Redoubling efforts to sustain seasonal malaria chemoprevention

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According to WHO's world malaria report, 627 000 lives were lost to malaria in 2020; two in three were children younger than 5 years, and 90% were in sub-Saharan Africa. Malaria is also a major burden for national budgets, representing approximately 40% of health spending across African countries and costing African economies over US$12 billion each year.[1] The global significance of ending malaria to promote health and development is expressed by the Sustainable Development Goal 3.3.

Seasonal malaria chemoprevention (SMC) is an intervention recommended by WHO during the peak malaria season in Africa's Sahel region to protect children aged between 3 months and 5 years.[2] Pooling estimates across seven studies in sub-Saharan Africa indicated that the incidence of clinical malaria is reduced by about 88% during the first 4 weeks after SMC administration.[3] Additionally, modelling estimates suggest that, at full-scale use, SMC could avert around several million cases of malaria, preventing several tens of thousands of childhood deaths each year.[4]

Therefore, countries have much to gain from administering SMC to all eligible children. WHO's world malaria report suggests that, in 2020, around 33 million children were protected with SMC. If implementation of SMC were expanded, more children could be protected in the coming years. Currently, piloted approaches to increase coverage include expanding the intervention to older children aged 5–10 years and broadening geographical coverage to regions beyond the Sahel, both of which require increased funding.

At the SMC Sustainability Forum in May, 2021, representatives from the National Malaria Control Programs of Ghana, Mali, and Nigeria, as well as from ONEN (a Niger-based non-governmental organisation), discussed that the gains made in malaria control could be eroded if funding for interventions—including SMC—remained volatile. This event was organised to advocate for increased and expanded national funding from African nations to sustain and complement international funding for SMC and malaria programmes.

Several analyses and reports indicate that overall funding for malaria programmes has plateaued over the past decade and could be at risk as a result of the shifting priorities of donors and of malaria-endemic countries due to the COVID-19 pandemic.[5–7] Recognising this challenge, in May, 2021, a World Health Assembly's resolution renewed WHO's commitment to accelerating progress towards the elimination of malaria. Member states were urged to scale up funding for the global response against malaria and increase support for health services, while boosting investment in the research and development of new tools.

This resolution is timely; the US$3·3 billion committed globally to fight malaria in 2020 was below WHO's target of $5·6 billion needed to reduce morbidity and mortality from malaria by 40% in 2020 and considerably lower than the $10·0 billion needed by 2030, as highlighted in its global technical strategy for malaria. Furthermore, Africa must increase its commitment because, of the $3·3 billion committed globally, the Sahel region's contribution was just 9%, despite this area having the highest burden of malaria worldwide.[1]

The funding picture for specific interventions, like SMC, is no different. Key funders—such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the US President's Malaria Initiative, along with contributors, including Catholic Relief Services, Malaria Consortium, Médecins Sans Frontières, and the GiveWell Foundation—have either sustained or increased their commitments to SMC over the past 5 years. However, domestic funding from the countries that implement SMC remains low, at some 6–7% of total committed funds for the years 2019 and 2020.[8]

Sub-Saharan Africa has the capacity to increase its funding for malaria programmes, including SMC. Sub-Saharan Africa is the world's second fastest growing region and experienced an average annual growth in gross domestic product of 3·2% in 2000 to 4·6% in 2019. Despite the fall in progress due to the COVID-19 pandemic in 2020, growth is expected to reach 3·7% in 2022, as reported by the 2021 edition of the African Economic Outlook. Nevertheless, funding for the health sector has not kept pace with either economic growth or the 15% annual health budget target agreed upon in the 2001 Abuja declaration.[9]

For **WHO'S world malaria report** see https://www.who.int/publications-detail-redirect/9789240015791

For more on the **World Health Assembly's resolution** see https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_BCONF2-en.pdf

For more on **Sustainable Development Goal 3.3** see https://indicators.report/targets/3-3

For **WHO's policy recommendation for SMC** see https://www.who.int/malaria/mpac/feb2012/smc_policy_recommendation.pdf

For more on **WHO's global strategy for malaria** see https://www.who.int/news/item/01-02-2021-updating-who-s-global-strategy-for-malaria

For the **2021 edition of the African Economic Outlook** see https://data.imf.org/?sk=5778f645-51fb-4f37-a775-b8fecd6bc69b

Given the substantial burden that malaria has on African economies, financially supporting cost-effective interventions, such as SMC, could bring substantial savings to Africa's health systems. A 2021 analysis in seven countries across sub-Saharan Africa showed that implementing SMC saved health systems approximately $66 million and increased productivity by around $43 million.[10]

There could not be a better time to redouble efforts and financially invest in SMC and malaria prevention and research efforts. This action is crucial because Africa's current population of 1·3 billion people, which majorly consists of young people, is expected to triple by 2050. Prioritising preventive interventions will be essential for increasing economic productivity and redirecting spending to other emerging health needs. Now is the time to act.

We declare no competing interests. The views of the authors are their own and do not necessarily reflect those of the organisations they work for.

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1 Karchi T. Epidemiological and economic weight malaria in the ECOWAS area. World Health Organization Regional Office for Africa. WHO presentation. WAHO meeting 2021; Aug 5, 2021.
2 Dicko A, Diallo AI, Tembine I, et al. Intermittent preventive treatment of malaria provides substantial protection against malaria in children already protected by an insecticide-treated bednet in Mali: a randomised, double-blind, placebo-controlled trial. *PLoS Med* 2011; **8:** e1000407.
3 Cairns M, Ceesay SJ, Sagara I, et al. Effectiveness of seasonal malaria chemoprevention (SMC) treatments when SMC is implemented at scale: case–control studies in 5 countries. *PLoS Med* 2021; **18:** e1003727.
4 Cairns M, Roca-Feltrer A, Garske T, et al. Estimating the potential public health impact of seasonal malaria chemoprevention in African children. *Nat Commun* 2012; **3:** 881.
5 Dieleman JL, Haakenstad A, Harle AC, et al. Tracking spending on malaria by source in 106 countries, 2000–16: an economic modelling study. *Lancet Infect Dis* 2019; **19:** 703–16.
6 Brooke J, Sridhar D. Challenges in tracking global malaria spending. *Lancet Infect Dis* 2019; **19:** 672–73.
7 Diptyanusa A, Zablon KN. Addressing budget reduction and reallocation on health-related resources during COVID-19 pandemic in malaria-endemic countries. *Malar J* 2020; **19:** 411.
8 SMC Alliance. 2020 Annual SMC reports from SMC implementing countries. SMC Alliance 2020 Annual meeting; Feb 20–24, 2020.
9 Asante A, Wasike WSK, Ataguba JE. Health financing in sub-Saharan Africa: from analytical frameworks to empirical evaluation. *Appl Health Econ Health Policy* 2020; **18:** 743–46.
10 Gilmartin C, Nonvignon J, Cairns M, et al. Seasonal malaria chemoprevention in the Sahel subregion of Africa: a cost-effectiveness and cost-savings analysis. *Lancet Glob Health* 2021; **9:** e199–208.