

Declaration for accelerated malaria mortality reduction in Africa: commitment that “No one shall die from malaria”

Issued by the Ministers of Health
of High Burden High Impact (HBHI) countries in Africa

* * * *

Preamble

We, the Ministers of Health representing the nations of Africa with the highest malaria burden, gather here today with an unwavering commitment to the fundamental principle that no one should die from malaria given the tools and systems available.

Recalling global commitments outlined in the *Global technical strategy for malaria 2016–2030* (GTS) through resolution WHA68/2015, and the subsequent endorsement of the updated GTS in 2021 (resolution WHA74.9/2021); the *Global Vector Control Response* (Resolution WHA 70.16); the 2001 Abuja Declaration (OAU/SPS/ABUJA/3), in which African Heads of State pledged to allocate at least 15% of national annual budgets towards the strengthening of the health sector; the 2009 resolution of the WHO Regional Committee for Africa on “Accelerated Malaria Control” (AFR/RC59/9); the 2015 resolution of the WHO Regional Committee for the Eastern Mediterranean, which called on Member States to update their national plans in line with the “regional action plan for malaria 2016–2030” (EM/RC62/R.1); the Regional framework for integrated elimination and eradication of tropical and vector-borne diseases 2022-2030 (AFR/RC72/7); “Agenda 2063: The Africa We Want”, a regional agenda for sustainable development published by the African Union, and the 2030 Agenda for Sustainable Development, which called on world leaders to end the epidemics of malaria and other communicable diseases by 2030 (SDG 3.3).

Cognizant of progress made by countries over the past years in responding to malaria and opportunities / lessons learned from the response to the COVID-19 pandemic, as reflected in the new vision and strategy¹ for ending disease in Africa, including the best practices on malaria elimination as recently witnessed in Cabo Verde.

Acknowledging with deep concern, despite the progress made, the sobering accounts presented annually since 2017 in the WHO World Malaria Report that reveal an alarming stalling of progress in the WHO African Region, where approximately 95% of malaria morbidity and mortality persist; the heavy burden carried by 11 African countries which, together, account for more than 70% of the global malaria burden;² the urgency of addressing the root causes of this stagnation, such as changing ecology and vector behaviour; low access to and insufficient quality of health services, including gender-related and financial barriers within households; a global economic downturn and inadequate domestic funding; humanitarian crises, including conflicts, natural disasters and migration; climate change; and biological threats such as insecticide and drug resistance as well as emerging malaria vectors.

¹ <https://iris.who.int/handle/10665/373549>

² Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Sudan, Uganda and United Republic of Tanzania. These 11 countries have adopted the “High Burden High Impact” Approach.

Subscribing to the fundamental principle that, despite the prevailing high case incidence, **no one shall die from malaria in our countries** and we stand united in our resolve to prevent every malaria-related death.

We hereby commit to concerted action to end malaria deaths by reinforcing the “High Burden High Impact” (HBHI) approach,³ to sustainably and equitably address malaria by building on four pillars (political will, strategic use of information for action, better technical guidance, coordination) and two enabling platforms (functional national health systems and the adoption of a multisectoral approach).

1. Strengthening political will,

- 1.1. We pledge to provide leadership in support of national malaria programmes and other health programmes (maternal, child and adolescent health) to deliver integrated services. We further pledge to leverage the commitment of our Heads of State, as well as the commitment of administrative, traditional, religious authorities and community leaders to increase the efficiency of our health programmes.
- 1.2. We also pledge to strengthen advocacy at all levels to leverage leadership and resources from other sectors for malaria control and elimination in Africa.
- 1.3. Recognizing the notable funding shortfalls that have hindered our efforts to combat malaria effectively, we pledge to bolster our domestic resources for the malaria response and, through the support of our Legislatures and Ministries of Finance, take action to bridge the financial gaps to ensure adequate coverage of malaria interventions. Concurrently, we appeal to our international partners to enhance the scale and predictability of their financial assistance to align with national malaria policies and priorities.

2. Ensuring strategic use of information for action

- 2.1. We pledge to invest in the deployment of efficient and reliable health information systems, including analytics and Geographic Information System technologies. We further pledge to leverage these systems to support subnational stratification of malaria and relevant determinants of health, as well as the tailoring and targeting of interventions for enhanced impact.
- 2.2. We pledge to implement an appropriate mix of interventions in malaria endemic districts and communities of our countries, including preventive interventions such as integrated vector management, preventive chemotherapies, and malaria vaccines.

3. Providing better technical guidance

- 3.1. We commit to seeking and applying the latest technical guidance and best practices in malaria control and elimination.
- 3.2. We will foster capacity strengthening of national institutions to support national malaria programmes with the best available evidence to permit the rapid adoption and deployment of the most contextually appropriate mix of interventions and strategies at an impactful scale for malaria control and elimination.

