

MALARIA IN PREGNANCY COUNTRY PROFILE

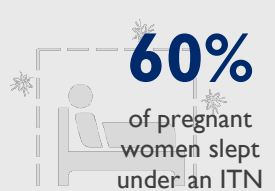
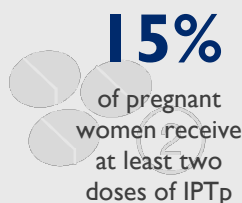
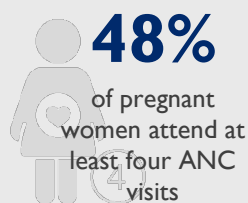
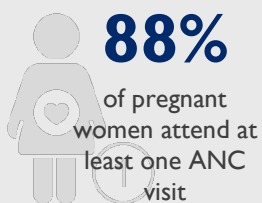
DEMOCRATIC REPUBLIC OF THE CONGO

July 2018

BACKGROUND

The Democratic Republic of the Congo (DRC) 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 (DOT), (2) distribution and use of insecticide-treated nets (ITNs), and (3) case management of MiP. The country began implementing IPTp in 2003. DRC accounts for 10% of all malaria deaths globally.²

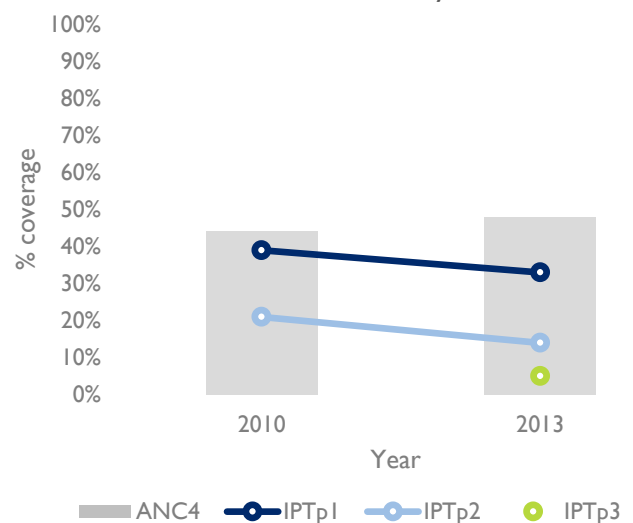
AT A GLANCE³



POLICY & IMPLEMENTATION

National guidelines for IPTp were revised in 2013, and updated and validated in 2017 to align with WHO recommendations for IPTp at every antenatal care (ANC) visit after the first trimester, administered via DOT at least 1 month apart. The Ministry of Health has updated its training materials, and the new recommendations are being rolled out nationally. MiP is discussed in the Case Management Technical Working Group (TWG) and in the MiP TWG. The MiP TWG was established in September 2017 and is chaired by the Ministry of Health Family Health Directorate. There is a need for additional technical and financial support for the MiP TWG to foster its development.

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 USAID. 2018. *Democratic Republic of the Congo Health Fact Sheet*. Accessed June 22, 2018 at: <https://www.usaid.gov/democratic-republic-congo/fact-sheets/usaid-drc-fact-sheet-health>.

³ Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP), and ICF International. 2014. *Democratic Republic of the Congo Demographic and Health Survey 2013–14*. Rockville, MD, USA: MPSMRM, MSP, and ICF International.

⁴ The y-axis shows coverage for most recent pregnancy resulting in a live birth—in the previous 5 years for ANC coverage and in the previous 2 years for IPTp—among women ages 15–49 who were interviewed for the survey. (i) National Statistical Institute, Ministry of Planning, UNICEF. 2011. *Congo, DR Multiple Indicator Cluster Survey 2010*. New York: UNICEF. (ii) *Democratic Republic of the Congo Demographic and Health Survey 2013–14*.



Proportion of women who reported sleeping under an ITN on the previous night increased from 43% (2010) to 60% (2013).⁵

SERVICE DELIVERY

DRC struggles to improve access to all health services, given the country's vast geography and poor infrastructure. Strengthening communication and outreach activities to promote ANC attendance, making service delivery more efficient to reduce waiting times, and improving the availability of sulfadoxine-pyrimethamine (SP) and ITNs in health facilities are important factors to increasing coverage of MiP interventions. Case management and IPTp guidelines have been updated and validated. Facilities have quality of care standards that are included in the national malaria control guidelines. Given the low rate of health facility use, the expansion and maintenance of community care sites is essential.⁶ Although ANC coverage is relatively high, efforts must be made to encourage early ANC and track women throughout pregnancy to increase subsequent visits.

