

MiP Consortium meeting

NMCP, RMHSU, MCSP

11-12/7/2016

Policy making process

- Respective departments
 - Establish technical working groups with membership
 - Identifies the issue to be addressed
 - TWG discusses the issue and gives recommendation to the department's interagency coordinating committees (ICC)
 - The ICC endorses the item and is adopted as a policy guide
 - When necessary the relevant regulatory bodies are engaged to approve its implementation or give exemption if it is not yet a policy guide e.g. use of RDTs by CHVs, registration of products, who to train clinical staff etc

Policy making process and actors - policy documents

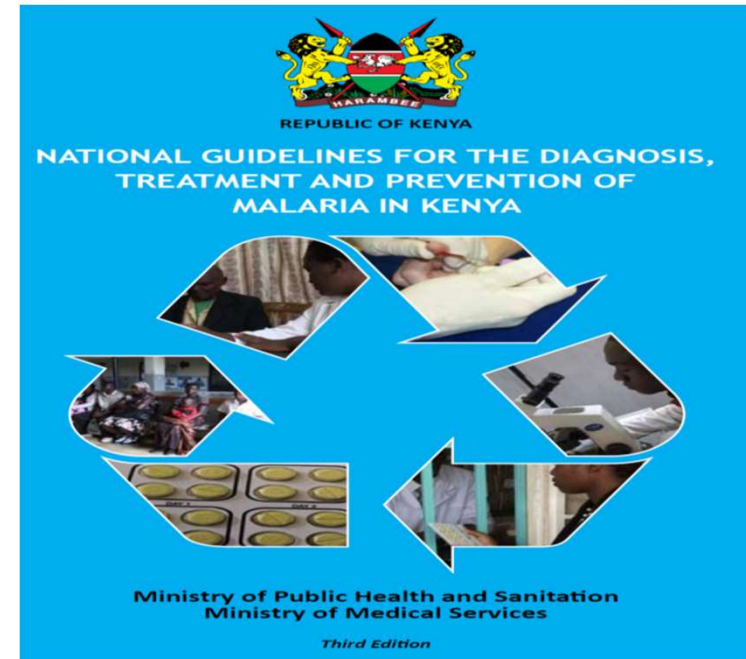
- Kenya in collaboration with partners conducted malaria program review in 2009 which informed development of;
 - The national malaria strategy 2009 -2017
 - The national malaria policy 2010
 - National guidelines for diagnosis, treatment and prevention of malaria 3rd edition 2010
- The NMS 2009-2017
 - Recommended use of IPTp-SP in high malaria transmission areas only (14 counties)
 - Established 6 TWGs with membership from 7critical groups that affect malaria control
 - MIP TWG - DRH as the chair, DOMC as the secretariat with membership from MOH departments, research institutions, universities and partners
 - Recommended use of CHWs to promote IPTp at community level

The Kenya Malaria Strategy 2007-2018 (revised 2014)

- NMS 2007-2017 was revised at mid-term in 2014 to accommodate new initiatives
 - IPTp to be monitored using IPTp3


Policy making process and actors – national guidelines 3rd edition 2010

- In consultation with partners the national guidelines for diagnosis, treatment and prevention of malaria 2010, **3rd edition** was developed and recommended;
 - Use of oral quinine for management of uncomplicated malaria in 1st trimester
 - Use of AL for management of uncomplicated malaria in 2nd and 3rd trimester
 - Use of parenteral quinine for severe malaria



Policy making process and actors – low dose folic acid and FANC training manuals


- DRH in consultation with partners recommended use of low dose folic acid endorsed by the RMNH ICC and adopted by division of nutrition
 - Division of nutrition consulted with PPB and IFAS was approved for use and manufacture
 - Use of IFAS launched and procurement of commodity done
 - Memo send out to service providers giving guidance on use
- DRH in collaboration with partners led the process of development of the FANC training manuals


NATIONAL POLICY GUIDELINE ON COMBINED IRON AND FOLIC ACID (IFA) SUPPLEMENTATION FOR PREGNANT MOTHERS IN KENYA

Purpose of IFA supplementation
To reduce maternal anaemia, risks of low birth weight, neural tube defects in pregnancy and improve overall pregnancy outcomes

