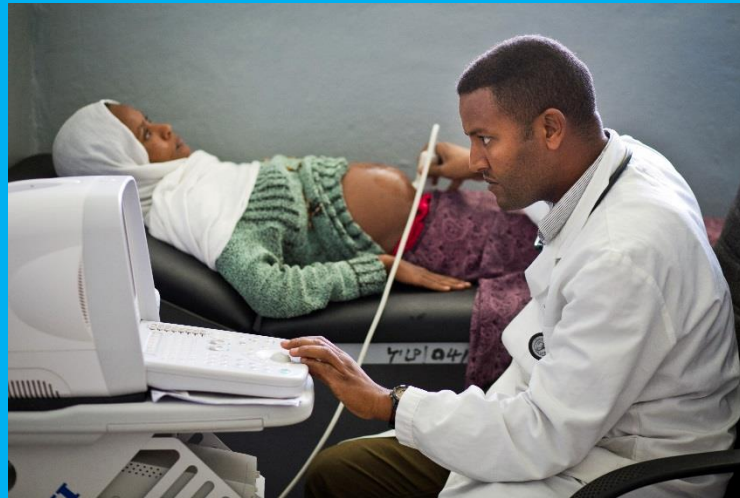


# UNICEF's application of the new ANC recommendations: Actions to reduce the burden of Malaria in Pregnancy



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**Valentina Buj, Global Malaria Advisor  
Health Section, UNICEF  
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# A core underlying principle of UNICEF's support to maternal, newborn and child health programmes is the "continuum of care"

<b>Clinical</b>	<b>REPRODUCTIVE CARE</b> <ul style="list-style-type: none"> <li>Family planning</li> <li>STIs, HIV and immunizations</li> <li>Care after pregnancy loss</li> </ul>	<b>REPRODUCTIVE HEALTH CARE</b> <ul style="list-style-type: none"> <li>Family planning, including birth spacing</li> <li>Prevention and management of STIs and HIV</li> <li>Nutritional counseling</li> </ul>	<b>CHILD BIRTH CARE</b> <ul style="list-style-type: none"> <li>Skilled &amp; immediate newborn care (hygiene, warmth, breastfeeding) and resuscitation</li> <li>Antenatal steroids, antibiotics for pPROM</li> <li>PMTCT of HIV</li> <li>Emergency obstetric care if needed</li> </ul>	<b>Outreach/outpatient</b>	<b>ANTENATAL CARE</b> <ul style="list-style-type: none"> <li>4-visit focused ANC package</li> <li>IPTp and bednets for malaria</li> <li>Prevention and management of STIs and HIV</li> <li>Calcium supplementation</li> <li>Diagnosis and treatment of maternal chronic conditions</li> </ul>	<b>POSTNATAL CARE</b> <ul style="list-style-type: none"> <li>Promotion of healthy behaviors, e.g. hygiene, breastfeeding, warmth</li> <li>Early detection of and referral for illness</li> <li>Extra care of at-risk mothers and babies</li> <li>Prevention of mother-to-child transmission of HIV</li> </ul>	<b>EMERGENCY NEWBORN CARE</b> <ul style="list-style-type: none"> <li>Extra care of preterm babies, including Kangaroo Mother Care</li> <li>Emergency care of sick newborns (context-specific e.g. CPAP, surfactant)</li> </ul>	<b>Family/community</b> <ul style="list-style-type: none"> <li>Adolescent and pre-pregnancy nutrition</li> <li>Gender violence</li> <li>Education</li> <li>Prevention of STIs and HIV</li> <li>Optimize prepregnancy maternal conditions</li> </ul>	<b>EMERGENCY CHILD CARE</b> <ul style="list-style-type: none"> <li>Hospital care of childhood illness, including HIV care</li> </ul>	<b>CHILD HEALTH CARE</b> <ul style="list-style-type: none"> <li>Immunizations, nutrition, e.g. Vit A supplementation and growth monitoring</li> <li>IPTi and bednets for malaria</li> <li>Care of children with HIV, including cotrimoxazole</li> <li>First level assessment and care of childhood illness (IMCI)</li> <li>Diagnosis and treatment of prematurity associated disability</li> </ul>	<b>Healthy home care including:</b> <ul style="list-style-type: none"> <li>Promoting preventive care, including newborn care (hygiene, warmth), nutrition (exclusive breastfeeding, complementary feeding) and family planning for women</li> <li>Seeking curative services for women, babies and children, including oral rehydration salts for prevention of diarrhoea, and where referral is not available, consider case management for pneumonia, malaria and neonatal sepsis</li> </ul>
<b>Intersectoral</b>		Improved living and working conditions including housing, water and sanitation, and nutrition; education and empowerment, especially of girls; folic acid fortification; safe and healthy work environments for women and pregnant women									



