MiP Consortium meeting
NMCP, RMHSU, MCSP
11-12/7/2016
Policy making process

- Respective departments
  - Establish technical working groups with membership
  - Identifies the issue to be addressed
  - TWG discusses the issue and gives recommendation to the department’s interagency coordinating committees (ICC)
  - The ICC endorses the item and is adopted as a policy guide
  - When necessary the relevant regulatory bodies are engaged to approve its implementation or give exemption if it is not yet a policy guide e.g. use of RDTs by CHVs, registration of products, who to train clinical staff etc
Policy making process and actors - policy documents

• Kenya in collaboration with partners conducted malaria program review in 2009 which informed development of;
  • The national malaria strategy 2009 -2017
  • The national malaria policy 2010
  • National guidelines for diagnosis, treatment and prevention of malaria 3rd edition 2010

• The NMS 2009-2017
  • Recommended use of IPTp-SP in high malaria transmission areas only (14 counties)
  • Established 6 TWGs with membership from 7 critical groups that affect malaria control
    • MIP TWG - DRH as the chair, DOMC as the secretariat with membership from MOH departments, research institutions, universities and partners
    • Recommended use of CHWs to promote IPTp at community level

• NMS 2007-2017 was revised at mid-term in 2014 to accommodate new initiatives
  • IPTp to be monitored using IPTp3
Policy making process and actors – national guidelines 3rd edition 2010

• In consultation with partners the national guidelines for diagnosis, treatment and prevention of malaria 2010, 3rd edition was developed and recommended;
  • Use of oral quinine for management of uncomplicated malaria in 1st trimester
  • Use of AL for management of uncomplicated malaria in 2nd and 3rd trimester
  • Use of parenteral quinine for severe malaria
Policy making process and actors – low dose folic acid and FANC training manuals

• DRH in consultation with partners recommended use of low dose folic acid endorsed by the RMNH ICC and adopted by division of nutrition
  • Division of nutrition consulted with PPB and IFAS was approved for use and manufacture
  • Use of IFAS launched and procurement of commodity done
  • Memo send out to service providers giving guidance on use
• DRH in collaboration with partners led the process of development of the FANC training manuals
• NMCP in collaboration with partners developed the 5th edition of the national guidelines for diagnosis, treatment and prevention of malaria 2016 which recommends:
  • Use of oral quinine for management of uncomplicated malaria in 1st trimester
  • Use of AL for management of uncomplicated malaria in 2nd and 3rd trimester with DHAPP as second line
  • Use of parenteral artesunate for severe malaria
Potential challenges to changing MiP policy from current strategies in changing epidemiological contexts

National level

• Dissemination of policy documents among health care workers
  • National policy, malaria strategy and national guidelines
  • Memos on scaling up of MIP interventions (IPTp, low dose folic acid)
• Cost of training staff on interventions with current training packages i.e. FANC, case management etc
• Supportive supervision
Potential challenges to changing MiP policy from current strategies in changing epidemiological contexts

**County and subcounty level**
- Devolution of health services to county governments with low health budget allocation (>70% human resource)
- Majority of malaria control coordinators are non-clinical staff

**Facility level**
- Stock-out of health commodities including SP, IPC apparatus, disinfectants
- Workload especially at dispensary and health centre level
- Data management – lack of tools to capture IPTp3 for entry into DHIS2
Potential challenges to changing MiP policy from current strategies in changing epidemiological contexts

Community level

• Lack of allowances is a disincentives to promotion of MIP at community level *(Few CHVs on stipend from global fund)*

• ACSM approaches *(messaging)* not effective for behaviour change towards uptake of interventions
  • Result - poor utilization of available effective interventions (*LLINs, SP,*)
Thank you