Adapting SMC in Nigeria during the COVID-19 pandemic: Enhancing safety and minimising risk

Olatunde Adesoro
Programme Director - Nigeria (SMC)
Malaria Consortium
About Malaria Consortium

• One of the world’s leading global health non-profit organisations
• Specialists in the comprehensive prevention, control and treatment of malaria and other communicable diseases among vulnerable and under-privileged populations
• Our mission is to improve lives in Africa and Asia through sustainable, evidence-based programmes that combat targeted diseases and promote child and maternal health
Outline

• Overview of SMC programme in Nigeria
  • Scope of 2020 SMC implementation in Nigeria
  • COVID-19 situation in Nigeria pre-SMC implementation
  • Risks of COVID-19 transmission during SMC delivery
  • Opportunities for SMC to enhance COVID-19 response
• COVID-19 response for SMC implementation
  • Infection Prevention Control (IPC) Planning
  • Training
  • Delivery
• Implementation outcomes
• Challenges and mitigations
• Conclusion
Overview of SMC programme in Nigeria
Scope of 2020 SMC implementation in Nigeria

- Targeted children in 2020: 12 million
- Age group: 3–59 months
- SMC implementation timeline
  - Programme planning: Jan – March
  - IPC/COVID-19 planning: Mar/Apr
  - Training: Jun
  - Delivery: Jul – Oct
  - Evaluation: Nov/Dec
COVID-19 situation in Nigeria pre-SMC implementation

• First case of COVID-19 confirmed in Lagos on 27/02/20
  • Later spread to other states through community transmission
• COVID-19 had negative impact on health service delivery
  • Interruption in routine health service delivery as health workers diverted attention to COVID-19 treatment and patients reluctant/unable to seek care
  • Logistical challenges for the supply of health commodities due to lockdown
  • Restricted travel/movements due to lockdown
  • Widespread fear caused by misinformation and conspiracies
• However, the World Health Organization recommended that life-saving interventions, including SMC, be continued amid the pandemic [1]
Risks of COVID-19 spread and opportunities to enhance COVID-19 response through SMC

• Risk of COVID-19 spread among implementers and beneficiaries during SMC
  • Over 100,000 implementers visiting over five million households
  • Repeated household visits for four months
  • Lots of meetings/trainings involving physical gathering
  • Primary Health Care facilities as operating sites for drug and referral management

• Opportunities for SMC supporting COVID-19 response
  • Unburdening of health system as SMC treatment prevents malaria
  • Implementers spreading COVID-19 preventive messages and supporting case detection at household level
COVID-19 response for SMC implementation
Infection prevention and control planning

- WHO/RBM global partnership
- SMC-TWG
- SMEP
- State COVID-19 taskforces
- NMEP
- NCDC
- NAFDAC
- NIMeT
- WHO/RBM partners (GLOBAL GUIDE)
- Engagement with national stakeholders (ADVOCACY BRIEF)
- Programmatic planning (SAFETY STANDARDS)
- Integration of IPC into SMC (JOB AID)

Development of detailed internal guidance built on six principles:
1. Limiting in-person contact
2. Physical distancing
3. Hand washing
4. Maintaining hygiene
5. Preventing implementers with symptoms from participating
6. Use of protective equipment: face mask, hand sanitiser.
Training

• SMC implementers trained on COVID-19 prevention strategies, symptom triage and referral

• Cascade training method with virtual training for higher cadres of distribution personnel

• For physical training
  • Maximum of in-person 20 participants per training event
  • Screening of participants for fever and signs and symptoms suggestive of COVID-19
  • Provision of hand hygiene and disinfecting materials
  • Large hall/open space for physical distancing
  • Proper disinfection of surfaces in training venues

• Provision of illustrative job aids and SMS reminders on SMC and COVID-19 messages
  • Job aids were laminated for ease of decontamination
Compliance with job aid

Source:


