CHALLENGE

Stock-outs and other inefficiencies at storage and health facilities were frequent. Multiple supply chains made commodities difficult to track and manage: donors each operated their own supply system.

STRATEGY

The “common basket” system for malaria commodities

In 2015, the Ministry of Health, with support from ARM3 established a pooled mechanism for all malaria commodities, no matter their origin, so that the NMCP could better manage them for a steady and adequate supply.

Under this agreement, all commodities now come through the national warehouse (CAME) using the Logistical Management Information System (LMIS).

The common basket has improved:

- National ownership of malaria interventions
- Forecasting and procurement planning
- Commodity storage and transport
- Risk assessments
- Early identification and correction of overstocks and stock-outs.

“100% supervision”

With ARM3, the NMCP also introduced “100% supervision”— in-service training and mentoring at public and registered private health facilities. Monthly supervisory visits focus on skills in stock management as well as reporting and use of data for decision-making.
ARM3: Improving the Supply Chain for Malaria Commodities

RESULTS

Closer fit between supplies prescribed and supplies dispensed

When the NMCP with ARM3 addressed supply chain and data issues, the discordance between prescribed and dispensed commodities plummeted within months. The following shows the decrease in discordance for three health zones (Pobé/Adjia-Ouèrè/Kétou) in 2016.

GLOBAL RECOGNITION

Pharmacy and logistics experts from the NMCP, USAID/Benin, and ARM3 presented the commodity pool and “100% supervision” at the Global Health Supply Chain Summit in Tanzania in 2016. International judges recognized this work with a global prize for innovation.

“100% monthly supervision has clearly improved the management of malaria commodities. It has helped us with logistics management, using the information system and other management tools, and with following the National Malaria Policy.”

DANIEL AGODOU
WAREHOUSE MANAGER

OVERALL RESULTS OF ARM3:

23% PREGNANT WOMEN WHO RECEIVED IPTp2, 2011
→ 67% PREGNANT WOMEN WHO RECEIVED IPTp2, 2017

12% MALARIA-RELATED MORTALITY RATE, 2011
→ 1% MALARIA-RELATED MORTALITY RATE, 2017

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