

#WORLDMALARIADAY2024



THE RBM PARTNERSHIP TO END MALARIA

THE IMPACT OF GLOBAL MALARIA EFFORTS

At the RBM Partnership, we are working to achieve a world free from malaria. The Partnership brings together over 500 partners and provides a coordinated, global response to the disease. Partners include malaria-affected and donor countries, the private sector, non-governmental and community-based organizations, research and academic institutions, and more.

Since its inception in 1998, we have played a critical role in global efforts that reduced malaria deaths by half and saved 10.6 million lives. We are now committed to building on these significant gains and ending malaria for good.

CONTEXT

World Malaria Day, established by the United Nations General Assembly, is internationally observed on 25 April each year. World Malaria Day is an occasion to highlight the need for continued investment and sustained political commitment for malaria prevention and control. Numerous events are held in malaria endemic countries around the world, and an internationally visible official ceremony is organized to mark the day each year.

This year the Multilateral Initiative on Malaria, 8th Pan-African Conference is being held in conjunction with World Malaria Day, in Rwanda. Partners from around the world, in endemic and non-endemic countries will be hosting activations and launching campaigns raising awareness of the fight around the disease.

CAMPAIGN

World Malaria Day is an opportunity to bring together people from around the world in activations and campaigns to raise awareness of the mission to end malaria.

We have engaged with Partners to develop the following:

- Messaging
- Objectives
- Assets and partner toolkit
- Coordination across the NMCPs in all endemic countries
- Engagement: Working with partnerships and especially civil society actors we are convening, supporting and amplifying cultural moments. Activities will focus in Rwanda around the MIM, where RBM is in full support as we know many partners are.

Partner Toolkits: These will be released on Friday April 19 2024. You will be able to [find them in this folder](#) and will be emailed on the day.

OBJECTIVES



Convene partners and highlight efforts, successes and challenges conducted by the malaria community and key stakeholders in Africa and worldwide



Mobilize decision-makers and the general public to assist in these efforts



Spotlight gender-responsive strategies, including better use of sex-disaggregated data, to further improve the effectiveness of malaria-elimination efforts and advance human rights and health equity



Amplify the voices of the malaria-elimination champions and partners at regional and global level



Support advocacy and rally partners and support in the lead up to the Replenishment Conference for the Global Fund and Gavi



THEME

Health Equity, Gender and Human Rights

SLOGAN

Accelerate malaria elimination for a more equitable world

HASHTAGS

#AccelerateTheFight / #WorldMalariaDay /
#GenderEquityHumanrights / EndMalaria ₆

MESSAGING

RBM Partnership To End Malaria

World Malaria Day 2024

Messaging Framework

Theme / Slogan	Accelerate malaria elimination for a more equitable world		
Core narrative	<ul style="list-style-type: none"> Malaria has a devastating impact. Not only does it continue to directly endanger health and cost lives, but it also perpetuates a vicious cycle of inequity. The disease disproportionately disadvantages those communities and social groups that are already facing economic, societal and health challenges. We must deliver on a zero-malaria world to create a more equal future that safeguards everyone's human rights. 		
Message pillars	GENDER	EQUITY	HUMAN RIGHTS
Issue	Malaria disproportionately impacts the health, societal and economic outcomes of women and girls.	This is a disease that is catastrophic for those communities that are already hardest-hit.	Malaria is just one piece of the puzzle in a much wider global health challenge.
Call to action	Malaria programs, policymakers, leaders and researchers must apply a gender lens to prioritise better outcomes for women and girls.	Leaders in malaria-endemic and donor countries must prioritise funding and the implementation of lifesaving tools in the hardest-hit communities. As a priority, this must include those affected and displaced by natural disasters and conflict.	We need to deliver transformational change to achieve Universal Health Care, protect people's rights and achieve social justice worldwide.
Key territories: pillar-specific	Pregnancy and malaria <ul style="list-style-type: none"> Malaria in pregnancy contributes to 10,000 maternal deaths each year. Pregnancy reduces a woman's immunity to malaria, making her more susceptible to 	Geography of malaria burden <ul style="list-style-type: none"> The WHO African Region still bears the heaviest burden of malaria globally, with the most recent World Malaria Report showing 94% of all malaria cases and 	Universal Health Care (UHC) <ul style="list-style-type: none"> As defined by the WHO, UHC refers to all people having access to the full range of quality health services they need, when and where they need them, without financial hardship. While this right is

