## SMC Alliance Annual Meeting Meeting Report February 25-28th, 2025



## SMC SPEAKER REPRESENTATIVES BY COUNTRY







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#### **EXECUTIVE SUMMARY**

The 8th Annual Meeting of the SMC Alliance was held from February 25–28, 2025, in Lomé, Togo, bringing together over 100 participants from 22 countries, including national malaria programs, researchers, and implementing partners. The meeting served as a platform to assess progress, address emerging challenges, and define a new strategic direction for Seasonal Malaria Chemoprevention (SMC) and broader malaria chemoprevention efforts.



#### A Decade of Growth:

SMC has expanded from a pilot intervention to a core malaria prevention strategy, protecting over 55 million children in 2024 alone. This growth shows no signs of slowing, with countries expressing the

desire to target older children, expand geographically and increase the number of cycles from 3 to 5.



#### **Innovations in Delivery:**

Key themes included the expansion of digital tools, such as real-time dashboards and cohort tracking systems, to improve monitoring and accountability. Presentations highlighted new approaches for reaching hard-to-reach populations, including mobile delivery in remote areas and adaptive strategies in conflict settings.



#### **Coordinating Across Interventions:**

Participants emphasized the growing importance of co-delivering SMC with other health interventions, including routine immunization, malnutrition screening, and child health campaigns. In parallel, discussions addressed how to coordinate across new chemoprevention tools, including PMC, IPTsc, and PDMC—to streamline national program management and reduce fragmentation.



#### Financing and Sustainability:

In light of recent disruptions, countries and stakeholders underscored the urgent need to diversify financing sources, improve domestic resource mobilization, and increase efficiency through service integration and smarter use of data. Countries shared case studies of national budget commitments and cost-saving innovations.



#### **Strategic Framework and Next Steps:**

The Alliance launched a new strategic focus structured around three goals:

- 1. Driving innovation in SMC delivery and co-delivery with other services
- 2. Securing sustainable financing through advocacy, partnerships, and investment cases
- 3. Enhancing coordination across chemoprevention strategies through strengthened governance and the proposed creation of a chemoprevention umbrella group.

The report weaves together thematic analysis, cross-cutting challenges, and 30+ country case studies, backed by presentation summaries and links (Annex). It offers a shared roadmap to accelerate progress, protect every eligible child, and adapt the Alliance to a changing malaria landscape.







## WHERE ARE WE NOW?

#### **1.1 INTRODUCTION: REPORT CONTEXT**

The 8th SMC Alliance Annual Meeting was held in Lomé, Togo from Feb 25-28, 2025, bringing together 100 participants from national malaria programs, implementing partners, researchers, and global health stakeholders to reflect on the current state of Seasonal Malaria Chemoprevention (SMC), identify emerging challenges, and shape the future of malaria chemoprevention strategies. There were 22 countries represented, including SMC implementing countries (Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Guinea, Guinea Bissau, Ghana, Gambia, Kenya, Mali, Mozambique, Nigeria, Niger, Uganda, Senegal, South Sudan, Togo) as well as Sierra Leone, Tanzania and Democratic Republic of the Congo. This report captures the key discussions, insights, and strategic priorities that emerged over the course of the meeting, serving as both a record of progress and a roadmap for action.

This report highlights emerging trends, country case studies, and cross-cutting challenges in SMC implementation. Each thematic section integrates findings from presentations, discussions, and working group sessions, as appropriate, ensuring that the knowledge shared during the meeting is synthesized into actionable recommendations. Additionally, summaries of and links to full presentations are included in the Annex. A focus of the meeting was exploring the potential for an umbrella coordination mechanism to bring together leadership, strategy, and knowledge-sharing across multiple malaria chemoprevention interventions, including SMC, PMC, PDMC, and IPTsc. Participants engaged in group reflections on the governance, practicalities, and value such a platform could bring to national programs.

As the SMC Alliance continues to evolve, this report serves as a foundation for continued collaboration, evidence-sharing, and advocacy, ensuring that the lessons learned from this meeting contribute to strengthening and sustaining SMC as a cornerstone of malaria prevention in Africa.

#### **1.2 MEETING FRAMING: A DECADE OF GROWTH**

SMC has transformed from a small-scale pilot intervention to a cornerstone of malaria prevention, protecting over 54 million children in 2024. The Seasonal Malaria Chemoprevention (SMC) Alliance has played a critical role in expanding malaria prevention efforts across sub-Saharan Africa. Over the past decade, SMC has grown from a pilot intervention to a large-scale, coordinated effort, protecting millions of children from malaria-related morbidity and mortality. Initially focused on the Sahel region, SMC is now also being considered and scaled up in new geographies. With continued research and implementation, SMC programs are now evolving to address age-based risk (e.g, target older children) optimise the number of cycles and integration with other health programs.





Niger Mozambique Mauritania Mali Kenya Guinea Bissau Guinea Ghana Gambia Côte d'Ivoire Chad Cameroon Burkina Faso Benin

#### **1.3 POWER OF COMMUNITY: THE SMC ALLIANCE**

- The strength of the SMC Alliance lies in its ability to bring together countries, partners, and experts to drive collective action, foster innovation, and advocate for sustained malaria prevention. The SMC Alliance serves as a central coordinating platform, bringing together national malaria programs, global and regional health organizations, research institutions, academics and implementing partners. The Alliance has fostered cross-country knowledge-sharing, harmonized best practices, and facilitated advocacy for increased funding and policy alignment. A key takeaway from this year's meeting was the importance of sustained collaboration in addressing implementation bottlenecks and ensuring the long-term sustainability of SMC programs.
- The Monitoring & Evaluation (M&E) Subgroup has developed standardized tools for tracking SMC performance, improving data collection methodologies, and supporting digital integration for real-time monitoring across multiple countries.
- The Advocacy & Communications Subgroup has led efforts to increase visibility for SMC, engaging stakeholders through publications, participation in global health events, and partnerships to promote funding sustainability and program expansion.
- **The Research Subgroup** has facilitated cross-country learning by compiling evidence on chemoprevention effectiveness, supporting operational research by discussing research ideas, compiling priority research questions, and disseminating evidence.

#### **1.4 GROWING APPETITE: COUNTRIES WANT TO SCALE UP FURTHER**

As malaria transmission patterns evolve, so must SMC - expanding to older children, and integrating with broader health services to maximize impact. Since its inception, SMC has scaled up rapidly, with implementation now covering over 54 million children across multiple high-burden countries. However, new challenges have emerged, necessitating adaptations in SMC delivery. Countries have begun expanding the age range for SMC beyond children under five, targeting older children who remain highly vulnerable to malaria.

- Benin expanded SMC, aiming to protect more school-aged children from malaria. Early results indicate strong community acceptance and high treatment adherence, but challenges remain in ensuring logistical capacity and continued funding for expanded coverage. Moving forward, Benin aims to strengthen coordination between community health workers and schools to increase accessibility and adherence.
- The Gambia piloted an SMC expansion for children aged 60-120 months in six districts. The intervention showed promising uptake, but faced caregiver hesitancy and financial constraints. Future efforts will focus on strengthening community engagement and addressing drug-related concerns.





