Malaria Control in Pregnancy: Experiences of implementing new policy in Malawi

Kenya

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PRESENTED BY
Diana Khonje & Shadreck Mulenga
IPT implementation in Malawi

• SP has remained the drug of choice for IPT since 1993

• 2 doses of SP for IPT advocated under DOT in all health facilities till 2014

• IPT policy has been revised and is in place whereby at least 3 doses of SP is given to pregnant women during ANC
IPT implementation (cont’d)

• Quantification of SP for IPT done timely to avoid stock outs

• Ensuring there is continuous supply of SP in all health facilities

• Provision of IPT commodities/supplies i.e. cups, buckets, safe water to promote DOT

• 99.9% Health workers providing ANC have been trained of Revised ant malarial policy
IPT implementation (cont’d)

- Regular supervision of IPT implementation at all levels
- Intensified IEC & Advocacy
- Coordination with all implementing partners
- All health facilities are offering ANC Services including IPT
Trends in IPTp

- Took any SP/Fansidar
  - 2010 MMIS: 83
  - 2012 MMIS: 77
  - 2014 MMIS: 90

- Took 2+ doses of SP/Fansidar
  - 2010 MMIS: 60
  - 2012 MMIS: 54
  - 2014 MMIS: 64

- Took 2+ doses of SP/Fansidar and received at least one during ANC
  - 2010 MMIS: 60
  - 2012 MMIS: 53
  - 2014 MMIS: 63
Trends in IPTP

IPT1, 2 and 3 (MDHS 2010 vs. 2015-16)

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MDHS 2010 | MDHS 2015-16
MiP strategies

- Intermittent preventive treatment (IPT)
- IRS
- LLINs
- Case management
Experiences

• Women taking at least three doses of SP during pregnancy still low -30%
• Late attendance for ANC only 12% of pregnant women start antenatal care in 1st trimester
• Culturally, women believe that they have to start ANC when pregnancy is visible enough
• LA was at some point out of stock and health workers were using SP instead thereby depriving pregnant women of prophylactic treatment
Experiences cont..

• SP is currently not being administered at community level in order to capture women who start ANC late.

• Along the lake shore fishermen use LLINs as fishing nets

• IRS is currently not being carried out due to financial challenges despite being effective in malaria prevention
Experiences cont...

• Quality of ANC compromised in the absence of provision of crucial equipment and supplies (pregnancy test kits, Hemoglobin, BP machines in some clinics)

• Pregnant women with malaria are now captured in OPD register

• Pregnant women encouraged to report to ANC if not feeling well in order to capture malaria in pregnancy
Lessons Learnt

• DOT is essential in scaling up IPT implementation

• Consistent availability of SP for IPT is crucial in increasing coverage

• Regular monitoring of effectiveness of SP for IPT is important for decision making

• A clear policy put in place to guide IPT implementation is crucial

• Strong partnership
Lessons learnt cont..

• Intensification of IEC is crucial to improve uptake of ANC Services

• Strong collaboration planning & coordination between partners and other stakeholders improves ANC attendance

• Antenatal clinics offers enormous opportunities for delivering the malaria prevention package to pregnant women such as IPT & ITN
Key MiP Issues

• Problems with DOT vs Infection prevention

• Is SP still efficacious in the presence of high resistance (level resistance)

• What are the alternatives
Thank you