



# African Union Malaria Conversation Guide For Youth In Africa

Strengthening Youth Leadership and  
Engagement in Policy Dialogue for Malaria  
Elimination in Africa





# H.E. Uhuru Kenyatta

**PRESIDENT OF THE REPUBLIC  
OF KENYA AND CHAIR OF THE  
AFRICAN LEADERS MALARIA  
ALLIANCE (ALMA)**



**The youth in Africa stands ready and vibrant to take on leadership roles to support advocacy for malaria and advance the fight against malaria in Africa. A fundamental promise of the African Union's Agenda 2063 and 2030 Agenda for Sustainable Development is to leave no one behind. The youth in Africa must continue to raise their voices to ensure inclusivity and participation.**

Since the endorsement of the Zero Malaria Starts with Me Campaign by Africa's Heads of State and Government in 2018, we have seen stronger political will, leadership, accountability, and resources invested into the malaria response in Africa. However, we have to tighten the bolts as far as country ownership, partnerships, community involvement, and global solidarity are concerned, as these are critical to eliminating malaria by 2030.

Closing the gaps in the malaria response can be effectively attained through monitoring progress and evaluating outcomes. The data collected is adequate evidence that guides the strategic implementation of action plans. Evidence-based approaches are paramount to attaining the targets in the Africa Health Strategy and the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030.

When I assumed the Chair of Africa Leaders Malaria Alliance (ALMA), I set out a four-point legacy agenda. The four key initiatives include digitisation and scorecard accountability and action plans, multi-sectoral advocacy, action and resource mobilisation, regional coordination, and access to life-saving commodities. I encourage young Africans to take on the opportunities emanating from implementing the four-point legacy agenda and leverage this conversation guide to strengthen their capacity to effectively participate in policy dialogues and networks of community malaria youth champions.

## 1.1 Special Message

### H.E Macky Sall

**PRESIDENT OF THE  
REPUBLIC OF SENEGAL  
AND CHAIRPERSON OF  
THE AFRICAN UNION AND  
AIDS WATCH AFRICA**



African governments have the power to adopt and implement the right solutions to unlock the potential of Africa's youth in reducing the malaria burden on the continent. A strong commitment combined with ownership and strategic partnership can make a difference at all levels, but only if the youth are engaged in policymaking.

If we are to ultimately fulfil the objectives outlined in the Africa Health Strategy and the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030, we must all strive to build relevant and resilient skills development systems that equip the youth, especially young women, with the skills and tools for full engagement in policy dialogues and decision making.

In Senegal, we have launched a national youth empowerment programme to strengthen young people's employment and socio-economic integration. The programme is based on three principal axes: self-employment, employment, and training. We have allocated funding for the programme's implementation over the next three years. I am committed as a leader to ensuring that the mandates on youth empowerment in the African Union's (AU) Agenda 2063 and the 2030 Agenda for Sustainable Development are met.

Investing in the youth is investing in the wealth of the economy. As the Chairperson of the African Union for the year 2022 and Chairperson of AIDS Watch Africa, I champion youth-led strategies that lead to stronger social support for youth from peers, caregivers, communities, and local government. This conversation guide will improve how youth lead and pave the way for malaria elimination in Africa by 2030.

## 1.2 Special Message

### H.E. Minata Samate Cessouma



**COMMISSIONER FOR HEALTH,  
HUMANITARIAN AFFAIRS  
AND SOCIAL DEVELOPMENT,  
AFRICAN UNION COMMISSION**

The launch of this Malaria Conversation Guide For Youth In Africa comes at a unique juncture of innovation as the roll-out of the long-awaited malaria vaccine for children pilot programme and the establishment of the [African Medicines Agency](#). Malaria remains a primary cause of childhood illness and mortality in Africa. Therefore, this innovation is a breakthrough for child health improvement and malaria control. I encourage further innovative establishments in African Union (AU) Member States to fulfil the [AU Agenda 2063](#) and the AU Science, Technology and Innovation Strategy for Africa 2024 ([STISA-2024](#)) anchored on building the Africa we want by harnessing the power of science and technology. The youth should maximise their youthful, creative capacity by making full use of this conversation guide to drive innovation, research and development in their countries.

The [2021 Africa Malaria Progress Report](#) outlines an urgent need to accelerate action across all malaria response areas: prevention, diagnosis, treatment, elimination and surveillance to end malaria by 2030. The Report also highlights broad differences in coverage of malaria interventions within and across the AU Member States. It is crucial to deploy available resources efficiently and equitably to ascertain the sustainability of malaria programs and ensure that funding shortfall does not lead to the upsurge of malaria. I call on the youth to bring this conversation guide into full play by convening dialogues that advance resource mobilisation for malaria control and equitable funding distribution. In this way, the youth in Africa can also carry through our shared imperative as citizens of Africa: to save the lives of Africa's citizens by rising to the challenges and closing the service delivery gaps.

## 1.3 Special Message

### Ms. Chido Cleo Mpemba

#### AFRICAN UNION YOUTH ENVOY

---

Effective malaria response in Africa must include young people in the design and implementation. Young pregnant women and children are the most vulnerable to malaria, and we cannot make progress without focusing on these two groups. Their voices can and should be part of policy development and advocacy in areas directly affecting them as they are experts of their own experience and critical in identifying and addressing problems in their communities, especially those related to their peers.

Coalitions and organisations that engage young people in a meaningful way see programs succeed and policies advance. The Africa Health Strategy and the Catalytic Framework to End AIDS, TB, and Eliminate Malaria in Africa by 2030 identify effective approaches and recommendations to meaningfully engage youth in health-related programs, policies, and operational practices. The African Union Constitutive Act, the African Youth Charter and the African Union Roadmap on Harnessing the Demographic Dividend Through Investments in Youth prioritise youth development and empowerment, underscoring the importance of youth participation and involvement in the development of the continent.

Youth engagement should be meaningful and an intentional partnership where young people are involved in all parts of a campaign or program, from agenda-setting and decision-making to implementation and evaluation. This can only happen by creating an environment where their voices can be heard without stigma or judgement. Meaningful youth engagement should integrate the experiences and ideas of young people into program design while also building on their skills and strengths. In an ideal situation, young people, organisations and communities all benefit.

