

MALARIA IN PREGNANCY COUNTRY PROFILE

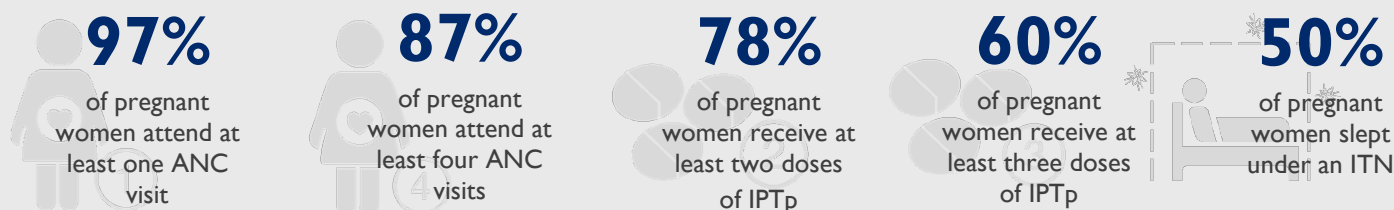
GHANA

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BACKGROUND

Ghana has adopted the World Health Organization (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 2004. Ghana has the highest percentage of pregnant women who receive IPTp2 and IPTp3 in sub-Saharan Africa, 78% and 60% respectively, based on a recent national household survey in 2016.

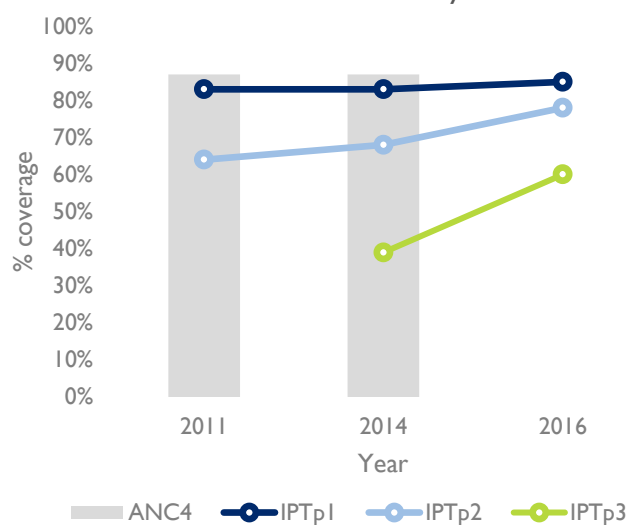
AT A GLANCE²



POLICY & IMPLEMENTATION

IPTp is implemented by the Family Health Division in collaboration with the National Malaria Control Programme (NMCP). A representative from the Reproductive and Child Health Department is a member of the relevant technical working group at the NMCP. Contradictory guidance from different divisions in the health sector regarding the ideal timing for IPTp1 implementation hinders increasing IPTp coverage and requires harmonization and standardization. NMCP guidelines dictate that a minimum of three doses of IPTp with sulfadoxine-pyrimethamine (SP) be given starting as early as possible in the second trimester of pregnancy at least 4 weeks apart. Reproductive health guidelines specify that IPTp be given from 14 weeks of gestation or at quickening, at monthly intervals. The Ghana Health Service (GHS) MiP guidelines dictate IPTp be given from 16 weeks of gestation or at quickening, with at least 4 weeks' interval, for a minimum of three doses and maximum of seven, until delivery.

Figure A. IPTp and ANC4 coverage from household surveys³



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 ANC data from: Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. 2015. *Ghana Demographic and Health Survey 2014*. Rockville, MD, USA: GSS, GHS, and ICF International. (ii) IPTp and ITN data from: GSS, GHS, and ICF. 2017. *Ghana Malaria Indicator Survey 2016*. Accra, Ghana, and Rockville, MD, USA: GSS, GHS, and ICF.

³ The y-axis shows coverage for the 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) GSS. 2011. *Ghana Multiple Indicator Cluster Survey with an Enhanced Malaria Module and Biomarker, 2011, Final Report*. Accra, Ghana: GSS. (ii) *Ghana Demographic and Health Survey 2014*. (iii) *Ghana Malaria Indicator Survey 2016*.

Despite these differences, strong malaria program leadership and collaboration between the GHS's reproductive health department and malaria program have contributed to Ghana's good progress on MiP coverage.

