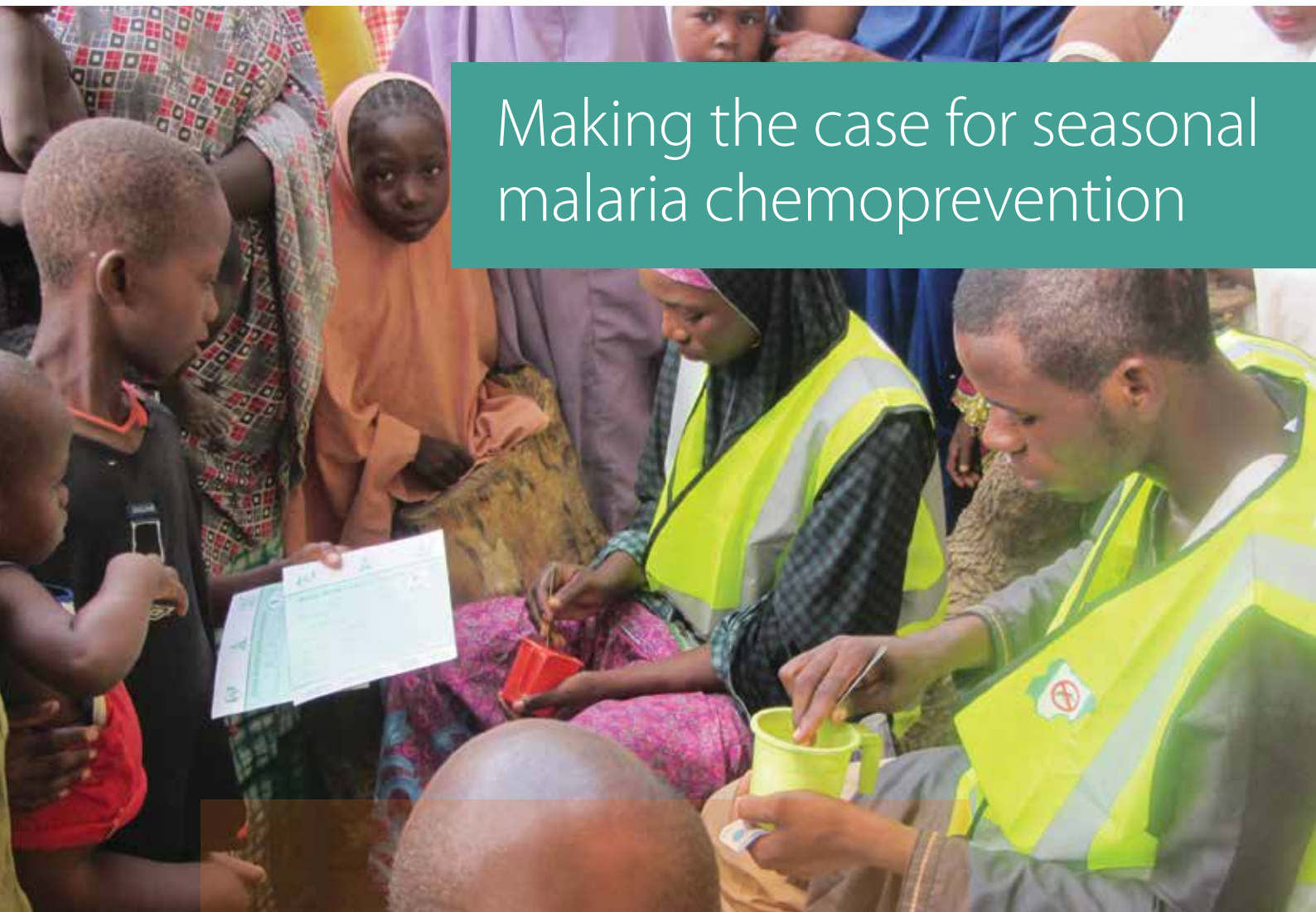


# Making the case for seasonal malaria chemoprevention



- ▶ Seasonal malaria chemoprevention (SMC) should be integrated into national malaria programmes of malaria-endemic countries, and sufficiently funded.
- ▶ National governments and development partners should work collaboratively to scale-up SMC.
- ▶ SMC implementers should share lessons learnt to overcome remaining challenges to scaling up SMC.
- ▶ Stakeholders should work collaboratively towards regional goals for implementing SMC and preventing malaria in vulnerable populations.

