

Accelerating the Reduction of Malaria Morbidity and Mortality (ARM3) | BENIN

Improving the Supply Chain for Malaria Commodities



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

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.



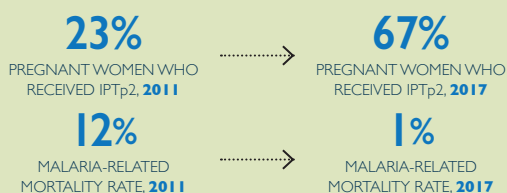
ARM3: Improving the Supply Chain for Malaria Commodities



“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:



www.mcdinternational.org



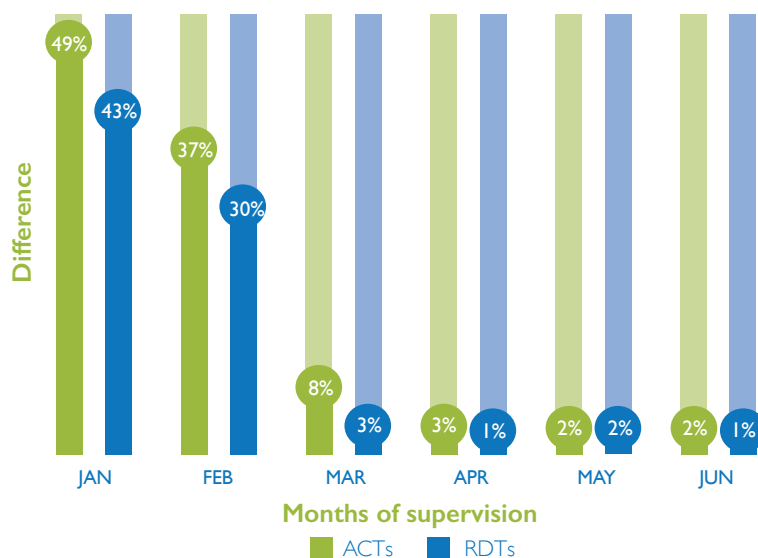
For more information:

Luis Tam, MD, DrPH
Director of International Division
Ltam@mcd.org; 1-301-562-1920

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 (Pobè/Adja-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.



This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement AID-680-A-11-00001. The contents are the responsibility of Medical Care Development International and do not necessarily reflect the views of USAID, the President's Malaria Initiative (PMI), or the United States Government.