

# Tackling malaria in countries hardest hit by the disease

Ministerial conference report,  
Yaoundé, Cameroon, 6 March 2024



World Health  
Organization



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“ I would like to call for greater synergy between all players – including the private sector, decentralized local authorities and various civil society organizations – to take action to reduce malaria in our society.

– H. E. Dr Joseph Dion Ngute,  
Prime Minister of Cameroon



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# Executive summary

The battle against malaria remains a serious public health challenge, particularly in sub-Saharan Africa where the disease burden is unacceptably high. Despite significant advances in curbing malaria in the period 2000–2015, the pace of progress in recent years has levelled off and, in many hard-hit countries of Africa, malaria is on the rise.

In November 2018, the World Health Organization (WHO) and the RBM Partnership to End Malaria catalysed the launch of the “High Burden to High Impact” (HBHI) initiative in a group of 11 countries – mainly in Africa – that together account for more than 70% of the global malaria burden (Fig. 1). HBHI is a targeted approach

aimed at accelerating progress by increasing political commitment, utilizing local evidence for decision-making, providing improved technical guidance and enhancing coordination efforts. To date, success in implementing HBHI has been hampered by the COVID-19 pandemic, economic downturns, humanitarian conflicts, inadequate resources, and weak health systems that fail to equitably deliver malaria interventions.

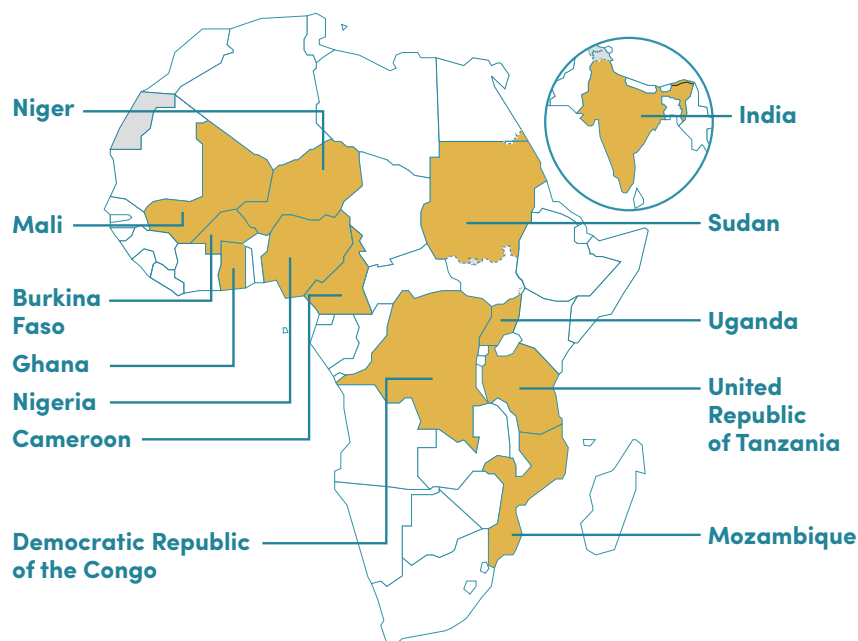
The Malaria Ministerial Conference, held in Yaoundé, Cameroon on 6 March 2024, represented a critical platform for reinvigorating the response to malaria in HBHI countries and beyond. The pivotal meeting sought to leverage

“ Together, we can change the malaria story for families and communities across the African continent. It will take political leadership, country ownership and the commitment of a broad coalition of partners.

– **Dr Tedros A. Ghebreyesus, Director-General, World Health Organization**

**Fig. 1. Which countries have participated in the HBHI approach?**

The original group of 11 HBHI countries included 10 countries in Africa (Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda, United Republic of Tanzania) plus India. In 2022, an 11th African country – Sudan – adopted the HBHI approach. In 2024, India exited the HBHI initiative following a substantial reduction in its malaria case incidence.



political commitment, scientific innovation and community engagement to reshape the trajectory of malaria control in high burden countries, with a view to achieving the 2030 global malaria targets.

Co-hosted by WHO and the Government of Cameroon, the meeting brought together more than 400 stakeholders, including Ministers of Health and senior representatives from HBHI countries, global health leaders, scientists, civil society, and other partners (see Annex 1 for the agenda and the list of speakers).

At the end of the meeting, Ministers of Health from six HBHI countries (Burkina Faso, Cameroon, Mali, Nigeria, Sudan and Uganda) signed the “Declaration for accelerated malaria mortality reduction in Africa”, pledging their unwavering commitment to the principle that “no one should die from malaria given the tools and systems available”.

They also committed to seven key actions that are summarized in this report:

1. Strengthening political will
2. Ensuring the strategic use of information for action
3. Providing better technical guidance
4. Enhancing coordination and multisectoral action
5. Strengthening national health systems
6. Building collaborative partnerships for resource mobilization, research and innovation
7. Ensuring a functional malaria accountability mechanism

Ministers of Health of the five remaining HBHI countries (Democratic Republic of the Congo, Ghana, Mozambique, Niger and United Republic of Tanzania) were represented at the conference by high-level government officials. By May 2024, the Ministers from these countries had also signed the Declaration, committing to the same goals.



# Vision: a future

# without malaria

The ministerial meeting aimed to mark a transformative step in the global fight against malaria. Central to this transformation was the anticipated adoption of the Yaoundé Declaration by health ministers. The Declaration encapsulates a series of actions and resource pledges, symbolizing a unified, robust commitment to ending malaria deaths. It serves as a cornerstone for future accountability and action, ensuring that all stakeholders are committed to the shared vision of a malaria-free future.

Furthermore, the meeting was intended to significantly strengthen the web of collaboration and partnerships across the continent and beyond. It aimed to bring together African nations, international donors and global health organizations in a renewed spirit of cooperation. By fostering an environment where resources and expertise are shared more freely, the HBHI approach builds a more cohesive global response to malaria. This enhanced partnership will be crucial in overcoming the persistent

challenges posed by malaria and achieving more substantial and sustainable outcomes.

Lastly, a commitment is needed to align malaria responses more closely with broader health and development agendas, such as universal health coverage (UHC) and the Sustainable Development Goals (SDGs). This alignment will not only optimize the use of resources but also ensure that malaria control efforts are integrated into wider health systems and a multisectoral response. The Yaoundé meeting provided a platform for discussions on approaches to strengthening health systems that can withstand the challenges posed by malaria and other health threats, thereby paving the way for better health outcomes across affected regions. This strategic integration of health services promises to extend the impact of malaria interventions, making them more sustainable, equitable and far-reaching in their benefits.

“ Global health initiatives now recognize the reality of the integrated nature of the disease burden in the region, which calls for an integrated approach to reducing this.

– **Dr Matshidiso Moeti, Regional Director, WHO Regional Office for Africa**



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# Meeting objectives

## Overall objective

To strengthen political and financial commitments for accelerated malaria responses in HBHI countries, with a view to achieving the 2030 targets of the *Global technical strategy for malaria 2016–2030*.

## Review of progress and challenges

To assess the current state of malaria control efforts globally – with a focus on Africa and the HBHI countries in particular – drawing on recent data including the *World malaria report 2023 (1)*. The discussion explored the stagnation in progress against the disease and identified key challenges such as antimalarial drug resistance, insufficient health financing, and the impacts of humanitarian crises and climate change.

## Strategic discussions on funding and mitigation

To deliberate on sustainable funding strategies amid economic challenges. Panels of experts discussed optimizing current health budgets, increasing domestic funding, and securing international financial support aligned with national malaria plans.

## Formulation of effective strategies for malaria mortality reduction

To consider comprehensive approaches to reduce malaria mortality in African high-burden countries through enhanced health system responses, community engagement and multisectoral actions focusing on the most vulnerable populations.

