

A photograph of a woman with dark hair tied up, wearing a dark grey t-shirt, smiling warmly as she holds a young child in an orange shirt. They are sitting on a bed with patterned bedding. The background wall is decorated with several small photographs. A white banner with black text is overlaid across the middle of the image.

Malaria in Pregnancy Working Group



MiP AT A GLANCE

In 2019:

- **11.6 million** pregnancies exposed to malaria infection in moderate and high transmission SSA countries
- **822,000** infants born with low birthweight
- **164,000** stillbirths in 2019, accounting for 20% of all stillbirths in sub-Saharan Africa
- **52%** of pregnant women sleeping under an ITN
- **34%** of eligible pregnant women received the recommended 3+ doses of IPTp
- **18%** of women attending ANCI do not receive any IPTp



WHO World Malaria Report, 2020

PURPOSE OF MiP WG

Align RBM partners on best practices and lessons learned in MiP programming to help achieve higher coverage in MiP interventions globally.

Promote and support 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

- Advocacy through the development of key tools and products targeting policy makers and program managers
- Support research and documentation of best practices and lessons learned
- Promote partnership between reproductive health and malaria control programs
- Support **Call to Action for IPTp** to improve coverage
 - Specifically highlight the need for attention to malaria and MCH programs in the COVID-19 context
- Coordinate and collaborate with other RBM mechanisms
 - Work with SBC WG to develop MIP focused messaging
 - Work with MERG to develop M&E guidance for MIP

