Co-Chairs:
Elaine Roman, Jhpiego
Viviana Mangiaterra, Global Fund (outgoing)
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Secretariat:
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The purpose of the Malaria in Pregnancy Working Group (MiPWG) is to align RBM partners on best practices and lessons learned in MiP programming to help achieve higher coverage in MiP interventions globally.

Promotes and supports WHO strategy to control MiP:

- Insecticide treated bed net use (ITN)
- Effective case management
- Intermittent preventive treatment (IPTp) in areas of moderate to high malaria transmission
AREAS OF FOCUS

• Alignment of RBM partners on **best practices** and **lessons learned** in MiP programming to help achieve higher coverage in MiP interventions globally.

• Advocacy through the development of **key tools** and **products** targeting policy makers and program managers with the most up to date information in MiP programming

• Supporting **research** and documentation of best practices and lessons learned

• Coordination and **collaboration** with other RBM mechanisms

• Promoting **partnership** between reproductive health and malaria control programs

• Supporting **Call to Action for IPTp** to achieve higher coverage
MiP M&E Brief
In collaboration with MERG
Forthcoming February 2019

Implementing Malaria in Pregnancy Programs in the Context of World Health Organization Recommendations on Antenatal Care for a Positive Pregnancy Experience
April 2017
www.mipprogram.org


Background
MiP is a major public health problem with substantial risks for mothers and their babies. Each year, MiP is responsible for 20% of all maternal deaths in sub-Saharan Africa, 11% of all newborn deaths in sub-Saharan Africa, and 10,000 maternal deaths globally. WHO recommends a package of interventions for controlling malaria and its effects during pregnancy. In areas where malaria is a risk, WHO recommends delivery and use of insecticide-treated nets (ITNs) and effective management of cases by providing prompt, quality diagnosis and effective treatment of malaria infections. In areas with malaria to high transmission of Plasmodium falciparum, WHO additionally recommends the administration of intermittent preventive treatment during pregnancy using sulfadoxine-pyrimethamine (SP) and its equivalent.

The World Health Organization Recommends

- Intermittent preventive treatment during pregnancy using sulfadoxine-pyrimethamine (SP) and its equivalent.

- Use of insecticide-treated nets (ITNs) and effective management of cases by providing prompt, quality diagnosis and effective treatment of malaria infections.

- In areas with high transmission of Plasmodium falciparum, additional recommendations for the administration of intermittent preventive treatment during pregnancy using sulfadoxine-pyrimethamine (SP) and its equivalent.

What can be done?

- Aim for scale-up and full coverage of WHO-recommended interventions.
- Promote early and regular ANC attendance.
- Preserve SP efficacy by avoiding its use for treating clinical cases of malaria.
- Reserve SP stocks for IPTs and ANC clinics.

What about pregnant women living with HIV?

- Pregnant women living with HIV should not receive SP because administration of both drugs together could cause harm.
- It is especially important that pregnant women living with HIV sleep under an ITN and access prompt and effective diagnosis and treatment if they have symptoms of malaria.

Investing in Malaria in Pregnancy in Sub-Saharan Africa: Saving Women’s and Children’s Lives

What is the danger of malaria in pregnancy (MiP)?

Each year, MiP is responsible for:

- Approximately 94,000 newborn lives saved through PMT interventions between 2009 and 2012.
- 29% of all maternal deaths in sub-Saharan Africa.
- 38% of all newborn deaths in sub-Saharan Africa.
- 31% of all newborn deaths globally.

IPTp-SP worth: It provides significant benefits by reducing the incidence of:

- Low birthweight
- Severe maternal anaemia
- Neonatal mortality
- 30% of all newborn deaths in sub-Saharan Africa.

Forthcoming February 2019

PRODUCTS & DELIVERABLES
### CHALLENGES & CONSIDERATIONS FOR MIP

**OPPORTUNITIES FOR COLLABORATION AND COORDINATION WITH OTHER RBM MECHANISMS & RH PARTNERS**

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Considerations</th>
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<tr>
<td>1. Discordant national level documents (e.g., policies, guidelines, training materials)</td>
<td>• Harmonizing national level documents can reduce provider confusion and improve efficiencies in implementation</td>
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<td>2. Vertical and disproportionate funding streams</td>
<td>• Identifying maternal/reproductive health champions early</td>
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<td>• Prioritization of national technical working groups</td>
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<td>3. Growing healthcare provider responsibility</td>
<td>• Task shifting</td>
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<td>• Streamlined/linked support</td>
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<td>4. Generally poor IPTp uptake and late, interrupted ANC attendance</td>
<td>• Community engagement is critical</td>
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<td>• Behavioral change communication (BCC)</td>
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<td>5. Stock-outs of SP and ITNs at ANC</td>
<td>• Maternal/reproductive health involvement in forecasting for MiP commodities at ANC</td>
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<td>6. Case management as the forgotten prong</td>
<td>• Coordination across technical areas and among partners</td>
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I. Policy
   1. Support WHO in the country application of new ANC guidelines with emphasis on NMCP/RH collaboration
   2. Promote new evidence and new WHO guidance to countries to help expand MiP programming

II. Advocacy
   1. Dissemination of MiP M&E Brief
   2. Continue to support countries in the adaptation of the 2016 WHO ANC recommendations in the context of MiP programming
   3. Strengthen platform of ANC for integrated service delivery, including MiP interventions
   4. Identify and develop strategies to get women into ANC early
   5. Advocate for increased supply for quality assured SP for IPTp
III. Programmatic Initiatives, Products and Tools
   1. Rollout of toolkit to assess early 2nd trimester pregnancy
   2. Rollout of case management job aid for women of reproductive age

IV. Research
   1. Safety and efficacy of antimalarial drugs in women on CTX
   2. Assessment of adherence to CTX among HIV-infected pregnant women
   3. Updated maps of IPTp-SP effectiveness by different strata in SSA
   4. Clinical trial on safety and efficacy of IPTp with DHA-PPQ in areas of high SP resistance.

V. Coordination
   1. Continued collaboration with RBM WGs as well as new structures (e.g. partner committees)
   2. RMNCAH integration
THANK YOU!