Grant request: Supporting SMC in Chad, 2025-2026 October 2024

1. Background

The total population in Chad stood at 17.72 million in 2022.¹ About two-thirds of Chad's population live in areas of high malaria transmission, principally in the southern half of the country, with the highest number of malaria cases occurring between June or July and October. In 2022, there were 3.63 million malaria cases and 14,000 deaths.² Starting with four health districts in 2013, seasonal malaria chemoprevention (SMC) was gradually scaled up in Chad, reaching 85 health districts in 2024, with a total SMC target population of 2.81 million children 3–59 months. Funding support is provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Malaria Consortium's philanthropic funding for SMC, the United Nations Children's Fund (UNICEF) and Médecins Sans Frontières (MSF) (Table 1). Based on a stratification exercise carried out by the national malaria programme with support from the World Health Organization, 141 health districts are currently considered eligible for SMC. In areas supported by Malaria Consortium, monitoring and evaluation (M&E) is guided by a comprehensive SMC M&E framework.³ Key data sources include administrative data collected by community distributors, end-of-cycle household surveys following all but the final cycle of the annual SMC round, and a comprehensive end-of-round household survey to estimate SMC coverage and to measure aspects of the quality of SMC implementation across all cycles.⁴

Funding support	Number of health districts	Target population
Global Fund	44	1,080,000
Philanthropic	30	1,440,000
UNICEF	7	150,000
MSF	4	140,000
TOTAL	85	2,810,000

Table 1. SMC target population and funding support, Chad 2024

Following GiveWell's decision in early 2023 to phase out philanthropic SMC funding for Chad because it is below its current cost-effectiveness threshold, Malaria Consortium worked with the national malaria programme to develop a transition strategy and to identify alternative funding sources that could cover the health districts previously supported with philanthropic

¹ World Bank. World Bank open data: Population, total — Chad; no date [cited 2024 September 24].

² World Health Organization. World malaria report 2023. Geneva: WHO; 2023.

³ de Cola MA, Chestnutt EG, Richardson S, Baudry M, Nnaji C, Ibinaiye T, et al. From efficacy to effectiveness: A comprehensive framework for monitoring, evaluating and optimizing seasonal malaria chemoprevention programmes. Malaria Journal, 2024; 23(1): 39.

⁴ For a detailed description of M&E methods and a summary of 2023 results, see: Malaria Consortium. Coverage and quality of seasonal malaria chemoprevention supported by Malaria Consortium in 2023. London: Malaria Consortium; 2024.

funding. Under the Global Fund's Grant Cycle 7, it is now expected that 28 health districts will be supported with Global Fund funding from 2025, including 20 that have so far been supported with philanthropic funding. UNICEF and MSF are expected to maintain funding support for the 11 health districts they are supporting in 2024. There are therefore 102 eligible health districts that do not have SMC funding confirmed for 2025, including 39 that had previously received SMC. Out of those, 10 had previously received philanthropic support. Refer to **Annex 1** for a list of eligible health districts and funding arrangements in 2024 and 2025.

2. Grant request

Malaria Consortium understands that GiveWell is considering revising its cost-effectiveness model for SMC in Chad. Should the revised model conclude that the cost-effectiveness of SMC in the country is above the current funding threshold, Malaria Consortium requests approval from GiveWell for the continued use of philanthropic SMC funding to support the 10 health districts that had previously been supported with philanthropic funding and that do not currently have future funding confirmed in 2025 and 2026. The estimated target population in those districts is approximately 280,000 children under five (**Annex 2**). Annual population growth is 3.6%. Four SMC cycles will be implemented per annual round. No substantial adaptations to the SMC delivery model or M&E approach are expected. We estimate the total budget required at USD 3 million, exclusive of management fee (**Table 2**). See **Annex 3** for a detailed budget per budget line and year.

Budget line	2025	2026	TOTAL
Malaria Consortium staff	341,000	341,000	682,000
Medicines and freight	339,808	352,041	691,848
Other commodities and supply management	30,952	35,267	66,220
SMC delivery	556,025	570,276	1,126,301
Malaria Consortium operational costs	107,384	95,491	202,875
Digitalisation ⁵	70,000	50,000	120,000
Research ⁶	45,000	45,000	90,000
External relations	10,000	10,000	20,000

⁵ The budget assumes relatively modest costs for using a digital tool tested in 2024 in all 10 health districts. Should substantial funding be required for SMC digitalisation, a separate funding request will be submitted. ⁶ This assumes only small operational studies will be conducted. Grant requests for larger studies will be submitted separately if required.

TOTAL (excluding management fee)	1,500,168	1,499,075	2,999,244
Management fee	180,020	179,889	359,909
TOTAL (including management fee)	1,680,189	1,678,964	3,359,153

Malaria Consortium believes that maintaining our role as implementing partner in the 10 health districts we are already supporting is operationally feasible and that it will be possible to place an order for the required SMC medicines in time for next year's SMC round. Should GiveWell's revision of the cost-effectiveness model for SMC in Chad result in broader interest in supporting SMC as of 2026 in other eligible health districts that do not currently have funding support confirmed, Malaria Consortium will welcome further discussions with GiveWell about this opportunity.

Annexes

Annex 1: List of SMC-eligible districts and funding arrangements 2024–25

Annex 2: Estimated SMC target population 2025–26 by district

Annex 3: Detailed budget 2025–2026