Save the date

CS4ME ANNUAL FORUM 2024

NO Health Equity, Gender Equality and Human Rights WITHOUT Meaningful Community Engagement In The Malaria Fight

📅 Tuesday, April 23 2024 ❌ 9:00 AM GMT

📍 Online on zoom.us

🔗 Click here to register

CS4ME
CIVIL SOCIETY FOR MALARIA ELIMINATION
Opening remarks

Dr Daniel Ngamije
Global Malaria Programme/
World Health Organization
# Agenda

<table>
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<tr>
<th>Time / Heure (GMT)</th>
<th>Activity / Activité</th>
<th>Speakers / Intervenants</th>
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<tbody>
<tr>
<td>8:45 – 9:00</td>
<td>Participants check-in, sign in virtually, introductions</td>
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<tr>
<td>9:00 – 9:05</td>
<td>Interlude 1: Forum Opener Video</td>
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## OPENING SESSION: MALARIA SITUATION - WHERE WE ARE NOW

<table>
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<tr>
<th>Time</th>
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<th>Speaker(s)</th>
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<tbody>
<tr>
<td>9:05 – 9:10</td>
<td>Opening remarks</td>
<td>Dr Daniel Ngamije M.</td>
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<td>Global Malaria Programme / World Health Organization</td>
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<tr>
<td>9:10 – 9:20</td>
<td><strong>Presentation 1</strong>: Introduction of CS4ME and presentation of tools for CSOs</td>
<td>Olivia Ngou (Moderator / Modératrice)</td>
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<td>CS4ME Global Coordinator</td>
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<td>Executive Director Impact Santé Afrique (ISA)</td>
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<tr>
<td>9:20 – 9:25</td>
<td><strong>Presentation 2</strong>: CS4ME Communication - Launch of the CS4ME whatsapp channel</td>
<td>Yvana KENNE</td>
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<td>Impact Santé Afrique (ISA)</td>
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<tr>
<td>9:25 – 9:35</td>
<td><strong>Presentation 3</strong>: The global malaria situation with an accent on Africa and South Asia, and the key commitments of the Yaounde Declaration</td>
<td>Dr Peter Olumese</td>
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<td>Global Malaria Programme / World Health Organization</td>
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<tr>
<td>9:35 – 9:50</td>
<td><strong>Presentation 4</strong>: Malaria situation in Africa</td>
<td>Pr Antonio Nkondjio</td>
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<td>9:50 – 10:05</td>
<td><strong>Presentation 5</strong>: Malaria control and malaria elimination in Africa</td>
<td>OCEAC</td>
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<tr>
<td>10:05 – 10:15</td>
<td>Discussions</td>
<td>All participants</td>
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<tr>
<td>10:15 – 10:20</td>
<td>Interlude 2: Video messages of Women in malaria</td>
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# Agenda

## SESSION 1: BUILDING MALARIA GENDER TRANSFORMATIVE PROGRAMS

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<tr>
<th>Time</th>
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<th>Speaker/Organizer</th>
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<tbody>
<tr>
<td>10:20 – 10:25</td>
<td>Keynote speaker 1</td>
<td>Peter Sands</td>
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<td>Global Fund</td>
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<tr>
<td>10:25 – 10:40</td>
<td>Presentation 6: Reducing malaria among pregnant women through a gender approach</td>
<td>Mrs. Abena Poku-awuku</td>
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<td>10:40 – 10:50</td>
<td>Discussions</td>
<td>All participants</td>
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<tr>
<td>10:50 – 11:05</td>
<td>Presentation 7: Ensuring gender-based malaria programs - the Global Fund approach &amp; tools box for CSOs</td>
<td>Dr Scott Filler</td>
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<td>Global Fund</td>
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<td>11:05 – 11:10</td>
<td>Presentation 8&amp;9: Malaria and Gender</td>
<td>Dr. Corine Karema</td>
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<td>RBM Partnership to End Malaria</td>
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<td>11:10 – 11:15</td>
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<td>Mr. Eric Fleutelot</td>
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<td>Expertise France</td>
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<tr>
<td>10:15 – 11:25</td>
<td>Discussions</td>
<td>All participants</td>
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<tr>
<td></td>
<td>Malaria and Gender : what can CSOs do concretely</td>
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<tr>
<td>11:25 – 11:30</td>
<td>BREAK</td>
<td>All participants</td>
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## SESSION 2: ENSURING EQUITY IN MALARIA PROGRAMS & REACHING THE MOST VULNERABLE: Experience from civil society in several countries


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<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker/Representative</th>
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<tbody>
<tr>
<td>11:30 – 11:35</td>
<td>Interlude 3: Video of Voices of the Fight against Malaria</td>
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<tr>
<td>11:35 – 11:40</td>
<td>Keynote speaker 2</td>
<td>Hon. Godwin AMOBI COPEMA</td>
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<tr>
<td>11:40 – 12:10</td>
<td>Panel discussion 1: Reaching the most vulnerable with malaria services in different contexts</td>
<td>Moderator: Zeinabou Ide, ISA</td>
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<td>Civil society actions to increase equity reaching the unreached populations in the fight malaria in Africa, particularly in Uganda</td>
<td>Sarah Nambudye, MIA, Uganda</td>
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<td>How to increase equity reaching the unreached populations in the fight against malaria in South Asia</td>
<td>Pradeep, Udyama, Inde</td>
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<td>Civil society actions to increase equity reaching the unreached populations in the fight malaria in Nigeria</td>
<td>Joseph Adeboye, ACOMIN, Nigeria</td>
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<td>Civil society actions and tools developed for CSOs to ensure the continuity of services in the fight against malaria in crisis zones: the case of RAME in Burkina Faso</td>
<td>Ida Savadogo, RAME, Burkina Faso</td>
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<td>Civil society action to ensure the continuity of services in the fight against malaria in crisis zones: the case of ESCAVI in Niger</td>
<td>Hamza Djibo, ESCAVI, Niger</td>
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<tr>
<td>Time</td>
<td>Session</td>
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<tr>
<td>12:10 – 12:25</td>
<td>Discussions</td>
<td>Discuss what other tactics or strategies we can put in place to reach the most vulnerable populations.</td>
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<tr>
<td>12:25 – 12:30</td>
<td>Interlude 4: CS4ME Member Video (Gender &amp; Equity in the fight against malaria)</td>
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<td>12:30 – 12:35</td>
<td>Keynote speaker 3</td>
<td>Dr. David Walton, US PMI</td>
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<tr>
<td>12:35 – 12:45</td>
<td>Presentation 10: “Équité ACCESS PALU” – a civil society initiative to prioritize vulnerable populations in malaria programs in Cameroon</td>
<td>Erica Mengue, Impact Santé Afrique</td>
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<tr>
<td>13:25 – 13:30</td>
<td>Conclusion: Voice of most vulnerable populations</td>
<td>Tumaniel Mangi, HeCO</td>
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Introduction of CS4ME and presentation of tools for CSOs

Olivia Ngou
Impact Santé Afrique
CS4ME Global Coordinator
Why CS4ME?

- In July 2018, representatives of civil society organisations from Asia and Africa met prior to the World Malaria Congress in Melbourne to review how civil society could contribute to malaria elimination, and what it could learn from HIV/AIDS activists and networking efforts.

- This meeting resulted in the agreement to create a global movement of civil society organisations committed to supporting malaria elimination: civil society for malaria elimination – CS4ME.
What is CS4ME?

- CS4ME is a movement of nearly 800 civil society organisations and networks from 48 countries, all committed to eliminating malaria.
- We believe that it is not acceptable that hundreds of thousands of people continue to die every year from a preventable and treatable disease.
- We are committed to strengthening our capacity and elevating the voice of affected communities to support national and global efforts to eliminate this disease.
Our vision and mission

Guiding vision: A malaria-free world by 2030

Five-year Vision
National civil society and communities are recognised as bold and creative catalysts of change, and are supported to drive people-centred national, regional and global malaria elimination efforts.

Our mission
To harness the power of a global movement of civil society organisations and communities to achieve malaria elimination
Our members

- CS4ME membership is open to any local civil society organisation (CSO) or network **based in a malaria endemic country** that represents malaria-affected communities.