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<p>malaria infection and increasing the risk of illness, severe anaemia and death.</p> <ul style="list-style-type: none"> In 2022, 12.7m women were exposed to malaria infection during pregnancy in the 33 moderate and high transmission countries in the WHO African Region (equating to 34% of all those in the region who were pregnant). More needs to be done to increase the coverage of integrated, quality MIP programming and achieve better health outcomes for mothers and newborns. Only 1 in 5 eligible women currently receive at least 3 recommended doses of intermittent preventive treatment in pregnancy (IPTp). Further, in 2022, just over half of pregnant women and young children were sleeping under a bed net. <p>Gender responsive health systems</p> <ul style="list-style-type: none"> Health systems that are not gender responsive will fail. To achieve the sustainable development agenda, health systems strengthening must proactively confront gender bias and discrimination, be informed by both sex- and gender-disaggregated 	<p>95% of all malaria deaths are attributed to the continent.</p> <p>Potential of High Burden High Impact</p> <ul style="list-style-type: none"> 11 countries, including Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Sudan, Uganda and Tanzania, are responsible for over 70% of the global malaria incidence. Stepping up the malaria response in these countries is critical to achieving a zero-malaria world. <p>Disasters and conflict</p> <ul style="list-style-type: none"> We are already seeing malaria cases rise exponentially in response to climate disasters and conflicts. The displacement of communities in war-torn regions and following climate disasters (like flooding) results in interrupted access to health services and makes it more difficult to prevent the spread of this disease, while these communities are already grappling with other impacts. In Pakistan, following the floods, case incidence jumped five-fold between 2021 and 2022. 	<p>supported by several international laws, more must be done to ensure it is achieved in practice.</p> <ul style="list-style-type: none"> Each year, 1 billion people do not receive the health care they need, and 100 million fall into poverty due to unaffordable health expenses. <p>Malaria and UHC</p> <ul style="list-style-type: none"> The UHC service coverage index score of 10 of the 11 countries with the highest burden of malaria as some of the lowest ranked for UHC in the world. Without timely access to affordable quality care, malaria cases are more likely to result in mortality. Achieving a world free of malaria will be accelerated by the successful adoption of UHC. Universal coverage of community-based interventions plays an important role in reducing the malaria burden. <p>Addressing malaria can likewise further UHC goals</p> <ul style="list-style-type: none"> Malaria interventions often serve as an entry point to other health services. We have seen numerous cases where addressing malaria has allowed countries to improve their health systems and advance UHC by providing equitable and financially accessible services to the most vulnerable populations. Moreover, by reducing the malaria burden on health systems, resources can be redirected to address other issues.
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<p>data.</p> <p>Representation of women and girls</p> <ul style="list-style-type: none"> Health system strengthening must include the elevation of women and girls' voices They need to be well-represented in health and political leadership to help confront existing biases Changes must also address gender inequality in the health and care workforce. Women combatting malaria are most visible on the frontlines. They make up 90% of the community health workers who have helped significantly drive down malaria cases and deaths. We need to ensure they have better pathways to leadership positions. 	<p>Multi-sectoral approach</p> <ul style="list-style-type: none"> Leaders and policymakers must take a multi-sectoral approach to health system strengthening. Interventions implemented by sectors other than the health sector can work in tandem to enhance the impact of health sector investments. This includes expanding the benefits of malaria investments to other sectors, reducing the strain on health systems and economies in malaria-endemic areas and contributing to the sustainability and resilience of health sector efforts. This is our route to not only eliminating malaria but also tackling multiple other health issues in parallel. <p>Financing</p> <ul style="list-style-type: none"> To eliminate malaria and achieve UHC requires an increased and efficient allocation of resources. Continued funding for multilateral investors is essential to build resilient and sustainable health systems.
<p>Key territories – all pillars</p> <p>Climate change is exacerbating all of these existing issues – and we can expect it to get worse. It will exacerbate gender inequality, will further inequity and natural disasters cause displacement.</p> <ul style="list-style-type: none"> The 2023 World Malaria Report warned that a warming of places that are currently malaria-free could result in the disease emerging in different geographies to where cases are concentrated today. On top of this, it is expected that climate change will widen inequity as economic and food insecurity increases, leading to poorer nutrition and the inability to seek prompt care. According to WHO, strengthening health systems and accelerating malaria burden reduction and elimination will be key to alleviating the direct and indirect effects of malaria <p>Transformational, systemic change is needed to positively impact people's lives and realise human rights</p> <ul style="list-style-type: none"> Malaria should not be seen as an issue in isolation. Ending this disease will strengthen health and socio-economic systems globally And the reverse is also true: strengthening health and socio-economic systems will establish the 	<p>platform needed to eliminate this disease</p> <ul style="list-style-type: none"> Continued collaboration towards global systemic change is essential to achieve a healthier, more sustainable world. <p>But elimination remains possible if we seize the opportunities and take a multi-sectoral, transformational approach.</p> <ul style="list-style-type: none"> Country ownership and community-level engagement will be key. <ul style="list-style-type: none"> More and more countries have been making malaria elimination a national priority and joining the Zero Malaria Starts with Me movement. The declaration signed in March by African Ministers of Health, who committed to implementing stronger leadership and increased domestic funding for malaria programmes, is also key step towards alleviating the malaria burden in some of the most impacted countries globally. New tools are further catalysing the fight against malaria. <ul style="list-style-type: none"> Key developments recently have been the rollout of the RTS,S vaccine, beginning in Cameroon, and the recommendation of a second vaccine - R21 - by WHO. Steady progress is also being made in rolling out preventative therapies like seasonal malaria chemoprevention. Exciting research is also taking place in the gene drive space, paving the way for us to genetically modify malaria-carrying mosquitoes in future. <p>Nevertheless, we must close the funding gap if we are to implement new tools and strategies effectively.</p> <ul style="list-style-type: none"> The funding gap between the amount invested in malaria control and elimination and the resources needed continues to widen.

