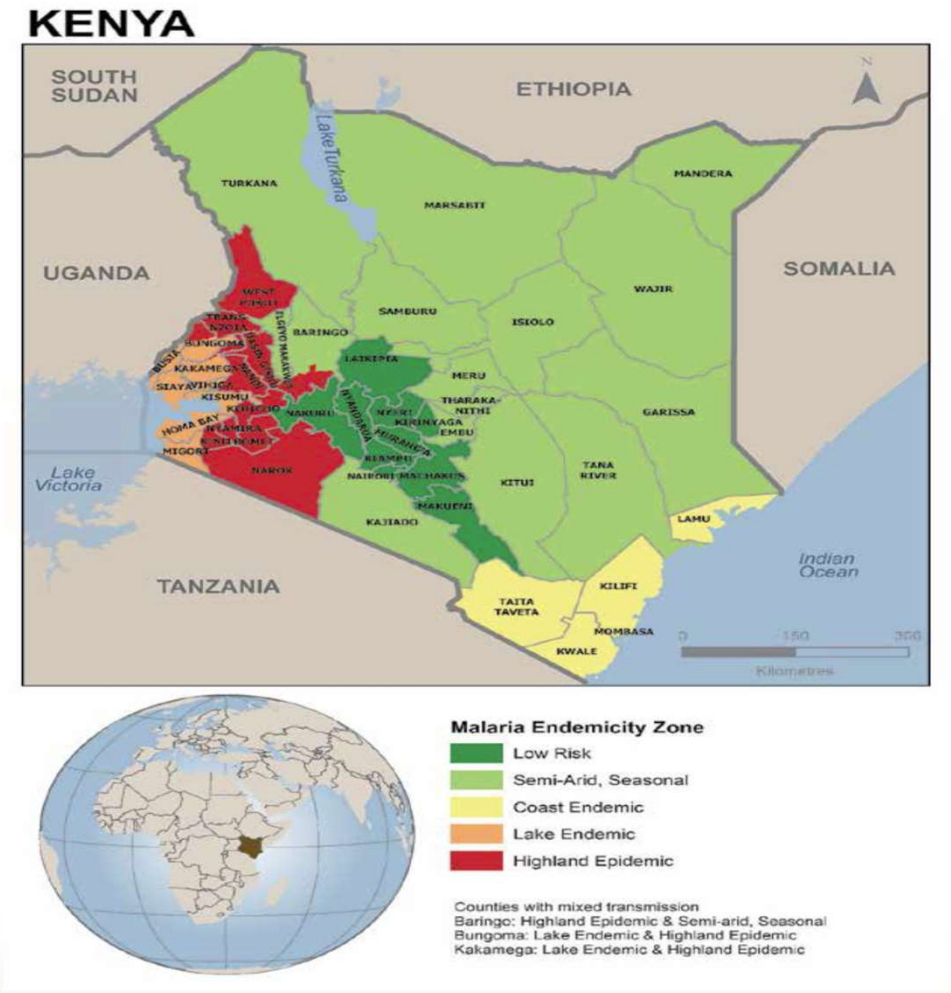
Experiences of implementing current MIP policies