## Roadmap for political commitment and engagement

To establish and reinforce political commitment and engage community leaders at all levels, the private sector and civil society in malaria control and elimination efforts. The meeting aimed to conclude with the signing of the Yaoundé Declaration (see Annex 2), committing to intensified actions and resource allocation to achieve a malaria-free Africa.

“ We must move quickly and decisively. And we need to improve how we combat malaria. Continuing with the status quo will lead us further off track.

– Dr Daniel Ngamije,  
Director, WHO Global  
Malaria Programme



Photo credit: ©CS4ME

# Background to the

# Yaoundé Declaration

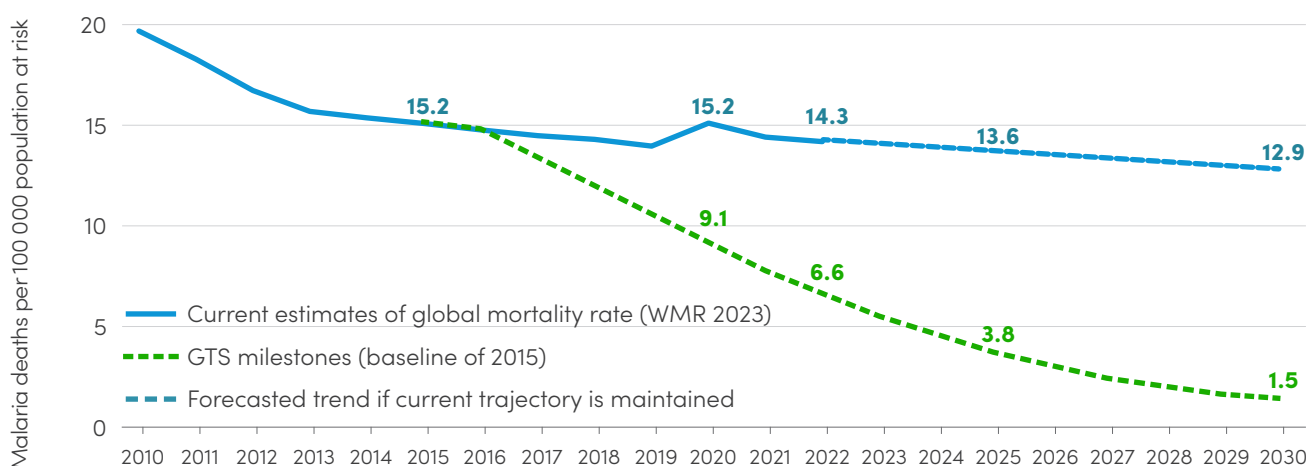
Over the past two decades, there has been a notable surge in political and scientific dedication to combating malaria, translating into the development and deployment of new tools, increased global financing, and strengthened partnerships. These efforts were pivotal in achieving significant malaria control results during the Millennium Development Goals period (2000–2015).

The growing commitment at political and scientific levels led to innovations such as advanced diagnostic tools, effective treatment regimens, and the development and rollout

of malaria vaccines. Simultaneously, global financing mechanisms and partnerships played critical roles in mobilizing resources and coordinating efforts.

Despite these advancements, progress in recent years has stalled. Investment levels and coverage of malaria interventions were not sufficient to reach two critical 2020 milestones of the global malaria strategy (2): reducing global malaria mortality and morbidity by at least 40% compared to 2015 levels. Progress towards the strategy's corresponding targets for 2025 and 2030 is also substantially off track (Fig. 2).

**Fig. 2. Comparison of global progress in malaria mortality rate, considering two scenarios: current trajectory maintained (blue) and strategy's targets achieved (green)**



The WHO *Global technical strategy for malaria 2016–2030* aimed to reduce malaria mortality and case incidence by at least 75% by 2025 and at least 90% by 2030.

Source: *World malaria report 2023* (1)

The stagnation in progress is particularly evident in high-burden countries of Africa. Notably, 12 countries – including 11 in Africa – collectively carry over 69% of the global malaria incidence and more than 70% of global malaria mortality. In 2022, there were approximately 171 million malaria cases and 434 000 malaria deaths in these 12 countries (Table 1).

The current plateau in progress demonstrates the complexity and scale of the challenge ahead. It underscores the need for sustained and enhanced political commitment, further innovation in scientific approaches, and robust financial support to accelerate progress in the fight against malaria.

In formulating the Yaoundé Declaration, the Ministers of Health from HBHI countries in Africa reflected on numerous preceding global and regional commitments. They considered the *Global technical strategy for malaria 2016–2030*, initially outlined in World Health Assembly resolution WHA68.2 in 2015 (and later updated with resolution WHA74.9 in 2021) (2–4). They also recalled the *Global vector control response* (Resolution WHA70.16), the 2001 *Abuja Declaration* – where African Heads of State pledged 15%

of their national annual budgets to health sector improvements – and the 2009 WHO Regional Committee for Africa’s resolution on *Accelerated malaria control* (AFR/RC59/9) (5–7).

Additionally, the Ministers took into account the 2015 WHO Regional Committee for the Eastern Mediterranean’s resolution, urging Member States to align their national plans with the *Regional action plan for malaria 2016–2030* (EM/RC62/R.1) (8). They also referred to the *Regional framework for integrated elimination and eradication of tropical and vector-borne diseases 2022–2030* (AFR/RC72/7) (9), the African Union’s *Agenda 2063: The Africa We Want*, and the *2030 Agenda for Sustainable Development*, which calls for ending epidemics of malaria and other communicable diseases by 2030 (SDG 3.3) (10–11).

The discussions and dialogue held during the Malaria Ministerial Conference underscored that addressing malaria in high-burden countries in 2024 and beyond will require fresh perspectives to reignite momentum and tackle existing and emerging challenges head on, building on recent advances and innovations, alongside renewed political will and commitment.

**Table 1. Estimated cases and deaths, 2022**

Countries	Estimated cases	Estimated deaths
Burkina Faso	8 019 213	16 669
Cameroon	6 459 013	12 587
Democratic Republic of the Congo	30 654 224	70 738
Ghana	5 315 593	11 557
India	3 389 400	5 511
Mali	7 988 199	19 716
Mozambique	10 442 873	21 551
Niger	7 723 787	34 109
Nigeria	66 721 582	189 321
Uganda	12 651 126	17 556
United Republic of Tanzania	7 959 890	26 664
Sudan	3 361 374	7 868
<b>Total</b>	<b>170 686 274</b>	<b>433 847</b>

Source: *World malaria report 2023* (1)

