**MINUTES OF MALARIA DASH BOARDS REVIEW MEETING**

**February 23rd, 2017 at the CCM Secretariat**

**Attendance:**

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| **No.**  | **Name** | **Organization** | **Sector** |
| 1 | Annekatrin El Oumrany | CCM Secretariat | CCM |
| **2** | Wahjib Mohamed | NMCP | PR / Government |
| 3 | Samuel Dodoo | Media Response – Stop TB | OC / NGO |
| 4 | Sixte Zigirumugabe | USAID/CDC | OC / Bilateral |
| 5 | Dr. Naa Ashiley Vanderpuye | Stop TB Partnership | KAP |

**Absence:**

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| --- | --- | --- | --- | --- |
| **No.**  | **Name** | **Organization** | **Sector** | **Reason**  |
| 1 | Margaret-Anne Wilson | MOFEP | Government | Excused |
| 2 | Laud Baddoo | PSM | OC / Co-opted member | Excused  |
| 3 | Dr. Felicia Owusu-Antwi | WHO | OC / Co-opted member | Excused |
| 4 | Dr. Sebastian Sandaare | MP | OC / PLWD |  |
| 5 | Maurice Ocquaye | Independent consultant | OC / Co-opted member |  |
| 6 | Daniel Osei | Ghana Health Services | Government |  |

1. **Opening:**

The meeting started at about 10:40am chaired by Samuel Dodoo.

1. **Conflict of interest**

Annekatrin El Oumrany asked the OC if they had any potential or actual conflict of interest in relation to the malaria dashboard review or other items of the agenda, which was not the case.

1. **NMCP reprogramming request**

The OC members present were informed about the NMCP reprogramming request – see the presentation.

1. **AGA Mal MoU with IVVC on the NGenIRS project**

The OC members present were informed about the content and objectives of the MoU with IVVC on the New Generation IRS project and its condition that all savings from the subsidized insecticide need to be fully invested into a geographic expansion. Since AGAMal is not willing to cover additional districts without being able to confirm continuation in 2018 and onwards, the feasibility of this project depends on the budget allocated to AGAMal in the next implementation period.

1. **Way forward with those OC members hardly present**

Since the time the OCs were constituted, some OC members hardly ever attended the meetings. Since the active part of the malaria OC is rather small, only rarely achieving a quorum, the OC members present proposed to contact the fairly passive OC members to discuss their availability.

1. **AGA Mal**

Since AGAMal did not have any significant program activities during the reporting period, it was agreed that they reply to questions via telephone.

1. **Follow up:**
* Resistance survey: Confirmed that resistance is worsening. Report will be shared with CCM.
* Next Generation IRS update: AGA Mal will provide update within this week
1. **Financial Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | 94% burn rate, disbursements much lower than expenditures | Cash carry over from previous not part of the disbursements. AGA Mal will adjust |
| **Disaggregated absorption rate by grant objective** | Significant overspending on equipment and progr. mgmt.Health product expenditures 730,000 for insecticide? If so based on reduced UNITAID price? | Lab equipment budget wrongly calculated. One off transaction, will not occur again. AGAMal will verify reasons of prog. Mgmt. overspendingInsecticide. Top up quantity. Regular price.  |

1. **Management Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation**  | **Answer / Decision**  |
| **PSM cost** | Enter cumulative data | AGA Mal will adjust |

1. **Programmatic Indicators: No observations**
2. **Recommendations: None**
3. **NMCP**
4. **Follow up:**
* **Prevention, diagnosis and treatment in prisons:** Prison nurses are part of the planned case management training. NMCP looks into increased collaboration between prison facilities and districts and regions to enhance supply of RDTs and ACTs. CCM Secretariat will inquire if prisons have malaria related data and ask AGAMal if impact data in prisons exist.
* **Overview NGO results, challenges:** next assessment E/Mar. Monitoring visit in Feb, report currently compiled.
1. **Financial Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | 95% burn rate |  |
| **Disaggregated absorption rate by grant objective** | Very high expenditures on vector control, SPI, PSCM56% cum expenditures on case management - due to the reduction in ACT consumption? | * Could not be discussed due to power cut and the related PC shut down.
 |
| **PSM data** | Data do not seem to be correct | * NMCP will check and possibly provide adjusted dashboard
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1. **Management Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Availability of commodities****As stock E/Jan stock report** | Very low SP stocks, several regions stocked out (3.6 MoS at central level). Procurement situation? Local SPs? Very low RDT stock in regions, 9MoS at central level)ALs stocked out in 2 regionsAA stocked out in V/R and W/RArtesunate injection stocked out in 3 region | Local procurement passed FDA testing, 1.5 MoH coming in in addition to the 3.5 MoS available at central level. Next staggered delivery was requested from P&S / MoH, CCM requested to follow up. Last scheduled distribution in Nov. Next distribution should go out by next week. Enough stock of all commodities at central level, so that all stock shortages should be resolved by early March.  |
| **Product quality test failed** | Should this not be red because of the SMC drugs? | Was not discussed because of power cut and necessity to concentrate on most important issues before PC shuts down.  |

1. **Programmatic Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation**  | **Answer / Decision**  |
| **% 3+ doses of IPTp** | Drop from 66% to 58% coverage | Consistent supply necessary. Advocacy of CCM needed in order to ensure that next staggered local delivery is carried out timely |
| **Risk groups covered with ITNs** | Drop to 71%.  | Schools distribution more than 90% coverage. Stable supply. Supply chain issues between RMS and facility. |

1. **Recommendations:**
* CCM to follow up on request to deliver second tranche of SPs.
* CCM to investigate with AGA Mal if data on malaria prevalence in prisons exist and on the impact of IRS
* NMCP to get more information on the challenges to deliver RDTs and ACTs to prison infirmaries
1. **Closing**

The meeting came to a close at about 14:00.