

Recommendations on the use of Sulfadoxine-
Pyrimethamine (SP) for Intermittent Preventive
Treatment during Pregnancy (IPT)
in areas of moderate to high resistance to SP in the
African Region



Pregnant women are one of the most vulnerable groups to malaria. In the malaria endemic areas of the African region, each year around 25 million of pregnant women are at risk of *Plasmodium falciparum* infection during their pregnancy. (WHO/AFR/MAL/04/01)

WHO recommends a package of interventions for the prevention and control of malaria during pregnancy. This comprises Intermittent Preventive Treatment (IPT) to address the heavy burden of asymptomatic infections among pregnant women residing in areas of moderate or high transmission of *P. falciparum*, use of insecticide treated nets (ITNs), and access to effective case management for malaria illness and anaemia. Presently, sulfadoxine-pyrimethamine (SP) is the only antimalarial medicine for which data on efficacy and safety for IPT is available from controlled clinical trials, and WHO recommends that at least 2 doses of SP are given during regularly scheduled antenatal visits after the first trimester.

Over the last decade, a steady increase in the rate of treatment failure with SP in children under the age of five years has been reported in the Region. Thus, the usefulness of SP for IPT in countries facing moderate to high levels of SP resistance needed to be evaluated.

WHO therefore commissioned a review of published and unpublished studies to compare SP efficacy for treatment of uncomplicated malaria in children under five years and in pregnant women and SP efficacy for IPT in settings with different levels of SP resistance. The review was examined in a consultative meeting convened by the WHO Regional Office for Africa in collaboration with the Roll Back Malaria Department, WHO Headquarters, in Harare, 27 to 28 October 2005. The meeting was attended by 16 international experts.

The meeting **concluded** that:

- ❖ In areas with up to 30% parasitological failure in children under five years by Day 14: two doses of IPT with SP significantly reduce placental parasitaemia, maternal anaemia, and low birth weight (data from four randomized clinical trials).
- ❖ In areas where parasitological failure in children under five years by Day 14 is between 30% and 50%: In one unpublished study, 3 doses versus 2 doses of IPT with SP significantly reduced prevalence of peripheral and placental malaria in HIV positive women. Furthermore, although there was no placebo group, the level of placental malaria in the 2 dose SP group was very low (6%) suggesting that 2 doses of SP still has a beneficial effect.
- ❖ In areas with above 50% parasitological failure in children under five years by Day 14 no data was available to provide evidence on the beneficial effect of IPT with SP.

RECOMMENDATIONS

In light of the above findings, the meeting **recommended**:

- ❖ In areas where up to 30% parasitological failure at Day 14 is reported, countries should:
 - Continue implementing or adopt a policy of at least two doses of IPT with SP.
 - Implement also other control measures such as ITNs and anaemia and malaria case management.
 - Evaluate the impact of IPT on an ongoing basis.
- ❖ In areas where between 30 and 50% parasitological failure at Day 14 is reported:, countries should:
 - Continue implementing or adopt a policy of at least two doses of IPT with SP.
 - Implement also other control measures such as ITNs and anaemia and malaria case management.
 - Evaluate the impact of SP for IPT on ongoing basis.
- ❖ In areas where above 50% parasitological failure at Day 14 is reported, countries should:
 - Place the greatest possible emphasis on effective control measures such as ITNs and anaemia and malaria case management.
 - Continue IPT with at least 2 doses of SP if the policy is already being implemented and evaluate the impact on an ongoing basis.
 - Consider adopting IPT with SP only when evidence on efficacy in such settings is available.