Kenya national malaria control program perspectives

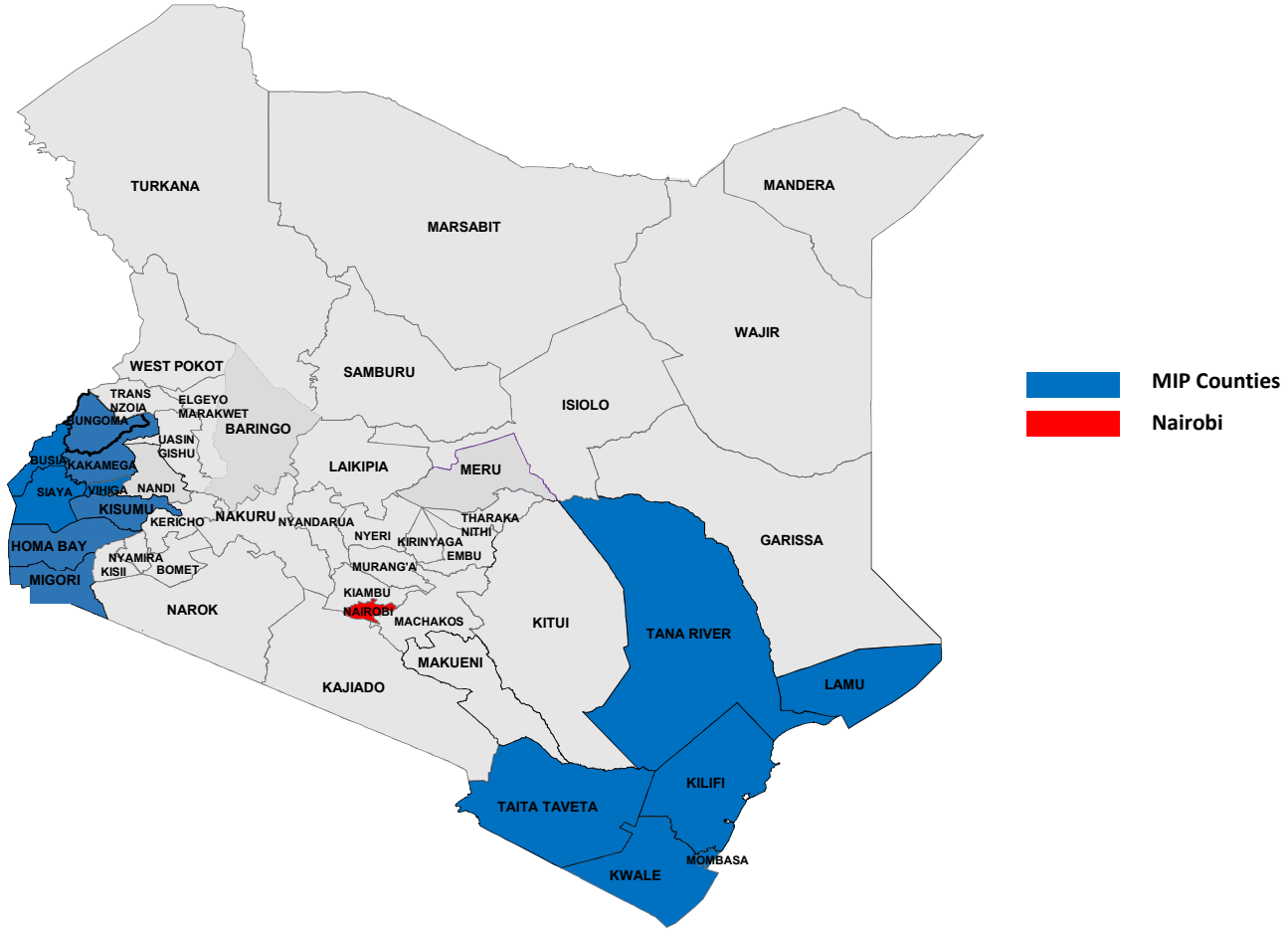
11/7/2016

Malaria endemicity in Kenya



Malaria in pregnancy - Geographic Coverage

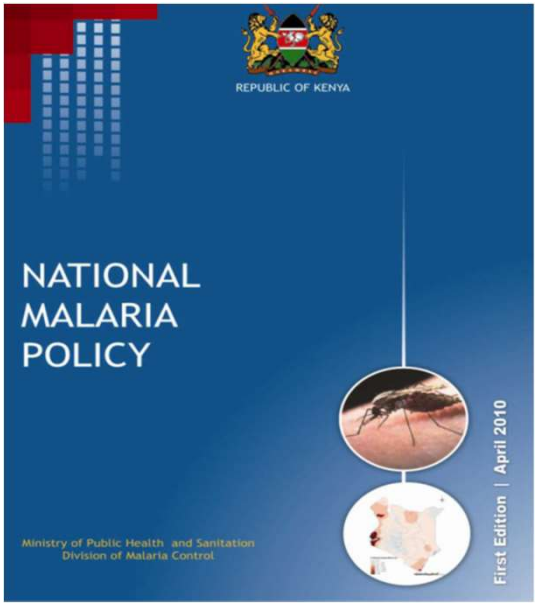
1. 14 malaria endemic counties
   a. Lake endemic - 8
   b. Coastal endemic – 6



