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MEDICAL CARE DEVELOPMENT INTERNATIONAL

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

ARM3: Summary of Key Achievements 2011–2018



Benin's National Malaria Strategy calls for eliminating malaria as a public health threat by 2030. ARM3 was developed to measurably and significantly speed up progress toward that goal.

The Project worked directly with Benin's National Malaria Control Program (NMCP) to increase coverage and use of key life-saving malaria interventions. It focused on accelerating the reduction of morbidity and mortality, and on building the local capacity for improvements to be sustained.

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CONTEXT

Malaria takes an enormous toll on Benin's population and economy.

It is the leading cause of morbidity and mortality among pregnant women and children under five.

In addition, the World Bank estimates that Beninese households spend 25 percent of their income on preventing and treating malaria.

ARM3: AN OVERVIEW

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.

National implementers: National Malaria Control Program (NMCP) of Benin with technical assistance from Medical Care Development International (MCDI) and other partners.

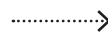
Population reached: Over 11 million—the entire population of Benin—in all 34 health zones.

Key achievements

The mortality rate from malaria plummeted

12%

IN 2011



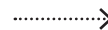
1%

IN 2017

The percentage of pregnant women who received at least two doses of IPTp tripled

23%

PREGNANT WOMEN WHO
RECEIVED IPTp2, 2011



67%

PREGNANT WOMEN WHO
RECEIVED IPTp2, 2017

PREVENTING MALARIA IN PREGNANT WOMEN — AND EVERYONE ELSE

Behavior change communication boosts prevention

Behavior-change communication and social mobilization implemented by the National Malaria Control Program, in collaboration with ARM3, measurably influenced behavior throughout Benin.

12.3 million bed nets distributed in campaigns in 2014 and 2017

Percentage of households that received bed nets: 95.5% in 2014 and 96.6% in 2017



15 radio stations broadcast malaria messages

4.5 million Beninese reached with malaria messages on the radio



- 2,384** doctors, nurses and health facility staff trained in malaria education
- 1,214** community health workers trained in malaria education
- 140,000+** copies of BCC materials on IPTp and other malaria prevention distributed
- 1,000+** copies of facilitator guides and participant training manuals on IPTp distributed

Case management brought improved services to the health zone, village, neighborhood, and doorstep

- 1,456** community health workers trained in case management, including rapid diagnostic testing and when to refer patients to a facility for severe illness
- 178** members of NGOs and district health departments trained in Integrated Community Case Management (iCCM)

A public-private partnership for 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.

- 100,000** LLINs distributed to businesses at subsidized prices
- 48** private companies participated
- 410,000+** people protected

The bottom line

People surveyed who reported sleeping under bed nets the previous night in 2017: **88%**

Percentage of pregnant women taking at least two doses of IPTp **tripled** between 2011 and 2017.

A GRATEFUL VILLAGE

Fresh from a five-day training in case management, a **Community Health Worker (CHW)** examined a small village boy with convulsions and other symptoms of severe malaria. While his parents were reluctant to make the 10-km trip to a health facility, the CHW knew he had to insist. He arranged transport and even accompanied the family by motorcycle. Unlike others who had not made the trip, the child survived.

Later, the public-health doctor who had trained the CHW came to check on the child's progress. Rather than the suspicion with which villagers often greet officials, he received a warm welcome. Recognizing the value of his training, villagers gifted him with a sheep.

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RAPIDLY REDUCING MALARIA RATES AND MORTALITY

More, and more accurate, malaria diagnoses allowed for prompt treatment, especially of severe malaria

Diagnosis of cases increased dramatically with training of providers and laboratory workers as well as rehabilitation of lab equipment. This brought Benin in line with WHO guidelines for complete, timely and accurate diagnosis of malaria.

Estimated share of total malaria patients diagnosed



Diagnostic laboratories with reference documents on malaria



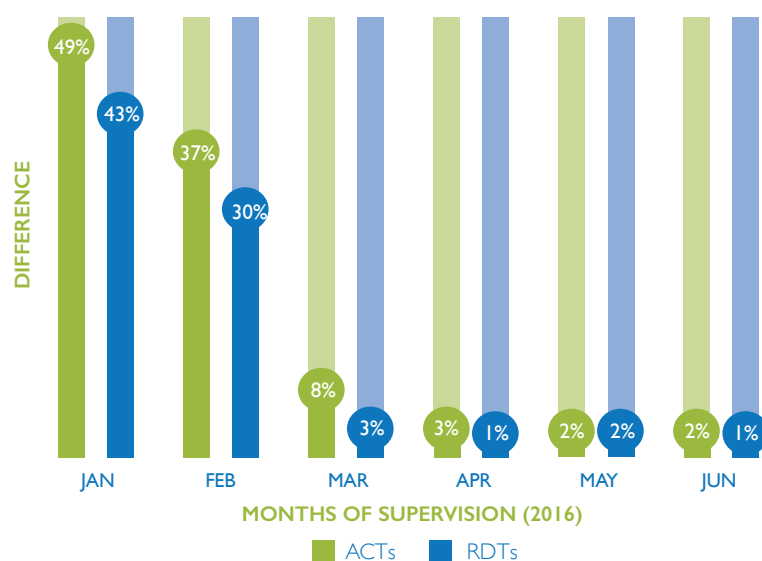
All **115** public and private laboratories supervised in 2017 had the ability to perform biological diagnosis of malaria.