This conversation guide provides detailed insights into examples of youth-friendly interventions and best practices that can be utilised to structure events that create suitable environments for meaningful engagement of youth in malaria policies. I encourage its full utilisation to strengthen the youth's capacity to hold meaningful policy dialogues on malaria.



---

Coalitions and organisations that engage young people in a meaningful way see programs succeed and policies advance.

---

2

# INTRODUCTION

## 2.1 Malaria and Youth in Africa

Page 6

## 2.2 How To Use This Conversation Guide

Page 6

Globally, there has been significant progress in the battle against malaria over the last two decades. A sharp increase in rapid diagnostic testing, access to treatment and innovative research collaborations, among other measures, has helped: avert over 7.6 million deaths since 2000; and reduce malaria transmission in many endemic countries. However, the impact of the current COVID-19 pandemic puts the world at risk of losing the tremendous progress that has been achieved due to interruptions in the implementation of available solutions and delays in access to innovations.

Before the pandemic, malaria was already responsible for as many as [half of all missed school days](#) in affected areas. By continuing to invest in ending malaria, we will not only save lives that would otherwise be lost to this deadly disease; but we will also build stronger health systems that will protect communities from COVID-19 and future health crises and ultimately free some financial resources that could be reinvested in education, infrastructure and economy. Joint effort with global partners through implementation of the Zero Malaria Starts With Me Campaign has ignited interest and zeal among youth in the AU Member States to participate in malaria response within their communities.

Zero Malaria Starts with Me is a pan-African campaign through which communities are mobilised and empowered to take ownership of the fight to end malaria. The Campaign, co-led by the African Union and RBM Partnership to End Malaria, is based on three pillars: political engagement, private-sector engagement and community engagement. These pillars lay the foundation for keeping malaria high on the political agenda, raising funds to support malaria work and activating everyone from heads of state to community members. Zero Malaria Starts With Me continues to grow into a continent-wide force.

AIDS Watch Africa (AWA), whose Secretariat is housed at the AU Commission, plays an influential advocacy role in encouraging young people in the AU Member States to actively shape the world they want to live in and lead change in response to malaria, among other diseases. In this context, the AU Commission, in collaboration with the African Leaders Malaria Alliance (ALMA), RBM Partnership to End Malaria, the Global Fund to Fight AIDS, Tuberculosis and Malaria No More UK, embarked on developing a malaria conversation guide for youth in Africa to empower the young generation for meaningful inclusion in malaria policy dialogue and advocacy. Under the leadership of the AWA Secretariat, the guide will be availed in various visual forms to fit the diversity of media consumption by youth in Africa and ensure that no malaria youth champion is left behind.

**Disclaimer\*** The data included in the Guide was collected between October 2021 and May 2022.

## 2.1 Malaria and Youth in Africa

Young people between 15 and 24 comprise 75% of Africa's population. Investing in empowering the youth to lead the malaria response is therefore critical. Their participation in policymaking processes ensures that they are involved in formulating initiatives and decisions that affect their lives. [The Africa Health Strategy](#) and [the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030](#) describe investment in youth and adolescents as a smart, pragmatic economic intervention with a high return on investment. These two policies specifically identify the need to empower youth with skills and knowledge to attain good health and prosperity in the context of the African Union's (AU) [Agenda 2063](#) and the [2030 Agenda](#) for Sustainable Development.

Facilitating dialogue around challenges of malaria response in Africa can be complex – but it does not have to be! Opportunities for youth to engage in governance and participate in political and decision-making processes depend primarily on the political, socio-economic, and cultural contexts. These opportunities should therefore be navigated with a strategy to ensure relevance and inclusivity.



**This conversation guide can be leveraged by youth in Africa to design fruitful policy dialogues on malaria elimination in Africa. It is designed to strengthen youth-centred leadership and engagement in the policy dialogues. It can be adapted to fit different contexts and utilised throughout the policy dialogue process, from planning to implementation to evaluation.**

## 2.2 How To Use This Conversation Guide

Creating a safe space for sensitive, important conversations involves several key steps outlined in this conversation guide. To reap maximum benefits from the guide:

- i** Familiarise yourself with the basics of a policy dialogue in the 'Getting Started' section.
- ii** Plan your event following the steps and recommendations on best practices indicated in the 'Planning A Youth-Led Policy Dialogue On Malaria' section.
- iii** Borrow from perspectives shared by youth and leaders in the 'Scenario Setting' section to shape your event's objectives (and agenda).
- iv** Consider the topics in the 'Conversation Starters' section to strengthen your discussion topics.

## 3

GETTING  
STARTED**3.1 What is a policy dialogue?**

Page 7

**3.2 The rationale for constructive, transformative youth-led policy dialogues in strengthening the impact of the Zero Malaria Campaign in Africa**

Page 7

**3.3 Examples of youth-friendly malaria advocacy events/activities**

Page 8

**3.1 What is a policy dialogue?**

A policy dialogue is a reflective process that involves people from different interest groups who discuss an issue in which they have a mutual – but not necessarily common – interest. It assumes that people in different positions will have different perspectives on, and possibly divergent interests in, the same problem.

In the context of malaria, interest groups extend beyond the government and healthcare practitioners to include innovators, academicians, community health workers, and opinion leaders. Therefore, an enabling environment for policy dialogue should be all-inclusive and allow individuals and organisations to leverage their competencies and resources.

Policy dialogues are broadly practical and problem-oriented processes that build on stakeholders' collective experiences and insights regarding the external environment that influence the efficacy of policies. Different minds come together to analyse factors beyond the partnership's control and advise policymakers on what needs to change.

The policy dialogue process builds on and complements such activities and provides analysis of key policy issues at both local and national/systems levels in a systematic manner. The identified policy-related issues are discussed with policymakers and other stakeholders at local and national policy dialogue events, focusing on identifying 'actionable' recommendations and preparing action plans for both levels. The dialogue also empowers the participants and develops the capacity to engage in policy issues and navigate complexity.