# Malaria situation:

## progress and challenges

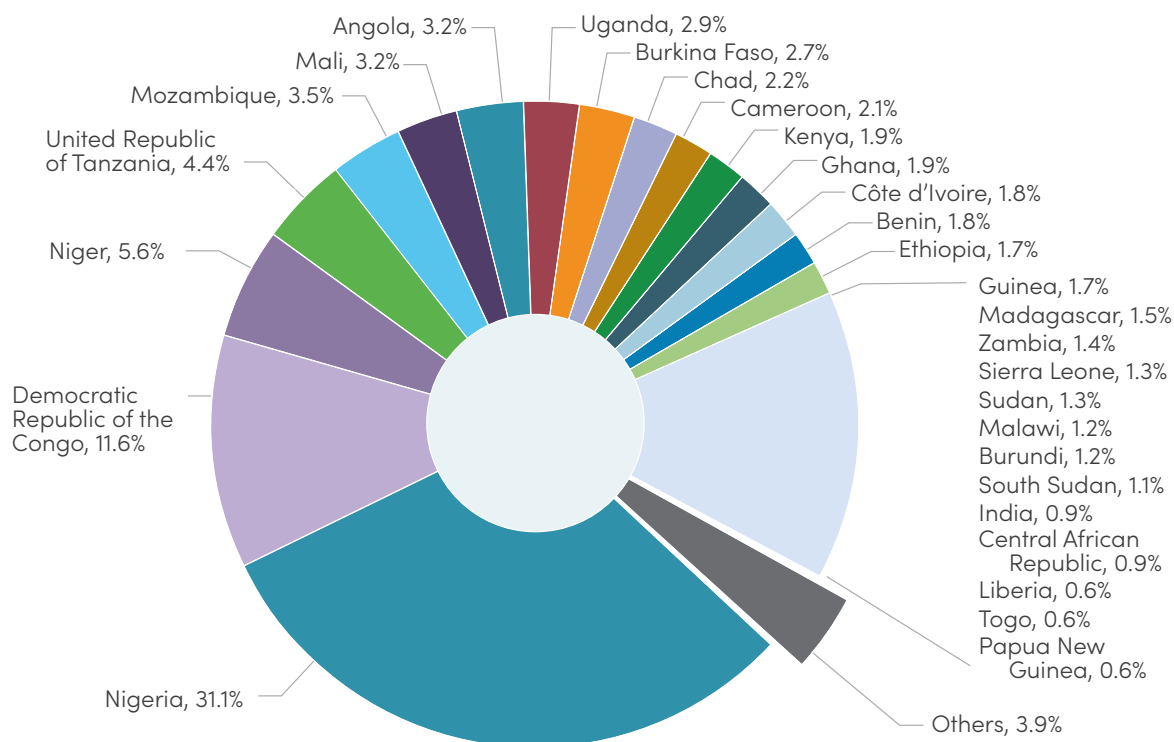
Malaria is a preventable and treatable disease, yet it continues to take a heavy toll on the health and livelihoods of millions of people around the world every year. According to the *World malaria report 2023*, there were an estimated 249 million new cases of malaria in 2022 (1). In the same year, the disease claimed the lives of approximately 608 000 people. Malaria disproportionately affects vulnerable and at-risk populations, including pregnant women, children, and people experiencing socioeconomic disadvantage and/or discrimination, such as persons with disabilities, rural populations, migrants, refugees, prisoners and indigenous people.

The WHO African Region shouldered approximately 94% of malaria cases and 95% of malaria deaths worldwide in 2022 (Fig. 3). Children aged under 5 years in the WHO African Region are particularly vulnerable, accounting for nearly 80% of malaria deaths.

### Threats to malaria control

Numerous threats continue to undermine progress, highlighting the need for coordinated efforts and innovative solutions to address the evolving challenges in malaria control.

**Fig. 3. Global trends in distribution of malaria deaths, by country, 2022**



Source: *World malaria report 2023* (1)

The COVID-19 pandemic severely disrupted health services, limiting access to essential treatments and preventive measures. Lockdowns and strained health systems reduced the availability of malaria services, exacerbating the situation in many regions.

Conflicts, mass movements of people, and governmental instability have also disrupted health service delivery. Millions have been displaced, increasing their vulnerability to malaria and making it difficult to provide adequate care. Climate change further complicates malaria control by altering the distribution and seasonality of the disease,

creating new breeding grounds for mosquitoes. Climate change will have an indirect impact on malaria as it affects people's livelihoods, nutrition, security, and access to services.

Biological threats, such as changes in vector biology and the spread of drug-resistant *Plasmodium falciparum* parasites and insecticide-resistant mosquito populations, are also on the rise, weakening the effectiveness of current malaria control tools and necessitating the development of new interventions. Additionally, HRP2/3 gene deletions in *P. falciparum* parasites complicate malaria diagnosis, making it harder to accurately identify and treat cases.

## Regional disparities

Regional disparities present a significant challenge in malaria control. In some countries, conflicts have led to displaced populations and the fragmentation of health infrastructure that has impeded access and the timely diagnosis and treatment of malaria.

Variations in health infrastructure, particularly at the subnational level, hamper the delivery of critical services such as diagnosis, treatment and prevention. The delivery of services is further hindered by the uneven distribution of resources and interventions, resulting in varied malaria control outcomes across different geographical regions.

Where data are used well and political commitment exists, disparities can be addressed. Some countries, such as Nigeria, have undertaken comprehensive reviews to better understand and address malaria distribution by customizing interventions based on prevalence and transmission data.

These regional disparities highlight the importance of political commitment, coordinated efforts and the customization of strategies to combat malaria in the hardest-hit areas.

“ When people fall sick, they need to access the health system, but one in every three people fail to do so on time. Even when they do, our referral systems are often inadequate, and the quality and capacity of health services often falls short.

– Dr Dorothy Achu, Team Lead, Tropical and Vector-borne Diseases, WHO Regional Office for Africa



## Vulnerable groups

Malaria strikes at the most vulnerable in society, particularly women and children living in the poorest households of sub-Saharan Africa. The disease hampers growth and development, keeps children out of school and hinders their educational attainment.

Children under 5 years of age account for nearly 80% of malaria deaths in the African Region. However, an estimated 44% do not sleep under insecticide-treated nets and about one third (35%) of children with a fever are not brought to a health facility for care. Among those that access a health facility, about one third (36%) do not receive quality care (1).

Women infected with malaria during pregnancy face increased risks of miscarriages, preterm births and maternal death. Preventing malaria in pregnancy is crucial, yet many health systems have significant gaps. Although interventions like intermittent preventive treatment in pregnancy and insecticide-treated nets have proven effective, coverage remains inadequate. Many pregnant women in malaria-endemic areas do not receive the preventive treatment or quality antenatal care that could detect malaria and other conditions earlier. Expanding these measures is essential to protect mothers and babies from the severe impacts of the disease.

As seen with many other health conditions, poverty exacerbates the impact of malaria. Poor households have less access to preventive measures, such as insecticide-treated nets, and often cannot afford malaria treatments – a situation carrying broader economic implications. For example, when farmers fall ill, they cannot tend to their crops, leading to a loss in agricultural productivity and food security.

“ Children from the poorest households are five times more likely to be infected with malaria compared to those from the wealthiest homes, and half as likely to access care when they have a fever.

– **Dr Benido Impouma, Director, Communicable and Noncommunicable Diseases Cluster, WHO Regional Office for Africa**

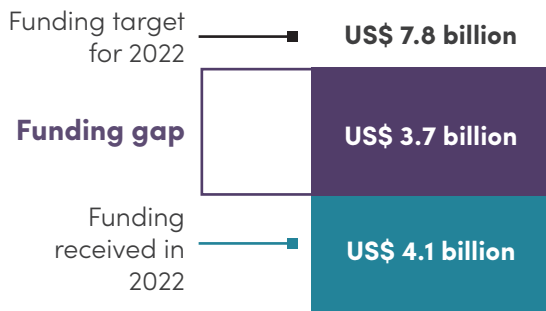


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## Funding shortfalls

Despite the ambitious goals set for malaria reduction, the financial resources needed to sustain and amplify current efforts have fallen short. In 2022, only US\$ 4.1 billion was raised against a global target of US\$ 7.8 billion, resulting in a US\$ 3.7 billion funding gap (Fig. 4).

**Fig. 4. Global malaria funding in 2022**



Source: *World malaria report 2023 (1)*

The world's attention, understandably divided by urgent crises such as the COVID-19 pandemic, the impacts of climate change and prolonged geopolitical instability and conflicts, has inadvertently diverted scarce resources, and malaria control has suffered as a result. The heavy reliance on a few key donors, such as the Global Fund and the U.S. President's Malaria Initiative, creates a vulnerable landscape that hampers current efforts and the ability to scale up interventions.

Within the health sector, the focus has shifted to broader and more diverse goals, such as universal health coverage and tackling antimicrobial resistance, partially side-lining disease-focused programmes, including malaria.

The growing competition for resources further justifies data-driven and robust investment cases that clearly demonstrate specific impacts and efficiency. While international funding remains crucial, a pressing political commitment

is needed to prioritize domestic investment within African nations. This is essential to accelerate progress and achieve the targets of the global strategy.