▶ Community health workers prepare seasonal malaria chemoprevention drugs in Tangaza, Nigeria

# What is seasonal malaria chemoprevention?

Seasonal malaria chemoprevention (SMC) is a highly effective method of malaria prevention, and represents one of the important interventions recommended by the World Health Organization (WHO) to reduce malaria-related morbidity and deaths<sup>1</sup>. SMC involves the monthly administration of antimalarial treatment courses of Sulphadoxine-Pyremethamine (SP) and Amodiaquine (AQ) or SP+AQ, for up to four months to children under five years old (3-59 months) in areas with high seasonal transmission of malaria.

In 2012, the WHO issued policy recommendations on SMC based on studies on SMC (previously referred to as intermittent preventive treatment in children) on efficacy of preventive treatment options, feasibility of delivery, effectiveness and cost effectiveness of chemoprevention in areas of highly seasonal transmission of malaria. A meta-analysis of available data indicates that SMC prevents up to 75 percent of both uncomplicated and severe malaria cases, thus contributing to the reduction of malaria related illness and deaths.

The geographical areas considered eligible for SMC were those where the majority of malaria cases occur during a short rainy season (of no more than four months), and where resistance to the drugs used for SMC (SP+AQ) is low.

There are an estimated 25 million children eligible for SMC using SP+AQ in the Sahel region of sub-Saharan Africa. If suitable alternative drugs can be found, another 10 million children could be potentially eligible in Southern Africa, where levels of drug resistance to current SMC drugs are unacceptably high. In the Sahel, a semi-arid region in the transition zone between the Sahara Desert and Sudanian Savanna, the rainy season spans four or fewer months and there is low resistance to SP+AQ; therefore, it is well suited to SMC.

## Seasonal malaria chemoprevention facts

- ▶ There are roughly 25 million children under the age of five living in the Sahel region who are eligible for SMC. However, less than 20 percent benefited from this life saving treatment in 2015.
- ▶ Over 60 percent of all malaria cases in the Sahel region occur during the short rainy season.
- ▶ In clinical trials, SMC has been found to prevent up to 75 percent of malaria cases, and has been recommended by the WHO since 2012.
- ▶ Treatment courses of SMC drugs provide a very high degree of protection, with roughly 90 percent efficacy for up to four weeks after treatment.
- ▶ If all children eligible for SMC had access to the treatment, some 175,000 lives could be saved each year, and 18 million malaria cases prevented.
- ▶ SMC costs between US\$3.49 and US\$4.88 to protect one child for one season, according to preliminary research.
- ▶ SMC has been adopted as policy in nine countries in the Sahel – Burkina Faso, Chad, Guinea, Mali, Mauritania, Niger, Nigeria, Senegal and The Gambia.

<sup>1</sup> Other key interventions include: the use of insecticide-treated mosquito nets and indoor residual spraying, diagnostic testing, and treatment of confirmed cases with effective anti-malarial medicines.

## Why is SMC important?

Malaria remains one of the primary causes of death among children under five in Africa, accounting for 306,000 deaths in 2015<sup>2</sup>. Malaria causes high levels of school absenteeism, creates significant out-of-pocket expenses for families and negatively impacts economic growth. In highly endemic countries, malaria places a huge burden on often already fragile health systems, and can account for up to 40 percent of public health expenditure. SMC has the potential to protect 25 million most vulnerable children from malaria, therefore, it is an effective way to increase school attendance, tackle poverty, boost economies, strengthen health systems and reduce child mortality.

SMC-related activities have a direct effect on strengthening national health systems, through improvements to procurement and supply systems, bolstered logistics, health worker training and improved data collections systems. In many SMC-eligible countries, pharmacovigilance systems to detect serious adverse events are being revitalised, and in some cases built from scratch. For instance, the Achieving Catalytic Expansion of Seasonal Malaria Chemoprevention in the Sahel (ACCESS-SMC) project led by Malaria Consortium supported Chad in becoming an associated member of the WHO Programme for International Drug Monitoring, and in 2015, put in place appropriate systems and access to official reporting platforms in the country.

