



Partnership
To End Malaria

RBM Malaria in Pregnancy Working Group

WG Structure

Co-Chairs



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WG Structure: Country Advisory Board

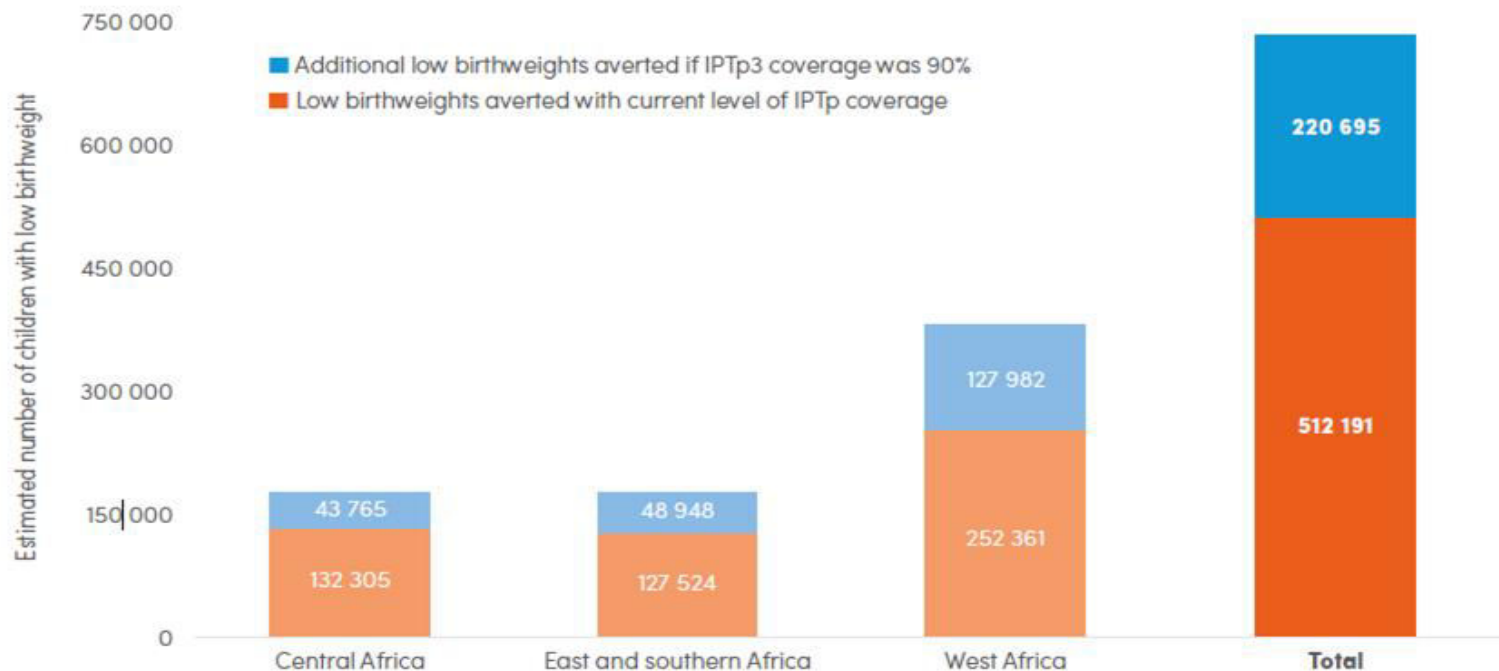


Regional networks	Advisory board member	Member countries
Southern Africa	Nnenna Ogbulafor , Nigeria	Malawi, Zambia, Zimbabwe
Western Africa - B	Sattu Issa, Sierra Leone	Ghana, Liberia
Central Africa	Dominique Bomba, Cameroon	DRC, Burundi, Madagascar, Angola, Chad
East Africa	Jane Nabakooza, Uganda	Kenya, Tanzania, Rwanda, South Sudan
Western Africa - A	Frederic Guima, Burkina Faso	Niger Guinea, Mali, Senegal, Benin, Cote D'Ivoto