**3.2 The rationale for constructive, transformative youth-led policy dialogues in strengthening the impact of the Zero Malaria Campaign in Africa**

A survey by the RBM Partnership to End Malaria found that [9 in 10 African youths](#) want to take personal action to fight against malaria, with almost two-thirds believing the disease can be eliminated in their lifetimes. The data also showed that youth are most likely to volunteer their time to support malaria control efforts, for example, by distributing mosquito nets or supporting community clean-up activities (50%), even ahead of simply sharing information about malaria on social media (45%). A quarter also hope to make a difference by calling on national policymakers (26%) or engaging community leaders (25%) to prioritise malaria.

This interest should be leveraged and strengthened. Various ways of empowering youth to lead and engage in the fight against malaria in Africa exist. A crucial entry point of action is to equip them to have constructive, productive, and transformative conversations to strengthen malaria response and influence policy formulation and implementation.

### 3.3 Examples of youth-friendly malaria advocacy events/activities

Designing adolescent and youth-friendly activities require extensive research on effective interventions to achieve positive outcomes in this age group. However, with adequate investment in resources and proper planning, advocacy event organised by the youth for the youth can be a reliable source of evidence on how to increase accessibility to youth in Africa.

In Africa, these are some youth-friendly advocacy interventions that can be adapted into an opportunity for policy dialogue:

- i. Youth health weeks observed at community-level.
- ii. Health information and counselling sessions provided through web-based platforms.
- iii. Youth sports camps and tournaments.
- iv. Monthly peer education sessions.
- v. School-based or clinic-based peer support groups.
- vi. Monthly community-based support groups run by trained facilitators on policy and health systems strengthening.
- vii. Community outreach conducted by a multidisciplinary team (a malaria clinician, nurse, counsellors, a social worker, a psychologist, and a network of community adolescent treatment supporters).
- viii. Youth of training and mentorship for health workers, social workers, and community champions organisations to strengthen their capacity to integrate psychosocial support, clinical care and policy-level engagement.
- ix. Youth caucus to play an observatory role during parliament proceedings and delegation visits to convey observations and offer youth-centred recommendations.
- x. Youth advisory groups and commissions for consultation on the needs of the youth.
- xi. Youth-initiated and led campaigns to create awareness, mobilise community action and raise resources for youth participation in policy processes.





4

# PLANNING A YOUTH-LED POLICY DIALOGUE ON MALARIA

4.1 Best practices before a policy dialogue

Page 10

4.2 Best practices during a policy dialogue

Page 11

4.3 Best practices after a policy dialogue

Page 11

An open dialogue can reach a shared understanding of the problem and the views of other stakeholders' views and lead to agreed solutions to a policy-related problem. This section presents documented general best practices that should be considered for best results.

NOTE\* When adopting ideas from best practices, it is also [recommended](#) that several criteria are considered, such as these presented in *Table 1* below:

Criteria	Percentage of importance
Youth involvement	15
Relevance	15
Effectiveness/impact	15
Reach	12
Feasibility	12
Sustainability	10
Replicability	10
Ethical soundness	3
Efficiency	3



## 4.1 Best practices before a policy dialogue

### STAGE 1: AGENDA SETTING

- i. Determine the objective and desired outcomes of the dialogue.
- ii. Map out the topics of discussion based on the objectives and anticipated outcomes.
- iii. Choose the target audience and format of the meeting.
- iv. Pick potential speakers/panellists and moderator(s).
- v. Choose a date, time (including zone) and venue.
- vi. Compile all the information above into a concept note and draft agenda to have a vivid picture of the event you are planning.

### STAGE 2: STAKEHOLDER ENGAGEMENT

- i. Circulate the draft invitation letters, key messages and IEC materials required to disseminate the information regarding the event for approvals required at least two months before the event.
- ii. Send out the invitations as planned
- iii. Design a social, digital media set of messages and graphics for digital engagement.
- iv. Send a reminder to confirmed participants, preferably with a calendar invite attached to their emails. SMS-based reminders can also be activated by partnering with local mobile service providers. In some cases, local authorities have supported advertising the event through drive-through callouts.

### PRO TIPS

- i Plan at least a month in advance, depending on the stakeholders' seniority. The higher you go, the more advance time is required.
- ii The number of audiences must be manageable for meaningful dialogue, whether virtually or onsite. The idea is to provide an environment for exchange and not one-way communication.
- iii Share the concept note can also be shared with potential event sponsors.
- iv Pick a suitable venue for the audience in terms of ease of accessibility, size and technical support such as lighting, sound, and staff and quickly tailor it to suit the sessions. While budget is essential, it should not compromise the enabling environment required for strategic and political conversation.
- v Have all working documents, key messages, social media toolkits and Information, Education and Communication (IEC) materials approved and at the final-production stage at least two weeks before the event to leave adequate space for last-minute adjustments or needs.
- vi Utilise digital tools such as Mailchimp, which help reach more people in one click, reducing time spent on administrative work such as sending invites and reminders.

## 4.2 Best practices during a policy dialogue

- i. Start by explaining the objective of the dialogue and expected outcomes so the convenor and attendees clearly and mutually understand them to ensure transformative outcomes.
- ii. Involve an individual with experience in policy dialogues to guide the conversation as a moderator.
- iii. Have a fast and keen individual capturing the findings and recommendations used to hold stakeholders accountable.
- iv. Engage a social media resource person who will be live-sharing the conversations on digital platforms and documenting through photography and sound bytes.

### PRO TIPS

- i. Choosing the right person with the relevant knowledge and expertise on malaria instead of overall public health will help link the project to ongoing policy processes, identify entry points for policy actions and open doors for policy influence.
- ii. Think about stakeholder engagement alongside all the other plans so that It may also be desirable to involve an external facilitator for the actual national policy dialogue event (as the policy expert will be heavily involved in presenting).
  - a. If so, this needs to be planned well ahead of the event. Resource persons must maintain a close dialogue with the project management team and steering committee and prepare and deliver a report on the policy process.

## 4.3 Best practices after a policy dialogue

- i. Send a thank-you note to the speakers/panellists as applicable, noting openness to more collaborations
- ii. Take note of what went well and what did not succeed so that there are revisions and improvements.
- iii. Re-package the discussion points as key messages for communications collaterals such as press releases, social media graphics, success stories, briefs and more.



