



**Second Meeting of the RBM Partnership
Procurement and Supply Management Working Group**

**11-12 October 2007
Arlington, Virginia**

The Roll Back Malaria Procurement and Supply Management Working Group meeting was held from October 11th to October 12th in Arlington, Virginia.

The meeting was preceded by a conference call of the Affordable Medicines Facility for Malaria (AMFm) sub-group on supporting interventions in countries (see Annex 1).

Day One - Thursday, October 11th 2007

Conference Call

A conference call on country preparedness and supporting interventions was held before the RBM PSM Working Group meeting, from 8.00-9.00 am EST/ 14.00-15.00 CET. Dr Jan van Erps chaired the call.

The two main terms of reference by sub-group members were reviewed:

1. Country preparedness requirements
 - Refine minimum preparedness requirements
 - Propose mechanism to assess these requirements
2. Supporting interventions
 - Propose mechanism for planning and coordination of supporting interventions at the country level
 - Propose international coordination mechanisms to identify funding gaps and to mobilize technical support at the global level

A draft proposal for the design and implementation of the global subsidy for ACTs has been developed. However, challenges to identify requirements for countries to be prepared for the subsidy still remain. The purpose of this conference call was to define a mechanism for developing a framework for country level preparedness and to define next steps. These next steps will be presented to the RBM Partnership Board which will meet at the end of November.

There was some discussion on the eligibility criteria for countries to receive the subsidy.

Input from Ghana:

- It would be difficult for the Ministry of Health to provide a list of eligible buyers
- Each country should be assessed separately
- Implementation in the private sector tends to differ substantially from the public sector and is largely beyond the control of the public sector
- Government should be responsible for importing ACTs
- ACTs on the market should be approved by the national drug regulatory authority. Otherwise there is a risk of opening the list of medicines to private sector which would then be difficult to control.

The products that are eligible for the subsidy are the four ACTs that are currently recommended by WHO. The product provided to the private sector through the subsidy should also comply with this criterion.

Other comments:

- Success of the subsidy will depend on in-country implementation
- There needs to be a framework listing the exact mechanisms for implementing these interventions
- The process for implementing these interventions will need to be determined
- It will be essential to get more input from other countries

The conclusion of the discussion was that input will be sought from more endemic countries in terms of minimum preparedness requirements as well as needed interventions. The RBM Partnership Secretariat would take the lead in establishing the next steps.

PSMWG Meeting

Opening Remarks

After the brief participant introduction, the co-chairs Rima Shretta and Henk den van Besten, followed by Jan Van Erps, RBM Secretariat, opened the meeting by updating the group on the events and progress since the previous PSMWG meeting in July 2007.

Information Sharing

Feedback on Geneva meetings on harmonization of the RBM Working Groups workplans and the Affordable Medicines Facility for Malaria (AMFm) Task Force Meeting:

Rima Shretta participated in a conference call of the Executive Committee (EC) of the RBM Partnership Board. During this call, the PSMWG workplan was discussed and the EC stressed the importance of the PSMWG to the ACT subsidy and that the PSMWG should make this a priority in the workplan.

The PSMWG co-chairs attended the AMF-m Task Force Meeting in Geneva on September 11, 2007. During this potential PSM activities related to the roll out of the ACT subsidy were highlighted and a role for the PSMWG was stressed including participation in the sub group on country level implementation.

This was followed by a two day meeting to harmonize the work plans of all the RBM working groups and sub regional networks on September 12 and 13, 2007.

This approach was helpful and allowed the various co-chairs of the working groups to see how all the activities fit into the overall RBM framework and how budgets may be standardized across the working groups. The result was a single harmonized workplan which was sent to all members of the PSMWG.

A template to estimate the costs for each activity was provided and a first draft was submitted to the Secretariat based on the previous discussions of the PSMWG in July. This was also distributed to the members of the PSMWG.

The main modification made to the workplan as a result of the harmonization and AMFm discussions was to highlight activities that may contribute to and inform the implementation of the AMF-m including the role of the private sector and interventions to increase access in this sector.

