



8th Annual review: key outcomes

25 – 28 Feb 2025

Lomé, Togo

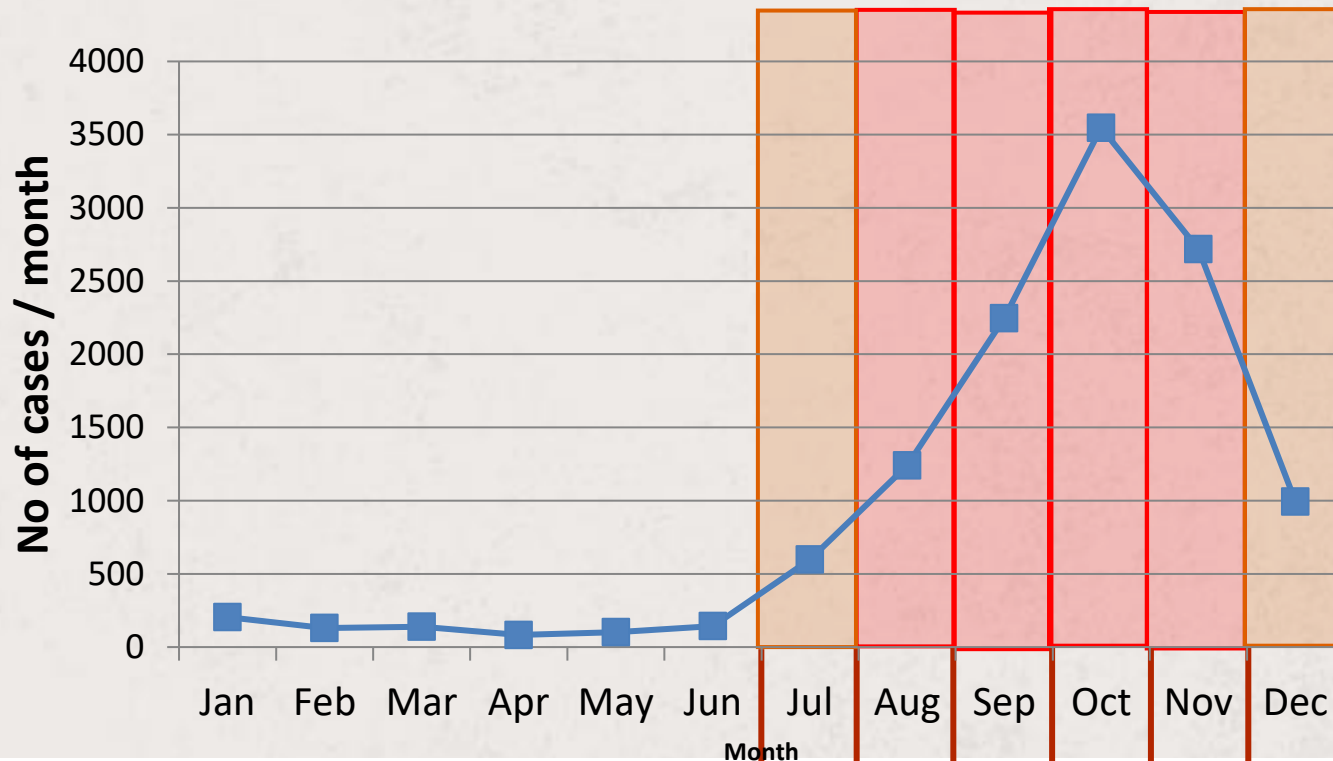


Child given chemoprevention
Togo, 2023

Seasonal malaria chemoprevention (SMC)

- What? The intermittent administration of a curative dose of antimalarial medicine to children at risk of severe malaria, living in areas with highly seasonal transmission

- Door-to-door delivery
- Campaign mode
- Mobilizing community health volunteers for distribution and sensitization



