

Management Sciences for Health  
Rational Pharmaceutical Management Plus  
Program (RPM Plus)

Support to Malaria Control in Angola  
US President's Malaria Initiative

Work Plan

**Revision: September 2006**

## **Background**

Angola suffered from close to three decades of civil war which devastated the basic infrastructure of the country, including roads, energy, communications, and sanitation. Currently only about 30% of the 17 million Angolans in the country is covered by the weakened public health system. The health care system is completely decentralized to the provincial level. The number of qualified and motivated health staff working outside the capital is limited and kits of essential medicines are available only sporadically. Geographic, economic, and cultural barriers to quality health care continue to be important limiting factors to improving health in the country.

Malaria is a major cause of morbidity and mortality in Angola and the government considers control of the disease a very high priority. In 2004, 3.2 million cases of malaria were reported, two-thirds of which occurred in children under 5 years of age, and about 38,000 malaria-related deaths. The disease accounts for 35% of the overall mortality in children, 25% of overall maternal mortality and is the cause of 60% of hospital admissions for children under five and 10% for pregnant women. Anemia due to malaria is a major cause of morbidity and mortality in both children and pregnant women and malaria is a leading cause of low birth weight in the newborn.

Angola was selected as one of three countries to receive funding during the first year of the President's Initiative on Malaria (PMI). The objective of this initiative is to promote the rapid scale up of malaria programs and increase coverage of vulnerable groups with four highly effective interventions: artemisinin-based combination therapy (ACT), intermittent preventive treatment (IPT) for malaria in pregnancy, insecticide-treated mosquito nets (ITNs), and indoor spraying with residual insecticides (IRS). It is expected that the activities funded by PMI will support the existing strategies and plans of the National Malaria Control Program (NMCP) and will complement the funding and efforts of other partners.

In August 2005 USAID/PMI conducted an initial assessment to identify appropriate areas for PMI investment in Angola. An important consideration was that Angola had obtained a Global Fund grant to support the national malaria control program, including the procurement of ACTs, provider trainings, and establishment of a viable distribution system, among other activities. An initial shipment of 475,000 treatments arrived in Luanda in February 2006 and the second and final shipment of 625,000 treatments in April, 2006. Unfortunately, at the time preparations to receive, distribute and appropriately manage and use the ACTs at the health facility level had not been finalized. In light of this, RPM Plus was requested to assess existing plans and work with PMI partners in Angola support finalization and implementation of these while making needed preparations for the receipt and distribution of ACTs procured through PMI (anticipated to be October 2006).

This work plan covers activities to be funded with FY06 PMI funds.

## **RPM Plus Technical Objective and Rationale**

The RPM Plus Malaria overall strategic objective “*Strengthened health systems for the appropriate management of malaria*” supports the USAID/Bureau for Global Health (BGH) SO5 “*Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance*”, SO3 “*Increased use of key child health and nutrition interventions*” as well as SO2 “*Increased use of key maternal health and nutrition interventions.*” RPM Plus’ activities under the Angola PMI country program will focus on the following technical objective:

### **Objective 1: Improve the management and use of antimalarials**

The appropriate management and use of antimalarials are essential to ensure continuous availability and to curb malaria morbidity and mortality while reducing the development of resistance. Good pharmaceutical management practices have been defined for all major components of the supply cycle, from selection of medicines, quantification of needs, procurement, storage and transportation, prescribing and dispensing. In Angola, RPM Plus will support on-going activities to improve public sector management of essential medicines while ensuring that the specific requirements for the management of ACTs under the PMI program are accommodated. This will require an approach that will consider immediate as well as longer-term objectives.

### **Proposed Activities**

#### **1. Develop a national ACT distribution plan integrating the contribution of ACTs provided through PMI (\$50,000)**

Implementation of the new malaria treatment policy Angola was supported initially by funds received from a grant from the Global Fund (Round 3). The additional support provided by the President’s Malaria Initiative and other partners requires a comprehensive ACT implementation plan that combines the initial and recurrent investments of all partners and allows for a progressive scale-up. RPM Plus will work in close collaboration with the NMCP, the National Essential Drugs Program (EDP), and other relevant counterparts and partners to develop a plan that will consider the quantification, procurement, storage and transportation from the central level to the facilities, beginning with priority provinces and municipalities. The national plan will evolve from and build upon provincial plans. Sub-activities include:

- Revision of the ACT quantification for the initial three month distribution to health facility based by incorporating more recent data on malaria cases by age group and health facility, beginning with selected municipalities and facilities in Huambo Province.

