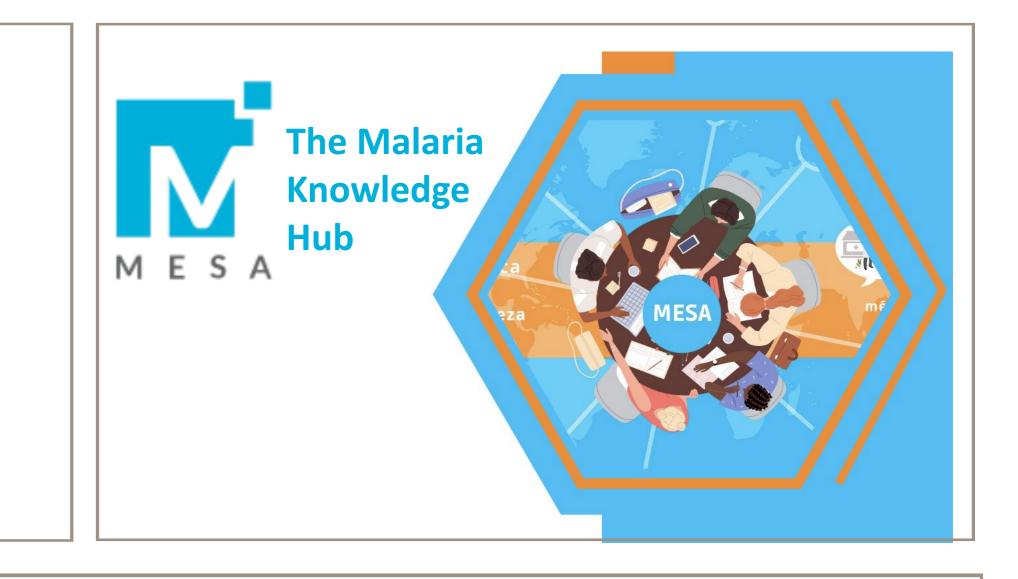
An overview of active research on Seasonal Malaria Chemoprevention

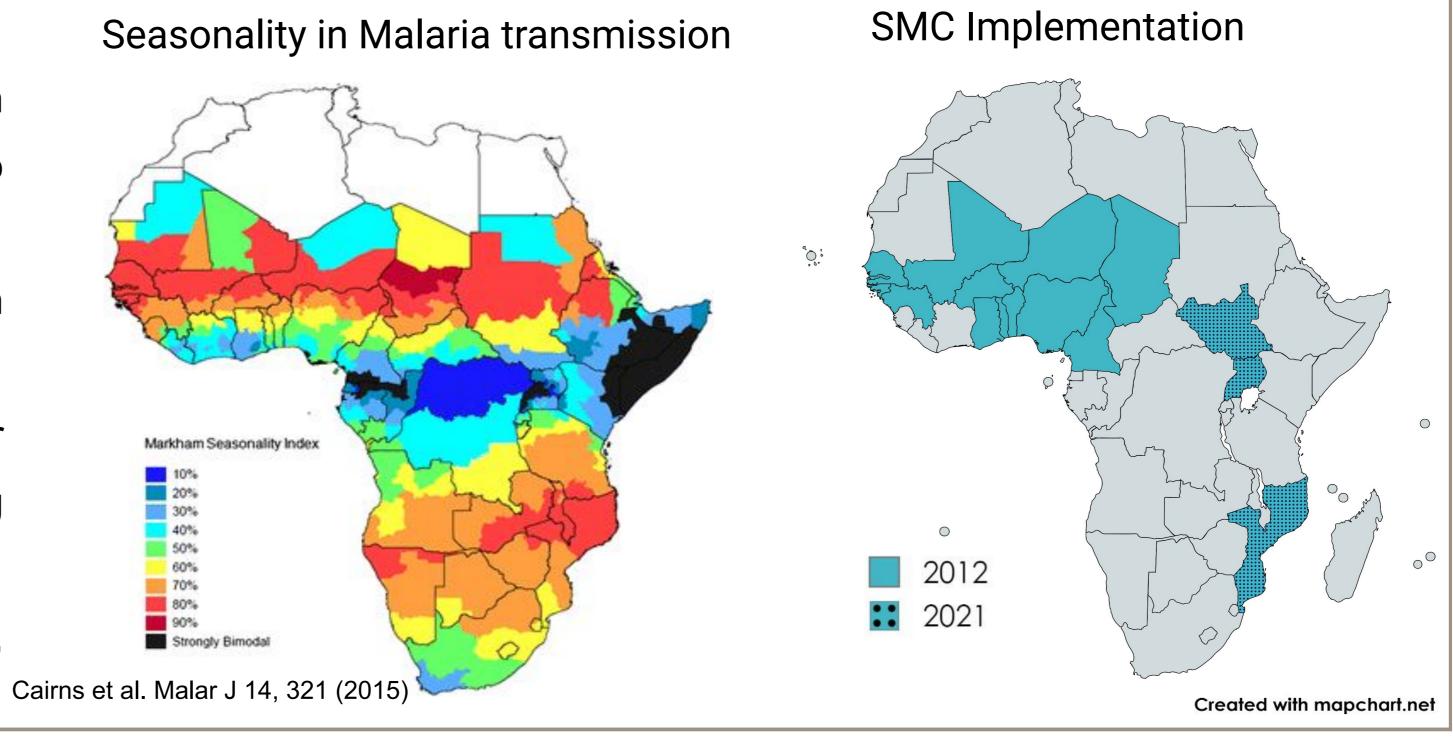
Sandesh Bhandari, on behalf of MESA, hosted by the Barcelona Institute for Global Health (ISGlobal)

