MALARIA IN PREGNANCY WORKING GROUP

Co-Chairs:
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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 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.
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:

<table>
<thead>
<tr>
<th>Category</th>
<th>Impact</th>
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<tbody>
<tr>
<td>Preganacies</td>
<td>20% of stillbirths in Sub-Saharan Africa</td>
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<tr>
<td>Newborns</td>
<td>100,000 newborn deaths globally</td>
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<tr>
<td>Mothers</td>
<td>10,000 maternal deaths globally</td>
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</table>

**The World Health Organization Recommends**
- Routine administration of IPTp-SP
- Correction rates of ITNs
- Effective diagnosis and treatment
- Administration of folic acid during ANC

**What can be done?**
- Aim for scale-up and full coverage of WHO-issuing interventions.
- Promote early and regular ANC attendance.
- Preserve SP efficacy by avoiding its use for treating clinical cases of malaria.
- Reserve SP stocks for IPT at ANC clinics.

**What about pregnant women living with HIV?**
- Pregnant women living with HIV on antiretroviral (ARV) should not receive SP unless the ARV is administered before SP.

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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**

This technical brief highlights recommendations for the prevention and treatment of malaria in pregnancy (MiP) in the context of the World Health Organization (WHO) Recommendations on Antenatal Care for a Positive Pregnancy Experience published in 2015. It provides an update on the key maternal and neonatal outcomes, as well as the WHO's guidelines on the prevention of mother-to-child transmission of HIV. The brief also highlights the implementation of integrated preventive and curative treatment of malaria in pregnancy, including intermittent preventive treatment in pregnancy (IPTp-SP) and artemisinin-based combination therapy (ART-SP).
### 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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<td>2. Vertical and disproportionate funding streams</td>
<td>• Identifying maternal/reproductive health champions early</td>
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<td>• Prioritization of national technical working groups</td>
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<td>3. Growing healthcare provider responsibility</td>
<td>• Task shifting</td>
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<td>• Streamlined/link support</td>
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<td>4. Generally poor IPTp uptake and late, interrupted ANC attendance</td>
<td>• Community engagement is critical</td>
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<td>• Behavioral change communication (BCC)</td>
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<td>5. Stock-outs of SP and ITNs at ANC</td>
<td>• Maternal/reproductive health involvement in forecasting for MiP commodities at ANC</td>
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<tr>
<td>6. Case management as the forgotten prong</td>
<td>• Coordination across technical areas and among partners</td>
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</table>
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 2\textsuperscript{nd} 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!