**CHALLENGE**

Malaria is the leading cause of mortality for both pregnant women and children under five in Benin. Along with other prevention methods, providing treatments of sulfadoxine-pyrimethamine (SP) to pregnant women during antenatal visits is a key part of the Government of Benin’s (GOB) malaria strategy.

Yet in 2011, only 23% of pregnant women received the recommended two rounds of this Intermittent Preventive Treatment for pregnant women (IPTp2), according to the 2012 Demographic and Health Survey.

In 2014, the GOB began to promote three rounds of IPTp (IPTp3), in accordance with new World Health Organization recommendations—further raising the challenge for the country’s health system. Many countries have faced difficulties in attaining high coverage of IPTp3, and Benin is no exception. Steady progress has nonetheless been made from 2011-2017, with 31% of pregnant women protected.

**RESULTS**

The percentage of pregnant women who received IPTp2 grew from 23% in 2011 to 67% in 2017, according to the country’s malaria information system.

While the overall mortality rate from malaria:

- **23%** in 2011
- **67%** in 2017
CONTEXT

Malaria is endemic throughout Benin.

Among pregnant women and children under five, it is the leading cause of illness and death.

The disease also stunts the economy. The World Bank estimates that Beninese households spend 25 percent of their income on preventing and treating malaria.

An estimated 90 percent of the population lives more than 10 km from a health center, making it vital to offer basic malaria services at the community level.

METHODS

ARM3 methods that promoted IPTp:

- 1,570 public sector HW trained on IPTp
- 380 private sector HW trained on IPTp
- 18 partnerships with local NGOs for community outreach for IPTp in 25 health zones
- 140,000+ copies of BCC materials on IPTp and other malaria prevention distributed
- 1,000+ copies of facilitator guides and participant manuals on IPTp for trainings distributed
- 15 radio stations to broadcast programs with malaria messages

To evaluate the BCC interventions, including their contributions toward the demand for IPTp, two administrative departments randomly sampled women visiting clinics about their knowledge and behavior. Mono-Couffo served as the control area, and Ouémé-Plateau was the intervention zone, where active BCC was practiced. Below is a comparison of the women surveyed:

<table>
<thead>
<tr>
<th>CONTROL AREA</th>
<th>INTERVENTION AREA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KNEW HOW TO PREVENT MALARIA</strong></td>
<td></td>
</tr>
<tr>
<td>84%</td>
<td>93%</td>
</tr>
<tr>
<td><strong>KNEW THE TREATMENT OF CHOICE</strong></td>
<td></td>
</tr>
<tr>
<td>28%</td>
<td>46%</td>
</tr>
<tr>
<td><strong>TOOK AT LEAST IPTP2 WHEN PREGNANT</strong></td>
<td></td>
</tr>
<tr>
<td>42%</td>
<td>66%</td>
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</tbody>
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