



Intermittent Preventive
Treatment in infants – Plus

Perennial Malaria Chemoprevention (PMC): The Unitaid IPTi+ Project addressing the gap between WHO guidance and country implementation

RBM MiP Annual Meeting
Accra, Ghana
September 13 – 15, 2022



Presentation Objectives

To inform participants of:

- New Guidance on PMC released by WHO in June 2022
- The challenges of translating the guidance into country policy and implementation
- The Unitaid IPTi+ project and how it is addressing those challenges



Presentation Objectives

To inform participants of:

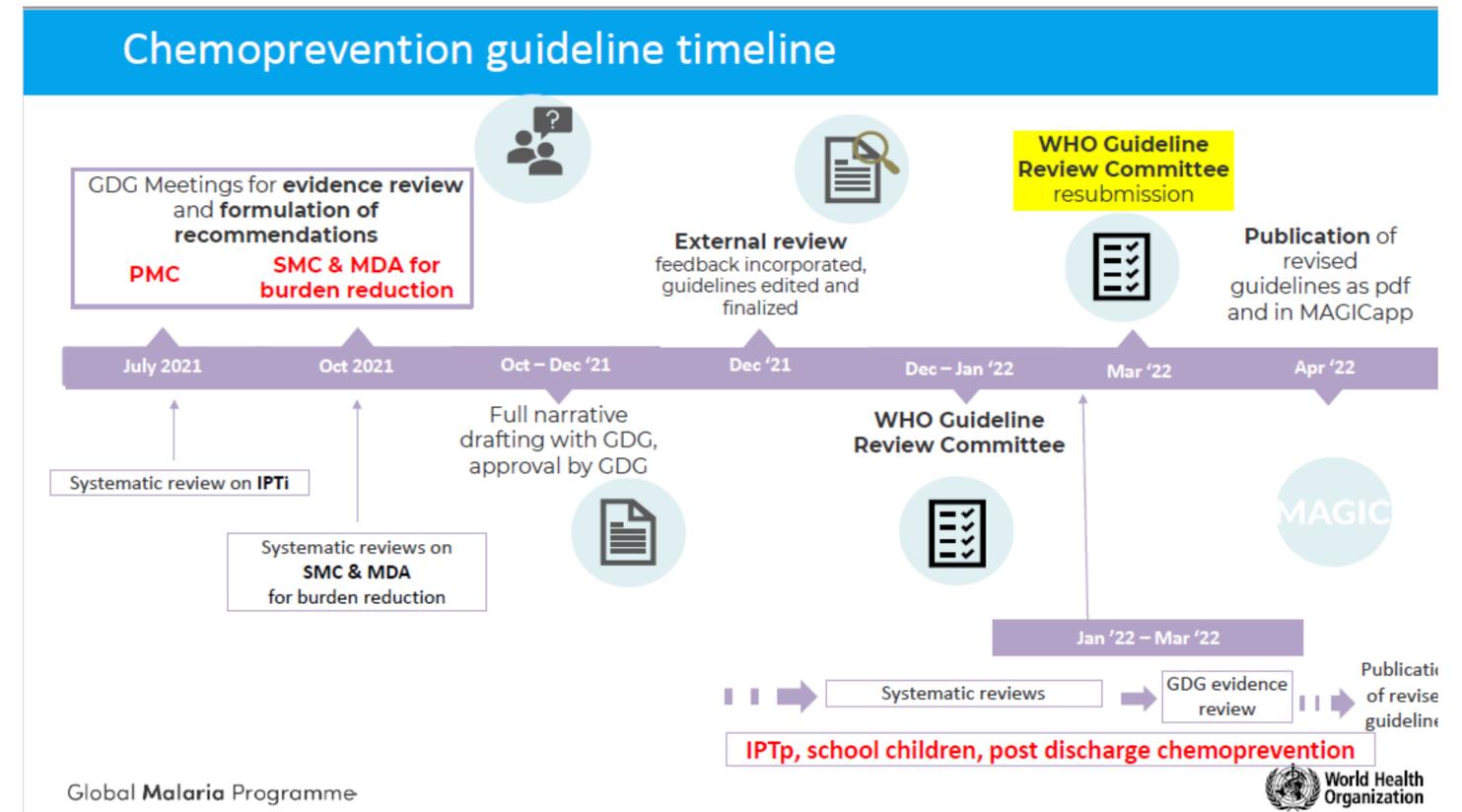
- New Guidance on PMC released by WHO in June 2022
- The challenges of translating the guidance into country policy and implementation
- The IPTi+ Project and how it is addressing these challenges



WHO Guidelines Overview: Guidelines Update

On June 3, 2022, updated chemoprevention guidelines were released.