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Background

- Seasonal Malaria Chemoprevention (SMC): Intermittent administration of curative dose of antimalarial medicine during the malaria season to asymptomatic children, regardless of whether the child is infected.
- Implemented in 13 countries in 2012. Mozambique, Uganda & South Sudan have adopted the SMC policy in 2021.
- SMC can now be expanded beyond the Sahel region to other geographies with more flexibility in recognizing age-based risk among children at high risk of severe malaria.
- This review includes insights into SMC investments, geographical scale, ongoing research scope, research areas, and potential knowledge gaps.



Objectives

- 1. Map out the geographical scale and scope of ongoing SMC research.
- 2. Provide an overview and analysis of SMC related research.
- 3. Outline the investments in SMC research and the institutions involved in them.
- 4. Describe the research areas being explored by the projects.
- 5. Identify knowledge gaps.

Methodology Project collection-

Screening- Analysis-Report

Steps

Principal investigators contacted to verify project details and fill information gaps. 2

Systematic data collection from multiple sources, curation, and review of active research.

Inclusion criteria

- 1. Projects related to SMC
- 2. Active ≥ 2012
- In English

Projects categorised into research areas based on common objectives.

Projects excluded for duplication and

ineligibility (n=1937)

Projects already in SMC DD in MESA track (n= 29)