- Work with EDP to determine appropriate delivery routes and schedules, and based on this estimate determine the transportation and storage costs for the purposes of tendering a bid for a contract for these services.
- Develop a tracking and monitoring system that supports PMI reporting requirements.

In order to avoid stock outs, the completion of the above will be coordinated with current distribution schedule for existing ACTs and the plan for procurement of ACTs under PMI.

## **2. Strengthen the EDP kit system to allow for the effective integration of ACTs (\$40,000)**

The longer term objective of PMI is the integration of ACTs into the essential medicines program and the phase out of chloroquine. With support from the EU, the EDP has made significant advances toward finalizing a national medicines policy and developing standard operating procedures (SOPs) for essential medicines management at the health facility level through a kit system. However, these SOPs have not been fully implemented. RPM Plus will support the development and implementation of the EDP kit system, ensuring that it can support the appropriate management and use of ACTs. Sub-activities include:

- Adapt the EDP SOPs for the inclusion of Artemether-Lumefantrine and other malaria supplies and the phase out of chloroquine.
- Revise existing pharmaceutical management training materials to ensure that, in particular issues related to ACTs are addressed, such as the relatively short shelf life as compared to most other essential medicines.
- Support the planning and organization of training activities in pharmaceutical management and rational drug use as requested. This may involve a cascading design that begins with a training of trainers activity followed by provincial level trainings. RPM Plus support for implementation will depend on available funding.

## **3. Technical Activity Coordination and Monitoring (\$10,000)**

This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

### RPM Plus PMI Angola Performance Monitoring Matrix

Activities	Products	Outputs	Outcomes	Primary HPSS IRs*	Secondary HPSS IRs*	BGH SO5 mal. IRs*	Mission Results	PAWs*
1. Develop a national ACT distribution plan integrating the contribution of ACTs provided through PMI	National ACT Distribution Plan	PMI ACT procurement integrated in national ACT implementation	Improved ACT availability and utilization	IR1 IR3	1.1 to 1.5 3.1 to 3.5	5.1 to 5.4	NA	B&C
2. Strengthen the EDP kit system to allow for the effective integration of ACT	Revised EDP training modules, tools and procedures	EDP training modules, tools and procedures integrating ACT pharmaceutical management specificities	Improved ACT availability and utilization	IR1 IR3	3.4	5.1 5.3 5.4		
3. Technical activity coordination and monitoring	work plans, budget, reports, communications with staff and partners	Activities planned, budgeted and reported	Effective program implementation follow up and adjustments based on agreed decision with partners	IR1 IR3	1.1 to 1.5 3.1 to 3.5	5.1 To 5.4	B&C NA	B&C

\* Refer to the M&E Reference Binder for a list of Health Policy and System Strengthening (HPSS) Intermediate Results (IRs), Bureau of Global Health (BGH) IRs, and Principle Areas of Work (PAWs)

### RPM Plus PMI Angola Program Activity Matrix

Act. #	Activity	Partners and Collaborators	Staff	Travel (Per Diem Days)	Significant Expenses	Total Cost
1	Develop a national ACT distribution plan integrating the contribution of ACTs provided through PMI	Global Fund, WHO, PMI, UNICEF, EDP, NMCP, UNDP, USAID, CDC	Malcolm Clark Consultant	Sydney–Luanda (20) Geneve-Luanda (20)		\$ 50,000
2	Strengthen the EDP kit system to allow for the effective integration of ACT	Global Fund, WHO, PMI, UNICEF, EDP, NMCP, UNDP, USAID, CDC	Malcolm Clark Malick Diara Consultant	Sydney–Luanda (20) DC-Luanda (20)		\$ 40,000
3	Technical activity coordination and monitoring	USAID, CDC	Malick Diara Maria Miralles Nicolette Regis			\$ 10,000
<b>Grand Total Cost</b>						<b>\$ 100,000</b>