- **Member CSOs vary** from emerging community-based organisations and religious groups, to Global Fund sub-recipients.

- Organisations can join **individually and/or as part of a network**. CS4ME complements, rather than competes with existing national networks.
Our members

Our leaders and members also include members of:

• Communities Delegation to the Global Fund Board
• Developing NGO Delegation to the Global Fund Board
• Global Fund Youth Council
• Global Fund Youth Advisory Council
• Global Fund CRG Advisory Group
• ALMA Youth Advisory Council
• RBM Strategic Communications Partnership Committee.
CS4ME strategic objectives

1. Strengthen CS4ME member **capacity** and commitment to achieving malaria elimination
2. Build civil society **influence** with CCMs/NMCPs in at least 10+1 high-burden high impact countries
3. Demonstrate the capacity and **impact** of civil society in at least 5 countries through a sub-grant mechanism
4. Deepen CS4ME’s **global advocacy** presence
5. Advocate for **investing** in civil society for malaria elimination
6. **Strengthen** the efficiency and effectiveness of CS4ME.
What has CS4ME done?

1. **Capacity**: Hosted and co-hosted training webinars and develop tool kits designed by and for CSOs, and in collaboration with technical partners.

2. **National influence**: Supported members of CCMs to be more effective advocates, and/or to develop productive dialogues with NMCPs.

3. **Local impact**: Support, learn from, and share community-led initiatives to overcome grassroots barriers to malaria elimination, such as community-led monitoring, and local advocacy efforts.
4. **Global advocacy**: Participated in global advocacy campaigns, bringing community voices to the global level, including in advocating for Global Fund replenishment.

5. **Advocate for investment**: Develop clear messages on the importance of investing in civil society and community engagement as a key to malaria elimination.

6. **Strengthening**: Continual investment in our ongoing learning, effectiveness and accountability.
How to become a CS4ME member

JOIN THE CS4ME MOVEMENT!

Register your organization and become a member of CS4ME!

This is a global platform of Civil Society Organizations (CSOs) committed to the elimination of malaria. We are committed to working together, uniting our voices to bring about change at all levels that will lead to significant improvements to transform the fight against malaria.

Our mission is to make malaria programmes more effective, sustainable, equitable, innovative, civil society inclusive, community-based, human rights-based, gender sensitive and adequately funded.

So, if you are a local civil society organization or a community-based organization based in a malaria-affected country,

Join us! Get involved and together let’s transform the fight against malaria.

To apply for CS4ME membership,

Please, click HERE

For more information about CS4ME:
secretariat@cs4me.org
www.cs4me.org
How to become a CS4ME member

To register as a Member of CS4ME, applicants must submit a registration form, available below or from the CS4ME Secretariat. Those unable to apply for Membership can register for our newsletter and maybe invited to CS4ME discussions as observers under invitation.

https://cs4me.org/cs4me-members/become-a-member/
CS4ME’s key achievement in 2023
Official launch of the CS4ME Community Led monitoring guide

The First tool for CSOs working in the fight against malaria that addresses community monitoring of malaria control programs was presented to CS4ME members

- CLM is an initiative that aims to improve the contribution of CSOs to decision-making processes and to ensure quality monitoring of malaria control interventions in vulnerable communities. This is possible because the influence of CSOs trained in CLM enhances the consideration of the needs of vulnerable populations in malaria policy making.

Opportunities for implementing the guide

- Review of country malaria strategic plans (as a key recommendation)
- Development of country malaria strategic plans
- Development of concept notes for the Global Malaria Fund GC7 in 2023
- Opportunity to secure funding for implementation of the tool to improve malaria control
Capacity building for malaria civil society organizations

Many trainings have been organized by the CS4ME secretariat:

• Training on advocacy and communication, (October 2022);
• Training in project management (November 2022);
• Training on CLM guide for key malaria programs (December 2022);
• Training in resource mobilization (January 26-27, 2023).
4 sessions were held last year:

• Best practices of Malaria civil society in Global Fund grant cycle process (GC7) Cote D'Ivoire, Nigeria, Congo Brazaville and DRC (April, 6th 2023)

• Best practices of Malaria civil society in Global Fund grant cycle process (GC7) Benin, Cameroon, Madagascar and Senegal (June, 15th 2023)

• Malaria civil society participation in Global Fund Grant Making GC7: Challenges and Best Practices Tanzania, Ghana, Niger, Republic of Congo (October, 10th 2023)

• Civil Society engagement in mobilizing domestic health resources: Challenges and Best Practices Benin, Tanzania, Madagascar, Ghana, (November, 30th 2023)
World Malaria Day 2023
Communication

1. Elaboration and dissemination of the CS4ME Statement

a) Sharing the statement on Social Media and WhatsApp

In the fight against #Malaria, it is essential that no one is left behind. Civil Society gathered & published a roadmap to guide countries in maximizing the positive outcomes of their malaria interventions through the The Global Fund GC7.


[FR] Dans la lutte contre le #paludisme, il est essentiel que personne ne soit laissé pour compte. La société civile s'est réunie et a publié une feuille de route pour guider les pays à maximiser les résultats positifs de leurs interventions contre le paludisme à travers le cycle de financement GC7 du Fonds Mondial.


b) Publication on the CS4ME website: Documentation Section

2. Production of a Video: Civil Society leaders speak with one voice on World Malaria Day
3. Digital coverage of the CS4ME Annual Forum 2023 with key takeaways from high-level speakers

![Image of Dr. Corine Karema, interim CEO of @RBMB Partnership, and content about the World Malaria Day theme 2023.]

4. Communication on the CS4ME Annual Forum and the World Malaria Day theme 2023

![Image of Global Civil Society for Malaria Elimination and content about World Malaria Day 2023.]

On this day that marks #WorldMalariaDay, Civil Society raise their voices, recommit to saving lives and call upon decision makers... See more

Global Civil Society for Malaria Elimination
April 25

Powerful massages are being delivered during #CS4ME Annual forum 2023, read below Peter Sands, Executive Director of The Glo... See more

CS4ME ANNUAL FORUM 2023

Dr. Corine Karema
Interim CEO of RBM Partnership to end malaria

We can mitigate the impact of malaria by raising more funds to scale up malaria innovations and support the vital work of Community Health Workers.

Peter Sands
Executive Director, The Global Fund

On the eve of #WorldMalariaDay2023... See more

CS4ME

D-DAY -1

Global Civil Society for Malaria Elimination
April 25

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Executive Director, The Global Fund

On the eve of #WorldMalariaDay2023... See more

CS4ME

D-DAY -1
5. One month Social Media Campaign with more than 500 CSOs: Frame Pictures & Members Pictures
CS4ME Working groups

CS4ME has 4 working groups which bring together diverse members of the platform, from different countries and backgrounds, to contribute their time, energy, knowledge, experience, and networks to helping CS4ME make progress against its Strategic Plan.

1. **Country Coordinating Mechanism working group CS4ME**
2. **CS4ME technical working group**
3. **capacity building working group CS4ME**
4. **advocacy and communication working group CS4ME**
Launch meetings of 2 CS4ME Working Groups
On May, in collaboration with the CS4ME secretariat, the working group organized a webinar on the members feedback about the challenges faced by civil society in CCM. Among the problems identified were the non-effectiveness of the transfer of skills to civil society for the implementation of Global Fund grants, the lack of resources for civil society to participate in the Global Fund grant-making process, and the identity problem of civil society itself, which is often confused with syndicalists.

