

JONEHA

NEWSLETTER



JONEHA TO ADVOCATE FOR OWNERSHIP OF HEALTH SERVICE PROVISION

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HTSS urges JONEHA to advocate for ownership of health service provision among households to change people's mindset.

••• Editorial

Welcome to JONEHA 2023 Quarter 2 Newsletter. We continue to learn from your valuable feedback. During this quarter we had an opportunity to learn more about the 10% devolved drug budget. This is an effort initiated by Central Government in the 2022/23 financial year to partially decentralize the drug budget. It's a response to persistent drug stock outs in public facilities effected by Central Medical Stores (CMST) inability to sustain supply of essential drugs. The devolved drug budget which commenced in June 2022; totaling K1.7 billion disbursed through the National Local Government Finance Committee (NLGFC) gives authority to District Councils contained in the stipulated guidelines to procure drugs quarterly from private pharmacies if not readily available at CMST. We have been following facility experiences on the devolved budget from the last quarter of 2022 to first quarter of 2023 as reflected in the stories contained in this newsletter. During this period; we have also heard from relevant stakeholders including the NLGFC who are the custodians of the fund.

While our immediate interest is the impact of the devolved budget; we also set lens on accountabilities and the future of the initiative. As intended; it is pleasing to hear Directors of Health and Social Services indicate positive impact of the devolved budget. One of this positive impact is improved stock status as facilities are now able to get essential medicines and supplies that are out of stock at CMST. Despite this; health facilities have reported some challenges. They find the set guidelines delaying procurement of needed drugs. According to the regulations, District Health Offices are only permitted to spend the 10% devolved budget on medications that CMST has confirmed in writing are not in stock. This scenario demands effective communication between District Health Offices and CMST which is often wanting. Above all; while facilities appreciate the move as a good start; they all agree it is a drop in the ocean and so they are calling for more decentralization of the drug budget.

On its part the NLGFC report utilization of the fund was observed at 67% by December 2022. In March 2023 NLGFC conducted a monitoring exercise to assess financial management, accounting procedures and adherence to the guidelines. Information on the effectiveness of the devolved budget on drug stock levels in hospitals was also gathered. Among the findings; it was noted that while Councils were using Integrated Financial Management Information System (IFMIS) for processing drug budget; in some councils it was not in real time resulting in delayed capturing. Another observable weakness was around procurement, as some councils paid for drugs that were not delivered for more than 8 months. Some undelivered drugs were hardly refunded in some district cases. Suppliers substituted lower-cost medications for those requested, in certain circumstances. Or making payments for drugs using photocopied invoices. The NLGFC monitoring report further indicates that Councils reported that the devolved budget did not have significant impact because of delayed procurement processes, inadequacy of the devolved budget and unavailability of the drugs on the market. The report concludes that while devolved drug budget is a step in the right direction there is need for continued support to the councils to address all the teething problems and other accountability and procurement gaps that have been observed so far.

We therefore agree with the NLGFC which recommends working on identified weaknesses to strengthen the initiative of the devolved drug budget. It is our hope that the identified weaknesses will not be used as reason for stifling what many see as part of the solution to the persistent drug stock outs in Malawian public health facilities.



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Address Malawi's Persistent Drug Stock Outs For Healthy Citizens – Board Chairperson



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HTSS URGES JONEHA TO ADVOCATE FOR OWNERSHIP OF HEALTH SERVICE PROVISION AMONG MALAWIANS

By John Folena



The Director of Health and Technical Support Services (HTSS) Godfrey Kadewere urged the Network of Journalists Living with HIV (JONEHA) to also focus its advocacy on households to embrace a spirit of ownership of health provision mindset at household level so they can willingly take part in contributing towards health services. This would finally bring to an end the country's persistent drug stock outs largely due to inadequate government funding.

The director made the appeal on 19th April, 2023 at Vintage Lodge in Dowa during a meeting on addressing drug stock outs organized by JONEHA. The meeting brought together stakeholders that among others included Parliamentary Chairpersons for Budget and Finance; and Health committees and Directors of Health and Social Services drawn from Mulanje, Phalombe, Chiradzulu, Mangochi and Mzimba South where JONEHA is running a Community Led Monitoring (CLM) project. Other senior officials in attendance were from Central Medical Stores Trust, Pharmacy and Medicines Regulatory Authority, Anti-Corruption Bureau,

Drug Theft and Investigation Unit, Malawi Police Service, Public Procurement and Disposal of Assets and the Platform for Investigative Journalism.

Kadewere pointed out that it was high time Malawians looked at alternative avenues for financing the drug budget since relying solely on government has left people suffering from acute shortage of essential drugs. He said the way to deal with the chronic stock outs is by involving facility users in contributing a certain fee for medicine.

"The overdependence mindset that all will come from government is not going well with the reality. Hence the need to look for alternatives. But it takes a great effort to change people's mindset," said Kadewere pointing out that public facility users should take note that the landscape in government is changing as well as the size of the population. He cited an example of when Malawi had a population of 4 million compared to challenges encountered when the current population is almost 5 times.

He said for this type of initiative, owning public health facility financing which has already benefited several nations in the region would succeed if JONEHA expands its advocacy to communities to warmly and comfortably adopt it.

Kadewere pointed out that there was no way the health package for Malawi would improve if its budget will always be below the required 15% Abuja Declaration and having a 50% drug refill rate which he said is eating the whole budget.

“We are not where we should be so when JONEHA engages us let’s talk stock outs once and let’s come here, talk about drug financing once we finish that then definitely, we can begin to talk about all the systems,” said the HTSS Director.

On 30th August 2021 in Salima at a similar consultative meeting organized by JONEHA on addressing persistent drug stock outs in public health facilities, the Chairperson of the Parliamentary Committee on Health Hon. Dr. Matthews Ngwale pointed out that it is feasible for Malawians using money from individual pockets to establish and finance a medical fund that can support availability of medicines at all public health facilities and make them accessible to every citizen of Malawi.

On government’s failure to adequately fund the Ministry of Health due to limited resources; Ngwale also said the issue can be sorted out by Malawians themselves. He said for the past 5 years the budget allocation for the entire Ministry of Health has always been less than 10%; a situation that gives little hope towards achieving the 15% Abuja Declaration. Hon. Ngwale pointed out that even if Malawians will keep on pushing for a budget increase; chances to respond accordingly are very slim because the government has very minimal resources largely due to a decline of a market for tobacco which has historically been the country’s major forex earner.

To ensure effective implementation of Universal Health Coverage (UHC) in the proposed fund, the legislature says the National Statistics Office (NSO) will identify the underprivileged people who will be exempted from contributing to the fund.



