



**TEACH TO
REACH 11**

MALARIA

TURNING THE TIDE



**PERSONAL EXPERIENCES
AND THE IMPACT OF
MALARIA**

LOCAL MALARIA TRENDS

MALARIA TREATMENTS

**MALARIA PREVENTION:
BED NETS**

**MALARIA PREVENTION:
VECTOR CONTROL**

**MALARIA PREVENTION:
VACCINATION**

MAKING A DIFFERENCE

**GOVERNMENT
RESPONSES**

**BENEFITS OF
PARTICIPATION**

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Teach to Reach

Where health workers learn,
network and are inspired

Teach to Reach are online learning programmes, run twice a year, that focus on key topics in global health. They culminate in an online experience-sharing and networking event attended by thousands of health workers from the Global South.

What are the aims of Teach to Reach?

Teach to Reach offers a unique approach to online learning:

- Frontline health workers are centre-stage, **sharing their experiences** of local health challenges and solutions.
- **Subject-matter experts** also attend, commenting and advising on what they hear.
- **Networking sessions** build bridges across borders, hierarchies and disciplinary boundaries.
- Learning starts before the event and continues after:
 - **Before:** Participants are prompted to think about their priority local challenges and share their formative experiences.
 - **After:** Participants reflect on what they have heard and learned, and how it can inform their practice.

Who attends Teach to Reach events?

- **Health workers** from the Global South, working at all levels of the health system and in a variety of roles.
- Others with an **interest in health and development** in such settings.
- **Global partners** keen to hear more from the frontline.

What do attendees gain?

Participants gain in multiple ways:

- They hear first-hand of new approaches for addressing common health challenges.
- They broaden their perspectives on health challenges and solutions through exposure to new ways of thinking.
- They gain new knowledge and skills, but also greater confidence and motivation – inspired by the efforts of their peers.
- They build networks of international colleagues to provide practical and personal support.

What is the purpose of Listening and Learning Reports?

The contributions of participants are a **rich source of knowledge on the health challenges facing communities and ways they are being addressed.**

The information provided is analysed to identify key themes and shared in order to:

- Help **frontline workers and programme managers** understand key issues and identify possible strategies to address them, based on the experiences of frontline workers closest to communities.
- Enable **international staff** to gain a deeper understanding of the lived experience of health workers and their communities, so they are better able to understand their needs and support them.



Preface

Every minute of every day, someone dies from malaria. Most of these deaths, an estimated 600,000 in 2023, are of young children and occur in sub-Saharan Africa. The people of endemic countries have lived with malaria so long that they have an oblivious acceptance of the disease and its devastating impact. Yet, there are pockets of real intervention arising as awareness of malaria of more than a disease but rather a social-economic impediment to people and countries reaching their full potential. A lot of this action and awareness and action is pushed by health workers at the frontline.

The eleventh Teach to Reach peer learning event, held in December 2024, enabled health workers to share their experiences of malaria, how it affects themselves, their families and communities, and the efforts being made to reduce its impact. Organized by the Geneva Learning Foundation (TGLF) in partnership with Roll Back Malaria (RBM), Teach to Reach 11 highlighted the devastating impact that malaria has while providing hope and inspiration that progress is achievable.

There is ample evidence that malaria can be beaten. Highly effective drugs exist, and more are under development. As well as treating people with malaria, these drugs can be used to prevent infections in high-risk groups, such as young children and pregnant women. Insecticide-impregnated bed nets have been shown to prevent mosquito bites and significantly reduce the risk of infection. A variety of vector control activities can reduce mosquito numbers. To these interventions can now be added two malaria vaccines, RTS,S/AS01 and R21/Matrix-M, currently being rolled out across multiple African countries. No one of these interventions is a panacea.

Turning the tide on malaria will require them all to be utilized. How this can best be done depends in large part on local contexts – guided by the complex mix of environmental, economic, cultural and behavioural factors that ultimately dictate the success of control activities. Every day, experience is being gained on how all the different tools in the anti-malarial toolbox can be deployed most effectively.

Peer exchange and learning events such as Teach to Reach enable health workers to share this experience with each other, informing their day-to-day strategies to beat malaria. Health workers are a central part of the unified Big Push against malaria and enabling us to reach our 2030 goals. Eliminating malaria is difficult but can be done. Understanding the challenges on the ground, moving faster together and sharing successes will help to reinvigorate malaria control, inspire action and bring the prospect of a malaria-free world ever closer.

Reda Sadki

Executive Director,
The Geneva Learning Foundation

Michael Adekunle Charles

CEO, RBM Partnership
to End Malaria

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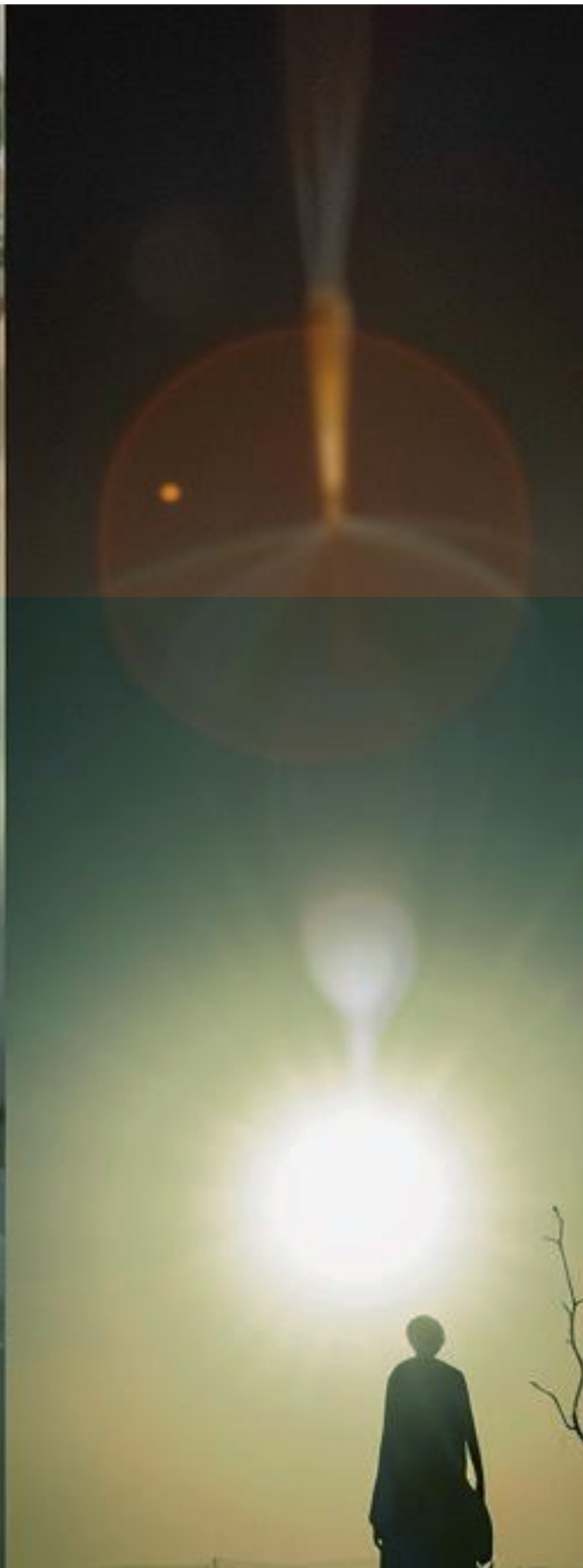
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Executive summary

The 11th Teach to Reach event enabled health workers from across the Global South to share their experiences of malaria, its impacts on households and communities, disease trends and the impact of climate change, prevention strategies, and the effectiveness of drug treatments. They also described successful efforts to engage communities in malaria control.

The 11th Teach to Reach global health peer learning event, organized by the Geneva Learning Foundation (TGLF) in partnership with Roll-Back Malaria (RBM) and held in December 2024, included a special focus on malaria. Teach to Reach provides an opportunity for frontline health and development workers from the Global South to come together online to share experiences and learn from each other and global experts.

In advance of an online experience-sharing event, participants responded to a series of questions designed to promote reflection on their key challenges, current activities and success stories. Afterwards, they considered how what they have heard and read during Teach to Reach might be applied in their local context.

This report analyses the contributions submitted by participants in advance of the main Teach to Reach event. These contributions provide insights into the impacts of malaria as experienced by health workers and their local communities, and the issues they face in daily life as they seek to reduce the local burden of disease.

Impacts: Many health workers have experienced episodes of malaria, and also have to cope with its impacts on family members. Even uncomplicated malaria can be **extremely debilitating**, while deaths from malaria are something most health workers in malaria-endemic regions are all too familiar with. The fact that infections occur repeatedly contributes to a **persistent fear of malaria**, adding to the psychological and emotional distress associated with acute episodes of disease.

Beyond immediate impacts on health, episodes of malaria can severely **disrupt family life**, affecting children's education and physical and mental development. The disease has a double-edged **economic impact** – as well as treatment costs, households often have to contend with lost productivity due to illness or the need to care for children.

Trends in disease burden: Patterns of disease **vary from location to location**, with some sites seeing a surge in malaria cases during rainy seasons. These fluctuations can make it difficult to discern longer-term trends, given natural variability in weather conditions and other factors affecting disease transmission. Based on their local experience, sometimes backed by surveillance data, participants reported seeing a mix of short- and long-term increases or decreases in malaria cases.

Climate change was thought to be driving an **increase in malaria** in some settings, due primarily to extreme weather events and flooding that create conditions which promote **mosquito breeding**. Higher temperatures also affect **human behaviours**, for example leading people to spend more time outdoors, which can increase the risk of being bitten. In some cases, climate change was thought to be leading to a resurgence of malaria in places in which the disease was previously well controlled and its appearance in places that had been malaria-free.

A local decline in malaria was generally attributed to **specific control efforts**. These included the distribution of insecticide-treated bed nets, interventions such as seasonal malaria chemoprevention, or environmental campaigns to eliminate mosquito breeding sites.

Antimalarial drugs: Although effective antimalarial drugs exist, participants identified a range of issues relating to their use in practice. The drugs are **expensive** and, if not freely available, community members often seek out cheaper alternatives, including “street medicines” (low-cost products that may be of low quality or counterfeit) and traditional medicines. This contributes to **delayed care-seeking**, with patients visiting health facilities only when their condition has deteriorated.

Contributors had concerns about **treatment failure** and a possible rise in drug resistance due to overuse and misuse of antimalarial drugs. **Rapid diagnostic tests** were seen as a way to ensure that drugs were used appropriately, but add to the cost of treatment and are not always available when needed.

Bed nets: Insecticide-impregnated bed nets were seen to be a highly effective way to prevent malaria. **Access to bed nets** varied markedly between sites, as did their take up and use. Several barriers to bed net use were identified, including skin reactions, excessive heat, and discomfort and disruption of sleep. As well as ensuring they are widely available, there is need to engage with communities to communicate their benefits and ensure their correct use. Alongside efficacy against mosquitoes, more attention could be given to acceptance and usability in bed net development.

Vector control: Activities to identify and destroy **mosquito breeding sites**, in natural environments and around housing, were seen to be a further important tool for malaria control. Advantages include the low cost of activities, the co-benefits of an environmental clean-up, and the opportunities to involve members of the community in direct action. These activities may be particularly important for **remote communities** with less access to medical interventions and health facilities.

Vaccines: Malaria vaccines have only recently become available and there was little experience of their use to date. Contributors suggest that they would likely be welcomed by communities, but community engagement and sensitization would still be essential to ensure strong demand. As well as the risk of **vaccine hesitancy**, participants also highlighted the need to ensure **equitable access** to malaria vaccination once introduced.

Success stories: Contributors highlighted a range of initiatives that were thought to have had beneficial impact locally. Often, these were based on a **multifaceted approach** that integrated the different tools and activities that can reduce the burden of malaria. Important factors included **engaging with and securing the support of community leaders** and **involving community-based organizations** such as youth associations in activities. A co-design approach can help communities identify ways to respond to their local malaria challenges.

Government responses: Participants suggested multiple actions that governments could take to intensify the battle against malaria. These included increasing the availability and affordability of interventions such as antimalarial drugs and bed nets. The need to strengthen primary health care systems and train health workers was also highlighted. It was thought that governments could also do more to promote cleaner environments.

Although malaria control has improved greatly over the past quarter-century, progress has stalled during the past five years. Yet several countries have made striking progress, to the point where malaria elimination is a realistic possibility. Although antimalarial drug resistance, insecticide resistance, insecurity, climate change, population growth and migration also present growing challenges, progress can still be made, with the appropriate commitments from governments, NGOs and communities.

The tools are available to roll back malaria, and alongside global and national commitments to intensify support for malaria control, health workers are ideally placed to work with local communities on initiatives to reduce the burden of disease. Furthermore, peer learning programmes such as Teach to Reach create opportunities for local health workers to learn from each other how best to apply these evidence-based interventions in their local contexts and reduce the insidious impact of malaria in these communities.

Introduction

The Geneva Learning Foundation (TGLF) organized an 11th Teach to Reach peer learning event. At such events, health workers from the Global South have the opportunity to meet online, share experiences, network with peers, and hear from global experts on a range of topics relating to global health. Teach to Reach 11 included Roll-Back Malaria (RBM) as a partner and had a particular focus on malaria control.

The Teach to Reach online event is the centre-point of an extended learning programme designed to encourage health workers to reflect on their local challenges and activities, and to expose participants to practical new ideas that they could potentially adapt locally. Registrants submit responses to a series of questions distributed by email in advance of the event, and after the event they are encouraged to reflect on what they have heard from others, what they have learned, and how they might be able to adapt their own working practices.

As well as an introductory experience-sharing event on malaria at Teach to Reach 11, a special event devoted to malaria was organized in partnership with RBM the following week.

The malaria challenge

Malaria remains one of the biggest killers in sub-Saharan Africa, causing around 600,000 deaths a year, mostly of young children. Following years of steady decline, the global burden of malaria has plateaued since the COVID-19 pandemic. WHO has called for a reinvigoration of the fight against malaria¹, which has its greatest impact in some of the world's poorest countries.

Many tools are available to combat malaria. These include highly effective **antimalarial drugs** (particularly artemisinin combination therapies, ACTs), **seasonal malaria chemoprevention** and **chemoprophylaxis during pregnancy**, new **malaria vaccines** (RTS,S/AS01 and R21/Matrix-M), **rapid diagnostic tests**, insecticide-impregnated **bed nets** to prevent mosquito bites at night, and **insecticide residual spraying**. A major challenge is how to deploy these tools most effectively and ensure they are adopted by communities at risk.

About this report

This report summarizes some of the key themes emerging from the contributions of health workers to the questions posed before the main Teach to Reach event. Separate sessions were organized for English- and French-speaking participants. This report analyses contributions from both, with French contributions translated into English using DeepL.

Participants were invited to share their personal experiences of malaria infections, its broader impact on households and local communities, and how different prevention and treatment strategies are being applied locally (see Annex 4 for the full list of questions circulated).

The report is intended to provide all those with an interest in malaria with an insight into front-line health workers' perspectives on the impact of malaria at the personal and community level, local trends in malaria and the perceived effects of climate change, the practical challenges of malaria control, and local and community-focused efforts to reduce the burden of disease.

1. <https://www.who.int/news/item/11-12-2024-reinvigorated-global-efforts-needed-to-curb-rising-malaria-threat>

Roll Back Malaria

The Roll Back Malaria (RBM) Partnership to End Malaria is a coalition of more than 500 partners who share the vision of a world free of malaria. The partnership encompasses malaria-endemic countries, bilateral and multilateral development partners, the private sector, non-governmental and community-based organizations, foundations, and research and academic institutions.

The RBM Partnership provides a multi-stakeholder platform to align and coordinate the activities of partner bodies to avoid duplication and fragmentation and ensure optimal use of resources. Its main role is to align and support malaria-affected countries, donors and partners towards achieving agreed malaria control and elimination targets.



Personal experiences and the **impact** of malaria

Malaria deaths are most common among young children, and immunity develops gradually over time as more infections are experienced. However, although it prevents severe disease, natural immunity does not prevent infection, so even adults can experience episodes of malaria, and on multiple occasions. Malaria is particularly dangerous for people who enter malaria-endemic regions having not previously been exposed to the malaria parasite.

Many contributors had experienced malaria and could testify to its **deeply unpleasant nature**, even in adults.

*“I personally had an episode where I had this malaria and took virtually all prescribed drugs given by my doctor and injections and infusions to no avail. **I felt I was going to die** from this dreaded disease, but somehow I and my children survived it.”*

Chinonye Sussan Nkemakolam

Public Health Nutritionist, Ministry of Health, District, Imo State, Nigeria

*“Malaria is **as bad as anything you can imagine.**”*

Esther Yusuf Yakubu

Public health specialist, NGO, National, Jos South, Plateau State, Nigeria

In malaria-endemic regions, infections can be a regular occurrence, affecting **multiple family members**.

*“This year malaria was tough on us as a family particularly during the raining season from August to October. Despite keeping the environment clean, using pesticides and herbicides in the compound, sleeping with treated mosquito nets, **almost all four of us at one point or the other were hospitalized and treated for malaria.** I personally was treated three times within those three months.”*

Njajo Sarah

Community health worker, Ministry of Health, District, Yobe State, Nigeria

*“My own family has been affected by malaria, and this year alone, **three of my children (aged 1, 3 and 5) have suffered from it,** despite sleeping under mosquito nets, and the youngest has even been hospitalized. This has been a period of psychological and financial upheaval,”*

Bisimwa Muzusa Emmanuel

Physician, Ministry of Health, Facility, Bukavu, Democratic Republic of the Congo

Because the malaria parasite induces non-sterilizing immunity, households also face the prospect of **repeated malaria infections**, even within the same season.

*“Living in a malaria-endemic area, this disease **affects my family almost every quarter, if not every month.**”*

Branham Musasa William

Physician, NGO, District, Mwene-Ditu, Democratic Republic of the Congo

*“My community in general, and my family in particular, **don’t go more than two weeks without someone being struck down by malaria.**”*

Muntumaladi Kasabutu Edna

Physician, Ministry of Health, Facility, Kinshasa, Democratic Republic of the Congo

Witnessing malaria's impact

Malaria causes problems for groups such as **young children and pregnant women**. For the latter, malaria brings an increased risk of miscarriage, premature delivery and stillbirth. Unfortunately, as well as their illnesses, many contributors had experience of malaria **affecting family and friends**, often with severe or fatal consequences.

"Malaria has been a persistent threat to my life, family and community in Bauchi, Nigeria. Growing up, I've lost count of the number of times I've suffered from malaria's debilitating symptoms – fever, chills and excruciating headaches. My family members have also fallen victim to this disease, with my younger sibling being hospitalized twice due to severe malaria."

Abdulrahman Muhammad Yusuf

Public Health Technologist, Facility, Bauchi State, Nigeria

"At a personal level, I must confess that recently I went through a lot when my wife was diagnosed with severe malaria in early pregnancy which cost me a lot of money to meet medical bills. Later in late pregnancy, laboratory and scan results revealed malaria plus intrauterine fetal growth restriction which made her health care team think outside the box and delivered the baby by caesarean section for fear of fetal and maternal anaemia."

Oker Isaac

Nurse, Facility, Otuke District, Uganda

In some cases, **long-term health** may be affected by repeated bouts of malaria.

"Growing up in Zambia, I'd perpetually get malaria at least once a month. This made my primary school disrupted. Malaria would affect my activity levels as it renders one weak. I was a picky eater as my appetite was also affected. My friends labelled me a skinny girl. I was constantly pale."

Grace Longwe

Nurse, Ministry of Health, Chililabombwe District, Zambia

Psychological impacts

Perhaps less well appreciated is the **psychological and emotional impact of malaria**. The threat of malaria infections, and need to constantly take precautions to prevent them, can impose a significant daily burden and cause anxiety.

"Every rainy season, in August and November to be precise, we live in fear because it's at these times that malaria rages and bereaves families."

Haguiratou Sawadogo

Midwife, Research or training organization, National, Ouagadougou, Burkina Faso

*“The effect of malaria on me is terrible. **Psychologically, financially and emotionally too.** I have to stop going to work for some days because of general body pains and severe headaches. It has totally negative effects on me and my family members.”*

Janet Musa Madaki

Nurse, Ministry of Health, Facility, Jos South, Plateau State, Nigeria

When children are affected, the possibility that they may not survive can **weigh heavily on parents’ minds**.

*“Last month, all my three children came down with malaria at almost the same time. The last (5 years old) even had to be admitted for a few days. Unfortunately, I was not around to personally nurse them as I was enrolled in a malaria modelling programme then. My husband was saddled with the responsibility of taking them to the hospital for treatment... **I could not give my full concentration in class because my mind was always with them at home, constantly calling in to check in on them.** The pressure on my husband was very much then and he also tested positive for malaria after the children had fully recovered.”*

Dr Simiat Adeogun

Public health specialist, Ministry of Health, Region, Osun State, Nigeria

Households therefore **live in dread**, fearful of seeing signs of illness that may indicate a new malaria infection.

*“One day, I woke up and my daughter told me that **her knees and arms were aching**, and that she had headaches and general tiredness. I wondered what the reason for this was and asked my wife to observe her all day. At nightfall, the child developed a **high fever** and was breathing very badly, and we had no emergency medicines in the first-aid kit at home, nor did I have money with me. I wasn’t sure what to do. I took the wet towel and put it on his head. After 1 hour, the fever went down, but it came back later. In the morning, my wife went for a check-up and found that the child had malaria with an extremely high temperature due to fever. I had no financial means to pay for this medical treatment, which affected me both morally and financially.”*

Bahati Damien Zagabe

Community health worker, NGO, District, Kabare, Walungu and South Bamuguba health zones, Democratic Republic of the Congo

Health workers face the additional emotional burden of seeing pregnant women and young children in danger due to malaria infections, or failing to survive.

*“During our Foundation’s Health community outreach, seeing families in grief, **losing unborn babies and children because malaria is one trauma I hate to remember** because medical help didn’t get to the children on time.”*

Chidiadi Trinitas Duru

Nurse, NGO, National, Niger State, Nassarawa and Abuja, Nigeria

*“When I was working as a clinician, I was treating a lot of children with severe and complicated malaria cases. **It is excruciating when one of the children you are treating dies of malaria or related complications**, it is very heart-breaking.”*

Anonymous
Multi-country

Disruptions to daily life

As well as the unpleasant experience of illness, a bout of malaria typically **interferes significantly with daily life**, preventing people from performing their daily duties, at home or in the workplace.

*“Malaria affects and even **disrupts my performance at work**, the family budget, my children’s application to school and even the development of the community.”*

Kaya Lwamba Georges
Ministry of Planning, Region, Kalemie, Tanganyika Province, Democratic Republic of the Congo

For parents, an episode of malaria, or caring for children with malaria, can have significant **economic implications**. As well as **direct treatment costs**, caring duties can lead to a **loss of income** – so each episode has a double impact.

*“Malaria has deeply impacted my life, my family, and my community in numerous ways. Growing up in a malaria-endemic region, **it was common to see children miss school, adults miss work, and families struggle with medical bills**. My family often had to pool resources to cover the costs of malaria treatment, especially during the rainy season when cases surged. **The loss of productivity and the emotional toll of seeing loved ones ill were constant reminders of the burden of this disease.**”*

Melanie Abongo
Public health specialist, Education or research organization, National, Nairobi, Kenya

*“In my family, malaria infection affects our productivity, and hours that could be invested in getting better output are used nursing malaria infection. **A lot of money also goes into treating and preventing it.**”*

Olajumoke Opaleye
Nurse, Ministry of Health, Facility, Osun State, Nigeria

*“Malaria directly affects the health and productivity of community members. In my own family, several relatives have contracted the disease, resulting in prolonged periods of illness and inability to work. **This increases medical expenses and reduces the income available for other essential needs.**”*

Dr Amisi Nyengo Gilbert
Public health expert, Ministry of Health, National, Bukavu, Democratic Republic of the Congo

In addition, episodes of malaria can have negative effects on **children’s schooling**, because they are forced to miss lessons or exams.

“My son’s academic performance has drastically decreased due to constant fever suspected to have been caused by malaria.”

Emmanuel Pius

Community health worker, UNICEF Country Office, District, Kussum Badakoshi, Nigeria

*“Malaria causes desolation on a daily basis, with the death of loved ones and financial costs. I remember my niece who lost a whole school year. **She was unable to sit her end-of-year exam (the BTS) because she suffered from severe malaria on the days leading up to the exam**, which was very hard on her psychologically and also difficult for the family because a new school year had to be planned, which meant extra costs.”*

Kouame Kouakou Ekato Roland

Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d’Ivoire

Constantly dealing with the risk of malaria, and consequences when it does occur, extend from households to **communities as a whole**, acting as a drag on development.

*“Malaria has a significant impact on my life, my family and my community. Firstly, it creates **constant economic pressure** due to frequent visits to health facilities for treatment. This limits productive capacity of society, which contributes to poverty. **These cumulative effects affect not only our individual well-being, but also the economic and social health of our community.**”*

Ndayongeje Jean

Public Health Specialist, Ministry of Health, National, Bujumbura, Burundi

Malaria is therefore an illness that **pervades everyday life**. Prevention requires time, effort and resources. Episodes of disease are a threat to children’s lives. Treatment incurs costs many households can scarcely afford, while the need to care for sick children can mean lost income. At times when malaria is present, it is a constant threat. Though sobering, mortality statistics alone therefore do not capture the full physical, financial and emotional impact of malaria.

A close shave

“Some two weeks ago, given the workload that I had, I had some fatigue, some little fever. And I just said to myself that maybe it’s work, it’s the workload that I had. We did the rapid malaria test, and it wasn’t reactive, but I still felt bad.

Unfortunately for me, I was out of station. We were in the field doing some supervision work, and I really felt bad. I said, ‘OK, let me just go to the hospital and check’. Behold, microscopy showed I had severe malaria. I had what they call ‘Coca-Cola urine’ [also known as ‘blackwater fever’, dark-coloured urine due to the release of haemoglobin from damaged red blood cells].

I was given some bed rest and I had to take my drugs. And fortunately, I came out of it. But I really felt bad. And I thought, if I were not a health person, or maybe I was not aware I had access to the health facility, it could have degenerated into something else.”

Beri Gariba

Local malaria trends

Participants were asked to describe the patterns and trends in disease they were seeing locally, and whether they were witnessing any impacts due to climate change. Many noted seasonal patterns in malaria, generally driven by weather – the rainy season typically being associated with an upsurge in cases due to the proliferation of mosquitoes. Climate change was also thought to be affecting mosquito numbers, as well as the seasonality of malaria.

Notably, highly contrasting trends were noted – with some locations seeing big drops in cases due to control initiatives.

Seasonality of malaria infections can make it difficult to discern trends in malaria cases, particularly as some year-on-year variation is also to be expected.

*“The number of malaria cases in my community has **fluctuated over the years**. While there was a decrease after the introduction of widespread bed net programmes and insecticide spraying, recent changes in weather patterns have led to an uptick in cases. **Prolonged rains and higher temperatures have expanded mosquito breeding grounds**, making malaria transmission harder to control.”*

Melanie Abongo

Public health specialist, Education or research organization, National, Nairobi, Kenya

Nevertheless, many contributors described **changing patterns**, in some cases backed up by surveillance data. Notably, contributors reported both increasing and decreasing levels of infection. Some contributors suggested that the **unwillingness of communities to adhere to good preventive practices** had triggered a rise in cases.

*“Malaria causes is on the increase because **the community are not using nets to prevent mosquitoes from biting them**. Others include **poor sanitation** especially during raining season. One in every five patients that visits our health facility is malaria and this reason is not far from poor behavioural attitude that translates to poor health-seeking behaviour, not using bed-nets, filthy environment etc. and there is no community project that can play a vital role in malaria prevention.”*

Umar Pella Abdulrahman

Public health specialist, District, Adamawa State, Nigeria

*“Since the beginning of November 2024, we have seen an increase in malaria cases, particularly among pregnant women and newborn babies in Zidim, a village in the Far North region of Cameroon. This increase in malaria cases is due to the **refusal to take the intermittent preventive treatment during ANC and absence of mosquito nets**.”*

Medi Arlous

Nurse, Ministry of Health, Facility, Zidim, Cameroon

In some cases, highly **local factors** may be creating conditions that enable mosquitoes to thrive, contributing to a rise in malaria.

*“We found that during the mango season there was an increase in the number of cases of malaria. In fact, during this season, the **poor treatment of mango leftovers** creates a problem of insalubrity, which encourages the proliferation of mosquitoes.”*

Kouame Kouakou Ekato Roland

Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d'Ivoire

Impacts of climate change

In several cases, **climatic factors** were felt to be driving a rising trend, with flooding or excessive rains, for example, leading to more **stagnant water in which mosquitoes can breed**. It is difficult to demonstrate direct causation, but it is well established that climate change will lead to more extreme weather events, and there is well-known link between standing water, mosquito multiplication and malaria.

*“I can vividly remember there were higher cases of malaria in my community during the rainy season in the year 2023. There was high morbidity and, many complained of discomfort at night due to mosquito bites. There was high density rainfall which turned into floods more especially in places with poor drainage systems. This situation most likely created **more breeding sites for mosquitos and eventually led to high infestation of mosquitos** in my community.”*

Dr Ihejirika Onyenonachi

Public health specialist, Education or research organization, National, Imo State, Nigeria

*“In recent years, I’ve observed a dramatic increase in malaria cases in most parts of the country including the area I grew up, likely linked to **changing weather patterns that create more breeding grounds for mosquitoes**, decreasing the efforts and attention to prevention interventions which might be due to political instabilities in the country.”*

Azmeraw

Pharmacist, NGO, National, Addis Ababa, Ethiopia

Notably, climate effects may **interact with other factors**, such as environmental degradation, to increase the risk of malaria.

*“We’re seeing an increase in malaria cases because of the **unsanitary conditions, the heat, the bad weather**... Climate change is definitely one of the causes of the increase in malaria cases in our area.”*

Dr Mayemba Kibakila Naomie

Physician, Ministry of Health, Facility, Kinshasa, Democratic Republic of the Congo

Formal surveillance and increasing malaria case numbers can provide documentary evidence of an upsurge in malaria, but there are other **informal indicators** that can raise warning signs.

*“I recall a time when the number of malaria cases noticeably increased in my community. It was during the rainy season two years ago, and the change became evident through several indicators. First, **local health centres were overwhelmed**, with a significant increase in patients presenting with fever, chills and other symptoms consistent with malaria. Additionally, **pharmacies ran out of antimalarial medications** faster than usual, indicating heightened demand. I realized something had changed when **friends and family members began falling ill at an alarming rate**. Normally, one or two cases might*

be reported within my immediate circle during the season, but that year, nearly every household in the neighbourhood had at least one member diagnosed with malaria."

Zoungrana Hyacinthe

Physician, Ministry of Health, National, Ouahigouya, Burkina Faso

Community health workers can also spot early signs of an uptick in malaria cases.

*"In April this year, when there were floods after the heavy rains in my country, **I started to notice something was going wrong in my community.** So many people started getting sick, mostly children under five years of age and pregnant women. When I was doing my revisit to my households, I found children shivering and vomiting. I had to refer them to the facility."*

Taphurother Mutange

Community health worker, Ministry of Health, Facility, Kangemi Facility, Nairobi, Kenya

Some participants highlighted that **malaria was being seen in places that were previously malaria-free**, also consistent with research predictions. This has significant implications, as such areas are often excluded from malaria control activities.

*"I worked in West Ennedi region in northern Chad as a malaria focal point for a year. Malaria is non-endemic and was considered as imported malaria since this area had no mosquitoes during the previous studies. It was therefore **not eligible for the malaria management programme** (distribution of LLINs, chemoprophylaxis, free malaria treatment) as in other provinces of the country. **The situation has deteriorated due to the development of mosquitoes in the province**, and other studies have not led to the province being added to the management programme."*

Koldimadji Mogueana

Nurse, Ministry of Health, Region, Ennedi West, Chad

*"In recent years, with the scarcity of rain and the use of impregnated mosquito nets, malaria has declined in endemic areas. But this year, the number of cases has risen considerably due to the floods, and even **Nouakchott, the capital, which had a very low rate, is now infested with mosquitoes**, hence the increase in the number of malaria cases."*

Adama Diop

Nurse, Ministry of Health, Facility, Nouakchott, El Mina, Mauritania

Similarly, changing weather patterns can lead to a **resurgence in malaria** in places that had made progress towards elimination.

*"Resurgence of malaria in non-malaria-endemic areas has been attributed to climate change. I am based in Lusaka, Zambia. In 2018/2019, **I noticed a resurgence in malaria cases in Lusaka, a region that had rolled back malaria.** A lot of my colleagues, neighbours and family members started to experience bouts of malaria, despite not*

having travelled to malaria hotspots. The resurgence could be attributed to climate change and increased migration from malaria-prone areas.”

Baleke Ngambi

Public health specialist, NGO, Region, Muchinga, Northern and Luapula Provinces, Zambia

In many settings, malaria is seasonal. However, **changing weather patterns** are altering these well-established cycles. This creates uncertainty for those planning control campaigns.

“With global warming, initially malaria had peak periods. But the previous two years, we’ve noticed the peak has been peak throughout, not on peak period, but we are having malaria throughout.”

Grace Longwe

Nurse, Ministry of Health, Chililabombwe District, Zambia

Climate effects are not solely mediated through impacts on mosquito vectors. **Human behaviours** can also be affected by climate-related factors, leading to an increased risk of infection. For example, increased temperatures may lead to people spending more time outside and reduce use of bed nets.