SMC Alliance objective

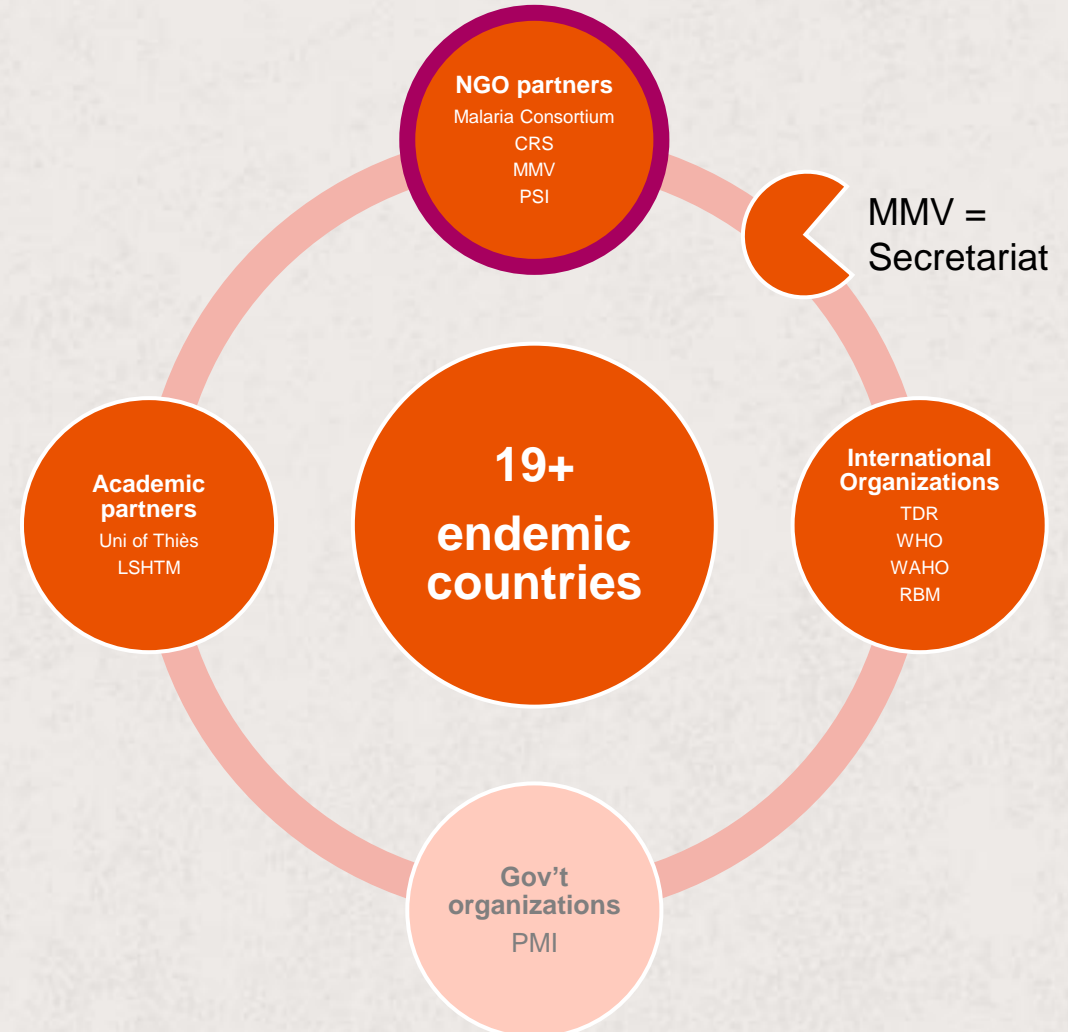
- Gathering implementing countries with all interested stakeholders once a year to:
 - Discuss / present lessons learnt from the previous SMC Campaign (year n-1).
 - Plan the upcoming campaign (year n) and discuss the potential gaps.
 - Prioritize countries interest in the meeting and Sharing best practices.
 - Encourage countries to exposes their programmatic issues.
 - All together discuss solutions and how they can be implemented.



<https://www.smc-alliance.org/fr>

The SMC Alliance structure

- Stakeholders:
 - SMC implementing countries
 - Technical and financial partners
 - Global health policy makers
 - Global and regional health organisations and partners
 - PDP and drug developer and academics
- MMV at the origin and ensures the overall coordination as Secretariat





