

TIPTOP:

Transforming Intermittent Preventive Treatment for Optimal Pregnancy



Partnership

The five-year project, implemented and managed by Jhpiego, increased IPTp coverage and expanded antenatal care (ANC) attendance in four African countries. Jhpiego partnered with the Barcelona Institute for Global Health (ISGlobal), which led the research and evaluation components of the project. The two organizations collaborated with the World Health Organization (WHO) and Medicines for Malaria Venture (MMV) to achieve the desired results.

Preventing malaria in pregnancy

All pregnant women
should:



Attend ANC
regularly



Sleep under
an insecticide-
treated net (ITN)



Receive a
minimum of
three doses* of
quality-assured (QA)
sulfadoxine-
pyrimethamine (SP)



Access case
management
for malaria in
pregnancy (MiP)

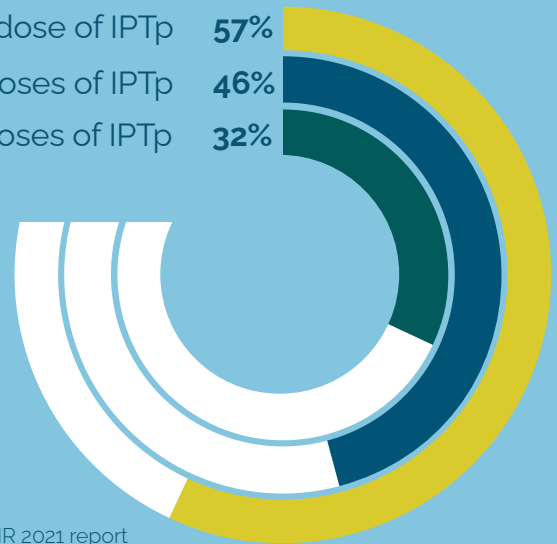
*WHO recommendation

TIPTOP worked to improve IPTp3 coverage in sub-Saharan Africa.

The low coverage of **IPTp** uptake
across
sub-Saharan Africa is **unacceptable.**

% of pregnant women* who received:

1 dose of IPTp	57%
2 doses of IPTp	46%
3 doses of IPTp	32%



*WHO WMR 2021 report

TIPTOP objectives



Generate evidence:

Generate evidence to inform WHO
in policy recommendation updates
targeting sub-Saharan Africa.



Increase coverage of IPTp:

Introduce and set the stage for
scale-up of community distribution
of intermittent preventive treatment
(IPTp) with QA SP.



Increase demand:

Introduce and increase
demand for QA SP.

The intervention:

Community intermittent preventive treatment during pregnancy (C-IPTp)

IPTp-SP coverage can be increased by training volunteer community health workers (CHWs) to:

Identify and map
pregnant women
in the community.



Screen
pregnant women
for eligibility to receive
QA SP.



Refer
pregnant women
to a health facility
for comprehensive
ANC.



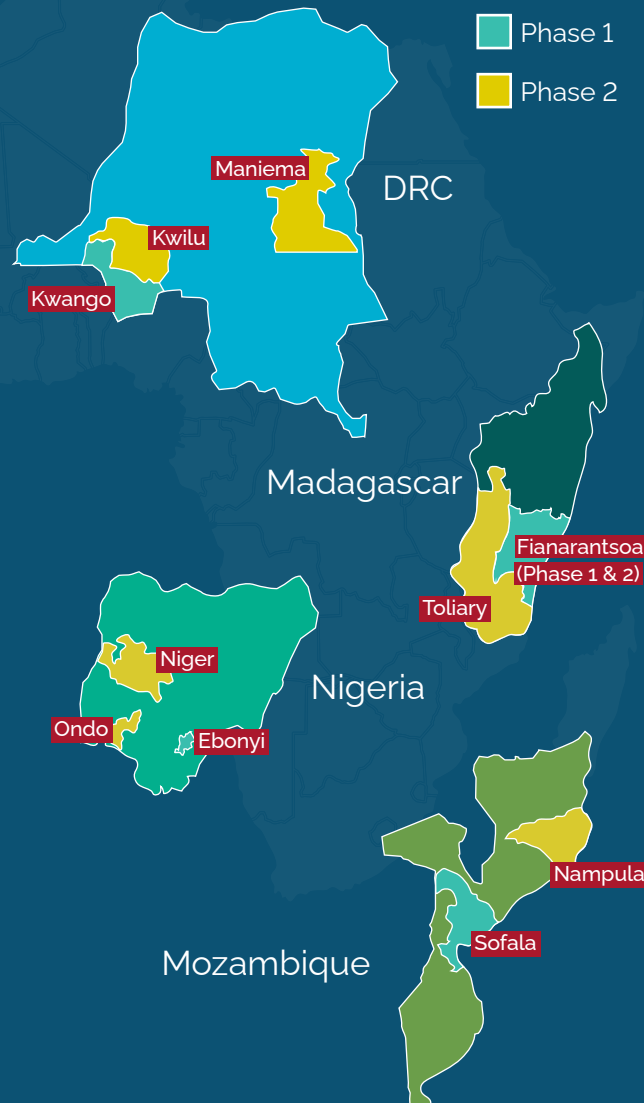
Project timeline



2018 - 2022: TIPTOP presented annually at the American Society of Tropical Medicine and Hygiene conference.

