

## MIM 2013

### **Symposium: Seasonal Malaria Chemoprevention: the broader picture**

#### Abstract:

The World Health Organization issued a recommendation on Seasonal Malaria Chemoprevention (SMC) in March 2012. The recommended SMC strategy is administration of monthly courses of a full therapeutic dose of Sulphadoxine/Pyrimethamine (SP) and Amodiaquine (AQ) to children between 3 to 59 months, in areas of the Sahel with high seasonal transmission and where the efficacy of SP + AQ remains above 90%. Strengthened pharmacovigilance and monitoring of the efficacy of SP and AQ are also part of the recommendation.

The recommendation is well supported by evidence on the impact of SMC on malaria morbidity, yet several questions remain. First, both SP and AQ have documented rare severe adverse effects and the feasibility and methodology of pharmacovigilance in this often challenging context need careful consideration.

Second, an increase in resistance to SP and/or AQ may result from SMC, and surveillance is needed to quantify and report any changes in efficacy as a result of the intervention. It is critical that policy makers are informed and prepared to choose alternative drugs if resistance to either drug is shown to be increasing. Moreover, adoption of SMC is likely to influence the prescription practice for the first line ACT's, so the direct and indirect impact of SMC on the broader issue of ACT and artemisinin efficacy must be part of these discussions.

Third, some regions outside of the Sahel sub-region have a similar seasonal profile and might benefit from SMC strategies. However, already high resistance to SP and/or AQ precludes use of this combination in many areas, and possible options will require careful consideration.

Finally, a better understanding of each local epidemiologic context is still needed. The prevalence of malaria parasites, symptomatic or asymptomatic, is a critical element in the discussion of long term strategies to control the malaria burden. Alternative strategies can include SMC with different molecules, intermittent screening and treatment, or intermittent presumptive treatment.

To maximize the effectiveness of SMC now and prolong its useful life, we need to consider all of these issues as the strategy is expected to be implemented widely in the Sahel and considered elsewhere.