*“In our region, we often experience bad weather linked to climate change, such as heavy rains that flood and multiple pools of stagnant water, which contribute to the proliferation of mosquitoes. We have also sometimes **excessive heat, which prevents some people from sleeping under mosquito nets and exposes them to mosquito bites.**”*

Meugang Brigitte

Nurse, Ministry of Health, Facility, Nkomo Subdivision Medical Centre, Cameroon

*“The warm weather in Plateau State makes the **people sleep outside** which exposes them to mosquitoes.”*

Gwaja Martha Davou

Community Health Worker, Ministry of Health, District, Plateau State, Nigeria

Climate change has longer-term indirect impacts – particularly worsening **poverty** – which affect people’s ability to avoid infection or access treatment when infections occur.

*“Climate change has led to **loss of livelihoods** for a significant many, worsening poverty and vulnerability.”*

Dr Adedamola Odutayo

Physician, Facility, Ondo State, Nigeria

*“In economic terms, climate change is **affecting farmers’ harvests** (cocoa, cashew nuts, coffee), condemning the population to extreme poverty and preventing them from going to health centres for treatment.”*

Kouame Kouakou Ekato Roland

Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d’Ivoire

Successful interventions

Globally, recent years have seen minimal progress made in reducing the malaria disease burden. However, several contributors suggested that, in their local area, **case numbers had declined**. Several underlying reasons were proposed. In some cases, the introduction of preventive interventions such as seasonal malaria chemoprevention (SMC) was thought to have had a major impact.

"I have seen a real drop in the number of cases of malaria in my community, especially the severe form. Possible reasons include:

- *Community compliance with malaria prevention measures, such as the use of impregnated mosquito nets, the evacuation of wastewater, etc.*
- *Implementation of chemoprophylaxis activities for seasonal malaria with SP in children under 5 in endemic areas."*

Sidiki Sacko

Physician, WHO Country Office, Kayes Region, Mali

Distribution of **insecticide-treated bed nets** and **community awareness raising** was also thought to have led to a drop in case numbers.

*"From 2023 to 2024, from July to the end of October, the number of cases of malaria fell in my district. This could be explained by the mass Milda [a brand of bed net] **distribution campaign** in July 2024 and the **reinforcement of routine distribution** of LLINs during antenatal consultations, vaccination and curative consultations."*

Dr Djah Olivier Raphaël

Public health specialist, Ministry of Health, District, Transua Health District, Côte d'Ivoire

"Preventing malaria by using insecticide-treated bed nets has made a major contribution to reducing cases of severe malaria, including neurological malaria, in my community.

***Serious malaria is on the decline in our community**, even among people at risk (pregnant women, young children etc.). Our emergency centres are seeing fewer and fewer cases of severe malaria (neurological forms, for example)."*

Dr Asibu Mbaima Cresus

Physician, NGO, Facility, Kinshasa, Democratic Republic of the Congo

As well as making bed nets available, **community engagement** is needed to encourage their use and to ensure that they are used correctly.

*"In 2021, an LLIN distribution campaign in our region helped reduce the number of cases of malaria by **raising awareness** in communities about the importance of mosquito nets and **providing information on how to use them correctly.**"*

Shukuru Bora Marguerite

Community Health Worker, Ministry of Health, Facility, South Kivu/Kalehe Territory, Bunyakiri, Democratic Republic of the Congo

As well as bed nets, improved **access to antimalarial treatments** can also contribute to a decline in case numbers.

*“In our Kabondo Dianda health zone, we have noticed a reduction in malaria cases since the **insecticide-treated mosquito net distribution campaign** in October 2023 and since **malaria treatment has been free.**”*

Kihanda Muhweu Jacqueline

Nurse, Ministry of Health, District, Haut Lomami Provincial Division, Democratic Republic of the Congo

In addition, some contributors suggested that efforts to control mosquito numbers through **environmental efforts**, such as clearing stagnant water and vegetation where mosquitoes can breed, was thought to have been successful.

*“People in my community worked together on a malaria project. They encouraged one another to sleep under treated bed nets, **clear bushes, make drainage systems and dispose of tins properly.** It worked well because the number of malaria cases decreased. It was successful due to clear and concise communication. Everyone was willing to volunteer in the project.”*

Marion Nyangasi Mutange

Community Health Worker, Ministry of Health, Facility, Nairobi County, Kenya

Often, success followed implementation of a **combination of control and prevention measures.**

*“Malaria in my area has drastically reduced due to **multi-faceted approaches** being used, such as preventive measures of sleeping under treated bed nets, prophylaxis administered in pregnancy, seasonal malaria chemoprevention in children from 3 months to 59 months, introduction of malaria vaccines, prompt case management, and environmental management, including research.”*

Daniel Kwesi Ekwam

Pharmacist, Ministry of Health, Region, Wa Municipality, Ghana

*“Malaria has drastically reduced in my community following the **use of malaria preventive drugs and regular community awareness** on measures taken to prevent malaria and even elimination of malaria... That is due to awareness creation on use of mosquito nets, prophylactic drugs, environmental cleanness and use of malaria preventive drugs in my community and my state during the seasonal malaria campaign using house-to-house drug distribution.”*

Ibrahim Sani

Public health specialist, UNICEF Country Office, Region, Sokoto State, Nigeria

*“The female mosquito bites mainly at night and, with climate change, it has become difficult to determine the precise time of these bites. We are therefore stepping up care and awareness campaigns to **encourage people to sleep under mosquito nets at night and to keep ducks that feed on mosquito larvae.**”*

Randria François

Public health specialist, Ministry of Health, District, Vondrozo District, South East Region, Madagascar

One factor that may contribute to success is the development of **partnerships between health authorities and community groups.**

*“In 2018, the number of cases decreased by 50%. It was unprecedented yet surprising. Everyone, including MoH and the WHO country office, was curious. Prior to 2018, the change in the number of cases in the past seven years had been marked by slight increase or slight decrease from year to year... but the overall trend showed a gradual decrease in cases. The 50% decrease in 2018 was an outlier. There was strong partnership involving Ministry of Health, NGOs/civil society, the local community (health committees, traditional healers, etc.) and the religious community, with **each actor playing a specific role** such as surveillance, community engagement, laboratory strengthening, capacity building, etc. We also believe that mass drug administration in high burden districts did bring down the numbers.”*

Anonymous

Public health specialist, NGO, National, Grand Anse Province, Haiti

Assessing progress

For those familiar with their local communities, malaria is so common that changes are obvious. Local communities may also readily discern that fewer people are being affected.

*“From August to the present day (November 2024), I have noticed a drop in the number of cases of malaria, especially among children... **As a medical practitioner, I have noticed a drop in the number of consultations and hospitalizations.** We can say that this drop may be due to the efforts of the authorities through intensive awareness campaigns on use of impregnated mosquito nets, insecticide spraying in high-risk areas, the introduction of the RTS,S vaccine, and also on raising the collective awareness of the community to change their behaviour cleaning up their environment and applying government measures.”*

Dr Sié Drissa Sanogo

Physician, Ministry of Health, Facility, Ouahigouya, Burkina Faso

However, data are also important for quantifying trends and identifying year to year variation more rigorously. Several sources of data can provide information on malaria trends.

*“The National Malaria Control Programme (PNLP) has set up a system for **monthly validation of malaria data from primary sources** (curative care register, RDT cassette, thick drop, anti-malarial drugs, etc., management, routine distribution of LLINs). It is this activity that has enabled us to observe that from the start of the rainy season (May to June), the number of malaria cases increases spectacularly in the community, and this for the duration of the rainy season (May to November). During the dry season (October to April), the incidence of malaria falls in the community.”*

Zoumarou Cyrille

Physician, Ministry of Health, District, Bassila, Benin

While the global picture is one of limited progress against malaria, this conceals much heterogeneity. Some countries, and some local areas, are making major strides in malaria control and even planning for malaria elimination. More tools are now available to support these objectives.

Nevertheless, the challenges remain great, and climate-related factors will likely increase pressures on malaria control programmes. Although there may be a need to adapt to changing malaria epidemiology, existing tools can still be deployed to control malaria even with a warmer and more volatile climate. The ‘Making a difference’ section below focuses on additional community initiatives that have led to a reduced malaria burden.

Malaria **treatments**

A range of effective treatments for malaria are available, particularly artemisinin combination therapies (ACTs). Participants highlighted a range of issues relating to drug treatments, including access challenges and concerns about treatment failure.

In some locations, treatments are freely available at health facilities. Often, though, families have to purchase antimalarial drugs, which are expensive. **High treatment costs** have several unfortunate implications.

“When malaria medicine runs low in hospitals the patients are expected to buy it but due to lack of finances, most of the patients go without treatment.”

Jane Rebecca Oluoch

Nurse, Ministry of Health, District, Siaya County, Bondo Sub-County, Kenya

One potentially damaging consequence is a common reliance on **self-medication** and **use of alternative providers**.

“Self-medication is practised in the community and this can be associated with issues of overdose, under-dose or wrong drug administration.”

Dr Ihejirika Onyenonachi

Public health specialist, Education or research organization, National, Imo State, Nigeria

“When medicines are in short supply, a preferred option is to resort to traditional medicine, charlatans, prayer or even metaphysics.”

Kaya Lwamba Georges

Ministry of Planning, Region, Kalemie, Tanganyika Province, Democratic Republic of the Congo

Several contributors highlighted the common practice of obtaining drugs from **street medicine sellers**, where the quality of a drug cannot be assured. This may be for reasons of **cost or convenience**.

*“Economic insecurity and accessibility in this desert area mean that the population is reluctant to be hospitalized and **turns to street medicines**, making treatment and data management difficult.”*

Koldimadji Moguena

Nurse, Ministry of Health, Region, Ennedi West, Chad

Respondents noted a range of strategies adopted by families unable to afford treatments or with limited access to health facilities. These include recourse to **traditional medicines** and **prayer rooms**.

*“However, our major problem here is the community’s **poor health-seeking behaviour**. Often, they present themselves late to the clinic, while others still patronize our **traditional medicine vendors**.”*

Umar Pella Abdulrahman

Public health specialist, District, Adamawa State, Nigeria

*“What makes detection and treatment difficult is that some people resort to prayer rooms when they fall ill with malaria. Others **self-medicate**, others use **unregulated pharmacies**.”*

Nicolas Kashama Saidia

Nutritionist, Ministry of Health, Facility, Miti Murhesa, Democratic Republic of the Congo

*“What I have seen all too often in the treatment of malaria is women whose children have convulsions due to complications from malaria, who believe that it is a **supernatural phenomenon** and go first to the **prayer rooms**.”*

Nicolas Kashama Saidia

Nutritionist, Ministry of Health, Facility, Miti Murhesa, Democratic Republic of the Congo

Even when people try to obtain antimalarials from a reliable source, they may not be available. In several countries, contributors highlighted issues with **drug stockouts**.

*“When malaria medicines run low, patients are forced to **travel long distances** or seek alternative, often ineffective treatments.”*

Abdulrahman Muhammad Yusuf

Public Health Technologist, Facility, Bauchi State, Nigeria

*“Accessing and treating malaria has been a challenge. **Many health facilities in rural areas lack essential supplies**, including diagnostic tests and antimalarial drugs. I’ve seen instances where **pregnant women faced complications because of delayed treatment**, leading to miscarriages or severe anaemia. The scarcity of malaria medicines in health centres often **forces families to seek costly private treatment**, which is not affordable for many.”*

Melanie Abongo

Public health specialist, Education or research organization, National, Nairobi, Kenya

One response to drug stockouts is to re-emphasize the importance of **preventive measures**.

*“Drug shortages are a frequent reality that jeopardize effective patient care. In times of shortage, we focus on **raising community awareness about prevention** and the optimal use of available treatments. Coordination other health zones and humanitarian organizations is crucial for reducing the impact of these shortages.”*

Dr Amisi Nyengo Gilbert

Public health expert, Ministry of Health, National, Bukavu, Democratic Republic of the Congo

Delays in seeking help

One common consequence of the high cost and limited availability of effective antimalarials is that patients often arrive at health facilities **when disease has become severe**. This leads to an increased risk of poor outcomes, including death.

*“When individuals with fever are asked why they didn’t go to the hospital or treated, their response is that **everything is now expensive especially malaria drugs** that were previously easy to access.”*

Anonymous

Community health worker, Red Cross Red Crescent Movement, Region, Maiduguri, Borno State, Nigeria

*“Finding treatment for malaria is not hard because drugs are available free of charge in all government health facilities. The big challenge is the **health-seeking behaviour**, whereby most people prefer buying drugs over the counter and eventually **reach health facilities very late** presenting with complications like cerebral malaria and anaemia, resulting in long stays in hospital after admission with high cost implications.”*

Victorine Awino Wasonga

Nurse, Ministry of Health, District, Rachuonyo North Subcounty Hospital, Kenya

*“Most of the cases we receive in hospital are **complicated cases** where treatment has failed. The biggest challenge we face in our environment is **self-medication**. People think that you spend more on treatment in hospital than at home or at the local health centre.”*

Kalonji Mukendi André

Physician, NGO, Facility, Christ Roi Hospital, Democratic Republic of the Congo

Ironically, therefore, trying to minimize treatment costs may lead to **increased expenses in the long run**.

*“Affected patients are late in seeking care, even though there are already complications (dehydration, anaemia, renal failure, malarial coma, liver damage, etc.), lengthening the period of treatment and having a **significant impact on the cost of care**, and even the mortality rate. As a result, families who are already poor will be forced to use what little resources they have to cover the cost of care, and their financial situation will deteriorate.”*

Bisimwa Muzusa Emmanuel

Physician, Ministry of Health, Facility, Bukavu, Democratic Republic of the Congo

Participants were asked about their experience of malaria in **pregnant women**. Many highlighted the importance of women seeking medical assistance as rapidly as possible when malaria was suspected.

*“With the awareness campaigns to encourage pregnant women to **seek medical advice at the first sign of malaria**, we have noted a drop in the mortality rate linked to malaria.”*

Dr André Waly Mbengue
Physician, Facility, Dakar, Senegal

Treatment failure

Several contributors also highlighted concerns about **treatment failures**, likely due in part to the availability of substandard or counterfeit medicines.

*“Malaria becomes hard to treat due to the fact that the **drugs that we are using are not genuine** and have low content of properties that are needed to treat malaria. Meaning that the drug providers are requesting for drugs with low price at the manufacturing company.”*

Tukur Abdu Azare (Wazirin Matsango) Atsango
Community Health Worker, District, Katagum LGA, Bauchi State, Nigeria

*“We have seen **malaria drugs failed us severally on pregnant woman** and watched them suffer miscarriages and even death on different occasions.”*

John Emmanuel
Community health worker, Ministry of Health, Facility, Tafawabewa LGA, Nigeria

Several contributors were concerned about **drug resistance**, although treatment failure may have other possible causes. There were also some misconceptions about resistance, for example that it reflects the physiology of the patient rather than the biology of the parasite.

A number of respondents highlighted how over-use and misuse of ACTs is increasing the risk of resistance. Malaria is so common, and symptoms so non-specific, that community-based suppliers are often the first port of call, offering painkillers and antimalarial medicines.

*“The biggest challenge is that the **government is making an effort to make drugs and rapid diagnostic tests available for the fight against malaria**, despite the large population, but it’s another matter whether health workers are much more conscientious about giving them to people free of charge. This unfortunate situation is eroding people’s confidence in our healthcare system, as **they prefer to obtain low-potency medicines (known as street medicines)**. Yet it is the health workers who are best equipped to ensure proper care and to disseminate the Ministry’s directives.”*

Sopi Sess Michel
Public health engineering option, Ministry of Health, Facility, San Pedro, Côte d’Ivoire

Families may also be tempted to **use medications inappropriately**, for example not completing courses of treatment or sharing drugs.

*“The major contributing factors have been the long spells of rainfall that support breeding of mosquitoes, but also **poor usage/half dosages/sharing of oral artemisinin-containing pills** hence resistance.”*

Saddie Ainebyoona

Public health specialist, Other UN agency country office, National, Kampala, Uganda

Rapid diagnostic tests (RDTs) for malaria were referenced as a way to ensure that ACTs are used appropriately, for example at pharmacies. However, their use adds extra costs, and the availability of RDTs is often limited.

*“Abuse of drugs is rampant in my community. **People tend to conclude that they have malaria even without carrying out any tests.**”*

Selina Akunna Enyioha

Public health specialist, NGO, National, FCT Abuja, Nigeria

*“**Involvement of community leaders with support for malaria tests will help**, because most people consider it a waste to test and confirm malaria, after all they have fever, especially in the economic hardship currently being faced in the county. Attitudinal change is needed and more resources and attention being focused on malaria.”*

Anonymous

Physician, Ministry of Health, National, Bauchi metropolis, Bauchi State, Nigeria

At some sites, the supply of antimalarial drugs has been made dependent on **confirmation of malaria infection** using RDTs.

*“In Gabon, we have introduced **malaria testing in pharmacies** before distributing any anti-malarial drugs. One patient in two tests positive to the rapid test. This initiative has enabled us to manage anti-malarial drugs and prescribe them to people who really are RDT-positive.”*

Anonymous

Biologist, Ministry of Health, National, Libreville, Gabon

ACTs have had a profound impact on malaria. However, ensuring **timely access** to antimalarial drugs remains a challenge in many settings, leading to **delayed help-seeking** when symptoms are severe. Key barriers include supply shortages, high costs, access challenges due to geography, and cultural preferences.

ACT misuse and poor-quality or fake medicines lead to an increased risk of **treatment failure** and promote the development of resistance. RDTs could ensure the more appropriate use of ACTs, although shortages, high costs and lack of confidence in their results still need to be addressed.

Concerns about treatment failure

"I have encountered situations where antimalarial medications did not seem effective for patients, and it was concerning for both the patients and me. One particular case stands out in my mind: a young child, around four years old, came into the clinic with all the typical symptoms of malaria – high fever, chills, and fatigue. I administered the standard first-line treatment, which is usually highly effective in treating uncomplicated malaria. However, after a couple of days of treatment, the child's condition didn't improve as expected. The fever persisted, and they continued to appear lethargic and weak.

This lack of improvement after treatment made me suspect that there might be an issue with drug resistance. I ordered another round of testing, including a blood smear, and found that the malaria parasites in the child's blood were still present. This confirmed that the antimalarial treatment had not worked as it should have. We tried switching to an alternative treatment regimen, but I couldn't help but wonder whether this was a sign of growing drug resistance in the area.

There are several factors I believe contribute to drug resistance issues in our community. First and foremost, incomplete or incorrect use of medications plays a significant role. Many people in the community tend to self-medicate or stop taking their antimalarial drugs once they feel better, which is often before the full course of treatment is completed. This incomplete treatment provides the parasites an opportunity to survive and develop resistance. Additionally, substandard or counterfeit medications are a concern. In some cases, people unknowingly purchase fake or ineffective antimalarial drugs from informal drug vendors. This not only results in ineffective treatment but also accelerates resistance.

Another factor contributing to drug resistance is poor healthcare access in the area. When patients cannot access proper medical care or diagnostic tests in a timely manner, they may be treated for malaria without confirmation of the diagnosis. This could result in the misuse of antimalarial drugs when the symptoms might be due to another condition, leading to unnecessary resistance.

I do think this is a very concerning problem. Malaria remains one of the most significant public health issues in our region, and if drug resistance continues to increase, it could render first-line treatments ineffective, which would be a huge setback in our efforts to control malaria. Without effective treatment, the burden of malaria will increase, leading to more severe cases, more deaths, and an overall higher cost to the healthcare system.

To address this issue, I believe we need to focus on improving adherence to treatment through education and better community outreach, ensuring that patients complete their prescribed medication regimens, and increasing surveillance and testing to catch resistance patterns early. Additionally, tackling the availability of counterfeit drugs and improving access to quality healthcare and diagnostic tools are crucial steps to combat drug resistance. It is essential that we address this issue to prevent further complications in treating malaria effectively in the future."

Fatima Ado Garba

Nurse, Education or research organization, Facility, Yobe State, Nigeria



Malaria prevention: **Bed nets**

Insecticide-impregnated bed nets can protect people from mosquito bites during the night. They are core to malaria-prevention strategies. While undoubtedly effective, access to bed nets varies between locations and, when available, their use is mixed. As well as ensuring availability, there is also a key need to work with communities to highlight their effectiveness and how to use them correctly.

Insecticide-impregnated bed nets (often referred to as ITNs or LLINs) have been conclusively shown to reduce the incidence of malaria. Respondents were **strong advocates** of their use and recognized their effectiveness in preventing malaria.

*“In some communities, utilization of bed nets is low but efforts are being made to ensure every family is given at least one. The question is, do people use it as they should? People need to be educated more about the use of bed nets, especially in rural areas. **The people who use bed nets hardly** go to the clinics for malaria treatment compared to those who don’t use them often.”*

Esther Yusuf Yakubu

Public health specialist, NGO, National, Jos South, Plateau State, Nigeria

Several contributors reported that the burden of malaria appeared to go down after distribution of bed nets to communities.

*“From 2023 to 2024, from July to the end of October, the number of cases of malaria fell in my district. This could be explained by the **mass Milda distribution campaign** in July 2024 and the reinforcement of **routine distribution of LLINs during antenatal consultations, vaccination and curative consultations.**”*

Dr Djah Olivier Raphaël

Public health specialist, Ministry of Health, District, Transua Health District, Côte d’Ivoire

The **availability of bed nets** varied markedly. In some locations, they are provided free, to all or certain high-risk populations such as pregnant women. NGOs may also contribute to the distribution of bed nets. When they are not freely available, poverty can be a barrier to their adoption.

“Due to knowledge deficit, cultural beliefs and low economic status some people don’t use bed nets. The government only issues LLINs (long lasting insecticidal nets) to pregnant women. Thus families that are not financially stable can’t afford to buy nets.”

Loise Wangechi Karue

Nurse, Ministry of Health, Region, Laikipia County, Kenya

“Utilization of bed nets in my community is low because of:

- *Unavailability of bed nets.*
- *High cost for families.*
- *Discomfort associated with the use of bed nets.*
- *High rate of poverty.*

Bed nets are made available in my community by benefiting from health facilities and NGOs once in a blue moon.”

Marion Nyangasi Mutange

Community Health Worker, Ministry of Health, Facility, Nairobi County, Kenya

Raising awareness

“I’ve seen a reduction in the number of cases of malaria in my community thanks to awareness campaigns and the distribution of mosquito nets, as well as improved access to care, despite increases due to poor coverage or inadequate infrastructure.

I remember a striking period when I observed a significant change in the number of cases of malaria in my community in Kenge. It was during the rainy season a few years ago. Hospitals and health centres were saturated with cases, and families, including my own, were affected. However, over the next few years, there was a marked reduction in the number of cases. This change became clear to me thanks to two key factors:

1. Awareness and prevention campaigns: The health authorities and local NGOs have stepped up their efforts to distribute impregnated mosquito nets, run awareness campaigns on their use, and promote sanitation practices. This has helped to reduce the habitats of malaria-carrying mosquitoes.
2. Improving access to care and treatment: Introducing effective antimalarial drugs and training health workers played a crucial role. These actions enabled the rapid management of cases, which reduced complications and the spread of the disease.

Conversely, years when malaria cases increased often coincided with low coverage of net distribution campaigns or periods when health infrastructures were insufficient to meet demand. This experience made me realize the importance an integrated approach, combining education, prevention and access to care to effectively combat malaria in our communities.”

Djem’s Malandila Kisina

Public health expert, NGO, Region, Kenge, Democratic Republic of the Congo

In some cases, it was thought that **lack of awareness of the benefits of bed net use** was contributing to sub-optimal coverage in communities.

*“**Knowledge deficit and cultural beliefs** cause people not to use nets. Some believe after doing some traditional rituals they are immune to being infected by malaria. Others believe that a particular blood group isn’t affected by the disease thus don’t take prevention measures seriously.”*

Loise Wangechi Karue

Nurse, Ministry of Health, Region, Laikipia County, Kenya

Multiple **barriers to the use of bed nets** were identified. In some cases, they were felt not to be needed, because other control measures were being used.

*“Some mothers do say that their children do not like sleeping under the ITNs and some feel that **since they have used indoor insecticide, that it is not required.**”*

Kaltimi Shuaibu

Physician, Ministry of Health, National, Bauchi State, Nigeria

Commonly, however, **the experience of sleeping under bed nets was a deterrent to their use**. Problems reported by community members included **reactions to the nets**, becoming **too hot** and disturbance of sleep.

*“People in my community are well informed about prevention and control of malaria due to support projects and campaigns by implementing partners and government. Some people don’t sleep under bed nets due to **allergic reactions to the insecticide** and also **in the hot season people avoid the net due to heat.**”*

Zainab Umar

Laboratory scientist, Ministry of Health, Facility, Gombe State, Nigeria

*“The community has provided mosquito repellent and treated nets to families but **most families refused to use it**. They complain that it **makes them hot** and it **makes them not sleep comfortably under the net.**”*

Ekakitie Beatrice

Nurse, Ministry of Health, Facility, Business district area, Nigeria

*“Although distribution campaigns are organized, the use of mosquito nets remains uneven. Some people refuse to use them because of the **discomfort caused by the heat**, while others are **unaware of the real benefits.**”*

Yakpazuo Koulemou

Public health specialist, NGO, Region, Faranah, Guinea

In some cases, **community surveys** have been used to find out why people have not been using bed nets.

Climate impacts

“Enormous efforts have resulted in a sharp decline in malaria, which is tending to re-emerge as a result of climatic changes.

Malaria is one of the public health problems that most worries the authorities and the community in our country. A number of strategies have been put in place, enabling to make a major leap forward and aspire to elimination by 2030 (1037 confirmed cases in 2010 compared with 180 in 2023). However, with flooding, the incidence is increasing. Availability and accessibility of medicines (free of charge) are key to the success of the programme, alongside impregnated mosquito nets. However, the use of LLINs depends very much on the quality of the product (more flexible and round LLINs are better accepted by the population).

The equity and responsible participation approach has helped us to improve coverage by integrating services. A strategy has been developed to combine immunization with active malaria screening and the distribution of LLINs, with the support of religious, customary and administrative authorities.

We would ask the government to raise awareness in the media on a regular and ongoing basis, emphasizing the use of LLINs and the early management of cases. This is to limit the spread of the disease and reduce the number of serious cases.”

Saliou Thiam

Nurse, Ministry of Health, Facility, Malika Health Post, Dakar, Senegal

“However, hanging of the mosquito nets in their rooms become another problem. Very few people use the bed nets. The reasons for not using the bed nets based on the post-distribution survey carried out are: (1) The net causes difficulty in breathing. (2) Difficulty in hanging the net. (3) Not enough to go-round the family. (4) No felt needs.”

Umar Pella Abdulrahman

Public health specialist, District, Adamawa State, Nigeria

Respondents noted that community members did not always **use bed nets correctly**.

*“The challenge for the individual is some **don’t know how to use the bed nets**. Another factor is **misinformation**; some fear they will die when they use ITN, they complain of not breathing properly, others complain the chemical used in treating the nets is very toxic to health.”*

Anonymous

Physician, Education or research organization, District, Enugu State, Nigeria

In some cases, bed nets were used for **alternative purposes**.

*“The use of mosquito nets in the area is difficult to get many people to adopt. Many people **prefer to use them for other purposes**: fishing, hedges, fencing hen houses, etc.”*

Mutayongwa Mihigo Christian

Physician, Ministry of Health, Facility, Kabare, Democratic Republic of the Congo

*“The use of impregnated mosquito nets, but today people **use them as a mat to sleep** on instead of protecting themselves against mosquitoes.”*

Kalonji Mukendi André

Physician, NGO, Facility, Christ Roi Hospital, Democratic Republic of the Congo

Poverty may also lead people to **sell or trade their bed nets**.

*“The controversy surrounding the use of mosquito nets can be explained, on the one hand and above all, by the **lack of communication** (low awareness among the population of the advantages using LLINs) and, on the other hand, by poverty (**selling one’s own mosquito net or those of one’s family**, received for protection against malaria).”*

Kaya Lwamba Georges

Ministry of Planning, Region, Kalemie, Tanganyika Province, Democratic Republic of the Congo

Housing design may also make bed net use impractical.

*“Impregnated mosquito nets are difficult to accept in some households because of the heat due to the climate, but also because of the **poor state of the houses**, small, unventilated rooms, not to mention the fear of the side effects of the impregnated products.”*

Anonymous

Physician, Ministry of Health, Facility, Kinshasa, Democratic Republic of the Congo

The benefits of bed nets

“In 2022, while working at PHC Lafia East in Nasarawa State, I noticed a significant drop in the number of malaria cases in our community during the rainy season, which was unusual compared to previous years. Typically, this period is marked by a spike in malaria cases due to stagnant water serving as breeding grounds for mosquitoes. However, this time, the statistics from our health records showed a downward trend in malaria-related visits and hospitalizations.

I realized something had changed when several families reported fewer instances of fever among their children, which often prompts visits to the health centre. Community members attributed this to an extensive government-led campaign that had been implemented earlier in the year, focusing on distributing insecticide-treated mosquito nets (ITNs) and conducting awareness programmes on malaria prevention. During my work, I personally saw households actively using these mosquito nets, a shift from previous years where many families neglected to use them despite distribution efforts.

Two factors that I believe drove this trend are:

1. Improved community awareness: The public health awareness campaign included community meetings, radio announcements, and door-to-door education about malaria prevention methods, such as clearing stagnant water around homes and consistent use of ITNs. This knowledge empowered families to adopt preventive measures actively.
2. Increased access to preventive tools: The mass distribution of ITNs, coupled with routine monitoring to ensure proper usage, played a critical role. Families were provided with adequate nets, and health workers followed up to address any challenges with their use.

These combined efforts significantly reduced mosquito populations and human exposure, leading to the observed decline in malaria cases. This experience underscored the importance of community engagement and accessibility of preventive tools in combating endemic diseases like malaria.”

Usman Haladu

Environmental health Technician, Nasarawa State, Lafia, Nigeria

Respondents also highlighted the importance of **working with community leaders** to promote wider take up of bed nets, and also to **visit community members** to assess whether they are being used correctly.

*“I worked on the campaign to distribute LLINs to households in the Mbandaka health zone, we **explain the benefits and how to use them**. The community takes ownership of the message.”*

Ndege Yatoroke Mamy Valérie

Physician, Ministry of Health, Facility, Mbandaka, Ecuador, Democratic Republic of the Congo

“We also have door to door visit by community health providers who go distributing nets to women and families with children under the age of 5 years and demonstrating how they should use them. Local leaders were also involved in the campaign against malaria to help raise awareness and encourage people adopt new practices. This made the project more successful.”

Loise Wangechi Karue

Nurse, Ministry of Health, Region, Laikipia County, Kenya

Malaria prevention: **vector control**

Malaria is spread by mosquitos, and reducing mosquito numbers through environmental interventions is an important disease control strategy. Control activities include eliminating natural breeding sites, improving drainage and removing garbage to prevent the build-up of stagnant water where mosquito larvae can breed. Vector control is an approach where communities can be active participants in disease prevention.

Contributors were well aware of the contribution made by **environmental factors** to the spread of malaria. **Flooding and heavy rain** were identified as key risk factors for mosquito proliferation, but it was also noted that issues such as **poor sanitation and garbage disposal** were also important contributory factors.

*“In my society, malaria management is a serious problem in the community. **Lack of environmental hygiene** attracts mosquitoes. Promiscuity in urban-rural areas and poor waste management are factors that contribute to the proliferation of malaria cases.”*

Dr Mbangi Mbangi Augustin

Physician, Ministry of Health, Facility, Kinshasa, N'Djili Health Zone, DRC

*“Generally, in the rainy season, our streets (Maroua–Cameroon) are **flooded with stagnant water and rubbish bins everywhere**. This situation is a key factor in the proliferation of malaria, with a large number of people suffering from the disease. The growing insalubrity of our cities remains a serious problem for the health of our populations.”*

Boubakari Hamadou

Public health promoter, NGO, District, Maroua, Cameroon

*“Other than the floods in Eastern Uganda caused by rains, other places have got **rapid growth of shrubs and grasslands** resulting in increased mosquito breeding places, hence increased malaria cases (morbidity) and mortality.”*

Dr Margaret Nabaggala Ntambaazi K

Public health specialist, UNICEF Country Office, National, Masaka City, Kenya

Some local practices can also create conditions in which mosquitoes can thrive.

*“Hygiene: the presence of certain waste products that attract mosquitoes, such as fresh water, the **water used to wash fish** and which is then poured near the house, encourages the proliferation of mosquitoes.”*

Major Sow

Public health technician, Kindia Region, Guinea

Local households can make a difference by **eliminating sources of water** where mosquitoes could breed and by **clearing nearby vegetation**. A general **clean-up of the local environment** can deliver a range of benefits, including reduced opportunities for mosquito breeding.

*“We are asking the community to **avoid putting rubbish bins in the gully** so that they don't clog up, which encourages mosquitoes to thrive, and to put screens over the windows so that they can be opened when it's hot.”*

Meugang Brigitte

Nurse, Ministry of Health, Facility, Nkomo Subdivision Medical Centre, Cameroon

*"We have been sensitizing people in the community on the use of bed nets and also **keeping the gutters clean** and the communities are cooperating."*

Sandra Yahaya

Public health specialist, Red Cross Red Crescent Movement, District, Kaduna State, Nigeria

These efforts were seen to be the responsibility of both **public authorities** and **communities themselves**.

*"In our commune of Dimayi, we talked to the local population about **cleaning up the environment** and to sleep under a mosquito net to avoid being bitten by anopheles, because during the rainy season we have a lot of tall grass. What has helped us a lot is the involvement of the community relays in raising awareness and getting the population on board."*

Annie Maloba Nkulu

Physician, Ministry of Health, Facility, Haut-Lomami, DRC

*"I would **ask the leaders to take steps to clean up the cities** and to make sure that the population understands that everyone has to clean up their environment."*

Dr Lubamba Mia

Physician, Ministry of Health, National, Kinshasa, DRC

*"It's up to the government to **put more emphasis on sanitation**, because the precariousness and insalubrity in which we live make it very difficult to eradicate malaria, because no matter how many mosquito nets we use, it's still difficult to fight, because out of bed we are bitten throughout the day and evening."*

Mutayongwa Mihigo Christian

Physician, Ministry of Health, Facility, Kabare, DRC

Innovations may also support vector control activities. For examples, **drones** have been used to identify mosquito breeding sites.

