

Sulphadoxine-pyrimethamine on essential drugs list for preventing malaria in pregnancy

USAID's Malaria Action Program for Districts influences the Government of Uganda, via the Ministry of Health, to take important steps in improving provision of SP (sulphadoxine-pyrimethamine) – an essential drug needed for the prevention of malaria in pregnancy. This not only improves the health status of vulnerable groups (pregnant women and their fetuses/neonates) but demonstrates Uganda's support of malaria control.



An expectant mother takes sulphadoxine-pyrimethamine during antenatal care in Kagadi, Uganda

BACKGROUND

Malaria infection during pregnancy (MIP) is a significant public health problem, causing substantial risks for pregnant women, their fetuses, and newborns. To reduce the impact of malaria in pregnancy in Uganda, USAID's Malaria Action Program for Districts (MAPD), works with the Ministry of Health (MoH) to enact the recent World Health Organization recommended MIP package, which promotes the:

- Use of long-lasting insecticidal nets (LLINs)
- Provision of three or more doses of sulfadoxine-pyrimethamine (SP), as part of antenatal care services
- Prompt diagnosis and effective treatment of malaria infections.

Effective roll out of the above has been proven to reduce malaria episodes, anaemia, parasitaemia, and low birth weight.

ROLL OUT OF MIP PACKAGE

All three components of this package have been

rolled out in MAPD districts to an impressive degree, working closely with the MoH, the District Management Health Teams, health workers and the community to ensure understanding of, compliance to and uptake of the new guidelines.

After only one year of roll-out:

- 70% of women are receiving LLINs at their first antenatal care (ANC) visit (up from 31%), protecting them and their fetus from malaria early on in the pregnancy
- 37% of women attending ANC are now receiving three or more doses of SP (up from 4%)
- Health workers are equipped and motivated to conduct appropriate tests (testing rate is above 95%) and adhere to test results (adherence has improved from 51% to 88%).

The project has also been working with community, religious and political leaders, as well as youth, men's and women's groups, to promote early and continued ANC uptake, as well as using a novel SMS ANC and malaria behavior reminder system.

Though major gains have been achieved, one key challenge has been the consistent and adequate supply of SP. In Uganda, some medical commodities are listed on the Essential Drugs List and are purchased by the MoH's Credit Line at central level. This means that at the district and Health Facility (HF) level these are free, and the cost of these drugs are not taken out of the district or HF budget. This has not been the case for SP. Health facilities have limited budgets to accommodate all their needs, and have found it hard to budget and cost for the amounts of SP required to meet the new MIP guideline. Furthermore, with limited budgets, HFs and districts tend to prioritize treatment commodities, rather than preventive ones such as SP. These issues have led to SP stock outs being reported in all MAPD districts throughout the year.

ADVOCATING FOR CHANGE

To counter this issue, MAPD has been working tirelessly with the Government of Uganda to recognize the importance of the prevention of malaria in pregnancy and to support the provision of SP. As advocacy takes time, MAPD has concurrently been working with HFs and districts to improve stock management and ordering systems, as well as redistributing SP (and other essential malaria items) from areas of overstock to those in need.

MAPD secured a circular from the Director General of Health Services (MoH) directing all District Health Officers (who are in charge of implementing health interventions at district level) to ensure the delivery of effective MIP actions, including the provision of three or more doses of SP. However,

this was not enough to counter budget constraints and so MAPD continued to push for SP to be supported nationally.

To do this, MAPD, in collaboration with USAID's Uganda Health Supply Chain project, collected the national SP stock out picture. MAPD then worked with the MoH's Pharmacy Division to develop and cost an MIP pharmaceutical and commodities 2018-2020 plan, to facilitate decision-making for MIP support. These advocacy tools, alongside medical MIP data, and robust global evidence on MIP, was used to influence key stakeholders during:

- Maternal and child health cluster meetings
- Commodity security group meetings
- Health supply chain meetings
- MIP thematic working group meetings
- The annual Scientific Malaria Colloquium
- Advocacy meetings with wide-reaching MoH Departments and key officials (National Malaria Control Division Program Manager, Reproductive Health Division Assistant Commissioner, MoH's Director General and Permanent Secretary).

ACHIEVING SUCCESS

All of MAPD's efforts resulted in a big win in July 2018, when the MoH released an official directive putting SP on the Essential Drug List. In addition to this, the MoH supported an immediate two-month SP supply to all health facilities whether they ordered it or not.

The first step has been won; the next is that SP is put on MoH's credit line. MAPD is continuing this fight and is expecting results in the new year.

This success story is published as part of a series from the USAID's Malaria Action Program for Districts project. For more information, see www.malariaconsortium.org/resources/publications/977/ or contact: Dr Sam Gudozi, s.gudozi@malariaconsortium.org

USAID's Malaria Action Program for Districts aims to improve the health status of the Ugandan population by reducing childhood and maternal morbidity and mortality due to malaria. The project will support the Government of Uganda for a period of five years, focusing in particular on children under five years of age and pregnant women.

This project, made possible by the generous support from the American and British people, is implemented by Malaria Consortium in partnership with Jhpiego, Banyan Global, and Communication for Development Foundation Uganda (CDFU), Deloitte Uganda and Infectious Diseases Institute (IDI).

Malaria Consortium Uganda, Plot 25 Upper Naguru East Road, PO Box 8045, Kampala, Uganda / Malaria Consortium, The Green House, 244-254 Cambridge Heath Road, London E2 9DA, United Kingdom / info@malariaconsortium.org / www.malariaconsortium.org
