**MINUTES OF MALARIA DASH BOARDS REVIEW MEETING**

**June 8th, 2017 at the CCM Secretariat**

**Attendance:**

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| **No.** | **Name** | **Organization** | **Sector** |
| 1 | Annekatrin El Oumrany | CCM Secretariat | CCM |
| 2 | Jonas Raphael Manu | AGAMal | PR / Private Sector |
| 3 | Wahjib Mohamed | NMCP | PR / Government |
| 4 | Joel Balbaare | NMCP | PR / Government |
| 5 | Samuel Dodoo | Media Response – Stop TB | OC / NGO |
| 6 | Sixte Zigirumugabe | USAID/PMI | OC / Bilateral |
| 7 | Dr. Felicia Owusu-Antwi | WHO | OC / Co-opted member |
| 8 | Dr. Sebastian Sandaare | District Health Directorate | OC / PLWD |

**Absence:**

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| **No.** | **Name** | **Organization** | **Sector** | **Reason** |
| 1 | Dr. Naa Ashiley Vanderpuye | Stop TB Partnership | KAP | Excused |
| 2 | Maurice Ocquaye | Independent consultant | OC / Co-opted member | Will be replaced at the OC |
| 3 | Daniel Osei | Ghana Health Services | Government | Will be replaced at the OC |
| 4 | Margaret-Anne Wilson | MOFEP | Government |  |
| 5 | Laud Baddoo | GHSCP – PSM Project | OC / Co-opted member |  |

1. **Opening:**

The meeting started at about 9:45 am 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. **Feedback from the field**

NGOs working for NMCP whose contracts were discontinued have not been replaced. Their districts are hence not receiving those services anymore. NMCP is recommended to review the feasibility of continuing services formerly provided by these NGOs.

1. **Survey on resistance conducted by Noguchi by Raphael**

A resistance survey in 2015 conducted by Noguchi indicated emerging insecticide resistance to pirimihos methyl in Obuasi. A follow up survey in 2016 confirmed insecticide resistance to a number of insecticides to varying levels:

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| **Class** | **Insecticide** | **Susceptibility Status\*** | **Remarks** |
| Pyrethroid | Deltamethrin | 19.6% | Used for impregnation of LLINs, can’t hence be used for IRS |
| Permithrin | 24.7% |
| Carbamates | Bendiocarb | 1.3% | Protective effect for few months only |
| Propoxur | 36.8% |
| Organophosphates | **Pirimiphos methyl** | **71.7%** | Currently used for IRS |
| Malathion | 44.7% | Higher resistance |
| Fenitrothion | 36.8% | Higher resistance |
| Organochlorine | DDT | 3.5% | Highly regulated |

\*At susceptibility levels of less than 90%, WHO recommends rotation.

Currently, considering the information in the above table and the lack of options for a rotation, AGAMal will continue in 2017 with the current insecticide. IRS will be complemented by larval source management in the whole district of Obuasi with funding from AngloGold. A new NGenIRS insecticide will be on the market from 2018 that will be tested in Obuasi later this year. Resistance levels in UWR are much lower than in Obuasi.

1. **Update on the NGenIRS project implemented AGAMal in UER in addition to IRS implemented in Obuasi and UWR (by Jonas Raphael Manu / AGAMal)**

AgaMal selected three districts in Upper East region for the implementation of the NGenIRS project: 3 Upper East districts (Builsa North, Builsa South & Kassena Nankana West). The main selection criteria included proximity to existing intervention areas and size of district. Due to sustainability discussions with the Global Fund, the insecticide was ordered and consequently shipped with a delay but will arrive this month with spraying expected to start in July. This year the currently used insecticide Pirimiphos methyl will be applied in UER but will be replaced by a new insecticide in 2018. Find more information on this project under http://www.ccmghana.net/index.php/malaria/anglogold-ashanti/the-grant/ngenirs