Feedback on MMV meeting in Uganda

MMV presented the approach of their pilot evaluation of ACTs in the private sector Uganda. Eight districts were monitored and PSI survey methodology was used to collect the data. In Uganda, community drug distribution was used using distributors that were at high school education level with three days of training. Discussions that arose during the meeting were how to formalize the informal sector that were currently distributing antimalarials (ACTs);

how to work with and revitalize the public sector and how to use lessons already learned by other organizations working in this arena.

Operation of the PSMWG

It was agreed that the PSMWG will physically meet twice a year; with one meeting in Europe and one in the United States. In addition, two telephone conferences would be organized during the intervals between the two physical meetings.

The co chairs will strive to work on the basis of consensus of issues. Issues may remain on the agenda for the next meeting and in exceptional cases, and when no consensus can be reached on an issue, that issue may be tabled for voting.

For major activities task forces will be created to ensure continuity between the full working group meetings for implementation of activities. Within each Task Force (TF), a point of contact will be appointed who will be accountable for the progress of TF activities and giving timely feedback from TF to the co-chairs on decisions made and key milestones for activities that the TF is charged with. The co-chairs in turn will report back to the larger working group. Within the TFs decision making would be carried out as in the larger working group; by consensus.

PSMWG Membership Criteria

A document on membership criteria was circulated. The only modification made to membership criteria is that the PSMWG will work within the current national malaria policies and contexts for the activities implemented at the country level and that the members recognize WHO's role as a standard setting body.

Each organization represented on the PSMWG would nominate one person. If that person may not attend, s/he may send a representative only if that replacement has been fully briefed on the activities pertaining to the working group to ensure minimum disruption. The nominated representative will receive the relevant emails and will be responsible for dissemination of information within his/her organization as appropriate. S/he will remain the point of contact to share information. It was agreed that the co-chairs will circulate the revised version of the membership criteria for final approval of the PSMWG and post this on the PSMWG website.

PSMWG Workplan

The agenda proposed to go through the draft workplan during the first day, agree on the principles and where possible, identify the institutions and organizations that would work on the implementation of the activities (see Annex 2).

It was agreed that most of the active work was expected to be done by consultants with members of the PSMWG providing oversight of the implementation of the activities.

The following notes will serve as a record of the discussion process. The minutes of day two provide an outline of the decisions taken by the working group. It was agreed that members of the working group would go through the workplan to identify priority activities, task forces and points of contact after which the group would break up into the respective task forces on the second day for an in-depth review of the targets, budgets and timelines and plan for developing a detailed workplan.

Activities:

1. Forecasting

- A Task force on forecasting, quantification and procurement of commodities would be created
- A meeting in January would be held to involve parties involved in ACT forecasting efforts. The participants of the meeting will hold discussions on the different methodologies being used and finding solutions for the best forecast approach
- Targets were redefined
- The RBM Partnership Secretariat (RPS) suggested, based on their experience in forecasting, that the audience for the forecasting should be the donors first, then the suppliers.

Task force members: CHAI, WHO, RBM Secretariat, MSH/RPM Plus/SPS, Gates Foundation, Novartis, Vestergard Frandsen, Sumitomo, FIND.

- At the 1st technical meeting participants will discuss approaches and agree on hiring a consultant to collect information on quantities of ACTs supplied in Africa and donor funding available for procurement of ACTs.

2. Delay monitoring:

- The World Bank have conducted a similar exercise for WB funded programs in Ethiopia and Nigeria and correctional steps to minimize lead times at the level of WB are being implemented.
- It was advised that delay monitoring should be integrated in the lead time at up to the country level

Task force members: WB, CHAI, JSI, Novartis, Vestergard, UNITAID, RPS, IDA Solutions and MSH/RPM Plus/SPS

3. Dissemination of the consensus document on the harmonized quality of standards for medicines

There was an update on the Global Fund quality assurance policy from Steen Stothrup and current efforts to work with PMI, WHO and UNICEF to update this policy. The Global Fund policy was adopted in 2002 and there are current efforts to revise the C(ii) criteria of the quality medicines suitable for procurement using resources from the Global Fund.

