

#### IRS and SMC in Ségou region, Mali

Evidence of a combined effect in 2014

ASTMH 2018: 31 October Dr. Seydou Fomba; PNLP, Mali Presented by Dr. Diadier Diallo, MEASURE Evaluation, Mali







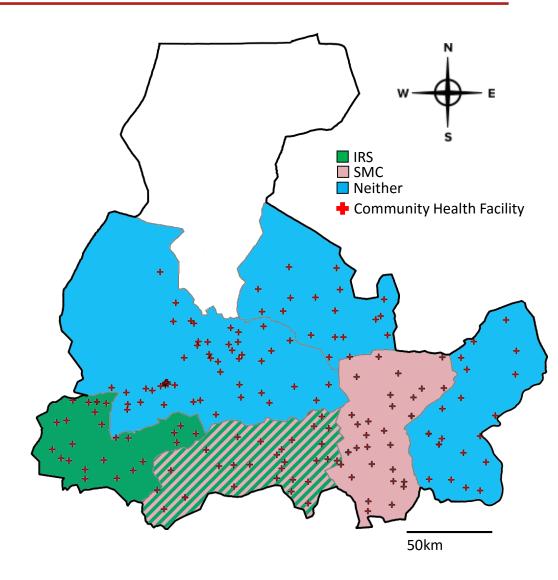






# Ségou region, 2014

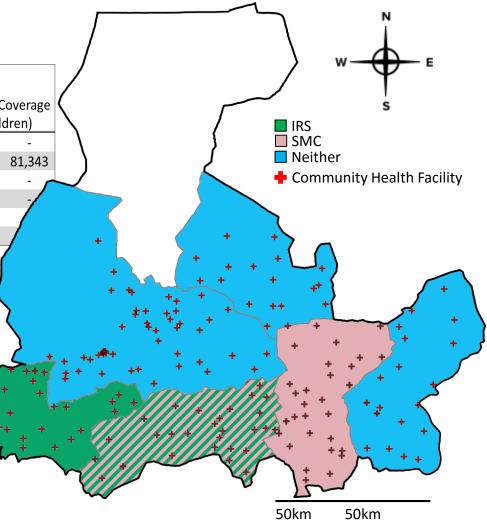
- The PMI/AIRS campaign covered 2 districts (Barouéli and Bla) with a new 3<sup>rd</sup> generation IRS product
  - Actellic<sup>®</sup> 300CS (pirimiphos methyl)
  - Implemented 15 July through 25 August
- An expanding SMC pilot also covered 2 districts (Bla and San)
  - All children aged 3 to 59 months
  - 2 to 3 monthly doses beginning in August
  - sulphadoxine-pyrimethamine (SP) + amodiaquine (AQ)
  - Implemented monthly (starting from August)





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Int	tervention	District	IRS Implementer		overage ctures)		overage Pop)	SMC Implementer		overage ª dren)	SMC 2 Cov (childı	-		Coverage dren)	
		Barouéli	•	•	, 61,234	93%	279, 441	•	-	-	-	-	-	-	
	SMC	San	-	-	-	-	-	UNICEF	99%	79,124	93%	74,391	102%	81,343	
I	RS + SMC	Bla	PMI	98%	96,229	95%	334,115	NMCP	102%	69,132	105%	70,988	-	- /	1
	neither	Macina	-	-	-	-	-	-	-	-	-	-	-	-/	
	neither	Niono	-	-	-	-	-	-	-	-	-	-	-		
	neither	Ségou	-	-	-	-	-	-	-	-	-	-	-		

<sup>a</sup> SMC 1 = Round 1: August; SMC 2 = Round 2: September; SMC 3 = Round 3: October

