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



Is Global Barcelona Institute for Global Health 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





Administration of treatment doses of an antimalarial at predefined intervals irrespective of the presence of parasites Makes use of existing health infrastructures - ANC - FPI **Based on sulfadoxine**pyrimethamine (SP)







- Low coverage
 - 25-30% receive at least 1 dose of IPTp
 - -<20% sleep under ITN</p>
 - Improve effectiveness
- Low efficacy of SP in some areas
 - Evaluate alternative drugs
- High prevalence of HIV infection
 Improve malaria prevention

Global Health





- 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







- 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



Clínic - Universitat de Barcelon Intermittent Preventive Treatment



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- 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







- 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 asses the safety of new antimalarials for radical cure in small children

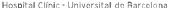


Role of the EDCTP



- 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