Plus Project Update for the SMC Alliance Annual Meeting

March 1, 2023
Meredith Center, Project Director
The Plus Project

- In Benin, Cameroon, Cote d’Ivoire and Mozambique, co-design, implement and evaluate country-adapted models of PMC integrated into existing health systems.

- Light-touch evaluations & policy adoption support in DRC, Ghana, and Zambia.

- Conduct a package of evaluations including policy adoption, impact, process, economic, and SP resistance mapping, to help countries decide where and how to scale PMC.

- Share learnings from implementation experience and research evidence broadly to help other countries decide if and how to use PMC as part of their malaria chemoprevention strategies.

- August 2021 – October 2025; funded by Unitaid (www.unitaid.org).

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-design and implementation of country-adapted PMC models

- Co-design country-adapted models of PMC integrated into existing health systems, using SP.
- Countries supported to develop or adapt training, routine monitoring, supervision, pharmacovigilance, and community engagement activities.
- Import and register new pediatric dispersible SP, integrated into national supply chain in-country.
- Country PMC Advisory Groups and/or PMC Technical Working Groups set-up to support, monitor, and enable the successful implementation of the Plus Project and PMC with a view towards sustainability and scale-up.

- PMC launched in November 2022 in Cote d’Ivoire, in December 2022 in Benin and Cameroon, and in February 2023 in Mozambique.
- 10,811 doses of PMC delivered in Benin, Cameroon, and Cote d’Ivoire in Nov-Dec 2022.
PMC in Cameroon

- NMCP has adopted an IPTi/PMC strategy which includes SP at 10 weeks, 14 weeks, 6 months, 9 months, and 15 months; currently delivering under Global Fund grant.
- Plus Project model builds on NMCP’s 5-contact strategy, adding 3 new contacts in the 2\textsuperscript{nd} year leveraging Vitamin A at 12, 18 and 24 months; and adds community delivery from 6 months.
PMC in Benin

- PMC model includes 3 original IPTi contacts and Vitamin A at 6, 12, 18, and 24 months, plus an envisioned 15-month measles 2 contact, anticipated in 2023/2024.
- Collaboration with the nutrition program to improve Vitamin A availability.
- Data collection integrated into the EPI tools and the government HMIS.
PMC in Côte d’Ivoire

• 5 contacts in model, though Vitamin A is not yet in routine activities in 2 of the 3 implementation districts
• Emphasizing local advocacy and engagement with community leaders and structures.
PMC in Mozambique

- PMC builds on healthy child consultations which includes vaccines, vitamin A, and deworming.
- There is another PMC project in Mozambique, MULTIPLY, evaluating a 6-contact model through a research study.
Demonstration of the impact, operational feasibility, efficacy, effectiveness and cost-effectiveness of PMC across a range of delivery platforms.

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Benin</th>
<th>Cameroon</th>
<th>Cote d’Ivoire</th>
<th>Mozambique</th>
<th>Plus 3 countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Adoption</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>DRC, Zambia, Ghana</td>
</tr>
<tr>
<td>Process Evaluation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact Evaluation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic Evaluation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X (modeling)</td>
</tr>
<tr>
<td>SP Suitability Evaluation:</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1) Genotype mapping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) PCPI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Parasite Clearance / Prevention Infection)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Focus countries:
- Benin
- Cameroon
- Cote d’Ivoire
- Mozambique
- DRC, Zambia, Ghana

Plus 3 countries:
- DRC, Zambia, Ghana
Learnings & evidence dissemination to support wide adoption, scale-up, and sustainability.

- Support a PMC Community of Practice. Next meeting is **April 12th from 13:00 – 15:00 GMT (virtual)**
- Website ([https://www.psi.org/project/plusproject/](https://www.psi.org/project/plusproject/)) – available in English & French
- Webinars, implementation tools, etc forthcoming.
- Evidence from research to be shared broadly when available.
Other PMC projects and research activities are also underway:

MULTIPLY Project in Sierra Leone (implementing IPTi-3 since 2018), Togo, and Mozambique; led by ISGlobal.

ICARIA Study in Sierra Leone, an efficacy trial of the incremental mortality benefit of IPTi plus azithromycin.

PMC Effect Study, a type 2 hybrid effectiveness-implementation study delivering SP in the first and second years of life in Nigeria, led by Malaria Consortium.

PMC implementation in DRC, led by PATH.

For more information on the PMC CoP or the Plus Project: mcenter@psi.org
Additional Approach for Chemoprevention

4.2.4 Intermittent preventive treatment of malaria in school-aged children (IPTsc)

Intermittent preventive treatment in school-aged children (IPTsc) is the administration of a full treatment course of an antimalarial medicine at regular intervals to treat and prevent malaria infections in children who are old enough to attend school.

<table>
<thead>
<tr>
<th>Conditional recommendation for, Low certainty evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermittent preventive treatment of malaria in school-aged children (2022)</td>
</tr>
</tbody>
</table>

School-aged children living in malaria-endemic settings with moderate to high perennial or seasonal transmission can be given a full therapeutic course of antimalarial medicine at predetermined times as chemoprevention to reduce disease burden.
Key research questions overlap with expanding SMC to older children

Examples:
- Impact on transmission
- Impact on cognition and education

If you are interested in connecting with the IPTsc program and research community, please contact Lauren Cohee lcohee@som.umaryland.edu
Thank you
Merci
Obrigada

For more information on the PMC CoP or the Plus Project: mcenter@psi.org

If you are interested in connecting with the IPTsc program and research community, please contact Lauren Cohee: lcohee@som.umaryland.edu