

AB008. The impact of readiness of malaria services on uptake of intermittent preventive treatment in pregnancy provided during antenatal care visits

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Background: The coverage of intermittent preventive treatment in pregnancy with sulfadoxine-pyrimethamine (IPTp-SP) in antenatal care (ANC) in sub-Saharan Africa, remains well below the target. This study examined the impact of the availability and readiness of malaria services on the uptake of IPTp-SP provided during ANC visits in sub-Saharan countries.

Methods: This cross-sectional study used the latest data from the Service Provision Assessment (SPA) in six African countries (Kenya, Senegal, Congo, Malawi, Namibia, and Tanzania). The outcome variable indicates whether a pregnant woman received IPTp-SP at her current ANC visit. The primary predictors of interest were the availability and readiness of malaria services at each facility, including the availability of SP and guidelines for malaria, the percentage of trained staff, and whether the facility integrated IPTp-SP into routine ANC. A Poisson regression model was used to estimate the associations between the availability and readiness of malaria services and the uptake of IPTp-SP for women eligible for the first dose of IPTp-SP and those eligible for their next dose, respectively.

Results: For women eligible for their first dose of IPT-SP, those who attended facilities with available SP were 43% more likely [95% confidence interval (CI): 1.22–1.67, $P < 0.001$] to receive IPTp-SP than those who attended

facilities with no available SP. For women who were not SP-naive and eligible for their next dose, those who attended facilities with available SP were 24% (95% CI: 1.10–1.39, $P < 0.001$) more likely to receive IPTp-SP, and those who attended facilities where IPTp-SP provision was integrated into routine ANC and 99% (95% CI: 1.32–1.67, $P = 0.001$) more likely to receive IPTp-SP than those who attended facilities did not integrate IPTp-SP provision into ANC.

Conclusions: The availability of preventive malaria drugs (SP) and integrating IPTp-SP into routine ANC were associated with increased uptake rates of IPTp-SP among pregnant women. Future efforts were warranted to integrate malaria services into routine ANC.

Keywords: Intermittent preventive treatment in pregnancy (IPTp); antenatal care (ANC); readiness of malaria services

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Footnote

Conflicts of Interest: All authors have completed the ICMJE uniform disclosure form (available at <https://jphe.amegroups.com/article/view/10.21037/jphe-2023-apr-ab008/coif>). The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. The study was conducted in accordance with the Declaration of Helsinki (as revised in 2013). The secondary data analysis does not require IRB review because the publicly available dataset is completely de-identified when the investigator accesses it for research purposes, and there is no way of linking the data back to the subjects. Individual consent for this retrospective analysis was waived.

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