

PMI Malaria in Pregnancy: Accelerating MIP programming

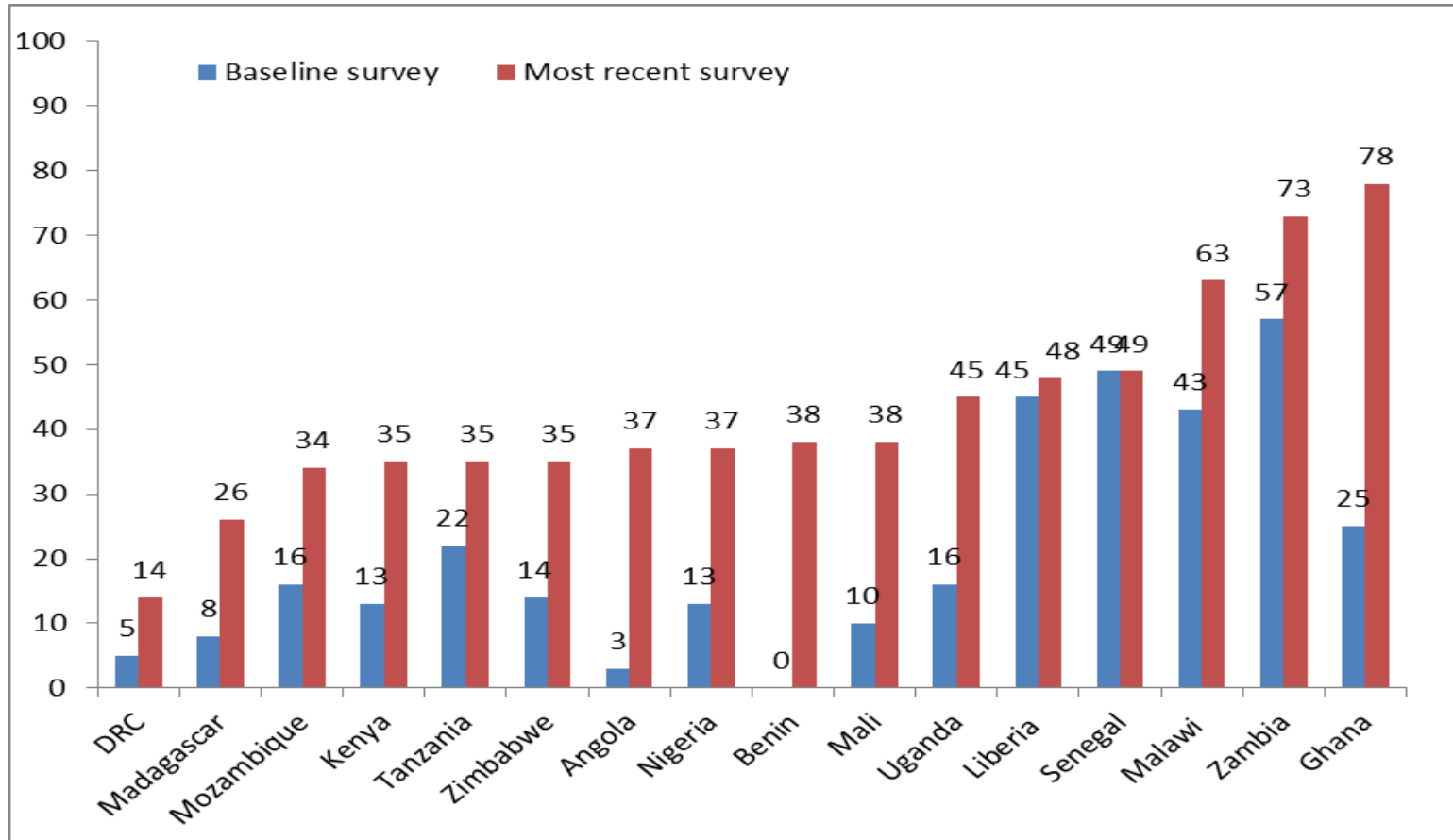
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President's Malaria Initiative/USAID

