

Guinea MIP Program 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 Guinea’s Ministry of Health including both the national malaria control program and national reproductive health program presented a malaria in pregnancy (MIP) country update (MIP Reported Outcomes + MIP Components) and developed an action plan. The country update was developed prior to the meeting and the action plan was developed during the meeting; this brief summarizes these efforts. The RBM MIP Working Group, the World Health Organization, President’s Malaria Initiative 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

Guinea reported 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 (as of April 2012) the following progress for these indicators: IPTp1: 55.2%; IPTp2: 46.7%; ITN use: 46.8%; ANC/one visit: 88%; and ANC/four+ visits: 50%. Sources for data were not specified.

MIP Program Components

As Guinea 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 (integration, policy, capacity development, community engagement, commodities, monitoring and evaluation [M&E], quality improvement, 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 between National Malaria Control Program (NMCP) and Reproductive Health (RH)?	<ul style="list-style-type: none"> Minimum activities package defined by health facility Intervention programs and projects are integrated in the ANC health facilities State budget supports NMCP staff Technical and financial partners support contract staff 	<ul style="list-style-type: none"> Insufficient equipment in health facilities Insufficient staff and NMCP in peripheral health facilities (health centers, health posts) 	<ul style="list-style-type: none"> Developing standards and procedures for each level Recruitment of new staff in health facilities, specifically for malaria control Advocacy with partners for technical assistance in support of the plan NMCP 	<ul style="list-style-type: none"> Revival of primary health care Presence of a program reform plan Presence of the Ministry of Health’s human resource policy Availability of the technical and financial partners involved

	Successes	Challenges	Addressing Challenges	Opportunities
Policy	<p>Political goodwill</p> <p>Creation of the NMCP</p> <p>Existence of policy documents and strategies against malaria</p> <p>Scale-up of IPTp</p> <p>Free rapid diagnostic tests (RDTs) and artemisinin combination therapies (ACTs) (for uncomplicated malaria)</p> <p>Free, long-lasting insecticide-treated nets (LLINs)</p>	<p>Weak coordination of activities</p> <p>Lack of scalability of the confirmation of cases due to lack of availability of RDTs</p> <p>Insufficient integration of private structures</p> <p>Insufficient resource mobilization for input availability (ACT, LLINs, RDTs)</p>	<p>Establishment of a National Coordination Committee</p> <p>Review of program performance</p>	<p>Availability and commitment of technical and financial partners that support the NMCP-MIP</p>
Capacity Development	<p>Development and revision of training manuals and guidelines</p>	<p>Lack of a human resource development plan</p> <p>Lack of job descriptions and tasks</p>	<p>Performance Review of the current program</p> <p>Technical assistance</p>	<p>Availability of partners</p>
Community Engagement	<p>Integration of prevention activities and ANC for malaria at community level</p> <p>Community participation for rural distribution of LLINs</p>	<p>Inadequate leadership of local government</p> <p>Poor coordination of community activities</p>	<p>Strengthening community ownership</p>	<p>Presence of the National Prevention and Community Health Directorate</p> <p>Existence of community associations (OBC)</p>
Commodities	<p>Existence of a national drug policy</p> <p>Existence of a national supply (PCG/Central Medical Stores) with capacities of storage, purchases, and distribution</p> <p>Existence of a system of drug management and supplies at service delivery points</p>	<p>Lack of partner coordination of supplies</p> <p>Lack of import regulation</p> <p>Stock-outs are common in facilities</p>	<p>Starting the implementation of integrated logistics processes</p> <p>Advocacy with government and partners to mobilize resources</p>	<p>Availability of partners</p>
Monitoring and Evaluation	<p>Existence of an M&E plan and performance framework with partners (ex: FM with indicators)</p> <p>Existence of a standard system for collecting and reporting data at different levels of the health pyramid</p> <p>Establishment of a data bank through national surveys</p>	<p>Inadequate documented procedures provided for quality assurance</p> <p>Low database functionality</p> <p>Centralization of the software</p> <p>Lack of a Web site for sharing information with all stakeholders</p>	<p>Development, implementation and enhancement of national health information system (NHIS)</p> <p>Integration of indicators program NHIS</p>	<p>Existence of a project reinforcement system for health</p>

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Quality Improvement	<p>Existence of a National Laboratory of Quality Control</p> <p>Quality control practiced in the procurement of medicines and health products</p>	<p>Under the national laboratory equipment for quality control</p> <p>Lack of quality control of drugs, reagents and laboratory tests (microscopy and RDTs)</p>	<p>Request for technical assistance to identify gaps and needs</p> <p>Strengthening of the laboratory by providing the test kits and training staff</p>	<p>Availability and commitment of technical and financial partners</p>
Financing	<p>Contribution of national budget development</p> <p>Contribution of households</p> <p>External financing raised</p>	<p>Difficulty in sustaining the achievements</p> <p>Poor mobilization of government resources</p> <p>Free ACTs and LLINs</p>	<p>Technical assistance</p> <p>Advocacy for resource mobilization</p>	<p>Government commitment to increasing the health budget</p> <p>Diversification of funding partners</p>

Guinea Action Plan

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

Immediate Actions to Accelerate MIP Programming

- Reinforce capacities of health care providers for IPTp, ANC and MIP.
- Follow up providers post-training.
- Establish a Roll Back Malaria committee.

Solutions to Key Challenges

- **Key Challenge 1: Prevention of Stock-Outs:** Conduct further advocacy for the mobilization of resources.
- **Key Challenge 2: Limited Supervision of MCH Staff:** Improve through the mobilization of funds and improve integrated supervision with existing tools.
- **Key Challenge 3: Lack of Community Awareness of IPTp and LLINs:** Improve by community-based efforts to teach the importance of IPTp and LLIN utilization.

Long-Term Actions

- Study the efficacy of SP.
- Study the sensitivity of vectors to insecticides.
- Update the database.