The Department of Chocó has Colombia’s second-highest malaria burden. Malaria control is particularly difficult in this department as a result of its widely dispersed population, difficult geographical access, and frequent problems involving law and order.

A study conducted in Chocó by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program\(^1\) in 2012 revealed the absence of procedures and mechanisms for ensuring adequate antimalarial supply management at the primary level of care. In 81 percent of the health posts visited, for example, staff lacked the knowledge required to properly estimate the amounts of antimalarial medicines required to replenish stock on hand.\(^2\)

Based on the findings of that study and building on the experience and materials available from other Amazon Malaria Initiative (AMI)\(^3\) member countries, Colombia drew up a guide titled “What I Need to Know about Antimalarial Supply Management at the Primary Level of Care: Colombia – 2013.” Development of the guide grew out of work sessions conducted with staff in technical areas, communications offices, and operations management units of the Ministry of Health and Social Protection (Ministerio de Salud y Protección Social; MSPS). The MSPS disseminated this tool and made its use official in October 2013. The MSPS director requested the Vector-Borne Disease Programs of the Health Secretariats to supervise the immediate and appropriate implementation of the guide.

In December 2013, an assessment was conducted of the impact generated by implementation of the guide in 18 malaria diagnostic posts in Chocó that had participated in the baseline study. Figure 1 shows the results of the baseline study and of the evaluation.

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1. Program implemented by Management Sciences for Health, financed by the US Agency for International Development (USAID).
3. USAID-financed regional initiative to support malaria control in the countries of the Amazon basin.
The study reveals manifest improvements in knowledge in all of the aspects of supply management evaluated. Practices were also improved through the introduction of inventory control cards and standardized forms for requisitioning and dispatching medicines. The evaluation showed an increase in the availability of antimalarials from 55.5 percent to 100 percent during the same period.

Conclusion

Implementation in Chocó of the self-teaching guide “What I Need to Know about Antimalarial Supply Management at the Primary Level of Care” has increased staff knowledge of critical areas of the supply process and contributed to improving availability of medicines. Based on this evidence, it is recommended that use of this guide be extended to other areas of the country where malaria is endemic.