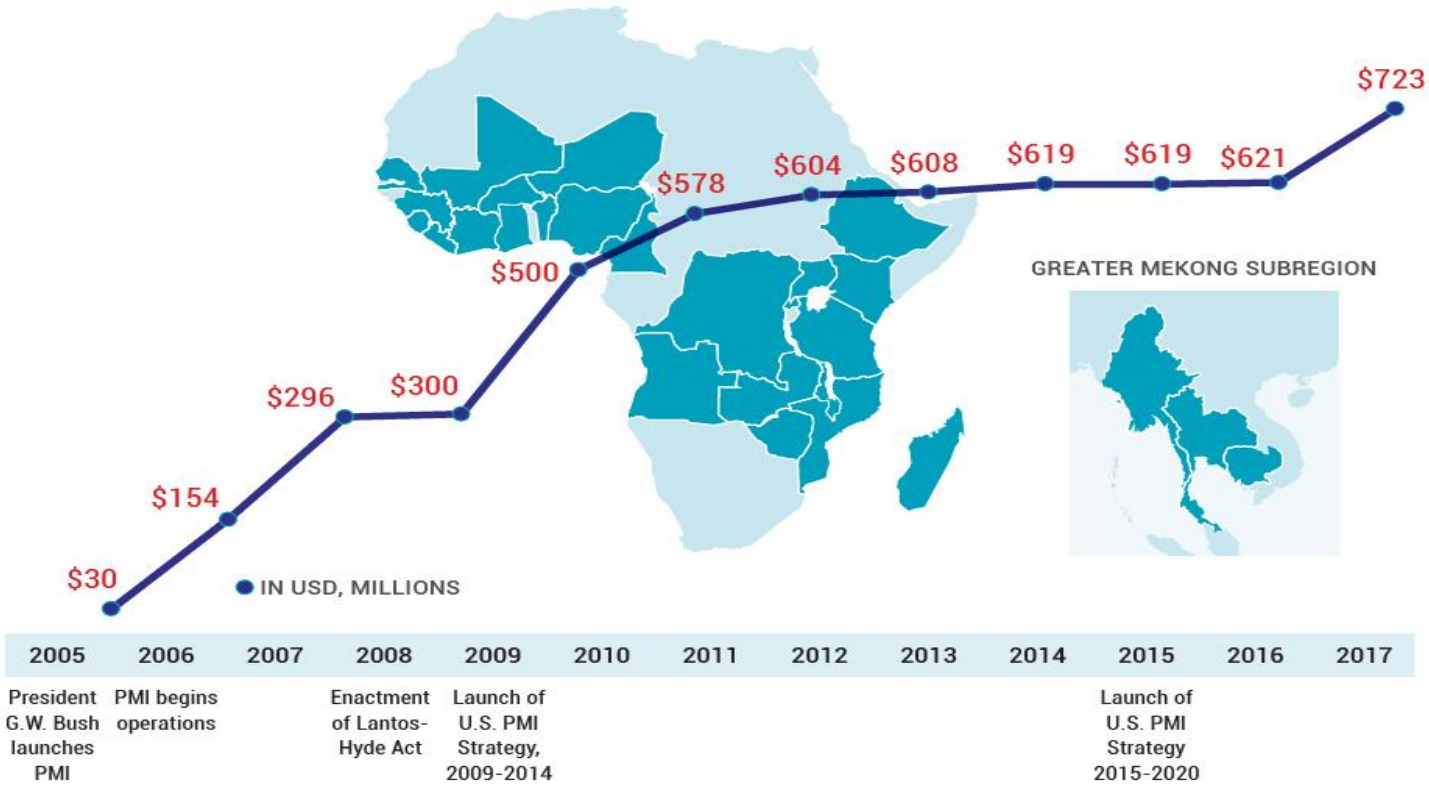
President's Malaria Initiative
Malaria in Pregnancy

