

**A BIG PUSH
AGAINST
MALARIA
IN THE
FRANCOPHONE
WORLD**



FOREWORD



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THE MALARIA BURDEN WE CARRY IN FRANCOPHONE COUNTRIES MEANS WE WILL FEEL THE FORCE OF THE PERFECT STORM MORE THAN ELSEWHERE. 13% OF THE GLOBAL POPULATION LIVES IN FRANCOPHONE COUNTRIES, BUT MORE THAN 40% OF MALARIA CASES AND DEATHS OCCUR IN OUR FAMILY OF NATIONS.

LET US WORK TOGETHER AND SEIZE THE OPPORTUNITY OF THE UPCOMING 20TH FRANCOPHONIE SUMMIT. WE HAVE THE POTENTIAL TO ADOPT AN AMBITIOUS RESOLUTION TO COMBAT MALARIA ACROSS THE FRANCOPHONE WORLD AND CONSIGN THIS DISEASE TO HISTORY.

We are at a decisive turning point in the fight against malaria, particularly in countries of sub-Saharan Africa. Between 2000 and 2024, efforts have helped save approximately 14 million lives. Despite these encouraging results, we are now faced with a reality: progress has stalled. Indeed, the convergence of unprecedented challenges such as declining funding, climate shocks, biological resistance, and humanitarian crises is jeopardising the hard-won gains.

In Francophone countries, the burden of malaria is significant: while 13% of the world's population lives in these countries, they account for more than 40% of malaria cases and deaths. In 2024, malaria caused around 247,000 deaths in these countries. West and Central Africa are disproportionately affected by the disease, and the Francophone countries of South-East Asia face complex transmission challenges, especially in forested border regions.

PRIORITISING NATIONAL FINANCING

In the face of declining external funding, it has become necessary to increase domestic financing. Recent Global Fund and Gavi replenishments fell short, and Official Development Assistance for health is in decline.

While international partners remain important, a paradigm shift is necessary. As endemic countries, we must mobilise more national public resources, create innovative financing mechanisms, encourage public-private partnerships, and develop sustainable health financing plans.

In Benin, this is a priority. We have quadrupled our domestic malaria budget in three years and established a National Agency for the Fight Against Malaria and Mosquitoes.

INNOVATION IS DELIVERING HOPE

This report shows that innovative tools offer real hope: malaria vaccines are being rolled out in 24 countries; seasonal malaria chemoprevention reached 54 million children in 2024; next-generation insecticide-treated nets have been widely deployed in recent years, and even more effective tools are in the pipeline, including 'gene drive' technology and spatial repellents.

These tools can save millions of lives and put us back on the path to elimination.

EVERYONE HAS A ROLE TO PLAY

To defeat malaria, a multisectoral approach is essential. In Africa, we rally behind 'Zero Malaria Starts with Me', a pan-African campaign that mobilises and empowers communities to take ownership over the fight to end malaria.

Initiatives such as the Voix EssentiELLES programme and national Malaria Youth Corps demonstrate that community-led, gender-responsive approaches deliver stronger and more accountable health systems.

Across Africa, 12 countries have launched End Malaria Councils and Funds, uniting government, private sector, and civil society. Together, these councils have mobilised over US\$210 million to close critical gaps. In Benin, we established the Zero Malaria Fund in 2023 with a view to mobilising the domestic private sector to contribute to our malaria elimination ambitions. The private sector is also emerging as a strategic partner, investing in malaria control, amplifying prevention messages, and providing essential resources.

ELIMINATION IS POSSIBLE – LET US CHANGE THE STORY ON MALARIA FOR GOOD

In 2024, Egypt and Cabo Verde showed that elimination is possible, receiving malaria-free certification by the World Health Organisation. Now, it's time for all malaria-endemic Francophone countries to follow their lead.

We must prioritise health sovereignty as it is essential to ending the scourge of malaria. As endemic countries, we must set the agenda, increase domestic resources and grow local manufacturing capacity. Alongside these, we must strengthen community health systems and expand primary health care.

Let us work together and seize the opportunity of the upcoming 20th Francophonie Summit. We have the potential to adopt an ambitious resolution to combat malaria across the Francophone world.

It's time to change the story on malaria. It's time to move from stagnation to elimination. It's time for the collective Big Push we need to achieve a malaria-free world, unlocking stronger, fairer and more prosperous societies for all.

Zero Malaria Starts with me.



PROGRESS AND CHALLENGES

The early part of the 21st century saw remarkable advances in the fight against malaria. Between 2001 and 2015, a substantial expansion of malaria interventions contributed to a 37% reduction in the global malaria incidence rate and a 60% decline in malaria mortality rates. Since 2015, however, this progress in reducing cases and deaths has plateaued.

Globally, in 2024, an estimated 282 million malaria cases occurred (an incidence of 64 cases per 1,000 population at risk) – a 23% increase on 2015. In the same year, nearly 610,000 individuals are estimated to have died from the disease (13.8 per 100,000 population at risk), with three-quarters of deaths among children under five.

Francophone countries are disproportionately affected by the disease. Although only 13% of the global population at risk from malaria lives in these countries, more than 42% of malaria cases and 40% of malaria

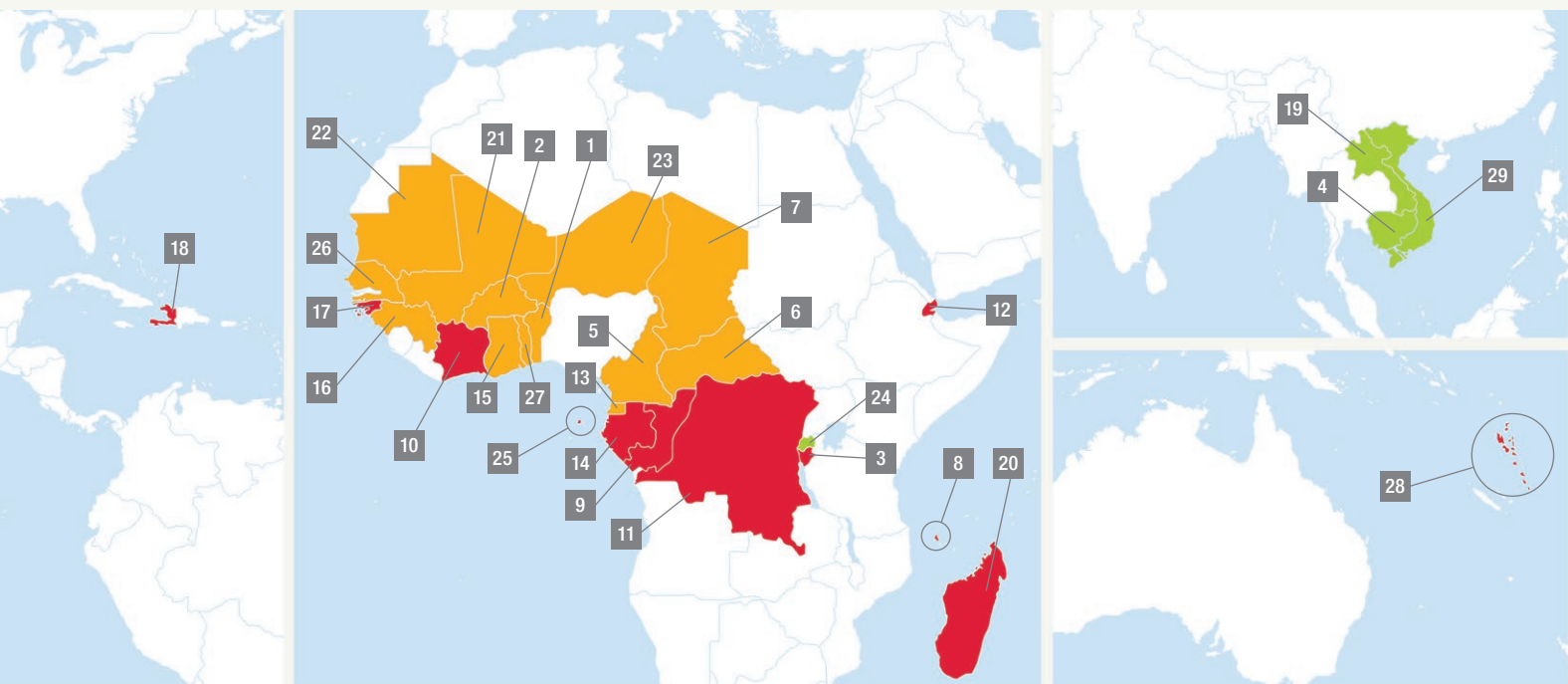
deaths occur there. In 2024, there were an estimated 118 million cases of malaria in Francophone countries, with an incidence rate that has increased by 24% since 2015, and 247,000 deaths, a 5% increase since 2015.

There have been major milestones in Francophone countries in the fight against malaria, however, with Egypt and Cabo Verde being certified malaria-free by WHO in 2024. In other countries with a high burden, significant progress has been made, with Rwanda seeing a 75% reduction in cases between 2015–2024, Equatorial Guinea a 32% reduction, and Ghana a 29% reduction over the same period. Deaths have reduced by 32% in Ghana between 2015–2024, by 42% in Mali, and both deaths and cases have reduced in Senegal by 45%. There have been zero reported malaria deaths in Vanuatu since 2012, Cambodia since 2018 and Viet Nam since 2019. In other Francophone countries in Africa, however, malaria rates remain worryingly high.