Director of Health and Technical Support
Services Godfrey Kadewere

Demonstrating his model for increasing health funding with simple arithmetic; the Member of Parliament said if every one of the 17 million Malawians was to pay K1,000 per year it would raise K17 billion for drugs. Now that the underprivileged cannot afford the K1,000; the shortfall would be covered by those to pay more than K1,000 depending on their assessed capacity to do so.

**...it takes a
great effort
to change
people's
mindset.**

“It is high time as leaders as well as citizens of Malawi we start thinking about financing the health service and the bad situation being experienced largely in rural health facilities,” says Dr. Ngwale who recalls that the issue of drug stock out has been on the table for several years but most politicians have always been hesitant to pick it because they feared mentioning about an introduction of a contribution fee would make them unpopular and lose an election.

The Global Health Research and Policy report of August 2021 says the UHC embedded within the United Nations Sustainable Development Goals, is defined by the World Health Organization as all

individuals having access to required health services, of sufficient quality, without suffering financial hardship.

The 2021 Malawi Government Annual Economic Report says UHC is defined as a situation where everyone –irrespective of their ability to pay gets the health services needed in a timely fashion without suffering any undue financial hardship because of receiving the care. It adds that Malawi is moving towards UHC through implementation of the Essential Health Package which Government and its Development Partners endeavor to make accessible to every Malawian free at the point of care.

CALL TO INCREASE 10% DEVOLVED DRUG BUDGET CHALLENGED BY PROCUREMENT AND FINANCIAL MANAGEMENT ACCOUNTABILITIES

By Joseph Ganthu

While Directors of Health and Social Services throughout the country are fighting for an increase in the devolved drug budget from the current 10%; accountability challenges around procurement and financial management have surfaced. The challenges which stand on the way of increasing 10% drug budget include; delayed capturing in some Councils as a result of the use of Integrated Financial Management Information System (IFMIS) for processing drug budget was not in real time, poor adherence to procurement processes in some Councils resulted in payment for drugs that were not delivered for more than 8 months, undelivered drugs were hardly refunded in some district cases, suppliers substituted lower-cost medications for those requested, procurements done without signed Internal Procurement Drug Committee (IPDC) minutes at some of the District Councils, and making payments for drugs using photocopied invoices which goes against financial management guidelines. The National Local Government Finance Committee (NLGFC) has indicated that Councils reported that the devolved budget did not have significant impact because of supply delays resulting from procurement processes, inadequacy of the devolved budget and unavailability of the drugs on the market.

The Budget Analyst Yohane Nyanja from the NLGFC made the revelations on 19th April 2023 at Vintage Lodge in Dowa in his presentation titled “Status of Drug Budget Devolution and Impact on Stock Levels” at a stakeholders meeting organized by the Network of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation through AVAC under the COMPASS Africa Initiative.

The Government of Malawi devolved 10% of the drug budget in the 2022-23 financial year to District Councils to enable them purchase medicines and medical supplies that are out of stock at the Central Medical Stores Trust (CMST) and in short supply at District Hospitals or Health Centers. In the 2022-23 financial year, 100% of the approved devolved drug budget amounting to MK1.57 billion was transferred to District Councils.

Nyanja said based on the observations from the 2022 3rd quarter financial report, the NLGFC conducted spot check monitoring visits to selected District Councils in March 2023 to monitor utilization of the devolved drug budget with a focus on assessing the adherence to proper financial management and accounting procedures that included procurement, record keeping and documentation.

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DHSS HAPPY WITH THE 10% DEVOLVED DRUG BUDGET BUT DEMAND AN INCREASE

By John Folena

Directors of Health and Social Services (DHSS) have happily received the Devolvement of the Drug Budget by 10% to district councils. The devolvement of the drug budget occurred in the 2022-2023 financial year and is viewed as a step towards ending persistent stock outs of essential medicines in public health facilities since the money allows District Hospitals to purchase medicines elsewhere when Central Medical Stores Trust (CMST) is out of stock of needed drugs.

However, looking at the amount of the devolved funds the directors are asking for an increase to effectively deliver the expected quality of health services citing that the 10% devolvement could not give a massive impact as it is like a drop of water in the ocean.

The DHSS for Phalombe, Mulanje, Chiradzulu and Mzimba South districts where the Network of Journalists Living with HIV (JONEHA) is running a Community Led Monitoring (CLM) project with financial support from the Bill and Melinda Gates Foundation under the COMPASS Africa Initiative expressed their views on 19th April, 2023 at a meeting to address persistent drug stock outs held at Vintage Lodge in Dowa organized by JONEHA.



Dr. Alinafe Kalanga

The 10% devolved drug budget is so small to fill the gap of commodities that are not supplied by the Central Medical Stores Trust.

The DHSS for Mzimba South Dr. Prince Chirwa sharing his experience observed that while they have welcomed the 10% devolved drug budget which has helped them purchase some of the commodities that were out of stock at the CMST, he bemoaned a practice in which private pharmacies are increasing prices of any product that is deemed to be out of stock at CMST which calls for reflecting.

“The 10% devolved drug budget is so small to fill the gap of commodities that are not supplied by the Central Medical Stores Trust,” said Chirwa adding that such a situation can be changed with an increase on the amount of the devolved drug budget; a development that can allow everyone access essential medicines without difficulties.

Among other factors contributing to drug stock-outs in public health facilities, he cited delays in procurement processes, the devolved drug budget that is inadequate to fill the gap of commodities not available at CMST. He said while the 10% of the devolved budget could not adequately fill the existing gaps; the health facilities have however fully utilized the 100% of the money devolved to the local councils.

The DHSS for Chiradzulu Dr. Jameson Chausa in confirming the inadequacy of the current devolved drug budget reported that his district whose monthly consumption of Amoxilin is 300,000 capsules that are in private pharmacies sold in the range of K38,000 and K45,000 per bottle in which the district would need around K11 million or K13 million per month but the district's devolved fund is K4.5 million per month yet the CMST has had no stock of the aforementioned medicine.

"Our budget hasn't increased as much but drug prices have gone way up and over the years. CMST fill rate has been very low and has just increased recently with a rate of not more than 50%. This means even our drug budget would not suffice to cater for our needs," bemoaned Chausa who told the meeting that the total drug budget for Chiradzulu in the financial year 2022-2023 is K500 million in which there is a 10% devolved fund which comes to K50 million for the whole year.

The DHSS for Mulanje Alinafe Kalanga told the meeting that the Government of Malawi has from the 2022-23 financial year devolved 10% of the drug budget amounting to MK1.57 billion to District Councils. She said this was just a partial devolution of the budget as a first step towards full devolution which will be done upon successful implementation of the smaller phases.