2018 in Niamey



2019 in Dakar



2022 Online



2020 in Accra



2023 in Conakry



2021 Online



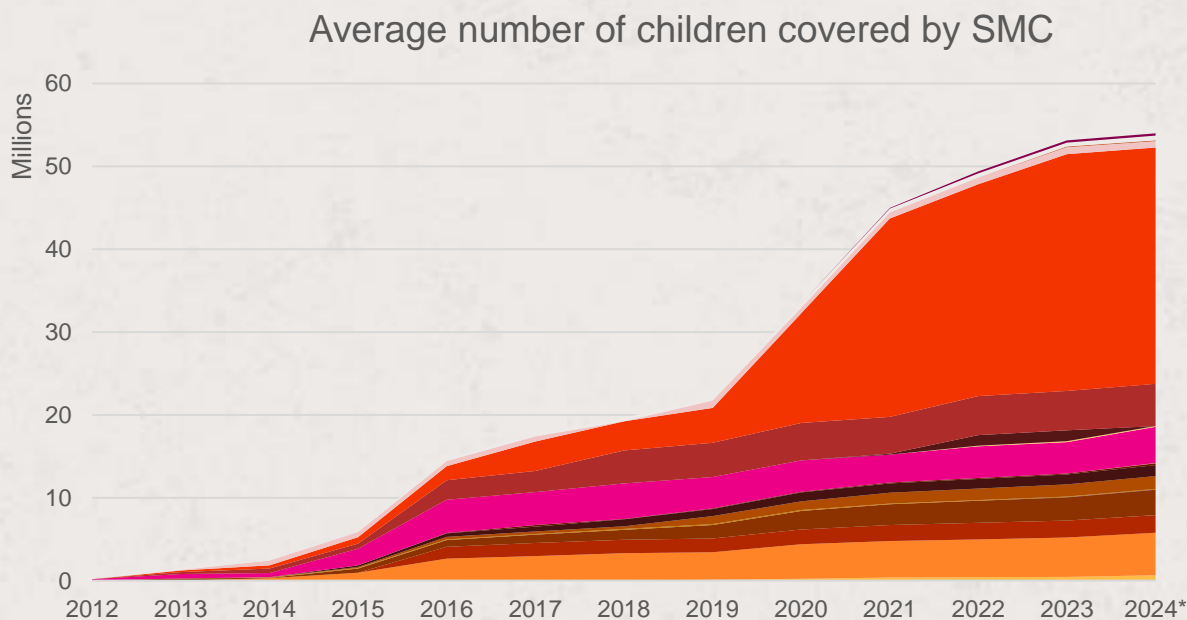
2024 in Abuja



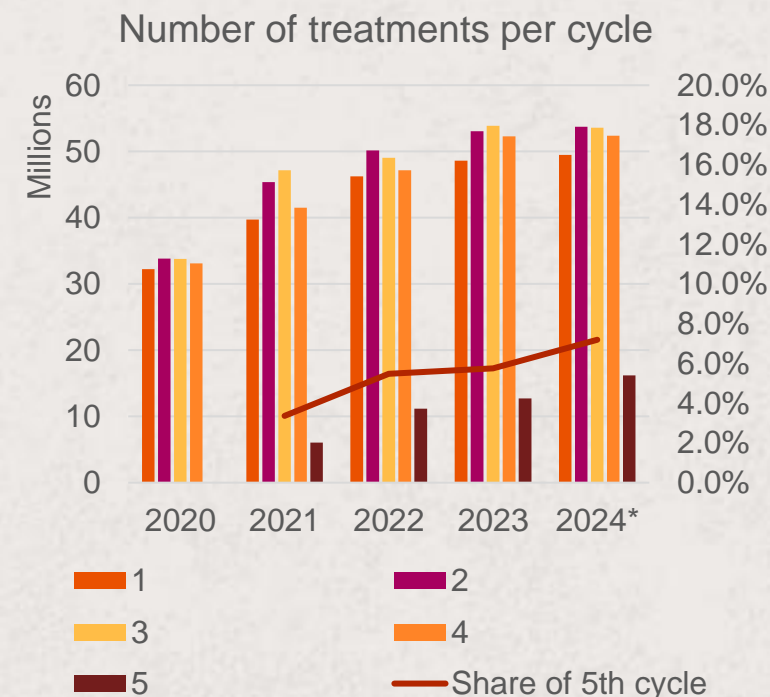
2025 in Lomé

54 million children were covered by SMC in 2024*

- The number of children covered by a 5th cycle increased from 3.4% in 2021 to 7.2% in 2024.
- In 2024, 14 countries provided a 5th cycle to some of their children.
- New countries in 2024 include Benin, Ghana, Kenya, and Togo.

