

MALARIA IN PREGNANCY COUNTRY PROFILE

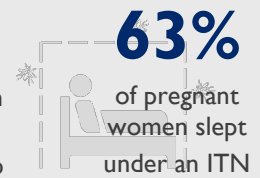
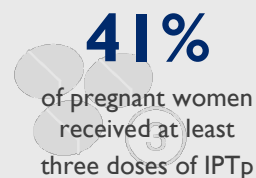
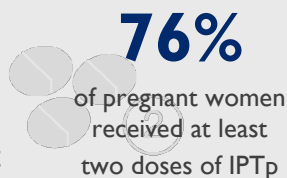
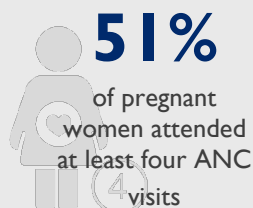
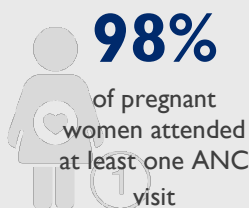
MALAWI

July 2018

BACKGROUND

Malawi 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. Malawi was the first country to begin implementing IPTp in 1993.²

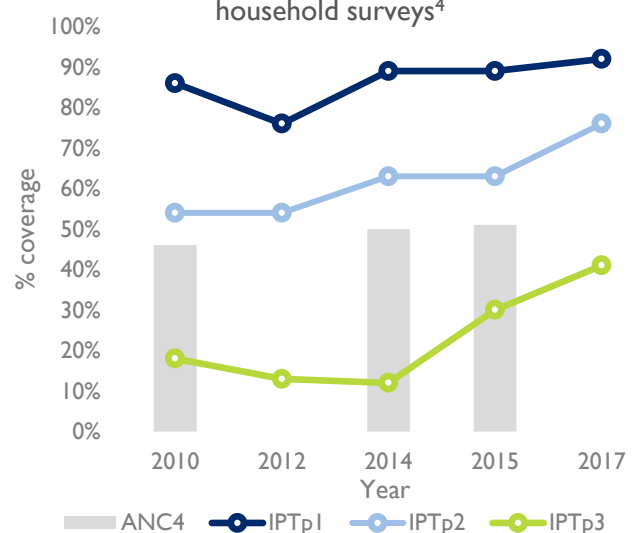
AT A GLANCE³



POLICY & IMPLEMENTATION

The Ministry of Health (MOH) has updated the national policy on IPTp to reflect the new WHO guidelines, and by 2016, training had been completed on updated case management and MiP guidelines. Malawi's IPTp guidelines state that IPTp1 with sulfadoxine-pyrimethamine (SP) be administered at 13 weeks' gestation but include conflicting language on beginning IPTp after quickening, with a dosing interval of at least 4 weeks. Malawi has an MiP Technical Working Group. Strong malaria program leadership and good coordination between the MOH's reproductive health and malaria departments have contributed to Malawi's remarkably high coverage of women receiving at least one and at least two doses of IPTp compared to most other countries implementing IPTp.

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 Mwendera CA, de Jager C, Longwe H, Phiri K, Hongoro C, Mutero CM. 2017. Changing the policy for intermittent preventive treatment with sulfadoxine-pyrimethamine during pregnancy in Malawi. *Malar J*. 16:84. doi: 10.1186/s12936-017-1736-9.

³ (i) ANC data from: National Statistical Office (NSO) and ICF. 2017. *Malawi Demographic and Health Survey 2015–16*. Zomba, Malawi, and Rockville, MD, USA: NSO and ICF. (ii) IPTp and ITN data from National Malaria Control Programme (NMCP) and ICF. 2018. *Malawi Malaria Indicator Survey 2017*. Lilongwe, Malawi, and Rockville, MD, USA: NMCP and ICF.

⁴ 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 study. (i) NSO and ICF Macro. 2011. *Malawi Demographic and Health Survey 2010*. Zomba, Malawi, and Calverton, MD, USA: NSO and ICF Macro. (ii) NMCP and ICF International. 2012. *Malawi Malaria Indicator Survey 2012*. Lilongwe, Malawi, and Calverton, MD, USA: NMCP and ICF International. (iii) NMCP and ICF International. 2014. *Malawi Malaria Indicator Survey 2014*. Lilongwe, Malawi, and Rockville, MD, USA: NMCP and ICF International. (iv) *Malawi Demographic and Health Survey 2015–16*. (v) *Malawi Malaria Indicator Survey 2017*.

SERVICE DELIVERY

In Malawi, the President's Malaria Initiative (PMI) supports the focused antenatal care (ANC) approach, an integrated package of high-impact interventions provided during four scheduled ANC visits. Although nearly all (98%) pregnant women attend ANC at least once during their pregnancy, only 24% of women initiate ANC in the first trimester.⁵

COMMUNITY ENGAGEMENT

Community health workers in Malawi help promote social and behavior change communication activities, such as door-to-door visits advocating for year-round ITN use, community-based campaigns that emphasize ITN utilization and early ANC attendance to improve IPTp uptake, and improved case management through the promotion of early care-seeking behavior.⁸ Malawi also has a small grants program through PMI that supports community-based organizations in community mobilization efforts. PMI and the MOH are conducting a study on community distribution of IPTp by trained community health workers in Malawi. This study will help provide evidence to inform the global community about the feasibility and acceptability of IPTp delivered at the community level.

