Across the Sahel, most malaria illness and deaths occur during the rainy season, typically between July and October. Seasonal malaria chemoprevention (SMC) is a highly effective intervention to prevent malaria infection during this peak transmission period among those most at risk: children under five.

SMC involves administering four monthly courses of two antimalarial drugs to children 3–59 months: sulfadoxine-pyrimethamine (SP) and amodiaquine (AQ). It is typically delivered household-to-household by volunteer community distributors (CDs). This World Health Organization (WHO) recommended intervention is safe, cost-effective and feasible, and can prevent up to 75 percent of malaria cases in under-fives when used alongside other malaria interventions. In 2018, SMC was implemented in 12 Sahelian countries, reaching around 19 million children.

Malaria Consortium has been a leading implementer since WHO issued its recommendation to scale up SMC in 2012. Starting with an early implementation pilot in two states in northern Nigeria in 2013, we then led the rapid scale-up through the Achieving Catalytic Expansion of Seasonal Malaria Chemoprevention in the Sahel (ACCESS-SMC) project in 2015–2017, reaching close to seven million children.

### Countries
- Burkina Faso
- Chad
- Mozambique
- Nigeria

### Donor

This programme is primarily funded through philanthropic donations received as a result of being awarded Top Charity status by GiveWell, a non-profit organisation dedicated to finding outstanding giving opportunities. It is also supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and by UK aid from the UK government.

### Length of project
Since January 2018

**Project outline and objectives**

In 2020, Malaria Consortium's SMC programme aims to reach more than 12 million children in Burkina Faso, Chad and Nigeria through the efforts of over 100,000 individuals. We provide technical, logistical and financial support to national malaria programmes to ensure high coverage and quality of SMC implementation. We also conduct research and engage with the international SMC community to build the evidence base for SMC and contribute to SMC policy and practice.

**Activities**

- **Planning and enumeration**: Planning typically starts 4–5 months before the annual SMC campaign. This involves determining where and when the campaign will be implemented, estimating the target population of under-fives, and recruiting CDs and supervisors.

- **Procurement and supply management**: We manage the shipment of SPAQ from the manufacturer to the central warehouses in the countries where we implement SMC. From there, the medicines and other SMC commodities are distributed to health districts and facilities.

- **Community engagement**: To ensure communities understand the rationale for SMC and support its implementation, we conduct sensitisation meetings with local leaders, broadcast radio spots, and enlist town announcers to disseminate information during the campaign.

- **Training**: All CDs and supervisors attend a one- or two-day classroom training before the start of the campaign.

- **SMC administration**: CDs go door-to-door to deliver SMC. Each monthly SMC course involves one dose of SP and three daily doses of AQ, with SP and the first dose of AQ given under the supervision of the CD, and the remaining two doses of AQ given by the caregiver over the following two days.

- **Supervision, monitoring and evaluation**: During the campaign, supervision is provided by facility-based health workers. CDs and supervisors collect administrative monitoring data and stock-consumption data. To assess coverage and quality of SMC implementation, we commission independent household surveys.

The 2020 SMC campaign will be implemented in the context of the COVID-19 pandemic. Together with the wider SMC community, we successfully advocated for the continued implementation of SMC as an essential health service. We led the publication of global operational guidance on adapting SMC to minimise risk and developed enhanced safety protocols for SMC implementation.

Three research studies are planned in 2020:

- A study assessing the quality of infection prevention and control measures practised during delivery of SMC in Burkina Faso, Chad and Nigeria
- A pilot study testing the use of Reveal, a spatial intelligence tool, for SMC campaign planning and tracking in Nigeria
- A study exploring the feasibility and protective efficacy of implementing SMC in Mozambique — one of the first projects to explore the possibility of expanding SMC to areas in east and southern Africa where malaria transmission is seasonal.

**References**