

Focusing on a single disease is a well-tested way of addressing major public health problems, including malaria and AIDS. But these so-called 'vertical programs' bring their own problems: with their own funding, staff and equipment, they can draw attention and resources away from the mainstream conditions managed by health centres and hospital, from maternity services to mental health.

MAPS is funded by the President's Malaria Initiative of USAID to support nine state programmes for malaria control and elimination in Nigeria. A MAPS assessment in 2012 with Oyo's State Malaria Elimination Programme showed that Oyo state was in critical need of a clear Annual Operational Plan (AOP) and budget for malaria control.

But Oyo State didn't want to see progress limited to malaria. It wanted to use the momentum for malaria elimination to improve all aspects of services in health facilities. Oyo State's Director of Primary Health Care and Disease Control, Dr Toyin Oyelakin, believes it's essential to integrate the supervision of malaria services into the

**Success Story**

Bringing malaria treatment into the mainstream

“MAPS has helped us get over the problems of ‘vertical programming’ in the fight against malaria”



supportive supervision process for all the services in the facility: “Integrated supportive supervision now addresses all the services provided by the facility, not just malaria. MAPS has helped us get over many of the problems of vertical programmes”.

The 2012 assessment also showed the need to improve monthly reporting from each facility. The best way to do this was to use Nigeria’s District Health Information Service (DHIS), which reports all services provided by each facility: births, vaccinations and outpatient treatments, as well as malaria. “We strengthened DHIS reporting, monthly validation and verification,” says Dr Oyelaki, “and Oyo got national recognition for the quality of its DHIS data.” As a result, health service managers have better information

about all services, not just malaria.

MAPS places strong emphasis on including financial decision makers in planning meetings and a greater understanding of finance has improved the quality of decision-making. “The budget for 2013 was so high – it was sky-reaching planning euphoria! But in 2014 the budget has come down to more realistic levels,” says Dr Sola Adeoye, MAPS’ Capacity Building officer in Oyo state. Deputy Manager, SMEP sums it up:

“Before AOP, there was no harmonization of activities. We can now put figures to the level of achievement, set targets and see how far they’ve been achieved. The biggest achievement is the availability of diagnostic kits and anti-malarial medicines in facilities. Since the state adopted AOP, we’ve had no more stock-outs.”

In mid-2013, only 3% of women attending their first antenatal care received long-lasting insecticidal nets to help prevent malaria. By mid-2015 over 50% received nets. And, whereas only 43% of fever cases were tested for malaria in mid-2013, 79% were tested by mid-2015, with 99% of malaria cases receiving appropriate treatment.

But there’s a lot more to do. The challenge now is to sustain this work after the end of MAPS. Elizabeth Adeleke emphasises joint working: “Everyone has to come together. Education, women’s affairs, environment, information are all there, along with Ministry of Local Government and the Local Government Service Commission. There’s no duplication of activities any more, and gaps are easily identified.”

Oyo State uses Annual Operational Planning to put malaria in the mainstream of local health services

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Cooperative Agreement Holder:



Implementing Partners:



Supporting:



MAPS is funded by the USAID through the President’s Malaria Initiative (PMI), implemented in nine states (Benue, Cross River, Ebonyi, Kogi, Nasarawa, Oyo, Kebbi, Akwa Ibom and Zamfara) across Nigeria between 2010 and 2016. FHI 360 is collaborating with Health Partners International and Malaria Consortium to support the implementation of the National Malaria Strategic Plans (2014–2020).