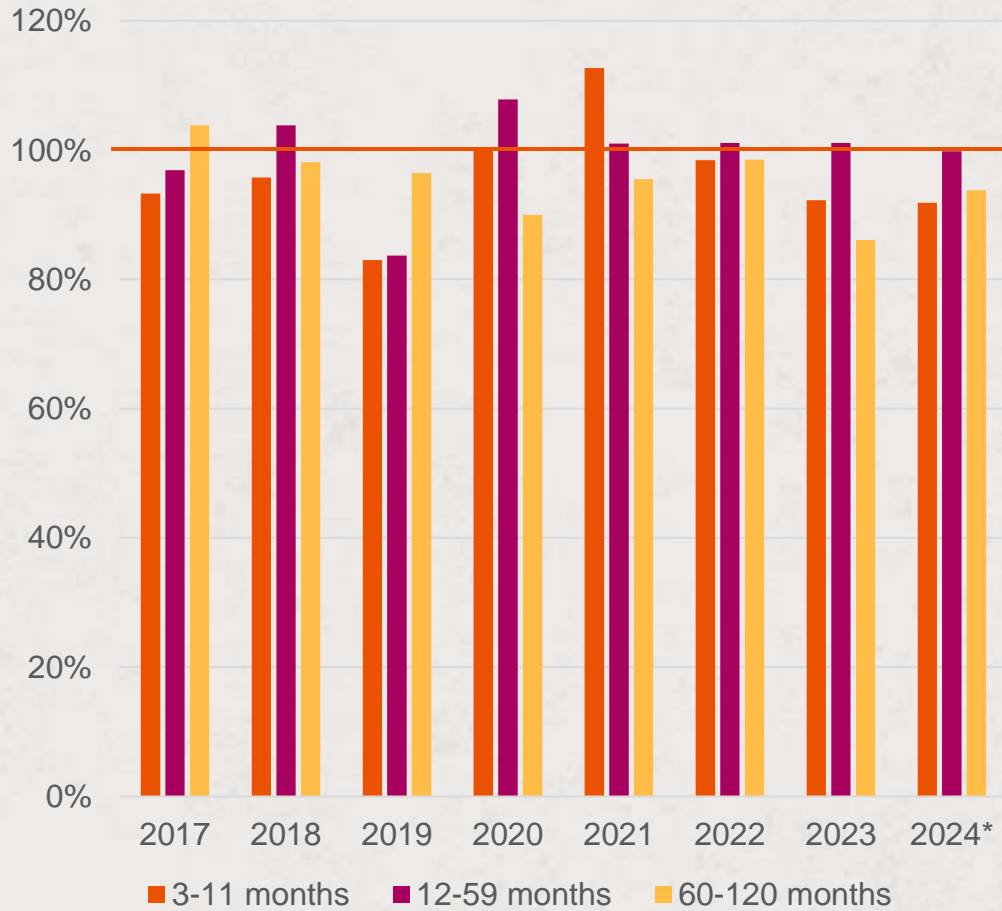


* Partial data

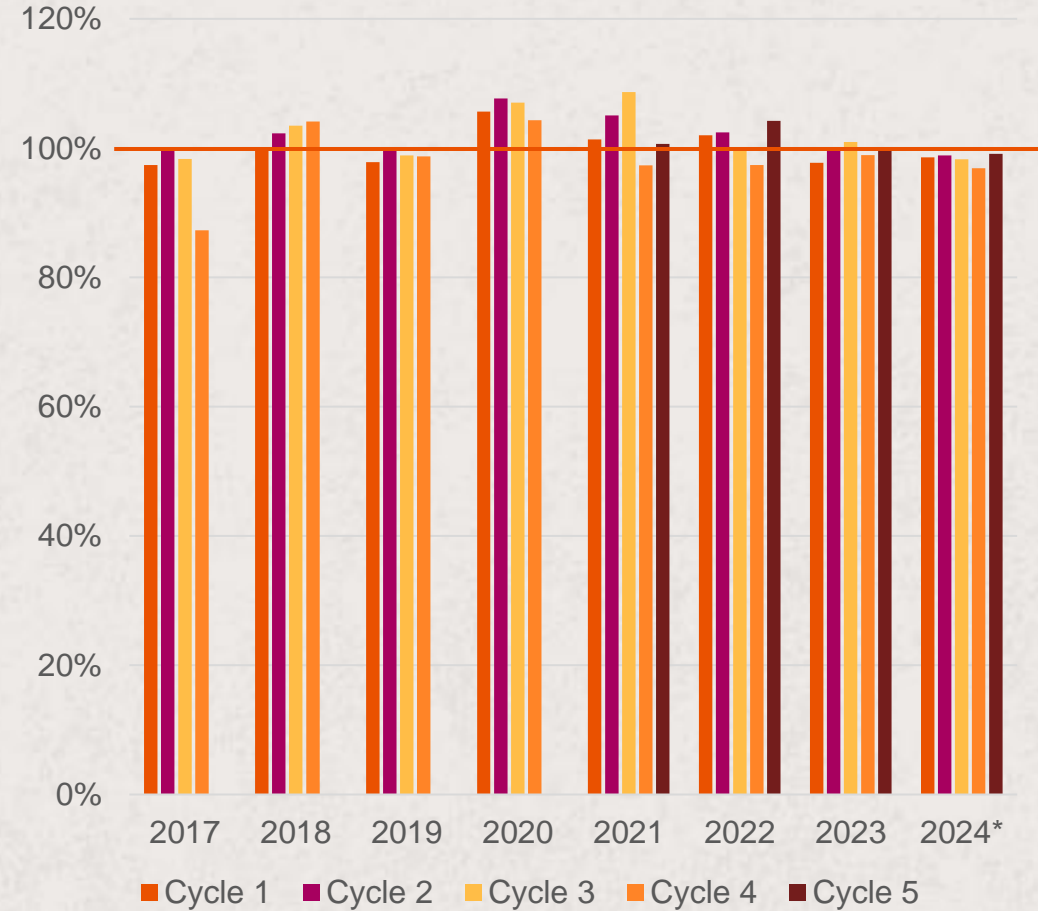


Campaign performance per age group and per cycle

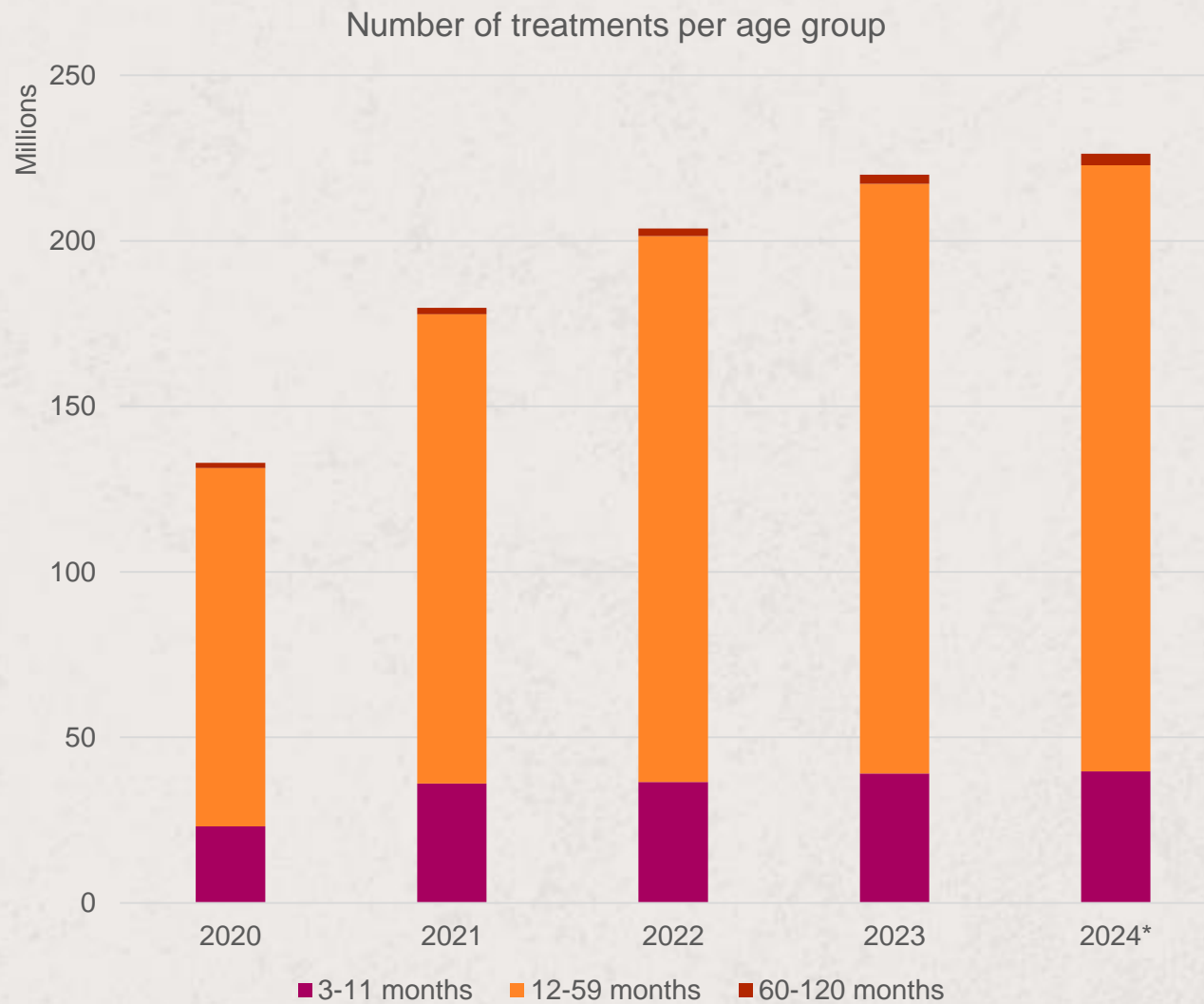
Achieved versus target per age group



Achieved versus target per cycle



Increase in number of treatments delivered to 1 to 5-year-olds



*Partial data

2024 SMC Alliance achievements / subgroups

Monitoring & Evaluation	Research/Webinars and presentations	Advocacy and communications
<ul style="list-style-type: none"> Supporting WHO GMP on the development of the DHIS2 SMC dashboard & module Contribution to the SMC Chapter in the World Malaria Report 2024 Country consultation on the SMC performance framework 	<ul style="list-style-type: none"> Concept for REACT 3, optimization of SMC using CHW in Burkina