

Ghana MIP Country Update: Accelerating Malaria in Pregnancy Programs to Achieve Country Scale-Up

During the recent Roll Back Malaria (RBM)-Malaria in Pregnancy Working Group meeting in April 2012, representatives from Ghana’s Ministry of Health, including both reproductive health and malaria control, presented a malaria in pregnancy (MIP) country update (MIP Reported Outcomes + MIP Components) and developed an action plan. The Ministry team developed the country update prior to the meeting and the action plan was developed during the meeting; this document summarizes these efforts. The RBM MIP Working Group, World Health Organization, President’s Malaria Initiative (PMI) and Maternal and Child Health Integrated Program (MCHIP) hope this information facilitates country teams’ continued dialogue with their Ministry of Health counterparts and in-country partners to effect positive change for MIP programming that builds on current successes, solutions identified to existing challenges and lessons learned.

MIP Reported Outcomes

The Ghana team was asked to report on three primary MIP indicators—intermittent preventive treatment during pregnancy (IPTp), insecticide-treated bed net (ITN) use and antenatal care (ANC) utilization—to give the working group a better understanding of the current status of MIP programming. The Ghana team reported the following progress (as of April 2012) for these indicators: IPTp1: 69.25%; IPTp2: 53.09%; ITN use: 19.9%; ANC/one visit: 90.0%; and ANC/four+ visits: 74.3%. Sources for data were not specified.

MIP Program Components

As Ghana continues to accelerate and scale up malaria in pregnancy programs, addressing MIP in the context of health systems strengthening will support achievement of sustained results. Focusing on the eight key MIP program components (policy, integration, commodities, capacity development, community engagement, quality improvement, monitoring and evaluation [M&E], and financing) will result not only in improved outcomes for pregnant women and their newborns but also help to strengthen the existing health system.

Country Program Update

	Successes	Challenges	Addressing Challenges	Opportunities
Integration	<p>Integration is demonstrated by the constitution of a National Malaria in Pregnancy Working Group made up of National Malaria Control Program (NMCP), Family Health Division and development partners that meet periodically on policy and programmatic issues.</p> <p>All aspects of MIP intervention are integrated with maternal and child health services.</p>	<p>The continued integration is not always possible, so issues such as reporting are not integrated very well because of timelines with partners.</p>	<p>Working group on MIP; should meet periodically and not only for revision of the documents.</p>	<p>Funding available to implement MIP control interventions of IPTp and case management.</p>

	Successes	Challenges	Addressing Challenges	Opportunities
Policy	Complete guideline on MIP	Knowledge of the guideline is not widespread.	Through continued training and education.	Enabling environment created by Government of Ghana.
Capacity Development	Malaria control intervention rolled out across the whole country and most health workers have been trained.	Module on reporting is not widely disseminated and some health workers are calculating IPTp using the attendance or expected pregnancies instead of registrants.	Partners (ProMPT/ USAID) carry out supervision training of health workers and, as part of that, facilitators are requested to teach the right calculation.	Capacity development in the area of general maternal and child health services can be used to address gaps in knowledge related to accurate reporting on MIP data.
Community Engagement	<p>There have been several initiatives that engage the communities. Most of these relate to safe motherhood in general and are not limited to MIP. These include training of community volunteers who educate the community on MIP issues, and the use of pregnancy registers that track the number of pregnant women in a particular community. There is also the pregnancy school that has been established in communities.</p> <p>Some districts have health workers go into the communities to carry out mop-up exercises to increase IPTp uptake.</p> <p>Mass long-lasting insecticide-treated net (LLIN) campaigns in which volunteers actually go into people's homes to hang up the nets. The partners donate the nets but the community is expected to motivate the volunteers. This model has generally worked well.</p>	<p>Several initiatives not scaled up across the country. (e.g., pregnancy schools started in the Greater Accra Region, but only Western Region has rolled out intervention).</p> <p>The low uptake of IPTp, especially the second and third doses, could also be the result of lack of engagement of women's male partners since in most cases they are the decision-makers in the family and would determine if a pregnant woman would attend ANC or not.</p>	<p>General trend of male involvement in ANC services.</p> <p>Sharing experiences and peer review as advocacy tool will help scale up these interventions .</p>	Enabling environment created by Government of Ghana.