SMC reflects the recent paradigm shift in malaria control and elimination towards implementing a more tailored and context-specific mix of interventions that best make use of available resources and have the greatest potential to reduce malaria burden.

The global targets, enshrined in the Sustainable Development Goals, set to reduce the malaria burden by 90 percent by 2030. To achieve these targets, tailored interventions that suit the unique environmental, epidemiological and cultural specificities and contexts of each malaria-endemic community, country and region are needed.

## Challenges to scaling-up SMC

In 2015, less than 20 percent of eligible children received SMC treatment, owing to the introduction of the ACCESS-SMC project and the continuation of several other smaller interventions. This is expected to substantially increase in 2016 as ACCESS-SMC doubles in scope and other players start mid-scale SMC programmes. However, there is much to be done until every eligible child is reached. In order to further scale-up SMC and achieve universal coverage of eligible children, it is important to:

- ▶ Institutionalise current interventions, technical support, health system strengthening within national development programmes and strategies.
- ▶ Ensure commitment from governments in the Sahel region to explore SMC in areas affected by seasonal peaks in malaria transmission.
- ▶ Gain greater financing from development partners, the UN, bilateral agencies and the private sector to support governments to scale up SMC in the Sahel.
- ▶ Increase the availability and reduce the cost of SMC drugs, through an increased number of manufacturers.
- ▶ Develop and test new generations of SMC drugs to cater for future expected resistance of SP and to expand the eligible geographic scope.

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<sup>2</sup> World Health Organization, *World Malaria Report 2015*.

- ▶ Support governments to integrate SMC into their malaria control planning to ensure its implementation, every year, as demanded by the population.
- ▶ Explore the possibility of integrating other health interventions into SMC distributions, such as immunisation, detection of malnutrition, preventive malaria treatment for pregnant women and the management of NTDs.

### Achieving Catalytic Expansion of Seasonal Malaria Chemoprevention in the Sahel (ACCESS-SMC)

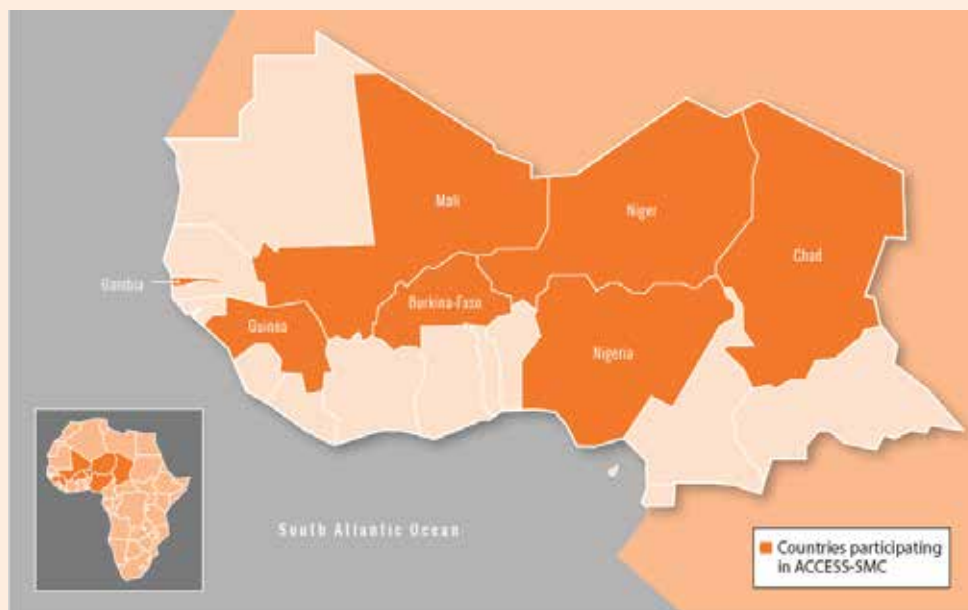
ACCESS-SMC is a UNITAID-funded project, led by Malaria Consortium in partnership with Catholic Relief Services, which is supporting national malaria control programmes to scale up access to seasonal malaria chemoprevention across the Sahel region to save children's lives.