## WHERE DO WE WANT TO GO?

#### **2.1 PERFORMANCE: INNOVATIONS IN DELIVERY**

Scaling digitalization, including cohort monitoring, and adapting SMC to reach the most vulnerable populations will define the next era of malaria chemoprevention.

#### **DIGITIZATION OF CAMPAIGNS**



The integration of digital tools in SMC campaigns is transforming data collection, improving real-time tracking, and enabling more responsive decision-making. Several countries have adopted tabletbased data collection, mobile tracking of doses administered, and geospatial mapping to address inefficiencies and enhance accountability. While digital innovations have led to more streamlined implementation, challenges such as connectivity issues, digital literacy among health workers, and maintaining system interoperability remain.

- Côte d'Ivoire introduced real-time M&E tools to track the success of its expanded SMC program in high-burden districts. The initiative identified gaps in digital data synchronization, highlighting the need for improved training and reporting systems.
- Chad introduced tablet-based data collection in 44 districts to improve tracking and real-time reporting of SMC administration. The system allowed health workers to reduce paperwork and enhance supervision accuracy. However, poor internet connectivity and limited digital training for field teams slowed initial implementation. Efforts are now focused on increasing training programs and
  - providing offline functionality to ensure seamless data capture.
- Mali has scaled up digital dashboards to monitor SMC performance across 16 districts. These dashboards integrate geolocation tracking, stock management, and treatment coverage analysis, allowing program managers to identify gaps in drug distribution and supervision. While this has led to more targeted interventions, challenges include server overload during peak campaign periods and delays in syncing data due to unreliable network infrastructure. Future strategies involve increasing server capacity and refining micro-planning processes to optimize the system.
- Mozambique piloted mobile-based tracking systems within a shared digital platform used across multiple health interventions, including SMC. This integration enabled efficient drug distribution monitoring and stock management by building on existing infrastructure. Geospatial analysis combined with community data improved identification of underserved areas and reduced stockouts. However, challenges such as staff unfamiliarity and inconsistent data entry required ongoing training and quality checks. Mozambique plans to strengthen system interoperability and continue refining its multi-program coordination capabilities.

#### **COHORT MONITORING FOR CAMPAIGNS**



Cohort monitoring has emerged as a critical strategy for tracking children across multiple SMC cycles, ensuring full treatment adherence. By using digital identification systems, health programs can monitor treatment coverage more accurately, identify children who miss doses, and implement timely interventions to prevent dropouts. However, maintaining accurate records across multiple treatment cycles remains a challenge due to household mobility, reliance on caregivers for record-keeping, and data management inconsistencies. Efforts to improve monitoring have included biometric tracking, real-time data synchronization, and community sensitization campaigns to encourage adherence.

# • Nigeria introduced a digital tracking platform, to assign unique IDs to children receiving SMC. The platform has significantly improved cohort monitoring, allowing health workers to track children's adherence across multiple cycles. However, challenges remain, particularly with retention of IDs, as caregivers often misplace or fail to recall their children's assigned codes. Future improvements include incorporating biometric identification and community sensitization efforts to enhance retention and accuracy.

• Ghana launched an electronic application to monitor children across all SMC cycles, ensuring consistency in treatment delivery. The system has enabled health workers to identify and intervene in cases where children drop out mid-round. Despite high administrative coverage, dropouts between cycle 4 and cycle 5 remain an issue due to seasonal agricultural activities, requiring targeted strategies such as pre-campaign reminders and flexible administration schedules.

#### **INNOVATION IN SMC DELIVERY IN SPECIAL CONDITIONS**



Delivering SMC in hard-to-reach areas remains a challenge, particularly in regions with conflict, nomadic populations, or extreme geography. Health programs are adapting their delivery models to ensure that children in these areas receive preventive treatment by leveraging outreach teams, mobile clinics, and local community networks. Strategies such as pre-positioning drugs before peak transmission seasons, engaging community health workers, and integrating malaria prevention into broader health service delivery have proven effective. However, logistical constraints, security risks, and inconsistent access to healthcare facilities continue to impact coverage. Expanding flexible delivery models and ensuring sustained funding for special-condition interventions remain key priorities.

- Kenya developed a mobile SMC delivery model to reach children in remote and underserved communities in Turkana. The initiative utilized pre-positioning of drugs, community health volunteers, and flexible scheduling, ensuring that children received preventive treatment despite difficult terrain and seasonal migration patterns. The program's success was reflected in a 71% reduction in malaria cases in intervention areas. Future efforts aim to scale the mobile model to other remote regions and strengthen integration with school health programs.
- South Sudan adapted its SMC implementation to reach internally displaced populations (IDPs) by tailoring community engagement and security strategies to the camp setting. This included involving camp leaders in planning and translating key health messages into Arabic to improve awareness and acceptance. Despite operational challenges, the adapted approach enabled effective delivery of SMC in a complex humanitarian context. Ongoing priorities include strengthening security coordination and refining messaging strategies to further improve access and uptake.

#### **2.2 INFLUENCE: INCREASING COORDINATION**

Participants emphasized the growing importance of co-delivering SMC with other health interventions. Discussions also addressed how to coordinate across malaria interventions.

#### **INTEGRATING SMC WITH OTHER HEALTH INTERVENTIONS**



The integration of SMC with other health interventions is increasingly seen as a means to improve efficiency and broaden impact. Programs are linking SMC with routine immunization services, nutrition programs, and community-based case management of childhood illnesses. This approach helps maximize healthcare delivery opportunities while reducing logistical costs. Challenges in integration include harmonizing supply chains, ensuring adequate training for community distributors, addressing operational barriers related to timing and co-administration of multiple interventions, and added workload to community distributors. Ongoing efforts focus on refining coordination mechanisms, strengthening community engagement, and leveraging data systems to enhance implementation outcomes. Many countries take advantage of the SMC campaign to layer in other services to households, even birth registration which is not traditionally seen as a health intervention.

#### Burkina Faso linked malaria vaccination with SMC campaigns to identify children who had not received the recommended number of malaria vaccine doses and refer them to appropriate services. Community health workers supported this effort through household visits and health record reviews, increasing follow-up among partially vaccinated children in rural and hard-to-reach areas. However, logistical constraints and gaps in digital tracking highlighted the need for improved microplanning and stronger data integration systems.

 Togo used SMC home visits to identify zero-dose and undervaccinated children, referring them for immunization services. Digital tracking challenges necessitate refinements in data management systems.

#### **OPPORTUNITIES FOR INTEGRATION OF CHEMOPREVENTION COMMUNITIES**



Collaboration and coordination between SMC and other chemoprevention communities of practice presents an opportunity to streamline national program management and reduce fragmentation. This panel focused on other malaria drug-based prevention interventions and the recent introduction of the malaria vaccine, which are often overseen by the same team at the National Malaria Program. As there is a school of thinking that SMC should become more "routinized", there may be lessons that the SMC community can learn from the other drug-based prevention interventions with more experience partnering with the routine civil service e.g. PMC and the malaria vaccine through the Expanded Program on Immunization, IPTsc through schools and PDMC through hospitals.