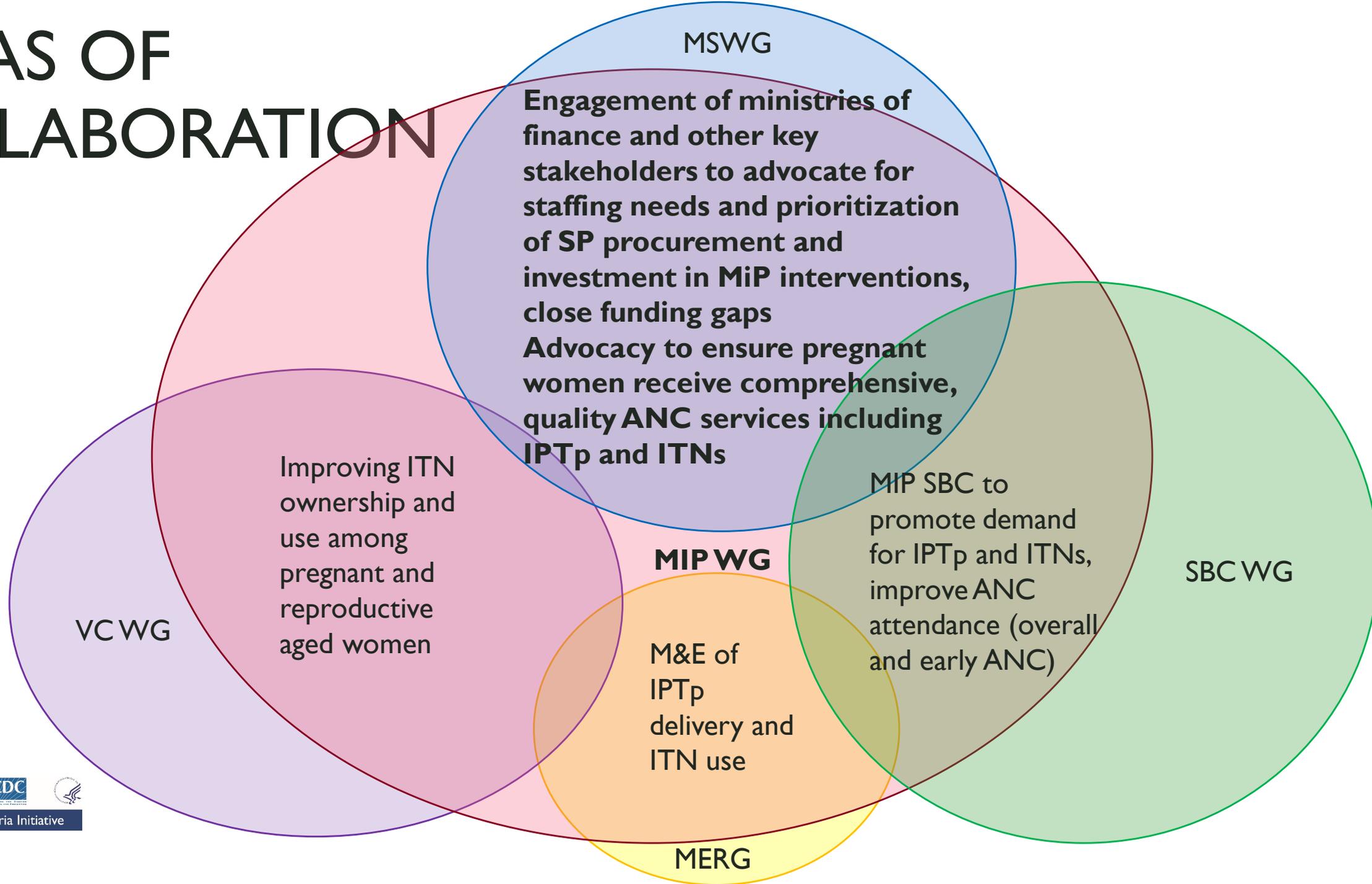


**INVEST IN FUTURE
GENERATIONS
PROTECT MOTHERS
AND THEIR UNBORN BABIES
FROM MALARIA**

**SUPPORT THE CALL TO ACTION
WWW.ROLLBACKMALARIA.ORG
#DefeatMIP**

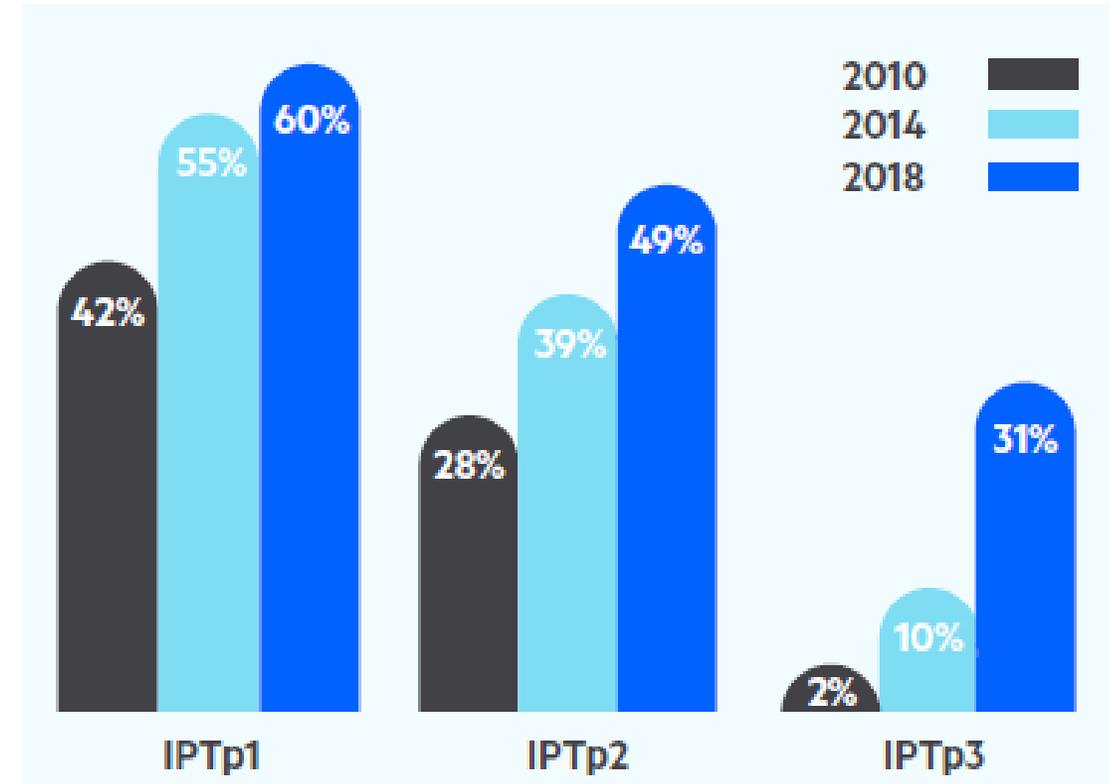


AREAS OF COLLABORATION



Call to Action: Speed Up, Scale Up IPTp!

- Review progress since 2015 IPTp Call to Action
- Emphasize importance of sustained attention to IPTp, including SP stocks
- Garner support & foster coordination between malaria and MCH networks
- Encourage innovation around ANC and IPTp
- Highlight importance of IPTp/ANC service continuity during COVID-19



2020-2021 Call to Action rolling campaign

2020

- October: official launch
 - RBM Media Briefing
- November: ASTMH MiP innovations symposium

2021

- March: International Women's Day
- April: World Malaria Day
- July: **Zero Malaria Starts with Me 3rd anniversary**
- October: International Day of the Girl
- November: ASTMH
- Universal Health Coverage Day



Roman et al. *Malar J* (2019) 18:372
<https://doi.org/10.1186/s12936-019-3004-7>

Malaria Journal

REVIEW

Open Access

Determinants of uptake of intermittent preventive treatment during pregnancy: a review

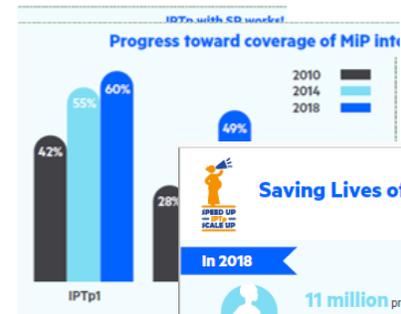
Elaine Roman^{1*}, Kristin Andrejko², Kristin Erin Ferenchick⁴ and Julie R. Gutman⁵

Abstract

Malaria in pregnancy (MiP) contributes to suboptimal uptake of intermittent preventive treatment (IPT) during pregnancy. This review identifies determinants of IPT uptake and performed a literature search to identify reproductive health (RH) policies that may be a persistent problem. Quality improvement interventions may be addressed at country level to improve IPT uptake. Community engagement efforts may be addressed at country level to improve IPT uptake.