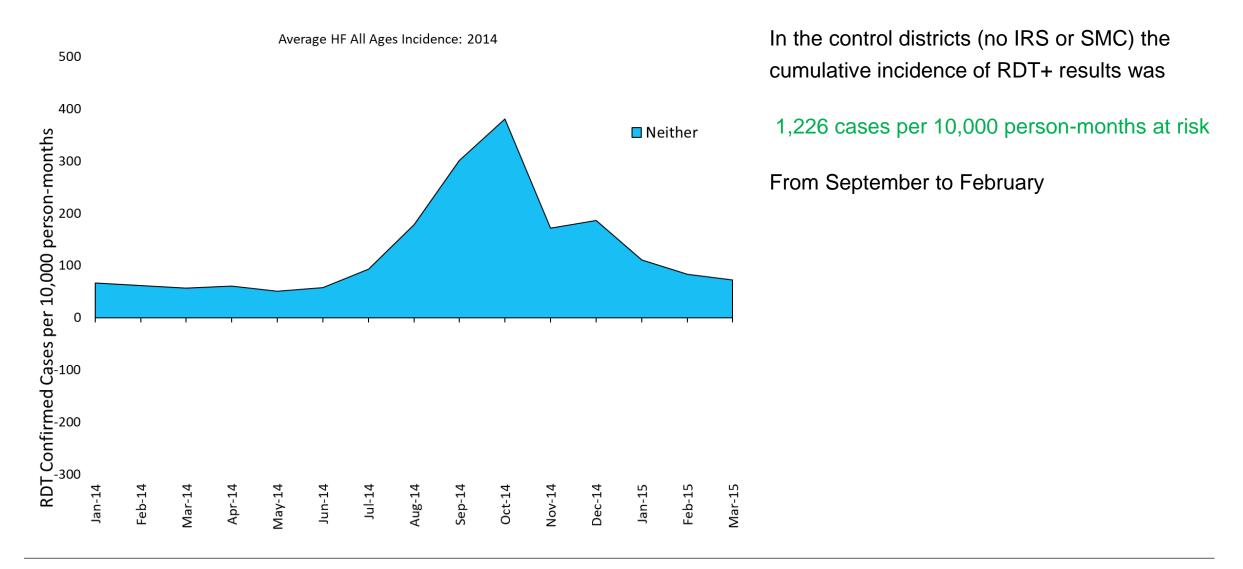




# Passive Surveillance at the Health Facility Level

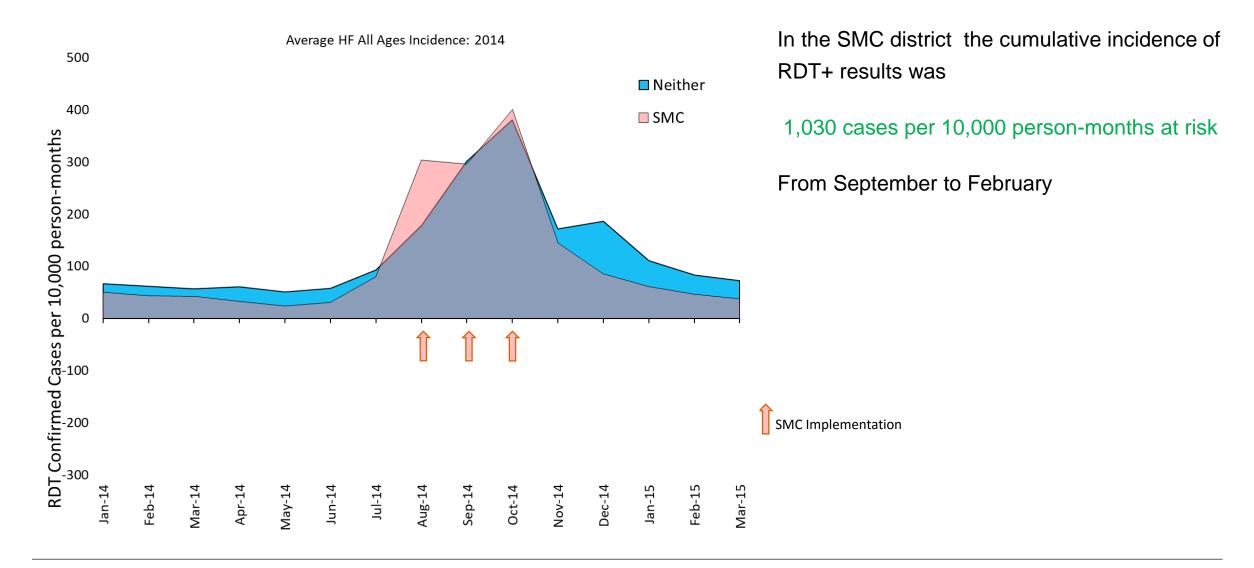
- All ages (general population)
- 472,046 RDT-confirmed cases of malaria reported by the routine health system (Système Numérique d'Information Sanitaire Intégré/SNISI) from Jan 2014 to Mar 2015
  - 2,712 monthly reports from 164 community health centers in the six districts
  - Community health center catchment area population estimates obtained from the Ministry of Health
  - Health center incidence rates were stratified by intervention status for comparative analyses
  - Analysis performed on the cumulative incidence reported in the 6 months following the IRS campaigns
    - September 2014 February 2015
      - highest transmission period
      - expected residual efficacy of 3GIRS (6 months)