- Underlying principle: a treatment course of an effective antimalarial will clear any existing, and prevent new, malaria infections for a period of time.
- Updated chemoprevention recommendations reflect a paradigm shift to provide greater flexibility to NMPs to adapt control strategies to suit their settings and encourage use of local data to inform subnational tailoring of chemoprevention strategies.
- Updated IPTp and PMC, as well as others



Slide showing timeline of Who Chemoprevention Guidelines update, presented by Dr. Pedro Alonso, Former GMP Director, at SMC Alliance Meeting on 1 March 2022



WHO Guidelines For Malaria: PMC (2022)

In areas of moderate to high perennial malaria transmission, children belonging to age groups at high risk of severe malaria can be given antimalarial medicines at predefined intervals to reduce disease burden.

Perennial malaria chemoprevention (PMC) is the administration of a full treatment course of an antimalarial medicine at predefined intervals, regardless of whether the child is infected with malaria, in order to prevent illness in moderate to high perennial malaria transmission settings.

The name has been changed to PMC because the updated recommendation no longer limits the intervention specifically to infants and reflects the malaria transmission settings in which the intervention should be considered.

The WHO Guidelines for Malaria can be found online at: <https://app.magicapp.org/#/guideline/6287>

The WHO has prepared a short 5-min video in English on PMC:

<https://www.youtube.com/watch?v=Lqi4D-RKjhQ&t=283s>



WHO Guidelines For Malaria: IPTi → PMC

The updated recommendation for Perennial Malaria Chemoprevention (PMC), which replaces intermittent preventive treatment in infants (IPTi), differs from the original 2010 recommendation:

- Extends beyond 1 year; cites evidence for 12-24 months but doesn't limit the age range or number of doses
- Allows use of any delivery channel which reaches the target population; maintains EPI as a possible and likely delivery channel
- NMPs can use any drug that will provide chemoprevention (suggested drugs are SP, SPAQ or DP)

Consideration of drug resistance:

- The updated recommendation has removed restrictions on the use of SP based on prevalence of Pfdhps 540 mutations as the accumulated evidence shows that SP continues to be an effective chemotherapy for malaria even when the prevalence of molecular markers of SP resistance is high and this medicine is no longer an effective treatment.

Presentation Objectives

To inform participants of:

- New Guidance on PMC released by WHO in June 2022
- **The challenges of translating the guidance into country policy and implementation**
- The IPTi+ Project and how it is addressing these challenges



Informal Country Feedback on new PMC Guidance

- Lack of details in updated PMC recommendations raised confusion among some stakeholders.
 - For example, the only explicit age reference in the PMC guidance is 12- 24 months – stakeholders wondered if that means < 12 months isn't recommended?
- Why not offer "suggested" models? Or minimum models?
- The new name doesn't offer immediate clarity: PMC feels more aligned to IPTp than SMC (though it's SMC and PMC that target the same age group).
- WHO could include additional guidance on choice of drugs, for example to recommend against using drugs for PMC that are already used for curative treatment in the same setting.

Moving the Decision-making to the Country

- This is a shift from more prescriptive guidance to moving the decision-making to the Country.
- PMC Guidance says countries should look at:
 - Age-stratified data: but many HMIS' have data for <5 years only.
 - Cost-effectiveness: currently this would be assumed but current projects will be looking into this.
 - Feasibility: countries can assess this but may be more subjective than previously used to in terms of WHO guidance.
- New PMC guidance notes that several evidence gaps were identified during the new guidance review process, but that none should prevent adoption and implementation of PMC.



