

in under-5 care in selected facilities (n=25). In addition, in 9 selected facilities of Bombali district, structured observations were conducted, 9 facility in-charges responded to a semi-structured individual interview as well as 13 HCWs and 4 key informants. Descriptive analysis was performed on the quantitative data, qualitative data was analyzed thematically, followed by a mixed methods analysis.

**Results** Respondents had good knowledge (score 16.4 out of 21) of the causes, symptoms and prevention of malaria. Most (93.5%) perceived PMC as an effective strategy. PMC integration alongside routine immunization was perceived as reducing HCW and caregiver costs and time-associated burden. HCWs trusted that PMC expansion through increased doses would lead to improved health outcomes. However, several existing logistical and structural barriers were documented, including stock-outs of drugs and vaccines, unavailability of supplies for PMC administration, transportation for caregivers accessing facilities and HCWs delivering outreach services, and the anticipated increase in workload due to additional reporting tools.

**Conclusion** HCWs reported positive experiences and perceptions of PMC integrated alongside routine immunisations and the overall anticipated acceptability of the pilot strategy. Findings suggest that innovative implementation strategies will be key to overcoming the feasibility barriers identified.

**PA-569** **EVALUATION OF THE EFFECT OF INTERMITTENT PREVENTIVE TREATMENT OF MALARIA IN PREGNANCY FIVE YEARS AFTER THE UPDATE OF THE NATIONAL POLICY IN BURKINA FASO**

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10.1136/bmjgh-2023-EDC.237

**Background** Since 2014, Burkina Faso has adopted the new policy of intermittent preventive treatment of malaria in pregnancy with sulfadoxine-pyrimethamine (IPTp-SP). We assessed the effect of the 3-dose strategy of IPTp-SP on reducing the prevalence of malarial infection, low birth weight (LBW) and maternal anaemia at delivery, as well as associated risks factors in the health district of Yako, 5 years after the update of the national policy.

**Methods** A cross-sectional study was carried out among recently delivered women in health facilities of Yako from July to December 2019. Sociodemographic characteristics, medical and gynaeco-obstetrics history were collected using a standardized questionnaire. We performed a microscopy and measured the haemoglobin level (Hb) by HemoCue. A multivariate logistic analysis was conducted with a significance of  $p < 0.05$ .

**Results** Overall, 614 women were included. The average age was  $25 \pm 6$  years and the majority of women (74.59%) were married, illiterate (53.83%) and housewives (69.56%). Over 92% of them said they slept under an insecticide-treated bed net (ITNs). The prevalence of malaria infection was 10.93%. The average birth weight was  $2942.2 \pm 462.28$  grams and 11.06% were born with LBW (birth weight  $< 2500$  grams). The use of the ITNs significantly reduced the risk of LBW, unlike the maternal age ( $< 20$  years), hypertension and the female sex of the new-born. Anaemia (Hb  $< 11.0$  g/dl) was

found in 54.77% of women, and this anaemia was severe (Hb  $< 8.0$  g/dl) in 5.92% of cases. Young maternal age, maternal fever, malaria infection as well as a history of stillbirth were significantly associated with the risk of severe anaemia. There was no association between the number of doses of SP received and the risk of LBW.

**Conclusion** The coverage of the IPTp strategy seems to have been improved. Studies on parasite drug resistance are needed.

**PA-574** **PREVALENCE AND FACTORS ASSOCIATED WITH MALARIA INFECTION IN CHILDREN AGED 10 TO 23 MONTHS IN TOGO IN 2022**

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10.1136/bmjgh-2023-EDC.238

**Background** Intermittent Preventive Treatment in infants (IPTi) is a strategy to prevent malaria in children living in moderate-to-high malaria transmission areas through administration of a full therapeutic course of sulfadoxine-pyrimethamine. MULTIPLY is a multicentric project aiming at implementing IPTi in three sub-Saharan Africa countries. Before IPTi implementation in Togo, we conducted a survey to estimate malaria and Plasmodium infection prevalence in children aged 10 to 23 months (U2).

**Methods** A cross-sectional household survey was conducted in Haho district between Jan- Feb (dry season) 2022. Three-stage cluster random selection was carried out. Vaccination status, insecticide-treated bed net use, and children's demographic characteristics were collected. Malaria infection was defined as positive malaria rapid diagnostic test and estimated with its 95% confidence interval (CI). A mixed-effects logistic regression model was used to assess factors associated with malaria infection. Survey data was weighted to reflect the sampling design.

**Results** A total of 685 children (51.8% male) were included with a mean age of 17 months. Eight out of ten slept under bed net the night before the interview. The prevalence of Plasmodium infection was 32.1% (95% CI: 28.6–35.7) of which a half had clinical symptoms. In the multivariable model, low educational level of the household head (primary: aOR=1.78 and no formal education: aOR=1.70;  $p=0.038$ ; ref = secondary or above), presence of more than one under five years children in the household (aOR=1.47;  $p=0.031$ ) and living at  $> 5$  km from the nearest health facility (aOR=1.52;  $p=0.042$ ) were associated with malaria infection.

**Conclusion** While the survey was conducted in the dry season, one third of U2 children had malaria infection. IPTi can be a promising strategy to reduce malaria burden in this vulnerable population. Strengthening outreach services and more targeted health communication could play an important role in protecting children against malaria.