



# 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.



- In Guinea, the entire population is at risk of malaria, with the risk being much higher for children under 5 years of age and for pregnant women.
- > Malaria is the second leading cause of death in Guinea.
  - Malaria incidence/1000 population at risk (2015): 367.8
  - Household use of LLINs has declined from 65% in 2014 to 53.1% in 2018.
  - This decline is seen among children under five who slept under an LLIN (55.8% in 2018 compared to 70.4% in 2014).
  - In 2018, nearly 76.1% of women took S/P Fansidar at least three times during their pregnancy.
  - Malaria is endemically stable in Guinea with a long seasonal recrudescence (6 to 8 months), with 100 to 400 infecting bites per man per year.

#### **SUCCESS:**

- > Between 2016 and 2020, prevalence has decreased from 44% to 15% in Guinea
- > The coverage rate obtained (51.1%) following the organisation of a free LLIN distribution campaign in the country;
- > Free distribution of LLINs at all levels;
- Existence of a national malaria control coordination with a definition of the mission, attributions and organisational structure and of focal points at regional and district level;

### **CHALLENGES:**

- > Insufficient staffing at programme and health district level: financial management, logistics, social mobilisation/CCC,
- Insufficient mobilisation of financial resources, particularly the state's contribution to project funding;
- > Lack of a coordination mechanism, consultation and reporting framework for vector control activities;

Together, let's March to Kigali to say

« No To NTDs » et « Zero Malaria Starts with Me »





## quinea is endemic for 8 NTDs

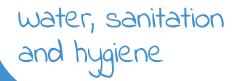
- > Onchocerciasis: 6.78 MILLION PEOPLE require preventive treatment in Guinea 24 OF 38 DISTRICTS are endemic for onchocerciasis
- > Trachoma: 5.45 MILLION PEOPLE require treatment, and 31 OUT OF 38 DISTRICTS are endemic
- > Lymphatic filariasis: 7.16 MILLION GUINEANS require preventive treatment 15 out of 38 DISTRICTS are endemic for lymphatic filariasis
- > Schistosomiasis: 1.51 million people need preventive treatment in Guinea
- > Geohelminthiasis: 2.08 million people need preventive treatment in Guinea

#### SUCCESS:

- > NTDs identified as a national priority and included in the 2015-2024 NDP
- > Health promotion policy exists at the level of the Ministry of Health
- > Existence of a national coalition to fight against NTDs
- > Televised declaration by the Minister of Health for the financing of the elimination of NTDs

## **CHALLENGES:**

- > Insufficient mapping on some NTDs to show the extent of these diseases;
- > Insufficient training of personnel for the integrated management of NTDs
- > Insufficient financial resources for the operation of programmes
- > Difficulty in disbursing funds at state level





- > 82.4% of the population has access to drinking water and 53.4% to sanitation
- > 65% of the rural population has access to drinking water compared to 90% of the urban population
- > In terms of sanitation, 32% of Guineans living in urban areas have access to sanitation compared to 11% of those living in rural areas