## However, there are critical gaps in the continuum of care...

- **Only 53 % of PW** had the recommended minimum of four antenatal visits (ANC4).
- **IPTp coverage is below 30%.**
- **Less than 40% of pregnant women are sleeping under ITNs.**
- **Sustainability:** Progress achieved during the last decade is very fragile. International funding for malaria control has leveled off below annual requirements to achieve universal coverage of malaria interventions.

# Over half of the women who become pregnant live in tropical areas of Africa with intense transmission of *Plasmodium falciparum*. **However it is the poorest pregnant women who are not receiving IPTp**

**UNICEF supports the provision of SP and training of practitioners to administer IPTp at each scheduled ANC visit after quickening.**

Percentage of women aged 15–49 who received intermittent preventive treatment for malaria during last pregnancy (at least two doses of SP, at least one during antenatal care visit), 2010–2014

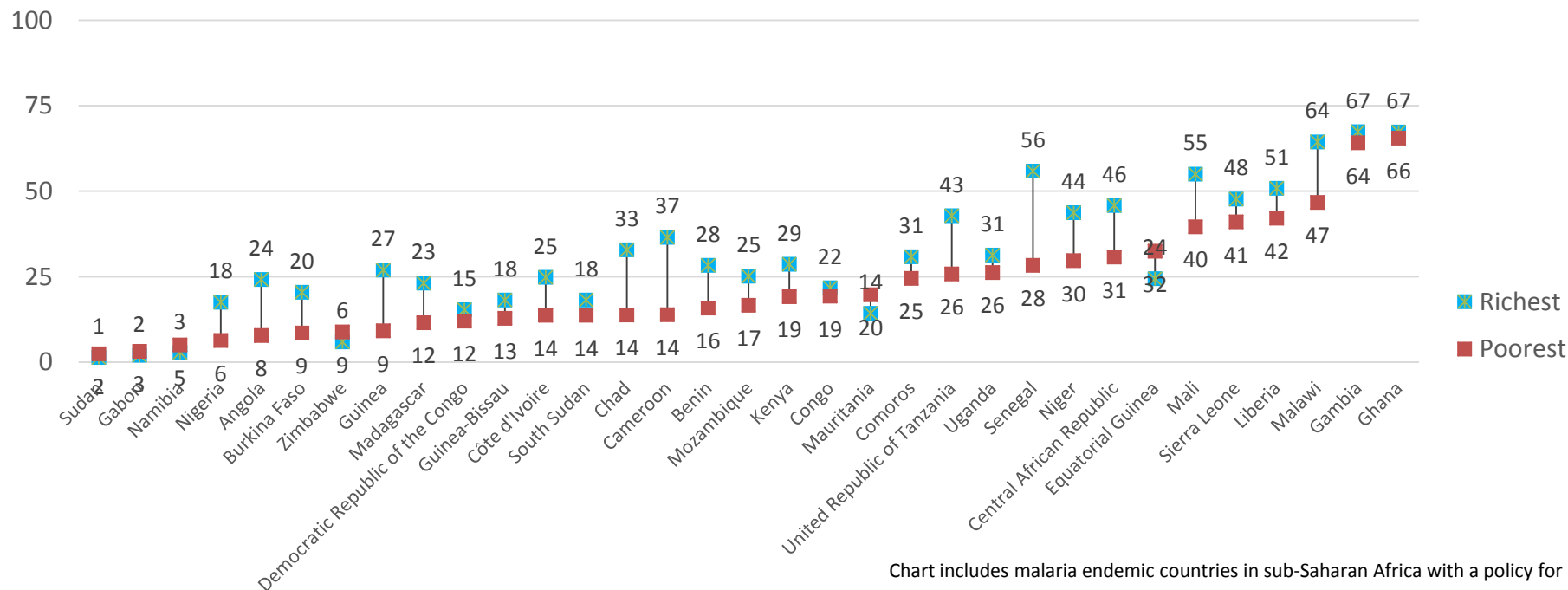


Chart includes malaria endemic countries in sub-Saharan Africa with a policy for IPTp