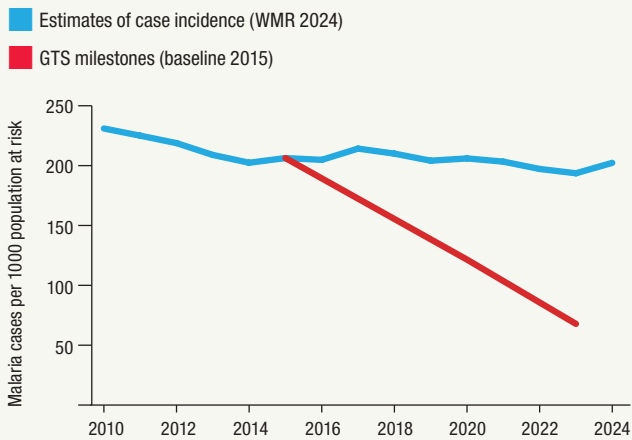
Cases: At risk population percentage change 2015–2024

■ Cases decreased > 70% ■ Cases decreased < 70% ■ Cases have increased

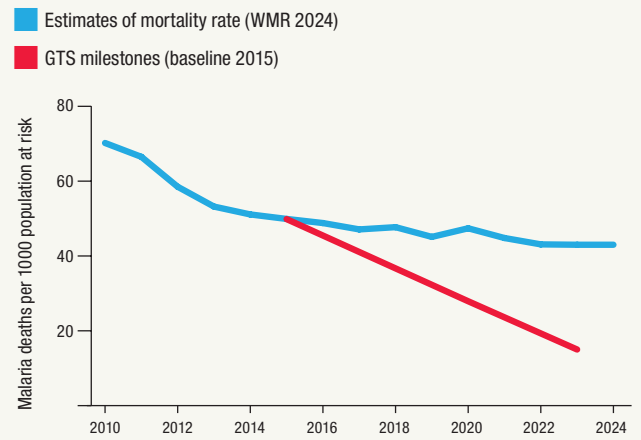
1	Benin	-9.3%	11	Democratic Republic of the Congo	5.6%	21	Mali	-9.3%
2	Burkina Faso	-15.4%	12	Djibouti	264.2%	22	Mauritania	-5.4%
3	Burundi	10.5%	13	Equatorial Guinea	-31.8%	23	Niger	-24.6%
4	Cambodia	-99.9%	14	Gabon	0.9%	24	Rwanda	-75.0%
5	Cameroon	-3.9%	15	Ghana	-28.6%	25	São Tomé and Príncipe	193.1%
6	Central African Republic	-16.2%	16	Guinea	-25.6%	26	Senegal	-46.9%
7	Chad	-4.1%	17	Guinea-Bissau	22.9%	27	Togo	-33.1%
8	Comoros	2321.8%	18	Haiti	154.0%	28	Vanuatu	271.6%
9	Congo	4.9%	19	Lao People's Democratic Republic	-99.2%	29	Viet Nam	-98.1%
10	Côte d'Ivoire	10.7%	20	Madagascar	138.8%			



Progress in malaria case incidence in Francophone countries



Progress in malaria mortality rates in Francophone countries



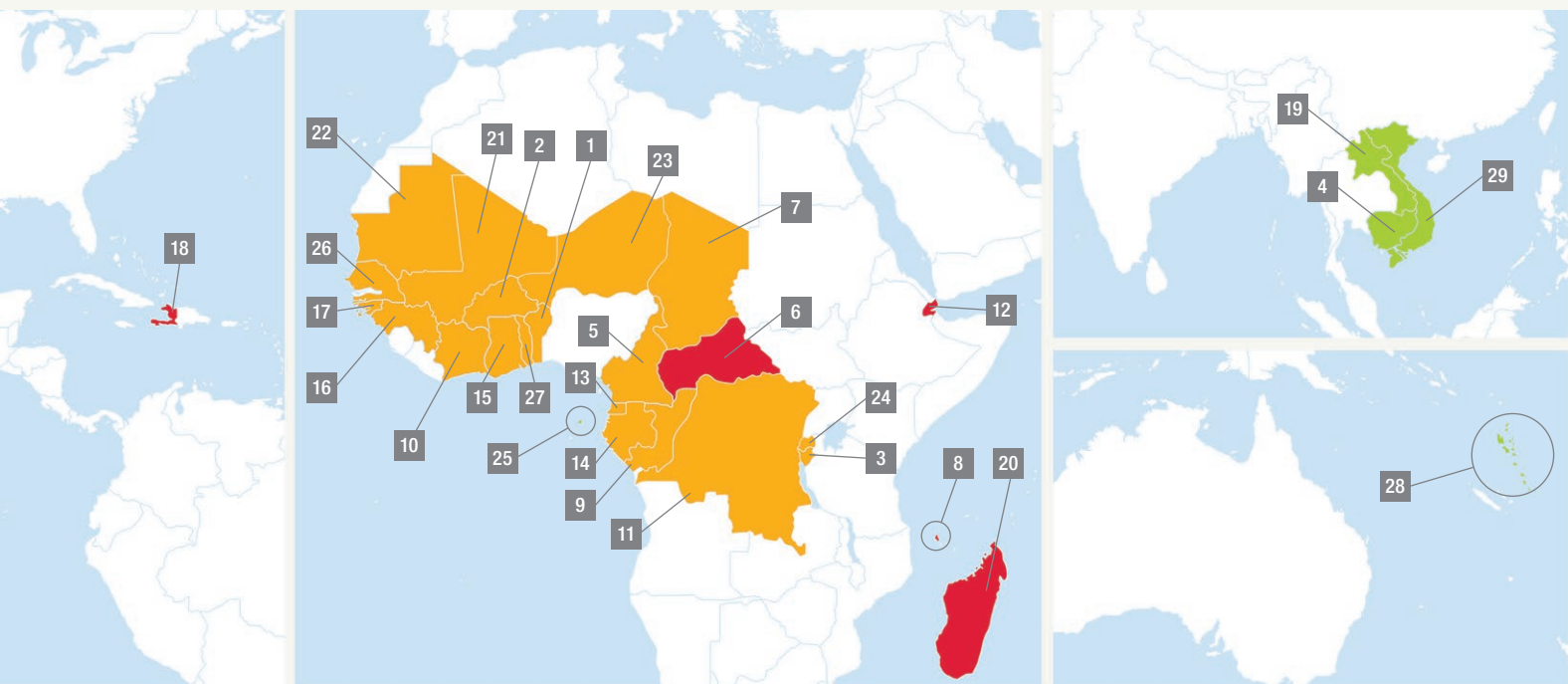
Source of data: WHO. World Malaria Report 2025.

Mortality: At risk population percentage change 2015–2024

■ Mortalities decreased > 70%
 ■ Mortalities decreased < 70%
 ■ Mortalities have increased

1	Benin	-22.4%	11	Democratic Republic of the Congo	-17.0%	21	Mali	-42.9%
2	Burkina Faso	-39.9%	12	Djibouti	162.0%	22	Mauritania	-6.0%
3	Burundi	-7.6%	13	Equatorial Guinea	-24.3%	23	Niger	-20.5%
4	Cambodia	-100.0%	14	Gabon	-10.0%	24	Rwanda	-7.1%
5	Cameroon	-25.1%	15	Ghana	-26.0%	25	São Tomé and Príncipe*	0%
6	Central African Republic	1.4%	16	Guinea	-32.4%	26	Senegal	-46.9%
7	Chad	-22.4%	17	Guinea-Bissau	-13.1%	27	Togo	-45.5%
8	Comoros	2813.8%	18	Haiti	155.1%	28	Vanuatu**	0%
9	Congo	-8.9%	19	Lao People's Democratic Republic	-100.0%	29	Viet Nam	-100.0%
10	Côte d'Ivoire	-11.5%	20	Madagascar	147.3%			

* There were no malaria deaths in Sao Tome and Principe in 2015 and 1 malaria death in 2024. ** There were no malaria deaths in Vanuatu in either 2015 or 2024.



GOALS FOR MALARIA CONTROL AND ELIMINATION

At the World Health Assembly in May 2015, Member States adopted WHO's Global Technical Strategy for Malaria 2016–2030. The strategy is designed to guide and support all malaria-affected countries as they work to reduce the human suffering caused by the world's deadliest mosquito-borne disease.

Goals, Milestones and Targets for the Global Technical Strategy for Malaria 2016–2030

Goals	Milestones by 2025	Targets for 2030
1. Reduce malaria mortality rates globally compared with 2015	At least 75%	At least 90%
2. Reduce malaria case incidence globally compared with 2015	At least 75%	At least 90%
3. Eliminate malaria from countries in which malaria was transmitted in 2015	At least 20 countries	At least 35 countries
4. Prevent re-establishment of malaria in all countries that are malaria-free	Re-establishment prevented	Re-establishment prevented

The African Union's 2016 *Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030* set elimination as the target, with zero malaria cases and deaths on the continent by 2030.

Different factors have contributed to the stalling of progress. While disease incidence has decreased, the population in sub-Saharan Africa continues to grow at a rapid rate. More people are living in countries where malaria is a risk, putting further strain on health systems and national malaria programme budgets. Too many people are missing out on malaria interventions, the poorest and most marginalised in particular. Meanwhile, progress has been threatened by health emergencies, including epidemics, pandemics such as COVID-19, humanitarian crises and natural disasters; the emergence or expansion of parasite resistance to antimalarial medicines and mosquito resistance to insecticides continues to be a concern.

In Rwanda, for example, the 43.8% increase in malaria incidence seen in 2024 can be attributed to multiple factors. These include climatic variations such as rising temperatures, increased humidity and heavier rainfall, along with vector resistance to insecticides, and changes in mosquito biting behaviour that may reduce the effectiveness of existing control measures. Furthermore, reduced coverage of integrated vector control interventions due to funding constraints may have contributed to the resurgence, particularly in areas that previously received multiple vector control interventions.

The lack of robust, predictable and sustained international and domestic financing continues to hold back malaria control and elimination efforts. A decline in funding for malaria, and for global public health in general, compromises the delivery of good-quality services. Delivery systems still need to improve, as do supply chains and systems for surveillance, monitoring and evaluation.

