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disease control, better health

Assessing and Addressing Barriers to IPTp Uptake in Uganda

Christian Rassi

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Our Mission:




To improve lives in Africa and Asia through sustainable, evidence-based programmes that combat targeted diseases and promote child and maternal health

Diseases:

-  Malaria
-  NTDs
-  Pneumonia
-  Diarrhoea
-  Malnutrition

Areas:

-  Vector control
-  Chemoprevention
-  Diagnostics
-  Case management
-  Resistance management

-  Elimination
-  Health systems strengthening
-  Clinical quality improvement

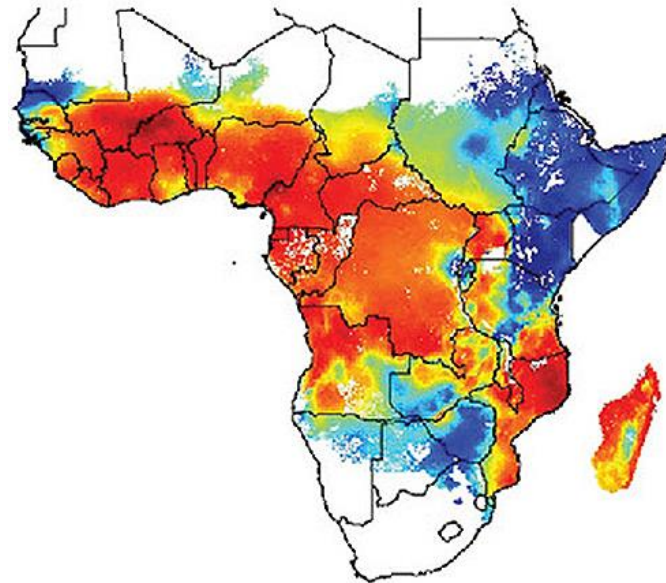
Malaria in pregnancy

- 🦟 Pregnant women and children under five are particularly vulnerable to malaria.
- 🦟 Pregnant women are more susceptible to severe disease and more likely to die from malaria.
- 🦟 In many contexts, women are also more susceptible because of their economic and social status.



Malaria in pregnancy

- ✈ Malaria in pregnancy causes maternal anaemia, which increases the risk of miscarriage and low birth weight (LBW) delivery.
- ✈ LBW is considered the single most important risk factor for newborn and early infant mortality.
- ✈ Malaria in pregnancy contributes to up to 25% of maternal deaths and leads to 900,000 LBW deliveries each year in Africa.



Exposure to malaria infection during pregnancy across Africa.

Source: Walker et al. (2014).

Malaria in pregnancy

- ✈ Malaria in pregnancy is preventable.
- ✈ WHO recommends a package of interventions for the prevention and treatment of malaria in pregnancy:



1. Use of long-lasting insecticidal nets;
2. Intermittent preventive treatment in pregnancy (IPTp);
3. Prompt diagnosis and effective treatment of malaria infections.

