

MALARIA IN PREGNANCY COUNTRY PROFILE

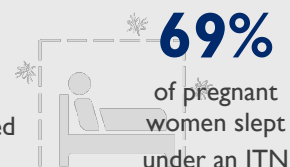
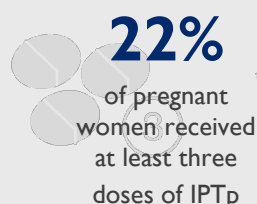
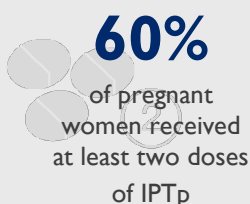
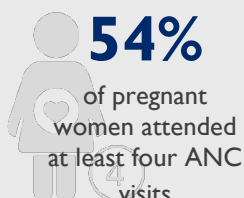
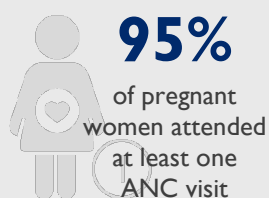
SENEGAL

July 2018

BACKGROUND

Senegal has adopted the World Health Organization's (WHO's) three-pronged strategy for combating malaria in pregnancy (MiP): (1) intermittent preventative 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 2003.² Senegal's National Malaria Control Program (NMCP) has shown strong leadership in supporting key malaria interventions.

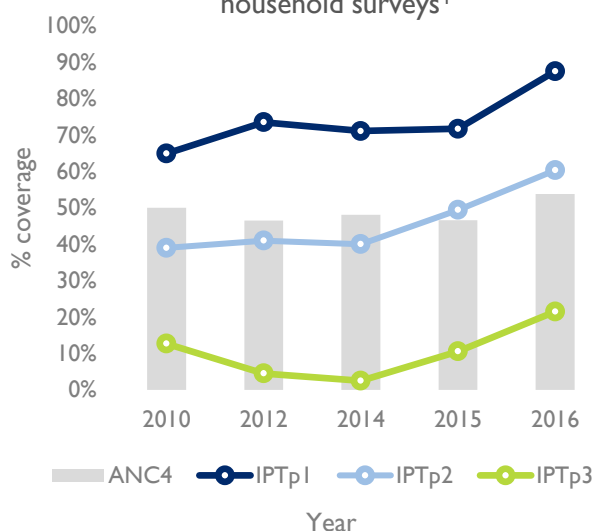
AT A GLANCE³



POLICY & IMPLEMENTATION

In 2003, the NMCP adopted a policy of providing free IPTp with sulfadoxine-pyrimethamine (SP) to pregnant women via DOT during antenatal care (ANC) visits. The policy was updated in 2013 to reflect changes in WHO's recommended number and timing of IPTp doses, and implementation of the new policy began in 2014. The NMCP's Strategic Plan (2016–2020) states that all pregnant women should receive at least three doses of SP, at 1-month intervals, starting in the second trimester of pregnancy at each ANC visit. Both the NMCP policy and Senegal's reproductive health policy state that the first IPTp dose should be administered within the second trimester, but the policies do not state explicitly, per WHO's guidance, that the first dose should be given as soon as possible in the second trimester. Senegal does not have a technical working group or subgroup dedicated to MiP.

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. 2017. *Senegal Malaria Operational Plan FY2017*. Accessed June 25, 2018 at: <https://www.pmi.gov/docs/default-source/default-document-library/malaria-operational-plans/fy17/fy-2017-senegal-malaria-operational-plan.pdf?sfvrsn=9>

³ Agence Nationale de la Statistique et de la Démographie (ANSD) and ICF International. 2017. *Continuous Demographic and Health Survey in Senegal 2016*. Rockville, MD, USA: ANSD 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 and in the previous 2 years for IPTp—among women ages 15–49 who were interviewed for the survey. (i) ANSD and ICF International. 2012. *Senegal Demographic and Health and Multiple Indicator Cluster Survey 2010–2011*. Rockville,

Although the availability of updated IPTp guidelines in facilities varies by region, nationwide the guidelines are available in 59% of health facilities. Guidelines on malaria diagnosis and treatment are available at 88% of facilities.⁵

SERVICE DELIVERY

MiP prevention is a priority for the government in Senegal. The NMCP set ambitious goals in its 2016–2020 strategy, which aims for 80% of all pregnant women to use ITNs and at least 80% to receive IPTp, in order to move Senegal toward the goal of pre-elimination by 2020.⁶ IPTp uptake continues to approach the high levels of ANC attendance in Senegal. According to the Demographic and Health Surveys (DHS), Senegal has shown steady progress in intervention coverage; between 2010 and 2016, IPTp1 coverage increased from 64.9% to 88%, IPTp2 increased from 39% to 60%, and IPTp3 coverage increased from 13% to 22%.⁷ This accomplishment was possible despite challenges in maintaining SP stock availability.

DHS data on ITN use among pregnant women reflect a positive upward trend, reaching 69% in 2016.

