

GFATM Proposal Development Malaria in Pregnancy

Pregnant women are at high risk of malaria. Non-immune pregnant women risk acute and severe clinical disease, resulting in up to 60% fetal loss and over 10% maternal deaths, including 50% mortality for severe disease. Semi-immune pregnant women with malaria infection risk severe anaemia and impaired fetal growth, even if they show no signs of acute clinical disease. An estimated 10,000 of these women and 200,000 of their infants die annually as a result of malaria infection during pregnancy. HIV-infected pregnant women are at increases risk.

Key policy issues

WHO recommends that all endemic countries provide a package of interventions for prevention and management of malaria in pregnancy, consisting of (1) diagnosis and treatment for all episodes of clinical disease and anaemia and (2) insecticide-treated nets for night-time prevention of mosquito bites and infection. In highly endemic falciparum malaria areas, this should be complemented by (3) intermittent preventive treatment with sulfadoxine–pyrimethamine (IPT/SP) to clear the placenta periodically of parasites. WHO recommends that all pregnant women at risk of *P. falciparum* infection in areas of stable malaria transmission receive at least 2 doses IPT, given at the first and second regularly scheduled ANC visit after "quickening" (the first noted movement of the fetus). In areas where >10% of pregnant women are infected with HIV, a third dose should be given at the last scheduled ANC visit.

IPT with SP has been shown to reduce placental malaria even in areas with up to 50% reported SP resistance (measured as parasitological failure at Day 14 in children under 5 years of age). WHO therefore recommends all countries with highly endemic malaria and less than 50% reported SP resistance to adopt IPT/SP as a policy.

Uncomplicated falciparum malaria in the first trimester of pregnancy can be treated according to national treatment guidelines. Laboratory diagnosis for clinical malaria in pregnancy can be made with microscopy or RDT.

Insecticide-treated nets (ITN) as well as long lasting insecticidal nets (LLIN) are safe for use as personal protection method during pregnancy. Women should start using them as early in pregnancy as possible, and continue to use them throughout pregnancy and in the postpartum period for both mother and child.

Implementation issues

Antenatal care utilization in Africa is very high. More than 70% of women attend antenatal care services (ANC) at least once during pregnancy. Antenatal clinics therefore serve as an excellent entry point for reaching pregnant women and their children with interventions for malaria control. In

these countries, communication campaigns to improve the use of ANC services for malaria and other interventions for improving pregnancy outcomes are strongly recommended. Strengthening the health system and particularly ANC services for the delivery of effective interventions to improve maternal health, pregnancy outcomes, child survival and family health is critical to the success of malaria control in countries. Key components of health systems strengthening that are critical for the successful implementation of MIP interventions include human resource strengthening and capacity building for Reproductive Health staff; availability of commodities and supplies for malaria control and also for quality service delivery such as well equipped laboratories with diagnostics for basic maternal health tests and procedures, e.g. haemoglobinometers and RDTs. Wherever possible, provision must be made for ensuring the availability of logistics and supplies at ANC clinics. In addition, effective and safe treatment for malaria and anaemia in pregnancy (suitable antimalarials, training on case management) should be made available close to home through the peripheral health services.

Routine distribution of ITN/LLIN to pregnant women should occur through ANC, supplemented by campaign approaches. The nets should be handed out during the very first ANC visit, combined with clear instructions on their use. This requires budgeting for the delivery, storage and distribution of nets within ANC facilities as well as provision and administrative structures for accountability.

Issues to be considered in the development of Global Fund Proposals

GFATM Malaria proposals often focus only on IPT for addressing malaria in pregnancy, and the allocated budget is often mainly for drugs (SP), which is a fairly cheap commodity. No provision is made for the delivery of this intervention through ANC and no provision is made for the delivery of the other effective interventions i.e. commodities for case management and the delivery of ITNs within antenatal care.

To impact on the burden of malaria during pregnancy, a comprehensive approach is needed, and the full range of logistics needed to ensure the delivery of these interventions within antenatal care services is required and must be adequately budgeted for in GFATM malaria proposals: Support from the Global fund and other available malaria resources for capacity building of personnel for improving quality of care, with resources, staff training and supervision should be part of the GFATM proposal. Specific items to be included in the proposal and budget include:

- Drugs for IPT (sulphadoxine pyrimethamine): Enough doses to cover the whole pregnant population which is about five percent (5%) of the total population times two or three doses of SP (three tablets per dose) per pregnant woman depending on national policy.
- Provision should also be made for an adequate estimation of the recommended drugs for treatment of malaria illness in pregnant women

according to national guidelines based on the national epidemiology and burden of disease.

- Provision should be made for the diagnosis and treatment of anaemia in all pregnant women including routine iron and folic acid supplementation for pregnant women.
- Provision must be made for the management, storage and distribution of ITN/LLIN through antenatal care including training of reproductive health care workers and provision of relevant counselling and communication materials and skills.
- Provision should be made for the distribution of these drugs and commodities to facilities and specifically to ANC clinics through out the country so that they are not kept in ware houses at central level or in stores at facility level with no access by antenatal care staff. Please note that the IPT strategy is by direct observation (DOT), hence drugs need to be in ANC clinics to be delivered effectively.
- Proposals must include a budget for education and communication strategies, materials and campaigns to improve the use of ANC services for malaria and other interventions for improving pregnancy outcomes
- Provision should also be made for strengthening the capacity of reproductive health workers to deliver MIP interventions effectively. Such capacity building should not be isolated or vertical but must be included in comprehensive capacity building plans for RH departments, budgeted for and organized jointly with national Malaria control programs and this must be budgeted for accordingly.
- Provision must also be made for strengthening existing health information systems for monitoring and evaluation purposes and modifying ANC registers and cards to include indicators for malaria in pregnancy.
- Operational research and pharmacovigilance is necessary to ensure effective programming for MIP and continued monitoring of the efficacy of SP in the light of increasing resistance in countries..

More information:

<http://www.rollbackmalaria.org/mpwg.html>

http://www.rollbackmalaria.org/partnership/wg/wg_pregnancy/docs/MIPToolKit.pdf

<http://www.who.int/malaria/malariainpregnancy.html>

http://www.who.int/malaria/rbm/Attachment/20041004/malaria_pregnancy_str_framework.pdf

http://afro.who.int/malaria/publications/who_sp_statement.pdf

<http://www.who.int/malaria/docs/VulnerableGroupsWP.pdf>

<http://www.who.int/malaria/docs/TreatmentGuidelines2006.pdf>

http://www.who.int/malaria/rbm/Attachment/20041108/SusceptibilityPlasmodium_report.pdf

http://www.who.int/making_pregnancy_safer/en/

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