Roll Back Malaria MIP Working Group Annual Meeting
September, 2017

Accelerating MIP Programming

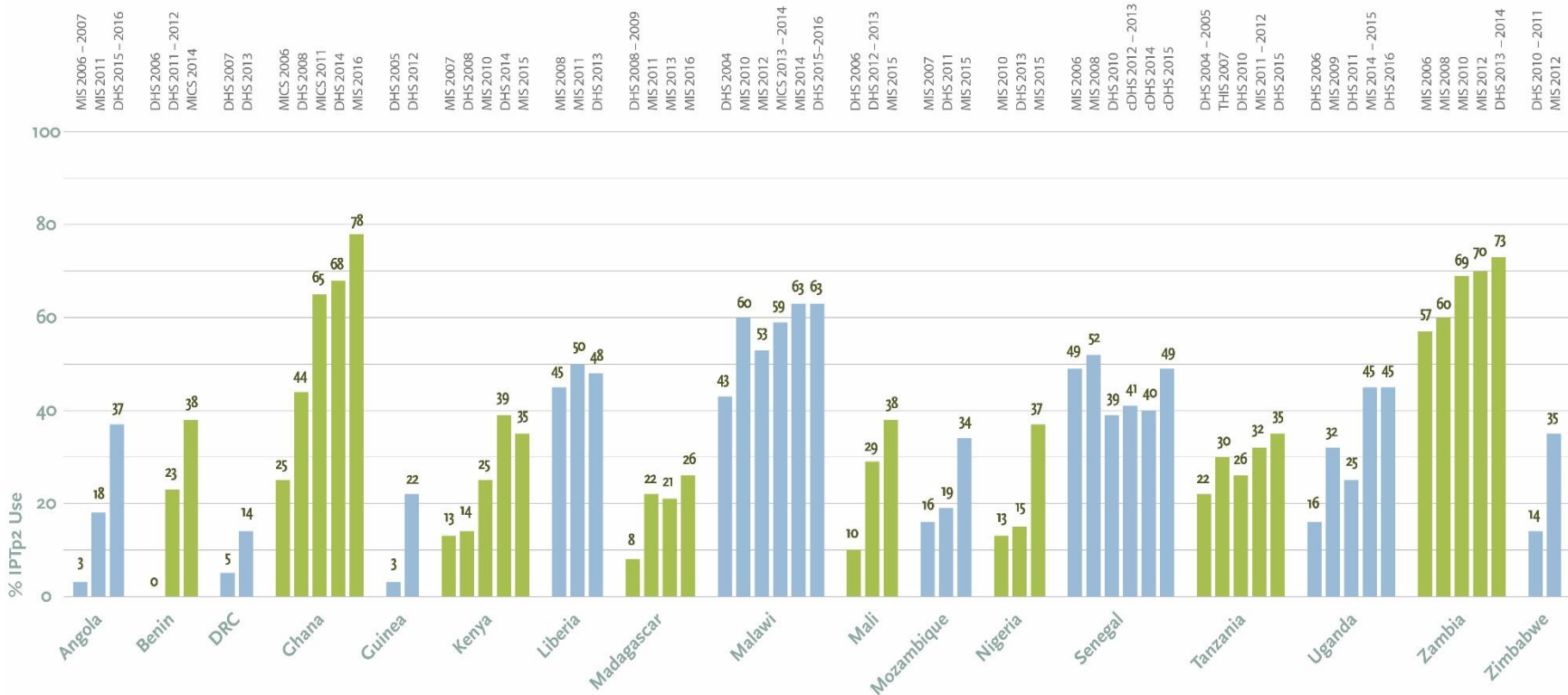
- ❑ **PMI strategic area #1** achieving and sustaining scale –
 - 17 of 19 PMI Sub-Saharan African countries with IPTp policy
 - All countries adopted 2012 IPTp policy; training and roll-out on-going
- ❑ **Improved IPTp Coverage:**
 - Median IPTp2 coverage increased from 14% to 37%
 - IPTp 3 coverage ranges 8-60% in 12 PMI countries
- ❑ **High ITN Use among pregnant women:**
 - Median ITN use among PW increased from 20% to 50%
- ❑ **SP Available:** 65 million SP treatments; decline in central level stock outs
- ❑ **Quality Improvement:** new tools developed (determining gestational age for timing of early IPTp & MIP case management job aids, IPTp QA assessment)
- ❑ **New Approaches:** piloting community-based delivery of IPTp -SP
- ❑ **Technical Support:** RBM MIP WG, technical assistance & implementation support to country programs

