Improving Malaria Outcomes for Pregnant Women and Children

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An affiliate of Johns Hopkins University
Jhpiego Addresses Major Health Problems of Families in the Developing World

Supporting Ministries of Health and partners to:

1. Provide high quality health services
2. Develop long-term strategies for sustainable & replicable results
3. Build capacity of health workers
4. Strengthen health systems
5. Improve delivery of health services
Experience at Country Level

- Ghana – pre-service education and community health system strengthening –
- Malawi – in-service training on MIP, and quality improvement performance standard
- Chad & Cameroon – Primary health care and community engagement and mobilization
- Senegal and Zambia – health system strengthening and data quality improvement
- Burkina Faso – integration of maternal and child health
- Nigeria - Prevention of Malaria in Pregnancy (MIPp) has been driven by ACCESS/JHPIEGO since inception in 2003 later MCHIP etc.
Partnership with private sector

- Nigeria
  - ExxonMobil
  - Ellicott Dredge LLC
- Ghana
  - Jubilee Oil
- Chad & Cameroon
  - ExxonMobil
  - Ronald McDonald Charities
Why Is Malaria During Pregnancy Important?

- Each year, more than 30 million women in Africa become pregnant in malaria-endemic areas.
- At any given time nearly one-quarter (25%) of pregnant women may have malaria parasites in their blood.
- Evidence-based interventions are available but health system challenges and other factors limit access.
## Most Recent IPTp2 Coverage Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
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<tr>
<td>Benin</td>
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<td>DRC</td>
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<td>Zambia</td>
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<td>Zimbabwe</td>
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From most recent available surveys: DHS, MIS, MICS, NHIS show that countries are struggling to meet targets.
If we must meet MDGs - appropriate prevention and Case Management of MIP should be addressed

- Malaria in pregnancy (MIP) accounts for deaths, illnesses such as fever, anemia, abortion, miscarriage, still birth and low birth weight

- To improve case management of MIP we must increase ...
  - Number of antenatal care (ANC) visits (where MIP control services provided)
  - Conduct test to confirm malaria prior to treatment
  - Ensure that only those with RDT-positive results receives ACT, the drug of choice for malaria treatment
  - Ensure that ACT is started within 24 hours of on-set of disease, and completed within three days
Promoting Integrated Management

- While efforts are being made to reduce the burden of uncomplicated malaria, many people die of other febrile illness.
- Integrated case management of febrile illness is being promoted:
  - with early and proper diagnosis of malaria using rapid diagnostic test kits (RDTs) and microscopy.
- Which has been demonstrated by our work with ExxonMobil in Nigeria.
Conclusions

1. Identify local champions
2. Promote integration and coordination mechanisms at all levels
3. Advocate to overcome commodity problems and ensure adequate and consistent stocks
4. Increase community initiatives to overcome barriers to care-seeking
5. Dedicate increased resources to M&E that actually use data
6. Develop capacity-building through pre-service education, on-the-job-training, mentorship and supervision, and group-based in-service training
7. Strengthen quality assurance systems
8. Ensure better coordination and local support for financing