## Domestic investment in malaria-endemic countries

Governments of malaria-endemic countries contributed more than US\$ 1.5 billion in 2022, of which nearly US\$ 0.4 billion was spent on malaria case management in the public sector and over US\$ 1.1 billion on other malaria control activities. This was a substantial increase of over US\$ 0.4 billion since 2021, largely stemming from an influx of domestic spending in the WHO African Region (1).

“ Hitting malaria hard is one of the best returns on investment that a finance minister can make.

– Mr Peter Sands,  
Executive Director,  
Global Fund to Fight  
AIDS, Tuberculosis  
and Malaria

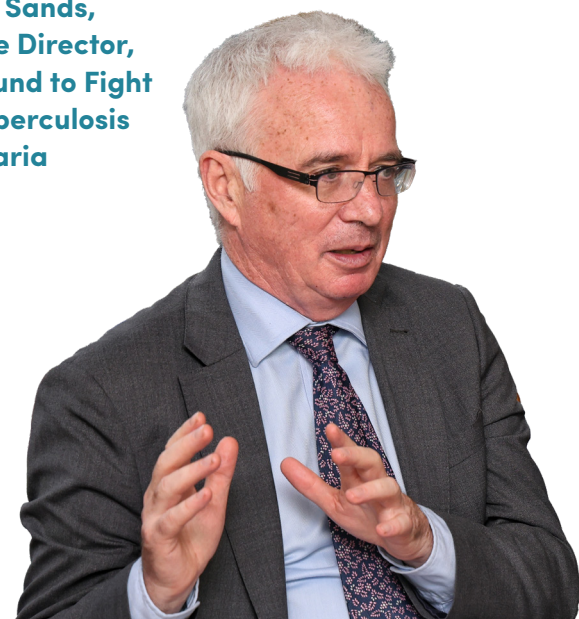


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# Opportunities to accelerate progress

## The potential from primary health care and universal health coverage

There has been increased political commitment and leadership to integrate malaria control with UHC and primary health care (PHC) in malaria-endemic countries, enhancing the overall responsiveness and resilience of health systems. The effectiveness of malaria interventions is closely tied to the strength of the health system; integrating malaria control into PHC and UHC initiatives can significantly advance efforts towards malaria elimination in Africa, help achieve the Sustainable Development Goals, improve the quality of care an individual receives, increase participation and self-care, and help to address the wider health determinants of poor health.

With support from WHO, Ministers of Health in the African Region have adopted several regional frameworks and strategies promoting integrated, person-centered care through the development of national essential health service packages. These include, for example, the

*Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases 2022-2030 (12), and the Framework for sustaining resilient health systems to achieve universal health coverage and promote health security, 2023-2030 (13).*

In 2023, the WHO Regional Office for Africa published an innovative strategy for ending disease in Africa that capitalizes on lessons learned from the COVID-19 pandemic (14). The strategy is grounded in the deployment of data analytics and evidence-based policy to drive the delivery of relevant and tailored public health interventions for prioritized populations and communities. It defines WHO's work with countries to strengthen health systems and governance structures as well as institutional capacity in disease elimination, national capacity in data-analytics and use, and research and innovation for public health impact.

## Meaningful engagement of communities

Defeating malaria requires placing communities at the heart of every intervention and response. They play a crucial role in enhancing campaign effectiveness, and ensuring interventions are tailored to the needs and priorities of different population groups. By involving communities in the co-design of malaria prevention and control efforts, public health initiatives achieve higher levels of awareness, adherence and participation.

Leveraging local knowledge and resources leads to better outcomes, as communities are more likely to use bed nets correctly, seek prompt treatment, and participate in local vector control activities like eliminating standing water where mosquitoes breed. This grassroots involvement significantly reduces malaria morbidity and mortality. Furthermore, addressing insecticide resistance through community interventions,

such as pesticide use, strengthens dialogue with other sectors and enhances overall malaria control efforts.

Engagement involves training community leaders and health workers and involving them, as equal partners, in planning, implementing and monitoring malaria programmes.

Often on the front line, community health workers and volunteers deliver essential services, raise awareness about malaria prevention and treatment, and provide critical surveillance and feedback data. They help to identify gaps and improve the effectiveness of malaria control programmes, ensuring interventions are continuously refined and adapted to local needs.

Community engagement has been vital in controlling malaria, in facilitating access to treatment and in advocating for local solutions. But such engagement must be underpinned by political and stakeholder support to address the broader determinants of poor health.

## New tools and initiatives

There are a range of different tools that impact along the disease pathway. None of them are perfect. Innovative tools and initiatives are providing fresh hope. New types of dual ingredient nets, for example, provide greater protection against malaria than pyrethroid-only nets. Fast-tracking their distribution will be crucial for improving malaria prevention.

In 2021, WHO recommended the world's first vaccine to prevent malaria in children, RTS,S/AS01. Pilot introductions of the vaccine in three African countries led to a significant reduction in child deaths and hospitalizations for severe malaria. WHO recommended a second malaria vaccine, R21/Matrix-M, in 2023.

“ Beating malaria requires strong community commitment, with their involvement at every level of strategy development, innovation, and implementation of community-led programmes.

– Ms Olivia Ngou, Global Coordinator, Civil Society for Malaria Elimination (CS4ME)



Photo credit: ©CS4ME

The introduction and further scale up of these vaccines will contribute to reducing deaths from malaria, particularly when they are added to a mix of malaria interventions.

As with many new tools, vaccines have faced market challenges. Limited supply has been overcome with a second manufacturer coming on board. Looking forward, the future of malaria vaccine production could be part of a continental vision for expanding African vaccine manufacturing.

