

PRESS RELEASE

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Roll Back Malaria Partnership launches Global Call to Action to increase coverage of preventive treatment for malaria during pregnancy throughout sub-Saharan Africa.

Geneva—24/04/2015 — Today, as part of World Malaria Day commemorations, the Roll Back Malaria (RBM) Partnership launches a Global Call to Action to increase national coverage with preventive treatment to protect pregnant women and their unborn children from the devastating outcomes caused by malaria during pregnancy.

Intermittent preventive treatment in pregnancy (IPTp) – which involves administering three doses of an antimalarial called sulfadoxine-pyrimethamine as early as possible during the 2nd trimester of pregnancy and at every scheduled visit to an antenatal clinic thereafter, saves lives. Specifically, IPTp reduces anaemia and increases the likelihood of babies being born at a healthy weight, thereby resulting in greater child survival. IPTp is recommended by the World Health Organization (WHO), together with insecticide treated bednets for the prevention of malaria during pregnancy.

Despite being a simple and highly cost effective intervention, coverage of IPTp remains very low. In 2013, an estimated 15 million of the 35 million pregnant women in sub-Saharan Africa did not receive a single dose of preventive treatment during their pregnancy. Every year in this region, malaria infection during pregnancy causes around 10,000 maternal deaths and between 75,000 and 200,000 infant deaths¹. These deaths are preventable.

The Global Call to Action aims to heighten awareness of the need to increase the protection of pregnant women against malaria and calls on national malaria programmes, donors, researchers, pharmaceutical industry and civil society to reinforce national IPTp policy adoption, and implement the 2012 WHO guidelines to maximize the public health impact of the prevention of malaria in pregnancy.

“Intermittent preventive therapy for pregnancy is a life-saving tool. It needs to be expanded substantially in all countries where it is a recommended intervention”, said Dr. Pedro Alonso, Director of the WHO Global Malaria Programme in Geneva

The immediate priority is to develop country action plans based on the Call’s recommendations that are adapted to local requirements with support from technical

¹ Roll Back Malaria Partnership: **The contribution of malaria control to maternal and newborn health**. In *Progress and Impact series* WHO ed., vol. 10. Geneva: RBM; 2014

partners, and achieve a 100% increase in IPTp coverage from current levels by 2020, and national coverage of at least 90% by 2030.

According to the latest report by the WHO, malaria mortality rates in all populations at risk have decreased by 47% worldwide since 2000 and 54% in Africa alone – which accounts for some 80% of global malaria cases. Since 2001, it is estimated that more than 4 million malaria-related deaths have been averted through the scale up of all available malaria control tools. Despite this unprecedented progress, global efforts continue to leave communities behind. In 2013 malaria still claimed approximately 584,000 lives worldwide. Increasing coverage of IPTp will be key to further reductions in mortality attributable to malaria .

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For more information, press only:

Elaine Roman, RBM MiP Working Group Co-chair
Elaine.Roman@jhpiego.org

Viviana Mangiaterra, RBM MiP Working Group Co-chair
Viviana.Mangiaterra@theglobalfund.org

For more information on the Global Call to Action:

<http://www.rollbackmalaria.org/architecture/working-groups/mip>

To download the social media kit

http://www.rollbackmalaria.org/files/files/latest_news/malaria_social_media_pack_v3G_2_0150415.pdf

For more information on Malaria in Pregnancy:

http://www.who.int/malaria/areas/high_risk_groups/pregnancy/en/

<http://mip-consortium.org/resources/index.htm>

The Global Call to Action was shaped by JHPIEGO, LSHTM, MMV, LSTM, ISGLOBAL

For more information on Roll Back Malaria <http://www.rollbackmalaria.org/>

***Invest in malaria in pregnancy: IPTp saves lives.
Join the global call to action***