IPTp2 Coverage in PMI Countries



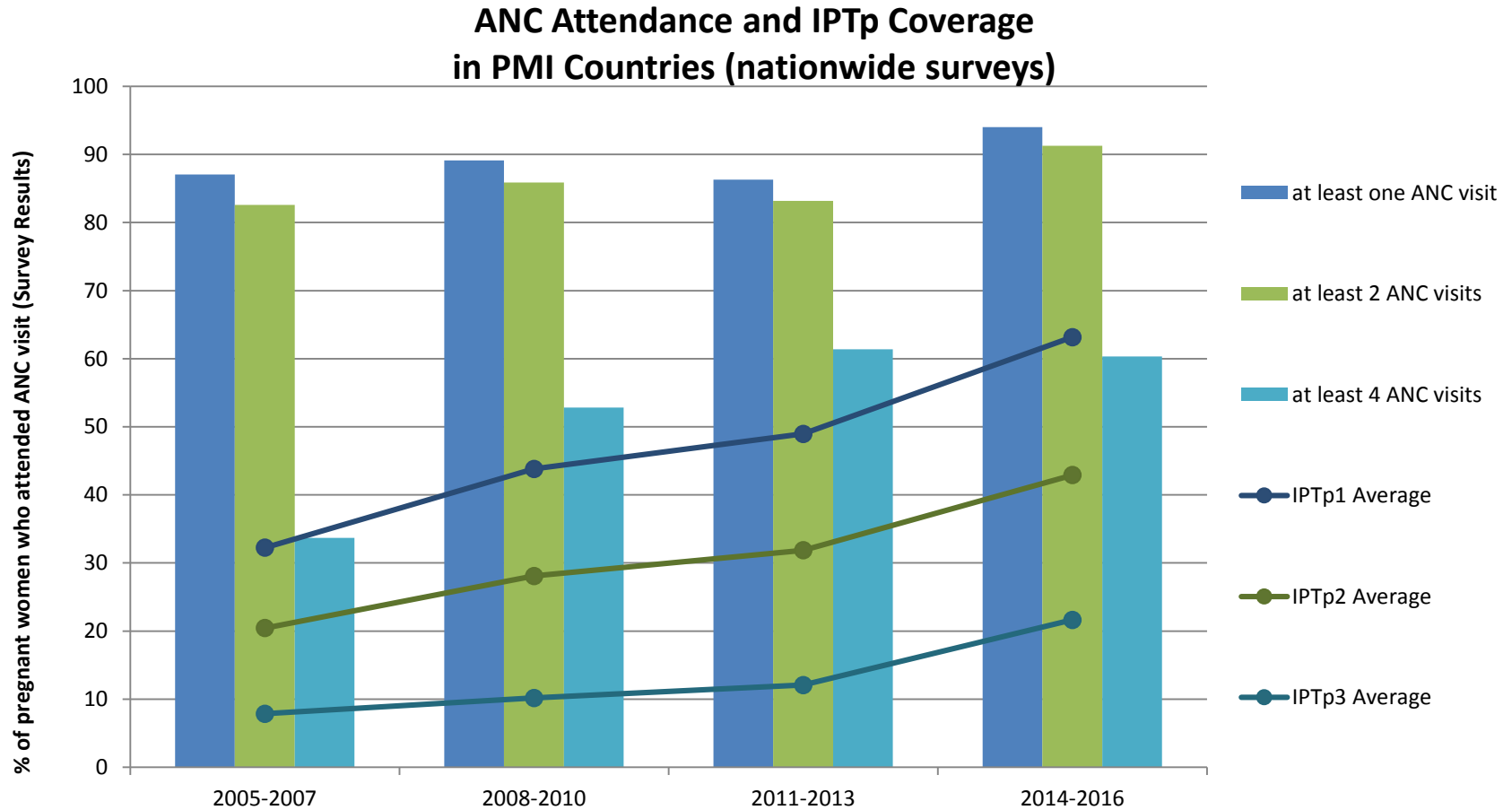
IPTp2 in PMI Countries – all nationwide surveys