It was agreed that under the PSMWG, the focus will be quality control and quality assurance only of medicines and will not include quality or technical specification for LLINs, commodities, insecticides. It was acknowledged that guidelines on RDT quality were not yet ready.

Task force members: GF, UNICEF, UNITAID, PMI, WHO

4. Development of procurement guidelines for: ACTs, RDTs, LLINs, Insecticides for IRS

It was acknowledged that procurement guidelines for all commodities exist however, what was needed was to update, adopt or endorse. In some cases existing guidelines lacked was technical specifications for tenders. It was decided that this activity would be worded “update” rather than “develop”. In addition, this activity would be conducted for ACTs only. Publication of the document would have to be assigned to one organization. A review panel composed of WHO, UNICEF, PSI, MSH was been assigned to review the document.

Task force members: WHO, JSI, WB, MSH/RPM Plus/SPS, IDA, UNICEF

5. Facilitate the collection of tools and lessons learned in PSM and expand the existing PSM toolbox to include malaria

The toolbox is a library of PSM working group partners tools and will give information about organizations which are training; strengthening system etc. A toolbox does not exist yet for malaria. WB has a guideline but not a real toolbox. It was decided that the toolbox activity be retained, but no effort or funding should be allocated to frequent updates.

Point of contact: IDA Solutions

TA to countries for PSM

The following four activities are priorities for the PSMWG.

6. Assist countries to develop procurement plans including PSM plans for approved R6 and future approved R7 Global Fund malaria proposals

This was a key activity for the PSMWG. It was decided that the consultants would be mobilized to countries to develop their PSM plans as this was a key bottleneck to grant signing. The mobilization of consultants would be done by the RPS on behalf of the PSMWG.

7. Work with the HWG to identify countries facing PSM bottlenecks as part of their “early warning system” and facilitate the provision of technical support

The above mechanism will be used to field consultants to address PSM bottlenecks. Again consultants for this activity will be fielded and coordinated by the RPS.

8. Provide TA for PSM portions of proposal development as identified by the HWG

Same as above

9. Serve as a link and use its network to find appropriate PSM consultants when required and develop and maintain a roster of qualified organizations and consultants

Three main approaches would be used:

1. Compiling and maintaining a list of consultants with expertise in procurement
2. Recommending and hiring consultants through personal experience and contact
3. Issuing an RFP to invite professional consultants to offer their services

10. The PSMWG will organize regional workshops for the development of procurement plans

It was decided that the PSMWG would not conduct any workshops or training in PSM as this was a role for the individual partners.

11. Liaise with the Malaria Advocacy Working Group (MAWG) to ensure PSM issues are incorporated in appropriate messages

The co-chairs will communicate any relevant messages to MAWG.

12. Support establishment of PSM coordination committee at country level

It was decided that the PSMWG will develop the TORs for this activity but not be involved with establishing committees at the country level.

13. Planning and coordination of the PSMWG

- The coordination and schedule of meetings for the PSMWG was been discussed earlier
- PSMWG has a seat in the Harmonization Working Group. The co-chairs are responsible for coordination between the working groups; the exact mechanism of coordination will be established. Rima Shretta will be the point of contact for the HWG on behalf of the PSMWG.

14. Facilitate forecasting efforts in support of AMFm

This will be included in the previous forecasting effort

15. Link with AMFm in the identification and development of mechanisms for supporting PSM interventions for the roll out of the subsidy

The PSMWG will do a gap analysis on what is missing in the proposal. AMF is in the process of identifying mechanisms that look at the gaps on country preparedness. A consultant will be hired to prepare a framework of what needs to be done at the country level and to elaborate the potential bottlenecks. The private and informal sectors will have to be under focused upon.

16. Mapping of the commodity market

This activity was revised to include a mapping of the supply chain from the level of the API to the country level.

