

**USAID GLOBAL HEALTH
SUPPLY CHAIN PROGRAM**
Procurement and Supply Management

Improving Malaria Commodity Accountability: The Case Of Malawi

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Background:

Prior to 2016, limited commodity traceability and high discrepancy ratios between issued malaria commodities and treated cases (1.53 compared to the 1.15 target) highlighted commodity accountability challenges.

With funding from the U.S. President's Malaria Initiative (PMI), GHSC-PSM supported Malawi's National Malaria Control Program (NMCP) to introduce the Commodity Accountability and Performance Tracking (CAPeT) initiative. This initiative targeted 30 service delivery points (SDPs) with high discrepancies.

Addressing Discrepancies and Accountability:

Why It Matters?

- **Supply Chain and Patient Care Impact:**
High discrepancies raised concern over commodity insecurity, noting there may be unreliable availability of life-saving malaria drugs, and subsequently affecting patient care.
- **Resource Allocation Efficiency and Commodity Accountability:**
Accurate data on commodity usage is essential for efficient resource allocation and maintaining commodity accountability.

CAPeT process flow:



Root Causes of Discrepancies:

- Missing records and data aggregation errors
- Incomplete reporting and data transcription problems
- Some facilities not reporting in LMIS
- Potential diversion or pilferage

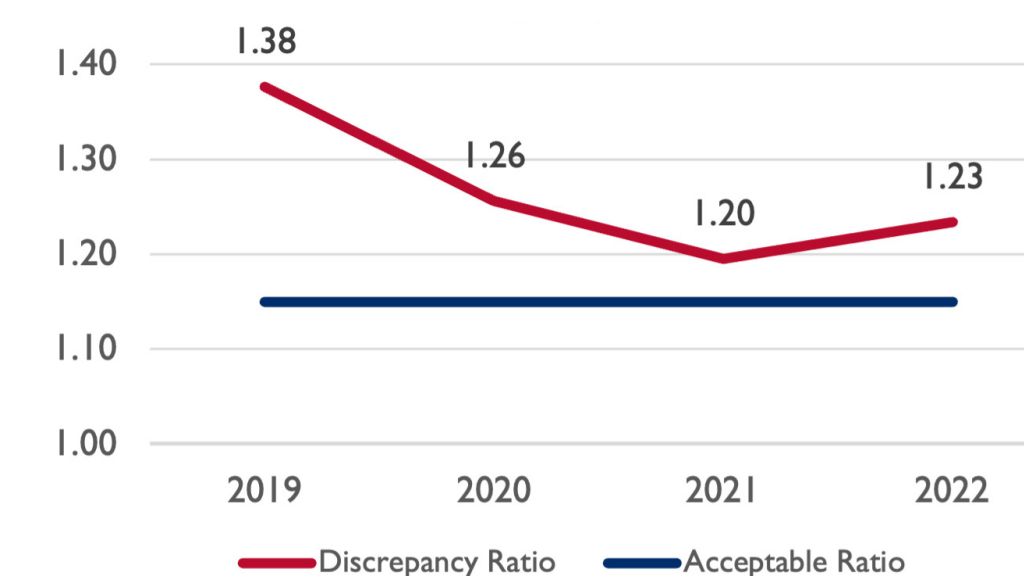
Implemented Solutions:

- Conducted quarterly data review sessions.
- Conducted regular targeted supervision and feedback.
- Developed a commodity accountability guideline and trained pharmacy professionals and health workers.
- Incorporated facilities, including new ones, into the LMIS.
- Recommended some facilities for further investigation by the Drug Theft Investigation Unit (DTIU) in the Ministry of Health.

Results:

- Reduced discrepancy ratio between issued malaria commodities and malaria cases from 1.53 (pre-2016) to 1.23 (2022).
- Proportion of facilities with discrepancy ratio 1.15 increased from 10% (3/30) to 50% (15/30).
- Contributed to low stockout of Artemisinin-based combination therapies (ACTs) at SDPs, <1% in 2022 from 10% in 2016.

Discrepancy Ratios:



Conclusion:

- The CAPeT initiative enhanced malaria commodity accountability in Malawi.
- Commodity accountability increases donor confidence and continuous support for commodity procurement and distribution in resource restrained environments.
- Engagement with the NMCP, District Health Offices (DHOs), and SDPs is pivotal for accurate data recording and reporting improvement.
- Highlights the importance of accountability guidelines, continuous monitoring, root cause analysis, and targeted interventions for consistent access to essential health commodities, including malaria.

LMIS: logistics management information system; HMIS: health management information system; DMC: district malaria coordinator; RCLO: regional commodity logistics officer; ONSE - Organized Network of Services for Everyone's Health