

# Global Fund: Malaria in Pregnancy Perspectives

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# Global Fund's Strategic Framework: 2017-2022

## *“Investing to End Epidemics”*

**Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics**

Strengthen community responses and systems

Support reproductive, women's, children's, and adolescent health, and platforms for integrated service delivery

Strengthen global and in-country procurement and supply chain systems

Leverage critical investments in human resources for health

Strengthen data systems for health and countries' capacities for analysis and use

Strengthen and align to robust national health strategies and national disease-specific strategic plans

Strengthen financial management and oversight

**Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics**

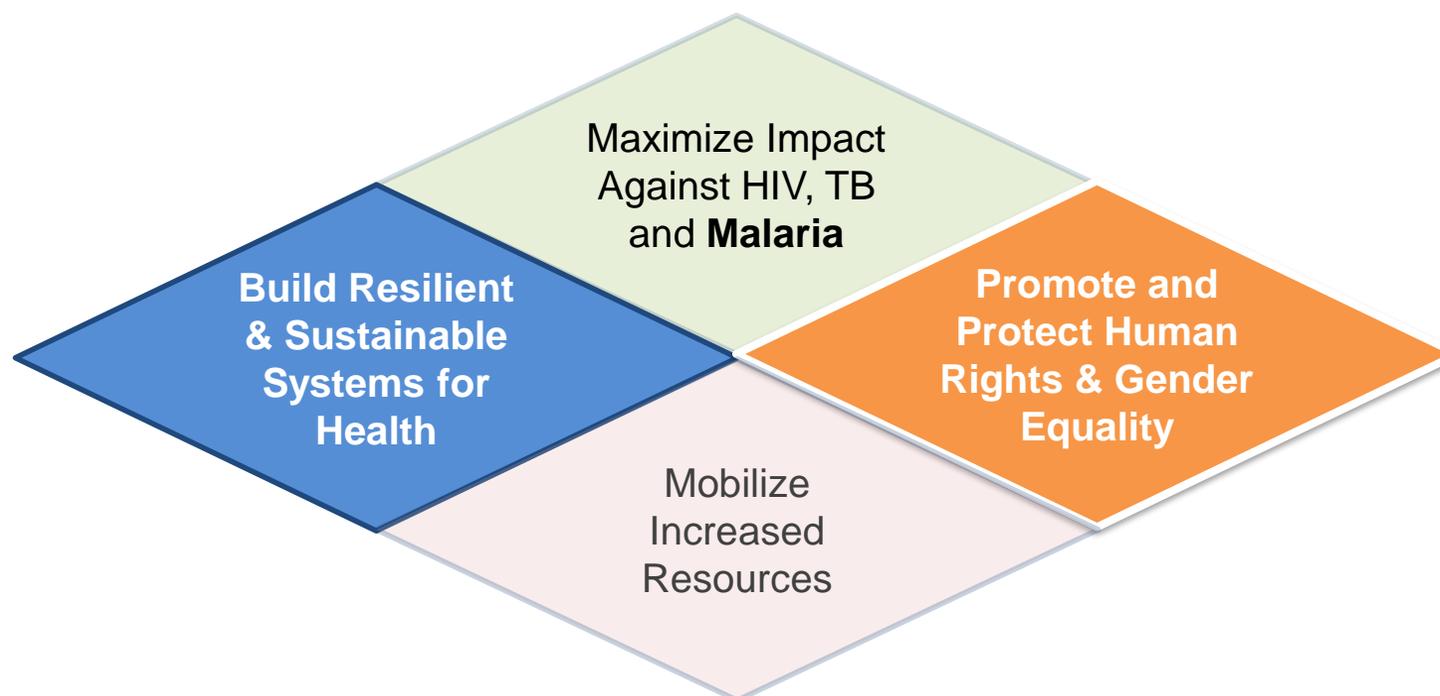
Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights

Invest to reduce health inequities including gender- and age-related disparities

Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services

Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes

Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes



# Global Fund Investments

## Prevention and Treatment of Malaria in Pregnancy

### Malaria-specific components

- **IPTp:** IPTp-SP for all pregnant women in line with updated WHO ANC recommendations and GTS for malaria
- **LLINs:** High coverage and use of nets for pregnant women through continuous delivery at ANC and campaigns
- **Case management:** Prompt and effective treatment of malaria in pregnant women in all transmission settings

### Health systems components

- Community engagement for early access to care, sustained ITN use and identification of symptoms
- Strengthen procurement and supply management at global and country level
- Ensuring information systems capture service delivery and health outcomes in pregnant women
- Building health workforce capacity to deliver integrated services at ANC
- Supporting high quality service delivery, including laboratory strengthening