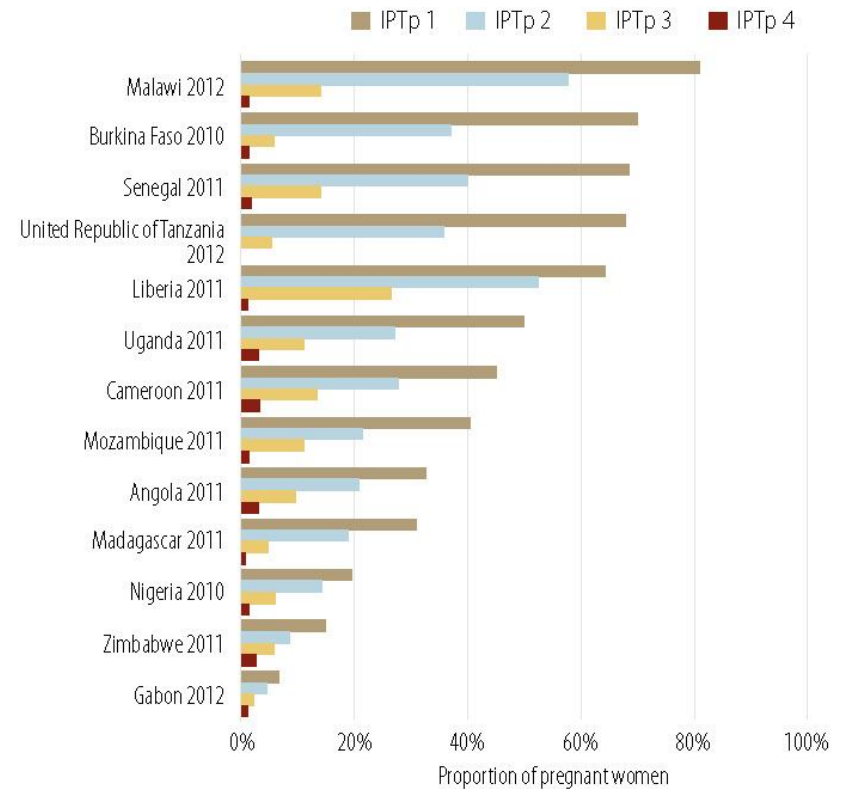
IPTp

- 🦟 IPTp entails administration of a curative dose of an antimalarial drug to all pregnant women, regardless of whether or not the recipient is infected with malaria.
- 🦟 The drug used for IPTp must be effective, safe, low-cost and acceptable.
- 🦟 IPTp is typically delivered to pregnant women as part of routine antenatal care (ANC) visits.



IPTp

- WHO recommends that IPTp should be given at each scheduled ANC visit except during the first trimester.
- The Roll Back Malaria partnership envisages universal access to IPTp by 2015.
- However, despite high ANC attendance, most countries do not come close to meeting this target.

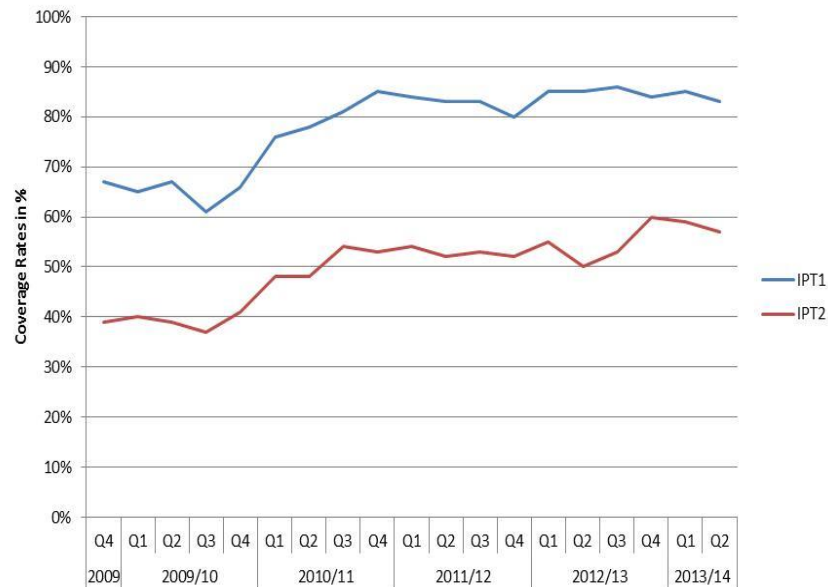


Proportion of all pregnant women receiving IPTp, by number of doses received, 2010–2012.

Source: WHO (2013).

Stop Malaria Project (Uganda)

- 🦟 Stop Malaria Project supports the Ministry of Health to implement malaria interventions across 34 districts.
- 🦟 Measures designed to increase IPTp coverage included training health workers, development of job aids and tracking and provision of commodities.
- 🦟 IPTp uptake has increased, but is still far from meeting target of 85% of women receiving at least two doses.








Proportion of all pregnant women receiving IPTp in SMP districts, by number of doses received, 2009–2013.

Source: Uganda HMIS.





