

Reaching all children, no matter what



“If we succeed in further reducing malaria we can begin to reallocate the budget for treatment of malaria to other development matters. We need to carry on.”

- Dr. Smaïla Ouedraogo,
Minister of Health for Burkina Faso at the SMC Implementation Meeting, February 13, 2017

ACCESS-SMC is a three-year UNITAID-funded project, led by Malaria Consortium in partnership with Catholic Relief Services, which is supporting National Malaria Control Programs to scale up access to seasonal malaria chemoprevention (SMC) to save children’s lives across seven countries in the Sahel. By demonstrating the feasibility and impact of SMC at scale, ACCESS-SMC will promote the intervention’s wider adoption. This case study highlights the impact of SMC in the fight against malaria. Malaria can be prevented- in the Sahel, SMC can play a crucial role.

At the end of 2016, ACCESS-SMC had successfully administered seasonal malaria chemoprevention (SMC) to approximately 6.4 million children in seven countries. In the Sahel, where malaria incidence increases with the rainy season, there are 25 million children who can benefit from this life-saving treatment. Three years before the project began, the World Health Organization (WHO) issued policy recommendations on SMC as an effective tool to prevent malaria in children (3-59 months). However, before the first ACCESS-SMC campaign in 2015, less than 4 percent of eligible children had benefited from this intervention.

Countries in the Sahel have a shortage of skilled

health workers, and simply making antimalarial medicines available does not automatically ensure success. This is why ACCESS-SMC has been working closely with National Malaria Control Programs to effectively train community health workers (CHWs) on how to deliver, administer and begin dialogues with families around SMC. By delivering basic preventive health services, such as SMC, to remote populations, CHWs improve access to and coverage of rural communities in low-income countries.

In Burkina Faso, where agriculture is the primary economic activity of families, CHWs play a crucial role in protecting young children from malaria.



A family farming in the fields

During the rainy months, many families cultivate their crops and are out in the fields with their young children. During these months, CHWs have to work extra hard to make sure every eligible child is reached.

In the small rural town of Ziniaré in Burkina Faso, Jules Ouedraogo works long hours going door-to-door to families' homes during the four distribution cycles, administering SMC to between 45 and 55 children each day. "Because the rainy season coincides with the period of farming, we are often obliged to join them [families] in the fields when they are absent at home. Sometimes we go back to the homes at night when parents and children have returned from the fields. We will go to homes, fields, churches, markets; wherever there are children."

Compaore Zenabo, a mother and fruit merchant, has two children under the age of five. Her children used to fall sick regularly, especially during the rainy season, but since her children began receiving SMC they have not had malaria, and the family income that was once spent on malaria treatment is now saved. As a working mother, Compaore says that the visits from the CHWs have made it easier for her to earn income for her family without worrying about the health of her children. "They come to us and give medicines to our children. When they do not find us at home, they make the effort to come back or



A health worker explains the benefits of SMC

join us at our workplaces. Really, we are pleased with the work of the community distributors."

The delivery of SMC is often difficult because of the inaccessibility of villages, and made complicated by heavy rains flooding roads. When roads are flooded, CHWs remain undeterred – they either attempt to cross them with boats or canoes, or wait for the water level to reduce. These relentless efforts have resulted in a 45 percent decrease in the number of malaria cases in children under five after the first campaign in 2015, and over 1.3 million children were protected by SMC during the 2016 campaign.

Patrice Ouibga is a health worker at Ziniaré Urban Health and Social Promotion Center. Before the project began, it was normal the health center to treat between 800 and a thousand cases of malaria a month during the rainy season. "By 2016, this number had dropped considerably and parents were very happy. We now have fewer than 100 cases per month during the rainy season. We hope in the future Malaria Consortium can sustain SMC and extend it to other areas not yet covered to save the lives of many children."

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