

Challenges in Implementing the World Health Organization's (WHO's) Updated Policy Recommendation on Use of Intermittent Preventive Treatment of Malaria in Pregnancy (MIP) using Sulfadoxine-Pyrimethamine

by: Patricia Gomez^{1,2}, Jane Coleman^{1,2}, Aimee Dickerson^{1,2}, and Elaine Roman^{1,2}

affiliate: ¹Jhpiego, an affiliate of Johns Hopkins University; ²Maternal and Child Survival Program

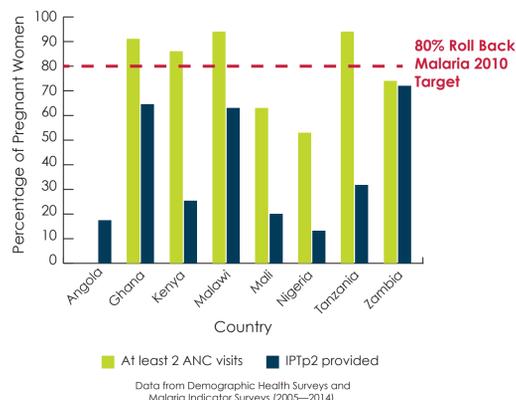
WHO's Approach to MIP

- To mitigate the substantial risks of MIP for the woman, fetus and newborn, WHO recommends a three-pronged approach:
 - use of insecticide-treated bed nets;
 - intermittent preventive treatment in pregnancy using sulfadoxine-pyrimethamine (IPTp-SP) in areas of moderate to high transmission of malaria; and
 - effective treatment of malaria.

WHO's IPTp-SP Policy Recommendation

- In all sub-Saharan African areas of moderate to high transmission of malaria, IPTp-SP should be given to pregnant women as directly observed therapy during antenatal care (ANC) visits.
- The first dose of SP should be given as early as possible in the second trimester (starting at 13 weeks of pregnancy).
- Each SP dose should be given at least one month apart, ideally through directly observed therapy, up to the time of delivery.

IPTp Use Is Missing the Target



Qualitative Inquiry

In December 2014, Jhpiego and the USAID-funded Maternal and Child Survival Program (MCSP) conducted two qualitative inquiries of MCSP field staff about implementation of the updated WHO IPTp-SP policy recommendation. The inquiries were conducted in eight sub-Saharan African countries supported by the President's Malaria Initiative.

Findings

National guidance on timing of 1st dose of IPTp and is it consistent with WHO guidance

Angola: 13 weeks – YES
Ghana: 16 weeks – NO
Kenya: 16 weeks or quickening – NO
Malawi: After quickening – NO
Mali: 4 th month of pregnancy – NO
Tanzania: As early as possible in the 2 nd trimester – YES

Findings, continued

Have national MIP policy updates been disseminated to health workers?

Angola: No, pending Minister of Health signature; resources are needed to print and disseminate documents
Ghana: No, resources are needed to print documents
Kenya: Yes
Malawi: Yes
Mali: Yes
Tanzania: Yes

Where policies and guidelines are updated, financial constraints inhibit their dissemination to frontline health workers who are already in need of capacity building to implement the latest guidance.

What do providers see as the biggest challenges to getting women into ANC by the beginning of the 2nd trimester so that they can receive the first dose of IPTp-SP by 13 weeks?

	Ghana	Kenya	Nigeria	Tanzania	Zambia
Cultural beliefs inhibit revealing pregnancy early	X	X	X	X	X
Concern that SP is not available			X	X	
Fear that 13 weeks is too early to take SP			X	X	X
Transport challenges/distance to health center					X

"Cultural beliefs and superstitions discouraging revealing pregnancy before it is obvious lead to many women attending ANC after 20 weeks or only when they are showing." -Ghana

What is the reaction of providers once they know that they will need to establish gestational age (GA) early in the 2nd trimester, by both history and physical exam? Do providers feel competent to do this?

	Ghana	Kenya	Nigeria	Tanzania	Zambia
Midwives have been trained in determining early GA but are out of practice or not confident	X		X		
Many providers lack confidence in determining early GA		X		X	
Midwives are comfortable with determining early GA; other providers are not					X

"Providers who are not confident in assessing early gestational age will rely on use of quickening as the criterion to give SP; thus many women will not receive the first dose until 20 weeks." -Ghana

What needs to be done at the community level to sensitize women to the importance of IPTp-SP at 13 weeks, for both her and her baby? Who should be involved? How should they be trained (i.e., what is the role of community health workers in this)? What do community health workers see as challenges in helping women to recognize pregnancy early on and seek care by 13 weeks?

Findings, continued

Ghana	There has been a great deal of advocacy for community health nurses to give the first dose of SP, but more work and resources are needed for it to be a success.
Kenya	Community change agents/gate keepers need sensitization to change cultural practices. This is a challenge, but in areas where this is happening, community health volunteers have more success in convincing pregnant women to attend ANC early.
Nigeria	Use the interpersonal communication approach to sensitize pregnant women and engage the community to adopt culturally appropriate information on the benefits of early ANC attendance and IPTp-SP.
Tanzania	The role of community health workers is to: sensitize women and families; conduct follow-up visits to ensure IPTp is taken; if possible, administer SP; and use community health days to provide health education on use of IPTp.
Zambia	Use Safe Motherhood Action Group and community actors to sensitize community on early ANC attendance and 1 st dose of IPTp-SP early.

"Majority of women know they are pregnant before 13 weeks, however the socio-cultural practices and no opportunity to make own decision still bind many of them, but community-led efforts could greatly improve these practices." -Kenya

Common Country Challenges

- Countries are slow to adopt the WHO policy recommendation for IPTp-SP.
- Cultural beliefs prevent pregnant women from acknowledging early pregnancy and attending ANC from the outset.
- Women and the community do not have knowledge about importance of early ANC and IPTp-SP use.
- Pregnant women lack decision-making power about when to seek care.
- There are stock-outs of SP.
- Providers lack confidence to assess early GA.

Conclusions

- More advocacy and support are needed to help countries adopt and disseminate WHO's evidence-based guidance for IPTp-SP.
- The perceived lack of providers' ability to determine early GA not only inhibits early provision of IPTp-SP but also leads some countries to retain outdated guidance on when to give the 1st dose.
- All ANC providers should be trained in determining early GA and distributing IPTp-SP and be supported through continuous supervision and access to clear job aids.
- Sensitization for women and their communities on the importance of early ANC attendance and use of IPTp-SP is important to overcoming cultural barriers.
- The feasibility of new approaches such as community distribution of IPTp and advocacy for ANC attendance should be explored.