# 5

# SCENARIO SETTING

## 5.1 Voices of Youth

**Odinaka Kingsley Obeta**

**Ms. Winter Okoth**

**Ms. Lucy Gathoni Muriithi**

**Dr Ndifanji Melia Namacha**

**Dana McLaughlin**

**Delight Kwame Siameh**

**Schadrack Girukwishaka**

Page 12

Page 12

Page 13

Page 14

Page 14

Page 15

Page 16

Page 16

The youth and leaders in this section voice the lessons they have learnt during their involvement in the malaria response in Africa. Their perspectives can be utilised to fine-tune the approach of youth-led malaria policy dialogues and advocacy activities.

## 5.1 Voices of Youth

Scaling up community participation and involvement to ensure that the early steps towards the end goal of malaria elimination are taken.



### Odinaka Kingsley Obeta

West-African Lead, ALMA Youth Advisory Council and Member, RBM Digital Youth Workstream.

@obetaodinaka @Obetaodinaka

Malaria, the life-threatening disease terrorising the health and wellbeing of hundreds of millions of people, including women and children living across the African continent, requires urgent attention. These populations at risk of malaria are sited in communities plagued by poor sanitation, hygiene and poor access to quality and affordable healthcare services.

With the establishment and recent implementation of the ALMA Scorecard, we have witnessed improved commitment and accountability from governments and citizens in combating malaria at the country level. Scaling up community participation by implementing these scorecards at the community level is one way to empower communities to hold their leaders accountable, increasing commitment to the fight against malaria.

Community participation could also be scaled up by including communities in decision-making and leveraging existing structures at the community level, such as the youth and elders councils and religious and tribal associations, to drive the message of zero malaria. This must be contextualised into the language and pattern that best goes with the people while leaving the key message untampered.

It is also essential to incorporate the community health workers programme (CHW) in the healthcare delivery system of endemic countries to enable communities to access prompt malaria diagnosis and treatment; doing this will get us one step ahead in the fight against malaria. We must understand that a malaria-free community, in turn, means a malaria-free country, and if this becomes the case in the 55 countries in Africa, then our dream of a malaria-free continent is achieved.

**Leadership and ownership of malaria prevention and elimination strategies by Africa's governments are vital.**



### **Ms. Winter Okoth, ScM**

**Malaria Researcher. Nothing but Nets Malaria Champion.  
RBM Youth Workstream Co-Lead.**

@WinterOkoth @WinterOkothGlobal



Malaria is a life-threatening disease and the cause of many deaths, especially among young children and pregnant women, in Sub-Saharan Africa. The fight against malaria has been going strong for years, and however, we are yet to defeat malaria for good.

Prevention measures and elimination strategies, such as insecticide-treated bed nets and antimalarial drugs, have helped lessen morbidity and deaths caused by malaria. WHO officially endorsed the world's first malaria vaccine (Mosquirix) on October 6th 2021, for children across high-burden countries in Africa. This is an excellent step in the fight against malaria. Vaccinations have proven to save lives from many infectious diseases globally. Having an (effective) malaria vaccine will be a tremendous additional preventive tool against malaria and ensure for elimination and eradication of this disease globally.

For the African continent to reach the common goal of a malaria-free world, African governments need to take strong ownership and leadership in the fight against malaria, especially in high-burdened malaria countries in Sub-Saharan Africa. Our leaders need to prioritise the healthcare and wellbeing of their nations and continent as a whole; the fight against infectious diseases such as malaria should be at the top of every country's health agenda. African governments need to step up their investments to fight against malaria and

other diseases of public health concern. The return on public health investment will ensure a healthier nation, thriving communities and stronger economies.

For instance, our leaders should improve our health systems and infrastructure and invest in research and development, public health education and innovations. There should be high-level discussions on the burden of malaria in Africa, but ensuring commitment and taking concrete actions at the grassroots level is paramount. For example, African leaders launching the pan-African continent-wide African Leaders Malaria Alliance (ALMA) initiative is highly commendable and a great platform that allows for combined efforts in the fight against malaria across the continent and globally.

African governments should put more effort into accelerating the implementation of malaria prevention and elimination measures to ensure a rapid decrease in the disease burden. For instance, the world's first malaria vaccine has just got endorsed by the WHO for use in children. This is a significant milestone and historic moment indeed. This vaccine is a positive step, including other prevention measures already being utilised, that will help save the lives of many children, ease the burden on health systems, and ensure improved school attendance and healthier economies and workforce throughout the continent. It is now vital that our leaders ensure and actively support the

nationwide roll-out of vaccination programmes for children across the African continent, especially in the high-burden malaria countries.

Malaria is robbing Africa of its future leaders by taking young people's lives and stealing their opportunities to realise their dreams. It is important to have meaningful inclusion of youths in malaria leadership, research and development, policymaking, and advocacy to support our generation to lead the charge against malaria. This must be matched by increased funding and political commitment toward public health education to foster young leaders' ambition for a world without malaria. It is up to our leaders to deliver a malaria-free world for the next generation.

The fight against malaria is a shared responsibility that requires increased financing and efficient utilisation of resources in the high-burden countries to further scale the existing prevention tools and innovations. Additionally, continued funding, investment in R&D (research and development), partnerships, and extensive community engagement will help us sustain the gains made thus far in the fight against malaria. Achieving even more excellent progress in the fight against malaria demands our leaders' genuine commitment, ownership, and leadership.

**Equity in malaria is a foundation to a more robust health system.**



**Ms. Lucy Gathoni Muriithi**

Financing Alliance for Health, Fellow.  
RBM Youth Workstream Member.

@Lucygathoni4

Lucy Gathoni (lucy.gathoni.14)

The COVID-19 pandemic has significantly strained the already overstretched health system. Many countries now face the double burden of compacting Covid-19 and other life-threatening diseases like malaria on resources that have dwindled if not constant. The disease burden is felt more in the low- and middle-income countries, particularly in poor communities depicting a huge disparity in healthcare access. Malaria continues to be a leading cause of morbidity and mortality among pregnant women and children under five years, and it is also a significant risk factor for intrauterine growth retardation leading to low birth weight in infants.

