *PipeLine* reports to inform the NMCP on the status of in-country ACT stocks and of any required adjustments to the procurement plan to avert stockouts. For instance, the *PipeLine* Stock Status Report (figure 2) is used to advocate for a review of the procurement plans and to raise red flags of eminent stockouts six to eight months in advance.

As a result, additional ACTs worth \$2.3 million were procured in 2009 using PMI funds. The NMCP also advocated for the fast tracking of the Global Fund order worth \$7.4 million. This approach averted a major stockout in the country in 2009, thereby ensuring stock availability before the start of the high malaria season in October–November. Stock availability was also sustained in most of the 609 health facilities throughout 2008.

Figure 2. PipeLine AL Stock Status Report



PipeLine also keeps ACT consumption records that are used for the national annual quantification exercise. Monitoring of the consumption trends has assisted the NMCP and the MOH in identifying high-consuming districts and hence in learning the need for further health workers’ trainings.

Conclusion

Strengthening the routine reporting system through *Supply Chain Manager* and improving data analysis through *PipeLine* have resulted in fewer ACT stockouts and waste as a result of expired ACTs. The MOH has historical data on ACT and other antimalaria drugs’ consumption trends since 2007. Capacity has also been built in the district health management team and MOH in the use of the *Supply Chain Manager* and *PipeLine* to monitor both the ACT in-country inventory levels and the procurement plans.

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