malaria consortium

disease control, better health

SMC in East and southern Africa: In summary

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Summary of results – what we know

In both study locations, SMC was feasible, acceptable and effective in preventing clinical malaria during the high transmission season.

Resistance is high in both study locations but there is no evidence of substantial changes in the resistance profiles as a result of SMC implementation.

In Mozambique, the chemoprevention efficacy of SPAQ was suboptimal.

Summary of results – what we don't know

We do not yet have chemoprevention efficacy data from Uganda, which will include data on breakthrough infections at intermediate time points, as well as a control.

We do not yet have comparative chemoprevention efficacy data from South Sudan and the Sahel.

We do not yet have a detailed understanding of the relationship between effectiveness, resistance and chemoprevention efficacy, or how this relationship is affected by seasonality, immunity or transmission intensity.

Summary of results – the risks

It is possible that high resistance might mean the effectiveness of SMC with SPAQ will decline faster in East and southern Africa than in the Sahel.

It is possible that SMC may contribute to a worsening of parasite resistance, which could negatively affect IPTp and PMC with SP or the therapeutic efficacy of AQ.

Summary of results – closing the evidence gap

Analysis of data we are expecting from the resistance and chemoprevention efficacy studies in Uganda, South Sudan, Burkina Faso and Nigeria will strengthen our ability to compare and interpret our findings.

The Rapid Assessments will gather more data on the suitability of SMC in a range of epidemiological contexts and result in model that can predict the suitability of SMC in different geographies.

Summary of results – Malaria Consortium's position

- The high effectiveness measures found in the trials justify continued SMC deployment in those locations and locations where the epidemiological profile is comparable.

- Any SMC deployment must be accompanied by a strong surveillance system to monitor resistance, drug efficacy, transmission intensity and impact on other malaria interventions.

Summary of results – Malaria Consortium's position

We do not advocate for a blanket approach to scaling up SMC in the region and cannot at this point support the deployment of SMC in areas with substantially different epidemiological profiles compared to the study locations.

We will need to adapt our position with the emerging evidence – every 6-12 months.

Summary of results – our ask

1. Should GiveWell's cost-effectiveness thresholds be met, we request continued support for SMC deployment in northern Mozambique and northeastern Uganda.

2. We also request your continued support for the Rapid Assessments and other relevant research.

3. We value your input to the research agenda and continued discussions of implications for policy, practice and funding as the evidence base grows.

Stakeholder engagement

Over the coming months, similar conversations have been scheduled with WHO, BMGF, Global Fund and PMI.

Many of the study results will be presented at ASTMH.

A string of peer-reviewed publications are in preparation.

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Thank you

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