EDCTP session on

Malaria in pregnancy programmes: challenges and priorities in antimalarial drug development for African pregnant women

17 April 2018 | 09:00-10:25 | Meeting room 205
About EDCTP

EDCTP’s mission is to contribute to the reduction of the individual, social and economic burden of poverty-related infectious diseases in sub-Saharan Africa.

We support collaborative clinical research to accelerate the development of accessible, suitable and affordable medical interventions to identify, prevent or treat these diseases. Our approach integrates conduct of research with development of African clinical research capacity and networking.

The programme is supported under Horizon 2020, the European Union’s Framework Programme for Research and Innovation.
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In Africa, it is estimated that approximately 30 million pregnant women are exposed to the *Plasmodium* parasite, which is responsible for 10,000 maternal deaths, 900,000 babies being born with low birth weight, and 100,000 infant deaths each year. Conducting malaria interventions in endemic countries is essential to deliver to the affected populations new and improved medicinal products that are safe, efficacious, affordable and accessible. There is an urgent need to evaluate the efficacy and safety of alternative drugs for the treatment and prevention of pregnancy-associated malaria, including in the first trimester of gestation. Moreover, the systematic exclusion of pregnant women from clinical trials (by most product developers) coupled with the challenges (ethical, social, cultural) of conducting this research limits the development of new antimalarials for this high-risk group.

The current World Health Organization (WHO) policy recommends intermittent preventive treatment with sulphadoxine-pyrimethamine (IPTp-SP) in pregnancy. However, this policy though still highly cost-effective in most endemic African countries, is compromised by the risk of parasite resistance to SP and it is contraindicated in HIV-positive pregnant women receiving cotrimoxazole prophylaxis (CTXp), leaving the more vulnerable women the less protected. In view of this, WHO has recommended further research in IPTp during pregnancy in both HIV-uninfected and HIV-infected women.

Maternal and child health remains a high priority research area in EDCTP and the programme has a significant track record in malaria prevention and treatment studies involving pregnant women and their newborns. Recently, EDCTP awarded two multicentre studies to investigate the potential use of dihydroartemisinin–piperaquine (DP) for the prevention of malaria in HIV-negative and HIV-infected pregnant women in areas where SP resistance is low (Gabon and Mozambique) to medium and high (Kenya, Tanzania and Malawi).

This symposium focuses on the practical challenges, priorities and lessons learned by researchers conducting clinical trials in pregnant women in resource-limited settings (past and present). The presentations will focus on previous and current studies on malaria in pregnancy supported by EDCTP and will share practical experiences and lessons learned from sub-Saharan African countries.
## Agenda

### Chairs and Co-Chairs
- **Feiko ter Kuile**, Liverpool School of Tropical Medicine (LSTM), United Kingdom
- **Montserrat Blázquez-Domingo**, EDCTP, The Netherlands
- **Atinuke Olaleye**, Babcock University Teaching Hospital, Nigeria

<table>
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<th>Time</th>
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| 09:00-09:05 | Brief introduction to EDCTP  
Montserrat Blázquez-Domingo, EDCTP, The Netherlands |
| 09:05-09:20 | Malaria in pregnancy, implication of sulphadoxine-pyrimethamine resistance and overview of studies seeking alternative options to IPTp with SP  
Feiko ter Kuile, Liverpool School of Tropical Medicine (LSTM), United Kingdom |
| 09:20-09:35 | Challenges in the control of malaria-HIV co-infection in pregnant women  
Clara Menéndez, ISGlobal - Barcelona Institute for Global Health, Spain |
| 09:35-09:50 | National Malaria Control policies and interventions to prevent malaria in pregnancy in Mali: progress and challenges (Politique Nationale de lutte contre le paludisme pendant la grossesse au Mali, les progrès et les défis)  
Mariam Tall, National Malaria Control Programme (NMCP), Ministry of Public Health, Mali |
| 09:50-10:05 | Experiences of implementing pregnancy registries in low resource settings: research and programmatic perspectives  
Esperança Severe, Centro de Investigação em Saúde de Manhiça, CISM and Eduardo Mondlane University, Mozambique |
| 10:05-10:25 | Discussion and Q&A |
Biographies

Montserrat Blázquez-Domingo

Dr Montserrat Blázquez Domingo joined EDCTP in September 2007 and she is a Senior Project Officer at EDCTP with responsibility of the malaria portfolio. She is currently the officer overseeing and managing two of the projects presented in this symposium, the IMPROVE and MAMAH studies. She has also been the project officer of the malaria portfolio under the EDCTP1 programme (PREGACT, MiPPAD, IPTp-IST, WANECAM, ADAPT studies, etc.). In addition, she has considerable experience in managing calls for proposals, from grant application, management of the peer-review process, through to post-award evaluation and grant negotiation. Montserrat holds a Master’s and a PhD degree in cell and molecular biology and her postdoctoral research focused on biomedical immunology.

