

Experiences of implementing current MiP policies – national programme perspectives

Malaria in Pregnancy in Zambia

- Delivered as a package under the guiding principals of “focused antenatal care” but specifically for malaria :
 - Treatment of malaria cases in pregnancy
 - Provision of IPT with SP
 - Provision of ITNs routinely
 - IEC/BCC
 - Folic acid supplementation
 - Routine surveillance of MIP
 - These are in addition to interventions for HIV , family planning , new born care , immunization etc

Policy making process

- NMCC have TWGs for each service delivery areas
- MiP is the preserve of the Case Management TWG which comprise of various stakeholders including;
 - MoH (NMCC, Child Health Unit, Reproductive Health, Accounts and Procurement)
 - Partners (PMI, WHO, MACEPA, Global Funds, Unicef)
 - Research institutions (TDRC, MACHA, UNZA, regional and international)
 - Private sector
- Role of the CM TWG is to guide and oversee policy implementation
- Policies are adopted based on consultative process enshrined in existing evidence
 - Update of using artesunate for severe malaria management
 - Using ACTs for MiP

Current Policy on Malaria in Pregnancy

1. Uncomplicated malaria

a. First-line treatment

- i. Quinine in the first trimester of pregnancy.
- ii. Artemether-lumefantrine in the second and third trimesters of pregnancy.

b. Second-line treatment in second and third trimesters

- i. Quinine should be used in all cases of failure of first-line treatment.

2. Severe malaria

a. Quinine in the first trimester of pregnancy.

b. Injectable Artesunate in the second and third trimesters of pregnancy.

3. Pre-referral treatment at Health Centres

a. The first option should be to give IM artesunate or rectal artesunate; if that is not available, then give IM quinine.

Current Policy on IPTp

1. Intermittent preventive treatment during pregnancy (IPTp)
 - a. Sulphadoxine-pyrimethamine should be used for IPTp during the second and third trimesters of pregnancy on a monthly basis at all scheduled antenatal care visits.
 - b. Minimum of 3 doses per pregnancy is recommended

ITN distribution

- 1 ITN free for each pregnancy at first antenatal visit
 - Estimated based on National estimates of expected pregnancies
- 1 ITN at 8 months for the baby at time of measles vaccination
 - Needs estimated on National estimates of live births

IEC / BCC

- During ANC
- Actioned through Safe Motherhood Action groups
 - Main role is to encourage institutional deliveries
 - Provide support pre and post delivery

Folic acid supplementation

- Folic acid supplements are standard for pregnant women and women who plan to become pregnant.
 - Folic acid reduces the risk for birth defects of a baby's brain and spine -- spina bifida and anencephaly -- by 50% to 70%.
 - Folic acid may also lower the risk of preeclampsia and early labor.
 - Folic acid is used to treat deficiencies, which can cause certain types of anaemia and other problems. In our context, it is used in combination with Ferrous sulphate
- Taken as daily dose of 5mg from first ANC attendance to delivery

Routine Surveillance

- Malaria in pregnancy data elements routinely collected :
 - All suspected MIP cases
 - All clinically diagnosed MIP cases
 - All confirmed MIP cases
- Data used for planning purposes including quantification of needs

Experiences of implementing

- MIP high on the government agenda – Strong political will
- ANC active in ITN distribution and IPT provision and a platform for general health education
- CHWs play a role of additional screening as they refer mothers at any stage of pregnancy
- SMAGs are actively involved in community health education and encourage mothers to access IPT
- Mothers benefit from the general implementation of IRS

Experiences of implementing

- Government has been expanding infrastructure with a mushrooming of health posts (over 650 from MoH and additional ones constructed from CDF)
 - Providing increased access as close to the family as possible
- Capacity building at District and Health facility levels through technical supervisory support both from Central MoH teams and PMO but also from other NGOs supporting MoH
 - Mentorships and trainings/orientations
 - Performance assessment

Experiences of implementing

- Operational research to continue evaluating the interventions
 - Clinical trials – IPT studies
 - Entomology/vector – include ITNs

Potential challenges for MiP policy change and implementation of new policies – national programme perspectives

- IPT shifted from 2 standard doses to three and this had implication of good follow up
- With most mothers initiating ANC late this is a challenge to ensure before they deliver they take the third dose
- Distances to health facilities, despite Government efforts to expand infrastructure, and building new hospitals and health posts, some areas of our country still have substantial distances and huge catchment areas around a facility that pose challenges for mothers to walk to the facility for ANC and ultimately have all the IPT doses or be treated when they have MIP

Potential challenges for MiP policy change and implementation of new policies – national programme perspectives

- IPT drug is SP
 - Since 2000, documented resistance of over 5% and this has been increasing steadily to over 25% in recent studies
 - Therefore protection of malaria during pregnancy is compromised and need to consider options
 - So far the alternative drug evaluated has been in 2nd and 3rd trimester
- Low literacy levels, general issue in the country for both men and women and hence need to have more health education and promotion programs coupled to IEC
- Challenges with reporting completeness , timeliness etc , may lead to under estimates of needs
- Training costs for health workers

Thank you for your
attention!