Following this webinar, the group held a meeting in June, at the end of which it was decided to draft a letter of advocacy in favor of the transfer of skills to civil society for the implementation of Global Fund grants, addressed to the CCMs of the various countries.
How to join CS4ME Working groups

To join one of the CS4ME working groups, please fill in the form below:

https://docs.google.com/forms/d/e/1FAIpQLSdlhWDCUYcoCJrXrPhntlRXrS-264kJp0rHlfVwJcu74j01kA/viewform
CS4ME steering committee members held their meeting online every quarter to follow-up the setting up and coordinate the platform activities. During this year, they held their meetings in March, May, September and December. During this meeting, the members of the steering committee provided support to the Secretariat through their advice on both technical and resource mobilization to ensure that CS4ME activities follow the CS4ME strategic objectives. In addition, they also closely follow-up on the engagement of the platform members and guide the Secretariat in this perspective.
To ensure better involvement of civil society in malaria control programs, it is necessary to encourage collaboration between civil society and National Malaria Control Programs. Thus, to influence decision making, CS4ME has launched a collaborative mechanism between these two stakeholders called the National Malaria Control Program – Civil society Task Force. Beginning with Cameroon in 2021, this task force was set up in 2022 in the DRC. This year, it is planned to extend it to other countries such as Tanzania, Ghana, Nigeria, Ivory coast and Niger. Through quarterly meetings, this task force aims to strengthen the action of civil society in its contribution to the implementation of interventions to promote the awareness of the communities' needs in the fight against malaria.
In 2022, the Global Fund notified countries (CCMs) of the need to develop and submit their funding requests for the fight against malaria, HIV/AIDS and tuberculosis, according to the timetable communicated to each country, by the deadline in 2023. The Global Fund, as part of the Capacity Building for Malaria Civil Society Organizations (CSOs) - CRG project, has supported CS4ME in allocating mini-grants to its members in eligible countries (Benin, Cameroon, Congo (Brazzaville), DRC, Ivory Coast, Madagascar, Niger, Nigeria and Senegal). Following the call for applications, CSO focal points were selected in the 9 eligible countries. The aim was to improve the quality of malaria civil society contribution and participation in the development of Global Fund country concept notes - GC7 in 2023.
GC7 regional project

Expected results:

- Malaria civil society actively participates in community consultations and national dialogue to present the priority needs of populations vulnerable to malaria.

- The priority needs of malaria-affected communities are identified and developed into eligible activities for the concept note.

- Advocacy is carried out to ensure that the priority needs of populations vulnerable to malaria are taken into account in the GC7 Global Fund country concept note.

- The tools developed by CS4ME are widely disseminated in the country to CSOs, ICN, PNLP and other actors involved in the development of the GC7 malaria grant.
Webinars and tools developed by CS4ME for members

1. Strengthening the impact of global fund malaria grants through the integration of gender and human rights

2. Community Led Monitoring Guide for key malaria programs for civil society organizations

3. Ensuring meaningful contribution of Malaria civil society in global Fund malaria concept notes- GC7

4. How to conduct costing of community based activities proposed by civil society in the global Fund’s GC7 malaria country concept notes

5. How to prioritize malaria interventions eligible for Global fund GC7 country concept notes
Webinars and tools developed by CS4ME for members

6. The Global Fund's new GC7 funding round: what civil society need to know to better participate in the malaria country concept note développement process

7. Grant Making in the Global Funds GC7 process

8. Community at the center of interventions of the global Funds: A focus on the global Funds new strategy 2023 – 2028

9. Good practice guide on engaging civil society on malaria in the malaria concept note process for the Global Fund GC7 funding cycle

10. Civil Society challenges in CCM and how to overcome (organized by the CCM working group CS4ME)
Webinars and tools developed by CS4ME for members

These tools are available in **English** and **French** at

[https://cs4me.org/webinars-tools/](https://cs4me.org/webinars-tools/)
NOUVEAU CYCLE DE FINANCEMENT
DU FONDS MONDIAL GC7:
CE QUE LA SOCIETE CIVILE DOIT SAVOIR
POUR UNE MEILLEURE PARTICIPATION

COMMUNITY LED-MONITORING
GUIDE FOR KEY MALARIA PROGRAMS
FOR CIVIL SOCIETY ORGANISATIONS

Manuel élaboré par ISA
INSA SANTE AFRIQUE
Statement of African Malaria civil society

Civil society actors from Benin, Cameroon, Congo Brazzaville, Côte d'Ivoire, Madagascar, Niger, DRC and Senegal met to draw up the African Malaria Civil Society statement. The aim of the declaration was to identify some obstacles in the fight against malaria and then to make recommendations for the development of the Global Fund's GC7 malaria country concept notes.
The annual meeting for CS4ME members was held on 30 January 2024. The aim of this meeting was to enable malaria civil society players to talk about their achievements in 2023 and those planned for 2024 in accordance with the CS4ME 2021-2025 strategic plan. At the same time, we are taking the opportunity to hear the views of CS4ME members on the activities we are carrying out with a view to making the best possible contribution to meeting the expectations of civil society and communities vulnerable to malaria.
Regional Malaria Forum of Parliamentarians and Civil Society Leaders

On March 5th and 7th, around the ministerial conference, more than 80 Parliamentarians and CSOs representatives from malaria High Burden High Impact countries met in a forum organized by Impact Santé Afrique (ISA) and CS4ME in Yaounde to discuss their role in the malaria fight and the accountability mechanism to follow-up on the commitment the countries have made. One of the Key outcomes of this forum include the birth of the Coalition of Parliamentarians for Ending Malaria in Africa (COPEMA). This coalition is a panAfrican initiative through which will receive timely information on malaria progress and gaps so that they can effectively advocate for policies and resources needed to achieve countries malaria elimination strategies.
THANK YOU ALL
WE LOOK FORWARD TO WORK WITH ALL OF YOU

www.cs4me.org
Facebook  Twitter
Special Activities around World Malaria Day you can engage into!

Yvana Kenne

Impact Santé Afrique
CS4ME Secretariat
A white label toolkit including:

- Social Media & Email Banners
- Filter to personalize your profile picture
- Curated stories for malaria-affected communities on the ground
- Videos
- **Key messages** (link to share in the forum chat)
WORLD MALARIA DAY 2024

NO Health Equity, Gender Equality and Human Rights WITHOUT Meaningful Community Engagement In The Malaria Fight

Open-eds with Parliamentarians

- MPs from the Parliamentary Taskforce for Domestic Resource Mobilization in Africa to publish op ed in key media in their countries to advocate for more national funds to fight malaria
- Senegal, Cameroon, Nigeria, Burkina Faso, Niger, DRC, Cote d’Ivoire
- Previously done for TB Day
Let’s amplify the Malaria Civil Society Declaration!

• Will be adopted and disseminated following the Annual Forum
• Contain Key CSOs asks for more equity in malaria
• Currently available for review
DON’T FORGET TO USE THE HASHTAG #CS4ME ON YOUR POSTS!
Women in Malaria Special Session

• Happening at the 8th MIM in Kigali
• Guests from WHO, Vestergaard, BMGF, Impact Santé Afrique... Opened to all participants attending the MIM
• RSVP link to be shared in the chat
• Men are very much welcome too 😊
On this 23rd April 2024

Impact Santé Afrique is launching the WhatsApp Malaria Channel for stakeholders in Africa

Join the WhatsApp Malaria Channel for Local Leaders and Civil Society

Purpose

This free public Channel aims to inform and sensitize local actors and leaders in Africa from diverse sectors about malaria. Here the right information from credible sources and tools needed for malaria elimination will be shared.

#EndMalaria

Scan here to join the WhatsApp Channel for malaria Stakeholders in Africa
Some malaria tools available for CSOs: [CS4ME Guides & Tools](#)
THANK YOU SO MUCH
The global malaria situation with an accent on Africa and South Asia, and the key commitments of the Yaounde Declaration

Dr Peter Olumese

Global Malaria Programme/World Health Organization
The Global Malaria Situation

CS4ME Annual Forum 2024
23rd April 2024.