*"Two years ago, I took part in two anti-malaria activities in person: The first consisted of **treating and/or destroying accessible mosquito breeding sites using** specially designed insecticides; our operations are carried out manually or by drone on inaccessible sites. The second activity was to **spray all the sites with repellent products** using mechanical and motorized methods, either by land using equipped vans or by air using drones. Testimonies from local residents confirm that the proliferation of mosquitoes has been considerably reduced, and we have also seen a drop in incidence of malaria during this period."*

Diby N'guessan Narcisse

Nurse, Ministry of Health, Facility, Man, Côte d'Ivoire

One significant aspect of the vector control approach is its relatively **low cost**. Moreover, it is a strategy that can be **community-owned**, and could be of particular value in remote locations

where access to other interventions is more difficult. A cleaner environment will also deliver co-benefits beyond malaria.

*“Given the perennial nature of harsh economic realities, low income and other challenges, **we continue to emphasize environmental sanitation to reduce breeding sites as much as possible**, in addition to encouraging the locals to take personal responsibility for their lives and not indulging in self-medication.”*

Dr Adedamola Odutayo
Physician, Facility, Ondo State, Nigeria

*“I think we have to join with neighbours and clean that gutter and distribute mosquito nets because we have discovered that **it was the only affordable option.**”*

Ndiomo Gwendoline
Community Health Agent Supervisor, NGO, District, Nkobisson Health District, Yaounde, Cameroon

One challenge is the risk of **fatalism**, a belief that cases of malaria are inevitable whatever efforts are made.

*“Malaria has affected my present residents and community a lot. As a result, **it is almost seen as a norm as people now refer to it as “just malaria”** hence ignoring its effects.”*

Anonymous
Community health worker, Red Cross Red Crescent Movement, Region, Maiduguri, Borno State, Nigeria

*“We also realized that there was this fatalistic mindset that **whatever you do during rainy season, your child will come down with malaria.**”*

Anonymous
Physician, Ministry of Health, National, Bauchi metropolis, Bauchi State, Nigeria

Maize and mosquitoes

“These days there’s a lot of rain. The shrubs are growing so high. People are growing maize, and maize has this kind of flower where mosquitoes hide.

As public health specialists, we had to give health education talks to the villagers. We had to organize community dialogue. We had to tell them about malaria and how it spreads.

And the best control is to see that these shrubs that grow very high up, especially during rainy season, that they slash them and also try to avoid growing maize very near the house.

We also tell them about different methods of controlling malaria, like closing doors and windows before night, and also sleeping in the insecticidal mosquito nets. The government gave out so many nets to each family in Uganda, but some people use them for spreading coffee on them or for fishing.

We tried to tell them not to use the nets in that fashion, but to see that each and every person at least sleeps under insecticide-treated nets. People have really complied, and we shall have to arrange more of such talks.”

Margaret Nabagala Ntambazi
Uganda

Malaria prevention: **vaccination**

Increasing numbers of countries in Africa are introducing malaria vaccination, either RTS,S/AS01 (Mosquirix) or R21/Matrix-M. Vaccination has the potential to have a major impact on malaria mortality, in combination with other control measures.

At the time of the Teach to Reach 11 event, few countries had introduced malaria vaccination beyond pilot areas, so there were limited experiences to share. Even so, contributors suggested that **demand for malaria vaccination was likely to be high**, given the high burden of disease.

“The new vaccine is available, and my experience is that 98% of people who have been made aware of the new vaccine have taken it.”

Mbong Jacquy Ghislaine

ASCOM, Ministry of Health, Mbanga District, Cameroon

However, it was noted that there was still the **potential for vaccine hesitancy**, with the COVID-19 pandemic thought to have undermined trust in vaccines more generally in some locations.

*“My country is now preparing to introduce the new malaria vaccine. While this is a significant milestone, I anticipate challenges in ensuring widespread acceptance and equitable access. **Misinformation and vaccine hesitancy are potential barriers.** To overcome these, there must be strong collaboration between health workers, local leaders, and community members to build trust and address concerns.”*

Melanie Abongo

Public health specialist, Education or research organization, National, Nairobi, Kenya

*“The question of the vaccine is still unresolved. **We really need very good communication.** Since COVID, people have become more and more wary. It’s all going to come down to communication (the way in the issue is approached, but also the people and methods used).”*

Dr Lubamba Mia

Physician, Ministry of Health, National, Kinshasa, DRC

Despite the need, it was argued that introductions needed to be accompanied by **strong community engagement and sensitization**.

*“To encourage significant uptake or active participation, the government and NGOs involved would have to do much **advocacy and education on the benefits of the vaccines and allay fears and clear various myths about vaccination in general.** Effective collaborations among the various stakeholders would further make the use malaria vaccines a health facility success.”*

Theresa Okonji

Pharmacist, Facility, Alimosho LGA, Lagos State, Nigeria

*“If a new malaria vaccine is rolled out, it will be crucial to ensure that **the population is well informed about its efficacy and safety.** The introduction could face challenges, including logistics of distribution and the need to train healthcare staff. Strong community support and clear communication will be essential to overcome these obstacles.”*

Kangouté Maimouna Spouse Fofana

Midwife, Ministry of Health, National, Abidjan, Côte d'Ivoire

Engaging with **community leaders** and other influential people in the community was thought to be critical to acceptance.

*“We need to introduce the malaria vaccine to save more lives and more money. What could help is **communication with the population and the religious, traditional and political leaders who can convince people.**”*

Dr André Waly Mbengue
Physician, Facility, Dakar, Senegal

To help maintain public trust, the need for good **pharmacovigilance** and an effective response to potential adverse events after immunization was also highlighted.

*“The malaria vaccine has not yet been introduced in my country. When it is I hope that our government will communicate widely about it and organize training sessions and workshops for all health workers. **Put the health district team responsible for AEFI (post-vaccination adverse events) on maximum alert** so that any cases that arise can be dealt with quickly, to avoid the risk of confusion among the population, which could turn them away from the vaccine.”*

Kouame Kouakou Ekato Roland
Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d’Ivoire

Equity was also highlighted as an important consideration, with the need to ensure that all populations benefit from vaccination, not just those that are easiest to reach.

*“My country is now preparing to introduce the new malaria vaccine. While this is a significant milestone, I anticipate challenges in ensuring **widespread acceptance and equitable access.**”*

Melanie Abongo
Public health specialist, Education or research organization, National, Nairobi, Kenya

Respondents also highlighted the need for **strong coordination** across different malaria control activities, as well as **opportunities for integration** with other vaccination programmes.

*“For year 2023, together with the other EPI partners and as a prelude to the introduction of the malaria vaccine in the DRC, **the immunization coverage survey has been combined with the other EPI performance indicators (‘killing two with one stone’)**. **Preparing and carrying out this survey provided a platform** for joint working and pooling of resources, and a good start to inter-programme synergies for child survival. The results of the survey were used to develop recovery and acceleration plans for the two programmes.”*

Dr Deogratias Manirakiza
Physician, UNICEF Country Office, National, Kinshasa, DRC

Three countries (Ghana, Kenya and Malawi) took part in in **pilot implementation programmes**. Their experiences could help other countries plan for effective introduction.

*"I remember in 2017 when a malaria vaccine called RTS,S was introduced, there were false circulated videos, audios and the use of social media against the vaccine. As a strong malaria advocator, we collaborated with the Kintampo research centre and Ghana health services to carry out **community sensitization on FM stations, community information centres, mobile van sensitization and the use of community durbars to clear the myths and the misconceptions about the malaria vaccine.** If my country will be giving a new vaccine, the challenge will be vaccine hesitancy."*

Kingsley Kofi Nignere

Community health worker, NGO, Kintampo Municipal, Ghana

There is also a risk that vaccination is seen as a **"magic bullet"** that does away with the need for other control measures. Although a major step forward, malaria vaccines are of modest efficacy (approximately the same as that associated with bed net use) and it is stressed that they are **a supplement to rather than replacement for other control measures.** Indeed, there is some evidence that combinations of interventions, such as SMC and vaccination, may have synergistic benefits.

*"The official launch of the malaria vaccine in the DRC took place on 30 October 2024. The R21 vaccine introduced in the DRC will not be the only preventive measure, but will be **accompanied by other control measures** such as the use of insecticide-impregnated mosquito nets, preventive chemoprophylaxis, environmental sanitation and spraying in and around houses, etc."*

Dr Deogratias Manirakiza

Physician, UNICEF Country Office, National, Kinshasa, DRC



Making a **difference**

For malaria, a range of measures are known to be effective approaches to disease control. Contributors described some of the community-level initiatives they had been involved in or had witnessed locally.

Many efforts have been made to promote **increased use of bed nets**.

*“My experience as a project supervisor has enabled me to work directly with communities to promote the use of mosquito nets, especially for pregnant women and children. **Raising awareness in health centres and during door-to-door campaigns has proved quite successful**, as people are more receptive when the dangers of the disease and the benefits of prevention are explained to them.”*

Yakpazuo Koulemou

Public health specialist, NGO, Region, Faranah, Guinea

Such efforts can be more persuasive when they are actively supported by **community leaders** and other community groups.

*“I had the opportunity to work on community projects encouraging the use of impregnated mosquito nets. What worked was the **active involvement of local chiefs and community leaders** in raising awareness. Trust they inspire has helped to reinforce the adoption of preventive behaviour.”*

Dr Amisi Nyengo Gilbert

Public health expert, Ministry of Health, National, Bukavu, DRC

*“I recall a community-led malaria initiative a few years ago where we worked together to encourage everyone to sleep under bed nets. **Health workers, village elders, and youth groups united to distribute nets and educate families about their importance**. What made this project successful was the sense of **collective responsibility and trust in the health workers**. However, challenges such as cultural beliefs and logistical issues in net distribution still persisted.”*

Melanie Abongo

Public health specialist, Education or research organization, National, Nairobi, Kenya

Talking points

- Could community leaders be more involved in encouraging use of bed nets where you are?
- Which community groups could be mobilized?

Vector control has been addressed through efforts to improve wastewater disposal and environmental sanitation more generally to avoid creating places for mosquito breeding. Greater control of vegetation has also been encouraged.

“By addressing both factors – improving drainage systems and ensuring uninterrupted malaria prevention programmes – the community worked to reduce future outbreaks.”

This example highlights how environmental and systemic issues can drive health trends and underscores the importance of consistent preventive measures.”

Zoungrana Hyacinthe

Physician, Ministry of Health, National, Ouahigouya, Burkina Faso

Notably, several respondents described **multifaceted initiatives** that combined a range of strategies in a coordinated campaign to reduce the impact of malaria.

*“I noticed changes when our community hospital reported a significant 35% drop in malaria cases compared to the previous year. Again, residents and community members began discussing the decrease in malaria cases at the local meetings, attributing it to successful **health campaigns** organized by the regional and district health workers.*

*An observation here also showed a noticeable **decrease in community stagnant water sources** due to the **improved drainage maintenance** done by the community elders and district.*

*Lastly, the factors that drive the trend was **increasing access to bed nets**. These was done by some NGOs by providing free treated bed nets to almost all households. This helps significantly in lowering the exposure to malaria.*

*The second on the list was an **educational campaign** led by the local health workers focusing on malaria prevention methods which included proper sanitation. These also helped in putting in place measures to prevent the breeding of mosquitoes.”*

Maxwell Owusu

Research Coordinator, Ministry of Health, Region, Kumasi, Ghana

A critical aim in many cases has been to engage communities and **build a sense of ownership** of malaria control activities. In some cases, this extended to co-design, with communities actively identifying for themselves what activities would make most difference.

*“A time we noticed change in the number of malaria cases was when the **community members volunteered to participate in malaria projects**. They encouraged each other to sleep under treated bed nets, they worked together to clear bushes, make good drainage systems and good disposal of tins or recycle. The number of malaria cases and deaths decreased a big deal.*

*First of all, we started by creating awareness among the community members. We shared insights and ideas about malaria, **giving them a chance to talk about malaria in broad terms, the effects of malaria, prevention and treatment**. With the knowledge, the community members being willing, they turned out in large numbers to be immunized.”*

Marion Nyangasi Mutange

Community Health Worker, Ministry of Health, Facility, Nairobi County, Kenya

*“The fight against malaria relies on the **commitment of the community**. Since community players have taken on the problem of combating malaria in the community through*

awareness-raising campaigns, the number of cases has fallen significantly in care facilities.

The factors that have helped to reduce the number of cases of malaria are linked to the fact that the population itself, through the work of community players, has become aware that eliminating malaria is based on good practices such as keeping our living environment clean, spraying breeding grounds, sleeping under mosquito nets and prescribing chemoprophylaxis for pregnant women and children under 5.”

Kaboré Lankoandé Habibata

Midwife, Ministry of Health, District, Koupela DB Health District, Burkina Faso

Talking points

- How could communities be mobilized to clean up local environments?
- Which community groups could take a lead?

It was suggested that successful approaches needed to be based on effective **community engagement**, including the **involvement of community leaders**. Other community-based groups, such as **youth associations**, can also make a major contribution to activities, such as environmental improvement.

*“Rainy seasons breed a lot of mosquitoes especially, in bad drainage or stagnant waters. The community organizes communal labour to desilt choke gutters and also weed around bushy areas. **This is a collaborative effort of the Community Youth Development Foundation, chiefs and the Honourable Assembly members as a way of preventing malaria.**”*

Kingsley Kofi Nignere

Community health worker, NGO, Kintampo Municipal, Ghana

Community health workers were also seen to have potentially critical roles to play in multifaceted campaigns, for example in ensuring effective use of bed nets.

*“**People in my community work together on a malaria project** by doing clean-up, slashing the long grass and throwing away containers with water. Talking to them about the importance of sleeping in mosquito nets, people expressed the message very much. We have helped people through advocacy and mobilizing them.”*

Taphurother Mutange

Community health worker, Ministry of Health, Facility, Kangemi Facility, Nairobi, Kenya

“The community has played a big role in mobilizing resources for example indoor and outdoor residual spraying, seeking government through politicians to bring and train

more workers and build more facilities, bringing community health workers on board, training and providing them malaria commodities.”

Godfrey Ouma Haduba

Community health worker, Ministry of Health, Facility, Busia County, Kenya

Community health workers can play a variety of roles, including **distribution of bed nets** and providing guidance on how to use them, as well as making contributions to **vector control** activities.

*“There are frequent campaign programmes by the Ministry of Health through all platforms encouraging people on prevention of malaria and various methods of doing it. We also have **door-to-door visits by community health providers** who go distributing nets to women and families with children under the age of 5 years and demonstrating how they should use them. Local leaders were also involved in the campaign against malaria to help raise awareness and encourage people to adopt new practices. This made the project more successful.”*

Loise Wangechi Karue

Nurse, Ministry of Health, Region, Laikipia County, Kenya

*“We initiated a household awareness campaign with community health workers on malaria risk factors and their protection through individual and collective measures. **Community health workers have also been trained to search for and destroy larval breeding sites.** Under the project, households were involved in screening for larval breeding sites and seeking individual and collective protection.”*

Dr Namoano Yemboado Adolphe

Physician, Facility, Ouagadougou, Burkina Faso

Talking points

- What role could community health workers play in malaria control locally?
- What training would they need? What tools or communication aids would help them?

Less commonly, contributors highlighted how **“missed opportunities” strategies** could be adapted for malaria control, with health workers using people’s contacts with the health system to encourage use of control measures.

“In our day-to-day medical practice, we take advantage of consultations to raise awareness about use of mosquito nets and environmental sanitation in order to prevent malaria.”

Bisimwa Muzusa Emmanuel

Physician, Ministry of Health, Facility, Bukavu, DRC

Talking points

- What extra opportunities would there be to communicate more about malaria control when people visit health facilities?
- What advice could they be given? What is likely to persuade them to change behaviour?

Health workers can also **lead by example**, taking action locally to reduce the risk of infection, and can encourage other members of the community to follow their lead.

“On the other hand, the distribution of mosquito nets and the increased use of preventive measures are helping to reduce the number of cases. To adapt to these malaria-related changes, I have taken a number of steps:

- **Use of mosquito nets:** *I make sure that my family uses insecticide-treated mosquito nets to sleep under, to reduce the risk of mosquito bites during the night.*
- **Prevention education:** *I take part in awareness-raising sessions on malaria prevention, which has enabled me to inform my family and my community about the preventive measures to adopt.*
- **Regular visits to health facilities:** *I encourage those around me to visit health facilities regularly for early screening and treatment, to prevent complications from the disease.*
- **Improving the environment:** *I’ve taken steps to eliminate mosquito breeding grounds around our home, such as eliminating stagnant water and weeds.*

These actions have helped me to better protect my family and contribute to the health of my community.”

Ndayongeje Jean

Public Health Specialist, Ministry of Health, National, Bujumbura, Burundi

The importance of **monitoring and evaluation**, and using data to track impact, was also highlighted. **Feeding back information to communities** can provide encouragement that their efforts are making a difference.

“Malaria: Involve programme staff in monitoring and evaluation activities, such as the collection and verification of malaria-related data; participate in the LLIN distribution campaign in accordance with the required standards; build capacity. Independent monitors and LQAS investigators to collect data in the field; support the ZS DAT interpreting the data from DHIS2; draw up realistic recommendations on strategies for improving the programme based on the data collected; draw up an action that provides details for implementing the recommendations; allocate resources based on monitoring the programme’s performance.”

Dr Amisi Nyengo Gilbert

Public health expert, Ministry of Health, National, Bukavu, DRC

Other activities mentioned including setting up **community-based financial schemes** to support access to healthcare.

*“We try to raise awareness in the community about sleeping under an insecticide-impregnated mosquito net, but we have also set up a **health action project** (health for all) which supports health care for the elderly through the **payment of membership to the mutual health insurance scheme**. This has enabled some families to benefit from medical care.”*

Bahati Damien Zagabe

Community health worker, NGO, District, Kabare, Walungu and South Bamuguba Health Zones, DRC

Community collaboration

“I worked as supervisor/coordinator with the community health workers sponsored by the Global Fund around Yaounde 7 under DS Nkolbisson, centre region of Cameroon. The main challenge of the zone is frequent floods during the raining seasons and poverty (70% of the inhabitants can't afford to pay for proper treatment or pay transport to health centres when referred to go for malaria prevention medication for pregnant woman or children under 2).

We have been working in the community since 2016. For the past 2 years, we have noticed a drastic drop in the number of malaria cases. Many of them don't come to us for free rapid malaria tests. When we go down for sensitization again, the community voluntarily cleaned all the gutters and make sure there is no stagnant water after rains; 50% of them sleep under mosquito nets, some burn or spray insecticides at night before sleeping, some keep their windows and doors closed from 5pm, all pregnant women go to the hospital for follow up and call their community health workers to help them collect their intermittent preventive treatment from the health centre for them when they can't make it. The kids are dressed with long trousers or joggings, children under 2 years are taking their malaria prevention treatment regularly.

Many people in the community call the community health worker for pre-tests before any treatment and 80% of the serious registered referred cases come back with reference forms. Some high-level members of the community voluntarily supported community health workers with extra funds to increase their stock of medication, permitting them to treat not only children under 5 for free but also give treatment to underprivileged adults. Many of them participate in our educative talks and are always very active with many questions geared towards prevention, many positive experiences with the power of hygiene and voluntary buying of LLINs from the market. The community leaders on their part have installed community clean up committees with youths who get frequent motivation from some community members who can't take part during cleaning sessions.

I can say that educative talks on prevention (ITNs and hygiene), testing and treatment of simple malaria cases by community health workers, not forgetting their referral to the various health facilities and the implication of community leaders/community proper, has contributed to the drastic drop in the number of malaria cases in my community.”

Ndiomo Gwendoline Shang
Community health worker, NGO, District,
Nkolbisson, Cameroon

Collective action

“RBM [Roll Back Malaria] interventions a panacea to malaria control in under-served communities.

Malaria is endemic in my community, Gantsa, Buji, Jigawa, Nigeria. In recent years, weather conditions changed the pattern of rainfall, which is heavier than before, leading to flooding with devastating effects on the entire state. Gantsa, the headquarters of Buji Local, was among the highly affected settlements. This brings about additional water bodies that were previously not known by the older citizens, and compelled hundreds of households to become displaced from their usual apartments exposing them to higher risk of mosquito infective bites.

The water bodies provide a favourable condition for mosquito breeding and subsequent malaria transmission. The nature of newly engaged occupational activities around the area also exposes us to high malaria transmission. July to October/ November have been the period of high burden of malaria due to seasonal variation.

During this period, our hospitals used to be overwhelmed. We are losing children under five years of age and pregnant women to the cool hand of death as a result of high malaria.

But Alhamdulillah for different RBM interventions – they have really helped the situation. Such interventions include:

- Insecticide-treated net mass distribution campaign.
- Seasonal malaria chemoprophylaxis.
- Provision of free malaria test kit (RDT) and artemisinin combination therapy (ACT).
- Community engagement with relevant stakeholders to sensitize them on malaria, its effects on productivity and the economy of the individual and family.”

Idris Mohammed

Community health worker, Ministry of Health, Facility, Gantsa, Nigeria

A collaborative approach

“Community efforts and preventive measures drive a significant decline in malaria cases in Murang’a County.

In 2020, I noticed a significant decrease in the number of malaria cases reported in Murang’a County, where I was involved in community health work. This shift was evident during routine health campaigns, where fewer patients presented malaria symptoms compared to previous years. The change became even more apparent when analysing clinic data, which showed a marked reduction in malaria-related hospital visits and admissions.

The first indication of this trend was during a monthly health outreach programme in a high-risk area near the Sagana River, traditionally a malaria hotspot due to stagnant water and high mosquito breeding. Compared to previous years, the number of children and pregnant women seeking treatment for malaria was noticeably lower. Similarly, during household visits, community health workers reported fewer cases of fever and other malaria symptoms.

This observation prompted us to review facility records, which confirmed a downward trend in malaria diagnoses. Additionally, the demand for antimalarial drugs at the local dispensaries had declined, further supporting the data.

Several key factors contributed to this positive change:

- The Ministry of Health, in collaboration with global health organizations, had ramped up the distribution of insecticide-treated nets, particularly targeting vulnerable groups like pregnant women and children under five. By 2020, most households in malaria-prone areas had received multiple nets, and awareness campaigns had improved their proper use.
- During follow-up visits, community health volunteers reported high compliance with net use, especially during peak mosquito seasons. This effort significantly reduced human-mosquito contact and the incidence of malaria.
- Another major factor was a community-driven initiative to manage mosquito breeding sites. Local governments and NGOs supported residents in cleaning drainage systems, filling potholes, and draining stagnant water. Additionally, the introduction of larvicides in known breeding areas helped control mosquito populations.

These interventions were particularly effective in urban and peri-urban areas, where stagnant water had previously been a persistent problem. The involvement of community leaders and youth groups ensured widespread participation and sustained efforts.

While the decline in malaria cases was encouraging, maintaining this momentum required continuous education and resource allocation. Some residents still failed to use ITNs properly, citing discomfort or lack of understanding. Additionally, heavy rains during certain seasons continued to create new mosquito breeding grounds, necessitating ongoing environmental management.

This experience highlighted the importance of combining preventative measures like insecticide-treated nets with community-based interventions. It also emphasized the role of data in tracking trends and guiding resource allocation.

In conclusion, the decline in malaria cases in Murang'a County demonstrated the power of targeted interventions and community involvement. Sustaining these efforts and addressing emerging challenges will be key to achieving long-term malaria control in the region."

Joseph Mbari Ngugi
Community oral health officer, Ministry of Health, Facility, Kenol Town, Murang'a County, Kenya

Multifaceted strategies

“Malaria cases in Unguwar Rimi and Badarawa communities significantly dropped in 2018 due to We Care for Humanity Development Initiatives’ outreach, promoting insecticide-treated nets, improved waste management practices, and community-led environmental sanitation efforts.

In 2018, while serving as the Project Director for We Care for Humanity Development Initiatives, I witnessed a remarkable change in malaria cases during our malaria reduction medical outreach in Unguwar Rimi and Badarawa communities, both under Kaduna North, Kaduna State.

During the outreach, which included free malaria testing and treatment, we observed a significant decline in the number of people testing positive compared to similar initiatives in previous years. Conversations with community members revealed a noticeable drop in fever-related illnesses, particularly among children and pregnant women. This change was heartening and sparked an investigation into what might have contributed to the reduced cases.

One major factor we identified was the widespread use of insecticide-treated mosquito nets (ITNs), which had been distributed during earlier health campaigns in the area. Our outreach emphasized their continued use, particularly for vulnerable

groups, and we conducted demonstrations on proper net usage to ensure maximum effectiveness.

Another crucial factor was the community’s improved approach to waste management. In Unguwar Rimi and Badarawa, households had begun to understand the connection between poor waste disposal and mosquito breeding. Many residents started adopting basic but effective practices, such as properly covering refuse bins and ensuring that waste was disposed of promptly at designated collection points.

Additionally, with advocacy from We Care for Humanity Development Initiatives and collaborations with Salaknight Ltd, a social enterprise company dedicated to the development communities allocating 60% of its profits towards community development, efforts to clear stagnant water (another breeding ground for mosquitoes) had become more consistent. Youth groups and women’s associations were involved in cleaning drains and ensuring

that gutters were free from blockages. This grassroots involvement not only reduced mosquito populations but also improved overall hygiene and reduced other illnesses associated with poor sanitation.

Through the outreach, we also educated community members about the importance of personal hygiene, timely waste disposal, and environmental sanitation. These collective efforts, paired with our malaria intervention strategies, played a significant role in reducing malaria prevalence in the area.

Looking back, it was inspiring to see how a combination of health education, preventive measures, and active community participation could create such a transformative impact. It underscored the importance of sustaining these efforts to ensure long-term health benefits for the people of Unguwar Rimi, Badarawa, and other communities in Kaduna North.”

Salahuddeen Mohammed Shitu
Social worker, NGO, National, Kaduna State,
Nigeria

Mobilizing community health workers

“With 450 CHWs, we have raised awareness in 2000 households, carried out participatory diagnoses and strengthened local capacities in 550 villages in the Bounkani region, involving communities and CHWs to achieve a sustainable reduction in malaria through effective community mobilization.

With UNICEF project support to improve maternal and child health, we have worked in synergy with 450 community health workers (CHWs), directly targeting 450 villages and 100 additional villages located more than 5 kilometres away. Thanks to these efforts, more than 2000 households have been reached.

A key element of our approach was to carry out community diagnoses in certain villages. These discussions enabled the inhabitants themselves to identify the causes and consequences of malaria and to propose appropriate solutions. This participatory approach has encouraged strong community involvement in prevention activities, particularly through mass awareness-raising, home visits and educational talks. In collaboration with the community activity coordinators (CACs) and the health districts,

we have strengthened the capacity of CHWs by providing them with medical inputs and first equipment.

This integrated approach is already beginning to bear fruit. Although we are waiting for the final data to assess the rate of reduction in malaria, we observed increased mobilization and better adoption of preventive practices within the communities. To eradicate malaria in the long term, it is essential get CHWs and parents more involved in the community through various awareness-raising channels and close collaboration with local structures.”

Kambou Koko Bruno
Health Supervisor, UNICEF Country Office,
District, Doropo, Côte d’Ivoire

Community responses

“The reduction in cases of malaria in our community is mainly due to the massive use of impregnated mosquito nets and improved sanitation thanks to collective efforts.

In our community of Kimbanseke, we have noticed a marked decrease in malaria cases in recent years. This change became evident when, a meeting in our parish, several community members mentioned that there were fewer sick children during the rainy season. In the past, families were constantly faced with cases of fever, often diagnosed as malaria. Today, this situation seems to be improving.

The first factor contributing to this development was the mass introduction of insecticide-treated mosquito nets. Thanks to the combined efforts of the health authorities and local NGOs, almost every family in our community has received mosquito nets. As chairman of the youth committee, I myself took part in a campaign to raise awareness of their correct use. We learned how to install and maintain the nets, and this radically reduced mosquito bites at night.

The second factor is the improvement in sanitation in our neighbourhood. A community initiative has been launched to clean out the gutters and drains on a regular basis to eliminate stagnant water, which is a breeding ground for mosquitoes. These efforts have been encouraged by training courses organized by a local association, and the young people, motivated by their desire to protect their families, are taking an active part.

These two actions combined have saved many lives. However, we remain vigilant because malaria has not completely disappeared. Challenges remain, not least rapid access to medicines for those who fall ill. But this experience shows us that with community mobilization and ongoing education, it is possible to considerably improve our collective health.”

**Expert Kikobo Yves
International**

Government responses

Participants were asked to describe what actions governments should take to reduce the burden of malaria, beyond providing additional resources.

In reality, many of the suggestions, such as **making antimalarial drugs more widely available**, would likely have cost implications.

*"We would ask them to do their utmost to ensure that **every citizen has access to free medicines**, because we have found that the majority of people cannot afford to buy them."*

Irakoze Clovis

Community health worker, Facility, Kayanza Gahombo District, Burundi

*"To improve the fight against malaria, I would ask the leaders of my country to **continue and improve their policy of free malaria treatment**, and to introduce more anti-malarial drugs and compounds into their policy of free treatment. We need to reduce taxes and subsidize malaria treatment drugs so that their price in pharmacies drops."*

Kouame Kouakou Ekato Roland

Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d'Ivoire

Other suggestions included strengthening of systems to assure the **quality of drugs**.

*"If I have the chance to ask for support from most senior leaders in my country as regards support for malaria, I would like them to **ensure that fake and adulterated antimalaria drugs are kept out of circulation**. This will ensure that at every time an antimalaria drug is being purchased, we are sure of its effectiveness."*

Bamidele Olayinka O

Physician, Education or research organization, Region, Osun State, Nigeria

It was felt that political leaders could pay more attention to **environmental sanitation**.

*"All I would ask the authorities in my country to do is to **strengthen the hygiene and sanitation system in Kinshasa in particular, and throughout the country in general**, to make the country safe and thus reduce the chain of transmission of the disease, to make the vaccine available and to raise awareness as much as possible."*

Dr Matasima Bripani Eli

Physician, Ministry of Health, National, Kinshasa, DRC

More generally, many participants called for a **strengthening of primary care**.

*"I would ask for **better equipment and staffing of all PHCs**. These are the facilities that benefit the people directly."*

Selina Akunna Enyioha

Public health specialist, NGO, National, FCT Abuja, Nigeria

*“If I had the opportunity to ask for support from my country’s most senior leaders, I would request **improved healthcare infrastructure**, better access to diagnostic tools and medications, and enhanced training for healthcare workers.”*

Fatima Ado Garba

Nurse, Education or research organization, Facility, Yobe State, Nigeria

Strengthening of healthcare systems was also seen to be dependent on **better training of health workers**.

*“If I could ask the leaders of my country for non-financial support, it would be to **strengthen the training and supervision of health workers, and to encourage intersectoral collaboration**. Investment in training and community mobilization is crucial to progress in the fight against malaria.”*

Dr Amisi Nyengo Gilbert

Public health expert, Ministry of Health, National, Bukavu, DRC

Others echoed the need for **partnerships across sectors**, to maximize public health gains.

*“Promote public health to reduce the spread of disease, especially malaria, which is a major challenge in our communities today. The biggest contribution is to support the structures working in this sector, for their work, but also to **promote win-win partnerships in order to strengthen cooperation** with the players working in the field and encourage their work.”*

Bahati Damien Zagabe

Community health worker, NGO, District, Kabare, Walungu and South Bamuguba Health Zones, DRC

For vaccination, there were strong calls for **effective community engagement and communication** to ensure strong demand for vaccines when they are introduced.

“To encourage significant uptake or active participation, the government and NGOs involved would have to do so much advocacy and education on the benefits of the vaccines and allay fears and clear various myths about vaccination in general. Effective collaborations among the various stakeholders would further make the use malaria vaccines a health facility success.”

Theresa Okonji

Pharmacist, Facility, Alimosho LGA, Lagos State, Nigeria

It was also suggested that leaders could **set an example**, in both vaccination and use of other preventive measures.

*"I would ask my leaders to show the population that **they too sleep under mosquito nets** and if there is a vaccine, that they would be **the first to be vaccinated.**"*

Dr André Waly Mbengue

Physician, Facility, Dakar, Senegal

In several cases, wider recommendations were made, particularly to **strengthen health infrastructure** and improve accessibility to health services.

*"If I could ask my country's leaders for help fighting malaria, I would request improved infrastructure and better coordination of resources. For example, I would suggest setting up **mobile health clinics** to reach remote areas, **investing in community health worker training**, and strengthening health systems to **avoid stockouts** of essential supplies. These efforts could significantly reduce the malaria burden without requiring additional funds."*

Melanie Abongo

Public health specialist, Education or research organization, National, Nairobi, Kenya

Promoting **universal health coverage** and creating **insurance schemes** for financial protection were also identified as important objectives.

*"We would ask the country's leaders to promote a policy of **social protection**, to enable all members of the community, whether rich or poor, to benefit from free care."*

Bahati Damien Zagabe

Community health worker, NGO, District, Kabare, Walungu and South Bamuguba Health Zones, DRC

There were also suggestions that leaders could **encourage and enable communities to take the lead** on health protection.

*"Our political leaders to **create an enabling environment for our community leaders to embark on self-help projects** like formation of various developmental committees to foster ownership of all projects, provision of security at all levels etc. Our community needs to be enlightened enough to exercise their wholesome discretion; they may not value any project they were not involved in planning."*

Umar Pella Abdulrahman

Public health specialist, District, Adamawa State, Nigeria

Benefits of **participation**

After the malaria-specific event, participants reflected on their learning experience and how it could impact on their professional activities. The feedback received from participants highlights the wide variety of ways in which taking part in Teach to Reach activities affects participants' knowledge, perspectives on their work and daily activities.

