

MALARIA IN PREGNANCY WORKING GROUP

Senegalese experience in
malaria in pregnancy

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SENEGAL OVERVIEW



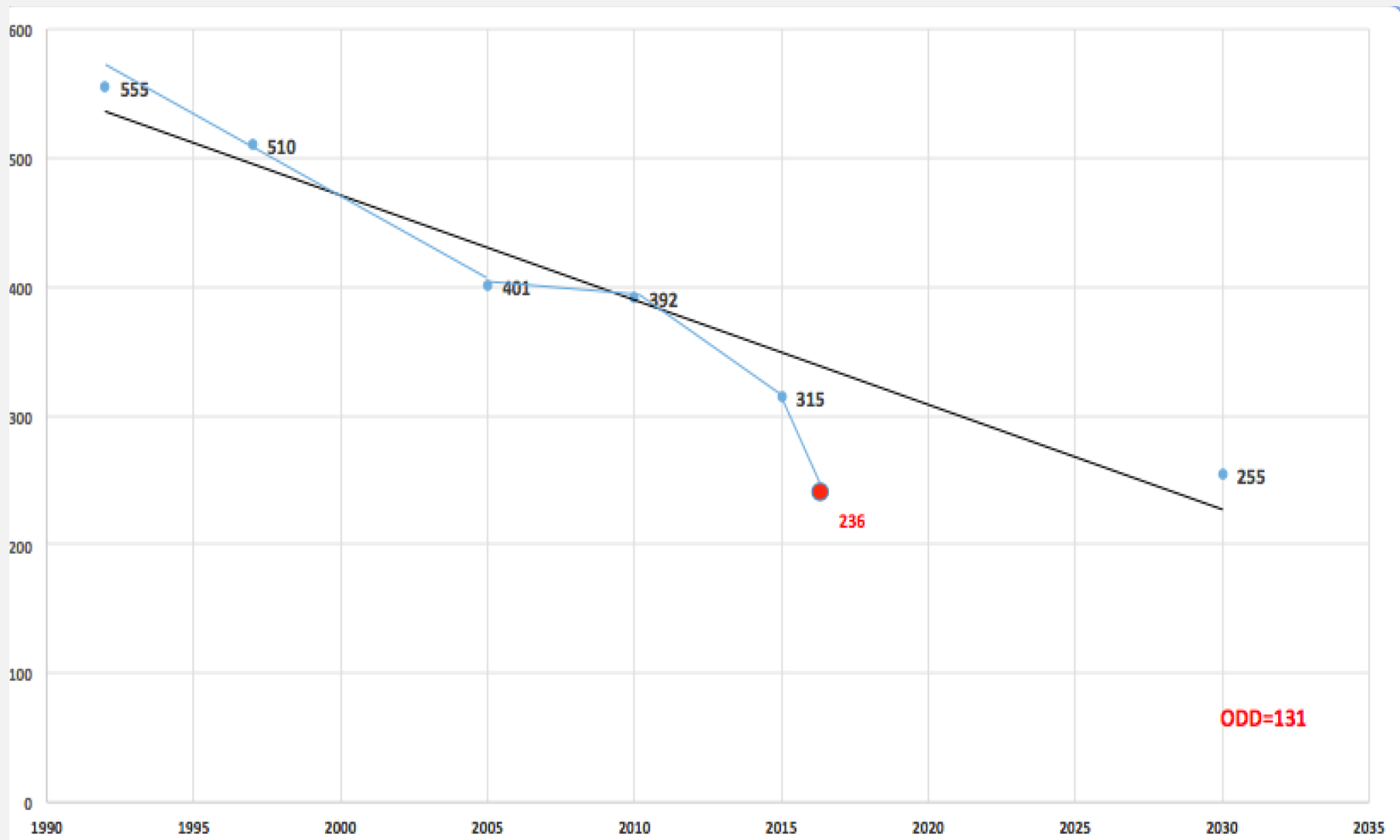
Key MiP Indicators (2017)

- IPT_{p1}: 74%
- IPT_{p2}: 65%
- IPT_{p3}: 46%
- IPT_{p4}:
- ANCI: 97%
- ANC2:
- ANC3: 57%
- ITNs through ANC: 55%

