

# Seasonal malaria chemoprevention: An essential health service for Nigeria

- Delivering seasonal malaria chemoprevention (SMC) is essential for malaria elimination efforts and will support national and state governments in the fight against the COVID-19 pandemic.
- Estimates indicate that there will be up to 9,000 preventable deaths and 962,000 preventable cases of malaria in Nigeria if the 2020 SMC campaign does not go ahead.
- SMC can only be delivered in the context of COVID-19 with the full cooperation of implementing partners and national and state governments.

## Background

About 97 percent of Nigeria's population is at risk of malaria.<sup>[1]</sup> The country is home to more malaria cases and deaths than any other in the world; in 2018, it accounted for 25 percent of the 228 million cases and 24 percent of the 405,000 deaths globally.<sup>[2]</sup> With such a high disease burden, continued access to preventative and diagnostic malaria services will be essential during the COVID-19 pandemic. Not only could a disruption result in up to 100,000 preventable malaria deaths, but it would also place additional pressure on an already strained health system.<sup>[3,4]</sup>

Access to malaria prevention services, such as SMC, is particularly important for children under five who are among the most vulnerable to malaria infection and mortality. Indeed, the World Health Organization (WHO) has identified SMC — a safe, feasible and highly effective intervention capable of preventing up to 75 percent of malaria cases in under-fives<sup>[5]</sup> — as an essential community-based malaria prevention measure that should continue to be implemented despite COVID-19.<sup>[6]</sup> Our estimates indicate that delivering SMC in Nigeria in 2020 would prevent up to 962,000 malaria cases and 9,600 malaria deaths.<sup>i</sup>

<sup>i</sup> These are Malaria Consortium estimates, based on analysis we conducted in June 2020. They assume 0.2 cases per child per SMC season, with a 75 percent reduction in malaria cases in areas where SMC is delivered — this assumes an efficacy rate of 83 percent and 90 percent coverage is required to achieve the aforementioned 75 percent reduction.

## Our view

Malaria Consortium echoes WHO's call for SMC to be delivered alongside countries' responses to the COVID-19 pandemic. We believe that SMC is an essential service that we can deliver in line with government strategies. Together with a group of global SMC stakeholders, we have developed extensive, enhanced safety and infection prevention contingency measures for SMC that will greatly reduce the risk of COVID-19 infection for all those involved, thereby ensuring that children under five continue to be protected from malaria during the peak transmission season.<sup>[7]</sup>

Malaria Consortium is one of the leading implementers of SMC globally and is uniquely placed to support the Government of Nigeria in its fight against malaria. We have operated in partnership with the country's National Malaria Elimination Programme since 2008 — supporting SMC delivery since 2013 — and will continue to provide life-saving malaria interventions to children under five safely in the context of the COVID-19 pandemic.

## Adaptations and benefits for COVID-19 containment

This year, implementing partners will deliver SMC to 12 million children in nine states in Nigeria: Bauchi, Borno, Jigawa, Kano, Katsina, Kebbi, Sokoto, Yobe and Zamfara (see Figure 1). Malaria Consortium will reach nine million of these — up from 4.2 million in 2019. This will reduce the national coverage gap from eight million to one million children.

Figure 1: SMC delivery in Nigeria in 2020



ii Example: Malaria Consortium. Steps for using infection prevention and control to deliver SMC during the COVID-19 pandemic. Toolkit. London: Malaria Consortium; 2020. Available from: <https://www.malariaconsortium.org/gallery-file/05291025-91-smccovid19jobaid.pdf>.

We have made the following adaptations to ensure that the 2020 SMC campaign is delivered safely and in a way that supports the Government of Nigeria's ongoing COVID-19 containment efforts.

- The SMC referral and COVID-19 response systems will be linked. Community distributors will identify community members with possible symptoms of COVID-19 during SMC distribution and link them with the COVID-19 response system to ensure they receive the appropriate health services.
- Enhanced safety and infection prevention contingency measures will minimise the risk of infection for community distributors, health centre staff and recipients of SMC. Physical distancing will be implemented and face masks, disposable gloves and hand sanitiser or soap will be provided along with guidance on safe wearing, removal and disposal.
- Health education will be a central component of the SMC campaign. Communities will be engaged — via conversations with community distributors, mass media and traditional town announcements — around the importance of handwashing and social distancing.
- Detailed safe implementation guidance that clearly states the safety standards that must be upheld will be provided to all those involved in the campaign. These will be reinforced through training, job aids<sup>ii</sup> and supervision and, if required, updated throughout the campaign.

Delivering SMC this year will strengthen national and state capacity to respond to the COVID-19 pandemic and help build the resilience of the overall health system. In addition to the adaptations listed above, social behaviour change (SBC) methodologies will be integrated into the campaign to support SMC implementers and community members. There will also be a greater availability of essential equipment in health facilities (e.g. infrared thermometers).

## Recommendations

We commend the national and state governments of Nigeria for their COVID-19 containment efforts and SMC collaboration thus far. We now urge them to help facilitate the uninterrupted delivery of the 2020 SMC campaign. We recommend that:

1. **National and state governments provide full backing to Malaria Consortium and other implementing partners to deliver SMC.** The contingency measures Malaria Consortium has established in the context of COVID-19 should be supported to ensure safe delivery.
2. **State governments allow the free movement of SMC staff, drugs and equipment both within and across their borders.** SMC activities should not be disrupted due to restrictions on movement that are introduced in response to COVID-19.
3. **National and state governments collaborate with SMC implementing partners to minimise the risk posed by COVID-19.** The enhanced safety measures that have been developed for the SMC campaign will protect children under five from malaria and strengthen community defences against COVID-19.
4. **COVID-19 state task forces include Malaria Consortium in all decision-making processes that relate to SMC.** As the lead technical partner supporting the delivery of SMC in Nigeria, Malaria Consortium should have the opportunity to advise state task forces throughout the campaign.
5. **National and state governments help implementing partners to procure the additional items needed to implement SMC safely and to ensure the enhanced safety measures are followed.** Strict hygiene practices — such as the appropriate use of face masks, disposable gloves and hand sanitiser or soap — are vital to the SMC campaign being delivered safely and will need to be reinforced through training and supervision. Government support in procuring these items is vital.
6. **State governments issue public statements that demonstrate a commitment to the SMC campaign.** These should inform communities that SMC is a highly effective intervention that can prevent up to 75 percent of malaria cases in children under five and can be safely implemented in the context of COVID-19.
7. **Implementing partners and state governments work together to distribute SMC and COVID-19 information.** Regular and clear engagement with the communities who will receive SMC should be harmonised to avoid the provision of conflicting messaging.

## References

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