New knowledge

Multiple participants, particularly those with less direct experience of malaria, described how they had learned more **background knowledge** about malaria and its impact.

"Before this workshop, I had not realized the seriousness of the situation but after having participated I can now better understand the meaning of our fight to counter the rapid advance of malaria in our countries."

Dr Matasima Bripani Eli

Physician, Ministry of Health, National, Kinshasa, DRC

"I do not have much specialized experience in malaria or other vector-borne diseases outside of my knowledge from medical school. Having done public health, it provided more holistically tied information and refreshed me on infectious diseases as I have been more focused on non-communicable diseases in recent years."

Dr Faaraea

Public health worker, Private digital health company, International

"Before, I did not master the subject in detail, and I did not see malaria as a disease to avoid since most people are already used to it. Following this training I changed my way of seeing it."

Sarah Kamangu Meta

Community health worker, Kinshasa, Mont-Amba district, DRC

Others noted that they had learned about more **specific aspects** of malaria prevention and treatment. This included a deeper understanding of the value and use of insecticide-treated bed nets.

"I gained in-depth knowledge on how other professionals are providing interventions to reduce the burden of malaria, especially use of insecticide-treated nets."

Tapiwa Mukurunge

Public health worker, Gokwe South District, Midlands Province, Zimbabwe

"I now understand that some people need proper explanation on how to use mosquito repellent or net."

Musa Sani

Public health worker, Ministry of Health, Funtua, Nigeria.

Improved awareness of **malaria vaccines** was also reported.

"The programme gave me an opportunity to be more aware of the malaria vaccine that will drive activities to eliminate malaria."

Obafemi Babalola

Public health worker, NGO, National, Nigeria

Teach to Reach discussions focused on several issues relating to **antimalarial drugs**, including the dangers of low-quality drugs, risk of resistance and importance of rapid diagnostic tests to ensure antimalarials are used appropriately.

*“I understand that **substandard anti-malarial drugs** are part of the reasons we have recurrent cases of malaria.”*

Bashiru Chinade Adamu

Community health worker, Ministry of Health, Katagum LGA, Nigeria

*“Through my participation, I understood that **any case of fever in our environment must be considered as a case of malaria** and the RDT [rapid diagnostic test] must be done as soon as possible in order to start treatment early.”*

Bisimwa Muzusa Emmanuel

Physician, Ministry of Health, Facility, City of Bukavu, DRC

A major focus of the event was **vector control**, including the risks associated with environmental degradation that provides additional opportunities for mosquitoes to flourish. Clean-up strategies can therefore be adopted to reduce the risk of malaria transmission.

*“It made me see that an **unclean environment** is one of the contributing factors to the spread of malaria.”*

Anonymous

State Hospitals Management Board, Oyo State, Ibadan South East, Nigeria

*“This participation allowed me to acquire new knowledge in terms of **malaria prevention strategies in community settings**.”*

Boubakari Hamadou

NGO, Maroua, Cameroon

Another theme central to Teach to Reach 11 was **climate change**. Participants noted how they now better appreciated the impacts that climate change is having on malaria.

*“We have always learnt that **Anopheles bite at night** and rest during the day but this has changed... I think our usual approach and thinking [about] mosquitoes needs to shift to this new dynamic which will help us eliminate and eradicate malaria.”*

Joseph Gyebi-Buaben

Public health worker, Ministry of Health, District, Dormaa East, Ghana

*“The stories of the **different behaviours of malaria and mosquitoes** (especially mosquitoes operating during the day) in other places/regions was an eye opener. It made me have wider engagement with friends and colleagues from other districts to ask and gain more information about mosquitoes’ recent behaviour.”*

Manah Timothy Aigiohsikhaino

Red Cross Red Crescent Movement, District, Nassarawa Gwong, Narraguta A & B and Jos Jarawa, Jos North LGA, Nigeria

Notably, examples of **adaptations** being made in response to climate change were also reported.

"In relation to the flooding of certain villages and sites, we are setting up malaria control inputs before the start of winter. For health posts with difficult access, [we are conducting] training on the use of injectable artesunate pre-transfer for cases of severe malaria. The first dose of artesunate is injected by the ICP and the patient is referred to the nearest health centre or regional hospital."

Seydouna Alioune Kebe

Ministry of Health, City of Kaolack, Kaolack Health District, Senegal

A broader perspective

More generally, respondents discussed how participation had **opened their eyes to aspects of malaria they had been less familiar with**. Several reported that the experiences of malaria infection described made them **better appreciate what the disease was actually like and the impacts it could have on families**.

"I was very moved to hear how malaria has disrupted so many lives."

Dr Banka Emewesse Yawavi Victoire

Public health doctor, Facility, Lome, Togo

*"[It led to] **increased empathy and understanding**. Hearing personal experiences shared can foster empathy and understanding among attendees, strengthening social bonds."*

Adamu Ahmad Rufa'i

Pharmacist, Bauchi State, Nigeria

Respondents also felt that they had gained a **broader perspective** on malaria's impact.

*"It helps **deepen my understanding of malaria's complexities**, including its socio-economic implications."*

Anonymous

Nurse, Ministry of Health, Integrated Management of Neonatal and Childhood Illness Unit, Banjul, The Gambia

*"Participating in Teach to Reach broadened my perspective, helping me see my world differently. I realized malaria's **intricate links with climate, education, economics and social justice**."*

Adeleye Akeem Oladele

Oyo State Primary Health Care Board, Oyo State, Nigeria

In particular, respondents appreciated the multiple and sometimes complex issues that malaria infections raise for **individuals and households**.

*“It allowed me to understand the **difficulties of patients** and to put myself in their shoes in search of care for a pathology so serious that the search for a solution or cure is imminent. The suffering of the patient, the concern of the parents and the scarcity of medication for treatment, the difficulties of evacuation or problem of means for transport to health structures but also the scarcity of financial means which is often a factor in late recourse to the level of the health structures.”*

Seydouna Alioune Kebe

Ministry of Health, City of Kaolack, Kaolack Health District, Senegal

Respondents also noted that taking part in Teach to Reach made them realize that the problems they encounter are not unique but are often **shared by health workers in other countries**.

*“The participation changed me as a professional in that all along I have been thinking that malaria prevention and management strategies in my country differ from other regions but from this activity I get to know that **we are all using the same strategies but just with different approaches**. I also understood that the best way out is **locally driven interventions**.”*

James Gonkanue Togbah

Public health worker, Ministry of Health, National, Margibi County, Liberia

*“I learned from a **different culture and people** and how they deal with malaria endemics within their environment.”*

Adam Ibrahim

Physician, Ministry of Health, Borama, Somalia

“I realize that there are similarities in the different situations with other countries and some shared experiences have allowed me to better understand the behaviours of my community.”

Aïssatou Nomokho

Ministry of Health, National, Dakar Region, Senegal

“My participation allowed me to understand the realities elsewhere and to know that the challenges I encounter are also possible elsewhere.”

Boubakari Hamadou

NGO, Maroua, Cameroon

It was recognized that the similarity of challenges being faced created opportunities for health workers to **exchange ideas**, discuss possible strategies and learn about approaches successfully applied by others.

*“From the experiences shared by esteemed colleagues, it seems like **one-on-one communication with carefully articulated messages** goes a long way to influence behaviour change. Community engagement using community opinion leaders and role models citing compelling scenarios also helps in eliciting the desired behaviour change.”*

Shaibu Seidu

Public health worker, Ministry of Health, Bia East District, Ghana

*“My participation changed my vision on the different methods used by participants living in remote and hard-to-reach areas. **Increasing listening capacity** is essential to have all the data at the level of health workers working in the fight against malaria.”*

Rasolonirina Rabibizaka Urbain

Physician, Ministry of Health, National, Madagascar

*“The stories of colleagues allowed me to understand the difficulty of implementing actions to combat malaria. **I learned from others, and this allowed me to share my experiences.** In short, I discovered a community with a better vision of the challenges of the fight to end malaria.”*

Dr Yemboado Adolphe Namoano

Physician, City of Ouagadougou, Burkina Faso

*“It is possible to **collaborate despite the distances.** And to know how others manage the same difficulties that we may encounter. Finding solutions through the experiences of others.”*

Ndolo Bep Christine Hermine

NGO, District, Santa, Cameroon

Some health workers also recognized that there were opportunities to **share their learning with others**, particularly when they have been in the vanguard of new initiatives.

*“I believe that activities that are carried out in my country, which have helped Ghana move from control of malaria to elimination of malaria, can be **cascaded to other regions and countries** who are battling malaria control.”*

Joseph Gyebi-Buaben

Public health worker, Ministry of Health, District, Dormaa East, Ghana

Connecting with peers from other locations was also recognized to help develop **professional networks**, in some cases leading to ongoing contact.

*“When it was almost ended, I was able to join **a group created on WhatsApp** to connect with other health specialists.”*

Anonymous

Public health worker, NGO, Maiduguri, Borno State, Nigeria

*“I am now **in contact with others** thanks to this event.”*

Itebe Blanchard
Ministry of Health, Kinshasa, DRC

*“As a **junior social sciences researcher**, after this great initiative (Teach to Reach) I think that connectivity within some health workers, researchers all across Africa, can be made by such events. Exchanging and sharing experiences about disease among health workers ... could strengthen my decision to work on health issues.”*

Habib Benjamin Aziz Nignan
Public health worker, Centre West, Burkina Faso

*“I had other **addresses of professionals** that I can contact to exchange other experiences.”*

Anonymous
Physician, Ministry of Health, National, Cotonou, Benin

A community focus

Participation made contributors recognize that they could make more efforts to involve communities in activities to reduce the impact of malaria, as solutions will need to be **tailored to local contexts**.

*“I realized that beyond global policies and strategies, **health interventions need to be based on local knowledge**, whether to understand local obstacles or to adapt interventions to the specific needs of communities.”*

Abba Ali Housseina
NGO, East, West and the Far North region of Cameroon, Cameroon

*“This experience has underscored the importance of **community involvement in malaria control and prevention**, highlighting that effective interventions must be culturally sensitive and community-driven.”*

Anonymous
Community health worker, NGO, District, Yola South, Nigeria

One of the key themes discussed at the malaria event was the potential to **involve communities more actively** in the battle against malaria. As discussed previously, there is a risk that communities develop a fatalistic attitude to malaria, seeing it as inevitable.

*“It is now encouraging me to **work with my community members**, and influential people to come together to eradicate malaria in our area.”*

Kasimu Mallam Bawa
Community health worker, Ministry of Health, District, North West, Nigeria

*"Having always followed several speakers, I understood that even in my country I am obliged to **broaden my social relations**. I must get in touch with the most vulnerable communities to explain them, teach them to behave well with the few means at their disposal."*

Anonymous

Physician, Ministry of Health, Facility, City of Kinshasa, DRC

*"[I learnt about the need to] **strengthen the involvement of all stakeholders** in the fight against malaria, communicate more on the use of mosquito nets in households and improve vaccination coverage of the malaria vaccine in my district."*

Dr Olivier Raphaël Djah

Public Health Physician, Ministry of Health, Transua Health District, Côte d'Ivoire

It was recognized that community engagement was needed to build a **sense of ownership**.

*"That the fight against malaria is everyone's business, the community will have to be at the centre of the fight for **successful and lasting community ownership and engagement**."*

Moussa Fanta Keita

NGO, National, Faranah Region, Guinea

Taking part in Teach to Reach also helped contributors appreciate the greater role that **community health workers** could play in malaria control.

*"Participation gave me an insight with respect to **empowering more health workers especially in the rural areas and villages** on the new trends in malaria prevention and treatment."*

Sadik Adams

Ministry of Health, Region, Korle Bu, Ghana

*"Working at the NMCP [National Malaria Control Programme], it helped me to understand more the **difficulties faced by the community health workers** and how to design malaria strategies for their communities."*

Dr Dominique Olivier Bomba Amougou

Public health worker, Ministry of Health, National, Cameroon

*"The sharing on the ways of preventing malaria was awesome. Building capacity among community health workers gives them **skills to support affected families** in the community."*

Sarah Nambudye

Public health worker, NGO, Busoga, Eastern Region, Uganda

Unusually, Teach to Reach provided an opportunity for **community health workers** themselves to discuss the activities they undertake.

*“Speaking in this international platform as a community health worker has **enhanced my voice**. I’m indeed honoured to have been selected to be a guest of honour.”*

Kingsley Kofi Nignere

Community health worker, NGO, Kintampo Municipal, Ghana

Acting on the insights gained

Respondents highlighted a range of ways in which they had **taken forward what they had learned at Teach to Reach 11**. Some had made more efforts to protect and advise friends and family.

*“It allowed me to **raise awareness with my relatives and the community** about the importance of using insecticide-treated mosquito nets, as well as the destruction of larval breeding sites.”*

Ousseynou Niang

Nurse, Ministry of Health, Kolda Health District, Senegal

*“My thought about malaria prevention improved from the different challenges shared and the solutions given. I decided to watch out for drug-resistant malaria as well as the good preventive care starting with my family. It helped me to **design a little strategy on malaria prevention** within my family and the community.”*

Rebecca Bello

Public health worker, Education or research organization, Health facility, Dobi community, Gwagwalada, Abuja, Nigeria

*“I had **many stories to tell** to my patients and friends to encourage them to take the problem seriously.”*

Dr Banka Emewesse Yawavi Victoire

Public health doctor, Health Facility, Lome, Togo

Others had shared their new knowledge with **work colleagues**.

*“The webinar content gave me new tools to share knowledge and inspire my colleagues. For example, I organized **informal exchange sessions** to discuss best practices learned, which strengthened our team cohesion and collective commitment to the fight against malaria.”*

Zoungrana Hyacinthe

Physician, Ministry of Health, Ouahigouya, Burkina Faso

*"I could **share what I learned from others with my colleagues and partners** who work daily to eradicate malaria."*

Dr Catherine Lynda Evina Ela

Public Health Physician, Ministry of Health, City of Yaoundé, Cameroon

Common feedback was that respondents had become **more aware of the importance of preventing infections** and had begun more actively promoting prevention.

*"Thanks to this training, I changed my way of thinking about malaria and changed my way of raising awareness. **Now I raise awareness everywhere** and without limits through different means."*

Sarah Kamangu Meta

Community health worker, City of Kinshasa, Mont-Amba District, DRC

*"From this event, I have focused more on **emphasizing malaria preventive messaging and community dialogue on environmental cleaning** to prevent malaria thus reducing the number malaria cases reported in the last few weeks."*

James Gonkanue Togbah

Public health worker, Ministry of Health, National, Margibi County, Liberia

*"I decided to **reach out even more to people in my community** to help them better understand climate issues and their influence on the surge in malaria cases and the measures they can adopt to prevent this disease."*

Dr Matasima Bripani Eli

Physician, Ministry of Health, National, City of Kinshasa, DRC

It was also recognized that **community-based organizations** could be allies in the battle against malaria.

*"Participating in this major event will allow me to raise awareness about malaria prevention. Given that according to a speaker, impregnated bed nets alone are not enough in the fight against malaria, **I will increase the involvement of civil society in my district.**"*

Dr Olivier Raphaël Djah

Public Health Physician, Ministry of Health, Transua Health District, Côte d'Ivoire

Several respondents highlighted **specific initiatives and activities** that they heard about through Teach to Reach 11 and now hoped to adapt locally.

"A colleague explained to us how in his country they were able to improve the problem of unsanitary conditions by implementing restrictive measures. Each inhabitant is required to maintain the cleanliness of their environment under penalty of sanctions. It would be great if we could replicate this in Côte d'Ivoire where incivility in this area is glaring. As a member of the NGO Femmes Proactives, I am already involved in actions to demonstrate

the environmental impact of our actions. I intend to devote more time to this and also to develop our fight by following the above-mentioned example.”

Kangoute Maïmouna

Midwife, Ministry of Health, National, ABIDJAN, Côte d'Ivoire

*“First, I benefited from new ideas and perspectives by listening to the experiences of other professionals and health actors from different contexts. For example, I learned from a participant from Niger the importance of **combining educational campaigns with local cultural initiatives** to better raise awareness in rural communities about the use of mosquito nets and prevention practices.”*

Amadou Gueye

NGO, City of Conakry, Guinea

“As a Data Manager, Epidemiologist and Cartographer of the PNLPM Madagascar, my participation helped me a lot in making decisions based on the good practices shared by the participants. The different lessons learned facilitate the explanation of the innovative methods that we want to implement in improving our fight against malaria.”

Rasolonirina Rabibizaka Urbain

Physician, Ministry of Health, National, Androhibe Antananarivo, Madagascar

*“I understood that despite the fact that malaria is endemic in our environments there is a serious problem of implementation of the solutions that exist. **I will put a lot of energy into awareness in the coming days.**”*

Dr Banka Emewesse Yawavi Victoire

Public health doctor, Health facility, Lome, Togo

*“We have initiated **small feasible actions** to avoid water stagnation around the peri-domestic environment.”*

Edingo Longe Ndjaokako Faustin

NGO, Lomela, DRC

In some cases, respondents reported that their experience at Teach to Reach 11 had led them to **change their approach**.

*“This experience **pushed me to develop skills in intercultural communication and health education.**”*

Zoungrana Hyacinthe

Physician, Ministry of Health, Ouahigouya, Burkina Faso

“It is still early to assess the impact of my participation in the conference, however it allowed me to understand the role that I must play as a doctor in the fight against

*malaria, i.e. to go beyond my services to treat patients diagnosed in hospital but to **intervene in mass health education** in order to prevent malaria.”*

Bisimwa Muzusa Emmanuel

Physician, Ministry of Health, Health Facility, City of Bukavu, DRC

*“As a doctor in a hospital in a rural and malaria-endemic area, **I now participate in health education sessions related to malaria** within our health structure for pregnant women and children under 5 years old, knowing that this is an exposed group.”*

Dr Evrard Nkuzimana

Physician, Ministry of Health, Gitega District – Saint Joseph Hospital of Giheta, Burundi

Often, listening to the experiences of others had led respondents to become **more proactive in the development of ideas to counter malaria locally**.

*“I have improved a lot in my field, in time past I always sit and wait for my organization to bring programmes but **now I go out to identify the problem in the community and think of the best way to solve it.**”*

Sandra Yahaya

Public health worker, Red Cross Red Crescent Movement, Kaduna State, Nigeria

*“It has given more motivation to do more especially in creating awareness. It has encouraged me to want to share my innovations with others elsewhere. I have **two songs one directly about malaria and the other is about hygiene and sanitation** intended to raise awareness and I want to share this with the rest of the world.”*

Bonny Onyango

NGO, National, Mukono, Uganda

*“Participation has given me a **new energy to do more by volunteering to be the voice of the Deaf community** and all persons with disability accessing health service without any challenge (universal health coverage).”*

Gifty Akosua Adzigbey

Public health worker, Ministry of Health, Gomoa West District, Apam, Ghana

*“I am **no longer waiting for funding** to start a public health action.”*

ANO Ama Marie Noelle

Public Health Physician, Ministry of Health, City of Abidjan, Côte d'Ivoire

*“After participating in this meeting, **I set myself the goal of publishing more scientific content on social networks**, finally to make the world around me understand the current climate issues and their consequences for us. Also to give them material on malaria and how to prevent it.”*

Dr Matasima Bripani Eli

Physician, Ministry of Health, National, City of Kinshasa, DRC

Teaching and research

Participation in Teach to Reach can provide inspiration for those who **teach about malaria control**.

*“As a professor of Parasitology and Microbiology, I have **changed my module on malaria** by adapting it to the experiences I have just acquired.”*

Anonymous

Education or research organization, Region, Haut-Katanga, DRC

*“A participant spoke on a very sick friend that was thought to have been **possessed of demons**. The sick person was later diagnosed as having **cerebral malaria**. I am a trainer of health care workers on malaria diagnosis and **this information will be cited during my lectures**.”*

Obiajulu Wariboko T

Public health worker, National, North Central, Nigeria

*“Thanks to interactions and learning, I **have implemented more participatory strategies** in the management of schooling and training, which seems to meet with the support of students and the quality of learning.”*

Kangoute Maïmouna

Midwife, Ministry of Health, National, Abidjan, Côte d'Ivoire

The issues raised may also provide stimuli for new **research studies**.

*“I had an **academic approach** in solving questions, something that was often not appropriate. Currently the approaches are programmatic, which responds to the proper functioning of the system.”*

Ibrahima Kalil Keita

Public Health Physician, Ministry of Health, National Malaria Control Programme, Guinea

*“In fact, she made me understand that it would be important to **conduct studies on the knowledge and attitude of the indigenous populations** of Cameroon on malaria in order to implement awareness and education strategies.”*

Temomo Ziwo Derrick Leonel

Nurse, Ministry of Health, Bangue Health District, Cameroon

Participation can also alert health workers to the existence of **useful sources of information** on malaria.

*“I got to know about the latest **WHO world malaria report** and I downloaded it.”*

Musa Hadi Musa

Physician, Ministry of Health, Katsina State, Nigeria

Personal benefits

At Teach to Reach, participants hear about the efforts their peers are making to support communities and reduce the burden of disease. These stories often **inspire health workers to redouble their own efforts**.

*"Hearing from colleague health workers in the frontline fight against malaria has really **ignited a renewed passion in me** to do more and go the extra mile."*

Shaibu Seidu

Public health worker, Ministry of Health, Bia East District, Ghana

*"Watching the recorded session **made me feel great** and incredible hearing from many people all over the world to make malaria a thing of the past."*

Joseph Gyebi-Buaben

Public health worker, Ministry of Health, Dormaa East District, Ghana

*"My participation has **strengthened my commitment and motivation** for the common cause because I am not the only one in the world. Many are exposed to less practical conditions than mine but they are determined."*

Patient Mbasha Bigomba

Community Health Worker, NGO, Mwenga, DRC

*"Participating in the event made me aware of global inequalities, the importance of local solutions, and the interconnectedness of global challenges. I also understood that my actions, even small ones, have a significant impact and that lasting change is possible. It gave me a **more optimistic and proactive outlook**, strengthening my commitment to the fight against malaria."*

Omar Ali Mohamed

Ministry of Health, Djibouti City Region, Djibouti

Taking part in Teach to Reach can also help to build participants' **digital skills and confidence**.

*"I am the type that keeps to myself and shy to speak in the public but participating in this programme; I **gained so much courage** and was able to socialize with people both online and one on one."*

Anonymous

Public health worker, Ministry of Health, Region, Owerri Municipal, Imo State, Nigeria

*“I am much more comfortable now after the Teach to Reach experience in **communicating and participating in online events and sharing my experiences**, something that was not easy for me before.”*

Ndolo Bep Christine Hermine
NGO, District, Santa, Cameroon

Teach to Reach brings together many different types of health worker from many different locations. One common reflection is that taking part helps participants appreciate the **importance of working together** to tackle complex challenges such as malaria.

*“I learnt that to end malaria, it requires **working together to achieve positive impact**.”*

Taban Anthony Stephen
Ministry of Health, Juba, South Sudan

*“Participation helped me to understand that **we cannot do this alone**. We have to be together in a group, coming together to sharing ideas, asking questions if we are confused, supporting and helping each other to achieve a goal or a common task.”*

Dr Gideon Ikemdinachukwu Anuligo
Physician, Plateau State, Nigeria

*“Following participation in this event, I understood that we need to **strengthen our collaboration with other stakeholders** in the fight against malaria in Transua. Also, it will take a synergy of actions to reduce breeding sites and environmental sanitation in our communities.”*

Dr Olivier Raphaël Djah
Public Health Physician, Ministry of Health, Transua Health District, Côte d’Ivoire

*“Attending the conference made me see my world differently by broadening my perception of global health inequalities. **I became aware of the impact of malaria on vulnerable populations** and understood the importance of a **collaborative and multidisciplinary approach to solving this problem**. This strengthened my commitment to actively contribute to larger-scale public health solutions.”*

Kikobo Yves
Public health physician, NGO, Kinshasa, DRC

Conclusions

Malaria is responsible for hundreds of thousands of deaths every year. Furthermore, the misery it causes extends much wider, through miscarriages and premature births, long-term effects on children's health and development, and the financial and psychological stresses associated with repeated episodes of disease.

The introduction of **malaria vaccination** is adding another intervention to the malaria control toolbox. The development of effective malaria vaccines is a momentous achievement. Nevertheless, vaccines are not a panacea, and it is vital that they are used in conjunction with, and not as a replacement for, other control measures. Collectively, more prevention and treatment options are available than ever before, providing renewed hope that the tide can be turned on malaria.

The *World Malaria Report 2024* highlighted stalled progress in the battle against malaria, with cases increasing in 2023 and the number of deaths flatlining¹. Yet progress is possible. Five countries in the African Region reported fewer than 10 malaria-related deaths in 2023 (Botswana, the Comoros, Eritrea, Eswatini, and Sao Tome and Principe)². Rwanda saw estimated cases drop from 4.9 million in 2019 to 749 000 in 2023 – a reduction of 85%. Liberia achieved a 44% reduction in the period 2017–2023, from an estimated 1.8 million to 1 million.

On the downside, the number of cases of malaria increased by more than a million in eight countries (Nigeria, Ethiopia, Madagascar, Tanzania, the Democratic Republic of the Congo, Uganda, Mali and Cameroon), with 6.9 million additional cases seen in Ethiopia and 6.8 million in Nigeria.

Over a longer time period, it is clear that progress has been made. Cases per 1000 population in the African Region have fallen by 36% since 2000 and death rates have dropped by 63%.

Insecurity, poverty and climate change, as well as a rising birth rate in Africa, will pose major challenges to malaria control. Yet the tools are available to reduce the burden of disease. Ministers of Health in 11 countries that collectively account for two-thirds of the global malaria burden (Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Sudan, Tanzania and Uganda) have pledged to renew efforts to reduce this burden. These pledges now need to be turned into action on the ground.

Turning back the tide will require a concerted efforts at a national level and global support, but also **sustained action at the local level**. Peer learning programmes can be an important part of the solution, enabling health workers to **share challenges and success stories**, to inform the development of local strategies to implement the suite of evidence-based interventions now available for malaria control.

1. <https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2024>

2. https://cdn.who.int/media/docs/default-source/malaria/world-malaria-reports/world-malaria-report-2024-regional-briefing-kit-eng.pdf?sfvrsn=bceac4ae_10&download=true

Annexes

Annex 1: Selected contributions

Personal impact

“This year in my family, four persons of six experienced malaria during the raining season. During three days for me, there was no possibility to work.”

Dr M Athanase Some

Public health specialist, Ministry of Health, District, Crun, Burkina Faso

“Growing up, I experienced first-hand the devastating effects of this disease: I lost my younger sister in 1999, when she was just three years old to an illness that exhibited symptoms like malaria. This personal tragedy highlighted the severity of malaria as a main health problem in our region, a challenge that persists to this day.”

Azmeraw

Pharmacist, NGO, National, Addis Ababa, Ethiopia

“Two months ago, my 8-year-old grandson came from school feeling very sick: he was shivering and vomiting, and when taken to the facility the doctor discovered he had severe malaria.

“He was treated and came back home.”

Taphurother Mutange

Community health worker, Ministry of Health, Facility, Kangemi Facility, Nairobi, Kenya

“As an individual, malaria has drained me financially, physically and economically because I couldn’t go to work.”

Jane Rebecca Oluoch

Nurse, Ministry of Health, District, Siaya County, Bondo Sub-County, Kenya

"There was one time my nephew become ill; that was before I became a health worker. It became severe at night – when I rushed him to the nearest health facility, there was no one to attend to us. To make matters worse there were no lights in the facility except the security-man's dim torch. We left to go to the next facility. Unfortunately, there were no treatment resources for malaria. We were forced to go further to a private facility. By good luck my nephew was treated although I had not enough funds to facilitate the treatment. What would help my family better face malaria is to get insurance cover so that when faced with such challenges one may call for emergency services without fear of medical funds."

Marion Nyangasi Mutange

Community Health Worker, Ministry of Health, Facility, Nairobi County, Kenya

"I once caught malaria and I couldn't walk because my joints were very weak and the headache and fever was so bad when I went to hospital and was treated."

Anonymous

Administrator, NGO, Facility, Nairobi, Kenya

"Malaria has been affecting communities so much and I am a victim of the disease. I almost lost my life because of malaria. Many people got sick and others died."

Pamela Mukami Njeru

Community Health Worker, Ministry of Health, Facility, Tharaka Nithi, Kenya

"My story about malaria and how malaria dealt with me and my family: for the past few months we are being affected by a malaria parasite. One of my kids had convulsions because of severe malaria, and has been hospitalized in Sabana Hospital. He had antimalarials and antibiotics for two days, and after the drugs in the hospital, was discharged home with oral antimalarials for three days. My wife had a miscarriage because of malaria, at seventeen weeks of her pregnancy."

Abubakar Muhammad Lawan

Community Health Worker, Ministry of Health, Region, Bajoga Ward Gombe LGA, Gombe State, Nigeria

"Malaria has been a persistent threat to my life, family, and community in Bauchi, Nigeria. Growing up, I've lost count of the number of times I've suffered from malaria's debilitating symptoms – fever, chills, and excruciating headaches. My family members have also fallen victim to this disease, with my younger sibling being hospitalized twice due to severe malaria."

Abdulrahman Muhammad Yusuf

Public Health Technologist, Facility, Bauchi State, Nigeria

“I’ve witnessed first-hand how malaria can complicate pregnancies, leading to miscarriages, stillbirths, or low birth weights. The recent resurfacing of cerebral malaria has taken the life of my nephew.”

Anonymous

Lecturer, Education or research organization, Madorawa, Bodinga Local Government Area, Nigeria

“This year malaria was tough on us as a family particularly during the raining season from August to October. Despite keeping the environment clean, using pesticides and herbicides in the compound, sleeping with treated mosquito nets, almost all four of us at one point or the other were hospitalized and treated for malaria. I personally was treated three times within those three months. It wasn’t easy but we thank God for healing.”

Njajo Sarah

Community health worker, Ministry of Health, District, Yobe State, Nigeria

“The effect of malaria on me is terrible. Psychologically, financially and emotionally too. I have to stop going to work for some days because of general body pains and severe headaches. It has totally negative effects on me and my family members.”

Janet Musa Madaki

Nurse, Ministry of Health, Facility, Jos South, Plateau State, Nigeria

“My wife and a year-old daughter were admitted yesterday in a health facility for chronic malaria. We had treated her with over-the-counter drugs for over two weeks to no avail.”

Egbonwachi Oluchukwu Jacobs

Community health worker, NGO, Facility, Obio/Akpor Local Government Area, Nigeria

“Malaria is as bad as anything you can imagine.”

Esther Yusuf Yakubu

Public health specialist, NGO, National, Jos South, Plateau State, Nigeria

“Malaria has affected me and my family seriously. When we fall ill, there is a tendency whereby one will be unable to perform normal routine tasks through body weakness, loss of appetite, overheating, discomfort all over the body.”

Anonymous

Public health specialist, Red Cross Red Crescent Movement, Facility, Yenegoa, Bayelsa State, Nigeria

“Malaria is a deadly disease that is against the wellbeing of the family. I once had a situation where three members of my household took ill at the same time with fever. Due to the rigours associated with hospital visits, I ran a quick test at home using a standard malaria rapid test kit. The test results were ‘positive’ so, we quickly sought medical attention and they got treated.”

Treasure Obiajulu

Public health specialist, National, FCT, Nigeria

"Malaria has impacted my life family and community. My cousin has personally suffered malaria on a monthly basis. Her work is mostly in the field and she's always having symptoms of malaria. The symptoms are severe, making her weak and sometimes it looks like the parasite is stronger than the malaria drugs. My neighbour died of malaria because it was not detected early."

Esther Zango

Public health specialist, Ministry of Health, FCT, Nigeria

"Personally, myself and my family are not affected with malaria again. We have learnt to take all the precautions needed to kick malaria out of our lives. We keep our environment clean and avoid stagnant waters at all times. Occasionally, we also make use of indoor spraying – use of insecticides like Baygon. In addition, the children sleep under insecticide-treated nets (ITNs)."

Bamidele Olayinka O

Physician, Education or research organization, Region, Osun State, Nigeria

"I personally had an episode where I had this malaria and took virtually all prescribed drugs given by my doctor and injections and infusions to no avail. I felt I was going to die from this dreaded disease, but somehow I and my children survived it."

Chinonye Sussan Nkemakolam

Public Health Nutritionist, Ministry of Health, District, Imo State, Nigeria

"During our Foundation's Health community outreach, seeing families in grief, losing unborn babies and children because of malaria is one trauma I hate to remember because medical help didn't get to the children on time."

Chidiadi Trinitas Duru

Nurse, NGO, National, Niger State, Nassarawa and Abuja, Nigeria

"At a personal level, I must confess that recently I went through a lot when my wife was diagnosed with severe malaria in early pregnancy which cost me a lot of money to meet medical bills. Later in late pregnancy, laboratory and scan results revealed malaria plus intrauterine fetal growth restriction which made her health care team think outside the box and delivered the baby by caesarean section for fear of fetal and maternal anaemia."

Oker Isaac

Nurse, Facility, Otuke District, Uganda

"Growing up in Zambia, I'd perpetually get malaria at least once a month. This made my primary school disrupted. Malaria would affect my activity levels as it renders one weak. I was a picky eater as my appetite was also affected. My friends labelled me a skinny girl. I was constantly pale."

Grace Longwe

Nurse, Ministry of Health, Chililabombwe District, Zambia

“When I was working as a clinician, I was treating a lot of children with severe and complicated malaria cases. It is excruciating when one of the children you are treating dies of malaria or related complications, it is very heart-breaking.”

Anonymous
Multi-country

“Every rainy season, in August and November to be precise, we live in fear because it’s at these times that malaria rages and bereaves families.”

