



Adapting seasonal malaria chemoprevention in the context of COVID-19: operational guidance

April 2020



Credit: Sophie Garcia. Malaria Consortium

Background

The COVID-19 pandemic represents an unprecedented challenge for all countries implementing seasonal malaria chemoprevention (SMC), and there is high risk that, when health systems are overwhelmed, both direct COVID-19 mortality and indirect mortality from malaria and other preventable and treatable conditions will increase dramatically. Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery.¹ **Ensuring access to core malaria prevention measures is an important strategy to prevent malaria mortality, and for reducing the strain on health systems.**² These include vector control with insecticide treated nets and indoor residual spraying, as well as chemoprevention for pregnant women and young children, in particular SMC.³ The COVID-19 pandemic is evolving rapidly and malaria-endemic country governments and their partners should ensure flexibility and rapid response to safely provide access to malaria prevention and case management in areas affected by COVID-19. The country-specific malaria response should consider tailoring interventions in the COVID-19 response actions to protect the healthcare workers and the communities affected by malaria.⁴

This document provides operational guidance for countries to safely implement SMC, considering the importance of both lowering malaria-related morbidity and mortality, and ensuring the safety of communities and health workers. The adaptations below are suggested for SMC implementation in areas where COVID-19 transmission is reported or national health authorities consider there is a high risk of community transmission. All planning and SMC activities should be aligned with governments' COVID-19 response, national strategic decisions to preserve essential health services and to deliver life-saving community outreach interventions.⁵

The document was initially developed by Malaria Consortium's SMC programme to guide contingency planning in areas where the organisation supports SMC delivery. It was expanded and refined by a steering committee comprising representatives from the World Health Organisation (WHO), Medicines for Malaria Venture (MMV), President's Malaria Initiative (PMI), Catholic Relief Services (CRS), Médecins Sans Frontières (MSF) and Malaria Consortium. Further invaluable feedback was received from a wide range of SMC stakeholders, including national malaria programmes and donors.

¹ World Health Organization. COVID-19: operational guidance for maintaining essential health services during an outbreak; 25 March 2020. Available from: <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>.

² World Health Organization. WHO urges countries to move quickly to save lives from malaria in sub-Saharan Africa; 23 April 2020. Available from: <https://www.who.int/news-room/detail/23-04-2020-who-urges-countries-to-move-quickly-to-save-lives-from-malaria-in-sub-saharan-africa>.

³ World Health Organization. WHO urges countries to ensure the continuity of malaria services in the context of the COVID-19 pandemic; 25 March 2020. Available from: <https://www.who.int/news-room/detail/25-03-2020-who-urges-countries-to-ensure-the-continuity-of-malaria-services-in-the-context-of-the-covid-19-pandemic>.

⁴ World Health Organization. Tailoring malaria interventions in the COVID-19 response; 9 April 2020. Available from: <https://www.who.int/malaria/publications/atoz/tailoring-malaria-interventions-in-the-covid-19-response/en/>.

⁵ The World Health Organization will publish guidance on implementing outreach community services in the context of COVID-19 epidemic shortly, which will be available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>.

Potential impact of countries' COVID-19 response on SMC

The plans for SMC implementation need to be flexible and adapt to the evolving situation, in response to specific “triggers” which may emerge over time as part of the national response to the COVID-19 epidemic, each posing different challenges that need to be addressed. Some of the new developments related to COVID-19 which may impact on SMC operations are presented in **Table 1**.

Table 1. Impact of countries' COVID-19 policies on SMC operations.

Main elements of country's policy in response to COVID-19	Impact on SMC operations
Travel restrictions, general/partial confinement, social distancing, protected isolation of at risk groups or any other strategy that reduces population mobility and potentially access to healthcare	<ul style="list-style-type: none"> - May reduce mobility of healthcare workers in-country - May limit capacity of staff and contractors of external agencies that currently support and oversee SMC implementation - May limit access to SMC supplies from outside and/or within the country - May limit access to healthcare for certain populations, especially mobile populations and refugees
Reduction of functional health services for COVID19 and non-COVID19 patients	<ul style="list-style-type: none"> - Structures transformed into COVID19-specialised facilities - Limitation of access to healthcare for non-COVID-19 patients - Repurposing of healthcare workers to support COVID-19 response - Limitations on community-based activities - Reduced availability of health staff due to illness