RBM MIP Working Group Annual Meeting
Maputo, Mozambique
February 12-14, 2019

PMI President's Malaria Initiative
Fighting Malaria and Saving Lives

PMI Overview

- **27 PMI focus countries** in sub-Saharan Africa and Greater Mekong Subregion
- **$5.4+ billion** in PMI funding to prevent, treat, and control malaria



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PMI Strategy 2015-2020

PMI'S STRATEGY 2015-2020

Vision: A World without Malaria

Objectives:

1. Reduce malaria mortality by one-third from 2015 levels in PMI focus countries, achieving a greater than 80 percent reduction from PMI's original baseline levels.
2. Reduce malaria morbidity in PMI focus countries by 40 percent from 2015 levels.
3. Assist at least five PMI focus countries to meet the WHO criteria for national or sub-national pre-elimination.

Strategic Areas of Focus:

1. Achieving and sustaining scale of proven interventions
2. Adapting to changing epidemiology and incorporating new tools
3. Improving countries' capacity to collect and use information
4. Mitigating risk against the current malaria control gains
5. Building capacity and health systems

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PMI FY2017 Contributions

PMI CONTRIBUTIONS TO FIGHT MALARIA

Procured +40M long-lasting insecticide-treated nets

Sprayed +5.8M houses with insecticides, protecting +21M people

Trained +27,000 people to implement IRS

Procured +10M intermittent preventative treatments for pregnant women

Trained +36,000 health workers in IPTp delivery

Procured +4.8M seasonal malaria chemoprevention treatments for children

Trained +9,000 health workers in seasonal malaria chemopreventation delivery

Procured +41M antimalarial treatments and +43M rapid diagnostic tests

Trained +38,000 health workers in malaria case management and +38,000 clinicians and laboratory technicians in procedures for quality diagnostic testing for malaria

WHO Guidance on Prevention and Treatment of MIP

Three-pronged approach:

1) Long-lasting Insecticide-treated Nets (ITNs)	2) Intermittent preventive treatment in pregnancy (IPTp) with sulfadoxine-pyrimethamine (SP)*	3) Case management of malaria and anemia
• Distribution of ITN to pregnant women at their first ANC visit	• Administration of IPTp-SP to HIV-negative pregnant women, beginning early in the second trimester until delivery, one month apart	• Prompt diagnosis and effective treatment of malaria and anemia

Coordination between NMCP and Maternal/Reproductive Health Programs is **essential!**

