



ADVANCING PREVENTION OF MALARIA IN PREGNANCY

# Transforming IPT for Optimal Pregnancy

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# Theory of Change

Project rationale	Public health need	The unacceptably low proportion of eligible pregnant women receiving IPTp with quality assured SP —IPTp1-SP 52% and IPTp3-SP 17%—leaves millions of pregnant women unprotected from malaria, contributing to preventable maternal and neonatal morbidity and mortality.				
	Market failure	<p><b>Supply:</b> Insufficient a) availability and access to quality assured SP, b) manufactures of quality SP.</p> <p><b>Demand:</b> Insufficient demand for quality assured SP (e.g., Perception of IPTp-SP as 'failed drug')</p>				
Results chain	Inputs	Activities	Outputs	Outcomes	Impacts	
	<ul style="list-style-type: none"> <li>• UNITAID support</li> <li>• Training materials</li> <li>• Supervision Guide</li> <li>• CHWs in place</li> </ul>	<ul style="list-style-type: none"> <li>• Training- trainers, supervisors, CHWs, facility providers</li> <li>• TA to SP manufacturers</li> <li>• Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Trained CHWs</li> <li>• Coverage of trained CHWs</li> <li>• CHWs supervised</li> <li>• Women received C-IPTp</li> </ul>	<ul style="list-style-type: none"> <li>• IPTp3 uptake</li> <li>• IPTp2, 1 uptake</li> <li>• Fewer stock-outs</li> <li>• ANC utilization</li> <li>• Country budget allocation for IPTp</li> <li>• Generate evidence for global guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Neonatal mortality</li> <li>• Maternal lives saved</li> <li>• DALY's averted</li> <li>• Costs saved</li> </ul>	
Key risk	<ul style="list-style-type: none"> <li>• Lack of quality assured SP at project start-up</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction of C-IPTp-SP could overburden CHW.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy barriers inhibit CHW community distribution of IPTp-SP</li> </ul>	<ul style="list-style-type: none"> <li>• ANC attendance declines because of community distribution of SP</li> </ul>	<ul style="list-style-type: none"> <li>• Criticism of SP efficacy causes MOH to prioritize other interventions and deprioritize MiP</li> </ul>	