SERVICE DELIVERY

Ghana's National Health Insurance Scheme has greatly increased access to health care services, particularly malaria care and treatment. Ghana has high antenatal care (ANC) coverage, which has helped the country increase IPTp coverage. In 2014, the percentage of pregnant women who attended at least one ANC visit was 97%,⁵ and the percentage who attended at least four ANC visits was 87%.⁶ In 2016, IPTp2 and IPTp3 coverage were 78% and 60%, respectively.⁷ Potential challenges to IPTp3 uptake are being explored given that ANC4 coverage is 87%.⁸ The President's Malaria Initiative (PMI) supports MiP services per the GHS MiP guidelines, including IPTp at ANC clinics and health centers and, where available, in the community in the five USAID focus regions (Greater Accra, Central, Western, Volta, and Northern regions). PMI support focuses on supportive supervision, onsite training, quality improvement to increase provision of IPTp at every ANC visit, and distribution of an ITN to every pregnant woman during her first ANC visit.

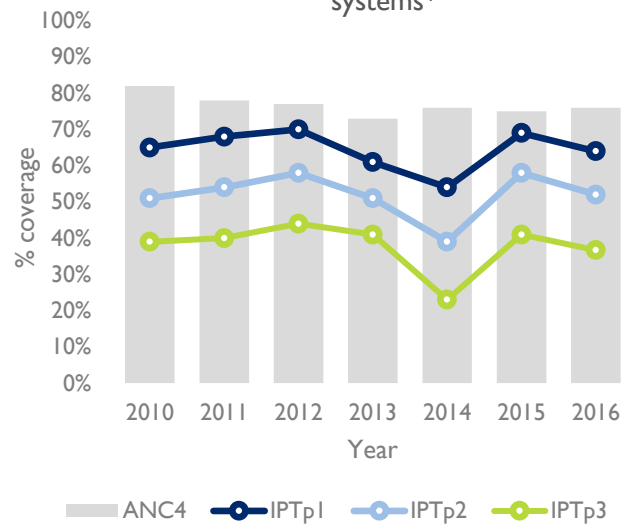
COMMUNITY ENGAGEMENT

Community Health Planning Services (CHPS) is a national strategy to deliver essential community-based health services involving health planning and service delivery in the community. CHPS compounds provide access in communities of at least 6,000 people to community health nurses and midwives.⁹ The CHPS midwives provide ANC for pregnant women at the CHPS compound, including IPTp. Community health nurses conduct community outreach with household visits to pregnant women to identify high-risk pregnancies and promote ANC attendance. Additionally, the NMCP conducts communication and community mobilization activities to promote correct and consistent ITN use.¹⁰ The GHS launched a public-private SMS initiative, MP4H, to which community members can subscribe for health information about their pregnancies. There are also volunteers in the community who carry out health promotion activities and encourage pregnant women to go to health facilities for care.

COMMODITIES

Despite relatively high IPTp coverage, a gap exists between ANC clinic attendance and uptake of IPTp2 and IPTp3. There have been frequent SP stock-outs due to procurement and supply chain challenges.¹¹ SP is procured by PMI and the GHS/MOH and is distributed through the various regional health administrations and health facilities. PMI-procured SP is sourced from WHO-prequalified suppliers with Good Manufacturing Practices certification. However, the sources of SP procured with GHS/MOH funds cannot be confirmed as Good Manufacturing Practices-certified, though all SP procured is required to be registered by the Ghana Food and Drugs Authority and be quality tested. The GHS/MOH procures SP centrally; regions and health facilities are not allowed to procure SP.

Figure B. IPTp and ANC4 coverage among ANC attendees from routine reporting systems⁴



⁴ The y-axis shows coverage of women who attended ANC at facilities reporting to the HMIS. Data source for this figure is the HMIS 2010–2016.

⁵ ANC1 refers to women attending at least one ANC visit; ANC4 is at least four ANC visits.

⁶ *Ghana Demographic and Health Survey 2014*.

⁷ *Ghana Malaria Indicator Survey 2016*.

⁸ *Ghana Demographic and Health Survey 2014*.

⁹ President's Malaria Initiative. 2017. *Ghana 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-ghana-malaria-operational-plan.pdf?sfvrsn=6>

¹⁰ *Ibid*

¹¹ *Ibid*.

MONITORING & EVALUATION

The Health Management Information System (HMIS) reports on ITNs distributed during ANC and case management of MiP. The HMIS reports up to five doses of IPTp. The HMIS does not report if IPTp is administered via DOT. The GHS rolled out an updated electronic HMIS, the District Health Information Management System, in early 2012.

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