³ <https://iris.who.int/handle/10665/275868>

Declaration for accelerated malaria mortality reduction in Africa: commitment that “No one shall die from malaria”

Issued by the Ministers of Health
of High Burden High Impact (HBHI) countries in Africa

* * * *

Preamble

We, the Ministers of Health representing the nations of Africa with the highest malaria burden, gather here today with an unwavering commitment to the fundamental principle that no one should die from malaria given the tools and systems available.

Recalling global commitments outlined in the *Global technical strategy for malaria 2016–2030* (GTS) through resolution WHA68/2015, and the subsequent endorsement of the updated GTS in 2021 (resolution WHA74.9/2021); the *Global Vector Control Response* (Resolution WHA 70.16); the 2001 Abuja Declaration (OAU/SPS/ABUJA/3), in which African Heads of State pledged to allocate at least 15% of national annual budgets towards the strengthening of the health sector; the 2009 resolution of the WHO Regional Committee for Africa on “Accelerated Malaria Control” (AFR/RC59/9); the 2015 resolution of the WHO Regional Committee for the Eastern Mediterranean, which called on Member States to update their national plans in line with the “regional action plan for malaria 2016–2030” (EM/RC62/R.1); the Regional framework for integrated elimination and eradication of tropical and vector-borne diseases 2022-2030 (AFR/RC72/7); “Agenda 2063: The Africa We Want”, a regional agenda for sustainable development published by the African Union, and the 2030 Agenda for Sustainable Development, which called on world leaders to end the epidemics of malaria and other communicable diseases by 2030 (SDG 3.3).

Cognizant of progress made by countries over the past years in responding to malaria and opportunities / lessons learned from the response to the COVID-19 pandemic, as reflected in the new vision and strategy¹ for ending disease in Africa, including the best practices on malaria elimination as recently witnessed in Cabo Verde.

Acknowledging with deep concern, despite the progress made, the sobering accounts presented annually since 2017 in the WHO World Malaria Report that reveal an alarming stalling of progress in the WHO African Region, where approximately 95% of malaria morbidity and mortality persist; the heavy burden carried by 11 African countries which, together, account for more than 70% of the global malaria burden;² the urgency of addressing the root causes of this stagnation, such as changing ecology and vector behaviour; low access to and insufficient quality of health services, including gender-related and financial barriers within households; a global economic downturn and inadequate domestic funding; humanitarian crises, including conflicts, natural disasters and migration; climate change; and biological threats such as insecticide and drug resistance as well as emerging malaria vectors.

1 <https://iris.who.int/handle/10665/373549>

2 Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Sudan, Uganda and United Republic of Tanzania. These 11 countries have adopted the “High Burden High Impact” Approach.

Subscribing to the fundamental principle that, despite the prevailing high case incidence, **no one shall die from malaria in our countries** and we stand united in our resolve to prevent every malaria-related death.

We hereby commit to concerted action to end malaria deaths by reinforcing the “High Burden High Impact” (HBHI) approach,³ to sustainably and equitably address malaria by building on four pillars (political will, strategic use of information for action, better technical guidance, coordination) and two enabling platforms (functional national health systems and the adoption of a multisectoral approach).

1. Strengthening political will,

- 1.1. We pledge to provide leadership in support of national malaria programmes and other health programmes (maternal, child and adolescent health) to deliver integrated services. We further pledge to leverage the commitment of our Heads of State, as well as the commitment of administrative, traditional, religious authorities and community leaders to increase the efficiency of our health programmes.
- 1.2. We also pledge to strengthen advocacy at all levels to leverage leadership and resources from other sectors for malaria control and elimination in Africa.
- 1.3. Recognizing the notable funding shortfalls that have hindered our efforts to combat malaria effectively, we pledge to bolster our domestic resources for the malaria response and, through the support of our Legislatures and Ministries of Finance, take action to bridge the financial gaps to ensure adequate coverage of malaria interventions. Concurrently, we appeal to our international partners to enhance the scale and predictability of their financial assistance to align with national malaria policies and priorities.

2. Ensuring strategic use of information for action

- 2.1. We pledge to invest in the deployment of efficient and reliable health information systems, including analytics and Geographic Information System technologies. We further pledge to leverage these systems to support subnational stratification of malaria and relevant determinants of health, as well as the tailoring and targeting of interventions for enhanced impact.
- 2.2. We pledge to implement an appropriate mix of interventions in malaria endemic districts and communities of our countries, including preventive interventions such as integrated vector management, preventive chemotherapies, and malaria vaccines.