She recalled that in the 2015-16 financial year, the drug budget was recentralized following concerns of mismanagement, accumulation of arrears and shortage of drugs in district health facilities. So, the gradual devolution of the budget is intended to ensure that appropriate systems are in place and functional before devolution of the whole budget.

"The re-decentralization of the budget is being done following requests from District Councils to have the budget under the Council votes for better management and accountability," she emphasized that the devolved resources are intended for

purchase of essential medicines and medical supplies as it has been observed that CMST does not usually supply all the drugs that are ordered by Councils due to stock outs and short supplies.

In order to ensure proper utilization and accountability of the devolved budget, the National Local Government Finance Committee (NLGFC) in collaboration with Ministry of Health, CMST and representatives of local authorities have developed guidelines that are to be supported and enforced by the existing regulatory framework such as; Public Finance Management Act, 2022 Local Government Act, 1998 Public Procurement and Disposal of Assets Act, 2017 Public Audit Act, 2003 Treasury Instructions, Local Government Accounting and Finance Manual and the NLGFC circulars.



Dr. Jameson Chausa

DTIU SUPPLY CHAIN AUDIT FINDS NO TRANSPARENCY & ACCOUNTABILITY IN DRUG MANAGEMENT AT HEALTH FACILITIES

By Kennedy Kathumba

In its supply chain audit conducted so far in five districts from November 2022 to March 2023, the Drug Theft Investigations Unit (DTIU) has found that most health facilities were handling drugs and other medical supplies without transparency and accountability which was contrary to guidelines contained in the Health Sector Strategic Plan III.

The Head of the DTIU who is also Controllor of Audit in the Ministry of Health Davies Lore Tembo made the revelation at an update meeting on strides so far made by various stakeholders towards addressing drug theft and pilferage in public health facilities on 19th April 2023 at Vintage Lodge in Dowa. The event was convened by the Network of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation through AVAC under the COMPASS Africa Initiative.

Between March and May, 2020 JONEHA through the District Monitoring and Evaluation Committees (DMECs) in five targeted districts of Mulanje, Mangochi, Chiradzulu, Mzimba South and Phalombe identified persistent drug stock out as an issue affecting quality service delivery in Malawi.

The supply chain audit team in their visits to Chikwawa, Mwanza, Neno, Nkhoskhota and Phalombe found that drugs and medical supplies received at health facilities were not recorded on stock cards and that issuing of drugs and medical supplies from pharmacy were done without authority and support of Requisition and Issue Vouchers (RIVs) and were not ordered by user departments.

The team also observed that intra – transfers of drugs and medical supplies clearly issued by a pharmacy were not received by the intended health facilities and that medicines were not accounted for by user departments. Anti-Rabies vaccines were being issued without veterinary letters. They also identified a failure in implementing a 3 – lock system in accessing the pharmacy and in accounting for drugs and medical supplies for village clinics.

In all the identified weaknesses; recommendations have been submitted to relevant authorities for action. For instance, there has been an emphasis on the necessity of RIVs, 3-lock system, stock card to mention a few.

At a similar meeting held in Salima on 25th February 2022 organized by JONEHA; the Head of the DTIU reported that in 2021 the department handled 49 drug theft cases in which 8 of them involved health workers such as pharmacy technicians, clinical officers, health surveillance assistants and other lower cadres. There were 20 districts involved in the theft and pilferage and Mangochi was leading with 7 cases followed by Balaka, Dedza and Blantyre with 5 cases each while each of the remaining 16 districts had less than 4 cases.



Davies Lore Tembo



Offences in the 49-drug theft and pilferage cases among others included that of being ‘found in possession of medicinal drugs without permit,’ ‘supply of drugs without prescription,’ ‘selling medicinal drugs without license,’ ‘importation of medicine without import permit,’ and selling medicine with misleading information on the label. Tembo reported that the culprits were slapped with fines and imprisonment with hard labor ranging from 1 to 9 years. He expressed satisfaction with current sentences on such offences pointing out that the courts are giving stiffer penalties than in the past following ongoing trainings organized by the DTIU that involve the judiciary and the police.

The DTIU head pointed out that the success of the investigations was achieved through joint efforts with the Malawi Police Service particularly district drug teams, fiscal police and prosecuting police officers, staff from the Pharmacy Medicines Regulatory Authority and drug audit team.

He said the DTIU expects an increase in successful drug theft related prosecutions of health workers, drug dealers and others; strengthened drug and medical supply chain security through closer monitoring and reduced drug theft by health workers due to increased risk of being punished.

On 30th August, 2021 in Salima the head of DTIU told another consultative meeting organized by JONEHA which aimed at addressing challenges contributing to persistent drug stock outs in public health facilities in Malawi that despite being slapped with stiffer penalties ranging from 3 to 9 years of hard labor by courts; convicted criminals of drug theft and pilferages have remained silent on sources of their supplies.

“When we ask those under prosecution to tell us where they got the drugs they don’t disclose sources of their supplies. There must be a very big network; for instance, when we organize an operation to arrest the vendors, we don’t find them especially the big fishes because they are always tipped by someone somewhere,” complained the head of DTIU.

This means the audit plans are leaked before implementation. While commending the courts for applying the new Act with stiffer penalties that work as a deterrent to would be offenders; he expressed concern over some magistrates who were still using the old Act with its soft sentences.

Tembo reported that from July 2018 to June 2021 his team handled 135 drug theft cases out of which 110 were concluded in courts representing 81% prosecution rate and those convicted were given custodial sentences ranging from 3 to 9 years or fined.

The DTIU started its operation in January 2016 following a request from the Ministry of Health in response to a study on persistent shortage of essential drugs facilitated in part by drug theft in public health facilities.