<p>Limitations on community outreach activities</p>	<ul style="list-style-type: none"> - Reducing community-based activities and limiting implementation of SMC to specific rural areas - Potential limitations on integration with other activities such as malnutrition screening - Combining multiple activities to limit contacts between healthcare workers and the population
<p>Limitations on malaria testing and shift to presumptive diagnosis</p>	<ul style="list-style-type: none"> - Need to adopt enhanced safety approach in situations where rapid diagnostic tests (RDTs) and artemisinin-based combination therapy (ACT) are deployed as part of SMC campaigns - Potentially increased need for ACT supplies
<p>Threat of COVID19-related suspension of SMC campaign</p>	<ul style="list-style-type: none"> - Need to advocate for continued SMC implementation, adopting appropriate safety guidelines⁶ - Need to coordinate with other programmes (e.g. LLIN, EPI and NTD) to ensure community outreach activities are maintained - If SMC is interrupted for part of the transmission season, SMC activities should resume as soon as possible: every SMC cycle implemented during the malaria season provides protection to children for one month.
<p>Limited telephone network capacity for non-COVID-19 related purposes</p>	<ul style="list-style-type: none"> - Availability of 3G/4G in areas of SMC implementation (to support training, data collection, health promotion etc.) may be limited - Capacity for mobile payments may be limited

⁶ See for example Malaria Consortium. Our statement on COVID-19 and SMC; 22 April 2020. Available from: <https://www.malariaconsortium.org/blog/our-statement-on-covid-19-and-smc/>.

Suggested enhanced safety adaptations to SMC implementation

Maximal flexibility and creativity will be required to rapidly respond to new and unexpected challenges which may emerge, as evolving dynamics will be very specific to each country and situation at locality levels. . **The** adaptations aim to minimise risk by reducing close in-person contact where possible. Government regulations need to be taken into account, for example with regard to the maximum number of participants in in-person meetings such as classroom training, maintaining a distance between participants, providing handwashing stations etc. Participants with symptoms of COVID-19 or those who have had contact with suspected or confirmed cases should not participate. Where not strictly necessary or where government regulations advise against in-person meetings, appropriate remote communication channels and platforms should be used, such as email, teleconferencing, text messages, voice over IP etc.

Table 2 provides a series of suggested adaptations to enhance the safety of individuals involved in the campaign for six SMC intervention components: planning and enumeration, procurement and supply management, community engagement, training, SMC administration, monitoring and evaluation. The adaptations aim to minimise risk by reducing close in-person contact where possible. Government regulations need to be taken into account, for example with regard to the maximum number of participants in in-person meetings such as classroom training, maintaining a distance between participants, providing handwashing stations etc. Participants with symptoms of COVID-19 or those who have had contact with suspected or confirmed cases should not participate. Where not strictly necessary or where government regulations advise against in-person meetings, appropriate remote communication channels and platforms should be used, such as email, teleconferencing, text messages, voice over IP etc.

Table 2. Suggested enhanced safety modifications to SMC implementation.

Sub-activity	Suggested modifications
Planning and enumeration	
Macro- and micro-planning meetings	Adopt government guidance on conducting in-person meetings Consider development of digital templates for macro- and micro-planning As much as possible, use remote communication channels and for macro- and micro-planning Consider using information from previous macro- and micro-plans, including appropriate buffers to account for population changes

<p>Planning assumptions</p>	<p>Review planning assumptions, taking into account that there may be a decrease in available implementers (e.g. community distributors, supervisors, health workers, trainers)</p> <p>Consider recruiting:</p> <ul style="list-style-type: none"> - Additional implementers who can be mobilised at short notice as back-up if needed - Candidates with low risk for severe effects of COVID-19 - Candidates with previous SMC experience - Candidates with literacy skills and access to a mobile phone - Candidates who live within the community they serve <p>Consider increasing the distribution period for each monthly SMC cycle</p> <p>Consider provision of means of transport to avoid use of public transport</p> <p>Prioritise door-to-door distribution strategies adapted for social distancing</p> <p>Develop enhanced safety protocols and job aids for door-to-door and fixed-point distribution, taking into account government regulations</p> <p>Expedite the use of digital tools to support campaign planning and implementation</p> <p>Where limitations on the number of meeting participants are in place, note that a larger number of meetings (e.g. training, sensitisation) may be needed</p> <p>Develop back-up plans in case government regulations change over the course of the SMC implementation period</p>
<p>Enumeration</p>	<p>Avoid conducting enumeration exercises that require field presence</p> <p>Consider the use of innovative enumeration approaches such as community-based registration, spatial intelligence or registration via mobile phone</p> <p>Use readily available data that can be shared and accessed remotely to estimate target population (e.g. census data, data from previous SMC campaigns, LLIN campaigns, NTD mass drug administration (MDA) or vaccination campaigns), adjusting for different population profiles as required and including appropriate buffers to account for population changes</p>