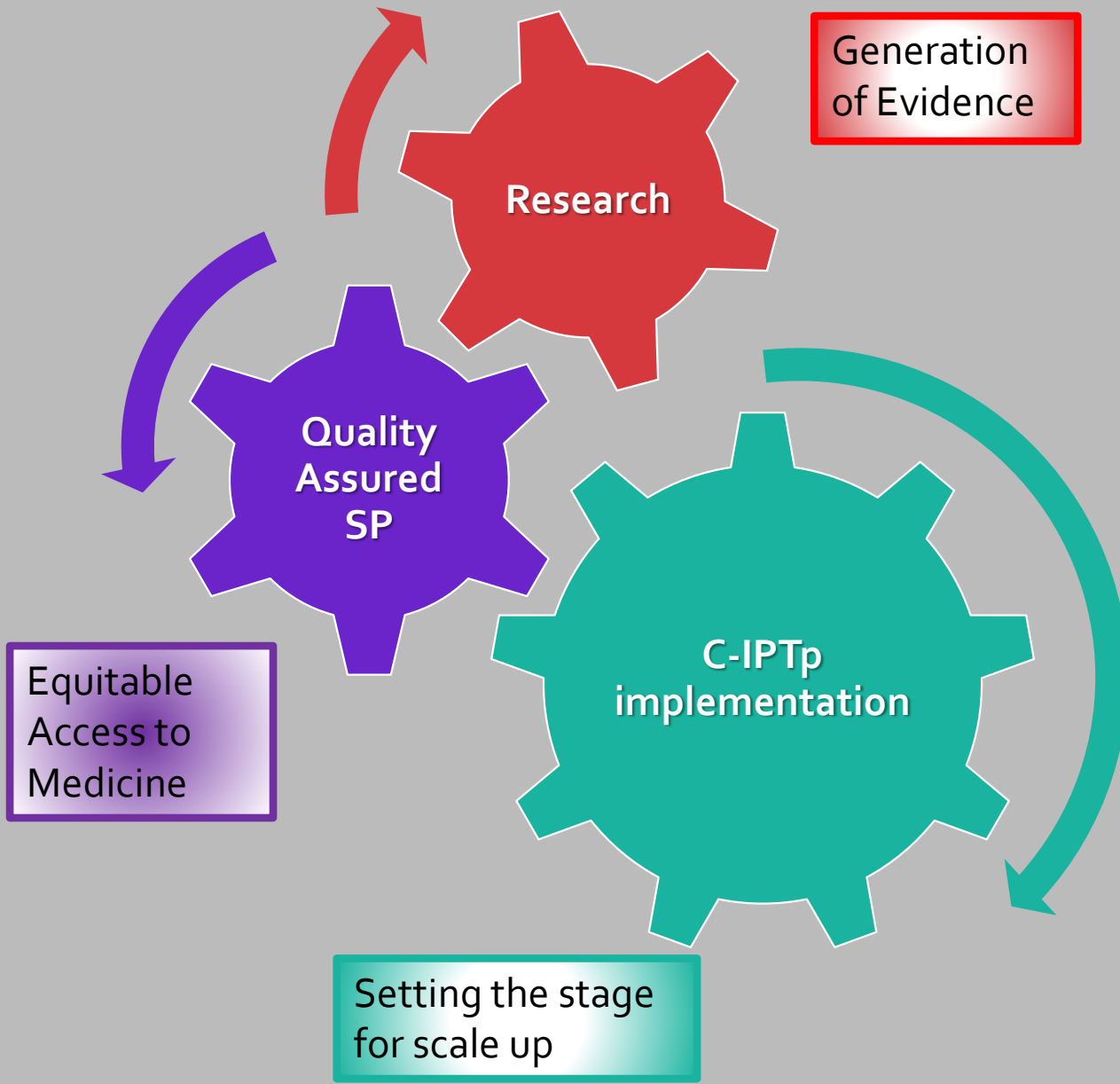
# What is TIPTOP?



- **Landmark Project** over 5 years that will:
  - **Generate evidence** for WHO & country policy change
  - Introduce and set stage for scale up of **community intermittent preventive treatment during pregnancy (IPTp)**
    - **C-IPTp**
  - **Introduce and increase demand** for quality assured sulfadoxine–pyrimethamine (SP) for IPTp

# What is the TIPTOP doing?

Introduction, testing and expansion of community IPTp with quality assured SP



# Where is TIPTOP?



- Democratic Republic of Congo
- Madagascar
- Mozambique
- Nigeria



# Who is the TIPTOP partnership?

Directly supporting  
Ministries of Health  
to reach their  
coverage goals



- **Jhpiego**- Principal recipient (prime) and implementing partner
- **ISGlobal**- Research partner
- **Medicines for Malaria Venture\***- Bringing quality assured SP to market
- **WHO\***- SP resistance monitoring, Advocacy and Coordination/ Collaboration
- **Key Stakeholders** including PMI and Global Fund

\*Enabler partner (self managed)

# Log Frame

Project design  
is learning  
driven

- **Goal (Impact):** Contribute to reduced maternal and neonatal mortality in project areas by expanding access to QA SP for IPTp
- **Outcome 1:** Over 5 years, increased IPTp-SP<sub>3</sub> uptake to a minimum of 50% in project areas
- **Outcome 2:** Over 5 years, new available evidence on C-IPTp-SP delivery used by MOHs in targeted countries

# Implementation



## Output 1- Demonstration and fully implemented community-based IPTp-SP

- Advocacy at national level
- Implementation in target sites
- Routine monitoring
- Demand creation
- Availability of quality assured SP at point of care



# Commodity



## Output 2\*- Improved SP supply & quality

- Secured WHO prequalification for quality assured SP
- Development of drug packaging promoting IPTp-SP
- Strengthening of SP product demand forecast
- *Jhpiego will procure quality assured SP for community distribution- links to output 2*
  - *Years 1, 2 and 3*

\*Led by Medicines for Malaria Venture

# Enabling Environment



## Output 3- Environment established to support transition to MOH for scale-up and sustainable C-IPTp-SP

- Coordination and collaboration with key partners
- Sustainability planning from the beginning
- Expand program learning

# Research

This project will inform WHO review of global policy



**Output 4\*-  
Development and dissemination of global recommendations and guidance for C-IPTp-SP delivery**

\*Led by ISGlobal

1. Household surveys
  - IPTp Uptake
  - ANC utilization
2. Anthropological studies
  - Client & provider perceptions
3. Economic studies
  - Cost
4. SP resistance monitoring
  - Collaboration with WHO

# TIPTOP Phases



## Phase I

- Approximately 2 years
- Demonstration of community IPTp
  - Approximately 10,000 pregnant women
- Research
- Introduction of quality assured SP for IPTp

## Phase II

- Approximately 3 years
- Expansion of community IPTp
  - Approximately 30,000 pregnant women/ year
- Research
- Demand creation for quality assured SP for IPTp

# Approach

WHO ANC  
recommendations  
reinforce this model



1. Community to clinic **continuum of care** model
2. **Promote** early and comprehensive **antenatal care (ANC) attendance**
3. **Community health workers** will meet with pregnant women monthly
  - Promote and refer to ANC
  - Provide IPTp-SP to eligible pregnant women
  - Counsel on comprehensive care including bed-net use and effective malaria case management
4. **Rigorous monitoring** to capture uptake levels, referrals and ANC utilization

# Community IPTp Study, Burkina Faso

## Primary objective:

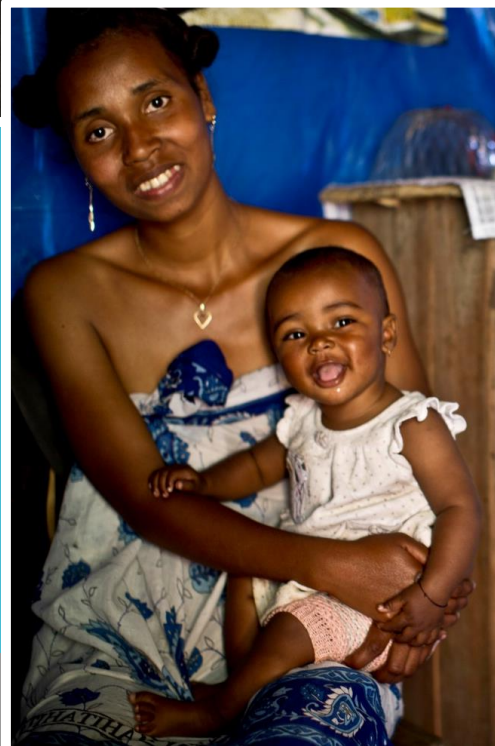
- Determine the effect of a community intervention on IPTp coverage (including IPTp<sub>1</sub>, IPTp<sub>2</sub>, IPTp<sub>3</sub> and IPTp<sub>4</sub>) and ANC coverage (including ANC<sub>1</sub>, ANC<sub>2</sub>, ANC<sub>3</sub>, ANC<sub>4</sub>) in three districts in Burkina Faso

## Secondary objectives:

- Document the level of service delivery through assessment of IPTp by CHWs and ANC coverage (including ANC<sub>1</sub>, ANC<sub>2</sub>, ANC<sub>3</sub> and ANC<sub>4</sub>) in rural Burkina Faso
- Identify social and cultural factors that influence levels of IPTp uptake and ANC attendance and their relative impact
- Document implementation processes to identify factors that limit challenges to implementation and management of IPTp by CHWs

# Project Launch

Mozambique  
11 Sept



# TIPTOP Website

[https://tiptop  
malaria.org](https://tiptopmalaria.org)







Thank You!