Malaria in Pregnancy Stats (2022)

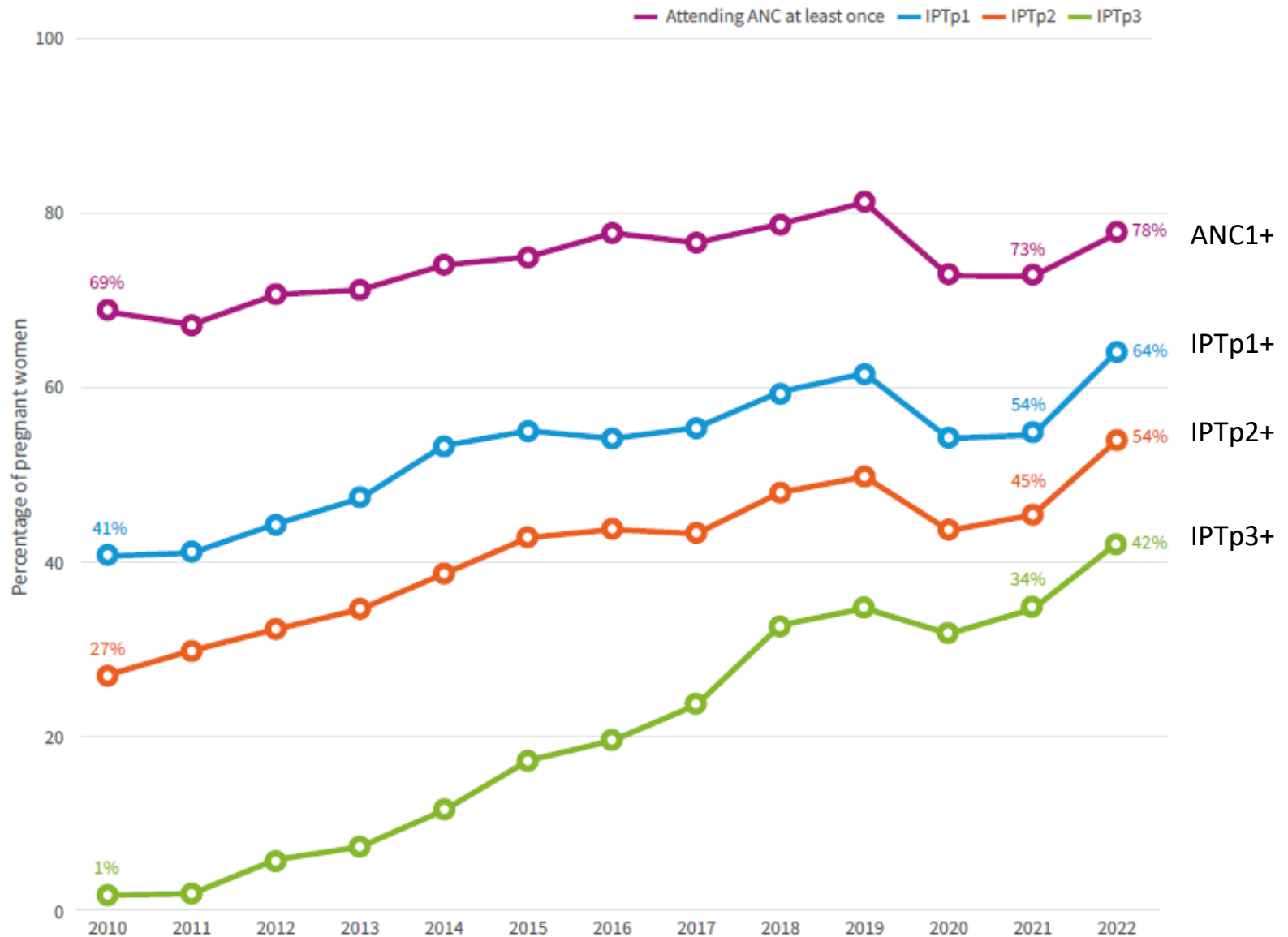
- **36% (12.7 million) of ~35.4 million pregnancies in WHO AFRO affected**
 - Maternal mortality: 10,000 deaths/ year
 - Stillbirths (8%; 20% in Africa)
 - In absence of chemoprevention, exposure to malaria infection would have resulted in ~914 000 neonates with low birthweight (LBW)

Estimated number of LBWs averted if levels of IPTp3 were optimized to achieve 90% coverage in 2022, in moderate to high transmission countries in the WHO African Region Sources: Imperial College and WHO estimates.