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A messaging framework has been created in multiple languages which you can find in this folder.

Please use this in your own campaigns and activities as appropriate.

Partenariat RBM pour en finir avec le paludisme

Journée mondiale de lutte contre le paludisme 2024 – le genre, l'équité en santé et les droits humains

Cadre de messages

Contact: Jennifer Minard: Advocacy and Communications Lead at the RBM Partnership
jennifer.minard@endmalaria.org and Maëlle Bu: SCPC Co-Chair - maelle.bu@speafrica.org

Objectifs	<ul style="list-style-type: none"> Raffiner les partenariats et faire ressortir les efforts déployés par la communauté du paludisme et les principales parties prenantes en Afrique et dans le monde entier, ainsi que leurs accomplissements et les défis qu'elles ont rencontrés Mobiliser les décideurs et le grand public afin qu'ils soutiennent ces efforts Mettre en avant les stratégies tenant compte de la dimension du genre, notamment une meilleure utilisation des données ventilées par sexe, en vue d'améliorer encore l'efficacité des efforts visant à éliminer le paludisme et à faire avancer les droits humains et l'équité en santé Amplifier les voix des champions de l'élimination du paludisme et des partenaires aux niveaux régional et mondial Soutenir les actions de plaidoyer et rallier les partenaires ainsi qu'un appui à l'approche des Conférences de rapprochement de l'Alliance du Vaccin (GAVI) et du Fonds mondial
Thème/slogan	<p>Thème : Le genre, l'équité en santé et les droits humains</p> <p>Slogan : Option 1 - Accélérer la lutte contre le paludisme pour un monde plus équitable</p>
Propositions de messages	<ul style="list-style-type: none"> Accélérer la lutte #JourneeMondialeDeLutteContreLePaludisme #GenreEquiteDroitsHumains #FinirAvecLePaludisme
Discours central	<ul style="list-style-type: none"> Le paludisme a un impact dévastateur. Non seulement il continue de compromettre directement la santé et de coûter des vies, mais il perdure également un cercle vicieux d'iniquité. La maladie cause un préjudice disproportionné pour les communautés et les groupes sociaux qui sont déjà confrontés à des difficultés économiques, sociales et sanitaires. Nous devons parvenir à un monde sans paludisme afin de pouvoir bâtir un avenir plus égal dans lequel les droits humains de toutes et tous sont protégés. Il est essentiel d'étendre la mobilisation des ressources au niveau des pays, avec un appui international et au travers d'organisations multilatérales telles que la GAVI et le Fonds mondial, pour instaurer un monde sans paludisme.