SMC delivery

Screen out sick personnel

<table>
<thead>
<tr>
<th>Fever</th>
<th>Cough</th>
<th>Shortness of breath or difficulty breathing</th>
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<tr>
<td></td>
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<td>Source: Centers for Disease Control and Prevention</td>
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<thead>
<tr>
<th>Chills</th>
<th>Repeated Shaking with Chills</th>
<th>Muscle Pain</th>
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<tr>
<th>Headache</th>
<th>Sore Throat</th>
<th>Loss of taste or smell</th>
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</table>
Maintain social distance

Use face mask (>95% compliance in cycles 1 & 2)

Decontaminate surfaces

Regular hand washing/sanitising

Wash overall daily

Bio-waste disposal
Implementation outcomes
Available evidences indicate that SMC cycles have so far been delivered safely in Nigeria amid COVID-19 pandemic:

- Trends of reported cases similar in SMC implementing states and other locations in the country
- No anecdotal reports of mysterious deaths that might be linked to unreported COVID-19 cases during SMC delivery (from July)
- Slight increase in COVID-19 cases in Borno and Kano three/four weeks after cycle 1.
  - No such increase same period after cycle 2
  - Although low COVID-19 testing in Nigeria may be a limitation to this evidence, negative rumours and anecdotal reports were closely monitored
  - Surveillance will continue for the remaining cycles
- Study on safe implementation of SMC amid COVID-19 is ongoing
SMC implementation achievements

• Over **12 million children** treated with life-saving chemoprevention antimalarials as planned
• Over **100,000 SMC implementers** trained on prevention of COVID-19
• Over **six million households reached** with COVID-19 preventive messages
• Catalytic effect of Malaria Consortium’s antecedent and consistent support for SMC implementation in Nigeria:
  • More funding from other partners resulting in largest SMC campaign in Nigeria in 2020
  • Other community-based interventions leveraged success of SMC to also implement during the pandemic e.g. Vitamin A co-implementation in Kano and Jigawa, long lasting insecticidal net distribution in Zamfara, integrated community case management/Community Health Influencers, Promoters and Services implementation across some states.
• Other intrinsic achievements include positive, anecdotal testimonies suggesting that:
  • Confidence and trust of caregivers were built in assessing healthcare services amid a pandemic
  • Timely and effective implementation of SMC – a prerequisite for preventing avoidable deaths during a pandemic
  • Confidence given to government and its development partners that SMC could be carried out safely
  • A demonstration that a global guidance could be complied with during a pandemic.
Challenges and mitigations

• COVID-19 outbreak was sudden with initial high level of uncertainty regarding its control, making planning for SMC delivery parallel and difficult
  • The prompt strategic direction provided by WHO and RBM partners on the need for and how to provide continuous essential health services amid COVID-19 pandemic provided a converging point for planning. Extensive technical learning, networking and collaboration resulted in clarity and better contingency planning

• Considerable budget requirement for personal protective equipment procurement was a necessary investment for safety and duty of care for SMC personnel and beneficiaries
  • Leveraging on partner and government resources at national, state and local levels

• Global shortage of materials (e.g. face masks, hand sanitiser and alcohol wipes for surface disinfection)
  • Other locally available bleach solutions for disinfection

• Much of the planning, training, monitoring and supervision were done remotely and physical interactions between supervisors and frontline service providers were limited
  • Remote training and monitoring strategies were adequately deployed. Electronic data management and feedback through social media platforms
Conclusion

• SMC intervention has so far been delivered safely in Nigeria amid COVID-19 pandemic
• Working alongside the NMEP, SMEPs and development partners to effectively plan and implement the delivery of essential health services, it is possible to carry out SMC during the COVID-19 pandemic with minimal risk, high safety standards and good quality
Acknowledgements

• National and State Malaria Elimination Programmes for their stewardship
• WHO, RBM, GFATM, PMI, NCDC, NIMeT, PMI-States, Breakthrough Action-Nigeria, CRS, GHSC-PSM, OPT-SMC, CHAI and others for their partnership
• PSI, MMV, PSI, PMI-Impact Malaria for organising this webinar
• Webinar attendees

• References
Thank you

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