

2018



11 million pregnant women were exposed to malaria in sub-Saharan Africa; in 20 high burden countries, at least **30%** of women were exposed.¹



In 20 high-burden countries, more than **40%** of pregnant women experienced maternal anemia.¹



MiP resulted in nearly **900,000** LBW infants (2,500 gm),¹ putting them at significantly higher risk than normal birthweight infants.

To prevent malaria in pregnancy, the World Health Organization recommends:^{4,5}



A minimum of eight contacts with the health system



Prompt diagnosis and effective treatment of MiP⁶



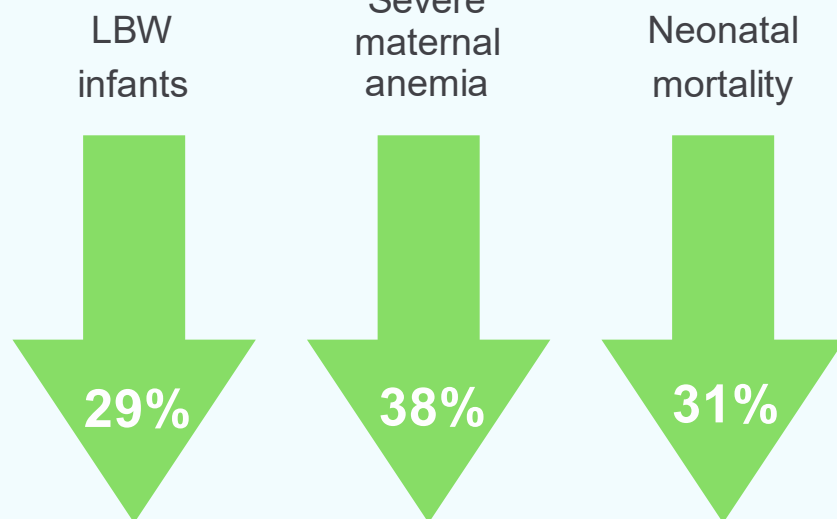
Consistent use of ITNs before, during, and after pregnancy



Provision of quality-assured SP initiated early in the 2nd trimester⁷

IPTp with SP works!

IPTp-SP reduces the incidence of:^{2,3}

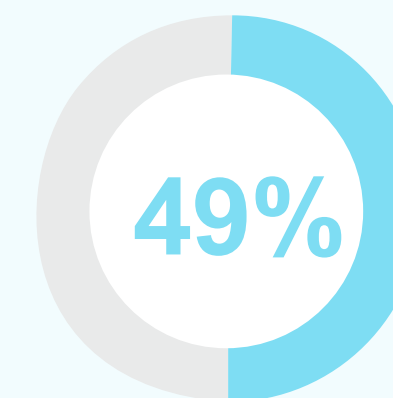
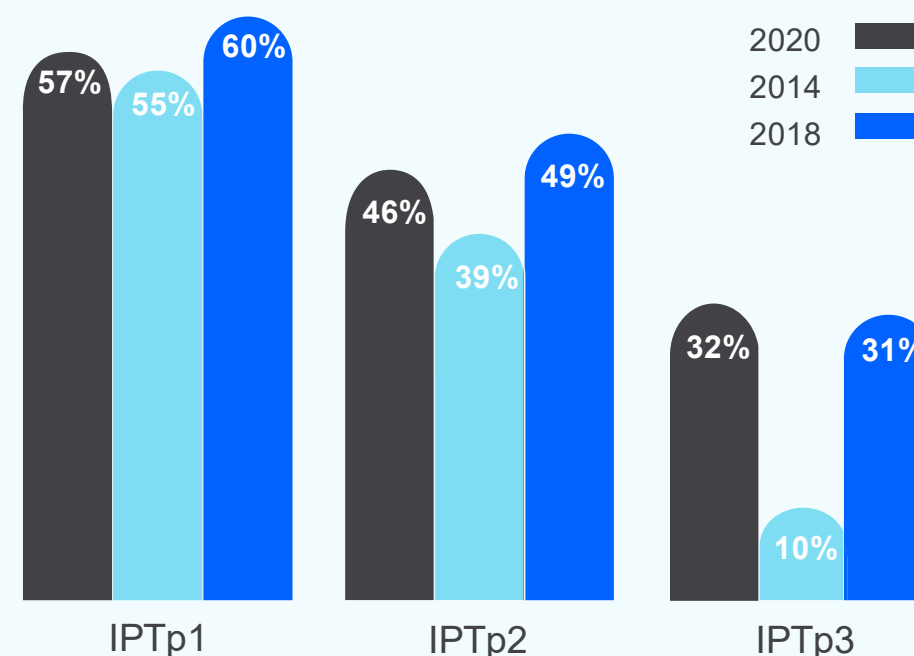


Scaling up MiP interventions can **reduce** asymptomatic malaria, contributing to malaria elimination.