This three-year project is supported by the London School of Hygiene & Tropical Medicine, Centre de Support de Santé International, Management Sciences for Health, Medicines for Malaria Venture, and Speak Up Africa. It is providing up to 30 million SMC treatments annually to 10 million children less than five years of age in Burkina Faso, Chad, Guinea, Mali, Niger, Nigeria and The Gambia, potentially averting 36,750 deaths due to malaria. By demonstrating the feasibility and impact of SMC at scale, ACCESS-SMC will promote wider adoption of this intervention.

In the first year of the project, 12.5 million treatments were administered to 3.2 million children in seven countries, with average administrative coverage of 90 percent. By capitalising on the lessons learnt in this first year, including successfully tackling problems around the availability of drugs and effectiveness of delivery systems and playing a key role in bringing a new dispersible formulation to market, ACCESS-SMC will distribute 30 million treatments to more than six million children during the 2016 SMC campaign.

In addition to the distribution of lifesaving SMC treatments, ACCESS-SMC also works to build capacity and strengthen health systems at national level. Last year alone, over 29,000 people were trained in the administration of SMC. Project partners continue to work with national malaria control programmes and ministries of health to develop cost-effective delivery models and create a context-specific, sustainable intervention to malaria control and elimination.

#### Scope of countries participating in ACCESS-SMC project





► A community health worker administers seasonal malaria chemoprevention during an ACCESS-SMC distribution in Boulsa, Burkina Faso

## Malaria Consortium's expertise in seasonal malaria chemoprevention

Malaria Consortium has been at the forefront of the roll out of SMC. Between 2012 and 2014, the organisation carried out a pilot project, funded by the Bill & Melinda Gates Foundation, to test the feasibility of scaling-up SMC in Katsina state, Nigeria. The results from this project contributed to the evidence base supporting large-scale implementation of SMC, including the development of job aids and data collection tools which are now widely used across the Sahel. Currently, Malaria Consortium is the lead partner in ACCESS-SMC, the first ever project to bring SMC to scale, aiming to reach over 10 million children with SMC by the end of 2016.

Malaria Consortium's approach to SMC is characterised by the following principles:

- Ensuring participatory and context-specific interventions.
- Strengthening the health system – particularly in the areas of procurement and supply, logistics, health worker training, data collection and pharmacovigilance.
- Driving the market – demonstrating to pharmaceutical companies and other private sector actors that SMC is cost-effective and that there is strong demand, therefore stimulating supply.
- Supporting sustainability of SMC by encouraging cross-border collaboration and coordination within the Sahel.
- Strengthening the evidence base with research, evidence from implementation and best practice.
- Pioneering integration – such as adding nutritional screening and intermittent preventive treatment of malaria in pregnancy to SMC programmes.

## Key messages

**National governments** in malaria-endemic countries where SMC is suitable should consider:

- ▶ Earmarking funding to support SMC and ensure its sustainability beyond partner programme completion.
- ▶ Sharing best practices and lessons learnt from implementing SMC with other eligible countries and development partners.
- ▶ Exploring the feasibility and appropriateness of implementing SMC in countries that have not yet introduced SMC.
- ▶ Working collaboratively towards regional goals for implementing SMC and preventing malaria in vulnerable populations.
- ▶ Leveraging existing regional platforms for joint planning and procurement of SMC drugs to better negotiate pricing options with manufacturers and encourage stable production.

**Development partners** have an important role in supporting the scale-up of SMC by:

- ▶ Prioritising funding for the scaling-up of SMC across the Sahel region.
- ▶ Working with malaria-endemic countries in the Sahel to assess the viability of SMC and plan and implement SMC programmes.
- ▶ Supporting governments to improve the monitoring and evaluation of SMC, including safety, levels of coverage, impact of the intervention and the development of drug resistance.

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**Malaria Consortium**

Malaria Consortium is one of the world's leading specialist non-profit organisations focused on health. 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. Our uniqueness is in our ability to consistently design and apply tailored, technically excellent, evidence-based solutions, fit for effective implementation, with impact on the wider health system and economy.

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