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# **Malaria in Pregnancy**

## **Intermittent Preventive Treatment**

### **EDCTP-Stakeholders meeting**

### **Vienna- 19-20 September 2013**

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Leading research at:



- 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