

Strengthening Procurement and Supply Chain Management Capacity for delivery of Seasonal Malaria Chemoprevention in the Sahel region



Management Sciences for Health hosted a regional workshop in Accra, Ghana from April 15-16, 2015 to prepare 7 Sahelian countries for community-based delivery of 45 million seasonal malaria chemoprevention (SMC) treatments to 11.25 million eligible children in 2015 and 2016. The countries, Burkina Faso, Chad, Guinea, Mali, Niger, Nigeria and The Gambia, have adopted the WHO-recommended SMC intervention and are funded by UNITAID through the *Achieving Catalytic Expansion of Seasonal Malaria Chemoprevention in the Sahel (ACCESS-SMC)* project to achieve at-scale intervention roll out.

If implemented at scale, SMC can prevent up to 75% of uncomplicated and severe malaria cases.

With a mandate of optimizing the supply chain for distribution and administration of up to 4 monthly doses of sulphadoxine-pyrimethamine + amodiaquine (SP+AQ) to children aged 3 to 59 months during high malaria transmission season, MSH conducted rapid assessments in the 7 countries at the inception of the 3-year project. The purpose of the assessments was to understand and mitigate operational challenges within country public sector supply chains, anticipated for large scale SMC implementation. These baseline assessments would apprise all partners of the ACCESS-SMC project (Malaria Consortium, Catholic Relief Services, London School of Hygiene & Tropical Medicine, Centre de Support de Santé International, Medicines for Malaria Venture, Speak Up Africa and Countries) of the existing capacity and state of preparedness to carry out key supply chain management functions needed to make UNITAID-funded SP+AQ available for community health worker (CHW) administration to targeted beneficiaries. The assessments were conducted in November and December 2014, and the follow-up regional workshop was planned to share and validate the supply chain assessment findings and to prioritize and design quick win interventions for important gaps.

Twenty-six participants, largely pharmacists from the Ministry of Health (National Malaria Control Programs, Central Medical Stores and Departments of Pharmacy) and support pharmacists and leaders from MSH and ACCESS-SMC partner organizations attended the workshop and deliberated the state of country preparedness.

For the most part, countries showed preparedness for the upcoming SMC delivery campaigns (July – November 2015). They showed – achieved registration of SP+AQ; policies, plans and guidelines updated to include SMC; regulations for prescribing and dispensing consistent with policy; willingness and capacity to change affected first-line treatments; ability to collect information on safety and efficacy; adequate storage space and capacity to house, manage, distribute and track SMC products whilst maintaining their quality through the supply chain; and adequate CHW knowledge and capacity to properly manage and administer SP+AQ to eligible children. Processes that needed attention and for which priority interventions were planned included – attainment of documentation requirements for clearance and pre-shipment inspection requirements; application for tax and tariff waivers; planning for SP+AQ distribution and reverse logistics; planning for adjunct supplies including rapid diagnostic tests

(RDTs); orientation on inventory management of SMC commodities; quality recording and transmission of relevant information through logistics and health management information systems (LMIS and HMIS); and execution of SMC awareness campaigns.

By the end of the workshop, countries had an action plan in place to overcome identified gaps to efficient delivery of SP+AQ products.



MSH staff are currently following up with country teams over the months prior to and during the SMC distribution campaigns to ensure implementation of agreed upon interventions. If done properly, SP+AQ will be available for use at service delivery points at the start of campaigns in the seven supported countries and MSH will have contributed meaningfully to expanded SMC coverage of eligible children.