

# CONTRIBUTION OF ACCESS IN THE IMPROVEMENT OF IPTp3 UPTAKE AMONG PREGNANT WOMEN IN MADAGASCAR, 2019-2022

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## INTRODUCTION

- Intermittent preventive treatment during pregnancy (IPTp) using sulfadoxine-pyrimethamine (SP) has been part of Madagascar's national strategic plans for malaria control since 2013.
- National target = >50% coverage with at least 3 doses of SP (Malaria National Strategic Plan 2018-2022)

## INTERVENTION

Since 2020, the US Agency for International Development (USAID)-funded Accessible Continuum of Care and Essential Services Sustained (ACCESS) program has supported the Ministry of Public Health in Madagascar to implement a series of interventions focusing on peripheral health facilities with low or non-reported uptake, including:

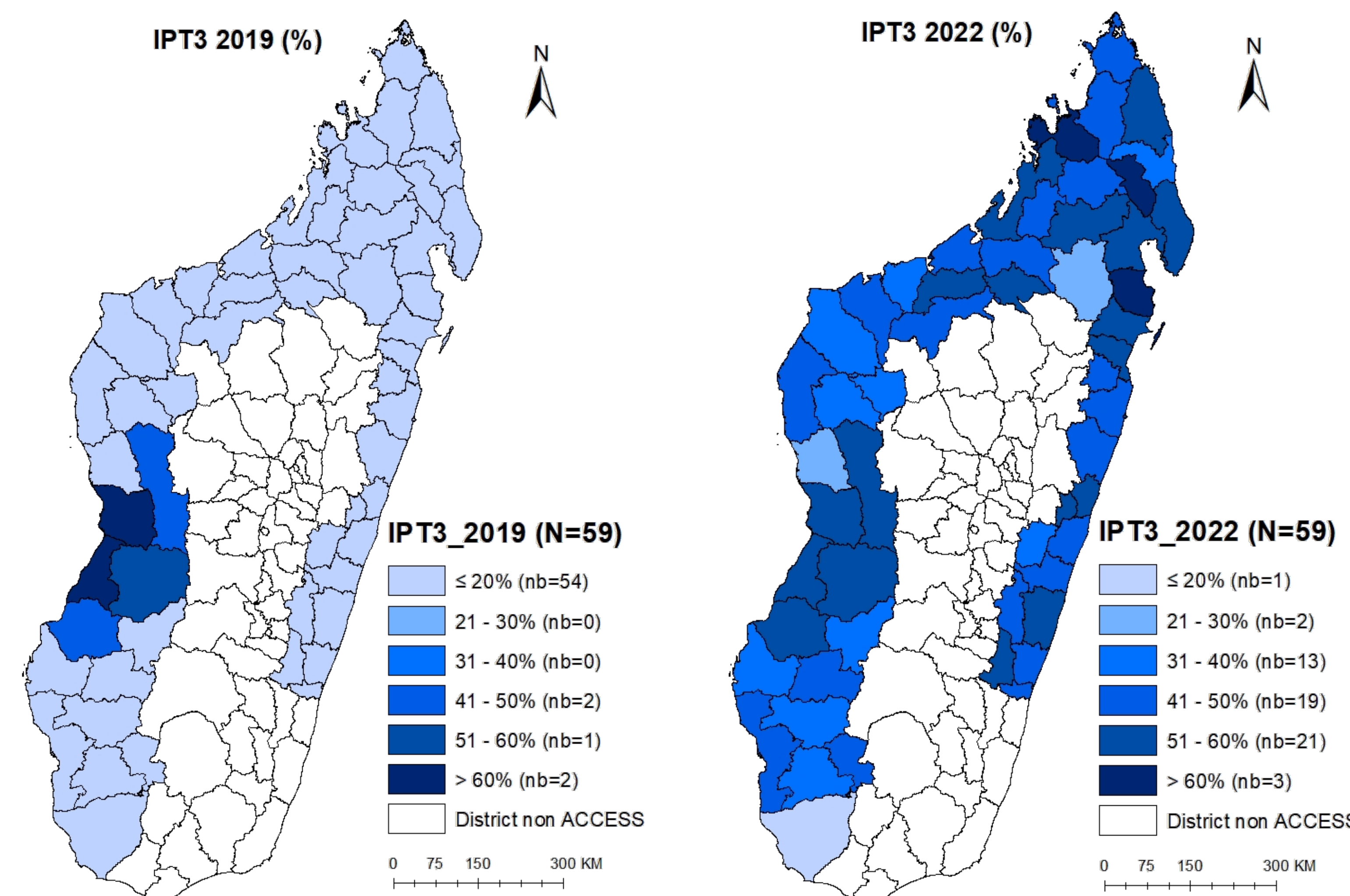
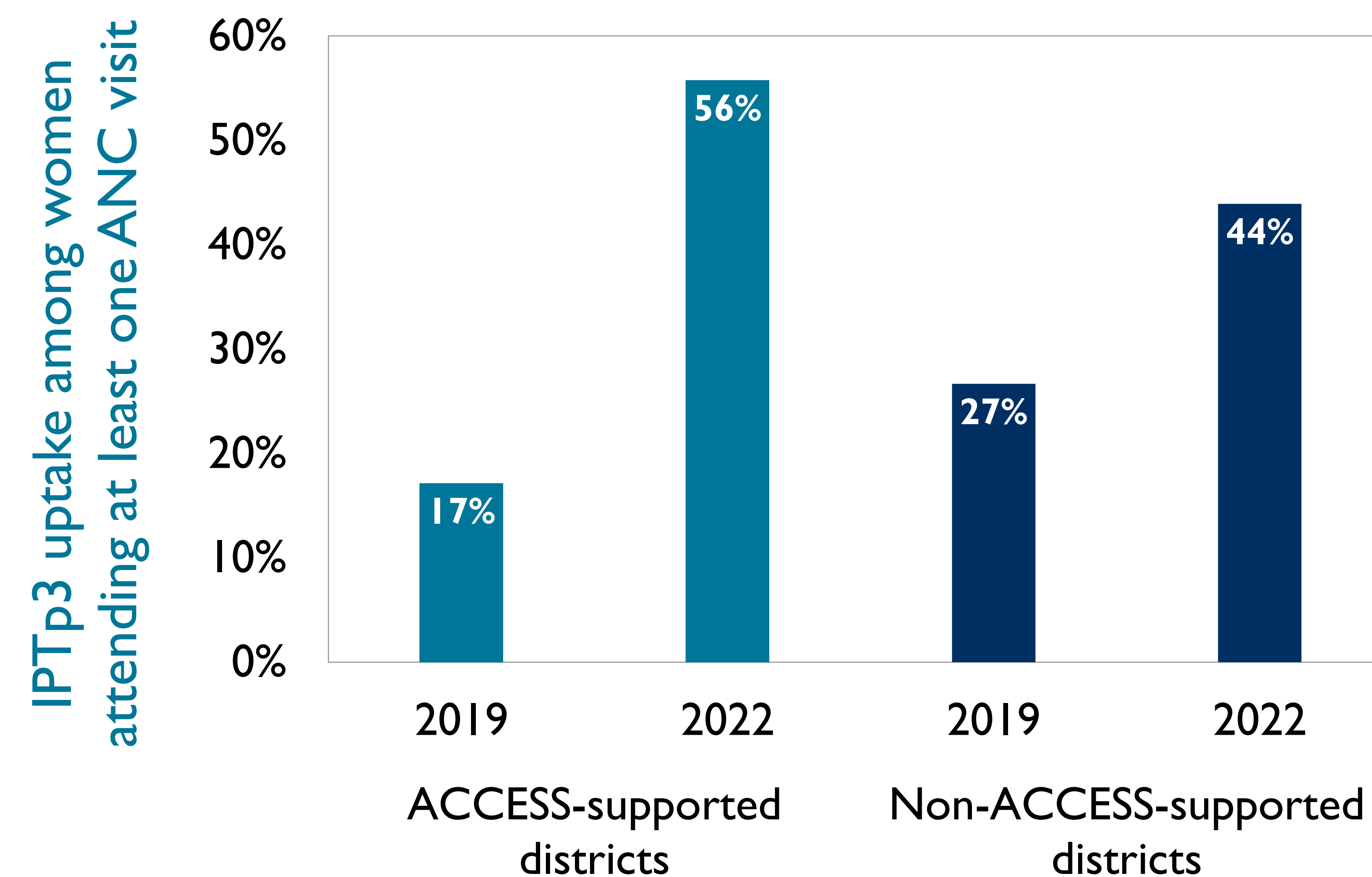
- Targeted supervision focused on SP availability
- Data quality monitoring
- Respectful care to increase service uptake

## METHODS

Using routine data extracted from the District Health Information Software II platform, we compared IPTp3 uptake among women attending at least one antenatal care (ANC) visit (number of IPTp3 doses / number of first ANC visits) between Jan-Dec 2019 (before start of interventions) and Jan-Dec 2022 (after implementation) in:

- 1,551 public facilities in the 59 districts implementing the ACCESS-supported IPTp strategy
- 1,305 facilities in the 45 non-ACCESS-supported districts

## RESULTS



## DISCUSSION AND CONCLUSION

The national target of 50% IPTp3 coverage was exceeded in the ACCESS-supported districts in 2022. There was an increase of 39 percentage points in IPTp3 uptake in ACCESS-supported districts between 2019 and 2022, compared to a 17-percentage-point increase in non-supported districts, suggesting that the intervention package contributed to improved IPTp3 uptake. Expanding this model could further improve uptake. A difference-in-differences analysis controlling for potential confounders is recommended to provide further evidence for the effectiveness of ACCESS's interventions.



From 2019 to 2022, IPTp3 coverage increased by 39 percentage points in ACCESS-supported districts, suggesting that the intervention package contributed to improved IPTp3 uptake.



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