IPTp2 Rates in PMI Focus Countries



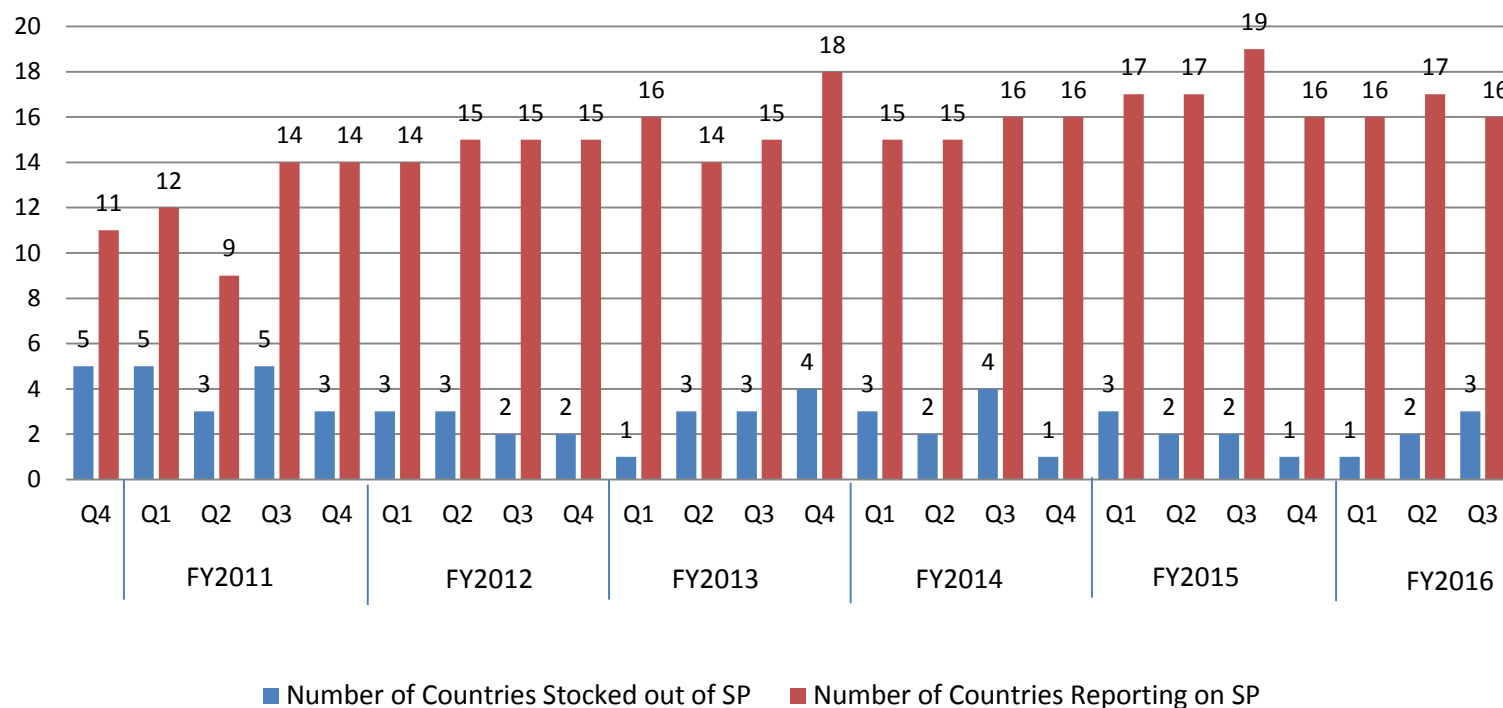
Note: Data points included in this figure are drawn from nationwide household surveys that measured IPTp2 coverage for pregnant women, defined as the percentage of women who received at least two doses of SP during their last pregnancy, with at least one dose given during an antenatal clinic visit. IPTp is not part of the national policy in Ethiopia and Rwanda.