Source: UNICEF global databases 2015, based on MICS, MIS and DHS

# UNICEF's vision for Health Systems

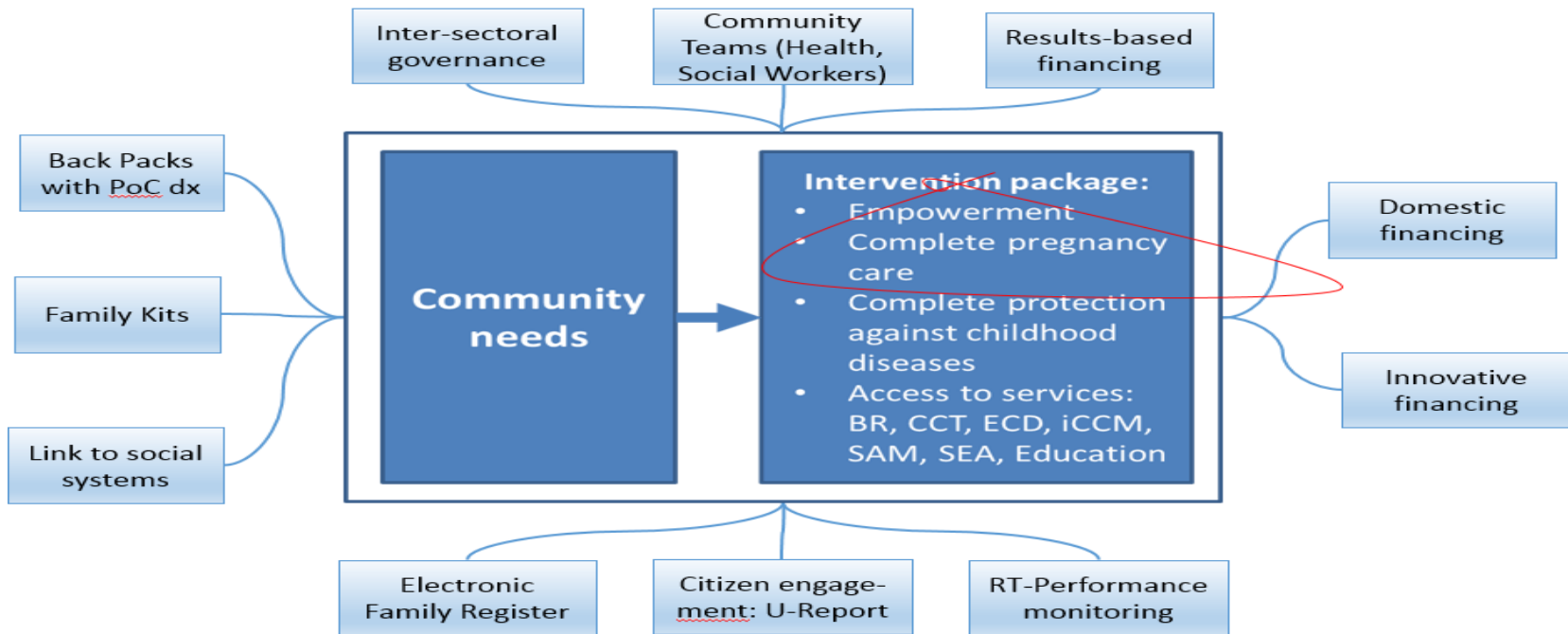
*“A health system that closes the gap in access to services and health and nutrition outcomes, contributes to UHC and is resilient and adaptable.”*

- Strong health systems that deliver integrated packages
- Interventions and strategies should cover all stages of the life cycle
- Eliminate the equity gap in RMNCAH outcomes
- Support the achievement of universal health care(UHC).
- Inbuilt resilience to shocks and emergencies
- Adaptable to new developments and challenges.

