Evaluation of the Implementation of Single Screening and Treatment for the Control of Malaria in Pregnancy in Eastern Indonesia (Quantitative study)

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Overview

Objective
• To evaluate implementation of the current policy of single screening and treatment (SST) for malaria in pregnancy in two sites in Eastern Indonesia (West Sumba and Papua)

Study design
• Quantitative study – ANC observations and exit interviews
• Qualitative study – in-depth interviews with health providers; FGDs with ANC attendees
Adherence to SST was better in Papua than Sumba

Adherence to malaria screening at 1st ANC visits varied by level of health facility

In each site, adherence was highest at health centres (Papua 94.8%; Sumba 60.0%) and lowest in health posts (3.8%)

Most screening conducted at 1st ANC visit was by microscopy – only 1.1% (2/185) screened by RDT in Papua, and 1.2% (2/161) in West Sumba

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Qualitative SST evaluation: Summary results

• Health providers were accepting SST as a preventive strategy:
  • a strong preference for microscopy over RDTs for screening

• Implementation of the policy was inconsistent in both sites:
  • SST predominantly implemented at health centres using microscopy, whereas implementation at community health posts was said to occur in less than half the selected health facilities

• Lack of availability of RDTs was cited as the major factor preventing provision of SST at health posts

• **village midwives cannot prescribe medicines so women testing positive referred to health centres for DP

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Cost effectiveness of IPT or IST with DP versus SST for the control of malaria in pregnancy in Indonesia

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CEA: Summary results

Different results found by site:

• In **Sumba**, the current strategy of **SSTp-DP** incurred lower costs (for intervention delivery and cost of consequences) and resulted in fewer DALYs compared to IPTp-DP or ISTp-DP.

• In contrast, in the **higher malaria transmission setting of Papua**, **IPTp-DP** was incrementally more cost effective than the current strategy of **SSTp-DP**; although IPTp-DP incurred higher incremental costs than SSTp-DP, it resulted in incrementally fewer DALYs.
User and provider acceptability of ISTp or IPTp with DP vs current policy (SSTp-DP) in Indonesia

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Methods

• IDIs (N=121) with:
  – Health providers n=106 (50/10 Sumba; 56/7 Mimika)
  – District Health Office (DHO) n=9 (4 Sumba; 5 Mimika)
  – Trial staff n=6 (2 Sumba; 4 Mimika)

• FGDs (N=106) with:
  – IST RDT negative (2 FGDs Sumba (n=16), 2 FGDs Mimika (n=16))
  – IST RDT positive (0 FGDs Sumba, 1 FGD Mimika (n=7))
  – SST RDT negative (2 FGDs Sumba (n=11), 2 FGDs Mimika (n=12))
  – SST RDT positive (0 FGDs Sumba, 1 FGD Mimika (n=6))
  – IPTp (2 FGDs Sumba (n=10), 2 FGDs Mimika (n=16))
  – Heterogenous - mix of strategies (1 FGD Sumba (n=6), 1 FGD Mimika (n=6))
Summary and Conclusions – Health providers

• **ISTp**: High acceptance owing to existing SST policy - culture of screening women at ANC and providing treatment based on a positive diagnosis BUT….need more sensitive RDTs and reliable supplies

• **IPTp**: Requires a major shift in HP attitudes towards giving antimalarials presumptively SO…. **need further exploration to see if effective communication and training could change attitudes**

From the health provider perspective, ISTp appears to be a more plausible strategy to control malaria in pregnancy compared to IPTp
Summary and Conclusions – pregnant women

• **ISTp:** women were happy to be screened for malaria by RDTs at monthly visits, with or without symptoms, motivated by ensuring their health and that of their baby.

• They saw blood testing as a necessary part of having a healthy pregnancy.

• **IPTp:** women were happy to take presumptive treatment for malaria during ANC visits despite experiencing side effects they still responded positively to taking IPTp.

  **Despite what health providers think, women seem to be happy to receive whatever testing & drugs are given to them at ANC so that they can experience a healthy pregnancy.**
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Study team (Alphabetical)
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