IPTp: intermittent preventive treatment of malaria in pregnancy; IPTp3: third dose of IPTp; LBW: low birthweight; WHO: World Health Organization.

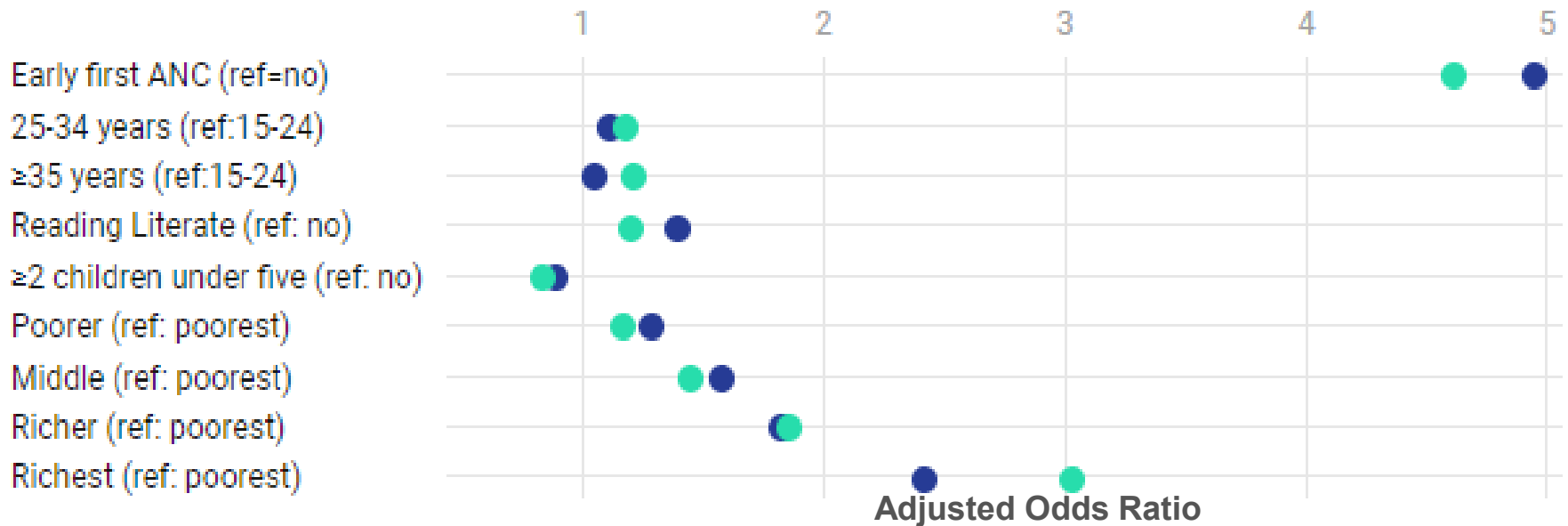
ANC1 and IPTp Coverage



ANC: antenatal care; CDC: United States Centers for Disease Control and Prevention; IPTp: intermittent preventive treatment in pregnancy; IPTp1: first dose of IPTp; IPTp2: second dose of IPTp; IPTp3: third dose of IPTp; NMP: national malaria programme; SP: sulfadoxine-pyrimethamine; WHO: World Health Organization.

Statistically Significant Correlates of ANC4 & ANC8

● ANC 4 ● ANC 8



Adjusted for Country (estimates not shown), early first ANC, age, residence, reading literacy, sex of head of household, number of children under five in household and wealth quintile.