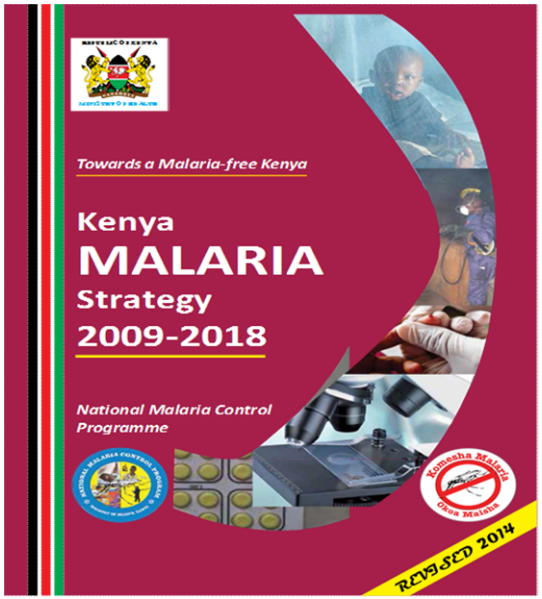
Malaria Policy documents

The policy documents are intended to provide guidance to programs and implementing partners on malaria control in Kenya

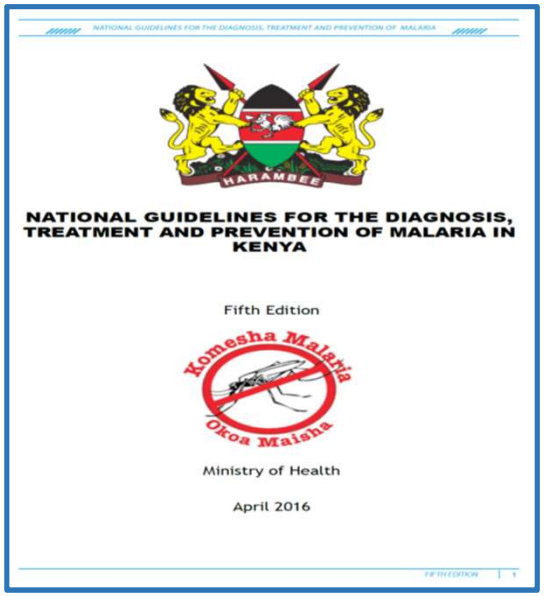
National Malaria Policy 2010



Kenya Malaria Strategy 2009-2018 (*revised 2014)*



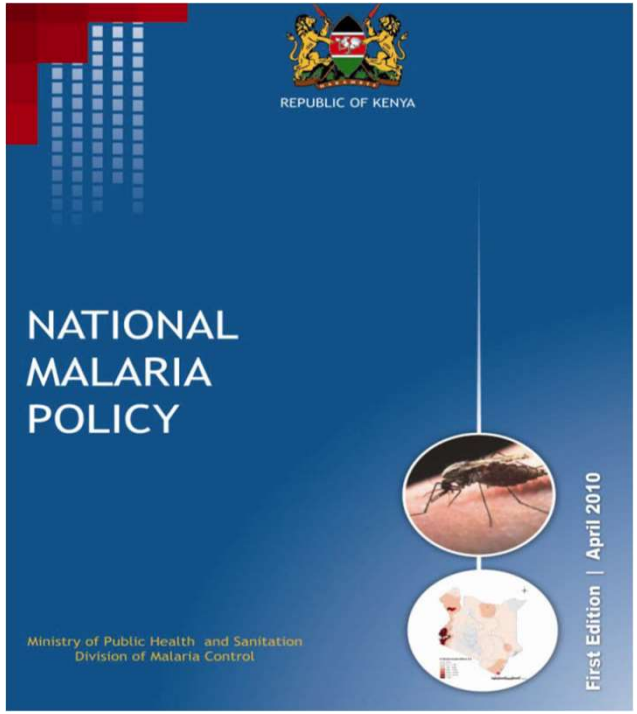
National guidelines for diagnosis, treatment and prevention of malaria in Kenya - 2016



