UNICEF’s application of the new ANC recommendations: Actions to reduce the burden of Malaria in Pregnancy

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A core underlying principle of UNICEF’s support to maternal, newborn and child health programmes is the “continuum of care.”
However, there are critical gaps in the continuum of care...

• **Only 53 % of PW** had the recommended minimum of four antenatal visits (ANC4).

• **IPTp coverage is below 30%.**

• **Less than 40% of pregnant women are sleeping under ITNs.**

• **Sustainability:** Progress achieved during the last decade is very fragile. International funding for malaria control has leveled off below annual requirements to achieve universal coverage of malaria interventions.
Over half of the women who become pregnant live in tropical areas of Africa with intense transmission of *Plasmodium falciparum*. However it is the poorest pregnant women who are not receiving IPTp.

**UNICEF supports the provision of SP and training of practitioners to administer IPTp at each scheduled ANC visit after quickening.**

Percentage of women aged 15–49 who received intermittent preventive treatment for malaria during last pregnancy (at least two doses of SP, at least one during antenatal care visit), 2010-2014

Chart includes malaria endemic countries in sub-Saharan Africa with a policy for IPTp

Source: UNICEF global databases 2015, based on MICS, MIS and DHS
UNICEF’s vision for Health Systems

“A health system that closes the gap in access to services and health and nutrition outcomes, contributes to UHC and is resilient and adaptable.”

- Strong health systems that deliver integrated packages
- Interventions and strategies should cover all stages of the life cycle
- Eliminate the equity gap in RMNCAH outcomes
- Support the achievement of universal health care (UHC).
- Inbuilt resilience to shocks and emergencies
- Adaptable to new developments and challenges.
UNICEF Priority Areas: Community

1. **Strengthening the community platform**: (Demand generation, social accountability, service delivery, social inclusion and reduction of financing barriers)

   ⇒ *Adhesion to Preventive interventions & building resilience*
2. **Quality of care**: Scaling up an appropriate & focused antenatal care package

- UNICEF advocates for and supports the roll-out of the **full ANC package (at the 1st, referral and community levels as appropriate)** which includes:
  - Screening for maternal illness – including malaria, hypertensive disorders, STIs and anemia (obstetric complications)
  - Provision of iron, folic acid, tetanus immunization, ARVs (where indicated), deworming, LLINs and anti-malarials (IPTp & ACTs if infected)
  - Counseling on family planning, birth, emergency preparedness and smoking cessation

- ANC is also an opportunity to promote the use of skilled attendance at birth and post-partum healthy behaviours
UNICEF works with industry and partners to achieve substantial savings, market expansion, and new products for children via:

**Market influencing**

**Supply chain optimisation**

**Innovation**

UNICEF supports the provision of SP and training of practitioners to administer IPTp at each scheduled ANC visit after quickening.

- Reduced pricing
- Increased competitive supplier bases
- Sustained quality and availability
- Setting quality standards

Via:

- Partnerships with expertise (e.g., GFATM, BMGF, GAVI, UNITAID, MSF, WHO, CHAI, WB)
- Market analyses
- Risk assessments
- Commercial expertise
- Negotiated terms with suppliers
- Financing mechanisms
UNICEF priority areas: Equity

- Improving the quality of service provision means paying close attention to equity and **advancing policies that help reduce disparities** between advantaged and more vulnerable people. **Poorer, less educated, and rural women have been shown to have lower coverage of antenatal care** and experience more discrimination and disrespect in facilities as well.

- Reducing barriers to access, including distance and cost, are imperative.
Opportunities & Priorities to address MIP challenges

- **Ensure vulnerable populations are the priority** even within the context of universal coverage
- Ensure a true **continuum of care** from health facilities to the periphery and community level
- **Improve governance** and decentralized management
  - E.g. Results based financing
- **Build capacity** among providers at both facility and community level (retraining)
- **Dedicated financing for MIP**, especially free ANC & SP

- Use **m-health opportunities**
  - ex. ANC SMS reminders
- Community level kits with subsidies &/or other **incentives** for women to attend ANC
- Community education and involvement to **reduce ignorance and stigma (C4D)**
Thank You
Merci
Obrigado
Melesi
Asante Sana
Twasanta Mani
Matondo
Wasakidjila wa bunyi
UNICEF’s Malaria Strategy: Alignment with GTS & AIM (2016-2030)

