

Gassara's story: "Health systems risk being overwhelmed by malaria if SMC is discontinued."



ACCESS-SMC is a three-year UNITAID-funded project, which supported National Malaria Control Programs to scale up access to seasonal malaria chemoprevention (SMC) to save children's lives across seven countries in the Sahel. ACCESS-SMC demonstrated the feasibility and impact of SMC at scale, and promoted the intervention's wider adoption. This case study highlights the impact SMC has had against malaria. There may be up to 34 million eligible children between three to 59 months old who can benefit from SMC. Malaria can be prevented. In the Sahel, SMC can help prevent it.

Malaria is the leading cause of morbidity and mortality in Chad. Health facilities reported in 2015 that malaria accounted for 27 percent of illnesses and 15 percent of deaths, but since ACCESS-SMC began, malaria incidence has declined in areas implementing SMC programs. Gassara Goudja has seen the impact SMC has had in his community working as the Chief Health Officer at one of the health centers in Walia Ordre de Malte (N'Djamena).

"In the past, [health facilities were filled to capacity], and caregivers had no space [to wait while their child was treated] other than under a mango tree [outside]."

At the end of the project's 2017 campaign, ACCESS-SMC had successfully administered SMC to approximately 688,000 children in Chad.

Children who develop malaria are less likely to have received SMC, which is associated with an 89 percent reduction in malaria incidence for four weeks after treatment, than children who remain free of malaria. Gassara discussed the program's impact in Walia-Ordre de Malte, where 9,452 children were reached.

"From 200 to 300 cases of malaria a month before SMC, my health center now records 75 to 150 cases of malaria per month. Another amazing factor is that SMC is an incentive for populations to

adhere to other mass prevention [interventions], like polio immunization."

Treatment for malaria is free, but it is not easily accessible everywhere. Families' ability to work and save money is affected when what little income earned is spent traveling long distances to and from health centers. Some caregivers have had to keep sick children at home because they cannot afford the costs. Ali Hassan, a trader in Bachom (Massakory), talks about the impact SMC has had on his family's income.

"For two years my children have benefited from this drug against malaria. Thank God. My expenses have been reduced because malaria is the disease that [made us lose] sleep and was the main cause of our visits to the health center."

SMC programs in Walia-Ordre de Malte have been successful partly due to the involvement of local administrative authorities and leaders, who improved acceptance and communities' knowledge about the campaign. During the first campaign in 2015, the medicines used in SMC took minutes to crush and had a bitter taste, which community health workers (CHWs) attempted to mask with sugar. Often, children would spit out the mixture, requiring the CHW to administer the treatment a second time. The sweeter taste of the new, dispersible SMC drugs has improved the quality of CHWs' work, and reduced the rate of drug wastage.

"This is a very positive aspect of this new formulation. I noticed during my supervision visits that children were happy to hold the glass themselves to take medicine," said Gassara.

In three years, the ACCESS-SMC project has reduced the number of malaria cases in children significantly. During 2015 and 2016, 40,000 deaths and six million cases of malaria are estimated to have been averted

in the seven target countries. While Malaria Consortium has secured funding for 2018 in Chad, it is limited to the same target population in the 14 health districts. Conscious of its impact on health and income, caregivers and health professionals are asking for the program to expand to all endemic areas, but are also becoming concerned about what will happen should the distributions stop.

"As a health professional and [father], I feel there will be a significant shock to health in N'Djamena if distribution of SMC medicines stops. No adequate alternative is yet in place to replace the positive health impacts of SMC. Urban sanitation and water drainage remains poorly developed, [regular and appropriate use] of mosquito nets is [poor], and access to care is not guaranteed."

This success story was prepared by Malaria Consortium thanks to funding from UNITAID under the ACCESS-SMC project. The views expressed here do not necessarily reflect those of UNITAID.

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