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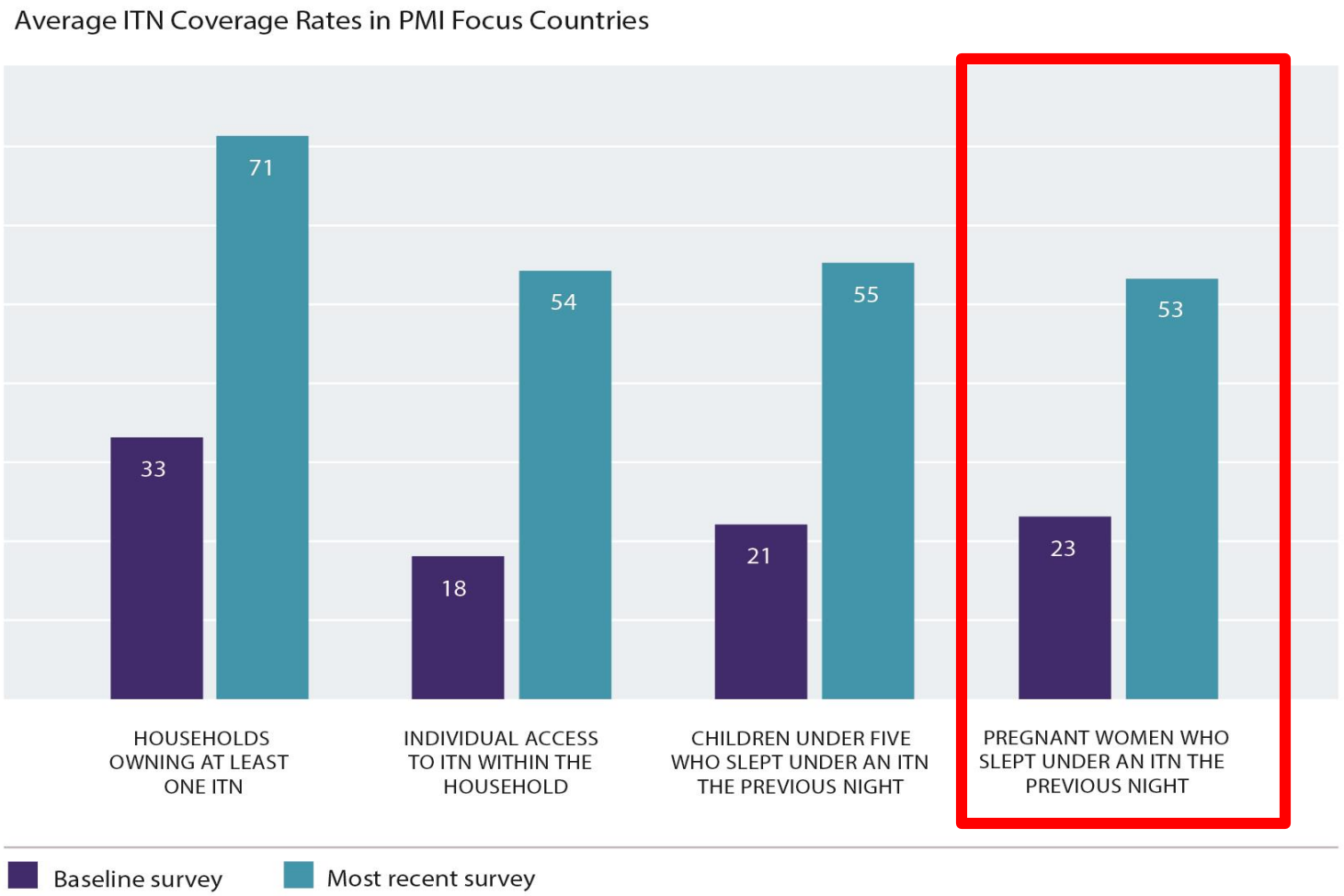
** In moderate to high transmission areas*

