

1. Background

In early 2023, GiveWell decided to phase out philanthropic funding for seasonal malaria chemoprevention (SMC) in Chad because it estimated the programme's cost-effectiveness below its funding threshold at the time. Following this decision, Malaria Consortium worked with Chad's national malaria programme to identify alternative funding sources for the health districts where we supported SMC as an implementing partner. This resulted in the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) allocating funding to 20 of those health districts, starting in 2025. No alternative post-2024 funding sources were identified for 10 of the health districts supported by Malaria Consortium – all located in the Bahr el Gazal and Mayo-Kebbi Est regions.

In September 2024, GiveWell told Malaria Consortium that it had revised its model and it now estimates the cost-effectiveness of SMC in Chad above its current funding threshold. In response, Malaria Consortium requested approval from GiveWell for the continued use of philanthropic funding to support SMC implementation in the country (**Annex 1**). While we were generally interested in maintaining previous levels of support, Malaria Consortium concluded at the time that in 2025, given the timelines involved in planning for SMC campaigns, it would only be feasible to continue to operate in the 10 health districts we had previously supported and that did not have funding confirmed post-2024. A request for a two-year (2025–2026) grant to implement SMC in those 10 health districts was approved by GiveWell in October 2024.

Two of the 10 health districts included in the grant request have since been subdivided into four health districts. The total number of health districts supported by Malaria Consortium in 2025 is therefore 12. Preparations for the 2025 SMC round in those districts is currently underway, with a total target population of around 290,000 children under five. Malaria Consortium is also facilitating the transition of implementation support to a new partner in the 20 health districts that are transitioning to Global Fund funding in 2025.

2. SMC eligible areas and confirmed funding support

Based on a stratification of malaria interventions carried out by the national malaria programme with support from academic partners,¹ a summary report prepared by the national malaria programme in 2022 listed 98 health districts as eligible for SMC (**Annex 2**). Depending on the duration of the high transmission season, between three and five cycles are recommended, with a shorter peak transmission period in the north of the country and a longer peak transmission period in the south. Many of the health districts listed as SMC eligible in the eligibility report have since been subdivided and the total number of eligible

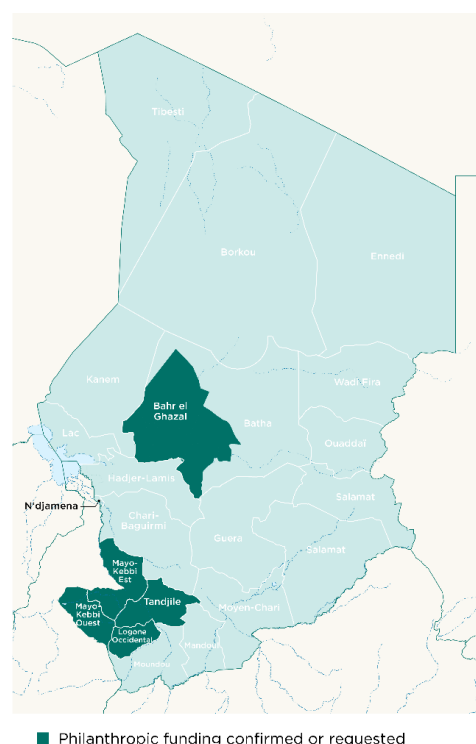
¹ Djaskano MI, Cissoko M, Diar MSI, Israel DK, Clément KH, Ali AM, et al. Stratification and adaptation of malaria control interventions in Chad. *Trop Med Infect Dis.* 2023; 8(9): 450.

health districts as of early 2025 is now 135.² Including the 12 health districts covered by the grant GiveWell approved in October 2024, 51 health districts have funding confirmed for 2025 and 2026 (**Annex 3**). Since GiveWell has indicated that it will consider the possibility of expanding Malaria Consortium's SMC programme in Chad in future years,³ we would now like to submit a request for the use of philanthropic funding to support SMC in additional eligible health districts that do not currently have funding confirmed.

3. Grant request

Malaria Consortium requests approval for the use of philanthropic funding to support SMC implementation in 31 additional health districts in 2026, increasing Malaria Consortium's area of operation to a total of 43 health districts in five regions (**Figure 1**).⁴ We also request approval for the continuation of SMC implementation support in the same 43 health districts in 2027.

Figure 1. Regions in Chad for which philanthropic SMC funding has been confirmed or requested



Not all health districts in the regions highlighted in this map are eligible for SMC. Because of the frequent administrative changes, a district-level map is not available.

