**MINUTES OF MALARIA DASH BOARDS REVIEW MEETING**

**August 24th, 2017 at the CCM Secretariat**

**Attendance:**

|  |  |  |  |
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| **No.** | **Name** | **Organization** | **Sector** |
| 1 | Annekatrin El Oumrany | CCM Secretariat | CCM Secretariat |
| 2 | Jonas Raphael Manu | AGAMal | PR / Private Sector |
| 3 | Bright Atiase | AGAMal | PR / Private Sector |
| 4 | Wahjib Mohamed | NMCP | PR / Government |
| 5 | Nana Yaw Peprah | NMCP | PR / Government |
| 6 | Samuel Dodoo | Media Response – Stop TB | OC / NGO |
| 7 | Dan Epeh | GAC | OC / Co-opted member |
| 8 | Laud Baddoo | GHSCP – PSM Project | OC / Co-opted member |

**Absence:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name** | **Organization** | **Sector** | **Reason** |
| 1 | Sixte Zigirumugabe | USAID/PMI | OC / Bilateral | US Holiday |
| 2 | Dr. Naa Ashiley Vanderpuye | Stop TB Partnership | KAP (TB) / NGO | Mission |
| 3 | Dr. Felicia Owusu-Antwi | WHO | OC / Co-opted member | Meeting |
| 4 | Dr. Sebastian Sandaare | District Health Directorate | OC / PLWD |  |

1. **Opening:**

The meeting started at 9:25 am with an internal session for Oversight Committee members only.

1. **Conflict of interest**

Annekatrin El Oumrany asked the oversight committee members present if they had any potential or actual conflict of interest in relation to the malaria dashboard review or other items of the agenda. All members present responded that they had no conflict of interest.

1. **Grant making and CCM risk mitigation**

Annekatrin provided the members with an overview on the status quo of the grant making and the anticipated budget (see the CCM website for details “Funding Request”). The members were also informed about the CCM risk assessment and mitigation exercise.

1. **Feedback from the field – site visit to Volta Region**

Annekatrin informed the members about the site visit to Volta Region in October 2017. The full information can be found in the NMCP section. There was no feedback from the field from the OC members.

1. **AGAMal**
2. **Follow up:**

* **Upper West:** Previously reported contamination allegations: same status quo. 21 communities pulled out. Independent report rules out contamination by AGAMal. NMCP as independent organization is requested to inform stakeholders about the findings of the report. Follow up on alternative interventions to be implemented in the 21 districts where AGAMAL has withdrawn spraying services: meeting in Tamale early November, recommendations made. Feedback still awaited.
* **Upper East / NGenIRS:** Experiences from first round: no real challenges. People welcomed activity. Stakeholder meeting after contamination allegations in UWR. No IRS in any rooms in which food items are stored. Stickers distributed upfront to mark those rooms. Sometimes found later onwards that stickers were incorrectly applied by residents in spite of comprehensive education.
* **Obuasi:** Resistance / Test of new insecticide: SumiShield approved by WHO very recently. EPA approval necessary before test can be carried out in Obuasi, expected for early 2018.
* **Status quo of larviciding:** initiated in Obuasi in September. Biological intervention (bacteria), funded by AngloGold. Each site revisited after 2 weeks, new bacteria inserted. Very few permanent breeding sites. Most sites expected to dry out, reducing necessary efforts over time. Up to now cost of 25,000 USD. Too early to evaluate impact.
* **Preparation of 2018 grant:** IRS fully fundedin currently served districts in 2018 and 2019. No budget yet for UWR in 2020. Intended to have an earlier start (Mar) to the IRS campaigns because of rain patterns.

1. **Financial Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | 88%, savings used for UE/R, what accounts for the unspent balance?  Why are HR cost not higher?  Projected expenditures by E/2017 | 3 months NGenIRS planned but because of delay shortened to 2 months. Insecticide savings were not fully used for NGenIRS. UER was sprayed after UWR – since equipment could be reused, it was not necessary to procure additional equipment.  700,000 USD expected expenditures in Q4/2017. Slightly higher final burn rate expected (90-92%). |

1. **Management Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Availability of commodities** | Which is the product procurement past due? | Shouldn’t be red. DB does not seem to be able to deal with seasonal procurement pattern. |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **IRS population** | 99% |  |
| **IRS structures** | 117% |  |
| **Staff trained on IRS** | 100% |  |
| **Sentinel sites** | 100% |  |

1. **Challenges anticipated within the next six months:**

* EPA approval of SumiShield necessary to test the new insecticide.
* Possible delays if grant is not signed timely.

1. **Recommendations:**

* GF to sign grant timely to avoid delays
* NMCP to publish information about outcomes of contamination report

1. **NMCP**
2. **Follow up:**

**Site visit to Volta (CCM) and Northern (SAMC) Regions**

* Procurement of ACTs from open market by facilities vs. expiries: Info from both regions: ACT price on open market is currently higher than NHIS reimbursement >> Procurement from open market would make the facility run at a loss. Procurement from open market may have occurred in the past but prices were still above RMS prices >> reduced profit margin of facility, private interests need to be assumed if open market procurement while RMS has stock. However, this was challenged by some of the meeting participants saying that locally produced ACTs are partly sold for much less, possibly allowing for a bigger profit margin at facility level. Those locally produced ACTs are supposedly effective but not WHO approved, which is why they cannot be procured by the GF.