Equity in malaria care means ensuring access to healthcare services to everyone regardless of their location, race, gender, income status, level of education or religion. It entails building robust community health systems where community health volunteers are well equipped to offer preventive, diagnostic and curative malaria services besides referral services for severe cases. The community health system is the bridge between the community and the more extensive health system due to its ability to reach the most remote places where a static health facility would be hard to set up.

Strengthening the malaria surveillance system for early detection of an outbreak and response is also key to a stronger health system. Such investments are cost-effective in preventing early detection of signs and symptoms, diagnosis, and source identification to break the transmission cycle. These measures will go a long way in reducing the disease burden on the higher levels of the health system and build strong communities with equitable access to malaria care translating to more productivity and better quality of life.

**Advocacy and capacity building is essential components of the success of malaria elimination programs.**



**Dr Ndifanji Melia Namacha,  
MBBS, MBA**

RBM Youth Workstream Co-Lead.

@lioness.ndifanji

I believe that the youth are no longer the leaders of tomorrow, but we are the leaders of today; as such, building the capacity of the youth in the fight is critical. The youth have been instrumental in vaccine development studies, as witnessed by the recent historical development of the first-ever malaria-vaccine. We have been on the front lines mobilising communities and raising awareness in the fight against malaria. We will be on the front lines advocating for increased access.

The youth are ready and determined to end malaria; as such, it is important to leverage and strengthen this. There are calls for a youth army, but for this army to be effective, the youth army must be equipped to go into battle with malaria. To stay ahead of the game, advocacy training and capacity building with thus be paramount and essential. This should be in the form of postgraduate training scholarships, small grants to build capacity in youth-led organisations, and fellowships to build communication and advocacy skills. The youth are determined and ready, but they need to be equipped to fight against malaria successfully. We are indeed the generation who can end this.





**Effective multi-sectoral collaboration and coordination between communities, governments and development partners are essential in the fight against malaria.**



**Dana McLaughlin, MPH**

Nothing But Nets, UN Foundation.

 @nothingbutnets / @dmclaughlin\_mph
  @NothingButNets

Given the far-reaching impacts of malaria on society, all sectors have an important role in promoting and protecting their community from malaria – and have much to gain from doing so. Multi-sectoral action against malaria is essential to improve coordination and collaboration among sectors and find opportunities for actions and policy changes outside the health sector that enhance advancement towards other sectors' goals while simultaneously contributing to malaria elimination.

Working together, it is possible to grow economies and promote sustainable development – whether by growing food, building new infrastructure, generating energy, promoting tourism, or other activities – without creating conditions that help malaria thrive and subject more people to its deadly impacts. A strong commitment to work with partners across sectors will be essential to end malaria while ensuring sustainable and equitable economic and societal growth.

Thanks to the long-term global commitment to the research, development, and delivery of transformative tools for fighting malaria, the toolbox of life-saving malaria interventions to prevent, diagnose and treat the disease is stronger and more diverse than ever.

However, history has shown that we cannot be complacent with today's tools. At every turn in our fight against malaria, the parasite and mosquito have fought back, rendering once-groundbreaking medicines, insecticides and approaches ineffective and allowing the disease to resurge. Today is no exception. Growing resistance to insecticides and drugs is threatening our most effective tools. Continued research, funding and delivery of innovations in science, technology and finance will be critical to developing and delivering the transformative tools required to stay ahead of these challenges and ultimately end the disease.

The longer we take to end malaria, the greater the risk that the parasite and mosquito become better able to fight back, and the higher the human and financial toll. By increasing investment in innovation now, giving countries the ability to use the right set of tools to meet their needs, and committing to accelerate access to life-saving tools, we can end malaria and deliver a healthier, more prosperous world.

**Strengthening malaria prevention is a very cost-effective way to reduce the disease burden in Africa.**



**Delight Kwame Siameh**

C.E.O of Dekskom Consult & Health Advocate.

@DelightSiameh  
 Delight Kwame Siameh

Investing in malaria preventive interventions is the most cost-effective action or effort. Experts say that malaria slows economic growth in Africa by up to 1.3 per cent (%) per year, and according to WHO, the annual direct and indirect cost of malaria in Africa is estimated to be more than US\$12 billion. A country like Ghana spends about \$13.90 on a malaria case treatment, and Nigeria spends more than \$22.48 per malaria case treatment. There are similar scenarios in other African countries.

Following my engagement with several groups, households and individuals as part of my leadership and advocacy journey on malaria, and other diseases, in Ghana, I have noticed that many people perceive malaria to be a part of their 'existence' or 'tradition' and, for that matter, are not bothered or do not care to know or take into account its impact. Every illness in a household is referred to as malaria without any test.

An additional observation is that people are susceptible to mosquito bites, and even the sound of a mosquito keeps everyone uncomfortable. I suggest that more investment is made to prevent mosquito bites. There should be more research and development towards producing body perfumes to prevent mosquito bites, etc. If the information is available, people in Ghana will welcome education on mosquito-bite prevention and the use of indoor residual sprays (IRS). They will also be encouraged to sleep under long-lasting insecticide nets and invest in mosquito repellent sprays if the items are available.

I believe that adequate focus and conscious investment in preventing malaria (mosquito bites) is a cost-effective way to reduce the disease burden in Africa.

**Response to malaria is both a social and economic asset that can transform the wealth of a nation.**



**Schadrack Girukwishaka**

Central Africa Co-lead for the ALMA Youth Advisory Council.

Malaria can strain national economies by affecting the gross domestic product of countries where malaria is endemic. The costs of curative care incurred by households reduce the economic growth. According to the WHO, malaria wreaks havoc in lost lives and medical costs, lost income, and reduced economic output. The direct and indirect annual costs of malaria in Africa are estimated at over US\$2 billion. Malaria impoverishes families, households, and national economies, reduces workers' productivity, and discourages investment.

The response operations to the malaria epidemic strengthen the following four components: clinical management of malaria cases in health care structures and mobile clinics, vector control through intra-domiciliary spraying (PID), social mobilisation/risk communication and the insecticide-treated mosquito net (LLIN) distribution campaign. These operations save lives and improve the health of the population. However, good population health is associated with higher savings rates, higher return on capital, and higher levels of domestic and foreign investment. These factors can effectively contribute to increased economic growth.