Supply Chain: The right commodities in the right place at the right time

Creation of a common pool for all malaria commodities, coupled with a training/mentoring system called “100% Supervision” led to better forecasting and continuous availability of both rapid diagnostic tests (RDTs) and malaria treatments (ACTs). Improved use of the Logistics Management Information System (LMIS) was also instrumental, as was using average monthly consumption for annual quantification.

The following shows how quickly the discrepancy between prescribed versus dispensed drugs fell after project methods were introduced.





Private Sector: Bringing private facilities up to standards through partnership and capacity building

An estimated 65% of Beninese seeking treatment for malaria go to private health facilities, many of them informal. With ARM3, the National Malaria Control Program began to bring these facilities into alignment with the standards, reporting systems, and training applied in public health facilities. A pilot program allowed private providers access to subsidized commodities as well.

404 private health care practitioners trained in case management

145 private health facilities accredited

102 private health facilities complied with pricing, stock management, case management and reporting guidelines as of 2018

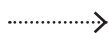
Private facilities' expected reports submitted to the national health information system in 2011 vs. 2017



The bottom line

Thanks in part to the timely availability of RDTs and medicines, in addition to earlier identification of severe malaria, the rate of malaria-related deaths decreased from

12%
IN 2011



1%
IN 2017

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CAPACITY BUILDING FOR SUSTAINABILITY

Technical Working Groups provide regular expert guidance

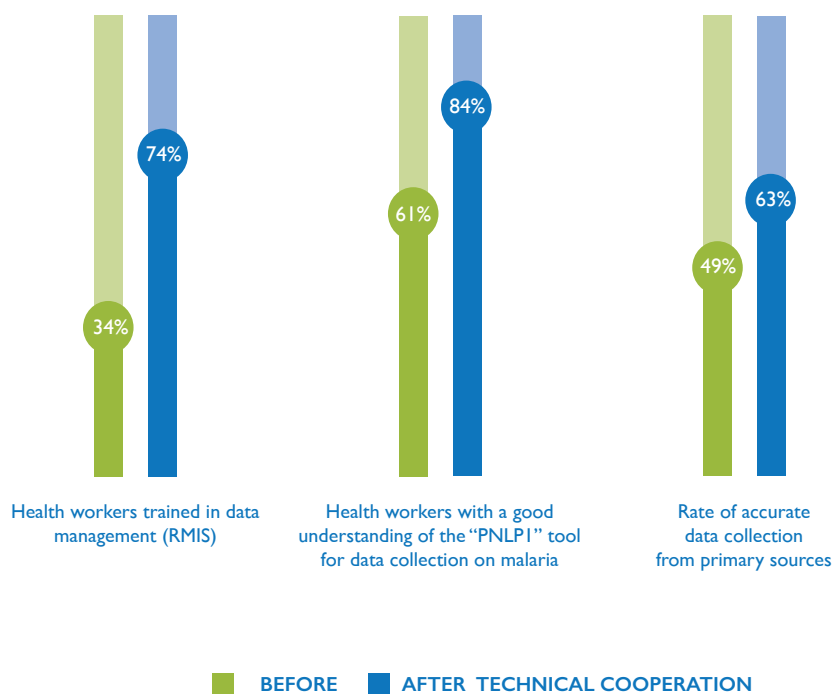
As part of its transition from implementer to provider of technical assistance, ARM3 has helped the NMCP develop a Technical Working Group (TWG) mechanism for four key areas. Composed largely of Beninese experts, the TWGs convene NMCP leaders plus representatives of many national and international partners, providing technical direction for NMCP strategy, decision-making, and problem-solving. The TWGs convene four times a year and focus on:

- Social and Behavior Change Communication
- Supply Chain
- Case Management
- Monitoring and Evaluation.

Sustainable by design

ARM3 experts have worked hand in hand with their colleagues at the National Malaria Control Program to strengthen the organization so that it can meet government targets for eliminating malaria by 2030.

In addition to developing standards, manuals, and trainings, ARM3 used innovative capacity-building designed to foster sustainability. ARM3 personnel worked directly with NMCP counterparts to provide one-on-one technical guidance, coaching and mentoring as needed. NMCP staff frequently noted improvements in their confidence as well as technical skills.



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.

THE BOTTOM LINE

In 2014, ARM3 transitioned from an implementing to an advisory role. Thanks to the vision and concerted efforts of both ARM3 and NMCP personnel, the NMCP is now in charge of implementing malaria interventions throughout Benin.

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We recognize the Ministry of Health in Benin for its close partnership that made ARM3 an outstanding and sustainable success.

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