- The latest malaria vaccine guidance recommends a fifth malaria vaccine dose in areas with highly seasonal transmission and notes that countries may consider age-based or seasonal administration strategies depending on their context. Evidence suggests that seasonal administration of the RTS,S/AS01 and R21/Matrix-M vaccines can reduce malaria incidence by 72% and severe malaria cases by 70%, presenting a strong opportunity for coordination with SMC. Programs
  - aligning vaccine schedules with existing malaria interventions can enhance efficiency and impact. However, ensuring vaccine availability, improving booster uptake, and strengthening real-time data tracking remain key challenges that must be addressed for successful implementation.
- Perennial Malaria Chemoprevention (PMC) is emerging as a strategy to provide continuous malaria prevention for infants and young children in moderate-to-high transmission areas. The PMC Community of Practice has developed an Operational Handbook to guide planning, delivery models, and pharmacovigilance for implementation. Lessons from pilot programs highlight the importance of integrating PMC with routine immunization services and monitoring drug resistance trends. However, the current malaria funding squeeze is limiting catalytic funds for introducing and scaling up new interventions (as well as maintaining existing interventions). Once introduced, PMC is affordable to sustain as the drug, SP, is very cheap, and the delivery platform, routine vaccination system, is already funded. Financial sustainability remains an important consideration and increased advocacy is needed to ensure PMC is included in major malaria financing mechanisms for long-term scalability.
- Intermittent Preventive Treatment in School-Aged Children (IPTsc) is gaining attention as a strategy to reduce malaria transmission by targeting a high-risk but often neglected age group. School-aged children (5–14 years) serve as a key reservoir for malaria transmission, and IPTsc has the potential to reduce malaria prevalence and related complications in this group. However, implementation challenges include insufficient country-level guidance, limited integration with school health programs, and funding constraints. Research suggests that aligning IPTsc with existing schoolbased health interventions, such as deworming and nutrition programs, can increase both coverage and sustainability. • Post-Discharge Malaria Chemoprevention (PDMC) has been identified as a crucial intervention to reduce malaria recurrence in children recovering from severe anemia, regardless of the initial cause of hospitalization. Studies show that providing full therapeutic course of an antimalarial medicine post-discharge significantly lowers readmission rates and malaria-related mortality, particularly for children hospitalized with anemia. However, ensuring adherence to post-hospitalization treatment, tracking long-term effectiveness, and integrating PDMC into routine pediatric care remain key challenges. Ongoing research aims to refine delivery models and assess cost-effectiveness to strengthen its inclusion in standard malaria treatment protocols.

#### **2.3 FUNDING: ADDRESSING GAPS**

Funding disruptions threaten SMC's life-saving impact. Strengthening domestic resource mobilization, diversifying financing sources, and leveraging efficiencies through integration and streamlined campaign delivery must be urgent priorities.

#### ADDRESSING SMC CAMPAIGN RISKS RELATED TO POTENTIAL FUNDING GAPS



Funding uncertainty remains a major risk for SMC campaigns, with disruptions in financial support affecting procurement, logistics, and operational planning. The recent developments in the health and development funding landscape have forced health programs to reassess their resource mobilization strategies, emphasizing domestic financing, private-sector partnerships, and efficiency improvements in campaign execution. Programs are exploring alternative mechanisms such as integrating malaria prevention into broader health financing schemes, engaging corporate sponsors, and advocating for increased government contributions. While efforts are underway to mitigate funding gaps, sustaining SMC at scale will require long-term commitments and strategic alignment with global malaria elimination goals.

One of the most pressing concerns is the uncertain funding landscape. Countries are being encouraged to explore domestic resource mobilization, private sector partnerships, and alternative donor support to sustain malaria prevention efforts.

- Nigeria's Minister of Health allocated #1 billion to sustain SMC programs affected by PMI's funding freeze. Private sector engagement is also being explored to secure additional funding.
- Senegal's malaria control program is exploring non-traditional funding mechanisms, including corporate social responsibility partnerships and multilateral grants, to fill the funding gap left by PMI.

#### 2.4 A NEW STRATEGIC FOCUS FOR THE SMC ALLIANCE

#### **GOAL 1: DRIVE INNOVATION IN SMC DELIVERY AND INTEGRATION**



#### **Priorities:**

- **1. Facilitate Cross-Country Learning on Digitalization** Organize regular webinars, technical workshops, and peer-learning sessions on tablet-based data collection, real-time dashboards, and geospatial mapping to improve SMC program monitoring and data-informed decision making to improve performance.
- **2. Host Knowledge-Sharing Forums on Chemoprevention Co-Delivery** Establish a working group to document and share lessons on co-delivery of SMC with routine health services such as immunization, nutrition, Vitamin A supplementation, and child health campaigns. These efforts aim to improve efficiency, streamline service delivery, and maximize community reach.

**3. Develop Best Practice Guidelines for SMC in Hard-to-Reach Settings** – Convene a coalition of partners to assess and compile best practices for SMC delivery in conflict zones, nomadic communities, and remote areas, ensuring tailored implementation strategies are widely disseminated.

#### **GOAL 2: STRENGTHEN SUSTAINABLE FINANCING FOR SMC**



#### **Priorities:**

- **1. Coordinate Advocacy for Increased Domestic Funding** Establish a Financing Task Force within the SMC Alliance to support country-level advocacy efforts aimed at integrating SMC into national health budgets and securing sustainable domestic funding.
- **2. Mobilize Multi-Sectoral Partnerships for Funding Diversification** Organize high-level meetings with philanthropic organizations, corporate sponsors, and global health investors to explore alternative financing mechanisms for SMC beyond traditional donor models.
- **3. Strengthen Cost-Effectiveness Messaging for Policymakers** Develop and disseminate a policy brief and data-driven investment case for SMC, using economic evaluations from countries implementing a

fifth SMC cycle, PMC, and IPTsc to advocate for continued investment in malaria prevention.

#### **GOAL 3: ENHANCE COORDINATION WITH OTHER MALARIA CHEMOPREVENTION INTERVENTIONS**



#### **Priorities:**

- **1. Strengthen the Governance of the SMC Alliance** Define clear roles, responsibilities, decision-making mechanisms, and reporting structures to improve operational efficiency, enhance collaboration among members, and strengthen the Alliance's advocacy at regional and global levels.
- **2. Establish a Chemoprevention Umbrella Group** Explore the creation of a broader, formalized umbrella structure to facilitate strategic coordination across chemoprevention interventions. This entity would support countries in aligning planning, implementation, and financing across SMC, PMC, IPTsc, PDMC, and malaria vaccine programs, particularly in contexts where one focal point oversees multiple interventions.
- **3. Expand the Role of the SMC Alliance in Global Malaria Coordination Efforts** Build on the Alliance's strong relationship with National Malaria Programs (NMPs) to integrate or transition existing project-based coordination groups for other chemoprevention efforts into a more permanent, aligned structure under the umbrella mechanism.
- **4. Develop a Centralized Knowledge Hub for Chemoprevention Best Practices** Create an accessible online repository that aggregates and shares tools, case studies, and standardized guidance on SMC, PMC, IPTsc, PDMC, and digital innovations to support learning and harmonization across programs.