Highest case rates (/1K pop) in 2024

Benin	354.3
Burkina Faso	353.5
Mali	346.2
Central African Republic	343.8
Democratic Republic of the Congo	321.9
Burundi	314.9
Niger	305.1
Guinea	286.1
Côte d'Ivoire	267.9
Cameroon	260.5

Highest death rates in 2024

Niger	1.31
Central African Republic	0.95
Guinea	0.69
Chad	0.69
Benin	0.69
Burkina Faso	0.69
Madagascar	0.65
Democratic Republic of the Congo	0.62
Mali	0.58
Burundi	0.46

Francophone countries certified malaria-free by WHO since 2000

Algeria – 2019
Armenia – 2011
Cabo Verde – 2024
Egypt – 2024
Morocco – 2010

Source of data: WHO. World Malaria Report 2025.

THE PRICE OF RETREAT

Africa's growth outlook has strengthened over recent years and economic performance improved in 2024, with real GDP expanding by 3.3% and 54% of countries registering positive growth. A malaria resurgence would put this growth at risk, endangering thousands of lives in high-burden countries and disrupting food production, economies, international trade, and livelihoods.

An analysis published by Malaria No More UK and the African Leaders Malaria Alliance – *The Price of Retreat: How underinvestment in malaria risks resurgence, lost growth, and a generation's future* – explored the potential economic impact of a resurgence based on new analysis by Management Sciences for Health (MSH) of Malaria Atlas Project's data modelling.

Modelling indicates that with increases in malaria cases and deaths if funding stagnates or declines, the region faces billions of dollars in lost GDP within just a few years. If the targets from the Global Technical Strategy for Malaria 2016–2030 were met, including full replenishment of the Global Fund, then between 2025–2030 there would be 865 million fewer cases and 1.86 million fewer deaths, compared to a flatlining of Global Fund funding.

Accelerating progress to achieve the targets of the Global Technical Strategy for Malaria would increase GDP across the African continent by US\$231 billion by 2030. By 2040, \$2.5 trillion will have been added to Africa's economies and US\$112 billion in increased trade with G7 countries.

However, the expected 23% reduction in country allocations by the Global Fund for its 8th funding cycle – following the mobilisation of US\$12.64 billion out of the US\$18 billion target for the Fund's 8th replenishment – is, conversely, projected to reduce Africa's GDP by at least US\$30 billion and bilateral trade by at least US\$1.3 billion by 2040.



WHO. Global technical strategy for malaria 2016–2030, 2021 update. <https://www.who.int/publications/i/item/9789240031357>

African Union. Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030. https://au.int/sites/default/files/pages/32904-file-catalytic_framework_8pp_en_hires.pdf

WHO. World Malaria Report 2025

MNMUK and ALMA. The Price of Retreat: How underinvestment in malaria risks resurgence, lost growth, and a generation's future. <https://malariafreesolutions.org.uk/sites/default/files/Price%20of%20Retreat%20Report%20-%20Zero%20Malaria.pdf>

Largest % reduction in cases 2015–2024

Cambodia	-99.9
Lao People's Democratic Republic	-99.2
Viet Nam	-98.1
Rwanda	-75.0
Senegal	-46.9
Togo	-33.1
Equatorial Guinea	-31.8
Ghana	-29.1
Guinea	-25.6
Niger	-24.6

Largest % reduction in deaths 2015–2024 (countries w >1 death in the year)

Senegal	-46.9
Togo	-45.5
Mali	-42.9
Burkina Faso	-39.9
Guinea	-32.4
Ghana	-26.9
Cameroon	-25.1
Equatorial Guinea	-24.4
Chad	-22.4
Benin	-22.4

Countries with zero estimated deaths from malaria in 2024*

Cambodia
Lao People's Democratic Republic
Vanuatu
Viet Nam

*Other than those certified malaria-free by WHO, or where malaria never existed or disappeared without specific measures.

LEADING THE WAY

Health sovereignty and domestic resource mobilisation – including priority setting, financial autonomy, and regional manufacturing capacity – are critical to accelerating malaria elimination in Francophone countries.

The global health landscape, shaped by geopolitical shifts, declining donor funding, competing priorities and recurrent health emergencies, is changing rapidly. The countries most affected by malaria must have a voice in global health decision-making. They must be equal partners in the bodies that decide on and implement global health strategies, funding and activities.

The principles of health sovereignty – the ability of countries to finance and govern their own health systems – are anchored in the African Union's Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030, in the Yaoundé Declaration's call that "no one should die from malaria," and in the Lusaka Agenda's push for one national plan. They were reaffirmed at the 2025 Africa Health Sovereignty Summit in Accra and carried into the 'Accra Reset' announced at UNGA, which urged a re-engineering of global health governance and financing to put country leadership first. Civil society and communities must also be fully integrated by governments into the health sovereignty agenda.

International health aid has, historically, financed major disease programmes. But there are now persistent global shortfalls and competing donor priorities, leaving countries' health systems vulnerable. Outbreaks strain surveillance and response capacities. Digital health systems are fragmented. And deficits persist in health workforces, manufacturing and financing.

There is a growing urgency for countries to increase domestic investment in malaria; this has grown significantly in the last decade and now contributes around a third of all funding for malaria control and elimination efforts. In the 2001 Abuja Declaration, African countries pledged to commit 15% of their total annual budgets to the health sector; most have not achieved this to date. Mobilising domestic resources further

means expanding malaria budget lines, aligning external support behind a single nationally-led plan and budget, and integrating malaria within primary health care. To enable these developments, the international finance architecture needs to be reformed to alleviate the debt burden of low- and middle-income countries (LMICs), and taxation reform to increase national budgets. International public and private capital will also be needed to help increase regional and local production of vaccines, diagnostics, therapeutics and prevention tools. Supported by regulatory harmonisation, pooled procurement, and regional manufacturing hubs, an over-reliance on imports will be reduced.

The goal is for all countries affected by malaria to finance and sustain their own health systems, including malaria control and elimination. But malaria is concentrated in the poorest countries, so the transition to domestic financing needs to be progressive, with continued Official Development Assistance and innovative financing essential until countries are ready. In the short- to medium-term, increased financial solidarity flows will be required to reverse the resurgence of malaria, and to reduce the epidemiological and financial burden of malaria sufficiently to enable lower-income countries to fully take over and sustain the gains. To channel Official Development Assistance, we must prioritise international funding mechanisms that ensure country ownership and place endemic countries as equal partners in both local and global decision-making processes, such as the Global Fund. Meanwhile, multilateral and bilateral actors must align further with country demand and reduce transaction costs for endemic countries to engage with them, as part of a broader effort to reform the global health architecture.



BENIN: 'ZERO MALARIA STARTS WITH ME' IN ACTION

Benin's multi-year advocacy strategy has led to a continuous and significant increase in the national budget for malaria.

The advocacy journey began in November 2020 with the launch of two key initiatives by Benin's Minister of Health: the 'Zero Malaria Starts with Me' campaign and the 'Zero Malaria Business Leadership Initiative', setting the stage for a multi-sectoral advocacy approach. A detailed National Advocacy Plan was adopted in 2021, covering political engagement, private sector engagement, and community engagement. Early strategic steps included the engagement of influential champions from the public and private sectors, and an audience with the parliamentary budget oversight committee led by the National Malaria Control Programme.

A series of targeted, high-level advocacy interventions then built momentum in 2022. A multi-sectoral advocacy event was hosted by the Vice President of Benin, signaling high-level political commitment. An orientation session for parliamentarians was held to share with them information on the national malaria programme's strategies, including its budget and existing gaps. This led to a 140% increase in the national malaria budget for 2023, from US\$1.7 million (during 2020–2022) to US\$4.1 million.

The strategy expanded in 2023 with the launch of the civil society 'Zero Malaria Coalition', mobilising community and non-governmental actors around a common advocacy agenda, and the formation of a national committee for the 'Zero Malaria Fund', announced by Ministerial Decree, chaired by Ecobank and including the Ministries of Finance and Health. The Benin Mayors' Alliance Against Malaria also launched, securing commitment from sub-national political leaders. In 2024, the national budget for malaria increased by a further 20%, from US\$4.1 million to US\$4.9 million.

The advocacy efforts continued in 2024–2025 to ensure that malaria remained a national priority. The Zero Malaria Fund, led by the private sector, launched a resource mobilisation campaign targeting 100 companies, mobilising over US\$34,000 in cash contributions in 2025.* The Parliamentary Caucus for the Elimination of Malaria was launched, adopting its own three-year action plan to ensure long-term legislative engagement. The Caucus hosted a high-level multi-stakeholder meeting on sustainable financing for malaria, HIV, and tuberculosis. This meeting concluded with the 'Cotonou Appeal' for a successful 8th Global Fund replenishment and a renewed commitment from parliamentarians to increase domestic funding for health. These advocacy efforts helped secure a further 28.5% increase for the 2025 budget, bringing it from US\$4.9 million to US\$6.3 million.



In just three years, Benin's strategic advocacy increased its national malaria budget from an average of US\$1.7 million to US\$6.3 million – an almost four-fold increase.

Increases in domestic financing and government leadership have coincided with a reduction in Benin's malaria burden. Not only have estimated cases reduced by 37% between 2022 and 2024, but deaths have also reduced by 55%. This success has been driven by engaging with multiple sectors – civil, political, the private sector and the media. A range of complementary platforms (the Fund, the Coalition, and the Caucus) have been established. And strategic champions, from both the public and private sectors, have been able to activate their networks and accelerate advocacy efforts.

In the latest demonstration of the Government of Benin's high-level commitment to advancing malaria elimination, in February 2026 it announced the creation of the National Agency for the Fight Against Malaria and Mosquitoes under the authority of the President.

*Companies contributing in 2025: Société Béninoise d'Énergie Electrique (SBEE), Société de Financement et de Participation, Caisse Nationale de Sécurité Sociale (CNSS), Webb Fontaine Bénin, Fabrimétal Bénin, Cotecna Bénin, Ste Aviation Handling Sce Bénin S.A, MANGLAM.

REGIONAL LEADERSHIP: TACKLING ANTIMALARIAL RESISTANCE IN THE GREATER MEKONG SUBREGION

The Greater Mekong Subregion faced major threats from antimalarial drug resistance (especially artemisinin) about 15 years ago. Led by the countries of the region, the trajectory has now shifted positively.