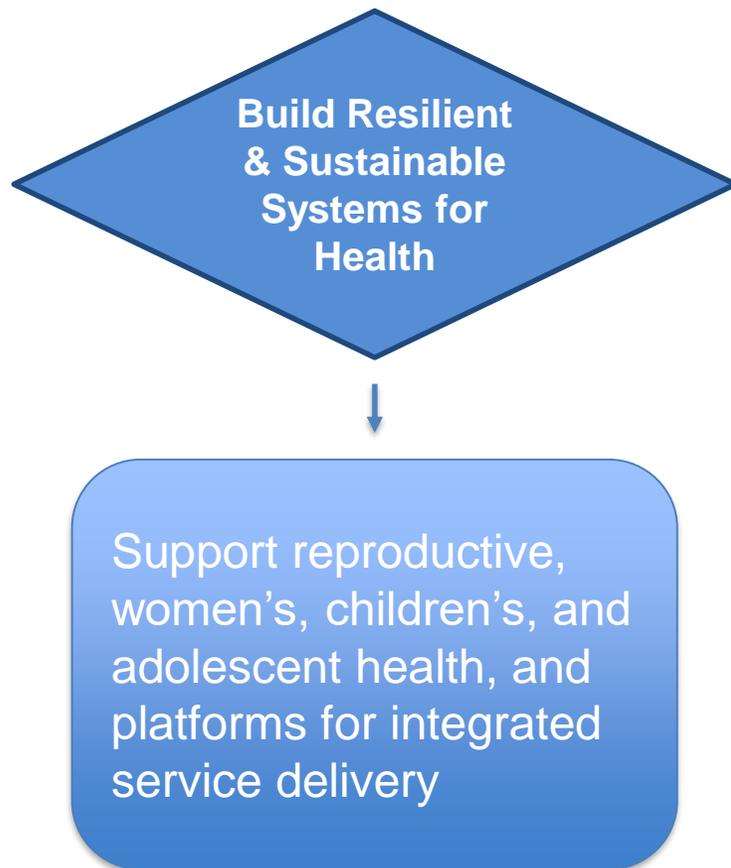
## Global Fund Investments in MIP: IPTp

- **Sourcing quality assured SP**

- Forecasting and coordinating with manufacturer(s) to meet global demand in context of seasonal malaria chemoprevention and limited manufacturers
- Coordination with other donors
- Expert review process to open up manufacturer pool

Pooled Procurement Mechanism		Country Procurement	
Burundi	Gambia	Chad	South Sudan
Cameroon	Zimbabwe	Central Africa Republic	
Guinea	Nigeria (2015)	DRC	
Niger		Guinea-Bissau	
Sierra Leone		Madagascar	

# How to Optimize the Delivery of MIP Interventions to Maximize Impact?



## Initial Efforts/Initiatives

- Incorporate and **leverage RMNCAH and integrated platforms** in development of applications, grant negotiation and implementation.
- Leveraging RMNCAH-related **technical partners'** expertise and resources.
- Establish a new RSSH technical support mechanism (through **catalytic funding**) to provide RSSH technical support, including on RMNCAH issues
- **Operational research** in countries. Pilot in 6 countries with LSTM.

# Delivery of MIP Interventions to Maximize Impact

<b>Health systems strengthening</b>	<ul style="list-style-type: none"><li>• Improving implementation and quality service delivery of MIP as a systems issue within and beyond ANC<ul style="list-style-type: none"><li>• Coordination at the country and international level across disease programs and partners.</li><li>• Investing in human resources for health</li><li>• Integrated data systems</li><li>• Procurement and supply chain systems, to strengthen ANC as part of the overall health system.</li></ul></li><li>• <b>Integration of service delivery at PHC level: the potential to improve coverage of malaria in pregnancy interventions</b></li></ul>
<b>Access/coverage</b>	<ul style="list-style-type: none"><li>• Stronger community engagement and mobilization to link pregnant women with health facilities early and often</li><li>• Evaluate the role of community health workers in IPTp delivery</li></ul>

# Delivery of MIP Interventions to Maximize Impact

<b>Quality Case Management</b>	<ul style="list-style-type: none"><li>• Quality improvement of integrated ANC and case management for pregnant women Identification of 1<sup>st</sup> versus 2<sup>nd</sup> trimester for IPTp and treatment<ul style="list-style-type: none"><li>• Treatment for <i>P. falciparum</i>, <i>P. vivax</i>, high and low transmission</li></ul></li></ul>
<b>Adaptability</b>	<ul style="list-style-type: none"><li>• <b>Exploring ANC-based surveillance as a solution to collecting granular burden and coverage data. Focus on Benin/Burkina Faso under the collaboration with PMI and BMGF.</b></li><li>• Established systems will ensure continued focus on pregnant women with changes in malaria epidemiology, recommendations and guidelines evolve with emerging evidence<ul style="list-style-type: none"><li>• Strategies for control of malaria in pregnancy and for radical cure of <i>P. vivax</i> and <i>P. falciparum</i> infections in low-transmission settings that are on track towards malaria elimination.</li></ul></li></ul>

# Summary

- Clear articulation of MIP strategy (e.g., needs, costs, and financing gaps) will give countries the potential to leverage various funding streams to ensure delivery of a comprehensive, integrated intervention package
- A functioning health system is essential to decrease maternal and neonatal morbidity and mortality due to malaria in pregnancy and global malaria targets overall
  - Programs must address both supply and demand challenges
  - Derive clear lessons from assessment of new approaches to the delivery of preventive and treatment strategies within the context of integrated services delivery.