## HOW DO WE GET THERE?

#### **3.1 THE PATH FORWARD: STRENGTHENING THE SMC ALLIANCE**

A stronger SMC Alliance means a stronger global response. Investing in governance, coordination, and knowledge-sharing will enhance its role as a leader in malaria chemoprevention. Stakeholders committed to securing sustainable funding, leveraging digital innovations, and coordinating more closely to embed SMC within broader malaria and health systems. The Alliance will continue to serve as a convening platform for cross-country learning, advocacy, and technical support.



As the chemoprevention landscape evolves to include additional interventions like PMC, IPTsc, and PDMC, there is growing consensus on the need for a more unified and strategic approach. To this end, the Alliance will initiate a process to explore the formation of an umbrella chemoprevention organization that brings together diverse stakeholders to streamline coordination, reduce fragmentation, and support integrated policy development and planning. Sustained collaboration, innovative financing, and adaptive implementation strategies will be key in achieving universal malaria chemoprevention coverage.

#### **3.2 CALL TO ACTION: NEXT STEPS FOR THE SMC ALLIANCE AND STAKEHOLDERS**



Now is the time for action. By embracing innovation, strengthening collaboration, and securing sustainable financing, we can ensure that every eligible child is protected from malaria. The

## urgency is clear: millions remain at risk, and disruptions to funding and implementation threaten to reverse hard-won gains.

The SMC Alliance calls on all stakeholders — national malaria programs, donors, researchers, and implementing partners — to commit to bold, collective action. Sustained progress will depend not only on stronger program implementation, but also on improved coordination across the growing portfolio of malaria chemoprevention strategies. To this end, the Alliance proposes the creation of a small taskforce to explore governance options for an "umbrella" chemoprevention mechanism. This group will develop and present a set of recommendations at the next annual meeting, ensuring that the Alliance evolves to meet the needs of a changing landscape.

Now is the moment to adapt, innovate, and mobilize. Together we can secure the future of malaria chemoprevention.

#### let's now walk the talk

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Figure 2. Word cloud summarizing participant reflections on the Annual Meeting

## **ANNEX 1: SUMMARY OF PRESENTATIONS**

DAY 1

#### **OPENING CEREMONY**

The SMC Alliance Annual Meeting was officially opened by NMCP Togo and the SMC Alliance Co-Chairs. The meeting aimed to facilitate knowledge exchange on best practices, assess malaria prevention progress, and reflect on the SMC campaigns for 2023-2025. Togo shared its achievements in malaria control, with a 40% reduction in malaria incidence and a 50% decrease in malaria-related deaths from 2015 to 2022, attributing these gains largely to SMC implementation. The WHO reiterated its commitment to supporting the SMC Alliance, highlighting that SMC has evolved from being a small-scale intervention to a widespread strategy, now implemented in 19 countries. Despite progress, major challenges remain, particularly in securing sustainable funding. While 54 million children are currently protected, the funding gap limits expansion. The session concluded with a call for stronger collaboration, innovative solutions, and local manufacturing to ensure uninterrupted SMC coverage.

PRESENTATION

## **SESSION I:** SMC ALLIANCE UPDATES

#### **UPDATES ON MALARIA PREVENTION GUIDELINES**

WHO presented the latest updates to its malaria prevention guidelines, consolidating recommendations on vector control, chemoprevention, case management, and surveillance. The guidelines now follow a "living document" model, with continuous updates as new evidence emerges. The 2021-2024 update introduced expanded chemoprevention strategies, including Intermittent Preventive Treatment in School-Aged Children (IPTsc) and Post-Discharge Malaria Chemoprevention (PDMC), alongside existing recommendations for SMC, Perennial Malaria Chemoprevention (PMC), and Intermittent Preventive Treatment in Pregnancy (IPTp). SMC remains a strong recommendation for children in areas with high seasonal malaria transmission, with the WHO advocating for a flexible approach where national malaria programs determine the appropriate number of cycles based on local epidemiological data. Additionally, WHO reaffirmed the recommendation of two malaria vaccines, RTS,S/AS01 and R21/Matrix-M, emphasizing their role in integrated malaria prevention strategies. Countries were encouraged to use WHO's online platforms, MAGICapp and the Malaria

Toolkit app, to access up-to-date guidance

#### **UPDATES ON SMC 2024 CAMPAIGNS AND TRENDS**

The 2024 SMC campaign covered an estimated 54 million children, continuing a steady increase in coverage since 2012. Cumulatively, 1.285 billion SMC treatments have been delivered. While treatment coverage has expanded, the proportion of children aged 5-10 years receiving SMC remains low, accounting for just over 1% of total treatments. The number of children receiving a fifth SMC cycle has increased from 3.4% in 2021 to 7.2% in 2024. In 2024, 14 countries implemented a fifth cycle, including Benin, Ghana, Kenya, Togo, Nigeria, Burkina Faso, Uganda, South Sudan, Mali, Guinea, Cameroon and Senegal. The expansion of additional cycles was identified as an emerging trend, but challenges remain in ensuring that SMC reaches all eligible children. The presentation underscored the importance of continued monitoring and data-driven decision-making to maximize the impact of SMC

#### campaigns

#### **UPDATES FROM SMC ALLIANCE M&E SUBGROUP**

The Monitoring & Evaluation (M&E) Subgroup, formed in 2020, serves as a platform for national malaria programs to share experiences and improve data collection and reporting for SMC. In 2024, the subgroup worked on improving routine performance tracking, strengthening data quality methodologies, and ensuring harmonization of data collection tools across countries. Key achievements included pre-country consultations for the SMC Performance Framework, contributions to the World Malaria Report, and feedback on the DHIS2 SMC Dashboard. The subgroup also participated in the RBM Surveillance, Monitoring & Evaluation Working Group to align its efforts with broader malaria surveillance goals. Looking ahead to 2025, the M&E subgroup plans to focus on optimizing compliance monitoring for four-month SMC treatments, improving routine data integration, and conducting more in-depth impact evaluations

#### UPDATES FROM SMC ALLIANCE ADVOCACY AND COMMUNICATIONS SUBGROUP



The Advocacy & Communications (A&C) Subgroup, established in April 2022, focuses on promoting awareness and engagement for SMC initiatives. The group supports the dissemination of key messages and facilitates visibility through the SMC Alliance's website, social media, and digital platforms. In 2024, the subgroup developed SMC-related messaging to accompany the launch of the World Malaria Report and supported communications for a webinar series organized by the M&E Subgroup. It also contributed to broader advocacy efforts, including participation in international events such as the ASTMH Annual Meeting. A key topic of discussion was the potential launch of a new chemoprevention umbrella group, which the A&C subgroup aims to support through marketing, communications, and advocacy. Membership expanded in 2025 to include a wider range of partners, and a forthcoming meeting will focus on defining strategic priorities for the subgroup moving forward.

