IPTI+ BULLETIN

Intermittent Preventive Treatment in infants – Plus

Issue 2 : Q2 2022

Updates from the Intermittent Preventive Treatment in infants – Plus (IPTi+) Project

GLOBAL NEWS

Many are already aware of the important changes in the recently updated World Health Organization (WHO) guidelines on chemoprevention, released on June 3, 2022. For the IPTi+ Project, these revisions are exciting to see, and reiterate key components of the project's strategy such as country adaption and expansion of chemoprevention for children. As noted by WHO, "the updated chemoprevention recommendations reflect a paradigm shift to provide greater flexibility to National Malaria Programs to adapt control strategies to suit their settings and encourage use of local data to inform subnational tailoring of chemoprevention strategies." Information in this section is taken from the WHO website and MAGICapp, which includes the full malaria guidelines.

The revised guidelines are based on the underlying principle that the treatment course of an effective antimalarial will clear any existing, and prevent new, malaria infections for a period of time. The revised guidance includes updates to **Perennial Malaria Chemoprevention (PMC)—including the former 'IPTi'**—and other chemoprevention activities.

The updated PMC recommendation differs from the 2010 IPTi recommendation in two important ways:

Dosing and Age limitation:
The new recommendation removes the specification for the number of doses for chemoprevention, the ages when doses should be given, and the age limit of the intervention.

Consideration of drug resistance:
The original guidance said that Sulfadoxine Pyrimethamine (SP) should be used for chemoprevention only if parasite resistance, measured using molecular markers, was below a certain threshold. However, accumulated evidence shows that SP continues to be an effective chemotherapy agent for malaria even when the prevalence of molecular markers of SP resistance are high and SP is no longer an effective treatment. As a result, the new guidance no longer restricts the use of SP based on prevalence of Pfdhps 540 mutations.

The new PMC recommendations no longer specify strict age groups, transmission intensity thresholds, numbers of doses or cycles, or specific drugs.

The IPTi+ Project is well-aligned to this new guidance, in that we have already committed to designing the intervention with the National Malaria Control Program (NMCP), Expanded Program on Immunization (EPI), and other stakeholders through a process we refer to as 'co-design'. Through co-design, project focus countries have so far selected models that are between four and eight contacts of SP that extend into the second year of life, leveraging contacts with the health system using vaccines and vitamin A, and in the case of Cameroon, utilizing community health workers for delivery of SP after 6 months. Mozambique's PMC model has been proposed and will be finalized soon.

CÔTE D'IVOIRE

One of the project's key strategies is to use local systems and reinforce capacity of actors on the implementation of IPTi+. Following this strategy, a Training of Trainers (ToT) for IPTi+ delivery was organized from May 11-13, 2022, by PSI in collaboration with the NMCP.

The training included participants from the NMCP, the EPI, the National Mother and Child Health Program, the National Nutrition Program, along with the Directorate of Community Health and the Department of Informatics and Health Information.

Following the standard model for the Ministry of Health (MoH), this training set up a pool of trainers at the national level who will be responsible for training other trainers at regional and district levels who will, in turn, train healthcare providers on the delivery of IPTi+. The training included:

- An overview of the National Malaria Control Strategy and the rationale for the introduction of IPTi+.
- The health systems context and the link between IPTi+ and the EPI.
- Instructions for administering SP for IPTi+ at the planned EPI and vitamin A contacts, including the timing, dosage, and preparation of the SP tablets.
- Pharmacovigilance including how to identify and manage adverse events.
- Routine data collection and reporting.
- SP inventory management.

To ensure strong comprehension of all the topics covered, the training ended with an interactive role-play during which the participants put into practice all they had learned throughout the course of the ToT.

BENIN

To support the integration of IPTi+ data into the national system, two workshops were organized between the project team and the Benin MoH. These workshops brought together actors from the Information Systems Department (DSI), the NMCP, the EPI, and the Bohicon-Zakpota-Zogbodomey health zone where the project will first be implemented.

In the first workshop, the daily tally and monthly report sheets for immunization activities were adapted to allow for data collection of SP administration. By mutual agreement of all the stakeholders, the prefix "+SP" will be added to the dates logged in vaccination booklets for vaccinations and vitamin supplementation during which SP was administered.

The second workshop was organized to integrate IPTi+ into the national DHIS2 system. It was decided that a new electronic form, accessible only to health centers in the project implementation zones, would be created for data entry. The form makes it possible to collect monthly aggregate data on immunization, vitamin A, and IPTi+. In addition, the form for collecting malaria case data was modified to include malaria cases in the 0-24-month age group. IPTi+ was also integrated into the E-SIGL software, which is the MoH's logistics management software.