The Greater Mekong Subregion (GMS) is home to 300 million residents that are all connected by the Mekong River, which passes through Myanmar, Cambodia, Viet Nam, Thailand, Lao PDR, and the Yunnan Province in China. In 2009, evidence emerged that strains of the malaria parasite *Plasmodium falciparum* in the region were becoming resistant to artemisinin-derivative antimalarial drugs. If resistance expanded in the region, global malaria control could be under threat.

In response, the Regional Artemisinin-resistance Initiative (RAI) was established in 2014. Despite their differing political, social and financial make-ups, the countries of the region have worked together and led the project. Surveillance has been intensified, and high-quality interventions have been delivered to eliminate resistant malaria and prevent its spread. The project has proved extremely successful. By 2023 the region recorded 247,769 confirmed malaria cases, down from nearly half a million in 2010 across the GMS countries. Of these, only 39,755 cases in 2023 were due to *Plasmodium falciparum* (with nearly all of those in Myanmar; only ~735 across Cambodia, Lao PDR, Thailand and Viet Nam).

This success has been due to the combination of country ownership, enhanced co-ordination and cross border collaboration through the regional initiative (the RAI), domestic and donor financing, implementation on the ground including through communities, and strong governance. The approach was to prioritise areas with known resistance or a high risk of imported resistance, with an emphasis on reaching remote and mobile populations. Cross-border collaboration was essential given the high mobility in the region. Rigorous surveillance (including for drug efficacy), high-quality diagnosis and treatment, and community networks were also emphasised. For example, community members were trained to provide malaria services, which helped people who were most susceptible to contracting malaria to receive quality services with far greater ease of access, less economic burden, and without needing to travel several hours to a hospital or health centre.



Interventions included bed nets, hammock nets (which are better suited to use in the forests of the region), improved diagnosis and treatment, stopping monotherapies, and strong surveillance. Alternative tools were developed to reduce outdoor transmission, such as insecticide-treated clothing (ITC); uptake was encouraged among mobile and migrant populations and night-time workers, who often miss out on core malaria interventions.

The region's approach – collaboration, targeted interventions for high-risk groups, strong surveillance, and drug quality assurance – is a model for other areas dealing with emerging drug resistance. Challenges do remain, with transmission persisting in remote forested areas, among mobile and migrant populations, and in areas affected by humanitarian crises which can reverse progress. According to recent studies, livestock herds may also serve as a reservoir for zoonotic transmission of the parasite, requiring veterinary interventions to be considered as part of a One Health approach. Tackling these challenges will be key to the region reaching full elimination of malaria.

INTERNATIONAL FINANCING

In 2025, disruptions to international financing significantly affected programme implementation. This puts progress in the reduction of malaria mortality and morbidity rates at risk.

Globally in 2024, total investments in malaria control reached an estimated US\$3.9 billion, falling short of the US\$9.3 billion funding target of the WHO global malaria strategy. The funding gap has widened over the past 5 years, increasing from US\$2.6 billion in 2019 to US\$5.3 billion in 2024. Governments of endemic countries contributed about US\$1.7 billion in 2024; this was 44% of the total funding of the year, a notable increase compared with their historical share of roughly one-third of total funding over the past 15 years. However, Official Development Assistance reduced significantly in 2025, and is projected to decrease further.

Although global health was less reduced than overall Official Development Assistance and comparatively with other sectors in the SDG agenda, the WHO reported severe service disruptions due to funding shortfalls in the first months of 2025. Later that year, the Global Fund, which provides 59% of all international financing against malaria, reduced its Grant Cycle 7 grants by 11% due to uncertainty on pledge conversion and will reduce country allocations by a further 23.3% on average in Grant Cycle 8. Gavi's replenishment was also below target (US\$9 billion pledged versus an US\$11.9 billion target).

At the same time, a perfect storm of climate shocks, biological resistance, humanitarian crises, and macro-fiscal headwinds is increasing both needs and costs, widening the gap between plans and resources. In many countries, more than half of the activities in national malaria strategies are still unfunded. The stakes of underfunding are high. Modelling summarised in *The Price of Retreat* shows that a 20% reduction in malaria funding would result in an additional 130 million cases and 330,000 deaths in Africa by 2040, as well as a decrease of US\$30 billion in Africa's GDP and US\$1.3 billion in international trade with Africa. Increases in donor funding throughout the 2025–2030 period are therefore essential to prevent a catastrophic deterioration of health outcomes, while countries strengthen their national systems and fiscal space.

With reduced Official Development Assistance, current funding levels are not sufficient to sustain case management and prevention: higher income countries in the G7 and the G20 must urgently top up their contributions to prevent people most affected by malaria in endemic countries from losing access to life-saving services. Efficiencies from price reductions of innovative tools, and from integration across diseases, must be further leveraged, but can not compensate for funding cuts. In addition, donor grants need to be paired with World Bank IDA and other concessional windows to strengthen primary health care, community health workers, supply chains and climate resilience, and to protect the continuity of prevention and case management at the national level.



FRANCOPHONE DONOR FINANCING

Over the past decade, international funding represented 69% of the total resources directed against malaria, with the Global Fund representing 65% of this financing – 44% of the total resources against malaria. The fund supports countries to provide access to non-vaccine interventions, such as long-lasting insecticide-treated mosquito nets, seasonal malaria chemoprevention, intermittent preventive treatment for malaria during pregnancy, indoor residual spraying and antimalarial medicines.

Since the Global Fund's inception, 21 member states of the Organisation internationale de la Francophonie have contributed more than US\$14 billion in total, making up around 20% of total historic contributions to the fund. France and Canada are the second and sixth highest public contributors to the Global Fund, respectively, while Belgium, Switzerland and Luxembourg are also among the top 20 public donors. Several Francophone countries are or have been both donors to and implementers of the Global Fund: Benin, Burundi, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Morocco, Romania, Rwanda, Senegal, Togo and Tunisia.

As of June 2025, the Global Fund had invested US\$20.3 billion in malaria programmes. In countries where the fund invests, malaria deaths have dropped by 29% between 2002 and 2023. Without these interventions, malaria deaths would have increased by 94% over the same period. An impact report has shown that, by 2022, the Global Fund had invested US\$6.4 billion to fight malaria in 28 Francophone countries. According to the report, the Global Fund had allocated 24% of its resources to malaria, HIV and tuberculosis in Francophone countries, saving 7.1 million lives.

PUBLIC DONOR	HISTORIC CONTRIBUTION TO THE GLOBAL FUND (US\$ EQUIVALENT)
France	US\$8.76 billion
Canada	US\$4.38 billion
Belgium	US\$416.2 million
Switzerland	US\$381.4 million
Luxembourg	US\$81.4 million
Rwanda	US\$5.7 million
Democratic Republic of the Congo	US\$4 million
Benin	US\$3 million
Togo	US\$2.5 million
Côte d'Ivoire	US\$2.45 million
Greece	US\$2.21 million
Tunisia	US\$2 million
Senegal	US\$1.91 million
Morocco	US\$1.28 million
Monaco	US\$0.97 million
Burundi	US\$0.88 million
Romania	US\$0.82 million
Malta	US\$0.48 million
Central African Republic	US\$0.42 million
Andorra	US\$0.10 million
Cyprus	US\$0.10 million

Regional Impact Report: Francophone Countries. The Global Fund, 2024. https://www.theglobalfund.org/media/5959/impact_francophonecountries_report_en.pdf

FRANCE AND THE FIGHT AGAINST MALARIA: COMMITMENTS TO UPHOLD, AMBITION TO RENEW

A LONG-STANDING COMMITMENT TO MULTILATERAL ORGANISATIONS, WEAKENED BY BUDGET CUTS

For more than 20 years, France has channelled the bulk of its financial contributions to malaria control through multilateral funds: the Global Fund, UNITAID and Gavi. This commitment is now under strain. There have been cuts to Official Development Assistance since 2024, and 2025 saw the removal of the direct allocation of revenue from the financial transaction tax and the airline ticket tax to the Development Solidarity Fund – resources that primarily supported French contributions to the Global Fund and UNITAID.

- France played a key role in the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002. It is the leading European contributor and the second-largest contributor overall, with steadily increasing contributions – from €500 million in 2005 to €1.596 billion in 2022, bringing the total to €9.5 billion. France is also deeply involved in the Fund's governance: it holds a full seat on the Board, serves as Vice-Chair of the Strategy Committee, is a member of both the Finance and Ethics Committees, and is represented in over 40 country coordination mechanisms. In 2019, France played a decisive role in the Fund's sixth replenishment by hosting the conference in Lyon and mobilising global leaders, helping to secure US\$14 billion.

Breaking with this two-decade trend, however, President Macron did not attend the 8th replenishment conference in 2025. France's contribution is expected to drop by 58% compared to the previous cycle, although no official announcement has yet been made. This would represent the largest cut by any G7 country for the 2026–2028 period.

- France was instrumental in the creation of UNITAID and remains its largest donor, with a total contribution of €2 billion between 2006 and 2022. For 2023–2025, France contributed €255 million; this is expected to fall to €200 million for 2026–2028, though this has not yet been formally confirmed.
- France has also been a long-standing contributor to Gavi since 2004, through both direct funding and support via the International Financing Facility for Immunisation (IFFIm). Its contribution to Gavi has declined for the 2026–2030 period.

THE ROLE OF FRENCH RESEARCH

France was at the origin of the discovery of the parasite responsible for malaria, thanks to Professor Alphonse Laveran, who became the first French Nobel Prize winner in medicine in 1907 for his work on protozoa as disease agents. Today, French public research continues to play a major role in malaria control efforts, notably through

institutions such as the Institut Pasteur, the French National Research Institute for Sustainable Development (IRD), and the National Reference Centre for Malaria (CNR).

The diversity of these public research actors allows France to cover a broad spectrum – from improving diagnostics and epidemiological surveillance within France (through the CNR), to parasite research and clinical studies at the Institut Pasteur, and treatment-focused work carried out by the IRD.