#### **UPDATES FROM SMC ALLIANCE RESEARCH SUBGROUP**



The Research Subgroup provides a platform for malaria researchers, program implementers, and policymakers to exchange insights. The group convened multiple research-focused discussions, with key themes including optimizing community health worker-based SMC delivery (REACT 3 project), evaluating factors influencing SMC effectiveness, and using digital tracking tools like the MESA research database. Throughout 2024, the subgroup hosted research presentations on topics such as end-of-round SMC surveys and an eDelphi study identifying future research priorities. In 2025, the group aims to further refine research themes and enhance collaboration with external research networks



## **SESSION II:** EXPERIENCES WITH INCREASING THE AGE RANGES AND/OR NUMBER OF ROUNDS



Benin expanded its SMC campaign in 2024, implementing five treatment cycles across five departments, covering 85% of the national territory. The campaign utilized a door-to-door drug distribution strategy, with community health workers (CHWs) supervising medication administration. Digitalization played a significant role in campaign monitoring, enabling real-time tracking of treatment distribution. However, accessibility challenges in certain localities affected coverage. Other challenges included inadequate non-medical supplies, inconsistent adherence to all five cycles, and the misuse of internet allowances by data collectors. Lessons learned emphasized the value of local government engagement, multi-level supervision, and improved digital monitoring. Moving forward, Benin plans to strengthen supervision, improve adherence tracking, and ensure optimal use of digital tools.

**PRESENTATION: BENIN** 

#### **CÔTE D'IVOIRE**

Côte d'Ivoire expanded its SMC campaign from two to four cycles in 2024. The program targeted children aged 3-59 months in two districts and aimed for 90% treatment coverage. A door-to-door distribution strategy was used, supported by digital data collection. Community engagement and strong medicine supply chains contributed to success, but challenges included data synchronization issues, difficult-to-reach regions, and limited training on digital tools. In 2025, the country plans to expand coverage to 13 additional districts and enhance real-time monitoring.

#### **PRESENTATION: CÔTE D'IVOIVE**

#### **GUINEA BISSAU**

Guinea Bissau extended its SMC target age range from 3-59 months to 3-120 months in 2024. The campaign, implemented across four regions, used digital monitoring tools (KoboCollect) and radio messaging to raise awareness. Challenges included insufficient funding, delays in medicine procurement, and difficulties in estimating the eligible 60-120-month population. Looking ahead, the country plans to refine its implementation strategies using updated census data and strengthen supervision through enhanced digital tracking.

#### **THE GAMBIA**

The Gambia piloted SMC for children aged 60-120 months in six districts in partnership with CRS. The campaign used a door-to-door distribution strategy and digital data collection tools. Strong political commitment and collaboration facilitated implementation, but financial constraints, caregiver hesitancy, and concerns about adverse drug reactions affected uptake. Future plans include securing additional funding, increasing community engagement, and exploring alternative distribution models.



#### NIGER



Niger expanded its SMC campaign in 2024, covering 67 districts with 3 to 5 cycles of treatment. In 2025, the number of districts will increase to 72, though the number of cycles will be standardized to 3 or 4, depending on malaria transmission patterns. The campaign targeted children aged 3–59 months and achieved a coverage rate of 91.6% in 2024. Digitalization efforts were also expanded, with six districts using digital tracking tools in 2024 and eight districts planned for 2025. Niger's rationale for adding a fifth cycle in some districts was based on prolonged malaria transmission beyond four months, which posed a continued risk of severe cases and deaths. While WHO guidelines no longer limit SMC to four cycles, Niger is conducting further research to determine the cost-effectiveness of additional rounds. Malaria incidence trends in 2020-2024 revealed mixed results, with some districts experiencing reductions while others showed increases despite the additional cycle. This highlights the need for more targeted interventions, improved surveillance, and data-driven decision-making.

**PRESENTATION: NIGER** 

**PRESENTATION: SENEGAL** 

#### SENEGAL

Senegal implemented its 2024 SMC campaign across five regions: Kédougou, Tambacounda, Kolda, Diourbel, and Kaolack. The campaign targeted 897,530 children aged 3-120 months and used a door-to-door drug administration strategy. Districts received either three, four, or five treatment cycles depending on malaria burden, with 5-cycle coverage focused on high-transmission areas such as Kédougou. Results indicated strong treatment coverage, with real coverage exceeding 90% in most districts. The decision to increase the number of cycles was based on epidemiological data showing an increase in malaria cases despite prior SMC implementation. For example, in Kédougou, malaria cases in children under five increased by 19.5% from 2020 to 2021, prompting the introduction of a fifth cycle. The impact of the additional cycles was significant, with malaria cases among children under five decreasing from 14,865 in 2021 to 7,300 in 2024. Senegal also reported a decline in adverse events, with 3,772 cases in 2024 compared to 5,081 in 2023. The country faces challenges related to funding uncertainties due to potential suspensions from PMI/USAID. Future priorities include securing alternative funding sources and expanding digital tracking of SMC implementation.

## **SESSION III: DIGITALIZATION OF CAMPAIGNS**

#### CHAD



Chad has increasingly integrated digital tools into its SMC campaign to optimize coverage and data collection. In 2024, the campaign targeted 2.7 million children, achieving a 94% coverage rate. The digitalization initiative covered 44 out of 84 SMC-implementing districts, using tools such as DHIS2 for real-time monitoring. The country deployed digital tablets, power banks, and mobile data plans to enhance field operations. Challenges included poor internet connectivity, limited experience with digital tools among fieldworkers, and difficulty in reaching remote areas. Vomiting was the most commonly reported adverse event (40.9%), followed by diarrhea and fever. The transition to digital monitoring allowed for better stock management, improved accountability, and real-time tracking of campaign implementation. Moving forward, Chad aims to scale up digitalization to cover all districts and further integrate SMC data with national health information systems.

**PRESENTATION: CHAD** 

#### MALI



Niger expanded its SMC campaign in 2024, covering 67 districts with 3 to 5 cycles of treatment. In 2025, the number of districts will increase to 72, though the number of cycles will be standardized to 3 or 4, depending on malaria transmission patterns. The campaign targeted children aged 3–59 months and achieved a coverage rate of 91.6% in 2024. Digitalization efforts were also expanded, with six districts using digital tracking tools in 2024 and eight districts planned for 2025. Niger's rationale for adding a fifth cycle in some districts was based on prolonged malaria transmission beyond four months, which posed a continued risk of severe cases and deaths. While WHO guidelines no longer limit SMC to four cycles, Niger is conducting further research to determine the cost-effectiveness of additional rounds. Malaria incidence trends in 2020-2024 revealed mixed results, with some districts experiencing reductions while others showed increases despite the additional cycle. This highlights the need for more targeted interventions, improved surveillance, and data-driven decision-making.