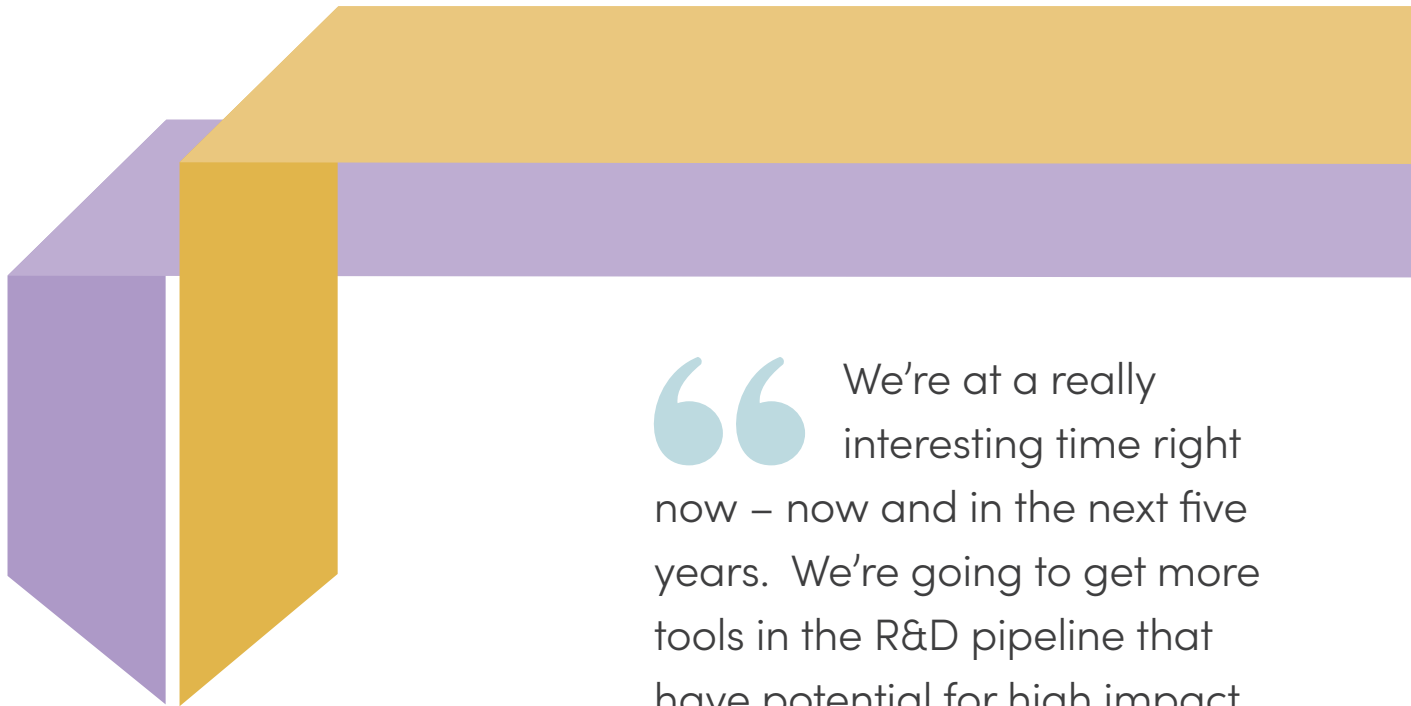


Photo credit: ©Bill & Melinda Gates Foundation

“ We’re at a really interesting time right now – now and in the next five years. We’re going to get more tools in the R&D pipeline that have potential for high impact. We really need preparation for rollout of those tools, including data-driven decision-making around an increasingly complex resource allocation.

– **Dr Helen Jamet, Deputy Director, Vector Control, Bill & Melinda Gates Foundation**

“ It is important we don’t substitute one tool for another. The greatest benefit is when there’s a combination of tools such as vaccines, bed nets and other interventions, such as seasonal malaria chemoprevention.

– **Dr Mary Hamel, Senior Technical Officer and Team Lead, Malaria Vaccines, WHO**



Photo credit: ©CS4ME

# Strategic responses to prevent

## malaria mortality in Africa

“ Malaria is not just a health issue. It is a development issue, a human rights issue and a moral imperative.

– Professor Julio Rakotonirina, Director of Health and Humanitarian Affairs, African Union

Despite persistent challenges, initiatives such as the HBHI strategy have rekindled hope and determination. Led by the countries most affected and emphasizing the use of data to tailor solutions, the HBHI approach is reigniting the global fight against malaria.

The HBHI strategy focuses on four pillars – political will, strategic information, better guidance, and coordinated responses. It is built on a platform of strong health systems and multisectoral responses.

- *Political will* is crucial and necessitates commitment from all levels of government. Public engagement through campaigns such as “Zero Malaria Starts with Me” has fostered accountability and action, encouraging countries to create standalone budget lines for malaria and increase their domestic resource commitments.
- *Strategic information* that leverages data for national planning and targeted interventions is key. Despite challenges in improving data accuracy, the ability of affected countries to generate, analyse and incorporate data into evidence-based decision-making, as well as the improved use of information to stratify different population groups, has helped to tailor malaria interventions and prioritize high impact actions.
- *Better guidance* involves adapting evidence-based guidance into new policies and strategies that are responsive to local needs, to create efficient and effective interventions. A decrease in malaria cases and deaths in Ghana, for example, shows how targeted, evidence-based approaches (i.e. seasonal malaria chemoprevention, long-lasting insecticidal nets, indoor residual spraying and active case management) can drive substantial progress. Improving the dissemination of ‘what works best’ and upskilling health care workers will strengthen the delivery of evidence-based approaches to malaria control.
- Finally, a *coordinated response* ensures the alignment of national and subnational efforts with other stakeholder groups. Cameroon, for example, implemented a coordinated response to malaria in

conflict regions and worked with local and humanitarian partners to ensure vulnerable communities have access to malaria services. While coordination has strengthened across the African Region, malaria control programmes typically remain at a relatively low level within ministry of health structures, limiting their influence and impact.

Lessons learned from countries making progress against malaria show that a number of strategic shifts are needed to accelerate reductions in mortality. These shifts include: the delivery of malaria services through integrated primary health care; the use of data and evidence to target interventions and adapt them to local contexts based on risks and vulnerabilities; country-led institutional capacity strengthening and peer learning collaboration, with an emphasis on governance and leadership for impact; efficient use of resources, including an enhanced role of non-health sectors in malaria control and elimination; and the mainstreaming of innovation and research to improve public health impact.

Since the implementation of HBHI, a number of high-burden countries have made progress in securing greater political will, using data for better targeting of interventions and increasing resources and focus from all the stakeholders. However, this progress has not yet translated into a corresponding reduction in malaria cases and deaths.

The evaluation of the HBHI approach has highlighted several challenges:

- The perception that health responsibilities lie solely within the health sector has limited broader *political will* and the actions needed to control and eliminate malaria. As a result, some key elements of the HBHI approach have not been realized.
- While subnational tailoring has helped define impactful interventions, the use of

*strategic information* to drive action has been constrained by limited resources and capabilities, as well as the failure to operationalize high-quality data repositories.

- The development and implementation of *guidance, policies and strategies* have also faced significant obstacles. Access to up-to-date guidance and its implementation is inconsistent, while personnel turnover has disrupted adherence to these guidelines.
- *Coordinated responses* have been hampered by the lack of comprehensive multisectoral strategies as well as insufficient capacity, resources and understanding of malaria by sectors outside the health domain. This makes it challenging for national malaria control programmes to ensure collaboration and coordination across different sectors in the planning, financing, implementation and accountability of interventions.
- Similarly, the development of *integrated and functional health systems* has been held back by a lack of commitment from policy-makers and practitioners to integrate services and support community health workers, who play a crucial role in integration. Additionally, financial and technical support have often been concentrated in areas such as strategic information, leaving the integration of health systems without the necessary resources.

While the HBHI approach continues to evolve and spread best practices, integrating malaria control into broader health and development agendas and maintaining funding and political commitment at all levels remain crucial for sustaining progress and achieving long-term goals.



“ Honorable Ministers, in signing this declaration, have expressed their unwavering commitment to the accelerated reduction of malaria mortality.

– Dr Jérôme Salomon, Assistant Director-General, Universal Health Coverage/ Communicable and Noncommunicable Diseases, WHO

Despite new and ongoing challenges, African Ministers of Health – in a historic moment – have made a renewed commitment to reinvigorate malaria control efforts through innovative approaches across several strategic themes. Their message was clear: no one should die from malaria given the available tools and systems.

Ministers of the 11 African HBHI countries agreed that a multifaceted strategic approach is essential to reignite the momentum and achieve the goal of zero malaria across Africa. In signing the Yaoundé Declaration, they committed to seven key actions.



## Yaoundé Declaration: seven key actions

### 1

#### Strengthening political will

The commitment by ministers to prioritize malaria within national health agendas, including dedicated funding, policy support and the establishment of robust health systems is a crucial component in the fight against malaria.

For declarations to work, ministers have recognized the importance of accountability and are committed to ensuring malaria control strategies are actively implemented and monitored for progress, within an assessment framework that will measure the impact of interventions and the efficient and effective use of resources.

Increasing domestic funding is also crucial for the long-term sustainability of malaria responses. Countries must enhance their resource commitments, take action to bridge financial gaps and ensure the efficient and effective use of funds. Innovative financing mechanisms, such as establishing malaria councils and funds, can mobilize resources from diverse stakeholders, including the private sector. There is also a need to work with international donors to enhance the scale and predictability of funding and align this with national malaria policies and priorities.



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## 2

### Ensuring the strategic use of information for action

Ministers agreed to establish robust data systems, recognizing that strong datasets can support the subnational stratification of malaria and other determinants of poor health. This approach allows for a shift from a one-size-fits-all model to more localized, tailored strategies. The routine collection of data on tangible clinical outcomes, such as the efficacy of artemisinin-based combination therapies or reductions in malaria case incidence, morbidity, and mortality can help monitor the effectiveness of interventions. Additionally, data can be used to measure the impact of integrated vector management, preventive chemotherapies, and malaria vaccines. It can also justify adaptations to interventions when expected outcomes are not met or off-target.

