**WHO/TDR Technical Consultation to update the field manual for Seasonal Malaria Chemoprevention**

**Concept Note**

The current policy guidance for Seasonal Malaria Chemoprevention (SMC), established in 2012, is based on findings from clinical trials and a large-scale effectiveness study conducted between 2002 and 2010. In October 2019, the Global Malaria Programme and the Special Programme for Research and Training in Tropical Diseases convened a technical consultation to review programmatic experiences and more recent research findings. The WHO/TDR consultation recommended, where appropriate, pilot and evaluate adaptations of the SMC strategy to the local context in order to improve impact, ensuring that any modifications are rigorously evaluated under operational conditions, including the use of five cycles in areas where four cycles four weeks apart are not sufficient to protect children throughout the high-transmission period; the inclusion of older children where this is justified by the disease burden; and integration with other relevant strategies, including iCCM and nutritional screening.

In June 2022 WHO updated the Guidelines for Malaria (<https://apps.who.int/iris/rest/bitstreams/1427681/retrieve>) and issued the following new recommendation on SMC, as follows: “In areas of seasonal malaria transmission, children belonging to age groups at high risk of severe malaria should be given antimalarial medicines during peak malaria transmission seasons to reduce disease burden.” As written *verbatim* in new WHO malaria guidelines “The updated chemoprevention recommendations reflect the paradigm shift, outlined in the introduction, to provide greater flexibility to NMPs to adapt control strategies to suit their settings. Standard processes have been used to develop evidence-based recommendations which are not unduly restrictive. We no longer specify strict age groups, transmission intensity thresholds, numbers of doses or cycles, or specific drugs. The effectiveness of a chemoprevention programme will be influenced by a host of contextual and other factors (e.g. intensity of malaria transmission, extent of seasonal variation in transmission, the age group targeted by the chemoprevention programme, the preventive efficacy of the drugs used, the frequency of dosing, duration of protection of each treatment course, availability of drugs, coverage achieved, adherence to the recommended regimen) and by the mix of interventions being deployed in each setting. NMPs are therefore encouraged to consider local data to determine how best to tailor.” For implementation of SMC the new guidelines in the section “Practical Info” (page 94) refer to the document “Seasonal malaria chemoprevention with sulfadoxine–pyrimethamine plus amodiaquine in children: a field guide”, published in July 2013 <https://apps.who.int/iris/bitstream/handle/10665/85726/9789241504737_eng.pdf?sequence=1&isAllowed=y>.

The existing implementation field guide needs to be updated to align with the new WHO recommendations, in particular the document should provide clear criteria for NMCP to decide on the target age groups, transmission intensity thresholds, numbers of doses or cycles, or specific drugs. The field manual should also indicate potential sources of local data, including proxy indicators, based on which NMCP decisions can be made, taking in consideration relevant contextual factors. A new draft version of the SMC field implementation manual was developed following WHO/TDR Consultation in October 2019, and it will serve as the basis for developing the new version of the field manual aligned with the WHO recommendations on SMC released in 2022.

The key sections of the Seasonal malaria chemoprevention with sulfadoxine–pyrimethamine plus amodiaquine in children: a field guide”, published in July 2013 which need updating include the following:

1. Criteria for definition of seasonality, peak transmission season in relation to timing of the SMC campaigns and data sources (e.g. rainfall and case-based malaria surveillance)
2. Criteria for start and end of SM campaigns and number of monthly treatment cycles (3-5) in relation to seasonality of transmission
3. Where to implement SMC in relation to rainfall and seasonality, including specific adaptations for urban/sub-urban areas
4. When to extend to older children (5-10 years old) and data sources on high risk of severe malaria in this age-group to guide decisions
5. Dosage and appropriate course-of-therapy packs for amodiaquine plus sulfadoxine-pyrimethamine in children above 5 years of age
6. When to consider alternative antimalarial medicines to amodiaquine plus sulfadoxine-pyrimethamine, based on the results of the malaria chemoprevention efficacy study (CPES) protocol
7. How implement SMC with different delivery systems, including adaptations to minimize SARS-CoV-2 transmission
8. How to implement SM as integrated campaigns (nutrition, iCCM, NTD etc) and how to deliver in synchrony when combined with RTSS malaria vaccination
9. Updating the evidence of impact based on large-scale SMC implementation programs as per recent publications
10. Selection of data, indicators and monitoring systems to strengthen the evaluation of SMC in line with the new recommendations and to improve comparability of interventions across different programs

**Method of work:**

The 10 topics listed above will be presented by technical resource persons at a WHO/TDR Technical Consultation with NMCP focal points for SMC invited as discussants for all the above sections. Technical resource persons of agencies supporting SMC implementation will also be invited to attend the meeting, as well as, as Observers, representatives of agencies funding SMC.

The draft SMC field manual updated on the basis of the WHO/TDR Technical Consultation held in October 2019 will serve as working draft. The Rapporteur of the meeting and WHO Secretariat, based on the outcomes of the discussions will incorporate all inputs in the new version of the field manual, share the draft with the all meeting participants and then finalise for publication.

**Proposed timelines**

Assignment of topics to experts 15 October 2022 WHO Secretariat

WHO/TDR meeting in presence 21-23 November 2022 Experts + Observers + Secretariat

Draft SMC Field Manual 15 December 2022 Rapporteur/Writer

Review draft SMC manual 15 January 2023 Experts

Finalisation and publication 15 February 2023 Rapporteur + Secretariat