TIPTOP

project areas



TIPTOP's legacy

Generating evidence to support C-IPTp scale-up in TIPTOP countries and beyond

Scale-up readiness



Empowering communities

A wide range of community representatives (including traditional birth attendants, village information officers, retired midwives, community-selected volunteers, CHW leaders, and civil service organizations (CSOs)) can be engaged to support:

- Local adoption and integration of TIPTOP programs, trust between communities and health providers, awareness and confidence in C-IPTp, and ANC attendance

Transitioning the program to Ministries of Health

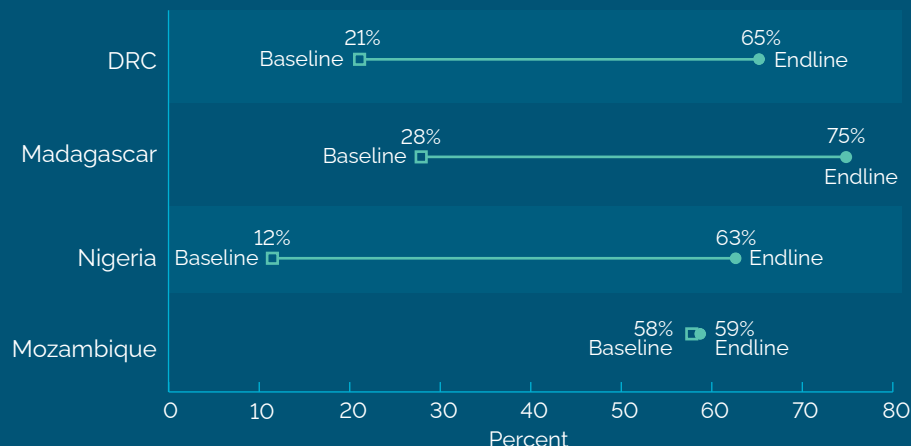
Supporting Ministry of Health leadership and attaining its buy-in, along with partner engagement, is important to achieve:

- Success in C-IPTp implementation and scale-up in the project's targeted countries
- Implementation, scale-up, and adoption of C-IPTp throughout sub-Saharan Africa. External support of Ministries of Health from partner organizations, such as the U.S. President's Malaria Initiative (PMI), the Global Fund, the Bill & Melinda Gates Foundation, and WHO, are key to ongoing delivery of such programs.

Measurement and learning

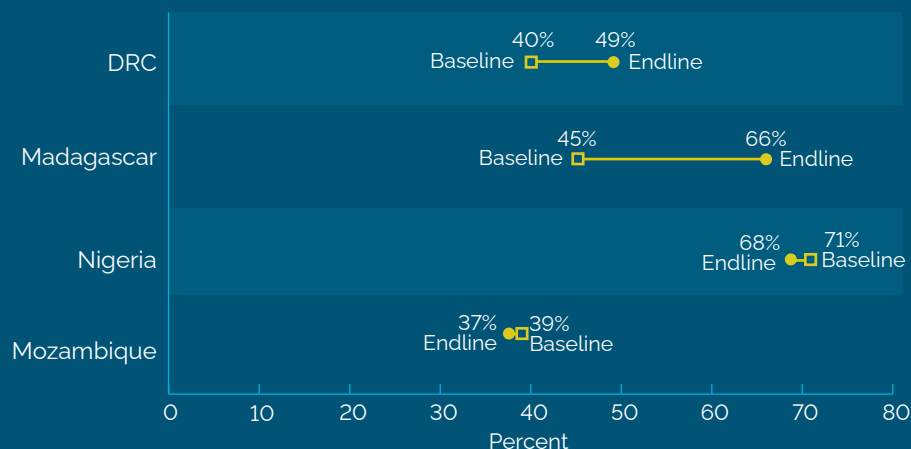
Investing in the resources, training, and systems to capture data that can be used to generate evidence for global guidance is a key tenet of successful C-IPTp programming, including:

1 Ensuring there are no missed opportunities to offer women QA SP



2 Opportunities to make strong referrals to ANC and promote health-seeking behavior

C-IPTp does not compromise ANC.



C-IPTp is highly cost-effective especially in areas where IPTp uptake is low.

TIPTOP's legacy

Demonstrating that C-IPTp is a successful approach to improving IPTp uptake

Access



Increasing market access to QA SP

At project launch, there was no WHO pre-qualified SP for IPTp. To ensure broader C-IPTp coverage, TIPTOP aimed to tackle this market failure by increasing the availability of appropriate quality drugs, and demonstrated that filling the quality supply gap of SP is possible:

- MMV engaged three African manufacturers to support their efforts to achieve WHO prequalification of their SP product for IPTp.
- TIPTOP procured WHO pre-qualified SP from Fosun Pharma (formerly Guilin) with updated packaging which contributed to increased IPTp uptake.



Addressing pregnant women's needs

Breaking down barriers to access SP both at health facilities and at the community level can make it easier for pregnant women to get the medication and care they need. This includes:

- Facilitating communication to support pregnant women and communities in their understanding of MiP
- Providing women-centered care
- Engaging providers, CHWs, and communities

“ Many people now accept **[IPTp] and take the drug** and we now

attend our antenatal visit

regularly. ”

(Pregnant woman, in-depth interview, Ohaukwu, Nigeria, 2021)

TIPTOP's legacy

Taking an innovative approach to distribute SP to eligible pregnant women where they live

Innovation



Overcoming challenges

The COVID-19 pandemic and the associated restrictions affected C-IPTp implementation. Mitigation actions were taken to minimize service disruptions, which included:

- Engaging CHWs/CSOs to integrate basic infection prevention principles into their community mobilization activities
- Providing personal protective equipment to CHWs/HCWs for safe service delivery
- Developing guidance with tips on delivery of C-IPTp in the context of COVID-19
- Utilizing bulk SMS/WhatsApp messages to provide remote supportive supervision to CHWs/HCWs

Establishing creative engagement and communication around C-IPTp

Varied social and behavior change approaches can be used to deliver MiP messages, overcome barriers to IPTp access, and promote IPTp/ANC uptake, including through:

