

Malaria In Pregnancy WG update for CM WG annual meeting

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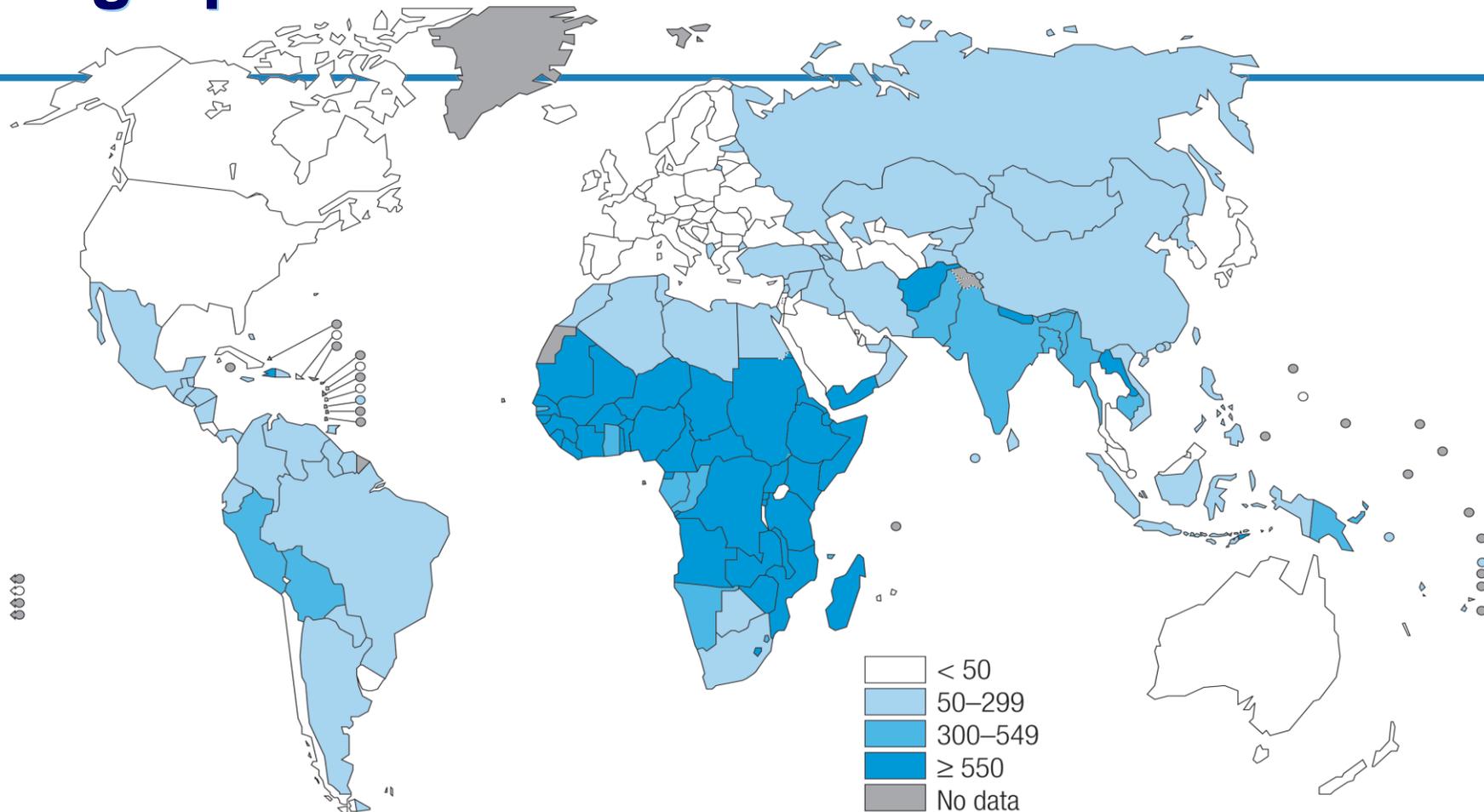
**World Health
Organization**



Global Initiatives and new opportunities

- USA Global Health Initiative
- The Global Strategy for women's and children's health and its Commission for Information and Accountability and Commission on Saving Life Supplies for Women and Children
- FP Summit