Antenatal Care and IPTp Coverage



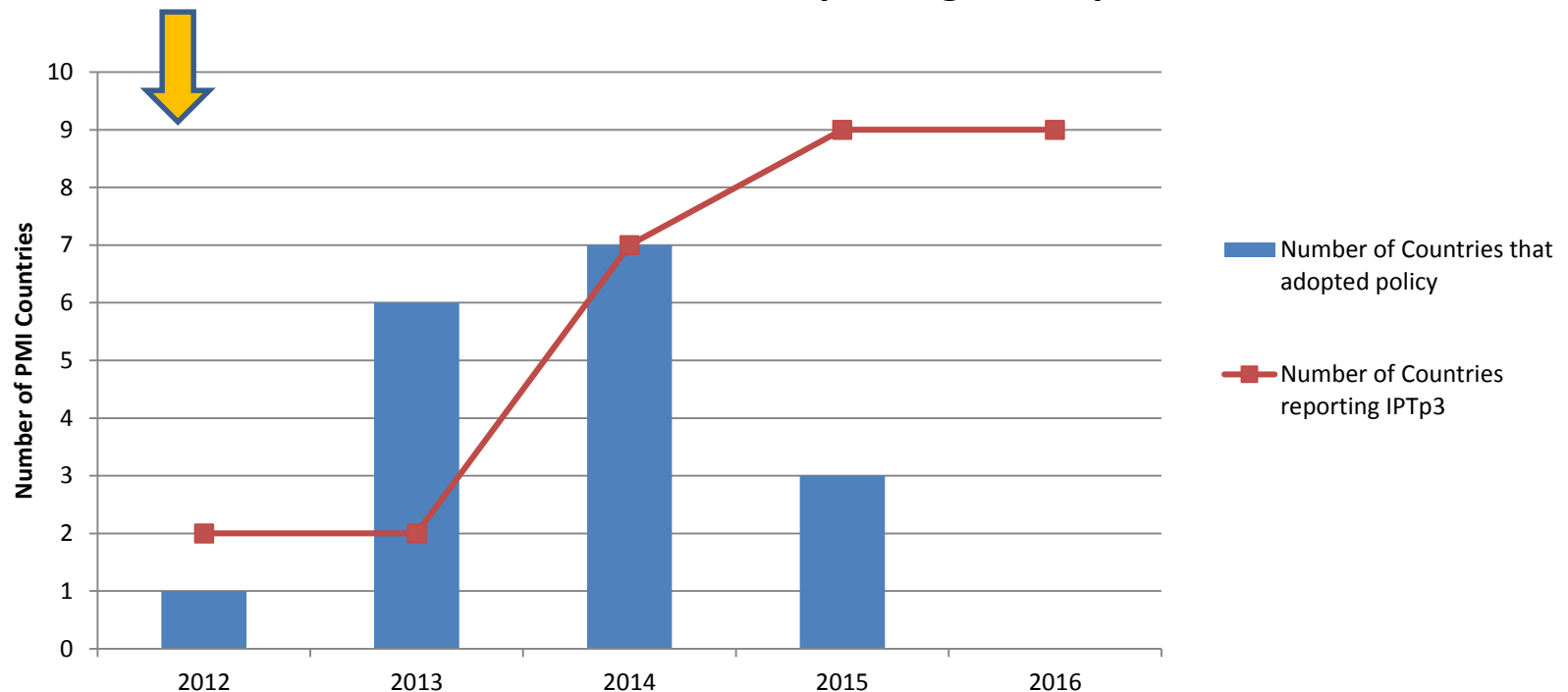
Central Level SP Stocks

(2010-2016)



2012 IPTp Policy Adoption Process in PMI Countries

Number of PMI countries adopting policy by year;
Number of PMI countries reporting on IPTp3 in HMIS



PMI countries reporting:	2016 HMIS
First Dose of IPTp	10 / 15
Second Dose of IPTp	13 / 15
Third Dose of IPTp	9 / 15
Fourth Dose of IPTp	3 / 15
Whether IPTp is directly observed	3 / 15
Pregnant women who are HIV+ on CTX prophylaxis	8 / 15
Cases of malaria during pregnancy	10 / 19

Programming considerations for new ANC guidelines & implications for MIP

❑ **Support of MRHP and NMCP**

- Coordination between national programs
- Ensure consistency across policies and guidance for MIP and ANC
- Slow pace of 2012 IPTp policy adoption process (2-3 years)

❑ **Program Opportunities and Challenges with 8 ANC contacts**

- Additional “contact” at 13 weeks for early start of IPTp1
- Ensure delivery of IPTp with restrictive timing of ANC contacts
- Overall low ANC 4 attendance
- Potential role of community in delivery of “contact” services

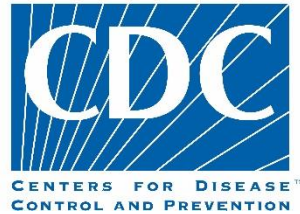
❑ **Ensure Quality and Use of Data**

- Increase in reporting of IPTp3 in HMIS
- Lack of standardized HMIS reporting, especially for ANC denominator
- Different number of IPTp doses recorded



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PMI President's Malaria Initiative
Fighting Malaria and Saving Lives

MIP in Elimination

- Previously high transmission areas which are now low transmission – when should country stop IPTp?
- Encourage continued IPTp for prevention & control of Pf malaria:
 - Focalized IPTp: Madagascar, Kenya, and Zimbabwe
 - IPTp stopped: Rwanda, Burundi
- Continue to promote ITN use and effective case management of malaria during pregnancy
- Ensure pregnant women have access to integrated health services
- Surveillance and tracking cases of malaria during pregnancy
- Elimination approaches – e.g. MDA – “except for pregnant women”