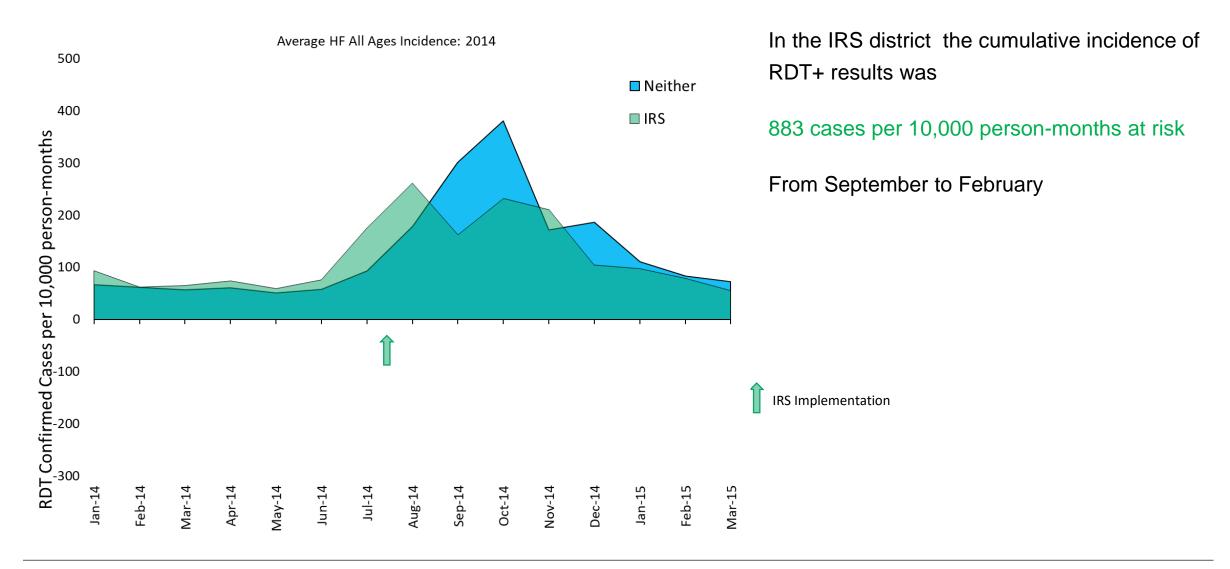
## All-ages malaria incidence





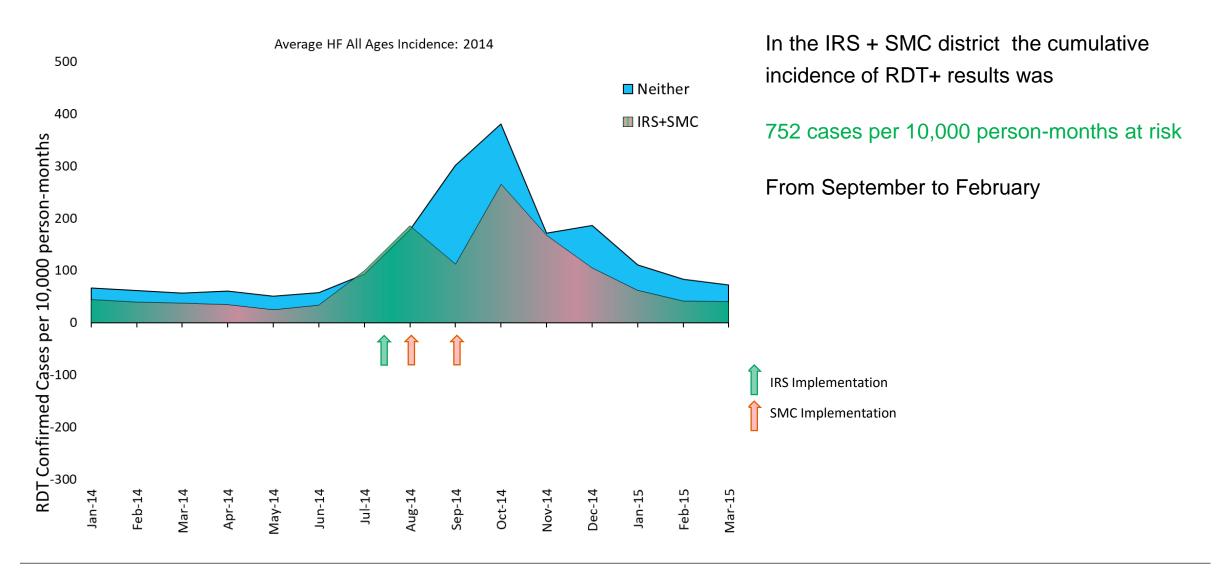
## All-ages malaria incidence



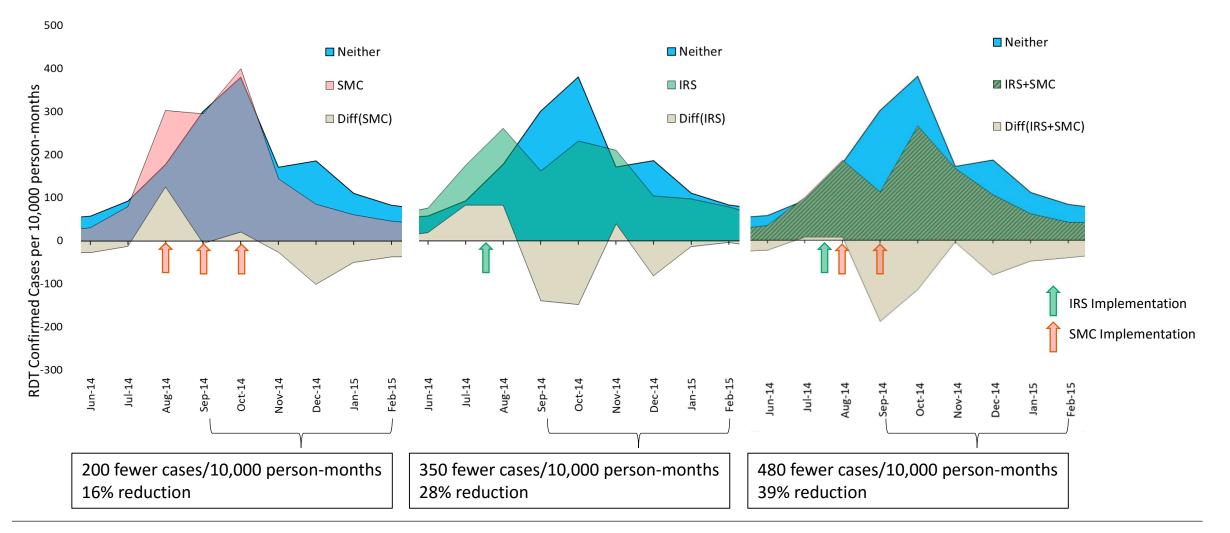


## All-ages malaria incidence



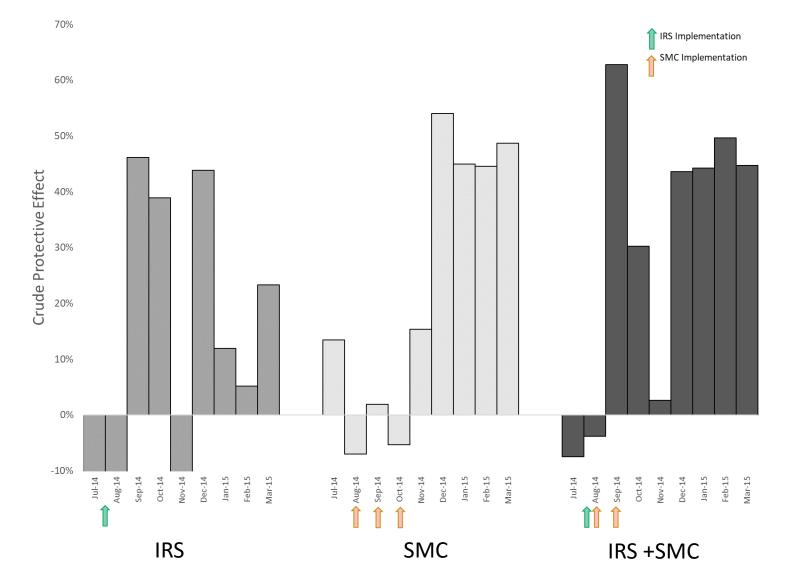






### Crude protective effects: all-ages population

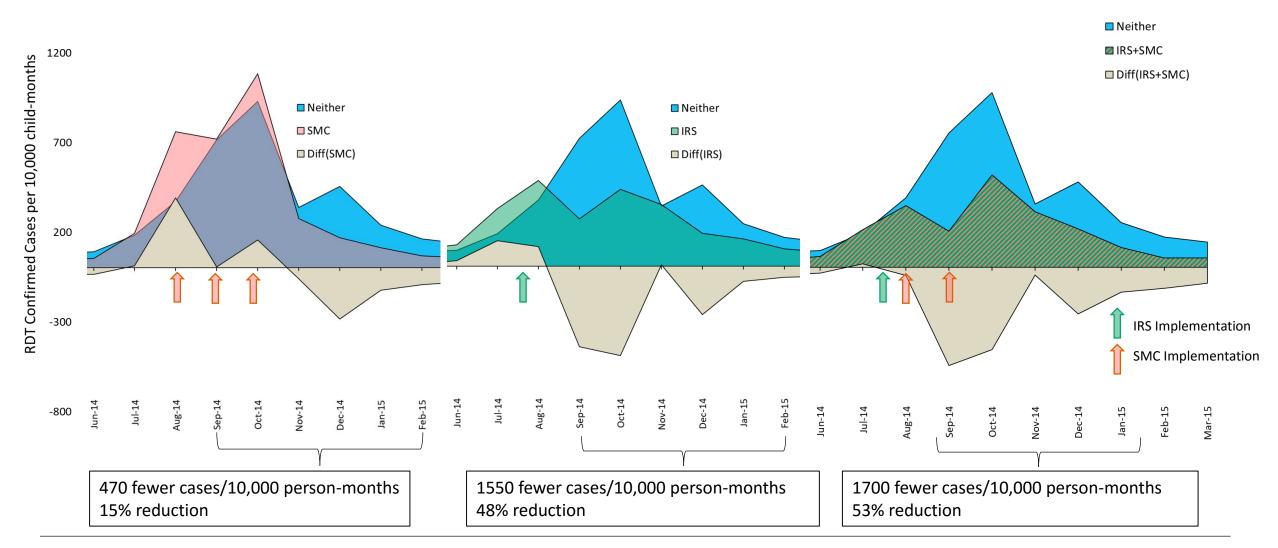




The crude protective effect of each intervention by month (percent reduction in incidence compared to the control)

- IRS had a large impact initially that diminished over time