# UNICEF Priority Areas: Community

## 1. **Strengthening the community platform:** (*Demand generation, social accountability, service delivery, social inclusion and reduction of financing barriers*)

⇒ **Adhesion to Preventive interventions & building resilience**



# UNICEF Priority areas: Quality of Care

- 2. **Quality of care:** Scaling up an appropriate & focused antenatal care package
- UNICEF advocates for and supports the roll-out of the **full ANC package (at the 1<sup>st</sup>, referral and community levels** as appropriate) which includes:
  - Screening for maternal illness – including malaria, hypertensive disorders, STIs and anemia (obstetric complications)
  - Provision of iron, folic acid, tetanus immunization, ARVs (where indicated), deworming, LLINs and anti-malarials (IPTp & ACTs if infected)
  - Counseling on family planning, birth, emergency preparedness and smoking cessation
- ANC is also an opportunity to promote the use of skilled attendance at birth and post-partum healthy behaviours

# UNICEF priority areas: Increasing **access** to life-saving commodities

UNICEF works with industry and partners to achieve substantial savings, market expansion, and new products for children via:

**Market influencing**

**Supply chain optimisation**

**Innovation**

**UNICEF supports the provision of SP and training of practitioners to administer IPTp at each scheduled ANC visit after quickening.**

- **Reduced pricing**
- **Increased competitive supplier bases**
- **Sustained quality and availability**
- **Setting quality standards**

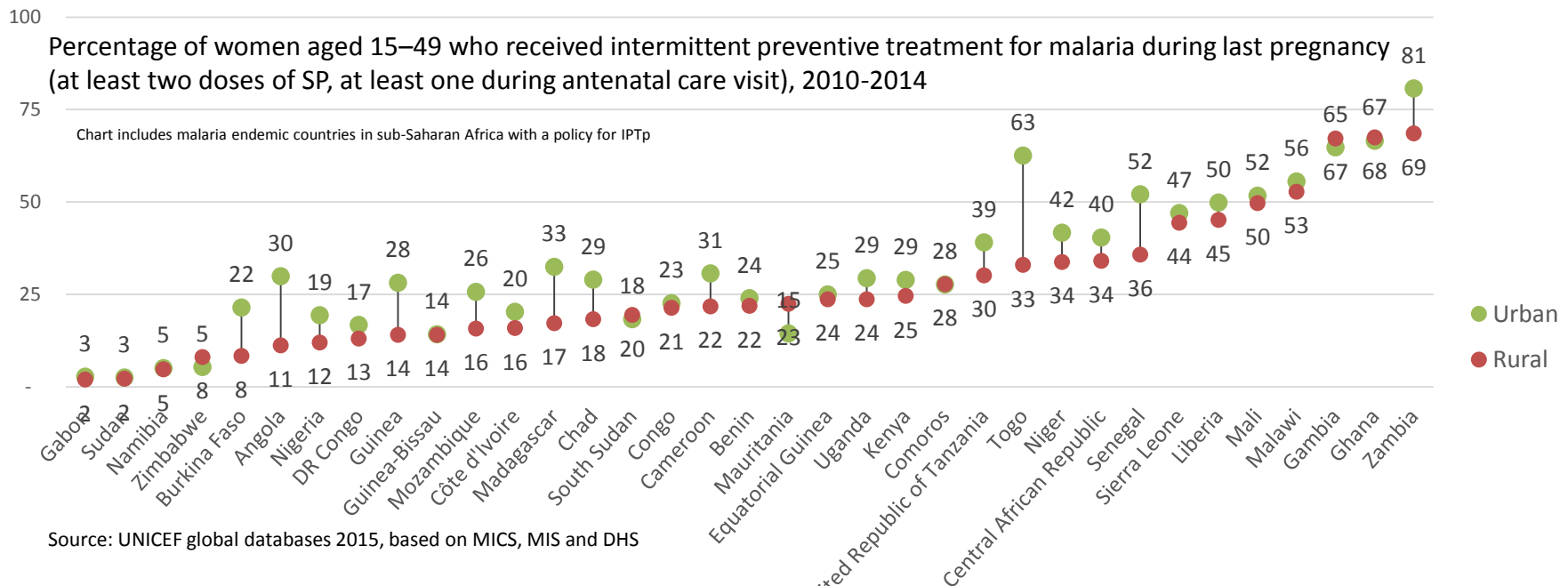
**Via:**

- **Partnerships with expertise (e.g. , **GFATM**, BMGF, GAVI, UNITAID, MSF, WHO, CHAI, WB)**
- **Market analyses**
- **Risk assessments**
- **Commercial expertise**
- **Negotiated terms with suppliers**
- **Financing mechanisms**



# UNICEF priority areas: Equity

- Improving the quality of service provision means paying close attention to equity and **advancing policies that help reduce disparities** between advantaged and more vulnerable people. **Poorer, less educated, and rural women have been shown to have lower coverage of antenatal care** and experience more **discrimination and disrespect in facilities** as well.



