MALARIA IN PREGNANCY WORKING GROUP

Senegalese experience in malaria in pregnancy

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SENEGAL OVERVIEW

Key MiP Indicators (2017)

- IPTp1: 74%
- IPTp2: 65%
- IPTp3: 46%
- IPTp4:
- ANC1: 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

- EDS 2005: 35
- EDS 2010-2011: 29
- EDS 2012-2013: 26
- EDS 2014: 19
- EDS 2015: 23
- EDS 2016: 21
- EDS 2017: 28
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

**IPTp Strategies:**

- Availability of inputs and equipment
- Implementation of IPTp
- Monitoring the implementation of IPTp
- 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

IPTp

• 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 IPTp at Community level
• IPTp Problem resolution plan related to low IPTp dispensing rate
IPTp

• 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
APPRAOCH 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
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
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<tr>
<th>Challenges</th>
<th>Lessons Learned</th>
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<tr>
<td>Increase the proportion of women who receive LLIN at ANC and Improve ANC attendance</td>
<td>Engaging Community Health Workers is critical for early and fully achievement of ANC</td>
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<td>Decrease gap between IPTp1, IPTp 2, and IPTp 3 provision</td>
<td>Taking bottlenecks into account through situational analysis in the districts has improved IPTp 2 and 3</td>
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<td>Availability of commodities (SP)</td>
<td>The availability of SP is crucial to the quality of care in any IPTp strategy</td>
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<td>Private sector involvement</td>
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<td>Adequate funding</td>
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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 IPTp 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
Pour une grossesse sans paludisme, je prends ma SP dès le quatrième mois.

Thank you!