Presentation Objectives

To inform participants of:

- New Guidance on PMC released by WHO in June 2022
- The challenges of translating the guidance into country policy and implementation
- **The IPTi+ Project and how it is addressing these challenges**



The IPTi+ Project

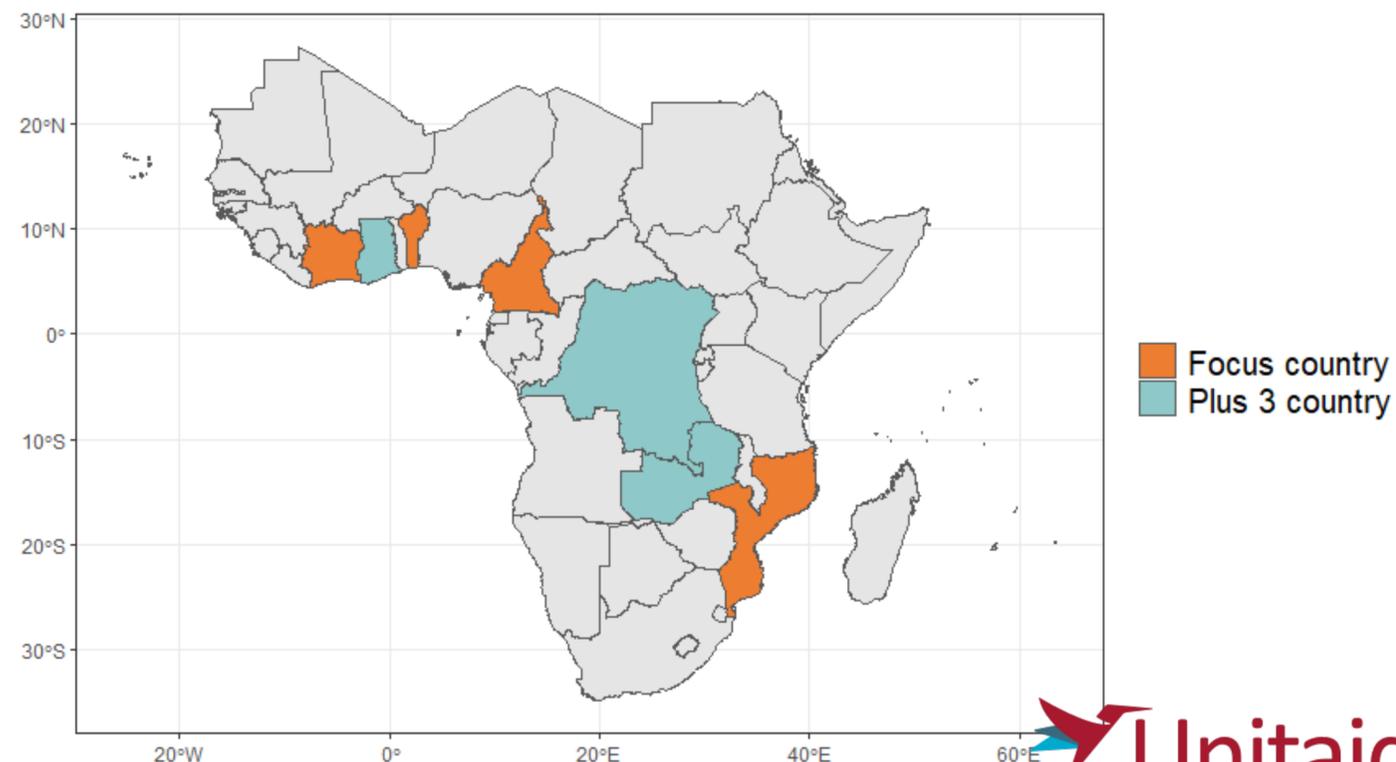
Funder:  **Unitaid**

Focus countries: Benin, Cameroon, Cote d'Ivoire, Mozambique

Plus three countries: DRC, Ghana, Zambia

Length: 4.25 years, with 4 years of country and sub-partner implementation

Timeline: August 1, 2021 – October 31, 2025



Partners:

Ministries of Health



Project Summary

In four focus countries: Cameroon, Benin, Cote d'Ivoire and Mozambique:

- Co-design, pilot and evaluate country-adapted models of PMC integrated into existing health systems, using sulfadoxine-pyrimethamine
- Develop or adapt training, routine monitoring, supervision, and community engagement activities.
- Support to import and register new pediatric dispersible SP
- Early planning with a view to sustained policy change and scale-up of PMC
- Evaluations include Policy Adoption, Impact, Process and Economic analyses

In “plus three countries”: Democratic Republic of Congo, Ghana and Zambia:

- Countries supported for PMC policy change and planning; evaluations include Policy Adoption and Economic analyses

Global and Regional support:

- Implementation experience, lessons learned, research evidence, and materials shared to support implementation nationally and regionally

Project Goal

Reduction in morbidity and mortality due to malaria and anemia in children under age two in countries adopting PMC.