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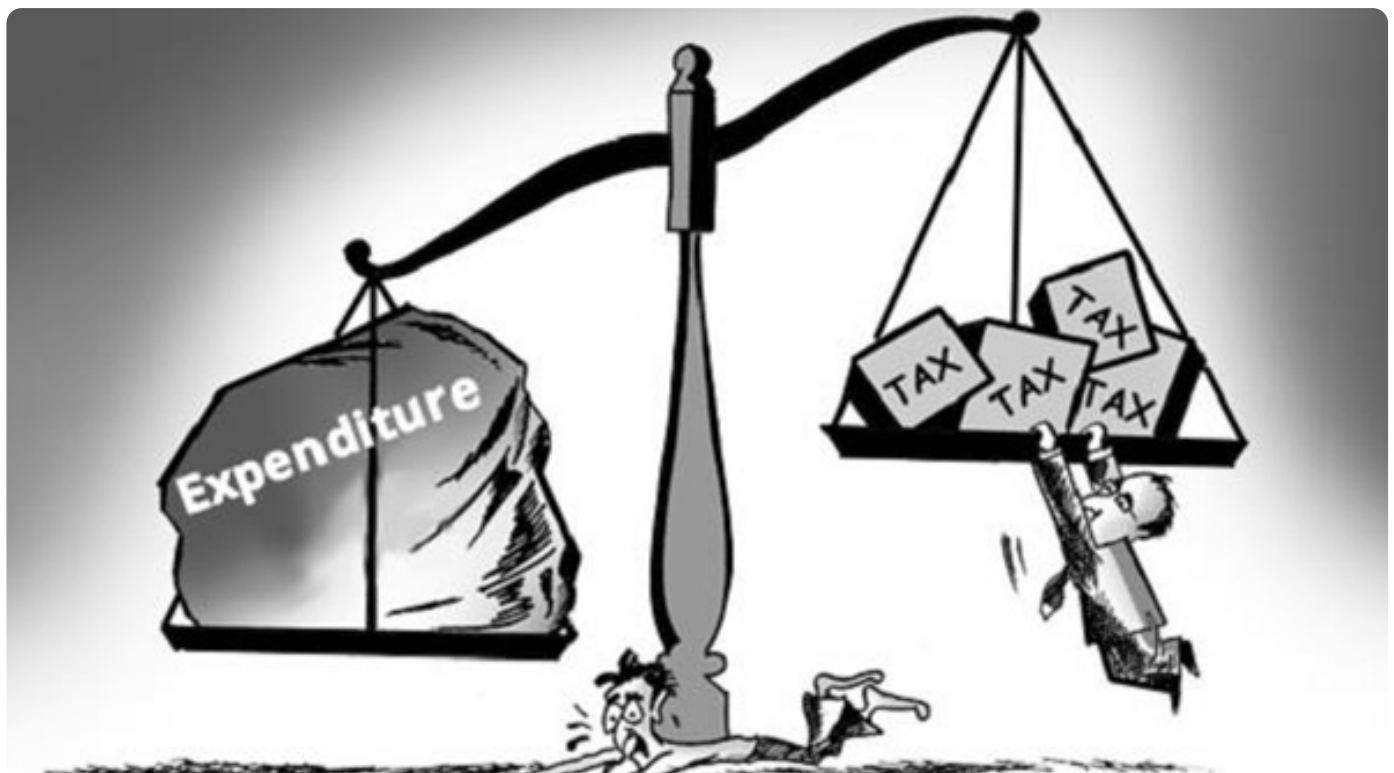
10% DEVOLVED BUDGET

The Budget Analyst pointed out that in the selected District Councils they found cases where Councils paid money to suppliers but the suppliers were failing to supply and cases in which one Council had all the supplies from one company; a practice against guidelines drawn from the Public Finance Management Act (PFMA). “District Health Officers (DHOs) if we are crying here that 10% should be increased we may find ourselves in a situation where that 10% has been taken away again. So let’s be careful the way we are dealing with these things. We feel 10% for the start and may be needed to progress from there,” the NLGFC Budget Analyst advised.

He looked at the partial devolution of the drug budget as a step in the right direction. But he emphasized need to address identified accountability and procurement gaps for continued support to the Councils. The NLGFC recommends continuous follow ups and regular review meetings through which Councils should discuss with Central Government agencies on how to deal with the identified challenges. It was also recommended that to ensure adherence to internal controls in the usage of the devolved drug budget; Internal Audit in Councils should be strengthened and that follow-ups on undelivered orders must be intensified.

The DHSS for Mulanje Dr. Alinafe Kalanga pointed out earlier in the meeting that the partial devolution of the budget is the first step towards full devolution which should be done upon successful implementation of the smaller phases. She recalled that in the 2015-16 financial year, the drug budget was recentralized following concerns of mismanagement, accumulation of arrears and shortage of drugs in District Health facilities. She explained that the gradual devolution of the budget is intended to ensure that appropriate systems are in place and functional before full devolution of the whole budget. The re-decentralization of the budget is being done following requests from District Councils to have the budget under the Council votes for improved service delivery.

In order to ensure proper utilization and accountability of the devolved budget, the NLGFC in collaboration with Ministry of Health, CMST and representatives of local authorities have developed guidelines that are to be supported and enforced by the existing regulatory framework such as Public Finance Management Act 2022, Local Government Act 1998, Public Procurement and Disposal of Assets Act 2017, Public Audit Act 2003, Treasury Instructions, Local Government Accounting & Finance Manual and NLGFC Circulars.



CS-CLMA FACILITATES CHANGE AT KASUNGU DISTRICT HOSPITAL

By Starphel Sithole

There has been a construction of a modern ART infrastructure at Kasungu District Hospital following demands of the community members and recipients of care as a result of community empowerment and engagement meetings with duty bearers facilitated by Citizen Science Community Led Monitoring and Advocacy (CS_CLMA) project.

Kasungu District Health Office is one of the health facilities in the central region of Malawi which had a small ART room resulting in extended queues for recipients of care waiting outside the facility. This led to lack of privacy, confidentiality and stigma hindering quality HIV services at the facility. Limited or poor infrastructure is one of the bottlenecks for accessing quality services in Malawian health facilities.

In May 2021 Malawi Network of Religious Leaders infected and affected by HIV (MANERELA) conducted an engagement meeting with service providers, recipients of care, religious leaders, chiefs and other implementing partners in the district aimed at understanding the gaps hindering quality health services.

The ART Coordinator promised to convene a meeting and contact other implementing partners. This was after the meeting noted the need for enough space and rooms because the ART room was too tiny to carry out its intended service purpose properly. Kasungu ART Coordinator Mirriam Mkangala commended the coming of the CS-CLMA project which has empowered recipients of care to take the lead in raising issues they encounter during treatment for addressing by duty bearers.

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Newly built Kasungu ART Room

DRUG STOCK OUTS A COMMON SCENARIO IN CHIRADZULU HEALTH FACILITIES

By Mwai Kaluzi

The Director of Health and Social Services for Chiradzulu Jameson Chausa has bemoaned that only half of the required medicines are purchased for the district's public health facilities since the drug budgets have always been too low for meaningful improvement and that the recently introduced 10% devolved drug budget in which a district council is allowed to buy some drugs from private pharmacies when Central Medical Stores Trust (CMST) experience stock out; is also too low

Chausa shared the experience on 19th April 2023 in Dowa at a meeting on addressing persistent drug stock outs organized by the Network of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation under the COMPASS Africa Initiative. He said his district gets an annual drug budget of around K500 million and yet struggles to provide the needed drugs.