IPTp-SP can **protect** against curable sexually transmitted and reproductive tract infections.

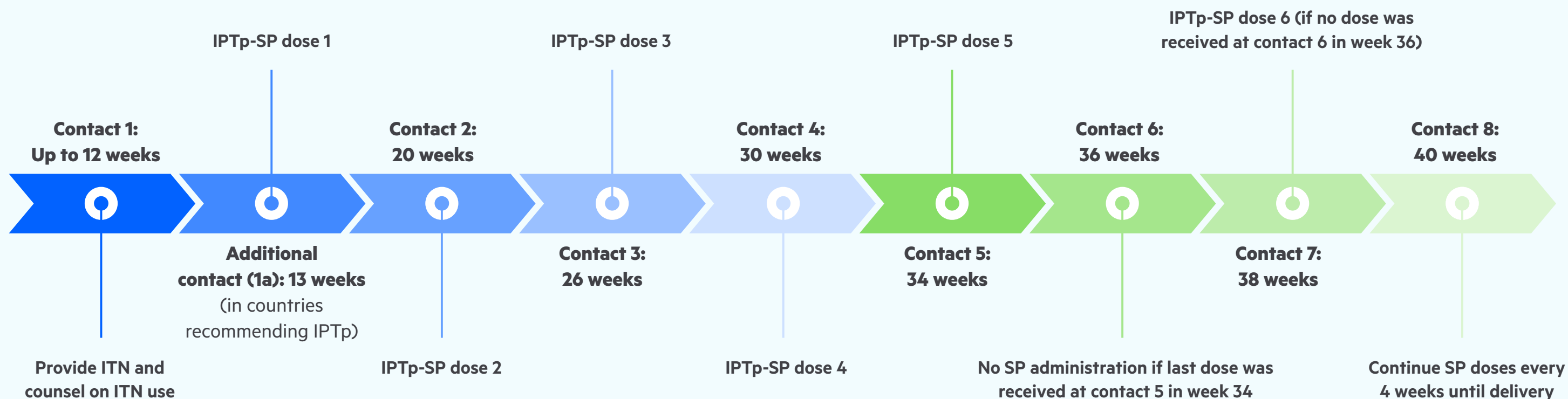
Progress toward coverage of MiP interventions:¹



In 2020, **49%** of pregnant women slept under an ITN.

ANC Contact Schedule and Illustrative Timing of IPTp-SP Administration

(To be adapted to country context, also considering disease burden and health needs, and applied flexibly at 4-week intervals from IPTp1)



To achieve their targets for malaria, country health systems must prioritize malaria in pregnancy, including IPTp programming by:



Prioritizing **early and comprehensive ANC**



Alleviating malaria **supply chain bottlenecks**



Strengthening **health systems** to support **quality ANC**



Ensuring **consistency of MiP policies** across malaria and reproductive health programs



Including **key MiP indicators** in routine information systems

¹World Health Organization. 2019. *World Malaria Report 2019*. WHO Global Malaria Programme. Geneva, Switzerland: WHO Press. <https://www.who.int/publications-detail/world-malaria-report-2019>

²Garner P, Gulmezoglu A. 2006. Drugs for preventing malaria in pregnant women. *Cochrane Database Syst Rev*: CD000169

³Bhutta et al. 2014. Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost? *Lancet* 384(9940):347-370. doi: 10.1016/S0140-6736(14)60792-3

⁴World Health Organization. 2015. *Guidelines for the treatment of malaria*. 3rd ed. Geneva, Switzerland: WHO Press. <https://www.who.int/malaria/publications/atoz/9789241549127/en/>

⁵World Health Organization. 2016. WHO recommendations on antenatal care for a positive pregnancy experience. Geneva, Switzerland: WHO Press.

https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/

⁶See also President's Malaria Initiative, CDC, MCHIP, MCSP. 2017. Treatment of uncomplicated malaria among women of reproductive age.

<https://www.mcsprogram.org/resource/treatment-uncomplicated-malaria-among-women-reproductive-age-2/>

⁷Guidance for SP is specific to sub-Saharan Africa. See also Maternal and Child Survival Program. 2017. Toolkit to improve early and sustained uptake of intermittent treatment of malaria in pregnancy.

<https://www.mcsprogram.org/resource/toolkit-to-improve-early-and-sustained-uptake-of-intermittent-treatment-of-malaria-in-pregnancy/>