**ACTwatch Lite Toolkit Desk Review Guide**

**Information/ instructions for users**

This tool is designed to support desk reviews as part of ACTwatch Lite study preparation. The purpose of the desk review is to summarize existing information on the private sector, malaria case management, and the health product supply chain in the country or selected study geographies.

Users should use this document as a starting point and adapt it for their local context and study-specific needs, adding or removing sections as appropriate.

Why this step is important:

* Informs study design, sampling, and tool adaptation.
* Helps tailor indicators and questionnaires to the local context.
* Supports development of the protocol background and rationale.
* Ensures the study addresses programmatic priorities and decision-making needs. Specifically, the desk review should help you answer the following questions: “Why are we doing this study?”; “What questions does the program have?”; and “What strategic and programmatic decisions will it inform?”

**Instructions: Complete each section of the desk review table, adding detail, text, or diagrams as needed. Link any relevant background documents or data sources. This document should be updated over time as new sources are identified. It will serve as a reference throughout study design, implementation, analysis, and dissemination.**

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| Research requirements  [ ] Identify and detail research requirements/ regulations in your country (e.g. human subjects research policies, IRB needs and guidelines, timelines). Ensure this information is used to tailor the workplan and protocol templates. |  |
| Stakeholders  [ ] Identify and map the stakeholder landscape using guidance in the .[ACTwatch Lite Stakeholder Mapping Guidance](https://psiorg.sharepoint.com/:w:/r/sites/ACTWatchLite/Shared%20Documents/2.%20Technical/0.%20Toolkit/ACTwatch%20Lite%20Toolkit%20v4/03%20Desk%20review%20%26%20stakeholder%20mapping/ACTwatch%20Lite%20Stakeholder%20Mapping%20Guidance.docx?d=w9227fa5c36b147cfa8d19a6fc232460d&csf=1&web=1&e=FPKgGl). Table all government entities and partners involved in private sector malaria case management and regulation e.g. pharmacy regulation, registration. Add a description of projects and activities with relevance to the study (i.e. involving malaria commodity supply/provision and/or working with private sector actors) |  |
| Study areas/ clusters  [ ] Determine the appropriate administrative or health area to define study areas/ clusters for the study sample. This is historically ward, locality, arrondissement, etc. but varies by country.  [ ] Once identified, procure a list of study areas. Ideally, access a digital map or shapefile where possible (official source ideal; unofficial available[[1]](#footnote-2)) |  |
| Health system overview  [ ] Detail all known information about the health system, particularly the private sector. Consider including the following:   * Diagram of health system * Diagram of malaria surveillance and reporting * List(s) of all outlets that stock antimalarials and/or RDTs e.g. a list of registered pharmacies, private facilities, etc. (First, determine all types of outlets who sell drugs, then determine which types are registered and access lists of these registered entities where possible (e.g. registered hospitals, health facilities, and pharmacies) * Determine how each outlet type is regulated, registered, and supervised or monitored. List licensing types for each outlet type. Add any other information relevant to the study |  |
| Malaria situation overview  [] Provide a concise summary of the current malaria burden and response in the country or study area.  [] Include the latest available data on:   * Malaria prevalence, morbidity, and mortality, disaggregated by region and population sub-groups * Treatment-seeking behavior and testing/treatment coverage (e.g., ACT use) * Role of the private sector in malaria case management * Progress against national malaria strategies or interventions * Recent malaria stratification, including any information on drug resistance * Size and scope of public vs. private health sectors   Use recent and relevant sources (e.g., MIS, DHS, PMI MOPs, national policy documents), and cite all data sources. |  |
| Treatment guidelines and practices  [ ] Detail all known information about policy and guidelines for case management and surveillance of malaria:   * Malaria treatment guidelines (e.g. approved first line treatments for uncomplicated malaria, severe malaria, specific groups, etc.; which cadre of health workers / types of health facility / outlet can treat, prescribe, test) * Can we determine any current interventions or policies guiding private sector case management? * Provide information on malaria treatment seeking behavior (from MIS/DHS[[2]](#footnote-3) or other) |  |
| Products and supply chain details  [ ] Source and detail lists of approved malaria commodities and map what is known about the supply chain of these commodities:  Diagram of supply chain   * List of registered national importers * List of terminal wholesalers?   Approved products (AMs and RDTs)   * List of approved drugs * List of banned drugs e.g. information on the regulatory status of Chloroquine, oral artemisinin monotherapies, injectable artemisinins, etc. * Include as much information as possible, such as active ingredients, strengths, manufacturer, pack type and size, etc. to update antimalarial database * Are there any existing sources of malaria market data for your country (e.g. IQVIA, other published or commercial sources) |  |

1. *Suggested online unofficial source for boundaries is the GRID3 project:* [*https://data.grid3.org*](https://data.grid3.org) [↑](#footnote-ref-2)
2. *USAID Demographic Health Surveys:* [*https://dhsprogram.com/*](https://dhsprogram.com/) [↑](#footnote-ref-3)