Geographical Distribution of Maternal Mortality



< 50
50–299
300–549
≥ 550
No data

per 100 000 live births

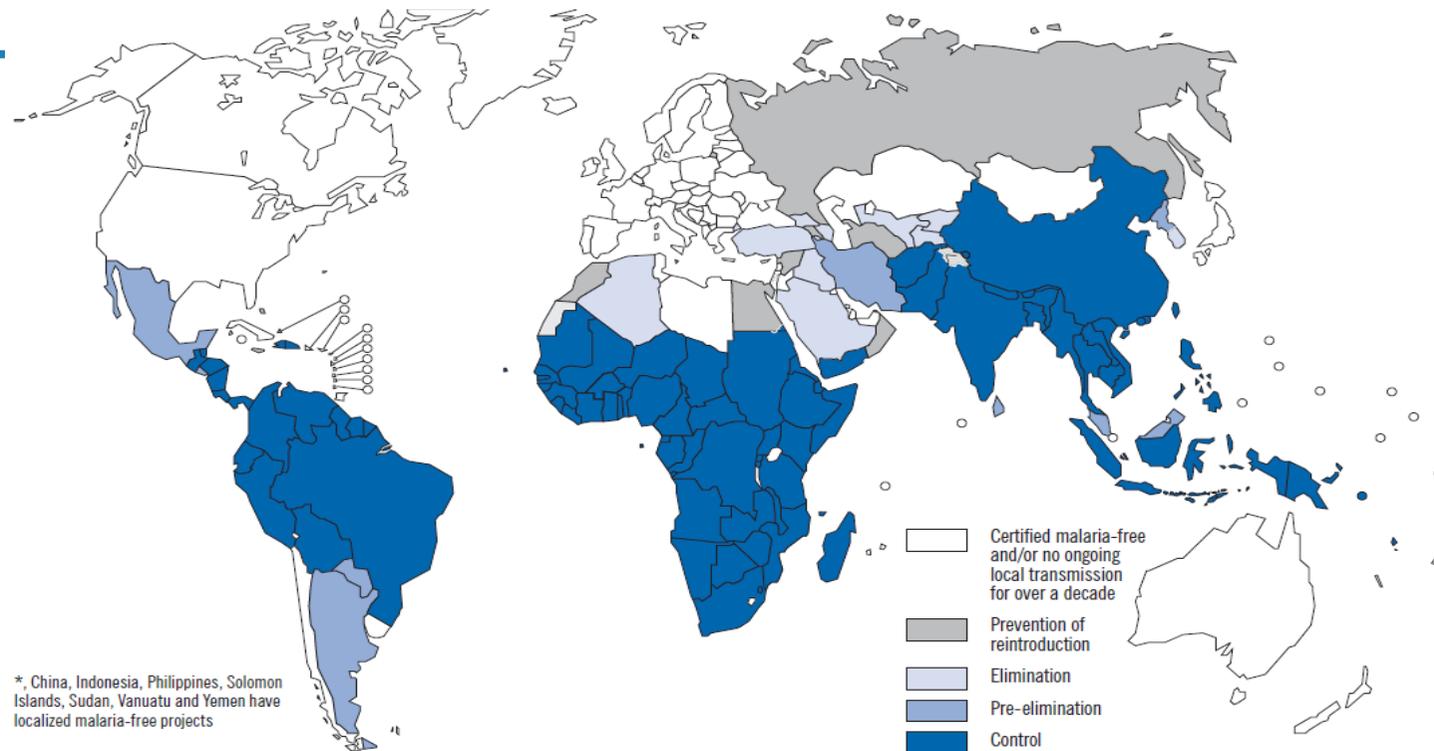
In 2008, an estimated 358,000 maternal deaths occurred worldwide with LMIC accounting for 99% of the deaths.

(Inter agency estimates 2010: trends in maternal mortality)



Current State of Malaria in the World

- 247 million cases yearly
 - (86% in Africa)
- 881,000 deaths yearly
 - (91% in Africa)



Pregnant women are the main adult risk group for malaria

Facts About Malaria and Pregnancy

- 25 million pregnant African women in endemic areas yearly
- Malaria is more frequent and complicated during pregnancy
- In malaria-endemic areas, malaria during pregnancy accounts for:
 - Up to 15% of maternal anaemia
 - 8-14% of low birth weight
 - 30% of "preventable" low birth weight
 - 3-8% of infant death

