

Increasing the upTake of Intermittent Preventive Treatment in pregnancy (IPTp) with Sulfadoxine-pyrimethamine (SP) through seasonal malaria chemoprevention (SMC) channel delivery: the INTEGRATION project

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Background

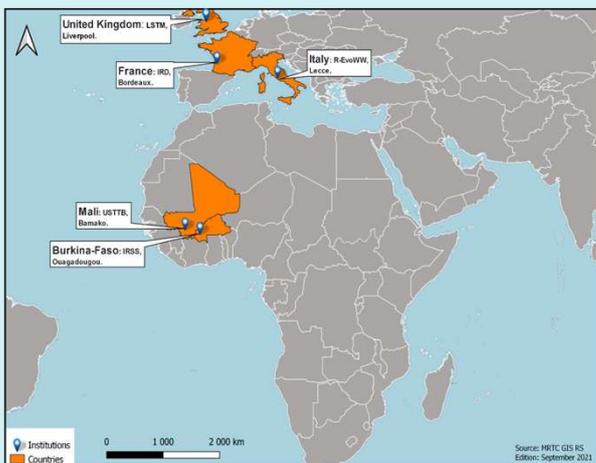
- Access to intermittent preventive treatment with Sulfadoxine-pyrimethamine (IPTp-SP) among pregnant women in sub-Saharan Africa remains low.
- Late attendance to antenatal care (ANC) services and missed opportunities by health providers are among the most reported barriers.
- By contrast, the coverage of seasonal malaria chemoprevention (SMC) for the prevention of malaria in children under 5 in Sahelian countries is high.
- This success makes the SMC channel a potentially effective and complementary mechanism to boost IPTp-SP coverage among pregnant women.

Major objective:

- To evaluate whether the addition of IPTp-SP to SMC will increase the coverage of IPTp3+ and ANC among pregnant women in Mali and Burkina Faso

Methods

- Design: Multicentre cluster-randomized, implementation trial
- Primary endpoint: % women who delivered within the last 12 months with IPTp3+ at endline
- Cost-effectiveness/economic studies
- Research capacity building (1+1 PhDs, 1+1 Masters)
- Institutions: 5 institutions in 5 countries:



- Study arms:
 - Intervention: IPTp administration through SMC channel delivery and ANC
 - Control: IPTp administration through ANC only
- Study population: Women with a child less than or equal to 12 months of age, ANC attendees, health workers, district management team staff.
- Assessment:
 - IPTp coverage: Household surveys at Baseline and Endline
 - Confirmed malaria cases in children and pregnant women. Facility-based ANC cards and registers review
 - Pregnancy and birth outcome. Facility data on clinical cases
 - Feasibility and Acceptability through in-depth interviews (health providers, managers, CHWs, pregnant women).
 - Sample size (80% power, ICC 2.5%): Burkina-Faso (2,310 women), Mali (2,730 women)

Results

- Results expected to improve policies, programmes and practices for both prevention of malaria in pregnancy and ANC adherence to 8 ANC contacts (WHO 2016 recommendation) in Mali and Burkina Faso, with potential to impact policy in other SMC countries.

Conclusion

- Providing an integrated and sustainable strategy to improve IPTp coverage will be a major advance for malaria prevention in pregnant women.
- At the same time, our strategy has the potential to boost ANC attendance and uptake of the latest WHO ANC recommendations of eight ANC contacts.

Acknowledgements:

