Malaria in Pregnancy
Intermittent Preventive Treatment
EDCTP-Stakeholders meeting
Vienna- 19-20 September 2013

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- Main features
- Key issues and challenges
- Role of the EDCTP
WHO recommendation for Malaria control in Pregnancy in stable transmission areas

• Case management
  – Uncomplicated malaria
    • Oral quinine - 1st trimester
    • ACT - 2nd & 3rd trimesters
  – Complicated malaria
    • Quinine or ACTs

• Vector control
  – Insecticide Treated Nets

• Intermittent Preventive Treatment- IPTp
Intermittent Preventive Treatment

Administration of treatment doses of an antimalarial at predefined intervals irrespective of the presence of parasites

Makes use of existing health infrastructures
- ANC
- EPI

Based on sulfadoxine-pyrimethamine (SP)
Key issues/challenges

• Low coverage
  – 25-30% receive at least 1 dose of IPTp
  – <20% sleep under ITN
  – Improve effectiveness

• Low efficacy of SP in some areas
  – Evaluate alternative drugs

• High prevalence of HIV infection
  – Improve malaria prevention
Key issues/challenges

• In context of low malaria transmission
  – Evaluate other strategies - intermittent screening and treatment
    • Detection of placental infection/low density infections
    • Best drugs for this approach
    • Cost-effectiveness evaluation and health systems issues

• Define thresholds for different factors when IPTp is no longer cost-effective

• Monitoring drug resistance
  – Selection of resistance to drugs alternative to SP
Key issues/challenges

- Evaluate of the safety and efficacy of malaria vaccines to prevent MiP
- Develop and evaluate more sensitive point of care, rapid tests to detect:
  - Low density infections
  - Hidden infections (placental malaria in women negative in peripheral blood)
- Evaluate safety and efficacy of alternative drugs to ACTs and quinine to treat malaria episodes
- Evaluate the safety and efficacy of radical cure for both P.f. and P.v. of currently available and future drugs in women in reproductive age
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Seasonal Malaria Chemoprevention (SMC)

- it is focussed to children 6 months to 5 years, and is restricted to countries in the sub Sahel belt with a very strong seasonality in malaria transmission
- requires new and unplanned contacts between the target population and the health care delivery system
Key issues/challenges

• Evaluate the barriers for their low implementation and uptake.
  – Phase IV-effectiveness studies needed
• Evaluate the cost-effectiveness of IPTi and SMC in different contexts and transmission settings
• Define transmission thresholds when these interventions are no longer effective
• Need for paediatric formulations of currently recommended and new alternative drugs for IPTi and SMC for the infant target group
• Evaluate their potential role in an elimination agenda
  – Need to assess the safety of new antimalarials for radical cure in small children
Role of the EDCTP

• The EDCTP has played a fundamental role in understanding many of the issues that are critical for malaria control in pregnancy in the African region.

• The contribution of the EDCTP to the Malaria in Pregnancy consortium with the participation of other players, mainly the Gates Foundation has been a successful example.
• There is a unique opportunity for the EDCTP to make a strong contribution to the agenda of malaria elimination through these strategies targeted to the most vulnerable groups of the population.