# POLICY BRIEF

## Status of the Supervision of Malaria Diagnostic and Treatment Posts in Countries of the Amazon Basin

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### Background

Since 2002, the Amazon Malaria Initiative (AMI) has provided support to a wide range of interventions designed to control malaria in countries of the Amazon basin. In about 2007, the need was seen for information to indicate whether these interventions were generating the expected effect on the performance of malaria diagnostic and treatment posts.

Toward this end, two AMI partners[1] supported the development of an instrument to be used for the integrated supervision of these malaria diagnostic and treatment posts. The technical assistance provided included preparation of supervision guidelines and procedures for collecting, processing, and analyzing the data generated. The original purpose of the proposed system was not only to resolve operating problems affecting these posts at the time supervision was being conducted, but also to generate information informing decision making at the intermediate (departmental or provincial) and central levels.

Colombia, Bolivia, Brazil, and Guyana began implementing systems of this type in approximately 2009. Consultants from the Strengthening Pharmaceutical Systems (SPS) Program, directed by Management Sciences for Health (MSH), provided technical assistance to these countries for development of guidelines and procedures, training of supervisors, and processing and analysis of the information generated during the initial rounds of supervision.

### Evaluation of the Supervision System

In 2011, AMI decided to evaluate the supervision system that had been implemented in each of the four countries. SPS consultants conducted an evaluation of supervisory coverage, how well the supervision instrument was completed, and its usefulness for decision

[1] The Pan-American Health Organization and MSH's Rational Pharmaceutical Plus program (RPM Plus).

making at the local, departmental, and central levels. The findings reported in the technical reports for each country are as follows:[2]

**Approximately 50 percent of the problems identified during the supervision process were resolved locally.**

1. **Appropriate use of forms and usefulness for decision making at the local level:** Between 66 percent and 82 percent of all forms were appropriately filled out. In two countries—Colombia and Brazil—approximately 50 percent of the problems identified during the supervision process were resolved locally. In addition, because these two countries, together with Guyana, do not yet have in place standard information systems to provide information about stock on hand and consumption of malaria medicines and diagnostic supplies, the supervision system has become the sole source of information for determining supply status at the local level.
2. **Low coverage provided by the supervision system:** In all four countries evaluated, the posts supervised account for fewer than 50 percent of those scheduled to receive supervisory visits, even though supervision frequency did not exceed one round every six months. In addition, the reports submitted revealed a bias toward preferential supervision of posts located near urban areas. Interviews conducted with malaria program officials and technical personnel support the conclusion that the low coverage provided by the system is a result of the limited availability of staff, high staff turnover, and the lack of material resources with which to conduct supervision, particularly transportation.

**The supervision systems evaluated revealed deficiencies not only in geographic and program coverage, but also in analysis of information generated for decision-making purposes.**

3. **Failure to aggregate information for decision making at the intermediate and central levels:** The supervision systems evaluated revealed deficiencies not only in geographic and program coverage, but also in analysis of information generated for decision-making purposes. As of the date of the evaluation, none of the four countries had put in place a systematic process for aggregating the information generated at the departmental level with a view toward informing strategic decision making. As a result of the lack of aggregated information at the departmental level, aggregated information was likewise naturally unavailable for the national level. The reports point out that these deficiencies are attributable to the lack of personnel to take on responsibility for this task and the lack of computer software to facilitate processing.

## Analysis of Results

The data submitted show that institutionalization of the system for supervising diagnostic and treatment posts is far from complete. Guidelines and procedures have yet to be officially published in any of the countries evaluated. Possibly for this reason, the institutional conditions to facilitate their implementation on a routine basis have yet

[2] Yénifer Hinestroza prepared the report for Colombia, Magdalena Jiménez the report for Bolivia, and Paola Marchesini the report for Brazil. Andy Marsden, in collaboration with Collete Gouveia, collected information in Guyana.

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to be created: no staff members have been assigned responsibility for this task, and no material resources are available to carry out activities as programmed. Even in Colombia, which of the four countries evaluated is the one where the supervision system enjoys the greatest degree of coverage and where recent initiatives have been implemented to strengthen processing and analysis of the information generated, the effort put forth is merely the result of temporary support provided by the project operated by the Global Fund to Fight against AIDS, Tuberculosis and Malaria, rather than the creation of institutional structures at the departmental and central levels.

The data presented suggest that the original design of the supervision system was quite ambitious, given the institutional conditions available for its implementation. Inasmuch as the original proposal to measure the performance of malaria diagnostic posts is still valid, policy options should take this experience into account in developing a system consistent with national health system capabilities.

## Policy Options

1. **Develop a simpler and more integrated system for monitoring performance:** The decrease in the number of cases of malaria in most of the countries of the region, combined with the projected reduction in resources from external cooperation agencies for controlling malaria, highlights the need to develop systems that are both integrated (i.e., not used exclusively for the supervision of malaria control activities) and less demanding in terms of staff time and requirements for material and financial resources. Although such integrated supervision systems must of necessity abandon attempts to achieve the degree of depth sought by individual disease control programs, they could contribute, in a more integrated fashion, to the strengthening of health care services available to the general population.
2. **Develop a statistics-based supervision system:** The evident physical impossibility of covering all of the posts scheduled suggests the need to implement a system whereby all posts within a given geographic area would have the same potential for receiving supervision, even though the amount of time between supervisory visits might increase. A statistically based, or representative, sampling would reduce operating costs and generate aggregated information that would be of greater use for strategic decision making at the departmental and central levels. Such a supervision system can be implemented, regardless of whether a given country opts for a system that is vertical (i.e., specific to each disease control program) or integrated.