In conclusion, eradicating malaria undoubtedly transforms the country's wealth because a healthy population actively participates in development work and, therefore, eradicates poverty. A country with a healthy population is more likely to experience economic growth.



## 6

CALL  
TO ACTION

- i. Dr. Margaret Agama-Anyetei
- ii. Dr. Mohammed Abdulaziz
- iii. Dr. Barbara Glover
- iv. Ms. Shushu Tekle-Haimanot
- v. Ms. Joy Phumaphi
- vi. Dr. Corine Karema
- vii. Eliud Kipchoge
- viii. Siya Kolisi
- ix. Saray Khumalo

Page 17

Page 18

Page 18

Page 19

Page 20

Page 20

Page 21

Page 21

Page 21

As a global health leader in the malaria space, what would be your call to action to encourage young people passionate about strengthening youth leadership and engagement in policy dialogue for malaria elimination in Africa?



i

**Dr. Margaret Agama-Anyetei**

Former Head of Health Systems, Diseases and Nutrition & Ag. Director of Health and Humanitarian Affairs, African Union Commission.



@MargaretAgama

The African Union Commission, along with the rest of the world, recognises the centrality of youth to achieving the aspirations of the African Union's Agenda 2063. Aspiration 6, in particular, envisions a continent with people-driven development, relying on its youth. Therefore, the youth should come together to harness this political will by sharing skills, knowledge, creativity, and learning to build a more integrated, prosperous, and peaceful continent.

Since the launch of the Zero Malaria Starts With Me Campaign, numerous new and creative malaria initiatives and opportunities continue to emerge where young people can articulate the barriers they face and identify helpful tools and resources for their malaria advocacy efforts. These include youth advisory councils and youth champions that empower malaria advocates to realise meaningful youth engagement for malaria elimination. Young people in Africa should take advantage of these opportunities to build trust at the decision-making table. Their participation and full engagement are necessary to achieve effective malaria elimination in Africa as envisaged in the Africa Health Strategy and the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030.

The leadership of the youth in policy dialogue is also crucial in the achievement of the Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA). The Campaign utilises policy dialogue, advocacy, and community mobilisation to harness the political commitment of member states towards improving maternal, child and newborn health (MNCH) and the survival of mothers, their newborns and children across the continent - which is the demographic at most risk of malaria.

Proper utilisation of this conversation guide can support youth in establishing true partnerships and opportunities for intergenerational dialogue; data, evidence, and youth-friendly research; media and communication tools and support; and technical and financial support and resources to fill their seat more effectively at the policymaking table. I hope the youth can leverage it to secure a seat at the decision-making table, especially in the wake of revolutionary African-led developments such as the African Medicines Agency.



ii

### Dr. Mohammed Abdulaziz

Head, Division of Disease Control and Prevention, Africa CDC.

@zizo\_man / @AfricaCDC

In recent years, the movements of large population within countries and across frontiers resulting from various political and socio-economic factors have affected control measures and contributed to the spread of malaria in Africa. Thus, there is an urgent need to pool regional and bi-regional resources to address these issues and define achievable malaria prevention and control targets in the participating countries. The youth in Africa can play a crucial role in establishing networking initiatives amongst the youth across Africa to achieve regional and cross-border cooperation.

Youth-led interventions for knowledge exchange regarding cross-border malaria can encourage the establishment of innovative platforms for open dialogue between youth and experts whilst empowering youth to initiate and implement cross-border, regional and transnational cooperation. Shared responsibility will enable the achievement of the bold targets that we set in the Africa Health Strategy and the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030.

While there is not a one-size-fits-all approach to addressing border malaria, the youth should leverage this conversation guide to address multiple factors contributing to malaria transmission in border areas, including political unrest, the difference in social and economic development, weak surveillance and response systems, insufficient access to health service, and differences in national malaria policies and treatment-seeking behaviours. This is a sure path to achieving national, regional, continental and global action against malaria and attaining continental prosperity envisioned in the AU Agenda 2063.



iii

### Dr. Barbara Glover

Programme Officer: Integrated Vector Management (IVM) and The African Union Panel on Emerging Technologies (APET), African Union Development Agency (AUDA-NEPAD).

@barbsglover @NEPAD\_Agency Barbara Glover

Malaria costs Africa an estimated 12 billion dollars a year in economic impact, while the African WHO Region absorbs around 75 percent of the entire US\$2.7 billion committed globally to malaria control and elimination efforts by malaria-endemic governments and international partners. This has extensive implications for human and economic development on the continent.

In my work as project officer of the integrated vector management programme at AUDA-NEPAD, I have found the 4 principles of the Catalytic Framework to end AIDS, TB and eliminate Malaria in Africa by 2030 foundational and essential to my work, as discussed below:

#### PRINCIPLE 1

**African leadership and ownership of development strategies and accountability for implementation are the foundation of success:**

In 2018, the African Union, through the Assembly/AU//Dec.642-664(XXIX), requested the Commission, WHO and AUDA-NEPAD to support initiatives and investments in the development and regulation of the gene-drive technology as well as other innovations aimed at the control and elimination of Malaria. To this end, the African Union High-Level Panel on Emerging Technologies was established, which provided technical support and recommendations to African governments regarding the control of Malaria. APET published a report on gene drive for the control and elimination of Malaria on the continent, which provides guidance to African governments and relevant stakeholders on a useful technology that can serve as a complementary tool for malaria elimination.

**PRINCIPLE 2**

**Effective development partnerships are essential, as is coordination and collaboration between communities, governments and development partners:**

Following the request of the AU Assembly and the recommendations of APET, AUDA-NEPAD established the Integrated Vector Management (IVM) programme as a “rational decision-making process for the optimal use of resources for vector control.” It is bolstered by the principles of evidence-based decision making and collaboration within the health sector and between sectors for the control and elimination of Malaria, among others.

We aim to establish and operationalise a continental platform that will enable the continent to build a strong collaboration between the health sector and other sectors to control disease vectors effectively. The programme also aims to equip the region in applying existing approaches and those on the horizon for controlling vectors.

**PRINCIPLE 3**

**The state has a central role to play in development:**

The adoption of IVM has been slow due to insufficient political buy-in for the programme that would support a harmonised approach to vector control across diseases due to capacity limitations and a focus on single disease management. We need all state actors on board.