Dr. Peter OLUMESE,
Global Malaria Programme
WHO, Geneva, Switzerland.
Global Response (GTS, 2015): Vision, goals, milestones and targets

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<th>Vision: A world free of malaria</th>
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<td>Goals</td>
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<td>1. Reduce malaria mortality rates globally compared with 2015</td>
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<td>2. Reduce malaria case incidence globally compared with 2015</td>
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<td>3. Eliminate malaria from countries in which malaria was transmitted in 2015</td>
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<td>4. Prevent re-establishment of malaria in all countries that are malaria-free</td>
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**Global response**
- All countries can accelerate efforts towards elimination.
- Country ownership and leadership, with participation of communities: multisectoral approach.
- Improved surveillance, monitoring and evaluation.
- Equity in access to services especially for the most vulnerable and hard-to-reach populations is essential.
- Innovation in tools and implementation approaches.
### GTS: Progress towards first milestone point (2020)

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<th>Goals</th>
<th>Milestones</th>
<th>Targets</th>
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<tr>
<td>1. Reduce malaria mortality rates globally compared with 2015</td>
<td>At least 40%</td>
<td>At least 75%</td>
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<tr>
<td>2. Reduce malaria case incidence globally compared with 2015</td>
<td>At least 40%</td>
<td>At least 75%</td>
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<tr>
<td>3. Eliminate malaria from countries in which malaria was transmitted in 2015</td>
<td>At least 10 countries</td>
<td>At least 20 countries</td>
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<tr>
<td>4. Prevent re-establishment of malaria in all countries that are malaria free</td>
<td>Re-establishment prevented</td>
<td>Re-establishment prevented</td>
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- **Mortality reduction**
  - 18% reduction achieved, but 22% off track
- **Malaria cases**
  - 3% reduction achieved, but 37% off track

**Off track to meet global targets**
Contributory factors to current situation

• Decreasing efficacy of malaria control tools
  • Resistance to medicines and insecticides
• Implementation challenges
  • Uptake and coverage of interventions
  • Financing
    • Plateauing of donor funding + minimal increase in domestic financing
  • Technical capacity – national, district and community levels
  • Weak surveillance systems
  • Challenging implementation environments
    • Conflicts, humanitarian and fragile settings, climate change
• COVID-19
• Emerging biological threats
HBHI is a holistic approach: 4 elements feeding into tangible actions through NSP implementation and concrete outcomes.
Need multisectoral response with trusted national leadership and well-functioning, equitable and resilient health systems

Success in tackling diseases such as malaria requires a solid primary health care system and essential public health programs that support a resilient community response able to adapt to, withstand and overcome adversities.
Estimated malaria cases & deaths (2022)

• **The Global Malaria Picture**
  • 84 countries and territories
  • Half world at risk (3.2 billion).

• **highly concentrated in sub-Saharan Africa**
  • Globally, there were an estimated 249 million cases of malaria in 2022 an increase from 247 million in 2021, and 231 million in 2015.
  • ≈ 94% in Africa; 2% in Southeast Asia
  • Globally, 608 000 deaths, a slight decline from 619 000 in 2021
  • ≈ 96% in Africa
  • malaria was the 4th highest cause of death among children in Africa (10% of child death in sub-Saharan Africa), - claiming the life of 1 child every 2 minutes.
Progress in Malaria Elimination (2024)

- Certification of malaria elimination in Cabo Verde earlier this year is a stark example that with political will, strong partnership and full commitment of every player, the elimination of malaria is possible in all settings.
Going forward - Promoting innovation

- Better anticipate for new and more effective tools
  - Development of PPCs, working with research and innovative partners
- Innovative delivery systems for current interventions and existing tools
  - Maximal impact and prolong the useful effective life
  - Mix and targeting of existing tools
  - Sub-national tailoring and prioritization for impact
- Taking advantage of opportunities and lessons from challenges
  - COVID response
  - New delivery opportunities and mechanism in conflict areas
New tools - Malaria Vaccine

- As of October 2023, WHO recommends two vaccines for the prevention of *Plasmodium falciparum* malaria in children:
  - RTS,S/AS01 (RTS,S) in 2021, and
  - R21/Matrix-M (R21) in October 2023.

- Deployment of vaccines already commenced in various countries.

- The availability of the 2\textsuperscript{nd} vaccine is expected to address the issues of supplies and access.
Co-hosted in Yaoundé by the Government of Cameroon and WHO.

Ministers of Health and senior government officials from the 11 "High burden to high impact" countries in Africa: (Burkina Faso, Cameroon, the Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Sudan, Uganda and the United Republic of Tanzania); global malaria partners, funding agencies, civil society organizations and other principal stakeholders.

The conference had 4 key aims:

- to review progress and challenges in meeting the targets of the WHO Global technical strategy for malaria 2016-2030;
- to discuss mitigation strategies and funding;
- to agree on effective strategies for accelerated mortality reduction in Africa; and
- to establish a roadmap for increased political will and societal engagement, with a clear accountability mechanism.
A pledge to:

- provide stronger leadership and increased domestic funding for malaria control programmes;
- strengthen health systems, with a focus on primary health care;
- ensure more effective use of data;
- apply the latest technical guidance in malaria control and elimination;
- enhance coordination and multi-sectoral collaboration; and
- build partnerships for funding, research and innovation.
Conclusion

• Though we are currently off-track in meeting the goals and targets of the GTS, past lessons and trajectory of malaria control before 2015, is reassuring that given the right leadership and direction, it is possible to get back on track and achieve the GTS goals and targets.
• Effectively deploying and maximizing current tools can already begin to get us back on track while promoting the development of new effective tools.
• Country ownership and leadership remains pivotal in the fight against malaria.
• A Multisectoral approach must be vigorously pursued with community involvement both in the design and implementation of malaria control efforts.
• Also, funding from both domestic and international sources must increase substantially for the GTS goals to be achieved.
Keep our eye on the prize: a world free of malaria

Thank you
Malaria situation in Africa

Pr Antonio Nkondjio

OCEAC
Malaria situation in Africa

Par
Antonio-Nkondjio C (PhD, HDR)
Researcher OCEAC Yaoundé Cameroun
PAMCA Cameroon president
Questions

What is the situation of malaria in the world?

What makes malaria burden so intense in Africa?

What are the new threats?

How do we address the situation of malaria?
Malaria situation

- 247 million of cases in the world in 2021 (>90% in Africa)
- 619 000 deaths (>90% in Africa)
- Expenses for the fight against malaria ~US$ 3.5 billions per year
- Lost of 1.3% GTP in Africa
- > 40% of the world population exposed to the risk of malaria transmission

World malaria Report, 2022
Situation: Countries affected (WMR, 2022)

Top 5 (Most affected)
- Nigeria,
- D R Congo,
- Ouganda,
- Mozambique,
- Niger

Top 5: (Close to elimination)
- Cap vert,
- Eswatini,
- Bostwana,
- Sao-Tomé,
- Afrique du Sud

Stable
Trend in morbidity & mortality

- Stability in the morbidity and mortality of malaria

World malaria Report, 2022
Progress towards malaria elimination in sub-Saharan Africa

Current evolution

Expected evolution

Gap

World Malaria Report 2022
Progress towards GTS goals

- Mortality down in most countries
- No real progress of incidence (trend varies by country)
- Out of 93 countries affected, 23 (25%) are close to the GTS targets for 2025
- 24 countries out of 93 (26%) have reduced incidence
- 25 countries out of 93 (27%) recorded an increase in incidence
- 14 countries out of 93 (15%) incidence comparable to 2015
- 31 countries out of 93 (33%) are close to the 2025 SWG target
- 7 countries out of 93 (7.5%) mortality unchanged from 2015
- 17 countries out of 93 (18%) mortality increased compared to 2015
- South-East Asia has achieved reduction incidence and mortality targets

*World Malaria Report 2023*
Dynamic of malaria cycle

- Biology
- Physical factors
- Environment
- Socio-économique
- Coevolution
- Ecologie vectorielle
- Human host
- Parasite

Vector
The presence of high pathogenic form of *Plasmodium* on the continent

Four *Plasmodium* species on the continent

1. *Plasmodium falciparum*
2. *Plasmodium malariae*
3. *Plasmodium vivax*
4. *Plasmodium ovale*

- *P. falciparum* responsible for over 95% of malaria cases in SS Africa

- *P. falciparum* High genetic diversity and plasticity of
Diversity of the vectorial system

- 154 Anopheline species in Africa
- 26 are vectors

**Major vectors**
- 6 species
- >95% of transmission
  - An. gambiae
  - An. coluzzii
  - An. arabiensis
  - An. funestus
  - An. moucheti
  - An. nili

**Secondary vectors**
- 15 to 20 species
  - 5% of transmission

**Non vectors**
- >70 species
  - An pretoriensis
  - An. rhodesiensis
  - An. cinctus

Vector control target

- An. ovengensis
- An. pharoensis
- An. carnevalei
- An. hancocki
- An. paludis
- An. ziemanni
- An. marshallii
- An. paludis
- An. wellcomei
- An. rufipes
- An. leesoni
Complexity of the vectorial system

Majors vectors belong to species complex or species groups not easy to identify morphologically