Faso & Côte d'Ivoire MESA track – Living database of research projects and portfolios Submission of the eDelphi study on SMC research priorities from the sub-group 	<ul style="list-style-type: none"> World Children's Day World Malaria Report Regular member update meetings 2024 ASTMH annual meeting SMC Alliance consultancy / Audit

SMC cohort monitoring objectives

- To track the cohort of children from cycle 1 receiving subsequent cycles of SMC
- To analyze the drop-out rates of the cycle 1 cohort in subsequent cycles by region
- To identify areas with high drop-out rates for needed action



Training of CDDs
Curriculum to include sessions on cohort tracking with emphasis on practicals

Determine eligibility of child between 3 -59 months

NO

Child not eligible
Do not assign unique ID
Do not enroll in the cohort
Refer if needed

Generate a unique ID & assign unique ID to an eligible child to be enrolled in the cohort . Document on child record card

Missing child card
Replace with a new child record card
Do not assign new unique ID. Use cycle 1 ID provided by TTA to search for child. Document ID on child card

NO

For subsequent cycles 2,3,4
Request for child record card, if available, search child details using unique ID generated in cycle 1 or name of Head of HH

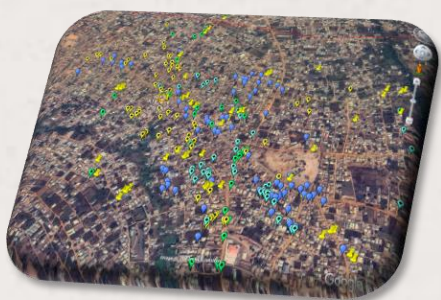
Administer SPAQ, document on child record card & NMEP One App

YES

Administer SPAQ to eligible child
Document on child record card & NMEP One App

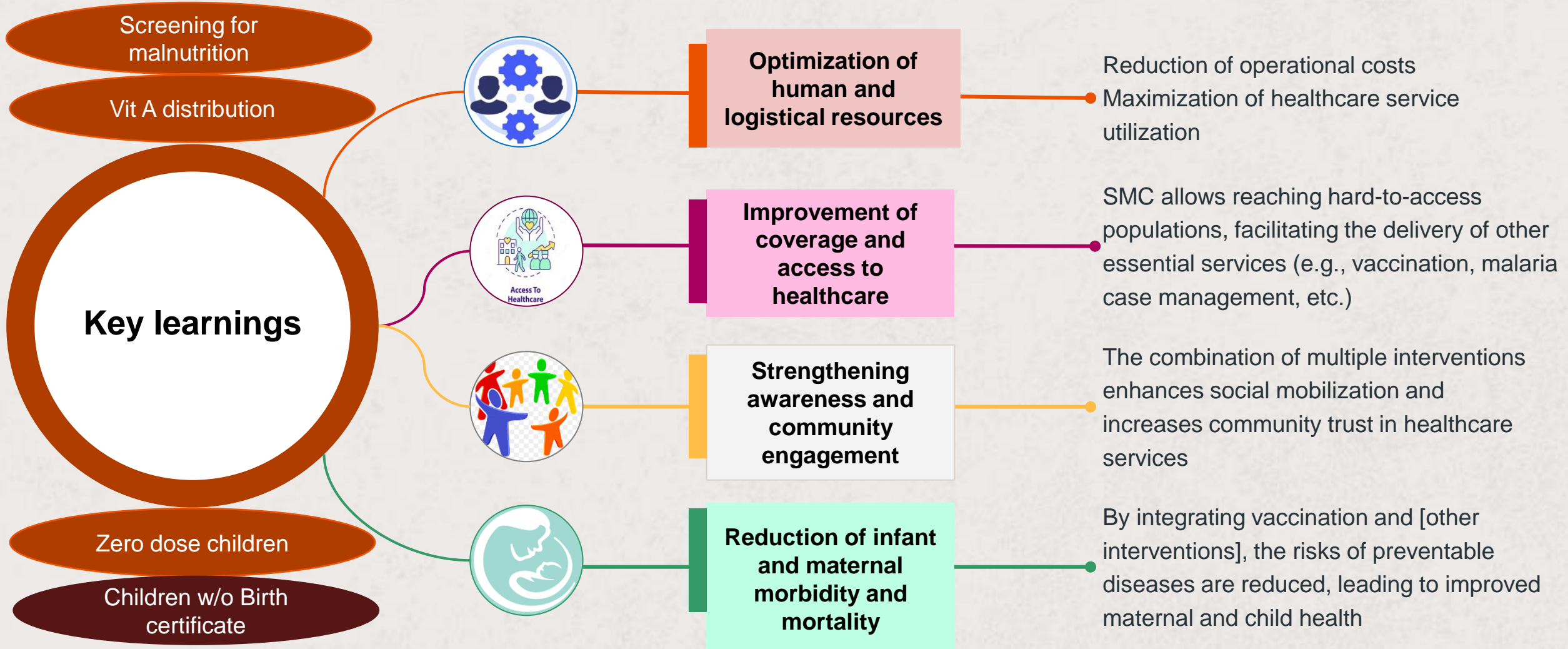
Educate caregiver on the importance of cohort tracking, unique ID and safe keeping of child record card

