### ARM3 at a Glance

**DONOR:** USAID/PMI  
**PERIOD:** 2011–2018  
**PRIMARY OBJECTIVE:** To assist the Government of Benin (GOB) to rapidly and significantly reduce both the number of malaria cases and malaria-related mortality, as part of its efforts to bring malaria deaths to zero and eliminate malaria as a public health threat by 2030.  
**MAIN APPROACH:** ARM3 technical experts worked closely with Benin’s National Malaria Control Program (NMCP) to intensify malaria interventions and surveillance at all levels, with continuous capacity building including training, coaching and mentoring of NMCP and health-facility staff.  
**SUSTAINABILITY:** The ARM3 methodology was designed for sustainability. In 2014, ARM3 transitioned from an implementing role to an advisory role. The NMCP is now fully in charge of malaria interventions.  
**NATIONAL IMPLEMENTERS:** National Malaria Control Program (NMCP) of Benin with technical assistance from Medical Care Development International and other partners.  
**POPULATION REACHED:** Over 11 million—the entire population of Benin—in all 34 health zones.

### Challenge

An estimated 65% of Beninese seeking treatment for malaria visit private health facilities, many of them informal. Until recently, the National Malaria Control Program (NMCP) worked only with public facilities since its commodities were donated by international aid agencies and were offered to the public at subsidized prices.

Without access to subsidized commodities, private providers were prone to dispensing expensive, substandard or counterfeit drugs. They were also often unaware of standard procedures for estimating their antimalarial stock needs, and performing diagnosis and case management.

### Strategy and Methods

After an assessment, ARM3 assisted the NMCP to develop and implement a strategy to integrate private clinics and hospitals into the National Malaria Strategy through:

- **Training and capacity building** for health workers and private facilities, leading to accreditation for professionals and registration for facilities  
- **Expanding private sector reporting** to the national health information system  
- **Distributing Long-Lasting Insecticidal Bed Nets (LLINs)** through private employers  
- **Providing subsidized commodities** to registered private facilities, to help prevent both stock-outs and the use of poor quality drugs

### Results

- **404** private health care practitioners providers trained in case management  
- **220+** private health care practitioners providers trained in 2017  
- **145** private health facilities accredited  
- **102** private health facilities complied with pricing, stock management, case management and reporting guidelines as of 2018  

**Private facilities’ reports submitted to the national health information system in 2011 vs. 2017**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tr>
<td>2011</td>
<td>20%</td>
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<td>2017</td>
<td>85%</td>
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ARM3: Upgrading Skills and Standards in the Private Sector

A PUBLIC-PRIVATE PARTNERSHIP FOR MALARIA PREVENTION

ARM3 advocated for and helped implement a public-private partnership with the Coalition of Enterprises in Benin against AIDS, Tuberculosis and Malaria (CEBAC), a large trade association, to distribute long-lasting insecticidal nets (LLINs) to their workers. The NMCP sold the nets to the enterprises at subsidized prices; the businesses then sold them to employees. To ensure success, the project also trained CEBAC employees in social marketing, distribution, and tracking.

Through this multi-year partnership, CEBAC has become a national leader in malaria prevention. Today CEBAC participates in international workshops on public-private partnerships, and assists member corporations to develop social responsibility plans. Several other organizations have since purchased LLINs for their own employees, outside of the ARM3-facilitated distribution.

100,000 LLINs distributed to businesses at subsidized prices
48 private companies participated
410,000+ people protected
94.5% of revenue from the sale of LLINs collected and deposited in the CEBAC/ARM3 joint bank account, to be invested in future LLIN distributions

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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