This adaptation of the electronic tools and forms will ensure that the data from IPTi+ pilot implementation are used by the national system and will help promote the integration of IPTi+ into the country's national strategy.

MOZAMBIQUE

From June 21-24, 2022, the NMCP led a four-day co-design workshop on PMC in collaboration with the EPI, the Family Health Department, and the Community Engagement Department. The workshop was supported by the IPTi+ Project and included key government stakeholders, the WHO, PMI, provincial representatives, and representatives from the MULTIPLY Project. Just 3 weeks after the release of the updated WHO chemoprevention guidance, the co-design workshop enabled the NMCP to put into action the concept of tailoring malaria interventions to meet a country's context.

The successful workshop produced a proposed model of PMC leveraging exisiting EPI and vitamin A contacts going into the second year of life. The proposed model will be shared with the Malaria Scientific Committee for review and validation before being finalized as the country's PMC model. The IPTi+ Project will support implementation of this model in Sofala Province starting in late 2022. In addition to the development of the PMC model, the co-design workshop also provided an opportunity to discuss training and supervision, routine monitoring and data collection, pharmacovigilence, supply chain, and other key aspects of implementation.

Dr. Baltazar Candrinho, Director, NMCP at the PMC Co-design workshop.

CAMEROON

A provider at a health facility in Soa talks with a NMCP representative on the CE team.

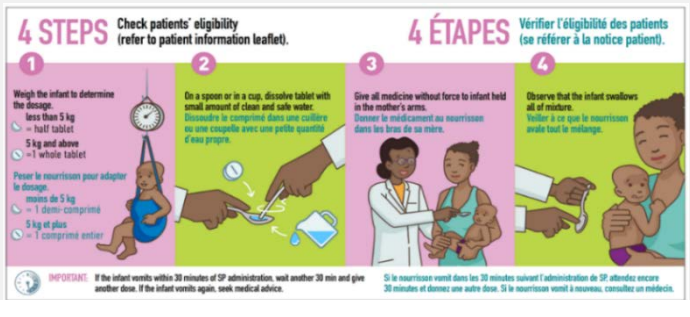
This quarter, the IPTi+ Project conducted a series of workshops to advance one of the project's key strategic components: community engagement (CE). CE is the intentional design and implementation of activities to promote target behaviors for PMC. CE is critical to the uptake of and adherence to PMC, and, therefore, to the overall success of the project.

The CE workshop was conducted in two parts: the first one-week session, held between March 28-April 8, 2022, involved the collection of behavioral insights using interactive tools in Soa, one of the project's target geographies. Part two, held between April 26-29, 2022, involved the interpretation of these insights and the development of CE activities. Participants in these sessions included the NMCP, civil society organizations, district and regional officials, health care providers, and community health workers. It was co-led by the IPTi+ Project and NMCP staff that had attended the ToT for CE. Using insights from these workshops, CE activities and communications materials are being developed to support PMC implementation in the project districts in the Central Region.

Partner Perspectives

MEDICINES FOR MALARIA VENTURE

Medicines for Malaria Venture (MMV), with funding from Unitaid, aims to support a country's implementation of PMC using SP by developing a SP pediatric formulation and designing packaging and job aids for SP that that will make it easier for providers to give the correct dose of SP to children following a country's approved schedule. This work has included field research to identify the best packaging attributes, including content and format, validating essential and user-friendly information (e.g., product preparation/dosing schedule), and developing a 'universal' package that could be adapted per delivery scheme, all while keeping the manufacturing costs low. Field work was completed in Cote d'Ivoire, Benin, and Mozambique, and results are expected to be shared by August 2022. Maud Majeres Lugand, Associate Director Social Research, MMV, said, "*pre-testing packaging and job aids is important to ensure we provide health providers with adequate information to support the medicine's preparation and administration, in particular in a context of community delivery. This comprehensive approach is key to optimize the chance this preventive treatment is taken properly.*"



Example job aid to guide SP dose administeration.

WORLD MALARIA DAY IN CAMEROON

On April 25, 2022, representatives of the Cameroonian government and health sector gathered together in Soa to celebrate the 15th Annual World Malaria Day around the theme of: "Harness Innovation to Reduce the Burden of Malaria and Save Lives." Through this event, Cameroon joined the global community in commemorating the efforts and achievements made in the fight against malaria and recognizing the challenges that remain.

Reflecting on this year's theme, Dr Manaouda Malachie, Minister of Public Health, highlighted the crucial role of the IPTi+ Project in his keynote speech: *"thanks to the technical support of ACMS and under Unitaid funding, we will compare the national five-dose strategy with an eight-dose strategy called "IPTi plus" which will be piloted in six districts of the Center Region […]. This intervention is expected to reduce the incidence of malaria and severe anemia in these children by at least 20% and thus contribute to the reduction of mortality in children under five years old."*