The “March to Kigali” Campaign

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**
- 1,781,855 confirmed cases in 2018
- 1949 confirmed deaths in 2018
- 53% of population sleep under bed net
  - Peak malaria transmission in May and October
  - Dominant parasite species: Plasmodium falciparum (>80%)
  - Districts with highest malaria prevalence rate: Port Logo, Tonkolili and Koinadugu

**NTDs**
- Sierra Leone is endemic for 8 NTDs:
  - lymphatic filariasis (LF), onchocerciasis, soil-transmitted helminthiasis (STH), schistosomiasis, buruli ulcer (BU), leprosy, human african trypanosomiasis (HAT) and rabies
- 16% of population have access to basic sanitation services
- 28% practice safe hygiene practices
- 58% of population have access to basic water services
- 23% of population practicing open defecation

**SUCCESES**
- 70% reduction in cases and 20% reduction in deaths since 2010
- Only country in Africa to have fully rolled out preventive treatment for infants (IPTi)
- Completed full mass LLIN distribution in 2020 during COVID-19 pandemic
- Extensive roll-out of Zero Malaria Starts With Me campaign since April 2019

**CHALLENGES**
- Only 16% of households have enough bed nets to cover all family members (2016)
- Only 2 of 16 districts currently funded for Indoor Residual Spraying (IRS)
- Weak health system, with only 11% of government spending on health (2020)
- Poor access to healthcare in rural communities

**Water, Sanitation and Hygiene**
- Peak malaria transmission in May and October
- Dominant parasite species: Plasmodium falciparum (>90%)
- Districts with highest malaria prevalence rate: Port Logo, Tonkolili and Koinadugu

**Sierra Leone is endemic for 8 NTDs:**
- lymphatic filariasis (LF), onchocerciasis, soil-transmitted helminthiasis (STH), schistosomiasis, buruli ulcer (BU), leprosy, human african trypanosomiasis (HAT) and rabies

**SUCCESES**
- Treatment coverage of Bilharzia increased from 0% to 84% in 2019.
- Only country in Africa to have fully rolled out preventive treatment for infants (IPTi)
- Completed full mass LLIN distribution in 2020 during COVID-19 pandemic
- Extensive roll-out of Zero Malaria Starts With Me campaign since April 2019

**CHALLENGES**
- Treatment coverage of intestinal worms decreased from 73% in 2018 to 58% in 2019.

---

7.6 million people require treatment for at least 1 PC-NTD

---

16% of population have access to basic sanitation services
28% practice safe hygiene practices
58% of population have access to basic water services
23% of population practicing open defecation