- SMC had a moderate effect initially, but increased over time
- The combined effect was both rapid and of longer duration

### Under 5-year old malaria incidence

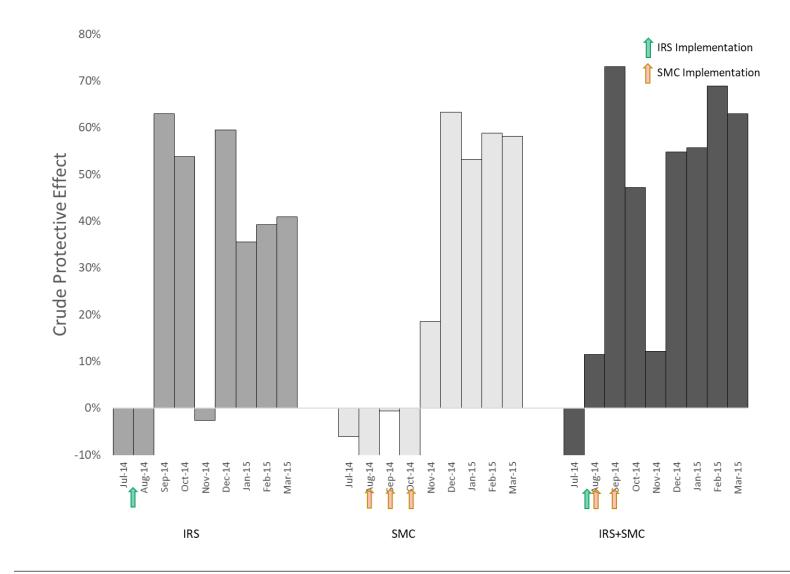


**Ngenirs** 

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## Crude protective effects: u5 population





The crude protective effect of each intervention by month (percent reduction in incidence compared to the control)

- IRS had a large impact initially that diminished over time
- SMC had a moderate effect initially, but increased over time
- The combined effect was both rapid and of longer duration



### Discussion

- These observational results suggest a possible combined effect for the co-implementation of IRS and SMC in central Mali
- Compared to neighboring districts that received neither intervention, routinely reported malaria incidence rates in the u5 population were reduced
  - 53% in Bla, where both IRS and SMC were implemented
  - 48% in Barouéli, where only IRS was implemented
  - 15% in San, where only SMC was implemented

# Thank you! Merci beaucoup!



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