Co-Chairs:
Elaine Roman, Jhpiego
Viviana Mangiaterra, Global Fund (outgoing)
Maurice Bucagu, WHO (elect)

Secretariat:
Kristen Vibbert, Jhpiego
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
**PRODUCTS & DELIVERABLES**

**MiP M&E Brief**

*In collaboration with MERG*

**Forthcoming February 2019**

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**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:

- **Pregnancies**: 20% of stillbirths in sub-Saharan Africa
- **Newborns**: 100,000 newborn deaths globally
- **Mothers**: 1,000 maternal deaths in sub-Saharan Africa

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

- Low birthweight
- Stillbirths
- Maternal mortality

**What can be done?**

- **Routine administration of IPTp-SP**
- **Effective diagnosis and treatment**
- **Administrative and biochemical folate for ANC**

**What about pregnant women living with HIV?**

- Pregnant women living with HIV on antiretroviral therapy should receive SP because administration of both drugs together could cause harm.

**Background**

MiP is a major public health problem with substantial risks for mothers and their babies. Each year, MiP is responsible for 20% of stillbirths in sub-Saharan Africa, 11% of all newborn deaths in sub-Saharan Africa, and 1,000 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 moderate to high transmission of Plasmodium falciparum, WHO additionally recommends the administration of intermittent preventive treatment during pregnancy using sulfadoxine-pyrimethamine (IPTp-SP) that is quality assured. SP is the only drug currently recommended for administration in the context of IPTp, and it is

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**Implementing Malaria in Pregnancy Programs in the Context of World Health Organization Recommendations on Antenatal Care for a Positive Pregnancy Experience**

April 2017

www.mncsprogram.org
# 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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<tbody>
<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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| 2. Vertical and disproportionate funding streams                           | • Identifying maternal/reproductive health champions early  
                                      • Prioritization of national technical working groups                                                                                   |
| 3. Growing healthcare provider responsibility                             | • Task shifting  
                                      • Streamlined/ linked support                                                                                                               |
| 4. Generally poor IPTp uptake and late, interrupted ANC attendance         | • Community engagement is critical  
                                      • Behavioral change communication (BCC)                                                                                                       |
| 5. Stock-outs of SP and ITNs at ANC                                       | • Maternal/reproductive health involvement in forecasting for MiP commodities at ANC                                                               |
| 6. Case management as the forgotten prong                                | • Coordination across technical areas and among partners                                                                                      |
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!