

Title

Title of paper / abstract / report that data are extracted from

Lead author**Country in which the study was conducted****Methods****Aim of study****Study design**

- Randomised controlled trial
- Non-randomised experimental study
- Cohort study
- Cross sectional study
- Case control study
- Systematic review
- Qualitative research
- Prevalence study
- Case series
- Case report
- Diagnostic test accuracy study
- Clinical prediction rule
- Economic evaluation
- Text and opinion
- Other

Start date

End date

Publish year

Possible conflicts of interest for study authors

Participants

Population description

Total number of participants

For SMC: Medication and duration

Contextual Factors

- Acceptability
- Health equity, equality and non-discrimination
- Feasibility and health system considerations
- Financial and economic considerations
- Balance of health benefits and harms
- Values and preferences

Factors

	Notes	Quotes/page number
Acceptability		
Health equity, equality and non-discrimination		
Feasibility and health system considerations		
Financial and economic considerations		
Balance of health benefits and harms		
Values and preferences		

References to review

Appendix B: Included publications and study details

Source	Country	Data collection year	Intervention	Study population	Contextual Factors
ACCESS-SMC Partnership, 2020	Burkina Faso, Chad, The Gambia, Guinea, Mali, Niger, and Nigeria.	2015-2016	SMC for children 3-59 months with 4 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	3,650,455 children	Equity; Feasibility; Financial considerations
Ahorlu, C. et al., 2011	Ghana	2007-2009	IPTc (not given seasonally) for children 6-60 months, with 6 cycles of ASAQ given over 24 months (every 4 months, July, November, March) delivered door-to-door, DOT for all doses	Eligible children. cycle 1: 413 cycle 2:420 cycle 3:433 cycle 4:415 cycle 5:419 cycle 6:421	Feasibility
Ansah, P. et al., 2016	Ghana	2015	SMC for children under 5 Drug, delivery method and DOT not specified	50 interviews and 8 focus group discussions with parents, guardians, community health workers, and health volunteers	Acceptability
Ansah, P. et al. , 2021	Ghana	2015	SMC for children 3-59 months with 4 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	731 children in the intervention district and 708 children from the control district	Acceptability
Antwi, G. et al., 2016	Ghana	2012-2013	SMC for children 3 months to 5 years with 5 cycles SPAQ, distribution included an announcement for caregivers to pick up medicines from a distribution site for administration to children at home by their caregiver. CHWs completed follow up with home delivery for parents who missed the pick-up with DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	Thirteen in-depth interviews and eight focus group discussions with caregivers	Acceptability; Equity; Feasibility

Armstrong Schellenberg, JR et al. , 2010	Tanzania	2005-2006	IPTi for infants 2-11 months with a single dose of SP at 2, 3, and 9 months integrated with EPI	599 children (340 intervention and 259 control), 5,734 households (surveyed after intervention period), 135 HCF (65 intervention and 70 comparison facilities surveyed during intervention period)	Acceptability; Feasibility
Audibert, C. & Tchouatieu, A. , 2021	Cameroon, DRC, Ghana, Nigeria, Senegal, Sierra Leone, Tanzania, Uganda	2019	IPTi and SMC (country specific drugs and dosing schedule)	Interviews conducted with community health workers (CHWs), health center managers, parents of children receiving chemoprevention, and national decision makers. The final sample for the field survey consisted of 94 health center managers, 46 community health workers, 14 key informants, and 25 parents	Acceptability; Feasibility
Ba, E. et al., 2018	Senegal	2006-2010	SMC for children 3-119 months (Early years pilot study restricted to children 2-59 months) with 3 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	Interviews with mothers, interview and focus group discussions with health workers and community members	Acceptability; Equity; Feasibility; Financial considerations
Balla, K et al. , 2022	Benin, The Gambia, Ghana and Nigeria	2015-2021	SMC with SPAQ for up to 5 cycles but number of doses and delivery strategy varies by country	Health care workers *study evaluated the use of a digital data collection system.	Feasibility; Financial considerations
Barry, A. et al., 2018	Mali	2014	SMC for children 3-59 months with 3 cycles of SPAQ using multiple delivery strategies, door-to-door or fixed-point distribution further divided by directly observed therapy or non-directly observed therapy	Interviews of 1588 mothers of children who received SMC	Acceptability; Feasibility
Bicaba, A. et al., 2020	Burkina Faso	2017-2018	SMC for children 3-59 months with 4 cycles delivered door-to-door Drug and DOT not specified	Questionnaire completed by 612 Community Based Distributors (CBD)	Feasibility
Bojang, K. et al., 2011	Gambia	2006-2007	IPTc (SMC) for children 6 months to 6 years with 3 cycles of SPAQ delivered to villages by Reproductive and Child Health	Interviews with 390 caregivers 12,326 children received SPAQ	Equity; Feasibility;