Haguiratou Sawadogo
Midwife, Research or training organization, National, Ouagadougou, Burkina Faso

“Malaria is a serious disease in our country. I saw my eldest daughter hospitalized in Abidjan with severe malaria at the beginning of this year 2024. This was difficult for me and my wife, as I’m away from my family because of my work. This has resulted in costs of hospitalization and further tests. What would help me cope better with this disease is to make my children and my wife aware of the need to use LLINs.”

Dr Djah Olivier Raphaël
Public health specialist, Ministry of Health, District, Transua Health District, Côte d’Ivoire

“Malaria causes desolation on a daily basis, with the death of loved ones and financial costs. I remember my niece who lost a whole school year. She was unable to sit her end-of-year exam (the BTS) because she suffered from severe malaria on the days leading up to the exam, which was very hard on her psychologically and also difficult for the family because a new school year had to be planned, which meant extra costs.”

Kouame Kouakou Ekato Roland
Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d’Ivoire

“Malaria has a profound impact on our community in Côte d’Ivoire. Personally, I have seen family members and friends suffer from this disease, which has led to serious complications, particularly in pregnant women and children (a 7-year-old girl has just been discharged from intensive care). Malaria can cause severe anaemia, premature deliveries and, in some cases, death. This situation creates constant fear and affects public health in general, making women and children particularly vulnerable and increasing household health costs.”

Kangouté Maïmouna Spouse Fofana
Midwife, Ministry of Health, National, Abidjan, Côte d’Ivoire

“Personally, I have been affected several times by this disease, which has often disrupted my studies and work. Symptoms such as high fever, chills and fatigue have sometimes prevented me from carrying out my daily activities.”

Anonymous
Community health worker, Region, Bamako, Mali

"I'm in hospital with lots of children and their mothers, often fathers with whom I spend the whole day raising awareness of their child's clinical condition and prevention methods. With this period of peak malaria, our family was no exception, with three of our children suffering from malaria which required hospitalization."

Anonymous

Physician, NGO, Facility, Douentza, Mali

"I myself have been a victim of repeated malaria attacks since I was a child, as I live in a tropical area where there are lots of mosquitoes and it's hot. Every 3 months I go back on my treatment, because it's inevitable. In the community, the hospitals are full and people are dying from malaria."

Monga Umba Isabelle

Community health worker, NGO, National, DRC

"It's a disease that weakens me. Once I'm affected by this disease, I'm really down and out, and the treatment is expensive for my family."

Annie Maloba Nkulu

Physician, Ministry of Health, Facility, Haut-Lomami, DRC

"My family is personally affected because I lost my eldest sister to malaria-related kidney failure."

Ndege Yatoroke Mamy Valérie

Physician, Ministry of Health, Facility, Mbandaka, Ecuador, DRC

"My own family has been affected by malaria, and this year alone, three of my children (aged 1, 3 and 5) have suffered from it, despite sleeping under mosquito nets, and the youngest has even been hospitalized. This has been a period of psychological and financial upheaval."

Bisimwa Muzusa Emmanuel

Physician, Ministry of Health, Facility, Bukavu, DRC

"My community in general, and my family in particular, don't go more than 2 weeks without someone being struck down by malaria."

Muntumaladi Kasabutu Edna

Physician, Ministry of Health, Facility, Kinshasa, DRC

"Living in a malaria-endemic area, this disease affects my family almost every quarter, if not every month."

Branham Musasa William

Physician, NGO, District, Mwene-Ditu, DRC

“We take the appropriate treatments but, despite this, every year there is a case of malaria in my family, even when we sleep under an impregnated mosquito net. The best thing to do is to keep our environment clean to prevent the proliferation of mosquitoes.”

Nsimire Wivine

Community health worker, NGO, National, Kinshasa, DRC

“Malaria has marked my life. More than 20 years ago, it was ravaging the population. I used to catch it every year when the rainy season came, and I sometimes had severe cases. What struck me most was the death from malaria of one of my older brother’s sons, who was less than three years old at the time. He was ill and repeated convulsive seizures. We took him to the healer several times, but in the end he died.”

Sitor Ndour

Physician, Ministry of Health, District, Louga Health District, Senegal

“A large number of children have died of malaria in front of me, especially in cases of severe malaria aggravated by anaemia, in my locality of work in Dankpen, Togo.”

Agbang Kpatcha

Nurse epidemiologist, Ministry of Health, District, District of Dankpen, Togo

Financial and other impacts

“Malaria has affected me and my family seriously because two years back I had two episodes of malaria attacks and likewise my family. I spent a lot of resources to support myself and my family to recover during these malaria attacks.”

Samuel S Gomez

Public health specialist, Ministry of Health, National, Kanifing Municipal Council, The Gambia

“We spent a lot of money on malaria medication and wasted a lot of time for malaria treatment at both health facilities and pharmacies.”

Kingsley Kofi Nignere

Community health worker, NGO, Kintampo Municipal, Ghana

“Malaria has forced me to abscond from some of my duties at home, at work and in the community at large. In my community, children are forced to miss school when ill with malaria and also when they have to take care of a sibling who is sick. Adults on the other hand are kept out of work, contributing to the cycle of poverty. The cost of malaria to poor households in my community can be severe when the sick individual is a productive member of the family.”

Marion Nyangasi Mutange

Community Health Worker, Ministry of Health, Facility, Nairobi County, Kenya

"Malaria has deeply impacted my life, my family, and my community in numerous ways. Growing up in a malaria-endemic region, it was common to see children miss school, adults miss work, and families struggle with medical bills. My family often had to pool resources to cover the costs of malaria treatment, especially during the rainy season when cases surged. The loss of productivity and the emotional toll of seeing loved ones ill were constant reminders of the burden of this disease."

Melanie Abongo

Public health specialist, Education or research organization, National, Nairobi, Kenya

"In my family, malaria infection affects our productivity and hours that could be invested in getting better output are used nursing malaria infection. A lot of money also goes into treating and preventing it. We will benefit from availability of a vaccine against the infection."

Olajumoke Opaleye

Nurse, Ministry of Health, Facility, Osun State, Nigeria

"Malaria has cost us so much money in getting treatment. My son's academic performance has drastically decreased due to constant fever suspected to have been caused by malaria. Creating awareness about malaria has kept me away from my usual business for over a month."

Emmanuel Pius

Community health worker, UNICEF Country Office, District, Kussum Badakoshi, Nigeria

"Malaria was a frequent disease I encountered while growing up. As a child and most especially in my teens I was always visiting the hospital not for any other illness but malaria. They made me believe that it was because my genotype is "AA", that's why I am always falling sick with malaria. Malaria made me miss my final exam when I was in high school, which later gave me a setback in my academic performance."

Uyebi Eno Sandra

Community health worker, NGO, Facility, Ojeddo Community, Okpe LGA, Delta State, Nigeria

"I and my family have been seriously affected by malaria and its associated burden. It is the most common health problem that we have experienced in my family. The malaria burden in my family includes keeping my children out of school, work loss hour and days for me and my husband, and the financial burden resulting from consultation, diagnosis and treatment."

Dr Ihejirika Onyenonachi

Public health specialist, Education or research organization, National, Imo State, Nigeria

"Malaria has affected my life and my family negatively. I always spend money on malaria medicine every three months for me and my family. Failure to treat malaria every three months, the whole family will be on the sick bed."

Ekakitie Beatrice

Nurse, Ministry of Health, Facility, Business district area, Nigeria

“The community is also affected greatly – every family in the community has one or two members suffering from malaria, most especially children and pregnant women. Last month all my three children came down with malaria at almost the same time. The last (5 years old) even had to be admitted for a few days. Unfortunately, I was not around to personally nurse them as I was enrolled in a malaria modelling programme then. My husband was saddled with the responsibility of taking them to the hospital for treatment. This affected his business as most deals he would have sealed if he was physically available were missed while he was in the hospital. I also could not give my full concentration in class because my mind was always with them at home, constantly calling in to check in on them. The pressure on my husband was very much then and he also tested positive for malaria after the children had fully recovered. My house is fully screened and all beds have insecticide-treated nets so I try to do what I can to protect my family.”

Dr Simiat Adeogun

“Malaria has affected us by using money meant for feeding or school to buy malaria drugs. But now that the children are taking the seasonal malaria chemoprevention and the use of long-lasting insecticidal nets, malaria cases are less in my family.”

Gwaja Martha Davou

Community Health Worker, Ministry of Health, District, Plateau State, Nigeria

“Malaria has a significant impact on my life, my family and my community. Firstly, it creates constant economic pressure due to frequent visits to health facilities for treatment. This limits productive capacity of society, which contributes to poverty. In addition, malaria can lead to death, as it is classified as the leading cause of morbidity in our region. These cumulative effects affect not only our individual well-being, but also the economic and social health of our community.”

Ndayongeje Jean

Public Health Specialist, Ministry of Health, National, Bujumbura, Burundi

“Malaria is a disease that has had a profound effect on my life and that of my community. For many years, malaria has been a daily reality in our homes. I have personally seen family members, friends and neighbours struggle with this disease, which affects particularly children and pregnant women, making them even more vulnerable. Malaria not only has health consequences, it also affects the economy of families, often forcing them to use a significant proportion of their resources for care.”

Yakpazuo Koulemou

Public health specialist, NGO, Region, Faranah, Guinea

“In my family, malaria has been a constant source of stress and unexpected expenses. For example, when one of us falls ill, the costs of treatment and hospitalization put a great deal of financial pressure on us. In addition, other members of the family may to interrupt their activities to care for the sick person, which reduces the household’s overall income.”

Anonymous

Community health worker, Region, Bamako, Mali

“Malaria has a very negative impact on the health of the community, as it is a disease that we suffer from one or two times a year, with a considerable death rate, especially among children. Treating malaria is very expensive, which makes it difficult for some people to access medicines.”

Nteke Mahekele Junior

Physician, NGO, Facility, Kinshasa, DRC

“Malaria directly affects the health and productivity of community members. In my own family, several relatives have contracted the disease, resulting in prolonged periods of illness and inability to work. This increases medical expenses and reduces the income available for other essential needs. For children, malaria compromises their health and education, with frequent absences due to fevers and hospitalization.”

Dr Amisi Nyengo Gilbert

Public health expert, Ministry of Health, National, Bukavu, DRC

“Malaria affects and even disrupts my performance at work, the family budget, my children’s application to school and even the development of the community.”

Kaya Lwamba Georges

Ministry of Planning, Region, Kalemie, Tanganyika Province, DRC

“One day, I woke up and my daughter told me that her knees and arms were aching, and that she had headaches and general tiredness. I wondered what the reason for this was and asked my wife to observe her all day. At nightfall, the child developed a high fever and was breathing very badly, and we had no emergency medicines in the first-aid kit at home, nor did I have money with me. I wasn’t sure what to do. I took the wet towel and put it on her head. After an hour, the fever went down, but it came back later. In the morning, my wife went for a check-up and found that the child had malaria with an extremely high temperature due to fever. I had no financial means to pay for this medical treatment, which affected me both morally and financially.”

Bahati Damien Zagabe

Community health worker, NGO, District, Kabare, Walungu and South Bamuguba Health Zones, DRC

Trends in malaria

“Malaria in my area has drastically reduced due to multi-faceted approaches being used, such as preventive measures of sleeping under treated bed nets, prophylaxis administered in pregnancy, seasonal malaria chemoprevention in children from 3 months to 59 months, introduction of malaria vaccines, prompt case management, and environmental management, including research.”

Daniel Kwesi Ekwam

Pharmacist, Ministry of Health, Region, Wa Municipality, Ghana

“As a public officer for disease control, I do enter cases of malaria and the burden of malaria has increased over the years.”

Jennifer Annor Antwi

Public health expert, Ministry of Health, District, New Juaben North Municipal, Ghana

“I noticed changes when our community hospital reported a significant 35% drop in malaria cases compared to the previous year.”

Maxwell Owusu

Research Coordinator, Ministry of Health, Region, Kumasi, Ghana

“In 2018, the number of cases decreased by 50%. It was unprecedented yet surprising. Everyone including MoH and the WHO country office was curious. Prior to 2018, the change in the number of cases in the past seven years had been marked by slight increase or slight decrease from year to year... but the overall trend showed a gradual decrease in cases. The 50% decrease in 2018 was an outlier. There was strong partnership involving Ministry of Health, NGOs/civil society the local community (health committees, traditional healers, etc.) and the religious community, with each actor playing a specific role such as surveillance, community engagement, laboratory strengthening, capacity building, etc. We also believe that mass drug administration in high-burden districts did bring down the numbers.”

Anonymous

Public health specialist, NGO, National, Grand Anse Province, Haiti

“People in my community worked together on a malaria project, they encouraged one another to sleep under treated bed nets, clear bushes, make drainage systems and proper disposal of tins. It worked well because the number of malaria cases decreased. It was successful due to clear and concise communication – everyone was willing to volunteer in the project.”

Marion Nyangasi Mutange

Community Health Worker, Ministry of Health, Facility, Nairobi County, Kenya

“The number of malaria cases in my community has fluctuated over the years. While there was a decrease after the introduction of widespread bed net programmes and insecticide spraying, recent changes in weather patterns have led to an uptick in cases. Prolonged rains and higher temperatures have expanded mosquito breeding grounds, making malaria transmission harder to control.”

Melanie Abongo

Public health specialist, Education or research organization, National, Nairobi, Kenya

“Malaria cases have drastically dropped due to various measures employed by the community, government and non-governmental organizations including indoor residual household spraying, intermittent preventive therapy, and introduction of malaria vaccines among others.”

Victorine Awino Wasonga

Nurse, Ministry of Health, District, Rachuonyo North Subcounty Hospital, Kenya

"A malaria prevalence hike has been evidenced since mid-October 2024 citing the high rainfall peaking from quarter 3 of the year. This has been evidenced by an increased number of cases rising up to 107 cases per 1000 population and 3.4% of all the outpatients reported."

Vincent Odaa Amollo

Community Health Worker, NGO, District, Kisumu County, Kenya

"Malaria cases are on the increase because the community are not using nets to prevent mosquitoes from biting them. Other causes include poor sanitation especially during the raining season. One in every five patients that visits our health facility has malaria and the reason is not far from poor behavioural attitude that translates to poor health-seeking behaviour, not using bed-nets, filthy environment etc. and there is no community project that can play a vital role in malaria prevention."

Umar Pella Abdulrahman

Public health specialist, District, Adamawa State, Nigeria

"Malaria has drastically reduced in my community following the use of malaria preventive drugs and regular community awareness on measures taken to prevent malaria and even elimination of malaria... 8 to 10 years ago, what made that is due to awareness creation on use of mosquito nets, prophylactic drugs, environmental cleanness and use of malaria preventive drugs in my community and my state during the seasonal malaria campaign using house-to-house drug distribution."

Ibrahim Sani

Public health specialist, UNICEF Country Office, Region, Sokoto State, Nigeria

"I have noticed a drop in the trends due to a combined effort of indoor residual spraying."

Grace Longwe

Nurse, Ministry of Health, Chililabombwe District, Zambia

"The National Malaria Control Programme (PNLP) has set up a system for monthly validation of malaria data from primary sources (curative care register, RDT cassette, thick drop, anti-malarial drugs, etc.). It is this activity that has enabled us to observe that from the start of the rainy season (May-June), the number of malaria cases increases spectacularly in the community, and this for the duration of the rainy season (May to November). During the dry season (October to April), the incidence of malaria falls in the community."

Zoumarou Cyrille

Physician, Ministry of Health, District, Bassila, Benin

"There has been a reduction in the number of cases of malaria in the region. This is due to the preventive measures put in place... Climate change has affected malaria in the region. During the distribution campaigns for impregnated mosquito nets organized by the Ministry of Health, we held awareness-raising sessions on their use with both the local community and the Malian refugees for whom I was responsible."

Walbeogo Koudraogo Charles

Nurse, Ministry of Health, Facility, Boulmiougou District Hospital, Ouagadougou, Burkina Faso

“From August to the present day (November 2024), I have noticed a drop in the number of cases of malaria, especially among children... As a medical practitioner, I have noticed a drop in the number of consultations and hospitalisations. We can say that this drop may be due to the efforts of the authorities through intensive awareness campaigns on use of impregnated mosquito nets, insecticide spraying in high-risk areas, the introduction of the RTS,S vaccine, and also on raising the collective awareness of the community to change their behaviour cleaning up their environment and applying government measures.”

Dr Sié Drissa Sanogo

Physician, Ministry of Health, Facility, Ouahigouya, Burkina Faso

“Since the beginning of November 2024, we have seen an increase malaria cases, particularly among pregnant women and newborn babies in Zidim, a village in the Far North region of Cameroon. This increase in malaria cases is due to the refusal to take the intermittent preventive treatment during ANC and the absence of mosquito nets.”

Medi Arlous

Nurse, Ministry of Health, Facility, Zidim, Cameroon

“We found that during the mango season there was an increase in the number of cases of malaria. In fact, during this time, the poor treatment of mango leftovers creates a problem of insalubrity, which encourages the proliferation of mosquitoes.”

Kouame Kouakou Ekato Roland

Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d'Ivoire

“From 2023 to 2024, from July to the end of October, the number of cases of malaria fell in my district. This could be explained by the mass Milda distribution campaign in July 2024 and the reinforcement of routine distribution of LLINs during antenatal consultations, vaccination and curative consultations.”

Dr Djah Olivier Raphaël

Public health specialist, Ministry of Health, District, Transua Health District, Côte d'Ivoire

“I have seen a real drop in the number of cases of malaria in my community in recent times, especially the severe form. Possible reasons include:

- *Community compliance with malaria prevention measures, such as the use of impregnated mosquito nets, the evacuation of waste water, etc.*
- *Implementation of chemoprophylaxis activities for seasonal malaria with SP in children under 5 in endemic areas.”*

Sidiki Sacko

Physician, WHO Country Office, Kayes Region, Mali

“This year, the south-eastern regions of Mauritania experienced heavy rainfall, leading to a proliferation of mosquitoes and many cases of malaria. We noticed that mosquito-infested regions recorded fewer cases of malaria. This could be explained by the fact that in these regions, people have a certain level of immunization. But also because the entire population has impregnated mosquito nets.”

Anonymous

Senior Health Technician, Ministry of Health, Guidimakha Region, Mauritania

"We have seen a change in the number of cases of malaria in our community as people have become aware of the importance of sleeping under insecticide-treated mosquito nets, following the deaths of children aged 0-59 months and loss of pregnancies among pregnant women. What made us realize that something had changed was a drop in deaths among children aged 0-59 months and the fall in the miscarriage rate. Two factors that have reduced the death rate from malaria in our community: raising awareness in households and using services as quickly as possible. These are the measures that have helped us to reduce the number of deaths due to malaria."

Annie Maloba

Physician, Ministry of Health, Facility, Haut-Lomami, DRC

"In the community, we have seen a reduction in the prevalence of malaria since a mass campaign to distribute LLINs and public awareness of environmental sanitation, although more needs to be done to reverse the trend in epidemiological surveillance in my province, which still has malaria at the top of the list."

Roussel Kabeya Lukusa

Physician, NGO, District, Miabi rural health zone, DRC

"I've seen a reduction in the number of cases of malaria in my community thanks to awareness campaigns and the distribution of mosquito nets, as well as improved access to care, despite increases due to poor coverage or inadequate infrastructure."

Djem's Malandila Kisina

Public health expert, NGO, Region, Kenge, DRC

"Preventing malaria by using insecticide-treated bed nets has made a major contribution to reducing cases of severe malaria, including neurological malaria, in my community.

Serious malaria is on the decline in our community, even among people at risk (pregnant women, children under 5 etc.). Our emergency centres are seeing fewer and fewer cases of severe malaria (neurological forms, for example). In my opinion, premunition and the use of insecticide-treated mosquito nets among people at risk have had a positive impact in the community in terms of the occurrence of severe forms of malaria."

Dr Asibu Mbaima Cresus

Physician, NGO, Facility, Kinshasa, DRC

"In our Kabondo Dianda health zone, we have noticed a reduction in malaria cases since the insecticide-treated mosquito net distribution campaign in October 2023 and since malaria treatment has been free."

Kihanda Muhweu Jacqueline

Nurse, Ministry of Health, District, Haut Lomami Provincial Division, DRC

"In 2021, an LLIN distribution campaign in our region helped reduce the number of cases of malaria by raising awareness in communities about the importance of mosquito nets and providing information on how to use them correctly."

Shukuru Bora Marguerite

Community health worker, NGO, Facility, South Kivu/Kalehe territory, Bunyakiri, DRC

“With the awareness campaigns to encourage pregnant women to seek medical advice at the first sign of malaria we have noted a drop in the mortality rate linked to malaria.”

Dr André Waly Mbengue
Physician, Facility, Dakar, Senegal

“We can see that malaria cases have fallen sharply thanks to the many ways in which the disease has been combated. At present, the incidence of malaria is low in my region, and malaria cases are closely monitored and investigated with a view eliminating the disease.”

Sitor Ndour
Physician, Ministry of Health, District, Louga Health District, Senegal

“I worked in West Ennedi region in northern Chad as a malaria focal point for a year. Malaria is non-endemic and was considered as imported malaria since this area had no mosquitoes during the previous studies. It was therefore not eligible for the malaria management programme (distribution of LLINs, chemoprophylaxis, free malaria treatment) as in other provinces of the country. The situation has deteriorated due to the development of mosquitoes in the province, and other studies have not led to the province being added to the management programme. Despite the reproductive health programme’s support for pregnant women (supply of RDTs, LLINs and antimalarial drugs), the results of the RDTs are not satisfactory.”

Koldimadji Moguea
Nurse, Ministry of Health, Region, Ennedi West, Chad

Climate impacts

“I recall a time when the number of malaria cases noticeably increased in my community. It was during the rainy season two years ago, and the change became evident through several indicators. First, local health centres were overwhelmed, with a significant increase in patients presenting with fever, chills, and other symptoms consistent with malaria. Additionally, pharmacies ran out of antimalarial medications faster than usual, indicating heightened demand. I realized something had changed when friends and family members began falling ill at an alarming rate. Normally, one or two cases might be reported within my immediate circle during the season, but that year, nearly every household in the neighbourhood had at least one member diagnosed with malaria.”

Zoungrana Hyacinthe
Physician, Ministry of Health, National, Ouahigouya, Burkina Faso

“In recent years, I’ve observed a dramatic increase in malaria cases in most parts of the country including the area I grew up, likely linked to changing weather patterns that create more breeding grounds for mosquitoes, as well as decreased efforts and attention to prevention interventions which might be due to political instabilities in the country.”

Azmeraw
Pharmacist, NGO, National, Addis Ababa, Ethiopia

"In recent years the incidence of malaria cases has increased dramatically even in areas where malaria was not so common in the community."

Mohammed Adem Maalin

Public health specialist, WHO Country Office, Region, Somali Regional State, Ethiopia

"In April this year when there were floods after the heavy rains in my country, I started to notice something was going wrong in my community. Many people started getting sick, mostly children under five years of age and pregnant women. When I was doing my visit to my households, I found children shivering and vomiting. I had to refer them to the facility."

Taphurother Mutange

Community health worker, Ministry of Health, Facility, Kangemi Facility, Nairobi, Kenya

"Climate change worsens malaria transmission in our northern part of Nigeria particularly Dambatta local government area of Kano State where I hail from, which creates favourable conditions for mosquitoes. Higher and warm temperatures, seasonal increased rainfall and humidity, poor environmental sanitation, breaking of community self-help groups, expanded mosquito habitats and attitude extend transmission seasons, accelerate parasite development, and broaden malaria-prone areas. Changing rainfall patterns, with floods and droughts, make malaria outbreaks harder to predict. Effective adaptation requires enhanced surveillance, preventive measures, and climate-resilient health policies to manage the shifting burden of malaria."

Safiyanu Haruna

Public health specialist, Ministry of Health, Region, Kano State, Nigeria

"Climate change seems to have impacted widely on mosquito breeding in our community. This is because wet periods have increased in length and this has increased the population of mosquitoes in our community."

Anonymous

Public health specialist, Ministry of Health, Region, Niger State, Nigeria

"I have witnessed my community members participate in a malaria initiative organized by an NGO on "environmental sanitation" targeted towards malaria control. My community appreciated the opportunity and wished it was accompanied by others measures like sharing of bed nets and drugs. I can vividly remember there were higher cases of malaria in my community during the rainy season in the year 2023. There was high morbidity and, many complained of discomfort at night due to mosquito bites. There was high density rainfall which turned into floods, especially in places with poor drainage systems. This situation most likely created more breeding sites for mosquitos and eventually led to high infestation of mosquitos in my community."

Dr Ihejirika Onyenonachi

Public health specialist, Education or research organization, National, Imo State, Nigeria

“The recent flood has added to more spread of malaria in my residential community, and malaria drugs are now expensive. Some have lost their mosquito net due to the flooding in Maiduguri.”

Anonymous

Community health worker, Red Cross Red Crescent Movement, Region, Maiduguri, Borno State, Nigeria

“When individuals with fever are asked why they didn’t go to the hospital or get treated, their response is that everything is now expensive especially malaria drugs that were previously easy to access. Also, the resultant flooding has enhanced breeding for the mosquitoes. Next, climate change has led to loss of livelihoods for a significant many, worsening poverty and vulnerability.”

Dr Adedamola Odutayo

Physician, Facility, Ondo State, Nigeria

“The warm weather in Plateau State makes the people sleep outside, which exposes them to mosquitoes. I advised them to use long-lasting insecticide-treated nets, clean drainages and also use insecticide.”

Gwaja Martha Davou

Community Health Worker, Ministry of Health, District, Plateau State, Nigeria

“Resurgence of malaria in non-malaria-endemic areas has been attributed to climate change. I am based in Lusaka, Zambia. In 2018/2019, I noticed a resurgence in malaria cases in Lusaka, a region that had rolled back Malaria. A lot of my colleagues, neighbours and family members started to experience bouts of malaria, despite not having travelled to malaria hotspots. The resurgence could be attributed to climate change and increased migration from malaria-prone areas.”

Baleke Ngambi

Public health specialist, NGO, Region, Muchinga, Northern and Luapula Provinces, Zambia

“In our region, we often experience bad weather linked to climate change, such as heavy rains that flood and multiply pools stagnant water, which contribute to the proliferation of mosquitoes. We have also sometimes excessive heat, which prevents some people from sleeping under mosquito nets and exposes them to mosquito bites.”

Meugang Brigitte

Nurse, Ministry of Health, Facility, Nkomo Subdivision Medical Centre, Cameroon

“In economic terms, climate change is affecting farmers’ harvests (cocoa, cashew nuts, coffee), condemning the population to extreme poverty and preventing them from going to health centres for treatment.”

Kouame Kouakou Ekato Roland

Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d’Ivoire

“Climate change is encouraging the proliferation of mosquitoes, and the increase in heat is limiting the use of mosquito nets and the way children dress at night.”

Abdourahamane Balde

Public health specialist, Ministry of Health, District of Fria, Guinea

“Since 2022, there has been no campaign to distribute insecticide-treated mosquito nets, and especially since 2022, there has been one flood after another.”

Amadou Gueye

Community agent, NGO, National, Conakry, Guinea

“The female mosquito bites mainly at night and, with climate change, it has become difficult to determine the precise time of these bites. We are therefore stepping up care and awareness campaigns to encourage people to sleep under mosquito nets at night and to keep ducks that feed on mosquito larvae.”

Randria François

Public health specialist, Ministry of Health, District, Vondrozo District, South East Region, Madagascar

“In recent years, with the scarcity of rain and the use of impregnated mosquito nets, malaria has declined in endemic areas. But this year, the number of cases has risen considerably due to the floods, and even Nouakchott, the capital, which had a very low rate, is now infested with mosquitoes, hence the increase in the number of malaria cases.”

Adama Diop

Nurse, Ministry of Health, Facility, Nouakchott, El Mina, Mauritania

“The resurgence of cases is due partly to climate change, but much more to the non-use of mosquito nets and a lack environmental hygiene.”

Muntumaladi Kasabutu Edna

Physician, Ministry of Health, Facility, Kinshasa, DRC

“The rate of malaria in our area is rising steadily, given the ineffectiveness of control measures. Climate change and bad weather have contributed significantly to the increase in malaria in my region. We are witnessing an increased proliferation of mosquitoes in our living environment. The measures taken include the use of mosquito nets, anti-mosquito products to be applied all over the body and environmental sanitation.”

Dr Mayemba Kibakila Naomie

Physician, Ministry of Health, Facility, Kinshasa, DRC

“We’re seeing an increase in malaria cases because of the unsanitary conditions, the heat, the bad weather... Climate change is definitely one of the causes of the increase in malaria cases in our area.”

Dr Mayemba Kibakila Naomie

Physician, Ministry of Health, Facility, Kinshasa, DRC

“The rise in the incidence, prevalence and mortality rates is due to global warming, with its torrential rains and heat waves, which facilitate the proliferation of mosquitoes, and despite preventive measures, there is still an upsurge in cases. We therefore need to insist on the introduction of the vaccine in the DRC, by raising awareness among the population as much as possible and deploying resources to clean up our living environments in order to prevent the proliferation of mosquitoes and thus block the transmission chain.”

Dr Matasima Bripani Eli

Physician, Ministry of Health, National, Kinshasa, DRC

Vector control

“Malaria cases rise in my community especially during rainy seasons around August to November when health facilities are overwhelmed with malaria cases. During that period the admission rooms are full with patients and some patients share beds. During the rainy season Environmental sanitation becomes a challenge in most communities which encourages breeding sites for mosquitoes. Most of the people spend more hours sitting outside to take fresh air as inside houses it is normally hot during that period. Those spending more hours outside were not using mosquito nets or repellent for protection against mosquito bite risk factors for malaria.”

Wuyeh Drammeh

Public health specialist, Ministry of Health, National, Central Medical Department, The Gambia

“The environmental factors such as lack of proper drainage system: we have stagnant water that mosquitoes breed on. We also have surrounding bushes. My family members suffer malaria on a monthly basis due to the environmental factors. The malaria is impacting on my cousin having to buy drugs every month. The drugs are now expensive – two weeks ago I had to help with some finances to enable her to buy the drugs. We need help from the health workers, environmental workers and other relevant stakeholders to create awareness for a clean environment to help fight malaria in my community.”

Esther Zango

Public health specialist, Ministry of Health, FCT, Nigeria

“We have been sensitizing people in the community on the use of bed nets and also keeping the gutters clean and the communities are cooperating.”

Sandra Yahaya

Public health worker, Red Cross Red Crescent Movement, Kaduna State, Nigeria

"In my community, we have intensified community mobilization and engagement first by meeting with the traditional ruler and chiefs in bid to health educate them, then stepping down to the community through different means. Given the perennial nature of harsh economic realities, low income and other challenges, we continue to emphasize environmental sanitation to reduce breeding sites as much as possible, in addition to encouraging the locals to take personal responsibility for their lives and not indulging in self-medication."

Dr Adedamola Odutayo

Physician, Facility, Ondo State, Nigeria

"Malaria is a concern in most areas, especially in places with low sanitation. During hot season the cases of malaria attack is higher and more people visit facility for test and treatment. Due to the hot season people tend to stay outside more until the weather is more favourable before going into their rooms."

Emily Christopher

Community health worker, UNICEF Country Office, Facility, Jigawa State, Nigeria

"It's very recallable that there is changes in the number of malaria cases in my community as my community experiences a higher number of malaria cases in rainy season due to the lack of good drainage systems, not enough treated mosquito nets to sleep in, and not destroying some of reservoir of infections."

Yahaya Abubakar

Community health worker, Ministry of Health, Facility, Kwandawa area, Nigeria

"Other than the floods in Eastern Uganda caused by rains, other places have got rapid growth of shrubs and grasslands resulting in increased mosquito breeding places, hence increased malaria cases (morbidity) and mortality."

Dr Margaret Nabaggala Ntambaazi K

Public health specialist, UNICEF Country Office, National, Masaka City, Kenya

"Huge amounts of rain have fallen across the country, creating pools of water that are breeding grounds for mosquitoes. This year, unprecedented rainfall has been recorded throughout the country. This has led to a proliferation of mosquitoes. As part of the action we have taken, we have sprayed intra-domiciliary cleaning of public spaces, followed by the cleaning of canals, organization of a malaria chemoprophylaxis campaign for children under 5, and raising public awareness. These actions have helped to reduce the number of cases of malaria and the number of deaths."

Anonymous

Nurse, Ministry of Health, National, One Health Technical Secretariat, Kone, Burkina Faso

"We are asking the community to avoid putting rubbish bins in the gully so that they don't clog up, which encourages mosquitoes to thrive, and to put screens over the windows so that they can be opened when it's hot."

Meugang Brigitte

Nurse, Ministry of Health, Facility, Nkomo Subdivision Medical Centre, Cameroon

“Generally, in the rainy season, our streets (Maroua–Cameroon) are flooded with stagnant water and rubbish bins everywhere. This situation is a key factor in the proliferation of malaria, with a large number of people suffering from the disease. Children are the worst affected, and health facilities are overcrowded with patients, sometimes with a shortage of hospital beds. The growing insalubrity of our cities remains a serious problem for the health of our populations.”

Boubakari Hamadou

Public health promoter, NGO, District, Maroua, Cameroon

“Hygiene: the presence of certain waste products that attract mosquitoes, such as fresh water, the water used to wash fish and which is then poured near the house, encourages the proliferation of mosquitoes.”

Major Sow

Public health technician, Kindia Region, Guinea

“It’s up to the government to put more emphasis on sanitation, because the precariousness and insalubrity in which we live make it very difficult to eradicate malaria, because no matter how many mosquito nets we use, it’s still difficult to fight, because out of bed we are bitten throughout the day and evening.”

Mutayongwa Mihigo Christian

Physician, Ministry of Health, Facility, Kabare, DRC

“In our commune of Dimayi, we talked to the local population about cleaning up the environment and sleeping under a mosquito net to avoid being bitten by anopheles, because during the rainy season we have lot of tall grass. What has helped us a lot is the involvement of the community relays in raising awareness and getting the population on board.”

