While NTDs and malaria are entirely preventable and treatable diseases, they continue to be a major obstacle to economic and social development in Africa, affecting the most marginalized populations.

The “March to Kigali” campaign was launched in April 2021, in the context of the build-up to the summit on NTDs and malaria on the eve of the Commonwealth Heads of Government Meeting (CHOGM) in Kigali, Rwanda, which provided a unique opportunity to further garner global attention and accelerate action to end these preventable and treatable diseases.

While this summit has been postponed due to COVID-19, the “March to Kigali” campaign seeks to maintain and foster this energy and to develop an integrated approach to advocating for the elimination of both NTDs and malaria.

“March to Kigali” is led by a group of like-minded CSOs (Civil Society Organizations) representing a range of Francophone and Anglophone African nations. It builds on the existing partnerships and platforms of the “No to NTDs” and “Zero Malaria Starts with Me” campaigns and aims to secure commitments from regional, national and sub-national stakeholders to end these epidemics by 2030, as part of the Sustainable Development Goals (SDGs). It includes political engagement, private sector engagement, civil society and youth engagement.
Together let’s march to Kigali to say
« No to NTDs » and
« Zero Malaria Starts with Me »
#marchtokigali

Malaria

4,971,674 confirmed cases in 2020
508,097 severe malaria cases in 2020
3,966 confirmed deaths in 2020

» Peak malaria transmission in June to October
» Dominant parasite species: Plasmodium falciparum (>90%)
» Highest incidence is in the Central Region followed by the Southwest Region

NTDs

» Burkina Faso is leading the fight against 17 NTDs including:
lymphatic filariasis (LF), onchocerciasis, schistosomiasis, trachoma, intestinal worms, buruli ulcer, leprosy, cutaneous leishmaniasis, rabies, dengue fever, Human African Trypanosomiasis (HAT), snakebite envenomation and endemic treponematoses (yaws).

SUCCESES

» Since 2016: no indigenous cases of Human Trypanosomiasis (HAT) have been reported.
» Since 2017, Burkina Faso has stopped the implementation of mass treatment campaigns against trachoma in all 30 endemic districts due to the successful results.
» From 2004 to 2019, there was a reduction in schistosomiasis endemicity, 12 health districts had moderate schistosomiasis endemicity (10-50%) and no district had high endemicity (≥50%).
» By 2020, of the 70 health districts declared endemic in 2000, 62 districts had stopped mass treatment of lymphatic filariasis (LF) due to the progress made.

CHALLENGES

» Persistence of LF transmission in 8 health districts in the Central East, Eastern, Central and South West regions.
» High prevalence of persistent schistosomiasis infection in some areas.
» Weak multisectoral collaboration in vector control and access to drinking water, hygiene and sanitation.

SUCCESES

» Reduction in malaria mortality rate from 1.2% in 2015 to 0.8% in 2018
» In children under 5 years of age, the mortality rate has decreased from 8.2% in 2000 to 1.5% in 2018
» In 2016, the country adopted a policy of free care for children under 5 and pregnant women, which includes the treatment of malaria cases
» Routine LLIN coverage for pregnant women is satisfactory at 97%
» The R21/Matrix-M malaria vaccine developed by Burkina Faso researchers in partnership with Oxford University shows an efficacy of 77%, becoming the first vaccine to reach the 75% vaccine efficacy target set by WHO

CHALLENGES

» LLIN coverage in children under one year of age was 33.45% in 2019 and 41.21% in 2019.
» Between 2017-2018, of the 55% of the household population with access to nets, only 44% slept under insecticide-treated nets
» The low rate of access to sanitation, the resistance of the parasite to antimalarial drugs and of the vectors to insecticides, and the behaviour of the population contribute to the persistence of malaria

» The rate of access to safe drinking water increased from 71.9% in 2015 to 76.4% in 2020.
» The rate of access to sanitation increased from 18% in 2015 to 25.3% in 2020.
» In rural areas, only 17.6% of the population has access to household sanitation.
» In urban areas, only 38.4% of the population has access to household sanitation