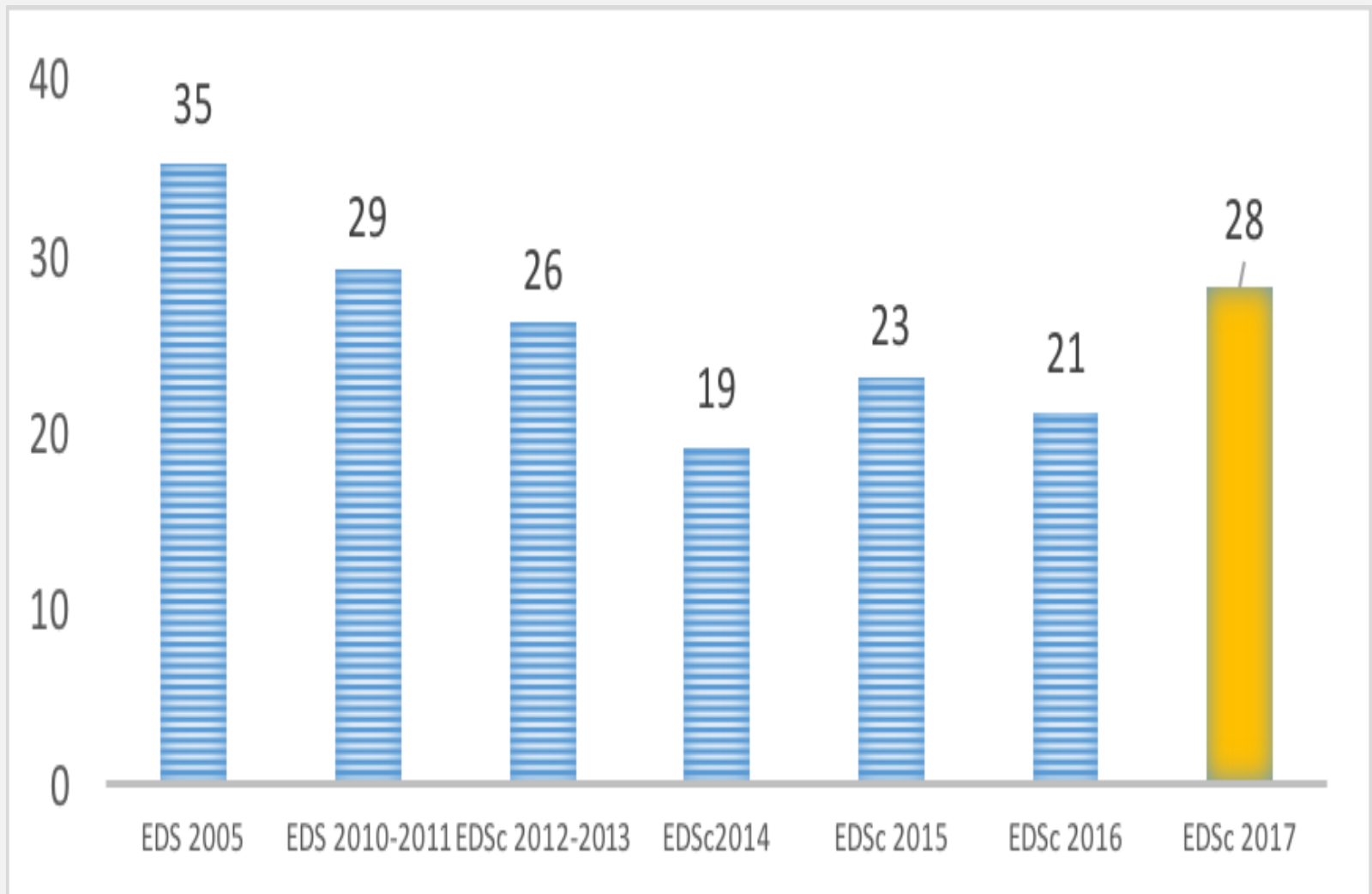
SENEGAL OVERVIEW

- 15 million residents, all at risk of malaria
- Women of reproductive age: 23%
- Expected births: 15%
- Reported incidence of malaria in 2017: 26 per 1000 inhabitants, ranging from < 5/1000 in the north to > 250/1000 in the southeast
- Formal health system includes national and regional hospitals, district health centers, health posts
- Community level includes health huts and home based care

INSUFFICIENT MATERNAL MORTALITY DECLINE



INCREASED NEONATAL MORTALITY



APPROACH TO PROGRAMMING

MiP program strategies

Prevention: IPT and Nets.

