

MALARIA IN PREGNANCY COUNTRY PROFILE

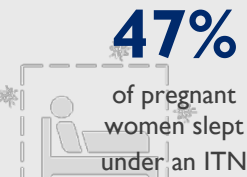
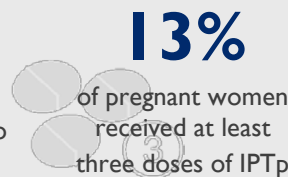
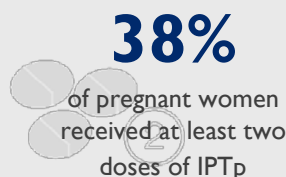
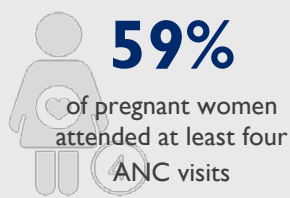
BENIN

July 2018

BACKGROUND

Benin has adopted the World Health Organization's (WHO's) three-pronged strategy for combating malaria in pregnancy (MiP): (1) intermittent preventive treatment in pregnancy (IPTp)¹ via directly observed therapy, (2) distribution and use of insecticide-treated nets (ITNs), and (3) case management of MiP. The country began implementing IPTp in 2007.²

AT A GLANCE³

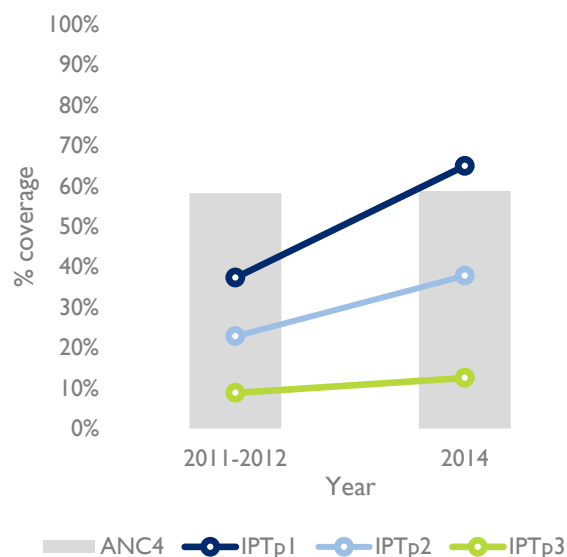


POLICY & IMPLEMENTATION

The National Malaria Control Program (NMCP) has updated its national case management guidelines calling for the administration of IPTp with sulfadoxine-pyrimethamine (SP) at every antenatal care (ANC) visit, with visits at least 1 month apart beginning in the second trimester of pregnancy and lasting until delivery. National policies issued by both the NMCP and the Reproductive Health Department of the Ministry of Health (MOH) indicate that pregnant women should begin IPTp at 16 weeks' gestation and that the dosing interval should be at least 4 weeks. This differs from the WHO recommendation, which suggests that pregnant women should receive their first dose of IPTp as early as possible in the second trimester.

The 2015 Service Availability and Readiness Assessment (SARA) in Benin found that IPTp guidelines were available at 51% of facilities across the country.⁵ All public and registered private facilities receive and use quality

Figure A. IPTp and ANC4 coverage, from household surveys⁴



¹ IPTp1, IPTp2, and IPTp3 refer to at least one dose, at least two doses, and at least three doses, respectively, of IPTp with SP.

² President's Malaria Initiative. 2018. *Benin Country Profile*. Accessed June 21, 2018 at: https://www.pmi.gov/docs/default-source/default-document-library/country-profiles/benin_profile.pdf?sfvrsn=28

³ National Institute of Statistics and Economic Analysis (INSAE), UNICEF. 2017. *Benin Multiple Indicator Cluster Survey 2014*. New York: UNICEF.

