

## In 2018



**11 million** pregnant women were exposed to malaria in sub-Saharan Africa; in 20 high burden countries, at least **30%** of women were exposed.<sup>1</sup>



In 20 high-burden countries, more than **40%** of pregnant women experienced maternal anemia.<sup>1</sup>



MiP resulted in nearly **900,000** LBW infants ( $\leq 2,500$  gm),<sup>1</sup> putting them at significantly higher risk than normal birthweight infants.

## To prevent malaria in pregnancy, the World Health Organization recommends:<sup>4,5</sup>



A minimum of eight contacts with the health system



Prompt diagnosis and effective treatment of MiP<sup>6</sup>



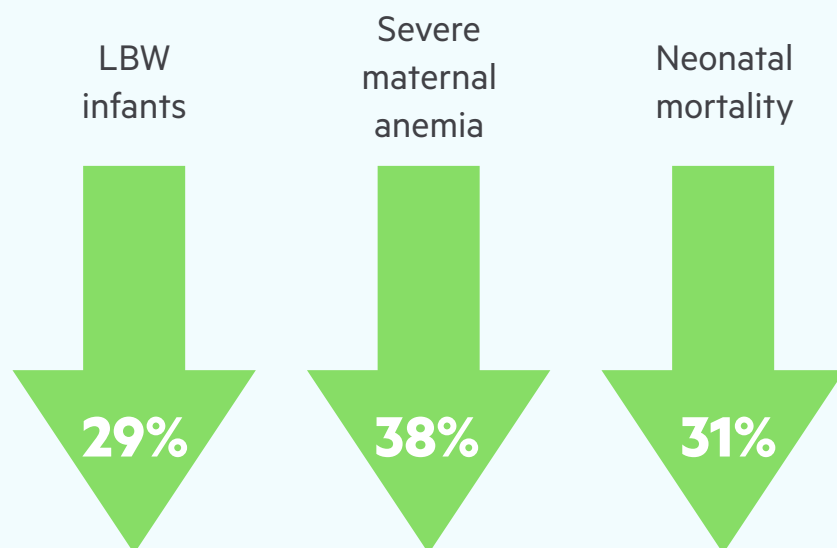
Consistent use of ITNs before, during, and after pregnancy



Provision of quality-assured SP initiated early in the 2nd trimester<sup>7</sup>

## IPTp with SP works!

### IPTp-SP reduces the incidence of:<sup>2,3</sup>

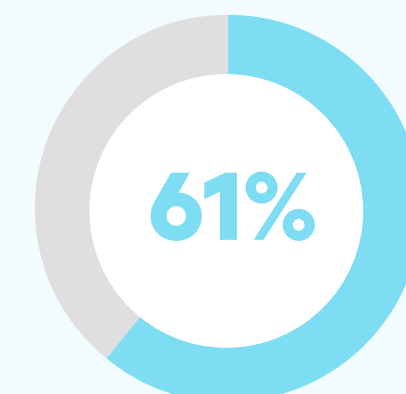
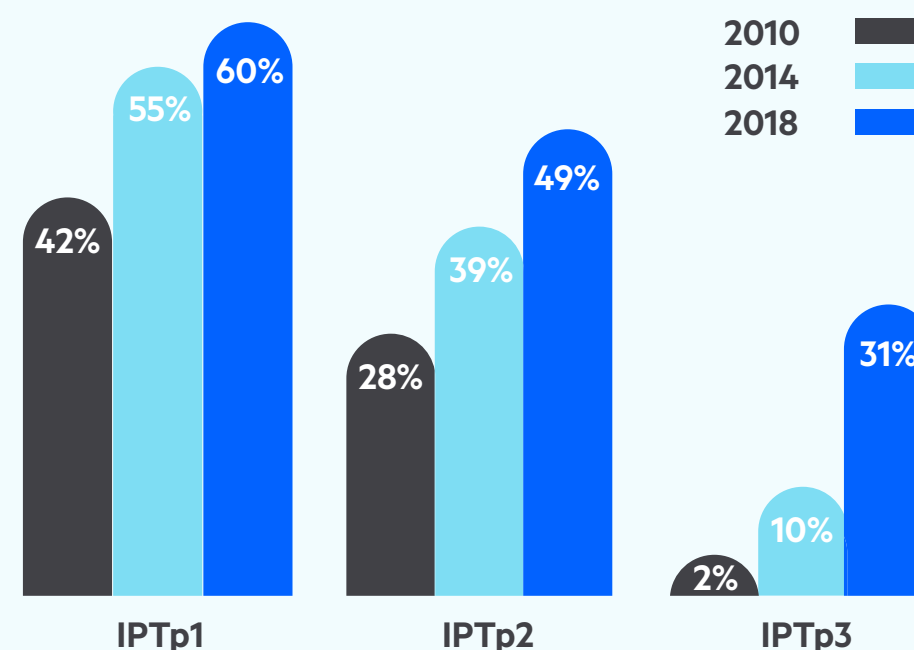


Scaling up MiP interventions can **reduce** asymptomatic malaria, contributing to malaria elimination.