👆👆 An. gambiae complex  9 species
- An. gambiae/ An. coluzzii
- An. arabiensis
- An. melas
- An. merus
- An. bwambae
- An. quadriannulatus
- An. Amharicus
- An. comorensis
Capacity of adaptation to new environments

- **Anopheles**
  - Standing water collections
  - Adaptation

- **Culex**
  - Polluted water
  - Adaptación

- **Aedes**
  - Containers with water
  - Adaptation
Change in vector feeding and biting behavior

- Change in vector behaviour
  - Biting: Indoor to outdoor
  - Resting: endophilic to exophilic
  - Biting cycle: early evening/early morning
  - Change in the dynamic of species
Transmission dynamic changing yearly

Replacement of vectors by others

An. funestus 59%
An. gambiae 18%
An. arabiensis 23%

An. funestus 59%
An. gambiae 22%
An. arabiensis 0%

An. funestus 33%
An. gambiae 73%
An. arabiensis 0%

An. funestus 54%
An. gambiae 78%
An. arabiensis 0%
Transmission dynamic with active involvement of different vector species

Different species actively involved in malaria transmission year round
Rapid expansion of insecticide resistance

- Reduced susceptibility to pyrethroids, Organochlorine, Carbamates
- Multiresistance profile largely expanded
- Variety of resistance mechanisms in vectors (target sites, metabolic, cuticular resistance)
Climate change threat

Climate change effects
- Increase/change in rainfall pattern
- Increase in temperature
- Extension in flooding areas

Impact of climate change
Accelarate the spread of mosquitoes by
  • Increasing suitable areas for mosquitoes
  • Increasing the development cycle of mosquitoes
Threat of new invasive species: *An. stephensi*

- Invasion of Africa by *Anopheles stephensi*
  - Origin: Asia
  - Impact Elimination of malaria: Responsible for the resurgence of malaria in Djibouti
  - Distribution: Horn of Africa (Sudan, Djibouti, Ethiopia, Kenya, Erythre, Somalia, Nigeria, Ghana)
  - Bioecologie:
    - High adaptation capacity to different habitats
    - Resistance to different insecticides

World malaria Report, 2022
Unplanned urbanization in Africa

Rapid development of cities = unplanned urbanization

1. Poor planning
2. Insalubrity
3. Development of Slums
4. Poor hygiene and sanitation
5. Development of activities favoring mosquito breeding
6. Increase in informal settlements (>60% of urban population)
7. Overcrowding = slums
Conclusion

Better understanding of:
- Vector and parasite dynamic
- Human influence
- Environmental/ climatic influence
- New threats

are key to for malaria elimination in Africa
Thank you
Malaria control and malaria elimination in Africa

Pr Antonio Nkondjio

OCEAC
Vector control & malaria elimination in Africa

Par
Antonio-Nkondjio C (PhD, HDR)
Chercheur OCEAC Yaoundé Cameroun
PAMCA Cameroon president
History of vector control

Paul Hermann Müller

Nobel Prize in physiology or medecine 1948

DDT dichlorodiphenyltrichloroethane (Organochlorine)

1873 first synthesis of DDT, by Othmar Zeidler, a student in chemistry et the University of Strasbourg.

1940 premier brevet en Suisse

Success

1944: Successfully used in the fight against malaria in the pacific (philippines) USA army

1944- Use with success in Naples (Italy) in the control of an outbreak of thyphus

1944 – Use successfully in the contrôle of anopheline and malaria in Sardaina Italy
Malaria elimination campaigns in Africa

- Based on the use of organochlorine compounds (DDT, Dieldrine HCH ....)

- Major role of vector control in the elimination of malaria
- Achieving large coverage of the population with available tools
- Sustainability of control interventions

Cohen et al., 2011 Mal J
Main mosquito control methods

- **Impregnated mosquito nets (LLINs)**
  - 2004 to 2022 more than 2.9 billion ITNs distributed in Sub-Saharan Africa
  - Suitable for mosquitoes that bite indoors at night

- **Indoor Residual Spraying (IRS)**
  - Population protected by IRS 153 million in 2010 to 62 million in 2022
  - Less than 6% of the population protected by IRS in endemic zones

NB: For insects that bite humans inside homes at night

**Example:** *Anopheles, Culex, Mansonia, Phlebotomus*
Importance of LLINs and IRS

Between 2010 and 2015 (WHO (WMR), 2016)

- Large scale up of the interventions across Africa

  ➢ 1.2 billion cases of malaria prevented

  ➢ Over 6.3 million deaths prevented

  ➢ Vector control 70% of reduction

Bhatt et al., 2016 Nature
Why do we need innovation for malaria elimination

Mass scale up of LLINs

High ownership, high usage
High insecticide resistance

Low ownership, low usage
Low insecticide resistance

Gap
Challenges in the fight against malaria

- Limited number of insecticides
  - LLIN (Pyrethrinoides)
  - PID (pyrethrinoids, organophosphates), carbamates)

- Insecticide Resistance
  - selection of resistance genes, mutations...

- Behavior change
  - Biting: Indoor for outdoor
  - Resting: endophilic to exophilic
  - Biting cycle: early evening/early morning
  - Species dynamic change

- Human factors
  - No use of LLINs
Global elimination strategy 2016-2030

Milestones

2015 2020 2025 2030

Reduction mortality & cases

Countries that eliminated malaria

Objective

>40% >75% >90%

Trend Incidence

58 cases per 1000 target
26 cases per 1000

Need to insert innovation in our interventions to achieve malaria elimination

World Malaria Report 2016
Improve current interventions: New insecticides

- **28 LAV products in the research and development pipeline**
  - 7 (25%) new insecticides for IRS
  - 13 (46%) products in the data generation phase (entomological efficiency)
  - 7 (25%) epidemiological trial phase
  - 6 evaluated by WHO pre-qualification phase

- **Characteristics of new insecticides**
  - Long residual effect
  - High efficacy against resistant mosquitoes
Improve current interventions: New LLINs

- **New Insecticide treated nets**
  - Chlophenapyr+pyrethroid treated mosquito nets
  - PBO nets (Piperonyl butoxide+pyrethroid)
  - Pyrethroid +Pyriproxyfen nets

- **WHO recommendations**

  - **Strong recommendation**
    - Chlofenapyr+pyrethroid nets are highly effective compared to pyrethroid only nets in areas with high insecticide resistance

  - **Conditional recommendation**
    - Chlofenapyr+pyrethroid nets are recommended compared to PBO nets in areas with high insecticide resistance
    - Pyrethroid+Pyriproxyfen nets are recommended compared to pyrethroid only nets in areas with high insecticide resistance
    - PBO nets are more cost-effective compared to Pyrethroid+Pyriproxyfen nets

World malaria Report, 2022
**Improve current interventions: Larviciding**

**Different products available**

- Synthetic chemical larvicides (organophosphate),
- Oils and surface films
- Bacterial larvicides (Bti, Bsph, Bs),
- Spinosads,
- Growth regulators (pyriproxyfen...)

**New formulations increasing the residual effect**

- **Combinaison of compounds**
  - Vectomax (Bacillus thuringiensis + B sphaericus)
  - Residual effect extended from 10 days to 30 days

- **Briquets**
  - Lasting 90 to 180 days
Improve current interventions: Environmental management

- **Permanent changes**
  - Reassembling of permanent ponds
  - Riverbed management
  - Construction of drains
  - Construction of leisure areas and shopping centers in swampy areas

- **Temporary changes**
  - Change in irrigation rhythm or system
  - Changes in crops
  - Planting trees in swampy areas
  - Promoting greenhouse cultivation
Improve existing interventions: Housing improvement

Changing the construction model to reduce exposure to mosquitoes
- Window screens
- Install air vent traps
- Improving door quality
- Inserting eave tubes

• Benefits
  • Endophagous mosquito control
  • Protects the household
  • Long-term impact (sustainability)

• Limits
  • Not effective against exophagous mosquitoes

Lindsay et al., 2003 Trop Med Int H
Develop and test new interventions: Genetic control

- Steril insect technique
  - Release of large quantities of sterile males into the environment
  - Insect release with a dominant lethal allele (RIDL)

  Successful SIT programs
  - Eradication of screwworms in the United States and Mexico
  - Tsetse fly control in Zanzibar

- Benefits
  - Species specific; No environmental impact

- Incompatible insect technique (Wolbachia)

  Advantages
  - Can be maintained in the environment
  - Wolbachia can be transmitted by transinfection to other insects

  Limits
  - Targets a single species
  - Production costs

Vreysen et al., 2007 The Netherlands  Dyck et al., 2005 The Netherlands
Develop and test new interventions: Genetic control

Preventing dengue epidemics in Brazil
De Castro Poncio et al, 2023 Lancet Reg Health Am, 2023

**Target species:** Aedes aegypti  
**Location:** Ortigueira city Brazil 2020 - 2022  
**Method:** Release of sterile males  
**Main results:** Suppression of Aedes aegypti from 98.7% of offspring.  
- 97% reduction in dengue cases

[Graph showing suppression of Aedes aegypti]

Adi Utarini et al 2021

**Location:** Yogyakarta, Indonesia  
**Target species:** Aedes aegypti  
**Method:** 9 to 14 released of w-Mel infected Ae aegypti  
**Wolbachia strain:** wMel Wolbachia  
**Main results:** - 95% replacement of the natural population  
- 77% reduction in dengue cases
What are the principle of gene drive?

