Community Intermittent Preventive Treatment during Pregnancy (C-IPTp): 

Expanding Access to and Coverage of IPTp

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The unacceptably low proportion of eligible pregnant women receiving IPTp-SP, IPTp3-SP 22%—leaves millions of pregnant women unprotected from malaria, contributing to preventable maternal and neonatal morbidity and mortality.

**Supply:** Insufficient a) availability and access to quality assured SP, b) manufactures of quality SP.

**Demand:** Insufficient demand for quality assured SP (e.g., Perception of IPTp-SP as ‘failed drug’)

### Results chain

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| • Country Leadership  
  • Donor Support  
  • Pilot testing  
  • Training materials | • Learning materials  
  • Training- trainers, supervisors, CHWs, facility providers  
  • Increase pre-qualified SP manufacturers  
  • Advocacy | • Trained providers  
  • Coverage of trained CHWs  
  • CHWs supervised Women received C-IPTp | • Increased IPTp 3 uptake  
  • ANC utilization  
  • Generate evidence for WHO review of global policy | • Neonatal mortality  
  • Maternal lives saved |

### Key risks

| • Lack of quality assured SP. | • Introduction of C-IPTp-SP could overburden CHW. | • Policy barriers may 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 de prioritize MiP |

### Theory of Change
Closing the IPTp Gap - A Call to Action

• Scale-up IPTp coverage and close the gaps
• Reduce missed opportunities in the delivery of IPTp
• Increase funding, donors and government political will
• Community engagement
C-IPTp: No Missed Opportunities Approach

National, Regional and District Level Leadership

Comprehensive ANC
- Minimum of 8 ANC contacts
- Estimation of GA
- Nutritional supplements
- IPTp by DOT
- LLINs distribution
- Malaria case management
- Tetanus toxoid immun.
- HIV testing and counseling
- Counseling on danger signs
- Management of common ailments in pregnancy
- Early detection and Rx
CHW effectiveness

(Source: WHO guideline on health policy and system support to optimize community health worker programmes)
Transforming Intermittent Preventive Treatment for Optimal Pregnancy
1. **Drive impact** in target countries and regionally to help countries significantly **increase coverage**

2. **Bend the curve:** reaching the hardest to reach

3. **Steer** global, regional and country level advancement in malaria in pregnancy
What is TIPTOP doing?

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

- Generating evidence.
- Equitable access to medicine.
- Setting the stage for scale up.

Research

Quality Assured SP

C-IPTp implementation
Phase 1: Achievements

1. Baseline research conducted
2. Implementation commenced
3. Quality Assured SP procured in all countries
4. Data collection underway
5. Engagement with key stakeholders at all levels
C-IPTp presents an opportunity to:

1. Increase coverage and reach of pregnant women
2. Bend the curve on malaria in pregnancy
3. Improve maternal and newborn health outcomes
4. Build the evidence base for WHO and countries
Let’s hear from our panel...