“500 million for one year! We spend all that money only to end up paying for only half of the drugs that we need... and the 10% devolved drug budget is equally too low. I wish there was a bigger percentage and we need the 10% to be revised to a higher level and the overall drug budget to be considered,” said the DHSS adding that their findings were based on a 3-year review in which the district used all the money. He further said that sometimes the district uses more than what was allocated to them.

Chausa pointed out that health facilities do not often have adequate drugs due to underfunding of the country's state-run medical supplying company the Central Medical Stores Trust (CMST) whose stock levels are often at around 50%. This portrays a message that what is allocated to them would only enable them get only half of the drugs that they wanted.



Medicine shelves almost empty

It appeared that the 10% devolved drug budget has been covering the gap experienced due to inadequate stock levels at CMST. The DHSS noted that after a provision of the devolved 10% drug budget they are now able to buy some drugs from private pharmacies using the set guidelines to make sure that everyone follows the procedures. The guidelines also help to check if the amount covers supplies for one month which is about 13 million kwacha. This amount is deemed inadequate.

They are also other ways in which facilities are managing the situation of drug stock outs as highlight by Chiradzulu DHSS. “Now that this is the situation how are we making sure that services still continue running? We have to think outside the box... we have to source medicines from fellow facilities around... may be within the district trying to identify quickly which facilities do have a product that is not available elsewhere so that we can make them available where the situation is more critical than the other,” said Chausa

On delays in procurement, he said it might be due to some players within the system and hailed the district council as being very committed when it comes to procurement of medical supplies because they are all aware of the importance of drugs in health service delivery. “Everyone knows how important drugs are in health services so they make themselves available to provide the services.” Said Chausa

He reported that to ensure improvement in drug utilization after the drugs have finally been procured

a situation that demands prudence, they have introduced prescription pads to enable them monitor utilization of some drugs that could be a subject for abuse. He said they also fully maximize the existence of the Drug Therapeutic Committee which meets and identify their critical needs while following updates from CMST on what is in stock.

On delays in procurement, he said it might be due to some players within the system and hailed the district council as being very committed when it comes to procurement of medical supplies because they are all aware of the importance of drugs in health service delivery. “Everyone knows how important drugs are in health services so they make themselves available to provide the services.” Said Chausa



Dr. Prince Chirwa

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CS-CLMA FACILITATES CHANGE AT KASUNGU DISTRICT HOSPITAL

‘At our facilities, this project has resulted in numerous improvements. For example; recipients of care now know their role at the facility and they are able to voice out their needs and concerns which leads to problems being addressed. Just after the project commenced in 2021, one of the recipients of care who is also a data collector in the project voiced out the need for a bigger room for ART; as many people living with HIV were interrupting treatment due to lack of privacy and confidentiality. Through the project we noticed the need and acted accordingly by calling on other partners to render help. Fortunately, Partners in Hope with funding from USAID successfully constructed the modern structure.’ Mkangala narrated.

Mkangala further said that the newly built structure will help in enrolling integrated service delivery which will also assist in solving privacy and confidentiality issues at the facility.

‘The new modern building which is double the old ART will now provide enough space for one stop service for almost all HIV related services. We are planning to include TB, Cervical cancer screening viral load testing which will make it easy for recipients of care.

When recommended to go for viral load testing, which is done outside the ART room, many recipients of care choose to instead sneak out to their homes since they feel their privacy will be infringed upon by the clinic’s obviously small size. A private and confidential atmosphere, essential for any healthcare institution,



Idah Katimba, care recipient

is anticipated to be created by the new, roomy infrastructure with several rooms.’ Mkangala explained.

According to a 16 January 2019 PEPFAR Solutions Platform report, integrated tuberculosis and HIV services in Eswatini led to better and improved individual and population health outcomes.

The new modern building which is double the old ART will now provide enough space for one stop service for almost all HIV related services.

Idah Katimba, 60, who has been on ART for 18 years and a beneficiary of CS-CLMA project describes the new building as a life saver as it will reduce defaulter rate at the facility.

‘There are some people who do not want to disclose their HIV status despite being on ART for so long, I was one of them. Due to the lengthy waiting time and overcrowded ART rooms that forced us to wait in an open area where people occasionally pointed fingers and made fun of us, I once

interrupted treatment and considered switching to a distant facility where no one would recognize me. However, this new building will prevent many in my situation from doing so because we are confident that our privacy will be protected hence reducing defaulting from ART’. Said Katimba.

CS-CLMA CONTRIBUTES TO INCREASED HEALTH SERVICES DEMAND

By Mwai Kaluzi

Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project is largely contributing to a growing demand of health services including pre-exposure prophylaxis (PrEP) by key populations in health facilities in Kasungu and Dedza districts.

CS-CLMA is a project being implemented in Kasungu and Dedza districts by Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA+) in partnership with the Network of Journalists Living with HIV (JONEHA). It is funded by the Bill and Melinda Gates Foundation through the International Treatment Preparedness Coalition (ITPC) with an aim of improving health service delivery and uptake of services by the target populations.

Clinical Officer at Kasungu District Hospital, Twaibu Chipwele said MANERELA+ through CLMA has been conducting community engagement meetings which is an eye opener for key populations on the rights they have when it comes to accessing health services.

“People in communities never realized that they have the right to access health services because there was no platform for them to learn about these rights. But with CLMA they have been empowered to ask for a service at the hospital they feel they are in need of. For example, we have been having about hundred people asking for PrEP compared to when the year had just started when only twenty or thirty were asking for it,” said Chipwele.

However, despite the growing demand for PrEP, some health facilities are unable to meet the demands due to unavailability of the commodity in their facilities and lack of training of the health care workers to start providing it.

Authorities at Kaluluma and Kasalika Health Centres in Kasungu, Mayani Health Centre in Dedza said they do not issue PrEP at their facilities because they have not yet been trained for it.

“The District Hospital offers PrEP but here at the Health Center we do not have it. So we are still waiting to be trained by the Ministry of Health (MoH) and have the drugs supplied at the facility because people are usually asking for it”, said Gift Chilangiza, Clinician at Kaluluma Health Centre in Kasungu.

PrEP is the use of antiretroviral medication to reduce the risk of infection for people who are HIV negative. Especially for key populations like Female Sex Workers (FSWs) who face inequities to negotiate consistent condom use with clients. Therefore, the World Health Organisation (WHO) recommended the use of PrEP in 2015 to populations at substantial risk of HIV infection.

