APPMG meeting, 10th January 2017

Reflections from the WHO World Malaria Report and New Opportunities to tackle Malaria

Speakers:

Diego Moroso, Regional Project Director, Malaria Consortium – ’The Impact of seasonal malaria chemoprevention (SMC) in the Sahel region of Sub-Saharan Africa – Making the case for market shaping of SP+AQ drugs and effectiveness of SMC at scale’

Dr. Peter Winskill, Imperial College – ‘The global perspective on allocation of resources to combat malaria’

On 10th January, Diego Moroso, Regional Project Director for the Malaria Consortium-led ACCESS-SMC project, presented data demonstrating the impact of seasonal malaria chemoprevention (SMC) in the Sahel region of Sub-Saharan Africa. The presentation also explored how the project is helping to shape the market for SP+AQ, and will demonstrate the feasibility, safety and effectiveness of SMC at scale in reducing cases of malaria.

In Attendance:

This event was hosted by Jeremey LeFroy on behalf of the All Party Parliamentary Group on Malaria and Neglected Tropical Diseases (APPMG). People from various sectors attended. Other notable attendees were Charles Nelson (Chief Executive Officer, Malaria Consortium), Fiona Bruce MP, Baroness Hayman, and Mark Clark (Trustee, Malaria Consortium).

Agenda

This event provided the opportunity to reflect on elements of the World Malaria Report and draw on the contributions of organizations to demonstrate the use of these novel treatment models and interventions in fragile states as well as share insights on the allocation of resources to combat malaria with data from mathematical modelling to evaluate cost effectiveness of malaria programs in endemic countries.

Furthermore, this event provided the opportunity to discuss the feasibility of the intervention at scale, the impact of an SMC intervention on public health, concerns about drug safety and impact on resistance, and assumptions on cost drivers and sustainability. Participants also examined further opportunities for SMC in terms of innovative delivery and scope, as well as the possibilities of integration with other public health interventions.

Presentations

Please click here to find the presentation made at the APPMG meeting
Diego Moroso, Regional Project Director, Malaria Consortium
Dr. Peter Winskill, Imperial College

Diego Moroso
Key points:

- In preventing malaria there are many interventions that when used together can be powerful in significantly reducing the number of malaria cases, SMC being one of these interventions.
- ACCESS-SMC proved that it is feasible to do an SMC intervention at scale. In 2015, over 3 million children were reached during first ACCESS-SMC SMC campaign, and approximately 6.4 million children were reached in 2016.
- SMC has the potential to reduce malaria related mortality by 75% when combined with other interventions, such as long-lasting treated nets (LLTN).
- SMC provides a very high degree of protection against malaria, with roughly 90 percent efficacy for up to four weeks after treatment.
- Approximately 80% of the SMC drugs administered by ACCESS-SMC in 2016 were in a dispersible (soluble), sweet formulation, that was easier to administer and more palatable for young children.
- The average cost of SMC for each child is US $4.60 per year
- Preliminary data shows only 2 adverse events were reported for the 6.4 million children reached in 2016.
- 67 million treatments were procured in 2016 to be distributed to different countries. There is still a gap in production capacity, but less than before. However, we need more than 100 million treatments if we are to reach all eligible children, and which will be possible when a second manufacturer enters the SP+AQ market.

Peter Winskill
Key points:

- According to his mathematical models, that guide and evaluate malaria control and elimination programs in malaria endemic areas, a further 200 million cases of malaria could be prevented over four years if Global Fund resources were allocated more effectively. For example, targeting vector control interventions at specific areas of high transmission in pre-
elimination contexts.

- Not all settings need the same package of intervention. With his modeling he is able to estimate impact and costs of different packages in different interventions.
- Investing in existing tools rather than early adoption of the RTS,S vaccine is a more effective allocation of resources.
- Competing priorities can interfere with the most rational and effective allocation of resources.
The ACCESS-SMC Project
For the 23.7 million children who live across Africa’s Sahel region, the rainy season produces a seasonal surge in sickness and death from malaria. The World Health Organization recommends seasonal malaria chemoprevention (SMC) as an effective tool to prevent malaria in children under five, but in 2014 only about 800,000 children received this preventive treatment.

Achieving Catalytic Expansion of Seasonal Malaria Chemoprevention in the Sahel (ACCESS-SMC) is the first project of its kind promoting the scale-up of SMC across the Sahel. Thanks to ACCESS-SMC, a UNITAID-funded project led by Malaria Consortium in partnership with Catholic Relief Services, the first season of mass drug distributions was completed in November 2015 and reached 3.2 million children. Using the momentum and lessons learnt from the 2015 SMC campaign, approximately 6.4 million vulnerable children across seven countries in the Sahel received this lifesaving treatment in 2016.

ACCESS-SMC’s goal is not only to prevent malaria among children under the age of five for the duration of the project, but to mobilize donors and host governments to commit to sustaining and scaling up SMC to ensure that the 25 million eligible children receive this treatment.

To learn more about the ACCESS-SMC project, click here.