

# Renewing the Call to Action



## Act now to Save Lives: Increase IPTp Coverage!

The Roll Back Malaria – Malaria in Pregnancy Working Group calls on the malaria and maternal and child health communities to further multiply their efforts to make intermittent preventive treatment in pregnancy (IPTp) with quality assured sulfadoxine-pyrimethamine (SP) available to all eligible pregnant women. Malaria infection during pregnancy (MiP) poses substantial risks to the mother, her foetus, and the neonate. These risks include maternal and foetal anaemia, placental infection, low birth weight, and neonatal mortality, and are reduced by IPTp-SP.

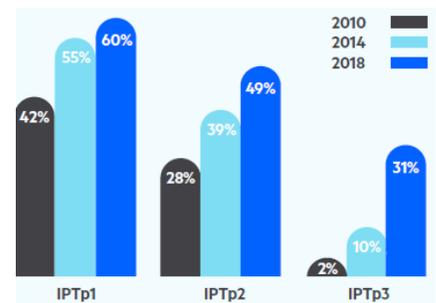
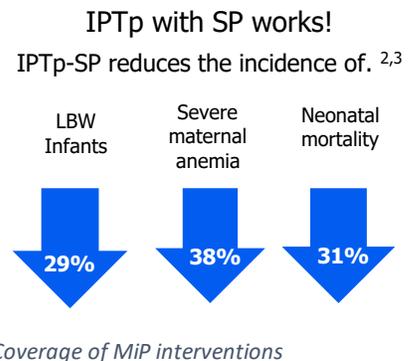
### Increased threat to IPTp coverage in the time of COVID-19

The call to Speed up Scale-up of IPTp coverage is even more crucial in the context of the current COVID-19 pandemic, which threatens access to essential pregnancy care, and could lead to a substantial increase in neonatal deaths and detrimental maternal outcomes. A recent Global Fund to Fight AIDS, Malaria and Tuberculosis survey indicates that two-thirds of countries have faced disruptions to malaria service delivery due to COVID-19.<sup>1</sup>

### Call to increase IPTp coverage needs enhanced commitment

Over the last decade, the percentage of pregnant women who received at least three doses of IPTp, as recommended by the World Health Organization (WHO), increased from 2% to just over 30%.<sup>2</sup> Despite this progress, two-thirds of eligible pregnant women did not receive at least three doses of IPTp-SP. This is unacceptable.

In April 2015, the Roll Back Malaria – Malaria in Pregnancy Working Group (MiP WG) launched the [Global Call to Action<sup>3</sup> to increase national coverage of IPTp for immediate impact](#) to heighten awareness and catalyze action to increase the protection of pregnant women against malaria. Following this call, many malaria-endemic countries, donors, and other organizations have taken steps to increase delivery of IPTp-SP. By 2016, 36 African countries had adopted WHO's policy of providing at least three doses of IPTp to pregnant women.<sup>4</sup> To support implementation, investigations into the effectiveness of community delivery of IPTp-SP are on-going. Further, three African manufacturers are being supported to become WHO-prequalified producers of SP for IPTp. Despite these efforts, in 2018, 11 million pregnant women in sub-Saharan Africa were infected with malaria and, consequently, nearly 900,000 children were born with low birthweight (<2500gm), which puts babies at higher risk of death, stunting, and poor cognitive development.<sup>5</sup> Increasing uptake of IPTp-SP will not only reduce these negative outcomes, but also lower maternal malaria infections, anaemia, and infant deaths.



### Crucial need to build on gains made since 2015

Commenting on the *World Malaria Report 2019*, the WHO Global Malaria Programme Director, Dr. Pedro Alonso, underscored the continued commitment to and importance of addressing those most at risk: "This report brings back the focus to pregnant women and young children in Africa, the two groups that bear the brunt of the disease. It reminds us that our number one imperative is to reduce cases and deaths among the most vulnerable."<sup>6</sup>

Five years on, with Dr. Alonso's words in mind, and with today's COVID-19 pandemic reaching all around the globe, the MiP WG stands together with WHO, and calls on global and country-level leaders, donors, and other technical partners from the public and private sectors to remain united in the commitment and efforts to **Speed up Scale-up** of IPTp coverage. We must strive not to lose the gains in IPTp coverage since the last Call to Action, and ensure that every pregnant woman has access to quality malaria services.

Now is the time to build on progress made and address the remaining obstacles at all levels to ensure that IPTp coverage targets are met and all eligible pregnant women are protected from malaria. To identify and overcome these obstacles, Ministries of Health, led by National Malaria Control Programmes and National Reproductive Health Divisions, must strategize alongside global and national-level stakeholders. These strategies will require a range of interventions from strengthening the capacity of health workers to eliminating stock-outs of quality assured SP and exploring the feasibility of community-oriented delivery and outreach—all while operating in the context of a pandemic.

The emergence of COVID-19 is testing the strength of health systems everywhere and underlining the importance of essential health service continuity—including delivery of IPTp—in malaria-endemic areas. Sustaining efforts to prevent, detect, and treat malaria to protect the most vulnerable, while preventing the spread of COVID-19 and ensuring the safety of those who deliver the services, will save lives.

### Actions to drive Speed Up Scale-Up of IPTp

Together, through proactive and deliberate actions, strong and dynamic partnerships, and sustained commitment, we can

improve IPTp coverage rates and succeed in our drive to ensure that all eligible pregnant women experience the safe and healthy pregnancies and births they deserve.