ITN Coverage in PMI Countries



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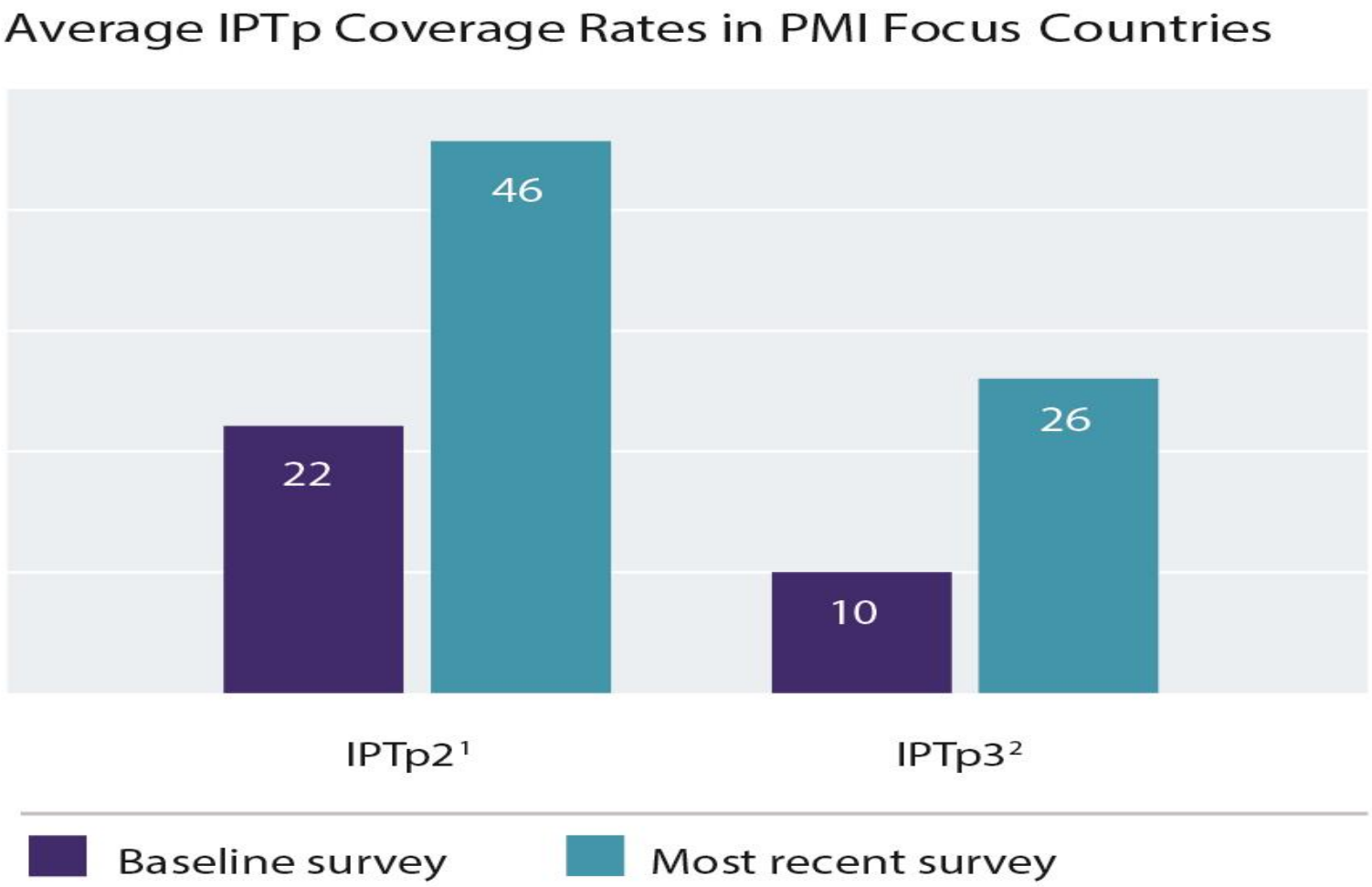
IPTp Coverage in PMI Countries