Keywords: Malaria, Pregnancy, Intermittent preventive treatment

Renewing the Call to Action
Act now to Save Lives: Increase IPTp Coverage!



The Roll Back Malaria – Malaria in Pregnancy Working Group calls on the malaria and maternal and child health communities to multiply their efforts further to make intermittent preventive treatment (IPT) more effective.

Saving Lives of Pregnant Women and Newborns in the Fight Against Malaria

In 2018

- 11 million pregnant women were exposed to malaria in sub-Saharan Africa; in 20 high burden countries, at least 30% of women were exposed.¹
- In 20 high-burden countries, more than 40% of pregnant women experienced maternal anemia.¹
- MIP resulted in nearly 900,000 LBW infants (<2,500 gm),¹ putting them at significantly higher risk than normal birthweight infants.

To prevent malaria in pregnancy, the World Health Organization recommends:^{4,5}

- A minimum of eight contacts with the health system
- Prompt diagnosis and effective treatment of MiP⁶
- Consistent use of ITNs before, during, and after pregnancy
- Provision of quality-assured SP initiated early in the 2nd trimester⁷

IPTp-SP with SP works!

IPTp-SP reduces the incidence of:^{2,3}

- LBW infants: 29%
- Severe maternal anemia: 38%
- Neonatal mortality: 31%

Scaling up MiP interventions can reduce asymptomatic malaria, contributing to malaria elimination.