Drop rate from 1st to last cycle: 12 to 35% in Nigeria & 1 to 12% in Ghana



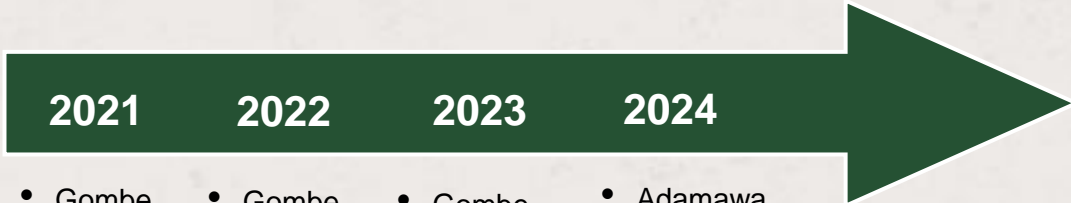
Geo- Spatial Tracking

SMC coupled with other public health and demographic interventions

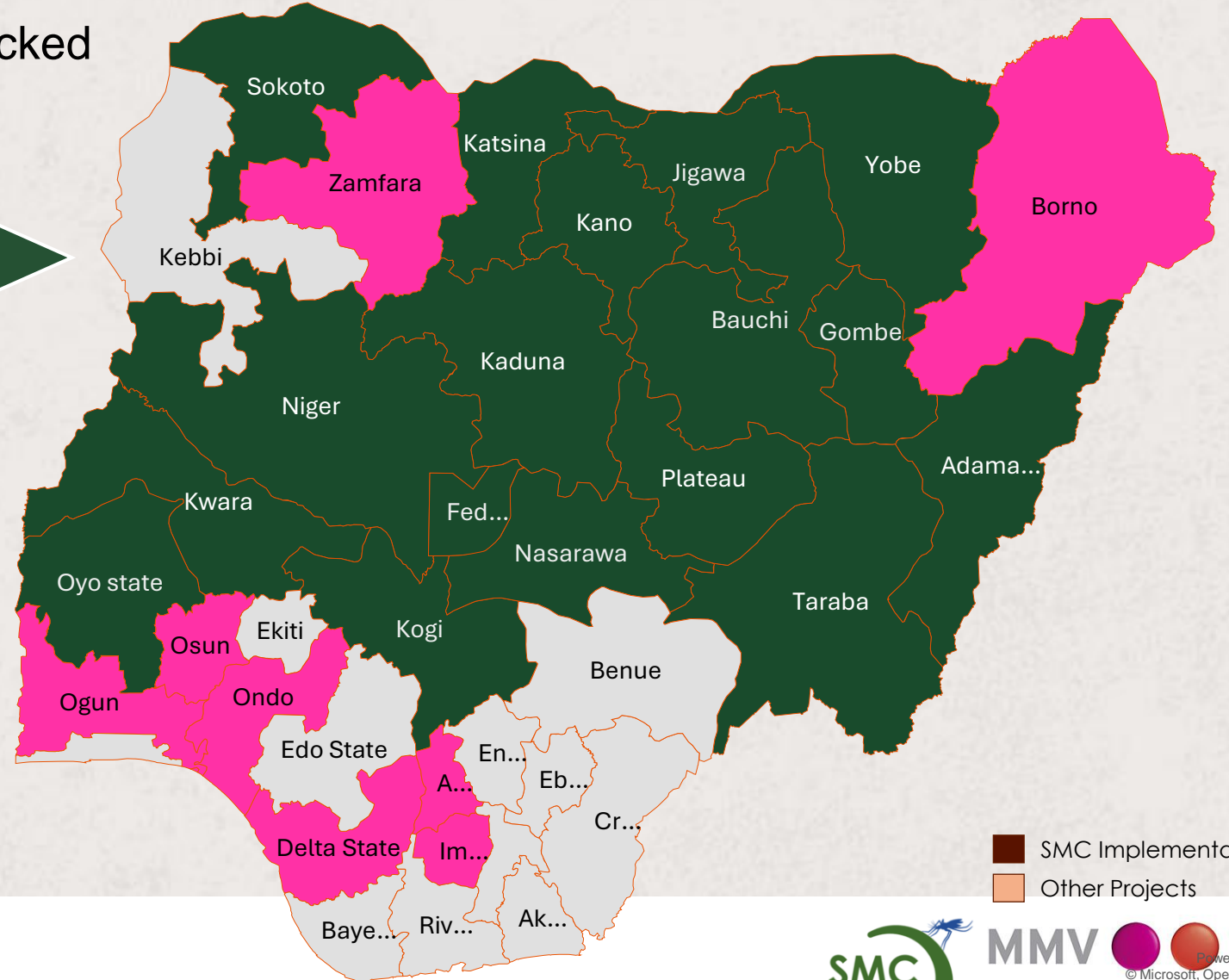


Scale up of SMC digitalization in Nigeria

- From over **800K Children** tracked in **2021** to over **23M children** tracked in **2024**



- | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|
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■ SMC Implementation
■ Other Projects

Bring your own device (BYOD)

- Is the use of **personally owned, handheld mobile device in mass health campaigns**. The device is configured with the necessary applications to enable **a user collect data on the field**.
- Nigeria digitalized SMC implementation facts:
 - 2021: Over **1,000** personal devices were used
 - 2022: Over **10,000** personal devices were used
 - 2023: Over **130,000** personal devices were used
 - 2024: Over **160,000** personal devices were used
 - Less than **10% of buffer devices** procured for emergency purposes were utilized.
 - In 2024 alone, more than 40,000 personal devices were actively synchronizing and exchanging data with SMC servers simultaneously.



Reaching 10M children within 10 Days

Leveraging personal devices to achieve scale

Benefits and challenges of BYOD

Benefits

- Reduced the need for procuring and distributing grant devices, thereby **lowering campaign costs**.
- Minimized data entry errors and delays by allowing health workers to use **familiar devices**.
- Enabled easy campaign scale-up by leveraging the **widespread availability of mobile phones**.
- ONESolution was **compatible** with most personally owned mobile devices.

Challenges

- Personal applications installed like VPN, sometimes masks core device functionalities **interfering with metadata collected** on the device.
- Users can manipulate device settings that may **impact on data integrity**.
- **Device functionality** may be difficult to evaluate beyond compatibility checks.