This public research effort, rooted in France's long history with the disease, complements the active involvement of the French private sector, including major players such as Sanofi.

TEAM ZERO PALU: A NEW MODEL OF CROSS-SECTOR MOBILISATION

In the lead-up to the 2024 Paris Olympic and Paralympic Games, the Team Zero Palu ('Team Zero Malaria') campaign was launched by Friends of the Global Fund Europe, Élus Locaux Contre le Paludisme ('Local Elected Officials Against Malaria'), and Esprit d'Ébène. Its main goals are:

- to raise awareness about malaria among the general public in France, particularly within African diaspora communities;
- to build strong political support for malaria efforts in both France and Francophone Africa; and
- to foster partnerships with elected officials and stakeholders across Francophone Africa.

What sets this campaign apart is its innovative advocacy model, bringing together both communities directly affected by malaria and institutional donors. It is supported by the Ministry for Europe and Foreign Affairs, the Ministry of Health, the City of Paris, and Bichat Hospital. This backing is reflected in the ongoing involvement of Anne-Claire Amprou, France's Ambassador for Global Health, who has supported the campaign from the outset.

At its launch at the start of Malaria Awareness Month in April 2024, Team Zero Palu brought together numerous athletes, artists, and political figures, including ministers, members of parliament, mayors, senior civil servants, and local officials. Further major events have focused on youth and gender, the role of partnerships and decentralised cooperation, and improving access to care by removing barriers. The campaign has participated in popular cultural and sporting events such as Les Flammes, Quai 54, and Paris Basket. And in 2025, for World Malaria Day, the campaign organised a high-level event attended by, among others, former French ministers Yannick Neuder and Thani Mohamed Soilihi, and Senegal's Minister of Health, Dr Ibrahima Sy. This marked a new step in strengthening ties between French and African policymakers.

The campaign continues in 2026, including an event held on 7 April alongside the One Health Summit in Lyon, with the participation of Guinea's Minister of Health and MP Anne-Cécile Violland.

THE ROLE OF THE PRIVATE SECTOR

From research, manufacturing and distribution, to service delivery, data systems, and financing, the private sector has an essential role to play in Francophone countries' fight against malaria.

Climate change, biological resistance, humanitarian crises and declining ODA are putting hard-won gains against malaria at risk. The private sector's involvement is more critical than ever. This may be through national platforms such as End Malaria Councils and Funds (EMCs), business coalitions that help to organise contributions, individual corporate action, or initiatives in particular sectors or regions such as the Voix EssentiELLES Fund for Malaria Elimination which is focused on Francophone Africa.

The private health sector – clinics and pharmacies – is involved directly, extending access to testing and treatment. Enhanced collaboration and oversight by governmental entities with private health services providers around quality of care, alignment with national directives, and data sharing is key to counter resistance and ensure adequate disease surveillance. Other sectors, such as employers in industries such as agriculture, tourism, and extractives, face malaria as a leading cause of absenteeism and a threat to their productivity and profitability; in extractives alone, inaction against malaria is estimated to cost roughly US\$1 billion per year. Investing in integrated workplace malaria interventions and programmes therefore helps their workforces and the impact of malaria on the economy.

Meanwhile, logistics and consumer-goods firms can provide warehousing, route-to-market and cold-chain; telecoms and tech partners can power behaviour-change communication, real-time data entry and dashboards, e-vouchers, and geospatial targeting; and marketing and media companies can contribute high-reach campaigns. Such in-kind and technical contributions use existing assets, making them highly cost-effective.

Harnessing these capabilities at scale goes beyond corporate social responsibility to structured compacts between the public and private sectors. This may be through End Malaria Councils – which have mobilised over US\$210 million across 12 African countries since 2020 – chambers of commerce, sector platforms, and formal public-private partnerships. With strong partnerships and accountability, the private sector can help deliver fast, reliable, and equitable malaria outcomes across Francophone countries – and help ensure that the gains of this decade are secured rather than surrendered.

CLIMATE CHANGE, BIOLOGICAL RESISTANCE, HUMANITARIAN CRISES AND DECLINING ODA ARE PUTTING HARD-WON GAINS AGAINST MALARIA AT RISK. THE PRIVATE SECTOR'S INVOLVEMENT IS MORE CRITICAL THAN EVER.



ENDEAVOUR MINING'S FIGHT AGAINST MALARIA IN FRANCOPHONE WEST AFRICA

Endeavour is one of the world's leading gold producers and the largest in West Africa. In the countries where it operates – Côte d'Ivoire, Burkina Faso, and Senegal – Endeavour Mining has adopted an integrated, science-based approach to malaria control, working in close coordination with national malaria control programmes (NMCPs) and local authorities.

Across the region, Endeavour plans to invest between US\$650,000 and US\$700,000 every year in malaria control. Each project is grounded in scientific data, begins with entomological and socio-behavioral studies, and aligns with national strategic frameworks. The company provides financial resources and logistical support, while health authorities ensure technical alignment. The communities actively participate in implementation – an essential condition for sustainability.

By investing directly in reducing malaria, Endeavour protects its workforce, strengthens operational stability, and contributes to building more resilient communities.

AN INTEGRATED APPROACH IN CÔTE D'IVOIRE

Around the Ity mine in the Zouan-Hounien region, Endeavour's programme – launched in 2020 in close partnership with Ivorian health authorities – combines indoor residual spraying, distribution of insecticide-treated mosquito nets, community awareness campaigns, and capacity-building for the local health district. More than US\$900,000 was invested during the first phase.

Between 2020 and 2025, data from the district health system show a significant 88% reduction in malaria cases in the covered areas, falling from more than 3,300 cases to fewer than 400. When analysed alongside seasonal patterns and national campaigns, this trend reflects a clear break in local transmission.

A second phase, launched in 2024 with the support of the National Institute of Public Hygiene, strengthens the programme's scientific foundation. It includes entomological studies, regular treatment of mosquito breeding sites, indoor spraying in more than 9,000 households, and community sanitation initiatives. At the same time, internal data from the mine show a steady decline in malaria cases among employees – an indirect indicator of reduced community transmission. An additional US\$700,000 investment for 2024–2025 underscores the company's commitment to sustaining the initiative and developing it as a replicable model.



TARGETED INTERVENTIONS IN BURKINA FASO

Building on its experience in Côte d'Ivoire, Endeavour launched the 'Malaria-Free Village' project in Dangouana, near the Mana mine, in 2022. With a budget of US\$155,000, the programme concentrated several interventions within a defined geographic area: indoor spraying, mosquito net distribution, seasonal malaria chemoprevention for children, mass screening and treatment, and sanitation activities.

In just nine months, the Dangouana health area recorded a reduction of more than 65% in malaria incidence. In 2026, ongoing entomological studies are preparing the expansion of the model to the Mana and Houndé sites, in line with the strategy of Burkina Faso's National Malaria Control Programme.

LONG-TERM COMMITMENT IN SENEGAL

In Sabodala, within the Saraya district, the malaria control programme – initiated in 2005 and continued since Endeavour's acquisition of the site in 2021 – covers around a dozen villages representing nearly 30,000 people. Annual indoor residual spraying campaigns have reduced malaria incidence by at least 30% compared with trends observed elsewhere in the district.

With an annual investment of between US\$150,000 and US\$200,000, the Senegal programme, which is soon to be strengthened through the systematic integration of larval habitat management, shows that continuity and strong institutional alignment are key to long-term sustainability.

CANAL+: MASS MEDIA AND MALARIA ADVOCACY

Over the past five years, Canal+ has contributed over US\$1.5 million through in-kind media support and direct donations, helping to drive awareness and amplify advocacy messages for malaria programmes in Francophone West Africa.

While vector control and medical interventions are the cornerstones of malaria control, mass communication can help drive the adoption of preventative behaviours and early diagnosis and treatment. The high cost of media campaigns is a significant barrier for national malaria programmes, however. With its presence in 25 African countries, and a diverse portfolio of over 200 channels, Canal+ is uniquely positioned to bridge this gap, leveraging its media infrastructure as a tool for education and advocacy.

Canal+'s approach combines large-scale awareness campaigns with direct, on-the-ground support to address critical needs identified by the national malaria programmes in Senegal and Benin. Free, high-visibility airtime has been provided to disseminate vital malaria prevention messages. Since establishing a partnership with Speak Up Africa in 2021, Canal+ has broadcast awareness messages in French and local languages (like Wolof in Senegal) for months at a time, reinforcing key prevention behaviours. And the 'Zero Malaria Together' concert, featuring prominent African artists, was broadcast across the continent, embedding the malaria message within popular culture. The partnership with national malaria programmes in Senegal and Benin also ensures that all content is technically sound and aligned with national strategies.

Complementing its media campaigns, Canal+ has made targeted donations to address specific gaps identified by national health programmes. In Senegal and Benin, thousands of insecticide-treated nets (ITNs) were distributed to high-risk groups, including children at Koranic schools, orphanages, pregnant women and children with mental disabilities. One donation to the Ngohé Ndongor health post in Senegal reduced its routine ITN gap by 78%. And in Senegal's Diourbel health district, 34 bicycles were provided to home healthcare providers, improving their ability to travel between remote villages to deliver preventative care and conduct follow-ups.



Canal+'s most powerful contribution comes from its primary asset: its media platform. Working directly with national malaria programmes to craft and approve messaging, Canal+ ensures its platform serves as a powerful amplifier for official, government-led strategies, guaranteeing consistency and accuracy. Combining mass communication while supporting frontline interventions is an effective strategy because it pairs information with concrete malaria interventions – broadcasting messages about sleeping under a net is more impactful when followed by the direct distribution of nets to those who need them most.

INNOVATING AGAINST MALARIA

The international community has already developed a raft of highly effective tools to tackle malaria, but innovation has not stopped. In the pipeline are the next generation of interventions that will accelerate malaria elimination.

This innovation spans all aspects of malaria prevention, detection and treatment, with research and development always looking to improve on the products that can have the most impact. Insecticide-treated nets (ITNs), for example, have been a cornerstone of malaria prevention efforts of the 21st century; millions have been distributed and millions of lives have been saved. The rise of malaria-transmitting mosquitoes with resistance to the pyrethroid insecticides traditionally used on these nets has reduced their impact.

The RBM Partnership is a major convener, bringing together national and global efforts to accelerate the introduction of new tools and take them from innovation to market-ready solutions. Global health institutions that work with the RBM Partnership such as Unitaid, the Global Fund and Gavi have had a key role in shaping markets to foster both innovation, and access to innovation, in partnership with governments, research and academia, non-profits, foundations, communities, and private sector.

The development of dual-insecticide nets is a major step forward. Between 2019–2022, a pilot project funded by Unitaid and the Global Fund and led by the Innovative Vector Control Consortium, generated the evidence that underpinned the WHO recommendation. The nets were shown to improve malaria control by 20% to 50% compared with standard pyrethroid-only nets. 56 million dual-insecticide nets were deployed from 2019–2022, preventing an estimated 13 million malaria cases and 24,600 deaths across 17 sub-Saharan African countries, including Benin, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Mali, Niger, and Rwanda. The roll-out of these new, improved nets has since then been rapid – in 2025, more than 70% of nets delivered in sub-Saharan Africa were dual-insecticide nets.

Other innovations used against mosquitoes include targeted indoor residual spraying, and spatial repellents. And drones equipped with high-resolution cameras and GPS are being used to help map and monitor mosquito breeding sites in hard-to-reach areas, allowing for precise interventions.

The development of malaria vaccines has been a major milestone in malaria control efforts. The RTS,S/AS01 and R21/Matrix-M malaria vaccines targeting *Plasmodium falciparum* were being used in 24 countries by October 2025, in addition to other interventions. The combination of seasonal malaria chemoprevention and vaccination reduces cases of severe malaria by 60% and mortality by 40% among children under five, compared to results achieved with either the vaccine or chemoprevention alone. Next-generation vaccines, which aim to be even more protective and block community transmission, are already in the research pipeline. Meanwhile, our understanding of the parasite itself is being improved by genomic surveillance – the sequencing and analysis of malaria parasite genomes. This is being used to track the spread of the parasite, detect drug-resistance mutations, and understand how it is transmitted.

A Global Malaria Dashboard (<https://dashboards.endmalaria.org/en>), including one launched recently to track malaria drugs in the public or private sector, is making it easier to fill information gaps and exchange information. And countries are using subnational tailoring to improve how interventions are targeted, and scorecard management tools to drive action and accountability.

Researchers are working on mosquito gene drive technology. This involves the genetic modification of malaria mosquitoes to carry certain genes that will make the mosquitoes unable to carry or transmit the malaria parasite, or will reduce the number of mosquitoes by affecting their ability to reproduce or favouring reproduction of more male than female mosquitoes.

As interest in such technologies grows, it is important that the countries where these tools might one day be used have the scientific and regulatory capacity to assess and benefit from them. Initiatives like the African Center for Excellence in Molecular Engineering (ACEME) in Mali are helping strengthen scientific expertise to advance locally led genetic research. At the same time, the African Union Development Agency's New Partnership for Africa's Development (AUDA-NEPAD) and its programmes, such as the African Biosafety Network of Expertise (ABNE), play a key role in strengthening regulatory preparedness and promoting coordinated biosafety and health policy approaches for emerging technologies, including gene drive, across African countries.



ADAPTING SEASONAL MALARIA CHEMOPREVENTION FOR THE FUTURE

Over the last decade, seasonal malaria chemoprevention (SMC) has protected millions of young children in countries where malaria transmission is seasonal. Yet delivery, scale and funding remain problematic, and malarial regions themselves are changing due to climate change and urbanisation. So countries are innovating and adapting their SMC approaches to overcome these challenges.

In 2012, the World Health Organization recommended seasonal malaria chemoprevention (SMC) – a malaria prevention approach that involves giving antimalarial medicines to young children in parts of Africa that have seasonal spikes in malaria transmission. The ACCESS-SMC project, implemented in seven countries with support from the Malaria Consortium in 2014–2017, and with US\$68 million in funding from Unitaid, then showed that community-delivery of SMC was both feasible and cost-effective, promoting wider adoption of the intervention. And it is proving highly effective against malaria – a study in 2021 found that it provides up to 88% protection against infection in the first 28 days and a 61% reduction in clinical malaria 29–42 days after administration. This enabled the Global Fund to fund a rapid scale up of access to SMC in endemic countries. In 2024, the Global Fund invested US\$75 million in SMC, with 50.9 million children receiving this preventive treatment, and an estimated US\$744 million in the health workforce, especially community health workers.

SMC has now been adopted as policy and implemented in multiple Francophone countries – Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Ghana, Guinea, Guinea-Bissau, Mali, Niger, Senegal and Togo – as well as in other African countries. Each year, in areas of seasonal malaria transmission, antimalarial medicines are administered to young children – the age group at the highest risk of severe malaria – every 28 days from the start of the rainy season until the dry season begins (three to five months).



The medicines are typically delivered door-to-door by community healthcare workers – requiring investments in both commodities as well as delivery systems, able to build trust and ensure uptake by communities.

Several challenges stand in the way of the optimal implementation and sustainability of SMC. These include logistical constraints, such as access to remote and unstable areas; incomplete adherence to treatment, and inaccurate estimates of target populations. To address some of these issues, Mali is using digital dashboards to monitor SMC performance across 16 districts. These dashboards integrate geolocation tracking, stock management and treatment coverage analysis, allowing programme managers to identify gaps in drug distribution and supervision. Ghana has launched an electronic application to monitor children across all SMC cycles (each round of preventive treatment administered during the high malaria transmission season), ensuring consistency in treatment delivery. The system has enabled health workers to identify and intervene in cases where children drop out mid-round. Dropouts between cycle 4 and cycle 5 remain an issue due to seasonal agricultural activities.

Funding for these programmes is also a concern, as the costs of teams that go door-to-door in villages are significant. Integrating SMC with other health interventions is therefore being used both to improve efficiency and to broaden impact. Burkina Faso has linked malaria vaccination with SMC campaigns to identify children who had not received the recommended number of malaria vaccine doses. Togo has used SMC home visits to identify zero-dose and undervaccinated children. Guinea has combined SMC with Integrated Management of Childhood Illness and the distribution of insecticide-treated nets. And Cameroon has incorporated birth registration efforts into its SMC campaign, ensuring that children who received SMC were also registered for birth certificates. This helps ensure that children benefiting from malaria prevention services also gain legal identity, addressing a significant barrier in health and education access.

Other countries are changing the treatment regimens to suit their circumstances. Some are introducing an additional cycle of treatment, where rainy seasons are longer, while others are expanding the range of children being treated. Benin has expanded its SMC programme to school age children, for example. Such adaptations are likely to become increasingly necessary as ecosystems in Africa evolve due to climate change and urbanisation, impacting malaria transmission. Increased rainfall leads to the formation of more mosquito breeding sites. This can not only put new populations of children at high risk of malaria, but can also mean that larval breeding sites endure later in the year, leading to longer periods of malaria transmission.

SMC Alliance. Annual Meeting 2025 Report. <https://www.smc-alliance.org/smc-resources/smc-alliance-annual-meeting-report-2025>

MALARIA VACCINE PROGRESS IN AFRICA

The rollout of vaccines in Africa is a historic milestone in malaria prevention. By October 2025, 24 countries had introduced the RTS,S/AS01 and R21/Matrix-M malaria vaccines targeting *Plasmodium falciparum*, with the potential to save tens of thousands of young lives every year.

The RTS,S/AS01 malaria vaccine was recommended by WHO in October 2021, following successful large-scale pilot programmes in Ghana, Kenya, and Malawi, which showed a 13% reduction in all-cause child mortality. These programmes were coordinated by the WHO and co-financing of US\$70 million from Gavi, Unitaid and the Global Fund. The vaccine requires four doses, administered to children starting at 5 months of age. It is currently priced at approximately €9.30 (roughly US\$10.78 as of April 2026) per dose. The second vaccine, R21/Matrix-M, received WHO recommendation in October 2023 and is priced at US\$4 per dose. Both vaccines show approximately 70% efficacy when administered seasonally with seasonal malaria chemoprevention during 12 months of follow-up.

Between 2026 and 2030, Gavi aims to support countries to reach at least 50 million children by establishing a co-financing policy for malaria vaccines. There are implementation challenges that countries face with this rollout, however. These include coverage, regulatory approval delays, integration into routine immunisation programmes, supply constraints and continued monitoring. Gavi and the Global Fund have strengthened their collaboration to support countries in establishing optimal coordination between vaccination campaigns, chemoprevention, and the distribution of insecticide-treated bed nets, as well as in diagnosis and treatment which remain essential despite the effectiveness of combined prevention tools.

CAMEROON

Cameroon became the first country to introduce the RTS,S vaccine into its routine national immunisation programme in January 2024, targeting 42 health districts across all 10 regions.

The initial phase targeted 250,000 children, with the support of 61 WHO staff members for field mapping and the development of readiness assessment toolkits. By the end of 2026, Cameroon aims to scale up coverage to all 205 districts.

Data from Cameroon's Expanded Programme on



Immunisation found that districts in the first wave of vaccination experienced a 17% drop in all-cause hospital consultations for children under 5 compared to areas without the vaccine. In addition, around 60% of malaria-vaccinating districts recorded a drop in all-cause deaths in under-5s, and 57% recorded a drop in deaths linked to malaria in children under 5. In-person follow-ups with children who received three doses showed that none had suffered from further malaria episodes after vaccination.

By December 2024, the first dose had achieved a 63% coverage rate of the target population, the second dose 50%, and the third dose 46%. This highlights the challenges of early uptake, and the complexities of scaling and community engagement. Some regions in the country face further challenges due to security issues.