National Malaria Policy 2010

The policy document

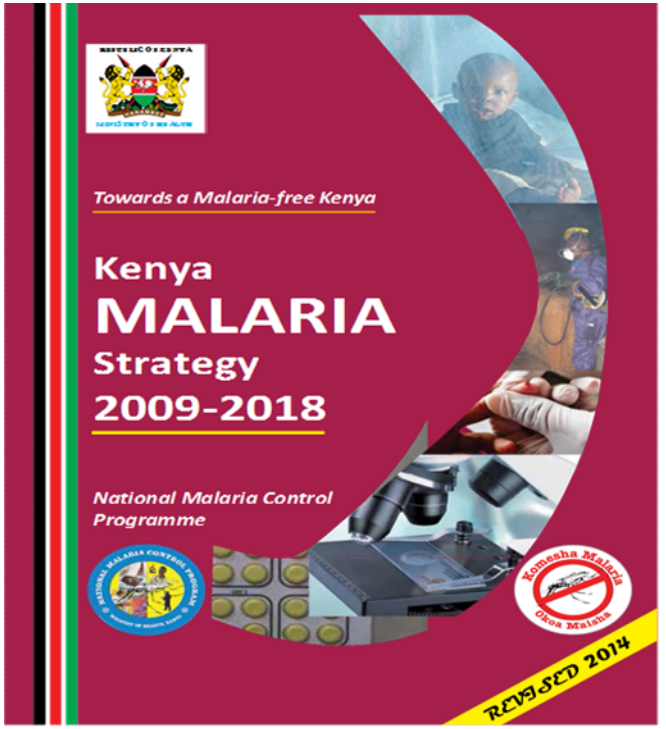
- Is intended to serve as **a guide** to health workers and all partners involved in planning, resource mobilization and implementation of malaria control in Kenya.
- Recommends that all pregnant women in malaria-endemic areas
  - Receive free intermittent preventive treatment of malaria in pregnancy using sulfadoxine pyrimethamine (IPTp-SP)
  - Have access to free malaria diagnosis and treatment when presenting with fever
  - Have access to long-lasting insecticidal nets (LLINs)



Kenya Malaria Strategy 2009-2018 (*revised 2014)*

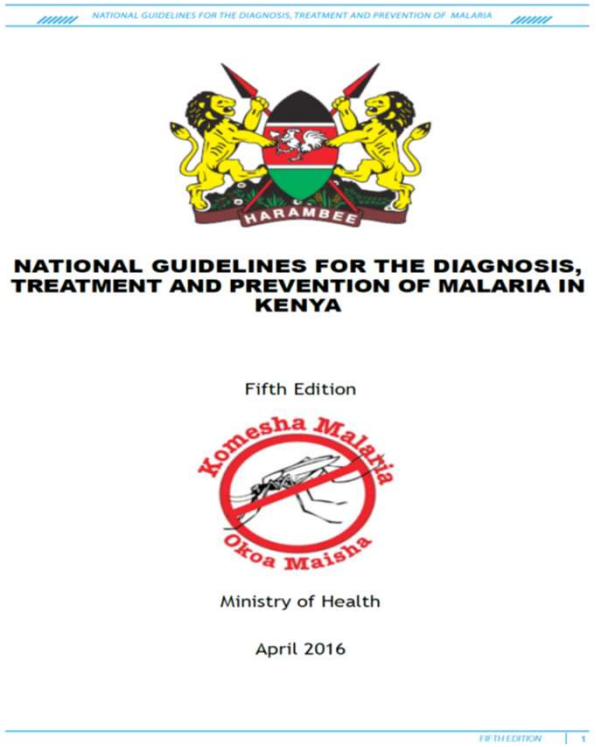
The strategy articulates the efforts required to scale up malaria control

- **Malaria in Pregnancy:**
  - IPTp shall **only** be implemented in the malaria endemic zones.
  - All pregnant women in the 14 malaria endemic counties shall receive at least **three doses** of IPTp with SP at ANC
  - Appropriate IPTp messages and materials will be disseminated.
  - CHVs and health workers will sensitize pregnant women on early ANC attendance to receive IPTp doses under observation
- **LLINs:** To pregnant women and children aged under one **in all malaria** prone areas through Antenatal Care (ANC) and child welfare clinics.
- **Case Management:** 100% of all suspected malaria cases presenting to a health provider managed according to the National Malaria Treatment Guidelines by 2018



National guidelines for diagnosis, treatment and prevention of malaria in Kenya - 2016

The guideline document is intended to serve as a guide to all health professionals and all partners involved in the implementation of malaria case management in Kenya



Uncomplicated malaria in pregnancy

- The recommended treatment for uncomplicated malaria in the first trimester is a 7-day therapy of oral quinine. Do not withhold artemether-lumefantrine or any other treatment in 1st trimester if quinine is not available
- Artemether-lumefantrine is recommended treatment in the 2nd and 3rd trimesters. Oral quinine may also be used but compliance must be ensured

Severe malaria in pregnancy

- The recommended medicine for severe malaria in pregnancy is parenteral artesunate. In the absence of artesunate, artemether or quinine can be given.