CLMA Data Supervisor in Kasungu, James Nthondo said not only do the communities go to ask for medication. They also request for appropriate health service structures where they see there's need.



“In one of our engagements with these groups in 2021, a recipient of care requested for an ART structure which has now been built at the District Health Office because they felt privacy was being compromised at the district hospital due to having a small space where ART was offered,” said Nthondo. CLM seeks to improve quality of health service delivery in facilities by engaging both target populations, health workers and other duty bearers in meetings to help address concerns between parties around health service delivery.

The demand for improved quality of services by different population groups demonstrates knowledge on health as a right for life to everybody irrespective of status, race, gender, religion etc.

The right to health is well protected in international human rights instruments like Article 25 of the Universal Declaration of Human Rights (UDHR) and Article 12 of Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) protect health rights. The Committee on Economic, Social and Cultural Rights (CESCR) interprets it as the right to have access to health care services with a corresponding state duty to make such services accessible to all. It also includes an entitlement to a system of health that provides “equality of opportunity for people to enjoy the highest attainable level of health.”

COMMUNITY ENGAGEMENT-A TOOL TO FIGHT DEFAULTER RATE

By Jing Basten



The CCG committee

Stakeholders have advised and encouraged Malawi Network of Religious Leaders Living with or Personally Affected by HIV (MANERELA+) to adopt a community engagement approach and utilize the implementing partners for the facilities to address issues in the Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project funded by the Bill and Melinda Gates Foundation through the International Treatment Preparedness Coalition (ITPC).

MANERELA+ conducted a Community Consultative Group (CCG) meeting at Thope Lodge in Dowa district on 15th March 2023. CCG is an inclusive advisory body of the CS-CLMA project in Malawi which meets quarterly. It is composed of population groups such as people living with HIV, Key populations, academicians, implementing NGOs like Center for the Development of People (CEDEP), Family Planning Association of Malawi (FPAM), national stakeholders like the department of HIV and AIDS (DHA), The Joint United Nations Programme on HIV and AIDS (UNAIDS) and National AIDS Commission (NAC).

MHEN CALLS FOR TIGHT SECURITY AT ALL HEALTH FACILITIES TO CURB DRUG THEFT AND PILFERAGE

By Starphel Sithole

The Assistant Programme Officer for the Malawi Health Equity Network (MHEN); an independent, non-profit making Malawian alliance of civil society organizations in the health sector interested in promoting equitable access to quality, affordable and responsive health care services in the country Estina Mbewe called upon Malawians to tighten security in all public health facilities to combat drug theft and pilferage.

Sharing the MHEN experience in monitoring the drug supply chain and observations on storage and security of drugs at health facilities, Mbewe pointed out the need to enhance installation of Closed-Circuit Television (CCTV) cameras in all pharmacies and drug warehouses across the country to curb the malpractice. CCTV is a video system that consists of strategically placed video cameras that record footage and transmit to a display monitor for viewing or for footage playback.

Mbewe expressed the sentiments on 19th April 2023 in Dowa at a meeting aimed at addressing Drug Stock outs organized by the Network of Journalists Living with HIV (JONEHA) with funding from the Bill and Melinda Gates Foundation under the COMPASS Africa Initiative.

At a similar meeting organized by JONEHA on 25th February 2022 in Salima it was reported that while cases of drug theft and pilferage are rampant at the country's public health facilities, the situation is different at the Central Medical Stores Trust (CMST) because currently the institution has put in place security measures using high technology to protect medical supplies at its offices, warehouses and delivery vehicles.

The then Acting Director of Procurement at the CMST Charles Kapangazina Khombeni in his presentation on the updates on Drug Theft and Pilferage told the meeting that his institution has so far not registered any significant cases of the aforementioned malpractices.

“Currently there have not been any significant reports of drug theft and pilferage at CMST because of various interventions that include installation of CCTV in all warehouses, biometric control system, security seal system for all delivery trucks and tracking systems for all distribution vehicles,” said Khombeni.

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CMST ware houses surrounded by brick fences with electric wire.

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FIGHTING DEFAULTER RATE

During the meeting, MANERELA+ analyzed the year 2022 data which indicated that there are still issues in ART adherence influenced by stigma and discrimination and unreported deaths. These issues contribute significantly to high defaulter rates in project implementation districts of Kasungu and Dedza.

MANERELA data supervisor for Dedza district, Clement Phiri said that Lobi Health Center located in the border with Mozambique is one of the facilities that has high defaulter rate caused by migration, unregistered transfers, unreported deaths, stigma and discrimination.

The Executive Director for Network of Journalists Living with HIV (JONEHA) who is also a CCG member David Kamkwamba said the challenges met during the project implementation can easily be tackled by the education process through engaging people who influence change in the community.

'Issues of defaulter rates are mostly community driven and the community is in a good position to bring the needed change. JONEHA for example had registered tremendous reduction of defaulter rate through engaging the community by bringing

together the traditional and faith leaders, recipients of care, youths, implementing partners and health providers who consultatively explore solutions. They further each take relevant roles in addressing the identified issues.'

'Our first experience was at border Mpala Health Centre in Mulanje in May 2020 where to our disbelief; defaulter rate was as high as 47.2%. But through community engagement led by the Director of Health and Social Services in the district Dr. Alinafe Kalanga supported by Baylor; we witnessed defaulter rate reduced to 1.5% by December 2021. Even in a different setting at Jenda Health Centre and Vibangalala Health Centre; upon conducting community engagement led by the office of the Director of Health and Social Services in Mzimba South represented by Dr. Rita Chipeta Zgambo and supported by the Light House; defaulter rate has significantly reduced from 44.9% in April 2020 to -11% at Jenda Health Centre and 13% to -31% at Vibangalala Health Centre respectively by February 2022', Kamkwamba narrated.

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CCG meeting in progress

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MHEN CALLS FOR TIGHT SECURITY AT ALL HEALTH FACILITIES

...interventions that include installation of CCTV in all warehouses, biometric control system, security seal system for all delivery trucks and tracking systems for all distribution vehicles

In enhancing security, the Acting Director of Procurement said all CMST warehouses are surrounded by brick fences with electric wire in addition to deployed armed security guards. He said the installed CCTV deter would be culprits from stealing because they are aware that they are being watched by the security unit.

CMST has installed a biometric access control system at its offices and warehouses to further combat theft and pilferage of medical supplies since only a finger print electronically registered staff is allowed to enter the protected areas.

