

# Key PSM issues

R10 Mock TRP - Dakar

## Lessons from TRP feedback (1)

- Concerns include poor quantification, (over or under) of ACTs and RDTs, as related to observed changes in epidemiology or disease burden.
- For example, the quantification of drug procurement based solely on estimates of incidence without consideration of systems and capacities is seen as inappropriate.
- Also estimates for commodities must take into consideration the expected drop in malaria incidence following preventive interventions.
- ... in some cases unit costs are over and above standard known costs.
- On LLINs, quantification, good definition of target population, and distribution methodology are all issues that when not well articulated tend to contribute to poor proposal ratings.

## Lessons from TRP feedback (2)

- The proper quantification of needs with realistic values is important.
- Clarify the procurement system in place, provide a good description of the National or PR specific procurement arrangements, its strengths and weaknesses.
- In cases where inherent and persistent PSM weaknesses exists, the TRP sees value in opting for the GF's Voluntary pooled procurement system, while efforts are made to strengthen the PRs systems.

## Suggested Solutions: Quantifying ACTs

- All suspected cases of malaria require confirmatory diagnosis
- Consider scope and rate of scale up of malaria diagnosis
  - What level of treatment (HF, CCM...)
  - How quickly will you roll out diagnosis
  - What are rates of microscopy use?
- Consider the effect of universal coverage with malaria control interventions on ACT requirements

## Decrease ACT Needs or Not?

- Countries should budget for 100% coverage, when aiming for 80% utilization of LLINs, ACTs, or IRS.
- After the target for universal coverage of vector control is reached, countries should budget for a 10% reduction in ACT procurement for the following year. Assuming coverage is maintained, 20% reduction can be assumed for the year after that, and 30% the year after that.
- This is an interim solution recommended by the RBM HWG, and it is recommended that countries collect data to refine forecasts in future years.

## Net Replacement

At what level of HH coverage do existing nets need to be taken into account for planning?

- At LLIN household ownership levels < 30%, existing LLINs should not be taken into account for mass distribution quantification
- > 30%, quantification of needs for nets should take into account existing nets
- Countries should quantify needs based on the number of LLINs distributed over the 2 years prior to the planned campaign
- For rates of loss, these should be calculated at 8% for year 1 (months 0-12), 20% for year 2 (months 13-24) and 50% for year 3 (months 25-36).

## Improve Reporting

- Use the proposal as an opportunity to improve your monitoring & reporting of commodity use & supply chain
- The ideal is strong routine systems
  - Relationship between consumption data, forecasting and reporting
  - Include M&E / reporting strengthening
  - Data quality & data management (and use)
- New technologies and solutions are available (eg sms)

## Include All Costs

- Include components other than commodities
  - Supply management
  - Capacity development training
  - BCC
  - Quality Control
  - Pharmacovigilance
  - M&E and disease surveillance

## Various

- VPP: a possibility open to countries
- Indicate your baseline
- Make assumptions clear & explicit (eg universal coverage)
- Make sure numbers align; indicators align; timelines align
- Acknowledge previous weaknesses and how you intend to address these
- Consider the opportunity of linking the programme review / strategic plan and the new proposal