The Memo

MINISTRY OF PUBLIC HEALTH & SANITATION
Office of the Director

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Telephone Nairobi 2717077
Email: pphs@health.go.ke
When replying please quote
MPHS/1B/1/2

AFYA HOUSE
CATHEDRAL ROAD
P O Box 30016
NAIROBI
14th April 2011

To
All Provincial Directors of Medical Services
All Provincial Directors of Public Health and Sanitation.
All Medical Officers of Health.
All Hospital Medical Supritendants
All facility incharges(public, private, FBO, CBO, municipal)
All MCH in charges

RE: NATIONAL POLICY ON PROVISION OF SULFADOXINE PYRIMETHAMINE (SP) FOR INTERMITTENT PREVENTIVE TREATMENT (IPTp) FOR MALARIA IN PREGNANCY (MIP)

The current National Malaria Policy recommends IPTp for prevention of malaria in pregnancy in high malaria transmission areas (Nyanza, Western and Coast provinces). However, the proportion of pregnant women who receive the recommended two doses of SP for IPTp has remained below the national target of 80%. This low coverage is not commensurate with the number of women attending antenatal care clinics at least twice during their pregnancy.

The Ministry has identified the need of strengthening this initiative through several interventions in order to enable the country move towards achievement of the IPTp national targets. It is therefore proposed that you ensure that:

- SP is administered as directly observed treatment (DOT) with each scheduled ANC visit after quickening.
- Pregnant women are counseled to receive a minimum of two (2) doses at intervals of at least 4 weeks (1 month).
- SP is not administered to pregnant HIV-infected women on daily co-trimoxazole
- Pregnant women are advised to skip folic acid tablets for 14 days following administration of SP [high dose folic acid (5mg) has been shown to interact with SP and could reduce its efficacy].
- Data on IPTp is captured and reported.

