Global Fund: Malaria in Pregnancy Perspectives

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Global Fund’s Strategic Framework: 2017-2022
“Investing to End Epidemics”

Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics

- Strengthen community responses and systems
- Support reproductive, women’s, children’s, and adolescent health, and platforms for integrated service delivery
- Strengthen global and in-country procurement and supply chain systems
- Leverage critical investments in human resources for health
- Strengthen data systems for health and countries’ capacities for analysis and use
- Strengthen and align to robust national health strategies and national disease-specific strategic plans
- Strengthen financial management and oversight

Maximize Impact Against HIV, TB and Malaria

Build Resilient & Sustainable Systems for Health

Mobilize Increased Resources

Promote and Protect Human Rights & Gender Equality

Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics

- Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights
- Invest to reduce health inequities including gender- and age-related disparities
- Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services
- Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes
- Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes

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Global Fund Investments
Prevention and Treatment of Malaria in Pregnancy

Malaria-specific components

- **IPTp**: IPTp-SP for all pregnant women in line with updated WHO ANC recommendations and GTS for malaria
- **LLINs**: High coverage and use of nets for pregnant women through continuous delivery at ANC and campaigns
- **Case management**: Prompt and effective treatment of malaria in pregnant women in all transmission settings

Health systems components

- Community engagement for early access to care, sustained ITN use and identification of symptoms
- Strengthen procurement and supply management at global and country level
- Ensuring information systems capture service delivery and health outcomes in pregnant women
- Building health workforce capacity to deliver integrated services at ANC
- Supporting high quality service delivery, including laboratory strengthening
Global Fund Investments in MIP: IPTp

- **Sourcing quality assured SP**
  - Forecasting and coordinating with manufacturer(s) to meet global demand in context of seasonal malaria chemoprevention and limited manufacturers
  - Coordination with other donors
  - Expert review process to open up manufacturer pool

<table>
<thead>
<tr>
<th>Pooled Procurement Mechanism</th>
<th>Country Procurement</th>
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<tbody>
<tr>
<td>Burundi</td>
<td>Gambia</td>
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<td>Chad</td>
<td>South Sudan</td>
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<td>Cameroon</td>
<td>Zimbabwe</td>
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<td>Central Africa Republic</td>
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<td>Guinea</td>
<td>Nigeria (2015)</td>
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<td>DRC</td>
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<td>Niger</td>
<td>Guinea-Bissau</td>
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<td>Sierra Leone</td>
<td>Madagascar</td>
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MIP Coverage: IPTp3 Uptake & ITN Use
National Surveys (2014-2016)

Source DHS, MIS, MICS, (2014-2016), UNICEF
How to Optimize the Delivery of MIP Interventions to Maximize Impact?

Build Resilient & Sustainable Systems for Health

Initial Efforts/Initiatives

- Incorporate and leverage RMNCAH and integrated platforms in development of applications, grant negotiation and implementation.
- Leveraging RMNCAH-related technical partners’ expertise and resources.
- Establish a new RSSH technical support mechanism (through catalytic funding) to provide RSSH technical support, including on RMNCAH issues

Support reproductive, women’s, children’s, and adolescent health, and platforms for integrated service delivery
**Delivery of MIP Interventions to Maximize Impact**

| **Health systems strengthening** | • Improving implementation and quality service delivery of MIP as a systems issue within and beyond ANC  
| | • Coordination at the country and international level across disease programs and partners.  
| | • Investing in human resources for health  
| | • Integrated data systems  
| | • Procurement and supply chain systems, to strengthen ANC as part of the overall health system. |

| **Access/coverage** | • Stronger community engagement and mobilization to link pregnant women with health facilities early and often  
| | • Evaluate the role of community health workers in IPTp delivery |
## Delivery of MIP Interventions to Maximize Impact

<table>
<thead>
<tr>
<th>Quality Case Management</th>
<th>Adaptability</th>
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<tr>
<td>• Quality improvement of integrated ANC and case management for pregnant women</td>
<td>• Established systems will ensure continued focus on pregnant women with changes in malaria epidemiology, recommendations and guidelines evolve with emerging evidence</td>
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<tr>
<td>• Identification of 1(^{\text{st}}) versus 2(^{\text{nd}}) trimester for IPTp and treatment</td>
<td>• Strategies for control of malaria in pregnancy and for radical cure of <em>P. falciparum</em> and <em>P. vivax</em> infections in low-transmission settings that are on track towards malaria elimination.</td>
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<tr>
<td>• Treatment for <em>P. falciparum</em>, <em>P. vivax</em>, high and low transmission</td>
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Summary

- Clear articulation of MIP strategy (e.g., needs, costs, and financing gaps) will give countries the potential to leverage various funding streams to ensure delivery of a comprehensive, integrated intervention package.

- A functioning health system is essential to decrease maternal and neonatal morbidity and mortality due to malaria in pregnancy and global malaria targets overall.
  - Programs must address both supply and demand challenges.
  - Derive clear lessons from assessment of new approaches to the delivery of preventive and treatment strategies.