IPTp-SP can **protect** against curable sexually transmitted and reproductive tract infections.

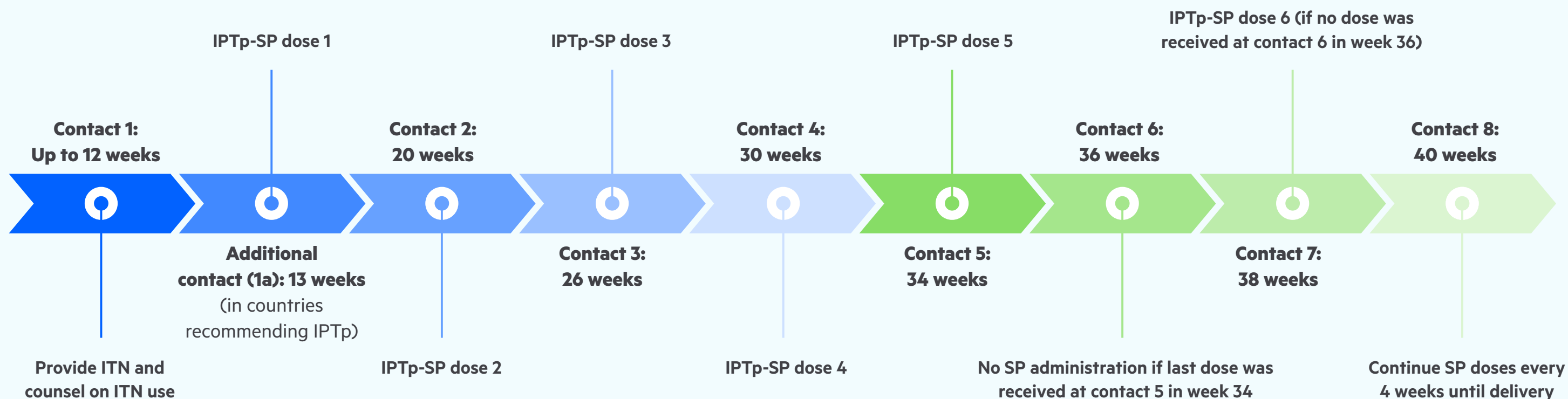
## Progress toward coverage of MiP interventions:<sup>1</sup>



In 2018, **61%** of pregnant women slept under an ITN.

## ANC Contact Schedule and Illustrative Timing of IPTp-SP Administration

(To be adapted to country context, also considering disease burden and health needs, and applied flexibly at 4-week intervals from IPTp1)



To achieve their targets for malaria, country health systems must prioritize malaria in pregnancy, including IPTp programming by:



Prioritizing **early and comprehensive ANC**



Alleviating malaria **supply chain bottlenecks**



Strengthening **health systems** to support **quality ANC**



Ensuring **consistency of MiP policies** across malaria and reproductive health programs



Including **key MiP indicators** in routine information systems

<sup>1</sup>World Health Organization. 2019. *World Malaria Report 2019*. WHO Global Malaria Programme. Geneva, Switzerland: WHO Press. <https://www.who.int/publications-detail/world-malaria-report-2019>

<sup>2</sup>Garner P, Gulmezoglu A. 2006. Drugs for preventing malaria in pregnant women. *Cochrane Database Syst Rev*. CD000169

<sup>3</sup>Bhutta et al. 2014. Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost? *Lancet* 384(9940):347-370. doi: 10.1016/S0140-6736(14)60792-3

<sup>4</sup>World Health Organization. 2015. *Guidelines for the treatment of malaria*. 3rd ed. Geneva, Switzerland: WHO Press. <https://www.who.int/malaria/publications/atoz/9789241549127/en/>

<sup>5</sup>World Health Organization. 2016. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva, Switzerland: WHO Press.

[https://www.who.int/reproductivehealth/publications/maternal\\_perinatal\\_health/anc-positive-pregnancy-experience/en/](https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/)

<sup>6</sup>See also President's Malaria Initiative, CDC, MCHIP, MCSP. 2017. Treatment of uncomplicated malaria among women of reproductive age.

<https://www.mcsprogram.org/resource/treatment-uncomplicated-malaria-among-women-reproductive-age-2/>

<sup>7</sup>Guidance for SP is specific to sub-Saharan Africa. See also Maternal and Child Survival Program. 2017. Toolkit to improve early and sustained uptake of intermittent treatment of malaria in pregnancy.

<https://www.mcsprogram.org/resource/toolkit-to-improve-early-and-sustained-uptake-of-intermittent-treatment-of-malaria-in-pregnancy/>