Dr. S. K. Sharif, MBS, MBChB, M.Med, DLSHTM, MSc.
DIRECTOR OF PUBLIC HEALTH AND SANITATION

Dr. F. Kimani
DIRECTOR OF MEDICAL SERVICES

Memo signed by two directors of Health on April 14, 2011

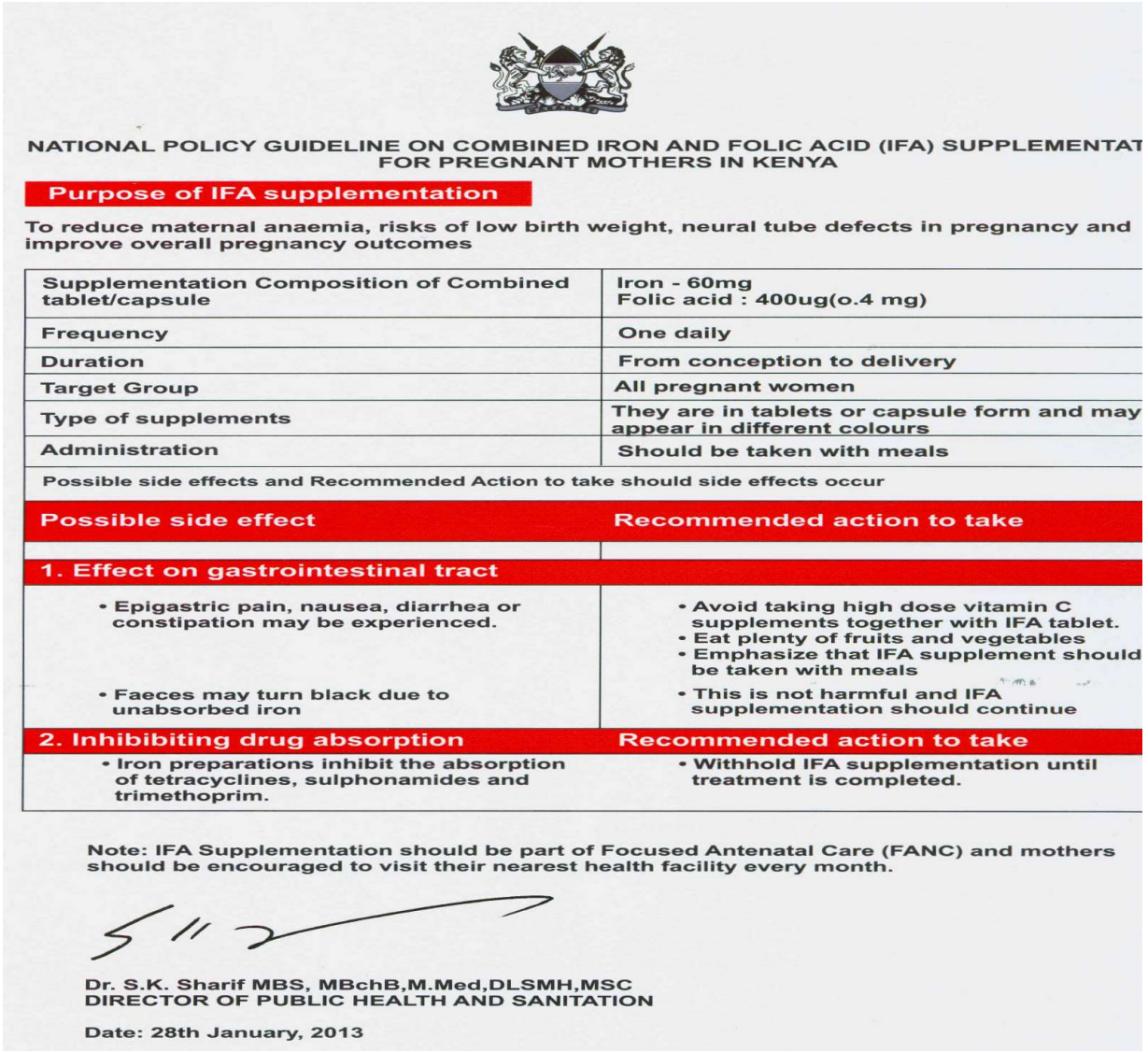
Memo Re-stating Current IPTp Guidelines

- In April 2011, staff from the Kenyan ministry of health orientated core members of the District Health Management teams in western province on 2010 IPTp policy guidelines

- The guidelines stated that:

  - Administer IPTp **with each scheduled visit after quickening** to ensure women receive a minimum of 2 doses
  - IPTp should be given at an interval of at least 4 weeks (1mo)
  - Folic acid tablets should ONLY be administered 14 days following administration of SP as IPTp (high dose of folic acid-5mg has been shown to reduce Pregnant
  - SP as IPTp is safe up to 40 weeks of pregnancy-even 1 dose is beneficial for the woman presenting late in pregnancy
  - IPTp should be given under DOT-even on empty stomach

NATIONAL POLICY GUIDELINE ON LOW DOSE FOLIC ACID



NATIONAL POLICY GUIDELINE ON COMBINED IRON AND FOLIC ACID (IFA) SUPPLEMENTAT
FOR PREGNANT MOTHERS IN KENYA

Purpose of IFA supplementation

To reduce maternal anaemia, risks of low birth weight, neural tube defects in pregnancy and improve overall pregnancy outcomes

Supplementation Composition of Combined tablet/capsule	Iron - 60mg Folic acid : 400ug(o.4 mg)
Frequency	One daily
Duration	From conception to delivery
Target Group	All pregnant women
Type of supplements	They are in tablets or capsule form and may appear in different colours
Administration	Should be taken with meals

Possible side effects and Recommended Action to take should side effects occur

Possible side effect	Recommended action to take
1. Effect on gastrointestinal tract	
• Epigastric pain, nausea, diarrhea or constipation may be experienced.	• Avoid taking high dose vitamin C supplements together with IFA tablet. • Eat plenty of fruits and vegetables • Emphasize that IFA supplement should be taken with meals
• Faeces may turn black due to unabsorbed iron	• This is not harmful and IFA supplementation should continue
2. Inhibibiting drug absorption	**Recommended action to take**
• Iron preparations inhibit the absorption of tetracyclines, sulphonamides and trimethoprim.	• Withhold IFA supplementation until treatment is completed.

Note: IFA Supplementation should be part of Focused Antenatal Care (FANC) and mothers should be encouraged to visit their nearest health facility every month.

Dr. S.K. Sharif MBS, MBchB,M.Med,DLSMH,MSC
DIRECTOR OF PUBLIC HEALTH AND SANITATION

Date: 28th January, 2013

Thank you