	Liaise with similar campaigns (LLIN, NTD, vaccination) across programmes and departments to access enumeration data, harmonise plans and leverage synergies
Procurement and supply management	
Procurement	<p>Procure items required to implement SMC with enhanced safety measures, taking into account longer lead times due to disruptions in the global supply chain and potential shortages</p> <p>Depending on decisions regarding specific modifications, these could include:</p> <ul style="list-style-type: none"> - Remote communication solutions - Digital platform for exchange of data - Additional social and behaviour change (SBC) platforms and materials - Communication allowances to enable facilitate communication - Additional training platforms and materials - Personal protective equipment (PPE), as per most recent government and WHO guidance for community activities^{7 8} - Thermometers - Soap, hydro-alcoholic hand sanitiser - Cleaning and detergent solutions - Disposable cups and spoons - Mobile payment platform - Digital data collection platform

⁷ World Health Organization. Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages; 6 April 2020. Available from: [https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-\(covid-19\)-and-considerations-during-severe-shortages](https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages).

⁸ World Health Organization. Advice on the use of masks in the context of COVID-19; 6 April 2020. Available from: [https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak).

Production and printing of SMC tools and materials	Provide supplies for lamination of job aids, boards and training materials
Storage and distribution of commodities, tools and materials	<p>Apply government guidance on enhanced safety storage and distribution of commodities (SPAQ, bags for community distributors etc.) and tools and materials (training tools, SBC materials, monitoring forms etc.), which could include:</p> <ul style="list-style-type: none"> - Regular cleaning/disinfecting of surfaces - Regular cleaning/disinfecting of commodities, tools and materials - Maintaining safe distance between individuals involved in storage and distribution - Regular hand washing/sanitising before and after handing out/receiving commodities, tools and materials - Leaving commodities for three days in the store before handling them <p>Consider prepositioning commodities, tools and materials at districts to avoid delays due to shutdowns at central level</p> <p>Consider using more vehicles or more deliveries to enable those involved in the distribution to adhere to distancing guidelines</p>
Disposal of SMC tools and materials	Provide materials and guidance for safe disposal of PPE ⁹
Community engagement	
Development of key messages and materials	<p>Liaise across government programmes and departments (including mHealth and health promotion) to adapt SBC messages and materials (e.g. posters, radio spots, TV adverts, etc.) to align with COVID-19 response¹⁰</p> <p>Consider adaptation of SBC messages to be tailored among various target groups (e.g. community leaders, community distributors, supervisors, health workers) and communication channels</p> <p>Adapted messages should anticipate increased fear and concerns among beneficiaries and could include:</p>

⁹ World Health Organization. Water, sanitation, hygiene, and waste management for the COVID-19 virus: interim guidance; 23 April 2020. Available from: <https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19>.

¹⁰ IFRC, UNICEF, WHO. Coronavirus disease (COVID-19) technical guidance: risk communication and community engagement. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/risk-communication-and-community-engagement>.

	<ul style="list-style-type: none"> - How and why SMC delivery will be adapted in the context of COVID-19 - What caregivers should prepare ahead of the campaign (e.g. clean cups and spoons, water) - Importance of malaria prevention and SMC in the context of COVID-19 - General COVID-19 related health messages - Correction of myths, misconceptions and rumours (for example, that SMC can cure COVID-19) <p>Consider the use of additional SBC methods and channels, e.g. text messages, social media, peer-to-peer communication etc., taking into account learning and good practice from previous outbreaks</p>
Include SBC messages in SMC tools and materials	<p>Review intervention tools and materials (e.g. training manuals, job aids etc.) to ensure additional SBC messages are included where appropriate</p> <p>Adapt SMC administration for caregivers to administer SMC and develop simple instructions for caregivers</p>
Sensitisation meetings	<p>Adopt government guidance on conducting in-person meetings</p> <p>Use remote communication channels to liaise with local leaders where necessary, providing allowances as required</p>
Flag-off ceremonies	<p>Avoid conducting flag-off ceremonies</p> <p>Consider broadcasting “flag off speech” delivered by a suitable leader at the start of the campaign on the radio</p>
Implementers with focus on community engagement	<p>Weigh up the risks and benefits of involving town criers or other cadres to promote community engagement in the campaign (e.g. town announcers, lead mothers) to reduce risk of COVID-19 infection</p> <p>Where they do participate in the campaign, provide guidance on social distancing to enhance safety</p> <p>Orient implementers on adapted key messages</p>
Training	
Review of training tools and materials	<p>Review training tools and materials assuming limited classroom training will be conducted:</p> <ul style="list-style-type: none"> - Adopt training modules relating to enhanced safety protocols for SMC administration & supervision and M&E - Strengthen training content on interpersonal communication (<i>how</i> to communicate to alleviate fears and doubts among trainees and beneficiaries) and include COVID-19 related SBC messages (<i>what</i> to communicate)