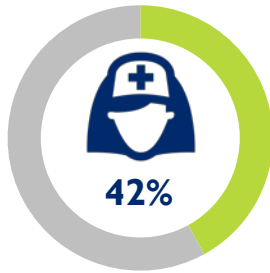
⁴ The y-axis shows coverage for the most recent pregnancy resulting in a live birth—in the previous 5 years for ANC and in the previous 2 years for IPTp—among women ages 15–49 who were interviewed for the survey. (i) Ministère du Développement de l'Analyse Économique et de la Prospective, INSAE and ICF International. 2013. *Benin Demographic and Health Survey 2011–12*. Calverton, MD, USA: INSAE and ICF International. (ii) *Benin Multiple Indicator Cluster Survey 2014*.

⁵ WHO. 2015. *Benin Service Availability and Readiness Assessment 2015*. Accessed July 23, 2018 at: http://www.who.int/healthinfo/systems/SARA_BEN_2015_Report.pdf?ua=1

of care standards for ANC. To ensure coordination between malaria services and reproductive health services, Benin has a functioning MiP Technical Working Group.

SERVICE DELIVERY

To achieve the NMCP's 2015 target of 100% IPTp coverage, Benin must overcome gaps in service provider skills and readiness to address MiP and missed opportunities to deliver IPTp. Gaps in IPTp coverage may relate to service availability and utilization.⁷ According to a 2011 household survey, IPTp3 coverage was 13% in urban areas and 8% in rural areas. For all IPTp doses, coverage was higher in urban areas.⁸



COMMUNITY ENGAGEMENT

Benin has subnational variances in ANC coverage.¹⁰ In response to the variance, the MOH introduced ANC outreach services, including IPTp, in low-coverage health zones. Under the leadership of the MOH Department of Health Authorities, outreach services are an example of successful collaboration between the NMCP and the Maternal and Child Health Directorate.

COMMODITIES

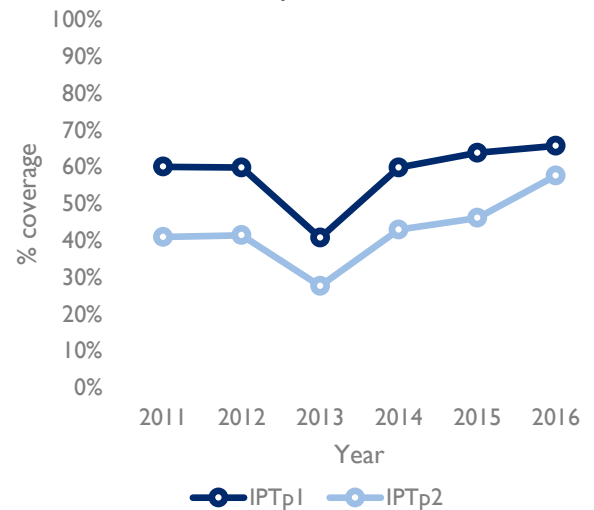
The country is currently working to improve SP supply management at the health facility level, focusing on high-volume clinics. According to the 2015 SARA, availability of malaria commodities is relatively high, with 86% of health facilities having SP in stock for IPTp.¹¹

MONITORING & EVALUATION

The Health Management Information System (HMIS) currently reports on IPTp1, IPTp2, and IPTp3. Benin is undertaking efforts to update the ANC registers to reflect the number of IPTp doses administered at ANC facilities. The Benin HMIS also reports IPTp administered via DOT, the number of treated cases of malaria during pregnancy, and the number of ITNs distributed during ANC services.

This profile is made possible by USAID and the Maternal and Child Survival Program and does not reflect the views of USAID or the United States Government.

Figure B. IPTp coverage among ANC attendees, from routine reporting systems⁶



⁶ The y-axis shows coverage among women who attended ANC at facilities reporting to the HMIS. Data source for this figure is the HMIS 2011–2016.

⁷ Benin Service Availability and Readiness Assessment 2015.

⁸ Benin Demographic and Health Survey 2011–12.

⁹ Benin Service Availability and Readiness Assessment 2015.

¹⁰ Benin Multiple Indicator Cluster Survey 2014.

¹¹ Benin Service Availability and Readiness Assessment 2015.