**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 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.

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**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

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**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.
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Sept 2017</td>
<td>Global project launch</td>
</tr>
<tr>
<td>Oct 2019</td>
<td>Start of community distribution of SP in Phase 2 districts</td>
</tr>
<tr>
<td>March 2020</td>
<td>COVID-19 pandemic declared</td>
</tr>
<tr>
<td>March 2022</td>
<td>Transition of C-IPTp implementation to Ministries of Health</td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>Sept 2018</td>
<td>Start of community distribution of SP in Phase 1 districts</td>
</tr>
<tr>
<td>Dec 2019</td>
<td>Start of COVID-19</td>
</tr>
<tr>
<td>June 2021</td>
<td>C-IPTp Virtual Learning Meeting</td>
</tr>
<tr>
<td>March 2022</td>
<td>C-IPTp Regional Program Learning Meeting</td>
</tr>
</tbody>
</table>

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

   - DRC: Baseline 21%, Endline 65%
   - Madagascar: Baseline 28%, Endline 75%
   - Nigeria: Baseline 12%, Endline 63%
   - Mozambique: Baseline 58%, Endline 59%

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

   - DRC: Baseline 40%, Endline 49%
   - Madagascar: Baseline 45%, Endline 66%
   - Nigeria: Endline 68%, Baseline 71%
   - Mozambique: Endline 37%, Baseline 39%

**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 Fosum 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

Establishing creative engagement and communication around C-IPTp

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

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