NEXT-GENERATION MALARIA VACCINES

Despite the successful rollout of RTS,S and R21, which are already saving lives, these first generation of malaria vaccines do not meet WHO's goals – vaccines that achieve a 90% reduction in blood-stage infection and clinical malaria. The hope is that the next-generation vaccines currently in development will reach these goals and will be able to block community transmission, which is critical for elimination. A 2024 WHO review of malaria vaccine clinical development noted 38 active candidates in phase 1, 2 or 3 of clinical trials; 87% of these new products were targeting *P. falciparum* and the others *P. vivax*.

EXPANDING LOCAL MANUFACTURING

There is growing political and institutional will across Africa – including Francophone countries – to expand local production of medicines, vaccines and other health technologies.

At present, local manufacturing remains limited, with the majority of pharmaceuticals, vaccines and medical devices used in Francophone Africa (and Africa generally) being imported. Although the capacity for local production exists in some areas – Senegal, Cameroon and Mali have modest local manufacturing bases, for example – it often covers only a small share of overall demand.

Investments are being made to shift from over-reliance on imported supplies toward regional manufacturing. In Côte d'Ivoire, where local production reportedly covered about 6% of national needs in 2023, the ambition is to reach ~20% by 2025. A new, large-scale project is under development in the country – a facility that will manufacture antimalarial and antibacterial medicines for 17 Francophone African countries, with a planned capacity of 5 billion tablets annually.

The development of local manufacturing capacities should go hand-in-hand with the development of research and development capacities in endemic countries. This will reduce intellectual property barriers further. It will also harness innovation anchored in the realities of resource-constrained settings where the interface between humans, biodiversity and the environment is changing rapidly, accelerated by climate change.

ADDING GENE DRIVE TO THE MALARIA CONTROL TOOLBOX



Gene drive mosquitoes are being explored as a complementary, sustainable and cost-effective addition to the malaria control toolbox that could help reduce malaria transmission and support countries regain momentum towards elimination.

Gene drive is a naturally occurring genetic mechanism that causes a selected trait to spread rapidly through a species over successive generations. Researchers are investigating how this approach could be leveraged to fight malaria by targeting the mosquitoes that transmit the disease. Gene drive technologies could be used to introduce a trait that either reduces mosquitoes' ability to transmit malaria or limits their ability to reproduce. As this trait spreads through the mosquito population, malaria transmission would decline.

Gene drive for malaria control is still at the research stage, but important milestones have been reached. Laboratory studies have shown that gene drive approaches can spread specific traits through caged populations of malaria-transmitting mosquitoes, and modelling suggests that, alongside existing interventions, gene-drive mosquitoes could substantially reduce malaria cases in high-transmission settings.

Because the mosquitoes themselves would do the work, gene drive technologies could offer a cost-effective, sustainable approach to reduce malaria transmission, particularly in high-burden Francophone countries.

PUTTING WOMEN AND YOUNG PEOPLE AT THE CENTRE OF THE FIGHT AGAINST MALARIA

Each year, 76% of the 600,000 deaths from malaria occur among children under five, and with a high prevalence of malaria in children aged five to 15 years, malaria devastates Africa's future – its young people. One child dies every minute from the disease, devastating families.

For women in malaria endemic countries, the disease impacts their lives in many ways. Cultural and social norms can prevent women from seeking timely treatment or using preventive measures. When pregnant, they undergo biological changes that make them more likely to suffer from and die from malaria, and adolescent girls are at higher risk of malaria in pregnancy than adult women. Furthermore, as children are most vulnerable to malaria, it increases the already heavy care workload on mothers as primary care givers. For home care givers, this means the loss of valuable time that could have been spent in productive and paid work that could improve the family's wellbeing.

THESE INITIATIVES ARE SHOWING THAT MALARIA INTERVENTIONS ARE MORE SUCCESSFUL IF THEY ADDRESS THE WAYS IN WHICH MALARIA DISPROPORTIONATELY AFFECTS WOMEN AND YOUNG PEOPLE.

The National Malaria Youth Corps are bringing together young leaders from across the continent to advocate for and take action to end malaria, neglected tropical diseases, and expand universal health coverage. The Voix EssentiELLES initiative is enabling women-led community-based organisations to implement community advocacy and health programmes and to become recognised leaders who shape health policy. Together, these initiatives are showing that malaria interventions are more successful if they address the ways in which malaria disproportionately affects women and young people – centering their voices and experience to guide policy and practice.



ALMA YOUTH CORPS: YOUNG PEOPLE PLAYING A LEADING ROLE IN THE FIGHT AGAINST MALARIA

Young people (aged between 15 and 35 years) account for 60% of Africa's population. Through national Malaria Youth Corps, thousands of young people across the continent are playing a vital role in the fight against malaria. From awareness campaigns and community engagement to net distribution and conducting rapid diagnostic testing, they are bringing their energy, innovation and commitment to defeat malaria.

In support of the African Union's push for youth leadership – outlined in the Africa Youth Charter, the AU Roadmap on Harnessing the Demographic Dividend, and Agenda 2063 – the African Leaders Malaria Alliance (ALMA) launched an ambitious youth engagement initiative in 2021 to engage young people as malaria youth champions. Through these efforts, ALMA is supporting countries in establishing national Malaria Youth Corps.

National Malaria Youth Corps bring together young leaders from across the continent to advocate for and take action to end malaria, neglected tropical diseases, and expand universal health coverage. They bring experience from a range of fields, including medicine, law, journalism, communications, and community health. Youth champions help their communities learn about malaria prevention, support their national malaria programme, serve as youth ambassadors in local government and participate in national, continental and global campaigns.

Today, there are 19 national Malaria Youth Corps in Africa, including eight in French-speaking countries – Benin, Burkina Faso, Cameroon, the Democratic Republic of Congo, Guinea, Rwanda, Senegal and Togo. More youth corps are being planned. Through this network, thousands of young people are helping to improve health across Africa.



CAMEROON: DIGITAL INNOVATION FOR GREATER IMPACT

In Cameroon, youth champions have played a key role in the nationwide distribution of insecticide-treated nets (ITNs). By developing digital tools, the team helped identify target populations more efficiently and supported the campaign led by the national malaria programme.

The youth corps has also led sanitation campaigns and provided support to vulnerable communities, including residents of the Maroua refugee camp. Working with the national malaria programme, they have helped to adapt new malaria control strategies to local contexts and supported national authorities in advocacy efforts aimed at improving community health systems.

BURKINA FASO: A LOCAL NETWORK WITH NATIONAL REACH

The youth corps in Burkina Faso has established focal points in all 70 health districts across the country. This network collaborates closely with the Permanent Secretariat for Malaria Elimination, particularly in prevention campaigns leading up to the rainy season, and is monitoring other health challenges, such as malnutrition among vulnerable groups.

SENEGAL: BRINGING TOGETHER PARTNERS AT LAUNCH

Senegalese youth champions brought together partners from various sectors when they launched their youth corps in August 2025. The launch ceremony brought together representatives from the ministries of health and youth, medical staff from local health centres, leaders from the local authorities and the community and representatives from civil society. Through these connections, the youth champions in Senegal are working on behaviour change communications, strengthening community screenings and training youth volunteers to act as community malaria experts.

DEMOCRATIC REPUBLIC OF CONGO: LEADING COMMUNITY DIALOGUES ON GENDER-BASED BARRIERS TO HEALTH

Youth champions in the Democratic Republic of Congo have been leading community dialogues on gender-based issues in the prevention and management of malaria. Over 1,170 community members across four health zones have taken part in discussion groups. With the support of health authorities and community and traditional leaders, gender-based issues have been identified and clear action plans put in place to make improvements.

VOIX ESSENTIELLES: HOW EMPOWERING WOMEN IS ACCELERATING THE FIGHT AGAINST MALARIA

Eliminating malaria not only saves lives and strengthens economies, but also serves as a catalyst for gender equality.

Investing in and empowering women – as health workers, community leaders, and advocates – is one of the most effective strategies for accelerating progress against malaria. Launched in 2021 by Speak Up Africa with support from Fondation CHANEL and the Global Fund, the Voix EssentiELLES initiative was designed to address this challenge directly. Operating in Benin, Burkina Faso, Côte d'Ivoire, DRC, Senegal and Togo, the initiative enables women-led community-based organisations to implement community advocacy and health programmes and to become recognised leaders who shape health policy.

Voix EssentiELLES combines three pillars of support: direct, flexible funding for organisations to set their own agendas and respond to local needs; capacity building through training and mentorship; and access to networks that connect grassroots leaders to national and international decision-making spaces. Since its inception, the initiative has channelled around US\$3 million in grants to 76 women-led grassroots organisations and strengthened women's leadership, with 36 women now serving on formal decision-making bodies such as Global Fund Country Coordination Mechanisms and Parliament.

To build on this success, Speak Up Africa launched the Voix EssentiELLES Fund for Malaria Elimination at the Africa CEO Forum 2025. This new fund is an entry point for private sector partners to invest in women-led, community-driven malaria elimination efforts across Francophone Africa. With a goal of mobilising US\$4 million by 2030, the fund aims to: support at least 200 women-led community organisations in Francophone Africa with flexible, malaria-targeted funding; build a regional feminist coalition to elevate malaria as a political and budgetary priority; and to strengthen community-led advocacy to improve accountability for national and regional malaria commitments.



By investing in the Voix EssentiELLES model, partners are not just funding malaria projects – they are investing in a sustainable, equitable, and community-owned approach that reshapes who gets heard and who gets funded in global health, unlocking new pathways for both gender equality and health impact.

ELEVATING WOMEN LEADERS' VOICE AND REPRESENTATION

EMPOWERING WOMEN IN TOGO TO FIGHT BACK AGAINST MALARIA



In Togo's Wawa 1, Wawa 2, and Wawa 3 communes, the Circle of Actions for the Development and Empowerment of Women and Children (CADEFÉ), an NGO, has led an advocacy campaign to strengthen women's empowerment in the fight against malaria.

The region has alarming infection rates, worsened by inadequate practices such as using bed nets as fencing for market gardens. Women have also been absent from local decision-making bodies. In 2025, CADEFÉ conducted a field study, organised capacity-building workshops for community health workers and community-based organisations, and held awareness sessions at local markets. This led to strong commitments from local elected officials, who signed action plans to create a sanitation unit in each commune, to be led by women.