			(RCH) trekking teams at a trekking clinic (mobile point) or Village Health Workers, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved		Financial considerations
Bonkougou, M., et al., 2018	Burkina Faso	2017	SMC for children 3-59 months with 4 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	58246 children treated in Boromo and 50,007 at Dano.	Feasibility
Ceesay, S. et al., 2016	Gambia	2015	SMC for children 3-59 months with 4 cycles of SPAQ delivered door-to-door,	Surveys of 1174 children under 7	Feasibility
Chandramohan, D. et al., 2007	Ghana	2000-2004	IPTi for infants under 1 year with SP given at DPT-2, DPT-3, and measles vaccination visits and at 12 months of age, integrated with EPI	Infants 2-12 months old	Equity; Feasibility
Chatio, S. et al., 2019	Ghana	2015	SMC for children 3 months to 5 years with 4 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	10 in depth interviews with health volunteers 20 in depth interviews with mothers 8 Focus group discussions with mothers and fathers with children <5	Acceptability; Feasibility
Cisse, B. et al., 2016	Senegal	2008-2010	SMC for children 3-59 months (expanded to 10 years of age for 2009 and 2010) with 3 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	In-depth interviews were held with mothers and carers, community leaders, community health workers, health post nurses, and district medical staff (54 health posts children served: 14,000 in 2008; 90,000 in 2009; 160,000 in 2010)	Acceptability; Financial considerations
Cisse, B. et al., 2009	Senegal	2008	IPTc (SMC) for children 2-59 months for 3 cycles with SP+AQ or DHA+PQ or SP+PQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3	1893 children	Acceptability; Financial considerations
Compaore, R. et al., 2017	Burkina Faso	2014-2015	SMC for children 3-59 months with 4 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	284 caregiver surveys, 21 interviews (3 district managers, 6 former HCW, 6 CD and 6 caregivers)	Acceptability; Feasibility
Conteh, L. et al., 2010	Tanzania, Mozambique	2006-2007	IPTi	Household interviews	Financial considerations

	ue, Gabon, Kenya, Ghana		Tanzania: SP, CD3, MQ or placebo given at 2,3 and 9 months integrated with EPI. Mozambique: SP given at 3, 4, and 9 months integrated with EPI Gabon: SP given at 3, 9 and 15 months with EPI Kenya: SP-AS, ASAQ, CD3 or placebo given at 2, 3, and 9 months integrated with EPI Ghana: SP or placebo given at 3, 9 and 15 months or placebo given at 3,4,9 and 12 months integrated with EPI DOT not specified		
Conteh, L. et al., 2010	Ghana	2005	IPTc (SMC) for children 3-59 months with SP given every two months for 6 months, ASAQ every two months for 6 months, ASAQ monthly or placebo delivered door-to-door for 6 month, DOT for all three doses	SP bi-monthly to 613 children, ASAQ bi-monthly to 562 children, ASAQ monthly to 626 children	Feasibility; Financial considerations
De Sousa, A. et al., 2012	Benin, Madagascar, Senegal	2007-2008	IPTi for infants under 1 year with 3 SP given at 2,3 and 9 months integrated with EPI	605 in depth interviews conducted (407 caregivers, 198 health workers) 51 focus group discussions (46 with caregivers, 5 with health workers) Direct observation done both in households and in the health centers that served 65 700 infants receiving IPTi	Acceptability; Equity; Feasibility
Diawara, H. et al. , 2021	Mali	2014	SMC for children 3-59 months with 4 cycles of SPAQ via fixed point distribution, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	SMC to 104,255 children	Financial considerations
Dicko, A. et al., 2011	Mali	2006-2007	IPTi for infants under 1 year with SP given at DPT2, DPT3 and measles/Yellow fever vaccination integrated with EPI	Baseline 1050 children, post-intervention 1051 in the intervention zone and 1055 in control zone	Acceptability; Feasibility

