



Credit: Malaria Consortium

IMPACT STORY: ACCELERATING ACCESS TO SEASONAL MALARIA CHEMOPREVENTION

*Preventing malaria in children who
are at greatest risk*

The problem

Nearly 800 children under five die every day from malaria.

Children under five are at greatest risk of death from malaria, despite it being a preventable and treatable disease. In the Sahel and Sub-Saharan regions of Africa, most malaria cases occur during the four-month rainy season. Globally, most malaria deaths occur in areas with seasonal transmission.¹

In 2012, the World Health Organization (WHO) recommended a preventive treatment strategy called seasonal malaria chemoprevention (SMC) for children under five years old, designed for children living in areas of the Sahel and sub Sahel at greatest risk of seasonal malaria. Although the strategy had been shown to give a very high degree of personal protection from malaria in clinical trials, by 2014 less than 5 percent of eligible children received it.

Both demand- and supply-side problems stopped the preventive treatment from getting to many who needed it. Reaching children in remote areas during the rainy season is challenging. There was insufficient funding for seasonal malaria chemoprevention implementation, and limited demand from countries discouraged manufacturers from supplying the market with easy-to-administer, quality-assured child-friendly formulations.

The solution

What did Unitaid do?

Unitaid invested US\$ 68 million in the ACCESS-SMC project, the world's very first effort to evaluate the effectiveness of seasonal malaria chemoprevention on a large scale. Led by Malaria Consortium in partnership with Catholic Relief Services,² the project delivered seasonal malaria chemoprevention to over six million children across seven countries in the Sahel, fulfilling more than 25 percent of the region's need, while monitoring the safety, efficacy, cost, and public health impact of seasonal malaria chemoprevention at scale.

What impact did the project have?

The project proved that large-scale administration of seasonal malaria chemoprevention is feasible and cost-effective, with a strong public health impact. The project also motivated the introduction of child-friendly drugs that are easier to administer and are more palatable, and encouraged other manufacturers to enter the market.

Over three seasons of delivery — 2015, 2016, and 2017 — it has been estimated that the ACCESS-SMC project may have prevented over 10 million malaria cases and 60,000 deaths.

The cost of delivering seasonal malaria chemoprevention per child fell by more than 20 percent over the life of the project, and today stands at \$3.40 on average. Since the end of ACCESS-SMC, project countries have successfully transitioned to other sources of funding, and more countries, including Cameroon, Ghana, Guinea-Bissau, Senegal and Togo, have started seasonal malaria chemoprevention programmes.

Where are we now?

Despite the success of the ACCESS-SMC project, around half of all children in need in Sahel still do not have access to seasonal malaria chemoprevention. Funding for the treatment is patchy and in some cases uncertain due to competing priorities within malaria programmes. More financial support is needed to establish seasonal malaria chemoprevention as a standard, widely used tool for preventing childhood malaria.

As a highly effective and cost-effective intervention, seasonal malaria chemoprevention has already had a significant impact on the global malaria response. There is potential to go even further. Modelling estimates suggest, at full scale use, in 2022 around 18 million malaria cases could be averted from seasonal malaria chemoprevention, in the process saving approximately 100,000 lives.

¹ Estimating the potential public health impact of seasonal malaria chemoprevention in African children, Cairns et al, Nature communications 2012

² The project was also 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.

IMPACT STORY:
**ACCELERATING ACCESS TO SEASONAL
MALARIA CHEMOPREVENTION (SMC)**

SMC helps remote and fragile communities lead better lives



Child friendly treatments are easy to administer



Preventing malaria reduces the financial burden on families



Community health workers have ways to find children in remote areas – ensuring no one is left behind



School and work attendance improves when malaria is prevented

“If SMC distribution stops, malaria will come back as before. Parents will go back to spending a lot of money on malaria drugs, and mothers will have sleepless nights again,” Hajara, mother to a 3-year-old and resident of Furi Furi, a village in Nigeria³

At scale, SMC could save tens of thousands of lives each year

Cumulative Infections averted

10 M

Cumulative Lives saved

60,000

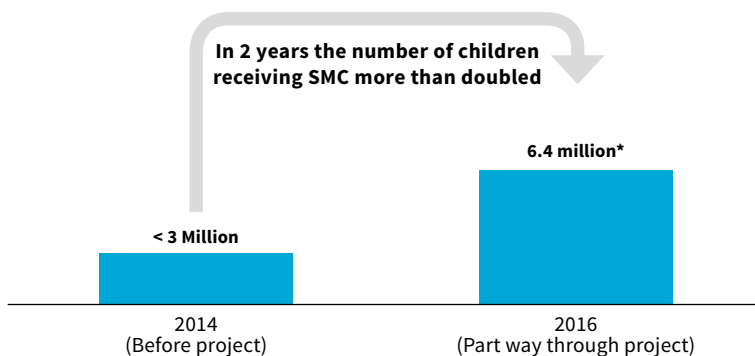
At full scale (in 2022), SMC could lead to:**

Annual Infections averted

18M

Annual Lives saved

100,000



*Over the life of ACCESS SMC project, 46 M treatments were administered, and the highest number of children treated was in 2016.
**Projections based on reaching full coverage of seasonal malaria chemoprevention in 2022, (Developed by ACCESS -SMC project)

³ ACCESS SMC success story, Bungudu, Zamfara State, Nigeria | January 2018