- Genetic modification of mosquitoes in the lab and
- The replacement of natural population by a population incapable of transmitting malaria

Limits

- Only available for An. gambiae
- Little is known about its long-term impact
Vaccine against malaria

Two pediatric vaccines available

- GSK RTS,S/AS01 vaccine
  - Prevention of *P falciparum* malaria in *children aged 5 to 24 months (30% efficacy)*
  - Approximately US$160 million from 2022 to 2025 for distribution in GAVI-eligible countries

- R21/Matrix-M Vaccine (university of Oxford)
  - *children aged 5 to 24 months (70% efficacy)*
  - Ghana has approved its use

World malaria Report, 2022
Integrated Vector Management (IVM)

**Health sector**
- Intersectoral collaboration
- Disease control policy
- Public health pesticide management

**Agriculture sector**
- Pesticide use and integrated pest management policy
- Irrigation and hydropower

**Environmental sector**
- Environmental management policy
- Urban planning

**Local government**
- Sanitation policy
- Community involvement

**Intersectoral**
- National IVM policy
- Interministerial meetings
- IVM steering committee
- Decentralization policy
- Policy on community empowerment

**International**
- WHO policy on IVM
- WHO policies on vector-borne diseases
- Resolution WHA50.13
- Stockholm Convention on Persistent Organic Pollutants
- Codes of conduct
- Donor policy
- International Health Regulations

WHO Handbook for integrated vector management, 2012
And if malaria elimination could be considered as an opportunity for development

4. Turning control into opportunity
   - Enhance traditional pharmacopedia (support research of medicinal plants, repellents and insecticides, etc.).
   - Develop habitat protection measures (window screens)
   - Local production of control tools (LLINs, medicines, etc.)
   - Develop industries local know how
Thank you
Discussions
what is needed to advance Global Fund malaria programs

Peter Sands
Global Fund
Reducing malaria among pregnant women through a gender approach

Mrs. Abena Poku-awuku

MMV
Saving the Lives of Pregnant Mothers and Their Unborn Children from Malaria

Malaria in Pregnancy Working Group of the RBM Partnership to End Malaria
Malaria in pregnancy

- Each year ten thousand pregnant women die because of malaria in pregnancy.
- In 2022, nearly 13 million pregnant women in Sub-Saharan Africa contracted malaria and about 400,000 babies born with a low birthweight.

Solution

- There is significant evidence that an intervention known as Intermittent Preventive Treatment, also known as IPTp, taken once every month from the 13th week of pregnancy, at least three times during pregnancy can help save the lives.

Problem

- Yet only 2 in every 5 eligible pregnant women receive the recommended doses of this life-saving intervention. This means 60% of women are still not adequately protected against malaria.
- Of note, the burden of malaria, and lack of adequate protection, is greater among pregnant adolescent girls who, due to stigma, are less likely to seek antenatal care and protection.
What has been done so far?

- Over the last twenty years, the percentage of pregnant women who received at least three doses of IPTp increased from 2% in 2005 to just over 42% in 2022.
- In April 2015, RBM MiP WG launched a Global Call to Action to increase national coverage of IPTp.
- Following this call, many malaria endemic countries, donors, and organizations have taken steps to increase delivery of IPTp-SP.
- By 2016, 36 African countries had adopted WHO’s policy of providing at least three doses of IPTp to pregnant women.
- Three African manufacturers are also being supported to become WHO-prequalified producers of SP for IPTp.
- However, in 2020, only 32% of eligible pregnant women received the recommended three doses across sub-Saharan Africa.
A Renewed Call to Action: Speed Up Scale Campaign

• The campaign, developed by the RBM Partnership to End Malaria – Malaria in Pregnancy Working Group The campaign calls on everyone to ensure all eligible pregnant women in malaria-endemic regions in sub-Saharan Africa receives at least three doses of IPTp with SP as soon as possible—and at the latest by 2030.

• The campaign aims to collect a high number of signatures, globally but particularly from in Africa, and present them to the leaders at next AU summit.

• Global and national decision-makers can lead the way by supporting the following actions:
  ➢ Provide sufficient funding to address malaria in pregnancy;
  ➢ Ensure adequate quantities of quality-assured SP are available at health facilities;
  ➢ Train antenatal care facility staff to provide quality services to meet women’s comprehensive needs;
  ➢ Promote early ANC attendance and timely IPTp-SP uptake at the community level;
  ➢ Remove fees and address other barriers to seeking care.
Speed Up IPTp Scale Up! After the Call to Action

• Awareness-raising campaign which throughout 2020-2022 which calls on decision makers to provide all eligible pregnant women with the malaria preventive treatment they need.

• Political advocacy: engaged champions (including African First Ladies); alliances with civil society networks in Africa (CS4ME, Speak Up Africa, MNM Africa)

• Over 1000 people signed a letter under the umbrella of the campaign. This included more than 300 signatures from organizations in Africa and more than 700 signatures from another 43 countries.

• A book with the signatures was handed over to the African Leaders Malaria Alliance at a media briefing and malaria awards’ ceremony at the 2023 African Union Summit.
Speed Up IPTp Scale-Up! Call to Action

Let’s protect more expectant mothers and their babies from malaria!

A letter with more than 1000 signatures calls for action to better protect expectant mothers and babies from malaria

1008 signatures have been received.

https://endmalaria.org/speed-up-scale-up-of-iptp
Hand-over of signatures to First Ladies at UNGA

• Side event to be hosted by the RBM Partnership and Devex along the margins of the UNGA

• Inviting four first ladies from Eastern, West, Central and Southern Africa to champion IPTp in their countries and regions to speak at event; all other first ladies invited as well.

• Hand-over of signatures received to first ladies;

• Subsequent meeting with OAFLAD secretariat to get more first ladies involved.
Advocacy pilot project in Liberia

- Leveraging on key moments during the year, advocate on IPTp uptake at the ministerial level, office of the President and First Lady, with key decisionmakers as well as at the level of community level.

- Advocacy at community level using youth and women champions as well as radio, digital and print media, sensitize women and adolescent girls on benefits of taking IPTp.

- Developing an advocacy toolkit that can be used for other in-country pilot projects.

- Seek opportunities to increase focus on bringing an intentional gender lens to the malaria fight in the identified country activities.

- Work with manufacturers and other private sector actors to advocate on increased IPTp uptake through various media channels.
Increasing Equity

MiMBa
Understanding the profile of the population at-risk is an important first step towards designing solutions to reach the elimination goals.

In Sub-Saharan Africa at a population-wide level, the incidence of malaria infection falls as age increases, with children under five facing the largest burden.

Pregnant women are the second group most at risk of malaria and are also an under-served population.
Despite the disproportionate burden, pregnant and breastfeeding women and those who could be in their first trimester are underserved by current antimalarials.