Druetz, T et al., 2018	Burkina Faso	2015	SMC for children 3-59 months with 4 cycles of SPAQ delivered door-to-door, DOT not specified	1,311 households surveyed with children 3-71 months old	Acceptability; Equity; Feasibility
Gilmartin, C. et al., 2021	Burkina Faso, Chad, Guinea, Mali, Niger, Nigeria and The Gambia	2016	SMC for children under 5 years with 4 cycles of SPAQ, delivery strategy varied by country (fixed-point, mobile-point, door-to-door, mixed-methods), DOT not specified	Financial evaluation	Feasibility; Financial considerations
Gysels, M. et al., 2009	Kenya, Tanzania, Gabon, Ghana, Malawi		IPTi for infants up to 15 months with SPAQ, SP alone or SP + mefloquine (MQ) given at 3,4,9 months or 3,9 15 months or 2,3,9 months or 10 weeks, 14 weeks 9 months, integrated with EPI	Structured questionnaires (1,296), semi-structured interviews (168), in-depth interviews (748) and focus group discussions (95) with mothers, fathers, health workers, community members, opinion leaders, and traditional healers. Participant observation was also carried out in the clinics.	Acceptability; Equity; Feasibility; Financial considerations; Values and preferences
Hutton G. et al., 2009	Mozambique and Tanzania		IPTi for infants under 9 months with SP integrated with EPI	Financial evaluation	Financial considerations
Issiaka, D., et al., 2015	Mali		SMC for children 3-59 months with 3 cycles of SPAQ delivered door-to-door or fixed-point, both DOT and non-DOT strategies implemented	32 villages, 2,132 children	Feasibility
Koko, D., Maazou, A., Jackou, H. & Eddis, C., 2022	Niger	2020	SMC for children 3-59 months for 4 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	Caregivers interviewed	Acceptability; Feasibility; Values and preferences
Kombate, G. et al., 2019	Burkina Faso	2017	SMC for children 3-59 months for 3 cycles of SPAQ delivered door-to-door, DOT for	28 CHWs were observed, 34 in-depth interviews (28 CHWs, 4 head nurses, 2 community leaders)	Acceptability; Feasibility

			dose 1 then caregivers gave doses 2 and 3 unobserved		
Konate, D. et al., 2022	Mali	2019	SMC for children 5-14 years for 5 cycles of SPAQ via fixed-point delivery	350 children	Acceptability; Feasibility
Kpormegbe, S. K. & Ahorlu, C. K., 2014	Ghana	2007-2009	IPTc (Not given seasonally) for children 6-60 months with SPAQ every 4 months from July 2007 until March 2009 delivered door-to-door, DOT for all doses	Semi-structured questionnaires with 105 caregivers, focus group discussion with 9 community assistants, 16 in-depth interviews with opinion leaders	Acceptability; Feasibility
Kweku, M. et al., 2009	Ghana	2006	IPTc (SMC) for children 3-59 months with 4 cycles of SPAQ (May, June, Sept. Oct.) delivered door-to-door or fixed-point, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	964 children	Equity; Feasibility; Financial considerations
Lahuerta, M. et al., 2021	Sierra Leone	2017-2018	IPTi for infants under 9 months with SP given at 10 weeks, 14 weeks and 9 months, integrated with EPI	18 Health facility surveys, 18 maternal and child health aids, one community health assistant and one immunization officer completed the KAP survey, 433 households surveyed, 395 child health cards verified	Acceptability; Equity; Feasibility
Maccario R. et al., 2017	Mali	2010-2012	IPTsc for children in grades 1-6 with one cycle of SP+AS delivered at school, DOT not specified	Economic evaluation (40 schools, 6413 children)	Financial considerations
Makenga, G. et al., 2023	Tanzania	2020	IPTsc for children 5-15 years with DP every 4 months (March, July & November) delivered at school, DOT for all doses	24 wards (4032 children)	Acceptability; Equity; Feasibility
Manzi, F. et al., 2008	Tanzania	2004-2008	IPTi for infants under 9 months with SP given at 2, 3, and 9 months integrated with EPI	Financial evaluation	Financial considerations
Manzi, F. et al., 2009	Tanzania	2004-2005	IPTi for infants under 9 months with SP given at 2, 3, and 9 months integrated with EPI	Focus groups and in-depth interviews at the village level, individual consultations with national, regional and district health staff for pre-testing branding materials; In-depth interviews with	Feasibility; Financial considerations

