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Impact of private health sector engagement interventions on provider quality of malaria case management in Cambodia, Lao PDR, Myanmar and Vietnam

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BACKGROUND

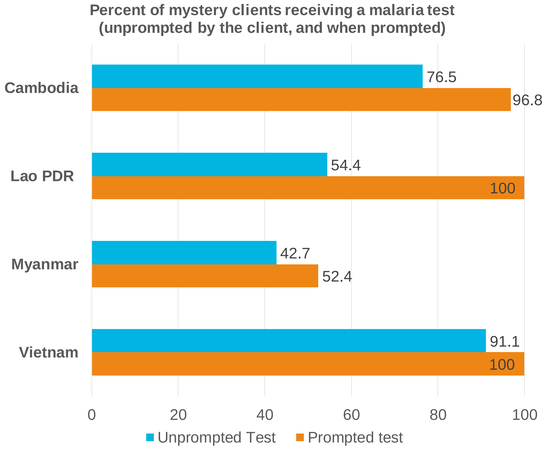
Sustained private sector engagement is necessary to achieve malaria elimination in the Greater Mekong Sub-region (GMS), where 40-78% of the population first seek care for fever in the private sector. From 2015 to 2019, PSI implemented the largest private sector engagement project aimed at improving quality of malaria case management in four countries. PSI provided training, access to quality malaria commodities, supportive supervision and quality assessment of private providers. The impact of the interventions on quality of care was measured in 2019.

METHODS

Between August and December 2019, PSI conducted representative cross-sectional mystery client surveys among private outlets in Cambodia, Lao PDR, Myanmar and Vietnam. Confirmed malaria-negative volunteers with no reported fever in the past four weeks, were recruited to assess provider adherence to national treatment algorithms for test-negative patients by presenting with reported recent malaria symptoms. Information was captured on the malaria diagnostic testing, medicines prescribed or sold, and counselling received.

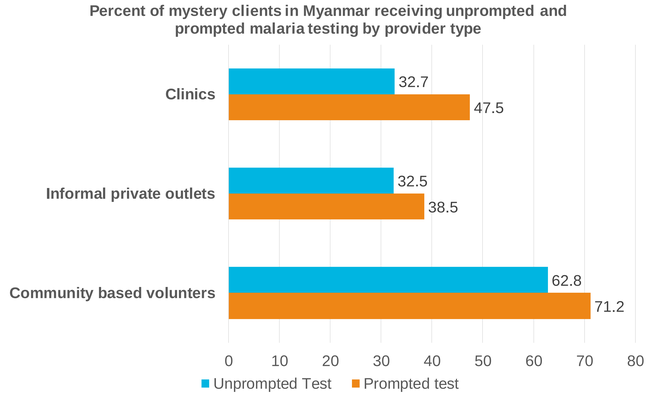
RESULTS

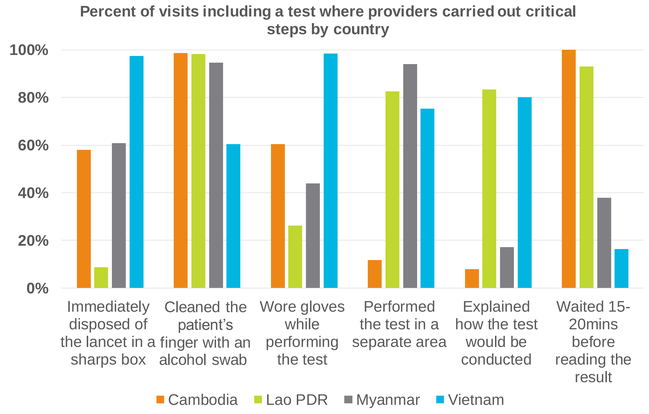
1,304 eligible client visits were made to participating outlets in the four countries.



Across all four countries, 42% - 91% clients were administered a malaria test spontaneously by the provider. In Lao PDR and Vietnam, testing rates increased to the 100% goal when providers were prompted by clients to test. In Lao PDR the 54% unprompted testing rate is an increase compared to 35% observed in similar study conducted in 2018. Testing levels were lowest in Myanmar.

In Myanmar, variation in testing rates by provider type was observed, with community-based volunteers testing at the highest levels.





Provider adherence to Rapid Diagnostic Tests (RDT) steps was heterogeneous by country: gloves were worn for 26%-95% of client visits, and providers waited less than the recommended time before reading the RDT in 38% of visits in Myanmar and 16% in Vietnam. Provider prescription of antimalarials following a negative RDT result was rare (0-1.5%); Myanmar had the highest number of such cases (n=4).

CONCLUSIONS

These studies reveal varied levels of diagnostic testing and adherence to RDT process steps across countries in the GMS despite high fidelity intervention implementation in recent years. These results provide an objective complement to routine program activities that assess provider quality and can provide valuable information for program improvement. Public health interventions aimed at improving quality case management should explore factors that drive cadre specific and national successful examples.

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