- Reducing barriers to access, including distance and cost, are imperative.**

# Opportunities & Priorities to address MIP challenges

- **Ensure vulnerable populations are the priority** even within the context of universal coverage
- Ensure a true **continuum of care** from health facilities to the periphery and community level
- **Improve governance** and decentralized management
  - E.g. Results based financing
- **Build capacity** among providers at both facility and community level (retraining)
- **Dedicated financing for MIP**, especially free ANC & SP



- Use **m-health opportunities**
  - ex. ANC SMS reminders
- Community level kits with subsidies &/or other **incentives** for women to attend ANC
- Community education and involvement to **reduce ignorance and stigma (C4D)**

**Thank You  
Merci  
Obrigado  
Melesi  
Asante Sana  
Twasanta Mani  
Matondo  
Wasakidjila wa bunyi**



# UNICEF's Malaria Strategy: Alignment with GTS & AIM (2016-2030)

- **Increasing investment and resource mobilization**
  - Domestic resources, alignment w/ GFF & GFATM
- **Integrating malaria into health systems**
  - Alignment w/ UNICEF HSS & PSM efforts, including community-based systems
  - Support & use of MNCH platforms (ANC, EPI, CHWs)
- **Advocacy** – aligning with EWEC/APR
- **Targeting vulnerable/marginalized populations as part of UNICEF's equity agenda**
- **Improving quality and use of data, and monitoring results**
  - EQUIST, DHSS, MICS, APR scorecards, m-health/RapidPro etc



- **Strengthening and facilitating cross-sectoral engagement in the malaria response (e.g. nutrition, WASH, education)**
- **Strengthening social/BCC & community engagement: C4D**

# Sustaining Gains: What is working

- UNICEF has **strong policy influence** at all levels, particularly at country level
- UNICEF is also working on **Market influencing; Supply chain optimization; and Innovation**
- **Technical support**
  - UNICEF's ability to deliver malaria commodities, especially to the most vulnerable, is globally recognized
- **Coordination** among donors, especially the Global Fund, World Bank and US-PMI and implementers to accelerate scale-up



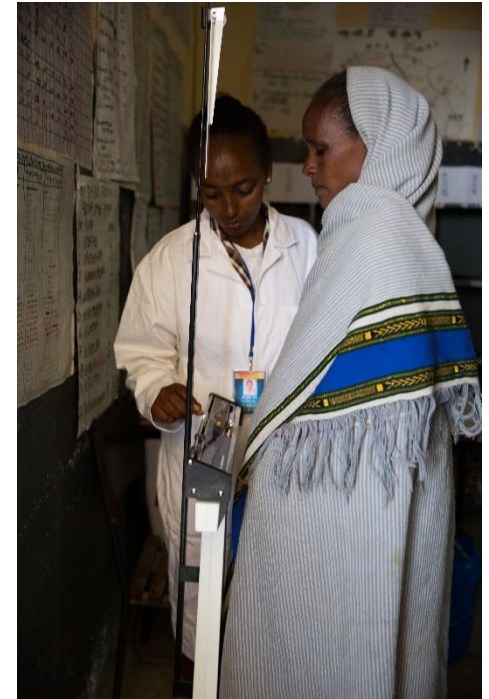
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- **Resource Mobilization**
  - Develop strategies for human resource training and retention
  - Effective mobilization for technical assistance to countries
- **Procurement and supply chain strengthening**
- **Improving data quality & gathering (M&E)**
- **Integration** of malaria control into health systems, particularly at district level
  - Focus on the integration of malaria with EPI for commodity distribution and malaria programme supervision
  - Child & Maternal Health Days/weeks
  - Harmonized funding (GF NFM, IHP+, GFF, RMNCH, etc)
  - UNICEF-GF MOU focused on child and maternal care

# Country Case Study: Ethiopia

UNICEF/Ethiopia is supporting capacity development for delivery of services at community and facility level – including malaria services. In 2015:

- UNICEF supported the provision of health and nutritional services to 3,297,926 (over 70% of the country's) pregnant and lactating women.
- UNICEF also provided training for 33,499 Health Extension Workers; 547,772 Health Development Army members; and 656 facilitators of women-to-women groups.