				nursing staff concerning IPTi implementation; Shadowing clinic staff for time-in-motion study	
Matangila, J. et al., 2017	Democratic Republic of Congo	2014-2015	IPTsc for school age children with SP (single treatment), SP+PQ (PQ given as 2 doses), or no-treatment every 4 months delivered at school, DOT for all doses	80 focus group discussions with parents and 6 semi-structured interviews with teachers and directors	Acceptability; Equity; Feasibility; Values and preferences
Moukenet, A. et al., 2022	Chad	2019	SMC for children 5-10 years with 4 cycles of SPAQ, delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	Routine LQAS monitoring surveys of 90 caregivers of children 3-59 months from cycle 1, 100 from cycle three and 101 from cycle four. 14 Key informant interviews with policy makers and donor representatives. 4 Focus group discussions with caregivers	Acceptability; Feasibility; Financial considerations
Mushi, A. et al., 2008	Tanzania	2004-2005	IPTi for infants under 9 months with SP given at 2, 3 and 9 months, integrated with EPI	52 Focus group discussions and 8 open ended interviews with community members and health workers	Acceptability; Feasibility
Ndiaye J L. et al., 2019	Senegal	2011	SMC for children 3 months to 9 years with 5 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	Twenty-four villages, including 2,301 children aged 3–59 months and 2,245 aged 5–9 years	Acceptability; Feasibility
Nonvignon J. et al., 2016	Ghana	2015	SMC for children 3-59 months with 4 cycles of SPAQ delivered door-to-door, DOT for all doses	112 volunteers and 517 caregivers were interviewed	Feasibility; Financial considerations
Ogbulafor, N. et al., 2023	Nigeria	2021-2022	SMC for children 3-59 months for 3 or 4 cycles with SPAQ either door-to-door or fixed-point delivery, DOT not specified	84 focus group discussions with caregivers and 106 interviews community leaders and community drug distributors	Acceptability; Feasibility
Okereke, E. et al., 2023	Nigeria.	2021	SMC for children 3-59 months with 4 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	20 semi-structure interviews with stakeholders from national, state, local government and community levels	Equity; Feasibility; Acceptability

Oresanya, O. et al., 2019	Nigeria	2018	SMC for children 3-59 months with 4 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	Interviews with caregivers from 4090 households	Feasibility
Oresanya, O. et al., 2022	Nigeria	2019	SMC + Vitamin A supplementation for children 6-59 months with 4 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	12 key informant interviews with federal ministry of health (3), state representatives, (4), LGA health department (1) and technical partners (4). 12 Focus group discussions with caregivers (4), community drug distributors (CDD) (4) and CDD supervisors (4). Household questionnaires for caregivers of children ages 3-59 months (baseline 188, endline 197)	Acceptability; Feasibility
Patouillard, E. et al., 2011	Ghana	2006	IPTc (SMC) for children 3-59 months with 4 cycles of SPAQ delivered door-to-door, or fixed-point, DOT not specified	Economic evaluation (248 children in outpatient departments arm, 244 in the EPI arm and 472 in the Community-based delivery arm)	Acceptability; Feasibility; Financial considerations
Pell, C. et al., 2010	Papua New Guinea	2008	IPTi for infants under 12 months with SP+AQ or SP+AS given at 3,6,9 and 12 months, integrated with EPI	In-depth interviews with 23 participant mothers, 2 mother refusers, 2 health workers, 2 village reporters, 2 opinion leaders, 213 questionnaires from participant mothers, focus group discussion with 6 community members	Acceptability; Feasibility
Pitt, C. et al., 2012	Burkina Faso and Mali	2009	IPTc (SMC) for children 3-59 months with 3 cycles of SPAQ via fixed-point delivery, DOT for all doses	24 interviews with community health workers (CHWs), 48 interviews with caregivers, 8 focus group discussions (FGDs) with 54 CHWs, 15 FGDs with 100 caregivers	Acceptability; Equity; Feasibility; Values and preferences
Pitt, C. et al., 2017	Senegal	2010	SMC for children 3 -119 months with 3 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	economic evaluation. Questionnaires from 46 health posts, 4 district headquarters and 405 community health workers	Feasibility; Financial considerations