² Note that in the grant request we submitted to GiveWell in October 2024, we reported that there were 141 SMC-eligible health districts. However, this erroneously included several health districts that are listed as not eligible for SMC pending further research in the national malaria programme's eligibility report. There have also been further administrative changes that affected the total number of eligible districts.

³ GiveWell. SMC Renewal in Chad—Q4 2024. 2025 January [cited 2025 February 17]. Available from: https://www.givewell.org/research/grants/malaria-consortium-smc-renewals-in-nigeria-burkina-faso-chad-and-togo#SMC_Renewal_in_ChadQ4_2024.

⁴ Target population figures for the 12 health districts Malaria Consortium expects to support in 2025 have been updated compared with the grant request approved in October 2024, based on 2024 administrative coverage data.

The target population in the additional 31 health districts will be around 690,000 children in 2026, resulting in a total target population supported by Malaria Consortium of approximately 980,000 that year (**Annex 4**). Assuming annual population growth of 3.6%, the total supported target population will increase to around 1.02 million in 2027.

The additional 31 health districts were selected based on the following considerations:

- Malaria Consortium already supports eight out of the 15 SMC-eligible health districts in Mayo Kebbi Est region. We now propose to expand our support to the remaining seven health districts in this region, as we already have a strong relationship with the provincial health authority.
- We also propose to expand our support to 24 health districts in three regions that have not so far benefitted from SMC: Logone Occidental, Mayo Kebbi Ouest and Tandjile.
- The majority of health districts in those three regions are located in areas of high transmission according to the national malaria programme's eligibility report, with adjusted annual incidence of >450 per 1,000 population.
- The national malaria programme has expressed strong interest in expanding SMC to those regions.
- Mayo Kebbi Est, Mayo Kebbi Ouest, Logone Occidental and Tandjile would form a contiguous area of operation, which facilitates coordination between regions, for example with regard to the transport of commodities.

All of the 31 additional health districts require five annual SMC cycles according to the national malaria programme's eligibility report. There are two health districts in Bahr el Gazal which are among the 12 health districts Malaria Consortium is supporting in 2025 and which, according to the eligibility report, only require three annual SMC cycles. We plan to reduce the number of annual SMC cycles accordingly in those health districts as of 2026.

All 43 health districts could be supported from Malaria Consortium's main office in the capital city, N'Djamena, and are currently considered safe to operate in. While the supported target population would more than treble in 2026 compared with 2025 and the number of treatments provided (target population times number of cycles) will quadruple, the scale-up would result in only a modest increase in Malaria Consortium's staff and operational costs, and the scale of our operations would be comparable to the years before 2025. We estimate the total budget required to expand to 31 additional health districts in 2026 at USD 3.9 million, and to maintain support for 43 health districts in 2027 at USD 5.4 million, resulting in a request for a total of USD 9.3 million, exclusive of management fee (**Table 1**). See **Annex 5** for a detailed budget per budget line and year.

Table 1. Requested budget for expanding philanthropic support for SMC in Chad to 31 additional health districts in 2026 and maintaining support for 43 health districts in 2027 (in USD)

Budget line	2026	2027	TOTAL
Malaria Consortium staff	282,888	623,888	906,775

Medicines and freight	1,056,224	1,386,754	2,442,978
Other commodities and supply management	44,734	81,521	126,256
SMC delivery	2,278,988	2,903,728	5,182,717
Malaria Consortium operational costs	88,502	171,431	259,933
Digitalisation	155,000	215,000	370,000
External relations	0	10,000	15,000
TOTAL (excluding management fee)	3,906,336	5,403,552	9,309,888
Management fee	468,760	648,426	1,117,187
TOTAL (including management fee)	4,375,096	6,051,978	10,427,075

The budget assumes relatively modest costs for supporting the operationalisation of a digital tool that was developed and funded by the Global Fund. However, Malaria Consortium believes that there is potential to support the country in developing a comprehensive campaign digitalisation strategy. We will discuss this with the national malaria programme and other stakeholders, including potential funders, during 2025. Should additional philanthropic funding be required, we will submit a separate grant request. No research costs are expected in addition to what was approved by GiveWell in October 2024. Malaria Consortium will discuss philanthropic funding for further research proposals with GiveWell if required.

Annexes

Annex 1: Grant request for philanthropic funding to support SMC implementation in 10 health districts, 2025–2026 (approved by GiveWell in October 2024)

Annex 2: Summary report on SMC eligibility in Chad (prepared by the national malaria programme in November 2022)

Annex 3: List of SMC-eligible health districts and funding support 2025–26

Annex 4: Estimated SMC target population 2026–27 by health district

Annex 5: Detailed budget 2026–2027