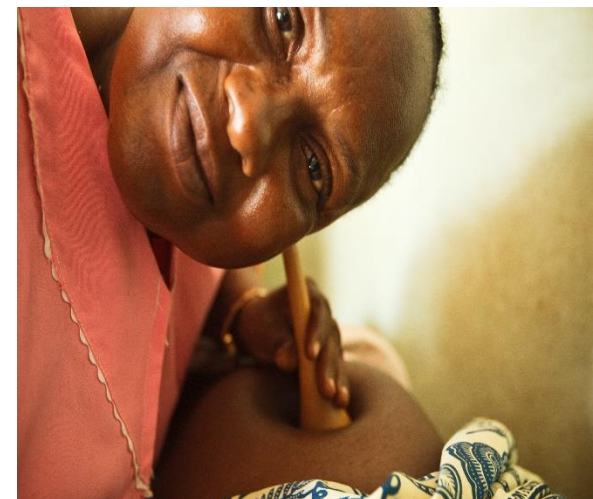
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UNICEF also supported the planning, implementation and monitoring of an LLINs distribution campaign aimed to distribute more than 30 million LLINs to protect 54 million people at risk of malaria.

# Country Case Study: Kenya

UNICEF/Kenya is providing anti-malaria commodities as well as building capacity. In 2015:

- Community Health Volunteers (CHVs) following on from UNICEF-training supported demand generation by providing health messages on key behaviours at household level including reminders for pregnant women to attend antenatal care.
- UNICEF also provided technical and financial support to the Division of Family health to
  - Increase update of community-based Maternal and Newborn Health (cMNH) through provision of teaching materials as well as innovative service uptake mechanisms a cash transfer programme targeting poor pregnant women and children up to eighteen months of age. So far, 19,139 pregnant women have been registered in the programme and close to 5,000 have received at least one payment having met all the programme conditions.
  - Establish new community units, in addition to improving the quality of existing units. Kakamega County CHVs attained universal coverage in 2015, with the addition of 120 community units, where all families are now able to access basic health services and information.



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# UNICEF LLIN Procurement & Delivery

## PROCUREMENT

- Since 2000, UNICEF has procured and helped to distribute over 263 million mosquito nets in over 50 countries.
- UNICEF acts as procurement agent for countries and donors and also funds LLINs from its own programmatic funds



## BCC

UNICEF supports training of community health workers, reaching out to PW and children at ANC & EPI contact points to increase use of nets, & working with community and faith-based leaders for the promulgation of healthy behaviours – including sleeping under an LLIN every night.

## DISTRIBUTION

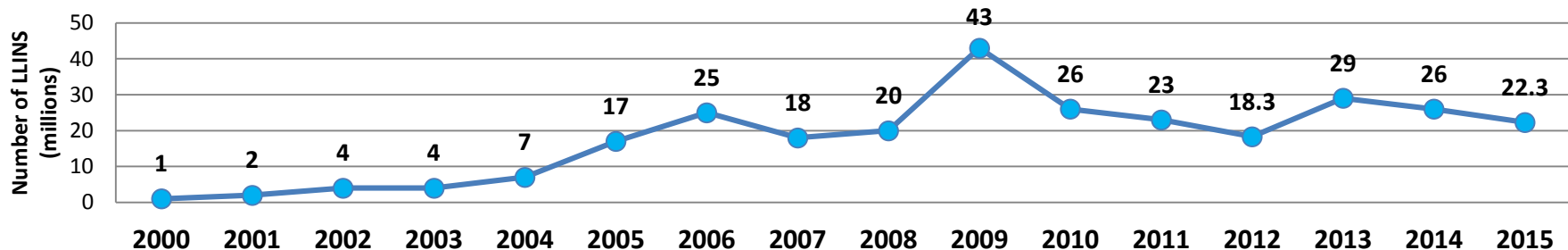
UNICEF nets supports the distribution of nets through ROUTINE systems such as ANC & EPI and also contributes to mass campaigns – this includes strengthening countries' supply chains



## M&E

And support of in country M&E (post-campaign surveys, etc)