	<ul style="list-style-type: none"> - Include COVID-19 related training content as appropriate Consider inclusion of innovative training methods such as videos, text messages or apps Adopt simple job aids for community distributors and supervisors
Training of implementers	<ul style="list-style-type: none"> Adopt government guidance on conducting in-person meetings Where classroom trainings cannot be conducted, share training tools and materials digitally and encourage participants to work through training content in their own time
Quality assurance	<ul style="list-style-type: none"> Where classroom training is not possible, check understanding of training content remotely prior to the start of SMC administration, for example via phone calls or text messages using quizzes, checklist etc. Consider sending text message reminders to reinforce training content before and during the campaign
SMC administration and supervision	
Daily preparation and coordination	<ul style="list-style-type: none"> Ensure people with symptoms of COVID-19 or those who have had contact with suspected/confirmed cases do not participate in the campaign Consider providing thermometers for implementers to regularly take their temperature Consider continued payment of implementers who report sick to encourage self-reporting Mobilise back-up implementers as required Adopt government guidance on conducting in-person meetings for daily coordination meetings between implementers at health facility level As much as possible, use remote communication channels for coordination between implementers In coordination with National COVID-19 Task Force, develop an alert system for SMC implementers to be updated on COVID-19 related developments and guidance, e.g. via text messages
Door-to-door SMC delivery	<ul style="list-style-type: none"> Adopt appropriate enhanced safety protocol to minimise risk of infection for community distributors, supervisors and beneficiaries Enhanced safety measures should include instructions on:

	<ul style="list-style-type: none"> - Regular cleaning of tools and materials - Not entering houses - Maintaining a distance of at least 2 metres from beneficiaries at all times - Hand washing with soap and water or hydro-alcoholic hand sanitiser - Using cups and spoons provided by caregivers (only provide disposable cups and spoons where availability at household level cannot be assumed and for fixed distribution points) - Use of PPE as per most recent government and WHO guidance (see footnotes 7 and 8) - Safe dispensation of SMC medicines and SMC card to parents, avoiding close contact (for example by leaving blister pack on support and asking caregivers to pick it up and remove the tablets from the foil) - Administration of SP and the first dose of AQ by parents under observation from community distributors at a safe distance - Ask caregivers to record administration of SPAQ on SMC card <p>Minimise contact with beneficiaries by not implementing Day 2 and Day 3 AQ as directly observed treatment (DOT)</p> <p>Consider remote communication strategies to encourage adherence to Day 2 and Day 3 AQ, for example telephone or text message reminders</p>
Referral and testing	<p>In consultation with the national COVID-19 Task Force, consider if community distributors can be involved in referring and reporting household members with symptoms of COVID-19</p> <p>Review the SMC referral system for children with fever in light of government guidance on case management of people with symptoms of COVID-19, considering the need for early diagnosis and treatment of malaria to save lives</p>
Supervision	<p>Consider how supervision to community distributors can be minimised and provided remotely, with supervisors based at the health facility</p> <p>Consider restricting field presence of higher-level (central, regional, district) supervisors</p> <p>Provide guidance on remote supervision (for example, defining set times for remote follow-up), providing communication allowances as required</p>

	Consider if mobile/digital platform can be used to facilitate exchange of information and communication between supervisors and community distributors
Payment of implementers	Provide payments to supervisors and community distributors remotely, for example using mobile payment system
Monitoring and evaluation	
Household registration	Consider enumeration of households and target population during SMC administration to obtain accurate denominator for coverage calculation
Recording of administrative data	Where digital platforms are already in use for recording SMC data, consider using a digital platform for reporting data, for example through a mobile app
Coverage surveys	<p>Weigh up the risks and benefits of conducting coverage surveys</p> <p>Where coverage surveys are implemented, provide guidance on enhanced safety to data collectors and ensure adequate training</p> <p>Consider using innovative survey methods, e.g. remote data collection via telephone interviews</p>
Additional surveillance and research	<p>Ensure continuous pharmacovigilance, based on spontaneous reporting at health facilities</p> <p>Consider postponing specific surveys (i.e. adherence to treatment, molecular markers of drug resistance, etc.)</p> <p>Liaise with research groups to conduct relevant research, for example on effects of SMC on COVID-19 risk, effects of malaria on COVID-19 severity etc.</p>