Addressing Malaria in Pregnancy: Improving the Odds for Mothers and Newborns

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Maternal Health Task Force

Overview

1) Why malaria in pregnancy matters
2) What happens to a pregnant woman & fetus
3) Prevailing ideas re: prevention and treatment
4) Call to Action
5) ANC: Missed opportunity
6) Country findings:
    Ghana
    Zambia
7) Conclusions/questions

Why malaria in pregnancy matters…

What Happens?

Maternal anemia

Low birth weight

Stillbirth

SPONTANEOUS ABORTION

Neonatal death


10,000
MATERNAL DEATHS


100,000
NEWBORN DEATHS =
11% of neonatal
mortality

Prevention and Treatment

Devastating consequences of malaria in pregnancy can be prevented or mitigated by:

- IPTp-SP in moderate to high transmission areas
- ITN use before and during pregnancy
- Effective diagnosis and treatment
- Daily administration of low dose folic acid (0.4 mg) throughout pregnancy

Call to Action: To Increase Coverage & Improve Maternal & Newborn Health Outcomes

1. Incorporate WHO 2012 policy update for IPTp into national guidelines and practices;

2. Rally efforts that will narrow achievement gaps in MDGs 4 and before end of 2015;

3. Prepare for SDG 3 as it becomes the focal point for health sector action.

SUPPORT THE CALL TO ACTION
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Action Plan and Timeline

GOALS	MILESTONES			TARGET
	2015	2020	2025	2030
Prevent adverse outcomes caused by malaria in pregnancy	• Launch of the Call to Action on World Malaria Day • Stakeholder commitment to concrete action • National IPTp Action Plans developed	100% increase in coverage of IPTp from baseline	At least 85% coverage with 3 or more doses of IPTp in areas of stable malaria transmission for all malaria endemic countries	At least 90% coverage with 3 or more doses of IPTp in areas of stable malaria transmission for all malaria endemic countries

ANC = important!

Entry point into the health system, but:

+ quality-coverage gap/focus on contact rather than content

+ visits often start later than is ideal

+ provider training challenges (2012 WHO guidelines) re: early gestation

…missed opportunity

Missed Opportunity: Low coverage of malaria IPTp even when ANC coverage is high

IPTp coverage is below 30%.

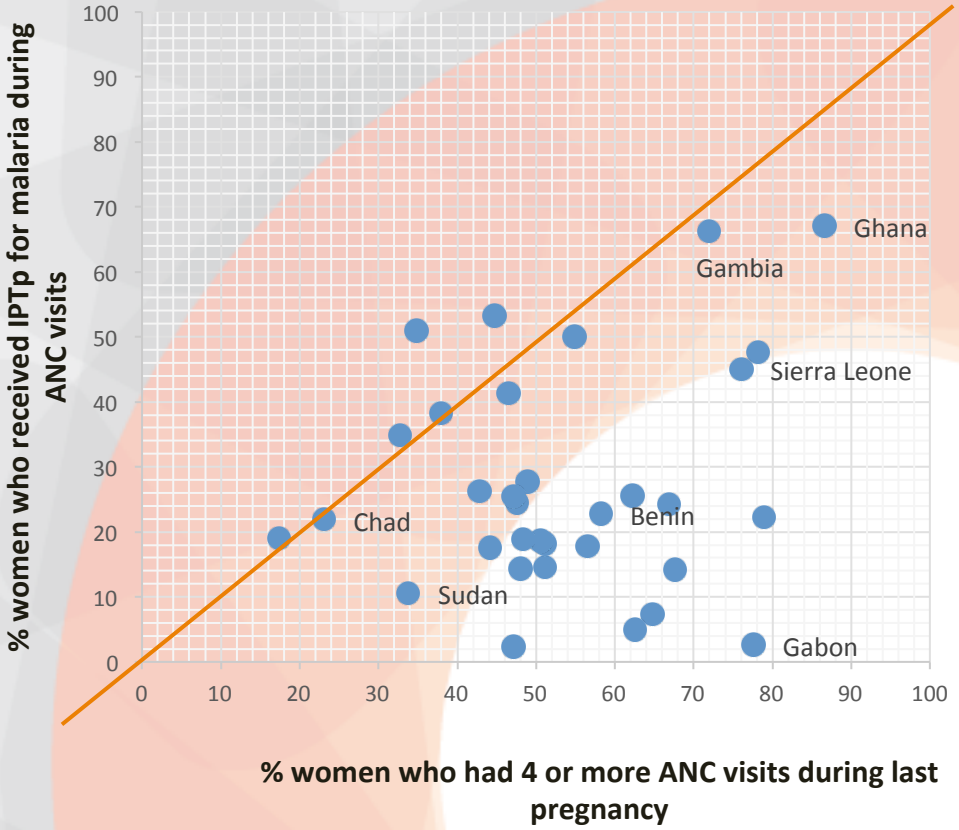
More than

3/4

of pregnant women in endemic countries in sub-Saharan Africa don't receive this preventive treatment (IPTp).

In 2013, 15 million of 35 million pregnant women did not receive a single dose of IPTp

Percentage of women who received IPTp at ANC visits during last pregnancy and percentage who attended 4 or more ANC visits (selected African countries, 2010–14)



Source: UNICEF global databases 2015 based on MICS, MIS and DHS.

Ghana

- IPTp2 coverage from 44-65%, 2008-2011
- Integrated approach for prevention and control
- 3 key strategies:
  - ✓ Increased community demand
  - ✓ Strengthened provider competency
  - ✓ Addressed stockouts

Combined with focus on supervision and evaluation & monitoring

Zambia

IPTp uptake = 70%

- Key reasons for success:
  - ✓ Strong partnership between RH and malaria control and HIV
  - ✓ Integrated implementation and service delivery includin integrated materials and supportive supervision
  - ✓ Focused ANC mentorship teams/strong ANC platform

Key Questions Moving Forward…

Maternal Health Task Force