Data also drive accountability and efficiency in the use of existing resources, provide evidence to underpin innovative funding applications, and ensure that knowledge on the ground and community feedback influence what programmes are prioritized. Importantly, and no matter how well an intervention is rolled out, data is needed to keep check on outcomes, such as emerging insecticide resistance among malaria vectors as well as patterns of drug resistance that may be encountered. This will ensure the deployment of appropriate measures and that optimal treatment regimens are put in place.

“ We must build capacity at all levels of the health system, including the capacity to analyse and use data for evidence-based decision making.

– Dr Evelyn Ansah, Malaria Policy Advisory Group member

“ We know that it is a combination of tools and interventions that will enable us to reduce malaria mortality. Unfortunately, no single tool, including vaccines, is going to be enough. And given the financial constraints, it's clear that the choices are increasingly important.

– Dr Philippe Duneton, Executive Director, Unitaïd



### 3

#### Providing better technical guidance

Reflective, iterative processes enable collaboration and knowledge-sharing among countries and the refinement of guidance based on real-world experience and outcomes. These processes also facilitate the introduction of innovative solutions to counter emerging challenges, such as drug and insecticide resistance.

A commitment to ensure frontline staff have the required skills and knowledge relies upon investment in training and capacity-building initiatives. This will include leveraging technologies to provide cost-effective training, supervision and mentoring of health workers, improving the quality of care across all levels. Countries also need to develop the infrastructure to ensure the latest guidance and proven strategies can be implemented at speed and scale.

### 4

#### Enhancing coordination and multisectoral action

Strong political leadership is essential for enhancing multisectoral collaboration, mobilizing local leadership and efforts across government sectors – such as health, education and housing – to address the socioeconomic factors that exacerbate the disease. This approach will also recruit the skills of academic and research institutions, nongovernmental organizations, the private sector and faith- and community-based organizations to streamline resources and ensure a unified response to malaria control.

By aligning resources and common goals, multisectoral action has the potential to drive significant reductions in malaria incidence and mortality across all at-risk populations, including those living in hard-to-reach areas and conflict settings.



United action is important, but that united action must lead to outcomes that give confidence to those who actually trust us with their money, because a good story is always going to attract resources.

– Dr Thabani Maphosa, Managing Director, Country Programmes Delivery, GAVI

## 5

### Strengthening national health systems

Timely access to accurate diagnosis and effective treatment is essential for reducing malaria morbidity and mortality. By improving the allocation of health budgets, countries can build health systems and enhance the capacity of health facilities to provide comprehensive and affordable malaria services, including prevention, diagnosis, treatment, and follow-up care at all levels.

Countries will need to increase resources, build capacity, ensure reliable supply chains and train health care professionals, including community health workers, in malaria management protocols, particularly in remote and underserved areas.

By committing to mainstream malaria services into primary health care – and into initiatives that seek to improve access, inclusion and universal health coverage – countries will be better equipped to respond to emerging challenges such as drug resistance and changes in malaria transmission patterns.

“ The fight against malaria is becoming a global cause, essential to achieving the sustainable development goals. This challenge calls for immediate, collective action to strengthen healthcare systems, making them more robust and guaranteeing access to quality care.

– **Caroline St-Hilaire, Deputy Secretary-General, International Organization of the Francophonie**

## 6

### Building collaborative partnerships for resource mobilization, research and innovation

Innovation and research aid the development of new tools to combat malaria and anticipate emerging challenges. Creating an enabling environment for innovation and research will require strong partnerships between international and regional organizations, donors and many other key stakeholders. In addition, as malaria parasites do not respect national boundaries, a commitment to develop cross-border collaborations to share data on what works best will ensure research findings are integrated into national malaria control programmes that are responsive to local conditions and emerging threats.

Similarly, investing in local manufacturing capabilities for vaccines, diagnostics and therapeutics will improve supply chains, reduce dependency on international suppliers, save money, and support local health infrastructures and economies.



Photo credit: ©Otto Bakano

# 7

## Ensuring a functional malaria accountability mechanism

A commitment to accountability within and between countries is crucial in the global fight against malaria. By holding each other accountable, collective responsibility and adherence to malaria control commitments is fostered and cross-border collaboration can address issues such as the migration of malaria vectors and human populations, which often complicate control efforts. For countries sharing borders, strategies can be coordinated to ensure interventions are synchronized to reduce the risk of re-infection.

Ultimately, political commitment will lead to sustained efforts, innovation, and a coordinated approach that bring the goal of malaria elimination within reach.

The resulting transparency and accountability will ensure that the ambitious goals set for malaria control in Africa are not only pursued but achieved, transforming the vision of reduced malaria mortality in the region into reality.



Photo credit: ©Otto Bakano

“ In June, we are launching what we call the African Vaccine Manufacturer Accelerator, AVMA. This is one big initiative to accelerate manufacturing of vaccines in Africa and, yes, it will become a reality.

– **Dr Jean Kaseya, Director-General, Africa Centres for Disease Control and Prevention**

“ By developing local production capacities, African countries can ensure a more stable and responsive supply chain for essential malaria commodities.

– **Dr Jean Jacques Mbungani Mbanda, Board Member, African Constituency Bureau**

“ We have reached the perfect storm when it comes to malaria. There is the issue of biological threats in terms of resistance, there’s the issue of climate change, issues of conflict on our continent and issues of funding. This is a great opportunity to bring the ministers of the “High Burden to High Impact” countries together to recommit themselves, recommit their countries, to prioritizing malaria.

– **Dr Michael Charles, CEO, RBM Partnership to End Malaria**



Photo credit: ©WHO

“ Zero malaria starts with me. Zero malaria starts with you. It starts with all of us.

– **Mrs Sheila Tlou, Special Ambassador, African Leaders Malaria Alliance**



Photo credit: ©Otto Bakano

# The way forward

The Malaria Ministerial Conference held in Yaoundé on March 6, 2024, underscored the critical need for renewed political and financial commitments to combat malaria in Africa. Reaffirming the fundamental principle that no one should die from malaria given the available tools and systems, the conference articulated essential milestones for operational success:

- **Reduction in malaria morbidity and mortality:** Africa must rapidly turn the tide against malaria, with progress measured and validated by credible data. This involves a significant reduction in malaria incidence and mortality rates across the continent, supported by robust and transparent health information systems.
- **Sustainable financing:** A key marker of success will be African countries' ability to self-finance their malaria control and elimination programmes. This financial independence will ensure sustainability and reflect a deep-rooted commitment to ending malaria without over-reliance on external funding.
- **Authentic leadership:** The design and execution of malaria policies, strategies and programmes must be spearheaded by African leaders and institutions. This approach will foster ownership, accountability and context-specific solutions that are more likely to succeed and endure.
- **Shift in decision-making responsibility:** External financiers and agencies must act as supportive partners rather than decision-makers. The control and elimination of

malaria in Africa should be driven by African priorities and strategies, with external entities providing collaborative and partnership-driven support.

“ I want to commend malaria-endemic countries for already increasing some of their domestic financing. From 2021 to 2022, there was a US\$ 400 million increase in domestic financing as it pertains to malaria. So, things are moving.

– **Dr David Walton,**  
**U.S. Global Malaria**  
**Coordinator**



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While these points summarize the required operational progress, they do not describe the complementary accountability framework needed to achieve them. Each commitment in the Yaoundé Declaration must be backed by concrete actions, with mechanisms in place to ensure these commitments are honoured.

Countries will develop and implement a robust performance framework for the adopted actions, including indicators and processes for monitoring specific outcomes or impact of the political declaration.

