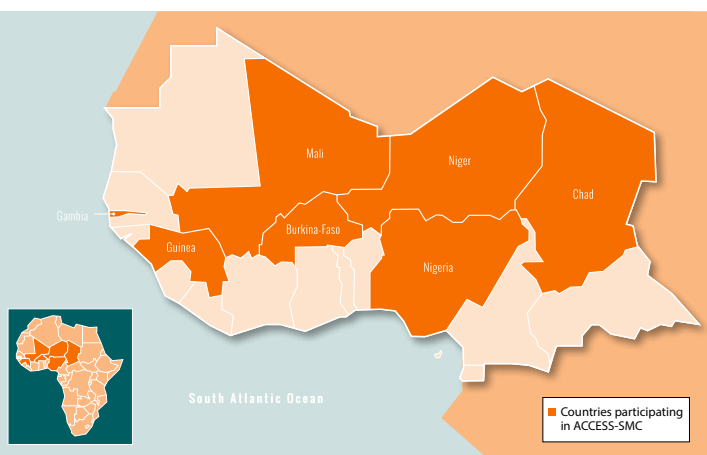


ACCESS SMC

Achieving catalytic expansion of seasonal malaria chemoprevention in the Sahel



Fact sheet

ACCESS-SMC is the first project to promote the scale-up of seasonal malaria chemoprevention across the Sahel. It is a three-year UNITAID-funded project which will provide an estimated 45 million treatments to 10 million vulnerable children in the Sahel by 2017.

Aim of the project

1. Administer seasonal malaria chemoprevention (SMC) drugs to 10 million children in seven countries: Burkina Faso, Chad, Guinea, Mali, Niger, Nigeria and The Gambia.
2. Demonstrate the safety and efficacy of SMC when delivered at scale.
3. Strengthen evidence and analysis around the delivery costs of SMC to improve delivery efficiency.
4. Stimulate increased global interest and capacity among manufacturers for quality assured SMC products.
5. Accelerate creation of sustainable, funded demand for SMC by engaging health ministries, donors, the private sector and communities to advocate for the resources to improve access to SMC.

Benefits of the project

- » SMC has the potential to reduce rates of occurrence of malaria illness and associated death in children under five by up to 75 percent. If this reduction was achieved at scale, it would transform the lives of those avoiding infection, reducing the demand for treatments at community and facility level, improving school attendance, and decreasing government expenditure on malaria, making those funds available for productive reinvestment elsewhere in the health sector.
- » ACCESS-SMC offers a real opportunity to concretely improve the health and wellbeing of 10 million children.
- » ACCESS-SMC is incentivizing SMC manufacturers to increase production while encouraging new suppliers. This would positively impact a global shortage of quality-assured SMC products.

Who is the target group?

SMC is currently recommended for children under five living in the Sahel region of sub-Saharan Africa. Children under five are particularly vulnerable to the severe forms of malaria that cause death. They are at risk of repeated attacks of the disease as well as the development of anaemia, impairing child growth and development.

There are an estimated 25 million children living in the Sahel eligible for SMC. ACCESS-SMC will target **10 million children in seven countries:** Burkina Faso, Chad, Guinea, Mali, Niger, Nigeria and The Gambia.

“ All my children have had malaria so I am very happy to have SMC now. Since my son started taking this medication, he has not been sick. This is the first year he has not had malaria. ”

- Salamatu, mother of eight children, Sokoto, Nigeria

What is SMC?

SMC is an intervention during which preventive malaria drugs are administered to children under the age of five during the rainy season to prevent them from being infected with malaria. In the Sahel, where malaria is endemic with seasonal peaks, the World Health Organization (WHO) recommends SMC as one of the important interventions to protect those most vulnerable in times of high malaria transmission. This intervention has been shown to reduce malaria mortality and morbidity rates by up to 75 percent. SMC drugs are administered each month for up to four consecutive months to children at fixed locations in the community or by visiting each household.

For how long are children protected?

Children who receive SMC are protected from malaria for each month of the rainy season. SMC is achieved by administering up to four monthly doses of sulfadoxine-pyrimethamine (SP) plus amodiaquine (AQ), or SP+AQ. SMC maintains antimalarial drug concentrations in the blood throughout the period of greatest risk. This reduces the incidence of both uncomplicated and severe malaria and may reduce associated anaemia during the rainy season. In the Sahel, 60 percent of malaria transmission happens during the rainy season.

Each month, the first of three doses of SP+AQ is administered by the community health worker and the remaining two doses of AQ are taken home and administered by the caregiver. This is repeated each month of the rainy season. It is important for caregivers to ensure that all three doses of the drugs are taken properly to ensure full protection throughout the period of highest risk.

What is the level of acceptability?

SMC has been shown to be cost effective, safe and well accepted by communities in areas where the main burden of malaria is confined to four months of the year¹. ACCESS-SMC uses town criers and other traditional communication

channels to reach out to as many community members as possible encouraging caregivers to give SMC to their children and to remind them of the SMC campaign's benefits.

Is SMC safe?

SMC has been shown to be both safe and effective in clinical trials in Burkina Faso, Mali, Senegal and The Gambia. ACCESS-SMC is supporting pharmacovigilance systems to identify and manage adverse drug reactions, and carrying out studies to monitor the development of resistance to the current SMC drugs.