More wealth disparities with ANC8+

Malaria in Pregnancy Working Group

□ **Objective:**

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

□ **Priorities:**

- **Advocacy** (e.g. support the SpeedUp ScaleUp IPTp campaign to increase IPTp3 uptake)
- **Develop key tools and products**
- **Provide country support** and promote partnership
- **Policy development and promotion**, linking research findings to policy development and implementation
- **Coordination and collaboration** with RBM mechanisms and align partners

Key WG Updates

- ❑ **Malaria in Pregnancy Working Group 24th Annual Meeting September 10-11, 2024 Nairobi, Kenya**
 - Representation from 21 SSA countries and 25 countries overall
 - Discussed the need for better integration with MCH
 - Joint meeting with SBC WG
- ❑ **IPTp pilot project in Liberia**
 - Aims to increase the coverage of IPTp-SP for pregnant women and girls in the remote Yao District, NEMA County
 - Package of interventions includes: High-level advocacy, community-based interventions like a community scorecard, and media outreach
- ❑ **WHO prequalification of SP - Nigeria**
 - On August 16, 2024, Swiss Pharma Nigeria Limited (Swipha), with support from MMV and Unitaid, became the first Nigerian manufacturer of WHO-prequalified sulfadoxine-pyrimethamine
 - Expected to address the long-standing issue of SP shortages and enhance malaria prevention and treatment in West Africa

MiP-SBC WG Task Force Objectives

- ❑ **Strengthen coordination between the two WGs**
 - To collectively move the agenda forward
- ❑ **Produce guidance to inform activities for preventing MiP through structural or other interventions that include a behavioral aspect**
- ❑ **Review and provide feedback on deliverables of each WG where there is thematic overlap**

Task Force Progress to Date

- ❑ **Launched Task Force in February 2024 and have held three virtual meetings & one in-person meeting**
- ❑ **~40 persons participating consistently from both WGs**
- ❑ **Agreed to Task Force objectives and key areas of focus:**
 - Early ANC
 - ANC retention
 - Provider behaviors that impact ANC/IPTp uptake
 - SBC considerations for community IPTp
- ❑ **Decided on the first task: Consensus Statement on how SBC can advance these four areas for MiP**
 - Completed two virtual work sessions on the MiP SBC consensus statement
- ❑ **Convened a joint meeting in Nairobi on September 12, 2024, to capture country experiences and insight**

CALL TO ACTION: Speed Up, Scale Up IPTp!

- ❑ <https://endmalaria.org/our-work-working-groups/malaria-pregnancy>
- ❑ <https://endmalaria.org/speed-up-scale-up-of-iptp>