The Northern RMS requested all facilities to lay open their procurements on open market for comparison with stock situation in the region. This initiative was commended by the meeting participants. Laud informed the meeting that Chemonics plans an assessment on private sector procurement of ACTs and artesunate injection (and possibly other products) for Feb with the objective of providing guidance to reflections to eventually wean the country from donor supplied ACTs. Several participants emphasized the importance of supporting local pharmaceutical manufacturers to improve their quality for a sustainable and country owned solution and also as a contribution to poverty reduction.

* Prison supply with RDTs and ACTs: There is no established mechanism for prisons to be supplied with RDTs and ACTs, seems to depend on level of collaboration between prison and health authorities. Info from VR: prisons are not among the NHIS accredited facilities and can hence not be reimbursed by NHIS. If prisons receive commodities directly from RMS, it causes a loss either to GHS or to the prisons. Recommendation: CCM to liaise with MoH to evaluate options to accredit prison infirmaries.
* Challenges with NHIS reimbursement: Ziope Health Center in VR had entirely run out of stock of ACTs and other basic commodities (e.g. analgestics, antibiotics, dewormer) due to delayed NHIS reimbursements and subsequent indebtedness to the RMS. Laud: This does not seem to be an NHIS issue alone as most facilities are in the same situation manage. There seems to be additional challenges with financial management at this health center that should be analyzed and addressed by the RHD.
* IPT: Previously only midwives allowed to administer IPT. Recently CHN trained on IPT administration (Wahjib: this was part of the case management training and took place nationwide) and plans to post more midwives to CHPS for increased service quality (Wahjib: this is a regional initiative). No standardized start for IPT at the various facilities. While some start right after the first trimester, others start at 16 weeks only. Answer NMCP: start is 16 weeks or when baby kicks. However, the WHO recommendation is as early as possible after the first trimester, which might also help to increase performance on this GF indicator.
* Diagnosis: Some facilities use smear tests only selectively, in others it is still the first choice of diagnosis, while RDTs are only used for emergencies. NMCP: this is perfectly alright.
* Collaboration with NGOs: The VR Health Directorate was aware of malaria NGOs and very pleased about their results in the hinterland where the pregnant women are difficult to reach. They suggest to task NGOs additionally to scale up the IEC efforts on malaria, help people to hang the bed nets and follow up to which extent people actually use them.
* Redistributions between regions: (=general comment across programs) While a Whatsapp platform exists for an exchange with all RMS in the country that is used to deal with shortages and approaching expiries, it is perceived that redistribution is primarily the responsibility of programs. The VR RMS bemoans the lack of adequate and consistent response to issues identifiable in the stock reports.
* Complaints about commodities with short shelf life: RMS announced that they will not accept any commodities with less than 6 months shelf life remaining unless in times of shortages. NMCP: situation arose since RMS didn’t sufficiently push commodities in the past leading to risk of expiries.

**Dashboard issues:**

* Challenges with NMCP DB creation: Only one more DB to be developed for this grant, then a new DB needs to be set up. GMS support is phasing out, GF support not yet defined. Way forward: NMCP will look for an internal solution to engage one of the local consultants.
* NMCP is requested to use the DB comment sections for a better understanding of data.

**2018-2020: private sector copayments:** Consultant will be recruited to assist with the strategy

1. **Financial Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | Absorption rate: 86%  93m USD spent, 20m left until E/2017.  Anticipated expenditures by E/2017 | More commodities will arrive in Q4 |
| **PSM data** | DB incomplete. | NMCP is requested to correct PSM data |

1. **Management Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Availability of commodities**  **As stock E/9 stock report** | Drugs close to expiry distributed to private sector?  Expected expiries:  WR: AA 25/67.5  UWR: AA 50/135, Quinine tab  NR: AA 100/270 (14yrs+) Dec  AR: Quinine tab  Status quo SP procurement? | Yes  Very likely to expire  Quinine tabs: minimal use, which is why some RMS don’t order them anymore  PMI stock coming but huge set back because of FDA registration. Supplier finally registered product. Earliest arrival of SPs March unless airlifted. Stock out expected early 2018. GoG procurement to be renewed, not clear why next procurement not based on initial contract. Laud will try to get more info |
| **Compliance** | 44 finance reports? | 33 NGOs, 10 regional, 1 national |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **% parasitological test** | 89% of suspected cases get tested = 111% achievement rate |  |
| **Coverage LLIN** | 74% of pop at risk covered = 100%. = mass distribution | No mass campaigns recently. Indicator is based on calculation of # nets expected to be still in place. |
| **# LLIN mass + continuous** | 94%. |  |
| **% 3+ doses of IPTp** | 46% coverage (= 69% achievement rate) but ANC4 coverage >70%.  Experiences with Project champion activity? | Losses occur during data counting. Tally book introduced in Q3 to facilitate counting.  Person in charge not available for an answer. |
| **% targeted risk group with ITN** | 119% |  |
| **% ACTs among confirmed cases** | 100% coverage, 100% achievement |  |

1. **Challenges anticipated within the next six months:**

* SP availability
* Delays if grant is not signed timely

1. **Recommendations:**

* GF should support improvement of quality of locally produced ACTs. Private sector is already mass distributing locally produced ACTs. Important that those provide the efficacy needed.
* Get more info on status quo of the current GoG SP contract and the way forward.
* NMCP to update and resend dashboard (PSM data)
* NMCP is recommended by AGAMal as the highest malaria control body and independent organization to inform stakeholders about findings from the report of the alleged contamination of organic food items.
* CCM to liaise with MoH to evaluate options to accredit prison infirmaries for NHIS reimbursement.
* GF to ensure that local DB support is continuously available.

1. **Closing**

The meeting came to a close at about 13:45 pm.