

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.

Malaria

354,708 confirmed cases in 2019

260 confirmed deaths in 2019

57% of households in Senegal own at least one mosquito net for every two household members

- > Peak malaria transmission in October and November
- > Dominant parasite species : Plasmodium (98%)
- > Districts with the highest malaria prevalence rate: Kolda, Kédougou, Tambacounda

SUCCESSES

- > 28% reduction in the number of malaria cases between 2016 and 2019;
- > Reduction in malaria deaths by 51% between 2016 and 2019;
- > Senegal is the first country to have launched the "Zero Malaria Starts with Me" campaign

CHALLENGES

- > The regions of Kolda, Kédougou and Tambacounda, which represent 11% of the national territory, alone account for 81% of malaria cases (2019);
- > The countries bordering Senegal still have many cases of malaria, to avoid imported cases it is necessary to strengthen cross-border control;
- > With a 92% funding gap for the new malaria strategic plan, it is imperative to increase domestic resources mobilization;
- > The availability of preventive treatment in pregnant women is still insufficient, 46% of women seen in prenatal visits have not received the 3 doses of Sulfadoxin Pyrimethamin (SP);
- > Limited access to health care in rural communities.

Together let's march to Kigali to say « No to NTDs » and « Zero Malaria Starts with Me » #Marchtokigali



- > Senegal is endemic for 13 NTDs, including 5 PC (Preventive Chemotherapy)-NTDs : bilharzia, geohelminthiasis, trachoma, onchocerciasis and lymphatic filariasis;
- > 2.66 million people need treatment for at least 1 NTD at PCT.

SUCCESSES

NTDS

- > Senegal has reached the national leprosy elimination threshold since 1995;
- > 81% reduction in Geohelminthiasis through mass drug distribution between 2016 and 2020;
- > 39,146 cases of blindness due to Trachoma prevented between 2000 and 2017;
- > 38% reduction in target persons to be treated for lymphatic filariasis between 2016 and 2020;
- > Prevention of blindness due to onchocerciasis in 317,653 people living in risk areas in 2018.

CHALLENGES

- > Despite having reached the elimination threshold, nearly 200 new cases of leprosy were recorded in 2020;
- > 61/79 Health Districts are endemic for schistosomiasis. Nearly 1 million people are at risk, including children aged 5 to 14 years;
- > More than 5 million people are at risk of lymphatic filariasis;
- > Low allocation of resources dedicated to NTDs;
- > Need for a multisectoral approach to better address NTDs;
- > Education of the population on NTDs in order to change certain beliefs (such as witchcraft) related to these diseases.

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water, Sanitation

- >95% of the population has access to drinking water;
- > 67% of the population in urban areas have access to basic sanitation services, compared to only 42% in rural areas;
- > 29% of the population in rural areas practice open defecation, compared to 4% in urban areas;
- > 44% of wastewater is not treated.