

MULTI-LEVEL AND EVIDENCE-BASED ADVOCACY SUPPORTED INCREASED UPTAKE OF INTERMITTENT PREVENTIVE TREATMENT OF MALARIA AMONG PREGNANT WOMEN OF CROSS RIVER STATE, NIGERIA

Oluwatobiloba Akerele¹, Uchenna Nwokenna³, IniAbasi Inglass³, Arja Huestis², Olugbenga Mokuolu², Fatima Mairami⁴, Iheanyi Kalu⁴, Etieno Etuk¹, Akpasa Aniefiok¹, Victor Bassey¹, Olatayo Abikoye³, Abimbola Olayemi³, Augustine Firma¹, Chinwe Nweze¹, Kenneth Takim⁵, Erkwagh Dagba⁶, Veronica Momoh⁶, Jules Mihigo⁶

Introduction

- Sulphadoxine-pyrimethamine (SP) is an affordable, effective drug used for intermittent preventive treatment of malaria in pregnancy (IPTp) but is largely unavailable in Nigeria. The multiple indicator cluster survey (2022) revealed that only 36% of pregnant women received IPTp, below the national 80% target in Nigeria.
- In Cross River State, Nigeria, 75% and 33% of pregnant women received two and three doses of IPTp, respectively, from October 2020 to November 2021 (DHIS2). This is below the 80% national target for IPTp use.
- Adisa et al (2017) and Agomo et al (2017) suggest that advocacy to stakeholders can improve SP-IPTp use and coverage.
- The study's objective is to understand how multilevel advocacy activities and evidence-based advocacy briefs can enable resource mobilization for SP-IPTp donations and support preventive treatment of malaria in pregnancy.

Methods

The team used systems advocacy to encourage action from malaria actors across all levels for SP procurement. Evidence-based advocacy briefs were developed, pre-tested, and adapted for stakeholders. These briefs streamlined advocacy activities which started in November 2021. Data from the National Health Management Information System (NHMIS) before and after the advocacy commenced was analyzed to assess the impact of the advocacy activities.