17. Liaise with the AMFm to facilitate and develop mechanisms for tracking of distribution and prices down the distribution chain for ACTs

18. Facilitate the development of a costing model for distribution and supply chain management costs

The above two activities were dropped as they are already being planned by PSI as part of a multi-country study funded by the Gates Foundation.

Day Two – Friday, October 12th 2007

Summary of Discussions on October 11, 2007

The meeting agreed that on behalf of the PSMWG Henk would remain the point of contact with the AMFm Taskforce

Based on day one discussion the following points of contact for the task forces were agreed:

- Quantification: Inder Singh (CHAI)
- Delay Monitoring: Jennifer Daily (CHAI)
- PSM TA to countries: Jan van Erps (RPS)
- QA standards: Jan van Erps (RPS)
- Procurement Guidelines: Andrea Bosman (WHO)
- TORs for PSM coordination committee: Rima Shretta (MSH)
- Toolbox: Henk den Besten (IDA Sulations)
- AMFm supporting activities: Mark Amexo (UNITAID)

The ACT Market

Presentation by Jacques Pilloy

Jacques Pilloy (OTECI) was hired as a consultant by the RPS to investigate the API market for the production of artemisinins. A presentation was made on the findings.

PSMWG and other RBM WG

Presentation by Suprotik Basu (co-chair of Harmonization Working Group)

Protik made a presentation on current HWH activities and presented opportunities for coordination between the PSMWG and the HWG. He alluded to a meeting in Nairobi on the assessment of country needs on October 21-23, 2007 and invited the PSMWG co-chair to the meeting. A template for the collection of data was being finalized and there were opportunities for the PSMWG to input into PSM issues in the agenda. Protik would facilitate the link for this activity. For on-going links, it was decided that the RPS would ensure effective coordination, communication and information sharing between the two groups.

PSMWG Workplan

Groupwork

The group then broke up into their respective task forces to work individually to detail activities, budgets and a timeline and to review the budgets based on the template that was distributed. The plan was to submit a revised workplan and budget to the RPS for approval to the RBM Board in November.

Feed back and inputs from the task forces

1. Forecasting/quantification:
 - The workplan remained unchanged. The establishment of a “database secretariat” was removed.
 - It would be necessary to gather additional support forecasting including the use of consultants to gather data at the country level
 - A proposal will be written for additional funding to donors
 - A revised budget was presented

- The main activity for the remaining of 2007 would be the sharing of information and methodologies among the partners
- Four meetings were planned for 2008

2. Delay monitoring

- The scope was re-evaluated as it was considered too ambitious. It was decided that this activity would assess the bottlenecks from the commitment of funding to the delivery of product to the port
- A consultant would be hired to conduct the process of mapping
- The 2007 budget would be limited to conference calls and mobilization to hire a consultant; the bulk of the work would be in 2008
- The number of countries for this evaluation still needed to be established
- Some of the parameters that were discussed for which data would be obtained were grant signing, date of procurement request, procurement approval, adherence to delivery schedule. This would capture/integrate the private sector

3. All the TA to country coordination would be conducted by RPS and there was no need for a budget for this

4. Development of the procurement guidelines

- A budget was presented for ACTs and RDTs however, earlier discussion had established that this would be conducted for ACTs only
- It was decided that the co-chairs would contact WHO and UNICEF for clarification on this issue

5. Mapping of supply chain

The following decisions were made regarding this activity. A consultant would be hired to:

- Evaluate the work already done
- Identify areas which have to be further developed, the gaps and ways to address the gaps and issues
- Conduct a gap analysis of distribution and transportation at the country level
- A budget was presented for a consultant and travel to China and several countries in Africa

Closing Remarks and Next Steps

Next meetings

Two teleconferences with the POC for each of the task forces will be held before the end of the year; early November and early December. This will be organized by Henk (IDA Solutions). One teleconference with the entire PSMWG will be held tentatively on December 17, organized by Rima (MSH/RPM Plus/SPS).

The RBM Board meeting will be held in Addis Ababa at the end of November.

The next full meeting of the PSMWG will be hosted by IDA Solutions in Holland in March 2008.

