Malaria in Pregnancy Working Group



U.S. President's Malaria Initiative

Photo: Kate Holt, Jhpiego, Madagascar

RBM Partnership To End Malaria



PURPOSE OF MIP WG

The purpose of the Malaria in Pregnancy Working Group (MiPWG) is to align RBM partners on best practices and lessons learned in MiP programming to help achieve higher coverage in MiP interventions globally.

Promotes and supports WHO strategy to control MiP: Insecticide treated bed net use (ITN) Effective case management Intermittent preventive treatment (IPTp) in areas of moderate to high malaria transmission





MiPATA GLANCE

<u>In 2018:</u>

- **II million** pregnancies exposed to malaria infection in moderate and high transmission SSA countries.
 - Delivering 872,000 children with low birthweight
- 61.3%: proportion of pregnant women sleeping under an ITN
- 31% of eligible pregnant women received the recommended three or more doses of IPTp
- 18% of women attending ANC1 do not receive any IPTp



WHO World Malaria Report, 2019





AREAS OF FOCUS

- Alignment of RBM partners on **best practices** and **lessons learned** in MiP programming to help achieve higher coverage in MiP interventions globally.
- Advocacy through the development of key tools and products targeting policy makers and program managers with the most up to date information in MiP programming
- Supporting **research** and documentation of best practices and lessons learned
- Coordination and collaboration with other RBM mechanisms
- Promoting **partnership** between reproductive health and malaria control programs
- Supporting Call to Action for IPTp to achieve higher coverage







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PMI IMP, CT MALARIA Advancing Malana Service Delivery

MiPWG 2019-20 Priorities

I. Policy

- I. Continue to support WHO in the country application of new ANC guidelines
 - I. Support 4 countries to implement and document process of ANC guideline adoption

II. Advocacy

- 1. Support dissemination of brief on use of ACTs in 1st trimester
- 2. Promote platform for sharing of best practices on community engagement
- 3. Collaborate with SBCC WG on SBCC messages for MiP around early ANC attendance
- 4. Support updates to brief on GF grants in the context of RMNCH services including MiP



MiPWG 2019-20 Priorities, continued

III. Programmatic Initiatives, Products and Tools

- I. Support establishment of country MiPTWGs
- 2. Compile country feedback on MiP tools and harmonize/disseminate accordingly
 - I. Hold webinar to reinforce tool utilization and value
- 3. Reorganize MiPWG webpage for easier tool/product accessibility
 - I. Highlight MiPWG resources through regular WG communications

IV. Research

I. Share research activities and key findings through teleconferences and other opportunities throughout the year as appropriate

V. Coordination

- I. Identify country MiPTWG focal points and include in WG teleconferences
 - I. Track country MiPTWG meetings
- 2. Continued collaboration with RBM, CRSPC, other RBM WGs
- 3. Coordinate a technical discussion with PMI,WHO and WG co-Chairs on MiP technical that require additional guidance and/or support





Current Key Deliverables in Progress

- MiP M&E Brief
 - Joint product of MiPWG, MERG & WHO
 - Provides guidance to countries on routine metrics
 - Encourages countries to move to a more uniform way of recording data so that there is less variability across countries.
 - Development currently in final stages

COMING SOON!





Monitoring and Evaluation of Malaria in Pregnancy Services

Practical Tips and Recommended Indicators

December 2018

www.rollbackmalaria.com; www.mcsprogram.org

The purpose of the brief is to provide malaria endemic countries, particularly country-level government and private sector stakeholders and policy makers, with guidance on monitoring and evaluation of malaria in pregnancy (MiP) services, including recommendations on standard indicators for tracking progress toward meeting national and global targets for preventing and managing MiP. The focus is primarily on routine indicators captured through national health management information systems (HMIS) and used for monitoring within countries at all levels of the health system. The brief is intended to consolidate existing MiP M&E guidance from WHO, complementing the new malaria surveillance guidelines and the WHO MiP M&E guidelines from 2007.1,2 The content of the brief further aligns with both the Global Technical Strategy for Malaria 2016-2030 and A Framework for Malaria Elimination.23 Key core recommended routine MiP indicators are presented in the text box to the nght.

Recommended Core Routine MiP Indicators

- Percentage pregnant women attending 1 or more ANC visits
- Percentage pregnant women attending 4 or more ANC visits
- ANC attendance in the first trimester
- Percentage of pregnant women attending ANC who received (one/two/three) doses of intermittent preventive treatment in pregnancy (IPTp1, IPTp2, IPTp3) under direct observation
- Percentage of pregnant women attending ANC
 who received an ITN during ANC
- Percentage of pregnant women tested for malaria who tested positive
- Percentage of pregnant women who tested positive for malaria who were treated

Current Key Deliverables, cont.

- Updates to Call to Action on 5 year anniversary
 - Focus on continued reinvigoration for and prioritization of addressing MiP comprehensively and achieve optimal outcomes.
 - Development of comprehensive communication plan to promote the importance of MiP
 - Targeting: global and country level stakeholders in reproductive health and malaria control
 - Deliverables include published articles, new advocacy documents, dissemination of updated tools and an MiP video
 - Key 2020 dates: International Women's Day, World Malaria Day, World Health Assembly



SUPPORT THE CALL TO ACTION WWW.ROLLBACKMALARIA.ORG



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Photo: Kate Holt, Jhpiego, Cameroon