H.E. Madam
Rebecca Akuffo-
Addo, First Lady
of Ghana



Dr Linda Ayade,
First Lady of
Cross River State,
Nigeria



H.E Bamidele
Abiodun, First
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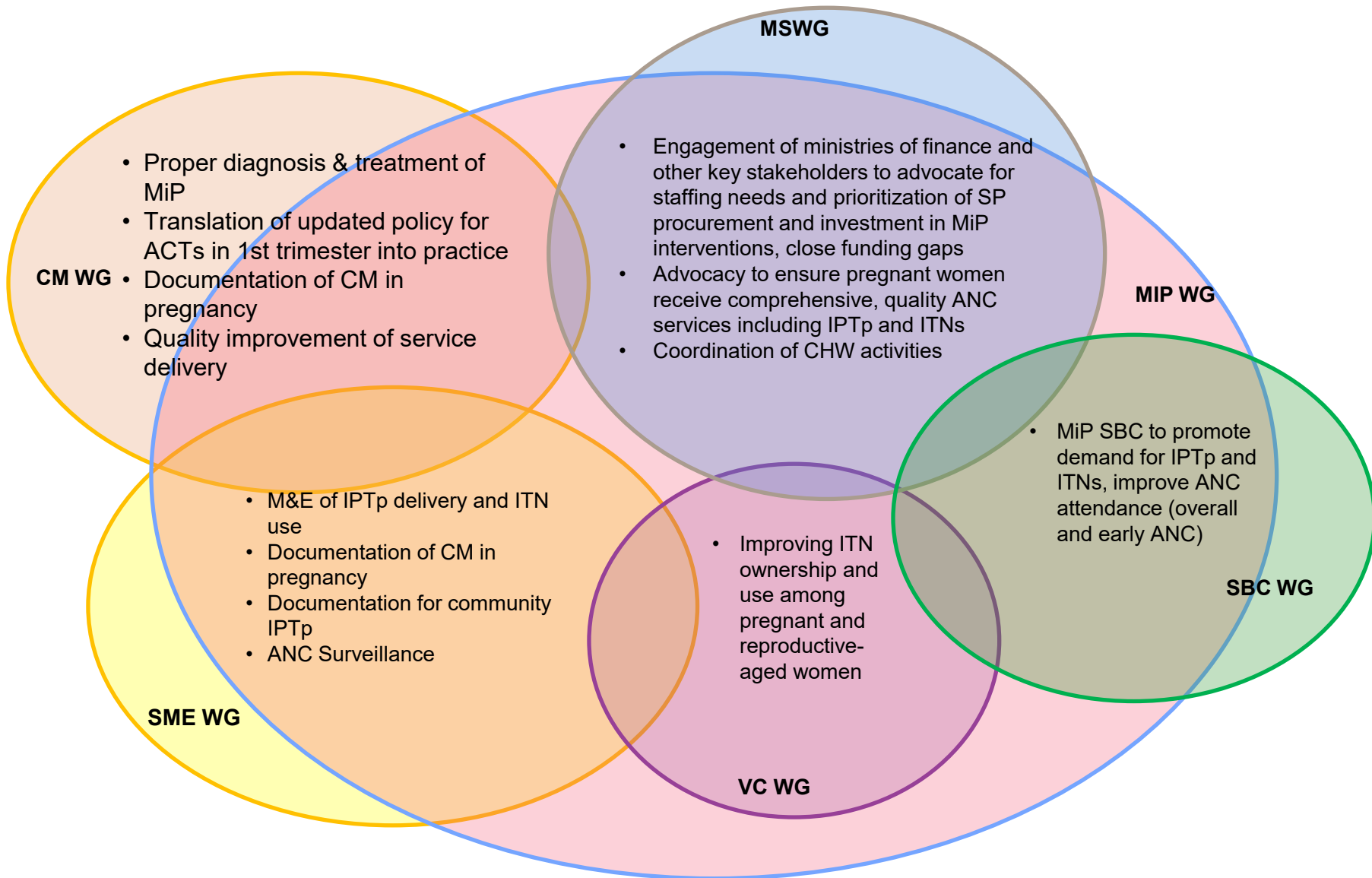
Yvonne Chaka
Chaka, Musician
and RBM
Partnership
Goodwill
Ambassador



SPEED UP
IPTp
SCALE UP

Intermittent Preventive
Treatment of Malaria
in Pregnancy

AREAS OF COLLABORATION



Key Opportunities for Collaboration

- **Translation of updated policy for ACTs in 1st trimester into practice**
- **Documentation of CM in pregnancy in routine HMIS**
- **Quality improvement of service delivery**
 - Continuing to collaborate with CMWG to finalize OTSS guidance

Treatment of MiP in 1st trimester

- Since 2022 WHO recommends use of ACTs in 1st trimester
- Survey which countries have updated policies
- Which countries track case management by:
 - pregnancy status?
 - trimester?

Understanding both of these will be critical to assess uptake and impact of the change in policy.

INTER-AGENCY TECHNICAL BRIEF

Treatment of uncomplicated *P. falciparum* malaria in the first trimester of pregnancy: Implementation of the revised WHO treatment guidelines (25 November 2022)

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Thank you!

To be added to the MIP WG email list,
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Photo by Jhpiego/Eden Sparke