3. Providing better technical guidance

- 3.1. We commit to seeking and applying the latest technical guidance and best practices in malaria control and elimination.
- 3.2. We will foster capacity strengthening of national institutions to support national malaria programmes with the best available evidence to permit the rapid adoption and deployment of the most contextually appropriate mix of interventions and strategies at an impactful scale for malaria control and elimination.

³ <https://iris.who.int/handle/10665/275868>

- 3.3. We will promote e-learning and leverage appropriate technologies to ensure cost-effective training, supervision and mentoring of health workers to improve quality of care at all levels, including services for the prevention, diagnosis and treatment of malaria.

4. Enhancing coordination and multisectoral action

- 4.1. Recognizing that malaria elimination depends on local leadership, we commit to enabling coordination mechanisms for malaria at subnational levels. This enhanced coordination at national and subnational levels will be based on advancing a comprehensive strategy which involves all relevant sectors of our governments as well as academic and research institutions, nongovernmental organizations, the private sector, civil society, faith-based organizations, and community-based organizations, to streamline resources and ensure a unified response to malaria.
- 4.2 We equally commit to providing strong leadership in multisectoral action to ensure joint planning, implementation, monitoring, evaluation and accountability across sectors in the fight against malaria, with the aim of ensuring that all at-risk populations consistently receive the appropriate tools, including populations living in hard-to-reach areas and conflict humanitarian settings.

5. Strengthening national health systems

- 5.1. We commit to increasing the overall investment in the health sector and the effective use of all health financing to build healthcare infrastructure, human resources, and effective programme implementation mechanisms, including supply chains, quality data management and measures to increase quality of care, with a particular focus on malaria high-burden areas.
- 5.2. We will prioritize the comprehensive capacity strengthening and retention of skilled healthcare workers, and the enhancement of diagnostic and treatment services for quality integrated health services, including for malaria.
- 5.3. We commit to the mainstreaming of malaria services into primary health care (PHC) as the most inclusive, equitable, people-centered and cost-effective way to progress towards Universal Health Coverage.

6. Building collaborative partnerships for resource mobilization, research and innovation

- 6.1. We call for strengthened collaboration with international organizations, regional institutions such as the African Union and Regional Economic Committees, development partners and philanthropic organizations, civil society, and the private sector to mobilize resources, expertise and innovative solutions.
- 6.2. We will support investment in research and innovation to develop new tools, strategies, and technologies for malaria control and elimination in high-burden countries, including digital solutions to expand coverage of interventions.
- 6.3. We will join forces and encourage cross-border collaboration in malaria-endemic regions to intensify the fight against malaria.
- 6.4. Building on the invaluable lessons learned from our response to COVID-19, we commit to supporting Africa-based manufacturing of products to prevent, diagnose and treat malaria in order to increase regional self-reliance and health security.

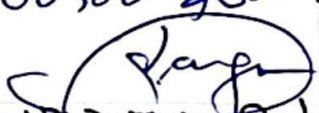

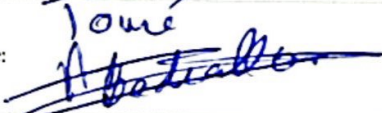



7. Ensuring a functional malaria accountability mechanism

We commit to a functional accountability mechanism through the establishment of digital platforms for tracking progress within our countries and on the continent. We endorse the need for an action plan and monitoring and evaluation framework as the basis of this accountability mechanism for the commitments outlined in this declaration.

8. Concluding,

We, the Ministers of Health of 11 African countries, meeting in Yaoundé, Cameroon on 6 March 2024, declare our unwavering commitment to the accelerated reduction of malaria mortality and pledge to hold each other and our countries accountable for the commitments outlined in this declaration.

Issued with utmost urgency on this day, [6 March 2024]

Honourable Minister of Health, Burkina Faso	Name: <i>RANSOUSSOU Robert 1.7.0</i> Signature: 
Honourable Minister of Health, Republic of Cameroon	Name: <i>DR NABOUJA Malalie</i> Signature: 
Honourable Minister of Health, Democratic Republic of the Congo	Name: Signature:
Honourable Minister of Health, Republic of Ghana	Name: Signature:
Honourable Minister of Health, Republic of Mali	Name: <i>Toure</i> Signature: 
Honourable Minister of Health, Republic of Mozambique	Name: Signature:
Honourable Minister of Health, Republic of Niger	Name: Signature:
Honourable Minister of Health, Federal Republic of Nigeria	Name: <i>DR JUNJI AZAVSA</i> Signature: 
Honourable Minister of Health, Republic of the Sudan	Name: <i>Heitham Awadalla</i> Signature: 
Honourable Minister of Health, Republic of Uganda	Name: <i>DR. ACEGI JANERUTH O</i> Signature: 
Honourable Minister of Health, United Republic of Tanzania	Name: Signature: