INTEGRATION: INcreasing upTakE of Intermittent Preventive Treatment in pregnancy (IPTp) with sulfadoxine-pyrimethamine (SP) throuGh seasonal malaRiA chemopreventIION (SMC) channel delivery in Mali and Burkina Faso

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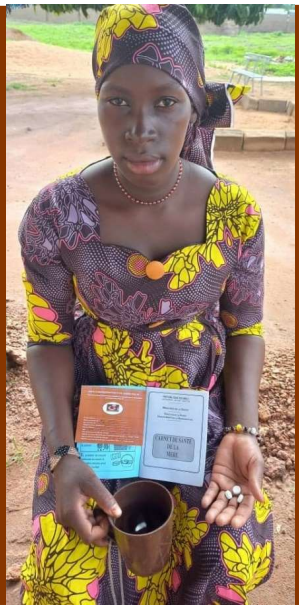
Introduction

In sub-Saharan Africa, the uptake of intermittent preventive treatment with sulfadoxine-pyrimethamine (IPTp-SP) during pregnancy remains low due to late antenatal care (ANC) attendance and missed opportunities by healthcare providers.

By contrast, coverage of seasonal malaria chemoprevention (SMC) in children under 5 in Sahelian countries is high. This trial aims to evaluate the integration of IPTp-SP delivery in the SMC channel to improve IPTp-SP coverage.



Results

Baseline data was collected in May-June 2022 in a representative sample of 775 women in Mali and 800 in Burkina Faso who had recently delivered.

The intervention was implemented in July 2022, during SMC season, and will be evaluated in an end-line survey in November-December 2023 after the second year of implementation.

Methodology

This is a 3-year multicentre cluster-randomized, implementation trial comparing coverage of IPTp-SP3+ (primary endpoint) and ANC uptake among pregnant women receiving IPTp-SP through SMC and ANC services (intervention arm), versus standard of care (ANC alone) in 20 clusters in Kangaba district (Mali) and 20 clusters in Boussé district (Burkina Faso) districts. In the intervention arm, field workers undertaking SMC home visits during the high malaria transmission season (July to October) will proactively identify pregnant women in the community, provide IPTp-SP to eligible women and encourage them to attend ANC visits during and after SMC rounds. In the control arm, pregnant women will receive IPTp-SP through ANC services only. Coverage, impact on ANC attendance and clinical outcomes, acceptability, feasibility, and cost-effectiveness of IPTp-SP will be assessed after two years of implementation.

Conclusion

This strategy has the potential to improve IPTp coverage and boost ANC attendance and uptake of the latest WHO recommendations of eight ANC contacts, improving cost-effective resource allocation. The results are expected to improve policies, programmes and practices for both prevention of malaria in pregnancy and ANC follow-up in Mali and Burkina Faso, with potential to impact policy in other SMC countries.

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