Case Management: uncomplicated cases: Oral quinine for the 1st trimester and ACT for 2nd and 3rd trimester. Severe Cases : Injectable Artesunate

IPT_p Strategies :

- Availability of inputs and equipment
- Implementation of IPT_p
- Monitoring the implementation of IPT_p
- Private sector involvement

APPROACH TO PROGRAMMING

Nets

- Free distribution : mosquito nets systematically given to all pregnant women during the first contact with health facility
- Neighborhood godmother (Badienou gokh strategy): home visit and session for promotion for an early ANC and fully achievement of ANC, respect IPTp and use of nets

APPROACH TO PROGRAMMING

IPT_p

- Free distribution through ANC (from 16-18SA so during ANC 2 period)
- Provision of buckets in the consultation room
- Awareness through Badienou gokh and Basic Community Organization
- Piloting IPT_p at Community level
- IPT_p Problem resolution plan related to low IPT_p dispensing rate

APPROACH TO PROGRAMMING

IPT_p

- SP is given from the first active movements of the fetus if the age of the pregnancy is unknown (date of the last period not know)
- SP is purchased by the government through funds allocated to health districts. The national central pharmacy ensures the orders
- Some Private Sector support for SP purchase through Corporate Social Responsibility

APPROACH TO PROGRAMMING

Quality improvement strategies

- quarterly meetings for following districts performance in MIP (SP coverage, Number of confirmed cases treated)
- supervision with a section reviewing management of malaria in pregnant women and IPTp. A score is assigned to evaluate the quality of care
- mentoring program implemented by a partner that takes into account the aspects of IPTp

APPROACH TO PROGRAMMING

Quality improvement strategies

- maternal and neonatal mortality audits are done with a notification in DHIS2
- Results Based Funding Program with ANC and IPTp monitored Indicators
- training of nurses and midwives on the new MiP guidelines

CHALLENGES/LESSONS LEARNED

Challenges	Lessons Learned
Increase the proportion of women who receive LLIN at ANC and Improve ANC attendance	Engaging Community Health Workers is critical for early and fully achievement of ANC
Decrease gap between IPTp 1, IPTp 2, and IPTp 3 provision	Taking bottlenecks into account through situational analysis in the districts has improved IPTp 2 and 3
Availability of commodities (SP)	The availability of SP is crucial to the quality of care in any IPTp strategy
Private sector involvement Adequate funding	

KEY TAKEAWAYS

- Priority given to improve IPT coverage in some districts with gaps according to this indicator.
- First, a situational analysis with identification of the determinants of low IPT_p coverage was performed.
- Then, ‘acceleration plans’ for low performing districts were implemented
- These acceleration plans include a set of activities to increase the level of involvement and ownership of actors at all levels

NEXT STEPS

- Pilot the recently released WHO guidance advocating a minimum of 8 contacts in 3 health districts before scaling up;
- Improve care with the introduction of more sensitive diagnostic tools in all areas of low transmission;
- Scale up community IPT model to improve adherence
- Strengthen collaboration with private gynecologists and midwives
- Strengthen advocacy for MiP with national institutions to ensure local funding

SUPPORT NEEDED TO MOVE FORWARD

- ◆ Technical assistance for
 - Community IPTp
 - Ultra-Sensitive TDR Use in ANC before giving SP in Pre-Elimination Zones,
 - Change of ANC guidance to implement new WHO guidance advocating a minimum of 8 contacts,
 - Awareness and community participation
 - Mobilization of Local funding
- ◆ Exchange visits for sharing experiences

DEF LI WAR
TAGGOO
AK SIBIRU



**POUR UNE GROSSESSE SANS PALUDISME,
JE PRENDS MA SP DÈS LE QUATRIÈME MOIS**

Carotière

THANK YOU!