Number of insecticide treated nets procured by UNICEF, 2000-2015

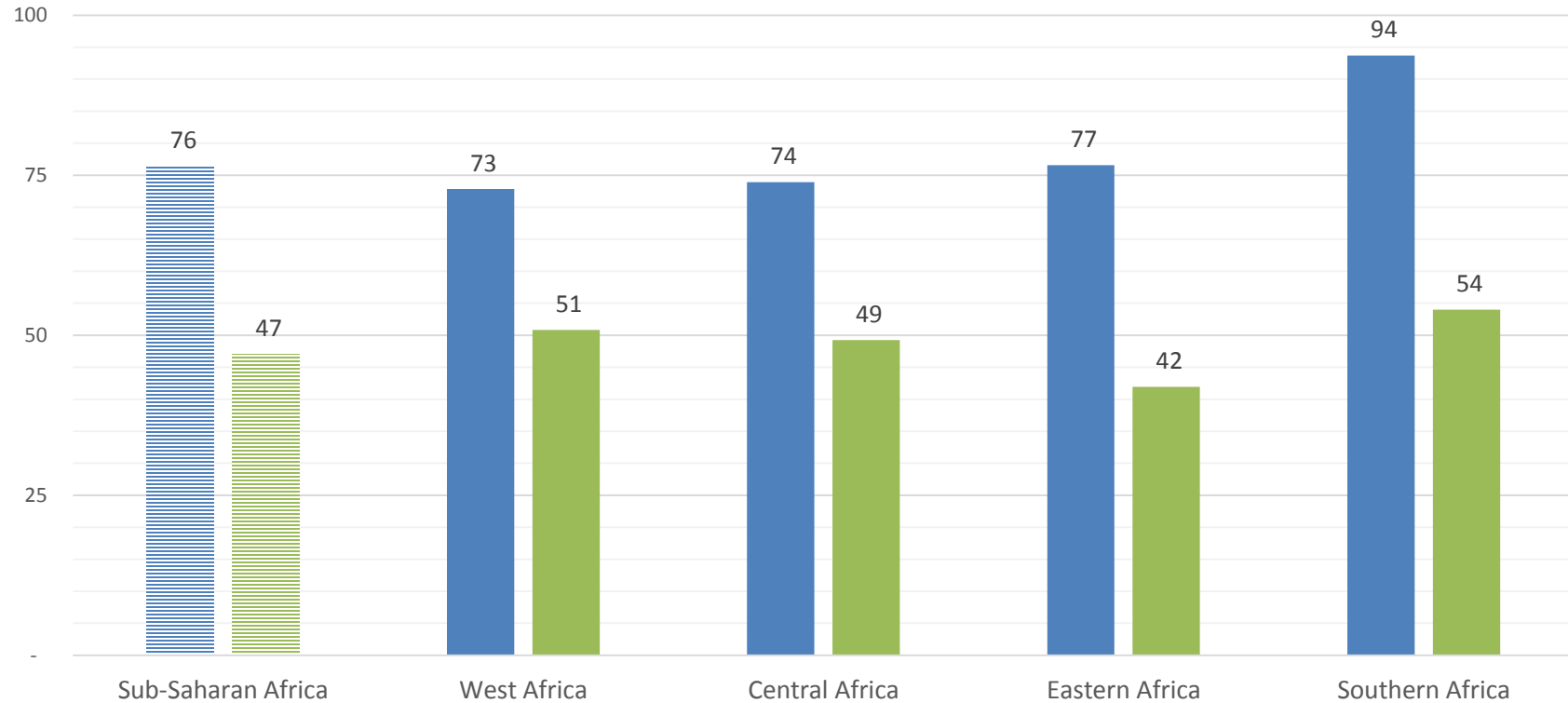


In 2013, UNICEF convened all major partners, incl GF & suppliers to plan the largest ever globally coordinated procurement of (190 million) mosquito nets



# In Sub-Saharan Africa, most women receive at least 1 ANC visit but **less than 50% attend the recommended minimum of 4 visits** - making ANC a missed opportunity to deliver anti-malarial care

Percentage of women aged 15–49 attended at least once during pregnancy by skilled health personnel (ANC1) and percentage attended by any provider at least four times (ANC4)



Source: UNICEF global databases 2015 based on MICS, MIS and DHS. ■ ANC1 ■ ANC4

Note: Regional estimates are based on a subset of 37 countries, covering 90% of births in sub Saharan Africa in 2014. Sub-regional estimates represent data from countries covering at least 50% of regional births.