Clara Menéndez

Professor Clara Menéndez is a clinical epidemiologist and Director of the Maternal, Child and Reproductive Health Initiative at ISGlobal, Spain. She has led numerous international multicenter studies focused on maternal health, malaria in pregnancy, prevention of HIV/STIs in mothers and infants, and acts as a consultant on maternal health problems for several international organizations including the WHO. Currently, she is the coordinator of the MAMAH consortium on malaria in pregnancy (funded by EDCTP).

Atinuke Olaleye

Dr Atinuke Olaleye is a Lecturer and Consultant Obstetrician Gynaecologist at the Babcock University Teaching Hospital (Nigeria), where she works in the area of reproductive health, particularly, in maternal and child health, with a focus on prevalent diseases such as HIV/AIDS, hepatitis B virus, tuberculosis and malaria in resource-limited settings. Dr Olaleye was recently awarded an EDCTP Career Development Fellowship to study the burden of Sulphadoxine-Pyrimethamine (SP) resistance and determinants of its occurrence among pregnant women receiving Intermittent Preventive Treatment in a malaria endemic community (IPTp-SP) in Nigeria.
Esperança Sevene

Professor Esperança Sevene is a clinical pharmacologist at Eduardo Mondlane University and an associate researcher at Manhiça Health Research Centre, in Mozambique. Her interest focuses on safe use of drugs in pregnancy, safety of the anti-malarials and antiretroviral drugs. Her interest in pharmacovigilance was also important to the implementation of the National Pharmacovigilance System in the Ministry of Health of Mozambique and also at regional level collaborating with World Health Organization (WHO) in the implementation of pharmacovigilance systems in Africa.

Mariam Tall

Dr Marian Tall is a medical epidemiologist with more than 14 years’ experience in malaria and HIV/AIDS research at the National Malaria Control Programme in Bamako, Mali. She is responsible for the implementation of public health programmes and clinical interventions in Mali. She is the focal point for the malaria prevention programmes and, in particular, in strengthening malaria case management for pregnant women within the National Malaria Control Programme in Mali.

Feiko ter Kuile

Professor Feiko ter Kuile is a clinical epidemiologist and head of the malaria epidemiology section in the department of Clinical Sciences and LSTM’s malaria research collaboration from Liverpool, United Kingdom, with KEMRI’s Centre for Global Health Research and CDC’s malaria branch in western Kenya. From 2007-2017, he has led the Malaria in Pregnancy Consortium, a network of 47 research institutions worldwide conducting research on the treatment and prevention of malaria in pregnancy. His main research interests include the epidemiology of malaria and the evaluation of new interventions for the control of malaria in children and pregnant women. Currently, he is the chief investigator of the IMPROVE consortium on malaria in pregnancy (funded by EDCTP and DFID/MRC/Wellcome Trust).
Overview of EDCTP portfolio
2014-2017

By activity

Note:
These figures include both estimated and actual value of grants.

€ 258.58 M
125 grants

- Clinical studies, 33 grants
  €197.85 M
- Health system preparedness, 8 grants
  €20.94 M
- Fellowships, 58 grants
  €12.26 M
- Networks of Excellence, 4 grants
  €11.98 M
- Pharmacovigillance, 3 grants
  €6.30 M
- Evidence-informed policy, 6 grants
  €5.42 M
- Ethics and regulatory framework, 13 grants
  €3.83 M

By disease

Note:
A further € 20M for 29 grants was awarded to projects on non-disease specific topics such as ethics and regulatory support, networking and fellowship grants. All figures include both estimated and actual value of grants.

€ 238.58 M
96 grants

- Tuberculosis, 27 grants
  €88.38 M
- HIV & HIV-associated infections, 26 grants
  €64.12 M
- Malaria, 14 grants
  €32.05 M
- Neglected infectious diseases, 13 grants
  €25.18 M
- Emerging diseases, 10 grants
  €24.33 M
- Lower respiratory tract infections, 2 grants
  €3.57 M
- Diarrhoeal diseases, 2 grants
  €0.65 M
- Multiple infections, 2 grants
  €0.30 M

Note:
These figures include both estimated and actual value of grants.

A further € 20M for 29 grants was awarded to projects on non-disease specific topics such as ethics and regulatory support, networking and fellowship grants. All figures include both estimated and actual value of grants.
Malaria: by intervention

Note:
A further €0.15M for 1 grants was awarded to a project not related to a particular medical intervention. All figures include both estimated and actual value of grants.
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