- The **use of social media internet data** bundle subscription.

SMC ALLIANCE LEARNINGS REPORT

- Best practice documentation and recommendations for the future

February 2025



Larry Barat, Katherine Jennings, Nikki Charman, Victory Musuviwa



This project aimed to document the SMC Alliance's achievements, ways of working, and recommended next steps.

Project purpose

To document and analyze the SMC Alliance's working mechanisms and successes, ensuring stakeholder needs are addressed and providing actionable recommendations to strengthen collaboration and coordination within the global malaria chemoprevention community.

Project objectives

1. **What?** Document the history, structure, and outputs of the SMC Alliance, capturing best practices and lessons learned.
2. **So what?** Assess the needs, challenges, and priorities of stakeholders engaged in malaria chemoprevention, including SMC, PMC, PDMC, and IPTsc.
3. **Now what?** Explore how the Alliance could serve as a model for closer coordination between different malaria chemoprevention strategies.

The SMC Alliance has a great success story for providing support to countries for implementation of SMC campaigns and some actions can be taken to strengthen the Alliance.

WHAT?

- The Alliance has a strong and **valuable offering**.
- The Alliance's strategy has been flexible, organic, and **successful thus far**.
- The Alliance is **country-centered**.

SO WHAT?

- The Alliance could increase value by strengthening **implementation** support.
- There are opportunities for the Alliance to support countries with **innovation** in SMC.
- There is a need for the Alliance to implement additional **communication and engagement pathways**.

NOW WHAT?

- The Alliance should explore **expansion of scope** to improve coordination across malaria chemoprevention strategies.
- The Alliance should co-create a **formal strategic approach** that guides community of practice direction and responds to evolved member needs.
- The Alliance could enhance stakeholder engagement through more formal **governance mechanisms and structures**.