**PRESENTATION: MALL** 

#### MOZAMBIQUE

Mozambique began digitalizing its SMC campaigns in 2021, initially focusing on mass drug administration and bed net distribution. By 2024, these digital tools supported SMC campaign planning, drug administration, and performance monitoring. Leveraging a shared digital platform allowed the program to refine and reuse target population data across campaigns, improving planning accuracy and reducing duplication of effort. Key benefits included faster data turnaround, improved population estimates, and better supervision of field staff. Challenges included network connectivity issues and inconsistent data entry. Mozambique is now addressing these through enhanced training, a user support helpdesk, and stronger integration with national malaria control systems.

**PRESENTATION: MOZAMBIQUE** 

#### AFTERNOON SIDE MEETING: M&E SUBGROUP

#### **BACKGROUND & IMPORTANCE OF M&E IN SMC**

Monitoring and evaluation (M&E) play a crucial role in tracking the progress and effectiveness of SMC programs. The session, led by Chuks Nnaji and Molly Robertson, emphasized the need for robust M&E systems to assess whether SMC interventions reach target populations and achieve their intended health outcomes. M&E also enhances accountability to stakeholders and enables data-driven decision-making for program adjustments. Core components of SMC M&E include planning, training, supervision, pharmacovigilance, community engagement, and digitalization. By ensuring accurate data collection and reporting, M&E frameworks help identify program successes and highlight areas requiring improvement.

Efforts to standardize SMC indicators across countries have been ongoing. In 2019, the SMC M&E Subgroup collaborated with WHO to develop an SMC-specific toolkit and performance framework. Despite these advancements, feedback from 2024 consultations revealed inconsistencies in how countries define and measure key SMC indicators. Differences in calculation methods, data sources, and reporting mechanisms were highlighted as major challenges. The session underscored the need for harmonization of indicators to improve cross-country comparability and ensure accurate program assessments.

#### **GROUP FEEDBACK & RECOMMENDATIONS**

Following the group discussions, several key insights and recommendations emerged:

- Strengthening Country-Level Training: Countries require better training on standardized indicator definitions and calculation methods to improve data consistency.
- Leveraging Digital Tools for Data Quality: The integration of digital tools was identified as a critical factor in enhancing data accuracy, reducing errors, and improving real-time monitoring.
- Enhancing Cross-Country Collaboration: Strengthening collaboration among national malaria programs will help align M&E frameworks and promote the sharing of best practices.
- Targeted Support from the M&E Subgroup: The SMC M&E Subgroup was encouraged to provide

technical support tailored to country-specific challenges, particularly in data collection, validation, and reporting.

## **SESSION IV: INTEGRATING SMC WITH OTHER** HEALTH INTERVENTIONS DAY 2



Burkina Faso integrated SMC with additional health interventions, including malnutrition screening and the manual destruction of mosquito breeding sites without the use of chemicals. A key innovation was the use of trained community health workers as SMC distributors in remote areas, allowing them to test children with malaria symptoms using rapid diagnostic tests (RDTs) during household visits for SPAQ administration. This eliminated the need for referrals to health facilities and improved access to timely treatment. The integration was implemented at no additional cost due to strong government commitment and administrative support. A key question raised in the discussion was how commodities for childcare were managed, whether they were pre-purchased or made available at the last mile. Burkina Faso's experience demonstrates that multiple malaria control strategies can be combined effectively through community-based approaches.





#### CAMEROON

Cameroon incorporated birth registration efforts into its SMC campaign, ensuring that children who received SMC were also registered for birth certificates. The initiative aimed to improve official documentation, which facilitates access to healthcare and other social services. The registration process was free within the first 80 days of birth, but beyond this period, a fee was required. The integration provided a unique opportunity to ensure that children benefiting from malaria prevention services also gained legal identity, addressing a significant barrier in health and education access

#### **PRESENTATION: CAMEROON**

#### UGANDA

Uganda adopted a routine service delivery model, integrating SMC into Integrated Community Case Management (iCCM). The Ministry of Health played a central role in coordinating integration efforts, ensuring that Village Health Teams (VHTs) managed both case detection and SMC drug administration. Children identified with fever underwent malaria testing before receiving SPAQ, ensuring a more targeted approach to treatment. Uganda also explored extending malaria prevention services to children above five years through Intermittent Preventive Treatment (IPT) in schools, but funding constraints have delayed implementation. Despite these challenges, Uganda's malaria chemoprevention efforts have resulted in measurable declines in malaria incidence and mortality.

**PRESENTATION: UGANDA** 

## **SESSION V:** COHORT MONITORING FOR SMC CAMPAIGNS

#### NIGERIA



Nigeria leveraged a digital platform to scale up cohort tracking and ensure children consistently received SMC across all cycles. Each child was assigned a Unique Beneficiary Identification (UBI) to facilitate digital documentation and reduce data discrepancies. However, challenges arose in retaining UBI cards, particularly among households that frequently relocated. The "MINE" feature in the NMEP OneApp was introduced to allow Community Drug Distributors (CDDs) to access only the children they registered in cycle 1, improving tracking accuracy and preventing data duplication. Despite these innovations, challenges included monitoring high-risk districts, preventing unauthorized SMC administration to ineligible children, and maintaining data integrity. Recommendations from Nigeria's experience emphasized expanding digital tracking to other health interventions, integrating cohort tracking into daily review meetings, and optimizing technology for seamless follow-ups



#### GHANA

Ghana implemented a cohort monitoring system using unique identification codes through an electronic application. The system tracked children from cycle I across all subsequent cycles, allowing program managers to assess dropout rates and identify high-risk areas. Despite strong administrative coverage, the highest dropout rates were observed between cycles 4 and 5, attributed mainly to seasonal farming activities. Children in agricultural regions were often unavailable during later cycles, leading to reduced adherence. Future strategies will focus on refining cohort tracking, conducting implementation research to assess dropout reasons, and developing targeted strategies to sustain participation across all five cycles.

**PRESENTATION: GHANA** 

## **SESSION VI:** INNOVATIONS IN SMC DELIVERY IN SPECIAL CONDITIONS

KENYA (HARD-TO-REACH AREAS, TURKANA)

**PRESENTATION: KENYA** 

Kenya piloted SMC in Turkana, a remote and high-burden malaria region, using a communitycentered approach tailored for hard-to-reach populations. The campaign integrated evidence-based planning, leveraging community health personnel for social mobilization. Challenges included geographic isolation, seasonal flooding, and poor infrastructure, which made SMC delivery difficult. To overcome these barriers, SMC drugs were pre-positioned in key areas before the campaign to ensure availability. Additionally, SMC was integrated with polio vaccination efforts, utilizing shared resources for logistics and outreach. Adaptive learning through inter-cycle assessments allowed for real-time modifications to improve coverage. Preliminary impact data showed a 71% reduction in malaria cases, demonstrating the effectiveness of tailored strategies in challenging settings. Future efforts will expand SMC to children aged 5-9 years and enhance digital tracking through the government's Electronic Community Health Information System (eCHIS).