WHO Strategy for MIP Prevention and Control

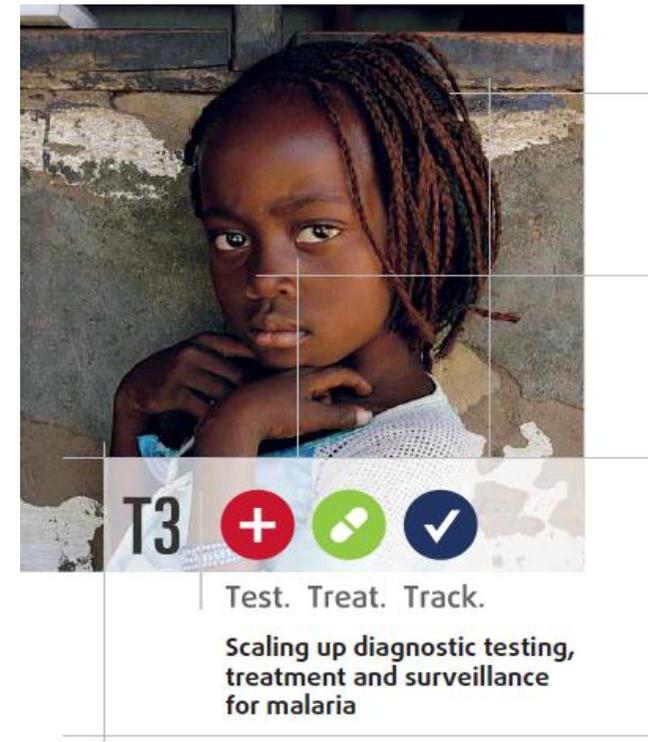
A Three-Prong Approach

- Intermittent preventive treatment (IPTp)
- Insecticide Treated Nets (ITNs)
- Correct and prompt case management

T3: Test. Treat. Track. initiative

Coordinated international effort needed

- To support countries in scale-up of diagnostic testing, treatment and surveillance
- End goal is to ensure that
 - Every *suspected* malaria case is tested
 - Every *confirmed* case is treated with a quality-assured antimalarial medicine
 - The disease is tracked through timely and accurate surveillance systems



 World Health Organization

Status of MIP programming

- Most countries do not have disaggregate reliable data on case management in pregnant women
- Most countries have not achieved country or global targets for IPTp uptake, ITN use and effective case management.
- MIP is not only IPTp! An underpinning of MIP programming is still the partnership between RH and malaria control; these partnerships are still weak in most countries.

NOT NEW ISSUES

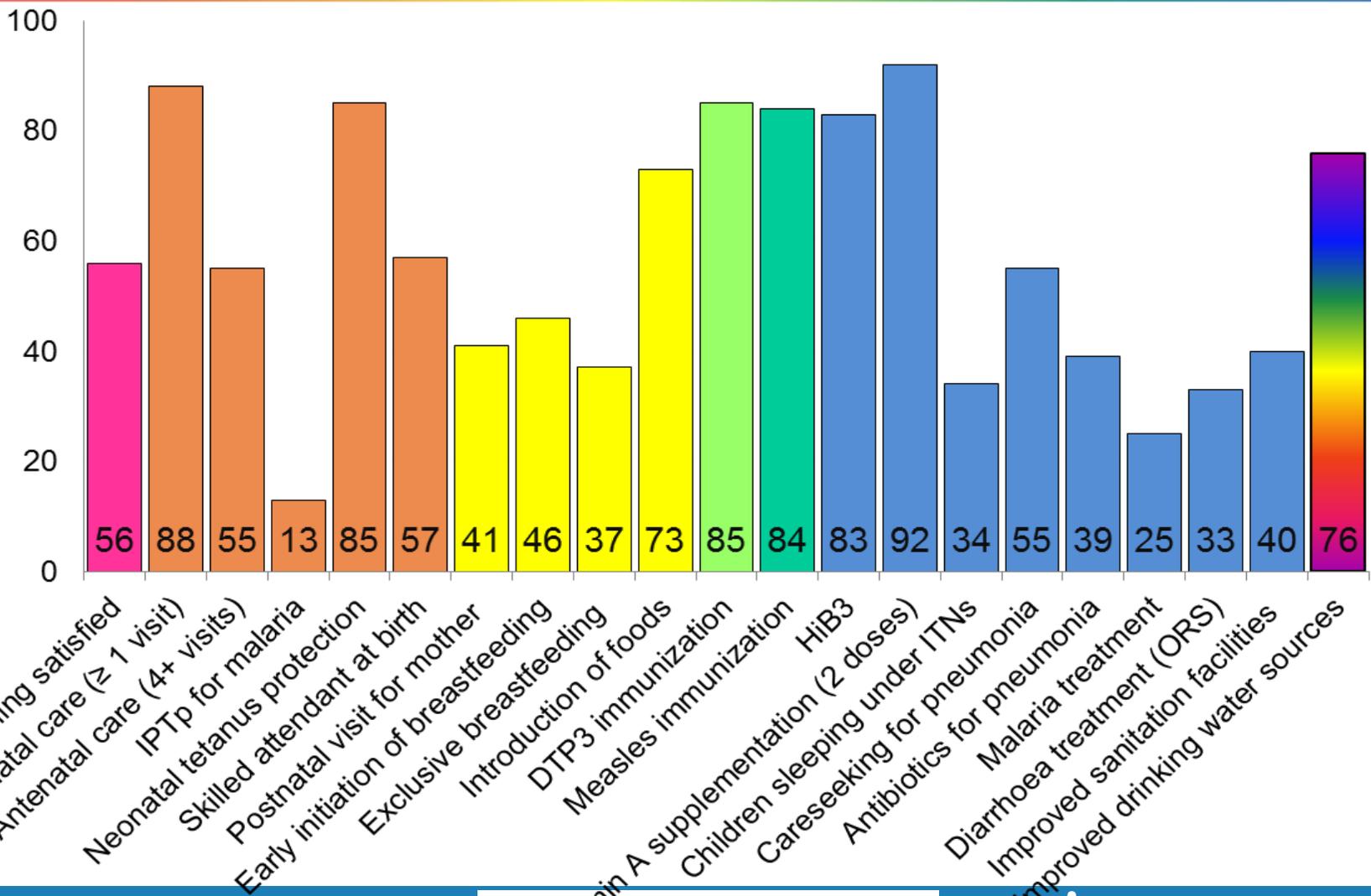
- Weak reporting system of MIP indicators, particularly on case management.
- Key issues with SP supply chain and case management.
 - Major stock-outs of SP at ANC.
 - Lack of RDT in ANCs.
 - Irrational use of SP for treatment when ACTs are not available. (*Reserving SP for IPTp is critical to ensure effective supplies*).
 - Weak referral for severe cases
- Distribution of LLINs through ANC and at community.
 - Are woman sleeping under nets before, during, after pregnancy to ensure a pregnancy safe from malaria?