Partenariat RBM pour en finir avec le paludisme

Piliers des messages	GENRE	EQUITÉ EN SANTÉ	DRITS HUMAINS
Problème	Le paludisme a des impacts disproportionnés sur les résultats sanitaires, sociaux et économiques pour les femmes et les filles.	Le paludisme génère un cycle d'iniquité qui ne fait qu'en compliquer l'élimination.	L'accès à des services de santé au moment opportun, sans que cela génère des difficultés financières, est un droit humain – et le paludisme n'est qu'une pièce du puzzle dans ce défi sanitaire global d'envergure mondiale.
Appel à l'action	<p>Les programmes de lutte contre le paludisme, les responsables politiques, les dirigeants et les chercheurs doivent adopter une perspective de genre afin de privilégier l'attente de résultats améliorés pour les femmes et les filles.</p>	<p>Les dirigeants des pays impaludés et des pays donateurs doivent accorder la priorité au financement et la mise en œuvre d'outils vitaux dans les communautés les plus durement touchées, en menant des interventions spécifiques pour atteindre les communautés qui sont souvent ignorées par les interventions globales, notamment les personnes handicapées et les communautés rurales et nomades.</p> <p>En priorité, cela doit également inclure les personnes qui sont frappées et déplacées par des phénomènes météorologiques extrêmes et des conflits.</p>	<p>Nous devons assurer un changement transformateur pour instaurer une couverture sanitaire universelle, protéger les droits des personnes et parvenir à la justice sociale dans le monde entier.</p>
Territoires clés: spécifiques aux piliers	<p>Le genre et le paludisme</p> <ul style="list-style-type: none"> Selon le rapport mondial : Il n'est pas rare que les femmes et les filles soient exposées à des risques accrus d'infection et qu'elles soient confrontées à 	<p>Le paludisme génère un cycle d'iniquité</p> <ul style="list-style-type: none"> Les coûts associés au fait de vivre avec le paludisme sont élevés et peuvent avoir des conséquences négatives sur la productivité et l'éducation et qu'elles vivent dans la 	<p>Couverture sanitaire universelle (CSU)</p> <ul style="list-style-type: none"> Ainsi que la défité l'OMS, la CSU signifie que chacun peut avoir accès aux services de santé dont il a besoin, sans être exposé à des difficultés financières. Bien qu'un certain nombre de pays aient fait des progrès substantiels en matière de couverture sanitaire, il reste encore beaucoup à faire.