### Current antimalarial options for women who are pregnant and breastfeeding

<table>
<thead>
<tr>
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<th>1st Trimester</th>
<th>2nd-3rd Trimesters</th>
<th>Breastfeeding</th>
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<tr>
<td><strong>Prevention</strong></td>
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<td>No recommended option</td>
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<td>IPTp SP* (oral) at</td>
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<td>Arthemether</td>
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### Current antimalarial options for women who could become pregnant and post-menopausal women

- Choice of 5-6 modern ACT options prescribed for the general population

### Significant Limitations of Current Medicines

- No option / inadequate option for prevention of malaria during the 1st trimester
- Not addressing risk of resistance (all populations)
- Sub-optimal dosing risk in 2nd - 3rd trimesters
- Limited evidence on antimalarial drug use during lactation and/or postpartum periods and their impacts on the mother and feeding infant
- Pregnant HIV-infected women and their infants are the least protected against malaria, as the recommended treatment is contraindicated for many women*

### Significant Limitations of Current Medicines

- However, women of unknown pregnancy status could be exposed to ACT not currently recommended for 1st trimester

---

*IPTp: intermittent preventive treatment for malaria in pregnancy

1. FSG Analysis: Data from Institute for Health Metrics and Evaluation for 2017, GBD Compare, VizHub (retrieved 11.03.2020) 181 million = total incidence of malaria, 2017
2. *Note: WHO recommended MiP chemoprevention: Intermittent preventive treatment in pregnancy (IPTp) with SP, is contraindicated for HIV-infected women receiving ART and cotrimoxazole (Ctx; trimethoprim-sulfamethoxazole) prophylaxis for opportunistic infections, due to the risk of sulfonamide-induced adverse drug reactions.

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**MiMBA strategy aims to close the data and medicine gap**

**MMV will accelerate discovery, development and delivery of appropriate antimalarial options for women who are/could become pregnant and for women who are breastfeeding**

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<tr>
<td><strong>Broaden access to currently used antimalarial medicines</strong></td>
<td><strong>Invest in appropriate new molecules for the future</strong></td>
<td><strong>Accelerate population appropriate compounds in the current pipeline</strong></td>
</tr>
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...  

**Advocate for greater inclusion of women who are – or could become – pregnant and lactating across antimalarial R&D and access**

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Regulatory Environment and Growing Momentum

“Protect Pregnant/Lactating women through research not from research”

• No regulatory barriers to include pregnant women in research (myth, amplified by ambiguous regulation i.e. no requirements to include PW in research and no incentives)
• Health Authorities are part of the solution to support/encourage paradigm shift incl. potentially requiring PRGLAC plan (similar to PIP)

Several Initiatives since last couple of years in US and EU:

• NIH led PRGLAC since 2016, 2 workshops, Report with 15 actions (2018) and action plan to US congress (2020)
• PW removed from “vulnerable population” in the Common Rule (Federal policy)
• FDA : 4 new/revised guidance in 2018, 2019, 2020 + Workshop (Feb 2021)
• EMA Workshop in Oct 2020
• EMA guideline in pregnancy expected 2021 (EMA 2021-2023 work plan)
• IMI 2 ConcePTION group (2019)
Ensuring medicines are developed for everyone impacted by malaria
Closing the knowledge Gap - MiMBa Pregnancy Registry

- Pregnancy registries are used to detect outcomes of pregnancies exposed to drugs inadvertently and are encouraged by regulators as part of the post-authorisation monitoring of medicines.

- Target population: Pregnant women and women of childbearing age (15-49 years). Trained CHWs will visit all households in their village and invite WOCBA to take part in the study. Involvement of WOCBAs before they are pregnant is needed to identify pregnancies as early as possible.

- The overall aim is to generate robust safety data on a range of available antimalarials and provide a better estimate of their risk-benefit profile in the treatment of malaria in pregnancy particularly in the first trimester to inform clinicians and pregnant women.

- Present new evidence to WHO to support the review treatment guideline and hopefully support label change.
With key stakeholders: advocate for greater inclusion of women who are, or could become, pregnant / lactating into antimalarial R&D.

- Funders (Public / Philanthropy)
- Bio Ethicists
- Women & Community
- National Regulatory Authorities (NRAs)
- Stringent Regulatory Authorities (SRAs)
- PDPs
- Ethical Review Boards (ERBs)
- Principles Investigators (PI) & KOLs
- Industry and Academia
- Normative Bodies and Policy Makers
- Women & Community Funders
- Stringent Regulatory Authorities
The Impact

- Expedite evidence generation for antimalarial use in 1T and **remove the barriers to pregnant women accessing improved frontline antimalarial medicines**
- Provide important safety and efficacy data on non-AL first-line ACTs needed to **inform policy** and support evidence-based guidelines and clinical practices in the context of WHO’s push for **diversification of ACTs**
- Evidence will also inform on use of ACTs in **women of childbearing potential with unknown pregnancy status**
- **Paving the way** for assessment of therapeutics in early pregnancy through the development of robust protocol, tools and safety monitoring plan
- Collaboration with key global stakeholders, eg WHO, African Regulators
- Build capacity through the training of PhD students and junior scientists
Ensuring gender-based malaria programs - the Global Fund approach & tools box for CSOs

Dr Scott Filler
Global Fund
Malaria and Gender

Dr. Corine Karema

RBM Partnership to End Malaria
Malaria and gender

Mr. Eric Fleutelot
Expertise France
Discussions: What malaria and Gender: what can CSOs do concretely
The important role parliamentarians play in the malaria fight

Hon. Godwin AMOBI

COPEMA
Panel discussions 1: Reaching the most vulnerable with malaria services in different contexts

Zeinabou Ide

Moderator
Impact Santé Afrique
Civil society actions to increase equity reaching the unreached populations in the fight malaria in Africa, particularly in Uganda

Sarah Nambudye
MIA
Uganda
How to increase equity reaching the unreached populations in the fight against malaria in South Asia

Pradeep Mohapatra

Udyama Inde
Civil society actions to increase equity reaching the unreached populations in the fight malaria in Nigeria

Joseph Adeboye
ACOMIN
Nigeria
Civil society actions and tools developed for CSOs to ensure the continuity of services in the fight against malaria in crisis zones: the case of RAME in Burkina Faso

Ida Savadogo

RAME
Burkina Faso
Civil society action to ensure the continuity of services in the fight against malaria in crisis zones: the case of ESCAVI in Niger

Hamza Djibo

ESCAVI
Niger
Discussions: What are the other tactics or strategies that we can put in place to reach the most vulnerable populations?
“Équité ACCESS PALU” - a civil society initiative to prioritize vulnerable populations in malaria programs in Cameroon

Erica Mengue
Impact Santé Afrique
Mettre les populations vulnérables au cœur de la lutte contre le paludisme au Cameroun

Cas pratique : Mobilisation des leaders communautaires
Plan de présentation

✓ Présentation sommaire de l’Initiative Equité Accès Palu
✓ Description sommaire de l’activité
✓ Résultats obtenus
✓ Leçons apprises
✓ Pourquoi est-il important d’obtenir l’engagement des leaders communautaires pour promouvoir l’équité et l’égalité de genre?
Présentation sommaire de l’Initiative

- **Objectif général**: Accroître l’implication de la société civile dans la mise en œuvre du plan stratégique national de lutte contre le paludisme au niveau communautaire et local en démontrant le changement que l'engagement de la société civile peut apporter

- **Les approches**: Coordination – Plaidoyer – Engagement communautaire

- **Zones d'intervention**: Districts de santé de Maroua 3 et Mokolo à l'Extrême-nord, Doumé dans la région de l'Est et Mifi dans la région de l'Ouest

- **Cibles**: personnes handicapées, orphelins, réfugiés, personnes déplacées internes, populations autochtones, femmes enceintes, enfants de moins de 5 ans

- **Porteur du projet au niveau national**: Impact Santé Afrique (ISA)

- **Partenaires de mise en œuvre au niveau des districts**: Fondation Moje, Association des Jeunes Réunis pour le Développement du Mayo-Tsanaga (AJERED-MT), Centre d’Appui pour le Développement Local et Communautaire (CADELCO), Association au Secours des Orphelins et autres Personnes Vulnérables (ASOPV)

- **Bailleurs**: L’Initiative à travers Expertise France

- **Collaboration**: Ministère de la Santé Publique – Programme National de Lutte contre le Paludisme, Ministère des Affaires Sociales
Description sommaire de l’activité

**Objectif général** : Obtenir l’engagement des leaders communautaires champions pour appuyer la mise en œuvre des activités de sensibilisation contre le paludisme en direction des populations vulnérables cibles. Il était question d’amener les leaders à s’approprier le processus d’engagement communautaire et les activités qui seront développées.