1. **AGA Mal**
2. **Follow up:** none
3. **Financial Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | 76% burn rate  Disbursements are very close to expenditures. Did this affect the activities? | Cash carry over from previous grant cycle now incorporated. Normally IRS period April – June. Esp. insecticide ordered arrived late, not part of planned expenditures. Burn rate will improve a lot with finalization of IRS.  Cash balance at start of the year was enough to cover the programs activities for Quarter 1. Disbursement for the year (5m) received in April 2017. |
| **Disaggregated absorption rate by grant objective** | 3.5m USD in the budget for non pharmaceutical products that have not been used. If those are for insecticide, has it arrived and how does the delay affect your activity schedule? Only 2.4m but not 3.5m as commitments in the PSM section of the dashboard?  Low expenditure for program administration. What about preparation of the NGenIRS activities? | The amount under commitments reflects the cost of insecticides @ US$15.00 (NgenIRS reduced/subsidized price) whereas the budget was made using full cost @ US$24.50. Insecticide for NGenIRS was ordered in Q2 and will arrive in June and be paid in Q3. Therefore no 3.5m as commitments  Because of the delay in the start of operations, most of the costs will be in Qtr 2 |

1. **Management Indicators: no observations**
2. **Programmatic Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **IRS population** |  | Start of IRs is delayed in all districts due to challenges with clearing of the insecticide. Obuasi: April-mid-July. 2-3 (delay at port). Same for Upper West. UER: BG July – September |
| **Staff trained on IRS** | No training on IRS in Q1? Is training for districts in UE/R scheduled for Q2 or will the IRS be done by staff from UW/R? | Because of the above challenges, all IRS trainings for Upper West were pushed to April (quarter 2). IRS trainings for Upper East districts have been scheduled for last week in June 2017. Fresh recruitment will be done for Upper East operations. Upper East operations will be done under the supervision of the Upper West Zonal Office. |

1. **Challenges anticipated within the next six months:** Insecticide resistance issue, weather during rainy season.
2. **Recommendations:** None
3. **NMCP**
4. **Follow up:**

* **Overview NGO results, outcomes from assessment E/03:** Still ongoing
* **2nd tranche SPs:** NMCP will provide feedback about the status quo.
* **Challenges to deliver RDTs and ACTs to prison infirmaries:** Discussion with prison authorities during country dialogue. RHDs were informed to involve prison infirmaries. Procedures for procurement should be clear on both sides. Collaboration between prisons and regions needs to be strengthened to ensure that prisons get their necessary supplies. Prison infirmaries will be involved in all case management trainings. NMCP will work to ensure that supply of prisons’ infirmaries will follow the regular supply of health facilities by RMS.

1. **Financial Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | 74% burn rate, drop from 95% and only 14% quarterly burn rate. What happened? | A lot of back and forth with the reprogramming led to delays in interventions. Significant improvement expected in Q2. |
| **Disaggregated absorption rate by grant objective** | Case mgmt. consistently low burn rates, very low across last 2 quarters: 19% / 24% >> cum 47% but 44% of the budget | Case mgmt. will continue to need less funds than initially budgeted for. However, activities benefiting from reprogrammed savings, e.g. training, also under case management that will compensate for otherwise low burn rates once implemented. |
| **PSM data** | Which are the 22m commitment for products? | Order for LLINs placed on WAMBO. |

1. **Management Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Availability of commodities**  **As stock E/Jan stock report** | Central level Mar to Apr: 16 MoS of AL 20/120mg 12's and 39 MoS of AA 100/270 (6-13yr) disappeared without showing at RMS level  AA 50/135 oversupply at UER/UWR (14+ MoS)  Artesunate inj. 49 MOS UWR  SP arrived in Feb, why did UWR receive such a big quantity (24 MoS)  RDTs: uneven distribution: WR receives <3 MoS while VR >6 MoS but had much more stock initially  Info that facilities don’t have storage space but several RMS issue out several MoS at once (e.g. CR 7.4 MoS RDT, now being entirely stocked out)  Alleged risk of expiries because facilities buy on the open market. Drug may expire at the level of facilities. Sixte / PMI confirms this situation | NMCP will review and provide answers before the CCM meeting |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **% 3+ doses of IPTp** | 62% Increased target but also increased coverage: 35% >> 41% = best coverage since P4 |  |

1. **Challenges anticipated within the next six months:** None except for anticipated time limitation due to grant negotiations
2. **Recommendations:** NMCP follows up on stock issues & necessity for the CCM to follow up on SP order.
3. **Closing**

The meeting came to a close at about 12:30.