



GLOBAL CALL TO ACTION

TO INCREASE NATIONAL COVERAGE OF INTERMITTENT PREVENTIVE TREATMENT OF MALARIA IN PREGNANCY FOR IMMEDIATE IMPACT

APRIL 2015



The intermittent preventive treatment against malaria in pregnancy (IPTp) is a highly cost-effective intervention with the potential to save many maternal and neonatal lives. However, IPTp coverage remains low in sub-Saharan Africa (SSA) where immediate action is needed for dramatic scale up. While some obstacles to IPTp uptake relate to large health-systems issues, many barriers are common across countries and could be overcome with relative ease and speed. This is a pivotal moment for the scale up of IPTp. To maximize its public health impact, we must prioritize IPTp by acting to:

1. Incorporate the World Health Organization's (WHO) 2012 policy update for IPTp¹ into national guidelines and practices;
2. Rally efforts that will narrow achievement gaps in Millennium Development Goals No. 4 and No. 5 before the end of 2015;
3. Prepare for Sustainable Development Goal No. 6 as it becomes the focal point of health sector action.

From the Roll Back Malaria (RBM) Partnership and its malaria in pregnancy (MIP) Working Group, we urge you to take immediate action as outlined below to protect pregnant women and their babies from malaria, drawing on your institutional mandates and comparative advantages. The RBM Partnership, through its core partners that work in malaria-endemic countries, will support governments of SSA to implement this Call to Action and will disseminate best practices and lessons learned to accelerate IPTp scale up.

→ An estimated 15 million of the 35 million pregnant women in SSA did not receive a single dose of IPTp in 2013 (World Malaria Report 2014)²

→ Up to 200,000 neonatal deaths could have been prevented between 2009-2012 had the coverage of IPTp and insecticide treated nets reached the RBM 2010 target of 80% as estimated using the Lives Saved Tool³

RECOMMENDED ACTIONS

NATIONAL HEALTH ENTITIES IN MALARIA ENDEMIC COUNTRIES

- Establish or strengthen national technical working groups on malaria in pregnancy in order to improve the quality of focused antenatal care (ANC) delivered in both the public and private sector⁴;
- Disseminate clear guidelines with simplified language for IPTp based on the WHO 2012 policy update and ensure healthcare providers in the public and private sectors have access to and training on these guidelines;
- Ensure that IPTp is in national strategic and operational plans, including articulated coverage indicators and targets;
- Earmark specific funding for sulfadoxine-pyrimethamine (SP) procurement that will be used in IPTp and delivered through ANC channels in both the public and private sector to prevent drug stock-outs;
- Undertake targeted communication campaigns at community and facility levels to promote ANC attendance among pregnant women and to raise awareness of the benefits of IPTp;
- Explore innovative opportunities in the community for IPTp delivery, both to extend ANC-based programs and to serve women where ANC services are under-developed;
- Reduce, or eliminate wherever possible, ANC user-fees to overcome cost as a barrier to ANC services and the uptake of IPTp;
- Update routine IPTp indicators so that doses delivered (one, two, three or more) align with the new WHO policy recommendation for IPTp;
- Use District Health Information Systems (DHIS) to measure the coverage of IPTp, to report changes in coverage over time, to identify bottlenecks and to take necessary action.

¹ Updated WHO IPTp Policy Recommendation October 2012:

http://www.who.int/malaria/publications/atoz/who_TPIp_sp_policy_recommendation/en/

² World Malaria Report 2014: http://www.who.int/malaria/publications/world_malaria_report_2014/en/

³ RBM Progress & Impact Series, The contribution of malaria control to maternal and newborn health: <http://www.rbm.who.int/ProgressImpactSeries/report17.html>

⁴ Private sector in this context includes private practitioners, faith-based organizations and other non-governmental organizations that provide health services outside of the Ministry of Health.

DONOR COMMUNITY

- Increase levels of financial support for strengthening health systems with a particular focus on the ANC platform;
- Provide support for operational research to improve the quality of service delivery and to increase IPTp coverage;
- Promote (and possibly require where IPTp coverage is particularly low) the inclusion of IPTp, specifically, and the control of malaria in pregnancy, generally, within grant proposals (e.g. The Global Fund and the President's Malaria Initiative) from malaria-endemic countries, alongside all program areas of health systems strengthening;
- Facilitate private sector engagement with increased financial and technical support that will translate into improved IPTp coverage.

RESEARCH COMMUNITY

- Improve dissemination of research findings and lessons learned to malaria-endemic countries and their partners;
- Validate practical and integrated solutions to enhance IPTp scale up;
- Identify, promote and evaluate successful behavior change communication strategies based on the RBM toolkit⁵ to:
 - Improve healthcare provider attitudes and performance;
 - Increase demand for and acceptance of IPTp-SP by pregnant women;
- Evaluate alternative strategies for the delivery of IPTp in hard to reach populations or communities;
- Collaborate with the WHO and Ministries of Health to establish monitoring and evaluation plans for:
 - SP drug resistance and its impact on IPTp-SP effectiveness;
 - Reducing malaria transmission and its impact on IPTp-SP effectiveness;
 - Data on uptake and coverage of IPTp from district and facility levels that will help to identify implementation bottlenecks;
- Conduct research on other potential strategies to replace IPTp in the context of reduction of malaria transmission.

PHARMACEUTICAL INDUSTRY

- Meet the demand for SP procurement and register quality SP in all malaria-endemic countries;
- Identify and develop new drugs suitable for use as IPTp;
- Meet the demand for procurement and register low-dose folic acid in all malaria-endemic countries.

CIVIL SOCIETY

- Communicate on the importance of IPTp to communities at risk of malaria;
- Hold governments accountable for delivery of IPTp.

⁵ http://www.rollbackmalaria.org/toolbox/tool_PMICommunicationAndSocialMobilizationPackage.html

ACTION PLAN AND TIMEFRAME

GOALS	MILESTONES			TARGET
	2015	2020	2025	2030
Prevent adverse outcomes caused by malaria in pregnancy	<ul style="list-style-type: none"> > Launch of the Call to Action on World Malaria Day > Stakeholders commitment to concrete action > National IPTp Action Plans developed 	100% increase in coverage of IPTp from baseline.	At least 85% coverage with 3 or more doses of IPTp in areas of stable malaria transmission for all malaria endemic countries.	At least 90% coverage with 3 or more doses of IPTp in areas of stable malaria transmission for all malaria endemic countries.



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