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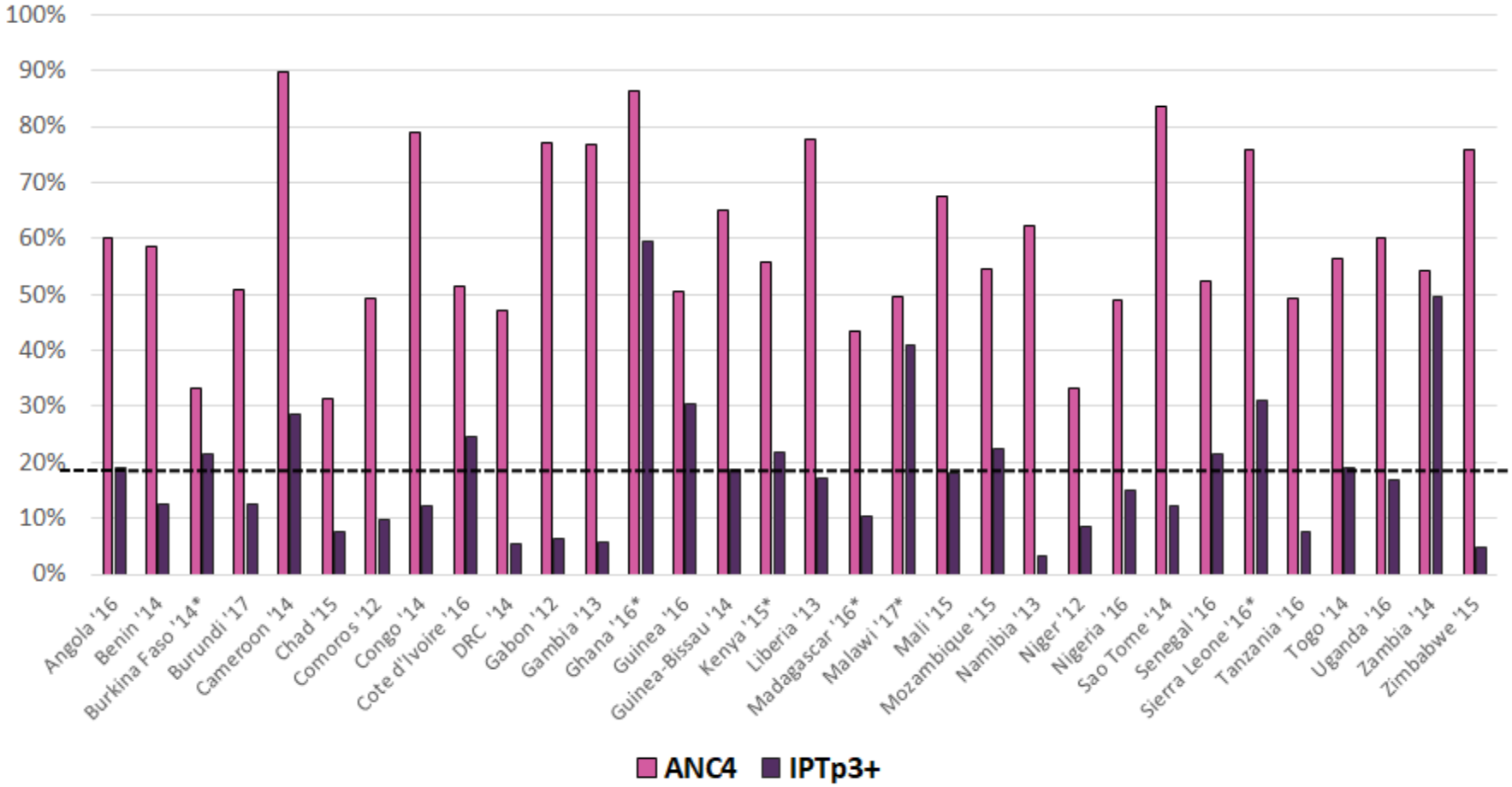
Missed Opportunities to Provide IPTp



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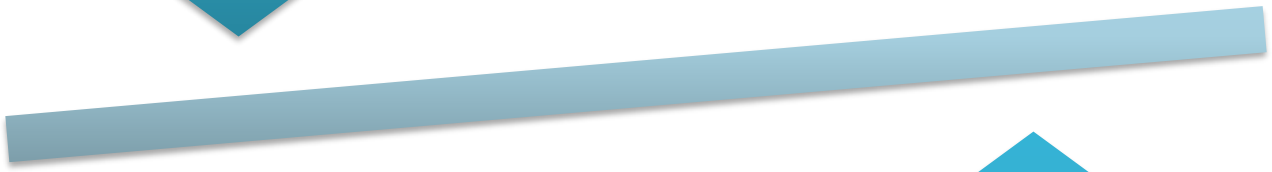
Barriers to IPTp Coverage

Provider

- Knowledge
- Attitude and Behavior
- SP Stock outs
- Facility Operations (ex. waiting times)



Patient

- Knowledge & Demand
- Attitude and Behavior
- Cultural and Social Norms
- Access to Services

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PMI Priorities for Improving IPTp Coverage

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PMI MIP Partners:

- **NMCP and NRHPs**: on policy and technical guidance.
- **Roll Back Malaria (RBM) Malaria in Pregnancy Working Group**: WHO, UNICEF, UNITAID, PMI, Jhpiego, the Global fund, LSTMH, NMCPs/MoHs etc.
- **USAID IMPACT Malaria Project**: central HQ PMI mechanism to advance progress in malaria service delivery including on MIP, led by PSI with Jhpiego as the key sub for MIP activities.
- **GHSC-PSM Chemonics**: PMI MIP commodities procured through a central procurement and supply chain management mechanism.
- **USAID Mission Bilateral Projects**: for strengthening service delivery, and supervision and training of health providers in-country, often integrated with malaria case management and/or MCH activities.

Thank you!

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