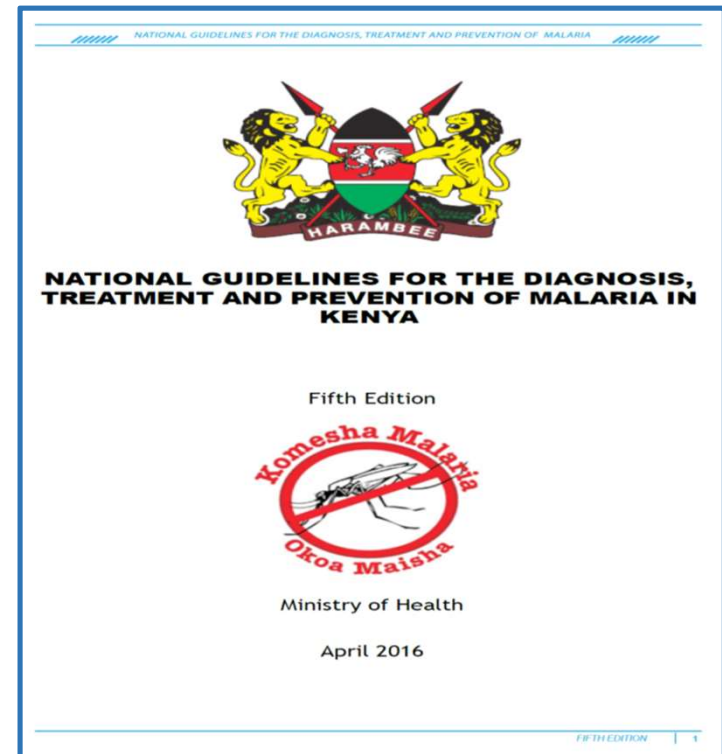
Supplementation Composition of Combined tablet/capsule	Iron - 60mg Folic acid : 400ug(o.4 mg)
Frequency	One daily
Duration	From conception to delivery
Target Group	All pregnant women
Type of supplements	They are in tablets or capsule form and may appear in different colours
Administration	Should be taken with meals
Possible side effects and Recommended Action to take should side effects occur	
Possible side effect	Recommended action to take
1. Effect on gastrointestinal tract	
<ul style="list-style-type: none"> • Epigastric pain, nausea, diarrhea or constipation may be experienced. • Faeces may turn black due to unabsorbed iron 	<ul style="list-style-type: none"> • Avoid taking high dose vitamin C supplements together with IFA tablet. • Eat plenty of fruits and vegetables • Emphasize that IFA supplement should be taken with meals • This is not harmful and IFA supplementation should continue
2. Inhibiting drug absorption	
<ul style="list-style-type: none"> • Iron preparations inhibit the absorption of tetracyclines, sulphonamides and trimethoprim. 	<ul style="list-style-type: none"> • Withhold IFA supplementation until treatment is completed.

Note: IFA Supplementation should be part of Focused Antenatal Care (FANC) and mothers should be encouraged to visit their nearest health facility every month.


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Date: 28th January, 2013

Policy making process and actors – national guidelines 5th edition

- NMCP in collaboration with partners developed the **5th edition of the national guidelines for diagnosis, treatment and prevention of malaria 2016** which recommends
 - Use of oral quinine for management of uncomplicated malaria in 1st trimester
 - Use of AL for management of uncomplicated malaria in 2nd and 3rd trimester with DHAPP as second line
 - Use of parenteral artesunate for severe malaria



Potential challenges to changing MiP policy from current strategies in changing epidemiological contexts

National level

- Dissemination of policy documents among health care workers
 - National policy, malaria strategy and national guidelines
 - Memos on scaling up of MIP interventions (IPTp, low dose folic acid)
- Cost of training staff on interventions with current training packages i.e. FANC, case management etc
- Supportive supervision

Potential challenges to changing MiP policy from current strategies in changing epidemiological contexts

County and subcounty level

- Devolution of health services to county governments with low health budget allocation (*>70% human resource*)
- Majority of malaria control coordinators are non-clinical staff

Facility level

- Stock-out of health commodities including SP, IPC apparatus, disinfectants
- Workload especially at dispensary and health centre level
- Data management – lack of tools to capture IPTp3 for entry into DHIS2

Potential challenges to changing MiP policy from current strategies in changing epidemiological contexts

Community level

- Lack of allowances is a disincentive to promotion of MiP at community level
(Few CHVs on stipend from global fund)
- ACSM approaches *(messaging)* not effective for behaviour change towards uptake of interventions
 - Result - poor utilization of available effective interventions (LLINs, SP,)

Thank you