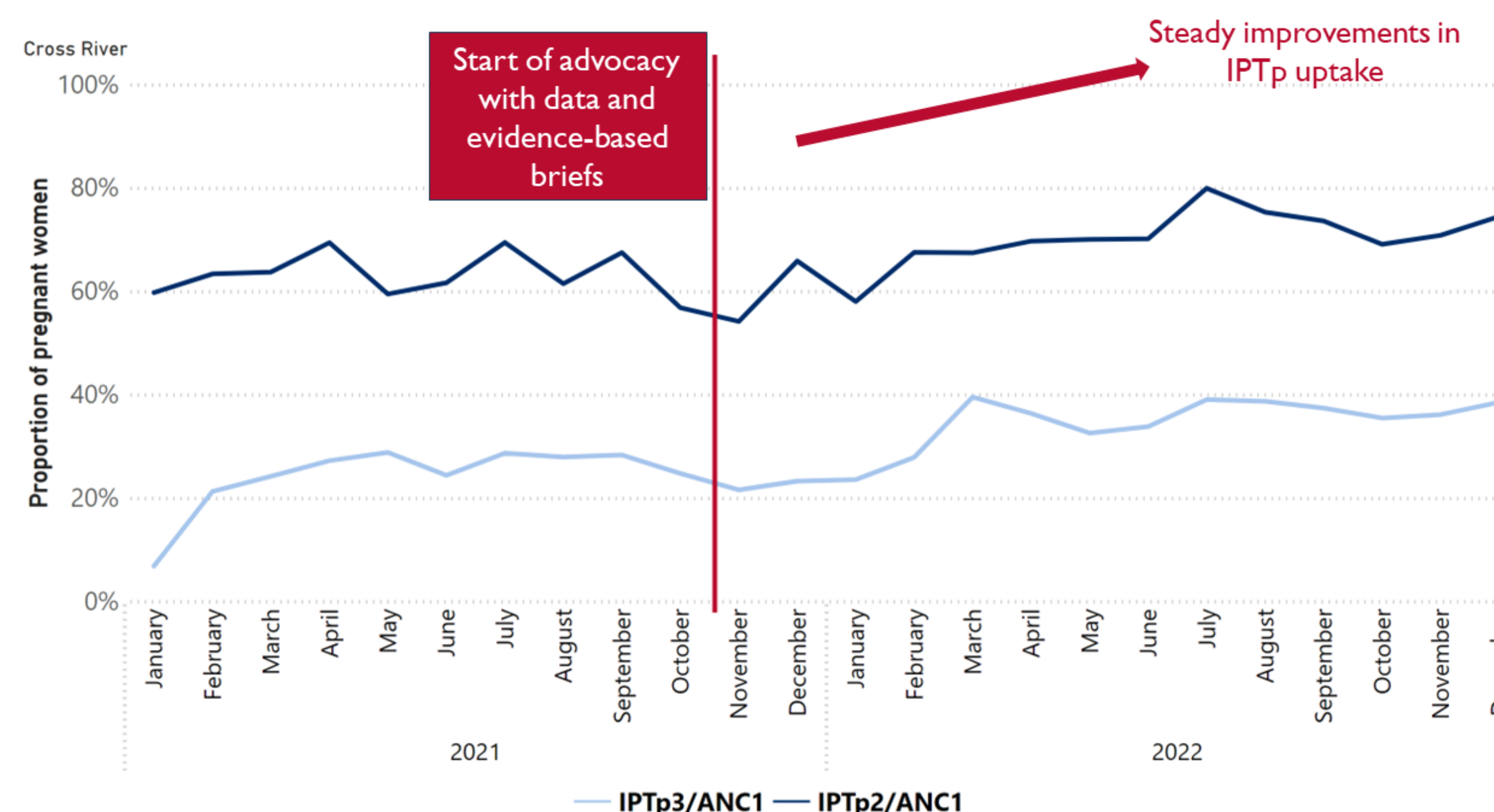


Figure 1. Proportion of IPTp 2 and 3 uptake in health facilities that leveraged data and evidence-based advocacy to mobilize for SP-IPTp donations (Image developed in PowerBi)

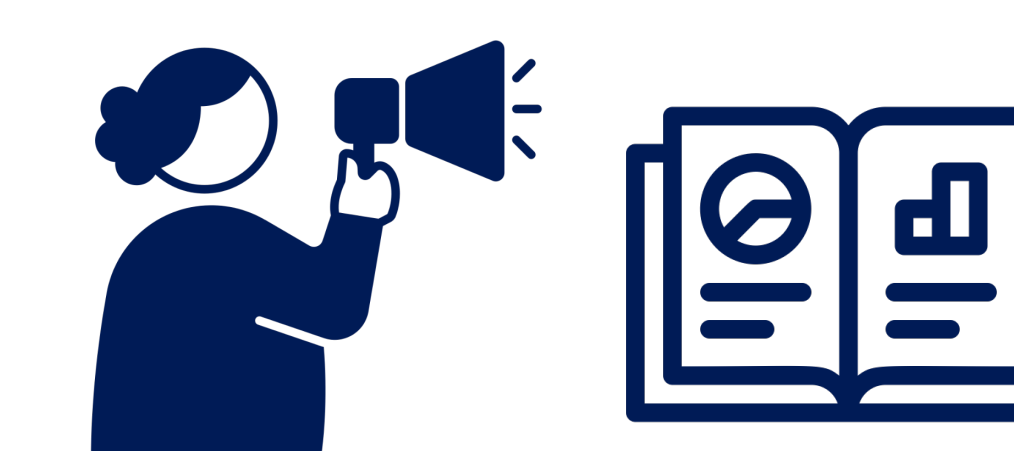


Figure 2. Evidence-based advocacy briefs presented to stakeholders during advocacy activities (Photo credit: PMI-S Project)

Results

- Advocacy improved commitments by chairmen of local government areas and ownership of procurement and management of SP-IPTp by HF managers.
- Advocacy enabled Ward Development Committee donations of SPs.
- Proportion of IPTp 2 and 3 uptake increased after advocacy activities commenced across HFs that leveraged data and evidence-based advocacy briefs to mobilize for SP-IPTp donations across all levels of malaria actors.
- Analysis of NHMIS data found that IPTp 2 coverage was over 80% by August 2022, meeting the national target, while IPTp 3 was 37%.

Advocacy enabled donations and data-driven advocacy briefs supported improved IPTp uptake



Discussion

- Data-driven, tested, tailored, and multi-level advocacy lead to successful resource mobilization and support preventive treatment of malaria in pregnancy.
- The study findings resonate with the proposition of the advocacy-resource mobilization model for malaria in pregnancy that it is crucial to engage stakeholders and actors across levels.
- **Multi-level advocacy activities can effectively address systemic barriers and should be prioritized by global health policy frameworks.**
- Multi-level advocacy approaches can support mobilization of resources for malaria interventions and improve maternal and child health outcomes.

References

1. Adisa, O.P., Okonkwo, P.O., & Ojo, O.S. (2017). Advocacy for malaria control in sub-Saharan Africa: A systematic review of strategies and outcomes. *Malaria Journal*, 16(1), 324.
2. Agomo, C.O., Oyibo, W.A., Anorue, C.O., Agomo, P.U., & Okonkwo, I. (2017). Advocacy for malaria control: A review of current strategies and challenges. *Journal of Public Health in Africa*, 8(1), 646.
3. National Population Commission, Federal Ministry of Health. (2022). Nigeria Malaria Indicator Survey 2022. Abuja, Nigeria: National Population Commission and Federal Ministry of Health
4. District Health Information System. (2021)

¹United States President's Malaria Initiative for States, Management Sciences for Health, Cross River, Nigeria; ²United States President's Malaria Initiative for States, Management Sciences for Health, Arlington, VA, United States; ³United States President's Malaria Initiative for States, Management Sciences for Health, Abuja, Nigeria; ⁴Nigerian Interfaith Action Association, Abuja, Nigeria; ⁵State Malaria Elimination Programme, Cross River, Nigeria; ⁶United States President's Malaria Initiative, United States Agency for International Development, Abuja, Nigeria