COMMODITIES

Supply chain issues are a key concern in Malawi due to issues of leakage and general mismanagement. In 2010, a parallel supply chain was created to distribute donor-procured malaria commodities, including PMI-procured SP, which is quality-assured. A widespread essential medicines shortage from 2010 to 2012 led to widespread SP stock-outs at the facility level.⁹

MONITORING & EVALUATION

The Health Management Information System (HMIS) reports two doses of IPTp and an update is in process to report on three doses. The HMIS also reports on the number of ITNs distributed during ANC and the number of HIV-positive women on co-trimoxazole prophylaxis. The HMIS does not collect information about the number of pregnant women diagnosed with and treated for malaria, or whether SP for IPTp is administered as DOT at the ANC clinic. Malawi uses a cohort ANC register, in which all of a woman's ANC visits during pregnancy are recorded on a single line. This enables health care providers to follow individual clients longitudinally throughout pregnancy, and provides a more accurate estimate of the denominator used for reporting IPTp coverage. Malawi's HMIS collects data on the number of pregnant women receiving daily co-trimoxazole, providing the opportunity to exclude these women from the denominator of eligible individuals used to calculate IPTp coverage. Given concerns about IPTp efficacy in light

Figure B. IPTp and ANC4 coverage among ANC attendees from routine reporting systems⁶

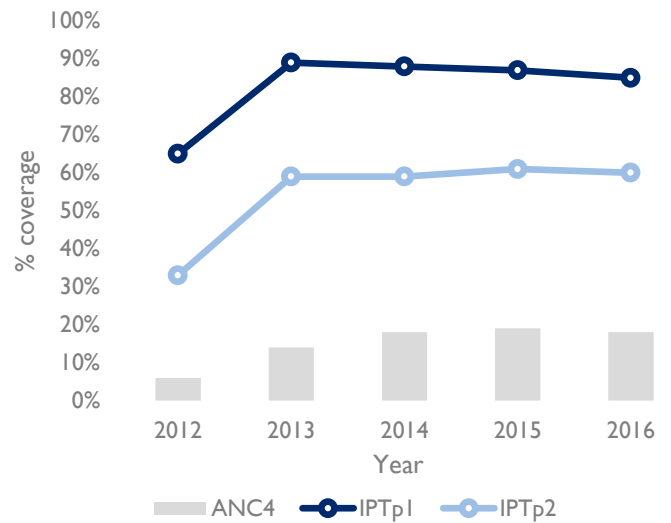
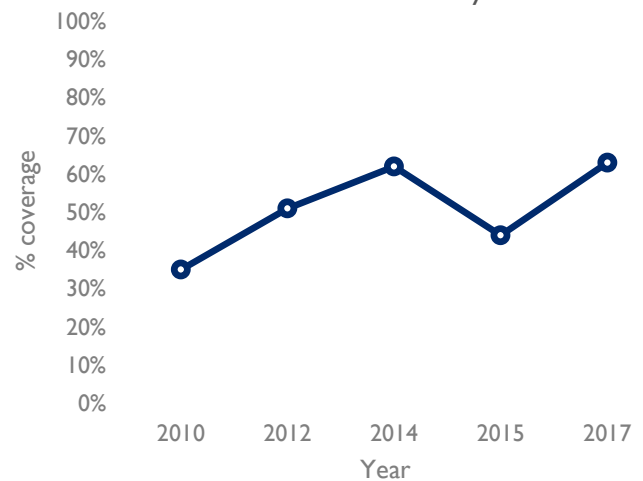


Figure C. ITN use among pregnant women from household surveys⁷



⁵ Malawi Demographic and Health Survey 2015–16.

⁶ 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.

⁷ The y-axis shows percentage of pregnant women who slept under an ITN on the previous night of the survey. (i) Malawi Demographic and Health Survey 2010. (ii) Malawi Malaria Indicator Survey 2012. (iii) Malawi Malaria Indicator Survey 2014. (iv) Malawi Demographic and Health Survey 2015–16. (v) Malawi Malaria Indicator Survey 2017.

⁸ President's Malaria Initiative. 2017. Malawi Malaria Operational Plan FY 2017. Accessed June 25, 2018 at: <https://www.pmi.gov/docs/default-source/default-document-library/malaria-operational-plans/fy17/fy-2017-malawi-malaria-operational-plan.pdf?sfvrsn=6>

⁹ Bausell L, Wolf K. 2014. Treatment Uptake and Availability of Antimalarial Drugs for Intermittent Preventative Treatment in Pregnant Women in Malawi. Arlington, VA, USA: USAID | DELIVER PROJECT, Task Order 7.

of increasing parasite resistance to SP in Malawi, studies are underway to determine whether dihydroartemisinin-piperaquine could be an alternative drug for IPTp.

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.