#### SOUTH SUDAN (IDP CAMPS)



South Sudan faced unique challenges in delivering SMC to Internally Displaced Persons (IDP) camps, where population mobility, insecurity, and limited access to services created significant barriers. To overcome these, the program adapted its community engagement and security management strategies, collaborating with camp leaders and translating key messages into Arabic to improve understanding and trust. While mosquito net distribution efforts were hampered by supply shortages, these tailored approaches demonstrated feasibility in complex emergency settings. Ongoing challenges such as cross-border malaria transmission and high disease burden among older children highlight the need for increased funding, regional coordination, and further adaptation of SMC strategies in humanitarian contexts.

**PRESENTATION: SOUTH SUDAN** 

#### PANEL DISCUSSION 1: ADDRESSING SMC CAMPAIGN RISKS RELATED TO PMIS FUNDING FREEZE

Dr. Peter Olumese (WHO) led discussions on the significant impact of the USAID funding freeze. The freeze has disrupted procurement, operational costs, and monitoring activities, forcing countries to explore alternative financing strategies. In response, there is a growing recognition of the need to mobilize new resources and to reduce the unit cost of SMC delivery through integration with other health interventions, streamlining campaign operations, and critically reviewing non-medical inputs to ensure continued access for vulnerable populations despite constrained budgets.

#### **Country Responses:**

- Senegal: 99% of malaria control funding relies on PMI, and while medications for 2025 are en route, implementation costs remain uncertain.
- Nigeria: The Minister of Health allocated #1 billion to address funding gaps, but further resource mobilization is needed.
- Cameroon & Niger: Plans to optimize efficiency and reassess operational costs for sustained SMC delivery.
- **Togo:** Successfully secured drugs for 2025 but lacks funding for operational costs, requiring government negotiations.
- Democratic Republic of Congo (DRC): Revised budgets to prioritize malaria interventions, yet requires additional funding beyond PMI's \$50 million annual support.
  - The panel emphasized the urgent need for financial diversification, urging governments to secure domestic resources, engage the private sector, and advocate for sustained malaria financing

## **SESSION VII: OPPORTUNITIES FOR INTEGRATION OF**

## CHEMOPREVENTION AND OTHER MALARIA INTERVENTIONS

#### THE LATEST GUIDANCE ON MALARIA VACCINES

WHO presented the latest guidance on malaria vaccines, emphasizing a hybrid approach to vaccine delivery that integrates age-based and seasonal schedules. The RTS,S/AS01 and R21/Matrix-M vaccines are now recommended, with countries encouraged to adopt tailored strategies that align with local malaria transmission patterns. The seasonal approach, which administers vaccines during peak malaria periods, has demonstrated a 72% reduction in malaria incidence and a 70% reduction in severe malaria cases. WHO underscored the importance of leveraging existing health systems, including routine immunization programs and community-based interventions, to optimize malaria vaccine coverage. Discussions also highlighted the need for stronger data systems to track vaccine impact and ensure high retention rates for booster doses.

#### **BURKINA FASO**

Burkina Faso integrated malaria vaccination with SMC by using household visits during campaigns to identify children who had not completed their recommended malaria vaccine doses and refer them to immunization services. Community health workers played a critical role in tracking partially vaccinated children, leveraging a household registration system that linked malaria vaccine records with SMC treatment data. This approach helped increase awareness and uptake of the malaria vaccine, particularly in rural and hard-to-reach areas. However, challenges included logistical constraints, community hesitancy, and the absence of real-time tracking tools. Burkina Faso plans to improve micro-planning and expand the use of digital platforms to strengthen the coordination between malaria prevention and immunization services.

#### CAMEROON

Cameroon adopted a dual approach, integrating Perennial Malaria Chemoprevention (PMC) with the malaria vaccine and aligning both with Expanded Program on Immunization (EPI) schedules. The integration allowed for co-administration of preventive malaria treatments and vaccines at routine immunization visits. The strategy leveraged EPI infrastructure to ensure smooth delivery, reducing the burden on caregivers while increasing vaccine uptake. However, implementation challenges included delays in vaccine stock availability, healthcare worker training gaps, and low community awareness about the combined intervention. To address these issues, Cameroon is focusing on improving communication campaigns and strengthening the supply chain for malaria vaccines.

#### **PRESENTATION: CAMEROON**

#### TOGO

Togo used its SMC campaigns as an entry point to identify children who had missed routine immunizations. The zero-dose strategy aimed to improve overall immunization coverage by integrating malaria prevention efforts with child vaccination programs. Community health workers were trained to screen for missed vaccinations during household SMC visits, referring children to health facilities for catch-up immunization. Challenges included data synchronization issues between immunization and SMC records, as well as inconsistent tracking mechanisms for children needing follow-up doses. Togo plans to enhance digital tracking platforms and increase community engagement to improve vaccination rates.

**PRESENTATION: TOGO** 

#### **THE OPT-MVAC PROJECT**

The OPT-MVAC project focuses on enhancing the integration of malaria vaccines with other health interventions, ensuring a cost-effective and scalable approach. The project aims to:

- Improve coordination between national malaria and immunization programs.
- Develop training modules for healthcare workers on co-implementation strategies.
- Leverage digital tracking tools to monitor vaccine uptake and SMC coverage.
- Assess cost-effectiveness of integrated malaria control approaches.

Pilot studies under OPT-MVAC have demonstrated significant increases in vaccine uptake when integrated with malaria prevention strategies. The project is now expanding its scope to refine best practices and support evidence-based decision-making for countries adopting combined malaria prevention and immunization interventions.



## **SESSION VIII:** OTHER CHEMOPREVENTION INTERVENTIONS: CURRENT STATUS, FUTURE PLANS DAY 3

#### **PMC COMMUNITY OF PRACTICE**

The PMC Community of Practice (CoP) has developed an Operational Handbook to support countries implementing PMC, providing clear guidance on planning, delivery models, M&E, pharmacovigilance, and integration with other interventions. The handbook is based on documented experiences from pilot countries, aiming to streamline co-conception and alignment with national health systems. A financial gap analysis is required to assess funding availability for PMC and other malaria chemoprevention strategies, as they are not currently included in major global malaria financing dashboards.



#### **LEARNINGS FROM THE PLUS PROJECT**



The Plus Project, funded by Unitaid, is implementing and evaluating PMC in Benin, Cameroon, Côte d'Ivoire, and Mozambique, with lighter touch evaluations in DRC, Ghana, and Zambia. By November 2024, 1.3 million PMC doses had been administered, reaching over half a million children. The project found that coverage rates declined significantly for children in their second year of life, suggesting that additional community engagement and reminder systems are needed. Improving EPI coverage in the second year of life is a priority for malaria vaccines, the measles vaccine, pneumococcal vaccine as well as PMC. The project also supports economic evaluations and SP resistance monitoring to inform

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#### **NIGERIA PMC IMPLEMENTATION**



Nigeria has been piloting PMC as an extension of IPTi in children under 24 months, linking the intervention with routine Expanded Program on Immunization (EPI) visits and Vitamin A supplementation. The study, supported by the Bill & Melinda Gates Foundation, is evaluating malaria incidence, operational feasibility, and cost-effectiveness of integrating PMC into routine health services. In the first year, over 19,000 doses were administered during scheduled EPI visits, with an additional 3,600 doses given opportunistically to children who visited health facilities outside the immunization schedule. Key challenges include caregiver adherence, stock management, and ensuring timely delivery of doses.



