

Expanding the delivery of preventive medicine for malaria during pregnancy in Africa

Dear Editor,

Malaria is a life-threatening infectious disease, which is preventable and curable.^[1] It is important to note that the incidence and the associated deaths have been significantly reduced due to the sustained efforts by different stakeholders.^[1,2] In fact, in the era of the Millennium Development Goals, there was a decline of 21% and 29% in the incidence and the death rates of the disease worldwide.^[1] Even then, in excess of 90 nations still have reported malaria transmission in their settings, and more than 210 million cases and 0.4 million deaths have been reported in 2015 alone, which is still a major cause of public health concern.^[1]

From the caseload perspective, the Sub-Saharan Africa region accounts for a maximum proportion of cases as well as the deaths reported worldwide.^[1,2] In fact, the infection continues to remain a major killer among children under the age group of <5 years.^[1] Furthermore, in excess of 50 million cases become pregnant in the region annually, and all of them are at the potential risk of acquiring the infection through the *Plasmodium falciparum* species, which is extremely prevalent in the region.^[3] This infection during pregnancy makes women susceptible for anemia, maternal or infant deaths, and many other adverse complications.^[3]

To protect mothers and their unborn children from the disastrous complications of the disease, the World Health Organization (WHO) has recommended for an intermittent preventive treatment in pregnancy in the region.^[3,4] This therapy comprises three or more doses of medicine, and all pregnant women living in areas with stable transmission of the disease are eligible for the therapy.^[3] It has been recommended to administer the medicines during routine antenatal visits and should be started preferably in the beginning of the second trimester.^[3] Even though the strategy of intermittent preventive treatment for the infection in pregnancy is in place for more than a decade, its uptake has been low.^[3] The findings of a report have confirmed that close to 70% of the pregnant women are still

not receiving the recommended doses of medicines despite being eligible for the same in the region.^[3]

Considering that the reach of health services in general is poor in rural areas, and that even women have less awareness about the consequences of infection, there is an immense need to expand the reach of services.^[1-4] The WHO calls for strengthening of the existing services, involvement of all partners, and bridging of the gaps in other infrastructure- or resource-related fields.^[1] Simultaneously, it is the need of the hour to rope in different professional body association and work in coordination to strengthen the capacity and promotion of the required services.^[3]

To conclude, there is an indispensable need to incorporate this life-saving preventive therapy and insecticide-treated bed nets with the existing antenatal package of services to minimize the risk of acquisition of infection during pregnancy in the Sub-Saharan African region.

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Conflicts of interest

There are no conflicts of interest.

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Letter to Editor

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