- **Cibles** : Leaders religieux, traditionnels, associatifs, politiques des districts de santé de Doumé, Maroua 3, Mokolo et la Mifi

- **Activités préalables**:
  - Elaboration des cartographies des leaders communautaires par district et identification des leaders champions, 158 leaders identifiés;
  - Prise de rendez-vous avec les leaders grâce aux OSC partenaires,
  - Production des brochures sur l’Initiative Equité Accès Palu
Résultats obtenus

5 Leaders religieux

6 leaders associatifs

27 leaders champions engagés à apporter leur appui pour les activités de sensibilisation des populations vulnérables

5 leaders politiques

6 leaders traditionnels

5 structures encadrant les populations vulnérables
Résultats obtenus (2)
Appui des leaders communautaires engagés dans la conduite des causeries éducatives durant la célébration de la Journée Internationale de la Femme à Maroua 3 et Mokolo

Sensibilisation de **50** femmes déplacées internes des camps des déplacés de Zamai et **100** réfugiées de Minawao sur la prévention du paludisme par AJERED-MT, partenaire de mise en œuvre de dans le district de Mokolo.

Sensibilisation de **103** personnes Femmes enceintes et mères sur la prévention du paludisme et la place de la femme dans la lutte contre le paludisme à Dargala et Douggoi par CADELCO, partenaire de mise en œuvre dans le district de Maroua 3.
Leçons apprises

• Pour toucher les communautés vulnérables, il est important de passer par leurs leaders;
• Impliquer les communautés vulnérables elles-mêmes tant dans le développement que la mise en œuvre des stratégies de lutte contre le paludisme
• Les leaders communautaires peuvent favoriser l’appropriation communautaire des interventions de lutte contre le paludisme
• Travailler avec le Ministères des Affaires Sociales et le Ministère de la Promotion de la Femme et de la Famille qui sont les ministères de tutelle des populations cibles
• Impliquer les leaders dès le début des activités afin qu’ils comprennent mieux et sensibilisent à leur tour les communautés,
Pourquoi est-il important d’obtenir l’engagement des leaders communautaires pour promouvoir l’équité et l’égalité de genre?

Les leaders

✓ sont la porte d’entrée auprès des communautés: réfugiés, déplacés internes, campement bakas

✓ exercent une influence sur le comportement, l’attitude et les pratiques des membres de la communauté et jouent donc un rôle crucial en matière de promotion du genre et de l’équité;

✓ Favorisent l’adhésion aux activités de lutte contre le paludisme et même du respect de l’égalité de genre au sein de la communauté

✓ peuvent contribuer à briser les stéréotypes de genre en encourageant les bonnes pratiques qui renforcent l’égalité de genre

✓ sont essentiels à une mobilisation effective de toutes les communautés dans le cadre de toute activité sanitaire;

✓ Sont une source d’information fiable pour les communautés
LEAVE NO ONE BEHIND

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Panel discussion 2: How can we ensure to leave no one behind to use malaria services?

Joseph Wato, APDSP

APDSP
How can we ensure to leave no one behind to use malaria services?

Jonathan Teye
GCNM
Ghana
How can we ensure to leave no one behind to use malaria services?

Théodore Ngue

MINAS
How can we ensure to leave no one behind to use malaria services?

Dr Neville Nkossi
Malaria Youth Army
RDC
How can we ensure to leave no one behind to use malaria services?

Marie Laure Edeng

FSS
Gabon
How can we ensure to leave no one behind to use malaria services?

Amadou Moumouni Soumaila
RS+
Niger
Genre et équité dans la lutte contre le paludisme
« Comment faire en sorte que personne ne soit exclu de l'utilisation et de l'accès aux services de lutte contre le paludisme »

Aujourd'hui, l'impact du paludisme est plus que jamais visible : des enfants sont absents des écoles, un enfant meurt du paludisme chaque minute. La société civile plaide pour un renforcement des systèmes de santé pour lutter efficacement contre cette maladie et sauver des vies. Pour faire avancer l'équité, renforcer la résilience et mettre fin au paludisme, il est impératif d'adopter une approche holistique basée sur les droits humains en général et la santé en particulier.

Présenté par Amadou Moumouni Soumaila
Vice Président Réseau Santé Plus (RS+) Niger
Qu'est-ce que l'Approche Holistique ?

Démarche Intégrée

L’approche holistique est une démarche intégrée et progressive visant le changement de comportement pour lutter efficacement contre le paludisme en tenant compte des priorités des populations et en prônant les droits humains en particulier celui de la santé pour un changement collectif de manière à ce que personne ne soit laissée de côté.

Cette approche considère les individus comme des acteurs de leur propre développement et non pas comme des simples bénéficiaires passifs de services. Il est donc essentiel de les informer, de les éduquer et de leur donner les moyens d’agir. Leur participation est essentielle, non seulement pour garantir l’appropriation du programme mis en œuvre, mais aussi pour pérenniser les progrès.

L’approche holistique est un facteur de "changement pacifique" dans le quotidien des communautés cibles de nos interventions et implique toute la communauté sans distinction.
Caractéristiques de l'Approche Holistique

1. **Multidisciplinaire**
   L'approche holistique est focalisée sur la santé, les droits humains, la résolution des problèmes, le développement, le genre, etc.

2. **Initiatives Communautaires**
   Elle met les initiatives communautaires au cœur des efforts et soutient la création d'un contexte favorable à l'émergence d'initiatives locales pour lutter efficacement contre le paludisme.

3. **Engagement des Acteurs**
   Elle engage une vaste gamme d'acteurs dans la conception, la mise en œuvre et l'évaluation des interventions.
Principes de l'Approche Holistique

1. Changement Collectif
   Mettre l’accent sur le changement collectif surtout en ne laissant personne de côté.

2. Processus Progressif
   Avoir à l’esprit que le changement est progressif (c’est un processus).

3. Éléments Clés
   Tenir compte de la prise de conscience de la population en poursuivant les sensibilisations, la communication et de la promotion d’un contexte propice au changement.
Avantages de l'Approche Holistique

Multidisciplinarité
L'approche holistique permet la multidisciplinarité dans la lutte contre le paludisme.

Appropriation Communautaire
Elle renforce l'appropriation des programmes au niveau communautaire et est mobilisatrice des acteurs à tous les niveaux.

Décision Collective
Elle a l'avantage de permettre la décision collective sans exclusion de lutter contre le paludisme.
Contraintes de l'Approche Holistique

1. Poids de la Tradition
Le poids persistant de la tradition peut freiner le changement de comportement.

2. Lenteur du Changement
La lenteur du changement de comportement à cause du faible niveau d'éducation de la population.

3. Insuffisance de Ressources
L'insuffisance de ressources financières et matérielles peut limiter la mise en œuvre de l'approche.

4. Résistance Masculine
Le refus de certains hommes de prendre effectivement part aux séances de sensibilisation.
Principes Clés de l'Approche Basée sur les Droits

Égalité et Non-Discrimination

Toutes les personnes sont égales en tant qu'êtres humains et doivent jouir de leurs droits fondamentaux sans discrimination, notamment en matière d'accès aux services de santé.

Participation et Inclusion

Toutes les personnes ont le droit de participer et de contribuer librement, activement et effectivement au développement civil, politique, économique, social, culturel, et d'en bénéficier.
Engagement Communautaire

1. Prise de Conscience
   Les communautés locales ont pris conscience de l'importance de la lutte contre le paludisme.

2. Engagement dans le Plaidoyer
   Les communautés locales s'engagent à participer aux activités de plaidoyer pour répondre à leurs besoins réels, par exemple dans le domaine de l'assainissement.

3. Appropriation des Programmes
   Cette approche permet une meilleure appropriation des programmes de lutte contre le paludisme au niveau communautaire.
Conclusion: Voice of most vulnerable populations

Tumaniel Mangi

HeCO
THANK YOU ALL
WE LOOK FORWARD TO WORK WITH ALL OF YOU
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