	Successes	Challenges	Addressing Challenges	Opportunities
Commodities	<p>Through Global Fund mainly, we have our commodities in the form of SP, quinine tablets and injections, and artemisinin combination therapies (ACTs).</p> <p>We also have LLINs from various partners. These include Global Fund, DFID through UNICEF and President's Malaria Initiative (PMI)/USAID. We are carrying LLINs Hang Up campaigns across the country and this initiative covers all pregnant women because they are part of the communities.</p>	<p>There are times when there are long periods of stock-outs (especially SP and ACTs). The main reason is partly due to the International Competitive Bidding (ICB) procedure, which causes delays.</p>	<p>Addressing ICB issues</p>	<p>The growing number partners who want to be part of the success stories in Ghana.</p>
Monitoring and Evaluation	<p>Monitoring and evaluation is carried out periodically at various levels. For example, NMCP staff carry out monitoring visits at least once a year. The districts and regions also carry out these monitoring visits to their respective lower levels.</p> <p>With respect to evaluation, there have been several operational research studies that assess the level of implementation of interventions. These are usually contracted out by the NMCP. Districts and regions also carry out independent surveys. For example, Greater Accra usually carries out ITN ownership and usage surveys approximately every year.</p> <p>Early warning system using mobile phones is being piloted.</p>	<p>Insufficient funds for all districts to periodically carry out monitoring visits.</p>	<p>Engaging partners for financing.</p>	<p>Monitoring and evaluation in the area of MIP can be incorporated into general health service monitoring.</p>
Quality Assurance	<p>The Food and Drugs Board is responsible for carrying quality tests of all products procured for the public sector. They also carry out period checks on the quality of drugs and put in measures to address any anomalies.</p>	<p>Sub-standard products coming into the country using unapproved and even approved routes and the overstretched security apparatus of the country resulting in insufficient ability of the country to address these challenges.</p> <p>The close-out of the Affordable Medicines Facility for Malaria (AMFm) initiative will significantly reduce the number of successes achieved.</p> <p>The use of SP for treatment of malaria in the general population.</p> <p>Quality care of the pregnant women by health workers is sometimes lacking.</p>	<p>The Global Fund has given funds through the AMFm initiative to help address the infiltration of sub-standard drugs into the country.</p>	<p>AMFm</p>

	Successes	Challenges	Addressing Challenges	Opportunities
Financing	<p>Increased interest from partners to partake in the success story of Ghana.</p> <p>Several staff paid by the Government of Ghana working in malaria in pregnancy intervention.</p>	<p>Financing has improved, but need for more funds for activities such as monitoring and evaluation at the various levels.</p> <p>Over-dependence of partners; need for the Government of Ghana to vote more resources to MIP intervention.</p> <p>Coordination often challenging; partners pressures NMCP and Family Health Department staff to implement when funding is available.</p>	<p>Continuous engagement of Govt. of Ghana.</p> <p>Advocacy meetings with corporate bodies in Ghana have led to successes in LLIN donations and a few offering IPTp in their private clinics.</p>	<p>Global Fund, DFID, UNICEF, PMI.</p>

Ghana Action Plan

Based on presentations and discussions during the meeting, Ghana identified the following key actions to support MIP program scale-up.

Immediate Actions to Accelerate MIP Programming

- Engage Centre for Health Information Management to disaggregate malaria case management by pregnancy status in clinical data reporting.
- Review quantification of MIP commodities and monitor commodity flow monthly.

Long-Term Actions

- Hold meetings between RH and NMCP and joint yearly supervision.
- Monitor local situation and adapt policy to current global trends.
- Conduct ongoing training to improve ANC quality.
- Assess feasibility of using community agents to improve IPTp uptake and ITN use.