

MALARIA IN PREGNANCY COUNTRY PROFILE

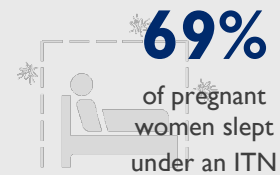
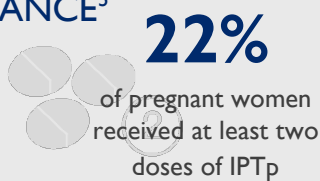
MADAGASCAR

July 2018

BACKGROUND

Madagascar has adopted the World Health Organization'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 93 endemic districts in 2004.² From 2009 to 2014, collaboration between the U.S. Government and the Government of Madagascar ceased. During this period, the President's Malaria Initiative (PMI) was unable to provide direct assistance to the Government of Madagascar, including support for MiP and other activities in public health facilities.

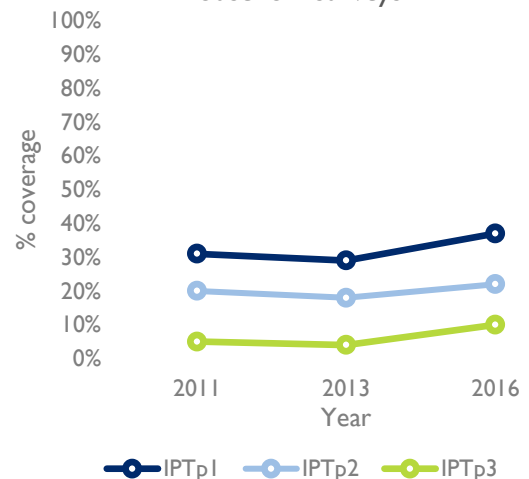
AT A GLANCE³



POLICY & IMPLEMENTATION

In 2014, Madagascar updated its policy to reflect the 2012 WHO recommendation calling for administration of IPTp with sulfadoxine-pyrimethamine (SP) using DOT as early as possible in the second trimester, with additional doses at 1-month intervals at each subsequent antenatal care (ANC) visit until delivery. The Maternal and Child Survival Program (MCSP) provided significant support for training health workers at all levels of the health system on the updated IPTp policy. Madagascar's Roll Back Malaria (RBM) subcommittee meets monthly and is an informal platform comprised of Madagascar's National Malaria Control Program (NMCP), PMI, MCSP, and other PMI implementing partners. The RBM group maintains several subcommittees, including committees on case management and a subcommittee on MiP.

Figure A. IPTp 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. 2017. *Madagascar Malaria Operational Plan FY2017*. Accessed June 22, 2018 at: <https://www.pmi.gov/docs/default-source/default-document-library/malaria-operational-plans/fy17/fy-2017-madagascar-malaria-operational-plan.pdf?sfvrsn=6>

³ Institut National de la Statistique (INSTAT), Programme National de lutte contre le Paludisme (PNLP), Institut Pasteur de Madagascar (IPM) and ICF International. 2016. *Madagascar Malaria Indicator Survey 2016*. Calverton, MD, USA: INSTAT, PNL, IPM and ICF International.

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) INSTAT, PNL, and ICF International. 2012. *Madagascar Malaria Indicator Survey 2011*. Calverton, MD, USA: INSTAT, PNL, and ICF International. (ii) *Madagascar Malaria Indicator Survey 2013*. (iii) *Madagascar Malaria Indicator Survey 2016*.

SERVICE DELIVERY

Madagascar's 2015 manual for malaria treatment includes MiP, and is used at all levels of the health system. In 2017, the NMCP began updating the manual in collaboration with PMI partners. Population Services International supports efforts to increase IPTp in the private sector through its Top Réseau network, a social franchise network of private health care providers and clinics, and through the provision of Global Fund-procured SP to ensure sufficient stocks of SP at ANC clinics.⁵

Because the Ministry of Health (MOH) limits the duration of offsite training for health care providers to 1 week per quarter, MCSP is piloting a new onsite training approach for clinicians who provide MiP services. Madagascar piloted and is now scaling up the use of the *Toolkit to Improve Early and Sustained Uptake of Intermittent Treatment of Malaria in Pregnancy*, which aims to help providers estimate gestational age more accurately and thereby improve early uptake of IPTp through ANC.⁷

COMMUNITY ENGAGEMENT

Community health volunteers (CHVs) play an important role in planning, organizing, and conducting health promotion activities, including promoting the importance of IPTp with SP for pregnant women during the biannual mother and child health campaign. CHVs refer pregnant women to the health facility for ANC, including IPTp. In July 2017, with funds from Unitaid, Jhpiego began implementing a 5-year, community-based IPTp delivery pilot project, the Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project, which is supported by the RBM MiP subcommittee.

COMMODITIES

Implementing partners and the MOH distribute ITNs via mass campaigns; routine, continuous distribution occurs during ANC visits. ITN coverage differs by region, ranging from 28% in Hautes Terres Centrales to 96% in Est.⁸ PMI and the Global Fund support procurement of SP. The Procurement and Supply Management Technical Working Group conducts quantification and RBM validates it. Staff receive training on good stock management practices but do not always employ the practices, and logistics reports are not always submitted on time and with high-quality data. The MOH ensures the transportation of malaria commodities, including SP, from the central level to the district level. However, funds for transfer to the facility level are not reliably available, which may be a factor in frequent stock-outs. The MOH provides facilities with a small fund for ordering commodities. A text message reporting system for malaria stocks now covers 76 districts.

MONITORING & EVALUATION

The Health Management Information System (HMIS) reports on the third dose of IPTp, ITN distribution during ANC, and the number of HIV-positive women, but not the number of women on co-trimoxazole prophylaxis. Pregnancy status of malaria cases is reported in the HMIS. In 2015, ANC registers were updated to include the third dose of IPTp; however, the first and second doses were dropped, meaning that now HMIS only tracks the third dose. The country is working towards integrating surveillance systems. In addition, MCSP developed a web-based system that collects weekly data on key indicators by text message.

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.

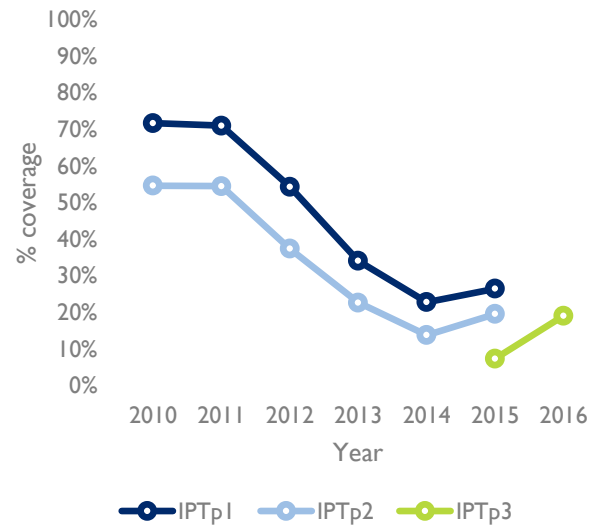
⁵ Madagascar Malaria Operational Plan FY2017.

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 2010–2016. Data are subnational from areas implementing IPTp.

⁷ Fiekowsky E, Noguchi L, Vibbert K, Brickson K, Gomez P, Wolf K, and Sellke R. 2017. *Toolkit to Improve Early and Sustained Intermittent Preventive Treatment in Pregnancy Uptake: Results from a Formative Evaluation in Madagascar and Mozambique*. Washington, DC, USA: Maternal and Child Survival Program.

⁸ Madagascar Malaria Indicator Survey 2016.

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



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