## Actions to increase IPTp coverage

<p><b>Action: What? Maternal Health:</b> Support countries to achieve eight antenatal care (ANC) contacts for pregnant women.</p> <p><b>Significance: Why?</b></p> <ul style="list-style-type: none"> <li>→ ANC is the service delivery platform for IPTp and delivering insecticide-treated mosquito nets to pregnant women.</li> <li>→ Ensure pregnant women access ANC service early and consistently throughout their pregnancy to receive the comprehensive care and counselling needed to prevent malaria and have a healthy pregnancy.</li> </ul> <p><b>Who? National</b> health entities; providers, including community health workers</p>	<p><b>How?</b></p> <ul style="list-style-type: none"> <li>→ Ensure well-functioning MiP technical working groups and integration of reproductive health, maternal and child health, and malaria programmes.</li> <li>→ Ensure clear IPTp policies and implementation guidelines with IPTp initiation starting at 13 weeks' gestation.</li> <li>→ Empower trained ANC staff.</li> <li>→ Promote early ANC attendance and timely IPTp uptake at community level; address barriers to care seeking.</li> </ul>
<p><b>Action: What? Resiliency:</b> Invest in building resilient health systems.</p> <p><b>Significance: Why?</b></p> <ul style="list-style-type: none"> <li>→ To remain resilient in the face of outbreaks and natural disasters, health systems must be both strong, sustainable, and flexible to ensure service continuity at all times.<sup>7</sup></li> </ul> <p><b>Who?</b> Donor community and national health entities, private sector, civil society</p>	<p><b>How?</b></p> <ul style="list-style-type: none"> <li>→ Ensure that malaria control efforts are not deprioritized as COVID-19 is tackled and engage in partnerships beyond health to help build infrastructures.</li> <li>→ Allocate sufficient resources to maintain service delivery during the COVID-19 crisis.</li> </ul>
<p><b>Action: What? Innovation and Creativity:</b> Identify new opportunities that complement existing platforms to deliver IPTp.</p> <p><b>Significance: Why?</b> WHO's ANC recommendations promote task shifting of ANC responsibilities, including the provision of IPTp, from staff in health facilities to a broad range of cadres, including auxiliary nurses, nurses, and midwives.</p> <p><b>Who?</b> National health entities; research community; non-traditional stakeholders, civil society</p>	<p><b>How?</b></p> <ul style="list-style-type: none"> <li>→ Continue to pilot group ANC and community approaches, such as delivery of IPTp by community health workers (C-IPTp) and ANC outreach, to assess their potential to increase ANC coverage and IPTp uptake.</li> <li>→ Engage the private sector to contribute to improving IPTp coverage through ANC services delivered and reported.</li> </ul>
<p><b>Action: What? Commodity Security:</b> Ensure availability and delivery of quality assured SP at all levels.</p> <p><b>Significance: Why?</b></p> <ul style="list-style-type: none"> <li>→ Across the health system, SP availability is critical.</li> <li>→ Pregnant women must have immediate access to quality medicine at ANC level.</li> </ul> <p><b>Who?</b> Donors and national health entities, including medical stores</p>	<p><b>How?</b></p> <ul style="list-style-type: none"> <li>→ Quantify, procure, and replenish SP stocks continuously from the national level to service delivery points.</li> <li>→ Support countries to procure quality SP from multiple manufacturers.</li> <li>→ Ensure, at the global level, sufficient supplies of quality assured SP to meet demand.</li> </ul>
<p><b>Action: What? Funding:</b></p> <p>Earmark MiP funding in national and district-level budgets, including drug budgets.</p> <p><b>Significance: Why?</b></p> <ul style="list-style-type: none"> <li>→ Ensure sufficient funding to adequately address malaria in pregnancy.</li> </ul> <p><b>Who?</b> National health entities and donor community</p>	<p><b>How?</b></p> <ul style="list-style-type: none"> <li>→ Prioritize coordinated MiP activities in national reproductive health and malaria control budgets.</li> <li>→ Earmark funding for SP procurement for IPTp at national level and in district drug budgets, where appropriate.</li> <li>→ Advocate for inclusion of quality SP in grant applications, where appropriate.</li> <li>→ Ensure that user fees are reduced or eliminated so cost is not a barrier to care.</li> </ul>
<p><b>Action: What? Research and Learning:</b></p> <p>Support clinical and operational research to improve quality and coverage of MiP programmes.</p> <p><b>Significance: Why?</b></p> <ul style="list-style-type: none"> <li>→ Quality medicine for IPTp must be available and effective so all pregnant women have equal opportunity to receive IPTp for optimal pregnancy.</li> </ul> <p><b>Who?</b> National health entities; research community</p>	<p><b>How?</b></p> <ul style="list-style-type: none"> <li>→ Ensure correct calculation and reporting of IPTp coverage, via the health management information systems and special surveys.</li> <li>→ Continue to search for new effective and affordable medicines as SP resistance increases across countries.</li> <li>→ Identify on-going causes of missed opportunities and strategies for IPTp delivery in hard-to-reach populations or communities.</li> <li>→ Test the feasibility, effectiveness, and acceptability of new complementary platforms to deliver IPTp at community level.</li> </ul>

**References:** 1, <https://globalfund.exposure.co/disruptions-in-hiv-tb-and-malaria-programs-due-to-covid19>. 2, World Health Organization (WHO). World Malaria Report 2019. 3, Chico RM, et al. Malaria Journal. 2015; 14(1):207. 4, WHO. World Malaria Report 2017. 5, Walker PG, et al. PLoS Med. 2017;14(2): e1002243. 6, WHO. [Letter to malaria partners – December 2019](#). 7, WHO. [Maintaining essential health services: operational guidance for the COVID-19 context](#); RBM MiP WG. [MiP COVID Frequently Asked Questions](#).