BUILDING BRIDGES BETWEEN COMMUNITIES AND HEALTH WORKERS IN TOGO

In Togo's Tchaoudjo 1 commune, the NGO Dimension Humaine has mobilised community leaders, local authorities, and community health workers against malaria. Before the project, community health workers were poorly recognised, traditional practices prevailed over medical care, and women remained on the margins of community health decision-making.

Through community dialogues, sensitisation sessions, and targeted advocacy with local authorities, Dimension Humaine helped change mindsets in 2025: populations now seek care at the first symptoms, community health workers are accepted and respected, and women actively participate in decisions regarding their children's health. Furthermore, the mayor has committed to include a dedicated community health budget line in the 2026 municipal budget.

SECURING POLITICAL COMMITMENT FROM COUFFO AUTHORITIES IN BENIN



In the Couffo department of Benin, where malaria incidence exceeded 57% in 2025, the Fondation Reine Adjignon Natabou (FRAN) led an advocacy effort to secure formal political commitment toward eliminating malaria by 2030.

FRAN organised community consultations in the communes of Klouékanmè, Toviklin, and Lalo, reaching over 1,000 people. They also co-developed 2026 action plans, which incorporated gender-responsive activities. Women leaders – religious, traditional, and community-based – played a central role throughout the process, carrying the voices of vulnerable households to decision-makers.

This led to the signing of a commitment charter by the Prefect of Couffo and the communes' mayors, formally recognising the need to allocate dedicated resources to malaria control.

WOMEN WITH DISABILITIES TAKE THEIR PLACE IN THE FIGHT AGAINST MALARIA IN CÔTE D'IVOIRE

In Côte d'Ivoire, UNAFEHCI (National Union of Women with Disabilities) has driven the inclusion of women with disabilities in health policy-making and malaria control efforts. In 2025, UNAFEHCI trained 52 women with disabilities who are now recognised as community reference figures in malaria prevention.

The organisation is integrated into a WHO working group as part of a health equity pilot initiative which includes Côte d'Ivoire. Furthermore, UNAFEHCI contributed to the development of the National Health Development Plan (PNDS) 2026–2030, and regional authorities have committed to including UNAFEHCI in health policy steering committees.

CALLS TO ACTION

We call on the Francophone world to collectively commit to maintaining malaria elimination as a core development priority. This acknowledges the severe burden that malaria continues to have on many Francophone countries, and the enormous benefit that elimination would have for both endemic countries and the world at large.

We urge all member countries of the Organisation Internationale de la Francophonie (OIF) to demonstrate collective leadership and solidarity by supporting the adoption of a resolution on malaria at the next OIF Summit in November 2026, including concrete and ambitious commitments on accountability and sustainable financing.

The following specific calls to action support the global malaria community's current set of priorities, as reflected in the 'Big Push against Malaria' strategic framework for action overseen by the RBM Partnership to End Malaria. The Big Push is a multi-stakeholder effort aimed at coordinating action toward a malaria-eradication-ready ecosystem.

1. PUSH FOR HEALTH SOVEREIGNTY AND ROBUST DOMESTIC RESOURCE MOBILISATION

Countries affected by malaria must continue to lead and, through an equitable transition, progressively finance their own national malaria strategies, grounded on science and evidence.

Health sovereignty is fundamentally about country ownership and leadership, and must take a whole-of-society approach. So, alongside governments, it must involve key stakeholders in the fight against malaria – civil society and communities affected by malaria, the private sector, researchers and academia. We call on malaria-endemic countries to strengthen their planning, implementation and evaluation processes, ensuring that all internal and external partners are aligned behind a single, nationally led plan and budget for malaria, as part of a holistic, sustainable and well-funded health system.

2. PUSH FOR SUSTAINED DONOR FINANCING THROUGH EXISTING AND DIVERSIFIED SOURCES

Malaria elimination requires a broad, resilient financing ecosystem that mobilises all available sources of funding. We call on international donors to sustain solidarity and support to malaria endemic countries through existing multilateral financing mechanisms such as the Global Fund and Gavi, as well as through bilateral agreements.

A progressive transition to sustainable domestic financing must recognise the tight fiscal space, debt pressures and competing development priorities that many countries face. Increases in domestic financing must therefore be accompanied by continued international solidarity, technical support, and flexible financing that protects essential malaria services while national systems and revenue bases are strengthened. Health sovereignty must not be equated with the withdrawal of support – it is about building durable, country-owned systems that can sustain malaria elimination efforts over the long term.

In addition, sources of financing must be diversified to bridge the widening financing gap. The World Bank's International Development Assistance (IDA) programme, climate funds, public-private partnerships, and other innovative and blended finance mechanisms must be tapped. A diversified financing base will reduce vulnerability to external shocks and create a stable bridge from today's reliance on narrow funding streams to tomorrow's health sovereignty.

3. PUSH FOR STRONGER PRIVATE SECTOR ENGAGEMENT

The private sector must move from the margins to the centre of the malaria response – as a strategic partner, not just a funder.

We call on the governments of malaria-endemic countries and their partners to actively engage businesses across sectors – including extractives, agriculture, tourism, logistics, media, telecommunications and finance – to create sustainable and structured partnerships that incentivise companies to contribute their core assets, expertise and platforms to malaria elimination efforts.

We call on the private sector to contribute through a range of existing mechanisms available to them, from the international level through the Global Fund, to the regional level through mechanisms such as the Voix EssentiELLES Fund for Malaria Elimination, and the national level through direct support to national malaria programmes or through End Malaria Councils and Funds.

4. PUSH FOR AN ACCELERATED INNOVATION PIPELINE

Innovation must be accelerated, and made accessible, acceptable and affordable for the countries and communities that need it most.

The innovation pipeline for malaria is a source of optimism for the prospect of a world without malaria: from next-generation mosquito nets, malaria vaccines and new preventative and curative drugs, to artificial intelligence in data and surveillance systems and gene drive technology.

Accelerating this innovation pipeline is our best shot at reaching zero malaria within a generation. We call for the necessary support to build the scientific, regulatory and production capacity needed to assess, adopt and benefit from emerging innovations at the global, regional, and national levels, as close as possible to the areas and populations affected by malaria.

5. PUSH FOR A WHOLE-OF-SOCIETY APPROACH TO MALARIA

We call on governments and partners to embed gender-responsive and youth-led approaches across malaria strategies, recognising the disproportionate burden that malaria places on women, children and adolescents. This means investing in women-led and youth-led organisations, addressing social and gender barriers to access, and ensuring meaningful participation in decision-making at all levels. Malaria elimination will only succeed if it is driven by communities and shaped by those most affected – especially women and young people.

A whole-of-society approach must also engage all the stakeholders involved in shaping health outcomes. Civil society, traditional and community leaders, educators, faith groups, diasporas and the media all play critical roles in strengthening accountability, improving uptake of interventions, and ensuring that malaria programmes can adapt to reflect the lived realities of communities and provide concrete and effective responses.

At the government level, this requires a multisectoral approach that extends beyond Ministries of Health to include sectors such as agriculture, education, housing, and infrastructure. Coordinated action across these sectors can address underlying drivers of transmission, from environmental breeding sites to inadequate housing and sanitation.

Finally, malaria strategies should be framed within a 'One Health' approach, recognising the interconnectedness of human, environmental and ecosystem health. Integrating malaria control with broader environmental management, climate adaptation and vector-control strategies can help tackle the ecological conditions that sustain transmission and build more resilient health systems.

ZERO MALARIA STARTS WITH ME

Launched in Senegal in 2014 on World Malaria Day, this national citizen movement for malaria elimination is part of a broader advocacy strategy aimed at making malaria elimination a political priority and ensuring national commitment. In July 2018, during the 31st African Union Summit, and in support of the African Union's goal to end malaria by 2030, the Heads of State and Government of the African Union adopted the 'Zero Malaria Starts with Me' campaign. By endorsing the campaign, African Union leaders sent a strong signal: malaria elimination is a national, regional, and continental priority. To date, more than 30 African Union Member States have launched the campaign.

SPEAK UP AFRICA

Speak Up Africa is an African organisation committed to building an Africa where growth and sustainable development are driven by African citizens themselves. We unite, inspire, and advocate. With a focus on strategic communications, policies, and advocacy, we are dedicated to helping African leaders and citizens actively participate in identifying and developing solutions to address major challenges on our continent such as malaria, neglected tropical diseases, vaccination, sanitation, gender equality, education and global health research and development.

www.speakupafrika.org

AFRICAN LEADERS MALARIA ALLIANCE

Founded in 2009, the African Leaders Malaria Alliance (ALMA) is a ground-breaking coalition of African Heads of State and Government working across country and regional borders to achieve a malaria-free Africa by 2030.

<http://www.alma2030.org>

FRIENDS OF THE GLOBAL FUND EUROPE

Friends of the Global Fund Europe (Friends Europe) is a non-profit organisation established in France in 2005 under the high patronage of the President of the French Republic. Its mission is to carry out political advocacy activities in Europe for global health and the fight against AIDS, tuberculosis, and malaria, particularly in support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The actions it undertakes aim to raise awareness among relevant audiences about the challenges posed by these three epidemics and global health, especially decision-makers, parliamentarians, civil society organisations, and members of the academic and research communities, and to contribute to mobilising the resources needed to fight these diseases, including for the benefit of the Global Fund.

www.friendseurope.org

RBM PARTNERSHIP TO END MALARIA

The RBM Partnership to End Malaria is the world's largest platform dedicated to eliminating malaria, a mission it has championed since 1998. With over 500 partners, including malaria-endemic countries, bilateral and multilateral development agencies, private sector organisations, and community-based groups, RBM is accelerating collective action to end malaria through one last Big Push – a unified voice and action to confront the disease and its impact on people, health systems and development.

<https://endmalaria.org/who-we-are/about-us>

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