Partenariat RBM pour en finir avec le paludisme

<p>des obstacles pour obtenir des informations et des services de santé, ainsi qu'à un manque de pouvoir décisionnel</p> <ul style="list-style-type: none"> Ces limitations entravent souvent la capacité des femmes à accéder à des médicaments essentiels (ME) ou à aller à des rendez-vous de santé pour elles-mêmes ou leurs enfants 	<p>La grossesse et le paludisme</p> <ul style="list-style-type: none"> Le paludisme pendant la grossesse se traduit chaque année par 10 000 décès maternels. La grossesse réduit l'immunité des femmes face au paludisme, ce qui les rend plus susceptibles aux infections par le paludisme et augmente leurs risques en termes de maladie, d'anémie grave et de décès. En 2022, 12,7 millions de femmes ont été exposées à une infection par le paludisme en cours de grossesse dans les 33 pays de la région Afrique de l'Organisation 	<p>La géographie de la charge du paludisme</p> <ul style="list-style-type: none"> La région Afrique de l'Est continue de supporter la charge de paludisme la plus importante à l'échelle mondiale et, selon le dernier rapport sur le paludisme dans le monde, 94 % de tous les cas de paludisme et 95 % de tous les décès dus au paludisme se situent sur ce continent. <p>Potentiel de l'initiative « High burden high impact » (D'une charge élevée à un fort impact)</p> <ul style="list-style-type: none"> Plus de 70 % des cas de paludisme sont concentrés dans 	<p>être déployés pour veiller à sa réalisation dans la pratique</p> <ul style="list-style-type: none"> Chaque année, 1 milliard de personnes ne reçoivent pas les soins de santé dont elles ont besoin et 100 millions souffrent dans la douleur en raison de dépenses de santé inabordable. <p>Le paludisme et la CSU</p> <ul style="list-style-type: none"> L'Union de couverture des services de CSU dans 10 des 11 pays les plus impaludés parmi les plus bas en termes de CSU à l'échelle mondiale. Sans accès en temps utile à des soins de qualité abordables, les cas de paludisme sont plus susceptibles d'entraîner un décès. L'adoption effective de la CSU permettra d'accroître l'instauration d'un monde sans paludisme. Par ailleurs, en 2022, un peu plus de la moitié seulement des femmes enceintes et des jeunes enfants dormaient sous une moustiquaire. <p>La lutte contre le paludisme peut également améliorer la réalisation des objectifs de la CSU</p> <ul style="list-style-type: none"> Les interventions contre le paludisme représentent souvent un point d'entrée pour d'autres services de santé. Nous avons observé de nombreux cas dans lesquels la lutte contre le paludisme a permis aux pays d'améliorer leurs systèmes de santé et de promouvoir la CSU en fournissant des services
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Partenariat RBM pour en finir avec le paludisme

<p>mondiale de la Santé où la transmission est modérée à élevée (soit 34 % de toutes les femmes qui étaient enceintes dans la région).</p> <ul style="list-style-type: none"> Il reste encore beaucoup à faire en vue d'accroître le taux de couverture de programmes intégrés et de qualité en matière de lutte contre le paludisme pendant la grossesse (PPG) et d'améliorer les résultats sanitaires pour les mères et les nouveau-nés. Selon le Rapport 2023 sur le paludisme dans le monde, 42 % des femmes enceintes avaient reçu trois doses de traitement préventif intermittent pendant la grossesse (TFI). Par ailleurs, en 2022, un peu plus de la moitié seulement des femmes enceintes et des jeunes enfants dormaient sous une moustiquaire. <p>La lutte contre le paludisme peut également améliorer la réalisation des objectifs de la CSU</p> <ul style="list-style-type: none"> Les interventions contre le paludisme représentent souvent un point d'entrée pour d'autres services de santé. Nous avons observé de nombreux cas dans lesquels la lutte contre le paludisme a permis aux pays d'améliorer leurs systèmes de santé et de promouvoir la CSU en fournissant des services 	<p>Les catastrophes et les conflits</p> <ul style="list-style-type: none"> Nous observons déjà une hausse exponentielle des cas de paludisme sous l'effet des catastrophes climatiques et des conflits. En raison des déplacements de communautés dans les régions frappées par la guerre et suite à des catastrophes climatiques (par exemple, des inondations), l'accès aux services de santé est interrompu et il est plus difficile de prévenir la propagation du paludisme, en sus des autres conséquences auxquelles ces communautés doivent également faire face. Les inondations survenues au Pakistan entre 2021 et 2022 ont multiplié 	<p>équitable et financièrement accessibles aux populations les plus vulnérables.</p> <ul style="list-style-type: none"> De plus, la réduction de la charge du paludisme qui pèse sur les systèmes de santé permet de réaffecter les ressources pour traiter d'autres problèmes. Malgré cela, des efforts sont requis pour veiller à ce que les personnes qui ont droit à un soutien gratuit – par exemple, les femmes enceintes et les enfants de moins de cinq ans – puissent y accéder. <p>Approche multisectorielle</p> <ul style="list-style-type: none"> Les dirigeants et les responsables politiques doivent adopter une approche multisectorielle en matière de renforcement des systèmes de santé. Les interventions mises en œuvre par les secteurs, en dehors de celui de la santé, peuvent travailler en tandem pour améliorer l'impact des investissements dans le secteur de la santé. Il s'agit notamment d'étendre à d'autres secteurs les avantages des investissements dans la lutte contre le paludisme, permettant ainsi de réduire le fardeau qui pèse sur les systèmes de santé et les économies dans les zones impaludées et de contribuer à la durabilité et à la résilience des efforts déployés dans le secteur de la santé. Cette approche nous permet non seulement d'éliminer le paludisme,
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COMING TOGETHER ACROSS THE CONTINENT