Pool, R. et al., 2006	Mozambique		IPTi for infants under 9 months with SP given at 3, 4 and 9 months, integrated with EPI	308 interviews with mothers/caretakers of infants (266 who participated in IPTi 42 who refused/dropped out early)	Acceptability
Pool, R. et al., 2008	Tanzania	2005-2007	IPTi with SP integrated with EPI, dose schedule not specified	70 debriefing interviews, 96 in-depth interviews, 44 focus group discussions, and participant observation (ethnographic study) of caregivers, healthcare workers and community members	Acceptability; Equity; Feasibility
Rehman, A. et al., 2019 (same intervention as Staedke, S. et al., 2018)	Uganda	2014	IP Tsc for children 5-15 years, up to 6 cycles of DP given monthly delivered at school	23,280 children registered in 42 intervention schools	Equity; Feasibility
Ross, A. et al., 2011		2009	IPTi for infants under 9 months with SP given at 3,4, and 9 months integrated with EPI. IPTc (SMC) for children 3 months to 5 years for 3 monthly doses or every 2 months throughout the year with SP or ASAQ, DOT not specified	Economic evaluation	Financial considerations
Shehu, U. L., et al., 2017	Nigeria		SMC for unspecified population	325 households in each LGA, 6 focus group discussions.	Acceptability, equity
Sicuri, E. et al., 2011	Gabon	2007	IPTi for infants under 15 months with SP given at 3, 9, and 15 months, integrated with EPI	economic evaluation 1011 infants (504 SP 507 Placebo)	Financial considerations
Sottas, O. et al., 2019	Papua New Guinea	2006-2010	IPTi for infants under 12 months with SP+AQ or SP+AS or placebo given at 3,6,9 and 12 months, integrated with EPI	206 children	Feasibility
Staedke, S. et al., 2018 (same	Uganda	2014	IP Tsc for children 5-20 years old with up to 6 cycles of DP delivered at school, DOT for all doses	23,280 children registered in 42 intervention schools	Equity; Feasibility

intervention as Rehman, A. et al., 2019)					
Strachan, C. et al., 2016	Nigeria	2013	SMC for children 3-59 months with 4 cycles of SPAQ delivered door-to-door (rural areas) or fixed-point (urban areas), DOT not specified	36 individual interviews and 18 focus group discussions (54 participants) with State government, LGA leadership, primary healthcare & malaria staff, UN agency & active international and local NGOs, health facility representatives, traditional and religious community leaders, village health committees, CCGs, CBOs, head of household (males), caregivers of children (females)	Acceptability; Feasibility
Temperley, M. et al., 2008	Kenya	2005-2006	IPTsc for children 5-18 years with SPAQ every 4 months (once per school term) delivered at school, DOT for all doses	economic evaluation (74,000 school children)	Acceptability; Feasibility; Financial considerations
Tine, R. et al, 2013	Senegal	2010-2011	SMC for children 1-10 years old with 2 cycles of SPAQ via fixed-point delivery with at home follow up if a child misses a visit, DOT for all doses	255 surveys, 61 in depth interviews, 6 focus group discussions (village association, health committee, women's groups, households, caregivers, community leaders, CHWs/CHW assistants)	Acceptability; Feasibility
Tine, R. et al., 2014	Senegal	2010-2011	SMC for children 3-119 months with 3 cycles (2010 only 2 cycles completed) of SPAQ delivered door-to-door, DOT for all doses	1006 children in 2010 and 992 children in 2011 completed 8 weeks of follow up	Feasibility
Traore, A. et al., 2022	Burkina Faso	2019	SMC for children 3-59 months with 4 or 5 cycles of SPAQ delivered door-to-door, DOT for dose 1 then caregivers gave doses 2 and 3 unobserved	4 focus group discussions with community distributors, 4 focus group discussions with caregivers of children under 5, Household surveys at the end of cycles, lot quality assurance sampling to assess adherence	Acceptability; Feasibility