Annie Maloba Nkulu

Physician, Ministry of Health, Facility, Haut-Lomami, DRC

“The measures taken to date have not produced the expected results, as some remote areas where access is difficult do not regularly receive medicines, LLINs or IPT. For these actions to be successful, they must be combined with environmental sanitation, which is important for destroying Anopheles nests.”

Ndege Yatoroke Mamy Valérie

Physician, Ministry of Health, Facility, Mbandaka, Ecuador, DRC

“In my society, malaria management is a serious problem in the community. Lack of environmental hygiene attracts mosquitoes. Promiscuity in urban-rural areas and poor waste management are factors that contribute to the proliferation of malaria cases.”

Dr Mbangu Mbangu Augustin

Physician, Ministry of Health, Facility, Kinshasa, N’Djili Health Zone, DRC

"The arrival a vaccine against malaria would be a solution for prevention, but the best way would be to fight against the lack of rural hygiene, especially as our population does not easily adhere to vaccination due to a lack good information transmission techniques."

Dr Mbangu Mbangu Augustin

Physician, Ministry of Health, Facility, Kinshasa, N'Djili Health Zone, DRC

"We take the appropriate treatments but, despite this, every year there is a case of malaria in my family, even when we sleep under an impregnated mosquito net. The best thing to do is to keep our environment clean to prevent the proliferation of mosquitoes."

Nsimire Wivine

Community health worker, NGO, National, Kinshasa, DRC

"I would ask the leaders to take steps to clean up the cities and to make sure that the population understands that everyone has to clean up their environment before the authorities take."

Dr Lubamba Mia

Physician, Ministry of Health, National, Kinshasa, DRC

Other risk factors

"Most of the people spend more hours sitting outside to take fresh air as inside houses it is normally hot during that period. Those spending more hours outside were not using mosquito nets or repellent for protection against mosquito bite risk factors for malaria."

Wuyeh Drammeh

Public health specialist, Ministry of Health, National, Central Medical Department, The Gambia

"In the rural communities during the dry season, the heat is so much that many like to stay outside for fresh air thereby becoming prey to mosquito bites. Some that can afford building houses well equipped including air conditioning are not frequently infected."

Dr Ezeama Martina C

Public health specialist, NGO, District, Njaba and Orlu, Nigeria

"We live in the rain forest belt of Nigeria where every drainage is stagnated with dirty water almost round the year. Flooding is also a normal for us in Port Harcourt, Rivers State Nigeria. This is just how we survive in this part of the world."

Egbonwachi Oluchukwu Jacobs

Community health worker, NGO, Facility, Obio/Akpor Local Government Area, Nigeria

“The biggest challenges are belief systems and misconceptions and compliance to treatment. Some had the belief that malaria is caused by bad air, some think it is spiritual (i.e. gods) and some think it an affliction projected by enemies.”

Dr Ezeama Martina Chikaordinaka

Public health specialist, NGO, District, Njaba and Orlu, Nigeria

“A situation occurred where I noticed an increased number of children presenting with malaria in its severe/complicated form, with an increased mortality from the disease during the rainy season. I tried doing my bit by drawing the attention and involving my colleagues, so that we didn’t let an opportunity pass without reminding parents on basic prevention practices like sleeping under insecticide-treated nets, clearing malaria breeding grounds like stagnant water or drains around the house and so on. We met to discuss and realized that most parents were aware of the practices but do not necessarily do them. We also realized that there was this fatalistic mindset that whatever you do during rainy season, your child will come down with malaria. This has led to misuse of anti-malaria drugs, as every fever is treated as malaria and maybe there’s resistance to the oral anti-malaria, because most of those who presented with the severe form of malaria had some treatment with the oral anti-malaria. So we contributed money and bought some rapid diagnostic tests for malaria where we test all children presenting with fever in the clinic for malaria for free. Unfortunately, this has not been sustainable.”

Anonymous

Physician, Ministry of Health, National, Bauchi metropolis, Bauchi State, Nigeria

“Malaria has affected my present residents’ community a lot. As a result, it is almost seen as a norm as people now refer to it as ‘just malaria’ hence ignoring its effects.”

Anonymous

Community health worker, Red Cross Red Crescent Movement, Region, Maiduguri, Borno State, Nigeria

“The main challenges are the shortage of inputs for diagnosing and treating malaria, lack of ongoing training for health workers, the cost of drugs, and an inadequate and poorly funded communication strategy. People living in rural areas suffer more from malaria because of their poverty, and going to health centres. They prefer to use traditional medicines that are supposed to treat malaria, but their ineffectiveness leads to severe malaria or death, and sometimes even to resistance on the part of the parasites, which makes treatment difficult or impossible.”

Kouame Kouakou Ekato Roland

Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d’Ivoire

“Researching and treating malaria is complicated by a number of factors. On the one hand, access to healthcare is limited in certain rural areas where infrastructure is often inadequate. In addition, there is a mistrust of drug treatments, often due to negative experiences or misinformation. When malaria drugs run out, the consequences can be disastrous, as patients turn to traditional remedies that are not always effective.”

Kangouté Maïmouna Spouse Fofana

Midwife, Ministry of Health, National, Abidjan, Côte d’Ivoire

Responses

“By addressing both factors – improving drainage systems and ensuring uninterrupted malaria prevention programmes – the community worked to reduce future outbreaks. This example highlights how environmental and systemic issues can drive health trends and underscores the importance of consistent preventive measures.”

Zougrana Hyacinthe

Physician, Ministry of Health, National, Ouahigouya, Burkina Faso

Ndiomo Gwendoline Shang

Community health worker, NGO, District, Nkolbisson, Cameroon

“Rainy seasons breed a lot of mosquitoes especially, in bad drainage or stagnant waters. The community organizes communal labour to desilt choke gutters and also weed around bushy areas. This is a collaborative effort of the Community Youth Development Foundation, chiefs and the Honourable Assembly members as a way of preventing malaria.”

Kingsley Kofi Nignere

Community health worker, NGO, Kintampo Municipal, Ghana

“I noticed changes when our community hospital reported a significant 35% drop in malaria cases compared to the previous year. Again, residents and community members began discussing the decrease in malaria cases at the local meetings, attributing it to successful health campaigns organized by the regional and district health workers.

An observation here also showed a noticeable decrease in community stagnant water sources due to the improved drainage maintenance done by the community elders and district. Lastly, the factors that drive the trend was increasing access to bed nets. These was done by some NGOs providing free treated bed nets to almost all households. These contributed to the decrease in malaria cases. This helps significantly in lowering the exposure to malaria.

The second on the list was through an educational campaign led by the local health workers focusing on malaria prevention methods which included proper sanitation. These also helped in putting in place measures to prevent the breeding of mosquitoes.”

Maxwell Owusu

Research Coordinator, Ministry of Health, Region, Kumasi, Ghana

“For families with malaria, the first and foremost I would like to have is accessibility to diagnostic facilities, preventive therapy and materials to protect against mosquito bites, all in one place – similar to directly observed therapy clinics for TB or antiretroviral

centres for HIV. It's high time we have one-stop malaria clinics which have rapid diagnostic/point-of-care test facilities."

Dr Mukesh Kumar Sathya Narayanan

Physician, Ministry of Health, National, Chennai District, India

"People in my community work together on malaria project by doing clean-up, slashing the long grass and throwing away containers with water. Talking to them about the importance of sleeping in mosquito nets, people expressed the message very much. We have helped people through advocacy and mobilizing them."

Taphurother Mutange

Community health worker, Ministry of Health, Facility, Kangemi Facility, Nairobi, Kenya

"The community has played a big role in mobilizing resources for example for indoor and outdoor residual spraying, seeking government through politicians to bring and train more workers and build more facilities, bringing community health workers on board, training and providing them malaria commodities."

Godfrey Ouma Haduba

Community health worker, Ministry of Health, Facility, Busia County, Kenya

"After creating awareness, sharing insights and ideas on how to deal with malaria, prevention and treatment methods at a community malaria initiative, community members volunteered to participate in community projects like clearing bushes, making drainage systems. It reduced number of malaria outbreaks."

Marion Nyangasi Mutange

Community Health Worker, Ministry of Health, Facility, Nairobi County, Kenya

"A time we noticed a change in the number of malaria cases was when the community members volunteered to participate in malaria projects. They encouraged each other to sleep under treated bed nets, they worked together to clear bushes, make good drainage systems and good disposal of tins or recycle. The number of malaria cases and deaths decreased a great deal.

First of all, we started by creating awareness among the community members. We shared insights and ideas about malaria, giving them a chance to talk about malaria in broad terms, the effects of malaria, prevention and treatment. With the knowledge, the community members being willing, they turned out in large numbers to be immunized.

There are frequent campaign programmes by the ministry of health through all platforms encouraging people on prevention of malaria and various methods of doing it. We also have door-to-door visits by community health providers who go distributing nets to women and families with children under the age of 5 years and demonstrating how they should use them. Local leaders were also involved in the campaign against malaria to help raise awareness and encourage people to adopt new practices. This made the project more successful."

Loise Wangechi Karue

Nurse, Ministry of Health, Region, Laikipia County, Kenya

"I recall a community-led malaria initiative a few years ago where we worked together to encourage everyone to sleep under bed nets. Health workers, village elders, and youth groups united to distribute nets and educate families about their importance. What made this project successful was the sense of collective responsibility and trust in the health workers. However, challenges such as cultural beliefs and logistical issues in net distribution still persisted."

Melanie Abongo

Public health specialist, Education or research organization, National, Nairobi, Kenya

"We came to learn it was after the floods, the mosquitoes had multiplied and caused the malaria. The number of people having malaria was rising so fast, we had to mobilize members of the community to do the cleaning up, slash all the long grass and throw away all containers having water in them. We also talked to the facility in-charge to make a plan for the mosquito nets so that they can prevent themselves from getting malaria."

Taphurother Mutange

Community health worker, Ministry of Health, Facility, Kangemi Facility, Nairobi, Kenya

Joseph Mbari Ngugi

Community oral health officer, Ministry of Health, Facility, Kenol Town, Murang'a County, Kenya

"After some years I started seeing a drop of malaria cases in the community. The reduction of malaria cases came as a result of sensitizing the community on how to protect themselves from the mosquitoes, like use of treated mosquito nets and clearing of bushes and any stagnant water because they are the breeding places for mosquitoes."

Pamela Mukami Njeru

Community Health Worker, Ministry of Health, Facility, Tharaka Nithi, Kenya

"There was a time when people in my community organized sanitation and the entire community was cleaned, grasses were cleared. This helped in reducing the number of people going down with malaria. People were encouraged to sleep in the net daily and that also helped tremendously. Because the people in my community were involved, the result was massive."

Anonymous

Community Health Worker, Facility, Jos North Local Government Area, Nigeria

"In Nigeria, there were really no community efforts to combat malaria. But I can recall, many years ago, from late 1990s to early years after the millennium, the governments of Nigeria in conjunction with Clinton Health Access Initiative, rolled out some malaria prevention/treatment programmes. They involved the participation of the community pharmacists, patent proprietary medicine vendors and community health workers. The programmes aimed at educating the communities about malaria, causes and symptoms, prevention and treatment of malaria. Much emphasis was placed on maintaining clean and dry environments, use of insecticide-treated nets and insecticides. Free malaria medicines (ACTs) and insecticide-treated nets were also distributed. The government did much advocacy with the community leaders and advertised benefits of participating in the programmes through various media. It was a success. There was a significant

reduction of the incidence of malaria cases nationwide; the national malaria indicator survey conducted in Nigeria in 2015 showed that malaria incidence significantly reduced from 42% in 2010 to 27% in 2015.”

Theresa Okonji

Pharmacist, Facility, Alimosho LGA, Lagos State, Nigeria

“Despite this challenge, my community has come together to raise awareness and support each other to fight against malaria with the help of the relevant stakeholders, community leaders and donors to create awareness about the dangers of malaria and teaching them the importance of bed nets and how to use them, making vaccines available.”

Esther Zango – see page 41

Public health specialist, Ministry of Health, FCT, Nigeria

Usman Haladu – see page 64

Environmental health Technician, Nasarawa State, Lafia, Nigeria

Salahuddeen Mohammed Shitu

Social worker, NGO, National, Kaduna State, Nigeria

“As public health specialists, we have enhanced community sensitization about prevention and control of malaria, such as: clearing bushes especially around their homes; sleeping in insecticide-treated mosquito nets, early closure of windows and doors in the evenings, use of mosquito repellents and clearing water reservoirs such as old bases and tins, etc. and early reporting of malaria cases for testing and prompt treatment. This approach has greatly helped in reducing cases and improving people’s lives.”

Dr Margaret Nabaggala Ntambaazi K

Public health specialist, UNICEF Country Office, National, Masaka City, Kenya

“Using local knowledge to decrease malaria infections from still-water pools: Although malaria is as a recurring condition long existing before climate disturbance, in one of my recent trips, I identified floods as a cause of malaria spread to a greater proportion of the population. Infrastructure that could prevent still water-pools lasting extensive time periods could further assist in prevention. To this end, rural communities and volunteers came together to try and find ways to narrow down the extent of still water-pools (opening water canals to release the still water). This easy-to-apply solution helped to decrease the environment where mosquitos reproduce.”

Anonymous

International

“The effects of climate change and bad weather have led to an increase in temperatures, with a proliferation of malaria vectors such as mosquitoes. As a result, transmission has increased, complicated by the movement of people due insecurity. The measures taken by us and our community health workers during the chemoprophylaxis phases have been

to raise awareness in households, to look for breeding sites and to destroy them. This year, we have seen fewer consultations and hospital admissions for severe malaria in children under the age of five."

Namoano Yemboado Adolphe

Physician, Facility, Ouagadougou, Burkina Faso

"The impact of malaria here is a heavy burden in terms of morbidity and often mortality, but above all it has a significant economic cost due to hospitalizations. We found that the main causes of delays in case detection and treatment were delays in consultations and poor sanitation in the living environment. We have noted an increase in the proliferation of mosquitoes, probably due to the rise in temperature attributable to climate change. We initiated a household awareness campaign with community health workers on malaria risk factors and their protection through individual and collective measures. Community health workers have also been trained to search for and destroy larval breeding sites. Under the project, households were involved in screening for larval breeding sites and seeking individual and collective protection."

Dr Namano Yemboado Adolphe

Physician, Facility, Ouagadougou, Burkina Faso

"The fight against malaria relies on the commitment of the community. Since community players have taken on the problem of combating malaria in the community through awareness-raising campaigns, the number of cases has fallen significantly in care facilities. The number of cases of malaria detected in health facilities has fallen compared with the previous period.

The factors that have helped to reduce the number of cases of malaria are linked to the fact that the population itself, through the work of community players, has become aware that eliminating malaria is based on good practices such as keeping our living environment clean, spraying breeding grounds, sleeping under mosquito nets, and prescribing chemoprophylaxis for pregnant women and children under 5.

Kaboré Lankoandé Habibata

Midwife, Ministry of Health, District, Koupela DB Health District, Burkina Faso

"The distribution of mosquito nets and the increased use of preventive measures are helping to reduce the number of cases. To adapt to these malaria-related changes, I have taken a number of steps:

- *Use of mosquito nets: I make sure that my family uses insecticide-treated mosquito nets to sleep under, to reduce the risk of mosquito bites during the night.*
- *Prevention education: I take part in awareness-raising sessions on malaria prevention, which has enabled me to inform my family and my community about the preventive measures to adopt.*
- *Regular visits to health facilities: I encourage those around me to visit health facilities regularly for early screening and treatment, to prevent complications from the disease.*

- *Improving the environment: I've taken steps to eliminate mosquito breeding grounds around our home such as eliminating stagnant water and weeds.*

These actions have helped me to better protect my family and contribute to the health of my community."

Ndayongeje Jean

Public Health Specialist, Ministry of Health, National, Bujumbura, Burundi

"We are asking the community to avoid putting rubbish bins in the gully so that they don't clog up, which encourages mosquitoes to thrive, and to put screens over the windows so that they can be opened when it's hot."

Meugang Brigitte

Nurse, Ministry of Health, Facility, Nkomo Subdivision Medical Centre, Cameroon

"As an intern, I had the opportunity to take part in a community project to encourage the use of mosquito nets. We organized information sessions, which enabled us to reach a larger number of people. The key to success was the involvement of community leaders, who made it easier to spread the prevention messages."

Kangouté Maïmouna Spouse Fofana

Midwife, Ministry of Health, National, Abidjan, Côte d'Ivoire

"The awareness-raising work carried out by our teams in the villages on use of impregnated mosquito nets and environmental sanitation has enabled some families to reduce the frequency of consultations."

Konan Kouamé Georges

Public Health Specialist, Ministry of Health, Yopougon Health District, Ouest-Songon, Côte d'Ivoire

Kambou Koko Bruno – see page 66

Health Supervisor, UNICEF Country Office, District, Doropo, Côte d'Ivoire

"We decided raise community awareness through community leaders and religious guides, so people get used to sleeping under mosquito nets and keep their immediate environment clean. We also make home visits to help them install the nets."

Ano Clarisse

Midwife, Ministry of Health, Facility, Tiassalé General Hospital, Côte d'Ivoire

"Two years ago, I took part in two anti-malaria activities in person: The first consisted of treating and/or destroying accessible mosquito breeding sites using specially designed insecticides; our operations are carried out manually or by drone on inaccessible sites.

The second activity was to spray all the sites with repellent products using mechanical and motorized methods, either by land using equipped vans or by air using drones.

Testimonies from local residents confirm that the proliferation of mosquitoes has been considerably reduced, and we have also seen a drop in incidence of malaria during this period."

Diby N'guessan Narcisse

Nurse, Ministry of Health, Facility, Man, Côte d'Ivoire

"My experience as a project supervisor has enabled me to work directly with communities to promote the use of mosquito nets, especially for pregnant women and children. Raising awareness in health centres and during door-to-door campaigns has proved quite successful, as people are more receptive when the dangers of the disease and the benefits of prevention are explained to them."

Yakpazuo Koulemou

Public health specialist, NGO, Region, Faranah, Guinea

"To combat malaria, as teachers, we ask students to sleep under impregnated mosquito nets, to destroy any place that might harbour mosquito larvae, to avoid exposure to mosquitoes and to use insecticides. The success of this project is due to the awareness of the majority of the population, especially those who have been victims of malaria."

Liman Issifou

Temporary teacher, Ministry of Health, School of Public Health, Niger

"I had the opportunity to work on community projects encouraging the use impregnated mosquito nets. What worked was the active involvement of local chiefs and community leaders in raising awareness. Trust they inspire has helped to reinforce the adoption of preventive behaviour."

Dr Amisi Nyengo Gilbert

Public health expert, Ministry of Health, National, Bukavu, DRC

"Involve programme staff in monitoring and evaluation activities, such as the collection and verification of malaria-related data; participate in the LLIN distribution campaign in accordance with the required standards; build capacity; independent monitors and LQAS investigators to collect data in the field; support the ZS DAT interpreting the data from DHIS2; draw up realistic recommendations on strategies for improving the programme based on the data collected; draw up an action that provides details for implementing the recommendations; allocate resources based on monitoring the programme's performance."

Dr Amisi Nyengo Gilbert

Public health expert, Ministry of Health, National, Bukavu, DRC

"There are currently a high number of cases of malaria due stagnant water and growing bush vegetation. A mass activity is being organized to clear the undergrowth from our fields, drain the pools of water and make the whole family sleep under mosquito netting."

David Mutombo Ilunga

Physician, Ministry of Health, Facility, Lukalaba, DRC

“In our day-to-day medical practice, we take advantage of consultations to raise awareness about use of mosquito nets and environmental sanitation in order to prevent malaria.”

Bisimwa Muzusa Emmanuel

Physician, Ministry of Health, Facility, Bukavu, DRC

“The success of this project depends on involving the population in mass awareness-raising campaigns, distributing mosquito nets in sufficient quantities and organizing regular environmental health days.”

Muntumaladi Kasabutu Edna

Physician, Ministry of Health, Facility, Kinshasa, DRC

“I was lucky enough to work on a TIPTOP project relating to the successful community distribution of IPT in the Bulungu health zone (Kwilu). Community involvement with the ‘reco TIPTOP’ theme led to an increase in indicators relating to the use of SP and ANC in the Bulungu health zone during the project.”

Dr Dorisi Sindani Michel

Physician, Ministry of Health, Facility, Kikwit, DRC

“For my part, I have several batches of mosquito nets which I distribute free of charge to my patients and my community. I ask them to clear the gutters to prevent the proliferation of female anopheles, and to clear the trees, but unfortunately all these measures seem to be ineffective.”

Dr Matasima Bripani Eli

Physician, Ministry of Health, National, Kinshasa, DRC

Djem’s Malandila Kisina – see page 37

Public health expert, NGO, Region, Kenge, Democratic Republic of the Congo

We try to raise awareness in the community about sleeping under an insecticide-impregnated mosquito net, but we have also set up a health action project (health for all) which supports health care for the elderly through the payment of membership to the mutual health insurance scheme. This has enabled some families to benefit from medical care.”

Bahati Damien Zagabe

Community health worker, NGO, District, Kabare, Walungu and South Bamuguba Health Zones, DRC

“Community members are doing community work activities (salongo) to try to reduce the rate of contamination, because waste is a reservoir for the mosquitoes that transmit malaria. Unfortunately, the lack of inputs (materials, equipment) means that we can’t achieve good results, because a lot of the rubbish was not removed in time, thereby wiping out the work carried out by the local population.”

Bahati Damien Zagabe

Community health worker, NGO, District, Kabare, Walungu and South Bamuguba Health Zones, DRC

"I've noticed a reduction in the number of malaria cases since arrival of the qualified service providers recruited by the ISMEA project (Investing in Mother, Child and Adolescent Health). The awareness-raising messages have been well received the population, who agree to sleep under Milda and seek early treatment. Similarly, children aged between 3 months and 10 years are taking seasonal chemoprevention. Usually, health facilities fill up with patients during the second half of the year, but this year we haven't noticed that."

Ousseynou Niang

Nurse, Ministry of Health, Bagadadji health post, Kolda District, Senegal

Saliou Thiam – see page 37

Nurse, Ministry of Health, Facility, Malika Health Post, Dakar, Senegal

"To encourage people to fight malaria, we organize radio broadcasts and awareness-raising sessions for school clubs and mothers and fathers."

Agbang Kpatcha

Nurse epidemiologist, Ministry of Health, District, District of Dankpen, Togo

Expert Kikobo Yves – see page 39

International

Bed nets

"My family lives in a neighbourhood with a main street gutter that is always having stagnant water. We also suffer from mosquito bites and my family thinks MILDAs are very hot, so no one wants to sleep under a net. We have to take treatment at times just only from the signs like muscle pains, headache, fever and cold. This self-medication reflex almost killed my daughter at a time as she had high fever and fainted in school. I was really uneasy in front of her school teachers because this should not have come from a community health assistant. I think we have to join with neighbours and clean that gutter and distribute mosquito nets because we have discovered that it was the only affordable option."

Ndiomo Gwendoline

Community Health Agent Supervisor, NGO, District, Nkobisson Health District, Yaounde, Cameroon

"In 2018, 2021 and February 2024, I participated in the registration and distribution of bed nets to people in communities and households. As a supervisor, there were instances where people refused the bed nets and I have to go to such people and explain the need to sleep under a bed net each night and throughout the night."

Jennifer Annor Antwi

Public health expert, Ministry of Health, District, New Juaben North Municipal, Ghana

“Some people can use nets while others cannot because those who have nets either have bought them or have got them from the health facilities. And those who don’t have, maybe they don’t have money to buy them or are far from the facility services.”

Taphurother Mutange

Community health worker, Ministry of Health, Facility, Kangemi Facility, Nairobi, Kenya

“Utilization of bed nets in my community is low because of:

- *Unavailability of bed nets.*
- *High cost for families.*
- *Discomfort associated with the use of bed nets.*
- *High rate of poverty.*

Once in a blue moon, bed nets are made available in my community from health facilities and NGOs.”

Marion Nyangasi Mutange

Community Health Worker, Ministry of Health, Facility, Nairobi County, Kenya

“Due to a knowledge deficit, cultural beliefs and low economic status, some people don’t use bed nets. The government only issues LLINs (long-lasting insecticidal nets) to pregnant women. Thus families that are not financially stable can’t afford to buy nets. Knowledge deficit and cultural beliefs are other causes that cause people not to use nets. Some believe after doing some traditional rituals they are immune to being infected by malaria. Others believe that a particular blood group isn’t affected by the disease and thus don’t take prevention measures seriously.”

Loise Wangechi Karue

Nurse, Ministry of Health, Region, Laikipia County, Kenya

“When it comes to preventive measures like bed nets, the disparity in usage stems from various reasons. Some people do not use bed nets because of discomfort in hot weather, improper maintenance, or lack of awareness about their benefits. In contrast, others are consistent users, thanks to community health education programmes. However, distributing and maintaining these bed nets remains a challenge, as some families prioritize other urgent needs.”

Melanie Abongo

Public health specialist, Education or research organization, National, Nairobi, Kenya

“People in my community are well informed about prevention and control of malaria due to support projects and campaigns by implementing partners and government. Some people don’t sleep under bed nets due to allergic reactions to the insecticide and also in the hot season people avoid the net due to heat.”

Zainab Umar

Laboratory scientist, Ministry of Health, Facility, Gombe State, Nigeria

"The use of bed nets is inconsistent in our community. Some families cannot afford them, while others underestimate the risk of malaria or lack awareness about the benefits of net usage. I've noticed that during peak mosquito seasons, malaria cases surge, overwhelming our local healthcare facilities."

Abdulrahman Muhammad Yusuf

Public Health Technologist, Facility, Bauchi State, Nigeria

"People use the mosquito net to protect themselves from contracting malaria while others don't because they feel uncomfortable in the net."

Anonymous

Community health worker, Facility, Jos North LGA, Nigeria

"We identified community health education as the best strategy for malaria control by increasing awareness and promoting behavioural changes. Due to low literacy levels and widespread misconceptions about the use of insecticide-treated nets, change was limited in spite of high level awareness."

Dr Ezeama Martina C

Public health specialist, NGO, District, Njaba and Orlu, Nigeria

"What will better the situation is proper sanitation, personal hygiene, and routine vaccines, because people don't so much enjoy sleeping under the net."

Esther Yusuf Yakubu

Public health specialist, NGO, National, Jos South, Plateau State, Nigeria

"In some communities, utilization of bed nets is low but in the community, efforts are being made to ensure every family is given at least one. The question is, do people use it as they should? People need to be educated more about the use of bed nets, especially in rural areas. The people who use bed nets hardly go to the clinics for malaria treatment compared to those who don't use them often. Using the bed nets helps to protect the family from mosquito bites."

Esther Yusuf Yakubu

Public health specialist, NGO, National, Jos South, Plateau State, Nigeria

"The utilization of bed nets is very low in my community due to the associated cost. Bed nets are actually available but not affordable for poor people. There is a remarkable difference between a family that uses bed nets and a family that does not. The incidence of malaria has been lower in a family that uses bed nets due to reduced mosquito contact."

Dr Ihejirika Onyenonachi

Public health specialist, Education or research organization, National, Imo State, Nigeria

"In my state the long-lasting insecticide-treated net (ITN) does not reach everyone in the community due to poor coverage systems which has to do with shortage of health workers, lack of transportation to the remote villages, bad roads, poor remuneration

of health workers, corruption by the head of department in charge of distribution. The heads of certain departments sell these ITN which are meant to be free. The challenge for the individual is some don't know how to use the bed nets. Another factor is misinformation; some fear they will die when they use ITN, they complain of not breathing properly, others complain the chemical used in treating the nets is very toxic to health."

Anonymous

Physician, Education or research organization, District, Enugu State, Nigeria

"The community has provided mosquito repellent and treated nets to families but most families refused to use it. They complain that it makes them too hot and means they cannot sleep comfortably under the net."

Ekakitie Beatrice

Nurse, Ministry of Health, Facility, Business district area, Nigeria

"Reasons for people not using bed nets include that it is uncomfortable sleeping under bed nets, usage of bed nets has not significantly reduced the incidence of malaria infections in the families and community, and also the increasing cost of bed nets."

Theresa Okonji

Pharmacist, Facility, Alimosho LGA, Lagos State, Nigeria

"Why do some people use bed nets but others do not? The reason is that lack of awareness. Create awareness through religious leaders, community leaders, stakeholders, donors, health workers. Let them talk to their people and teach them how to use the bed net and maintain it. Teach the importance of the drugs and vaccines. The accessibility and availability of bed nets is also a factor. Bed nets might not be available or affordable to everyone. We also have environmental geographical factors like climate change, like the heat waves some people complain about staying under the net because of the heat. Government initiatives or health organizations can impact on the availability of the bed nets."

Esther Zango

Public health specialist, Ministry of Health, FCT, Nigeria

"Some mothers do say that their children do not like sleeping under the ITNs and some feel that since they have used indoor Insecticide, that it is not required."

Kaltimi Shuaibu

Physician, Ministry of Health, National, Bauchi State, Nigeria

"Bed nets alone cannot do the magic: mosquitoes exist in gutters and stagnant water, and a mosquito bites not only in beds but even outside the house."

Sandra Yahaya

Public health worker, Red Cross Red Crescent Movement, Kaduna State, Nigeria

"Hanging of the mosquito nets in their rooms become another problem. Very few people use the bed nets. The reasons for not using the bed nets based on the post-distribution

survey carried out are: (1)The net causes difficulty in breathing. (2) Difficulty in hanging the net. (3) Not enough to go round the family. (4) No felt needs.”

Umar Pella Abdulrahman

Public health specialist, District, Adamawa State, Nigeria

“The use of LLTNs has helped so many families but many have found it difficult to use or most times the bite of the infected mosquito happens towards the evening time when they haven’t gone to bed yet. You still see children and pregnant women come down with malaria despite the use of LLTN.”

John Emmanuel

Community health worker, Ministry of Health, Facility, Tafawabewa LGA, Nigeria

“I live in an urban community, where access to bed nets is dependent on your ability to purchase one or more for your household.”

Patience Ochibe

Public health specialist, Other global health partner country office, National, Nigeria

“Proper use of bed nets is low in my community and this is more evident during the dry season as many who have tried to use it at one point or the other claim it causes a lot of heat, thereby making it uncomfortable for them to sleep at night. Access to bed nets is usually during campaigns which take place every 4 years and also for pregnant women who register for antenatal care at public health facilities as well as for any caregiver who completes the immunizations for the child, usually at 9 months.”

Oluwaseun Temitope Inetagbo

Public health specialist, WHO Country Office, Region, Ondo State, Nigeria

“Most people sleep under bed nets, because they know about the seriousness of disease and have changed their behaviour to prevent disease.”

Dr Abu Zar Taizai

Public health specialist, Ministry of Health, Nowshera District, Khyber Pakhtunkhwa Province, Pakistan

“Some people think that nets are a source of heat. Others simply hate them, while others are ignorant.”

Anonymous

Epidemiologist, Ministry of Health, Facility, Dizangué, Cameroon

“In the Transua district, the use of mosquito nets is still low. There are no exact figures, in the absence of a survey, but this is clear from the fact that malaria is the leading cause of morbidity and mortality in the district. LLINs are distributed during national mass campaigns and routinely to pregnant women, during vaccination sessions and curative consultations.”

Dr Djah Olivier Raphael

Public health specialist, Ministry of Health, District, Transua Health District, Côte d’Ivoire

“The use of LLINs should be accompanied by the installation of screens on the doors and windows of the house, as well as the spraying of insecticides, because it is in the living room that children are exposed to mosquito bites during television watching.”

Sopi Sess Michel

Public health engineering option, Ministry of Health, Facility, San Pedro, Côte d'Ivoire

“Some people do not use mosquito nets because they did not receive one during the free distributions and have no money to buy one. Other people explain that they feel uncomfortable and uneasy lying under a mosquito net.”

Kouame Kouakou Ekato Roland

Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d'Ivoire

“I took part in a free mosquito net distribution project. This project benefited from good communication, good training for distribution agents and financial incentives, as well as raising public awareness of the benefits of sleeping under an impregnated mosquito net.”

Kouame Kouakou Ekato Roland

Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d'Ivoire

“The use of mosquito nets is uneven in our community. Some people use them regularly, while others do not because of economic factors, lack information or simple habit. Awareness campaigns have shown positive results, but there is still a long way to go.”

Kangouté Maïmouna Spouse Fofana

Midwife, Ministry of Health, National, Abidjan, Côte d'Ivoire

“From 2023 to 2024, from July to the end of October, the number of cases of malaria fell in my district. This could be explained by the mass Milda distribution campaign in July 2024 and the reinforcement of routine distribution of LLINs during antenatal consultations, vaccination and curative consultations.”

Dr Djah Olivier Raphaël

Public health specialist, Ministry of Health, District, Transua Health District, Côte d'Ivoire

“Although distribution campaigns are organized, the use of mosquito nets remains uneven. Some people refuse to use them because of the discomfort caused by the heat, while others are unaware of the real benefits.”

Yakpazuo Koulemou

Public health specialist, NGO, Region, Faranah, Guinea

“Mosquito nets are not always used, either because of stock shortages or because users cannot stand the heat.”

Nteke Mahekele Jr

Physician, NGO, Facility, Kinshasa, DRC

"The use of mosquito nets in the area is difficult to get many people to adopt. Many people prefer to use them for other purposes: fishing, hedges, fencing hen houses, etc."

Mutayongwa Mihigo Christian

Physician, Ministry of Health, Facility, Kabare, DRC

"There is a lack of understanding of the importance of the mosquito net. Some people don't know how to hang it properly on the bed and others complain about the heat. There are also people in our community who sleep on the floor in their households because of poverty."

Nicolas Kashama Saidia

Nutritionist, Ministry of Health, Facility, Miti Murhesa, DRC

"I worked on the campaign to distribute LLINs to households in the Mbandaka health zone, we explain the benefits and how to use them. The community takes ownership of the message."