Missed opportunities

Coverage of interventions along the continuum of care

Pre-pregnancy → Pregnancy → Birth → Postnatal → Neonatal → Infancy → Childhood

Source:
 Countdown 2012
 Report: Median
 levels for
 selected
 indicators of
 intervention
 coverage, all
 countries with
 available data



Optimizing the delivery of interventions for MIP

- ANC provides a good opportunity for delivering interventions to control malaria in pregnancy:
 - i) improving the use of ANC services for malaria control:
 - ii) ensuring capacity for diagnostic&appropriate case management of ill women presenting at ANCs.
- Increasing coverage and equity of access to antenatal care services is critical if effective malaria control is to reach the poorest and most vulnerable women.

Optimizing the Delivery of Interventions for MIP

- Strengthening ANC services for the delivery of effective interventions requires:
 - infrastructure development, human resource strengthening and capacity building for RH staff
 - commodities and supplies for malaria control (prevention&treatment)
 - quality service delivery: well equipped laboratories
 - with diagnostics for basic tests (Hn-Hb-meters, RT syphilis&HIV and RDTs)
- Effective and safe treatment for malaria and anaemia in pregnancy should be made available close to home
- Routine distribution of ITNs/LLINs to pregnant women through ANC
 - requires budgeting for the delivery, storage and distribution of nets within ANC facilities as well as provision and administrative structures for accountability

MIP-WG actions in CM areas

- We play an instrumental role in fostering the partnership between RH and malaria control
- High endemic countries to develop update of current MIP situation, successes, challenges, way forward.
- Documentation of best practices and lessons learned : a great tool to foster dialogue between RH and malaria control in countries. *E.g. The document was used to inform Senegal's annual planning cycle.*
- Expert meeting on the chemoprophylaxis in area with *P.vivax* prevalence (*Lancet publication*)

MIP-WG actions in CM areas

- Our MIP Work Plan outlines a number of activities for collaboration with CM WG.
 - *Ensuring capacity for appropriate diagnostic&case management of ill women presenting at ANC clinics*
 - *Country commodity quantification data available and used to inform country and global forecasts*
 - *Roadmap for making new diagnostic technologies available and disseminated*
 - *Appropriate use of drugs for treatment and prevention through strengthening competencies of ANC providers*
 - *Pharmacovigilance: pilot studies on pregnancy register for drugs safety and assessment of birth defects*