Security seal systems are placed on all CMST delivery trucks to provide evidence if the van or container was opened or else there was an attempt to open it as confirmed by a damaged or broken seal. All CMST delivery vehicles are plugged with the Global Positioning System (GPS); used to monitor every movement and its location through transmission of real time data into a fleet management system.

The MHEN Assistant Programme Officer also called for capacitating Health Center Management Committees in response to the National Community Health Strategy which recommends capacity strengthening for district health governance structures. The strategy mentions Health Centre Management Committee (HCMC) as a vital structure in tracking access to medicines and other issues in the health service delivery. Mbewe said: “It is critical to build capacity of the HCMCs to enable them to monitor the drug supply chain at facility level to tackle drug theft and pilferage and hold health workers accountable at all levels.” She also highlighted a need to strengthen Drug Therapeutic Committees (DTCs) a structure which is crucial in raising red flags when drugs are being pilfered.



Estiner Mbewe calling upon Malawians to tighten security in public health facilities.

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FIGHTING DEFAULTER RATE

Ministry of Health Programs Officer at the Department of HIV, STIs and Viral Hepatitis Brown Chiwandira commended the application of community engagement as a way of advocacy at that level in addressing some of the challenges experienced.

‘Some of the things experienced in the field cannot be fixed by the national health system alone but communities have to play their role to achieve change and attain the intended goal. Advocacy has to wear multiple faces and CS-CLMA should bring together all the stakeholders and challenge them to play their role in trying to address the problem.

CS-CLMA should go beyond communities and health providers and sensitize all that are concerned including implementing partners and structures for the affected populations around the facilities so that everyone can commit to play their role in fighting HIV,’ Chiwandira emphasized.

Chiwandira further advised that the CS-CLMA not to be used as a vehicle for fault finding but a way of giving feedback to health service providers that will bring change. He added that CLM is a great feedback system in the country. He concluded by wishing the roll out of CLM across health facilities in Malawi.

ADDRESS MALAWI’S PERSISTENT DRUG STOCK OUTS FOR HEALTHY CITIZENS – BOARD CHAIRPERSON

John Folena

The Board Chairperson for the Network of Journalists Living with HIV (JONEHA) David Mhango has emphasized the urgent need for Malawi to address the country’s persistent drug stock outs being experienced in most public health facilities pointing that it is only a healthy nation that can help boost the country’s economy.

Mhango made the sentiments at a stakeholders’ engagement meeting convened on 19th April, 2023 at Vintage Lodge in Dowa by JONEHA with financial assistance from the Bill and Melinda Gates Foundation through AVAC under the COMPASS Africa Initiative. The meeting brought together a broad spectrum of senior officers from both government departments and civil society organizations (CSOs).

“Health is the driver of our economy because without healthy citizens; there is no productivity. It is only when people feel healthy that they think of education, agriculture and indeed any other social enterprising,” said the chairperson. He reiterated what had earlier been said by one of the country’s directors of health and social services (DHSS)

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Economic growth depends on healthy citizens.

CS-CLMA IMPROVES SERVICE DELIVERY FOR KEY POPULATIONS IN KASUNGU

Osman Moyo

Often times, people who are at high risk of HIV like key populations which includes men having sex with men (MSM), Female Sex Workers (FSW), Transgender (TG), are not properly assisted when it comes to health care in health facilities due to their sexual orientation. MANERELA+ through the Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) project started addressing this challenge in 2021.

Jane Zanda, a FSW in Kasungu district, said, as sex workers they have been facing a lot of challenges to accessing health care, but things have changed with the coming of the project.

“We used to get harsh treatment when seeking health care and we sometimes shied away from seeking health care from the hospital, afraid of being called ‘whores’ by health care workers. But now through CS-CLMA we have a good relationship with service providers and no longer get insults,” said Zanda.

District Manager at Family Planning Association of Malawi (FPAM), Anthony Phiri described CS-CLMA as a game changer by bringing new initiatives for providing health care.

“The project has created a platform through engagements with targets; key populations, religious as well as traditional leaders for us to get feedback on how we are providing services at the health facility and get insights on how we can improve on where we are not doing right,” He said.

He further said FPAM provides a differentiated service delivery known as moonlight to FSW in their respective hot-spots.

“This service is provided at night in areas where FSW are found. We visit them and provide condoms, lubricants, treatment for Sexually Transmitted Infections (STIs) as well as HIV testing,” he said.

According to the World Health Organisation (WHO), quality health services must be people-centered, which means providing care that responds to individual preferences. It must be safe; avoiding harm to people whom the care is intended, it must be equitable; providing care that does not vary in quality on account of age, sex, religion gender, race, ethnicity, geographical location, socioeconomic status or linguistic or political affiliation, it must also be effective; providing evidence-based health-care services to those who need them.

Joseph Nthondo, CS-CLMA Data Supervisor for the project, said MANERELA+ is working to bridge the gap between health care workers and recipients of care, which includes key populations, so that everybody should know their right to access health services and for health workers to know what services to provide and how.

“We have data collectors in this project who are there to generate evidence through data collection from various health facilities where the project is being implemented on how services are being provided in those facilities and the type of services. Through this data, we conduct interface meetings between recipients of care, including key populations and duty bearers, so that identified problems are addressed,” said Nthondo.

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Jane Zanda, recipient of care.

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ADDRESS MALAWI'S PERSISTENT DRUG STOCK OUTS FOR HEALTHY CITIZENS

that health facilities without drugs deserve a closure to avoid recipients of care belaboring through distant travels and waiting only to be told that the facility has no medicine.

A recent study on “The effect of health on economic growth: a meta-regression analysis” published by Spring Link of 12 April, 2022 says health affects economic growth directly by increasing labour productivity and decreasing the costs of illnesses. It points out further that health also affects indirectly economic growth by having a healthy family which may subsequently create a healthier future generation. It is reported that without good health conditions; an economy loses its ability to develop productivity competitively which might subsequently hinder economic growth. It is further observed that generally when global health conditions are disrupted by a pandemic, a severe global economic crisis may emerge, as has been witnessed by the COVID-19 pandemic since 2020, a situation that will potentially continue in the years ahead (World Bank 2021).

Amid the challenges; the Board Chairperson said JONEHA strongly believes that change can be realized with combined efforts of all the stakeholders present at the engagement meeting because they hold a level of power that can make a difference not by an individual but when working along with other players.

