

# Assessing the feasibility, acceptability and effectiveness of community-delivered intermittent preventive treatment of malaria in pregnancy

## Increasing coverage in three districts of Togo's Plateaux region

### Background

In Togo, maternal mortality is high. The country recorded 399 deaths per 100,000 live births in 2021, more than five times higher than the 2030 Sustainable Development Goal of less than 70 deaths per 100,000 live births.<sup>[1]</sup> While complications can be minimised with quality antenatal care (ANC), only half of pregnant women attended four ANC visits in 2024 (DHIS2 data, 2024). That same year, the Togolese government adopted a new model of antenatal care, increasing antenatal consultations in health facilities from four to eight and raising awareness through three home visits by community health workers.<sup>[1]</sup>

ANC visits are a critical platform to administer intermittent preventive treatment of malaria in pregnancy (IPTp), which protects pregnant women and their unborn children from malaria. In areas with moderate-to-high transmission of *Plasmodium falciparum* malaria, such as Togo, the World Health Organization (WHO) recommends administering at least three doses of IPTp with sulfadoxine-pyrimethamine, known as IPTp-SP.<sup>[2]</sup>

Barriers to ANC uptake in Togo include the level of education, indigenous beliefs and age of expectant mothers.<sup>[3]</sup> To increase IPTp coverage, Togo is considering the WHO-recommended strategy of community delivery of IPTp (c-IPTp), to complement delivery at ANC clinics.<sup>[4]</sup> More evidence is needed to inform national policy and funding decisions.

### Country

Togo

### Funder

Malaria Consortium US

### Length of project

July 2025 – December 2026

### Partners

Mother and Child Health Directorate  
National Malaria Control Programme,  
Community Health Division  
Red Cross Togo



## Project outline and objectives

Malaria Consortium is conducting a demonstration project to assess the acceptability, feasibility and effectiveness of c-IPTp for increasing IPTp coverage, to inform national policy and scale-up. Tailoring WHO guidance to the local context, the project aims to improve awareness and use of ANC services in the districts of Anié, Est-Mono and Moyen-Mono. These districts are characterised by high malaria prevalence and low coverage rates for antenatal consultations and IPTp (36 percent in both Anié and Est-Mono, and 20 percent in Moyen-Mono).<sup>[5]</sup>

Project objectives:

- Identify IPTp uptake gaps, health system readiness and best practices for c-IPTp
- Deploy c-IPTp in selected communities of the three pilot districts
- Assess the acceptability, feasibility and effectiveness of the c-IPTp approach
- Achieve 55 percent IPT-SP coverage in target districts
- Generate evidence and policy recommendations for implementation and eventual scale-up.

## Activities

A national consultant will conduct a baseline assessment using a mixed-methods approach that integrates qualitative and quantitative methods. This assessment will identify key gaps in demand generation and knowledge, and recommendations to address these.

The results of this assessment will inform the development of a validated implementation strategy and an intervention protocol by the project coordination team, composed of representatives from the central level, including Malaria Consortium, the National Malaria Control Programme, Red Cross Togo and the Mother and Child Health Directorate. The tools required for training, implementation and reporting will be developed

collaboratively with all stakeholders to ensure alignment of activities, facilitate their operationalisation and strengthen the effectiveness of the monitoring system.

To ensure the quality of the intervention, implementation will be supported by daily monitoring, continuous supervision and data triangulation with community health workers (CHWs) and health facilities. In parallel, community dialogues and an information session for community leaders will foster community buy-in. CHWs will implement IPTp-SP in accordance with the established protocol. Following a final evaluation, the results will be presented at the national level.

## Outcomes and impact

**Improved maternal and child health outcomes.** Enhancing coverage of IPTp-SP and antenatal care will lead to improved health outcomes for women and their unborn children. Regular community-based visits can raise awareness of common complications, including haemorrhage, eclampsia and infection, contributing to their prevention and early management.

**Better integration and alignment with existing systems.** Community-based IPTp administration by CHWs complements existing services provided in health facilities. Delivery at the community level ensures that CHWs are well placed to refer pregnant women to health facilities and follow up on missed ANC visits. This not only ensures better alignment between community and national structures but also makes use of existing community health structures to extend reach and coverage.

**Building the evidence base for community-based delivery.** The WHO's recommendations on implementing c-IPTp draw on lessons learnt from pilots in eight African countries and highlight the importance of adapting to national and local contexts.<sup>[5]</sup> The results of this intervention will add to this evidence base, inform national policy and serve as a basis for advocacy for nationwide scale-up.

## References

1. World Health Organization (WHO). Antenatal visits improve maternal health outcomes in Togo. WHO; 26 August 2024.
2. WHO. Intermittent preventative treatment to reduce the risk of malaria during pregnancy. WHO; 2023.
3. Kota K, Chomiene MH, Geneau R, Yaya S. Socio-economic and cultural factors associated with the utilization of maternal healthcare services in Togo: A cross-sectional study. *Reproductive Health*, 2023; 20(1): 109.
4. WHO. Community deployment of intermittent preventive treatment of malaria in pregnancy with sulfadoxine-pyrimethamine: a field guide. WHO; 2024.
5. WHO guidelines for malaria 2025. WHO; 2025.

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Cover image: Project staff listen to feedback from pregnant women in the community on the challenges to accessing antenatal consultations, Togo.

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