Ndege Yatoroke Mamy Valérie

Physician, Ministry of Health, Facility, Mbandaka, Ecuador, DRC

"The use of mosquito nets varies. Some community members use them regularly, while others go without due lack access or erroneous cultural beliefs. To overcome this, we have launched awareness campaigns explaining the importance of mosquito nets in prevention."

Dr Amisi Nyengo Gilbert

Public health expert, Ministry of Health, National, Bukavu, DRC

"The use of impregnated mosquito nets, but today people use them as a mat to sleep on instead of protecting themselves against mosquitoes."

Kalonji Mukendi André

Physician, NGO, Facility, Christ Roi Hospital, DRC

"Impregnated mosquito nets are difficult to accept in some households because of the heat due to the climate, but also because of the poor state of the houses, with small, unventilated rooms, not to mention the fear of side effects of the impregnated products."

Anonymous

Physician, Ministry of Health, Facility, Kinshasa, DRC

"The controversy surrounding the use of mosquito nets can be explained, on the one hand and above all, by the lack of communication (low awareness among the population of the advantages using LLINs) and, on the other hand, by poverty (selling one's own mosquito net or those of one's family, received for protection against malaria)."

Kaya Lwamba Georges

Ministry of Planning, Region, Kalemie, Tanganyika Province, DRC

“In my region, we are also seeing a very high level of resistance in mosquitoes to insecticides and other anti-mosquito products.”

Dr Mayemba Kibakila Naomie

Physician, Ministry of Health, Facility, Kinshasa, DRC

“In my community, it’s only after campaigns to distribute insecticide-treated mosquito nets that people start to use them. Before that it was a serious problem, although in some parts of the country access is so poor because of growing insecurity caused by armed groups, but also the lack of road infrastructure in some health areas. Mosquito nets are distributed during a campaign and this is done door-to-door, but unfortunately for some families, when they receive them, they are used for other purposes. This is due to the mentality but also to a lack of information.”

Bahati Damien Zagabe

Community health worker, NGO, District, Kabare, Walungu and South Bamuguba Health Zones, DRC

“Some people use mosquito nets because they have them and know how useful they are, while others don’t use them because of rumours about their harmful effects, they don’t know how to use them, and often because they can’t afford to buy them.”

Shukuru Bora Marguerite

Community Health Worker, Ministry of Health, Facility, South Kivu/Kalehe Territory, Bunyakiri, DRC

Seasonal malaria chemoprevention

“Malaria has affected me as an individual and family, my community and my country at large although nowadays there’s the introduction of seasonal malaria chemoprevention (SMC). The number of malaria cases has reduced by 10-15% in my community. There will also be the introduction of malaria vaccine in my community. As such we’re hoping that the number of cases will be drastically down.”

Umar Kangiwa

Nurse, Ministry of Health, National, Kangiwa, Kebbi State, Nigeria

“Reduction of malaria episodes and severity due to seasonal malaria chemoprevention and health education on use of insecticide-treated nets: From 2021 to 2024 October, there is a very low occurrence of malaria especially in children under 5 years and severity has also reduced as complications due to malaria is not as much. This is probably due to increased awareness of mothers to ensure that their children sleep under treated nets and also possibly due to the seasonal malaria chemotherapy (SMC).”

Abdulrahman Tanko

Public health specialist, Other global health partner country office, District, Ikara LGA, Nigeria

“During SMC campaigns in Kano, malaria cases dropped due to SMC drug distribution and community sensitization. Health facility data and parent feedback highlighted reduced cases and healthier children. During my time as a Local Government Field Officer for the Seasonal Malaria Chemoprevention (SMC) project under the Malaria Consortium in Kano State, I observed a noticeable decline in malaria cases during and shortly after the SMC campaign periods. This change became evident through reports from community health workers and data from health facilities indicating fewer malaria-related consultations.

What made me realize the change:

- 1. Health facility data: A decrease in malaria cases reported in health facilities compared to previous months.*
- 2. Community feedback: Parents shared that their children were healthier and had fewer fever episodes, which they attributed to the SMC interventions.*

Abubakar Abubakar Usman

Pharmacist, NGO, District, Kano, Nigeria

“Having realised that malaria transmission is seasonal in the Bassila district, the NMCP has introduced SMC. The SMC began in July 2024, when the incidence of malaria was already high, and by the following month (August) the effectiveness of the intervention had been demonstrated, with a net drop in incidence of malaria over the five months of the rainy season covered by the intervention.”

Zoumarou Cyrille

Physician, Ministry of Health, District, Bassila, Benin

“As a data manager in the district of Yako, I noticed a decrease in the number of cases of malaria in children under the age of 5 in the first few weeks after the end of each round of the seasonal malaria chemoprevention campaign (SMC) in 2024.

This downward trend is thought to be linked to the fact that the first dose of the drug given by community distributors is supervised, which ensures a good concentration of the drug in the body, providing better protection for children right from the start of treatment. Also, community supervision in the field reminded mothers/caretakers to continue with the doses for the following days.

However, poor compliance with the treatment of the last 2 days, in addition to non-compliance with other preventive measures (sleeping under LLINs, environmental sanitation) could explain the increase in the number of incident cases after the end of the campaign, hence the need to step up interpersonal communication with parents.”

Nassa Pousga

Epidemiology health attaché, Ministry of Health, Yako Health District, Burkina Faso

“The number of cases of malaria has fallen drastically in the Labé region. My master’s thesis was a study on the impact of chemoprevention of seasonal malaria in children aged 3-59 months, due to administration of the drug ASAQ+ sulfadoxine. Our study shows a low incidence of malaria in children aged between 3 and 59 months, with a predominance of the simple form. Wherever SMC interventions have been implemented,

they were seen as useful and effective in preventing malaria. The data from these interventions confirm the already proven effectiveness of SMC. Improving coverage through social mobilization and communication could further enhance the impact of SMC. However, the extension of SMC in certain eligible geographical areas and to certain broader age groups, combined with other interventions, could contribute to approaching the threshold where pre-elimination strategies are envisaged.”

Ibrahima Toure

Project manager, NGO, Region, Labé, Guinea

“During the SMC campaign held in the Kédougou region (Senegal), children aged between 3 months and 120 months were given amodiaquine+SP for 3 days over a period of 3 to 4 months during a period of high transmission. And the results were nothing short of beneficial, with a drop in the number of cases of malaria in children under 5 and a reduction in severe malaria attacks.”

Macodé Fall S

Nurse, Ministry of Health, District, Louga, Senegal

Delayed treatment seeking

“Sometimes, those who live in the village are financially limited. Once they have the signs of malaria, they decide to make self-medication at home, and many died with malaria complications.”

Safi Bakno Clean

Public health specialist, Other UN agency country office, North-East Congo Region, DRC

“Finding treatment for malaria is not hard because drugs are available free of charge in all government health facilities. The big challenge is the health-seeking behaviour whereby most people prefer buying drugs over the counter and eventually reach health facilities very late presenting with complications like cerebral malaria and anaemia, resulting in long stays in hospital after admission with high cost implications.”

Victorine Awino Wasonga

Nurse, Ministry of Health, District, Rachuonyo North Subcounty Hospital, Kenya

“However, our major problem here is the community’s poor health-seeking behaviour. Often, they present themselves late to the clinic, while others still patronize our traditional medicine vendors.”

Umar Pella Abdulrahman

Public health specialist, District, Adamawa State, Nigeria

“Despite efforts to raise awareness and encourage people to go to health centres, they tend to rely on traditional treatments. As a result, some vulnerable groups, particularly children 0-5, suffer from complications such as anaemia. Indeed, most children suffering from malaria arrive late for consultations.”

Konan Kouamé Georges

Public Health Specialist, Ministry of Health, Yopougon Health District, Ouest-Songon, Côte d'Ivoire

“What makes detection and treatment difficult is that some people resort to prayer rooms when they fall ill with malaria, others self-medicate, and others use unregulated pharmacies. Some facilities such as the health centre sequester patients with severe malaria, which can lead to late recourse to a secondary facility and deaths.”

Nicolas Kashama Saidia

Nutritionist, Ministry of Health, Facility, Miti Murhesa, DRC

“What would help our community to protect itself against malaria is first and foremost to teach people how to protect themselves: clear the undergrowth from our surroundings, sleep under mosquito nets and go hospital if there are any serious signs, so that they can be better cared for. Most of the cases we receive in hospital are complicated cases where treatment has failed. The biggest challenge we face in our environment is self-medication. People think that you spend more on treatment in hospital than at home or at the local health centre.”

Kalonji Mukendi André

Physician, NGO, Facility, Christ Roi Hospital, DRC

“What I have seen all too often in the treatment of malaria is women whose children have convulsions due to complications from malaria, who believe that it is a supernatural phenomenon and go first to the prayer rooms.”

Nicolas Kashama Saidia

Nutritionist, Ministry of Health, Facility, Miti Murhesa, DRC

“Affected patients are late in seeking care, even though there are already complications (dehydration, anaemia, renal failure, malarial coma, liver damage, etc.), lengthening the period of treatment and having a significant impact on the cost of care, and even the mortality rate. As a result, families who are already poor will be forced to use what little resources they have to cover the cost of care, and their financial situation will deteriorate.”

Bisimwa Muzusa Emmanuel

Physician, Ministry of Health, Facility, Bukavu, DRC

“For some patients, screening is delayed, as they prefer to go to prayer rooms and traditional healers instead of health facilities. It is only when they cannot find a solution in these establishments that they go to health facilities where malaria is diagnosed and they are put on treatment with a good clinical outcome.”

Anonymous

Physician, Ministry of Health, Facility, Goma, DRC

“I experienced this situation for several years in Masisi, where there are fewer health facilities. The patients there rely on traditional products and only consult the health structures at a late stage if their traditional treatment has not worked.”

Anonymous

Physician, Ministry of Health, Facility, Goma, DRC

“For the general public, the government has been put to the task of providing malaria rapid diagnostic tests and anti-malarials, and sometimes these are out of stock.”

Godfrey Ouma Haduba

Community health worker, Ministry of Health, Facility, Busia County, Kenya

“What makes it hard to get malaria treatment is ignorance, financial instability, and lack of commodities at the hospitals among others. Most of the women in the villages don’t have nets. When malaria medicine runs low in hospitals, the patients are expected to buy it but due to lack of finances, most of the patients go without treatment.”

Jane Rebecca Oluoch

Nurse, Ministry of Health, District, Siaya County, Bondo Sub-County, Kenya

“Accessing and treating malaria has been a challenge. Many health facilities in rural areas lack essential supplies, including diagnostic tests and antimalarial drugs. I’ve seen instances where pregnant women faced complications because of delayed treatment, leading to miscarriages or severe anaemia. The scarcity of malaria medicines in health centres often forces families to seek costly private treatment, which is not affordable for many.”

Melanie Abongo

Public health specialist, Education or research organization, National, Nairobi, Kenya

“Quick diagnosis and treatment of malaria improves outcomes. Diagnostic kits are not available in each and every health facility, especially the lower levels of health clinics. I would therefore appreciate it if rapid diagnostic kits are made available in these clinics where most of the sick people will rush for initial evaluation since most of them are locally placed hence within easy reach.”

Mary Muriithi

Nurse, Facility, Nyeri Country, Kenya

“We did a radio programme to bring the attention of the community on the current malaria trends and preventive measures and availability of free malaria tests in our clinic. But of course that eventually got exhausted. Involvement of community leaders with support for malaria tests will help, because most people consider it a waste to test and confirm malaria, after all they have fever, especially in the economic hardship currently being faced in the county. Attitudinal change is needed with more resources and attention being focused on malaria.”

Anonymous

Physician, Ministry of Health, National, Bauchi metropolis, Bauchi State, Nigeria

"Drug stock out is always experienced and there is nothing that can be done about it until supplies are brought. Patients have to go to the chemist or patent medicine vendors to buy."

Umar Pella Abdulrahman

Public health specialist, District, Adamawa State, Nigeria

"When malaria drugs run out, the situation becomes critical. As project supervisor, we have often had to inform the health authorities so that they can increase supplies to the health centres. But despite our efforts, the distance between the health centres and certain villages remains a barrier to rapid access to treatment. In such cases, education on the importance of prevention is becoming crucial, as it is sometimes impossible to guarantee treatment for everyone within the necessary timeframe."

Yakpazuo Koulemou

Public health specialist, NGO, Region, Faranah, Guinea

"We condemn the reflex of the community, which often prefers to resort to home treatment, prayer rooms and charlatans, which greatly delays effective treatment by qualified staff."

Mutayongwa Mihigo Christian

Physician, Ministry of Health, Facility, Kabare, DRC

"The detection and treatment of malaria are made difficult by a number of factors: lack of sufficient resources, limited access to drugs and increased resistance to the usual treatments. In our health zone, it is sometimes difficult to maintain a constant supply of anti-malarial drugs, forcing patients to seek alternatives that are sometimes ineffective."

Dr Amisi Nyengo Gilbert

Public health expert, Ministry of Health, National, Bukavu, DRC

"Drug shortages are a frequent reality that jeopardize effective patient care. In times of shortage, we focus on raising community awareness about prevention and the optimal use of available treatments. Coordination with other health zones and humanitarian organizations is crucial to reduce the impact of these shortages."

Dr Amisi Nyengo Gilbert

Public health expert, Ministry of Health, National, Bukavu, DRC

"When medicines are in short supply, the preferred option is to resort to traditional medicine, charlatans, prayer or even metaphysics."

Kaya Lwamba Georges

Ministry of Planning, Region, Kalemie, Tanganyika Province, DRC

"Malaria treatment is confronted with shortages of inputs. Even now, we have a shortage of rapid diagnostic tests, and confirmation of cases in areas without laboratories is becoming complicated. Sometimes, we have a shortage of artesunate ACTs, which are used for treatment."

Agbang Kpatcha

Nurse epidemiologist, Ministry of Health, District, District of Dankpen, Togo

Drug treatments

“There are instances when the service runs out of rapid diagnostic test kits for checking malaria, as well as medications for treatment, and patients are tasked to buy them from pharmacy shops outside facilities, but this doesn’t help the system at all since the products need to be supervised. Currently there is a shortage of sulfadoxine pyrimethamine for prevention of malaria among pregnant women and this more likely than not causes an increase in malaria among pregnant women.”

Jennifer Annor Antwi

Public health expert, Ministry of Health, District, New Juaben North Municipal, Ghana

“Community members always complain how malaria drugs are expensive when prescribed by a doctor to buy at the pharmacy or chemical shops. Some even turn to self-medication and then resort to herbal medicine, all in the name of curing malaria.”

Kingsley Kofi Nignere

Community health worker, NGO, Kintampo Municipal, Ghana

“What makes it hard to treat malaria is lack of medicine. When pregnant women get malaria, it is hard because it can be dangerous for the babies they are carrying. When malaria medicine is not available the patients are forced to go and buy from the chemist and yet they don’t have money.”

Taphurother Mutange

Community health worker, Ministry of Health, Facility, Kangemi Facility, Nairobi, Kenya

“When malaria medicine runs low in hospitals the patients are expected to buy it but due to lack of finances, most of the patients go without treatment.”

Jane Rebecca Oluoch

Nurse, Ministry of Health, District, Siaya County, Bondo Sub-County, Kenya

“Malaria becomes hard to treat due to the fact that the drugs that we are using are not genuine and have low content of properties that are needed to treat malaria. Meaning that the drug providers are requesting for drugs with low price at the manufacturing company.”

Tukur Abdu Azare (Wazirin Matsango) Atsango

Community Health Worker, District, Katagum LGA, Bauchi State, Nigeria

“It has impacted me, my family and community, in that hospital visits are regular due to improper diagnosis and substandard drugs and unavailability of drugs which consequently add to our economic burden.”

Zainab Umar

Laboratory scientist, Ministry of Health, Facility, Gombe State, Nigeria

"When malaria medicines run low, patients are forced to travel long distances or seek alternative, often ineffective treatments."

Abdulahman Muhammad Yusuf

Public Health Technologist, Facility, Bauchi State, Nigeria

"Getting treatment for malaria in my community is quite hard due to the difficulties my community faces, like bad roads, lack of good water supply and the costs of the malaria drugs."

Anonymous

Community Health Worker, Facility, Jos North Local Government Area, Nigeria

"My wife and a year-old daughter were admitted yesterday in a health facility for chronic malaria. We had been treated with over-the-counter drugs for over two weeks to no avail."

Egbonwachi Oluchukwu Jacobs

Community health worker, NGO, Facility, Obio/Akpor Local Government Area, Nigeria

"Self-medication is practised in the community and this can be associated with issues of overdose, under-dose or wrong drug administration."

Dr Ihejirika Onyenonachi

Public health specialist, Education or research organization, National, Imo State, Nigeria

Fatima Ado Garba - see page 33

Nurse, Education or research organization, Facility, Yobe State, Nigeria

"When medicine runs low, people may resort to low-quality treatments and unregulated suppliers."

Mary Caleb

Public health specialist, Ministry of Health, Abuja Municipal Area Council, Nigeria

"Malaria treatment in my community now is expensive due to the economic challenges in my country. Some people are not able to afford the drugs because of the cost while for some the accessibility of the drugs and bed nets makes it difficult for them."

Esther Zango

Public health specialist, Ministry of Health, FCT, Nigeria

"Malaria drugs are expensive and when we treat malaria it keeps coming back due to the presence of mosquitoes everywhere."

Sandra Yahaya

Public health worker, Red Cross Red Crescent Movement, Kaduna State, Nigeria

“We have seen malaria drugs fail us severally on pregnant woman and watched them suffer miscarriages and even death on different occasions.”

John Emmanuel

Community health worker, Ministry of Health, Facility, Tafawabewa LGA, Nigeria

“Reflections on malaria treatment failure: I have encountered such situations when in clinical practice and some of the reasons were around the procurement source and its storage facilities. Other reasons were regarding patients’ compliance and beliefs (which required them to ingest traditional concoctions). I could tell that the treatments had failed because they would return to the clinic with unabated symptoms around 48 hours after completion of medication.”

Anonymous

FCT

“Abuse of drugs is rampant in my community. People tend to conclude that they have malaria even without carrying out any tests.”

Selina Akunna Enyioha

Public health specialist, NGO, National, FCT Abuja, Nigeria

“I have managed patients who did not respond to antimalarial medications. I could tell because the symptoms and signs typical of malaria persisted despite medications. In some cases, repeat tests still showed positive malaria parasite. The main factors that contribute to drug resistance are inadequate dosage and incomplete treatment. This is concerning because the spectrum of effective drugs is limited. Also, testing services are not always available or accessible, both physically and economically.”

Prof Beckie Tagbo

Physician, Ministry of Health, Enugu State, Nigeria

“The major contributing factors have been the long spells of rainfall that support breeding of mosquitoes, but also poor usage/half dosages/sharing of oral artemisinin-containing pills, hence resistance.”

Saddie Ainebyoona

Public health specialist, Other UN agency country office, National, Kampala, Uganda

“The biggest challenge is that the government is making an effort to make drugs and rapid diagnostic tests available for the fight against malaria, despite the large population, but it’s another matter whether health workers are much more conscientious about giving them to people free of charge. This unfortunate situation is eroding people’s confidence in our healthcare system, as they prefer to obtain low-potency medicines (known as street medicines). Yet it is the health workers who are best equipped to ensure proper care and to disseminate the Ministry’s directives.”

Sopi Sess Michel

Public health engineering option, Ministry of Health, Facility, San Pedro, Côte d’Ivoire

“On several occasions we have come across cases where anti-malarial drugs are not effective. Some start their treatment at home on their own, self-medicating, and it’s when they can’t work out what to do that they come to hospital.”

Sopi Sess Michel

Public health engineering option, Ministry of Health, Facility, San Pedro, Côte d’Ivoire

“In Gabon, we have introduced malaria testing in pharmacies before distributing any anti-malarial drugs. One patient in two tests positive with the rapid test. This initiative has enabled us to manage anti-malarial drugs and prescribe them to people who really are RDT-positive.”

Anonymous

Biologist, Ministry of Health, National, Libreville, Gabon

“The sometimes exorbitant cost of anti-malaria treatment, combined with the scarcity of products in certain regions that are difficult to access, complicates the treatment of malaria.”

Dr Dorisi Sindani Michel

Physician, Ministry of Health, Facility, Kikwit, DRC

“Economic insecurity and accessibility in this desert area mean that the population is reluctant to be hospitalized and turns to street medicines, making treatment and data management difficult.”

Koldimadji Mogueua

Nurse, Ministry of Health, Region, Ennedi West, Chad

Vaccines

“I remember in 2017 when a malaria vaccine called RTS,S was introduced, there were false circulated videos, audios and the use of social media against the vaccine. As a strong malaria advocator, we collaborated with the Kintampo research centre and Ghana health services to carry out community sensitization on FM stations, community information centres, mobile van sensitization and the use of community durbars to clear the myths and the misconceptions about the malaria vaccine. If my country will be giving a new vaccine, the challenge will be vaccine hesitancy.”

Kingsley Kofi Nignere

Community health worker, NGO, Kintampo Municipal, Ghana

“My country is now preparing to introduce the new malaria vaccine. While this is a significant milestone, I anticipate challenges in ensuring widespread acceptance and equitable access. Misinformation and vaccine hesitancy are potential barriers.”

To overcome these, there must be strong collaboration between health workers, local leaders, and community members to build trust and address concerns.”

Melanie Abongo

Public health specialist, Education or research organization, National, Nairobi, Kenya

“If my country will be giving out vaccines, then community leaders and the people must be sensitized on the need to get vaccinated.”

Anonymous

Community Health Worker, Facility, Jos North Local Government Area, Nigeria

“To encourage significant uptake or active participation, the government and NGOs involved would have to do much advocacy and education on the benefits of the vaccines and allay fears and clear various myths about vaccination in general. Effective collaborations among the various stakeholders would further make the use malaria vaccines a success.”

Theresa Okonji

Pharmacist, Facility, Alimosho LGA, Lagos State, Nigeria

“If the malaria vaccine is being rolled out, individuals can help by spreading awareness about the vaccine benefits and encouraging vaccination. Community engagement will be crucial. Potential difficulties in rollout may involve logistic issues such as the need for cold chain storage and success will depend on cooperation between government, NGOs and community stakeholders for effective communication and support system.”

Mary Caleb

Public health specialist, Ministry of Health, National, Abuja Municipal Area Council, Nigeria

“The potential difficulties in vaccines may involve the following:

- *Logistics: some communities do not have access roads so motorcycles will be needed for such communities.*
- *The need for cold chain storage.*
- *The need for a collaboration between all the relevant stakeholders: health care workers, donors, partners need an effective communication channel and support system to be able to succeed.”*

Esther Zango

Public health specialist, Ministry of Health, FCT, Nigeria

“I have scheduled weekly talks to different rotary clubs to engage them and present on vaccine introduction plans and why they should prepare and mobilize communities.”

Aubrey Agaba

Public Health Administrator, Ministry of Health, National, Kampala, Uganda

“The new vaccine is available, and my experience is that 98% of people who have been made aware of the new vaccine have taken it.”

Mbong Jacquy Ghislaine

ASCOM, Ministry of Health, Mbanga District, Cameroon

“The malaria vaccine has not yet been introduced in my country. When it is I hope that our government will communicate widely about it and organize training sessions and workshops for all health workers. Put the health district team responsible for post-vaccination adverse events on maximum alert so that any cases that arise can be dealt with quickly, to avoid the risk of confusion among the population, which could turn them away from the vaccine.”

Kouame Kouakou Ekato Roland

Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d'Ivoire

“If a new malaria vaccine is rolled out, it will be crucial to ensure that the population is well informed about its efficacy and safety. The introduction could face challenges, including logistics of distribution and the need to train healthcare staff. Strong community support and clear communication will be essential to overcome these obstacles.”

Kangouté Maïmouna Spouse Fofana

Midwife, Ministry of Health, National, Abidjan, Côte d'Ivoire

“With potential arrival of the new malaria vaccine, we hope that this innovation can significantly reduce the incidence of the disease, especially in children. However, I believe that deployment will pose challenges, particularly in terms of logistics, communication and the initial reluctance of certain populations. Working with community leaders and health workers could acceptance and distribution of the vaccine.”

Yakpazuo Koulemou

Public health specialist, NGO, Region, Faranah, Guinea

“For 2023, together with the other EPI partners and as a prelude to the introduction of the malaria vaccine in the DRC, the immunization coverage survey has been combined with the other EPI performance indicators (‘killing two birds with one stone’). Preparing and carrying out this survey provided a platform for joint working and pooling of resources, and a good start to inter-programme synergies for child survival. The results of the survey were used to develop recovery and acceleration plans for the two programmes. The official launch of the malaria vaccine in the DRC took place on 30 October 2024. The R21 vaccine introduced in the DRC will not be the only preventive measure, but will be accompanied by other control measures such as the use of insecticide-impregnated mosquito nets, preventive chemoprophylaxis, environmental sanitation and spraying in and around the home.”

Dr Deogratias Manirakiza

Physician, UNICEF Country Office, National, Kinshasa, DRC

“The arrival of a vaccine against malaria would be a solution for prevention, but the best way would be to fight against the lack rural hygiene, especially as our population does not easily adhere to vaccination due to a lack good information transmission techniques.”

Dr Mbangu Mbangu Augustin

Physician, Ministry of Health, Facility, Kinshasa, N'Djili Health Zone, DRC

“In Kwilu, where I work, the malaria vaccine has not yet been introduced, but the country has already opted for it. I would strongly advise the health authorities to focus on communication and raising community awareness if they are to succeed in introducing the vaccine.”

Dr Dorisi Sindani Michel

Physician, Ministry of Health, Facility, Kikwit, DRC

“The question of the vaccine is still unresolved. We really need very good communication. Since COVID, people have become more and more wary. It’s all going to come down to communication (the way in the issue is approached, but also the people and methods used).”

Dr Lubamba Mia

Physician, Ministry of Health, National, Kinshasa, DRC

“We need to introduce the malaria vaccine to save more lives and more money. What could help is communication with the population and the religious, traditional and political leaders who can convince people.”

Dr André Waly Mbengue

Physician, Facility, Dakar, Senegal

“We believe that the introduction of the malaria vaccine will make it possible to combat this disease effectively. This vaccine will not pose a problem because everyone is aware of the harm that malaria causes in the community. However, we need to start communicating about this vaccine before the social networks intoxicate people.”

Agbang Kpatcha

Nurse epidemiologist, Ministry of Health, District, District of Dankpen, Togo

Government actions

“If I could ask my country’s leaders for help fighting malaria, I would request improved infrastructure and better coordination of resources. For example, I would suggest setting up mobile health clinics to reach remote areas, investing in community health worker training, and strengthening health systems to avoid stockouts of essential supplies. These efforts could significantly reduce the malaria burden without requiring additional funds.”

Melanie Abongo

Public health specialist, Education or research organization, National, Nairobi, Kenya

"If I had the opportunity to ask for support from my country's most senior leaders, I would request improved healthcare infrastructure, better access to diagnostic tools and medications, and enhanced training for healthcare workers."

Fatima Ado Garba

Nurse, Education or research organization, Facility, Yobe State, Nigeria

"Our political leaders to create an enabling environment for our community leaders to embark on self-help projects like formation of various developmental committees to foster ownership of all projects, provision of security at all levels etc. Our community needs to be enlightened enough to exercise their wholesome discretion. They may not value any project they were not involved in the planning of."

Umar Pella Abdulrahman

Public health specialist, District, Adamawa State, Nigeria

"I would ask for better equipment and staffing of all PHCs. These are the facilities that benefit the people directly."

Selina Akunna Enyioha

Public health specialist, NGO, National, FCT Abuja, Nigeria

"If I have the chance to ask for support from most senior leaders in my country as regards support for malaria, I would like them to ensure that fake and adulterated antimalarial drugs are kept out of circulation. This will ensure that at every time an antimalarial drug is being purchased, we are sure of its effectiveness."

Bamidele Olayinka O

Physician, Education or research organization, Region, Osun State, Nigeria

"We would ask them to do their utmost to ensure that every citizen has access to free medicines, because we have found that the majority of people cannot afford to buy them."

Irakoze Clovis

Community health worker, Facility, Kayanza Gahombo District, Burundi

"To improve the fight against malaria, I would ask the leaders of my country to continue and improve their policy of free malaria treatment, and to introduce more anti-malarial drugs and compounds into their policy of free treatment. We need to reduce taxes and subsidize malaria treatment drugs so that their price in pharmacies drops."

Kouame Kouakou Ekato Roland

Laboratory technician, Ministry of Health, Facility, Touba Regional Hospital, Côte d'Ivoire

"If I could ask our country's leaders to help us in the fight against malaria without asking for funds, I would ask them to strengthen health infrastructures access to public health education. Better awareness and access to quality healthcare are key to reducing impact malaria."

Kangouté Maïmouna Spouse Fofana

Midwife, Ministry of Health, National, Abidjan, Côte d'Ivoire

“If I had to make one request of the leaders, it would be to strengthen the communication network between health workers, community leaders and the authorities to ensure better monitoring of cases and ongoing awareness-raising. Political support and community involvement are essential for overcoming the obstacles to a malaria-free future.”

Yakpazuo Koulemou

Public health specialist, NGO, Region, Faranah, Guinea

“To help my family cope better with malaria, here’s what you can do:

- *Access to impregnated mosquito nets: Although we already use them, it would be useful to have regular replacements of quality mosquito nets for optimum protection.*
- *Raising community awareness: Better education on prevention methods and the importance of seeking medical attention quickly in the event of symptoms could reduce complications.*
- *Improved access to care: Local health centres that are well-equipped and affordable would enable the disease to be treated more quickly.*
- *Support for treatment: The cost of anti-malarial drugs remains an obstacle for many families like ours. Support in the form of subsidies or free access would be crucial.”*

Anonymous

Community health worker, Region, Bamako, Mali

“What we are asking our government to do in the fight against malaria is to provide medical centres with sufficient quantities and quality of products, in addition to raising awareness, and to mobilize the population to destroy any places that might harbour vectors. The government can also involve the media in the fight against malaria.”

Liman Issifou

Temporary teacher, Ministry of Health, School of Public Health, Niger

“Leaders should ensure that there is no shortage of anti-malarial drugs to protect children and pregnant women, and reinforce environmental sanitation measures in the fight against malaria, while raising awareness of the need to administer the vaccine to children.”

Ndege Yatoroke Mamy Valérie

Physician, Ministry of Health, Facility, Mbandaka, Ecuador, DRC

“Leaders should improve hospitals by providing them with the equipment and medicines they need to treat patients more effectively. Provide good, well-equipped health infrastructures (laboratories), make available the appropriate molecules (quinine, artesunate, etc.) for better treatment and set up a programme to do this! Improve access to health facilities.”

Kimonge Mwendambali Pierre

Physician, Region, Lubila/ Shabunda, DRC

“If I could ask the leaders of my country for non-financial support, it would be to strengthen the training and supervision of health workers, and to encourage

intersectoral collaboration. Investment in training and community mobilization is crucial to progress in the fight against malaria.”

Dr Amisi Nyengo Gilbert

Public health expert, Ministry of Health, National, Bukavu, DRC

“We are asking the government to structure the malaria control programme properly, and to make it multisectoral. Organize mosquito net distribution campaigns at least once a year, and make anti-malarial drugs available so that everyone can access them when they needed.”

Bisimwa Muzusa Emmanuel

Physician, Ministry of Health, Facility, Bukavu, DRC

“What we are asking for is access to low-cost products and the availability of effective mosquito nets every 3 months, as well as the training of more community relays to monitor this problem.”

Muntumaladi Kasabutu Edna

Physician, Ministry of Health, Facility, Kinshasa, DRC

“I would ask the leaders to take steps to clean up the cities and to make sure that the population understands that everyone has to clean up their environment.”

Dr Lubamba Mia

Physician, Ministry of Health, National, Kinshasa, DRC

“We will be asking our country’s leaders not only to vaccinate us, but also to clean up our living environments properly and regularly.”

Dr Mayemba Kibakila Naomie

Physician, Ministry of Health, Facility, Kinshasa, DRC

“All I would ask the authorities in my country to do is to strengthen the hygiene and sanitation system in Kinshasa in particular, and throughout the country in general, to make the country safe and thus reduce the chain of transmission of the disease, to make the vaccine available and to raise awareness as much as possible.”

Dr Matasima Bripani Eli

Physician, Ministry of Health, National, Kinshasa, DRC

“Without referring to money, my request to the authorities in the fight against malaria is that this fight should be one of their top priorities. Having said that, they must get involved, in terms of local monitoring and periodic evaluation of control measures at all levels. If the authorities take ownership of the control measures, the population will easily follow suit and do so on a long-term basis.”

Kaya Lwamba Georges

Ministry of Planning, Region, Kalemie, Tanganyika Province, DRC

“We would ask the country’s leaders to promote a policy of social protection, to enable all members of the community, whether rich or poor, to benefit from free care. Promote a policy of hygiene, which will also reduce the risk of contamination by disease. Promote public health to reduce the spread of disease, especially malaria, which is a major challenge in our communities today.

The biggest contribution is to support the structures working in this sector, for their work, but also to promote win-win partnerships in order to strengthen cooperation with the players working in the field and encourage their work.”

Bahati Damien Zagabe

Community health worker, NGO, District, Kabare, Walungu and South Bamuguba Health Zones, DRC

“I would ask my leaders to show the population that they too sleep under mosquito nets and if there is a vaccine, that they would be the first to be vaccinated.”

Dr André Waly Mbengue

Physician, Facility, Dakar, Senegal

“If I were to ask my country’s leaders for help, it would be to make it easier for us to investigate cases of malaria (purchase of fuel, motivation of community workers and health staff).”

Sitor Ndour

Physician, Ministry of Health, District, Louga Health District, Senegal

Annex 2: Honouring contributors

We are pleased to present the Honour Roll for the Teach to Reach Special Event: Health workers united to end malaria, held on 10 December 2024. These are the healthcare professionals who took the time to share their experience ahead of the event, by answering one or more of the questions asked.