The successful implementation of the Yaoundé Declaration and subsequent malaria control efforts hinge on a combination of strong political will, sustainable funding, integrated health interventions, and robust accountability mechanisms.

Accountability mechanisms will permit the ministries of health to be held accountable by their populations and will allow them to hold each other accountable through the monitoring of progress and commitments; regional and continental platforms can be used for such a mechanism.

By adhering to these strategies, African nations can significantly reduce malaria incidence and mortality, ultimately achieving the 2030 targets of the global strategy and paving the way for a malaria-free future for the region.

This comprehensive approach will not only address the immediate challenges posed by malaria but also strengthen health systems, enhancing long-term resilience and health security across the continent.

“ We’re committed. We’re going to get to work and we’ll simply ask experts from around the world to accompany us. Cameroon will always play its part in this vision of a mutually supportive and much stronger Africa to meet the challenges of the future.

– **Hon. Dr Malachie Manaouda,  
Minister of Health, Cameroon**



Photo credit: @WHO



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# Annex 1. Agenda and speakers

## Session 1: Opening ceremony

(Conference moderator: Ms Raïssa Okoi)

### Welcome message from the Mayor of Yaoundé, Mr Luc Messi Atangana

<b>Meeting objectives</b>	Dr Daniel Ngamiye, Director, Global Malaria Programme, WHO
<b>Political leadership in controlling malaria, as a contribution to sustainable development</b>	Ms Caroline St-Hilaire, Deputy Secretary-General, International Organization of the Francophonie
<b>Political response to malaria in Africa</b>	Professor Julio Rakotonirina, Director of Health and Humanitarian Affairs, African Union
<b>Responding to infectious diseases and biological threats in Africa</b>	H. E. Dr Jean Kaseya, Director-General, Africa Centres for Disease Control and Prevention
<b>Accelerating the response to malaria in Africa for burden reduction</b>	Dr Matshidiso Moeti, Regional Director, WHO Regional Office for Africa
<b>Message from the WHO Director-General</b>	Dr Tedros A. Ghebreyesus, Director-General, WHO
<b>Video showcasing the voices of communities “Changing the story”</b>	
<b>Official opening of meeting</b>	H. E. Dr Joseph Dion Ngute, Prime Minister of Cameroon

## Session 2: Malaria situation, progress and challenges

(Panel discussion moderator: Dr M. A. Charles, CEO RBM Partnership)

<b>Remarks from the Global Fund to Fight AIDS, Tuberculosis and Malaria</b>	Mr Peter Sands, Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>Malaria situation in Africa: opportunities and challenges</b>	Dr Benido Impouma, Director, Universal Health Coverage/ Communicable and non-Communicable diseases, WHO Regional Office for Africa
<b>Outcomes of the HBHI evaluation</b>	Dr Evelyn Ansah, Malaria Policy Advisory Group member Dr Melanie Renshaw, Principal Director, African Leaders Malaria Alliance/Co-chair, RBM Country/Regional Support Partnership Committee
<b>Panel discussion: opportunities and challenges in securing and effectively deploying funding for malaria</b>	Dr Manaouda Malachie, Minister of Health, Cameroon Dr. Heitham M. Awadalla, Minister of Health, Sudan Dr Assa Badiallo Touré, Minister of Health and Social Development, Mali Professor Claude Mambo Muvunyi, Director General, Rwanda Biomedical Center Dr Sylvain Yuma Ramazani, Secretary General for Health, Democratic Republic of the Congo Dr Aichatou Djibo Alfari, Technical Advisor to the Minister of Health, Ministry of Public Health, Population and Social Affairs, Niger Dr Robert Lucien Jean-Claude Kargougou, Minister of Health and Public Hygiene, Burkina Faso
<b>Panel discussion: increasing domestic and international funding for malaria</b>	Mr Louis-Paul Motazé, Minister of Finance, Cameroon Dr Jane Ruth Aceng Ozero, Minister of Health, Uganda Dr David Walton, Global Malaria Coordinator, U.S. President's Malaria Initiative Dr Cynthia Mwase, Director for Health for Africa, Bill & Melinda Gates Foundation Dr Thabani Maphosa, Managing Director, Country Programmes Delivery, GAVI Dr Tunji Alausa, Minister of State for Health and Social Welfare, Nigeria
<b>Lunch closed session:</b>	roundtable lunch with Honourable Ministers of Health & Finance, MPAG Members and global malaria financiers (Moderator: Emeritus Professor Rose Leke, University of Yaoundé)

## Session 3: Strategy and response to prevent malaria mortality in Africa

(Panel discussion moderator: Ms Raïssa Okoi)

### Strategy to prevent malaria mortality in Africa

Dr Dorothy Achu, Team Lead, Tropical & Vector borne Diseases, WHO Regional Office for Africa

### Reflections from MPAG: the science behind getting to zero malaria deaths

Professor Dyann Wirth, Chair, Malaria Policy Advisory Group

### From innovation to impact: malaria vaccines and new tools in the pipeline

Dr Philippe Duneton, Executive Director, Unitaid

Dr Helen Jamet, Interim Director, Malaria Team, Bill & Melinda Gates Foundation

Dr Mary Hamel, Senior Technical Officer and Team Lead, Malaria Vaccines, WHO – representing Dr Kate O'Brien, Director of the Department of Immunization, Vaccines and Biologicals, WHO

Dr Stephen Sosler, Head of Vaccine Programmes, Gavi

Dr Andreas Ateke Njoh, Deputy Permanent Secretary, Expanded Programme on Immunization, Cameroon

Dr Kalu Akpaka, Team Lead, Planning and Strategy, UCN Cluster, WHO Regional Office for Africa

## Session 4: Signature of the Yaoundé Declaration

(Conference moderator: Ms Raïssa Okoi)

**Introduction to the Yaoundé Declaration** Dr Tunji Alausa, Minister of State for Health and Social Welfare, Nigeria

**Signature of the Yaoundé Declaration by H. E. Ministers of Health of Burkina Faso, Cameroon, Mali, Nigeria, Sudan and Uganda, with representatives from the Democratic Republic of the Congo, Ghana, Mozambique, Niger and the United Republic of Tanzania also present at the signature.**

**Political declarations: translating words into actions and resources** Dr Olusoji Adeyi, President, Resilient Health Systems

**Panel discussion: creating an enabling environment for accelerated action against malaria**

Dr Michael Adekunle Charles, CEO, RBM Partnership to End Malaria

Dr Jean Jacques Mbungani Mbanda, Board Member, African Constituency Bureau

Professor Sheila Tlou, Special Ambassador, African Leaders Malaria Alliance

Ms Olivia Ngou, Global Coordinator, CS4ME

**Concluding remarks and press conference**

Dr Jérôme Salomon, Assistant Director-General, Universal Health Coverage/Communicable and Noncommunicable Diseases, WHO

Dr Matshidiso Moeti, Regional Director, WHO Regional Office for Africa

Hon. Dr Malachie Manaouda, Minister of Health, Cameroon

# Annex 2. Yaoundé Declaration

## Declaration for accelerated malaria mortality reduction in Africa: commitment that “No one shall die from malaria”

Issued by the Ministers of Health  
of High Burden High Impact (HBHI) countries in Africa

### Preamble

We, the Ministers of Health representing the nations of Africa with the highest malaria burden, gather here today with an unwavering commitment to the fundamental principle that no one should die from malaria given the tools and systems available.