Study on barriers to IPTp uptake in Uganda


1. **Supply side** – resources, policies, stakeholders, capacity building, provision of services, sensitisation
2. **Demand side** – accessibility, affordability, acceptability
3. **IPTp coverage data** – accuracy, reliability and quality

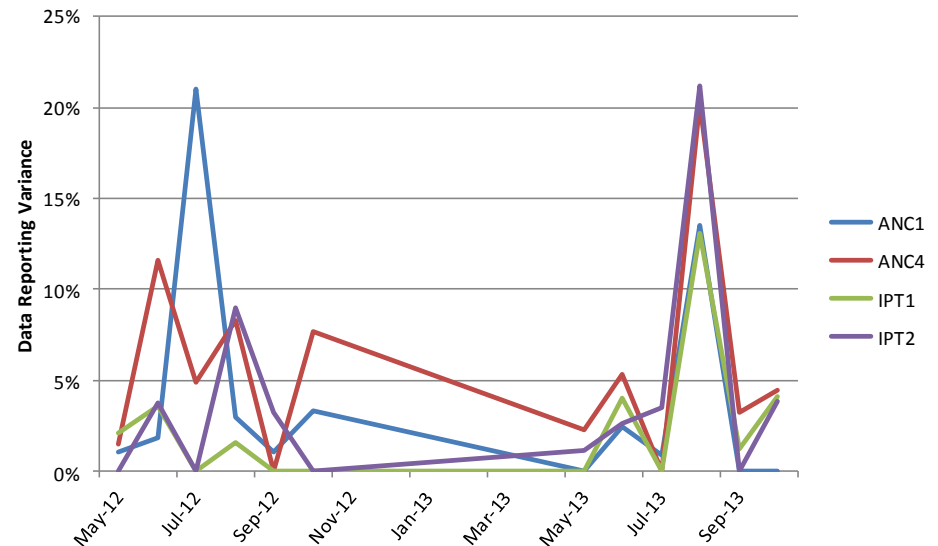
-  19 qualitative interviews with pregnant women/mothers
-  15 qualitative interviews with health workers
-  7 qualitative interviews with district health staff
-  4 qualitative interviews with community leaders
-  Document and record review in four facilities representing different levels of ANC providers

Findings – data accuracy

 Both under and over-reporting compared with data recorded in facilities' ANC registers are common.

 Recording practices vary considerably between individuals and facilities.

 Inaccuracies are also attributed to high workload, lack of training and use of unqualified staff.



Data reporting variances in a HC IV, May - October 2012 and May - October 2013.

Findings – demand side

- 🦟 Women and communities have largely positive views of ANC and IPTp.
- 🦟 Refusal rates are low – women tend to accept IPTp when offered by a health worker.
- 🦟 There are concerns about side effects and taking the drug on an empty stomach.
- 🦟 A tendency to attend ANC late or infrequently may lead to missed opportunities for the provision of IPTp.






Findings – supply side

- 🦟 Drug stock-outs are uncommon in public health facilities, but continue to occur in private health centres.
- 🦟 Health workers have inadequate knowledge of IPTp guidelines. Existing guidelines are inconsistent and do not reflect current WHO recommendations.
- 🦟 The policy of encouraging partners to attend ANC leads some health workers to deny services to women who attend without their partner.



Barriers to IPTp uptake – pilot intervention

-  Malaria Consortium is currently designing a small-scale pilot intervention to address the key barriers identified.
-  The components and details of the intervention will be agreed with a group of national malaria in pregnancy stakeholders, including the National Malaria Control Programme and Reproductive Health Division at the Ministry of Health.
-  The pilot will include an intervention and a control arm and evaluation results are expected to be available by mid-2015.

Five take-home messages

1. Malaria in pregnancy is a serious public health problem, which poses substantial risks to mother and child.
2. Malaria in pregnancy is preventable, but many opportunities to provide IPTp are being missed.
3. In order to strategically tailor interventions to the needs of pregnant women in different contexts, better data recording and reporting systems are required.
4. Overcoming demand-side barriers will require improving communities' knowledge and perceptions of ANC and IPTp. This will require long-term behaviour change interventions.
5. Addressing supply-side barriers is likely to result in increased IPTp coverage more easily and quickly. This should involve adoption of current WHO guidelines, improving health workers' knowledge and ensuring free provision of IPTp in private facilities.

Barriers to IPTp uptake – funding

The study has been conducted through **COMDIS-HSD**, a Research Programme Consortium led by the Nuffield Centre for International Health and Development at the University of Leeds, and co-funded by **PPA**, one of UK Department for International Development's main support mechanisms for civil society organisations.

Both streams are funded by the UK Government.



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Thank you



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