THE MULTILATERAL INITIATIVE ON MALARIA

This will take place from April 21st to 27th, 2024, and will be hosted at Kigali Convention Centre in Rwanda. The theme is 'Grassroots mobilization to end malaria: invest, innovate and integrate'. MIM was established in 1997 as an alliance of international organizations and individuals with the shared goal of strengthening and sustaining collaboration through research and training and raising the capability of malaria endemic countries in Africa to conduct research to develop and improve tools for malaria control.

MIM 2024 aims to build on the momentum and awareness generated by previous meetings, promote global collaboration in research to fight malaria in Africa and ultimately ensure the availability of a critical mass of competent malaria researchers and control managers needed for effective and sustained containment of the disease in Africa.

MIM contributes to global efforts to address the problem of malaria by facilitating the emergence of dynamic malaria research networks and collaboration with malaria control programs in Africa through the following objectives:

- Developing sustainable malaria research capacity in Africa – through international and Pan-African scientific partnerships and training
- Promoting global communication and cooperation – between institutions in an effort to maximize impact of resources and avoid duplication of effort
- Ensuring research findings are applied to malaria treatment and control – to translate practical problems into manageable research questions, by stimulating and facilitating dialogues among scientists, public health professionals, policy makers and industry
- Raising international public awareness of the problem of malaria – to raise the status of malaria on political agendas to mobilize resources and action

RBM'S ROLE & OBJECTIVE

- Convening
- Strengthening partnerships
- Resource mobilization
- Strategic communications and voices amplification

KEY STAKEHOLDERS

- All NMCP Managers from endemic countries
- Partners, academics, scientists, NGOs and Civil Society actors from the Malaria community
- Government in Rwanda
- WHO/Global Malaria Program
- SCPC/ARMPC/CRSPC
- MIM Organizing Committee and MMV
- Private sector actors
- RBM Working Groups - specifically Malaria in Pregnancy, Multisectoral and their partners

TIMELINE OF ACTIVATIONS (AT MIM)

SUNDAY 21

TUESDAY 23

TUESDAY 23

WEDNESDAY 24

THURSDAY 25

Event 1: Supporting the Malaria in Pregnancy Working Group workshop

Event 2: High-level side panel on Celebrating Gender in Malaria (featuring Dr Michael Charles, CEO of the RBM Partnership to End Malaria, Dr Daniel Ngamije, Director of the WHO Malaria Program), Dr. Doudou Sene, Senegal’s NMCP Coordinator, a representative of a civil society organization and a community health worker).

Event 2: Opening Ceremony of the MIM Conference (Program available [here](#)).

A range of events will be held across the week led by partners, scientists, civil society actors and friends from around the malaria community

Highlights include: Plenary Session: Endemic Countries Engagements for Malaria Elimination chaired by Dr Michael Charles

Speakers:

- Prof Dyann Wirth, Richard Pearson Strong Professor of Infectious Diseases-Harvard University
- Ms Joy Phumaphi, Executive Secretary of ALMA
- Peter Sands, Executive Director of Global Fund

Target Malaria’s Symposium on ‘The role of African scientists and communities in the development of genetic technologies for malaria vector control’ and chaired by Joy Phumaphi (RBM’s Board Chair).

Purpose: Highlight activities that are taking place in Africa towards developing and evaluating genetic technologies for malaria vector control, and towards building capacity for their eventual implementation. The speakers will mainly focus on innovative gene drive projects.

World Malaria Day activities coordinated by Rwanda’s National Malaria Control Program.