IPTp-SP can protect against curable sexually transmitted and reproductive tract infections.

Progress toward coverage of MiP interventions:¹

61%

In 2018, 61% of pregnant women slept under an ITN.

ANC, antenatal care; IPTp-SP, intermittent preventive treatment with sulfadoxine-pyrimethamine; ITN, insecticide-treated net; LBW, low birthweight; MiP, malaria in pregnancy



THANK YOU!



Photo: Kate Holt, Jhpiego, Cameroon

Recent Key MiP Milestones



2012

- WHO recommends 3+ doses of IPTp with SP

2015

- Call to Action to increase IPTp coverage through Roll Back Malaria MiP Working Group

2016

- WHO recommends 8 ANC contacts

2019

- SP added to WHO Essential Medicines list

2020

- 5th Anniversary/Renewed Call to Action for IPTp

Join the IPTp Call to Action!

**What can
YOU do to
help
increase
IPTp?**

Join our
webinars
and
events!

Share the
Call to
Action
tools and
products!

Support
our social
media
efforts!

MiP in the time of COVID-19



Guia prático para a implementação de intervenções antipalúdicas relativas à malária na gravidez e cuidados de saúde pré-natais durante a pandemia de COVID-19

Última atualização: 15 de abril de 2020

Os países devem priorizar os serviços de saúde essenciais durante o surto de COVID-19.ⁱ Todas as mulheres devem ter acesso a cuidados de saúde pré-natais (ANC) seguros e de alta qualidade, incluindo a serviços de malária na gravidez (MiP), tais como redes mosquiteiras tratadas com inseticidas (ITN),ⁱⁱ a gestão rápida e eficaz de casos de malária e, se aplicável, a tratamentos preventivos intermitentes (IPTp) com sulfadoxina-pirimetamina (SP).^{i,iii} Reconhecendo que, neste momento e em muitos locais, a malária é mais comum do que a COVID-19 e que, se não for tratada, pode causar um alto nível de mortalidade, a continuidade dos serviços e a garantia da proteção dos aspectos fundamentais em ambientes onde existam mecanismos alternativos de forma a manter os d



Conseils pratiques pour la mise en œuvre d'interventions antipaludiques pendant les soins prénatals pendant la pandémie de COVID-19

Dernière mise à jour : 15 avril 2020

Les pays doivent accorder la priorité aux services de santé essentiels pendant la flambée de COVID-19.ⁱ Toutes les femmes doivent avoir accès à des consultations prénatales (CPN) sûres et de haute qualité, y compris au traitement antipaludique pendant la grossesse (PPG) - moustiquaires imprégnées d'insecticide (MII),ⁱⁱ prise en charge des cas rapide et efficace et, le cas échéant, traitement préventif intermittent (TPIp) à la sulfadoxine-pyriméthamine (SP).^{i,iii} Reconnaissant qu'à l'heure actuelle, dans de nombreux contextes où le paludisme est plus fréquent que COVID-19 et que, si non traité, peut compromettre l'assurance de la protection des patients, la continuité des services et la garantie de la protection des patients



Practical Guidance for Delivery of Malaria in Pregnancy Interventions through Antenatal Care during the COVID-19 Pandemic

Last updated: April 15, 2020

Countries should prioritize essential health services during the COVID-19 outbreak.ⁱ All women should have access to safe, high-quality antenatal care (ANC), including malaria in pregnancy (MiP) services— insecticide-treated nets (ITNs),ⁱⁱ prompt and effective malaria case management, and, where applicable, intermittent preventive treatment (IPTp) with sulfadoxine-pyrimethamine (SP).^{i,iii} Recognizing that at present, in many places, malaria is more common than COVID-19 and, if untreated, can cause high mortality, continuity of services and assuring protection of patients and health workers are key in settings where both malaria and COVID-19 occur. In cases where ANC services are disrupted, it is vital that countries consider alternative mechanisms that maintain global and national guidelines.