Why and how we recognize and honor Contributors

Before, during, and after each learning event, we ask participants to share their experiences. We want to recognize and honour everyone who contributed an idea, story or experience, whether or not their story is shared publicly.

We do this after the event to understand what participants are learning, so that we can share lessons learned and insights with everyone.

We do this primarily because it may help colleagues facing similar challenges. It may also help the Foundation and its partners better understand participants' situations, challenges and needs.

We ask questions about who participants are and what they do, as well as questions to understand their level of participation. For each contribution, we may share the details (such as gender, job category, professional affiliation, country, health system level) that help others better understand a story.

Participants confirm that they understand their contribution, or an edited version of it, may be selected for publication. If so, it will be available online for everyone.

We ask participants to choose whether or not they wish for their name to be shared publicly. In

addition to sharing their contributions publicly, the Foundation may use experiences shared by participants for research, learning, evaluation, communication and advocacy, or any other purpose consistent with the Foundation's mission. We also use the information to keep in touch with participants.

Names of contributors and other information appear exactly as they were submitted. Participants who asked not to be named are not included. Contributors may be disqualified upon review if their contributions were incomplete, too generic or lack specific personal experience, could not be understood, show evidence of plagiarism, obviously misused generative AI, or for other reasons.

We ask participants to choose whether or not they wish for their name to be shared publicly.

In addition to sharing your contributions publicly, the Geneva Learning Foundation may use experiences shared participants for research, learning, evaluation, communication and advocacy, or any other purpose consistent with the Foundation's mission. We also use the information to keep in touch with participants.

English-speaking contributors

A **Contributor** is a participant who shared their experience ahead of the event.

Names and other information appear exactly as they were submitted by Contributors. Participants who asked not to be named are not included. Contributors may be disqualified upon review if their contributions were incomplete, too generic or lack specific personal experience, could not be understood, show evidence of plagiarism, obviously misuse generative AI, or other reasons. Contributors who did not wish for their name to be shared are not included.

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Annex 4: Teach to Reach questions

These prompts were circulated to registrants in the weeks leading up to the main Teach to Reach 10 event.

Malaria

- How has malaria impacted your life, your family, and your community? What makes it hard for you to find and treat malaria? What is hard when pregnant women get malaria? What about when malaria medicines run low? Why do some people use bednets but others do not? Have you seen the number of malaria cases in your area go up or down? Why do you think this is happening? How have changes in weather patterns affected malaria in your community? Can you tell us about a time when people in your community worked together on a malaria project, like encouraging everyone to sleep under bed nets? What went well and what helped make it successful? If your country is giving the new malaria vaccine, how have you helped people with this? If your country will give the vaccine soon, what do you think will be difficult and what will help different groups work together? If you could ask your country's leaders for help fighting malaria, without asking for money, what would you ask for and why?
- How have changes in climate and adverse weather affected malaria your community? What actions have you or others taken? How do these actions make a difference?
- How has malaria affected you and your family, personally? What would help your family better face with malaria?
- Who makes the decisions in your household regarding the care of malaria?
- We know that utilization of bed nets is low in some communities. What is the situation in your community? How are bednets made available? What makes the difference between a family that uses bednets and a family that does not? Why do you think that is?
- What is the biggest challenge you face in effectively diagnosing and treating malaria in your community? How does this affect your ability to provide timely and effective care? Tell us about a time when you faced this challenge.
- Tell us about a time you had to treat a pregnant woman for malaria? What did you do differently and why? How did you respond to the concerns from the woman, her husband, and family? How did it turn out?
- Can you think of a time where you saw community members participate in a malaria initiative? What happened and how did it turn out.

- Can you recall a time when you noticed a change in the number of malaria cases in your community? What made you realize that something had changed? Can you identify at least two factors that you think were driving those trends up or down?
- Can you think of a case where you are not able to diagnose or treat a person affected by malaria? What obstacles made it difficult to provide timely care? What were you missing to provide support when it was needed? How were you able to resolve the issues?
- Have you been in a situation in where antimalarial medications did not seem effective for patients? How could you tell? What is the main factor you think contributes most to drug resistance issues in your area? Do you think this is a concerning problem?
- If you have the chance to ask for support (other than money), from your country's most senior leaders, what would you ask for and why?
- If you are involved in your country's malaria vaccine introduction: Can you think of a time when you helped an individual or a group become confident about malaria vaccine? What happened? What did you do that made the difference?
- If your country has not yet introduced malaria vaccine and you are involved in preparation and planning: What do you see as the biggest challenge? How are you involved in planning for introduction? What has helped or hindered collaboration between EPI (Expanded Programme for Immunization) and the country's malaria control programme? How does the malaria vaccine fit into the overall malaria efforts?
- Think of a time when you explained the new vaccine to a caregiver. Can you write out the exact words that you used in your explanation? How did you know what to say?
- How do you know if there are enough malaria vaccines for people that need it? What do you say to the community if there are not?

Local knowledge you can use: Movement for Immunization Agenda 2030 (IA2030)

The Geneva Learning Foundation (TGLF) has produced multiple case studies and "listening and learning reports" based on the experiences shared by members of the Movement for Immunization Agenda 2030 (IA2030).

These outputs share and analyze the perspectives of a diverse group of health practitioners working to deliver or manage immunization services in low- and middle-income countries.

Each report offers a unique opportunity to discover unfiltered experiences and insights from thousands of people whose daily lives revolve around delivering immunization services, contributing to consultative engagement between international and local levels.

These IA2030 publications can be found in the IA2030 Movement repository:

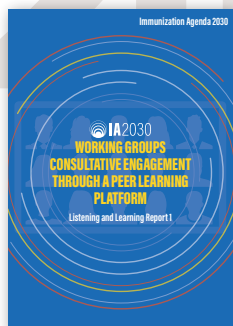
<https://zenodo.org/communities/ia2030/>

The IA2030 Movement Knowledge to Action Hub is sharing this knowledge with members of the Movement for IA2030, tracking and measuring its adaptation and application <https://www.learning.foundation/ia2030-knowledge-action-hub>

Learn more about the Hub

<https://redasadki.me/2022/10/12/reinventing-the-path-from-knowledge-to-action-in-global-health/>

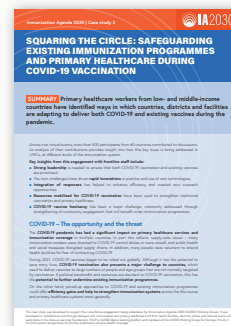
2021



IA2030 Listening and learning report 1. Working groups consultative engagement through a peer learning platform
<https://doi.org/10.5281/zenodo.7010140>



IA2030 Case study 1. A digital health platform for immunization and primary health care (PHC) engagement
<https://doi.org/10.5281/zenodo.6982953>



IA2030 Case study 2. Squaring the circle: safeguarding existing immunization programmes and primary healthcare during COVID-19 vaccination
<https://doi.org/10.5281/zenodo.7004191>

Narratives of change by IA2030 Movement Leaders



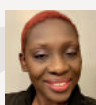
IA2030 Case study 3. Kuo tong Nongho Rogers. View from the frontline: microplanning for equity
<https://doi.org/10.5281/zenodo.7004235>



IA2030 Case study 4. Njoh Andreas Ateke. View from the frontline: working with communities to strengthen immunization programmes
<https://doi.org/10.5281/zenodo.7004263>



IA2030 Case study 5. Paul Hilarius Asiwome Kosi Abiwu. View from the frontline: building stronger systems
<https://doi.org/10.5281/zenodo.7004284>



IA2030 Case study 6. Zainab Ferrah Conteh. View from the frontline: Strengthening the immunization programme backbone
<https://doi.org/10.5281/zenodo.6982953>



IA2030 Case study 12. Boureima Kaboré. Delivering services in conflict-affected areas
<https://doi.org/10.5281/zenodo.7010188>



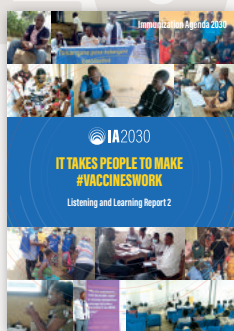
IA2030 Case study 13. Pharm. Daniel Kwesi Ekwam. Covering all the bases. ummary: A systematic approach to COVID-19 vaccination
<https://doi.org/10.5281/zenodo.7010227>



IA2030 Case study 14. Ndaeyo Iwot. Building the capacities of communities
<https://doi.org/10.5281/zenodo.7010211>



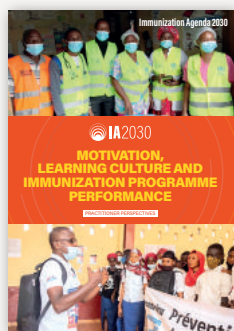
IA2030 Case study 15. Penina Oketch. Planning, people and performance
<https://doi.org/10.5281/zenodo.7010242>



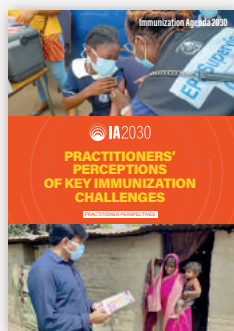
IA2030 Listening and learning report 2.
It takes people to make #VaccinesWork
The power of visual storytelling to engage audiences – a photobook of pictures of daily life submitted to mark World Immunization Week 2022.
<https://doi.org/10.5281/zenodo.7010196>



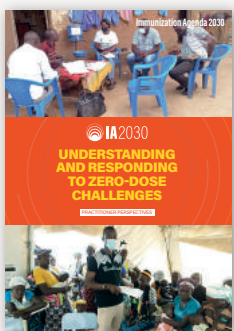
IA2030 Listening and learning report 3.
Everyone, everywhere: digital peer learning to leave no one behind
Lessons learned about vaccine confidence, gender barriers and other immunization challenges from Teach to Reach 6 event.
<https://doi.org/10.5281/zenodo.7010209>



IA2030 Case Study 7. Motivation, learning culture and programme performance
An analysis of application form data and information (>6000 contributors) on motivation, organizational learning culture and perceived programme performance. Key finding: In this group, learning culture but not motivation showed a strong correlation with programme performance
<https://doi.org/10.5281/zenodo.7004191>



IA2030 Case Study 8. Practitioners' perceptions of key immunization challenges
A quantitative and qualitative analysis of 2000 responses to key challenge prompts in application form. Key finding: Hesitation/demand was seen as the most significant immunization challenge, particularly lack of community awareness of the benefits of immunization.
<https://doi.org/10.5281/zenodo.7005241>



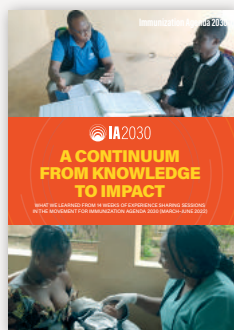
IA2030 Case Study 9. Understanding and responding to zero-dose challenges
A mostly qualitative analysis of 110 responses to a targeted survey on zero-dose challenges. Key finding: Description of methods effective in practice to reach under-immunized populations, tackling multiple supply- and demand-side barriers
<https://doi.org/10.5281/zenodo.7010171>



IA2030 Case Study 10. Development of zero dose situational analyses and action plans
A quantitative analysis of the guidance and resources used to analyse local contexts and develop action plans. Key finding: Although reasonably well used, there is scope to increase the use of global guidance.
<https://doi.org/10.5281/zenodo.7010177>



IA2030 Case Study 11. Gender barriers to immunization
Qualitative analysis of gender barriers discussed in experience-sharing sessions. Key finding: Gender barriers and a diverse range of solutions adopted to overcome them.
<https://doi.org/10.5281/zenodo.7010184>



IA2030 Case study 16. Continuum from knowledge to impact
What we learned from 14 weeks of experience sharing sessions in the Movement for Immunization Agenda 2030 (March–June 2022)
<https://doi.org/10.5281/zenodo.7014392>

LISTENING AND LEARNING AT TEACH TO REACH 7

Power of interpersonal communication
Power of peer learning

Implementing Immunization Agenda 2030

Do you know the root cause of your challenge?

COVID-19: How do we build back better?

Ideas Engine

THE GENEVA LEARNING FOUNDATION | IN SUPPORT OF IA2030

MOVEMENT FOR IMMUNIZATION AGENDA 2030

IA2030 Listening and learning report 4
Listening and learning at Teach to Reach 7. On 14 October 2022, the Geneva Learning Foundation (TGLF) organized its seventh “Teach to Reach: Connect” even in less than two years. This one-day online event brought together more than 14,000 immunization professionals from low- and middle-income countries (LMICs) and members of the international immunization community to share experience.

<https://doi.org/10.5281/zenodo.7766585>

THE MANY FACES OF IMMUNIZATION
IA2030 Listening and Learning Report 5

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IA2030 Listening and learning report 5 – The many faces of immunization

Our annual gallery of photographs shared by global immunization practitioners celebrates their diversity of roles and challenges faced in their daily lives, and celebrates their commitment to the goals of the Immunization Agenda 2030.

<https://doi.org/10.5281/zenodo.8166653>

Narratives of change by IA2030 Movement Leaders

MOVEMENT FOR IMMUNIZATION AGENDA 2030
Speaking up for FRONTLINE STAFF

IA2030 Case study 17. Maria Fernanda Monzon: Speaking up for frontline staff
<https://doi.org/10.5281/zenodo.7785024>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
VACCINE ANGELS
“GIVE US THE OPPORTUNITY AND WE CAN PERFORM MIRACLES”

IA2030 Case study 18 Wasnan Faye: Vaccine angels – Give us the opportunity and we can perform miracles
<https://doi.org/10.5281/zenodo.7785244>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
BUILDING A MOVEMENT FOR IA2030 IN THE DEMOCRATIC REPUBLIC OF THE CONGO

IA2030 Case study 19.–Franck Monga: Building a movement for IA2030 in the Democratic Republic of Congo
<https://doi.org/10.5281/zenodo.7794726>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
IMPROVING MALARIA AND COVID-19 VACCINE COVERAGE

IA2030 Case study 20.– Kingsley Nigere: Improving malaria and COVID-19 vaccine coverage in Kintampo North Municipal District
<https://doi.org/10.5281/zenodo.8318796>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
IMPROVING IMMUNIZATION IN ZANGO WARD, KANO STATE, NIGERIA

IA2030 Case study 21.– Maryam Idris.: Improving immunization in Zango Ward, Kano State, Nigeria
<https://doi.org/10.5281/zenodo.8319119>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
FROM HESITANCY TO ADVOCACY: TRANSFORMING HEALTH WORKER COVID-19 VACCINE UPTAKE IN NIGERIA

IA2030 Case study 22.–Beckie Tagbo: From hesitancy to advocacy-Transforming health worker COVID-19 vaccine uptake in Nigeria
<https://doi.org/10.5281/zenodo.8398622>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
REDUCING DROP-OUT RATES IN BURKINA FASO

IA2030 Case study 23.– Djiri Ibrahim: Reducing drop-out rates in Burkina Faso
<https://doi.org/10.5281/zenodo.8398631>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
A TAILORED APPROACH: MULTIPLE INNOVATIONS IN SERVICE DELIVERY TO IMPROVE COVID-19 VACCINE COVERAGE IN GHANA

IA2030 Case study 24. Felix Adipare. A tailored approach – Multiple innovations in service delivery to improve coverage in Ghana
<https://doi.org/10.5281/zenodo.8398637>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
REACHING VULNERABLE DISPLACED POPULATIONS IN BURKINA FASO

IA2030 Case study 25.– Samuel Bourgoou: Reaching vulnerable displaced populations in Burkina Faso
<https://doi.org/10.5281/zenodo.8398641>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
NEGOTIATING ACCESS IN DISPUTED AND VOLATILE AREAS

IA2030 Case study 26.– Alain Dakam: Negotiating access in disputed and volatile areas
<https://doi.org/10.5281/zenodo.8402839>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
DATA FOR ACTION: BOOSTING DISTRICT-LEVEL MR2 COVERAGE IN CAMEROON

IA2030 Case study 27.–Bihle Mbinkar: Data for action – Boosting district-level MR2 coverage in Cameroon
<https://doi.org/10.5281/zenodo.8402849>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
ENSURING INACCESSIBLE COMMUNITIES ARE REACHED IN RURAL NIGERIA

IA2030 Case study 28.– Fanny Ogwu: Building bridges – Ensuring inaccessible communities are reached in rural Nigeria
<https://doi.org/10.5281/zenodo.10039145>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
BROKERING IMMUNIZATION PARTNERSHIPS

IA2030 Case study 29.– Aboubakar Kone: Brokering immunization partnerships
<https://doi.org/10.5281/zenodo.10039207>

MOVEMENT FOR IMMUNIZATION AGENDA 2030
TRANSFORMING SECOND-DOSE MEASLES VACCINE COVERAGE IN CÔTE D'IVOIRE

IA2030 Case study 30.– Mathieu Nguessan: Transforming second-dose measles vaccine coverage in Côte d'Ivoire
<https://doi.org/10.5281/zenodo.10039276>



IA2030 Listening and Learning Report 6 Making connections at Teach to Reach 8

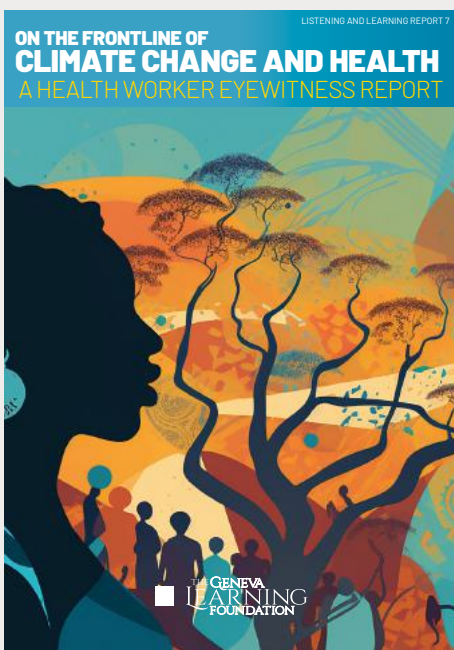
<https://doi.org/10.5281/zenodo.8398550>

On 16 June 2023, the Geneva Learning Foundation (TGLF) organized its eighth “Teach to Reach: Connect” online event (Teach to Reach 8). Uniquely, these events provide a platform for healthcare practitioners from low- and middle-income countries (LMICs) to network, share experiences and engage in discussion with global experts.

This report highlights some of the key insights shared in three specific areas – community acceptance of human papillomavirus (HPV) vaccination, use of oral cholera vaccine (OCV) and vaccination in humanitarian settings. It also explores practitioners’ perceptions of the value of the event and associated activities, and their impact on professional development and practice.

A total of 16,835 health professionals participated in activities either before, during or after the event, receiving and responding to event resources such as slide decks, stories and guidance. As well as the experiences shared before and during the event itself, further information was gathered in post-event feedback, which was provided by 1039 participants, with 625 of them additionally sharing a success story, lesson learned or challenge. The full set of contributions in French and in English has already been shared on an open access platform.

Participants continue to report high levels of positive feedback with respect to these events, which are reflected in the growing numbers of registrants (up 19.1% over Teach to Reach 7). The rich diversity of material shared highlights the huge amounts of “tacit knowledge” and experience held by immunization practitioners that can be shared for the common good in pursuit of IA2030 objectives.



Listening and learning report 7. On the frontline of climate change and health: a health worker eyewitness report

<https://doi.org/10.5281/zenodo.8412676>

In 2023, 4700 health practitioners, primarily from districts and facilities in countries of Africa and Asia, came together for the first time to discuss **how climate change has been affecting the health and wellbeing of the local populations they serve.**

This report synthesizes their experiences and insights. It also presents the background of why and how they came to connect and learn from each other, how the Geneva Learning Foundation (TGLF) created this chance for health practitioners to communicate their observations to each other and the outside world, and how TGLF plans to provide additional opportunities for practitioners to share ideas on working with local communities to address climate-related health challenges.

While there is increasing scientific evidence of the health impacts of climate change, statistics in scientific publications give only a **partial picture of the profound changes that the world is going through**, and how the most disadvantaged populations are being affected. Embedded in their communities, health practitioners have a unique perspective on **how these**

global changes are playing out at a local level – how is climate change being experienced within communities and, in particular, how is it affecting people’s health, healthcare needs and access to services?

Two TGLF events, tailored for French- and English-speakers in low- and middle-income countries (LMICs), brought the numbers to life and gave them depth, by enabling health workers who are experiencing first-hand how individuals and communities are being affected to tell their stories of the changes they are seeing.

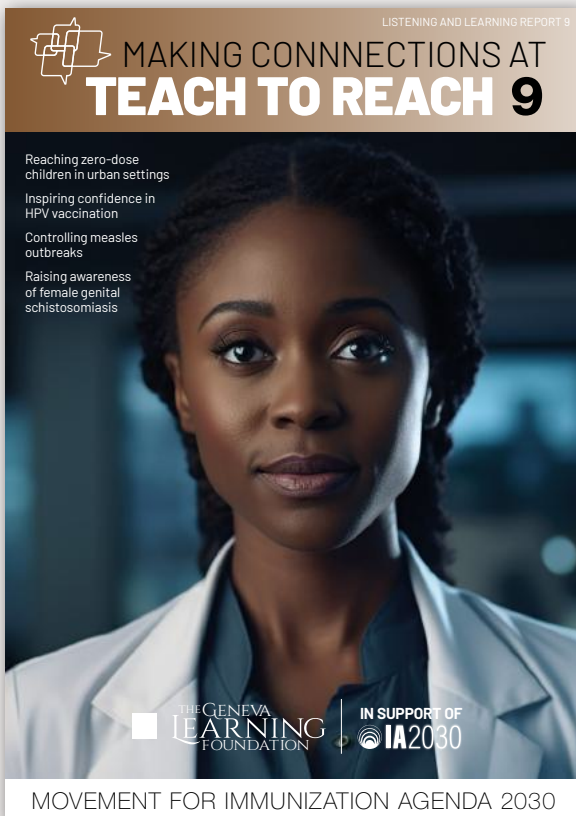


Listening and learning report 8.
 Women inspiring women,
 international Women's Day 2024
<https://doi.org/10.5281/zenodo.10783218>

Geneva Learning Foundation invited female members of its international network to share a message, advice or a personal story and to optionally share a photo. Contributors were invited to select from two possible topics: What words of advice would you share with your daughter (or another young woman), if she wishes to pursue a career in health or humanitarian work?; In a world of war, disease, and worsening climate, what difference can women and girls make to build a better future? What do you think is needed for the next generation of women and girls to live healthy, long, and fulfilling lives, no matter who they are or where they are born? Their thought-provoking and occasionally moving contributions shine a light on the experiences of health and humanitarian workers in the Global South, their motivations, experiences and hopes for the future. While the messages might have been mainly aimed at their daughters, there is much for us all to learn.

Globally, women are well-represented in the “caring professions” – those allied to health – and in the humanitarian sector. Women make up two-thirds of the health workforce worldwide. However, they are under-represented at senior levels, and in some settings still face educational and career barriers relating to their gender.

To celebrate International Women’s Day 2024, and to recognize women’s enormous contributions to health and social care around the world, the



Each Teach to Reach generates a wealth of information, with experiences shared by thousands of immunization practitioners. Although we make all these contributions publicly available, the sheer volume of information is difficult to navigate. In our Listening and Learning Reports, we aim to draw out some of the key themes from these contributions, emphasizing commonalities and drawing attention to interesting and innovative practices. We link short thematic overviews to the original contributions on which they are based, so readers can dig deeper to find out more about specific

In this *Listening and Learning Report*, you can read about how your peers are addressing key challenges, including reaching zero-dose children in urban settings, inspiring confidence in HPV vaccination and controlling measles outbreaks. We also provide insights into the work being done to raise awareness and counter a neglected infectious disease that is little known but can have a devastating impact on women’s health, female genital schistosomiasis.

In July 2023, the Geneva Learning Foundation (TGLF) invited health workers – primarily government civil servants in districts and health facilities – to share their experience of how the health and wellbeing of their local communities is being affected by climate change. 4,700 joined, with more than 1200 from 68 countries sharing their observations, summarized in our first *Listening and Learning Report* on this theme.

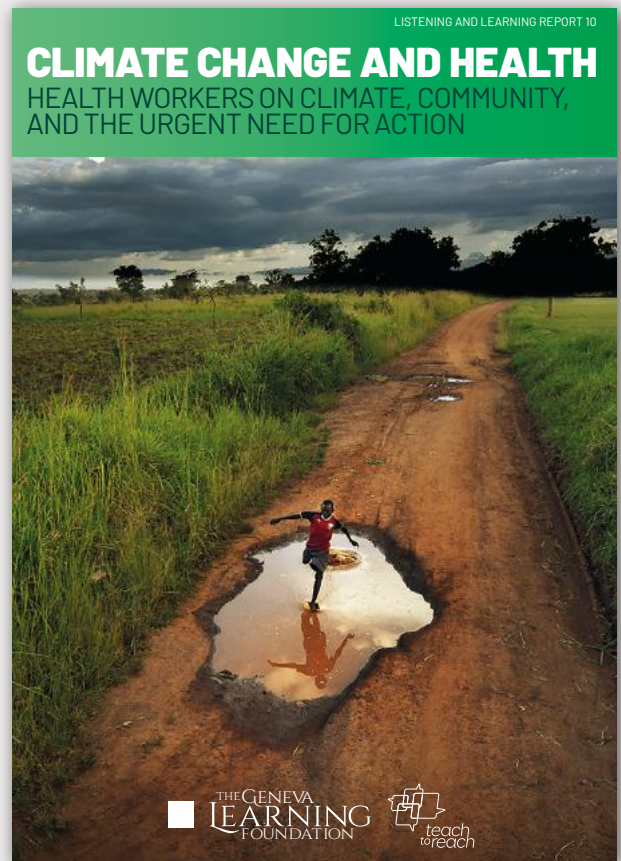
For COP28, we invited this nascent community to describe impacts on their local communities and what actions by country and global leaders could help them. Their contributions are summarized in this short collection.

Of the actions they recommend, many address the need to complement top-down efforts with bottom-up solutions that empower those on the frontlines of the climate crisis.

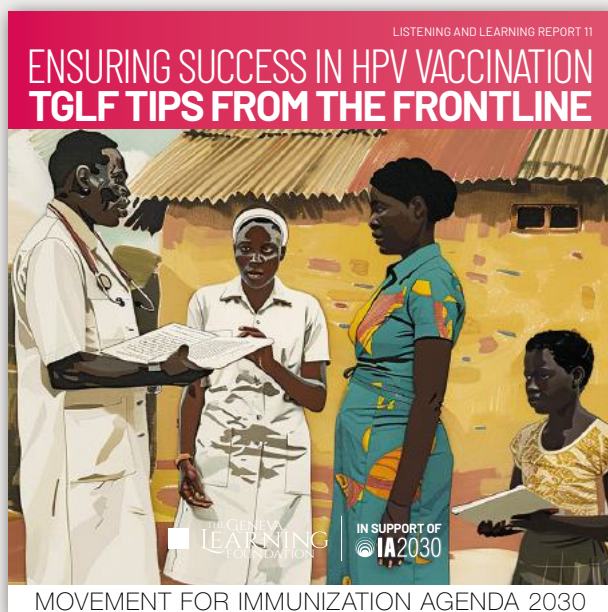
While global agreements and actions are essential, there is a need to act now to support communities already feeling the effects of climate change.

Health workers are uniquely positioned to witness and respond to the health impacts of climate change, given their trusted position within communities and commitment to protect health.

We hope that the chorus of voices will grow to strengthen the case for why and how investment in human resources for health is likely to be a "best buy" for community-focused efforts to build the climate resilience of public health systems.



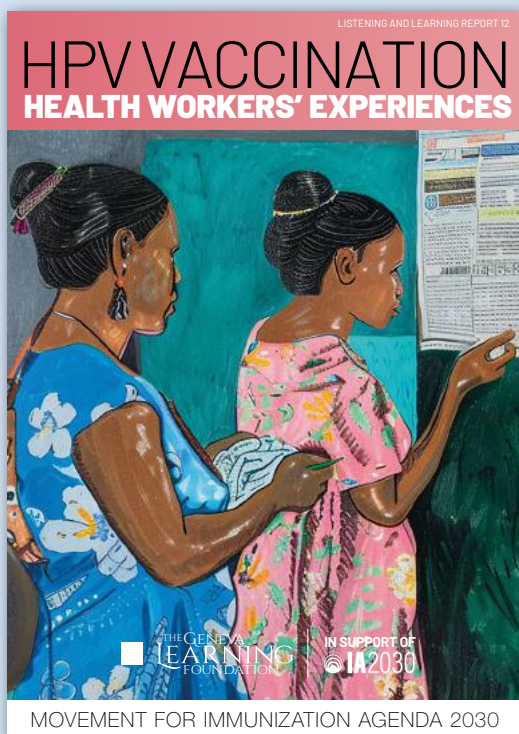
Listening and learning report 10. Climate change and health: Health workers on climate, community, and the urgent need for action. <https://doi.org/10.5281/zenodo.11194918>



Listening and learning report 11. Ensuring success in HPV vaccination TGLF: Tips from the frontline. <https://doi.org/10.5281/zenodo.11241403>

In 2023 and 2024, several peer learning events organized by the Geneva Learning Foundation (TGLF) focused on HPV vaccination, the challenges faced at different levels of the health system, and the solutions being adopted to address them. Of particular interest was the challenge of **building confidence in HPV vaccination**. Members of the 60,000-strong TGLF network of health professionals, mostly from the Global South, shared their experiences of HPV vaccination at two **“Teach to Reach: Connect”** events. These have been compiled in two TGLF Listening and Learning Reports. TGLF also organized a consultation and experience-sharing event with **HPV national focal points** from a range of countries in the Global South that have either recently introduced HPV vaccination or plan to do so shortly.

This short practical guide aims to **synthesize some of the key experiences and stories shared by frontline health workers and programme leaders** at these events, to provide inspiration and guidance for those facing HPV vaccination challenges. Uniquely, it is produced **by** frontline practitioners **for** frontline practitioners, while also providing links to useful global resources.



In June 2024, the Geneva Learning Foundation (TGLF) published a handbook providing a brief summary of some of the advice and experiences relating to **human papillomavirus (HPV) vaccination** shared by members of the Movement for Immunization Agenda 2030 (IA2030). This Movement is a 60,000-strong global network of immunization practitioners, working primarily at the subnational level in the Global South, who have committed to support each other to achieve the goals of the IA2030 global immunization strategy. The HPV handbook draws on the experience and advice shared by participants at two TGLF Teach to Reach: Connect events held in 2023. It is intended to provide some practical tips, from **practitioners with day-to-day involvement in HPV vaccination**, in key areas of HPV vaccination, particularly relating to building community confidence in HPV vaccination.

To support the handbook, this document pulls together the HPV vaccination-related material included in the two Listening and Learning Reports published after the Teach to Reach events. It also includes contributions shared at a national EPI consultation on HPV vaccination organized by TGLF in January 2024.

Listening and learning report 12. HPV vaccination: Health workers' experiences.
<https://doi.org/10.5281/zenodo.11245230>

By bringing together this material in one place, this compendium provides a rich source of material on how immunization practitioners in many different settings in the Global South are introducing HPV vaccination and working to improve coverage among target audiences.

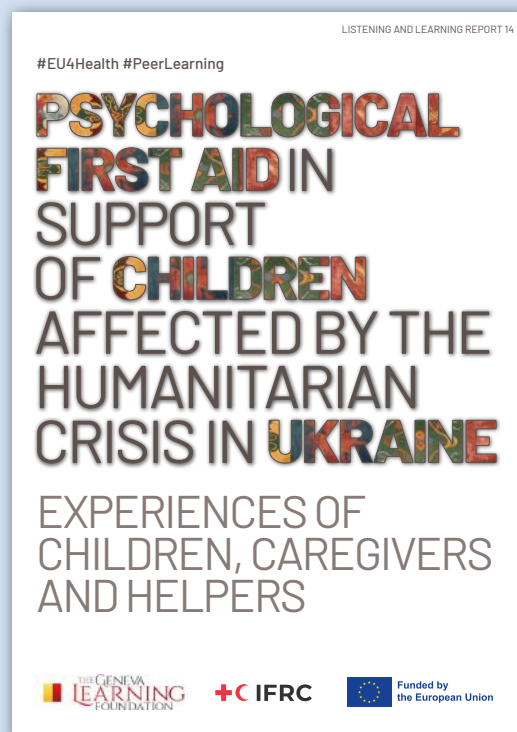
This first insights report offers a window into the experiences of professionals working to support children affected by the humanitarian crisis in Ukraine.

Ahead of the launch of the peer learning programme on psychological first aid (PFA) in support of children affected by the humanitarian crisis in Ukraine developed by the Geneva Learning Foundation (TGLF) in collaboration with IFRC, experiences were shared by 873 applicants. These applicants included a diverse range of professionals, such as Red Cross and Red Crescent staff and volunteers, teachers, social workers, health professionals, and mental health specialists from multiple countries.

The insights gathered in this report provide a snapshot of the challenges faced by these professionals. It highlights a few of the varied approaches they have taken, the obstacles they have encountered, and the creative solutions they have developed. While not comprehensive, these experiences offer valuable perspectives. Key themes that emerge from the applicants' experiences include: The diverse manifestations of distress in children affected by the crisis; Challenges in adapting PFA techniques to different age groups and cultural contexts; The importance of supporting caregivers to better assist children.

1. The need for ongoing training and support for PFA providers.

It is important to note that this report represents only the initial insights from the application process of the new programme. It can serve as a waypoint for further learning and discussion among practitioners in the field. It may also have relevance for practitioners working with children in other geographies.



Listening and learning report 14. Psychological first aid in support of children affected by the humanitarian crisis in Ukraine: experiences of children, caregivers and helpers
<https://doi.org/10.5281/zenodo.13618862>



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