

WHO guideline on mass drug administration of azithromycin to children under five years of age



Around 5.3 million children under the age of five died in 2018. Most of these deaths occurred in low-income countries with the highest risk of death in sub-Saharan Africa. Sustainable Development Goal 3 aims to end all preventable deaths of newborns and children under the age of five by 2030. There is therefore a need to identify simple, feasible and cost-effective interventions to reduce child mortality in low- and middle-income countries. Mass drug administration of azithromycin (MDA-azithromycin) has been effective in containing trachoma and recent studies have suggested that MDA-azithromycin can reduce child mortality rates. MDA-azithromycin is an effective antibiotic for the treatment of acute lower respiratory tract and enteric infections. Although the exact mechanism(s) through which MDA-azithromycin reduces child mortality has not been clearly elucidated, it has been postulated that one route may be through a reduction in the incidence of these infections. In addition, MDA-azithromycin offers short-term protection against *P. falciparum* infection, responsible for malaria. By decreasing the incidence of these

three major causes of mortality, it was hypothesised that MDA-azithromycin may have an impact on overall child mortality, especially in countries with high under-five mortality and a heavy burden of morbidity due to diarrhoea, pneumonia and malaria.

In its new guideline document,¹ the World Health Organization (WHO), aims to provide an evidence-informed recommendation on whether MDA-azithromycin, as a public health intervention for the reduction of under-five mortality, should (a) be rolled out universally in low- and middle-income countries, (b) be applied only in some situational contexts in low- and middle-income countries or (c) not be used at all. After carefully considering the balance of benefits and potential harm, values and preferences of the target population and ethical, acceptability and feasibility issues, the Guideline Development Group (GDG, independent of WHO) made two recommendations on implementing MDA-azithromycin.

Firstly, the GDG decided against a universal recommendation of MDA-azithromycin for low- and middle-income countries (strong recom-

mendation). However, the GDG understands that the benefits appear to outweigh the harm in the settings originally observed, i.e., in sub-Saharan Africa where there is a high burden of infant and child mortality and high burden of disease owing to malaria, pneumonia and diarrhoea. The GDG therefore issued a second (conditional) recommendation for use of MDA-azithromycin in infants aged 1 to 11 months in these settings (targeting the sub-group in which the greatest benefit was observed) with a suggested regimen of 20mg/kg as a single dose every six months. The GDG recommends that infant and child mortality and antimicrobial resistance should be monitored on a continuous basis and that other ongoing child survival interventions be strengthened concurrently. This recommendation is applicable for two to three years from the publication of this guideline, at which point the guidelines are expected to be updated according to new emerging evidence.

¹ WHO. (2020). WHO guideline on mass drug administration of azithromycin to children under five years of age to promote child survival. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.

Launch of the Scaling Up Community of Practice website



In November 2020, the Scaling Up Community of Practice (CoP) website was launched. The website aims to provide a platform for experts and practitioners to exchange knowledge on approaches to scaling up development interventions, enhance collaborative efforts and promote the importance of scaling up considerations to achieve global development goals. The CoP, launched six years ago, now has a 700 strong membership base representing over 200 organisations including development organisations, operating non-governmental

organisations, foundations, universities and think tanks. The CoP has nine thematic working groups each with their own page on the website: nutrition, education, health, agriculture, social enterprises, youth employment, climate change, fragile states and monitoring and evaluation.

The Nutrition Scaling Working Group (NSWG), launched in August 2019, includes 150 members from various advocacy, research, implementation and donor organisations within the nutrition sector and aims to fill a gap in the nutrition community by providing a forum for members to

consider critically how to sustainably scale nutrition programmes. The NSWG webpage focusses on knowledge sharing of research, case studies, systems and methodologies for driving nutrition interventions towards scale, the identification of gaps and lessons learned from within the nutrition community and other sectors, the creation of guidance checklists and the development of analytical tools such as cost-benefit tools. The CoP will gradually transition communications from email to the website including job postings and real-time entries.

The NSWG is an open group – new members passionate about the science of scaling up are welcome to join.

You can register to join the CoP here <https://www.scalingcommunityofpractice.com/register/> and find out more about the Nutrition Scaling Working Group here. <https://www.scalingcommunityofpractice.com/groups/nutrition/>