

MALARIA IN PREGNANCY WORKING GROUP

Co-Chairs:

Elaine Roman, Jhpiego Viviana Mangiaterra, Global Fund (outgoing) Maurice Bucagu, WHO (elect)

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The purpose of the Malaria in Pregnancy Working Group (MiPWG) is to align RBM partners on best practices and lessons learned in MiP programmin to help achieve higher coverage in MiP intervention globally.

Promotes and supports WHO strategy to control MiP:

- •Insecticide treated bed net use (ITN)
- Effective case management
- Intermittent preventive treatment (IPTp) in an of moderate to high malaria transmission

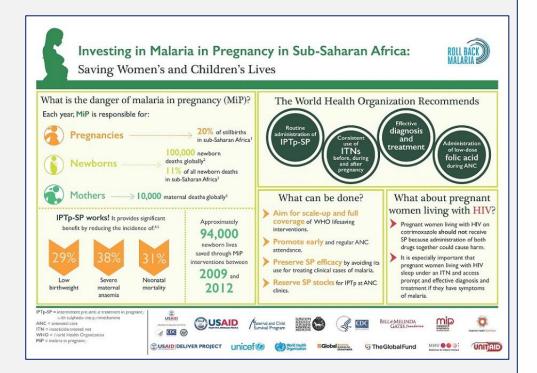
AREAS OF FOCUS

- 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



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

April 2017

www.mcsprogram.org

This technical brief highlights escommendations for the prevention and treatment of malaria in pregnancy (MiP) in the context of the World Health Organisation (WHO) Recommendations on Antendral Care for a Positive Programs; Published in 2016. Readers should also refer to the key underlying documents, specifically the WHO Guidelines for the Treatment of Malaria, third edition; and the WHO Polity Berg for Implementation of Interniture Treasmite Treatment of Malaria in Programs Using Sulfadocies Psychiathania (Pr.Ds. SP).

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, and 10,000 matemal deaths globally-4% WiHO recommends a package of interventions for controlling malaria and its effects during pregnancy. In areas where malaria is a sisk, WiHO 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 Planodium fakiparum, WiHO 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

¹ World Health Organization. WHO recommendations on antenatal care for a positive pregnancy experience. 2016. Retrieved January 10, 2017, from http://www.who.uni/reproductivehealth/publications/insternal_perinatal_health/anc-positive-pregnancy-experience/en/.
² World Health Organization. Guidelees for treatment of malara. This delition. Auri 2015. Retrieved from

http://www.who.int/malaria/publications/atoz/9789241549127/en/.

³ World Health Organization. WHO policy brief for the implementation of intermittent preventive treatment of malaria in pregnancy using sulfadowne-pyrimethamine (IPTp-SP). 2013. Retrieved from http://www.who.int/malaria/publications/atoz/iptp-sp-updated-policy-brief-24/an/014 orffilm-all.

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CHALLENGES & CONSIDERATIONS FOR MIP

OPPORTUNITIES FOR COLLABORATION AND COORDINATION WITH OTHER RBM MECHANISMS & RH PARTNERS

Challenges	Considerations
I. Discordant national level documents (e.g., policies, guidelines, training materials)	 Harmonizing national level documents can reduce provider confusion and improve efficiencies in implementation
2. Vertical and disproportionate funding streams	 Identifying maternal/reproductive health champions early Prioritization of national technical working groups
3. Growing healthcare provider responsibility	Task shiftingStreamlined/ linked support
4. Generally poor IPTp uptake and late, interrupted ANC attendance	Community engagement is criticalBehavioral 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

MIP WG WORKPLAN 2017-18 PRIORITIES

UPDATES PENDING, FEBRUARY 2019

I. Policy

- I. 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

- Dissemination of MiP M&E Brief
- Continue to support countries in the adaptation of the 2016 WHO ANC recommendations in the context of MiP programming
- Strengthen platform of ANC for integrated service delivery, including MiP interventions
- Identify and develop strategies to get women into ANC early
- 5. Advocate for increased supply for quality assured SP for IPTp



MIP WG WORKPLAN PRIORITIES (CONT.)

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!