**PRINCIPLE 4**

**Health is both a social and an economic asset that should be invested in and prioritised by governments:**

The need for IVM is more critical now than ever due to an increase in vector-borne diseases and their threat to economic development. Therefore, there is a need for a renewed focus on advocacy and human capacity development at national and regional levels and an increased call for inter and intra-sectoral collaboration where environmental management and health education are linked to proactive strategies for controlling new and emerging threats.

Saving lives to sustainably augment the continent’s capacity to address its socio-economic development needs remains a non-negotiable priority goal for the IVM programme. Let us work together to eliminate Malaria in Africa!



iv

**Ms. Shushu Tekle-Haimanot**

**Senior Advisor, Political Advocacy and Partnerships, Resource Mobilisation, Global Fund to Fight AIDS, Tuberculosis and Malaria.**

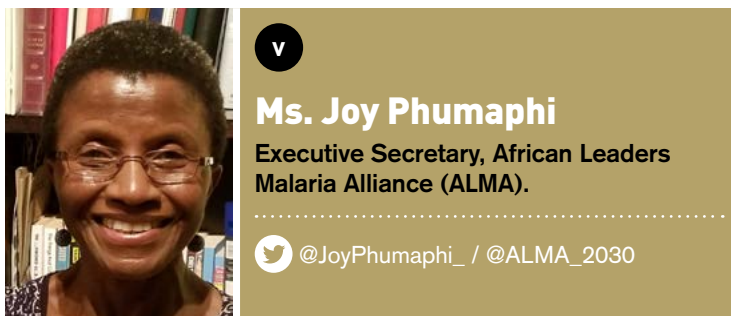
 @GlobalFund

 Shu-Shu Tekle-Haimanot

Malaria is an urgent public health priority: the disease and the costs of its treatment trap families in a cycle of illness, suffering and poverty. Globally, according to the World Health Organization, it is estimated that there were 219 million malaria cases in 2017. An estimated 200 million cases, or 92% of global malaria cases, were in sub-Saharan Africa. Today, nearly half of the world’s population, most of whom live in sub-Saharan Africa, are at risk of developing malaria and facing economic challenges.

Every two minutes, a child under five dies of malaria: a child that will not have the privilege of growing up to become a young activist. These children could have been you or your younger brothers and sisters. Other than young children, those most vulnerable to malaria are pregnant women or the older generation – the grandparents: the babysitters, the storytellers, and the family’s heart.

Malaria comes back each year with monotonous regularity and decimates families. Malaria weakens immune systems and impacts earning potential even for those who survive. It is time for young people to take a stand so that their children have the chance to grow up in a world that is free of malaria.

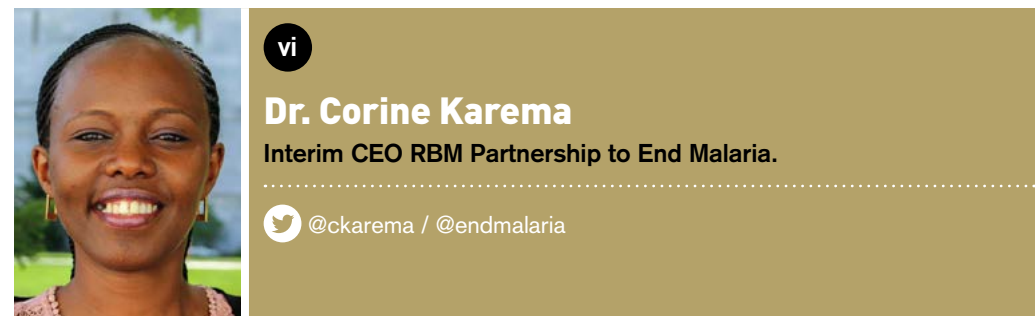


Your time is now! As young people, you are at the centre of Africa's socio-economic and political transformational agenda. Constituting over 70% of Africa's population, you play a special role in directing Africa to realise the vision of a malaria-free continent by 2030.

You are a population that is leading the way in groundbreaking technological innovations. You possess the unique technical and leadership skills required for change and a prosperous future. With you in the driver's seat, Africa's potential to end malaria is within reach.

Africa continues to be held back by this scourge, which has a devastating toll on our economies. Billions of dollars are lost due to labour absenteeism, lost learning hours, increased health expenses, and reduced capacity to treat other illnesses. These resources would have otherwise been channelled towards socio-economic programmes to benefit communities and grow the economy. The devastation to our people has a profoundly negative impact on human capital development, the potential for vibrant economies, and Africa's shared prosperity. Sadly, malaria is responsible for an average annual reduction of 1.3% in Africa's economic growth.

I call on you to harness your skills, youthful energy, and can-do attitude; to effectively support malaria prevention and control efforts at the community level, where the disease wreaks the most havoc. Together we can win the war against this dreadful disease. Zero Malaria Starts With Me. Zero Malaria Starts with Youth!



Today's youth represent Africa's future, but malaria is still putting their futures at risk and robbing Africa of its future leaders. This is particularly true for young women as malaria is the fifth leading cause of death for girls aged 10-14. Adolescent girls are highly vulnerable to malaria during pregnancy, but more than two-thirds of eligible pregnant women across sub-Saharan Africa did not receive the recommended three doses of cost-effective intermittent preventive treatment in pregnancy (IPTp) in 2020.

Country leaders, health systems, health workers and local communities all have a role to play in ensuring girls and young women can access quality reproductive health and maternity care when they need it most and, importantly, are empowered to do so. Young women are also disproportionately impacted by the indirect effects of malaria, such as the burden of caregiving for family members, which can lead to lost days of school, and ultimately can lead to early marriage and childbearing or exclusion from community life.

Malaria is responsible for as many as half of all missed school days in affected areas, and many children with repeated malaria infections go on to earn half the income of those who have not experienced the same recurrence. Gender-based and youth-centric malaria strategies and investments can, in contrast, deliver a powerful double dividend, addressing many of the long-term inequities caused by the disease.

The RBM Partnership to End Malaria is committed to support countries to engage youth and apply a gender lens to the fight against malaria. In most African countries, decisions around malaria interventions are made without input from youth leaders. 9 in 10 African youths have expressed that they want to take greater personal action in the fight against malaria, and two-thirds of youth surveyed believe that malaria can be eliminated in their lifetimes.