ACTIVATIONS

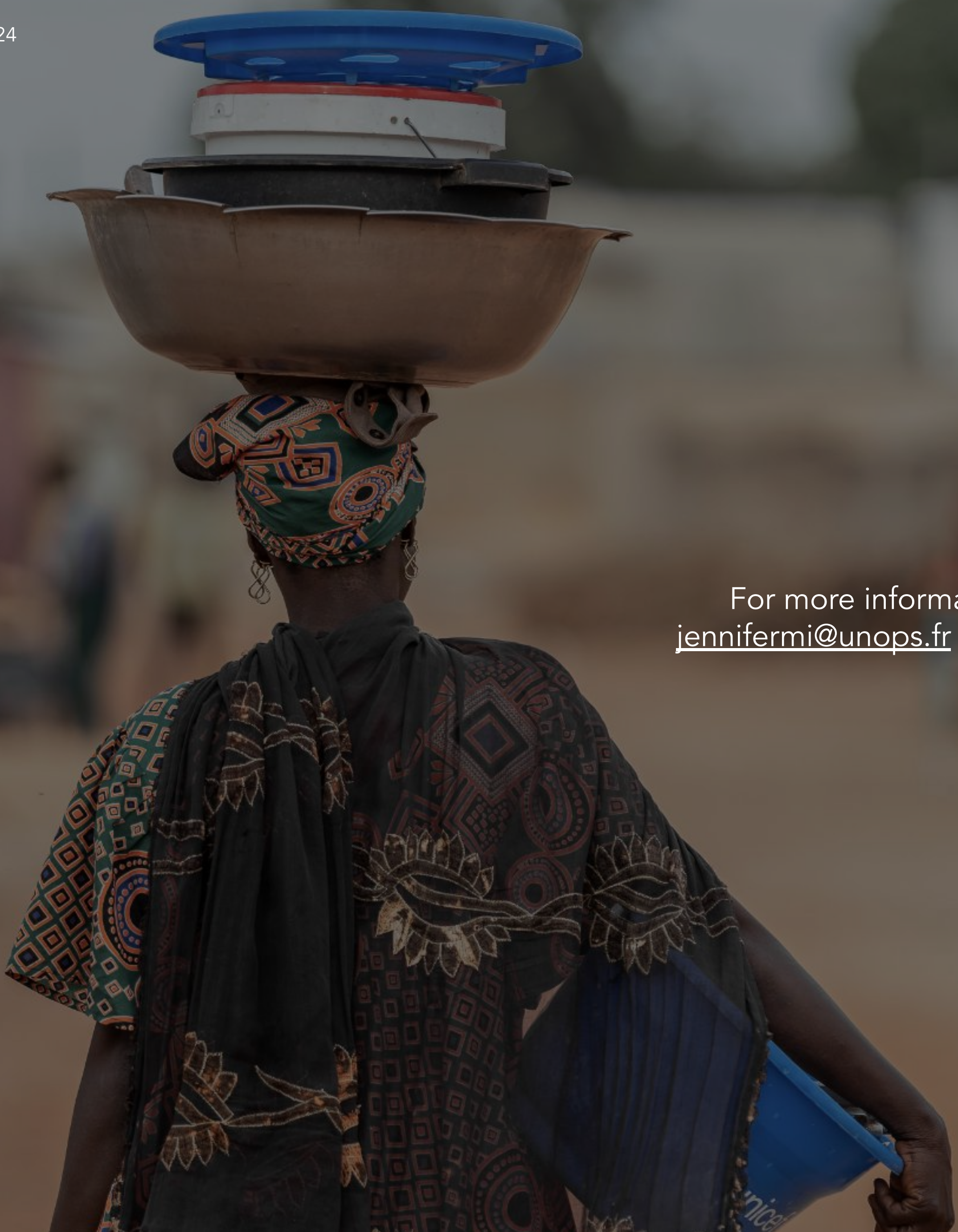
Activations will take place via our partners around the world.

In person we will come together in Rwanda, at the Global Fund board meeting and in activities held in endemic countries.

Please input your activities here in this [spreadsheet](#). Below are just a snapshot of the campaigns and activities happening around the world:

- Zero Malaria: Thematic video
- Global Fund – social media campaign and a focus on Cameroon
- Gavi – Humanly Possible Campaign
- Goodbye Malaria – mobile test and treat in South Africa
- Chestrad – Change the Narrative, community engagement in Nigeria
- Impact Sante Afrique – CS4ME Forum
- UNF/United to Beat Malaria – WMD reception, Capitol Hill





**ZERO MALARIA
STARTS WITH ME**

For more information and details, please reach jennifermi@unops.fr and maelle.ba@speakupafrika.org