Project Outcomes

- Increased access to high-quality PMC among children under two in each focus country.
- Evidence generated to catalyze sustained uptake of PMC in the focus countries and others in SSA.



Co-designing Country PMC Models

- Benin, Cameroon, and Cote d'Ivoire were conducted in late 2021; Mozambique in June 2022.
- Preparation included stakeholder mapping, development of interactive agendas and facilitation methods, modelling of IPTi+ impact by SwissTPH to share with country governments during workshop, and pre-meetings with NMCP and EPI.
- Broad stakeholder engagement including national and sub-national participants and across MoH departments including NMCP, EPI, maternal and child health, community health, supply chain, HMIS, and others; community representatives, donors, other NGOs/partners, etc.
- Before & during co-design workshops: look at national data on EPI coverage, malaria prevalence and incidence of U5s.
- Discuss with stakeholders the feasibility of different possible SP contacts building on existing health system.



Journey mapping in Benin: journey mapping was a main facilitation technique to co-design the IPTi+/PMC models

Country-adapted PMC Models

Each country process had similarities and differences, eg:

- In all cases sub-national stakeholder participation added important perspectives and was highly valued.
- Consultation needed for the decision on geography (where to implement) varied significantly.
- We followed a general process but adapted for each country before and during the co-design workshop; the post-workshop process also varies.

The co-design process led to 4 different strategies:

- Ranging from 4 doses to 8 doses
- Leverage the EPI system but also Vitamin A
- Using Community Health Workers to deliver SP from 6 months in one country



Dr. Candrinho at the Mozambique PMC Co-design Meeting, June 2022

Comparison of IPTi+ Project Models

Country	10 weeks (Penta 2)	14 weeks (Penta 3)	4 months (Penta 3)	6 months (Vit A)	9 months (RR1)	12 months (Vit A)	15 months (RR2)	18 months (Vit A) *	24 Months (Vit A)
Benin	X	X		X	X	X	X	X	X
Cameroon	X	X		X	X	X	X	X	X
Cote d'Ivoire	X	X			X		X	X	
Mozambique			X		X	X		X	

*18 months = measles 2 for Mozambique

Country	Delivery channel	Role of CHWs
Benin	EPI facility-based with <i>stratégie avancée</i>	Sensitization & Mobilization
Cameroon	EPI facility-based with <i>stratégie avancée</i>	SP delivery starting at 6 months; Sensitization & Mobilization
Côte d'Ivoire	EPI facility-based with <i>stratégie avancée</i>	Sensitization & Mobilization; possibility for CHWs to give SP in the future
Mozambique	CCS facility-based; consideration of mobile brigades in future	Sensitization & Mobilization

PMC Implementation Support

- National level Training of Trainers followed by step-down training using adapted materials.
- Working with NMCP and EPI to either adapt EPI tools for data collection (Cameroon & Benin) or to develop IPTi+ specific data collection tools (Cdl & one area of Benin).
- IPTi+ Supervision checklist is developed; to be integrated into existing supervision system.
- Community Engagement activities are being co-developed with national stakeholders, focusing on caregivers of children under 2, Community Health Workers, and Providers as the key target audiences.
- SP is given to the MoH to integrate into the national supply chain system.



Training of Community Health Workers in Nkolbisson, Cameroon. August 2022.

Key Takeaways

- Perennial Malaria Chemoprevention (PMC) is a new WHO recommended strategy that builds upon IPTi
- New PMC guidance is broad and allows tailoring of chemoprevention to suit the country context extending the age, number of doses, delivery channels and drug choices for chemoprevention of malaria in children
- The IPTi+ Project is an example of how PMC strategies can be defined and operationalized by using a multi-stakeholder approach to malaria intervention design
- The experience of the four countries taking part in co-design has resulted in 4 different PMC strategies each selected for their particular setting.



*PMC Co-design participants looking at the CCS logbook in Mozambique.
June 2022*

Thank you

For further information, please contact:

Meredith Center, IPTi+ Project Director, mcenter@psi.org

Dr. Jacques Kouakou, IPTi+ Deputy Project Director, jkouakou@psici.org