By taking a multi-sectoral approach to malaria elimination and ensuring youth leaders have a seat at the table, national malaria programmes can re-ignite the fight against malaria. Such strategies must also be informed by better data disaggregated by gender and age to target interventions effectively. A concerted focus on understanding and addressing young girls' needs and realities must also be central to countries' approach.

As future mothers, scientists, community health workers, advocates, and political leaders, today's young women have the potential to become agents of change and end malaria in their lifetimes – but only if we can provide them with the tools and opportunities to do so.



vii

## Eliud Kipchoge

Kenyan marathon world record holder and malaria champion.

 @EliudKipchoge

As an athlete, I've met a lot of fellow athletes who dropped out of school and tried to build a life without education. Although it's not impossible, in my opinion, education is the vehicle that helps propel us forward in order to live the lives we deserve. Malaria is a disease that's stealing the futures of African children right in front of our very eyes; the education of our young ones is being greatly affected due to the large amounts of school missed because of malaria.

I'm very grateful for my career, and I have worked hard, but I honestly don't think I would have been able to go for gold if not for the education I was blessed to have. I'm excited to see Kenya's leadership in the malaria fight and the launch of the Kenya Malaria Youth Army. Young people make up most of our population and as leaders of tomorrow we need to do all we can to equip and empower! I am also passionate about the Zero Malaria campaign enabling young people across the continent to get involved and raise awareness. Simply visit [zeromalaria.org](http://zeromalaria.org) and draw your own line against malaria. Together I believe we will reach zero malaria by 2030. No human is limited; therefore, our futures shouldn't be either.



viii

## Siya Kolisi

South African Rugby Captain and malaria champion.

 @SiyaKolisi\_Bear

Malaria is a killer disease that we can all play our part in ending in our lifetime. As Captain of the Springboks, I know the power of teamwork, and when we lock in together, we can achieve incredible results! We are at the cusp of history, and as young people, our power lies in our unity. The same goes for malaria – the more of us that come together and unite to beat this deadly disease, the sooner we can make it a reality! There is no reason why malaria needs to take the life of a child every two minutes. More countries than ever are working towards zero malaria! Here in South Africa, we're part of a group of 8 countries uniting to eliminate malaria by 2030. I invite you to be part of the change, join me and play your part– visit the Zero Malaria campaign website ([zeromalaria.org](http://zeromalaria.org)) and take a moment to draw your own line against malaria using the incredible malaria art.


Please share this on your social networks as a sign of your support to drive awareness and inspire action to save lives because Zero Malaria starts with you and with me.



ix

## Saray Khumalo

Award-winning Mountaineer, Transformational Coach and malaria champion.

 @saraykhumalo

First of all, I have to commend the young people of this generation; they're incredibly aware and determined to use their voices to effect change. As the first black African woman to reach the summit of Mount Everest, I can tell you that determination is exactly what we need to eradicate the world's deadliest killer, malaria.

As a mother of two, it hurts me that pregnant women and girls are disproportionately affected by malaria - in fact the African girlchild is at risk of missing a large amount of school due to malaria and other challenges. Growing up in both DRC and Zambia, I saw that adolescent girls can be agents of change in our communities, which is why I am so proud to be an Ambassador for the Zero Malaria Draw The Line Campaign. This Campaign specifically targets the young people of Africa, encouraging you all to engage your leadership and create action for change by visiting [zeromalaria.org](http://zeromalaria.org) and drawing the line against malaria, so we can achieve our goal of reaching zero malaria by 2030.

I know it seems daunting, but the longest, most challenging journeys all began with a single step; we can do this, and we can do this together. Please join me by sharing your support for this Campaign on your social media platforms.

# 7

# CONVERSATION STARTERS

The Catalytic Framework to End AIDS, TB and malaria by 2030 is underpinned by selected principles that are deemed critical success factors for the successful implementation of the Framework and the ultimate end of the three diseases in Africa.

Policy dialogues on malaria should incrementally focus on these principles to ensure that crucial conversations are heard.

NOTE\*

Derived from [the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030](#)

**1** Leadership and ownership of malaria prevention and elimination strategies by Africa's governments are vital.

**2** Accountability for the implementation of malaria-related strategies is the foundation of successful elimination.

**3** Effective multi-sectoral collaboration and coordination between communities, governments and development partners are essential in the fight against malaria.

**4** Response to malaria is both a social and economic asset that can transform the wealth of a nation.

**5** Access to affordable and quality malaria prevention, diagnosis, treatment, care and support is a human right.

**6** Equity in malaria care is a foundation for more robust health systems.

**7** Effectiveness and efficiency are central to realising the maximum benefits from resources available for malaria response.

**8** Evidence is the basis for sound malaria-related policies and practices.

**9** The impact of new and creative initiatives on advocacy and community mobilisation

**13** Advocacy and capacity building are essential components of the success of malaria elimination programmes

**10** Overcoming socio-cultural and economic barriers to accessing services in malaria response is critical.

**14** Scaling up community participation and involvement to ensure that the early steps towards the end goal of malaria elimination are taken.

**15** Harnessing innovation and expanding research and development for malaria control and prevention.

**11** Strengthening malaria prevention is a very cost-effective way to reduce the disease burden in Africa.

**16** Promoting and protecting human rights and gender equality to overcome barriers in malaria interventions.

**12** Diseases know no boundaries; hence cross border cooperation in the management and control of malaria is required.

**17** Tools and strategies for strengthening access to information on malaria.

**18** Meaningful engagement of young people through youth-friendly malaria interventions.

# Let us keep the conversation going




**Zero Malaria Starts With Me!**

---

[www.zeromalaria.africa](http://www.zeromalaria.africa)

 @zeromalaria

 @zeromalaria



**Connect with the African Union**

---

[www.au.int](http://www.au.int)

 African Union

 @\_AfricanUnion




**AIDS Watch Africa**

**Connect with the AIDS Watch Africa Secretariat**

---

[www.aidswatchafrica.net](http://www.aidswatchafrica.net)

 AIDS Watch Africa

 @aidswatchafrica

 AIDS Watch Africa