Transforming IPT for Optimal Pregnancy

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## Theory of Change

### Project rationale

<table>
<thead>
<tr>
<th>Public health need</th>
<th>Market failure</th>
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<tbody>
<tr>
<td><strong>Supply:</strong> Insufficient a) availability and access to quality assured SP, b) manufactures of quality SP.</td>
<td><strong>Demand:</strong> Insufficient demand for quality assured SP (e.g., Perception of IPTp-SP as 'failed drug')</td>
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### Results chain

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impacts</th>
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</thead>
</table>
| • UNITAID support  
  • Training materials  
  • Supervision Guide  
  • CHWs in place | • Training- trainers, supervisors, CHWs, facility providers  
  • TA to SP manufacturers  
  • Advocacy | • Trained CHWs  
  • Coverage of trained CHWs  
  • CHWs supervised  
  • Women received C-IPTp | • IPTp3 uptake  
  • IPTp2, 1 uptake  
  • Fewer stock-outs  
  • ANC utilization  
  • Country budget allocation for IPTp  
  • Generate evidence for global guidance | • Neonatal mortality  
  • Maternal lives saved  
  • DALY’s averted  
  • Costs saved |

### Key risk

| Lack of quality assured SP at project start-up | Introduction of C-IPTp-SP could overburden CHW. | Policy barriers inhibit CHW community distribution of IPTp-SP | ANC attendance declines because of community distribution of SP | Criticism of SP efficacy causes MOH to prioritize other interventions and deprioritize MiP |

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The unacceptably low proportion of eligible pregnant women receiving IPTp with quality assured SP —IPTp1-SP 52% and IPTp3-SP 17%—leaves millions of pregnant women unprotected from malaria, contributing to preventable maternal and neonatal morbidity and mortality.
What is TIPTOP?

- **Landmark Project** over 5 years that will:
  - **Generate evidence** for WHO & country policy change
  - Introduce and set stage for scale up of **community intermittent preventive treatment during pregnancy (IPTp)**
    - **C-IPTp**
  - Introduce and increase **demand** for quality assured sulfadoxine–pyrimethamine (SP) for IPTp
What is the TIPTOP doing?

Introduction, testing and expansion of community IPTp with quality assured SP

Research

Quality Assured SP

Generation of Evidence

C-IPTp implementation

Equitable Access to Medicine

Setting the stage for scale up
Where is TIPTOP?

- Democratic Republic of Congo
- Madagascar
- Mozambique
- Nigeria
Who is the TIPTOP partnership?

Directly supporting Ministries of Health to reach their coverage goals

- **Jhpiego**- Principal recipient (prime) and implementing partner
- **ISGlobal**- Research partner
- **Medicines for Malaria Venture***- Bringing quality assured SP to market
- **WHO***- SP resistance monitoring, Advocacy and Coordination/ Collaboration
- **Key Stakeholders** including PMI and Global Fund

*Enabler partner (self managed)
Log Frame

Project design is learning driven

- **Goal (Impact):** Contribute to reduced maternal and neonatal mortality in project areas by expanding access to QA SP for IPTp

- **Outcome 1:** Over 5 years, increased IPTp-SP3 uptake to a minimum of 50% in project areas

- **Outcome 2:** Over 5 years, new available evidence on C-IPTp-SP delivery used by MOHs in targeted countries
Output 1- Demonstration and fully implemented community-based IPTp-SP

- Advocacy at national level
- Implementation in target sites
- Routine monitoring
- Demand creation
- Availability of quality assured SP at point of care
Output 2*- Improved SP supply & quality

- Secured WHO prequalification for quality assured SP
- Development of drug packaging promoting IPTp-SP
- Strengthening of SP product demand forecast

*Jhpiego will procure quality assured SP for community distribution - links to output 2
  - Years 1, 2 and 3

*Led by Medicines for Malaria Venture
Output 3- Environment established to support transition to MOH for scale-up and sustainable C-IPTp-SP

- Coordination and collaboration with key partners
- Sustainability planning from the beginning
- Expand program learning
## Research

This project will inform WHO review of global policy

*Led by ISGlobal

<table>
<thead>
<tr>
<th>Output 4*- Development and dissemination of global recommendations and guidance for C-IPTp-SP delivery</th>
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<tbody>
<tr>
<td>1. Household surveys</td>
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<tr>
<td>• IPTp Uptake</td>
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<td>• ANC utilization</td>
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<tr>
<td>2. Anthropological studies</td>
</tr>
<tr>
<td>• Client &amp; provider perceptions</td>
</tr>
<tr>
<td>3. Economic studies</td>
</tr>
<tr>
<td>• Cost</td>
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<tr>
<td>4. SP resistance monitoring</td>
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<tr>
<td>• Collaboration with WHO</td>
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TIPTOP Phases

**Phase I**
- Approximately 2 years
- Demonstration of community IPTp
  - Approximately 10,000 pregnant women
- Research
- Introduction of quality assured SP for IPTp

**Phase II**
- Approximately 3 years
- Expansion of community IPTp
  - Approximately 30,000 pregnant women/year
- Research
- Demand creation for quality assured SP for IPTp
Approach

WHO ANC recommendations reinforce this model

1. Community to clinic **continuum of care** model

2. **Promote** early and comprehensive **antenatal care** (ANC) attendance

3. **Community health workers** will meet with pregnant women monthly
   - Promote and refer to ANC
   - Provide IPTp-SP to eligible pregnant women
   - Counsel on comprehensive care including bed-net use and effective malaria case management

4. **Rigorous monitoring** to capture uptake levels, referrals and ANC utilization
Primary objective:

- Determine the effect of a community intervention on IPTp coverage (including IPTp1, IPTp2, IPTp3 and IPTp4) and ANC coverage (including ANC1, ANC2, ANC3, ANC4) in three districts in Burkina Faso

Secondary objectives:

- Document the level of service delivery through assessment of IPTp by CHWs and ANC coverage (including ANC1, ANC2, ANC3 and ANC4) in rural Burkina Faso
- Identify social and cultural factors that influence levels of IPTp uptake and ANC attendance and their relative impact
- Document implementation processes to identify factors that limit challenges to implementation and management of IPTp by CHWs
Project Launch

Mozambique
11 Sept
TIPTOP
Website

https://tiptopmalaria.org
Thank You!