**Recalling global commitments** outlined in the *Global technical strategy for malaria 2016–2030* (GTS) through resolution WHA68/2015, and the subsequent endorsement of the updated GTS in 2021 (resolution WHA74.9/2021); the *Global Vector Control Response* (Resolution WHA 70.16); the 2001 Abuja Declaration (OAU/SPS/ABUJA/3), in which African Heads of State pledged to allocate at least 15% of national annual budgets towards the strengthening of the health sector; the 2009 resolution of the WHO Regional Committee for Africa on “Accelerated Malaria Control” (AFR/RC59/9); the 2015 resolution of the WHO Regional Committee for the Eastern Mediterranean, which called on Member States to update their national plans in line with the “regional action plan for malaria 2016–2030” (EM/RC62/R.1); the Regional framework for integrated elimination and eradication of tropical and vector-borne diseases 2022–2030 (AFR/RC72/7); “Agenda 2063: The Africa We Want”, a regional agenda for sustainable development published by the African Union, and the 2030 Agenda for Sustainable Development, which called on world leaders to end the epidemics of malaria and other communicable diseases by 2030 (SDG 3.3).

**Cognizant of progress** made by countries over the past years in responding to malaria and opportunities / lessons learned from the response to the COVID-19 pandemic, as reflected in the new vision and strategy<sup>1</sup> for ending disease in Africa, including the best practices on malaria elimination as recently witnessed in Cabo Verde.

**Acknowledging** with deep concern, despite the progress made, the sobering accounts presented annually since 2017 in the WHO World Malaria Report that reveal an alarming stalling of progress in the WHO African Region, where approximately 95% of malaria morbidity and mortality persist; the heavy burden carried by 11 African countries which, together, account for more than 70% of the global malaria burden;<sup>2</sup> the urgency of addressing the root causes of this stagnation, such as changing ecology and vector behaviour; low access to and insufficient quality of health services,

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1 <https://iris.who.int/handle/10665/373549>

2 Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Sudan, Uganda and United Republic of Tanzania. These 11 countries have adopted the “High Burden High Impact” Approach.

including gender-related and financial barriers within households; a global economic downturn and inadequate domestic funding; humanitarian crises, including conflicts, natural disasters and migration; climate change; and biological threats such as insecticide and drug resistance as well as emerging malaria vectors.

Subscribing to the fundamental principle that, despite the prevailing high case incidence, **no one shall die from malaria in our countries** and we stand united in our resolve to prevent every malaria-related death.

**We hereby commit to concerted action to end malaria deaths** by reinforcing the “High Burden High Impact” (HBHI) approach,<sup>3</sup> to sustainably and equitably address malaria by building on four pillars (political will, strategic use of information for action, better technical guidance, coordination) and two enabling platforms (functional national health systems and the adoption of a multisectoral approach).

## 1. Strengthening political will,

- 1.1. We pledge to provide leadership in support of national malaria programmes and other health programmes (maternal, child and adolescent health) to deliver integrated services. We further pledge to leverage the commitment of our Heads of State, as well as the commitment of administrative, traditional, religious authorities and community leaders to increase the efficiency of our health programmes.
- 1.2. We also pledge to strengthen advocacy at all levels to leverage leadership and resources from other sectors for malaria control and elimination in Africa.
- 1.3. Recognizing the notable funding shortfalls that have hindered our efforts to combat malaria effectively, we pledge to bolster our domestic resources for the malaria response and, through the support of our Legislatures and Ministries of Finance, take action to bridge the financial gaps to ensure adequate coverage of malaria interventions. Concurrently, we appeal to our international partners to enhance the scale and predictability of their financial assistance to align with national malaria policies and priorities.

## 2. Ensuring strategic use of information for action

- 2.1. We pledge to invest in the deployment of efficient and reliable health information systems, including analytics and Geographic Information System technologies. We further pledge to leverage these systems to support subnational stratification of malaria and relevant determinants of health, as well as the tailoring and targeting of interventions for enhanced impact.
- 2.2. We pledge to implement an appropriate mix of interventions in malaria endemic districts and communities of our countries, including preventive interventions such as integrated vector management, preventive chemotherapies, and malaria vaccines.

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3 <https://iris.who.int/handle/10665/275868>

### 3. Providing better technical guidance

- 3.1. We commit to seeking and applying the latest technical guidance and best practices in malaria control and elimination.
- 3.2. We will foster capacity strengthening of national institutions to support national malaria programmes with the best available evidence to permit the rapid adoption and deployment of the most contextually appropriate mix of interventions and strategies at an impactful scale for malaria control and elimination.
- 3.3. We will promote e-learning and leverage appropriate technologies to ensure cost-effective training, supervision and mentoring of health workers to improve quality of care at all levels, including services for the prevention, diagnosis and treatment of malaria.

### 4. Enhancing coordination and multisectoral action

- 4.1. Recognizing that malaria elimination depends on local leadership, we commit to enabling coordination mechanisms for malaria at subnational levels. This enhanced coordination at national and subnational levels will be based on advancing a comprehensive strategy which involves all relevant sectors of our governments as well as academic and research institutions, nongovernmental organizations, the private sector, civil society, faith-based organizations, and community-based organizations, to streamline resources and ensure a unified response to malaria.
- 4.2. We equally commit to providing strong leadership in multisectoral action to ensure joint planning, implementation, monitoring, evaluation and accountability across sectors in the fight against malaria, with the aim of ensuring that all at-risk populations consistently receive the appropriate tools, including populations living in hard-to-reach areas and conflict humanitarian settings.

### 5. Strengthening national health systems

- 5.1. We commit to increasing the overall investment in the health sector and the effective use of all health financing to build healthcare infrastructure, human resources, and effective programme implementation mechanisms, including supply chains, quality data management and measures to increase quality of care, with a particular focus on malaria high-burden areas.
- 5.2. We will prioritize the comprehensive capacity strengthening and retention of skilled healthcare workers, and the enhancement of diagnostic and treatment services for quality integrated health services, including for malaria.
- 5.3. We commit to the mainstreaming of malaria services into primary health care (PHC) as the most inclusive, equitable, people-centered and cost-effective way to progress towards Universal Health Coverage.

## 6. Building collaborative partnerships for resource mobilization, research and innovation

- 6.1. We call for strengthened collaboration with international organizations, regional institutions such as the African Union and Regional Economic Committees, development partners and philanthropic organizations, civil society, and the private sector to mobilize resources, expertise and innovative solutions.
- 6.2. We will support investment in research and innovation to develop new tools, strategies, and technologies for malaria control and elimination in high-burden countries, including digital solutions to expand coverage of interventions.
- 6.3. We will join forces and encourage cross-border collaboration in malaria-endemic regions to intensify the fight against malaria.
- 6.4. Building on the invaluable lessons learned from our response to COVID-19, we commit to supporting Africa-based manufacturing of products to prevent, diagnose and treat malaria in order to increase regional self-reliance and health security.

## 7. Ensuring a functional malaria accountability mechanism

We commit to a functional accountability mechanism through the establishment of digital platforms for tracking progress within our countries and on the continent. We endorse the need for an action plan and monitoring and evaluation framework as the basis of this accountability mechanism for the commitments outlined in this declaration.

## 8. Concluding,

We, the Ministers of Health of 11 African countries, meeting in Yaoundé, Cameroon on 6 March 2024, declare our unwavering commitment to the accelerated reduction of malaria mortality and pledge to hold each other and our countries accountable for the commitments outlined in this declaration.

Issued with utmost urgency on this day, [6 March 2024]



Honourable Minister of Health,  
Burkina Faso

Name:

KAR GOU GOU TOBET L. JC

Signature:

Honourable Minister of Health,  
Republic of Cameroon

Name:

Signature:

DR HANANBA Galadus

Honourable Minister of Health,  
Democratic Republic of the Congo

Name:

Signature:

Honourable Minister of Health,  
Republic of Ghana

Name:

Signature:

DR OROE Boye

Honourable Minister of Health,  
Republic of Mali

Name:

Signature:

DR OROE Boye

Honourable Minister of Health,  
Republic of Mozambique

Name:

Signature:

Redem Col major  
Gamba Hakim

Honourable Minister of Health,  
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DR TURJI ALAUSA

Honourable Minister of Health,  
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