#### **IPTSC OVERVIEW**



IPTsc is gaining attention as a strategy to reduce malaria burden among school-aged children (5–14 years), a population with high parasite prevalence and a key reservoir for transmission. WHO's recommendations distinguish between extended-age SMC (if SMC is already provided to younger children) and IPTsc (if no SMC is available for younger children). Barriers to implementation include limited country-level guidance, lack of integration with school health programs, and funding constraints. However, IPTsc offers opportunities for integration with school-based deworming, nutrition programs, and routine health interventions.

### TANZANIA (SCALING UP IPTSC)

Tanzania has implemented IPTsc pilot projects in Muheza, Handeni, and Kigoma, with promising results. A study in Muheza showed an 81.5% reduction in malaria prevalence among school-aged children. The intervention was delivered through three cycles per year, aligned with peak malaria transmission seasons, using Dihydroartemisinin-Piperaquine (DP) and Artesunate-Amodiaquine (ASAQ). School teachers were trained to support drug administration, which proved to be an effective delivery model. The NMCP has now included IPTsc in its strategic plan, with funding secured for expansion in 2025.

#### **PRESENTATION: TANZANIA**

#### PDMC

Post-Discharge Malaria Chemoprevention (PDMC) is being explored as an intervention for children recovering from severe malaria, particularly those hospitalized with anemia. Studies suggest that providing full therapeutic courses of an antimalarial post-discharge significantly reduces readmission and malaria-related mortality. However, operational challenges remain in ensuring adherence and tracking long-term effectiveness. Future research will focus on optimizing delivery models and assessing integration with routine pediatric care.

## **SESSION IX:** PRESENTATION OF RESULTS FROM SMC

## ALLIANCE CONSULTANCY

#### **SMC ALLIANCE LEARNINGS**

The SMC Alliance has been instrumental in coordinating malaria chemoprevention efforts, supporting country implementation and shaping global policy. There is broad consensus that the SMC Alliance is a valuable model for scale up of malaria control initiatives, providing a platform for knowledge-sharing, advocacy, and innovation.



## **SESSION:** THE ECONOMICS OF MALARIA CHEMOPREVENTION INTERVENTIONS DAY 4

#### EVIDENCE GAPS IN ASSESSING THE ECONOMIC IMPLICATIONS OF MALARIA PREVENTION INTERVENTIONS

Dr. Justice Nonvignon (MSH) presented on the economic implications of malaria prevention

PRESENTATION

interventions, emphasizing that health should be viewed as an investment rather than a cost. Health economics plays a critical role in ensuring the efficient allocation of resources, supporting budget prioritization, and strengthening the investment case for malaria interventions. Cost-effectiveness analysis (CEA) was highlighted as a necessary tool for decision-making in low-resource settings, where malaria prevention competes with other public health priorities. A systematic review of SMC economic studies revealed key gaps, including significant variations in cost estimates across different delivery models, the lack of long-term costing data from mature programs, and unaccounted household costs, particularly for female caregivers, who bear financial and opportunity costs related to treatment adherence. The review also noted challenges in comparing SMC to emerging malaria prevention tools like monoclonal antibodies (mAbs), calling for standardized cost models to improve comparability. Future research priorities include assessing the economic burden on households, evaluating the integration costs of SMC with other health interventions, and developing sustainable financing models through public-private partnerships and domestic resource mobilization.

## USING COST-EFFECTIVENESS ANALYSIS TO MAXIMIZE HEALTH OUTCOMES: INSIGHTS FROM SMC, PMC, AND MALARIA VACCINES



Dr. Catherine Pitt (LSHTM) provided a cost-effectiveness analysis (CEA) of extending SMC to five cycles or to children under 10 years old in Guinea, Mali, and Niger. The study used detailed costing methods and modeled the economic impact of various SMC strategies. Key findings:

- Adding a fifth cycle increased the total annual economic cost by 16–23% but reduced per-child costs by 3–7% due to economies of scale.
- Cost per child for an additional cycle ranged from \$0.74 to \$1.01, with cost-effectiveness dependent on malaria incidence in the fifth month.
- SMC is not cost-effective everywhere—some regions in Mali showed low cost-effectiveness, whereas Guinea and Niger demonstrated strong returns on investment.
- Expanding SMC to children under 10 years appeared cost-effective in some areas, but increased total program costs by up to 65%.

#### Key policy recommendations:

- Prioritize SMC expansion based on malaria seasonality and transmission patterns, not just total annual incidence.
- Improve administrative data accuracy, as survey-based estimates revealed lower-than-reported coverage.
- Integrate malaria vaccines with chemoprevention, but assess long-term cost-effectiveness first.



#### **ECONOMIC EVALUATION AND PMC DECISION TOOL**

WHO's stratification approach distinguishes SMC-eligible vs. PMC-eligible areas. Most countries that implement SMC in seasonal areas also have areas of perennial malaria transmission that are not eligible for SMC. Professor Pitt showed that 20 million children under 2 years old live in regions where SMC was implemented in 2023 but 39 million children under 2 years old in 25 countries live in areas of moderate to high perennial transmission without SMC. Of these, 4 million live in areas with any PMC implementation, leaving 35 million eligible for PMC but lacking access. As PMC is cheaper to implement than SMC (being routine rather than campaign), the same national budget could protect far more children (albeit in different geographies / children within the country) with PMC than SMC. She suggested that, in addition to considering PMC, countries consider "routine" ("lighter") versions of SMC to reduce costs (noting that that may well reduce coverage).

#### **CLOSING SESSION**

PNLP Nigeria and PNLP Togo reflected on the key takeaways from the four-day meeting, emphasizing the urgent need for strategic planning amid funding challenges. With the PMI funding freeze affecting multiple malaria programs, countries were urged to secure alternative domestic financing sources and prepare for the worst-case scenario to ensure continued program delivery in 2025.

At the country level, national malaria programs were advised to prioritize a minimal essential package for SMC delivery to cover as many children as possible within existing resources. Countries were also encouraged to leverage existing community health worker networks rather than hiring new staff, to reduce operational costs. Expanding integration with other health interventions, such as vaccines and deworming, was recommended as a way to maximize efficiency.

To improve collaboration and knowledge-sharing, the SMC Alliance Secretariat proposed establishing a multi-country database for tracking SMC implementation, alongside regular webinars and country-level WhatsApp groups to facilitate real-time discussions.

Future planning discussions concluded with Uganda volunteering to host the next SMC Alliance meeting, marking the first time the gathering would be held in East Africa. Countries were encouraged to develop resilience plans for malaria prevention, ensuring that they could adapt to funding fluctuations while maintaining essential services.

The session ended with a reaffirmation of the commitment to malaria elimination, calling for greater regional cooperation and innovative financing strategies to sustain progress in malaria prevention. Participants expressed appreciation for the opportunity to engage in meaningful discussions and share best practices, emphasizing the importance of continued collaboration to achieve a malaria-free future.







Editor

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