COMMUNITY ENGAGEMENT

Presently, health workers organize periodic outreach programs to extend health services such as ANC and vaccinations to communities with low access; however, IPTp is not currently part of this package of services since community-based administration of IPTp is not WHO-approved.

Beginning in mid-2018, Jhpiego, with Unitaid funding, is implementing the Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project, a pilot project of community delivery of IPTp (C-IPTp). Based on the results of this pilot project, the National Malaria Control Program and partners will consider revising the national guidelines to include C-IPTp via community health workers as a national strategy. The results will also inform global-level policymakers about the viability of C-IPTp.

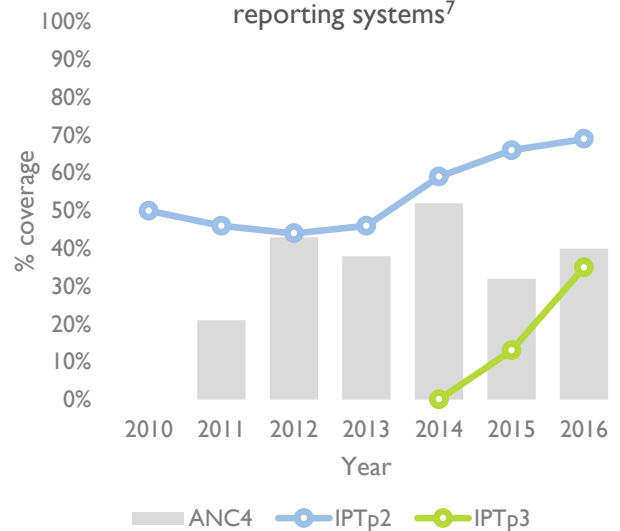
COMMODITIES

SP is procured from a Good Manufacturing Practices-certified source. In January 2018, stock-outs were reported at several intermediary warehouses, called *centres de distribution regional*.⁸ DRC has a complicated supply chain involving the *centres de distribution regional*, which are a public-private partnership and vary widely in terms of quality, capacity, and ability to manage commodity distribution.⁹ Ordering processes for commodities are not standardized, nor are distributions. The President's Malaria Initiative (PMI) has dedicated funding to support the procurement of SP for IPTp. Unitaid will also procure SP for the C-IPTp project.

MONITORING & EVALUATION

DRC is a fragile, post-conflict nation that lacks adequate communication infrastructure. This greatly impedes collection, reporting, and use of data by the health system. The Health Management Information System (HMIS) reports uptake of three doses of IPTp, case management of MiP, and ITNs distributed during ANC. IPTp delivered via DOT is not reported in the HMIS, but PMI provides support for procurement and distribution of water filters and cups in PMI-supported facilities to allow health workers to directly observe

Figure B. IPTp and ANC4 coverage among ANC attendees from routine reporting systems⁷



⁵ Ibid.

⁶ President's Malaria Initiative. 2017. *Democratic Republic of the Congo Malaria Operational Plan FY 2017*. Accessed June 22, 2018 at: <https://www.pmi.gov/docs/default-source/default-document-library/malaria-operational-plans/fy17/fy-2017-democratic-republic-of-congo-malaria-operational-plan.pdf?sfvrsn=19>

⁷ The y-axis shows coverage among women who attended ANC at facilities reporting to the HMIS. Data source for this figure is the HMIS 2010–2016.

⁸ Information is from the USAID Global Health Supply Chain-TA monthly stock data, January 2018.

⁹ Management Sciences for Health (MSH). 2014. *DRC LMIS Assessment (Draft)*. Submitted to USAID by the SIAPS, SCMS, IHP, and USAID | DELIVER PROJECT programs. Arlington, VA, USA: MSH. Accessed June 22, 2018 at: <http://apps.who.int/medicinedocs/documents/s21995en/s21995en.pdf>

administration of IPTp. Data from the HMIS should be interpreted with caution given historical issues with completeness of reporting and data quality, although DRC employs the Routine Data Quality Assessment Tool at the central level to verify the quality of reported data.

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.