The co-chairs thanked the PSMWG members and the Jan van Erps of the RPS thanked the co-chairs for their work and MSH/RPM Plus/SPS for hosting the meeting.

ANNEX 1

Affordable Medicines Facility for Malaria Sub group on country preparedness and supporting interventions

Sub-group members:

WHO, Global Fund, DfID, CHAI, MMV, WHO AFRO, Uganda, Nigeria, Ghana, RBM Secretariat, members of the PSM and Harmonization working groups.

Terms of reference / areas to be addressed by the sub-group:

1. Country preparedness requirements:

- Refine minimum preparedness requirements
- Propose a mechanism to assess these requirements before the end of October 2007.

[“These will be kept both technically sound and with minimal bureaucracy, in order to minimize delays in the roll-out of the AMFm. It is expected that all malaria-endemic countries will meet these requirements in a short time”].

2. Supporting interventions:

- Propose mechanisms for planning and coordination of supporting interventions at the country level
- Propose international coordination mechanisms to identify funding gaps and to mobilize technical support at the global level

[“Such mechanisms will have minimal bureaucratic footprints. They will include but not be limited to those within the purview of RBM partners with emphasis on enabling rather than controlling innovations at the country level”].

ANNEX 2

AGENDA

**Roll Back Malaria Procurement and Supply Management Working Group Meeting
U.S. Fish and Wildlife Service
4401 North Fairfax Drive, Arlington, Virginia**

11-12 October 2007

Expected Outcomes

- Definition of mode of operation
- Consensus on the work plan activities
- Consensus on associated budgets
- Definition of roles and responsibilities of members PSMWG
- Definition of tasks and timelines
- Appointment of “leads” and task forces as necessary for activities on workplan
- Identification of next steps

Thursday 11 October 2007

8:30-9:00	Breakfast/registration
9:00-9:30	Opening remarks <ul style="list-style-type: none"> • MSH/RPM Plus/SPS (5 minutes) • USAID (5 minutes) • RBM Secretariat: Jan Van Erps (10 minutes) • Presentation and adoption of the agenda (10 minutes)
9:30-10:00	Information sharing <ul style="list-style-type: none"> • Feedback on harmonization of RBM working group workplans • Feedback on the Global ACT Subsidy now renamed Affordable Medicines Facility, malaria (AMFm) <ul style="list-style-type: none"> ○ Appoint POC from PSMWG • Feedback on MMV meeting in Uganda on AMFm
10:00-10:30	Operation of the working group <ul style="list-style-type: none"> • Task forces • Meetings and teleconferences • Decision making • Reporting • Membership and membership criteria
10:00-10:30	PSMWG workplan (Oct 07 - Dec 08) <ul style="list-style-type: none"> • Presentation of revised draft
10:30-10:45	Coffee/tea break
10:45-13:00	PSMWG workplan (continued) <ul style="list-style-type: none"> • Definition of tasks per activity/activity breakdown • Timeline • Budget • Roles and responsibilities <ul style="list-style-type: none"> ○ Organization/sub groups • Partner financial support • Implementation and reporting
13:00-14:00	Lunch

14:00-16:00	PSMWG workplan (continued)
16:00-16:15	Coffee/tea break
16:15-18:00	PSMWG workplan

Friday 12 October 2007

8.30-9:00	Breakfast
9:00-9:30	PSMWG and other RBM WG <ul style="list-style-type: none"> • HWG presentation: Suprotik Basu • Assign POC from PSMWG • Agree on procedures and work arrangements
9:30-10:00	Presentation on “market analysis of artemisinin global supply”: Jacques Pilloy, consultant to RBM
10:00-10:15	Overview of RBM forecasting database
9:30-10:45	PSMWG workplan <ul style="list-style-type: none"> • Overview of previous days discussion
10:45-11:00	Coffee/tea break
11:00-13:00	Break-out groups
13:00-14:00	Lunch
14:00-15:30	Plenary
15.30-15.45	Coffee/tea break
15:00-15:30	Definition on next steps and wrap-up