• Increasing investment and resource mobilization
  – Domestic resources, alignment w/ GFF & GFATM

• Integrating malaria into health systems
  – Alignment w/ UNICEF HSS & PSM efforts, including community-based systems
  – Support & use of MNCH platforms (ANC, EPI, CHWs)

• Advocacy – aligning with EWEC/APR

• Targeting vulnerable/marginalized populations as part of UNICEF’s equity agenda

• Improving quality and use of data, and monitoring results
  – EQUIST, DHSS, MICS, APR scorecards, m-health/RapidPro etc

• Strengthening and facilitating cross-sectoral engagement in the malaria response (e.g. nutrition, WASH, education)

• Strengthening social/BCC & community engagement: C4D
Sustaining Gains: What is working

- UNICEF has strong policy influence at all levels, particularly at country level
- UNICEF is also working on Market influencing; Supply chain optimization; and Innovation
- Technical support
  - UNICEF’s ability to deliver malaria commodities, especially to the most vulnerable, is globally recognized
- Coordination among donors, especially the Global Fund, World Bank and US-PMI and implementers to accelerate scale-up

- Resource Mobilization
  - Develop strategies for human resource training and retention
  - Effective mobilization for technical assistance to countries
- Procurement and supply chain strengthening
- Improving data quality & gathering (M&E)
- Integration of malaria control into health systems, particularly at district level
  - Focus on the integration of malaria with EPI for commodity distribution and malaria programme supervision
  - Child & Maternal Health Days/weeks
  - Harmonized funding (GF NFM, IHP+, GFF, RMNCH, etc)
  - UNICEF-GF MOU focused on child and maternal care

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UNICEF/Ethiopia is supporting capacity development for delivery of services at community and facility level – including malaria services. In 2015:

- UNICEF supported the provision of health and nutritional services to 3,297,926 (over 70% of the country’s) pregnant and lactating women.
- UNICEF also provided training for 33,499 Health Extension Workers; 547,772 Health Development Army members; and 656 facilitators of women-to-women groups.

UNICEF also supported the planning, implementation and monitoring of an LLINs distribution campaign aimed to distribute more than 30 million LLINs to protect 54 million people at risk of malaria.
UNICEF/Kenya is providing anti-malaria commodities as well as building capacity. In 2015:

– Community Health Volunteers (CHVs) following on from UNICEF-training supported demand generation by providing health messages on key behaviours at household level including reminders for pregnant women to attend antenatal care.

– UNICEF also provided technical and financial support to the Division of Family health to
  • Increase update of community-based Maternal and Newborn Health (cMNH) through provision of teaching materials as well as innovative service uptake mechanisms a cash transfer programme targeting poor pregnant women and children up to eighteen months of age. So far, 19,139 pregnant women have been registered in the programme and close to 5,000 have received at least one payment having met all the programme conditions.
  • Establish new community units, in addition to improving the quality of existing units. Kakamega County CHVs attained universal coverage in 2015, with the addition of 120 community units, where all families are now able to access basic health services and information.
Since 2000, UNICEF has procured and helped to distribute over 263 million mosquito nets in over 50 countries.

UNICEF acts as procurement agent for countries and donors and also funds LLINs from its own programmatic funds.

UNICEF supports training of community health workers, reaching out to PW and children at ANC & EPI contact points to increase use of nets, & working with community and faith-based leaders for the promulgation of healthy behaviours – including sleeping under an LLIN every night.

UNICEF’s nets support the distribution of nets through ROUTINE systems such as ANC & EPI and also contributes to mass campaigns – this includes strengthening countries’ supply chains.

And support of in country M&E (post-campaign surveys, etc)

In 2013, UNICEF convened all major partners, incl GF & suppliers to plan the largest ever globally coordinated procurement of (190 million) mosquito nets.
In Sub-Saharan Africa, most women receive at least 1 ANC visit but **less than 50%** attend the recommended minimum of 4 visits - making ANC a missed opportunity to deliver anti-malarial care.

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

**Note:** Regional estimates are based on a subset of 37 countries, covering 90% of births in sub-Saharan Africa in 2014. Sub-regional estimates represent data from countries covering at least 50% of regional births.