Malaria Consortium’s Seasonal Chemoprevention Program distributes preventive antimalarial drugs to children 3 to 59 months old in order to prevent illness and death from malaria. The program consists of administering a maximum of four treatment courses at monthly intervals during peak malaria transmission season in Nigeria and seven Sahelian countries.

What’s the need?

- Malaria is preventable and treatable, but is still a serious public health concern in Burkina Faso, Nigeria and Chad, where Malaria Consortium mostly works. Nigeria accounts for 25% of the world’s malaria cases.
- Malaria accounts for 60 percent of outpatient visits to health facilities in Nigeria, 30 percent of childhood deaths, 25 percent of deaths in children under one year and 11 percent of maternal deaths.
- Estimated gap of 12 to 18 million children in Africa who could benefit from SMC, but who are not currently included in SMC programmes, particularly in the Sahel and sub-Sahel regions of Africa.

What they do (program details)

- Administer a maximum of four treatment courses of SP [sulfadoxine-pyrimethamine] + AQ [amodiaquine] at monthly intervals to children 3 to 59 months old in areas of highly seasonal malaria transmission during the high malaria transmission period.
- The objective is to maintain therapeutic anti-malarial drug concentrations in the blood throughout the period of greatest risk to reduce the incidence of both simple and severe malaria disease and the associated anaemia and result in healthier, stronger children.
- Operate in Northern Nigeria and seven Sahelian countries with high seasonal malaria transmission, main focus has been on three countries, Burkina Faso, Nigeria and Chad.
- Assist in training community health workers to administer SMC.

Evidence of impact of intervention

- SMC was associated with an 89% reduction in malaria incidence for 4 weeks after treatment, and 62% from five to six weeks after treatment, compared with children who had not received SMC or whose last dose was more than six weeks before.
- One trial found a 60% reduction in malaria incidence in children living in areas receiving SMC in a particular year, relative to children living in areas not receiving SMC that year.
- Malaria incidence among the untreated population (over the age of 10) was 26% lower in areas where SMC was delivered compared to controls.
- SMC is recommended by the World Health Organization (WHO) as one of the most effective interventions for the prevention of malaria in areas where malaria transmission is highly seasonal and resistance to SP + AQ is low (Sahel regions of Africa).
- SMC is highly cost-effective in preventing malaria in all seven countries as per each country's GDP per capita.

Evidence of impact of charity
- 92% of children received at least one month of treatment, 71% received at least three months of treatment, and 55% of children received all four months of SMC treatment.
- Malaria Consortium estimate that they have prevented 60,000 malaria deaths and 10 million cases of malaria through their SMC program.
- Highly cost effective program: GiveWell estimate that Malaria Consortium’s cost of delivering the full four-month SMC treatment is $6.93. GiveWell estimates that it is 8.8 times as cost-effective as direct cash transfers.

Plans for 2019
- Malaria Consortium could productively use an additional $44.4 million in the next three years (2019-2021) to scale up its SMC activities in Nigeria, Burkina Faso, and Chad.
- Could absorb an additional $4.8 million to fill its funding gap for 2019 alone.
- If fully funded, they expect to be able to reach all remaining eligible children in Chad, and scale up to reaching 3 million children in Nigeria in 2019, which would rise to 5 million children in 2020 and 2021.
- If fully funded, 71% of funding is expected to fund work in Nigeria, 13% in Burkina Faso, 14% in Chad, and 1% to fund a study on drug resistance in 2020.
- General strategy for 2015-2019: improve the lives of poor marginalised people in Africa and Asia by targeting malaria, pneumonia, dengue and neglected tropical diseases.

Remaining uncertainties
- In 2015 high prevalence of vomiting from SMC drugs in Nigeria, but Malaria Consortium finds this won’t be an issue anymore due to the new dispersible SMC formula.
- Possibility of the Plasmodium parasite acquiring immunity to SMC treatment, but recent studies have shown a low frequency of markers of resistance to SMC drugs.
- Uncertain how extra funding will allow the program to increase the percentage of children receiving four full rounds of SMC treatment (currently at about 55%), but we believe that the program is highly cost-effective based on cost per life saved and highly effective with 71% of children receiving at least three rounds of treatment.

Sources and more information
- Malaria Consortium page on SMC
- GiveWell page on the Malaria Consortium SMC
- GiveWell Malaria Consortium Summary-May 2018