Some of the CSOs and government departments present included Malawi Health Equity Network (MHEN), Malawi AIDS Services Organisations (MANASO), Plat-form for Investigative Journalism (PIJ), Anti-Corruption Bureau (ACB), Pharmacy Medicines and Regulatory Authority (PMRA), Drug Theft Investigation Unit (DTIU) in the Ministry of Health, District Health and Social Services (DHSS) and Health and Technical Support Services (HTSS) also from the Ministry Of Health, Criminal Investigative Department (CID) under Malawi Police Services, Central Medical Stores Trust (CMST), Public Procurement and Disposal of Assets Authority (PPDA),. In addition; Chairpersons of the Parliamentary committees on Budget and Finance and Health attended the meeting.

Mhango appreciated national efforts that are underway towards addressing the drug stock outs as clearly demonstrated through systems, frameworks and structures such as the Master Supply Chain Transformation Plan (MSCTP), the Parliamentary Committee for Health, the Drug Budget Devolvement, the Pharmacy Medicines Regulatory Authority Act, the PPDA, the ACB, the CID, the DTIU, the Recapitalization of CMST and PIJ.

“JONEHA designed this campaign to bring out the combined potential of different national players in addressing the problem of persistent drug stock out in Malawi and for this reason, we will continue engaging you,” said the Board Chairperson.



David Mhango

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CS-CLMA IMPROVES SERVICE DELIVERY

Clinical officer at Kasungu district hospital, Twaibu Chipwele, commended MANERELA+ for the project as it has helped them to address problems that were presented by key populations and other recipients of care. So, there is hope that our country will win the fight against HIV through quality health service delivery.

Malawi is being guided by the UNAIDS fast track strategy of ending AIDS by 2030 through achieving 95:95:95 targets. This means 95% of people HIV-infected individuals to know their status, 95% of recipients of care who know their status to have started and adherent on ART and 95% of recipients on ART to be virally suppressed by 2030 to win the HIV fight.

CS-CLMA is one of the interventions fighting for HIV and it is implemented by MANERELA+ in partnership with the Network of Journalists Living with HIV (JONEHA) in 8 facilities in Kasungu district namely; Kasungu District Hospital, FPAM, Kaluluma, Bua, Chamwabvi, Kasalika, Mnyanja and K2-TASO Health Centres with funding from the Bill and Melinda Gates Foundation through the International Treatment Preparedness Coalition (ITPC). The project seeks to assess and generate evidence on service access gaps and HIV service barriers for people living with HIV/key populations in the context of COVID 19 and to improve HIV service delivery and service uptake by the target populations amidst the COVID 19 pandemic.

POOR PERFORMANCE OF THE ECONOMY EXACERBATING DRUG STOCK OUTS IN MALAWIAN PUBLIC HEALTH FACILITIES

Staff Writer

The Chairperson of the Budget and Finance Committee in the Malawi National Assembly Hon. Gladys Ganda has observed that the country's poor performance of the economy is exacerbating the longtime persistent drug stock outs in public health facilities across the country.

In her presentation at a meeting on addressing persistent drug stock outs convened by the Network of Journalists Living with HIV (JONEHA) on 19th April 2023 at Vintage Lodge in Dowa Hon. Ganda stated that among other factors contributing to the ailing economy is increasing budget deficits, rising inflation, Cyclone Freddy and forex shortages.



Hon. Gladys Ganda

“Increasing budget deficit meaning we have to borrow to implement the budget that has just been approved in parliament,” said the legislature. She explained that the Ministry of Health in 2023/24 budget is the third most funded sector claiming K330.18 billion.

However, she was dismayed on reduction of the drug budget from the allocated K26.1 billion to K20.2 billion following a review of the 2023/24 budget. She cautioned that cutting a drug budget was an unjust move because it would worsen the already fragile drug supply chain. She said the drug budget was supposed to be seriously protected but was inevitably chopped due to inadequate resources. She however appealed to Civil Society Organizations (CSOs) and stakeholders who have been advocating for a budget increase towards the health sector particularly on drugs to meanwhile appreciate the challenges that have first to be dealt with.

The 2023-2030 Health Sector Strategic Plan (HSSP3) dubbed “Reforming for Universal Health Coverage” is the over-arching service delivery blue print in Malawi. In its Pillar 5; the guiding document talks about improving the availability, quality and rational utilization of medicines and related medical supplies, balancing among the 3 P’s; patients, products and personnel.

In strategy 5.1 the document states procuring sufficient medicines and commodities to deliver health services both within and beyond the health benefits package. This pillar and objective basically focusses on improving the efficiency of the supply chain for medicines and medical supplies to ensure Malawi’s domestication of the United Nations declaration of Universal Health Coverage as endorsed and encouraged by the World Health Organization.

Universal Health Coverage demands that all people should have access to needed health services in sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship. The HSSP3 is premised on the aspiration of Universal Health Coverage (EHP). It is for this reason that the Minister of Health in the foreword of HSSP3 says it places communities at the heart of service provision.

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About Us

The registered trustees of Network of Journalists Living with HIV (JONEHA) is a media Non- governmental organization created by Malawian journalists to participate effectively in the national HIV and AIDS response by addressing individual and professional needs.

This is a result of an earlier PANOS Southern Africa observation that while the media was communicating HIV and AIDS interventions, it needed more targeting in HIV and AIDS rather than just being used as agents of information.

VISION

Effective media advocate for quality health service delivery.

MISSION

Coordinate media practitioners for responsive health reporting and documentation.

BOARD MEMBERS

Chairperson

Mr. David Mhango

Vice Chairperson

Dr. Benson Tembo

Members

Mr. George Jobe

Mrs. Rhoda Zulu

Mr. Nickson Ngwira

OBJECTIVES

1. Promote the uptake of services such as HIV Testing Services (HTS), COVID 19 Prevention and Testing, Prevention of Mother To Child Transmission (PMTCT) and Antiretroviral Therapy (ART) among media practitioners and their audiences
2. Harness the power of media in the National HIV and AIDS and related conditions response.
3. Increase risk perception to HIV infection among media practitioners and their audiences.
4. Reduce stigma and discrimination due to HIV and AIDS and related conditions among media practitioners and their audiences
5. Engage media practitioners in HIV and AIDS and related conditions communication for media practitioners and their audiences.
6. Identify critical needs of media practitioners and their audiences living with HIV and related conditions at personal and professional levels.
7. Involve media practitioners and their audiences living with HIV and related conditions in HIV and related conditions research.

VALUES STATEMENT

- i. Respect: We treat all people with dignity and respect.
- ii. Stewardship: We honour our heritage by being socially, financially and environmentally responsible.
- iii. Ethics: We strive to meet the highest ethical standards
- iv. Learning: We challenge each other to strive for excellence and to continually learn.
- v. Innovation: We embrace continuous improvement, bold creativity and change.