

Feasibility and acceptability of extending delivery of seasonal malaria chemoprevention to children aged 5–10 years in Chad

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Introduction

Since 2012, the World Health Organization has recommended seasonal malaria chemoprevention (SMC) for children at high risk of contracting severe malaria, in areas of sub-Saharan Africa where malaria transmission is seasonal.^[1] Routine household surveys conducted to evaluate the coverage and quality of SMC delivery in Chad found that administration of SMC medicines to children over 59 months appears to be common. This study aimed to explore the feasibility and acceptability of extending SMC to children aged 5–10 years in Chad.

Methods

- We conducted a mixed-methods study in Massaguet health district to determine the extent of, and reasons for, frequent administration of SMC medicines to children over five years old.
- We collected qualitative data through 15 key informant interviews with SMC stakeholders at the national and district levels. We also conducted eight focus group discussions with community distributors and caregivers.
- Quantitative data were collected via end-of-cycle surveys, using lot quality assurance sampling after cycles 1 and 3 (n=90 and n=100 caregivers surveyed, respectively); and an end-of-round coverage survey following cycle 4 (n=101 caregivers surveyed).

Results

- In compounds surveyed during the 2019 SMC cycle 1, no children aged 5–10 years received SMC. One child older than five in Massaguet received at least one dose of SMC in cycle 3; while in cycle 4, 10 of 16 children over five received SMC (62.5 percent).
- Perceptions on extending SMC to children aged 5–10 years were mixed among community distributors, caregivers and key informants. Although extending SMC to older children was acceptable to all participants, key informants prioritised closing the coverage gap among children under five before extending SMC to older children.

Conclusion

The study suggests that expanding SMC to older children would be acceptable to a wide range of stakeholders at the national, district and community levels. However, achieving full geographic coverage, demonstrating impact at scale and ensuring the sustainability of SMC among children 3–59 months should be a higher priority.

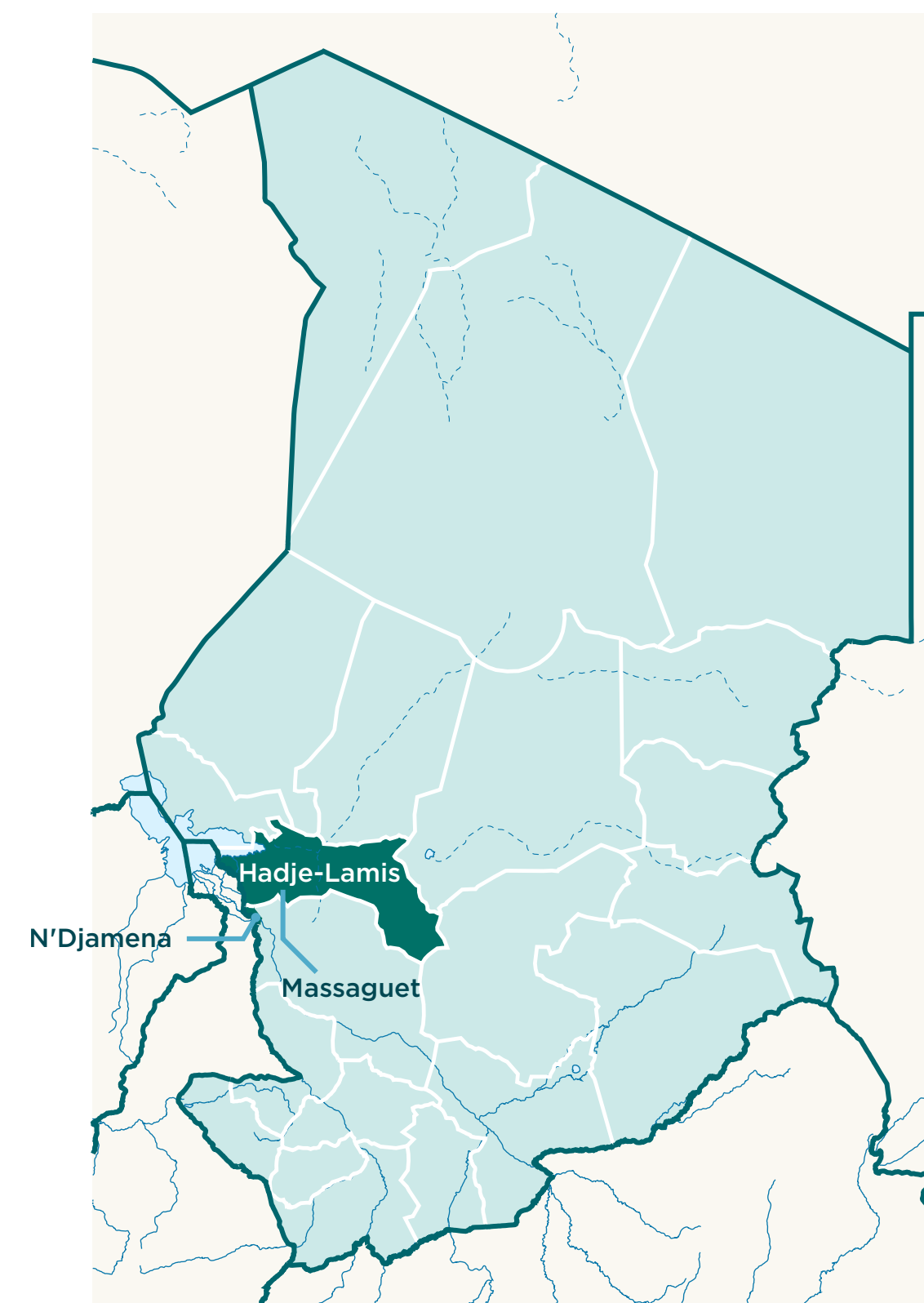
References

- WHO. WHO policy recommendation: Seasonal malaria chemoprevention (SMC) for *Plasmodium falciparum* malaria control in highly seasonal transmission areas of the Sahel sub-region in Africa. Geneva: WHO; 2012.

Stakeholders support extending SMC to older children, but believe children 3–59 months should be reached first

Supplementary visual

Figure 1: Study site in Massaguet district, Hadjer-Lamis, Chad



malaria
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disease control, better health



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