(n=1977) Potential projects

Total potential

projects identified

from all sources

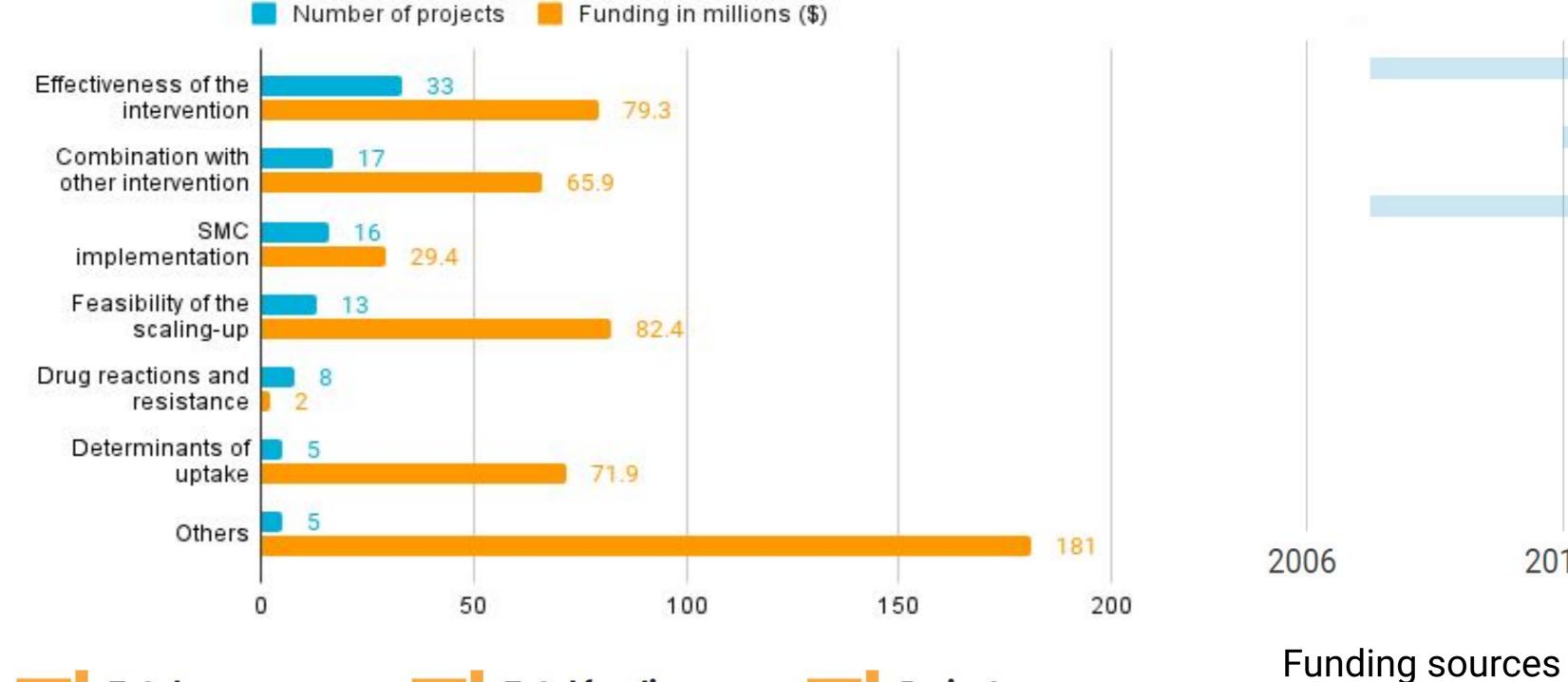
Project search flowchart

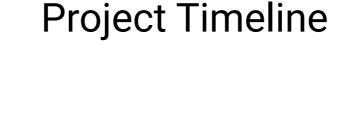
Total projects included in the Deep Dive (n=69)

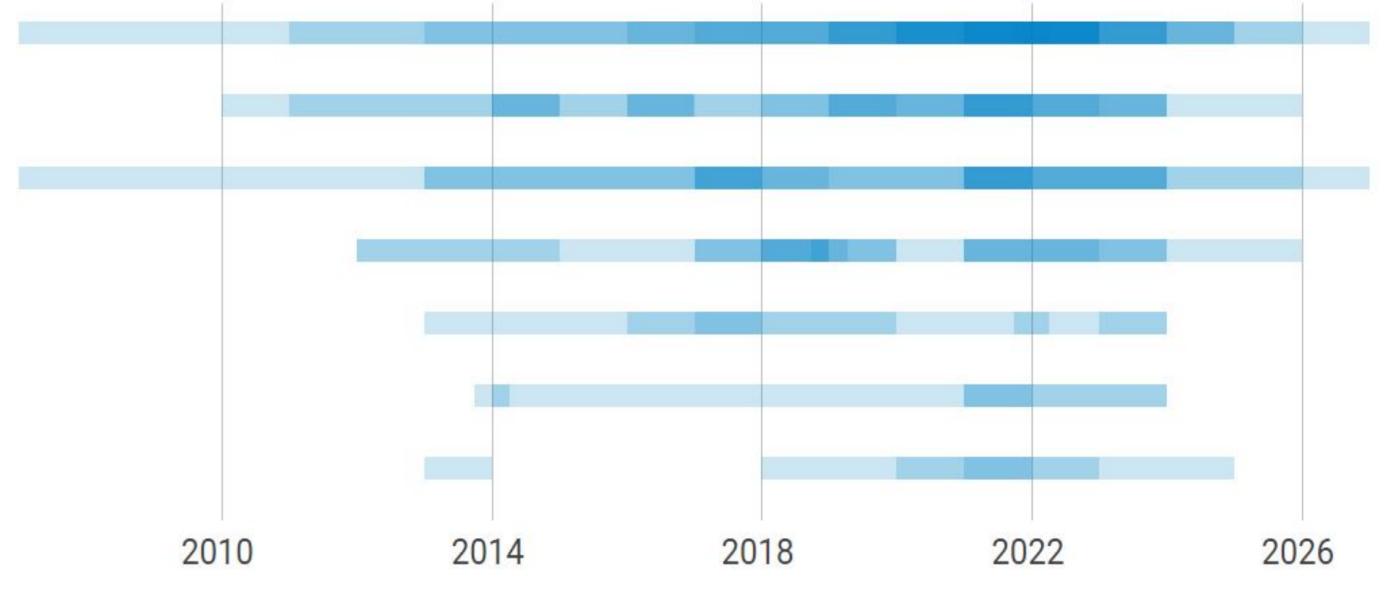
assessed (n= 40)

Results

Number of projects and funding by research areas







Total projects

14 active

Total funding amount

\$357.9M

Project

sites

BMGF 69.65% Rest ≈10% Proportion of total funding UNITAID

Principal Institutions by country 39.1% 11.6% 15.9%

Switzerland United Kingdom Uganda Mali Benin Senegal The Gambia Burkina Faso Cameroon USA China Ghana

*This landscape review was done in collaboration with Malaria Consortium

Conclusion

- Expansion of this highly cost effective intervention beyond the Sahel region to Eastern and Southern Africa.
- Lack of research concerning the role of community health workers (CHWs) in the operativeness of the SMC strategy.
- Revamped commitment to scaling up the use of SMC.



Gaps

- Implementation and scaling-up
- Drug combination safety and resistance
- Delivery modalities and role of community health workers
- Long term sustainability and programmatic considerations
- Community acceptance and uptake



Explore the SMC DD on **MESA Track**

www.mesamalaria.org





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