The ACCESS-SMC partnership

- » **Malaria Consortium** is leading the ACCESS-SMC project, tracking its impact, managing the procurement of SMC drugs and supporting malaria control programmes to implement SMC in Burkina Faso, Chad and Nigeria.
- » **Catholic Relief Services** is the lead-subrecipient and contributing to tracking the reach and impact of the project and supporting malaria control programmes to implement SMC in Guinea, Mali, Niger and The Gambia.
- » **London School of Hygiene & Tropical Medicine** is generating evidence on drug resistance, strengthening pharmacovigilance and measuring SMC's public health impact.
- » **Medicines for Malaria Ventures** is supporting manufacturers to develop a child friendly, dispersible formulation and ensuring accurate drug forecasting.
- » **Management Sciences for Health** is measuring the cost of SMC and working with countries to optimize the SMC supply chain.
- » **Speak Up Africa** is creating an integrated health communications and advocacy campaign.

The complementary nature of the partnership, which includes non-profit and academic institutions, allows substantial geographic reach and ensures that good evidence will guide future SMC implementation.

¹ World Health Organization, *SMC for Plasmodium falciparum malaria control in highly seasonal transmission areas of the Sahel sub-region in Africa*.



Why SMC?

An SMC intervention is *necessary*. In the Sahel, it can reduce malaria mortality and morbidity by up to 75 percent:

- » In 2015, 214 million cases of malaria and **438,000 deaths** were recorded worldwide. 88 percent of cases and 90 percent of deaths were in sub-Saharan Africa with **70 percent** of these cases being **children under five**.
- » Not only does malaria kill, it puts enormous economic strain on families and nations alike, causing an average **loss in gross domestic product of \$12 billion per year**. Malaria slows economic growth, inhibits development and perpetuates the vicious circle of poverty, absorbing 25 percent of household income and 40 percent of public health expenditure in endemic countries.
- » In the **Sahel**, where malaria is endemic with seasonal peaks, the intervention has been shown to reduce malaria mortality and morbidity rates by up to **75 percent**.

ACCESS-SMC is *innovative*. It operates at scale, for the first time, to reach 10 million children in seven countries:

- » ACCESS-SMC is the first project to promote the scale-up of SMC. ACCESS-SMC, SMC treatments will be provided to **10 million vulnerable children** in seven countries in the Sahel by 2017.
- » The uniqueness of ACCESS-SMC is its **adaptability to local contexts** in seven different countries. Its success is seen through 12.5 million treatments administered to 3.2 million children, an average administrative coverage of 90 percent in 2015. By capitalizing on the lessons learned from its first year of implementation, ACCESS-SMC aims to distribute 30 million treatments to more than six million children during the 2016 campaign.
- » The stable, funded demand created by ACCESS-SMC fast-tracked the introduction of a child-friendly dispersible formulation and encouraged other manufacturers to enter the SMC market.



Community health worker distributes SMC in Boulssa, Burkina Faso

Malaria Consortium and SMC

As malaria prevention is an integral part of Malaria Consortium's work, SMC is at the heart of our expertise.

Malaria Consortium has built on experience gained in Nigeria, where we were among the first to conduct an SMC trial, rolling out a pilot project in Katsina and Jigawa states from 2013 to 2014. The project successfully increased access to SMC using community-based delivery systems to distribute the antimalarial drugs. Following the first ever seasonal malaria chemoprevention distribution programme in areas of Katsina state, reported malaria cases in children under five dropped by two-thirds.

This project also successfully demonstrated that community-based delivery of SMC is feasible, cost-effective and accepted by virtually all stakeholders - from the community, to families and to the government.





A community health worker administers the first dose of SMC, Chad

Way forward

- » Confronted with challenges resulting from ineffective drug supply chains and weak pharmacovigilance systems, it is clear that a sustainable investment by national authorities and their partners will be necessary to maintain the gains made during this groundbreaking project. Sustaining SMC implementation is essential for strengthening momentum in the reduction of illness and deaths caused by malaria reaching the 25 million children at risk across the Sahel.
- » ACCESS-SMC works with national governments and international donors to secure additional resources so that more children can benefit from this highly effective approach to malaria prevention. During the 2016 campaign, to be launched in July, the project will double its year one target and will reach over six million children across the Sahel with SMC.

“ We seek to catalyse support for SMC, allowing it to become a sustainable and effective option for the fight against malaria in the Sahel. We hope our work will enable countries to receive more support for implementing SMC at scale. ”

*- Diego Moroso,
Regional Project Director, ACCESS-SMC*

“ The first year of drug distributions was completed late last year (December 2015), during which over three million children received the lifesaving treatment. The preliminary impact of the ACCESS-SMC project is already visible in Burkina Faso where significant reductions in malaria cases and malaria-related deaths (31 percent and 44 percent respectively), following the first two cycles of SMC drug distributions in 2015 were demonstrated. ”

*- Dr Yacouba Savadogo, representative of the
National Malaria Control Program, Burkina Faso*

ACCESS-SMC is a UNITAID-funded project, led by Malaria Consortium in partnership with Catholic Relief Services, which is supporting National Malaria Control Programs to scale up access to seasonal malaria chemoprevention across the Sahel in Burkina Faso, Chad, Guinea, Mali, Niger, Nigeria and The Gambia to save children's lives. The project is supported by London School of Hygiene & Tropical Medicine, Centre de Support de Santé Internationale, Management Sciences for Health, Medicines for Malaria Venture and Speak Up Africa.

Malaria Consortium

Development House 56-64 Leonard Street, London EC2A 4LT, United Kingdom
info@malariaconsortium.org / www.malariaconsortium.org
 UK Registered Charity No: 1099776 / US EIN: 98-0627052

malaria consortium
 disease control, better health