Senegal has had some success with performance-based financing, which rewards districts that perform well on IPTp coverage. Over a 2-year implementation period, all providers in two President’s Malaria Initiative (PMI)-supported regions—Kolda and Kaffrine—met their targets for IPTp2 indicators. By 2015, 99% and 94% of eligible women received IPTp2 in Kolda and Kaffrine, respectively.⁹

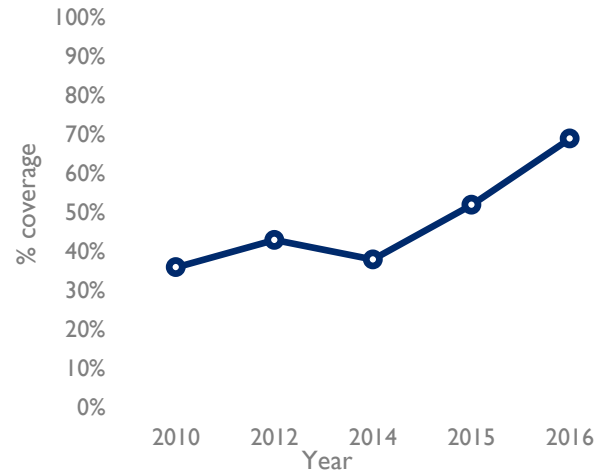
The 2016 Service Provision Assessment (SPA) survey reports that 93% of health workers in Senegal have received training in the diagnosis and treatment of malaria, and 53% of facilities have staff trained in IPTp. The survey also reports that among facilities that offer malaria services, 81% report having injectable quinine available, 63% report having ITNs to distribute, and 52% report having SP available.¹¹

COMMUNITY ENGAGEMENT

The 2016–2020 National Malaria Strategic Plan includes advocacy for health workers and the population at large, training and supportive supervision of health workers, and provision of outreach ANC services by health post staff.

PMI-supported formative research in Senegal to identify factors affecting low uptake of IPTp indicated that there was confusion about the policy of providing free SP and a need to reinforce the IPTp guidelines. At the community level, these findings informed the

Figure B. ITN use among pregnant women, from household surveys⁸



In 2013, 40% of health posts and health centers achieved their fourth quarter target for IPTp2; with the introduction of performance-based financing, the percentage increased to about 95% by the fourth quarter of 2014.¹⁰



MD, USA: ANSD and ICF International. (ii) ANSD and ICF International. 2013. *Continuous Demographic and Health Survey in Senegal 2012–2013*. Calverton, MD, USA: ANSD (iii) ANSD and ICF International. 2015. *Continuous Demographic and Health Survey in Senegal 2014*. Rockville, MD, USA: ANSD and ICF International. (iv) ANSD and ICF International. 2016. *Continuous Demographic and Health Survey in Senegal 2015*. Rockville, MD, USA: ANSD and ICF International. (v) *Continuous Demographic and Health Survey in Senegal 2016*.

⁵ *Continuous Demographic and Health Survey in Senegal 2016*.

⁶ Programme National de Lutte contre le Paludisme. *Plan Stratégique Nationale de Lutte Contre le Paludisme 2016–2020*. (National Malaria Strategic Plan 2016–2020.) Accessed June 25, 2018 at: http://www.pnlp.sn/wp-content/uploads/2016/08/PNLP_PSN_VFF_03-02-2016.pdf

⁷ (i) *Senegal Demographic and Health and Multiple Indicator Cluster Survey 2010–2011*. (ii) *Continuous Demographic and Health Survey in Senegal 2016*.

⁸ The y-axis shows the percentage of pregnant women interviewed who slept under an ITN on the previous night. (i) *Senegal Demographic and Health and Multiple Indicator Cluster Survey 2010–2011*. (ii) *Continuous Demographic and Health Survey in Senegal 2012–2013*. (iii) *Continuous Demographic and Health Survey in Senegal 2014*. (iv) *Continuous Demographic and Health Survey in Senegal 2015*. (v) *Continuous Demographic and Health Survey in Senegal 2016*.

⁹ *Senegal Malaria Operational Plan FY2017*.

¹⁰ *Ibid.*

¹¹ ANSD and Ministère de la Santé et de l’Action Sociale. 2017. *Senegal: Enquête Continue sur la Prestation des Services de Soins de Santé (ECPSS) 2016*. Accessed July 27, 2018 at: <https://dhsprogram.com/pubs/pdf/SPA26/SPA26.pdf>

development of key messages, which were disseminated through road shows, and sensitization of community members, particularly by *bajenu gokh*, or village godmothers, on the importance of preventing malaria in pregnant women. Following the intervention, IPTp2 coverage improved in the two test districts of Touba and Mbao. As a result, the NMCP is expanding this approach to additional districts.¹²

COMMODITIES

SP is frequently out of stock in Senegal, although availability varies by region. It is the only malaria commodity procured and managed by the Central Medical Stores rather than PMI. The 2016 SPA found that an average of 52% of health facilities had SP in stock, a decrease from 76% in 2014.¹³ Health facilities are required to purchase SP from the Central Medical Stores and must provide it free of charge to patients, which might explain the high stock-out rates at the facility level as there is no associated cost recovery. In 2017, the NMCP, with support from PMI, developed a plan for managing malaria commodities to ensure availability of antimalarials in at least 99% of public health facilities.¹⁴

52% of health facilities had SP in stock.



MONITORING & EVALUATION

ANC registers and the HMIS have been updated to capture three doses of IPTp. The HMIS also reports on case management of MiP, and the numbers of ITNs distributed via ANC. It does not report on DOT administration of SP. With a very low HIV prevalence, Senegal's HMIS does not include the number of HIV-positive women receiving co-trimoxazole prophylaxis. Senegal began implementing a continuous Demographic and Health Survey in 2012.

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.

¹² Senegal Malaria Operational Plan FY2017.

¹³ Sénégal : Enquête Continue sur la Prestation des Services de Soins de Santé (ECPSS) 2016.

¹⁴ Senegal Malaria Operational Plan FY2017.